



Research Objectives

- This study evaluates the impact of the ACA's guaranteed issue requirement on coverage and access to care for children with chronic conditions.

Background

Pre-Existing Conditions

- Up to 57 million people under the age of 65 are living with a pre-existing condition—of those, 17 million are children.
- Americans have historically been denied health insurance, faced exclusionary riders that denied coverage for specific services or were priced out of the market by unaffordable insurance premiums because they were living with a pre-existing health condition.

The Affordable Care Act

- As of September 23, 2010, the Affordable Care Act (ACA) required health insurers to no longer exclude children from enrollment due to a pre-existing health condition.

Methods

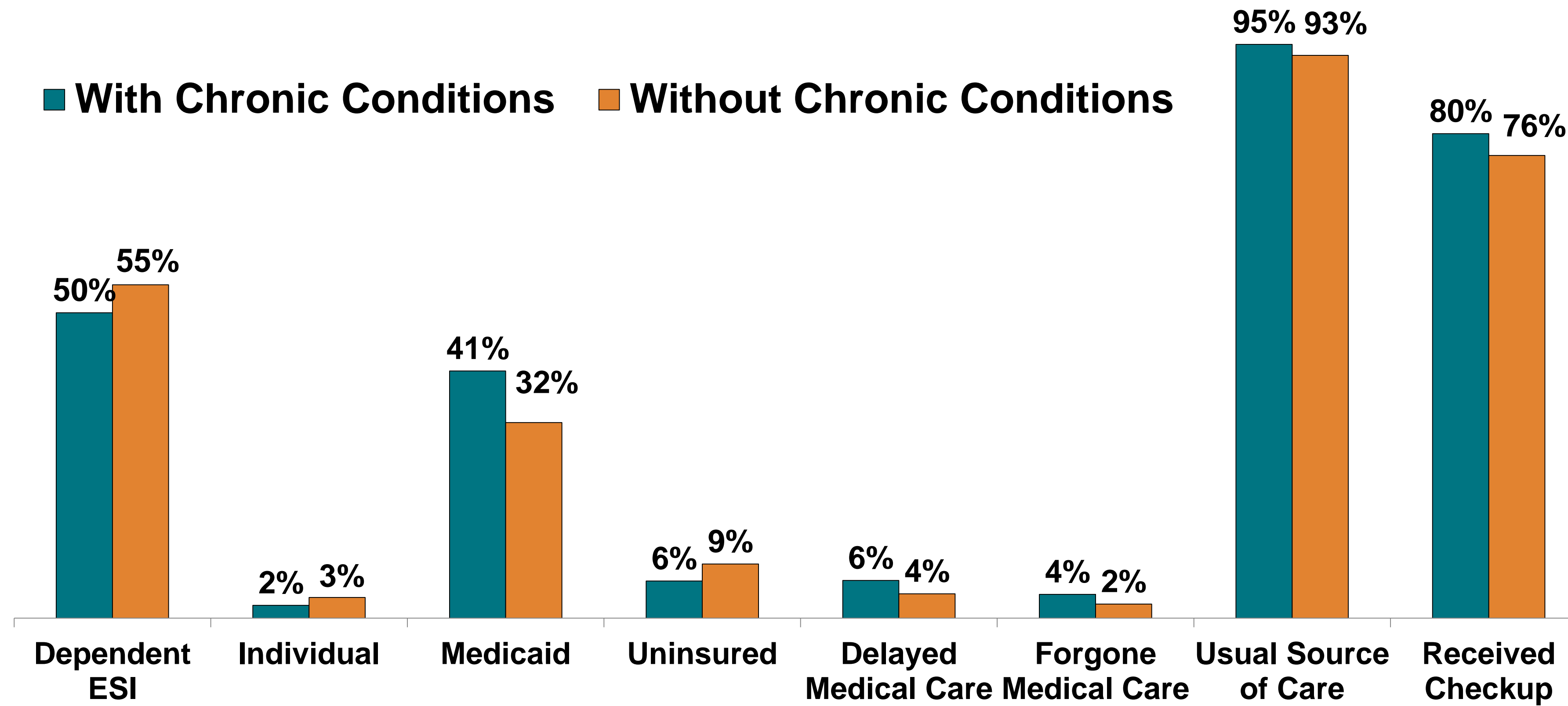
Data Source

- Pooled data from the 2007-2012 National Health Interview Survey (NHIS)
- Analyses restricted to children 17 years and younger with (n=15,661) and without (n=50,835) the following chronic health conditions:
 - Attention-deficit hyperactivity disorder (ADHD), mental retardation, Down syndrome, asthma, cerebral palsy, sickle cell anemia, muscular dystrophy, autism, congenital or other heart disease, and diabetes

Analysis

- Difference-in-differences regression analysis used to analyze the ACA's guaranteed issue requirement for children
- Separate models for infants and toddlers (0-3 years), young children (4-11 years) and adolescents (12-17 years)

Health Insurance Coverage & Access to Care



Changes in Health Insurance Coverage

	Unadjusted Change from Baseline		Adjusted Difference-in-Differences Estimate
	Children with chronic conditions (n=10,909)	Children without chronic conditions (n=41,450)	
Percentage Points			
Toddlers and Infants (0-3 years)			
Dependent ESI	-8.6 (-16.7 to -0.6)*	-2.6 (-5.4 to 0.1)	-4.4 (-10.6 to 1.7)
Individual	-0.9 (-2.8 to 1.1)	-0.01 (-0.9 to 0.9)	-1.2 (-4.6 to 2.1)
Public	9.8 (1.7 to 17.9)*	4.6 (1.9 to 7.2)*	3.8 (-2.1 to 9.7)
Uninsured	-0.2 (-2.9 to 2.4)	-2.3 (-3.7 to -0.9)*	1.1 (-2.2 to 4.5)
Young children (4-11 years)			
Dependent ESI	-2.9 (-6.7 to 0.9)	-3.6 (-5.8 to -1.5)*	1.3 (-2.2 to 4.8)
Individual	-0.3 (-1.5 to 0.9)	0.0 (-0.8 to 0.8)	-0.2 (-1.7 to 1.3)
Public	4.9 (1.0 to 8.7)*	5.9 (3.8 to 8.0)**	-1.1 (-4.0 to 1.9)
Uninsured	-1.6 (-3.5 to 0.2)	-2.7 (-3.9 to -1.5)**	0.9 (-1.3 to 3.1)
Adolescents (12-17 years)			
Dependent ESI	-5.2 (-8.8 to -1.6)*	-2.6 (-5.0 to -0.3)*	-0.6 (-3.8 to 2.6)
Individual	0.7 (-0.5 to 1.9)	-1.0 (-1.8 to -0.2)*	1.9 (0.4 to 3.4)*
Public	6.0 (2.1 to 9.9)*	5.0 (2.7 to 7.3)**	-0.6 (-3.9 to 2.8)
Uninsured	-1.6 (-3.3 to 0.01)	-1.4 (-2.9 to 0.04)	-0.4 (-2.8 to 2.0)

* P<0.05, ** P<0.001. Controls for race and ethnicity, age, sex, health status, citizenship, household language, family income, parents' highest educational attainment, parents' work status, family structure, region and quarter of interview.

Changes in Access to Care

	Unadjusted Change from Baseline		Adjusted Difference-in-Differences Estimate†
	Children with chronic conditions (n=10,909)	Children without chronic conditions (n=41,450)	
Percentage Points			
Toddlers and Infants (0-3 years)			
Delayed medical care due to cost	-1.8 (-4.1 to 0.4)	-1.1 (-1.9 to -0.4)*	-0.7 (-4.3 to 3.0)
Forgone medical care due to cost	-1.8 (-3.5 to -0.1)*	-0.7 (-1.3 to -0.01)*	-0.9 (-4.3 to 2.5)
Usual source of care	1.4 (-1.5 to 4.4)	0.9 (-0.1 to 1.9)	0.9 (-2.8 to 4.7)
Received well-child checkup	7.6 (2.8 to 12.4)*	2.5 (0.9 to 4.1)*	3.0 (-1.2 to 7.1)
Young children (4-11 years)			
Delayed medical care due to cost	-2.2 (-3.4 to -0.6)*	-0.9 (-1.6 to -0.2)*	-0.9 (-2.8 to 1.0)
Forgone medical care due to cost	-1.7 (-3.1 to -0.2)*	-0.5 (-1.0 to -0.01)*	-0.7 (-2.5 to 1.1)
Usual source of care	1.4 (-0.3 to 3.1)	1.7 (0.7 to 2.7)*	-0.4 (-2.3 to 1.6)
Received well-child checkup	1.3 (-1.4 to 4.0)	5.5 (3.8 to 7.3)**	-3.7 (-6.7 to -0.7)*
Adolescents (12-17 years)			
Delayed medical care due to cost	-4.6 (-6.0 to -3.1)**	-1.4 (-2.4 to -0.4)*	-2.9 (-4.6 to -1.2)**
Forgone medical care due to cost	-2.6 (-3.6 to -1.6)**	-0.6 (-1.4 to 0.1)	-1.8 (-3.0 to -0.6)*
Usual source of care	0.9 (-0.7 to 2.4)	1.9 (0.7 to 3.1)*	-1.1 (-3.1 to 1.0)
Received well-child checkup	3.0 (-0.6 to 6.5)	4.2 (2.0 to 6.4)**	-1.5 (-5.5 to 2.5)

* P<0.05, ** P<0.001. Controls for race and ethnicity, age, sex, health status, citizenship, household language, family income, parents' highest educational attainment, parents' work status, family structure, region and quarter of interview.

Sensitivity Analysis

- Adults (26-34 years) with chronic conditions were used as alternative comparison group
- Difference-in-differences estimates results:
 - Insurance through the individual market increased (2.2 percentage points), delaying medical care decreased (-2.2 percentage points), forgoing medical care decreased (-2.6 percentage points), and having a usual source of care increased (0.5 percentage points) among children with chronic conditions relative to the trend among adults with chronic conditions.
- Results were not statistically significant at traditional levels.

Study Limitations

- No state identifiers in the public NHIS files
 - 5 states required insurers in the individual market guarantee insurance plans to all residents regardless of health status.
 - 4 states mandated Blue Cross Blue Shield plans as the insurer of last resort for enrollees denied coverage by insurers in the individual market.

Conclusions & Policy Implications

- Although access to care improved among adolescents with chronic health conditions, there was limited take-up in the individual insurance market.
- The ACA did not enforce community rating until January 2014, and insurers were allowed to charge higher premiums to children with pre-existing conditions.
- Starting January 2014, qualified health plans are no longer allowed to deny coverage or charge different premiums based on pre-existing conditions, health status or claims history for children and adults.

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