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Study analyzes effect of Affordable Care Act on health behaviors three years after implementation

- **The Affordable Care Act (ACA), sometimes called “Obamacare” increased insurance coverage for Americans through regulations, mandates, subsidies, and expansions of Medicaid**
- **The study finds that the private coverage portion of the ACA increased preventative care but also risky drinking**

There has been an increase in policy interest regarding the effects of the various components of the ACA – the individual mandate, subsidized coverage, state Medicaid expansions – which economists know could affect investments in health capital in both positive and negative ways. A study by Georgia State University’s Charles Courtemanche and James Marton, University of Pennsylvania’s Benjamin Ukert, University of Kentucky ISFE Affiliate Aaron Yelowitz, and IMPAQ International’s Daniela Zapata estimates the impact of the ACA on behaviors related to future health outcomes.

Exploiting the variation in the timing of ACA implementation and in pre-ACA insurance rates across the 50 states, the study uses data from the 2011-2016 Behavioral Risk Factor Surveillance System (BRFSS) to analyze risky behaviors. Utilization of the BRFSS allows them to analyze a longer post-implementation period than other studies.

Drs Courtemanche, Marton, Ukert, Yelowitz, and Zapata find that the ACA increased use of preventive care such as well-patient checkups, pap tests, mammograms, and HIV tests. These results are driven by the “private portion” of the ACA, the part related to regulations of the non-group insurance market, the subsidization of health insurance, and the individual mandate, but not the part of the law related to Medicaid expansion.

The study also finds that while there was no statistical link between the ACA and many of

the risky behaviors included in the BRFSS, there is robust evidence that the ACA increased risky drinking. They also find that respondents to the BRFSS reported more smoking and less exercise in the third year after the implementation of the ACA.

They note “while our research offers important new information about the effects of the ACA over a longer time frame than most prior studies, our results nonetheless provide only one piece of a much larger puzzle.”

Continuing, the coauthors add that “any comprehensive evaluation of the ACA would have to take into account effects on a wide range of other outcomes, including overall health, financial protection, health care expenditures, fiscal costs, employment, and wages. We contribute to this broader debate by providing new evidence that the ACA increased utilization of preventive services but led to less healthy lifestyles along at least some dimensions.”