

INTRODUCTION

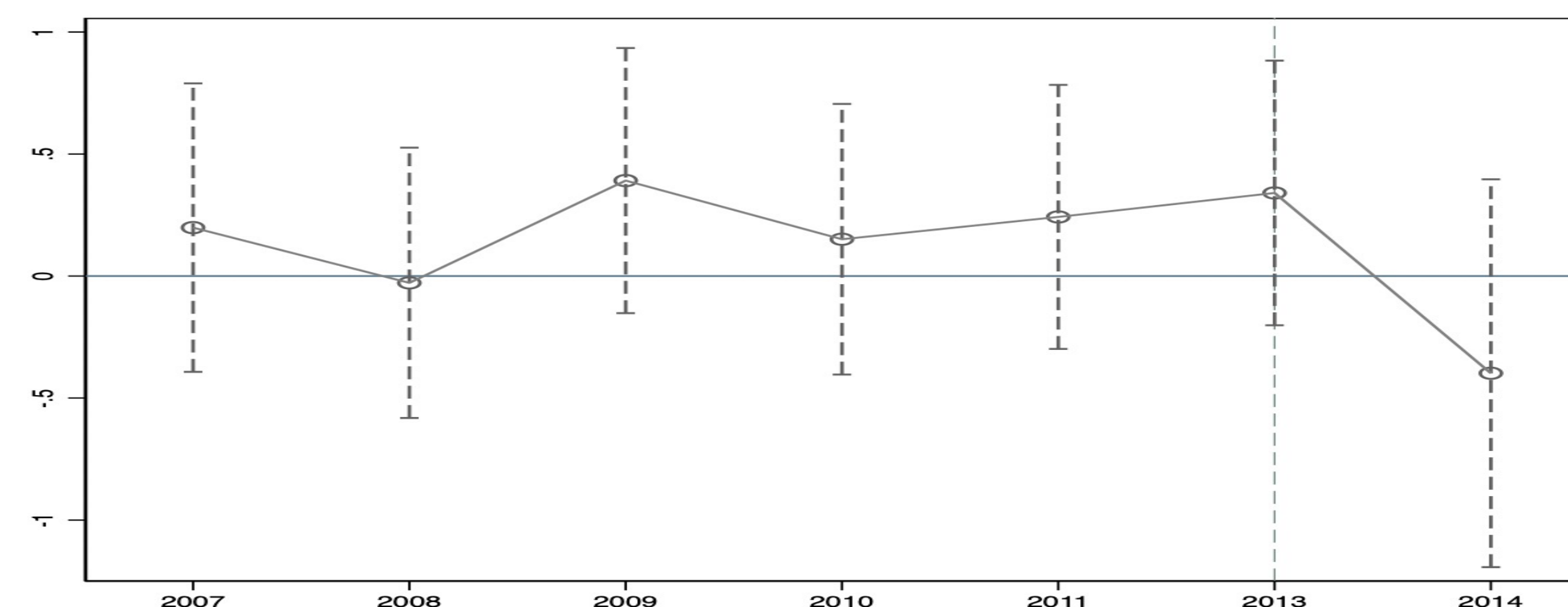
- Roughly half of all uninsured, non-elderly adults report having a chronic condition before the Affordable Care Act (ACA). ¹
- ACA Marketplaces was established in 2014 and gave premium subsidies to people with income 139%-400% FPL and additional cost-sharing subsidies to those with income 139%-250% FPL.
- Health insurance coverage among nonelderly individuals with chronic diseases grew by 6.9 percentage points in the first year after ACA. ²

HYPOTHESES & APPROACH

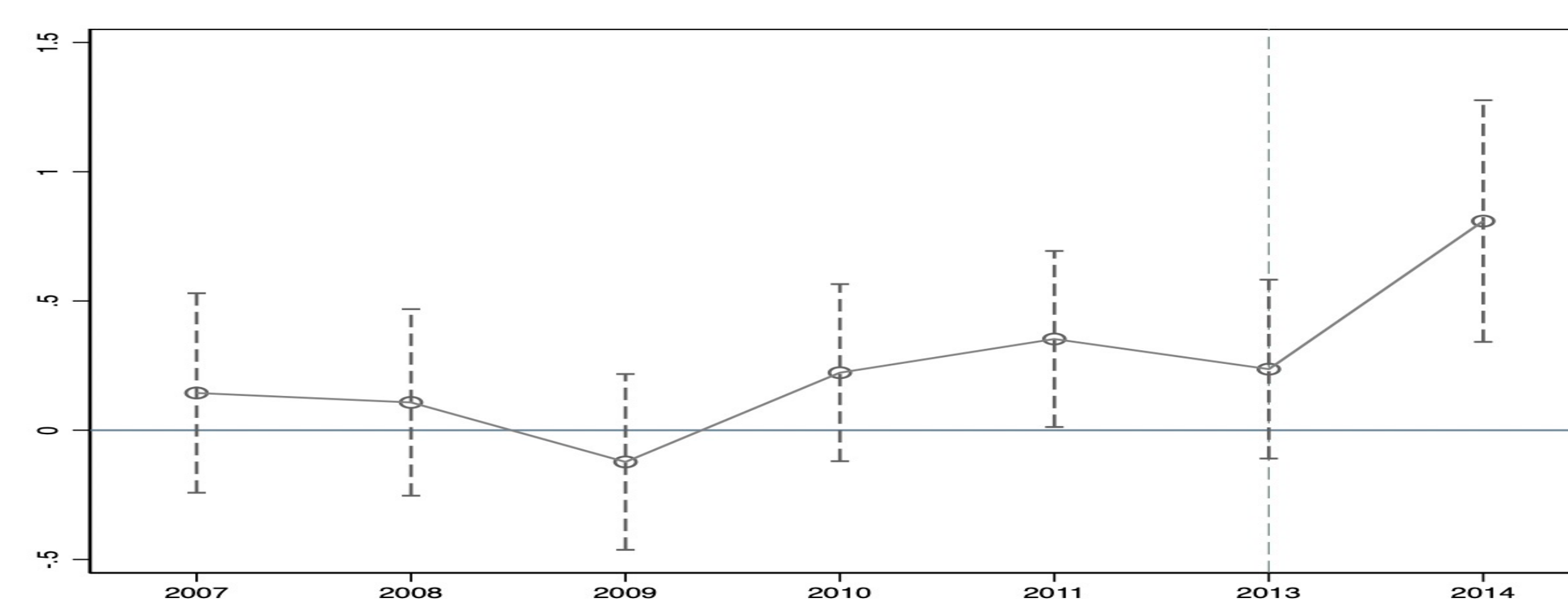
- Subsidies will improve the **access to care** and **healthcare utilization** of previously uninsured individuals with chronic conditions.
- People eligible for both premium and cost-sharing subsidies (**low-income**, 139-250% FPL) will have a greater increase in healthcare utilization than people receiving only premium subsidies (**high-income**, 251-400% FPL).
- Methods:** A quasi-experimental study using difference-in-difference design with regression modeling
- Treated group: uninsured individuals
- Control group: individuals with employer-sponsored insurance (ESI)
- Data:** Medical Expenditure Panel Survey (MEPS) 2013-14 Panel 18 Longitudinal data

RESULTS

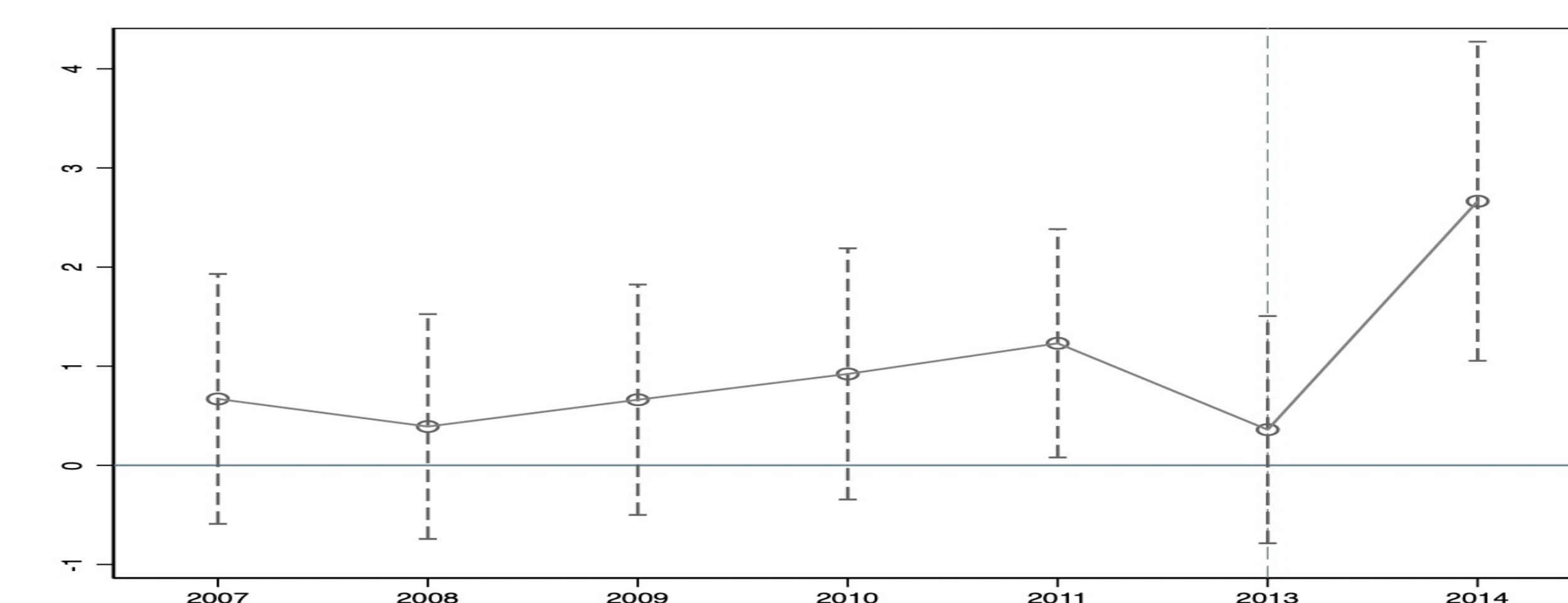
Panel A: Delayed/unable to get medical care



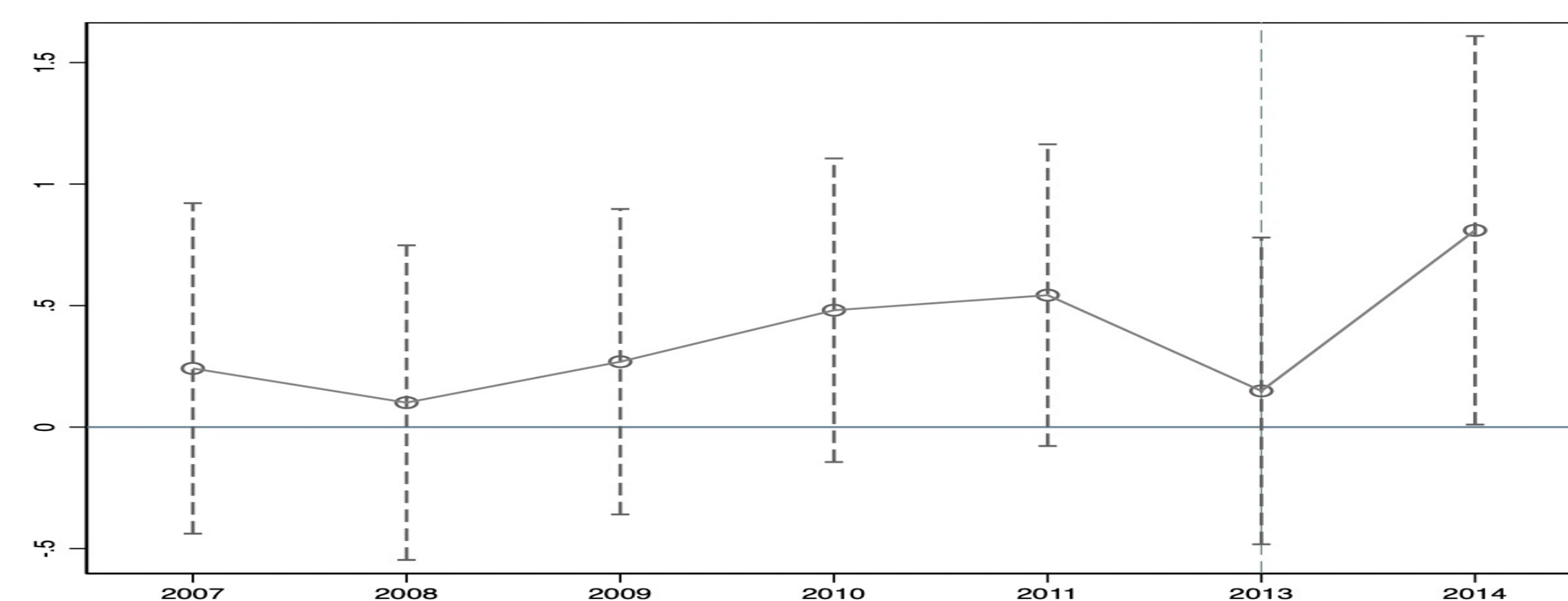
Panel B: Had one or more physician visits



Panel C: Annual number of physician visits

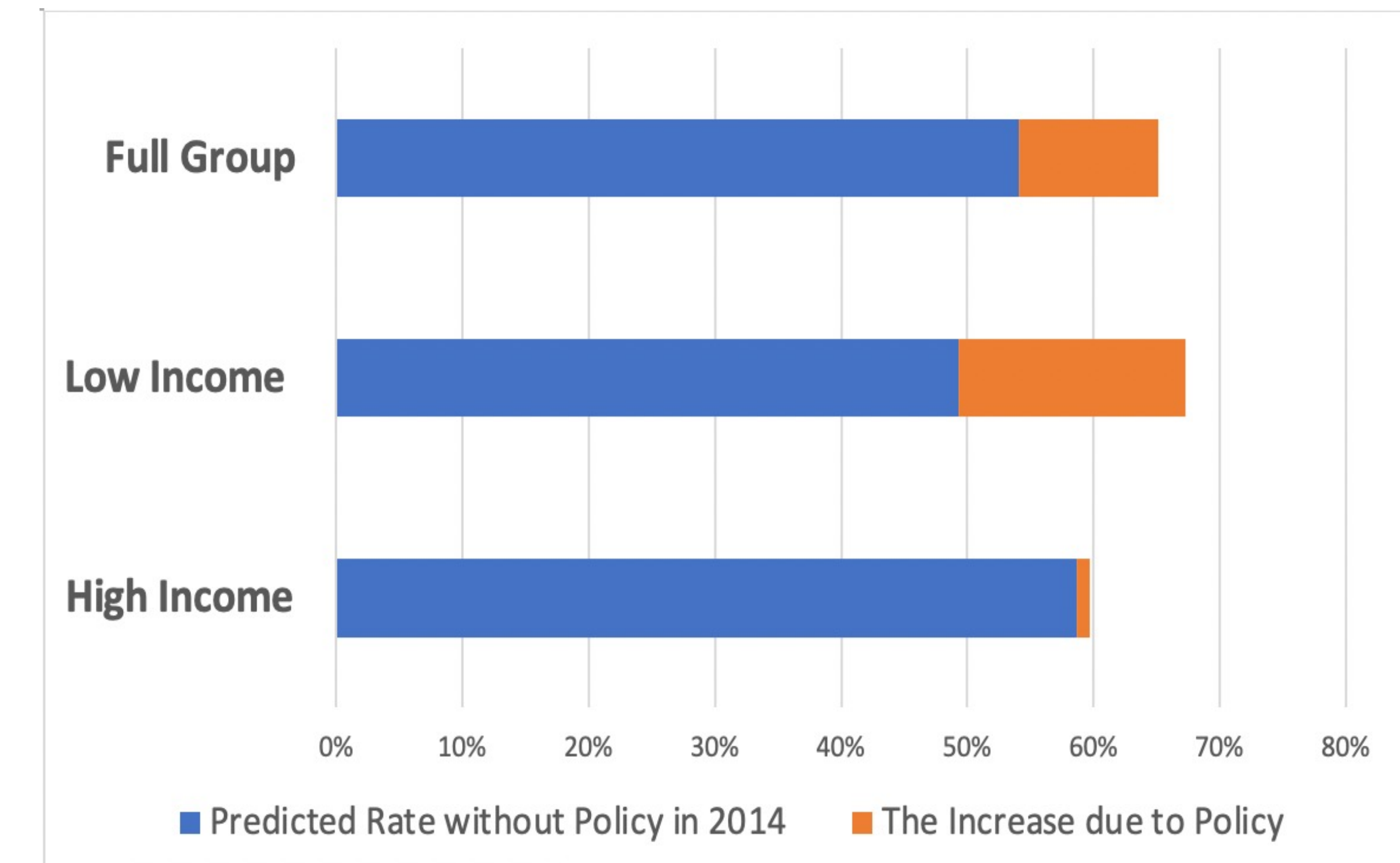


Panel D: Had at least one night of hospital stay



- Panels show differences in regression-adjusted rates (treated minus control)
- 2014 is the first year after the establishment of ACA Marketplaces.
- Trend Analyses showed that the treated and control groups had similar trends before the ACA implementation.
- Among individuals with chronic conditions, previously uninsured had a significant increase in physician visits and hospital stay rates after ACA Marketplaces subsidies was available in 2014, compared to those with ESI.

Predicted physician visit rate of previously uninsured individuals with chronic conditions



- The graph shows the adjusted DID regression results.
- Among all previously uninsured people, ACA Marketplaces subsidies were associated with a significant increase of 11 percentage points in the rate of physician visits (an 18.4% increase from the 59.63% rate in 2013)
- Among the low-income group, the increase was 18 percentage points (a 31.6% increase from the 56.96% rate in 2013)
- Among the high-income group, the relative change was insignificant.

Conclusions

- The ACA Marketplaces subsidies increased the physician visits and hospitalization rate of previously uninsured patients with chronic conditions.
- The cost-sharing subsidies increased the probability of having one or more provider visit among low-income patients.
- Premium and cost-sharing subsidies appear to be an effective way to increase healthcare use among low-income patients with chronic conditions, which may improve management of these conditions.

References

- Pizer, S. D., Frakt, A. B., & Iezzoni, L. I. (2009). Uninsured Adults With Chronic Conditions Or Disabilities: Gaps In Public Insurance Programs. *Health Affairs*
- Myerson, R., & Crawford, S. (2020). Coverage for Adults With Chronic Disease Under the First 5 Years of the Affordable Care Act. *Medical Care*, 58(10), 861–866.