

Health Insurance, the ACA, and Affordability among Low-Income Families

Rachel Garfield

Senior Researcher and Associate Director, Kaiser Commission on Medicaid and the Uninsured

The Interplay of Health and Financial Stability

National Conference: Exploring Financial Resiliency and Mobility

Kansas City, MO

September 7, 2016

Figure 1

The ACA aims to make insurance more available and affordable.

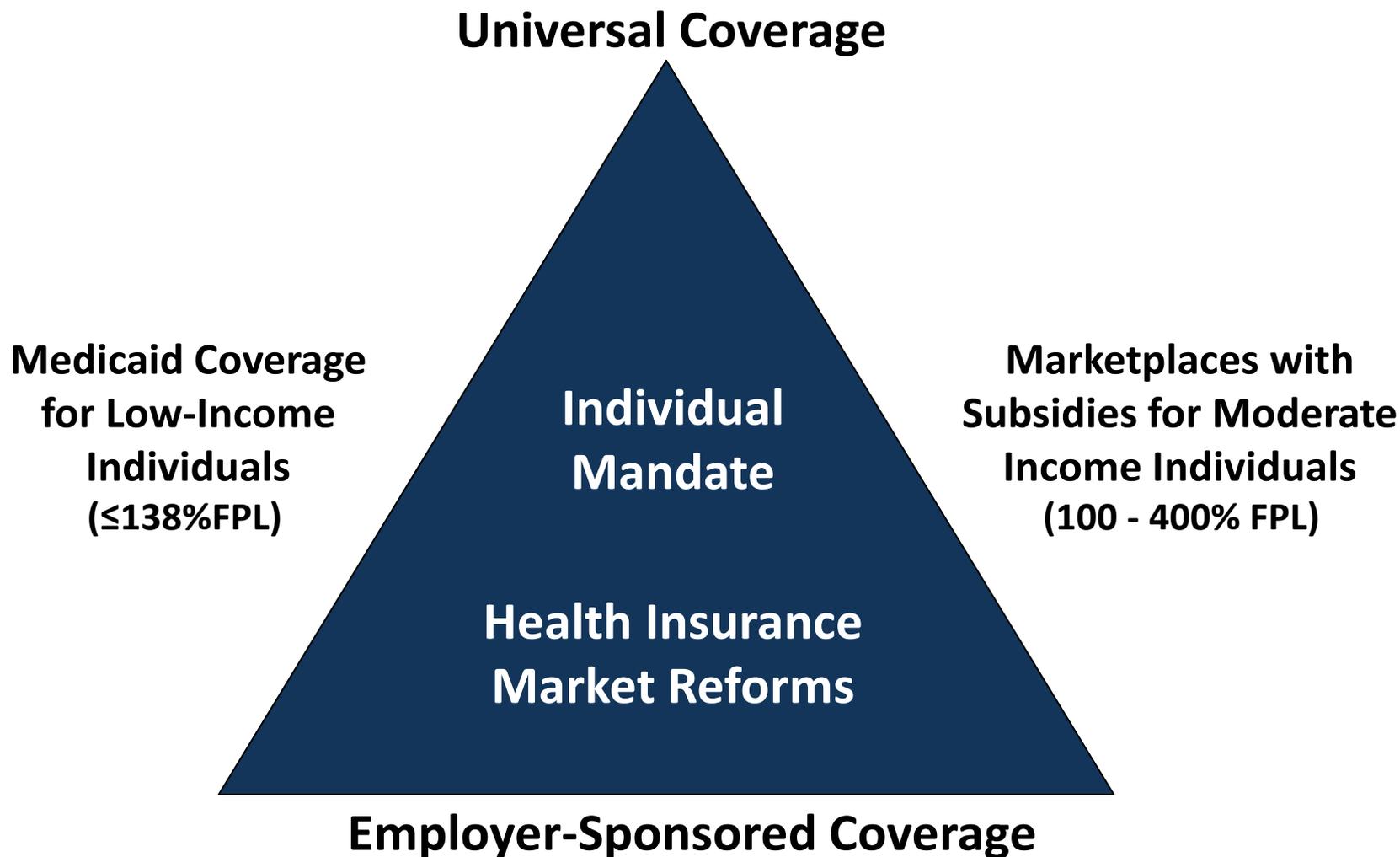
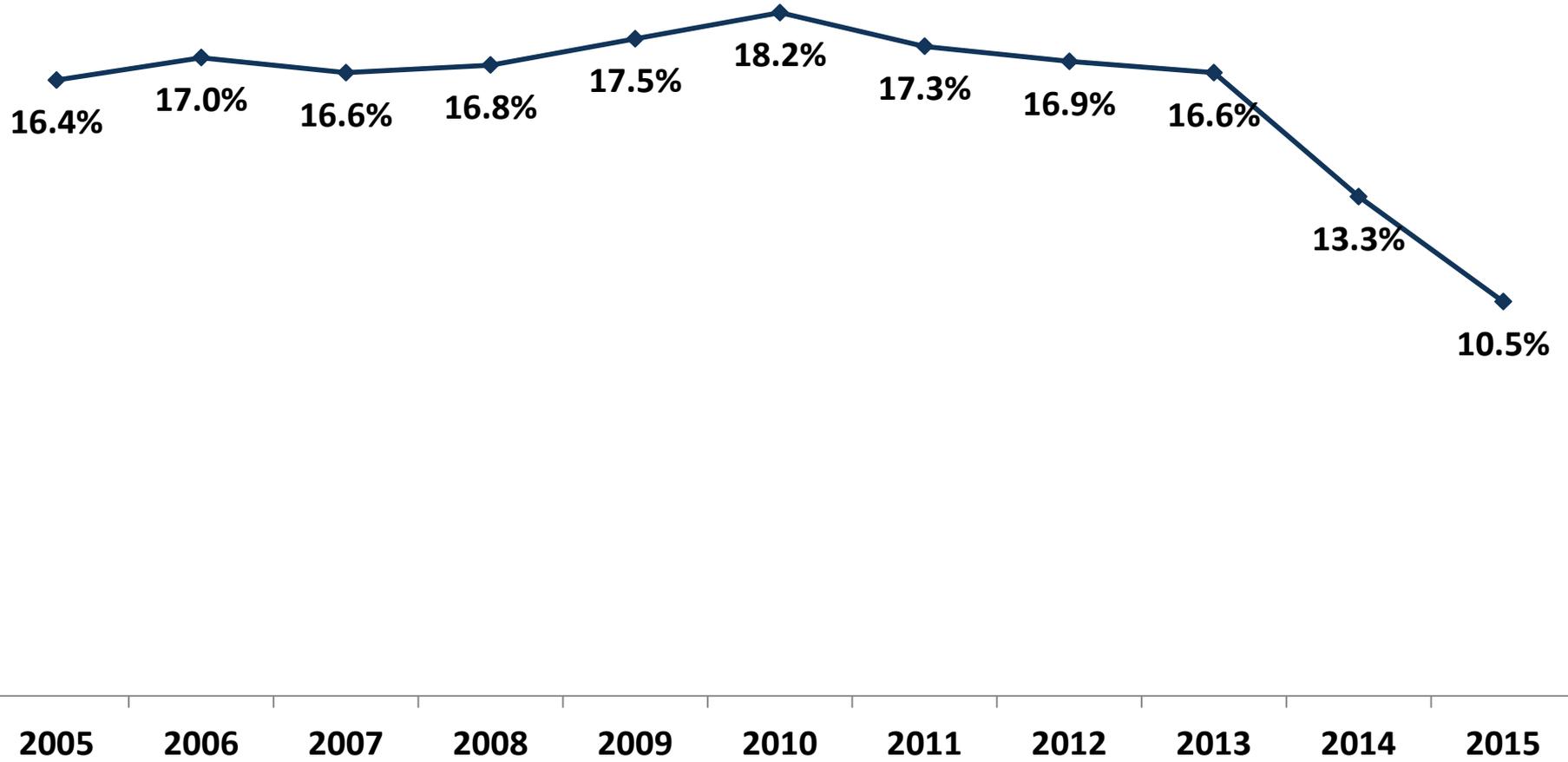


Figure 2

With ACA, the uninsured rate has dropped sharply.

Share of non-elderly population uninsured:



Source: CDC/NCHS, National Health Interview Survey, reported in http://www.cdc.gov/nchs/health_policy/trends_hc_1968_2011.htm#table01 and <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf>.



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Figure 3

Millions have gained coverage through the Marketplaces and through Medicaid since the law was implemented.

Marketplace Enrollment

(In millions)

12.7

Number who were enrolled in a Marketplace plan (February 2016)

Growth in Medicaid

(In millions)

14.5

Increase in Medicaid enrollment over baseline (December 2015)

Figure 4

However, millions are left in a “coverage gap” due to state Medicaid expansion decisions.

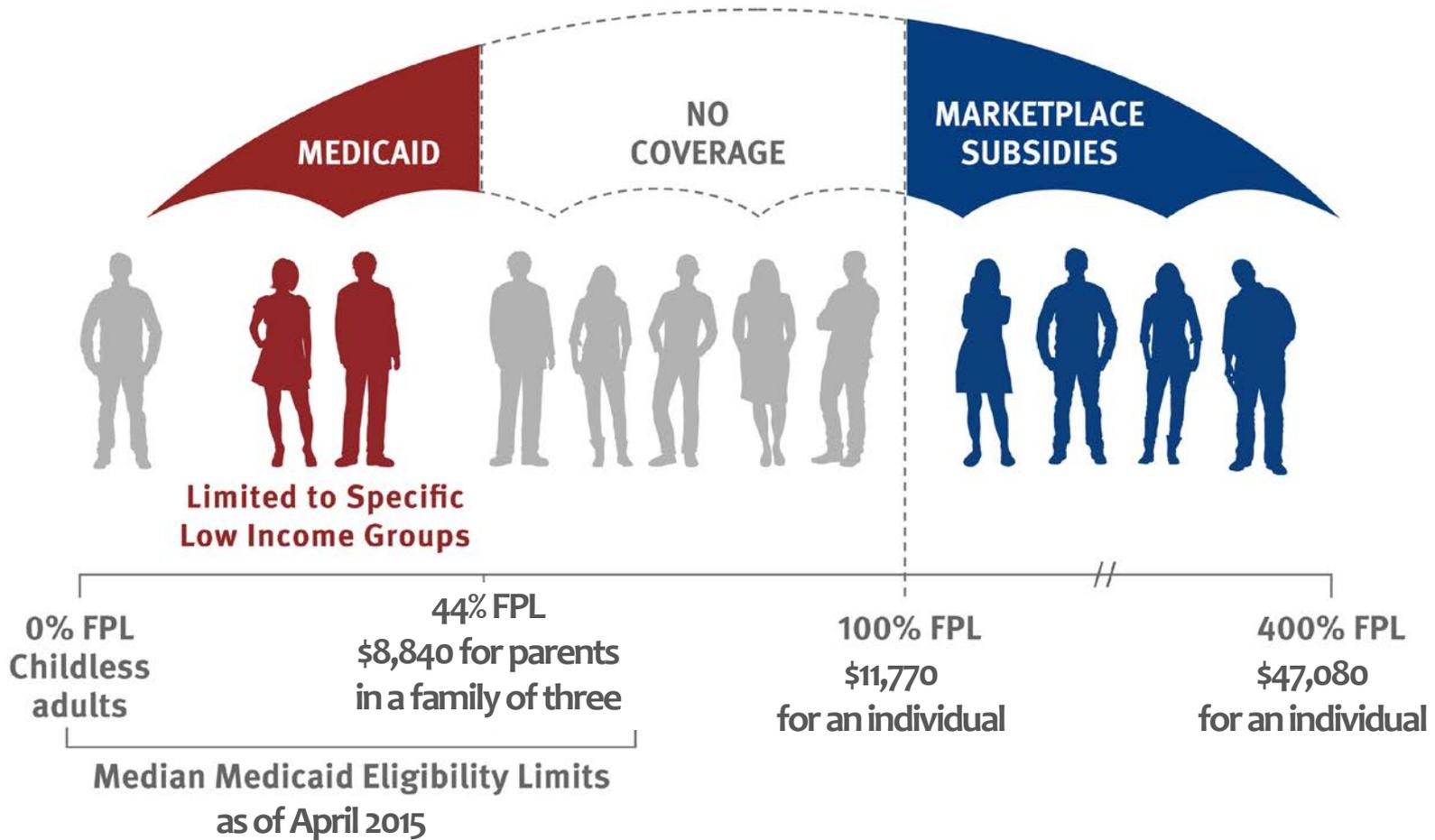
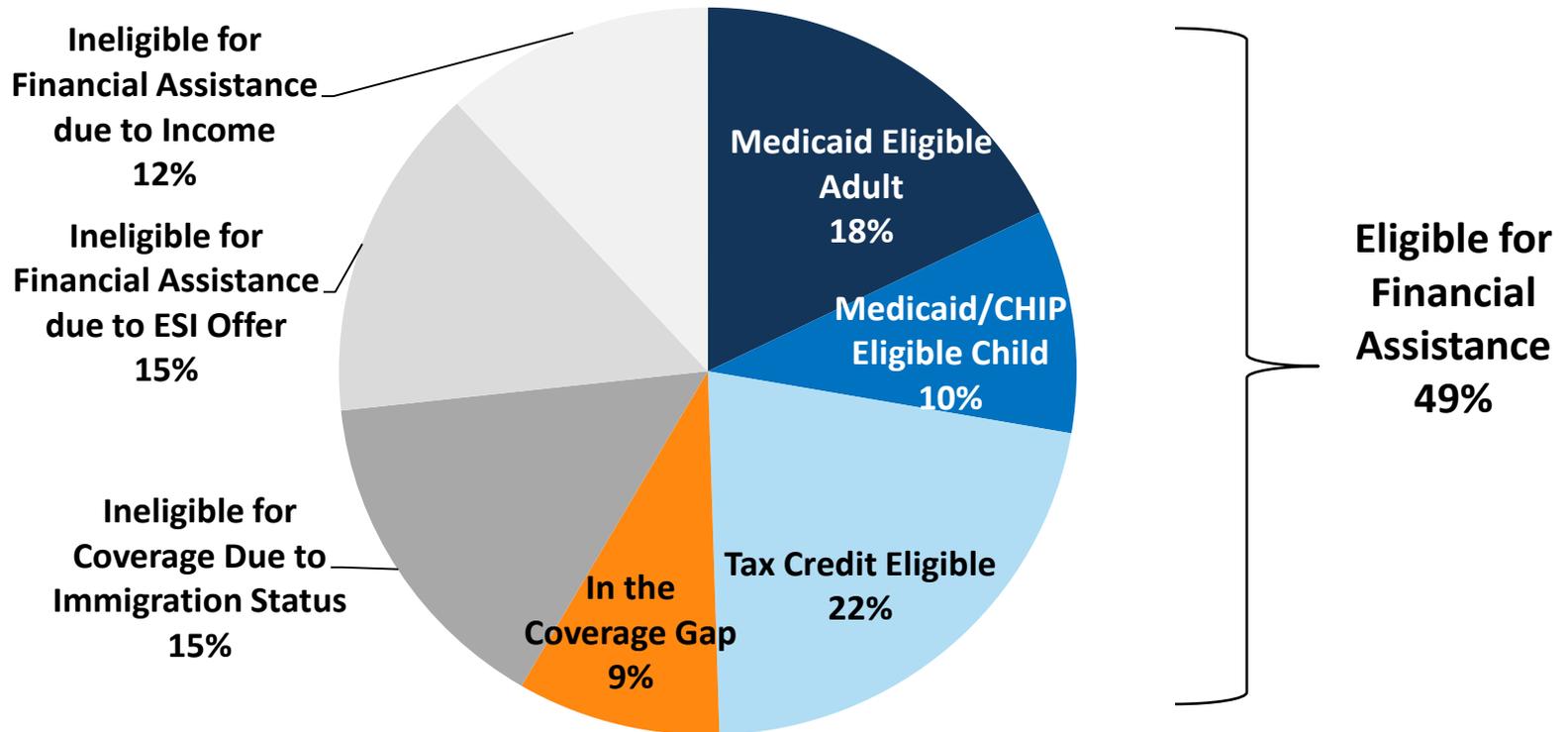


Figure 5

About half of the remaining uninsured are eligible for financial assistance but not enrolled in coverage.

Eligibility for ACA Coverage Among Nonelderly Uninsured as of 2015



Total = 32.3 Million Nonelderly Uninsured

NOTES: Numbers may not sum to subtotals or 100% due to rounding. Tax Credit Eligible share includes adults in MN and NY who are eligible for coverage through the Basic Health Plan.

SOURCE: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Current Population Survey data.

Figure 6

The cost of insurance remains the main barrier to coverage.

Main Reason for Lacking Coverage Among Remaining Uninsured in California:

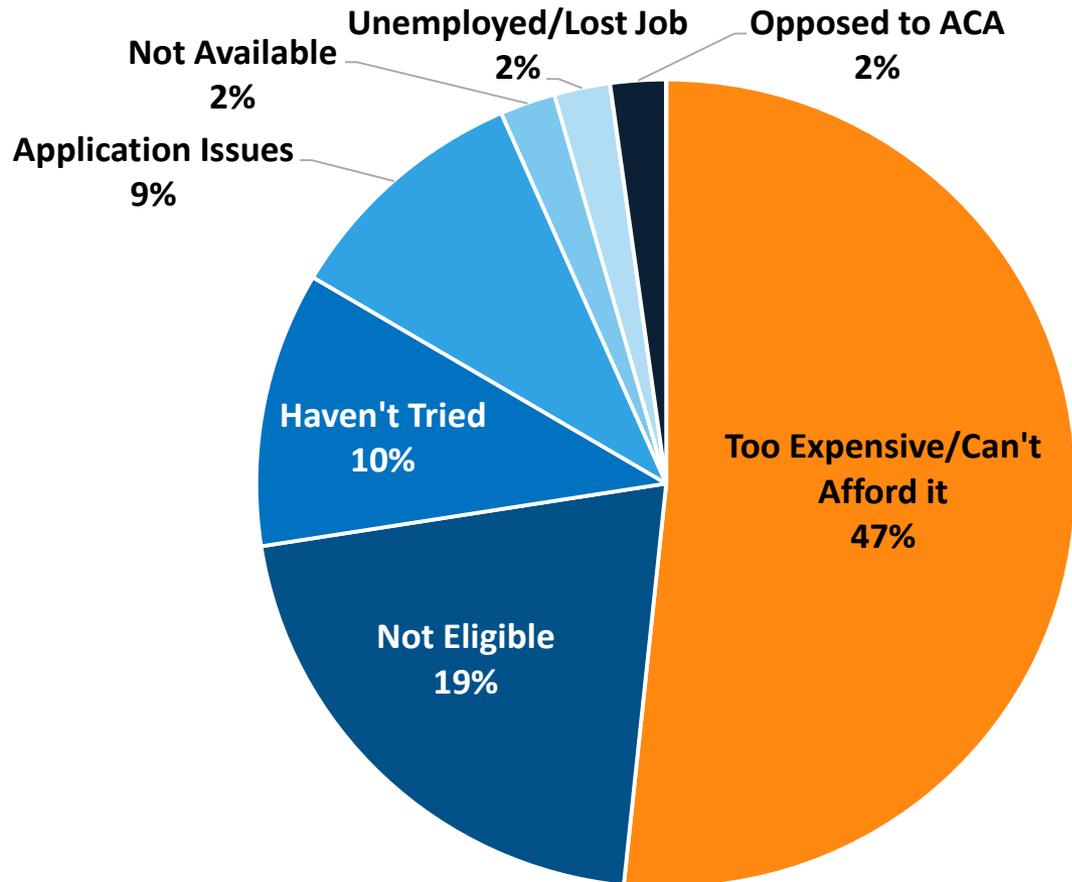
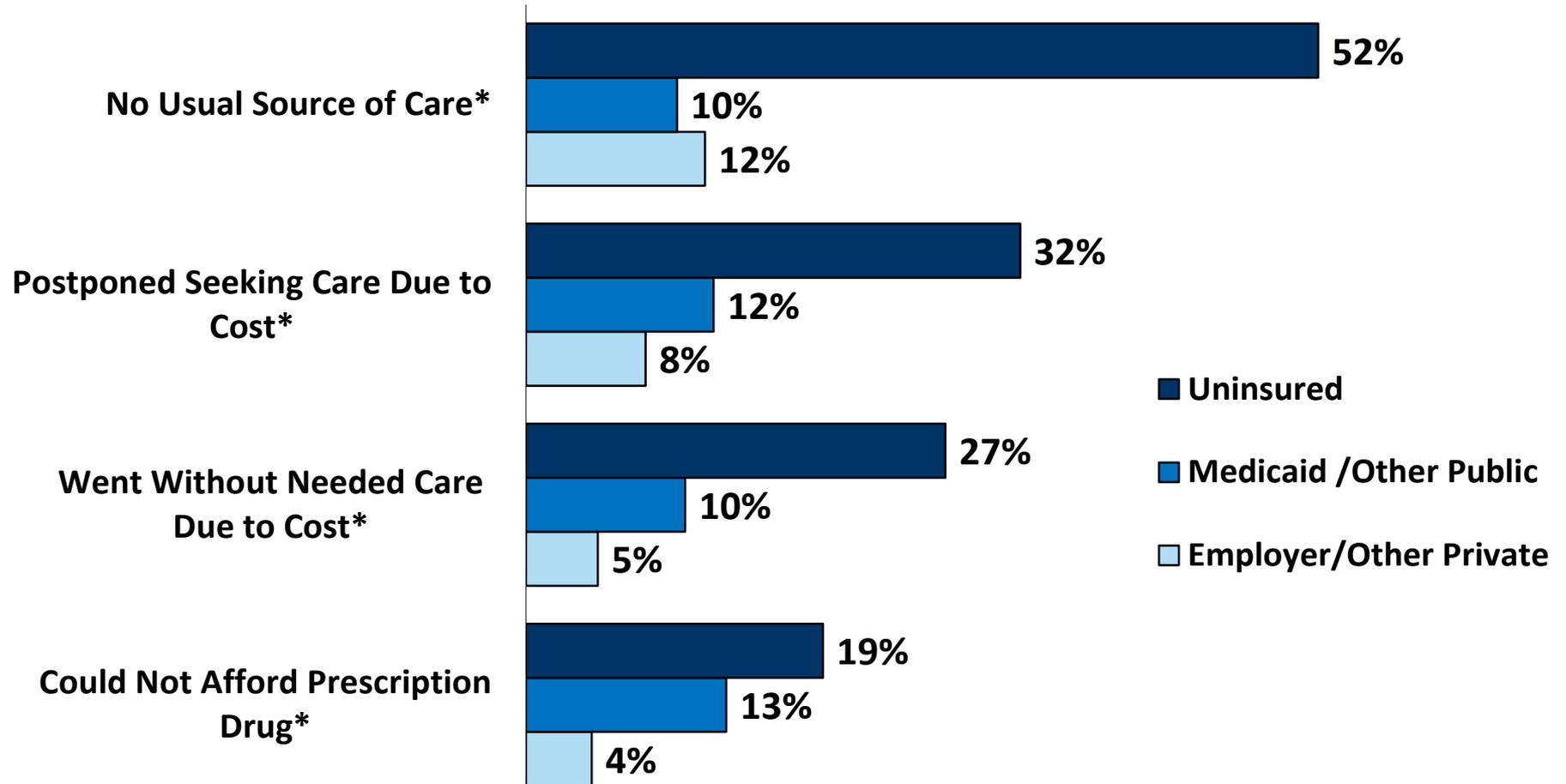


Figure 7

Lack of coverage poses financial barriers to accessing needed care.

Barriers to Health Care Among Nonelderly Adults by Insurance Status, 2014



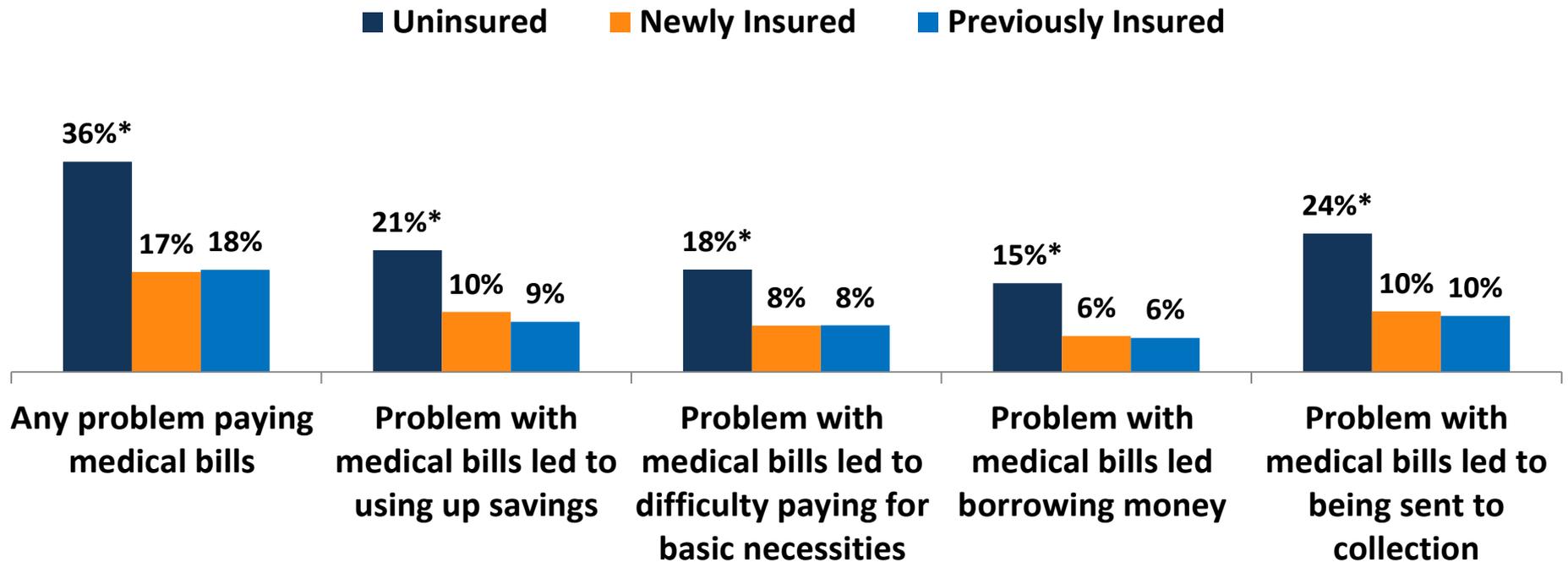
NOTES: * In past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant ($p < 0.05$).

SOURCE: Kaiser Family Foundation analysis of 2014 National Health Insurance Survey (NHIS) data.

Figure 8

People who gained coverage under the ACA report fewer problems with medical bills than those who remained uninsured.

Problems Paying Medical Bills Among Low- and Middle-Income Nonelderly Adults, by Insurance Coverage in Fall 2014



NOTE: Includes adults ages 19-64. "Previously Insured" includes people who were insured as of interview date and have been insured since before January 2014. "Newly Insured" include people who were insured as of interview date and gained coverage since January 2014. "Uninsured" includes people who lacked coverage as of the interview date.

* Significantly different from Newly Insured at the $p < 0.05$ level.

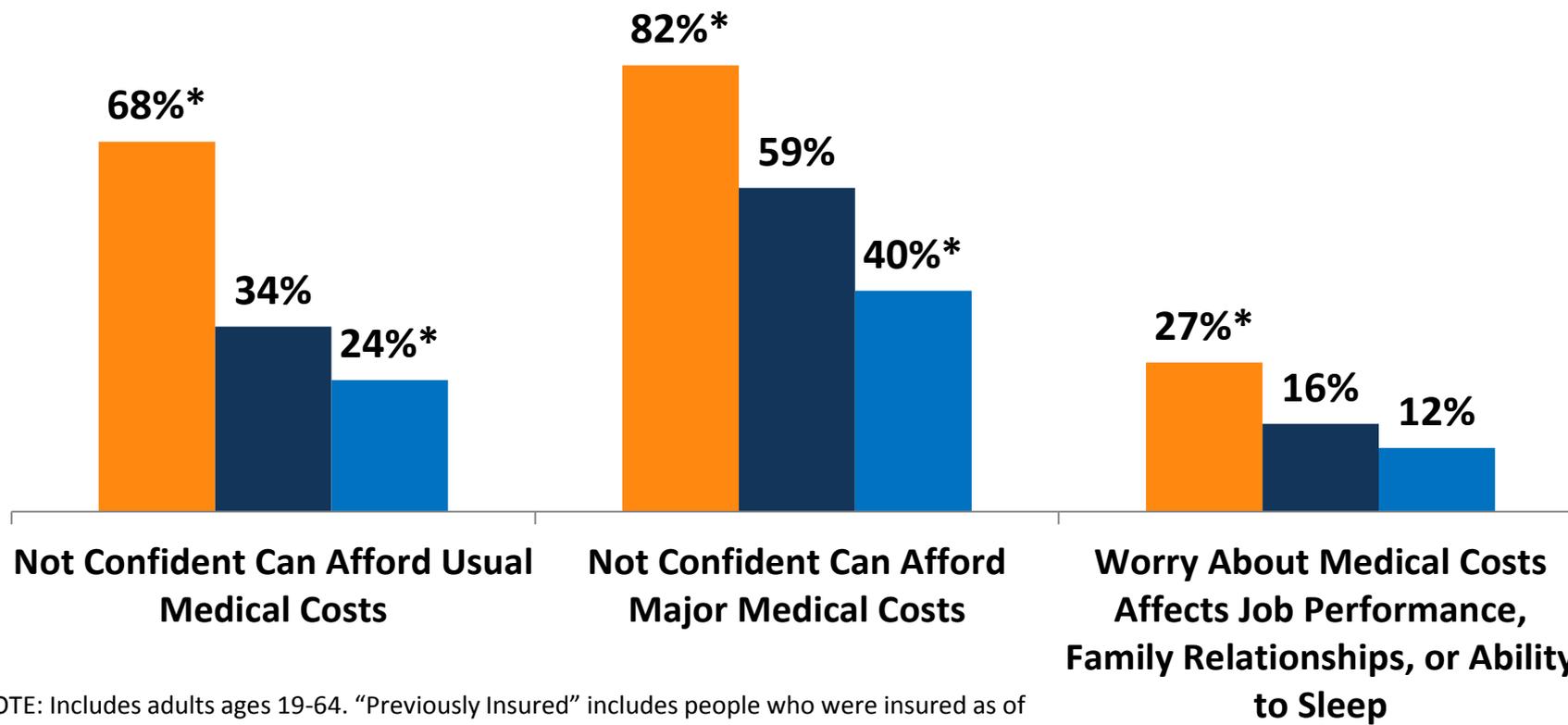
SOURCE: 2014 Kaiser Survey of Low-Income Americans and the ACA.

Figure 9

People who gained coverage report less financial insecurity over medical care than those who remained uninsured.

Financial Insecurity Over Medical Costs Among Low- and Middle-Income Nonelderly Adults, by Insurance Coverage in Fall 2014

■ Uninsured ■ Newly Insured ■ Previously Insured



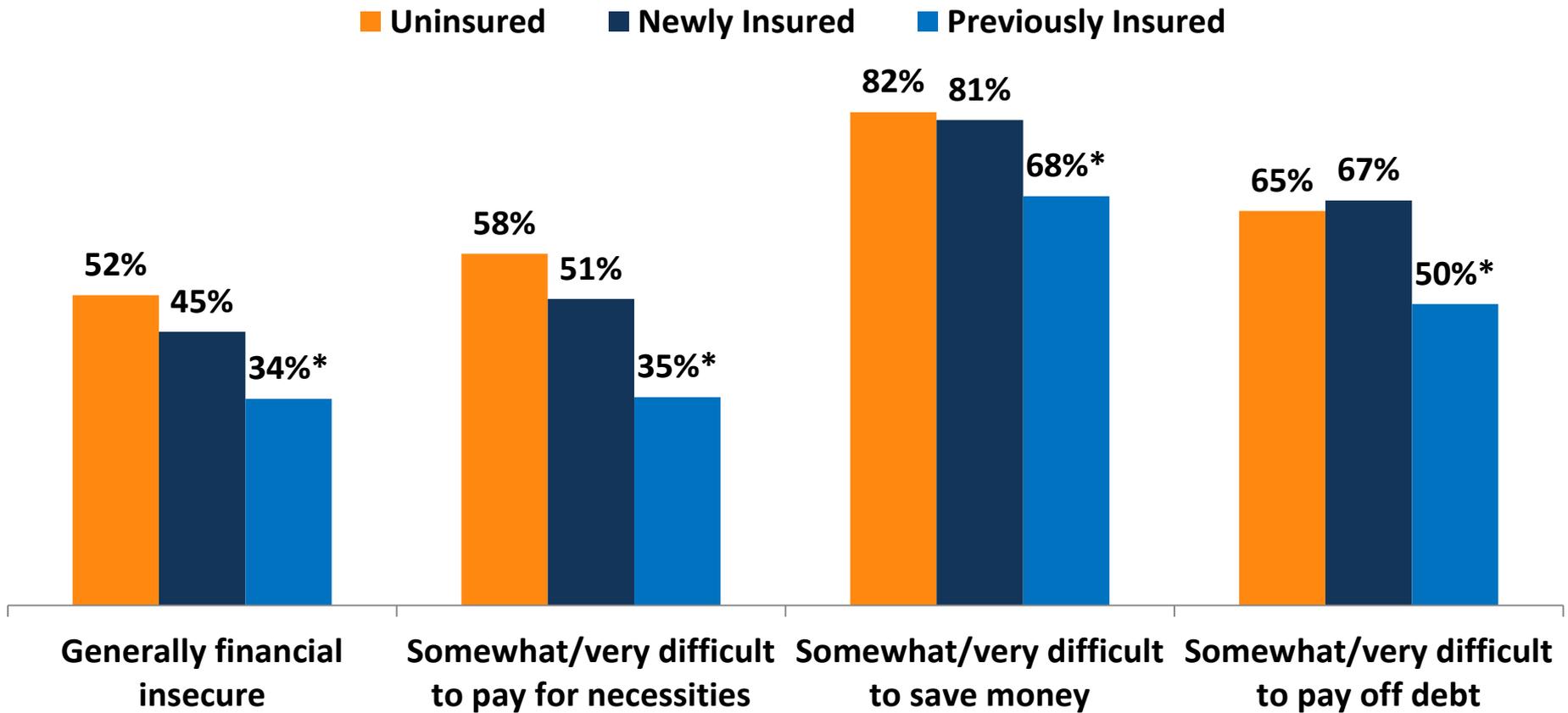
NOTE: Includes adults ages 19-64. "Previously Insured" includes people who were insured as of interview date and have been insured since before January 2014. "Newly Insured" include people who were insured as of interview date and gained coverage since January 2014. "Uninsured" includes people who lacked coverage as of the interview date. * Significantly different from Newly Insured at the $p < 0.05$ level.

SOURCE: 2014 Kaiser Survey of Low-Income Americans and the ACA.

Figure 10

However, newly-insured adults still report high overall financial insecurity.

Financial Security Among Low- and Middle-Income Nonelderly Adults, by Insurance Coverage in Fall 2014



NOTE: Includes adults ages 19-64. "Previously Insured" includes people who were insured as of interview date and have been insured since before January 2014. "Newly Insured" include people who were insured as of interview date and gained coverage since January 2014. "Uninsured" includes people who lacked coverage as of the interview date. * Significantly different from Newly Insured at the p < 0.05 level.

SOURCE: 2014 Kaiser Survey of Low-Income Americans and the ACA.

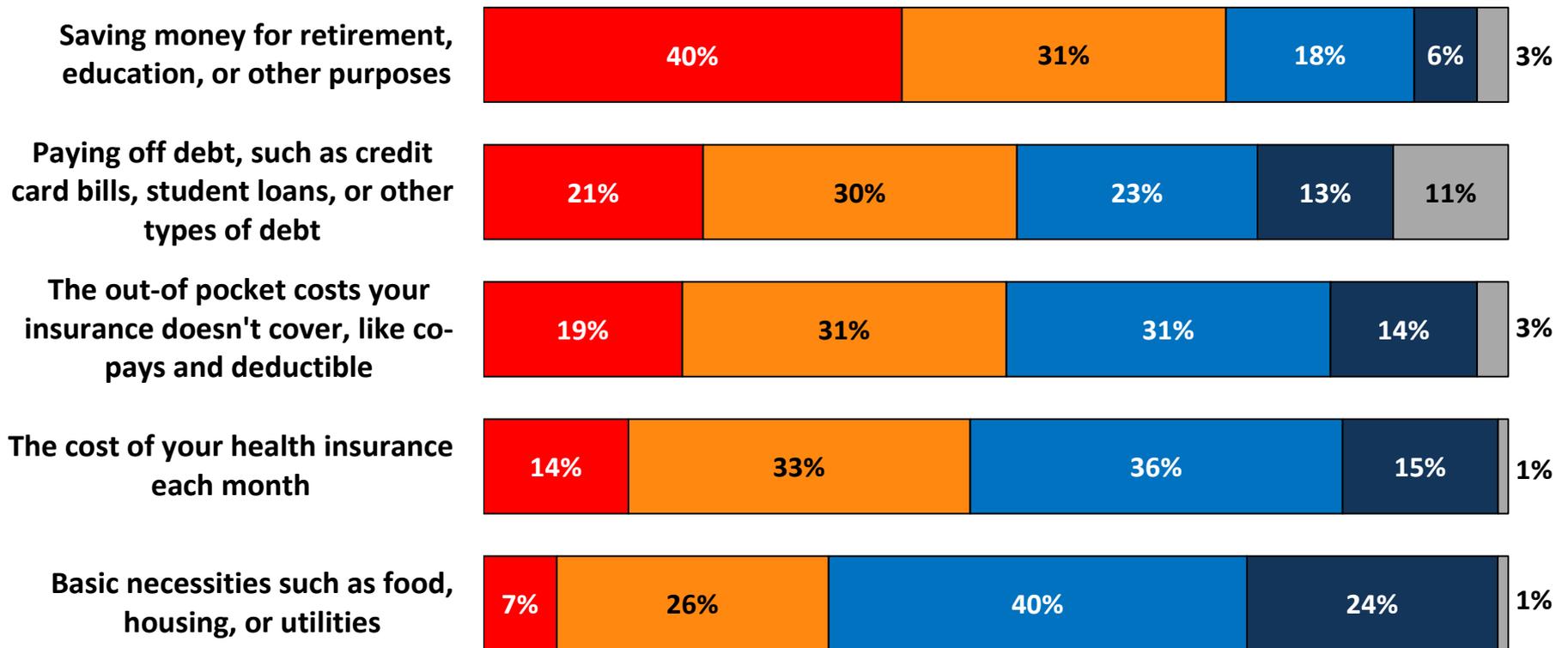
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Figure 11

And some report difficulty affording health care, among other financial struggles.

AMONG NON-GROUP ENROLLEES WITH ACA-COMPLIANT PLANS: *In general, how easy or difficult is it for you to afford each of the following*

■ Very difficult ■ Somewhat difficult ■ Somewhat easy ■ Very easy ■ Not applicable (Vol.)



NOTE: Don't know/Refused responses not shown.

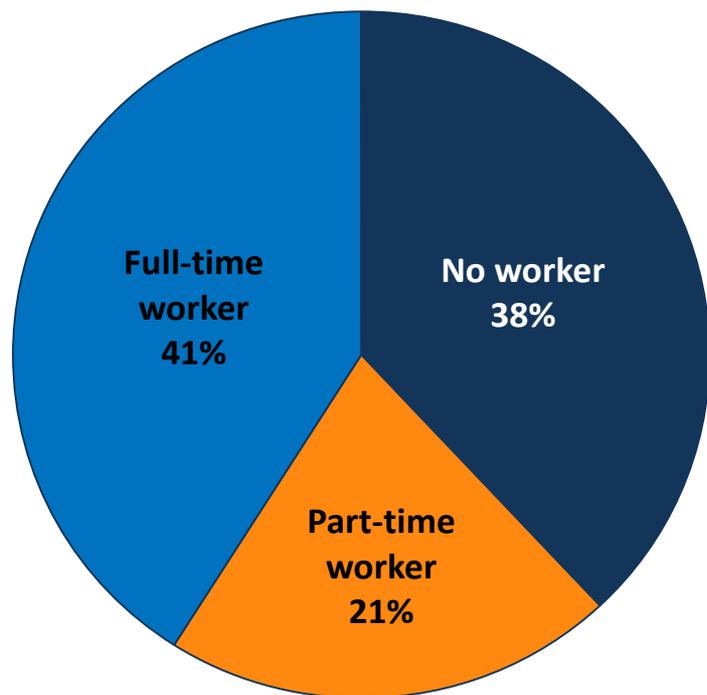
SOURCE: Kaiser Family Foundation Survey of Non-Group Health Insurance Enrollees, Wave 3 (conducted Feb. 9-Mar. 26, 2016)

Figure 12

Most people left without coverage options are in working families.

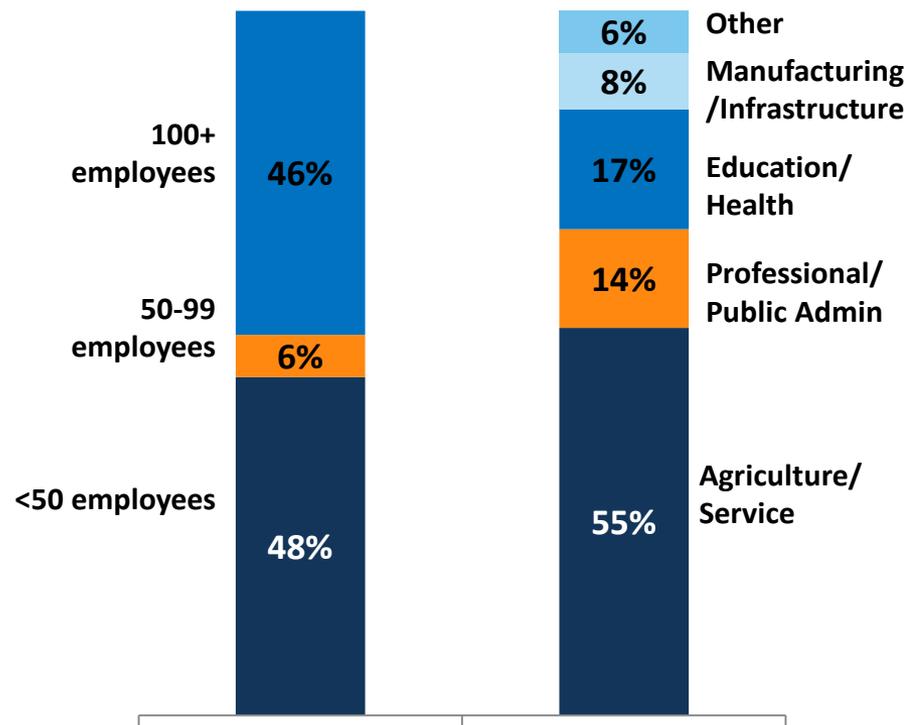
Work Status of Adults in the Coverage Gap

Family work status :



Total = 2.9 Million in the Coverage Gap

Firm size and industry among those working:



Total = 1.5 Million Workers in the Coverage Gap

Notes: Totals may not sum to 100% due to rounding.

Source: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Current Population Survey data.

Research finds no effect of the ACA on employment or work status.

- Academic studies find that ACA coverage provisions have had no measurable negative effect on:
 - Labor force participation & employment status
 - Job switching
 - Part-time employment or hours worked per week
- State evaluations estimate that Medicaid expansion led to job creation in states that expanded their programs (CO, KY)

SOURCE: Larisa Antonisse, Rachel Garfield, Robin Rudowitz and Samantha Artiga. "The Effects of Medicaid Expansion under the ACA: Findings from a Literature Review." (Washington, DC: Kaiser Family Foundation) June 2016. Available at: <http://kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-findings-from-a-literature-review/>.

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