The Affordable Care Act and Survey Data

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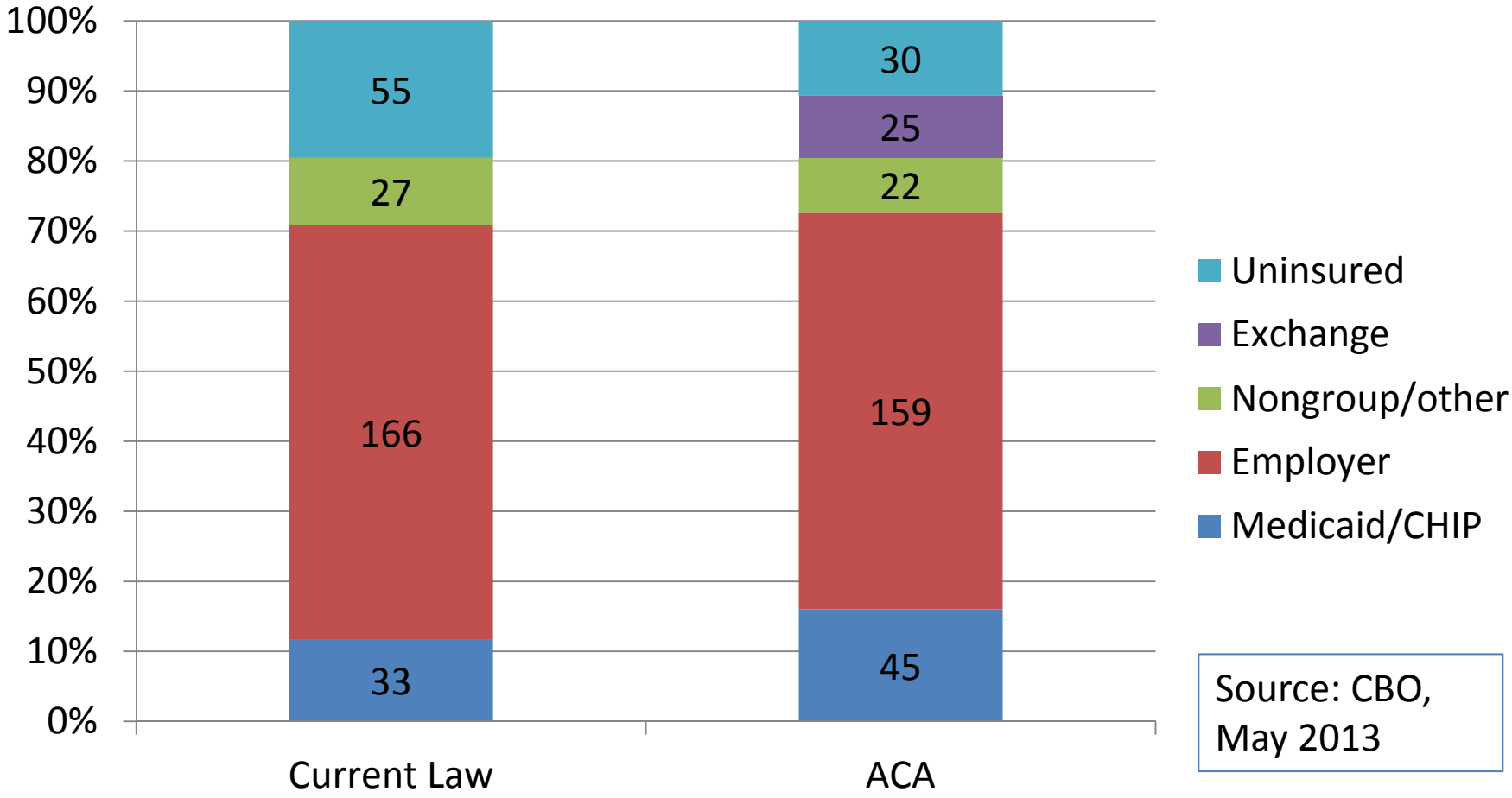
Outline of comments

1. Background: ACA & insurance coverage (2 slides)
   - Many non-coverage provisions also which I will mostly ignore for now
2. What outcomes do we want to monitor using survey data?
   - How well do surveys measure these, and how will ACA change the landscape?
3. Data wish list

CBO coverage projections, 2019

Millions of non-elderly individuals



Source: CBO, May 2013

1. How ACA changes insurance coverage

- New source of coverage: insurance exchanges (CBO projection for 2019: 25M)
- Non-group coverage persists (22M)
- Increase in Medicaid (+12M)
- Decline in employer-sponsored coverage (-7M)

1. What outcomes do we want to monitor*?

(*note intentional avoidance of “evaluate”)

- Targeted outcomes:
  - Insurance coverage
  - Access to medical care
  - Health outcomes
  - Financial security

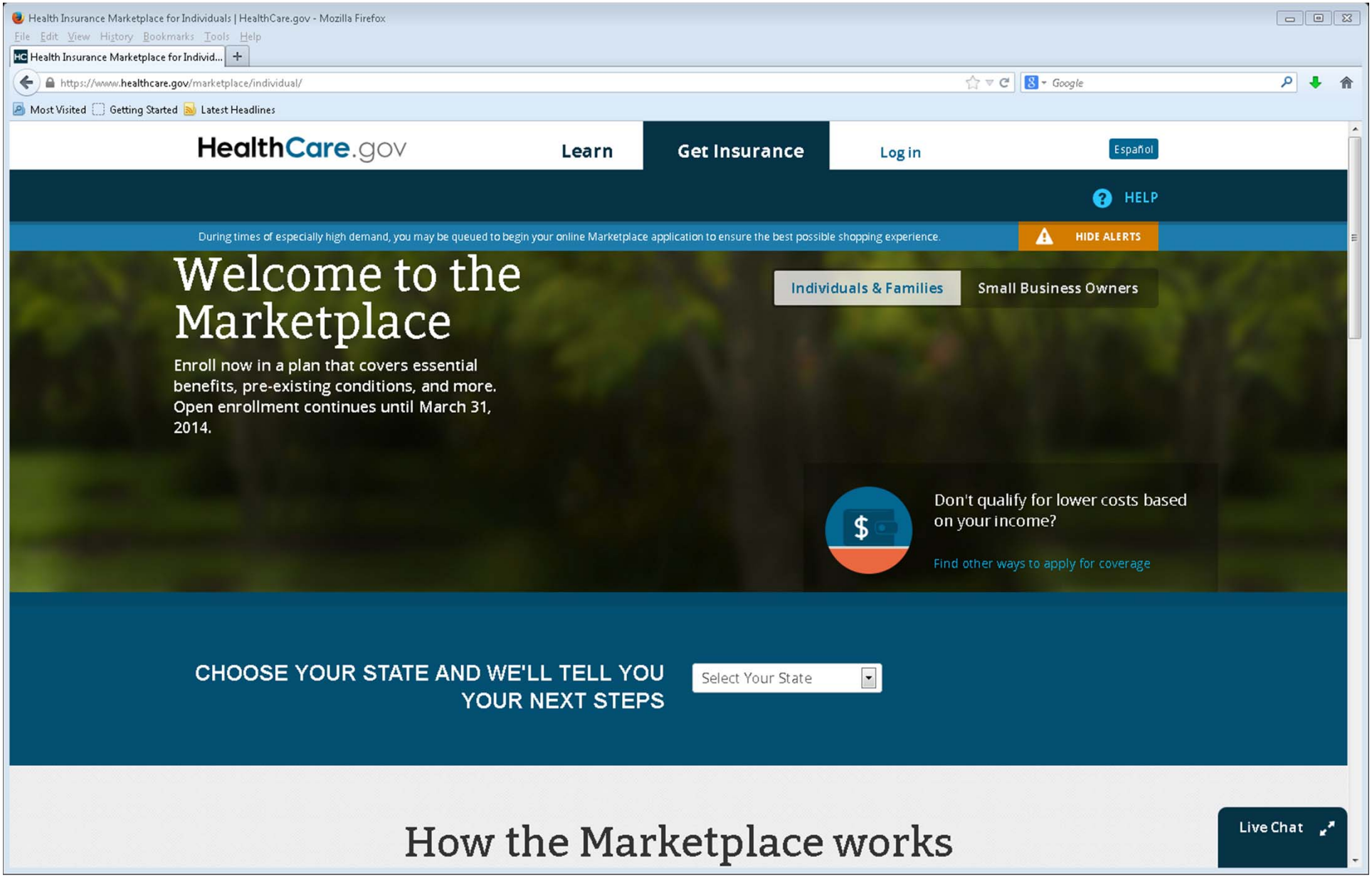
- Other outcomes:
  - Labor supply
  - Labor demand
  - Saving
  - Family formation
  - Risky behaviors

Outcome 1: Insurance coverage

From a measurement perspective, ACA is a perfect storm:

- Medicaid and individual insurance were already hard to measure in surveys (Pascale, Romer & Resnick 2009; Klerman, Davern et al. [multiple years]; Abraham et al. 2013)
- "Churning" between exchange & Medicaid (Sommers & Rosenbaum 2011)
- "No wrong door" philosophy
- Most non-elderly Medicaid beneficiaries have private coverage
- Multiple names for exchange coverage:
  - Different names in ≥14 states, eg: Kynect, Access Health CT, The Connector, Covered California
  - In the statute: "American Health Benefit Exchanges"
  - healthcare.gov does not use the term "exchange"

- Extremely difficult to measure subsidy receipt (Meyer, Mok & Sullivan 2009)
- Understanding exchange & Medicaid enrollment and subsidy receipt will require administrative data (ideally, linked to survey data)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Most Visited Getting Started Latest Headlines
HealthCare.gov
Learn
Get Insurance
Log in
Español
HELP
During times of especially high demand, you may be queued to begin your online Marketplace application to ensure the best possible shopping experience.
HIDE ALERTS
Welcome to the Marketplace
Enroll now in a plan that covers essential benefits, pre-existing conditions, and more. Open enrollment continues until March 31, 2014.
Individuals & Families
Small Business Owners
Don't qualify for lower costs based on your income?
Find other ways to apply for coverage
CHOOSE YOUR STATE AND WE'LL TELL YOU YOUR NEXT STEPS
Select Your State
How the Marketplace works
Live Chat

Outcome 1: Insurance coverage (cont'd)

- Measuring effects on employer coverage
  - Will employers drop coverage or restrict eligibility?
  - Will employee take-up increase or decline?
- The addition of employer offering and worker eligibility to the CPS ASEC as of 2014 is a great improvement that will support these analyses
  - Most recent comparable data in CPS are from Feb. 2005

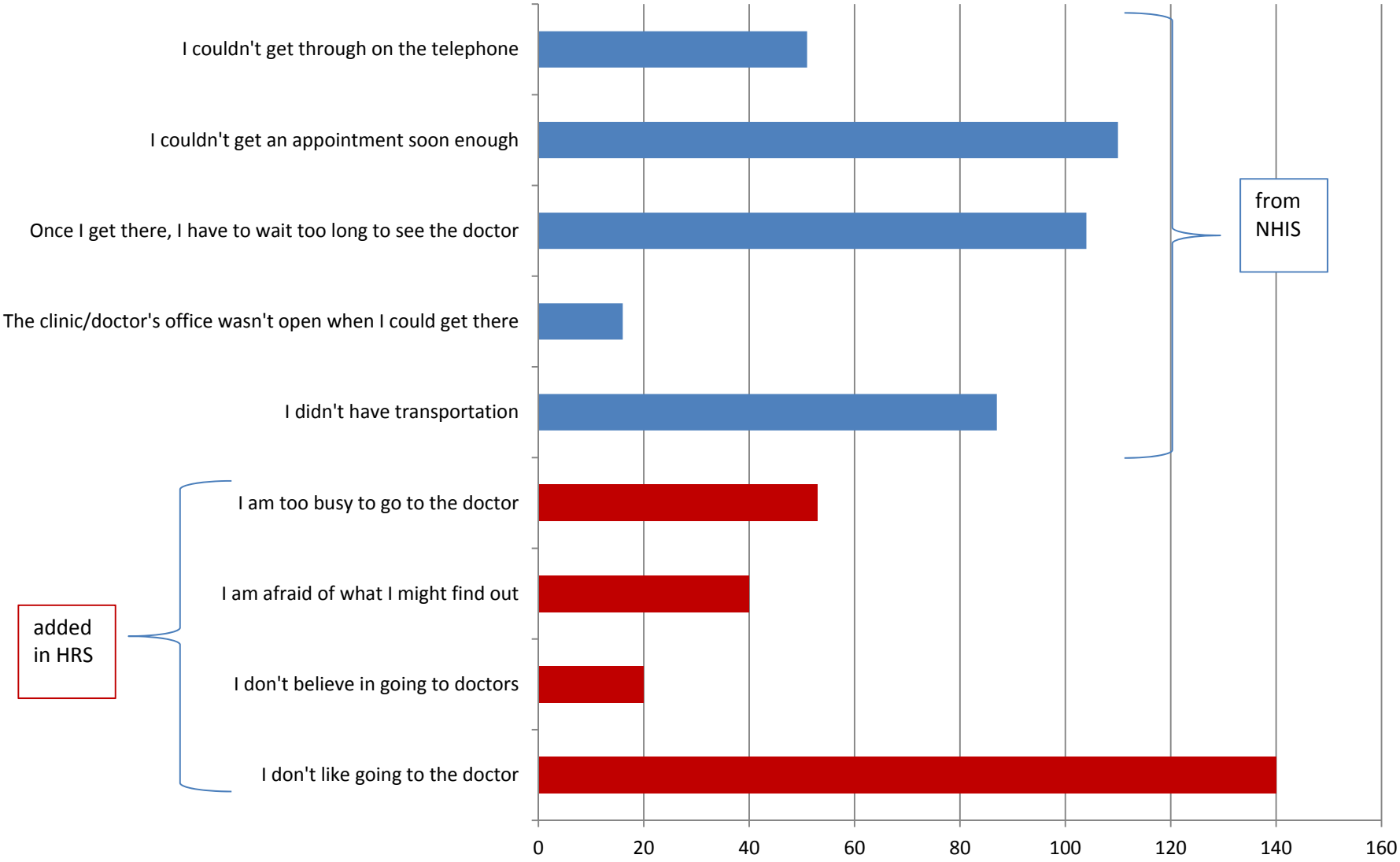
Outcome 2: Access to medical care

- Measure access for newly insured
  - Differences in access by type of coverage
- Also important to measure spillover effects on those already insured
- These outcomes are not typically measured in Census/BLS household surveys
  - Medical Expenditure Panel Study (MEPS), National Health Interview Survey (NHIS)
- Compared with insurance, much less clarity here about the underlying thing to be measured

Reasons other than cost for delaying medical care

Health and Retirement Study, Fall 2011 Supplement ** Preliminary data **

Sample: Senior citizens who offered a non-cost reason for delaying care (n=479)



Outcome 3: Health

- Oregon Medicaid experiment highlights both the importance and the limitations of self-reported health as an outcome (Baicker et al. 2011; Finkelstein et al. 2012; Baicker et al. 2013)
- CPS ASEC has asked self-reported health since 1996
- ACS does not; could it?

Outcome 4: Financial security

- Health insurance is primarily a financial instrument
- Oregon health insurance experiment (Baicker/Finkelstein et al. 2011, 2012, 2013) and also Massachusetts reform (Mazumder & Miller, in progress) suggest that financial security is an important outcome
- Ideally we would look at consumption (levels, smoothness, composition)
- The best data on consumption (Consumer Expenditure Survey) do not include great data on health insurance
  - Consumer-unit level inventory of insurance coverage

Conclusion

Health reform survey data wish list (from most to least feasible):

- ✓ CPS ASEC asks about health insurance offering and eligibility
- ACS asks for self-reported health status (excellent, very good, fair, poor)
- CE collects & releases individual-level insurance coverage
- Surveys are linked to administrative data on coverage & subsidy receipt (exchange, Medicaid, tax credits)
- Better measures of access (not ready to operationalize this yet)