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at data from surveys between 2002 and 2011, Chua and Sommers found that young adults were more likely to report better physical and mental health after the federal law passed in 2010, although only slightly. Thirty-one percent reported excellent physical health, compared with 27 percent before the law was passed. The researchers also found that for slightly older adults—those ages 26 to 35—there was a slight decline in the percentage of individuals reporting excellent physical and mental health.

- **Sommers, Benjamin D., and Arnold M. Epstein.**

“Why States Are So Miffed About Medicaid: Economics, Politics, and the ‘Woodwork Effect.’” *New England Journal of Medicine* 365 (2011): 100–102.

While the Medicaid expansion could offer substantial benefits to newly insured people, those benefits come with a cost. Sommers and Epstein show that the cost to states is much greater than just the portion they have to pay for the population that is newly eligible for the program. They predict that many of the roughly 9 million people who already were eligible for Medicaid but had not signed up will “come out of the woodwork” and enroll once the Affordable Care Act kicks in. The law’s promise of near-universal coverage will make more people realize Medicaid is available to them—even people who would have been eligible all along. While the federal government has promised to pay 90 percent of the cost of the newly eligible population under the law, states will bear a larger share for new enrollees who were eligible all along. By identifying this effect,

Sommers and Epstein help explain why some governors and legislators are worried that the Medicaid expansion will cost more than their states can afford.

- **Sommers, Benjamin D., and Sara Rosenbaum.** “Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth Between Medicaid and Insurance Exchanges.” *Health Affairs* 30 (2011): 228–236.

Under the Affordable Care Act, whether someone receives coverage through Medicaid or through subsidized private health insurance depends on that individual’s income. Sommers and Rosenbaum identify a potential problem with that: A person’s income changes over time. If people are bouncing back and forth between Medicaid and private insurance, they may become confused or frustrated or face disruptions in coverage—disruptions that could put their health at risk. By studying individuals’ historical income data over time, Sommers and Rosenbaum show that many millions of people are likely to be bouncing back and forth. Aside from posing an administrative challenge for patients, this “churning” could also pose administrative challenges for states, since states run Medicaid and many states will run the health insurance exchanges where individuals will buy subsidized coverage. How well the new health care law works will depend in part on whether states can meet this administrative challenge. In making this point, Sommers and Rosenbaum offer an important lesson: To a substantial extent, health care reform will end up being what states make of it.