

Health Insurance Coverage and Health Care Access Disparities

Presenter:
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Moderator:
Lex Frieden

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Meet our Moderator, Lex Frieden

Lex Frieden is Professor of Health Informatics and Rehabilitation at The University of Texas Health Science Center at Houston. He also directs the Independent Living Research Utilization Program (ILRU) at TIRR Memorial Hermann. Frieden has served as chairperson of the National Council on Disability, president of Rehabilitation International, and chairperson of the American Association of People with Disabilities. He is recognized as one of the founders of the independent living movement by people with disabilities. He was instrumental in conceiving and drafting the Americans with Disabilities Act (ADA) of 1990. Frieden currently serves on the board of the Metropolitan Transit Authority of Harris County, Texas (METRO).



Collaborative on Health Reform and Independent Living (CHRIL); Project Objective and Purpose



- To provide disability stakeholders with accurate, current and actionable information on how recent changes in health policy directly or indirectly impact the community living and participation of working-age adults with disabilities.
- Systematically **investigate and disseminate essential findings about how health reforms affect working-age adults with disabilities.**

CHRIL Institutional Members

- Washington State University (WSU)
- Independent Living Research Utilization (ILRU) at TIRR Memorial Hermann
- University of Kansas (KU)
- George Mason University (GMU)

CHRIL Strategic Partners

- National Council on Independent Living (NCIL)
- American Association on Health and Disability (AAHD)
- Association of Programs for Rural Independent Living (APRIL)
- Disability Research Interest Group (DRIG) of AcademyHealth
- Urban Institute

Meet Our Presenter, Jae Kennedy

Jae Kennedy (PI) chairs the Department of Health Policy and Administration at Washington State University. He began studying disability policy at the World Institute on Disability (WID) in 1989, and completed his doctorate in Health Services and Policy Analysis at UC Berkeley in 1996. His research focuses on understanding the health and employment disparities experienced by people with chronic illness and disability, and on developing effective programs and policies to lessen those disparities. He has published over 50 peer-reviewed journal articles, and received the Switzer Distinguished Research Fellowship from the National Institute on Disability and Rehabilitation Research in 2000.



Comparison of Coverage, Access, and Utilization Trends for Adults with and without Disabilities

Disparities in Insurance Coverage, Health Services Use, and Access Following Implementation of the Affordable Care Act

- Jae Kennedy, Liz Wood & Lex Frieden (2017) *Inquiry*, 54(10), pp. 1-10.
- *Open access journal, free for download at:*
 - <http://journals.sagepub.com/doi/pdf/10.1177/0046958017734031>

Study objectives

- **To assess trends in health insurance coverage, health service utilization, and healthcare access** among working-age adults with and without disabilities before and after full implementation of the Affordable Care Act (ACA) in 2014; and
- **To identify current disparities between working-age adults with and without disabilities** following implementation of the ACA.

Study background

- The **ACA should have a disproportionate impact on working-age adults with disabilities**, because of their high healthcare usage as well as their previously limited insurance options.
- However, most published research on this population does not systematically look at effects before and after full implementation of the ACA.

Analysis strategy

- Trend analyses using NHIS data from 1998 (when the survey was redesigned) to 2016, with an 18-year sample inclusive of 1,102,121 adults aged 18 to 64.
- Detailed snapshot of current coverage, healthcare use, cost, and access rates among working-age adults with and without disabilities, using data from the 2016 NHIS (sample n= 57,596 working-age adults).
- To test how disability status and health system status are related to access problems, we developed a multi-year logistic regression model, controlling for other population factors.

Defining disability

We defined disability within the working-age population as self or proxy report of one or more of the following states:

- **Disability program participation:** receipt of SSDI or SSI
- **Work disability:** unable or limited in type or amount of work
- **Activity limitation:** needs assistance with personal care (ADLs);
needs assistance with household chores (IADLs)
- **Functional limitation:** difficulty walking without special equipment;
difficulty remembering or periods of confusion

About 23.6 million noninstitutionalized adults aged 18 to 64 have a disability

Disability and limitation indicators	est. N (millions)	%
	23.6	100.0%
Program participation		
SSDI only	5.1	21.7%
SSI only	3.4	14.3%
SSDI & SSI	1.4	6.0%
Work disability		
unable to work	13.2	56.0%
limited in work	5.7	24.2%
Activity limitation(s)		
needs IADL assistance	5.2	22.1%
needs ADL assistance	2.8	11.8%
Functional limitation(s)		
difficulty walking without equipment	6.1	25.6%
difficulty remembering or periods of confusion	4.9	20.8%

Working-age adults with and without disabilities: population attributes

Sociodemographic attributes	Disability		No Disability		X ² p value
	est. N (millions)	%	est. N (millions)	%	
	23.6	100.0%	173.5	100.0%	
Gender					0.028
female	12.6	53.4%	87.7	50.6%	
male	11.0	46.6%	85.8	49.4%	
Age					<.0001
18-25	2.0	8.4%	32.5	18.7%	
26-39	4.2	17.8%	55.5	32.0%	
40-49	4.4	18.8%	35.5	20.5%	
50-64	13.0	55.0%	50.0	28.8%	
Race					<.0001
White or Caucasian	17.7	74.8%	134.3	77.4%	
Black or African American	4.1	17.2%	21.7	12.5%	
Asian	0.6	2.7%	12.0	6.9%	
American Indian or Alaska Native	0.4	1.8%	1.9	1.1%	
Multiracial	0.8	3.3%	4.0	1.9%	
Ethnicity					<.0001
Hispanic or Latino	3.0	12.7%	31.9	18.4%	
not Hispanic or Latino	20.6	87.3%	141.6	81.7%	

Working-age adults with and without disabilities: work and socioeconomic status

Work and socioeconomic status	Disability		No Disability		X ² p value
	est. N (millions)	%	est. N (millions)	%	
	23.6	100.0%	173.5	100.0%	
Any paid work in past 12 months					<.0001
yes	8.2	34.8%	144.0	83.0%	
no	15.4	65.2%	29.5	17.0%	
Hours worked in previous week					<.0001
<20	1.0	4.4%	7.2	4.2%	
20-39	2.0	8.6%	27.2	15.7%	
40 or more	3.7	15.5%	100.0	57.7%	
Annual family income					<.0001
less than federal poverty level	6.2	26.2%	17.3	10.0%	
1 to 2 times FPL	6.1	26.0%	25.4	14.7%	
2 or more times FPL	9.7	41.2%	118.1	68.1%	

Working-age adults with and without disabilities: health insurance coverage

Insurance coverage	Disability		No Disability		X ² p value
	est. N (millions)	%	est. N (millions)	%	
	23.6	100.0%	173.5	100.0%	
Private insurance plan	8.5	36.1%	126.8	73.1%	<.0001
high-deductible plan (\$1,300 or more per year)	4.0	16.8%	58.9	33.9%	<.0001
purchased through insurance exchange	1.0	4.2%	8.4	4.8%	0.065
Medicare	6.4	27.1%	0.9	0.5%	<.0001
Medicare Advantage	1.1	4.7%	0.1	0.1%	0.005
Medicare Part D	3.5	14.6%	0.4	0.2%	0.421
Medicaid	8.9	37.7%	17.4	10.0%	<.0001
VA, CHAMP-VA or TRICARE	1.4	6.0%	4.1	2.3%	<.0001
Uninsured					
currently	2.0	8.5%	21.9	12.6%	<.0001
for 12 months or more	0.8	3.4%	9.7	5.6%	<.0001

Working-age adults with disabilities less likely to be uninsured, more likely to use Medicare or Medicaid

Figure 1a. Insurance coverage trends for of adults with disabilities aged 18-64

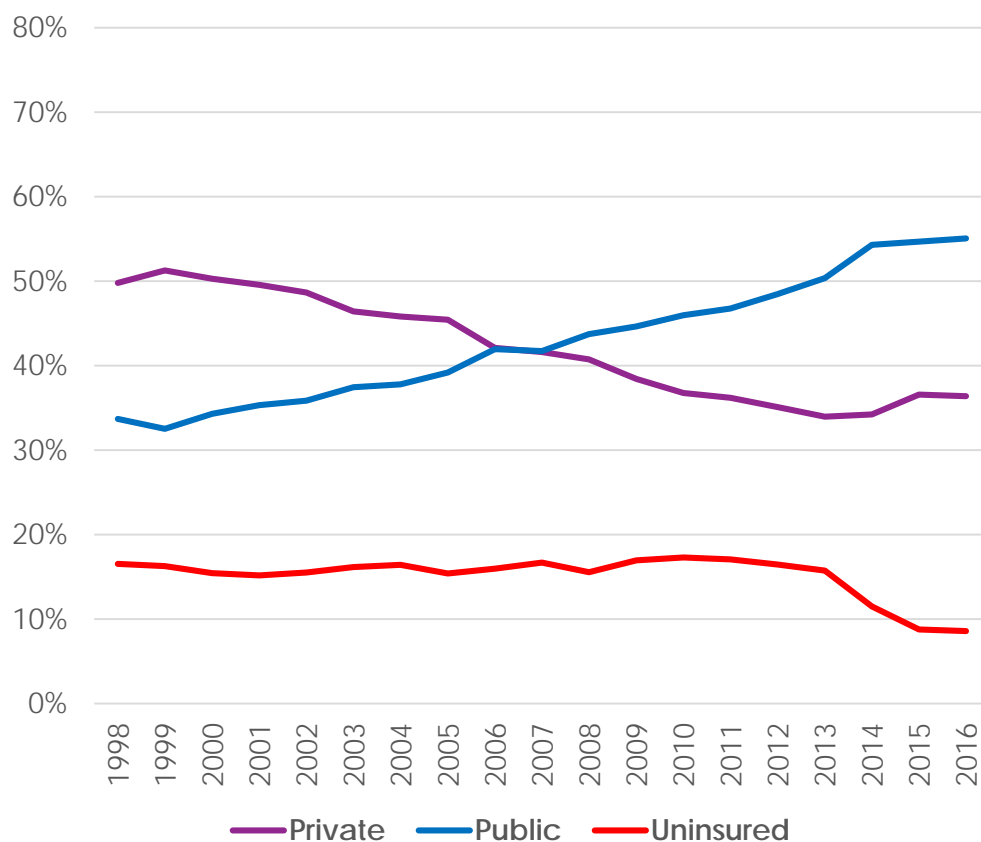
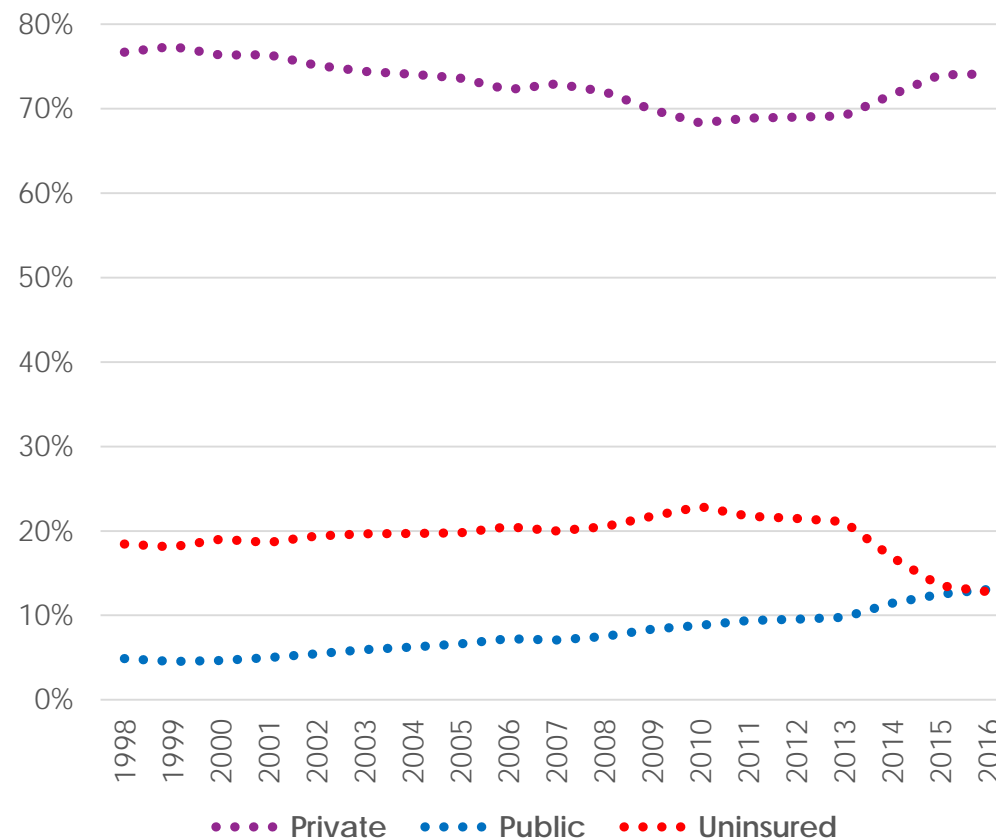


Figure 1b. Insurance coverage trends for adults without disabilities aged 18-64



Medicaid coverage rose after ACA implementation for working-age adults with and without disabilities

Figure 2a. Medicare and/or Medicaid coverage trends for adults with disabilities aged 18-64

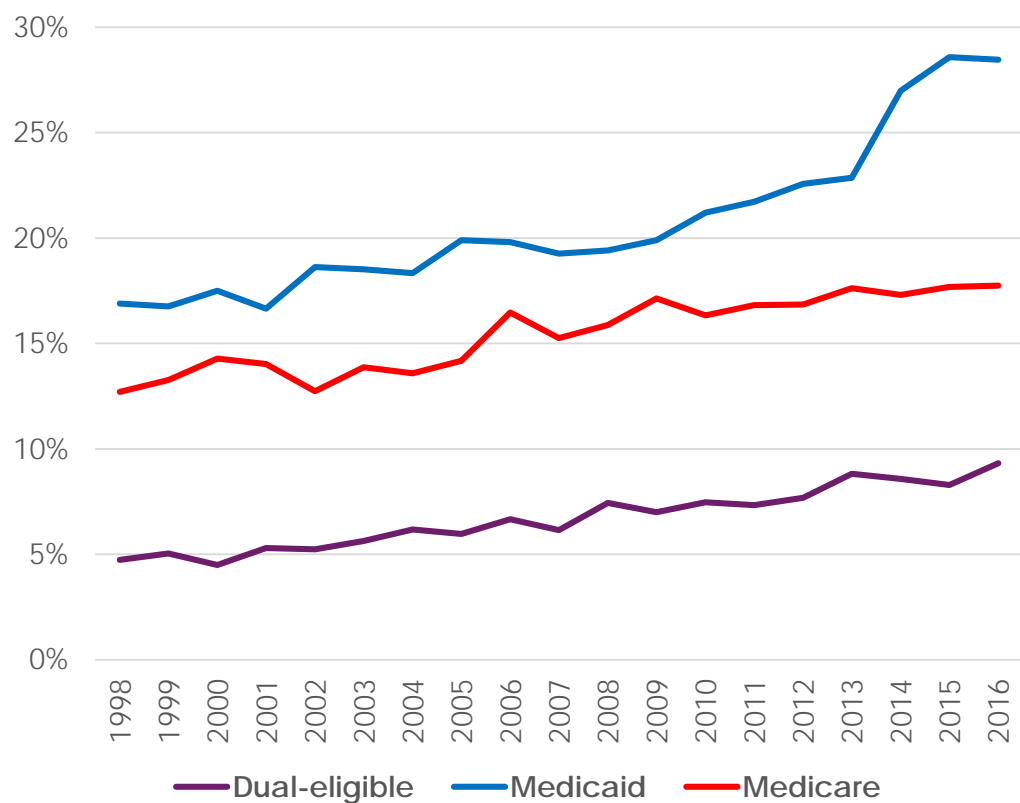
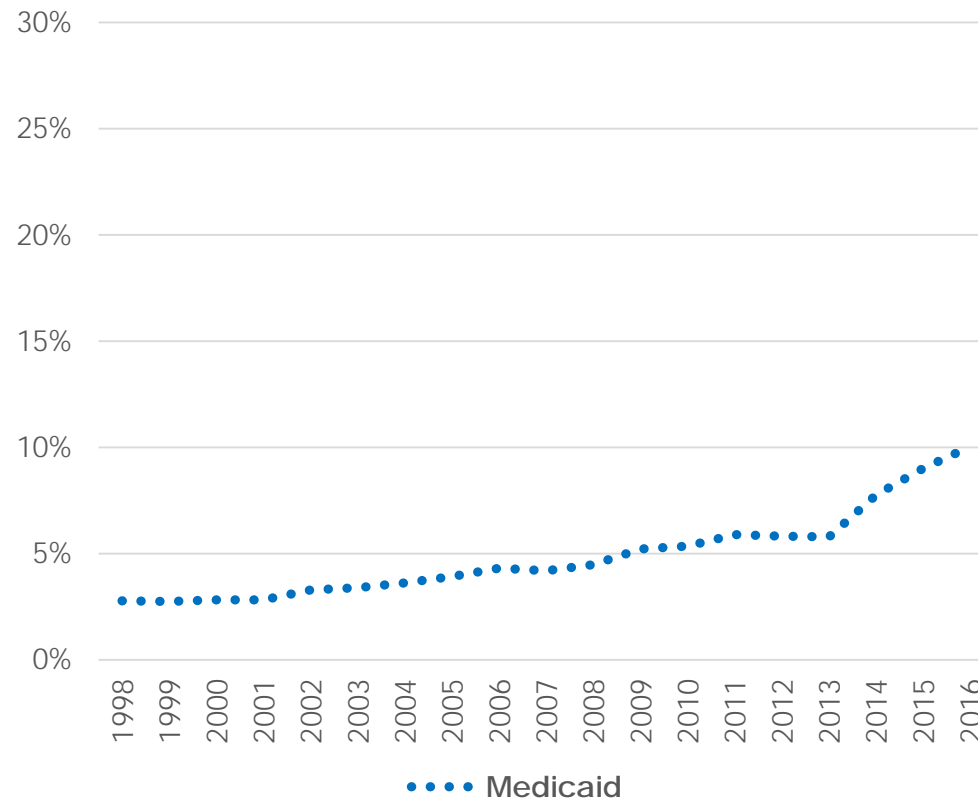


Figure 2b. Medicaid coverage trends for adults without disabilities aged 18-64



Working-age adults with disabilities are heavier users of inpatient and outpatient health services

Figure 3a. Utilization trends for adults with disabilities aged 18-64

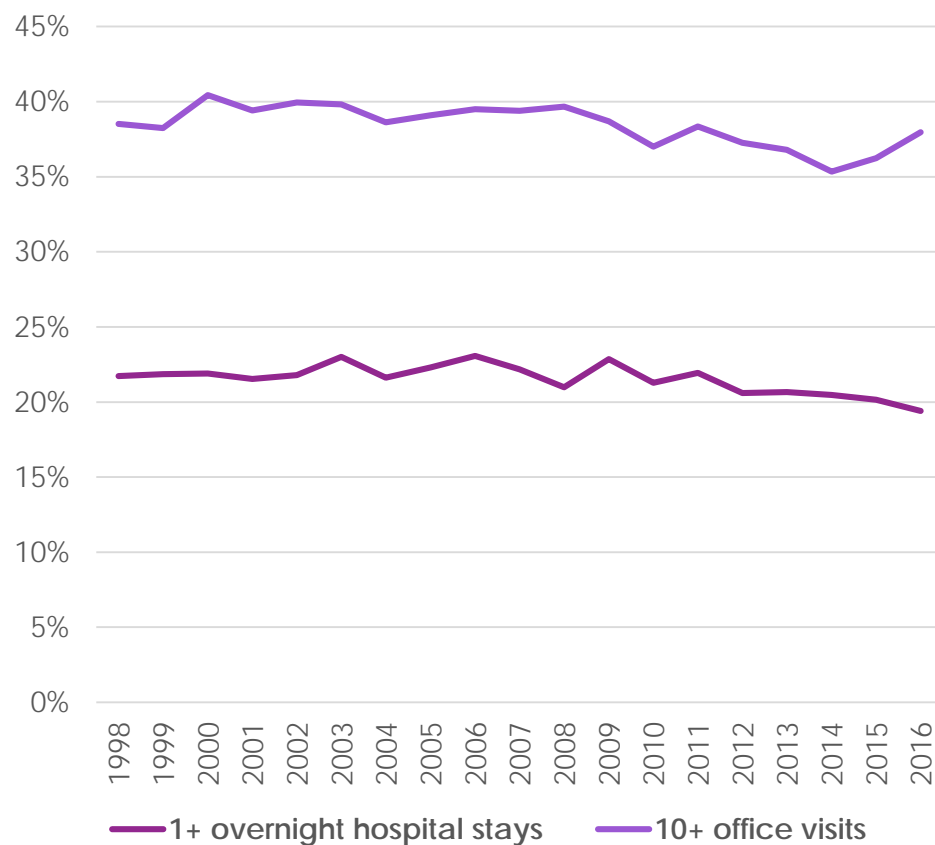
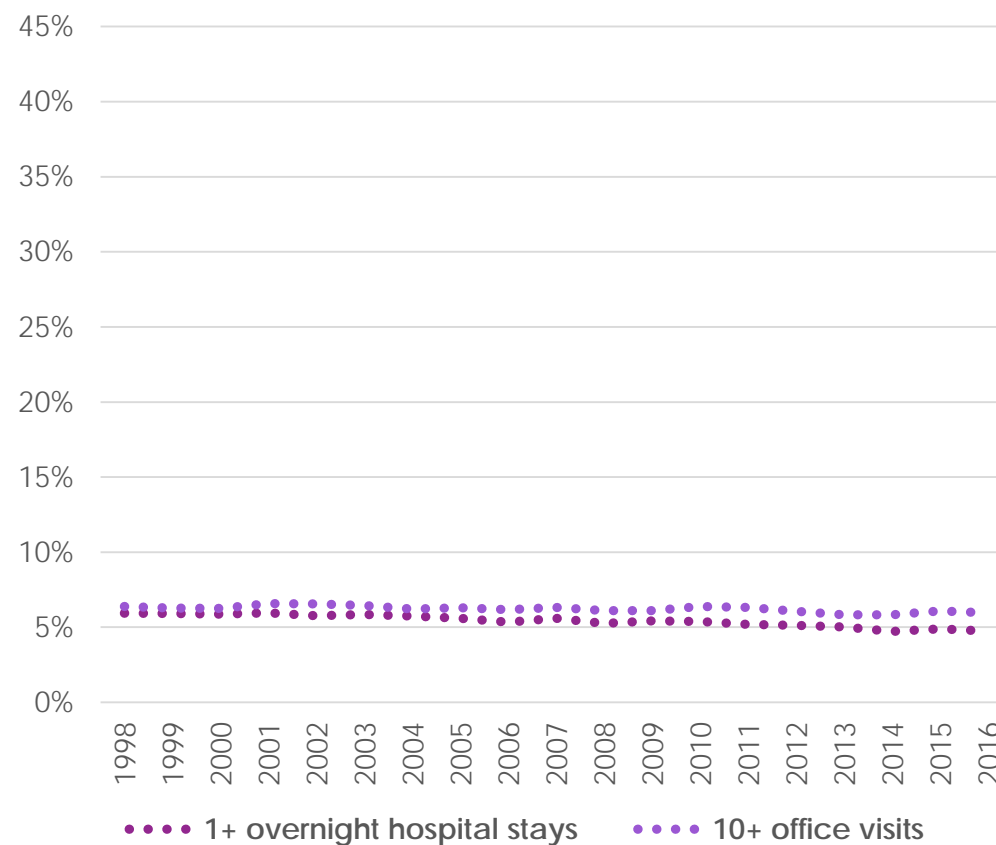


Figure 3b. Utilization trends for adults without disabilities aged 18-64



Working-age adults with disabilities have much higher average health care costs

Annual healthcare costs	Disability mean costs	No Disability mean costs	X ² p value
Total costs	\$13,492	\$2,835	<.0001
Out-of-pocket costs	\$1,053	\$486	<.0001
Inpatient hospital			
annual costs	\$3,526	\$595	<.0001
number of stays	0.2	0.0	<.0001
Outpatient hospital			
annual costs	\$1,443	\$346	0.002
number of visits	1.6	0.3	<.0001
Emergency department			
annual costs	\$625	\$167	<.0001
number of visits	0.5	0.1	<.0001
Prescription medication			
annual costs	\$4,006	\$599	<.0001
number of prescriptions	34	6.4	<.0001
Physician office visits			
annual costs	\$175	\$36	<.0001
number of visits	13.5	4.1	<.0001

Source: 2014 Medical Expenditure Panel Survey; p values for difference in means

Working-age adults with disabilities are much more likely to delay or forgo needed health care

Figure 4a. Access trends for adults with disabilities aged 18-64

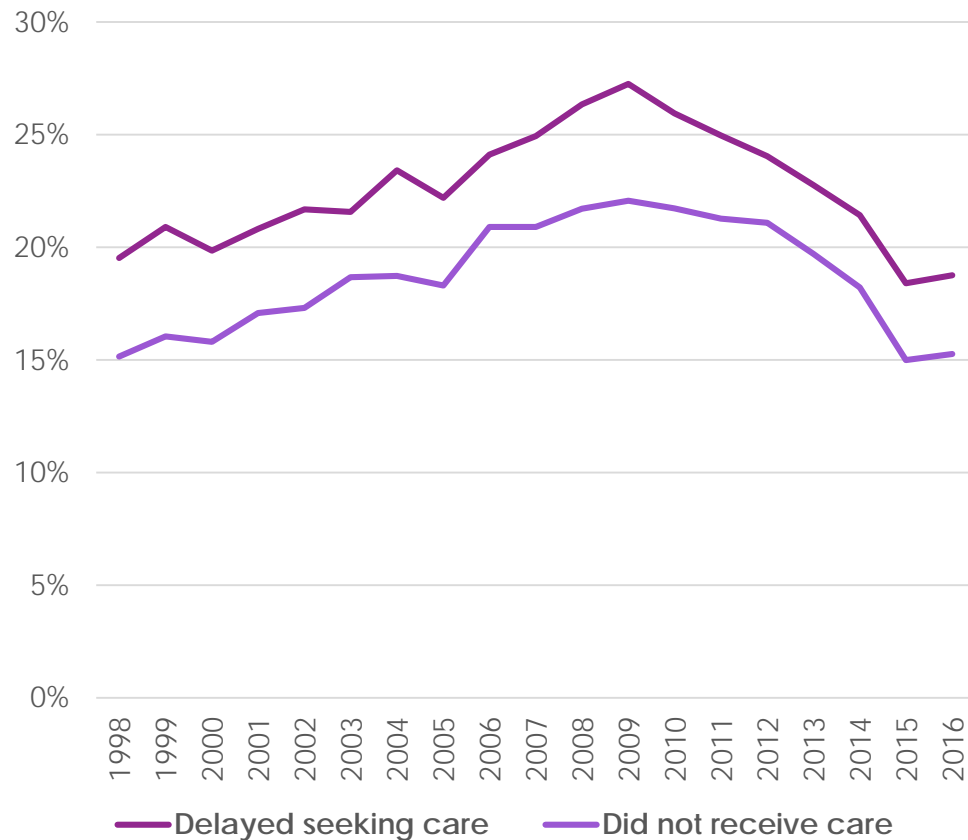
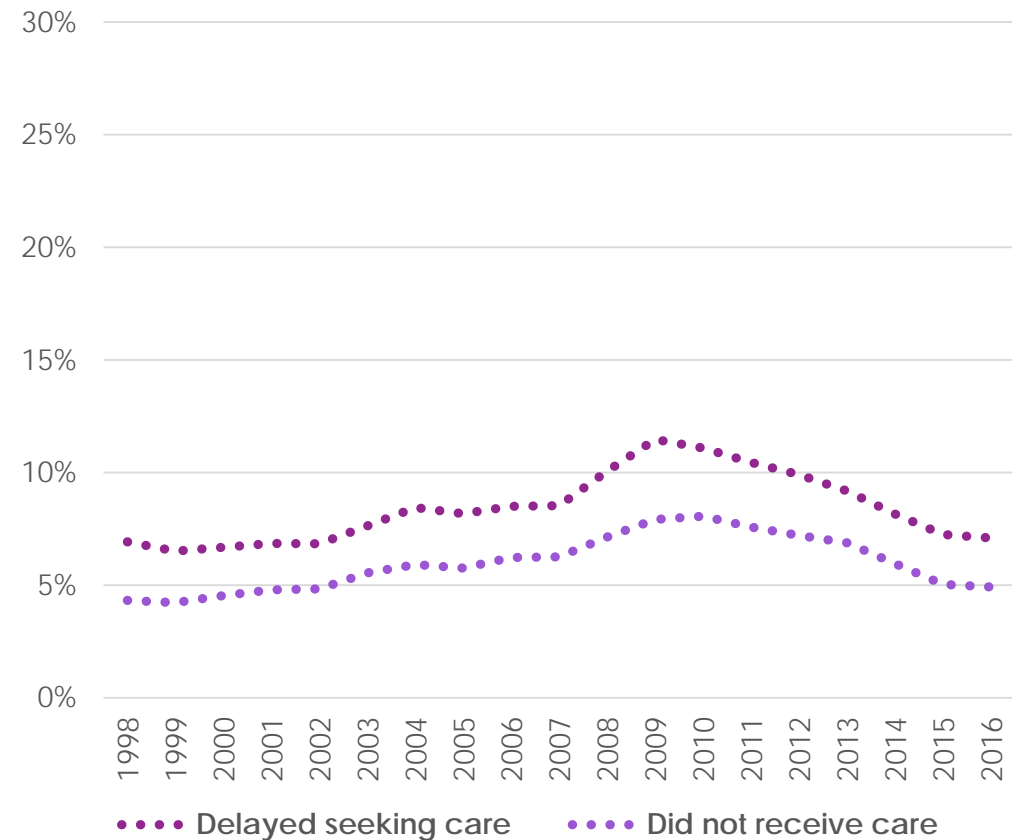


Figure 4b. Access trends for adults without disabilities aged 18-64



Working-age adults with disabilities are more likely to have problems obtaining and paying for health care

Healthcare access and utilization	Disability		No Disability		X ² p value
	est. N (millions)	%	est. N (millions)	%	
	23.6	100.0%	173.5	100.0%	
Problems paying medical bills	7.3	30.9%	23.2	13.4%	<.0001
Unable to pay medical bills	4.5	19.1%	11.6	6.7%	<.0001
Delayed getting needed medical care due to cost	4.4	18.6%	12.3	7.1%	<.0001
Did not get needed medical care due to cost	3.6	15.3%	8.5	4.9%	<.0001

Health policies and disability status are both correlated with access problems

Factors associated with delaying or not getting needed health care due to cost	Access problems %	Model 1 Unadjusted ORs (95% CI)	Model 2† Adjusted ORs (95% CI)
Health care system and disability status			
Disability and Pre-ACA (2012 and 2013)	26.9%	4.1 (3.9 - 4.3)	3.7 (3.5 - 4.0)
No disability and Pre-ACA (2012 and 2013)	11.0%	1.4 (1.3 - 1.4)	1.1 (1.1 - 1.2)
Disability and Post-ACA (2015 and 2016)	21.2%	2.9 (2.8 - 3.1)	3.1 (2.9 - 3.4)
No disability and Post-ACA (2015 and 2016)	8.3%	Reference	Reference
Source: 2012, 2013, 2015 and 2016 National Health Interview Survey, Family Core † Model 2 controls for health insurance coverage, age, gender, race, ethnicity, US region, and marital status			

Conclusions

- Working-age Americans with disabilities use a lot more health services than those without disabilities, and also have more difficulty obtaining and paying for these services.
- Consequently, they are relatively vulnerable to policy changes in the U.S. health care system.
- These trend analyses show **significant improvements in healthcare access following implementation of the Affordable Care Act.**
- Taking away ACA coverage protections would likely diminish healthcare access for people with disabilities.

Questions and Discussion

Emerging Health Policy Issues for Working Age Adults with Disabilities

Medicaid block grants

- Block grants are fixed federal grants to states, indexed to inflation & population growth
- The key issue is defining inflation – health care costs rise much faster than other costs of living
- If program costs exceed allocated funds, a state may have cut Medicaid reimbursement, tighten program eligibility, add waiting lists, or reduce benefits
- If the number of enrollees rises (e.g., during a recession), there may be less funding available per enrollee

Medicaid work requirements (1115 Waivers)

- CMS has already approved new Medicaid work requirements in Arkansas, Kentucky and Indiana, and 7 other state requests are pending
- Most waivers exclude people with disabilities and “the medically frail” from the work requirement, so this may drive up SSI application and enrollment rates
- More broadly, this policy reinforces a false dichotomy between disability and employment, and could undermine return-to-work programs like those established by Ticket to Work and Work Incentives Improvement Act

Individual mandate penalties repealed

- While full repeal of the ACA did not happen in 2017, the Congress has **repealed the individual mandate** – individuals will not be penalized for failing to purchase health insurance starting in 2019
 - This means that, over time, younger and healthier adults may drop of the insurance market, driving up insurance premiums for remaining enrollees in the insurance exchanges

Changing private insurance regulations

- The Trump administration has also proposed regulations to increase availability of **short-term, limited duration (STLD) insurance plans** that are not subject to ACA requirements (no guaranteed renewal, pre-existing condition exclusions, limited coverage of essential benefits)
 - Could also encourage younger and healthier adults to drop out of the insurance exchanges

Questions and Discussion

Evaluation Survey and Contact Information

Directly following the webinar, you will see an evaluation survey to complete on your screen. We appreciate your feedback!

<https://www.surveygizmo.com/s3/4358046/Webinar-Evaluation-June-13-2018-Health-Insurance-Coverage-and-Health-Care-Disparities>

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CHRIL Attribution

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