Connecting the Dots: How Medicaid Expansion Impacts Public Health and Improves Health Equity in South Florida

- Florida has the country’s fifth highest rate of uninsured individuals (12.3%), and 19.4% of those under age 65 in Miami Dade County (MDC) have no health insurance.
- Medicaid expansion could extend coverage to 833,000 newly eligible Floridians, nearly 162,000 of whom live in the Miami metro region (Miami-Dade, Broward, and Palm Beach Counties).
- Medicaid expansion supports access to care, increases the probability of having a personal doctor, and decreases the likelihood of not seeing a doctor because of cost.
- Expansion improves access to myriad types of treatments that both improve health outcomes and save costs, including: medication for diabetes and cardiovascular disease, cancer surgeries, smoking cessation medications, treatment of mental health conditions and substance use disorders, and rehabilitation services for patients with severe traumatic injuries.
- Medicaid expansion is associated with improved quality of care and health outcomes, including improved treatment of chronic conditions such as asthma and hypertension; improvements in cardiac surgery patient outcomes and cardiovascular mortality rates; improvements in 1-year mortality among end-stage renal disease patients initiating dialysis; significant increases in cancer screenings and cancer diagnosis and/or early-stage diagnosis rates.
- Medicaid expansion is associated with decreasing disparities in access to and utilization of healthcare by race and ethnicity as well as income.
- Drops in uninsured rates were most significant among Black and Hispanic individuals in expansion states with the percent of uninsured Hispanic adults in expansion states dropping almost 20 percentage points (from 38% to 19%), as compared to a rate drop of just 7 percentage points (from 42% to 35%) in non-expansion states.
- Reducing disparities in coverage is key to addressing Miami-Dade County’s stark disparities in healthcare outcomes, including, e.g., a death rate due to prostate cancer of 41 deaths per 100,000 non-Hispanic Black men, as compared to 18 deaths per 100,000 White men, and an age-adjusted death rate due to diabetes of 43 per 100,000 among Black residents versus 17 per 100,000 White residents.
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