

The Impact of Medicaid Expansion on Community Health Center Staffing

Ellen Kurtzman, Jeongyoung Park, Xinxin Han, and Patricia Pittman

ISSUE: The Affordable Care Act extended Medicaid eligibility in some states, which has increased demand for community health center (CHC) care. Despite this shift, the workforce impacts have not been measured. We address this gap by isolating the differential impact of Medicaid expansion on CHC staffing.

METHODS: We used 2009-2015 Uniform Data System (UDS) data and a difference-in-differences model to compare CHC staffing (number and share of full-time equivalents [FTEs] in selected personnel categories) in expansion and non-expansion states before and after January 1, 2014. In addition to controlling for factors that contribute to CHC staffing, we controlled for state fixed effects and clustered standard errors at the state-year level.

RESULTS: Over the study period, CHCs reported a mean of 124.2 FTEs comprised of 34.7% clinical staff and 9.6% enabling staff. The number of FTEs increased significantly over the 7-year period and was higher in expansion than non-expansion states. Once we controlled for factors known to affect CHC staffing and pre-expansion baseline differences, in only a few cases were the difference-in-differences estimators large in magnitude and/or statistically significant. Thus, results do not substantiate a Medicaid expansion-staffing effect.

CONCLUSIONS: Our findings suggest that CHCs may employ strategies—other than hiring staff—to contend with the increased patient volume they have experienced as a result of Medicaid expansion. Additionally, although we did not detect a strong staffing effect, data limitations prevented us from modeling vacancy rates, which could provide additional insights. Differences in states' Medicaid income eligibility, which were not accounted for, could also have obscured our results.

Key Words: community health center, Medicaid expansion, staffing, personnel, health reform