UW School of Medicine and Public Health: Coverage for people with pre-existing conditions improved under the Affordable Care Act

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MADISON, Wis. – Insurance coverage for people with pre-existing conditions increased during the first five years of Affordable Care Act implementation, a recent UW–Madison study revealed.

Health insurance coverage for people with chronic diseases increased by 7 percentage points after key Affordable Care Act provisions were implemented in 2014, according to research led by Rebecca Myerson, assistant professor of population health sciences at the University of Wisconsin School of Medicine and Public Health.

"This is good news for the 6 in 10 American adults who have at least one diagnosed chronic disease," Myerson said.

These coverage gains began to decline, however, after changes were made to the Affordable Care Act implementation in 2017, the study found. Changes made to ACA implementation included an announced repeal of the penalty for lacking coverage, large cuts to government-provided funds for outreach and enrollment assistance, and an executive order expanding plans permitted medical underwriting. Insurance coverage for people with chronic conditions declined by slightly less than 1 percentage point in 2017 and 2018.

The study was recently published in the journal *Medical Care*.

Coverage gains for people without chronic disease also increased by after ACA implantation, peaking in 2016 with a 8 percentage point increase over pre-ACA levels.

"Implementation of the ACA made a difference across the board, not just for people with chronic disease," Myerson said.

Myerson and her team analyzed survey data on insurance coverage from about 2 million people aged 18 to 64 using nationally representative data from the Behavioral Risk Factor Surveillance System.

Data were analyzed using multivariable and difference-in-differences regression models. Multivariable regression models assessed changes in insurance coverage after holding constant changes over time in the characteristics of people with chronic disease.

The other method, difference-in-difference regression, assessed how a policy impacts people by comparing outcomes in a group affected by the policy change versus an unaffected group, before versus after the policy change. In this case, Myerson and her team compared coverage rates for respondents in states that did versus did not enact expansions in Medicaid coverage to low-income adults under the ACA, before and after expansions were implemented in each state.

These data show that expanding Medicaid eligibility (state-level insurance coverage for low-income people) increased coverage for people with chronic disease by about 3 percentage points.

Before the ACA, a diagnosed chronic disease could be grounds for health insurance companies to deny a patient coverage or charge them a higher price, Myerson said.

"Our research suggests that many people with chronic disease will take advantage of insurance options if given the chance," Myerson said. "A full or partial reversal of current policy will result in people losing their coverage."