

RESEARCH SUMMARY

Early Effects of the Affordable Care Act on Health Care Access, Risky Health Behaviors, and Self-Assessed Health

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Repealing and replacing the Affordable Care Act is a top priority for the Trump Administration. The ACA increased health insurance coverage leaving ACA proponents worried about what will happen to the many people who could lose coverage if the ACA were repealed. One of the key motivations for expanding insurance coverage under the ACA was to help people live healthier lives. However, the expansion in insurance coverage did not improve individual's health during the first two years of ACA implementation according to new research by Courtemanche, Marton, Ukert, Yelowitz and Zapata.

The authors evaluate whether or not the increases in coverage translate into changes in access to care, risky health behaviors and short-run health outcomes. They use data from 2011 through 2015 from the Behavioral Risk Factor Surveillance System, an annual telephone survey conducted by state health departments and the US Centers for Disease Control and Prevention.

FINDINGS

The ACA substantially improved access to health care among nonelderly adults.

Individuals with lower incomes saw the largest increases in health care access from before ACA to after ACA implementation. Health care access is defined in four ways by 1) having health insurance coverage, 2) having a primary care physician, 3) having a check-up and 4) reductions in cost being a factor for obtaining care.

- Health insurance coverage increased by 8.3 and 5.3 percentage points in Medicaid expansion and nonexpansion states, respectively.

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- More individuals have primary care doctors under ACA (3 percentage point increase) in the states that did not expand Medicaid. There was no difference in the Medicaid expansion states.
- More individuals had an annual checkup under ACA (2.4 percentage point increase) in the states that did not expand Medicaid. There was no difference in the Medicaid expansion states.
- Cost was less of a factor for whether people obtained health care under ACA than it was before ACA. The cost barrier was reduced by 5.1 and 2.6 percentage points in Medicaid expansion and nonexpansion states, respectively.

The ACA did not affect risky health behaviors and self-assessed health, in the first two years. Across all income levels, there are no statistically significant impacts on any of the risky behavior or health outcomes in either Medicaid expansion or nonexpansion states. Risky behaviors are defined by body mass index (BMI), smoking status and alcohol consumption. Self-assessed health is based on ratings of health (see figure below), number of days in good physical or mental health and days with health-related limitations. Individuals with lower income in Medicaid expansion states did see a marginal improvement in mental health that was statistically significant.

Percentage of Respondents in “Very Good” or “Excellent” Health

