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The Affordable Care Act's Influence on Healthcare Access and Coverage: A Comprehensive Review

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Abstract*: The ACA or Obamacare, has been a landmark event of the Obama administration, aimed at providing universal coverage to the US population through insurance exchanges, market reforms, insurance subsidies, and Medicaid expansion. Persistent disparities in health insurance coverage among different ethnic and racial groups have been a concern for policymakers and healthcare practitioners, and the ACA has provided health insurance options for individuals from low- and middle-income households. Over the last decade, the ACA has had a transformative impact on healthcare, offering health insurance to millions of Americans and saving lives. However, there have been continued, persistent challenges upon the constitutionality of the ACA, which may hamper its long-term sustainability. Despite this, the comprehensive coverage provided by the ACA and Medicaid expansion have improved healthcare access and equity for families across the country. This literature review aims to examine the impact of the ACA on health insurance coverage from 2015 to 2021, with a particular focus on uninsured individuals and Medicaid expansion.*

Keywords— Affordable Care Act, Obamacare, Medicaid expansion, Market reform, Health insurance coverage

Introduction:

Over a decade ago, on March 23, 2010, President Barack Obama signed the ACA, commonly referred to as Obamacare, into law. The healthcare system in the United States has been greatly affected by this legislation (Blumenthal et al., 2015), and may be considered a landmark event of the Obama administration. The aim of the ACA was to provide universal coverage to the US population, through insurance exchanges, market reforms, insurance subsidies, and Medicaid expansions (Courtemanche et al., 2017).

For many years, there have been persistent disparities in health insurance coverage among different ethnic and racial groups, which has been a concern for policymakers and healthcare practitioners. One of the main factors contributing to disparities in access to care is the differences in insurance coverage. The ACA has provided health insurance options for individuals from low- and middle-income households (Kominski et al., 2017). In early 2022, the US Department of Health and Human Services released a report indicating that over 35 million people were enrolled in Medicaid expansion, marketplace insurance, and the basic health program across participating states. The Assistant Secretary for Planning and Evaluation (ASPE) noted that the National Health Interview Survey's latest projections revealed the lowest percentage of uninsured individuals on record, with 8.8% in the fourth quarter of 2021 compared to 8.9% in the third quarter and 10.3% in the fourth quarter of 2020 (Department of Health and Human Services, 2022). Therefore, the comprehensive coverage provided by the ACA and Medicaid expansion have improved healthcare access and equity for families across the country.

This literature review aims to examine the impact of the ACA on health insurance coverage from 2015 to 2021, with a particular focus on uninsured individuals and Medicaid expansion.

The Impact of ACA on insurance Coverage

The ACA is considered the most impactful healthcare legislation passed in the United States since the establishment of Medicare and Medicaid in 1965. The law brought about substantial modifications with the goal of improving healthcare quality and making it more accessible (Obama, 2016). The ACA is the most extensive reform of the American healthcare system in recent memory and involves numerous direct changes to the health insurance market. This reform's main objective is to enhance Americans' access to health insurance (Shane & Ayyagari, 2015). Moreover, it was designed to significantly advance efforts to address the United States' unique position as the only democracy as well as one of the world's most developed economy which has not yet achieved anything close to universal health care coverage (Desmond et al., 2016; Peterson, 2020).

According to Henry (2013), the success of the ACA will depend on the number of eligible uninsured individuals who enrol in coverage, and outreach and enrolment efforts will be crucial in reducing the uninsured rate. Serakos and Wolfe (2016) noted that the ACA had resulted in a significant decrease in uninsured individuals across the country. In various states, Medicaid expansions will be implemented under the ACA, and dependent children will be able to remain covered by their parents' private health insurance policies. Several studies have illustrated this, such as those of Chino et al. (2018), Han et al. (2018), and Jemal et al. (2017).

Brennan (2014), the ACA has made considerable improvements in the provision of care for individuals living

with Human Immunodeficiency Virus (HIV) by eliminating pre-existing condition exclusions and decreasing premiums and out-of-pocket expenses for a demographic that primarily consists of patients with low incomes and inadequate insurance coverage. Consequently, HIV-infected patients residing in states with Medicaid expansion have access to more insurance and Medicaid coverage, as noted by Corrigan et al. (2020) and Hood et al. (2017). As a result, the ACA is making progress in providing maximum insurance coverage for vulnerable populations.

The age group with the highest proportion of uninsured individuals in the United States is between 26 to 34 years old, with a rate of 21.2% as of 2020 (Statista, 2022). This group also has the lowest access rates to employer-based insurance compared to other age groups, especially those aged 35 to 44 years old (Statista, 2022). Despite their typically better health compared to older adults, young adults with inadequate or no insurance are less likely to seek preventative services and healthcare, which may negatively impact their health outcomes (Collins et al., 2012). Young individuals without insurance are also more likely to delay or forego the necessary healthcare compared to those with insurance (Callahan & Cooper, 2005).

Research from various national databases has demonstrated the significant positive impact of the insurance reforms and subsidies introduced under the ACA on insurance coverage, care access, and reduced out-of-pocket expenses and premiums, particularly for low-income individuals (Glied et al., 2016; Goldman et al., 2018). Furthermore, a recent experimental study by Goldin et al. (2019) revealed that an information-based intervention targeted at individuals who paid the ACA's individual mandate tax penalty resulted in increased insurance coverage and a subsequent small but notable reduction in mortality among middle-aged adults. The improvements in coverage resulting from the ACA have resulted in a significant decrease in social disparities in insurance coverage, with minority groups and those earning below 139% of the federal poverty level experiencing greater coverage gains (Lantz & Rosenbaum, 2020).

Although the ACA has the potential to offer many benefits, a large number of eligible Americans are still without health insurance. Results from a 2015 national survey conducted by the Robert Wood Johnson Foundation show that the majority of uninsured Americans recognize the importance of health insurance and are actively seeking or intend to seek coverage; however, over half of them have not used the Health Insurance Market (HIM) and have difficulty finding insurance due to a lack of information and difficulty understanding the insurance market. The expectation is that the reasons for being uninsured will vary by county and state. For example, recent research conducted in Utah, a state without Medicaid expansion, found that uninsured individuals still need care, but the main obstacles to obtaining insurance were high policy costs, difficulties obtaining information, and a lack of guidance on how to enroll (Amante et al., 2015; Desmond et al., 2016; Kamimura et al., 2016). Individuals with lower socioeconomic status often face difficulties in accessing healthcare, including challenges in finding health information on the internet (Lemire et al., 2008). Petrany and Christiansen (2014) proposed that disseminating information regarding the ACA and its application process might mitigate issues stemming from inadequate access to information. Despite this, their study showed that a meager proportion of respondents participated in an ACA course at the clinic or other venues, suggesting that alternative strategies may be required to guarantee that individuals are equipped with knowledge about the ACA. The ACA has had a positive impact on healthcare in the United States, providing millions of Americans with access to insurance, improving the lives of those who are low-income, have pre-existing conditions, and other vulnerable populations. The expansion of both public and private coverage, particularly the Medicaid expansion, has contributed to the success of the ACA over the past decade. As a result, the law has significantly improved health insurance coverage and saved numerous lives.

Impact of ACA on the uninsured

Multiple studies (Cohen et al., 2022; Martinez et al., 2019; Robin et al., 2021) indicate that the percentage of uninsured individuals between 2015 to 2021 has fluctuated between 9.1% to 9.2% after the implementation of the ACA. In 2015, five years after the ACA's implementation, there were still a significant number of individuals without health insurance coverage in the United States.

According to data from the U.S. Census Bureau, in 2015, there were 33 million uninsured individuals in the United States, representing 10.4% of the population (DeNavas-Walt & Proctor, 2016). The rate of uninsured individuals has risen since 2016, with an increase of 1.7% between 2017 to 2019, mainly due to new Medicaid regulations and ACA coverage changes (Finegold et al., 2021). Notwithstanding the economic recession and employment losses triggered by the COVID-19 outbreak, the ACA sought to curb the number of individuals without health insurance coverage by broadening Medicaid to low-income cohorts and providing financial assistance for Marketplace insurance to those earning less than 400 percent of the federal poverty threshold. The ACA yielded a substantial decrease in the count of non-elderly uninsured Americans, reaching a historic low in 2016, but the rate of uninsured individuals experienced an uptick between 2017 and 2019 (Damico, 2020).

Lee et al. (2022) estimate the U.S. population's uninsured rate to be 8.8% in Q4 2021, which is on par with 2016 and early 2017. The overall uninsured rate dropped from 10.3% in Q4 2020 by 1.5 percentage points, resulting in 4.9 million more people acquiring health insurance during this time. While the impact of the ACA on the uninsured population in 2022 is not yet known, it is worth noting that the

Biden administration has taken steps to strengthen the ACA and expand access to healthcare. For example, the American Rescue Plan Act of 2021 includes provisions to increase subsidies for health insurance premiums and to incentivize states to expand Medicaid coverage (Kaiser Family Foundation, 2021). The decrease in the uninsured rate can be attributed to the growth in private health insurance coverage and to a lesser extent, public coverage, along with sustained economic development, record job creation, governmental and administrative initiatives to assist Americans in retaining and obtaining inexpensive coverage, and the extension of Medicaid to more states (Chu et al., 2022). Finegold et al. (2021) note that those without insurance are more likely to be Black or Latino, young adults, have poor incomes, or reside in states that have not extended Medicaid.

Angier et al. (2015) found that uninsured visits were still significant in states that did not expand Medicaid. Latino populations faced obstacles in accessing and using high-quality treatment, particularly in states without Medicaid expansion (Ortega et al., 2015). Undocumented immigrants were not eligible to purchase insurance on the marketplace exchanges or receive Medicaid coverage under the ACA. As a result, many undocumented immigrants continued to rely on safety net providers such as free clinics for their healthcare needs. Doty et al. (2014) conducted a survey and found that Latino adults were more likely than other groups to be uninsured, with undocumented Latinos having the highest uninsured rate. Despite the ACA's efforts to close this coverage gap, the law's exclusion of undocumented immigrants limited its ability to fully address the issue. However, some states have taken steps to expand healthcare coverage for undocumented immigrants. For example, California and New York have both implemented programs to provide coverage for undocumented immigrants through their state Medicaid programs. While these efforts are limited in scope, they represent a recognition of the need to address the healthcare needs of undocumented immigrants. Legal immigrants, such as refugees and asylum seekers, faced similar difficulties in acquiring insurance coverage as permanent residents (Parmet, 2013). Fried et al. (2014) noted that legal immigrants were not eligible for full Medicaid coverage during their first five years of qualifying for permanent residency under the ACA.

Kamimura et al. (2016) explored the intentions of uninsured free clinic patients in states without Medicaid expansion to receive health insurance under the ACA and found that misconceptions regarding eligibility and age were significant barriers to applying for health insurance under the ACA. Elderly patients visiting free clinics, in particular, needed assistance in obtaining pertinent information about the ACA and other options. Ultimately, despite the pressures of COVID-19 and policy changes, the ACA has led to a reduction in the proportion of uninsured individuals over the last six years (Damico, 2020). The fate of the ACA remains uncertain however, as the constitutionality of Section 1302, essential health benefits is being litigated.

In conclusion, over the last seven years, the implementation of the ACA has resulted in a reduction in the percentage of uninsured individuals, despite facing challenges from COVID-19 and policy changes. While there was an increase in the uninsured rate between 2017 and 2019, the overall trend has been towards a decrease in the number of uninsured Americans.

Impact of ACA on Medicaid expansion

Prior to the implementation of the ACA, eligibility for Medicaid differed among states, and a significant portion of low-income adults did not have access to health insurance (Brooks et al. 2015). The ACA had a significant influence on the provision of health insurance, with approximately 12 out of 20 million recently insured individuals obtaining coverage via the extension of Medicaid (Sommers and Epstein 2017; Decker et al., 2017). However, unlike other aspects of the ACA, the decision of whether to expand Medicaid was left up to individual states after a 2012 Supreme Court ruling (National Federation of Independent Business v. Sebelius), resulting in unequal access to Medicaid health insurance across the country (Michener 2018). This geographic and temporal variation can be utilized to better understand the feedback effects of the ACA.

According to Damico (2020), the ACA mandated that Medicaid coverage be extended to all adults with an income at or below 138 percent of the federal poverty threshold (FPL). Medicaid is a health insurance program designed for low-income individuals in the United States. However, due to a Supreme Court ruling, states have the option to either expand Medicaid or not. As of March 2023, 40 states have adopted Medicaid expansion. Consequently, citizens living in states that have not expanded Medicaid may lack affordable insurance options. The federal government has responded to this issue by assuming a greater portion of the cost of expanded Medicaid coverage. The American Rescue Plan Act of 2021 provides supplementary provisional financial incentives for states that opt to adopt the ACA Medicaid expansion, with the aim of motivating non-expansion states to consider the expansion (Williams & Hinton, 2022). Medicaid expansion studies have shown that the program aids in increasing coverage, decreasing the number of uninsured individuals, improving access to care, reducing the costs of uncompensated care, increasing the affordability of care, and reducing racial and ethnic disparities in coverage. Under the American Rescue Plan Act, there is a significant financial incentive (90%) for states to expand Medicaid (Williams & Hinton, 2022).

The possibility of future expansion for states that have not yet done so would be precluded if the ACA were to

be repealed. Out of the 40 states that have already expanded Medicaid, 25 accepted the expansion when it was first introduced in 2014. However, some states have only recently adopted the expansion. If states that have not yet implemented the expansion choose to do so, nearly 10 million uninsured adults could be eligible for Medicaid. Therefore, it would be unlikely for states to expand coverage through extended parental coverage or a 1115 waiver without improved federal matching funds, as such funds were available under the ACA (Damico, 2020).

Despite the availability of Medicaid expansion and tax credits to almost all respondents, the University of Michigan Student-Run Free Clinic (UMSRFC) found that almost half of the patients were uninsured due to the perceived cost. This figure is consistent with a national survey conducted in 2015, where 61% of participants cited cost as their primary reason for not having insurance (Robert Wood Johnson Foundation, 2015). However, the UMSRFC study revealed differences in how patients approached expanded Medicaid and the Health Insurance Market compared to the national survey. Ayanian's (2013) study highlighted that patients in each group, those with an income equal to or below 138 percent of the FPL and those above 138% FPL, faced unique experiences and challenges when seeking health insurance.

The UMSRFC study further showed that nearly half of patients with FPLs below 138 percent reported cost as the main obstacle to obtaining insurance. While Michigan's Medicaid plans may have higher cost-sharing compared to other states, the current plans account for only 5% of an eligible person's income (Ayanian, 2013). Interestingly, only 35% of UMSRFC respondents had recently applied for coverage, despite 57% of them having earnings below 138% of the FPL. Desmond et al. (2016) discovered that 21 out of 28 respondents without active health insurance searches had incomes below 138% of the FPL. The proportions of those applying for Medicaid, who made more than and less than 138% of the FPL, were quite similar. A knowledge gap inhibiting people from obtaining Medicaid coverage was suggested by the fact that eligible individuals were much more aware of Medicaid's income threshold than ineligible ones. The biggest reason for not applying for Medicaid was the belief that they wouldn't be eligible, as seven out of twelve seemingly qualified respondents were unaware of their eligibility. These results suggest that uninsured people are unsure about Medicaid eligibility standards (Desmond et al., 2016). Targeted outreach and education tailored to income eligibility could have a significant impact on increasing insurance uptake among the uninsured.

The Medicaid expansion had a significant impact on health insurance coverage in two distinct ways. Firstly, it increased the number of insured individuals by providing an accessible and affordable alternative to pre-existing options. Prior to the expansion, securing health insurance coverage for adults aged 50-64 was a challenging task due to their higher health risks and greater medical needs. This was primarily due to the unaffordable premiums in the commercial market, compounded by insurers' perception of older individuals as more vulnerable to health risks (McInerney et al., 2020). This was especially true for low-income populations targeted by Medicaid.

Secondly, the expanded Medicaid eligibility had a significant effect on the insurance choices of elderly, low-income individuals. Considering the exorbitant insurance premiums prevalent before the expansion, it is plausible that that individuals aged 50-64 years experienced a "crowd-out" effect which refers to the situation where the expansion of Medicaid eligibility causes some individuals who were previously enrolled in private insurance to switch to public insurance, such as Medicaid. As per 2015 U.S. Census Bureau data, 85.4% of adults aged 45 to 64 had health insurance, out of which 71.7% had private insurance, and 18.9% had public coverage, including Medicaid and Medicare. According to the U.S. Census Bureau (2015), this particular cohort of non-elderly adults exhibited the most extensive coverage ratio. It follows that the replacement of private plans with Medicaid likely constitutes the principal contributing factor to crowding out. Furthermore, the enrollment of individuals in Medicare may have decreased if certain individuals opted not to apply for disability programs owing to the new Medicaid eligibility criteria centred on income (Burns & Dague, 2017).

In recent studies, near-elderly individuals were affected most by the crowding-out phenomenon. The American Community Survey (ACS) was used in several studies that found that Medicaid coverage increased two or more years after Medicaid expansion, regardless of whether near-elderly individuals were defined as 50-64 years of age or 56-64 years old (Courtemanche et al., 2019; Wehby & Lyu, 2018). Due to the low premiums and minimal or no cost-sharing, Medicaid offers more comprehensive insurance coverage than private insurance or Medicare. Additionally, Medicaid covers long-term care, dental, and vision care not covered by Medicare or private insurance. This makes Medicaid a more generous alternative for insurance coverage (National Academies of Sciences, Engineering, and Medicine, 2017; McInerney et al., 2020).

The expansion of Medicaid had a positive impact on the insurance coverage provided by the ACA. The expansion of Medicaid coverage would have a more significant impact on the health and financial stability of people in states that have extended Medicaid coverage, particularly those affected by the Medicaid coverage gap. A comprehensive plan must be developed to ensure that low-income individuals have access to affordable coverage, regardless of their location, as it would significantly improve their health outcomes and save lives in the long run.

Conclusion

The ACA has had a transformative impact on healthcare, offering health insurance to millions of Americans and saving lives. It has been particularly beneficial for those who previously lacked insurance, were low-income, or had pre-existing conditions. The increase in both public and private insurance has contributed to this, with the Medicaid expansion playing a crucial role in the success of the ACA over the last decade. While the benefits appear to be substantial there appears to be continued, persistent challenges upon the constitutionality of the ACA. The successful challenges have moderated the potential positive impact of the act. The long-term sustainability of the act may be hampered due to the zero- tax penalty regarding mandated coverage and if the challenge to Section 1302- preventive services is successful would impact the various preventive care services. While opponents to the ACA have been unsuccessful in repealing the act, success has been achieved in weakening some of the foundational cornerstones to the act's sustainability and effectiveness.

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