

## Situational Overview:

The Affordable Care Act (ACA) is the largest change to the U.S. health care system in 50 years. At both the state and federal level, it created numerous implementation challenges and opportunities. The outcome of the 2016 election also casts significant uncertainty over the law's future. In all of these aspects, timely and rigorous evidence has been necessary to

inform several questions: What is the effect of expanding health insurance to the uninsured? How will people move between different sources of coverage? What have been the preliminary impacts of the ACA and of the alternative approaches to the law taken in different states? These questions have and will continue to inform key state and national health policy choices over the coming decade.



## Summary of the Work:

Dr. Benjamin Sommers and colleagues at Harvard and several other institutions have conducted high-impact research in four distinct areas relevant to the ACA.

## Effects of Coverage on Health:

After the Supreme Court's 2012 ruling on the ACA, Medicaid expansion became a state option. Understanding the public health implications of insurance was a key factor in the resulting debate. Two high-profile studies by Dr. Sommers and colleagues examined the effects of coverage expansion on self-reported health and population survival. In the first study, authors compared mortality rates before and after expansion of Medicaid in three states during the early 2000s, using neighboring non-expansion states as a comparison group. They found that Medicaid expansion led to a 6.1 percent drop in mortality over a 5-year period, as well as improved access to care and self-reported health,<sup>1</sup> and a recent update to this study demonstrated that Medicaid was a cost-effective policy for improving mortality.<sup>2</sup> A separate analysis subsequently assessed the effects of Massachusetts's 2006 health reform, the model for the ACA.<sup>3</sup> That study compared mortality rates in Massachusetts to a control group of demographically-similar counties from other states, and again found significant reductions in mortality. These changes were most notable for causes of death potentially

more amenable to health care, such as heart disease, cancer, and infections; the mortality reductions were largest for minorities and those living in poorer counties. These studies became critical pieces of evidence on the potential benefits of coverage expansion.

**Movement Between Coverage Sources:** The ACA's multi-payer approach to expanding coverage raised the prospect of families and individuals frequently transitioning between different types of health insurance. In a series of analyses from 2011-2014,<sup>4-6</sup> Dr. Sommers and his co-authors provided some of the earliest estimates on how frequently low-income adults might switch back and forth between Medicaid and Marketplace coverage and offered policy proposals for reducing potential harms, including guaranteeing 12-month continuous eligibility for adults in Medicaid and encouraging plans to participate in both Medicaid managed care and Marketplaces in order to provide improved continuity for beneficiaries.

**Dependent Coverage Provision:** The ACA's provision allowing young adults to remain on their parents' plans until age 26 took effect in 2010 and was one of the law's earliest successes. Comparing changes in outcomes for adults ages 19-25 versus those of slightly older adults not eligible for the policy, Dr. Sommers and colleagues demonstrated the provision's convincing gains in insurance coverage, access to care, and improved physical and mental health among young adults.<sup>7-13</sup> This work has proved foundational to our understanding of that provision's impact.

## POLICY IMPACT:

This body of research has significantly shaped both the implementation of the ACA and our understanding of its effects to date. The studies on the mortality effects of coverage expansion have been widely cited by policymakers ranging from state legislators to the White House in debating whether to expand Medicaid and the potential benefits of the ACA as a whole. This work also received coverage from leading media sources, including the *New York Times*, *Wall Street Journal*, and *The Washington Post*, and was described by NPR as “some of the best evidence so far”

that health insurance improves survival. Additionally, analyses of churning were used to inform Medicaid regulations and state efforts to address coverage stability, and the evidence on the dependent coverage provision contributed to the widespread popularity of this part of the law – even among many opponents of the ACA. Finally, the studies assessing the effects of the 2014 expansions were cited in the Supreme Court briefings in *King v. Burwell*, by the Council of Economic Advisers, and by President Obama in his 2016 journal article describing the law's accomplishments. Now, with the fate of the ACA again in question, this research evidence is being used to inform this critical debate.

**Marketplace and Medicaid Expansions:** The law's largest coverage changes occurred beginning in 2014. Using a novel data source – the Gallup Healthways Well-Being Index – Dr. Sommers and a team of researchers at the U.S. Department of Health and Human Services published two of the most prominent peer-reviewed studies demonstrating the early and dramatic reductions in the uninsured rate from the ACA.<sup>14,15</sup> Their work also showed that the coverage expansions were associated with improving trends in access to primary care and medications, reductions in cost-related barriers to care, and improvements in self-reported health and functional status. Finally, in a series of studies of Medicaid expansion in three Southern states, Dr. Sommers and his colleagues at Harvard showed that either a traditional Medicaid expansion or the so-called “private option” (using ACA funds to purchase private insurance) both produced significant and wide-ranging benefits to low income adults: more preventive care and outpatient visits, less reliance on the emergency department, more consistent care for chronic diseases, increased financial security, higher-rated quality of care, and improved perceptions of health.<sup>16-18</sup>

## Representative List of Papers:

**Sommers, B.D.,** Baicker, K., Epstein, A.M. (2012).

“Mortality and Access to Care Among Adults After State Medicaid Expansions.” *New England Journal of Medicine*. 367(11):1025-1034.

**Sommers, B.D.,** Long, S.K., Baicker, K. (2014). “Changes in Mortality after Massachusetts' Health Care Reform.” *Annals of Internal Medicine*. 160(9):585-593.

**Sommers, B.D.** (2016). “State Medicaid Expansions and Mortality, Revisited: A Cost-Benefit Analysis.” *American Journal of Health Economics*. In Press, available at: <https://dash.harvard.edu/handle/1/27305958>

**Sommers, B.D.,** Buchmueller, T., Decker, S.L., Carey, C., Kronick, R. (2012). “The Affordable Care Act Has Led to Significant Gains in Health Insurance Coverage and Access to Care for Young Adults.” *Health Affairs*. 32(1):165-174.

**Sommers, B.D.,** Graves, J.A., Swartz, K., Rosenbaum, S. (2014) “Medicaid And Marketplace Eligibility Changes Will Occur Often in All States; Policy Options Can Ease Impact.” *Health Affairs*. 33(4):700-707.

**Sommers, B.D.,** Gunja, M.Z., Finegold, K., Musco, T. (2015). “Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act.” *JAMA*. 314(4):366-374.

**Sommers, B.D.,** Blendon, R.J., Orav, E.J., Epstein, A.M. (2016). “Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance.” *JAMA Internal Medicine*. 176(10):1501-1509

## Related Readings:

Collins, S. R., et al. (2016). Americans' Experiences with ACA Marketplace and Medicaid Coverage: Access to Care and Satisfaction. New York, NY, The Commonwealth Fund.

Frean, M., Gruber, J., Sommers, B.D. “Disentangling the ACA's Coverage Effects — Lessons for Policymakers.” *New England Journal of Medicine*. 375(17):1605-1608.

Obama, B. (2016). United States Health Care Reform: Progress to Date and Next Steps. *JAMA*; 316:525-32.

Shartzter, A., Long, SK, Karpman, M Kenney, G.M, Zuckerman, S. (2015). Insurance Coverage Gains Cross Economic, Social, and Geographic Boundaries. Washington, DC, Urban Institute.

### **In addition to the quality of the research, why do you believe your research had the effect it did at the time it did?**

- **Timeliness.** As ACA implementation moved along, policymakers, media, and the general public wanted to know what was happening in real time. Waiting 1-2 years for traditional data sources and submitting to slow-to-publish journals wasn't an option. We always prioritized ways to collect and analyze data promptly and get our findings out in high-impact venues as soon as possible to inform the debate.
- **Dissemination Partners.** We worked with policy- and community-based partners, in addition to social and traditional media, to disseminate our results. It wasn't enough to talk to other researchers – we wanted to get this evidence to those who needed it to make decisions.
- **Public Interest.** The ACA was such a big story that everyone was clamoring for more information. Unlike a lot of health services research, the average person was familiar with this law and wanted to know more about it – that not only made it easier to get attention for the work, but also raised the stakes for getting it done rigorously and quickly.

### **Citations:**

1. Sommers BD, Baicker K, Epstein AM. Mortality and access to care among adults after state Medicaid expansions. *N Engl J Med* 2012;367:1025-34.
2. Sommers BD. State Medicaid Expansions and Mortality, Revisited: A Cost-Benefit Analysis. *American Journal of health economics* 2016;In Press.
3. Sommers BD, Long SK, Baicker K. Changes in Mortality After Massachusetts Health Care Reform: A Quasi-experimental Study. *Ann Intern Med* 2014;160:585-93.
4. Hwang A, Rosenbaum S, Sommers BD. Creation of state basic health programs would lead to 4 percent fewer people churning between Medicaid and exchanges. *Health Aff (Millwood)* 2012;31:1314-20.
5. Sommers BD, Graves JA, Swartz K, Rosenbaum S. Medicaid and marketplace eligibility changes will occur often in all States; policy options can ease impact. *Health Aff (Millwood)* 2014;33:700-7.
6. Sommers BD, Rosenbaum S. Issues in health reform: how changes in eligibility may move millions back and forth between medicaid and insurance exchanges. *Health Aff (Millwood)* 2011;30:228-36.
7. Akosa Antwi Y, Moriya AS, Simon K, Sommers BD. Changes in Emergency Department Use Among Young Adults After the Patient Protection and Affordable Care Act's Dependent Coverage Provision. *Ann Emerg Med* 2015;65:664-72 e2.
8. Chua KP, Sommers BD. Changes in health and medical spending among young adults under health reform. *Jama* 2014;311:2437-9.
9. Mulcahy A, Harris K, Finegold K, Kellermann A, Edelman L, Sommers BD. Insurance coverage of emergency care for young adults under health reform. *N Engl J Med* 2013;368:2105-12.
10. Sommers BD, Buchmueller T, Decker SL, Carey C, Kronick R. The Affordable Care Act has led to significant gains in health insurance and access to care for young adults. *Health Aff (Millwood)* 2013;32:165-74.
11. Sommers BD, Kronick R. The Affordable Care Act and insurance coverage for young adults. *Jama* 2012;307:913-4.
12. Wallace J, Sommers BD. Effect of Dependent Coverage Expansion of the Affordable Care Act on Health and Access to Care for Young Adults. *JAMA pediatrics* 2015.
13. Scott JW, Rose JA, Tsai TC, et al. Impact of ACA Insurance Coverage Expansion on Perforated Appendix Rates Among Young Adults. *Med Care* 2016;54:818-26.
14. Sommers BD, Gunja MZ, Finegold K, Musco T. Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act. *Jama* 2015;314:366-374.
15. Sommers BD, Musco T, Finegold K, Gunja MZ, Burke A, McDowell AM. Health Reform and Changes in Health Insurance Coverage in 2014. *N Engl J Med* 2014; 371:867-74.
16. Sommers BD, Blendon RJ, Orav EJ. Both The 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults. *Health Aff (Millwood)* 2016;35:96-105.
17. Sommers BD, Blendon RJ, Orav EJ, Epstein AM. Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance. *JAMA Intern Med* 2016.
18. Sommers BD, Maylone B, Nguyen KH, Blendon RJ, Epstein AM. The Impact Of State Policies On ACA Applications And Enrollment Among Low-Income Adults In Arkansas, Kentucky, And Texas. *Health Aff (Millwood)* 2015;34:1010-8.



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