

Two new studies describe likely beneficiaries of health care reform in California

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According to two new policy briefs from the UCLA Center for Health Policy Research, the majority of state residents likely to be eligible for federally mandated health insurance coverage initiatives in California in 2014 are also those who may be least likely to excessively use costly health services: men, singles and those of working age.

As a result of last year's passage of the federal Patient Protection and [Affordable Care Act](#) (ACA), up to 4.57 million previously uninsured or underinsured Californians may be eligible for coverage, either through an expansion of the Medi-Cal program or through the new California Health Benefit Exchange, according to the policy briefs.

In the case of Medi-Cal, the state's [health care program](#) for low-income Californians, approximately 2.13 million Californians up to age 64 may become eligible for the program as a result of the ACA, according to the policy brief "Californians Newly Eligible for Medi-Cal Under [Health Care Reform](#)."

An additional 1.71 million uninsured residents and 737,000 people with individual policies are likely to be eligible for coverage through the Health Benefit Exchange, a newly established marketplace for health care plans with subsidies for lower-income Californians, according to the policy brief "Who Can Participate in the California Health Benefit Exchange?".

Expanding coverage to such a large population will increase systemwide health spending. However, findings from the center's study suggest that these newly eligible Californians are largely single, male and/or of working age and thus are less likely to utilize high-cost health services.

"Costs will go up but may also be mitigated by the

relative youth and health of the eligible population," said Nadereh Pourat, lead author of the two new briefs, which were funded by the nonprofit California HealthCare Foundation. "And by bringing so many young Californians into the system, we may even reduce risk systemwide."

Using the latest data from the California Health Interview Survey (CHIS), center researchers found that a significant percentage of those newly eligible for both the exchange program and the Medi-Cal expansion were single, male and/or between the ages of 18 and 44. Specifically:

The newly eligible are of working age:

Health Benefit Exchange:

56 percent of those currently without any insurance, 55 percent of those with intermittent insurance and 48 percent of the individually insured were between the ages of 18 and 44.

Medi-Cal expansion:

66 percent of those without any insurance and 70 percent of those with intermittent insurance were between the ages of 18 and 44.

Many newly eligible are male:

Health Benefit Exchange:

Many of those uninsured all of the year (61 percent), uninsured part of the year (53 percent) and the individually insured (49 percent) were male.

Medi-Cal expansion:

More than half of those uninsured all year (59 percent) and uninsured part of the year (52 percent) were male.

The newly eligible are largely healthy

The study found that those eligible for coverage

through both the exchange and the Medi-Cal expansion tended to be as healthy as those with employer-based coverage or those already covered by Medi-Cal. For example, among the newly eligible:

Health Benefit Exchange:

Diabetes rates were only 6 percent for both those without any insurance throughout the year and the individually insured. Heart disease rates were 2 percent for those with no coverage or intermittent coverage and 1 percent for the individually insured. Asthma rates were also low, and these rates were comparable to those with employer-based coverage.

Medi-Cal expansion:

The diabetes rate among those without insurance throughout the year was 5 percent and was 11 percent for those with intermittent coverage. The heart disease rate for both groups was similar and low, at 3 percent. These rates were comparable to those enrolled in the Medi-Cal program under current eligibility criteria.

"This is California's workforce," Pourat said.

"Younger, relatively healthy and, in many cases, male, they have been blocked from access to insurance by high costs and deductibles. Health care reform is now giving them a way into the system."

The study looked at a range of characteristics for both newly eligible populations, including employment status, access to care and race/ethnicity. It found in both groups that a lack of insurance was clearly linked with poor access to care and that even those with individual policies experienced more problems accessing medical care and getting needed prescription medications than Californians with employer-based coverage.

"The data show that there is a yawning divide between those who get insurance through an employer and the rest of the state," Pourat said.

"[Health care](#) reform will help level the playing field."

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