

The Affordable Care Act, Expanded Insurance Eligibility and Financial Burdens among the Nonelderly Population

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Objective: To compare the prevalence of health care-related financial burdens among the non-elderly population before and after the Affordable Care Act by expanded insurance eligibility groups.

Study Population: Persons aged 19-64 from a nationally representative sample of the US population from the Medical Expenditure Panel Survey (pooled data from 2008-9, 2013 and 2014). Non-elderly families are defined as families in which there is at least one person aged 19 to 64 and there are no persons aged older than 64.

Main Outcome Measures: The proportion of non-elderly adults living in families with high out-of-pocket burden, defining *high burden* as spending on health care and insurance premiums >20% of family income.

The nonelderly population will be divided into the following mutually exclusive categories: eligible for Medicaid pre-ACA, eligible for Medicaid through Medicaid expansion under the ACA, with offer of employer-sponsored coverage, Marketplace eligible with high subsidies, Marketplace eligible with low subsidies, and Marketplace eligible with no subsidies.

To categorize persons into ACA-relevant groups, eligibility for Medicaid prior to the ACA, for Medicaid under the ACA expansions, for premium tax credits in the Health Insurance Marketplaces will be simulated for persons in all years, 2008-9, 2013 and 2014. Analyses will also be stratified by whether the state of residence chose to expand Medicaid in 2014.

Policy relevance: We are interested in two sets of comparisons. First, we focus on the pre-post change in the prevalence of high burdens for adults by ACA-relevant groups. Second, we focus on the variation of prevalence of high burdens among adults across expanded insurance eligibility categories under the ACA in 2014.

To what extent the ACA reduces the prevalence of health-related financial burdens, and which populations benefit most from the implementation of the ACA are of interest to policymakers. The ACA was designed to reduce the prevalence of high burdens among the non-elderly population through Medicaid expansion, and also through subsidized coverage in health insurance Marketplaces through premium subsidies, out-of-pocket spending limits and cost-sharing subsidies. However, to the extent that insurance plans offered in the Marketplaces have narrow network of providers and enrollees have to use out-of-network providers (which are not subject to out-of-pocket spending limits), financial burdens may remain high.