Online Appendix

Descriptive Analysis

Appendix figures 1 and 2 show how the average values of the outcome variables change across the sample period for four groups stratified by state Medicaid expansion status and local area pretreatment uninsured rate (above or below the median). Overall, these graphs suggest that pre-reform trends were similar along these dimensions for most outcomes, particularly those related to access to care. The pre-trends are somewhat less similar for the self-assessed health outcomes, but the favorable results for the pretreatment coefficients in the event study regressions (discussed in the Data and Methods section of the paper) suggests that any apparent divergence is mostly attributable to either statistical chance or observable characteristics that are controlled for in the regressions (but not in the figures). Turning to the posttreatment period, appendix figure 1 illustrates increases in all access to care measures for all four groups in the post-reform period (2014 - 2016). For all access outcomes we consider, the gains were largest among the most heavily treated group (high uninsured rate, Medicaid expansion state).

Appendix figure 2 shows that changes in our self-assessed health outcomes over time do not appear to exhibit as clear a pattern. In most cases, the changes appear to simply reflect the continuation of pre-reform trends. In other cases (e.g., days not in good physical health, days with functional limitations), some groups experience improvements and others losses. Focusing our attention on non-expansion states, we see reductions in self-assessed health in states with pre-reform uninsured rates below the median (i.e. those we expect to receive a relatively small "dose" of the national components of the ACA) and increases in self-assessed health in those states with pre-reform uninsured rates above the median (i.e. those we expect to receive a relatively large "dose" of the national components of the ACA). Both pieces of suggestive

evidence would point towards a finding of the national components of the ACA leading to a net increase in self-assessed health. That being said, these compositional changes are important to consider. If instead we observed the same net increase, but as a result of no change in self-assessed health in non-expansions states with a relatively large dose of the ACA and reductions in self-assessed health in non-expansions states with a relatively small dose of the ACA, this would likely be of concern to policymakers. Overall, the graphs provide preliminary evidence that the ACA's effects on access were more pronounced than those on health.

Appendix table 1 presents the summary statistics for the control variables, stratified by area pretreatment uninsured rate and state Medicaid expansion status. Residents who live in Medicaid expansion states with pre-reform uninsured rates below the median (column 3) were, on average, more educated, more likely to be employed, and had higher incomes than those in the other groups. Our research design accounts for these differences.

Testing for Differential Pre-Treatment Trends

Appendix figures 3-6 present the full event study results, with the point estimates for the implied effects given by the large dots and the 95 percent confidence intervals given by the vertical lines. Appendix figure 3 reports the implied effects of the ACA on the health care access outcomes in non-Medicaid-expansion states (i.e. those treated by the "private portion" of the expansion only) and appendix figure 4 does the same for Medicaid expansion states (i.e. those treated by both the Medicaid and private portions of the ACA). Appendix figures 5 and 6 display the corresponding results for the self-assessed health outcomes. Here and throughout the rest of the appendix, we do not separately present the results for the Medicaid expansion alone, but they can be computed simply by taking the difference of the effects in Medicaid expansion and non-expansion states. The key finding (beyond the information given in the main text of the paper) is

that there is little evidence of problematic pre-treatment trends. For all access outcomes (figures 3 and 4), the confidence intervals for the implied effects always include zero. For the self-assessed health outcomes, the only statistically significant pre-treatment "effect" is an increase in health-related limitations in non-Medicaid-expansion states in 2012 (bottom right graph of figure 5), but it is unclear that this represents a broader trend. The "effect" is positive but insignificant in 2011, increases to positive and significant in 2012, then drops to zero for the base year 2013, then hovers around zero in the first two years after the ACA's implementation, then becomes negative and statistically significant in 2016.

Appendix tables 2 and 3 report placebo test results, where we limit the sample to 2011 to 2013 (i.e. our pre-reform period) and estimate our empirical model under the assumption that the ACA was implemented in 2012 or 2013. These tests are a different way to assess pre-treatment trends, as they evaluate whether our specified model recovers statistically significant results in the absence of any true policy. In other words, the results display whether the uninsured rate in 2013 was correlated with changes in our outcome variables in 2012 and 2013. In total the placebo tests display estimates for 36 coefficients and only 2 are statistically significant, suggesting a rejection rate of only 6 percent which would be expected by chance.

Appendix tables 4 and 5 display results from another type of placebo test using pre-treatment data: testing for differential linear pre-trends. Specifically, with the sample restricted to 2011-2013, we re-estimate equation (1) replacing each occurrence of $POST_t$ with a linear time trend equal to 0 in January 2011, 1 in February 2011, and so on, eventually reaching 35 in December 2013. Only one estimate out of 12, or 8 percent, is significant at the 5 percent level.

The results from the analyses discussed in this section are broadly supportive of our model's identifying assumptions. In particular, they provide reassurance that the results for self-

assessed health documented in the paper's main text represent true effects of the ACA. This is in spite of the unadjusted trends presented earlier in appendix figure 2 that showed that some aspects of self-assessed health fell in states that received a low dose of treatment from the ACA in addition to increases in states that received a high dose. It is worth noting, though, that health-related limitations may be an exception, as we found some evidence of problematic pre-trends for that particular outcome in non-Medicaid-expansion states in all three types of tests described in this section. The main results for that outcome should therefore be interpreted with some caution.

Specification Checks

Appendix tables 6 and 7 present the results of a series of additional specification checks of our baseline models. Appendix table 6 presents the results for our access to care outcomes and appendix table 7 presents the results for our self-assessed health outcomes. The first three panels present three specification checks to test the validity of our measure of local area pretreatment uninsured rates. First, we run an alternative specification where we aggregate the BRFSS uninsurance rate to the state level. Second, we run an alternative specification where we use the 2013 state level uninsurance rate information from the Census Small Area Health Insurance Estimates (SAHIE) Program (https://www.census.gov/programs-surveys/sahie.html) to measure insurance rather than the BRFSS insurance variables. Third, we drop the cell phone respondents and re-estimate our baseline models. The results from these three specifications largely mirror our baseline results, giving us confidence in the local area pretreatment uninsured rates used in our baseline analysis. The only notable exception is that some of the self-assessed health results become weaker and statistically insignificant after dropping the cell phone portion

of the sample, but such results are not representative of the same population since individuals who only use cell phones are disproportionately young and low income.

The next panel in each table reports the results of a specification check where we remove the potentially endogenous unemployed, unemployment, and income variables. Removing these controls does not lead to meaningful changes in our health care access results but does make all of the self-assessed health results statistically insignificant. We suspect that this likely reflects omitted variable bias, as relatively poor areas are likely to have high baseline uninsured rates and may also be trending downward in health relative to other areas for reasons aside from the ACA.

An additional concern involves the modeling of the timing of state Medicaid expansion decisions. The next two specification checks in appendix tables 6 and 7 address this concern. The first drops early expanders and re-estimates our baseline models. The second drops those that expanded after January 2014. In both cases, the results are broadly similar to our baseline results. We no longer observe a significant effect of the full ACA on mental health, but this is because of an increase in the standard error rather than a reduction in the point estimate.

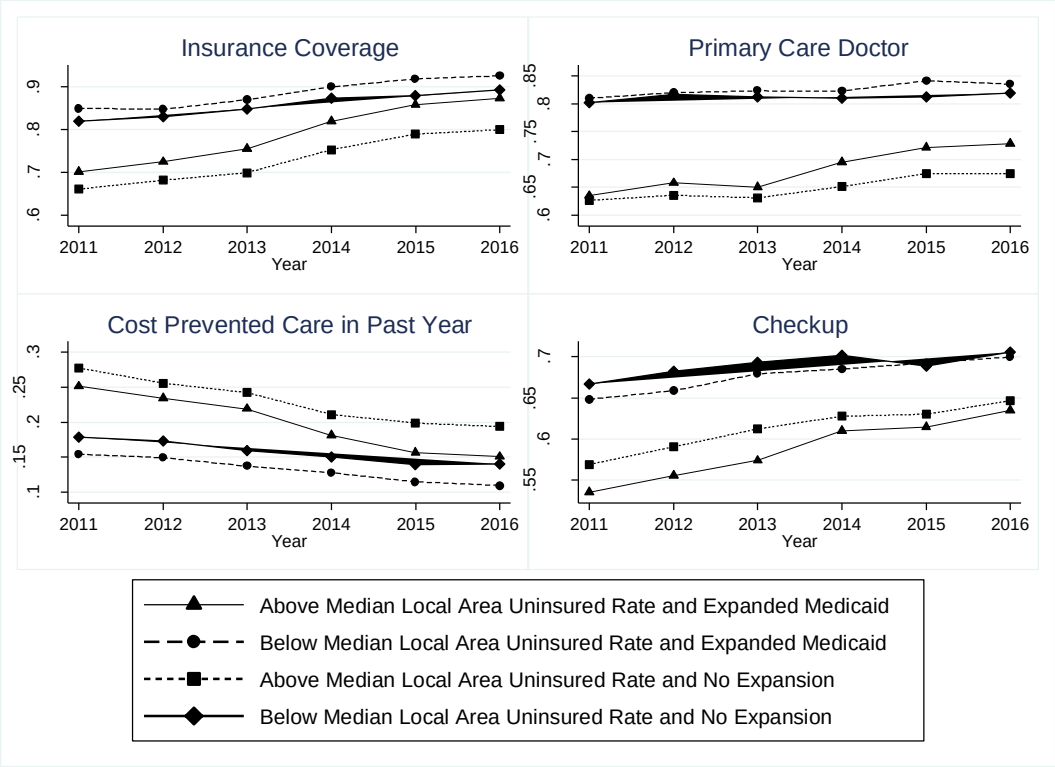
The next robustness check performs a split sample analysis where we randomly drop 25 percent of all observations, which is equivalent of dropping data for one whole year, for each state within each year. This test evaluates whether the addition of the 2016 sample data is responsible for simply improving the precision of the standard errors or whether the 2016 data provides an additional policy effect. Overall, the estimates suggest that even with the reduced sample the improvements in self-reported health remain statistically significant and therefore represent a true policy effect.

Next we report the results of a specification check where we define an alternative third difference measuring lack of access. We define lack of access as equal to 1 if the respondent

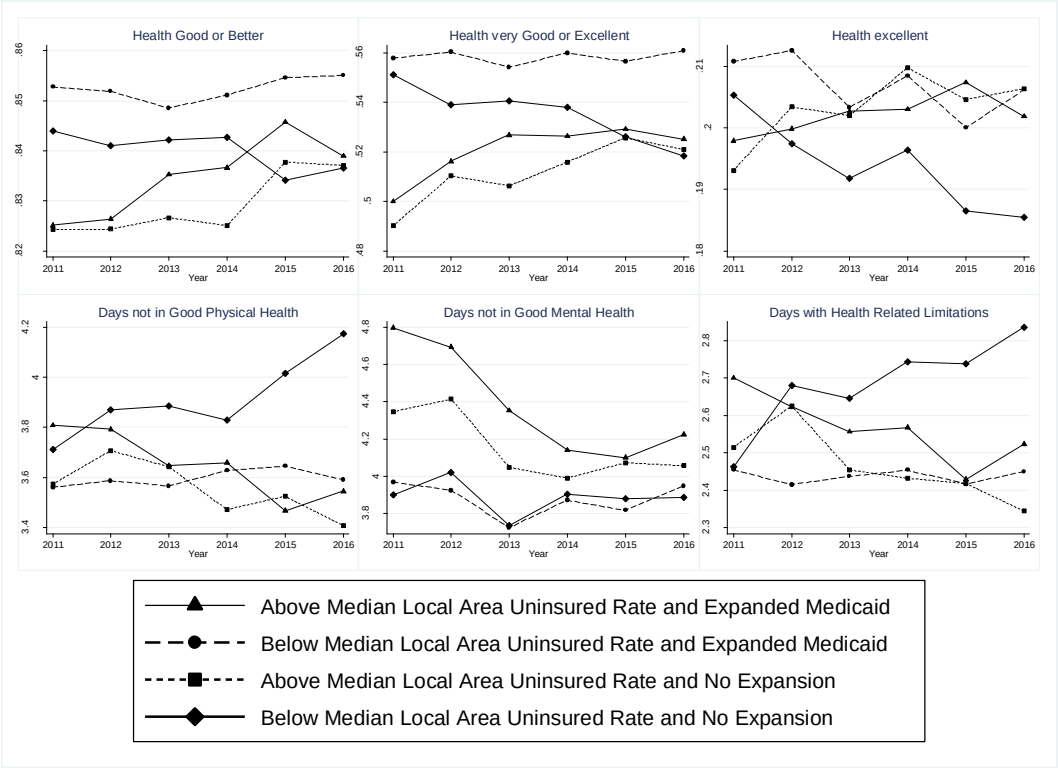
either has no insurance, report cost as a barrier to care, or report not having a primary care doctor. The results of this specification check are similar to our baseline results. Another common specification check in this literature is to drop 19 to 25 year olds in order to remove lagged effects of the ACA dependent coverage expansion of 2010. The next panel in appendix tables 6 and 7 shows that our results are generally not sensitive to dropping these young adults. We do lose statistical significance in the effect of the full ACA on mental health, but the coefficient estimate does not change all that much.

Finally, as an alternative specification to evaluate our finding that the Medicaid expansion is not a driver of the increases in self-assessed health we find, we perform a DD analysis of the Medicaid expansion estimated on a sample of low income individuals (less than $25,000 per year). Consistent with our DDD results, we find that the Medicaid expansion led to improvements in access to care but not self-assessed health among this low income sample. These results are reported in the bottom panel of appendix tables 6 and 7.

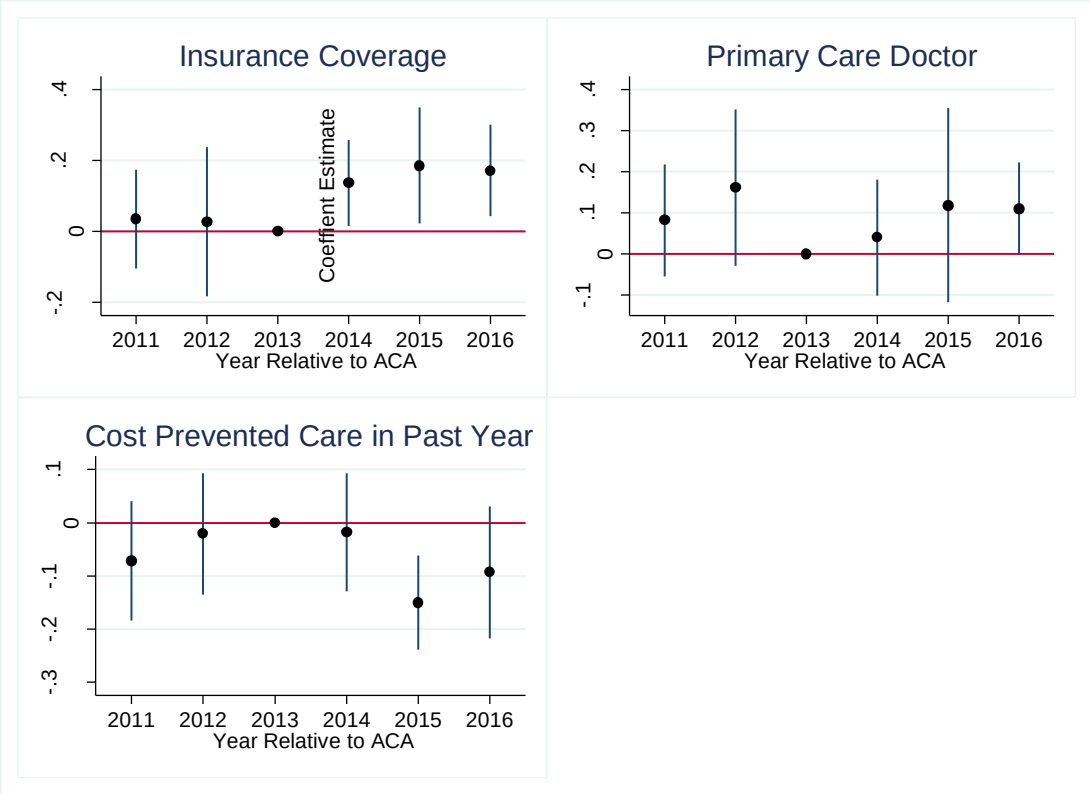
Appendix Figure 1 Changes in Health Care Access Variables over Time by State Medicaid Expansion Status and Local Area Pretreatment Uninsured Rate



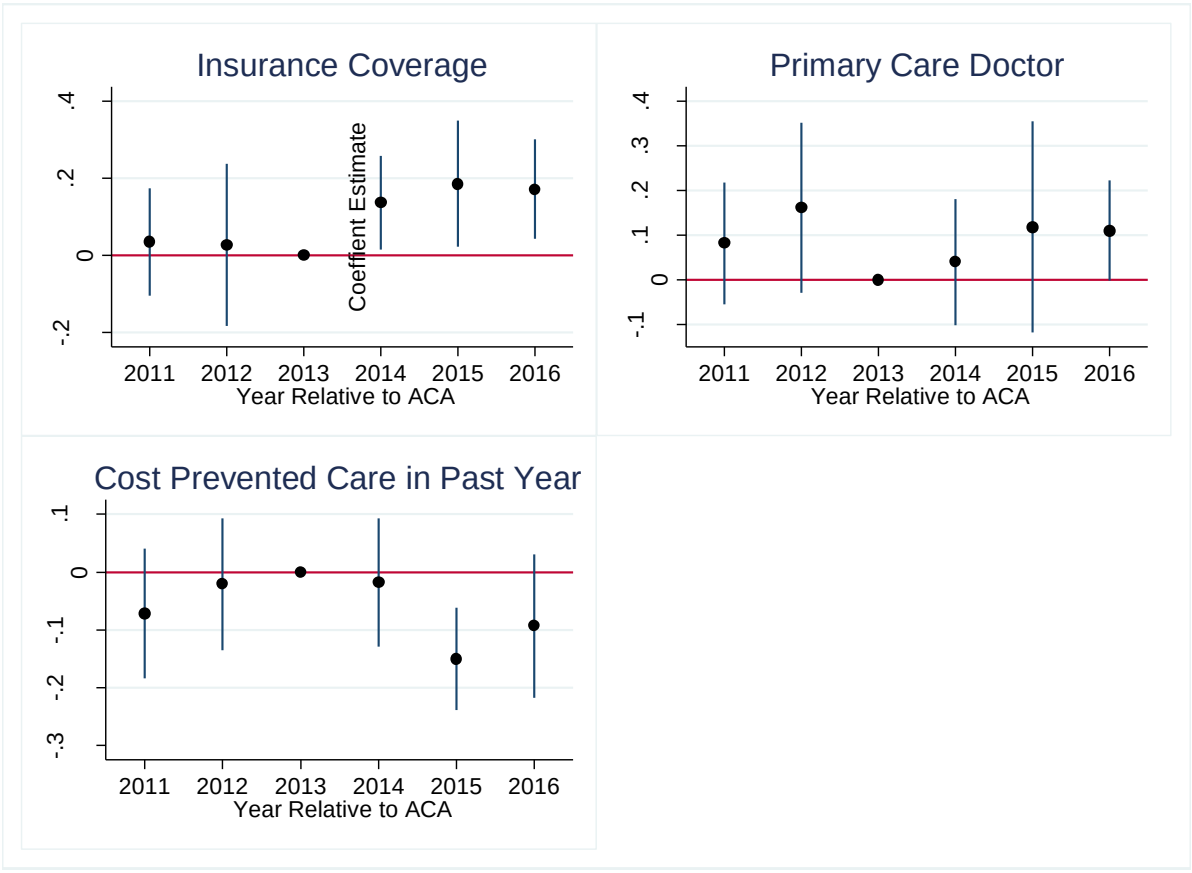
Appendix Figure 2 Changes in Self-Assessed Health Variables over Time by State Medicaid Expansion Status and Local Area Pretreatment Uninsured Rate



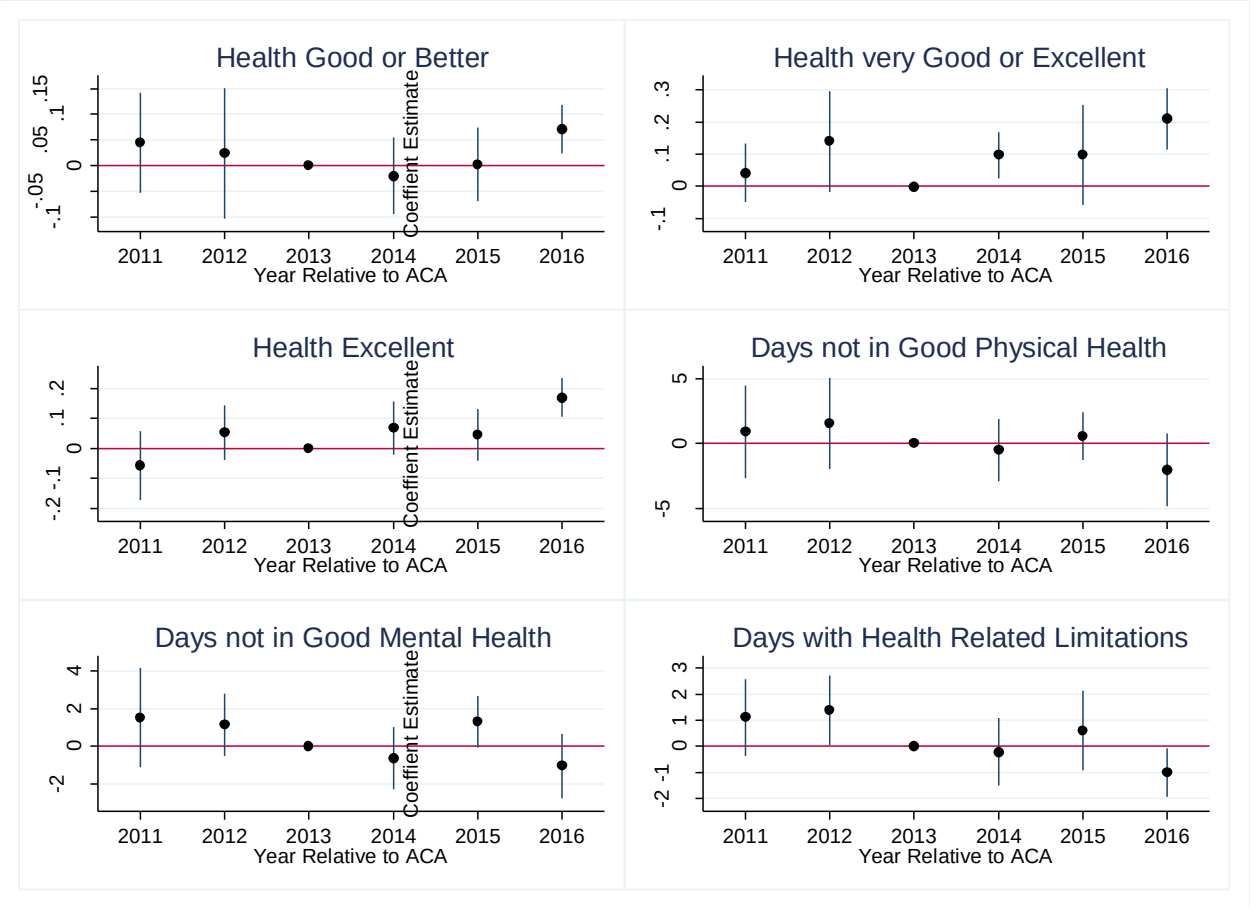
Appendix Figure 3 Event Study Results: Implied Effects of ACA without Medicaid Expansion on Access to Care



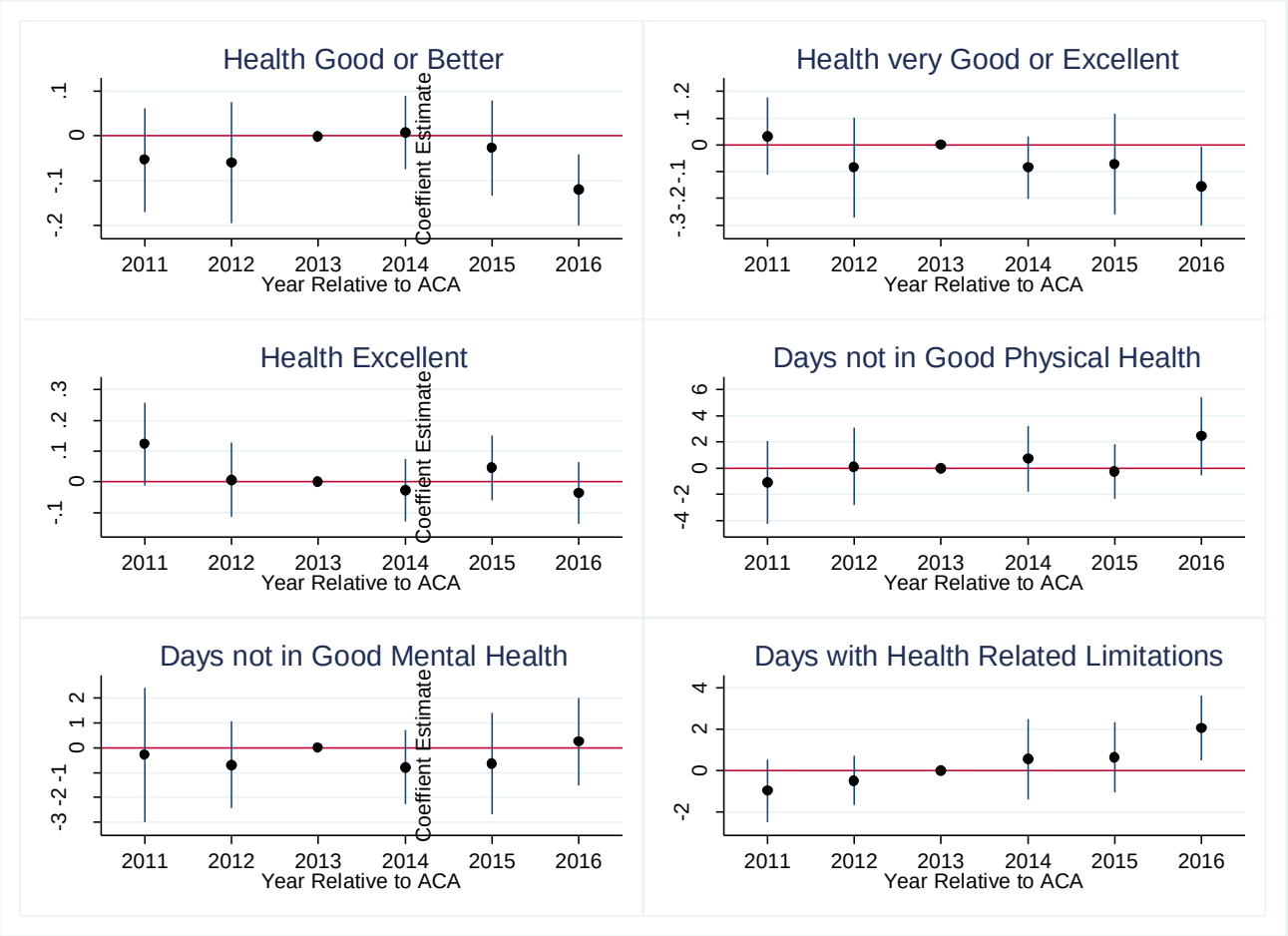
Appendix Figure 4 Event Study Results: Implied Effects of ACA with Medicaid Expansion on Access to Care



Appendix Figure 5 Event Study Results: Implied Effects of ACA without Medicaid Expansion on Self-Assessed Health



Appendix Figure 6 Event Study Results: Implied Effects of ACA with Medicaid Expansion on Self-Assessed Health



Appendix Table 1 Summary Statistics for Control Variables by State Medicaid Expansion Status and Pre-Treatment Uninsured Rate

	Full Sample	Medicaid Expansion; ≥ Median Baseline Uninsured	Medicaid Expansion; < Median Baseline Uninsured	Non-Expansion; ≥ Median Baseline Uninsured	Non-Expansion; < Median Baseline Uninsured
Age 25-29	0.105	0.164	0.072	0.140	0.060
	(0.306)	(0.370)	(0.258)	(0.347)	(0.237)
Age 30-34	0.118	0.152	0.099	0.137	0.094
	(0.323)	(0.359)	(0.298)	(0.344)	(0.292)
Age 35-39	0.107	0.110	0.098	0.105	0.096
	(0.302)	(0.313)	(0.297)	(0.307)	(0.294)
Age 40-44	0.119	0.103	0.125	0.113	0.134
	(0.323)	(0.304)	(0.331)	(0.316)	(0.340)
Age 45-49	0.108	0.084	0.121	0.093	0.127
	(0.309)	(0.277)	(0.326)	(0.289)	(0.333)
Age 50-54	0.130	0.093	0.151	0.106	0.161
	(0.336)	(0.289)	(0.358)	(0.308)	(0.367)
Age 55-59	0.104	0.066	0.127	0.077	0.130
	(0.304)	(0.249)	(0.332)	(0.267)	(0.337)
Age 60-64	0.096	0.054	0.119	0.070	0.131
	(0.294)	(0.227)	(0.324)	(0.255)	(0.337)
Female	0.497	0.450	0.522	0.470	0.537
	(0.499)	(0.497)	(0.499)	(0.499)	(0.499)
Black	0.122	0.107	0.096	0.176	0.142
	(0.327)	(0.309)	(0.194)	(0.381)	(0.349)
Hispanic	0.166	0.215	0.141	0.220	0.089
	(0.372)	(0.411)	(0.347)	(0.414)	(0.285)
White	0.633	0.578	0.674	0.548	0.718
	(0.482)	(0.493)	(0.469)	(0.497)	(0.450)
Married	0.524	0.398	0.584	0.461	0.639
	(0.499)	(0.489)	(0.492)	(0.497)	(0.482)
High school degree	0.267	0.261	0.264	0.281	0.269
	(0.443)	(0.439)	(0.440)	(0.449)	(0.443)
Some College	0.320	0.338	0.305	0.322	0.328
	(0.466)	(0.473)	(0.461)	(0.467)	(0.470)
College graduate	0.281	0.238	0.321	0.231	0.306
	(0.449)	(0.426)	(0.467)	(0.421)	(0.461)

-- CONTINUED --

	Full Sample	Medicaid Expansion; ≥ Median Baseline Uninsured	Medicaid Expansion; < Median Baseline Uninsured	Non-Expansion; ≥ Median Baseline Uninsured	Non-Expansion; < Median Baseline Uninsured
One child	0.181	0.182	0.181	0.184	0.179
	(0.385)	(0.387)	(0.385)	(0.387)	(0.383)
Two children	0.166	0.152	0.175	0.164	0.166
	(0.372)	(0.359)	(0.380)	(0.370)	(0.372)
Three children	0.072	0.069	0.072	0.074	0.071
	(0.257)	(0.253)	(0.259)	(0.262)	(0.258)
Four children	0.025	0.026	0.011	0.029	0.024
	(0.156)	(0.158)	(0.105)	(0.168)	(0.154)
Unemployed	0.091	0.105	0.086	0.093	0.012
	(0.280)	(0.307)	(0.280)	(0.291)	(0.107)
Unemployment rate	8.053	8.508	8.307	7.388	7.585
	(1.628)	(1.278)	(1.721)	(1.468)	(1.635)
Student	0.051	0.075	0.043	0.058	0.032
	(0.221)	(0.264)	(0.202)	(0.233)	(0.176)
Income 10k to less than 15k	0.058	0.077	0.046	0.073	0.046
	(0.235)	(0.266)	(0.209)	(0.260)	(0.208)
Income 15k to less than 20k	0.080	0.099	0.062	0.108	0.068
	(0.271)	(0.298)	(0.240)	(0.311)	(0.251)
Income 20k to less than 25k	0.089	0.103	0.073	0.115	0.083
	(0.286)	(0.304)	(0.259)	(0.319)	(0.276)
Income 25k to less than 35k	0.103	0.113	0.090	0.123	0.095
	(0.304)	(0.317)	(0.286)	(0.329)	(0.293)
Income 35k to less than 50k	0.134	0.133	0.128	0.142	0.140
	(0.340)	(0.340)	(0.334)	(0.349)	(0.347)
Income 50k to less than 75k	0.154	0.141	0.164	0.133	0.171
	(0.360)	(0.347)	(0.370)	(0.340)	(0.376)
Income more than 75k	0.309	0.230	0.382	0.217	0.351
	(0.460)	(0.421)	(0.486)	(0.411)	(0.478)

Note: Standard deviations in parentheses.

Appendix Table 2 Placebo Tests with Pre-Treatment Data for Health Care Access

	Insurance Coverage	Primary Care Doctor	Cost Barrier
2011 Pre-Treatment, 2012-2013 Post-Treatment			
ACA without Medicaid Expansion 2012-2013	0.010	0.014	-0.014
	(0.016)	(0.008)	(0.009)
ACA with Medicaid Expansion 2012-2013	-0.014	0.013	-0.010
	(0.016)	(0.011)	(0.008)
2011-2012 Pre-Treatment, 2013 Post-Treatment			
ACA without Medicaid Expansion 2013	0.004	0.015	-0.008
	(0.012)	(0.014)	(0.010)
ACA with Medicaid Expansion 2013	0.001	-0.011	0.001
	(0.011)	(0.014)	(0.007)

Notes: Standard errors, heteroscedasticity-robust and clustered by state, are in parentheses. *** indicates statistically significant at 0.1% level; ** 1% level; * 5% level. BRFSS sampling weights are used. All regressions include state*location type and year*location type fixed effects as well as the controls.

Appendix Table 3 Placebo Tests with Pre-Treatment Data for Self-Assessed Health

	Good or Better Health	Very Good or Excellent Health	Excellent Health	Days Not in Good Physical Health	Days Not in Good Mental Health	Days with Health-Related Limitations
2011 Pre-Treatment, 2012-2013 Post-Treatment						
ACA without Medicaid Expansion 2012-2013	-0.006	0.005	0.019*	-0.061	-0.213	-0.131
	(0.004)	(0.009)	(0.008)	(0.211)	(0.206)	(0.114)
ACA with Medicaid Expansion 2012-2013	-0.002	-0.012	-0.005	0.168	-0.228	0.040
	(0.006)	(0.010)	(0.009)	(0.197)	(0.176)	(0.138)
2011-2012 Pre-Treatment, 2013 Post-Treatment						
ACA without Medicaid Expansion 2013	-0.006	-0.019	0.001	-0.322	-0.310	-0.329*
	(0.012)	(0.013)	(0.011)	(0.329)	(0.207)	(0.013)
ACA with Medicaid Expansion 2013	0.005	-0.017	-0.012	-0.247	-0.207	-0.167
	(0.006)	(0.009)	(0.006)	(0.149)	(0.017)	(0.100)

Notes: Standard errors, heteroscedasticity-robust and clustered by state, are in parentheses. *** indicates statistically significant at 0.1% level; ** 1% level; * 5% level. BRFSS sampling weights are used. All regressions include state*location type and year*location type fixed effects as well as the controls.

Appendix Table 4 Testing for Differential Linear Pre-Treatment Trends in Health Care Access

	Insurance Coverage	Primary Care Doctor	Cost Barrier
Uninsured* Month	-0.001	0.005	-0.004
	(0.003)	(0.003)	(0.002)
Medicaid*Uninsured*Month	0.001	-0.004	0.001
	(0.003)	(0.003)	(0.002)
Sample Size	840,679	840,290	840,719

Notes: Standard errors, heteroscedasticity-robust and clustered by state, are in parentheses. *** indicates statistically significant at 0.1% level; ** 1% level; * 5% level. BRFSS sampling weights are used. All regressions include state*location type and year*location type fixed effects as well as the controls.

Appendix Table 5 Testing for Differential Linear Pre-Treatment Trends in Self-Assessed Health

	Good or Better Health	Very Good or Excellent Health	Excellent Health	Days Not in Good Physical Health	Days Not in Good Mental Health	Days with Health-Related Limitations
Uninsured* Month	-0.001	-0.002	0.002	-0.070	-0.075	-0.071*
	(0.001)	(0.002)	(0.002)	(0.073)	(0.044)	(0.029)
Medicaid*Uninsured*Month	0.003	-0.001	-0.003	0.044	0.003	0.042
	(0.002)	(0.003)	(0.003)	(0.073)	(0.042)	(0.034)
Sample Size	840,034	840,034	840,034	832,386	832,977	836,449

Notes: Standard errors, heteroscedasticity-robust and clustered by state, are in parentheses. *** indicates statistically significant at 0.1% level; ** 1% level; * 5% level. BRFSS sampling weights are used. All regressions include state*location type and year*location type fixed effects as well as the controls.

Appendix Table 6 Implied Effects of ACA on Health Care Access – Specification Checks

	Insurance Coverage	Primary Care Doctor	Cost Barrier
BRFSS State-level Uninsured Rate			
ACA without Medicaid Expansion 2014-2016	0.047***	0.033***	-0.026***
	(0.004)	(0.006)	(0.006)
ACA with Medicaid Expansion 2014-2016	0.116***	0.038**	-0.061***
	(0.014)	(0.014)	(0.010)
SAHIE State-level Uninsured Rate			
ACA without Medicaid Expansion 2014-2016	0.050***	0.034***	-0.030***
	(0.003)	(0.007)	(0.006)
ACA with Medicaid Expansion 2014-2016	0.093***	0.047**	-0.052***
	(0.015)	(0.015)	(0.007)
Drop Cell Phone			
ACA without Medicaid Expansion 2014-2016	0.063***	0.010*	-0.021***
	(0.006)	(0.005)	(0.005)
ACA with Medicaid Expansion 2014-2016	0.086***	0.034*	-0.060***
	(0.014)	(0.013)	(0.008)
Drop Income and Employment Variables			
ACA without Medicaid Expansion 2014-2016	0.058***	0.030***	-0.029***
	(0.007)	(0.007)	(0.008)
ACA with Medicaid Expansion 2014-2016	0.092***	0.036***	-0.046***
	(0.012)	(0.010)	(0.008)
Drop ACA Early Expanders			
ACA without Medicaid Expansion 2014-2016	0.065***	0.033***	-0.032***
	(0.007)	(0.007)	(0.006)
ACA with Medicaid Expansion 2014-2016	0.097***	0.025**	-0.044***
	(0.013)	(0.008)	(0.009)
Drop ACA Late Expanders			
ACA without Medicaid Expansion 2014-2016	0.062***	0.029***	-0.033***
	(0.006)	(0.008)	(0.007)
ACA with Medicaid Expansion 2014-2016	0.097***	0.030**	-0.044***
	(0.013)	(0.009)	(0.009)
Split Sample			
ACA without Medicaid Expansion 2014-2016	0.056***	0.034***	-0.031***
	(0.006)	(0.007)	(0.006)
ACA with Medicaid Expansion 2014-2016	0.099***	0.038***	-0.048
	(0.012)	(0.009)	(0.009)
Bite Variable Uninsured, No Doc or Cost Barrier			
ACA without Medicaid Expansion 2014-2016	0.058***	0.030***	-0.031***
	(0.006)	(0.007)	(0.005)
ACA with Medicaid Expansion 2014-2016	0.090***	0.032***	-0.045***
	(0.011)	(0.008)	(0.008)
Exclude 19-25 Year Olds			

ACA without Medicaid Expansion 2014-2016	0.064***	0.037***	-0.035***
	(0.006)	(0.008)	(0.006)
ACA with Medicaid Expansion 2014-2016	0.096	0.033***	-0.051***
	(0.010)	(0.009)	(0.008)
DD Low Income <= $25,000			
Medicaid Expansion impact 2014-2016	0.053***	0.016*	-0.023**
	(0.010)	(0.008)	(0.008)

Notes: Standard errors, heteroscedasticity-robust and clustered by state, are in parentheses. *** indicates statistically significant at 0.1% level; ** 1% level; * 5% level. BRFSS sampling weights are used. All regressions include state*location type and year*location type fixed effects as well as the controls. In addition, we denote statistically significantly different effect in 2016 relative to 2014 by ^^^ at 1% level; ^^ at 5% level; ^ at 10% level.

Appendix Table 7 Implied Effects of ACA on Self-Assessed Health – Specification Checks

	Good or Better Health	Very Good or Excellent Health	Excellent Health	Days Not in Good Physical Health	Days Not in Good Mental Health	Days with Health-Related Limitations
BRFSS State-level Uninsured Rate						
ACA without Medicaid Expansion 2014-2016	0.003 (0.006)	0.015** (0006)	0.022* (0.009)	-0.319* (0.135)	-0.366* (0.182)	-0.194 (0.179)
ACA with Medicaid Expansion 2014-2016	0.004 (0.008)	0.005 (0.010)	0.010 (0.009)	-0.163 (0.121)	-0.267* (0.106)	-0.182 (0147)
SAHIE State-level Uninsured Rate						
ACA without Medicaid Expansion 2014-2016	0.004 (0.006)	0.019*** (0.006)	0.021* (0.010)	-0.335* (0.155)	-0.387 (0.198)	-0.171 (0.190)
ACA with Medicaid Expansion 2014-2016	0.008 (0.007)	0.011 (0.009)	0.011 (0.007)	-0.180 (0.095)	-0.192* (0.094)	-0.198 (0.108)
Drop Cell Phone						
ACA without Medicaid Expansion 2014-2016	-0.011 (0.008)	0.002 (0.008)	0.017** (0.006)	-0.193 (0.113)	-0.221 (0.138)	0.042 (0.105)
ACA with Medicaid Expansion 2014-2016	0.001 (0.008)	0.005 (0.010)	0.002 (0.008)	0.064 (0.203)	-0.234 (0.223)	-0.076 (0.170)
Drop Income & Employment Variables						
ACA without Medicaid Expansion 2014-2016	-0.006 (0.005)	0.005 (0.006)	0.012 (0.007)	-0.139 (0.121)	-0.116 (0.134)	-0.122 (0.108)
ACA with Medicaid Expansion 2014-2016	-0.006 (0.005)	-0.006 (0.009)	0.009 (0.006)	0.031 (0.120)	-0.168 (0.104)	0.197 (0.148)
Drop ACA Early Expanders						
ACA without Medicaid Expansion 2014-2016	-0.002 (0.006)	0.014* (0.005)	0.018** (0.006)	-0.287* (0.114)	-0.223 (0.158)	-0.177 (0.140)
ACA with Medicaid Expansion 2014-2016	-0.005 (0.006)	0.001 (0.011)	0.015* (0.006)	-0.089 (0.121)	-0.201 (0.122)	0.147 (0.163)
Drop ACA Late Expanders						
ACA without Medicaid Expansion 2014-2016	-0.002 (0.006)	0.010 (0.007)	0.018** (0.007)	-0.317** (0.010)	-0.214 (0.146)	-0.278* (0.109)
ACA with Medicaid Expansion 2014-2016	-0.003 (0.006)	-0.009 (0.008)	0.007 (0.006)	-0.105 (0.115)	-0.289* (0.122)	0.015 (0.125)
Split Sample						
ACA without Medicaid Expansion 2014-2016	-0.002 (0.006)	0.014* (0.007)	0.018*** (0.007)	-0.241 (0.129)	-0.041 (0.136)	-0.137 (0.103)
ACA with Medicaid Expansion 2014-2016	-0.002 (0.006)	0.003 (0.011)	0.014 (0.007)	-0.102 (0.138)	-0.322** (0.115)	0.161 (0.136)
Bite Variable Uninsured, No Doc or Cost Barrier						

ACA without Medicaid	-0.003	0.011*	0.015*	-0.205	-0.167	-0.184
Expansion 2014-2016	(0.005)	(0.005)	(0.006)	(0.108)	(0.135)	(0.113)
ACA with Medicaid	-0.002	0.003	0.012*	-0.063	-0.205*	0.098
Expansion 2014-2016	(0.005)	(0.009)	(0.006)	(0.109)	(0.102)	(0.128)
Exclude 19-25 Year Olds						
ACA without Medicaid	-0.003	0.014*	0.015**	-0.212	-0.199	-0.129
Expansion 2014-2016	(0.005)	(0.006)	(0.005)	(0.122)	(0.170)	(0128)
ACA with Medicaid	-0.003	0.003	0.014*	0.045	-0.152	0.194
Expansion 2014-2016	(0.006)	(0.010)	(0.006)	(0.125)	(0.132)	(0.151)
DD Low Income <= $25,000						
Medicaid Expansion	0.001	0.011	0.004	0.034	-0.124	-0.019
impact 2014-2016	(0.008)	(0.008)	(0.008)	(0.179)	(0.232)	0.207

Notes: Standard errors, heteroscedasticity-robust and clustered by state, are in parentheses. *** indicates statistically significant at 0.1% level; ** 1% level; * 5% level. BRFSS sampling weights are used. All regressions include state*location type and year*location type fixed effects as well as the controls. In addition, we denote statistically significantly different effect in 2016 relative to 2014 by ^^^ at 1% level; ^^ at 5% level; ^ at 10% level.