S2 Table. Determinants of access and utilization of healthcare services for working-age women.

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
Individual Predisposing factors	Age	Chen (2020) **Gained Medicaid Coverage in 2014 in Expansion States (N=149)** **Uninsured in 2013:** NS (18-23 years); NS (24-33 years); [Ref = 34-44 years]. **Jones & Sonfield (2016),** **Post Medicaid Expansion** **Uninsured:** OR = 1.58, 95% (CI) [1.17–2.12], p = 0.003, (25-29 years); OR = 1.54, 95% CI [1.09–2.18], p = 0.014 (30-34 years); OR = 1.47, 95% CI [1.04–2.09], p = 0.031, (35-39 years) (Ref - 18-24 years). **Lee (2018),**	Ahad (2019), **Regular healthcare provider:** OR = .35, 95% CI [.14-.89], p < .05 (18-39 years). **Early (2018) Usual source of healthcare (Adjusted Prevalence Ratios)** NS (26-29); NS (30-34); aPR = 1.10 [95% CI [1.01, 1.21] (35-39); aPR = 1.12 [95% CI [1.02, 1.22] (40-44); (Ref = 18-25). **Early (2018) Post-Medicaid Expansion** **Has Usual Source of Care:**	SteelFisher (2019), **Avoided doctor due to discrimination concerns:** NS (30-49 years); NS (50-64 years) (Ref = 18-29 years). **Early (2018)** **Able to obtain timely medical care (Adjusted Prevalence Ratios)** NS (26-29); NS (30-34); aPR = 0.86 [95% CI [0.78, 0.95] (35-39) aPR = 0.83 [95% CI [0.75, 0.91] (40-44) (Ref = 18-25); **Able to obtain needed prescriptions**	Lee (2020), **Family physician visits (past year):** 0.3%, 95% CI [0.2, 0.4], p < .001; **NP/PA visits (past year):** NS. Seo (2019), **Doctors visit in the past year:** NS (All women, 40–64); NS (native-born, non-Hispanic White American (NBWA) women, 40–64); NS (Foreign-born Asian immigrant (FBAI) women, 40–64) (Ref = 18-39 years).	DiPietro Mager (2021), **Routine check-up past year:** NS (age).	Pazol (2017), **BP checked by healthcare professional in past year**: 76.3%, 95% CI [69.6–81.9] (18-19 years); 77.5%, 95% CI [74.2–80.5] (20–24 years); 82.0%, 95% CI [80.2–83.6] (25–34 years); 82.9%, 95% CI [81.1–84.5] (35–44 years).		Pazol (2017), **Received influenza vaccine in past year:** 25.1 %, 95% CI [19.6–31.4] (18-19 years.); 24.1 %, 95% CI [21.2–27.3] (20–24 years.); 33.0 %, 95% CI [31.1–35.0] (25–34 years.); 35.9%, 95% CI [33.8–38.1] (35–44 years).

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Post Medicaid Expansion **(Difference in percentage-point change between FPL groups),** **Uninsured:** **≤ 138% FPL** -13.78%, 95% CI [-15.78, −11.77] (19-34 years); −14.03%, 95% CI [−17.08, −10.98] (35–44 years); -17.68%, 95% CI [−20.53, −14.84] (45–54 years); −12.88%, 95% CI [−15.81, −9.95] (55–64 years). **139–399% FPL** −9.57%, 95% CI [−11.08, −8.06] (19-34 years); −7.16%, 95% CI [−9.04, − 5.29] (35–44 years); −10.06%, 95% CI [−11.61, −8.51] (45–54 years); −7.71%, 95% CI [−9.42, −5.99] (55–64 years). **Difference in percentage-point**	**(Adjusted Prevalence Ratios)** **Age 18-34 years (n=2,895)** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Age 35-44 years (n=1,672)** NS (2014); NS (2015); NS (2016); (Ref = 2013); P for interaction (year*age) = 0.05.	**(Adjusted Prevalence Ratios)** NS (26-29); aPR = 0.92 [95% CI [0.86, 0.99] (30-34); aPR = 0.91 [95% CI [0.84, 0.99] (35-39) aPR = 0.86 [95% CI [0.79, 0.93] (40-44) (Ref = 18-25). **Early (2018)** **Post-Medicaid Expansion** **Able to obtain timely medical care:** **(Adjusted Prevalence Ratios)** **Age 18-34 years (n=2,895)** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Age 35-44 years (n=1,672)** NS (2014);					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		change between FPL groups **≤ 138% FPL vs. 139–399% FPL** −4.21%, 95% CI [−6.87, −1.54] (19-34 years); −6.87%, 95% CI [−10.44, −3.30] (35–44 years); −7.62%, 95% CI [−10.95, −4.3] (45–54 years); −5.18%, 95% CI [−8.53, −1.82] (55–64 years). **Wehby (2018),** **Post Medicaid Expansion (2014-2015)** **Medicaid Insurance**: 6.9%, p < .01 (19 - 35 years); 6.5%, p < .01 (36-55 years); 5.5%, p < .01 (55-64 years); **Uninsured:** -4.9%, p < .01 (19 - 35 years); -4.8%, p < .01 (36 - 55 years); -4.0%, p < .01 (55 - 64 years);		**NS (2015);** **NS (2016);** **(Ref = 2013);** P for interaction (year*age) NS **Able to obtain needed prescriptions:** **(Adjusted Prevalence Ratios)** **Age 18-34 years (n=2,895)** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Age 35-44 years (n=1,672)** NS (2014); NS (2015); NS (2016); (Ref = 2013); P for interaction (year*age) NS					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Individually Purchased Coverage: NS (19 - 35 years); -1.3%, p < .05 (36 - 55 years); -1.8%, p < .05 (55 - 64 years). **Employer-Sponsored Coverage**: -1.4%, p < .05 (36 - 55 years); NS (36 - 55 years); NS (55 - 64 years); **Any Private Coverage**: -2.0%, p < .01 (19 - 35 years); NS (36 - 55 years); NS (55 - 64 years).							
	Children/has dependents	**Johnston (2018),** <u>Post Medicaid Expansion Uninsured</u>: -10.1%, p < .05 (Women with Dependent Children < 100% FPL); -27.4%, p < .001 (Women without Dependent Children < 100% FPL).	**Ahad (2019),** Regular healthcare provider: OR = 1.47, 95% CI [1.08-2.01], p < .05 (Children < 18 years). **Early (2018)** Usual source of healthcare	**Early (2018) Able to obtain timely medical care: (Adjusted Prevalence Ratios)** aPR = 0.91 [95% CI [0.85, 0.98] (Without children); (Ref = With children);	**Johnston (2018),** <u>Post-Medicaid Expansion</u> **Primary care visits in the last year:** NS (Women with Dependent Children < 100% FPL);	**DiPietro Mager (2021),** **Routine check-up past year:** NS (One or more children) (Ref = no children); **Margerison (2020),** <u>Post Medicaid Expansion</u>		**Margerison (2020),** <u>Post Medicaid Expansion</u> **Cholesterol check-in last year:** NS (Dependent children); NS (No dependent children).	

Andersen's domains		Measures of potential access			Measures of realized access				
Type	**Determinants/ factors**	**Insurance coverage/type**	**Usual source of care/regular primary care provider**	**Barriers to care, delayed, foregone care, unmet need**	**Utilization (use/non-use or frequency of use)**	**Preventive health visits (annual physical exam/routine checkup in last year)**	**Preventive health screening (blood pressure)**	**Preventive health screening (cholesterol screening)**	**Preventive health screening (Influenza shot)**
		Margerison (2020), <u>**Post-Medicaid Expansion**</u> **Has health coverage:** 7.6%, 95% CI [0.8, 14.4], p <.05 (Dependent children); 13.9%, 95% CI [8.7, 19.2], p <.05, (No dependent children).	**(Adjusted Prevalence Ratios)** aPR = 0.91 [95% CI [0.85, 0.98] (Without children); (Ref = With children). **Johnston (2018),** <u>**Post-Medicaid Expansion**</u> **No personal doctor**: NS (Women with Dependent Children < 100% FPL); -13.3%, p < .01 (Women without Dependent Children < 100% FPL).	**Able to obtain needed prescriptions: (Adjusted Prevalence Ratios)** aPR = 0.92 [95% CI [0.86, 0.98] (Without children); (Ref = With children). **Johnston (2018),** <u>**Post-Medicaid Expansion**</u> **Needed but could not see a doctor due to cost:** NS (Women with Dependent Children < 100% FPL); NS (Women without Dependent Children < 100% FPL); **Margerison (2020),** <u>**Post-Medicaid Expansion**</u> **Avoided seeking care due to cost:** −6.7%, 95% CI	NS (Women without Dependent Children < 100% FPL).	**Check-up in last year:** 4.6%, 95% CI [1.3, 7.9], p <.05 (Dependent children); 7.2%, 95% CI [2.5, 11.9], p <.05 (No dependent children).			

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				[−11.9, −1.5], p <.05 (Dependent children); -10.5%, 95% CI [−16.2, −4.8], p <.05 (No dependent children).					
	Education	**Chen (2020)** <u>Gained Medicaid Coverage in 2014 in Expansion States (N=149)</u> **Uninsured in 2013:** NS (High school degree); NS (Some college); NS (College degree) (Ref = Less than High School). **Jones & Sonfield (2016),** <u>Post Medicaid Expansion</u> **Uninsured:** NS (High School); OR = 0.49, 95% CI [0.34–0.71], p < .001, (Some college); OR = 0.22, 95% CI [0.14–0.33], p	**Ahad (2019),** Regular healthcare provider: OR = 3.92, 95% CI [1.35-2.70], p < .05 (> High school education). **Early (2018)** **Usual source of healthcare** **(Adjusted Prevalence Ratios)** NS (High School graduate); aPR = 1.12 [95% CI [1.02, 1.22](Some college); NS (College graduate or more); (Ref = Less than high school).	**Early (2018)** **Able to obtain timely medical care:** **(Adjusted Prevalence Ratios)** aPR = 0.90 [95% CI [0.85, 0.96] (High School graduate); aPR = 0.86 [95% CI [0.80, 0.92] (Some college); aPR = 0.86 [95% CI [0.78, 0.94] (College graduate or more); (Ref = Less than high school); **Able to obtain needed prescriptions:** **(Adjusted Prevalence Ratios)**	**Farietta (2018),** <u>Post Medicaid Expansion</u> **Physician in the past year:** NS (High School); NS (Some college or associates degree); NS (Bachelor's degree or higher) (Ref = Less than high school). **Lee (2020),** **Family physician visits (past year):** -2.3%, 95% CI [-4.2, -0.4], p = .020 (High School); NS (Bachelors/grad uate degree)	**DiPietro Mager (2021),** **Routine check- up past year:** NS (College graduate or >) (Ref = less than a college degree).			

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		< .001 (Bachelors or higher) (Ref - Less than high school).	**Farietta (2018), Post Medicaid Expansion** **Usual source of care**: NS (High School); NS (Some college or associates degree); NS (Bachelor's degree or higher) (Ref = Less than high school).	NS (High School graduate); NS (Some college); NS (College graduate or more); (Ref = Less than high school). **Farietta (2018) Post Medicaid Expansion** **Unmet healthcare need, mental health**: OR = 0.51, 95% CI [0.29, 0.93], p < .05 (High school); NS (Some college, associate degree); OR = 0.35, 95% CI [0.17, 0.72], p < .01 (Bachelors or higher) (Ref = Less than high school); **Unmet healthcare need, prescription drugs**: NS (High School); NS (Some college or associates degree);	(Ref = Less than High School); **NP/PA visits (past year)**: NS (High School); 4.3%, 95% CI [2.7, 5.9], p < .001 (Bachelors/graduate) (Ref = Less than High School). **Seo (2019), Doctors visits in the past year:** OR = 2.351, 95% CI [1.25, 4.42], p <0.001 (All women, High school graduate or GED); OR = 2.916, 95% CI [1.13, 7.50], p = .030 (NBWA, High school graduate or GED); OR = 2.589, 95% CI [1.02, 6.57], p = .050 (FBAI, High school graduate or GED);				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				NS (Bachelor's degree or higher) (Ref = Less than high school). **SteelFisher (2019), Avoided doctor due to discrimination concerns:** OR = 2.38, p < .05, 95% CI [1.00, 5.63] (College+) (Ref < College).	NS (All women, Bachelor and above); NS (NBWA, Bachelor and above); NS (FBAI, Bachelor and above) (Ref = less than high school).				
	Employment status	**Jones & Sonfield (2016),** <u>Post Medicaid Expansion</u> **Uninsured:** NS (1-34 hours); OR = 0.57, 95% CI [0.43–0.76], p < .001 (35 hours or more) (Ref - Not employed).	**Ahad (2019),** **Regular healthcare provider:** NS (Employed). **Farietta (2018),** <u>Post Medicaid Expansion</u> **Usual source of care:** NS (Working) (Ref = Not working).	**Farietta (2018),** <u>Post Medicaid Expansion</u> **Unmet healthcare need, mental health:** OR = 0.65, 95% CI [0.44, 0.97], p < .05 (Working) (Ref = Not working). **Unmet healthcare need, prescription drugs:** OR = 0.73, 95% CI [0.54, 0.98], p < .05 (Working) (Ref = Not working).	**Farietta (2018),** <u>Post Medicaid Expansion</u> **Physician in the past year:** NS (Working) (Ref = Not working). **Lee (2020), Family physician visits (past year):** NS (Employed); **NP/PA visits (past year):** NS (Employed). **Seo (2019),** <u>Doctors visits in the past year:</u>	**DiPietro Mager (2021),** **Routine check-up past year:** NS (Not currently employed) (Ref = Currently employed).			

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
					NS (All women, Unemployed); NS (NBWA, Unemployed); NS (FBAI, Unemployed); NS (All women, Self-employed or family business); NS (NBWA, Self-employed or family business); NS (FBAI, Self-employed or family business) (Ref = Employed by others).				
	English proficiency				**Seo (2019), <u>Doctors' visits in the past year</u>:** NS (All women, Well or very well)**;** N/A (NBWA); NS (FBAI, Well or very well) (Ref = not well or not at all).				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
	Gender identity and/or sexual orientation	**Dai (2019),** **No healthcare coverage:** **Sexual orientation** NS (Lesbian); NS (Bisexual); NS (Nonresponse group) AOR = 2.5, 95% CI [1.3, 4.6], p < .05 (Other) (Ref = straight women).	**Dai (2019),** **No personal care provider:** **Sexual orientation** NS (Lesbian); NS (Bisexual); NS (Nonresponse group); AOR = 2.4, 95% CI [1.3, 4.4], p < .05 (Other) (Ref = straight women).	**Dai (2019),** Could not afford a doctor because of cost (past year): **Sexual orientation** NS (Lesbian); NS (Bisexual);NS (Nonresponse group); NS (Other) (Ref = straight women). **SteelFisher (2019), Avoided doctor due to discrimination concerns:** **Sexual orientation/Gen der identity** NS (LGBTQ) (Ref = non-LGBTQ).		**Dai (2019),** **Routine checkup in the past year:** **Sexual orientation** NS (Lesbian); NS (Bisexual); NS (Nonresponse group); NS (Other) (Ref = straight women).			**Dai (2019),** **Flu shot in the past year:** **Sexual orientation** AOR = 1.3, 95% CI [1.0, 1.6] , p < .05 (Lesbian); NS (Bisexual); NS (Nonresponse group); NS (Other) (Ref = straight women).
	Health Literacy		**Ahad (2019),** **Regular healthcare provider:** OR = 1.11, 95% CI [1.02-1.30], p < .05 (Health Literacy Scale, range 4-20).						
	Citizenship status		**Ahad (2019),** **Regular	**Early (2018)** **Post-Medicaid Expansion	**Seo (2019),** **Doctors visit in past year**:				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
	(immigrant status)		healthcare provider: OR = .27 (OR), 95% CI [.08-.91], p < .05 (African immigrant). **Early (2018) Post-Medicaid Expansion Has Usual Source of Care: (Adjusted Prevalence Ratios) US-born or naturalized citizen (n=3,164)** NS (2014); NS (2015); NS (2016); (Ref = 2013); Non-citizen (n=1,403) NS (2014); NS (2015); NS (2016); (Ref = 2013). P for interaction (year*citizenship status) – NS.	**Able to obtain timely medical care: (Adjusted Prevalence Ratios) US-born or naturalized citizen (n=3,164)** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Non-citizen (n=1,403)** NS (2014); NS (2015); NS (2016); (Ref = 2013); P for interaction (year*citizenship status) – NS; **Able to obtain needed prescriptions: (Prevalence Ratios) US-born or naturalized citizen (n=3,164)** NS (2014);	88.6% (NBWA); 77.9% (FBAI) (At least one visit); 11.4% (NBWA); 22.1% (FBAI) (No visit); (comparison between groups, p <0.001).				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				NS (2015); NS (2016); (Ref = 2013). **Non-citizen (n=1,403)** NS (2014); NS (2015); NS (2016); (Ref = 2013). P for interaction (year*citizenship status) – NS.					
	Information sources		**Ahad (2019), Regular healthcare provider:** OR = .32, 95% CI [.11-.89], p < .05 (respondent is the individual in the household most likely to obtain information to make health decisions).						
	Marital status	Chen (2020), <u>Gained Medicaid Coverage in 2014 in Expansion States (N=149)</u> **Uninsured in 2013:** NS (Married)	Ahad (2019), Regular healthcare provider: NS (Married).	**Margerison (2020),** <u>Post-Medicaid Expansion</u> **Avoided seeking care due to cost:** −8.5%, 95% CI [−14.4, −2.6], p <.05 (Married);	Lee (2020), Family physician visits (past year): 1.5%, 95% CI [0.1, 2.9], p = .035 (Married);	**DiPietro Mager (2021), Routine check-up past year:** NS (Married); (Ref = not married). **Margerison (2020),**		Margerison (2020), <u>Post Medicaid Expansion</u> **Cholesterol check-in last year:** NS (Married);	

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		(Ref = Not married). **Jones & Sonfield (2016),** <u>Post Medicaid Expansion</u> **Uninsured**: OR = 0.71, 95% CI [0.55–0.92], p = .009 (married) (Ref - unmarried). **Margerison (2020),** <u>Post-Medicaid Expansion</u> **Has healthcare coverage:** 11.9%, 95% CI [4.1, 19.7], p <.05 (Married); 7.6%, 95% CI [2.2, 12.9], p <.05 (Not married).		−6.8%, 95% CI [−11.5, −2.2], p <.05 (Not married).	**NP/PA visits in past year:** NS (Married). **Seo (2019),** **Doctor visit in the past year:** NS (All women, Married or living together); NS (NBWA, Married or living together); NS (FBAI, Married or living together) (Ref = Widowed/separated/divorced or never married).	<u>Post Medicaid Expansion</u> **Check-up last year:** 6.2%, 95% CI [1.3, 11.2], p <.05(Married); 4.5%, 95% CI [1.3, 7.9], p <.05 (Not married).		NS (Not married).	
	Number of births/Family size	**Jones & Sonfield (2016),** <u>Post Medicaid Expansion</u> **Uninsured:** OR = 0.66, 95% CI [0.50, 0.89], p = .006 (1 birth); OR = 0.63, 95% CI [0.47–0.86], p = .003 (2 births)			**Lee (2020),** **Family physician visits (past year):** -0.7%, 95% CI [-1.1, -0.3], p < .001 (Family size); **NP/PA visits (past year):** -1.4%, 95% CI				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		(Ref = 0 births).			[-1.8, -1.1], p < .001 (Family size).				
	Race and/or ethnicity	**Chen (2020),** <u>**Gained Medicaid Coverage in 2014 in Expansion States (N=149)**</u> **Uninsured in 2013:** OR = 0.14, 95% CI [0.02, 0.97], p = 0.046 (Black); OR=0.12, 95% CI [0.03, 0.49], p = 0.003 (Hispanic); NS (Other); [Ref = White]. **Jones & Sonfield (2016),** <u>**Post Medicaid Expansion**</u> **Uninsured:** NS (Black, Non-Hispanic); NS (Other, Non-Hispanic); OR = 2.2, 95% CI [1.67, 2.9], p < .001 (Hispanic, born in U.S.); OR = 4.57, 95% CI [3.37, 6.20], p < .001 (Hispanic,	**Early (2018)** **Usual source of healthcare (Adjusted Prevalence Ratios)** NS (Latina); NS (Non-Latina Black); NS (Non-Latina Asian/PI); aPR = 1.18 [95% CI [1.06, 1.32] (Non-Latina other/Multiple) (Ref = Non-Latina White). **Farietta (2018),** <u>**Post Medicaid Expansion**</u> **Usual source of care:** NS (Non-Hispanic black); NS (Other) (Ref = Non-Hispanic White).	**Early (2018)** **Able to obtain timely medical care: (Adjusted Prevalence Ratios)** NS (Latina); aPR = 1.11 [95% CI [1.02, 1.21] (Non-Latina Black); NS (Non-Latina Asian/PI); NS (Non-Latina other/Multiple) (Ref = Non-Latina White); **Able to obtain needed prescriptions: (Adjusted Prevalence Ratios)** NS (Latina); NS (Non-Latina Black); NS (Non-Latina Asian/PI); NS (Non-Latina other/Multiple)	**Farietta (2018),** <u>**Post Medicaid Expansion**</u> **Physician visit in the past year:** OR = 1.54, 95% CI [1.06, 2.25], p < .05 (Non-Hispanic black); NS (Other) (Ref = Non-Hispanic White). **Lee (2020), Family physician visits (past year):** -2.5%, 95% CI [-4.1, -0.9], p = .002, (Black, Non-Hispanic); -3.1%, 95% CI [-4.8, -1.4], p < .001 (Other race, Non-Hispanic); -3.4%, 95% CI [-5.2,-1.5], p < .001(Hispanic)		**Pazol (2017),** **BP checked by healthcare professional in the past year:** 84.9%, 95% CI [83.3–86.4] (Non-Hispanic white); 82.5%, 95% CI [79.6–85.2] (Non-Hispanic black); 69.4%, 95% CI [66.5–72.1] (Hispanic); 78.8%, 95% CI [74.9–82.3] (Non-Hispanic other or multiple races).		**Pazol (2017),** <u>**Received an influenza vaccine in the past year:**</u> 32.8%, 95% CI [30.9–34.7] (Non-Hispanic white); 28.0%, 95% CI [24.8–31.3] (Non-Hispanic black); 27.6%, 95% CI [25.1–30.2] (Hispanic); 39.9%, 95% CI [35.7–44.4] (Non-Hispanic other or multiple races).

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		not born in the U.S.) (Ref = White, Non-Hispanic). **Lee (2018),** **Post Medicaid Expansion,** **(Difference in percentage-point change between FPL groups),** **Uninsured:** **≤ 138% FPL** **Race** −14.67%, 95% CI [−16.43, −12.91] (White); −13.89%, 95% CI [−16.35, −11.44] (Black); −14.21%, 95% CI [−18.67, −9.76] (Other); **Ethnicity** −15.2%, 95% CI [−16.79, −13.61] (Hispanic); −13.47%, 95% CI [−16.07, −10.86] (Non-Hispanic); **139–399% FPL:** **Race:**		(Ref = Non-Latina White). **Farietta (2018),** **Post Medicaid Expansion** **Unmet healthcare needs, mental health**: NS (Non-Hispanic black); NS (Other) (Ref = Non-Hispanic White). **Unmet healthcare needs, prescription drugs**: NS (Non-Hispanic black); NS (Other) (Ref = Non-Hispanic White). **SteelFisher (2019),** **Avoided doctor due to discrimination concerns:** OR = 3.69, 95% CI [1.59, 8.58], p < .05 (Hispanic/Latina); OR 5.97, 95% CI [2.00, 17.87], p <	(Ref = White, Non-Hispanic); **NP/PA visits (past year):** -6.7%, 95% CI [-8.2, -5.1], p < .001 (Black, Non-Hispanic); -6.4%, 95% CI [-7.8, -5], p < .001 (Other Race, Non-Hispanic); -6.7%, 95% CI [-8.7, -4.7], p < .001(Hispanic) (Ref = White, Non-Hispanic). **Seo (2019), Doctors visits in the past year:** OR = 0.537, 95% CI [0.35–0.84], p = .008 (FBAI) (Ref = NBWA).				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		−8.20%, 95% CI [−9.29, −7.12] (White); −8.35%, 95% CI [−10.17, −6.52] (Black); −14.16%, 95% CI [−16.64, −11.68] (Other); **Ethnicity:** −8.11%, 95% CI [−9.07, −7.15] (Hispanic); −14.19%, 95% CI [−16.42, −11.96] (Non-Hispanic); **Difference in percentage-point change between FPL groups, ≤ 138% FPL vs. 139–399% FPL:** **Race:** −6.47%, 95% CI [−8.57, −4.36] (White); −5.55%, 95% CI [-8.56, −2.53] (Black); NS (Other); **Ethnicity:** −7.09%, 95% CI [−9.02, −5.17] (Hispanic);		0.5 (Native American); NS (Black); NS (Asian) (Ref =White).					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		NS (Non-Hispanic). **Wehby (2018),** <u>Post Medicaid Expansion</u> **Medicaid Insurance**: 5.7%, p < .01 (White); 6.6%, p < .01 (Black); 6.0%, p < .01 (Other); 7.5%, p < .01 (Hispanic); **Uninsured**: -3.9%, p < .01 (White); -3.8%, p < .01 (Black); -4.1%, p < .05 (Other); -5.1%, p < .01 (Hispanic); **Individually Purchased Coverage**: -0.8%, p < .05 (White); NS (Black); -3.1%, p < .05 (Other); NS (Hispanic);							

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Employer-Sponsored Coverage: NS (White); NS (Black);NS (Other); NS (Hispanic); **Any Private Coverage:** -1.7%, p < .01 (White); -2.5%, p < .01 (Black); NS (Other); -2.4%, p < .05 (Hispanic).							
Individual Enabling factors	**Income**	**Jones & Sonfield (2016),** <u>Post Medicaid Expansion</u> **Uninsured:** OR = 2.12, 95% CI [1.67, 2.69], p < .001 (≤138% FPL) (Ref = 139% or >). **Lee (2018),** <u>Post Medicaid Expansion,</u> **(Percent difference before versus after ACA (percent change),** **Insurance status:**	**Early (2018)** **Usual source of healthcare** **(Adjusted Prevalence Ratios)** NS (51-100% of poverty); NS (101-138% of poverty); (Ref = 0-50% of poverty).	**Early (2018)** **Able to obtain timely medical care:** **(Adjusted Prevalence Ratios)** NS (51-100% of poverty); NS (101-138% of poverty); (Ref = 0-50% of poverty); **Able to obtain needed prescriptions:**	<u>Lee (2019),</u> <u>Post-Medicaid Expansion</u> **(Percent difference after ACA, percent change),** **Seen/talked to a doctor in 12 months:** 4.10%, 95% CI [2.70, 5.49], p < .05 (≤138% FPL); 2.31%, 95% CI [1.12, 3.51], p < .05 (139%–399% FPL);		**Pazol (2017),** **BP checked by healthcare professional in the past year:** 72.9%, 95% CI [70.5–75.3] (≤138% FPL); 77.3%, 95% CI [74.3–80.1] (139%–250% FPL); 83.0, 95% CI [80.1–85.5] (251%–400% FPL); 89.4%, 95% CI [87.4–91.2] (>400% FPL).	**Lee (2019),** <u>Post-Medicaid Expansion</u> **(Percent difference after ACA, percent change),** **Had Cholesterol screening (45-64 years):** 7.11%, 95% CI [4.86, 9.35], p < .05 (≤138% FPL); 4.71%, 95% CI [3.11, 6.31], p < .05 (139%–399% FPL);	**Pazol (2017),** Influenza vaccine in the past year: 24.2%, 95% CI [22.2–26.4] (≤138% FPL); 28.6%, 95% CI [25.8–31.6] (139%–250% FPL); 31.0%, 95% CI [28.2–34.0] (251%–400% FPL); 41.8%, 95% CI [38.9–44.7] (>400% FPL). **Lee (2019),**

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Private: 4.36%, 95% CI [2.77, 5.95] (≤138% FPL); 3.60%, 95% CI [2.38, 4.83] (139–399% FPL); NS (≥ 400% FPL); **Medicare/Medicaid/Other Public:** 9.61%, 95% CI [7.75, 11.47] (≤138% FPL); 4.73%, 95% CI [3.83, 5.63] (139–399% FPL); 0.35%, 95% CI [−0.19, 0.89] (≥ 400% FPL); **Uninsured:** -14.5%, 95% CI [-15.9, -13.1] (≤138% FPL); −8.74%, 95% CI [−9.63, − 7.85] (139–399% FPL); 1.92%, 95% CI [−2.34, −1.50] (≥ 400% FPL); **Difference in percentage point change between FPL groups** **Insurance status:**		**(Adjusted Prevalence Ratios)** NS (51-100% of poverty); NS (101-138% of poverty); (Ref = 0-50% of poverty). **Lee (2018), Post-Medicaid Expansion (Percent difference before versus after ACA (percent change), Affordability:** **Delayed care:** -5.93%, 95% CI [-7.16, -4.71] (≤138% FPL); −3.44%, 95% CI [−4.28, −2.60] (139–399% FPL); -1.57%, 95% CI [−2.09, −1.04] (≥ 400% FPL); **Did not get care:** -5.04%, 95% CI [-6.25, -3.83] (≤138% FPL); −3.05%, 95% CI [−3.76, −2.34] (139–399% FPL);	NS, (≥400% FPL). **Lee (2020), Family physician visits (past year):** NS (Middle income); NS (High income) (Ref = low income). **NP/PA visits (past year):** NS (Middle income); NS (High income) (Ref = low income). **Seo (2019), Doctors visits in the past year:** OR = 0.654, 95% CI [0.45–0.94], p = .026 (All women, 139%–399%); NS (NBWA, 139%–399%); NS (FBAI, 139%–399% FPL);		**Lee (2019), Post-Medicaid Expansion (Percent difference after ACA, percent change), Had BP screening:** 4.45%, 95% CI [3.21, 5.69], p < .05 (≤138% FPL); 2.92%, 95% CI [2.02, 3.81], p < .05 (139%–399%); 1.04%, 95% CI [0.32, 1.75], p < .05 (≤138% FPL vs ≥400% FPL).	1.78%, 95% CI [0.26, 3.30], p < .05 (≤138% FPL vs ≥400% FPL).	**Post Medicaid Expansion (Percent difference after ACA, percent change), Receipt of Influenza immunization:** 5.55%, 95% CI [4.17, 6.94], p < .05 (≤138% FPL); 4.17%, 95% CI [3.01, 5.34], p < .05, (139%–399% FPL); 3.47%, 95% CI [2.20, 4.73], p < .05 (≤138% FPL vs ≥400% FPL).

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Private: 2.84%, 95% CI [1.07, 4.60] (≤ 138% FPL vs. ≥ 400% FPL); **Medicare/Medicaid/Other Public**: 9.26%, 95% CI [7.36, 11.16] (≤ 138% FPL vs. ≥ 400% FPL); **Uninsured**: -12.59%, 95% CI [−14.12, −11.07] (≤ 138% FPL vs. ≥ 400% FPL).		−1.09%, 95% CI [−1.46, −0.71] (≥ 400% FPL); **Problems paying medical bills:** -5.64%, 95% CI [-7.42, -3.86] (≤138% FPL); −4.36%, 95% CI [−5.56, −3.17] (139–399% FPL); -1.07%, 95% CI [-1.82, −0.31] (≥ 400% FPL); **Difference in percentage point change between FPL groups, Affordability:** **Delayed care**: −4.37%, 95% CI [−5.73, −3.00] (≤ 138% FPL vs. ≥ 400% FPL); **Did not get care**: −3.95%, 95% CI [-5.24, −2.66] (≤ 138% FPL vs. ≥ 400% FPL); **Problems paying medical bills:** −4.57%, 95% CI	NS (All women, 400% FPL or >); NS (NBWA, 400% FPL or >); NS (FBAI or 400% FPL or >) (Ref = 0%–138% FPL).				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				[-6.49, −2.64] (≤ 138% FPL vs. ≥ 400% FPL). **Lee (2019),** <u>Post Medicaid Expansion</u> **(Percent difference after ACA, percent change)** **Insurance affordability (difficult to find affordable insurance):** -25.24%, 95% CI [−32.79, −17.68], p < .05 (≤138% FPL); −13.28%, 95% CI [−17.37, −9.19], p < .05 (139%−399% FPL); NS (≥400% FPL). **SteelFisher (2019),** **Avoided doctor due to discrimination concerns:** NS ($25k-<50k); NS ($50k-<75k); NS ($75k+) (Ref = $<25k).					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
	Insurance (no insurance, type of insurance)		**Ahad (2019), Regular healthcare provider:** OR = .20, 95% CI [.06-.70], p < .05 (Medicaid or Medi-Cal health insurance); NS (No health insurance). **Early (2018) Post-Medicaid Expansion Has Usual Source of Care: (Adjusted Prevalence Ratios) Type of Health Insurance Coverage** aPR = 1.43 [95% CI [1.26, 1.62] (Medi-Cal); aPR = 1.55 [95% CI [1.37, 1.75] (Private); aPR = 1.39 [95% CI [1.16, 1.66] (Other Public) (Ref = Uninsured). **Early (2018)**	**Early (2018) Post-Medicaid Expansion Able to obtain timely medical care: (Adjusted Prevalence Ratios) Type of health insurance coverage** NS (Medi-Cal); NS (Private); NS (Public); Ref = No insurance. **Able to obtain needed prescriptions** NS (Medi-Cal); NS (Private); NS (Public); Ref = No insurance. **Early (2018) Post-Medicaid Expansion Able to obtain timely medical care:**	**Lee (2020), Family physician visits (past year):** 11.7%, 95% CI [10.2, 13.2], p < .001 (Health insurance); **NP/PA visits (past year):** 4.8%, 95% CI [3.2, 6.4], p < .001 (Health insurance). **Seo (2019), Doctors visits in the past year:** OR = 0.291,95% CI [0.16–0.52], p <0.001 (All women, uninsured); OR = 0.321, 95% CI [0.17–0.61], p <0.001 (NBWA, uninsured); OR = 0.245, 95% CI [0.08–0.79], p = .022 (FBAI, uninsured); NS (All women, Public insurance);	**DiPietro Mager (2021), Routine check-up past year:** NS (Any insurance coverage) (Ref = no insurance).	**Pazol (2017), BP checked by a healthcare professional in the past year:** 87.3%, 95% CI [86.0–88.5] (Had insurance coverage continuously during the past year); 81.0%, 95% CI [77.4–84.1] (Had insurance coverage with gaps during the past year); 51.6%, 95% CI [47.7–55.4] (Did not have any insurance coverage during the past year).		**Pazol (2017), Influenza vaccine in the past year:** 37.0%, 95% CI [35.4–38.6] (Had insurance coverage continuously during the past year); 24.0%, 95% CI [20.8–27.6] (Had insurance coverage with gaps during the past year); 14.1%, 95% CI [11.8–16.7] (Did not have any insurance coverage during the past year).

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
			Post-Medicaid Expansion **Has Usual Source of Care:** **Type of Health Insurance Coverage** **(Adjusted Prevalence Ratios)** **Medi-Cal** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Private** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Uninsured** NS (2014); NS (2015); NS (2016); (Ref = 2013);	**(Adjusted Prevalence Ratios)** **Medi-Cal** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Private** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Uninsured** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Able to obtain needed prescriptions:** **Type of Health Insurance Coverage** **(Adjusted Prevalence Ratios)** **Medi-Cal** NS (2014); NS (2015); NS (2016);	NS (NBWA, Public insurance) NS (FBAI, Public insurance); NS (All women, Privately purchased insurance); NS (NBWA, Privately purchased insurance) NS (FBAI, Privately purchased insurance) (Ref = Employment-based insurance).				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				(Ref = 2013); **Private** NS (2014); NS (2015); NS (2016); (Ref = 2013); **Uninsured** NS (2014); NS (2015); NS (2016); (Ref = 2013); **SteelFisher (2019),** <u>**Avoided doctor due to discrimination concerns**</u>**:** NS (Medicaid); OR = 8.57, 95% CI [2.91, 25.24], p < .05 (Uninsured); (Ref = Non-Medicaid).					
	Residence (Urban/Rural)				**Lee (2020),** **Any medical provider visits (past year):** NS (Rural/urban difference); **Visits with primary care**				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
					providers (past year): 4.2%, 95% CI [1.1, 7.3], p = .008 (Rural/urban difference); **Family physician visits (past year):** NS (Rural/urban difference); **NP/PAs visits (past year):** 8.5%, 95% CI [4.9, 12.1], p < .001 (Rural/urban difference).				
	Access to Good Public Transit		**Ahad (2019) Regular healthcare provider:** NS. (Access to good public transit).						
	Usual Source of Care				**Seo (2019), Doctors visits in the past year:** OR = 3.890, 95% CI 2.46, 6.15], p < .001 (All women, usual source of care);				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
					OR = 4.637, 95% CI [2.77, 7.77], p < .001 (NBWA, usual source of care); OR = 2.970, 95% CI [1.20, 7.32], p = .021 (FBAI, usual source of care) (Ref = no usual source of care).				
Individual Need factors	BMI > 25.0		Ahad (2019), Regular healthcare provider: NS (BMI >25.0).						
	Depression (PHQ2 score > 2.0)		Ahad (2019), Regular healthcare provider: NS (HQ-2 depression score ≥ 2.0).						
	History of chronic disease				Seo (2019), Doctors' visits in the past year: OR = 1.907, 95% CI [1.16, 3.13], p = .013 (All women, with chronic disease); OR = 1.725, 95% CI [1.02,				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
					2.93], p = .047 (NBWA, with chronic disease); OR = 2.394, 5% CI [1.07, 5.38], p = .038 (FBAI, with chronic disease) (Ref = Without chronic disease).				
	History of mental health illness	Massetti (2017), Has healthcare coverage: 79.9%, 95% CI [78.7, 81.1] (Mental Health problems); 80.5%, 95% CI [79.7, 81.3] (No Mental Health problems) (difference between groups NS).				Massetti (2017), Had a check-up in 2 past years: 79.5%, 95% CI [78.3, 80.6] (Mental Health problems); 82.2% 95% CI [81.5, 83.0] (No Mental Health problems) (difference between groups p < .001).			Massetti (2017), Influenza vaccination in past year: 31.9%, 95% CI [30.6, 33.3] (Mental Health problems); 33.6% 95% CI [32.7, 34.5] (No Mental Health problems), (difference between groups NS).
	Hypertension		Ahad (2019), Regular healthcare provider: OR = 8.57, 95% CI [1.45-50.73], p < .05 (High blood pressure).						

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
	Self-assessed health	**Chen (2020)** **Gained Medicaid Coverage in 2014 in Expansion States (N=149)** **Uninsured in 2013:** OR = 4.50, 95% CI [1.23, 16.48], p = 0.024 (Health status - Fair or poor) (Ref = Health status excellent, very good, or good).	**Ahad (2019),** Regular healthcare provider: NS (Self-assessed health ≥ Good).		**Lee (2020),** **Family physician visits (past year):** 11.5%, 95% CI [8.4, 14.5], p < .001 (Poor or fair health status); **NP/PA visits (past year):** 3.4%, 95% CI [1, 5.9], p = 0.006 (Poor or fair health status). **Seo (2019), Doctors visit in the past year:** NS (All women, Good or better); NS (NBWA, Good or better); NS (FBAI, Good or better) (Ref = Fair or poor).				
	Psychological distress			**Johnson (2020),** **Medical care delayed due to cost, past 12 months:**					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				AOR = 2.0, 95% CI [1.5, 2.6], p < .001 (Moderate distress); AOR = 2.9, 95% CI [2.0, 4.4], p < .001 (Severe distress) (Ref = no distress); **Needed but couldn't afford care, past 12 months:** AOR = 1.9, 95% CI [1.3, 2.6], p < .001 (Moderate distress); AOR = 4.1, 95% CI [2.7, 6.4]; p < .001 (Severe distress) (Ref = no distress). **Needed but couldn't afford mental health care, past 12 months:** AOR = 6.1, 95% CI [3.3, 11.2], p < .001 (Moderate distress); AOR = 19.7, 95% CI [10.2, 37.8], p < .001 (Severe distress) (Ref = no distress); **Needed but couldn't afford**					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
				prescription medicines, past 12 months: AOR = 2.2, 95% CI [1.6, 2.9], p < .001 (Moderate distress); AOR = 4.1, 95% CI [2.7, 6.3], p < .001 (Severe distress) (Ref = no distress).					
	Perceived mental health status				Lee (2020), Family physician visits (past year): 6.4%, 95% CI [3, 9.9], p < .001 (Poor or fair mental health status); NP/PA visits (past year): NS (Poor or fair mental health status).				
Health Behaviors	Tobacco Use		Ahad (2019), Regular healthcare provider: NS (Tobacco use).						
Contextual Predisposing factors	N/A								

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
Contextual Enabling factors	County unemployment rate				Lee (2020), Family physician visits (past year): 0.5%, 95% CI [0.2, 0.8], p < .001; NP/PA visits (past year): -0.5%, 95% CI [-0.8, -0.2], p < .001.				
	Family medicine physicians per 100,000 population				Lee (2020), Family physician visits (past year): 0.2%, 95% CI [0.1, 0.3], p < .001; NP/PA visits (past year): 0.1%, 95% CI [0, 0.2], p = .002.				
	Nurse practitioners and physician assistants per 100,000 population				Lee (2020), Family physician visits (past year): NS; NP/PA visits (past year): 0.1%, 95% CI [0.1, 0.1], p < .001.				

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
	Pre/post-implementation of ACA Medicaid expansion (various outcome measures)	Chen (2020), Probability of insurance type in 2014 based on 2013 insurance type - Expansion State Uninsured 2014: 50.0%, p <.01 (Uninsured); 2.9%, p < 0.01 (Medicaid); NS (Group); Medicaid 2014: 38.7%, p < 0.01 (Uninsured); 94.6%, p < 0.01 (Medicaid); NS (Group); Group (2014): NS (Uninsured); NS (Medicaid); NS (Group); Probability of insurance type in 2014 based on 2013 insurance type - Non-Expansion State Uninsured 2014: NS (Uninsured); NS (Medicaid); NS (Group); Medicaid 2014:	Daw (2019), Post-Medicaid Expansion Years 2 and 3 (Post policy) No Usual Source of Care: -2.4%, 95% CI [−4.5, −0.3]. Early (2018) Post-Medicaid Expansion Has Usual Source of Care: (Adjusted Prevalence Ratios) NS (2014); NS (2015); NS (2016); (Ref = 2013); Type of Health Insurance Coverage 1.43 (Medi-Cal); 1.55 (Private); 1.39 (Other Public) (Ref = No insurance). Farietta (2018), Post-Medicaid Expansion	Daw (2019), Post-Medicaid Expansion Years 2 and 3 (Post policy) Delayed or did not receive medical care because of cost: -1.5%, 5% CI [-2.6, -0.5]. Early (2018) Post-Medicaid Expansion Able to obtain timely medical care: (Adjusted Prevalence Ratios) NS (2014); NS (2015); NS (2016); (Ref = 2013); Able to obtain needed prescriptions: NS (2014); NS (2015); NS (2016); (Ref = 2013); Farietta (2018), Post-Medicaid Expansion	Farietta (2018), Post-Medicaid Expansion Physician in the past year: NS. Johnston (2018), Post-Medicaid Expansion Primary care visit in the past year: NS.	Margerison (2020), Post Medicaid Expansion Check-up in last year: 5.1%, 95% CI [1.8, 8.4], p <.05. Simon (2017), Post-Medicaid Expansion Routine check-up: NS.		Margerison (2020), Post Medicaid Expansion Cholesterol check-in last year: NS.	Simon (2017), Post-Medicaid Expansion Flu shot: NS.

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		NS (Uninsured); NS (Medicaid); NS (Group); **Group (2014)** NS (Uninsured); NS (Medicaid); NS (Group). **Courtemanche (2019),** <u>**Full ACA (w/ Medicaid):**</u> 9.6%, p < .001 (Any insurance); 3%, p < .001 (Any private); 2.3%, p < .001 (Employer-sponsored); 0.8%, p < .05, (Individually purchased); 6.7%, p < .001 (Medicaid); NS (Other). **Daw (2019)** <u>**Post-Medicaid Expansion**</u> <u>**Years 2 and 3 (Post policy)**</u> **Current insurance status:** -7.4%, 95% CI	**Usual source of care:** NS. **Johnston (2018), No personal doctor:** NS. **Simon (2017),** <u>**Post-Medicaid Expansion**</u> **Have a personal doctor:** NS. **Sommers (2015),** <u>**Post-Medicaid Expansion**</u> **No Personal Physician:** -4.1%, 95% CI [-5.7, -2.5].	**Unmet healthcare need, mental health:** OR = 0.57, 95% CI [0.39, 0.83], p < .01 (2015); **Unmet Need, Prescription drugs:** OR = 0.60, 95% CI [0.45, 0.80], p < .0001 (2015). **Johnston (2018),** <u>**Post-Medicaid Expansion**</u> **Needed but could not see a doctor due to the cost:** -3.8%, p < .05 (All Women < 100% FPL). **Margerison (2020),** <u>**Post-Medicaid Expansion**</u> **Avoided seeking care due to cost:** −7.4%, 95% CI [−12.2, −2.6], p <.05. **Simon (2017),** <u>**Post-Medicaid Expansion**</u> **Cost a barrier to care:**					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	**Determinants/ factors**	**Insurance coverage/type**	**Usual source of care/regular primary care provider**	**Barriers to care, delayed, foregone care, unmet need**	**Utilization (use/non-use or frequency of use)**	**Preventive health visits (annual physical exam/routine checkup in last year)**	**Preventive health screening (blood pressure)**	**Preventive health screening (cholesterol screening)**	**Preventive health screening (Influenza shot)**
		[−8.6, −6.2] **(**Uninsured); 3.6%, 95% CI [2.5, 4.7] (Medicaid); NS (Private, group); 3.1%, 95% CI [2.1, 4.1] (Private, nongroup); NS (Other). **Johnston 2018), Post-Medicaid Expansion Uninsured:** -13.2%, p < .001 (All Women < 100% FPL). **Jones & Sonfield, 2016), Post-Medicaid Expansion Currently uninsured:** OR = 2.01, 95% CI [1.64–2.47], p < .001 (Lived in non-expansion state) (Ref = Lived in Medicaid expansion state). **Margerison (2020),**		NS. **Sommers (2015), Post Medicaid Expansion Cannot Afford Care:** -4.2%, 95% CI [-5.9, -2.5].					

Andersen's domains		Measures of potential access			Measures of realized access				
Type	Determinants/ factors	Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Post-Medicaid Expansion 9.0%, 95% CI [2.9, 15.2], p <.05 (Has healthcare coverage). **Simon (2017), Post-Medicaid Expansion** **Has insurance:** NS. **Sommers (2014), Post-Medicaid Expansion** **D.C versus Virginia:** NS (Medicaid); NS (Uninsured); NS (Private insurance); **Connecticut versus other NE States:** 1.5%, p < .01 (Medicaid); -2.8%, p < .01 (Uninsured); - 2.6%, p < .01 (Private insurance). **Sommers (2015), Post-Medicaid Expansion**							

Andersen's domains Type	Determinants/ factors	Measures of potential access			Measures of realized access				
		Insurance coverage/type	Usual source of care/regular primary care provider	Barriers to care, delayed, foregone care, unmet need	Utilization (use/non-use or frequency of use)	Preventive health visits (annual physical exam/routine checkup in last year)	Preventive health screening (blood pressure)	Preventive health screening (cholesterol screening)	Preventive health screening (Influenza shot)
		Uninsured -8.6%, 95% CI [-10.1, -7.0] (Uninsured). **Wehby (2018), Post-Medicaid Expansion** 6.4%, p < .01 (Medicaid Insurance); -4.7%, p < .01 (Uninsured); NS (Individually Purchased Coverage); NS (Employer-Sponsored Coverage); NS (Any Private Coverage).							
	Living in Medicaid expansion state	**Jones & Sonfield, 2016), Medicaid expansion (2012 versus 2015)** **Currently uninsured:** OR = 0.50, 95% CI [0.40–0.61], p <.001 (2015) (Ref = 2012).							
Contextual Need factors	**N/A**								

Notes

NS - Non-significant findings.