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## Did Disparities in Access Worsen During the Pandemic?

Comparing Californians with Medi-Cal and those with Employer Coverage

# Overview

The continuous coverage provisions associated with the COVID-19 pandemic resulted in a significant uptick in the number of Californians with Medi-Cal, with nearly 16 million Californians enrolled in the program as of March 2023. [Previous research](#) has shown that Medi-Cal enrollees fare worse in accessing health care than those with employer coverage.

A key question is whether and how access to care shifted during the pandemic for Californians with Medi-Cal compared to Californians with employer coverage. For example, did existing differences in access between the two groups worsen or improve? Have new access challenges emerged for those with Medi-Cal, compared to those with employer coverage? These questions were applied to separate analyses for children and adults.

## KEY FINDINGS INCLUDE:

- ▶ Data show that the pandemic did not widen differences in access to care for people with Medi-Cal coverage compared to those with employer coverage. This held true for both adults and children.
- ▶ Rather, among adults, there was some narrowing of differences on select measures. However, this is not a positive development, as it appears to have been caused by worsening access to care for adults with employer coverage during the pandemic rather than improvements for adults with Medi-Cal.

## Contents

- 1 Overview
- 2 Methodology
- 3 Findings
- 7 Conclusions

# Methodology: Data Indicators

Comparisons were made between 2017-18 and 2020-21 access measures from the California Health Interview Survey (CHIS) for non-elderly adults (18–64) and children (0–17) with Medi-Cal and employer coverage. Fewer measures were reported for children than adults because CHIS has fewer measures for children. Two years of data were compared to increase sample size.

**Table 1. CHIS Access Measures Studied**

ADULTS	CHILDREN
No usual source of care (USOC) other than emergency room (ER)	No USOC other than ER
No doctor visits in past year	No doctor visits in past year
Two or more emergency room visits in past year	One or more emergency room visit in past year
Delayed getting prescription in past year	Delayed getting prescription in past year
Trouble finding general doctor who would see them	Did not visit dentist in past year (among children who have teeth)
Told that doctor wouldn't accept health insurance	
Trouble finding a specialist who would see them	
Sometimes/never able to get appt. within 2 days (among adults who were insured, had usual source of care, and sought an appt. within 2 days)	
No preventive visits in past year	
Delayed / did not receive needed medical care in past year	
Delayed medical care due to cost/insurance	

Available measures differed from those used [the last time this analysis was published](#) because of changes in CHIS content. The CHIS was redesigned in 2019; more information about the impact of the redesign is available in a [UCLA Center for Health Policy Research report](#).

Statistical testing was conducted in two ways: (1) between each time period to examine trends within each type of coverage and (2) for changes in the difference between the two types of coverage over time. This report focuses on statistically significant differences. A statistically significant difference of .05 means that researchers are 95% confident the results are not due to random chance.

# Access to Care for Adults with Medi-Cal and Employer Coverage, Before vs. During the Pandemic

**Table 2. Access to Care for Adults with Medi-Cal Coverage, Before vs. During the COVID-19 Pandemic**

	MEDI-CAL		ESI		
	2017-19	2020-21	2017-19	2020-21	
No usual source of care other than emergency room	20.8%	19.7%	8.2%	10.2%	*
Trouble finding general doctor who would see them	5.2%	6.2%	3.1%	5.1%	*
Told that doctor wouldn't accept health insurance	8.6%	8.8%	3.4%	4.0%	
Trouble finding a specialist who would see them	6.8%	6.2%	3.0%	3.7%	*
Sometimes/never able to get appt. within 2 days (among adults who were insured, had usual source of care, and sought an appt. within 2 days)	40.1%	56.3%	30.7%	41.0%	*
No doctor visits in past year	19.0%	23.4%	13.7%	21.0%	*
No preventive visits in past year	24.6%	35.8%	25.2%	38.3%	*
Two or more emergency room visits in past year	15.6%	10.3%	6.8%	3.5%	*
Delayed getting prescription in past year	12.8%	11.1%	9.9%	8.8%	
Delayed / did not receive needed medical care in past year	16.5%	17.9%	11.9%	19.8%	*
Delayed medical care due to cost/insurance	6.9%	6.0%	4.1%	4.4%	

\* Statistically significant at the .05 level.

Notes: *ESI* is employer-sponsored insurance. Available measures differed from those used [the last time this analysis was published](#) because of changes in CHIS content. The CHIS was redesigned in 2019; more information about the impact of the redesign is available in a [UCLA Center for Health Policy Research report](#).

Source: SHADAC analysis of CHIS data.

Access to care worsened during the pandemic for both Californians with employer coverage and Californians with Medi-Cal on three of 11 measures, including being able to get a timely appointment, having had a doctor visit, and having had a preventive visit in the last year.

In addition, during the pandemic, people with employer coverage were more likely to have delayed or gone without needed medical care, were less likely to have a usual source of care, and experienced greater trouble finding a general doctor or specialist who would see them compared to before the pandemic. These measures were statistically unchanged for adults with Medi-Cal.

Adults in both groups were less likely to have gone to the emergency room during the pandemic.

# Changes in Disparities in Access to Care Between Adults with Medi-Cal and Employer Coverage During the Pandemic

**Table 3. Disparity Between Medi-Cal and Employer Coverage During the COVID-19 Pandemic**

DISPARITY BETWEEN MEDI-CAL AND EMPLOYER COVERAGE			
	2017-19	2020-21	Change in Disparity
No usual source of care other than emergency room	12.5%	9.5%	-3.0% *
Trouble finding general doctor who would see them	2.1%	1.1%	-1.0% *
Told that doctor wouldn't accept health insurance	5.2%	4.8%	-0.5%
Trouble finding a specialist who would see them	3.8%	2.5%	-1.3%
Sometimes/never able to get appt. within 2 days (among adults who were insured, had usual source of care, and sought an appt. within 2 days)	9.4%	15.4%	5.9%
No doctor visits in past year	5.3%	2.4%	-2.8% *
No preventive visits in past year	-0.6%	-2.5%	-1.9%
Two or more emergency room visits in past year	8.8%	6.8%	-2.0% *
Delayed getting prescription in past year	3.0%	2.3%	-0.7%
Delayed / did not receive needed medical care in past year	4.6%	-1.9%	-6.4% *
Delayed medical care due to cost/insurance	2.8%	1.7%	-1.2%

Disparities in access to care between adults with Medi-Cal and adults with employer coverage narrowed on five of 11 measures, mainly due to worsening access for those with employer coverage.

\* Statistically significant at the .05 level.

Notes: Changes in the disparities between Medi-Cal and employer coverage were tested using difference-in-difference analysis. The CHIS was redesigned in 2019; more information about the impact of the redesign is available in a [UCLA Center for Health Policy Research report](#).

Source: SHADAC analysis of CHIS data.

# Access to Care for Children with Medi-Cal and Employer Coverage, Before vs. During Pandemic

**Table 4. Access to Care for Children with Medi-Cal and Employer-Sponsored Insurance Before vs. During the COVID-19 Pandemic**

	MEDI-CAL		ESI		
	2017-18	2020-21	2017-18	2020-21	
No usual source of care other than emergency room	14.6%	14.9%	7.2%	9.7%	*
No doctor visits in past year	15.0%	17.0%	11.7%	12.1%	
One or more emergency room visit in past year	20.3%	15.9% *	17.3%	11.2% *	
Delayed getting prescription in past year	3.9%	4.1%	2.8%	3.5%	
Did not visit dentist in past year (among children who have teeth)	14.6%	20.5% *	14.1%	16.2%	

Children with employer coverage were more likely to have no usual source of care during the pandemic. Children with Medi-Cal were less likely to have visited the dentist. Both groups saw a decline in emergency room visits during the pandemic.

\* Statistically significant at the .05 level.

Note: *ESI* is employer-sponsored insurance.

Available measures differed from those used [the last time this analysis was published](#) because of changes in CHIS content. The CHIS was redesigned in 2019; more information about the impact of the redesign is available in a [UCLA Center for Health Policy Research report](#).

Source: SHADAC analysis of CHIS data.

# Changes in Disparities in Access to Care Between Children with Medi-Cal and Employer Coverage During the Pandemic

**Table 5. Disparity Between Medi-Cal and Employer Coverage During the COVID-19 Pandemic**

DISPARITY BETWEEN MEDI-CAL AND EMPLOYER COVERAGE			
	2017-19	2020-21	Change in Disparity
No usual source of care other than emergency room	7.4%	5.2%	-2.2%
No doctor visits in past year	3.3%	5.0%	1.6%
One or more emergency room visit in past year	3.0%	4.7%	1.7%
Delayed getting prescription in past year	1.1%	0.6%	-0.5%
Did not visit dentist in past year (among children who have teeth)	0.5%	4.2%	3.8%

There were no statistically significant changes in disparities in access between children with Medi-Cal and children with employer coverage.

\* Statistically significant at the .05 level.

Notes: Changes in the disparities between Medi-Cal and employer coverage were tested using difference-in-difference analysis. The CHIS was redesigned in 2019; more information about the impact of the redesign is available here in a [UCLA Center for Health Policy Research report](#).

Source: SHADAC analysis of CHIS data.

# Conclusions

- ▶ This analysis shows that access to care worsened for adults with Medi-Cal and adults with employer coverage on several measures during the pandemic. However, adults with employer coverage experienced declines on more measures and, in some cases, more severe declines. As a result, disparities in access between the two groups of adults narrowed during the pandemic. However, this was not a positive development since it was driven by deteriorating access for adults with employer coverage, rather than improvements for adults with Medi-Cal.
- ▶ The analysis showed that children with Medi-Cal and children with employer coverage each experienced worsening access during the pandemic on one of the five measures studied: children with employer coverage were less likely to have a usual source of care during the pandemic; kids with Medi-Cal were less likely to have gone to the dentist during the pandemic. Disparities in access between the two groups of children did not get better or worse during the pandemic. Rather, existing disparities persisted, with the data showing no statistically significant changes.
- ▶ A key issue going forward is how the end of the federal Medicaid continuous coverage requirement will impact access to care. Although coverage does not guarantee access, research has shown that the people who are uninsured fare far worse on a range of outcomes than those with stable coverage. It is estimated that two to three million Californians may lose Medi-Cal during the unwinding. It will be critical to help them enroll in other coverage sources, and to continue to monitor and seek to improve access to care for all Californians.



## About CHCF

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care.

We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

For more information, visit [www.chcf.org](http://www.chcf.org).

## About the Author

Lacey Hartman is a senior research fellow at the State Health Access Data Assistance Center ([www.shadac.org](http://www.shadac.org)), where she leads a range of projects aimed at helping states use data to inform policy. She holds a bachelor's degree in women's studies and political science from Macalester College in St. Paul and a master's degree in public policy from the University of Minnesota.

