Age, work, insurance and disability in post-ACA world

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PI, Collaborative on Health Reform and Independent Living (CHRIL)

overview

- Introducing the CHRIL
- Disability disparities in workforce and program participation
- Changes in health insurance coverage following implementation of the **Affordable Care Act**

Introducing The Collaborative on Health Reform and Independent Living

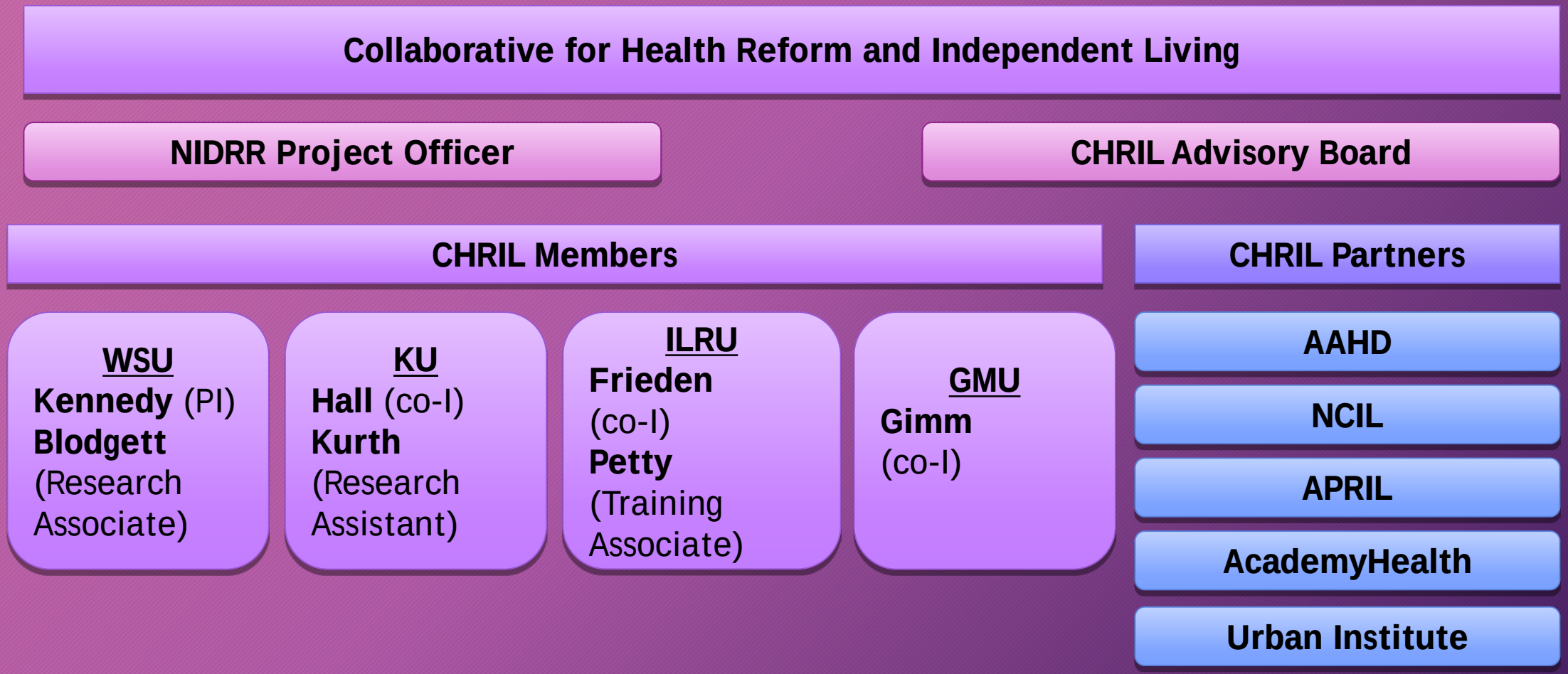
Funded by: National Institute on Disability, Independent Living and Rehabilitation Research,
U.S. Department of Health and Human Services, Administration for Community Living
Disability and Rehabilitation Research Project: 90DP0075-01-00

CHRIL funding, Budget and Timeline

- The National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) is a Center within the Administration for Community Living (ACL), US Department of Health and Human Services (HHS).

- Start Date: 10/1/2015
- Length: 60 months
- Total Budget: $2,493,890

CHRIL Org Chart



CHRIL Objective

- 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.

CHRIL research activities

1. *Documenting the experiences of working-age adults with disabilities in obtaining and maintaining health insurance, and identifying the impact of insurance on their access, health and function* through phone interviews, internet surveys, and analysis of the Urban Institute's Health Reform Monitoring Survey (HRMS).
2. *Assessing the health insurance information, training and technical assistance needs of Centers for Independent Living (CILs) and other disability stakeholders* through internet surveys, phone interviews of CIL directors, and town hall meetings at national independent living conferences.
3. *Analyzing post-reform insurance coverage trends* among working-age adults with disabilities using the National Health Interview Survey (NHIS).
4. *Identifying gaps in coverage and potential areas of undue cost burden for people with disabilities* by analyzing health care expenditures, including premium costs, deductibles and co-pays using the Medical Expenditure Panel Survey (MEPS).
5. *Assessing the impact of the ACA on disability program enrollment and workforce participation* by testing how the Medicaid expansion influences SSI activity using the American Community Survey (ACS).

CHRIL knowledge translation activities

1. *Presenting research findings at 10-15 professional and scientific meetings*, including the annual meetings of AcademyHealth, National Council on Independent Living, APRIL and the National Association of Rehabilitation Research and Training Centers;
2. *Submitting at least 10 manuscripts* for scientific and professional journals and p*reparing and updating at least 5 factsheets and 2 chartbooks* for program administrators and disability advocates;
3. *Offering 2 health reform webinars per year*; and *creating at least 3 self-paced tutorials* on various aspects of health care policy, organization and financing;
4. *Training 2-3 graduate research assistants per year* and *establishing a summer internship program for 2-3 undergraduates with disabilities per year* at ILRU in Houston; and
5. *Developing and maintaining the CHRIL* website, with access to all publications and presentations in accessible formats.

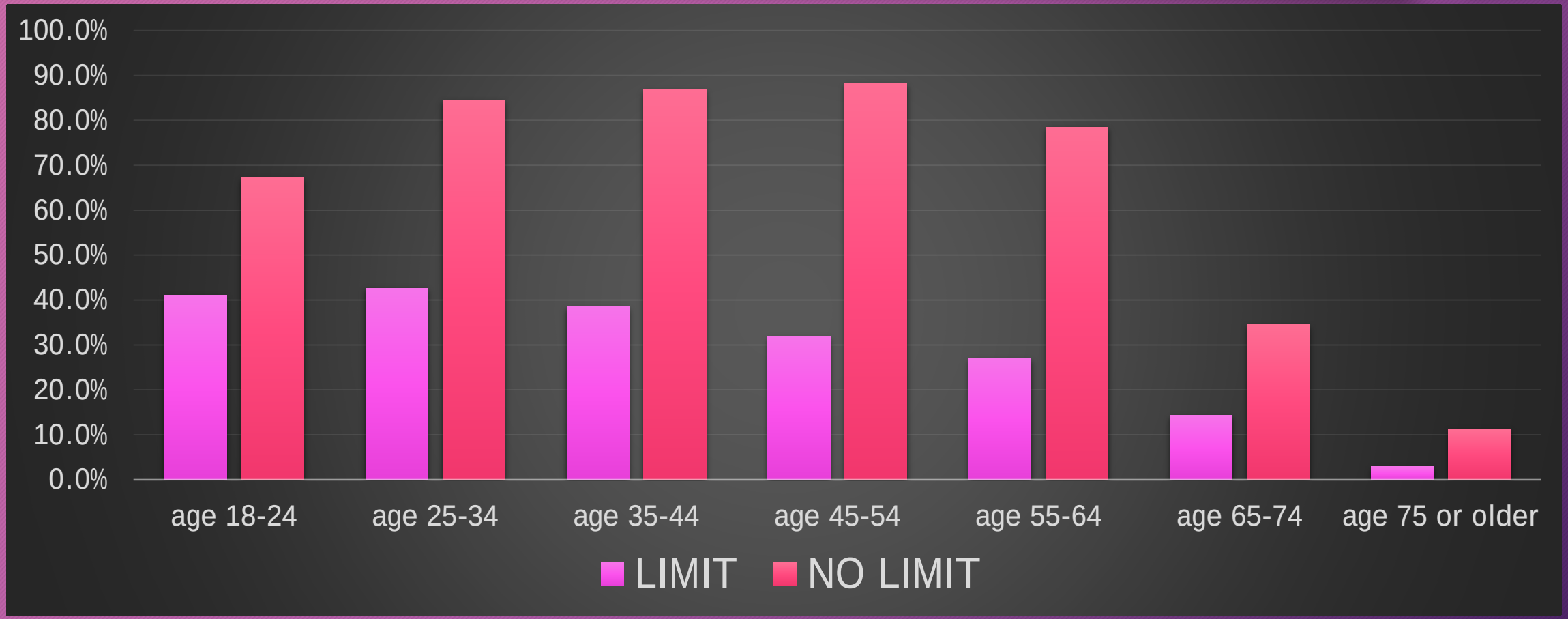
Why “working age” adults with disabilities?

- Stone (1984) argues that disability in the working age (18-64) population is an existential threat to the wage labor market, and consequently disability programs are designed to be very limited and tightly regulated.
- To be deemed eligible for public benefits, people with disabilities must be disengaged from the labor market because of verifiable chronic health condition(s). Essentially, they must choose between work and benefits.
- In the US, because health insurance coverage is tied to full time work, adults who are limited or unable to work because of a chronic health condition must seek out public health insurance as well as income replacement. Coverage is usually linked to enrollment in the Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) programs.

What we know about workforce and program participation for adults with disabilities

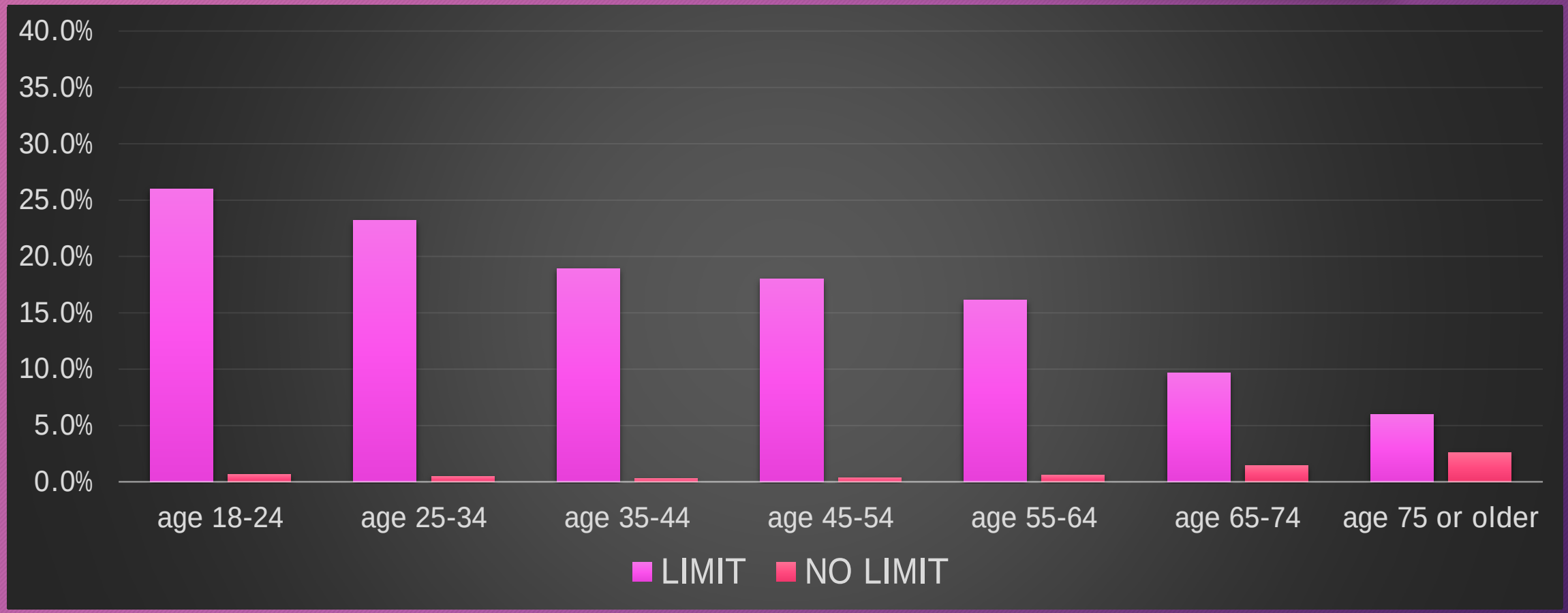
- Less than a third (32.6%) of adults aged 18-64 with activity and/or work limitations worked for pay in 2014, compared with 81.8% of those without limitations
- About 18.5% of adults aged 18-64 with activity and/or work limitations received SSI benefits in 2014 – enrollment declines with age
- About 27.3% of adults aged 18-64 with activity and/or work limitations received SSDI benefits in 2014 – enrollment increases with age

Any paid work in 2014 by age and disability



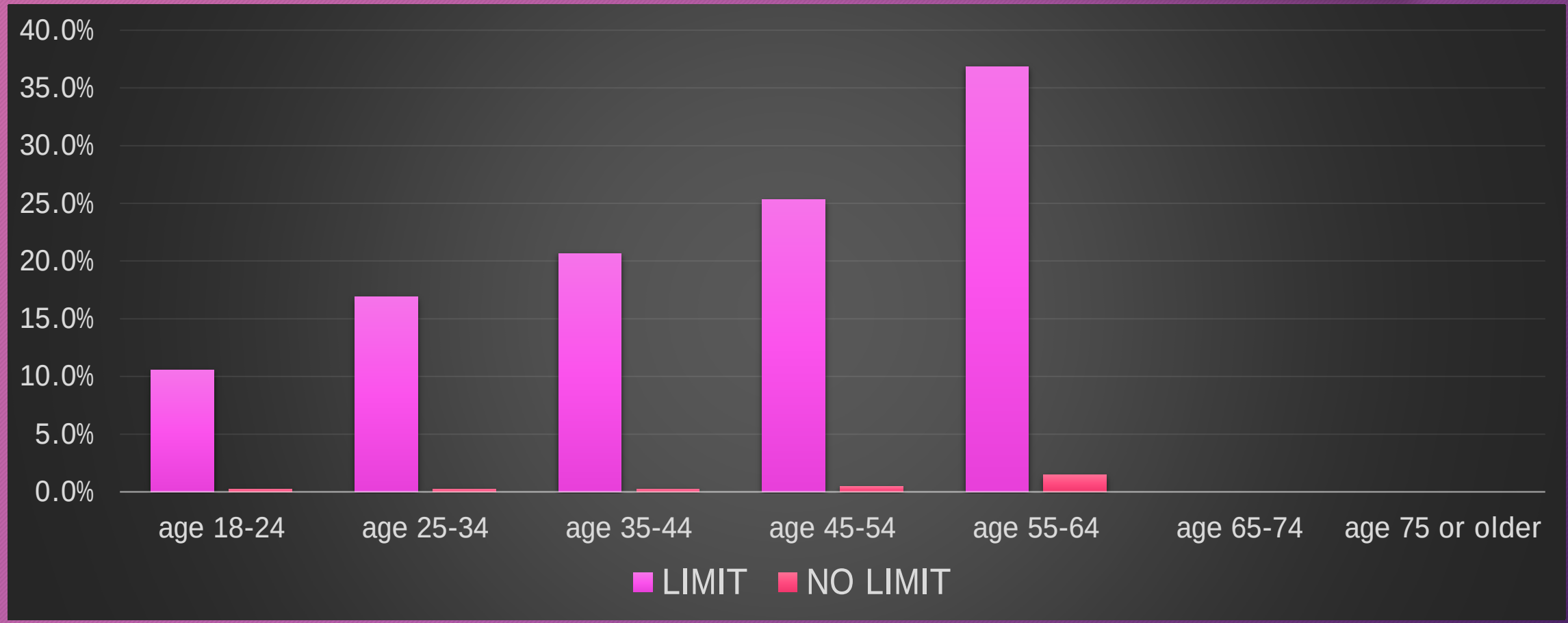
Source: 2014 National Health Interview Survey

Any SSI benefits in 2014 by age and disability



Source: 2014 National Health Interview Survey

Any SSDI benefits in 2014 by age and disability



Source: 2014 National Health Interview Survey

The importance of health insurance for adults with disabilities

- Approximately 18.4 million adults aged 18-64 whose workforce participation is limited due to a disability or chronic health condition, and most of these adults do not have access to employer-based health insurance coverage.
- Compared to people without disabilities, this population is much more likely to be in fair or poor health, to experience serious psychological distress, and to report multiple co-morbid health conditions. They are also more than twice as likely to live in poverty.
- Consequently, they are at higher risk of delaying or skipping needed medical care due to cost. Even though they have more access problems, average healthcare expenditures for adults with disabilities are 4 to 5 times higher than those without disabilities.

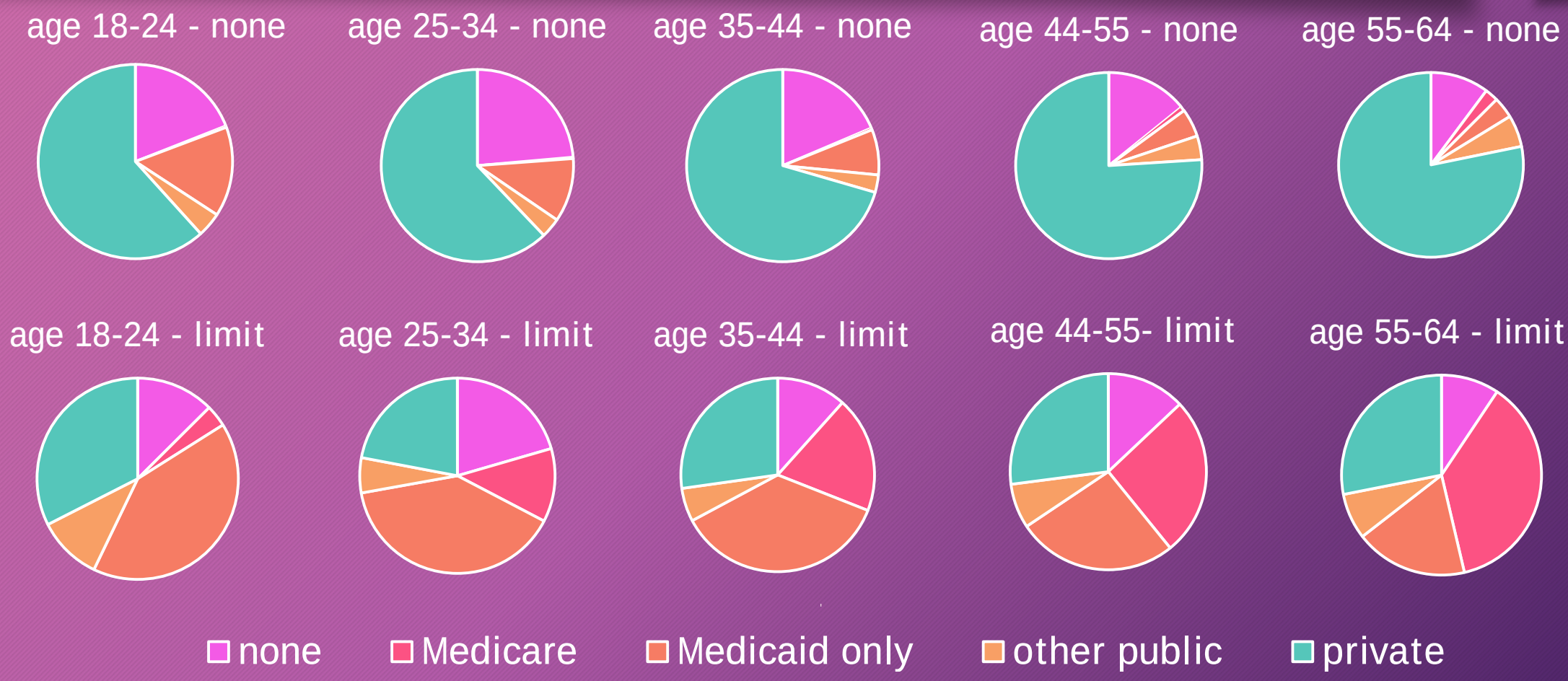
Health Insurance Motivated Disability Enrollment (HIMDE)

- We hypothesize that a number of working-age adults with disabilities apply for SSI or SSDI mainly for health insurance coverage rather than transfer income, a phenomenon we describe as Health Insurance Motivated Disability Enrollment
- A possible side-effect of improved health insurance access after ACA implementation would be a decline in disability program applications and enrollments
- Politicians are starting to make the connection: former Arkansas Governor Mark Beebe argued that a recent drop of 19% in the state's SSI applications was due to their participation in the Medicaid expansion

What we know about health insurance for adults with disabilities

- Adults aged 18-64 with activity and/or work limitations were less likely than those without limitations to be uninsured in 2014 (12.1% vs. 17.3%)
- Adults aged 18-64 with activity and/or work limitations were much more likely than those without limitations to receive Medicare (26.4% vs. 0.7%), Medicaid (27.0% vs. 8.2%), or other public insurance (7.2% vs. 4.0%)
- Adults aged 18-64 with activity and/or work limitations were much less likely than those without limitations to receive private insurance in 2014 (27.4% vs. 69.7%)
- Uninsurance rates dropped between 2013 and 2014 for adults aged 18-64 with activity and/or work limitations (from 16.6% to 12.1%) for those without limitations (from 21.2% to 17.3%)

Health insurance in 2014 by age and disability



Source: 2014 National Health Interview Survey

Changes in health insurance coverage between 2013 and 2014 by age and disability

	age 18-24			age 25-34			age 35-44			age 45-54			age 55-64		
	none	public	private	none	public	private	none	public	private	none	public	private	none	public	private
LIMIT															
2013	22.0%	43.2%	34.8%	20.3%	51.8%	27.8%	17.7%	54.9%	27.4%	18.7%	54.8%	26.5%	12.8%	60.0%	27.2%
2014	12.5%	55.0%	32.5%	20.5%	57.4%	22.1%	11.6%	60.8%	27.6%	13.0%	59.9%	27.1%	9.4%	62.5%	28.1%
change	-9.5%	11.8%	-2.4%	0.2%	5.6%	-5.8%	-6.0%	5.9%	0.2%	-5.8%	5.1%	0.7%	-3.4%	2.5%	0.9%
NO LIMIT															
2013	25.2%	15.4%	59.4%	27.8%	12.1%	60.1%	21.6%	8.9%	69.6%	17.0%	8.2%	74.8%	13.9%	10.6%	75.5%
2014	19.0%	19.2%	61.8%	23.6%	14.2%	62.2%	18.6%	10.8%	70.6%	14.2%	9.7%	76.1%	10.2%	11.6%	78.2%
change	-6.2%	3.8%	2.3%	-4.2%	2.1%	2.1%	-3.0%	1.9%	1.0%	-2.8%	1.4%	1.3%	-3.7%	1.0%	2.8%

Source: 2014 National Health Interview Survey

What we don't know about health insurance for adults with disabilities

- Why are 2.4 million working-age adults with activity and/or work limitations still uninsured in 2014? How many will be subject to the ACA tax penalty?
- How many working-age adults with activity and/or work limitations obtained private health coverage via the state health insurance exchanges? Did they have difficulty navigating the marketplace? Did they receive assistance?
- More working-age adults with activity and/or work limitations received public health insurance in 2014 than in 2013 – is this due to the Medicaid expansion?
- Has the introduction of new coverage options led to a decline in disability program applications, particularly in states that participate in the Medicaid expansion?

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What we don't know about health insurance for adults with disabilities, *continued*

The "triple aims" of health reform are:

1. To improve **access** to health insurance and health care – health insurance coverage has improved across populations, but is this coverage sufficient for people with disabilities to obtain the medical services they need?
2. To bend the **cost** curve – because a small portion of the publically insured population account for a large portion of health care expenditures (i.e. the 5/50 rule), will new cost containment efforts reduce access to health services for people with chronic health conditions and disabilities?
3. To improve **quality** of health services – will efforts to reduce rehospitalization and other measures account for the rehabilitation, housing, equipment and personal assistance needs of people with chronic health conditions and disabilities?

Watch this space…

http://www.chril.org/

Annual conference presentations at NARRTC, NCIL and AcademyHealth

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