MedicalXpress

ACA open enrollment periods associated with improved coverage, access to care and health

July 28 2015

Results of a national survey that included more than half a million adults indicates significant improvements in trends for self-reported insurance coverage, access to a personal physician and medications, affordability and health after the Affordable Care Act's (ACA's) first and second open enrollment periods, according to a study in the July 28 issue of *JAMA*, a theme issue on Medicare and Medicaid at 50. Analyses also demonstrated that the largest improvements in coverage and access to medicine occurred among racial/ethnic minorities, suggesting that the ACA may be associated with reductions in long-standing disparities in access to care.

The ACA's Medicaid expansion and new subsidized private coverage from insurance marketplaces have entered their second year. The law's first 2 open enrollment periods are complete, the most recent finishing February 15, 2015. How coverage expansion is affecting access to care and health remains an important question, according to background information in the article.

Benjamin D. Sommers, M.D., Ph.D., of the Harvard T. H. Chan School of Public Health and Brigham and Women's Hospital, Boston, and U.S. Department of Health and Human Services, Washington, D.C., and colleagues analyzed results of the 2012-2015 Gallup-Healthways Well-Being Index, a daily national telephone survey. Using methods to adjust for pre-ACA trends and sociodemographics, the researchers examined changes in outcomes for the U.S. adult population age 18 through 64 years (n = 507,055) since the first open enrollment period began in

October 2013. Pre-ACA (January 2012-September 2013) and post-ACA (January 2014-March 2015) changes for adults with incomes below 138 percent of the poverty level in Medicaid expansion states (n = 48,905 among 28 states and Washington, D.C.) vs nonexpansion states (n = 37,283 among 22 states) were compared.

Among the 507,055 adults in the survey, pre-ACA trends were significantly worsening for all outcomes. Compared with the pre-ACA trends, by the first quarter of 2015, the adjusted proportions who were uninsured decreased by 7.9 percentage points; who lacked a personal physician, -3.5 percentage points; who lacked easy access to medicine, -2.4 percentage points; who were unable to afford care, -5.5 percentage points; who reported fair/poor health, -3.4 percentage points; and the percentage of days with activities limited by health, -1.7 percentage points.

Coverage changes were largest among minorities; for example, the decrease in the uninsured rate was larger among Latino adults (-11.9 percentage points) than white adults (-6.1 percentage points). Medicaid expansion was associated with significant reductions among low-income adults in the uninsured rate, lacking a personal physician, and difficulty accessing medicine. "As states continue to debate whether to expand Medicaid under the ACA, these results add to the growing body of research indicating that such expansions are associated with significant benefits for low-income populations," the authors write.

The researchers add that from a clinical perspective, positive trends were detected for self-reported health and functional status among individuals with chronic medical conditions, who may potentially benefit most from expanded coverage. "These results might reflect changes in the management of chronic conditions, peace of mind from gaining insurance, or factors unrelated to the ACA."

The authors note that whether the changes found in this study are related directly to the ACA's coverage expansions is not possible to determine with this type of study design. "For instance, the economic recovery may have also influenced the study outcomes, though the analysis did adjust for several potential confounders including income, individual employment, and state unemployment rates."

More information: *JAMA*, DOI: 10.1001/jama.2015.8421

Provided by The JAMA Network Journals

Citation: ACA open enrollment periods associated with improved coverage, access to care and health (2015, July 28) retrieved 24 May 2024 from https://medicalxpress.com/news/2015-07-aca-enrollment-periods-coverage-access.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.