

Affordable Care Act-Implications for the Statistical Programs

Discussion

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Changes in Environment

- Introduction of ACA is likely to resemble the introduction of Medicare (1965)
 - 50 different programs
 - State variation likely to be major source of statistical identification.
 - Surveys should maximize effort to obtain state-specific information
- Currently-implemented provisions
 - Continued coverage by parents to age 26
 - Prohibition of pre-existing conditions for those under age 19.
 - Expansion of Medicaid (26 yes, 23 no, 2-post-2014).

Major Issues

- Coverage
- Financing
 - Individuals
 - Government
 - Enterprises
- Access
- Utilization
- Competition
- Labor Market Effects
 - Full-time/ Part-time
 - Outsourcing

Health Insurance Coverage

	ASEC 2012	2016 (Prior Law)	2016	Change
Medicaid/CHIP	47	32	49	+17
Employer	155	159	155	-4
Individual	25	28	26	-2
Exchanges	0	0	20	+20
Uninsured	47	56	26	-30
Total	268	275	275	0
% Insured	82%	80%	91%	11%
Source: CBO/JCT				

Health Insurance Coverage (2)

- CBO assembles its estimates of health insurance coverage from a variety of sources, including the CPS, SIPP, MEPS, and NHIS
 - Surprisingly hard to determine those who have insurance.
 - Dynamic process as many people move on and off insurance rolls
 - Distinction between uninsured all year, a portion of the year, or point-in-time.
 - Problems of recall.
 - Continuously uninsured based on SIPP and MEPS because of shorter recall.

Health Insurance Coverage (3)

- **Employer-provided coverage**
 - Access to community-rated plans for pre-existing conditions (-).
 - Expanded access to Medicaid (-).
 - Subsidies for those up to 200% of poverty (-)
 - Contract-out low wage jobs (-)
 - Part-time versus full-time employment (-).
 - Continuing tax benefits to high-income workers (+).
 - Insurance mandate (+).
 - penalties on firms who do not offer health insurance (+)
 - subsidies to small firms (+)
 - Nondiscrimination clause in IRS code (+)
- Net Change of about -5 (-4+9)million out of 160 million.

Health Insurance Coverage (4)

- Medicaid/CHIP
 - Individuals can become covered at the time that they receive health services.
 - Use eligible as basis for enrollment?
 - Efforts to use Medicaid files to improve the basis for imputation in the ASEC.
- Marketplace plan statistics
 - Number eligible
 - Number enrolled
 - Medicaid/CHIP
 - Financial assistance

Financing

- Employer-based
 - National Compensation Survey
 - Employer and employee contributions to insurance premium
 - Broad characteristics of plans' coverage
 - Deductibles
 - Employer penalties?
 - Employer subsidies (who will receive subsidy?)
 - Linkage to individual-level data
 - Linkages to other enterprise surveys (CES)?

Financing(2)

- Individual level
 - Will individuals know the magnitude of their subsidy or only net cost?
 - Subsidy paid to insurance provider?
- ASEC, ACS, and SIPP limited to insurance premium?
- MEPS and NHIS for co-payments and deductibles?

Financing (3)

- National Accounts
 - ACA primarily a problem for source agencies
 - National accounts treats health care as a pass through to personal income and consumption
 - Delay in receiving state government data.

Access to Health Care

- MEPS and NHIS as major sources
 - How measure access and utilization?
- Should access be incorporated into the economic statistical surveys?