

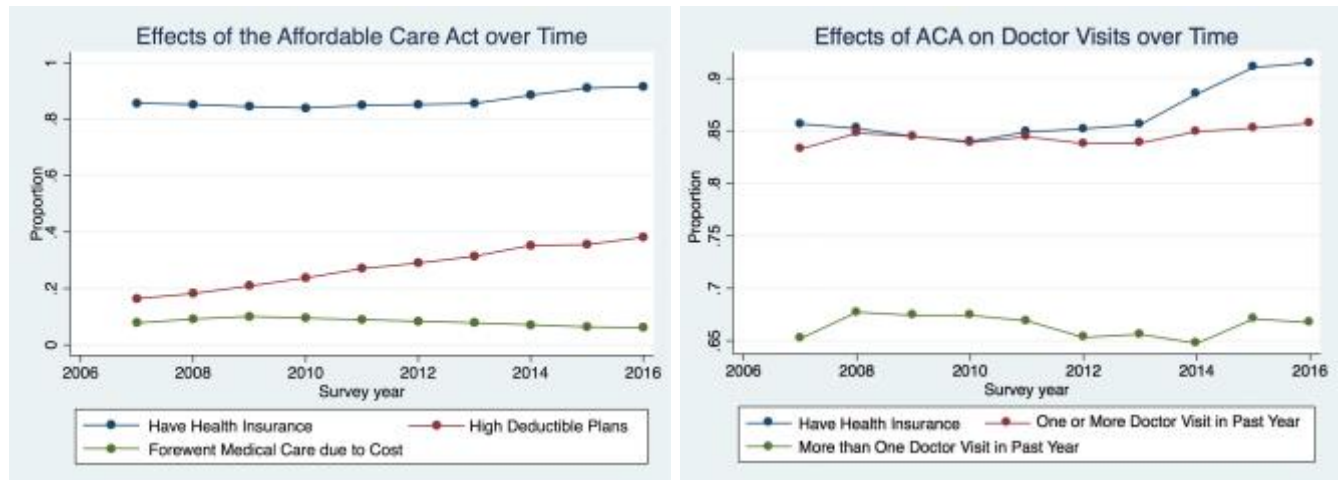
Effects of ACA on Healthcare Access

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The Issue:

Although the Affordable Care Act (ACA) has had a dramatic effect on increasing the number of insured, the question exists about whether it has increased access to healthcare. More people having health insurance would tend to increase the amount consumed, however many Americans have claimed that premiums and deductibles have risen, which would have a negative effect on healthcare consumption. The question, then, exists whether the ACA has ultimately increased access to care.



The Facts:

- **The National Center for Health Statistics reports that 20.0 million fewer people went without insurance in 2010 compared to 2016.** Estimates from the 2016 National Health Interview Surveyⁱ report that 11.2 million persons under the age of 65 are now covered by private health plans obtained through the Health Insurance Marketplace or state-based exchanges.
- **A studyⁱⁱ in the New England Journal of Medicine reports that the newly insured are satisfied with their insurance and are receiving adequate access to healthcare.** 75% of those who received healthcare in the five years following the passage of the Affordable Care Act were able to obtain new appointments with primary care physicians or specialists within 4 weeks or less. Additionally, for the first time in a decade, fewer Americans are reporting problems with medical bills and financial barriers to obtaining care. Even though there was an influx of the number of insured in the market, the newly insured haven't seen significant impediments in access to care.
- **We observe an improvement in access to primary care and medications as well as affordability after the first 2 open enrollment periods for the Affordable Care Act.** By using a difference-in-difference approachⁱⁱⁱ, sampling over 500,000 people, looking at access to care directly before and after the passage of the ACA, and accounting for confounding effects such as income and employment, we observe the following changes: 7.9% decrease in those uninsured, 3.5% decrease in the number of those without a personal physician, 2.4% decrease in the number with no easy access to medicine, and 5.5% decrease in the those that cannot afford care. These are statistically significant at the 99.9% confidence level, showing real improvements in access to care.
- **Similar findings corroborate the above point about increase to healthcare access. Early effects of the ACA on health care access have been positive^{iv}.** Using a similar type of analysis as the above study, but instead using data from the Behavioral Risk Factor Surveillance System

(BRFSS), “the results suggest that **the private portion of the ACA increased access to care along all observable dimensions.**” The ACA, just the private portion, increased the probabilities of having insurance coverage by 5.3%, increased the probability of having a primary care doctor by 3.0%, increased the probability of a well-patient checkup by 2.4%, and reduced the probability of cost being a barrier to care by 2.6%. If we add Medicaid expansion, we observe an additional 3.1% increase in coverage, and further reduce the probability of cost being a barrier to care by 2.5%.

- **The graphs at the top, based on data^v from National Health Interview Survey, make some interesting points about the effect of the ACA on medical care and doctor’s office visits.**

The graph on the left shows that the proportion of people with high deductible health plans (HDHPs) increased significantly over time, which is one of the biggest arguments against the ACA. However, we see this increase began prior to 2010, when most of the ACA came into effect, so we can’t necessarily claim causality. Even with this increase in HDHPs, we still observe increased access to care. The proportion of those who forewent medical care due to cost decreased after the implementation of the ACA, diverging from an increase in the prior years, showing that this was a result from the ACA. The graph on the right shows us that although we see a stark increase in insurance coverage as a result of the ACA, we see differences between the intensive and extensive margins. The green line shows us that there hasn’t been much significant change in the proportion of people going to the doctor more than one time per year. Whereas the increase we see in the red line shows us that there has been a slight uptick in the proportion of those going to the doctor one or more times per year, compared to those who go zero times.

What this Means:

In summary, it is fair to conclude that the ACA has resulted in an increase in access to care. Multiple studies have shown statistically significant increases in the number of those insured, increase in those with a personal (primary care) physician, increase in the number that can afford care, and several other metrics covered in this paper. We observe an increase in the number of those going to the doctor in a given year, but not an increase in the number of times they go to the doctor. Critics of the ACA may claim that the increase in premiums and deductibles are lessening access to care, but, as demonstrated above, that is simply not the case. Overall, we see an increase in the access to health care, and while this increase does not make a significant claim about health outcomes, increasing access to care is a step in the right direction.

ⁱ United States, Congress, National Center for Health Statistics, et al. “Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2016.” *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2016*, National Health Interview Survey Early Release Program, May 2017.

www.cdc.gov/nchs/data/nhis/earlyrelease/insur201705.pdf.

ⁱⁱ Blumenthal, David, et al. “The Affordable Care Act at 5 Years.” *New England Journal of Medicine*, vol. 372, no. 25, 18 June 2018, pp. 2451–2458., doi:10.1056/NEJMp1503614.

ⁱⁱⁱ Benjamin D. Sommers, Munira Z. Gunja, Kenneth Finegold, Thomas Musco. Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act. *JAMA*. 2015;314(4):366–374. doi:10.1001/jama.2015.8421

^{iv} Courtemanche, Charles, et al. “Early Effects of the Affordable Care Act on Health Care Access, Risky Health Behaviors, and Self-Assessed Health.” *NBER Working Paper Series*, Mar. 2017, pp. 1–73. *National Bureau of Economic Research*.

^v Lynn A. Blewett, Julia A. Rivera Drew, Risa Griffin, Miram L. King, and Kari C.W. Williams. IPUMS Health Surveys: National Health Interview Survey, Version 6.2[dataset]. Minneapolis, MN: University of Minnesota, 2016.