

# 196,000 youth lose health insurance coverage in past three years; yet upsides remain

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The national implementation of the Affordable Care Act (ACA) in 2014 was associated with gains in health insurance coverage for youth, but some of those gains have reversed during the past three years, according to findings published this month in *Academic Pediatrics* from researchers at the Dornsife School of Public Health at Drexel University.

Using National Health Interview Survey data, the researchers found that although the overall percentage of uninsured [youth](#) decreased by almost two percent from the periods 2011-2013 to 2014-2015, in 2016-2018, the percentage of youth without [coverage](#) increased 0.3 percent to a total of 5.1 percent, or a loss of coverage for 196,000 youth and a total of 3.7 million youth without [health insurance](#).

"Efforts in 2017 and 2018 to reduce advertising budgets, cease payments of cost sharing reductions and other efforts could have undermined the stability of insurance markets and public perceptions of insurance availability," said lead author Alex Ortega, Ph.D., a professor of [health](#) policy and chair of Health Management and Policy. "Insurance declines could be attributed to those actions."

Despite this reversal, the researchers see two positive metrics: diminishing racial disparities in access to care and continued growth in the number of well visits among American youth.

"There are provisions of the ACA aimed at advancing [population health](#) through improving access to and quality of health care and implementing

cost-saving measures," said Ortega. "These include measures focused on making health care more efficient, equitable and effective."

Despite the overall drop in coverage from 2014-2015 to 2016-2018, the percentage of those under the age of 18 in the United States who had a well-child visit in the past year rose. From 2011-2013, 81 percent of youth had a well-child visit during the previous year. From 2016-2018, that number rose to 85 percent of youth having a well visit during the past year.

The researchers note that the ACA requires health insurers to cover preventive visits without cost to the patient, so youth can access essential preventive services, such as immunizations, regardless of [insurance coverage](#).

"For youth, it appears, that these provisions are increasing the number of well child visits," Ortega said.

Coverage of Latino youth has been lower than it is among non-Latino white or black youth since before the ACA became law in 2010, but the disparities gap has narrowed a bit in recent years—coverage for Latino youth rose as it declined for white and black youth from 2016-2018. The authors speculate that information about the availability of the ACA's insurance tax credits and cost sharing reductions may be slowly reaching immigrant populations and limited English proficient individuals.

**More information:** Alexander N. Ortega et al, Inequities in Insurance Coverage and Well-Child Visits Improve, but Insurance Gains for White and Black Youth Reverse, *Academic Pediatrics* (2019). [DOI: 10.1016/j.acap.2019.08.005](https://doi.org/10.1016/j.acap.2019.08.005)

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