Affordable Care Act-Implications for the Statistical Programs

Discussion

Barry Bosworth
Changes in Environment

• Introduction of ACA is likely to resemble the introduction of Medicare (1965)
  – 50 different programs
  – State variation likely to be major source of statistical identification.
  – Surveys should maximize effort to obtain state-specific information

• Currently-implemented provisions
  – Continued coverage by parents to age 26
  – Prohibition of pre-existing conditions for those under age 19.
  – Expansion of Medicaid (26 yes, 23 no, 2-post-2014).
Major Issues

• Coverage
• Financing
  – Individuals
  – Government
  – Enterprises
• Access
• Utilization
• Competition
• Labor Market Effects
  – Full-time/ Part-time
  – Outsourcing
# Health Insurance Coverage

<table>
<thead>
<tr>
<th></th>
<th>ASEC 2012</th>
<th>2016 (Prior Law)</th>
<th>2016</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/CHIP</td>
<td>47</td>
<td>32</td>
<td>49</td>
<td>+17</td>
</tr>
<tr>
<td>Employer</td>
<td>155</td>
<td>159</td>
<td>155</td>
<td>-4</td>
</tr>
<tr>
<td>Individual</td>
<td>25</td>
<td>28</td>
<td>26</td>
<td>-2</td>
</tr>
<tr>
<td>Exchanges</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>+20</td>
</tr>
<tr>
<td>Uninsured</td>
<td>47</td>
<td>56</td>
<td>26</td>
<td>-30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>268</td>
<td>275</td>
<td>275</td>
<td>0</td>
</tr>
<tr>
<td>% Insured</td>
<td>82%</td>
<td>80%</td>
<td>91%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: CBO/JCT
Health Insurance Coverage (2)

- CBO assembles its estimates of health insurance coverage from a variety of sources, including the CPS, SIPP, MEPS, and NHIS
  - Surprisingly hard to determine those who have insurance.
  - Dynamic process as many people move on and off insurance rolls
    - Distinction between uninsured all year, a portion of the year, or point-in-time.
    - Problems of recall.
    - Continuously uninsured based on SIPP and MEPS because of shorter recall.
Health Insurance Coverage (3)

• **Employer-provided coverage**
  – Access to community-rated plans for pre-existing conditions (-).
  – Expanded access to Medicaid (-).
  – Subsidies for those up to 200% of poverty (-)
  – Contract-out low wage jobs (-)
  – Part-time versus full-time employment (-).
  – Continuing tax benefits to high-income workers (+).
  – Insurance mandate (+).
  – penalties on firms who do not offer health insurance (+)
  – subsidies to small firms (+)
  – Nondiscrimination clause in IRS code (+)

• **Net Change of about -5 (-4+9) million out of 160 million.**
Health Insurance Coverage (4)

• Medicaid/CHIP
  – Individuals can become covered at the time that they receive health services.
  – Use eligible as basis for enrollment?
  – Efforts to use Medicaid files to improve the basis for imputation in the ASEC.

• Marketplace plan statistics
  – Number eligible
  – Number enrolled
  – Medicaid/CHIP
  – Financial assistance
Financing

• Employer-based
  – National Compensation Survey
    • Employer and employee contributions to insurance premium
    • Broad characteristics of plans’ coverage
    • Deductibles
    • Employer penalties?
    • Employer subsidies (who will receive subsidy?)
  – Linkage to individual-level data
  – Linkages to other enterprise surveys (CES)?
Financing(2)

• Individual level
  – Will individuals know the magnitude of their subsidy or only net cost?
  – Subsidy paid to insurance provider?
• ASEC, ACS, and SIPP limited to insurance premium?
• MEPS and NHIS for co-payments and deductibles?
Financing (3)

• National Accounts
  – ACA primarily a problem for source agencies
  – National accounts treats health care as a pass through to personal income and consumption
  – Delay in receiving state government data.
Access to Health Care

• MEPS and NHIS as major sources
  – How measure access and utilization?
• Should access be incorporated into the economic statistical surveys?