

The ACA increased coverage and access for the chronically ill, but many still face barriers to care

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The Patient Protection and Affordable Care Act (ACA) increased insurance coverage and access to care for patients with chronic medical conditions, but a year after the law took full effect, many remained without coverage and faced significant barriers to getting regular medical care. The findings are published in *Annals of Internal Medicine*.

About half of adults have more than one [chronic medical condition](#) and many of them are uninsured. Little is known about the extent to which the ACA increased coverage or access to care for these patients.

Researchers analyzed nationally representative health data for more than 600,000 adults with at least one chronic disease in the year before and the year after the ACA was implemented to determine if the law was associated with expanded insurance coverage and access. They also assessed whether preexisting racial and ethnic disparities in these outcomes declined after ACA implementation and whether these outcomes varied by state Medicaid expansion status.

The researchers found that about 5 percent of Americans with heart disease, cancer, asthma, or other common chronic conditions, gained [insurance coverage](#) in the first year of the law's implementation. The data also showed that Americans with [chronic diseases](#) were less likely after the ACA to forgo a doctor visit due to cost, and were more likely to have a check-up in the last year. Coverage for the chronically ill increased the most in states that expanded Medicaid, from 83 percent to

89 percent. In states that declined to expand Medicaid under the ACA, coverage increased more modestly from 77 percent to 81 percent. However, nearly 1 in 7 of those with a chronic disease still lacked coverage, including 1 in 5 chronically ill Blacks and 1 in 3 chronically ill Hispanics.

According to the authors, their research suggests that repealing the ACA without an equivalent replacement would strip coverage from millions of chronically ill Americans, spelling disaster for many of them.

More information: *Annals of Internal Medicine*,
<http://annals.org/aim/article/doi/10.7326/M16-1256>

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