

# State and Federal Young Adult Expansion Policies: Further Analysis and New Questions

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#### **Acknowledgements**

#### Project Team

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#### We Thank

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#### The Issue

- Conventional dependent coverage available only to age 18 (non-students) or 23 (full-time students)
- Nearly 1 in 3 young adults (age 19-25) uninsured in 2009
- Compared to insured peers, uninsured young adults are
  - More likely to delay or forego care due to costs
  - Less likely to see a medical provider, have a usual source of care, or fill a prescription
  - More likely to have trouble paying medical bills or medical debt
- Implications for critical developmental period to address obesity, smoking, sexually transmitted infections, serious mental illness, etc.
- Absence from risk pools has consequences for others

## **Key Features of Dependent Coverage Laws**

#### **Affordable Care Act**

- First renewal starting 9/23/10
- All young adults to 26
- No residency, demographic, or other exclusions

- Applies to nearly all plans, including self-insured
- Non-discrimination in premiums or benefits

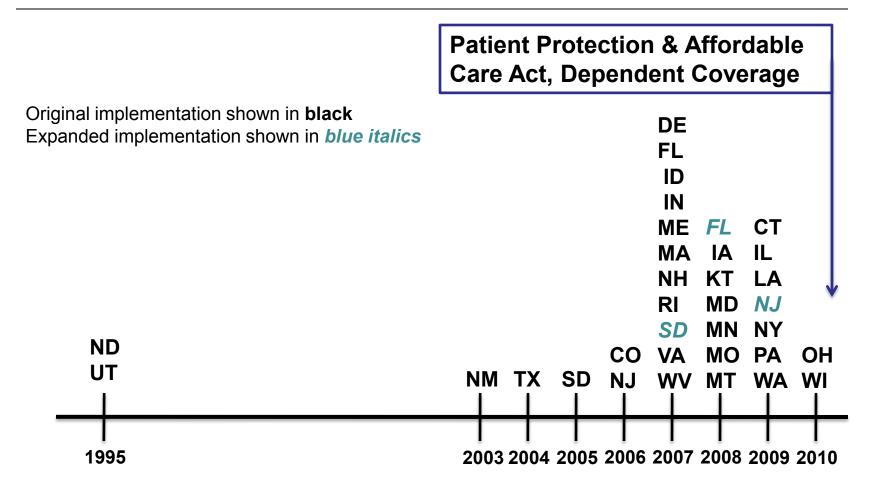
#### **Prior State Laws**

- 31 states mostly 2003-2010
- Age limits vary, max 31
- Typically limited to unmarried, no dependents, in-state except FT students; some require financial dependency
- Do not apply to self-insured employee benefit plans
- Nine states require or allow added premium



## Young Adult Dependent Coverage Laws

Implementation Timeline



#### **Our Prior Research**

- Impact of state reforms before the ACA
  - Increase in dependent coverage offset decline in own coverage
  - No impact on uninsured
     (Monheit, Cantor, DeLia, Belloff, HSR 2011)
- Early impact of the ACA
  - 3.5 percentage point decline in uninsured through 2010
  - Apparent greater responsiveness by young adults eligible under prior state laws, i.e., possible "pump priming" effect

(Cantor, Monheit, DeLia & Lloyd, HSR 2012)

#### **Research Questions**

- 1. What was the impact of the ACA dependent coverage provisions on the insurance status of young adults?
  - Did coverage gains grow over time?
  - Has our 2010 finding of a possible "pump priming" effect of state laws continued?
- 2. Do the impacts of the ACA dependent coverage provisions vary by health and socioeconomic characteristics of young adults?
  - What are the implications of these differences for risk pools in Medicaid and the new exchange marketplaces?
- 3. Has the opportunity to enroll in dependent coverage had an impact on the likelihood of young adults being employed full time?

## **Empirical Approach**

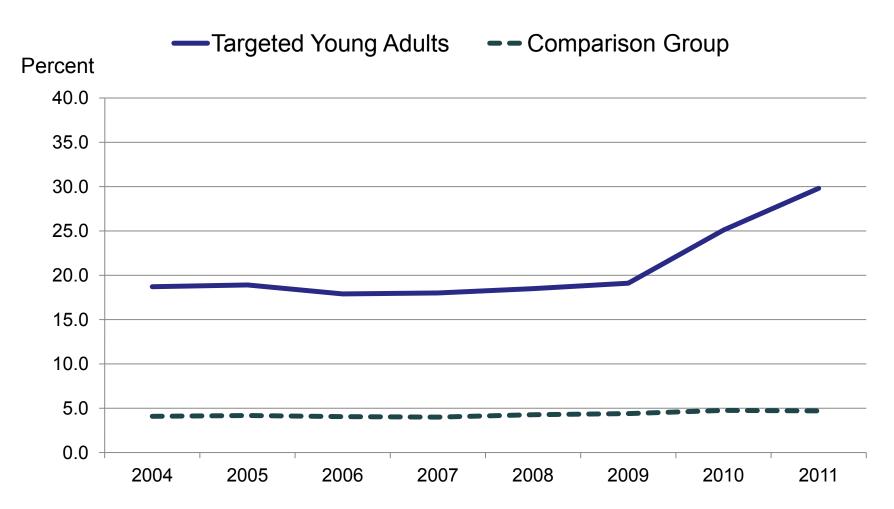
- Annual Social and Economic Supplement, Current Population Survey (CPS), 2005-2012
- Study population
  - ACA targeted: ages 19-23 not FT students & all ages 24-25 (n=96,344)
  - Comparison group: Ages 27-30 (n=81,237)
  - Exclude MA & HI
- Outcomes:
  - Sources of coverage at any time during year (first three not mutually exclusive)
    - 1. Private non-spousal dependent coverage
    - 2. Private coverage in own name or as dependent of a spouse
    - 3. Public (Medicaid, Medicare, etc.)
    - 4. No coverage
  - Likelihood of full-time employment

#### Empirical Approach (continued)

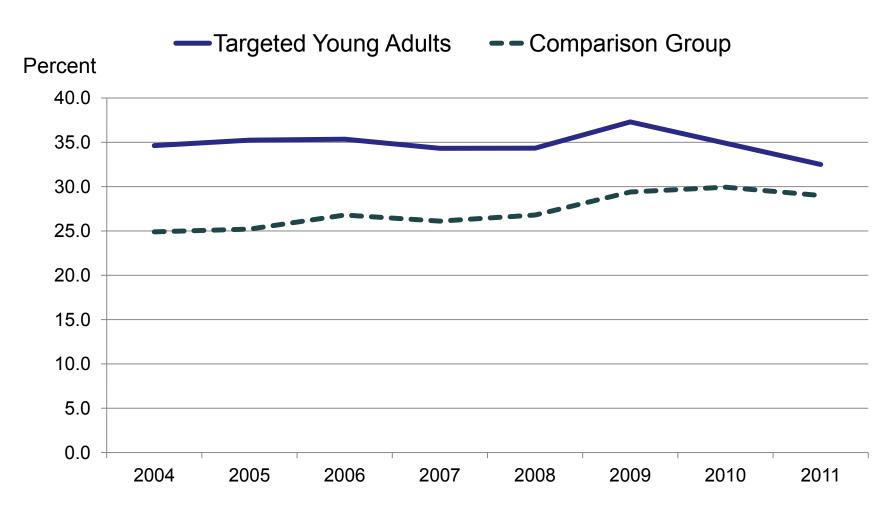
- Difference-in-differences framework
  - ACA impact overall
  - By eligibility under pre-ACA state reform laws
  - By year post-implementation (2010, 2011)
  - By perceived health status
  - By poverty level group
- Controls for
  - Demographics, education, students status, marital status, perceived health, income as percent of poverty level, lives with parent
  - State-level annual unemployment rate, employer offer health benefits offer rate, share of employer-sponsored insurance enrollees in self-insured plans
  - State fixed effects, year fixed effects & linear trend, state by trend interaction
- Linear probability models, weighted & adjusted for complex survey design (Davern et al., Inquiry 2007)



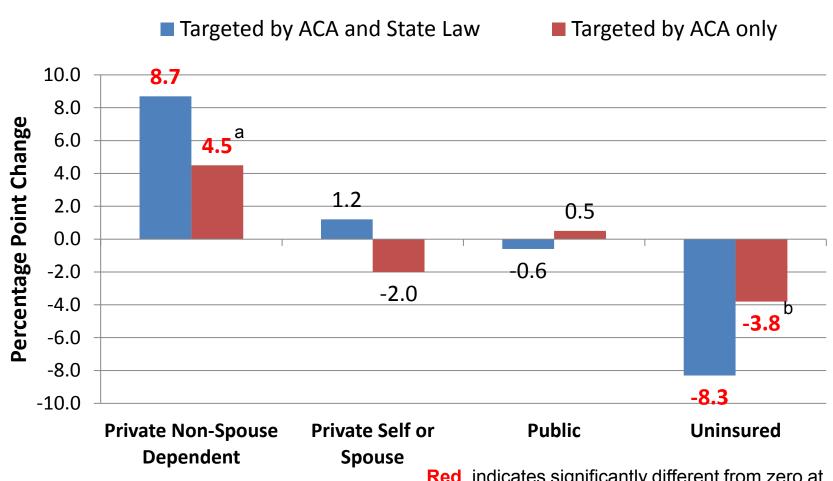
## Trend in Percent with Dependent Coverage



#### **Trend in Percent Uninsured**



#### Change in Coverage in 2010 by State Law Status



Center for State Health Policy Institute for Health, Health Care Policy and Aging Research **Red** indicates significantly different from zero at p<0.001 except uninsured groups at p<0.05. Between group differences: a p=0.068 and b p=0.173.

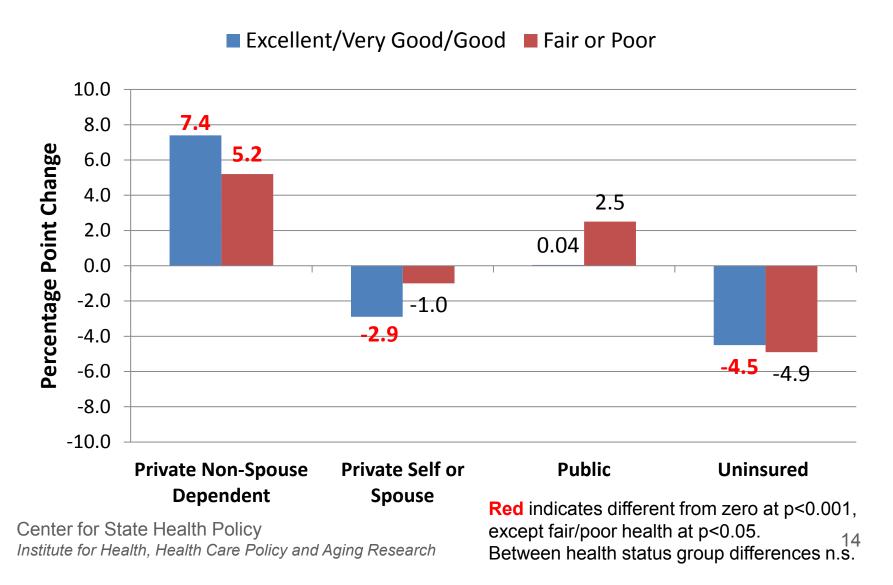
Source: Cantor, Monheit, DeLia & Lloyd, 2012.

#### Change in Coverage post-ACA Overall and by Year

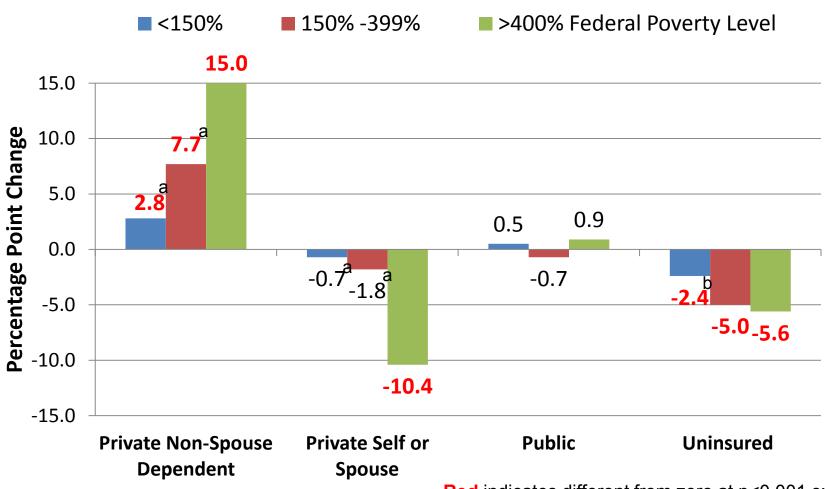


**Red** indicates significantly different from zero at p<0.01. Between year differences: <sup>a</sup> p<0.01 and <sup>b</sup> p<0.05.

#### Change in Coverage Post-ACA by Health Status



#### Change in Coverage Post-ACA by Family Income



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Different from high income: <sup>a</sup>p<0.01 and <sup>b</sup>p<0.05.

#### Change in Full-Time Employment post-ACA



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Red indicates significantly

different than zero at p<0.01.

#### **Limitations**

- Annual recall period, cannot observe timing of coverage changes
- No information on parents of young adults not residing with parent
- Imprecise information to measure eligibility under state laws
- Student status available only through age 23
- Limited health status information

#### **Sensitivity Tests**

- Limit analysis to non-reform states
- Placebo model (test for policy impact in 2009)
- Exclude student status from models

## Summary: ACA Policy Impact Dependent Coverage Status

	Percentage point change <sup>a</sup>	# change (x1,000) <sup>b</sup>	Within Group % change <sup>b</sup>
Average 2010-11 impact	7.2	1,474	37.7
Year post-implementation			
2010	4.9	1,003	25.6
2011	9.5	1,944	49.7
Income groups			
<150% FPL	2.8	186	23.7
150%-399%	7.7	687	43.5
400% or more	15.0	738	47.6

<sup>&</sup>lt;sup>a</sup> Based on difference-in-differences (DD) estimates from models described above.

<sup>&</sup>lt;sup>b</sup> DD estimate applied to 2009 population to derive number and percent change.

<sup>&</sup>lt;sup>C</sup> Based on model not controlling for student status.

# **Summary: ACA Policy Impact Uninsured Status**

	Percentage point change	# change (x1,000) <sup>b</sup>	Within Group % change <sup>b</sup>
Average 2010-11 impact	-4.5	-921	-12.1
Year post-implementation			
2010	-3.3	-675	-8.9
2011	-5.7	-1,167	-15.3
Income groups			
<150% FPL	-2.4	-159	-4.8
150%-399%	-5.0	-446	-13.8
400% or more	-5.6	-276	-25.7

<sup>&</sup>lt;sup>a</sup> Based on difference-in-differences (DD) estimates from models described above.

<sup>&</sup>lt;sup>b</sup> DD estimate applied to 2009 population to derive number and percent change.

<sup>&</sup>lt;sup>c</sup> Based on model not controlling for student status.

## Summary: ACA Policy Impact Employment Status

	Percentage point change	# change (x1,000) <sup>b</sup>	Within Group % change <sup>b</sup>
Full-Time Employee (average of 2010 and 2011)	-1.9 <sup>c</sup>	-389	-4.1

<sup>&</sup>lt;sup>a</sup> Based on difference-in-differences (DD) estimates from models described above.

<sup>&</sup>lt;sup>b</sup> DD estimate applied to 2009 population to derive number and percent change.

<sup>&</sup>lt;sup>c</sup> Based on model not controlling for student status.

#### **Conclusions & Implications**

- Rapid and substantial increase in dependent coverage, decline in uninsured among eligible young adults
  - "Pump priming" effect of earlier state reforms no longer evident
  - Impact grew between 2010 and 2011
  - Limited substitution for own-name/spousal coverage, contrasts with earlier findings on state reforms
  - Response greatest among those with high incomes, but substitution greater as well
- No "red flags" for Medicaid or exchange/marketplace risk pools
  - No evidence of health-related selection
  - Least policy responsiveness at lower income levels
- Modest reduction in full-time employment
  - Less "job lock" among those seeking coverage

#### **Looking Ahead**

#### Policy Changes

- 2014 coverage mandate, exchange tax credit subsidies, Medicaid expansion
  - Young adults eligible for low cost "catastrophic plans"
  - Many young adults high income in CPS may be eligible for subsidies as separate insurance units
  - Grandfathered plans no longer permitted to decline dependent coverage to young adults with access to own employer insurance

#### **Further Questions**

- Changes in source of coverage under the mandate?
- Impact on costs to parents' employer-sponsored plans?
- Impact on young adult access to care and financial and health outcomes?

# Thank You

#### **Project Publications**

- Monheit AC, JC Cantor, D DeLia, & D Belloff. 2011. "How have state policies to expand dependent coverage affected the health insurance status of young adults?" *Health Service Research*, 46 (1 pt 2): 251-67.
- Cantor JC, D Belloff, AC Monheit, D DeLia, & M Koller. 2012. "Expanding dependent coverage for young adults: lessons from state initiatives." *Journal of Health Politics, Policy, and Law,* 37(1): 99-128.
- Cantor JC, Monheit AC, DeLia D and Lloyd K. 2012. "Early Impact of the Affordable Care Act on Health Insurance Coverage of Young Adults." *Health Services Research*, 47(5): 1773-90.

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