

Early Impact of the Affordable Care Act on Health Insurance Coverage of Young Adults

AcademyHealth Annual Meeting June 25, 2012 Orlando, FL

Joel C. Cantor ScD, Professor and Director
Alan Monheit PhD, Professor*
Derek DeLia PhD, Associate Research Professor
Kristen Lloyd MPH, Research Analyst

Rutgers Center for State Health Policy
*UMDNJ School of Public Health

Acknowledgements

Support from State Health Access Reform Evaluation (SHARE) initiative of the Robert Wood Johnson Foundation

We are grateful for the contributions of ...

Dina Belloff, Margaret Koller, and Dorothy Gaboda of Rutgers CSHP

Lynn Blewett, SHARE director and the SHARE project team

Brian Quinn, RWJF Senior Program Officer

The Problem

- Conventional dependent coverage available only to age 18 (non-students) or 23 (FT students)
- Nearly 1 in 3 young adults (age 19-25) uninsured in 2009
- Compared to insured peers, uninsured young adults are
 - More likely to delay or forego care due to costs
 - Less likely to see a medical provider, have a usual source of care, or fill a prescription
 - More likely to have trouble paying medical bills or medical debt
- Implications for critical developmental period to address obesity, smoking, sexually transmitted infections, etc.
- Absence from risk pools has consequences for others

Key Features of Dependent Coverage Laws

<u>ACA</u>

- First renewal starting 9/23/10
- All young adults to 26
- No residency, demographic, or other exclusions

- Applies to all plans, including self-insured
- No cost beyond standard family premium

State Laws

- 31 states, most 2006-09
- Age limits vary, max 31
- Typically limited to unmarried, no dependents, in-state except FT students; some require financial dependency
- Do not apply to self-insured plans
- Nine require or allow added premium

Research Questions

- 1. What impact did the ACA dependent coverage rules have on source of coverage among eligible young adults?
- 2. What impact did the rules have among young adults targeted by prior state laws in addition to the ACA?

Study Data and Outcomes

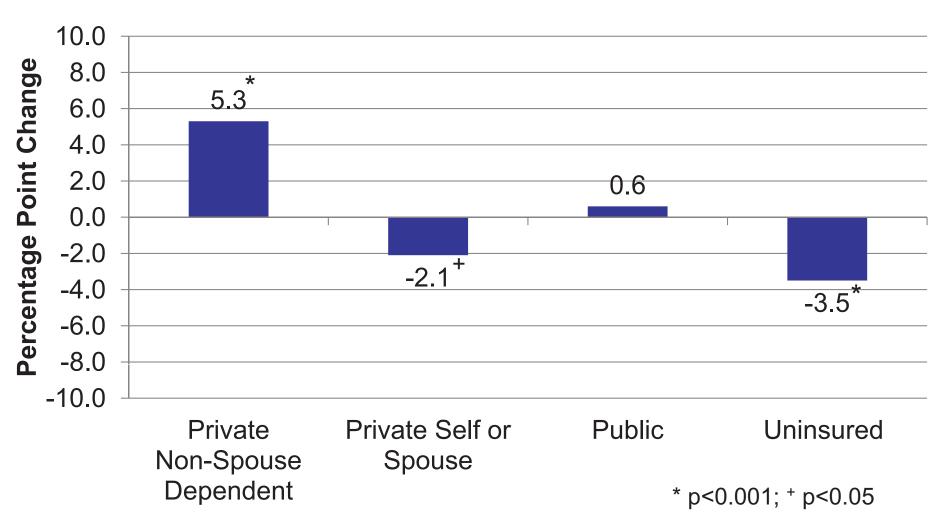
- Annual Social and Economic Supplement, Current Population Survey (CPS), 2005-2011
- Study population
 - ACA targeted: ages 19-23 not FT students & all ages 24-25
 - Comparison group: Ages 27-30
 - Exclude age=26 and MA & HI (due to prior mandates)
- Outcomes: Sources of coverage at any time during year
 - 1. Private non-spousal dependent coverage
 - 2. Private coverage in own name or as dependent of a spouse
 - Public (Medicaid, Medicare, etc.)
 - 4. No coverage
- Coverage categories not mutually exclusive

Statistical Modeling

- Difference-in-differences (DD) analysis of ACA coverage outcomes
 - ACA targeted vs. comparison
 - Pre/post ACA
- Extended DD analysis interacting ACA and state policies
 - State targeted vs. non-state targeted
 - Federal & state policy interactions
- Four linear probability models, controlling for
 - Demographics, SES, student status, live@home, health status
 - State fixed effects, overall trend, state-specific trends
 - State-year unemployment, ESI offer, enrollees in self-insured plans
- Sensitivity tests
 - Can discuss in Q&A if time

DD Estimates Post-ACA Change in Coverage

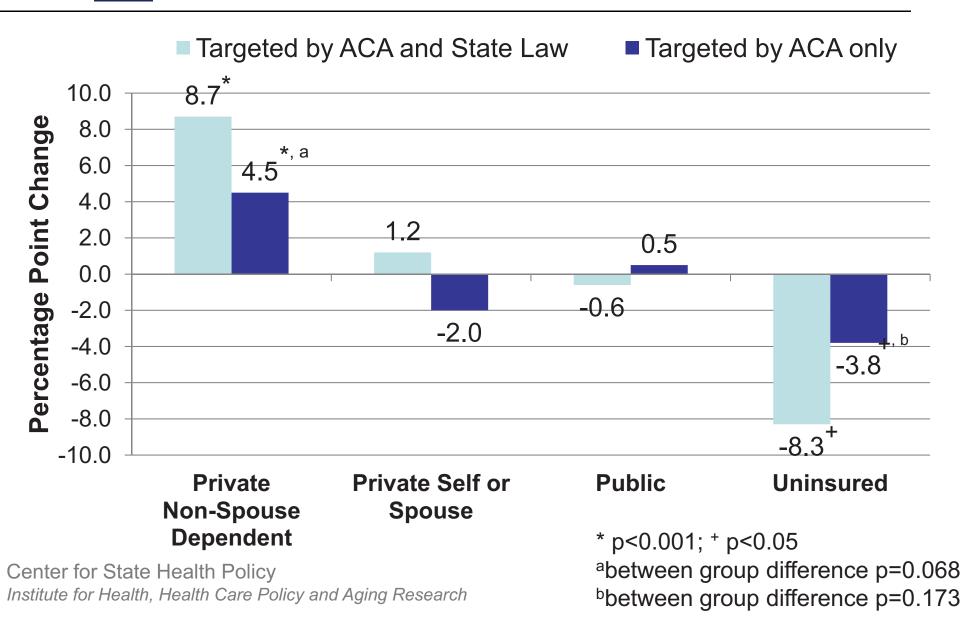
Models without ACA-state law interaction terms



Center for State Health Policy Institute for Health, Health Care Policy and Aging Research

DD Estimates Post-ACA Change in Coverage

Model with ACA-state law interaction terms



Limitations

- Current Population Survey
 - Annual recall period, cannot observe timing of coverage changes
 - For YAs in separate households, lacks info on parent insurance status, residency, other characteristics
 - Imprecise state policy target variable
- Short post-implementation observation period (Q4 2010)
 - Some respondents may report through Q1 2011

Conclusions & Implications

- Rapid and substantial increase in dependent coverage
 - 25% increase in dependent coverage & near 10% drop in uninsured
 - Over 700,000 uninsured → dependent coverage due to ACA
- Possibly greater impact on state-targeted young adults
 - "Pump priming" effect?
- Expected intended and unintended impacts
 - Improved access to care
 - Higher private family premiums
 - Shift young people out of exchange risk pools
 - Extend dependency further into adulthood

Conclusions & Implications (continued)

- If SCOTUS strikes down the ACA
 - Tax consequences
 - Separate premiums may be charged
 - Exclusions possible (e.g., married young adults)

Thank You

jcantor@ifh.rutgers.edu

Related Publications

Monheit AC, JC Cantor, D DeLia, & D Belloff. 2011. "How have state policies to expand dependent coverage affected the health insurance status of young adults?" <u>Health Service Research</u> 46 (1 pt 2): 251-67.

Cantor JC, D Belloff, AC Monheit, D DeLia, & M Koller. 2012. "Expanding dependent coverage for young adults: lessons from state initiatives." *Journal of Health Politics, Policy, and Law* 37(1): 99-128.

SHARE Briefs

Dependent Coverage Expansions: Estimating the Impact of Current State Policies. January 2010. www.shadac.org/files/shadac/publications/DependentCoverageExpansionsIssueBrief.pdf

The Impact of State Dependent Coverage Expansions on Young Adult Insurance Status: Further Analysis. April 2010.

www.shadac.org/files/shadac/publications/DependentCoverageCompanionBrief.pdf

Webinar: The Impact of Extending Dependent Insurance Coverage to Young Adults. April 2010. www.shadac.org/publications/share-webinar-April2010-dependent-coverage-expansions

Extra slides

Sensitivity Tests

- Non-reform states only
- Placebo model (Test for ACA "impact" in 2009)
- Models w/o student status and with FT students 19-23

State Young Adult Dependent Coverage Laws *Implementation* Timeline

31 states as of 2010

