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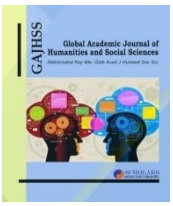

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Review Article

Impacts of Health Care Reforms on Underprivileged Urban Populations in Baton Rouge, Louisiana Based on Empirical Literature Review

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Abstract: Louisiana has long faced significant health challenges, consistently ranking among the least healthy states in the U.S., with pronounced disparities disproportionately affecting low-income and minority populations. Prior to Medicaid expansion under the Affordable Care Act (ACA), many residents of Baton Rouge's underprivileged urban communities lacked health insurance and faced substantial barriers to care. Grounded in the Social Determinants of Health (SDH) theory which emphasizes how social, economic, and environmental factors shape health outcomes alongside the Health Equity framework and Andersen's Behavioral Model of Health Services Use, this empirical literature review synthesizes research and policy data from 2015 to 2023 to examine Medicaid expansion's impacts on healthcare accessibility, affordability, and equity in Baton Rouge. Using a systematic qualitative review methodology, peer-reviewed articles, governmental reports, and gray literature were analyzed, focusing on healthcare access and social determinants in urban low-income populations. Ethical considerations were maintained using publicly available, de-identified data sources. Findings reveal statewide uninsured rates for non-elderly adults dropped from 22.7% in 2015 to 11.4% in 2017, with Medicaid enrollment exceeding 700,000 by 2023. Healthcare affordability improved significantly, with a 26.6% reduction in low-income adults unable to see a doctor due to cost and a 66.4% decrease in those unable to afford prescriptions, alongside increased access to personal doctors and decreased travel distances. Despite these gains, Baton Rouge's uninsured rate remains higher than the state average (12.2% for adults under 65), and declining specialist participation may limit care access. These results highlight that while Medicaid expansion reduces financial barriers, persistent provider shortages, low reimbursement rates, and entrenched social determinants continue to challenge equitable health outcomes. The study concludes that lasting improvements require integrated policies addressing both healthcare reform and broader socioeconomic inequities to achieve health equity for Baton Rouge's vulnerable urban populations.

Keywords: Health Care Reforms, Underprivileged, Urban Populations, Baton Rouge, Medicaid Expansion, Health Disparities.

INTRODUCTION TO THE PROBLEM

Health care reforms typically defined as deliberate, systemic changes in health policy, legislation, and regulation aimed at expanding health insurance coverage, improving the affordability of care, enhancing quality of health services, and ultimately reducing health disparities have become a central focus in United States public policy over the last several decades. These reforms seek to address fundamental inequities in the health system that

disproportionately affect marginalized populations and to create more equitable access to essential health services. Landmark federal reforms such as the Affordable Care Act (ACA), enacted in 2010, introduced a comprehensive framework designed to expand Medicaid eligibility, establish health insurance marketplaces, prohibit discrimination against individuals with pre-existing conditions, and promote preventive care and population health strategies (Sommers *et al*., 2017). Simultaneously, the concept of underprivileged urban populations refers to residents of metropolitan areas who experience multiple, intersecting social disadvantages that limit their ability to access and benefit from health care. These populations often include racial and ethnic minorities, immigrants, the unemployed, people living in poverty, individuals with unstable housing, and others living in environments characterized by social and economic marginalization. Baton Rouge, Louisiana's capital city, is marked by significant social and economic disparities that disproportionately affect its underprivileged urban populations, particularly racial minorities who comprise over half the city's residents (U.S. Census Bureau, 2021). Approximately one-quarter of the population lives below the federal poverty line, with higher concentrations in historically segregated neighborhoods that face systemic disinvestment and limited access to quality healthcare, education, and housing (Louisiana Department of Health, 2020; Louisiana Budget Project, 2019). These social determinants contribute to elevated rates of chronic diseases such as diabetes and hypertension, as well as adverse outcomes including high infant mortality (Clark *et al*., 2019; Sommers *et al*., 2017). Barriers such as inadequate public transportation, provider shortages, and low health literacy further restrict healthcare access for these communities (Venkataramani, Sommers, & Blendon, 2020; Louisiana Budget Project, 2019). Although Medicaid expansion has improved insurance coverage among low-income residents, persistent structural challenges continue to hinder equitable health outcomes, underscoring the need for place-based, culturally competent interventions that address the intersecting socioeconomic and racial inequities shaping health in Baton Rouge's urban core (Guth, Garfield, & Rudowitz, 2020; Clark *et al*., 2019; Louisiana Department of Health, 2020). Within this broader national and theoretical context, Baton Rouge, Louisiana, presents a unique and important case study for examining the real-world impacts of health care reforms on underprivileged urban populations. Baton Rouge is a mid-sized Southern city that has long grappled with social and economic inequities, including concentrated poverty, entrenched racial segregation, and uneven access to health care resources. Furthermore, the interplay of socioeconomic and racial inequities in Baton Rouge presents additional complexities in evaluating the impacts of health care reform. Historical patterns of racial segregation and economic disenfranchisement have shaped the distribution of health-promoting resources such as quality housing, education, and employment opportunities. This spatial and social marginalization affects residents' ability to engage with the healthcare system and benefit from reforms aimed at expanding coverage. Research in similar urban Southern contexts has shown that without simultaneous investments in community health infrastructure, health literacy initiatives, and trust-building efforts between providers and communities, reforms may fail to close the gap in health disparities (Guth, Garfield, & Rudowitz, 2020; Clark *et al*., 2019). These findings suggest that Medicaid expansion and related reforms should be viewed not as endpoints but as catalysts for broader, integrated strategies that incorporate social, economic, and cultural dimensions.

Problem Statement

While national and state-level data suggest that Medicaid expansion and other reforms have resulted in significant improvements in insurance coverage and the utilization of preventive and primary care services among low-income urban populations (Sommers *et al*., 2017; Bailey *et al*., 2018), the extent to which these gains translate into equitable health outcomes in specific urban environments remains a subject of ongoing investigation. In Baton Rouge, several factors may constrain the full realization of reform benefits. Persistent barriers such as shortages of healthcare providers in underserved areas, inadequate transportation options for low-income patients, limited availability of culturally competent health services, and historical distrust of medical institutions among marginalized communities continue to impede access and quality of care (Louisiana Budget Project, 2019; Clark *et al*., 2019). For instance, safety-net clinics and community health centers in Baton Rouge have experienced surges in patient demand following Medicaid expansion without corresponding increases in resources, leading to longer wait times and diminished care coordination. Additionally, the city's fragmented public transit system and geographic segregation can make it difficult for residents in disadvantaged neighborhoods to physically access health services, even when insured. These structural and social barriers highlight the limits of coverage expansion as a standalone strategy to improve health equity, underscoring the need for comprehensive, place-based interventions that address the broader social determinants of health. This empirical literature review seeks to synthesize findings from peer-reviewed research, governmental reports, and health policy analyses to assess the real-world effects of

health care reforms on underprivileged urban populations in Baton Rouge. By situating these findings within the broader national and regional policy landscapes, the review will identify both the successes and limitations of reforms, as well as persistent gaps in coverage, access, and health outcomes that require targeted local solutions. The review also aims to clarify how reforms interact with social and structural determinants of health within the urban Southern context, providing insights that can inform policymakers, healthcare administrators, and community stakeholders.

LITERATURE REVIEW

The literature provides essential insights into healthcare policy reforms targeting underprivileged urban populations, with a focus on persistent disparities despite policy efforts. Community-based healthcare delivery and city partnerships remain key strategies to improve healthcare access in underserved urban areas (Hines & Taylor-Grover, 2019). Artiga and Hinton (2018) highlight that addressing social determinants through multi-sector collaboration is crucial for reducing health disparities in U.S. urban centers. Medicaid expansion under the Affordable Care Act (ACA) has notably increased insurance coverage and preventive care utilization among low-income urban populations (Bailey *et al*., 2017; Guth, Garfield, & Rudowitz, 2020), yet barriers such as provider shortages, transportation difficulties, and health literacy gaps continue to impede equitable access (Bailey *et al*., 2017; DeVoe *et al*., 2016). Phillippi *et al*., (2019) document Medicaid utilization improvements post the 2016 Baton Rouge flood, showing reform benefits can be bolstered by targeted responses to acute needs. Despite these advances, ongoing structural inequities rooted in socioeconomic and racial factors sustain health disparities (Clark *et al*., 2019; Venkataramani, Sommers, & Blendon, 2020). Louisiana has long contended with profound health challenges, consistently ranking among the least healthy states in the nation (Commonwealth Fund, 2013; PBS NewsHour, 2025). This precarious health status is exacerbated by deeply entrenched health disparities, which disproportionately affect low-income and minority populations across the state (Kaiser Family Foundation, 2020; Peters *et al*., 2020; Peters *et al*., 2022; Southern Poverty Law Center, 2023). Prior to the implementation of the Affordable Care Act (ACA), a substantial segment of Louisiana's population lacked health insurance, facing significant financial and logistical barriers to accessing essential medical care. This often resulted in a reliance on emergency departments for routine health needs and delayed diagnoses, which in turn aggravated chronic conditions and escalated overall healthcare expenditures (Louisiana Department of Health, 2016). The state's high reliance on Medicaid, coupled with its persistent low health rankings, underscored an urgent need for comprehensive reform (Commonwealth Fund, 2013). For instance, empirical data indicates that 28% of Black residents in Louisiana reported being in fair or poor general health, a stark contrast to 19% of White residents (Kaiser Family Foundation, 2020). Additionally, Black residents exhibited higher rates of overweight or obesity (74%) compared to White (67%) and Hispanic (66%) populations (Kaiser Family Foundation, 2020). These disparities are not merely statistical but reflect systemic disadvantages, as health differences are closely linked with economic, social, or environmental factors (Peters *et al*., 2022). Neighborhood deprivation, characterized by limited access to healthcare, high unemployment, lower educational attainment, and inadequate housing, significantly amplifies the risk of adverse health outcomes (Peters *et al*., 2022). The confluence of Louisiana's poor overall health metrics and its pronounced racial disparities suggests that underprivileged urban populations, particularly those in Baton Rouge, were likely experiencing the most severe health inequities before the reforms. This context established a high-stakes environment where healthcare reform was not merely a beneficial policy option but a critical necessity for improving the lives and well-being of the most vulnerable residents. The demographic composition of Baton Rouge, where Black or African American residents constitute 50.9% of the population (Data USA, 2023), implies that these pre-existing health disparities were particularly concentrated within the city's urban core. Therefore, the success of healthcare reforms in Baton Rouge directly correlates with their ability to address these deep-seated and intersectional vulnerabilities. The Affordable Care Act, enacted in 2010, sought to fundamentally reshape the American healthcare landscape. A cornerstone of the ACA was the provision to expand Medicaid coverage to most low-income adults, specifically those with household incomes below 138% of the Federal Poverty Level (FPL) (Louisiana Department of Health, 2018; Invest in Louisiana, 2018; Healthcare.gov, 2025; Southern Poverty Law Center, 2023). This expansion aimed to extend health insurance to millions of previously uninsured individuals who fell into a "coverage gap," being too poor to qualify for ACA marketplace subsidies but earning too much to qualify for traditional Medicaid programs in non-expansion states (Healthcare.gov, 2025). However, the universal implementation of this provision was altered by a 2012 Supreme Court decision, which rendered Medicaid expansion optional for individual states (Kaiser Family Foundation, 2025; Healthcare.gov, 2025; LSU Scholarly Repository, 2025). This ruling shifted the responsibility to states to decide whether to adopt the expansion, leading to a patchwork of coverage

across the nation. For states that opted to expand, the federal government committed to a substantial financial contribution to offset the increased costs. Initially, the federal government covered 97.5% of the expansion costs in state fiscal year 2017, gradually decreasing to 90% from calendar year 2020 onwards, assuming no further federal changes (Louisiana Department of Health, 2018). This enhanced federal matching rate (FMAP) was designed as a significant incentive for states to embrace the expansion (Louisiana Department of Health, 2018). Moreover, much research remains focused on short-term coverage gains, with a deficiency of longitudinal studies examining sustained reform impacts on health equity and system resilience in urban contexts like Baton Rouge (Guth *et al*., 2020). This gap underscores the need for policy interventions that address both geographic and socioeconomic barriers to foster enduring equitable health outcomes (Artiga & Hinton, 2018; Sommers *et al*., 2017).

Theoretical Framework

The theoretical framework grounding this study draws primarily from the Social Determinants of Health (SDH) theory, which posits that health outcomes are significantly shaped by the social, economic, and environmental contexts in which individuals live (Marmot & Wilkinson, 2005; Braveman & Gottlieb, 2014). SDH theory emphasizes that factors such as income inequality, education, neighborhood conditions, and access to healthcare services are critical determinants influencing health disparities, particularly among underprivileged urban populations (Solar & Irwin, 2010). Complementing this, the Health Equity framework provides a lens to assess how systemic barriers and social injustices perpetuate unequal access to healthcare and health outcomes, necessitating reforms that target both healthcare delivery and broader societal inequities (Whitehead, 1992; Braveman *et al*., 2011). Additionally, Andersen's Behavioral Model of Health Services Use (Andersen, 1995) informs this study by explaining how individual predisposing characteristics, enabling resources, and perceived need interact to influence healthcare utilization, particularly among marginalized groups facing socioeconomic and geographic barriers (Babitsch, Gohl, & von Lengerke, 2012). Together, these frameworks guide an integrated understanding of how healthcare reforms may alleviate or exacerbate disparities by addressing both structural determinants and individual behaviors within urban underprivileged communities such as those in Baton Rouge.

METHODOLOGY

This study employs a qualitative empirical literature review methodology to critically analyze existing research, policy documents, and health data related to healthcare reforms and their impacts on underprivileged urban populations in Baton Rouge, Louisiana. Using a systematic search strategy, peer-reviewed journal articles, government reports, and relevant gray literature published within the last eight years (2015–2023) were identified from databases including PubMed, Scopus, and Google Scholar. The inclusion criteria focused on studies addressing healthcare accessibility, Medicaid expansion effects, social determinants of health, and health equity within urban low-income populations in the U.S., with a particular emphasis on Baton Rouge or comparable metropolitan areas. Data were extracted and thematically synthesized to identify patterns, gaps, and outcomes related to healthcare access and equity following reforms. This approach allows for a comprehensive understanding of both quantitative outcomes and contextual factors influencing health disparities, enabling evidence-based recommendations for policy and practice tailored to Baton Rouge's socio-economic environment.

RESULTS AND DISCUSSION

Demographic and Socioeconomic Profile

Baton Rouge, the capital city of Louisiana, serves as a crucial urban center for understanding the impacts of healthcare reforms. In 2023, the city had a population of 223,699 residents, with a median age of 31.8 years and a median household income of $49,944 (Data USA, 2023). This income level, below the national median, signifies that a substantial portion of the city's population would fall within the income thresholds for Medicaid expansion (below 138% FPL). A defining demographic characteristic of Baton Rouge is its racial composition, with Black or African American (Non-Hispanic) residents comprising 50.9% of the population (Data USA, 2023). This demographic reality is particularly significant when considering health disparities, as statewide data consistently indicates higher rates of poor health and chronic conditions among Black residents (Peters *et al*., 2022). The high percentage of Black residents in Baton Rouge, coupled with statewide data showing higher rates of poor health among Black residents, suggests that health disparities are likely concentrated within Baton Rouge's underprivileged urban areas. This makes the city a critical case study for understanding how health reforms affect highly vulnerable populations, where pre-existing inequities are often magnified.

The economic structure of Baton Rouge further highlights the relevance of healthcare policies. The Health Care & Social Assistance sector is the largest industry in the city, employing 15,442 people (Data USA, 2023). This indicates the sector's centrality to the local economy and its capacity to be

profoundly influenced by healthcare reforms that involve substantial federal funding, such as Medicaid expansion. The prominence of the Health Care & Social Assistance industry in Baton Rouge means that healthcare reforms, particularly those involving federal funding infusions like Medicaid expansion, have a direct and substantial impact on local employment and economic stability, extending beyond just healthcare access. This creates a positive feedback loop where improved health and economic stability can mutually reinforce each other within the urban environment. While the statewide uninsured rate saw a dramatic decline post-expansion, Baton Rouge's uninsured rate for individuals under 65 years was 12.2% between 2019-2023 (U.S. Census Bureau, 2023). This figure is notably higher than the statewide uninsured rate of 8.4% reported in 2017 (Invest in Louisiana, 2018) or the adult rate of under 8% in 2023 (Louisiana Department of Health, 2023), suggesting that despite overall gains, specific urban centers like Baton Rouge may still face unique or concentrated challenges in reaching all eligible populations.

Pre-Existing Health Disparities and Social Determinants of Health

Prior to the Medicaid expansion, low-income populations in Louisiana, including those residing in Baton Rouge's urban areas, faced significant health challenges. These included a high prevalence of chronic conditions, severely limited access to preventive care, and an over-reliance on emergency services for conditions that could have been managed in primary care settings (Commonwealth Fund, 2013; PBS NewsHour, 2018; Louisiana Department of Health, 2016). The health of these communities is not solely determined by access to medical care but is profoundly shaped by broader social determinants of health. Neighborhood deprivation, for instance, is a critical factor, encompassing elements such as lack of access to healthcare services, high unemployment rates, lower educational attainment, and substandard housing conditions (Peters *et al*., 2021; Peters *et al*., 2022; National Institute on Minority Health and Health Disparities, 2013; National Institute on Minority Health and Health Disparities, 2019). These factors collectively and significantly increase the risk of adverse health outcomes and are particularly prevalent in underprivileged urban areas. Research in Louisiana has demonstrated a direct association between neighborhood deprivation and higher risks for conditions like COVID-19, highlighting how these environmental factors contribute to health disparities (Peters *et al*., 2021). African Americans, who constitute a majority in Baton Rouge's urban core (Data USA, 2023), are disproportionately affected by these social determinants. They often bear a greater burden of chronic medical conditions, including hypertension, diabetes, heart disease, and obesity (Peters *et al*., 2021). Furthermore, they are more likely to hold vulnerable and low-paying jobs that do not permit remote work, rely on public transportation, and reside in crowded housing or work in crowded environments, all of which exacerbate health risks (Peters *et al*., 2021). These socioeconomic and environmental factors create structural challenges that limit opportunities for healthy living and contribute to the unequal distribution of health-compromising conditions (Peters *et al*., 2022). While Medicaid expansion directly addresses a critical "downstream" social determinant access to healthcare the persistent influence of "upstream" factors like neighborhood deprivation, systemic racism, and economic inequality means that healthcare reforms alone cannot fully eradicate health disparities. The complex interplay of these factors necessitates a multi-sectoral approach to achieve true health equity in Baton Rouge's urban core. This understanding is crucial because even with improved access to medical services, the fundamental social and economic conditions that contribute to poor health will continue to exert their influence, requiring broader policy interventions beyond the healthcare system to genuinely close health disparity gaps.

Dramatic Reductions in Uninsured Rates

One of the most immediate and profound impacts of Louisiana's Medicaid expansion has been the dramatic reduction in uninsured rates across the state. The uninsured rate for non-elderly adults in Louisiana plummeted from 22.7% in 2015, prior to the expansion, to 11.4% in 2017, just one year after implementation (LSU Health New Orleans School of Public Health, 2016; Louisiana Department of Health, 2016). Looking at the broader picture, the overall state uninsured rate experienced a nearly 50% decrease, falling from 16.6% in 2013 (pre-ACA) to 8.4% in 2017 (Invest in Louisiana, 2015). The success of the expansion is evident in its robust enrollment figures. By December 2018, over 475,000 individuals had enrolled in Medicaid expansion (Louisiana Department of Health, 2019). This growth continued, with approximately 477,500 low-income adults gaining coverage by 2017 (Invest in Louisiana, 2018; LSU Health New Orleans School of Public Health, 2018). By December 2023, the Healthy Louisiana expansion program had enrolled nearly 702,000 residents (HealthInsurance.org, 2023). This remarkable uptake significantly exceeded initial projections, which estimated only 306,000 new enrollees, demonstrating an actual enrollment that was 108% above the original estimate (Magnolia Tribune, 2024). This success is largely attributed to the ACA's consumer protections and the accessibility provided by Medicaid expansion (Invest in Louisiana, 2018). The halving of Louisiana's uninsured rate represents a direct, quantifiable success of Medicaid

expansion, indicating its effectiveness in achieving its primary goal of expanding coverage. While this policy was broadly successful, the slightly higher uninsured rate in Baton Rouge for those under 65 years, recorded at 12.2% between 2019–2023 (U.S. Census Bureau, 2023), compared to the statewide average of 8.4% in 2017 (Invest in Louisiana, 2015) or under 8% for adults in 2023 (Louisiana Department of Health, 2023), suggests that urban centers may still encounter unique or concentrated challenges in reaching all eligible populations. This discrepancy could be due to factors such as higher population density, specific local barriers, or the effects of the "unwinding" process that began post-2018. This observation highlights that while the policy is broadly effective, its impact may not be uniform across all regions, particularly in specific urban areas, warranting further investigation into localized barriers to coverage.

Table 1: Uninsured Rates in Louisiana and Baton Rouge (Pre- and Post-Medicaid Expansion)

Category	Year	Uninsured Rate (%) / Data Point	Source
Louisiana Non-Elderly Adults	2015 (Pre-Expansion)	22.70%	LSU Health New Orleans School of Public Health (2016); Louisiana Department of Health (2016)
Louisiana Non-Elderly Adults	2017 (Post-Expansion)	11.40%	LSU Health New Orleans School of Public Health (2018); Louisiana Department of Health (2018)
Louisiana Adults	2023	<8.0%	Louisiana Department of Health (2023)
Overall Louisiana Population	2013 (Pre-ACA)	16.60%	Invest in Louisiana (2015)
Overall Louisiana Population	2017 (Post-ACA/Expansion)	8.40%	Invest in Louisiana (2018)
Estimated Medicaid Expansion Enrollment	Initial Estimate	306,000	Magnolia Tribune (2024)
Actual Medicaid Expansion Enrollment	2022	638,000 (108% above estimate)	Magnolia Tribune (2024)
Actual Medicaid Expansion Enrollment	Dec-23	~702,000	HealthInsurance.org (2023)
Baton Rouge (under age 65)	2019–2023	12.20%	U.S. Census Bureau (2023)

Beyond simply providing insurance coverage, Medicaid expansion has demonstrably enhanced the affordability of healthcare for low-income individuals in Louisiana. Empirical data indicates a significant reduction in financial barriers to accessing medical services and prescribed medications. The number of low-income adults in Louisiana (aged 19-64) who reported being unable to see a doctor in the past year due to cost decreased by 4.2 percentage points, representing a 26.6% reduction (Louisiana Department of Health, 2019; Barnes *et al.,* 2022). Even more strikingly, the number of individuals in this demographic who reported not taking prescribed medication due to cost decreased by 6.9 percentage points, a substantial 66.4% reduction (Louisiana Department of Health, 2019; Barnes *et al*., 2022). This substantial reduction in cost-related barriers to care and medication directly impacts the financial stability of underprivileged families. Healthcare costs represent a major source of financial strain for low-income populations, often leading to medical debt that can precipitate bankruptcy and further financial hardship. By mitigating this risk, Medicaid expansion functions as a form of economic protection, preventing catastrophic medical debt and allowing families to allocate their limited resources to other essential needs such as housing, food, and education (Invest in Louisiana, 2022). This improvement in financial security, allowing families to avoid medical debt, addresses a critical social determinant of health. It illustrates that the policy's impact extends beyond direct health outcomes to improve the economic resilience of vulnerable households, which in turn can indirectly enhance health by reducing stress and enabling better living conditions.

Improved Access to Primary and Preventive Care

The expansion has also led to tangible improvements in access to primary and preventive care services. The number of low-income adults aged 19-64 in Louisiana who reported having a personal doctor increased by 3.3 percentage points, or 4.2% (Louisiana Department of Health, 2019). This increase in individuals reporting a personal doctor is a crucial indicator of improved continuity of care. It signifies a shift from episodic, reactive care, often sought in emergency departments, to a stable relationship with a primary care provider. This foundational change enables better chronic disease management, facilitates regular preventive screenings, and supports overall health maintenance,

which is particularly vital for urban populations with complex and ongoing health needs. Furthermore, the expansion has reduced practical barriers to accessing care, such as travel time. The average distance traveled when seeking care declined by between 1 and 4 miles after Medicaid expansion, with the most significant declines observed for gynecology/obstetric visits (Louisiana Department of Health, 2019). Reductions in travel times were observed across most parishes and for various service lines (Louisiana Department of Health, 2019). For underprivileged urban populations, who may heavily rely on public transportation or face other mobility challenges, reduced travel times are particularly beneficial. This suggests that the expansion facilitated access to more local or convenient care options, effectively removing a practical barrier to consistent healthcare utilization and making it easier for individuals to keep appointments and seek care when needed.

Provider Participation and Capacity

The increase in insured individuals necessitated a corresponding response from the healthcare provider community. Empirical data shows an increase in provider participation in the Medicaid program post-expansion. On average, the number of providers filing at least 10 Medicaid claims per month increased from 9,730 in the pre-expansion period (January 2013-June 2016) to 11,035 in the post-expansion period (July 2016-October 2018) (Louisiana Department of Health, 2019). Specifically, Primary Care Physicians (PCPs) filing claims also increased from 5,167 to 6,329 during the same periods (Louisiana Department of Health, 2019). Concurrently, the average Medicaid provider treated more unique Medicaid beneficiaries per month after expansion (86 beneficiaries) compared to before (72 beneficiaries) (Louisiana Department of Health, 2019). Despite these overall increases, a notable concern has emerged regarding specialist participation. Data indicates that participation for specialists has fallen since peaking in early 2016 (Louisiana Department of Health, 2019). This trend is accompanied by a slight increase in the average distance traveled for outpatient and specialty care from December 2017 through December 2018, after an initial decline (Louisiana Department of Health, 2019). This indicates a potential bottleneck in the healthcare system: while basic access improved, access to specialized care, which is often crucial for managing complex chronic conditions prevalent in underprivileged populations, remains a challenge. Critiques have also been raised about the adequacy of reimbursement rates for Medicaid services. Some argue that low reimbursement rates deter many physicians from accepting Medicaid patients or compel them to limit the number of such patients they see (Magnolia Tribune, 2024). This situation potentially undermines the full benefits of expanded coverage, as having insurance does not guarantee access if providers are unwilling or unable to accept it. The challenges with specialist participation and concerns about low reimbursement rates suggest that the *quality* and *timeliness* of care, particularly for complex conditions, may still be compromised. This represents a critical barrier for underprivileged urban populations requiring specialized medical attention, potentially preventing them from realizing the full health benefits of their expanded coverage.

Shifting Utilization Patterns

A significant and positive change observed following Medicaid expansion is a notable shift in healthcare utilization patterns, moving away from costly, reactive emergency department (ED) visits towards more appropriate primary and preventive care. Emergency department visits per 1,000 Medicaid expansion enrollees decreased from an average of 105.2 in the first six months of expansion (July–December 2016) to 100.1 in the last six months of 2018 (May–October 2018) (Louisiana Department of Health, 2019). The number of enrollees experiencing two or more ED visits per month also fell, from an average of 14.2 to 12.7 per 1,000 during the same periods (Louisiana Department of Health, 2019). Specifically for Baton Rouge, empirical data from 2018 shows a positive trend in ED utilization for Medicaid patients. The baseline ED utilization rate for Baton Rouge was 65.15, which decreased to 58.51 after the expansion (Louisiana Department of Health, 2018). This local trend is consistent with the statewide reduction, indicating that residents in Baton Rouge's urban areas are also shifting away from emergency care for non-urgent needs. Concurrently, there has been a clear increase in the utilization of primary and preventive care services. By the end of 2018, a total of 174,683 Medicaid expansion enrollees had at least one ambulatory or preventive care visit (Louisiana Department of Health, 2019). Furthermore, by November 2016, over 34,500 adults had received at least one preventive or primary care service (Louisiana Department of Health, 2016). The inverse relationship between decreasing ED visits and increasing primary and preventive care utilization is a key indicator of improved healthcare system efficiency and appropriateness of care. This suggests that previously uninsured individuals, including those in Baton Rouge's urban areas, are now accessing care in more suitable and cost-effective settings. This reduces the strain on emergency services and facilitates better long-term health management, demonstrating that the expansion is not merely providing "a card in a wallet" but is actively re-orienting patients towards a more rational and beneficial engagement with the healthcare system,

leading to better health outcomes and potentially lower overall system costs.

Improved Management of Chronic Conditions

Medicaid expansion has been instrumental in enabling thousands of Louisiana residents to receive necessary care for chronic conditions, which were often unmanaged or poorly managed prior to coverage. Specific examples highlight these improvements:

- Almost 600 adults newly diagnosed with diabetes have begun treatment (Louisiana Department of Health, 2016).
- Nearly 1,500 patients have been newly diagnosed with hypertension (Louisiana Department of Health, 2016).
- A compelling individual case is that of Matthew Guidry of Opelousas, Louisiana, who, living with sickle cell anemia, previously relied on emergency room visits for care. Following Medicaid expansion, he was able to receive two eye surgeries needed to reattach his retina and now benefits from a primary care physician who actively manages his sickle cell disease (Louisiana Department of Health, 2016).

The documented increase in new diagnoses and treatment initiations for conditions like diabetes and hypertension is critical. It indicates that individuals who previously lacked coverage are now accessing care early enough for intervention, potentially preventing severe complications and improving long-term health outcomes. This represents a significant shift from crisis management to proactive disease management, which is crucial for improving the quality of life and longevity for underprivileged populations who often suffer disproportionately from these conditions. Early intervention not only benefits the individual but also reduces the burden of advanced disease on the healthcare system, leading to more efficient and effective care delivery.

Increased Preventive Services and Early Detection

The expansion has also facilitated a substantial increase in the utilization of preventive services and early detection screenings, which are vital for population health. Over 38,500 Medicaid members received preventive care visits (Louisiana Department of Health, 2016). This proactive engagement with healthcare has yielded tangible results:

- 3,565 women completed important breast imaging screenings, such as mammograms, MRIs, and ultrasounds, leading to the diagnosis of breast cancer in 45 women (Louisiana Department of Health, 2016).
- Over 3,000 adults underwent colonoscopies, resulting in the removal of 786 precancerous polyps (Louisiana Department of Health, 2016).
- During flu season, more than 6,300 new members received a flu shot (Louisiana Department of Health, 2016).

The significant uptake of preventive services like cancer screenings and flu shots demonstrates a proactive engagement with healthcare among newly insured populations. The detection of cancers and precancerous polyps directly translates to early intervention, which is a major factor in reducing morbidity and mortality. This proactive approach contributes directly to the "lives saved" metric, as early detection often leads to more effective and less invasive treatments. This illustrates how increased access to basic preventive services can have profound, life-saving impacts by enabling early intervention, aligning with the broader goal of improving population health.

Broader Health Outcomes

Beyond specific utilization and chronic disease management metrics, Medicaid expansion has had broader, fundamental impacts on population health. Most notably, the expansion has been linked to a reduction in premature deaths. Research indicates that Medicaid expansion has prevented 19,200 premature deaths nationwide, with approximately 764 lives saved in Louisiana over a four-year period (Invest in Louisiana, n.d.). This "lives saved" statistic is the most compelling and direct evidence of the positive health impact of Medicaid expansion. It moves beyond process measures like access and utilization to a fundamental outcome, demonstrating the policy's profound effect on human life, particularly for vulnerable populations who disproportionately face preventable deaths. This represents the highest level of positive outcome, demonstrating that the policy's effects are not just about convenience or financial relief but about extending life itself.

The impact on self-reported health status presents a more nuanced picture. While some studies have found modest improvements in self-reported health following Medicaid expansion, a review of assessments indicated that 60% did not find direct evidence of changes in self-reported health status associated with the expansion (Miller *et al*., 2021). However, it is important to note that the expansion did "slow rates of health decline for low-income adults in Southern States" and yielded "health benefits even for those with established access to safety-net care" (Miller *et al*., 2021). The mixed findings on self-reported health suggest that while specific health outcomes, such as chronic disease

management and early detection, demonstrably improve, broader, subjective health status may take longer to change or be influenced by a wider array of social determinants not directly addressed by healthcare access. This highlights the complexity of measuring "health" and the limitations of healthcare interventions in isolation, as an individual's overall perception of health is shaped by many factors beyond just medical care, including housing, employment, and social support.

Furthermore, Medicaid expansion has significantly improved the financial security of families by eliminating catastrophic medical debt (Invest in Louisiana, 2018). This economic benefit is a crucial, often overlooked, aspect of health reform. Medical debt is a leading cause of bankruptcy and financial hardship, particularly for low-income families. By mitigating this risk, the policy improves overall household financial security, allowing families to allocate resources to other essential needs like housing and food, thereby indirectly improving health and overall well-being. This positions Medicaid expansion as a poverty-reduction tool, demonstrating its role in economic stability for underprivileged urban populations who are often one medical crisis away from financial ruin.

VI. Economic and Systemic Impacts of Medicaid Expansion

Louisiana's Medicaid expansion has served not only as a direct health benefit but also as a significant economic stimulus by injecting substantial federal funds that otherwise would not have entered the state's economy. The federal government initially covered 97.5% of expansion costs in State Fiscal Year (SFY) 2017, decreasing to 90% from 2020 onward, ensuring a steady influx of federal dollars (Louisiana Department of Health, 2018). In 2017 alone, this investment resulted in a $1.85 billion net new federal infusion, which catalyzed broad economic activity throughout Louisiana. The expansion directly supported the creation and maintenance of nearly 19,200 jobs statewide and generated over $103 million in state tax revenues as well as $74.6 million in local tax receipts (Louisiana Department of Health, 2018). By 2017, the policy was credited with stimulating more than $3.5 billion in economic activity, with urban centers like Baton Rouge benefiting from a strengthened healthcare sector that contributes significantly to the local economy (Invest in Louisiana, 2021; Data USA, 2023). These outcomes demonstrate how healthcare policy can have far-reaching economic ripple effects, bolstering workforce capacity and increasing consumer spending beyond immediate health benefits. In addition to economic growth, Medicaid expansion substantially improved hospital financial performance across Louisiana. During the first three years post-implementation, general medical and surgical hospitals experienced a 33% reduction in uncompensated care costs, easing a significant financial burden (Blavin & Ramos, 2020). This decline was especially notable among rural and public hospitals, which tend to serve more low-income patients and are often financially vulnerable (Blavin & Ramos, 2020). This improved financial stability helped prevent potential hospital closures or service reductions, preserving healthcare access for underserved populations, particularly in economically disadvantaged urban areas like Baton Rouge. Moreover, Medicaid expansion played a critical role in enhancing household financial security by eliminating catastrophic medical debt, a common driver of poverty and financial instability among low-income families (Invest in Louisiana, 2021). By mitigating the risk of overwhelming debt from medical emergencies or chronic illnesses, expanded coverage allows families to allocate resources toward essential needs such as housing, nutritious food, and education. This financial relief indirectly promotes better health and well-being by reducing social determinants that adversely affect health outcomes. For underprivileged populations frequently vulnerable to financial ruin from medical crises, Medicaid expansion represents a vital step toward social equity and economic resilience (Invest in Louisiana, 2021).

Challenges, Critiques, and Emerging Policy Considerations

While Louisiana's Medicaid expansion has successfully achieved high enrolment and broadened coverage, it has also encountered significant challenges related to rapid enrolment growth and associated cost overruns. By 2022, actual enrolment reached 638,000 108% above the initial estimate of 306,000 leading to state and federal Medicaid expenditures rising from $8.3 billion in 2016 to $15 billion in 2022 (Magnolia Tribune, 2024). Although this surge represents a public health success by extending coverage, it has imposed considerable fiscal pressures, highlighting the inherent tension between maximizing coverage and maintaining budgetary control. Critics further note that despite expanded coverage and increased spending, Louisiana's overall health outcomes remain poor, ranking near the bottom nationally and comparable to some non-expansion states. This suggests that insurance coverage alone cannot overcome broader social determinants of health, such as poverty and lifestyle factors (Magnolia Tribune, 2024; Peters *et al*., 2022; National Institute on Minority Health and Health Disparities, 2013, 2019). Moreover, while Medicaid provider participation improved overall, specialist participation declined after peaking in 2016, resulting in increased travel distances for specialty care and raising concerns about timely

access to complex care, particularly for underserved urban populations in Baton Rouge (Louisiana Department of Health, 2019; Magnolia Tribune, 2024). Compounding these challenges, the post-COVID-19 "unwinding" of continuous Medicaid coverage has led to disenrollment of over 400,000 individuals since mid-2023, with many losses attributed to procedural hurdles rather than actual ineligibility (Louisiana Department of Health, 2023; PAR Louisiana, 2023). Furthermore, upcoming federal policy changes mandating work requirements and more frequent eligibility checks threaten to further reduce enrollment, risking coverage loss for up to 160,000 individuals. These changes may increase uninsured rates, elevate marketplace insurance costs, and jeopardize rural hospital viability (Families USA, 2023; Kaiser Family Foundation, 2022; PAR Louisiana, 2023). These administrative and policy shifts place the gains in access and health equity at risk, especially among Baton Rouge's underprivileged urban communities, underscoring the fragility of progress and the critical need for ongoing policy advocacy to prevent widening health disparities. This complex interplay of enrollment success, cost management, health outcomes, provider availability, and policy uncertainty illustrates the multifaceted challenges Louisiana faces in sustaining Medicaid expansion benefits while pursuing equitable and effective healthcare reform.

Policy Implications and Recommendations for Baton Rouge

To sustain and maximize the benefits of healthcare reforms for Baton Rouge's underprivileged urban populations, it is essential to implement proactive strategies that reduce administrative barriers such as frequent eligibility verifications and complex work requirements, thereby ensuring that eligible individuals maintain coverage through streamlined processes like automatic data verification and simplified renewals especially in light of procedural disenrollments observed during Medicaid's "unwinding" period (Families USA, 2023; PAR Louisiana, 2023). Louisiana must also maintain enhanced federal matching rates (currently 90% FMAP) to continue leveraging critical federal funds that drive both improved health services and significant economic stimulus, including job creation (Louisiana Department of Health, 2018). Robust outreach and enrollment assistance programs are vital, particularly during eligibility redetermination phases, to help individuals navigate coverage transitions and prevent care disruptions (Louisiana Department of Health, 2023; PAR Louisiana, 2023; Louisiana Healthcare Connections, 2023). Although Medicaid expansion has improved healthcare access, persistent disparities rooted in social determinants of health require a holistic approach that integrates targeted public health initiatives focused on issues such as higher rates of poor health and obesity among Black residents, alongside broader efforts addressing housing, education, employment, nutrition, and safe environments (Kaiser Family Foundation, 2022; National Institute on Minority Health and Health Disparities, 2013, 2019; Peters *et al*., 2021; Peters *et al*., 2022). Strengthening partnerships with community organizations and local leaders is crucial for developing culturally competent, community-led interventions responsive to Baton Rouge's unique social and economic contexts (Commonwealth Fund, 2013; FMOLHS, 2021; Louisiana Department of Health, 2020). To ensure that expanded coverage translates into meaningful care, provider networks especially specialists must be reinforced through policy adjustments addressing low Medicaid reimbursement rates, which discourage physician participation, alongside sustained investments in workforce development for primary care providers (Louisiana Department of Health, 2019; Magnolia Tribune, 2024). Supporting and expanding community clinics and health centers in underprivileged urban areas remains critical, as these facilities provide accessible, integrated care that addresses complex health needs (Commonwealth Fund, 2013; Healthcare.gov, 2022; PBS NewsHour, 2018). Collectively, these recommendations underscore the necessity of comprehensive, multi-sectoral policies that sustain reform gains, reduce health disparities, and enhance healthcare access and quality for Baton Rouge's vulnerable populations.

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