ASPE
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

ISSUE BRIEF

July 28, 2021

HEALTH INSURANCE COVERAGE AMONG WORKING-AGE ADULTS WITH DISABILITIES: 2010-2018

KEY POINTS

- From 2010-11 to 2017-18, the proportion of working-age adults (i.e., age 18-64) with disabilities[i] who had health insurance coverage for the whole year increased from about 71% to 81%. The proportion of adults with disabilities who were uninsured for the whole year was nearly halved, falling from about 17% to about 9%.
- Increases in Medicaid coverage gains were particularly large among adults with disabilities, coinciding with the Affordable Care Act's (ACA's) Medicaid expansions that took effect in most states starting in 2014.
- These improvements were concentrated immediately after 2014, when the ACA's main insurance expansions took effect.
- Throughout the study period, however, adults with disabilities remained about 50% more likely than adults without disabilities to be insured for only part of the year.
- The American Rescue Plan (ARP) Act of 2021 expanded subsidies for Marketplace plans, which has the potential to increase coverage further for adults with disabilities.
- Under the ARP, an estimated 532,000 uninsured adults with disabilities (roughly 67%) have access to a zero-premium plan after premium tax credits on HealthCare.gov, an increase of 16.8 percentage points from pre-ARP estimates.

INTRODUCTION

Health insurance coverage is a key determinant of access to affordable health care. Insurance coverage provides financial protection,[1] and lack of coverage is associated with higher morbidity and mortality.[2,3] The Affordable Care Act (ACA) of 2010 led to a significant decrease in the number and proportion of United States residents under 65 who are uninsured, from 48.2 million (18.2%) in 2010 to 30.1 million (11.1%) in 2018.[4] The ACA provided new coverage options via Medicaid expansion and Marketplace insurance for people with low incomes and for people with pre-existing conditions, including chronic medical conditions and disabilities, who often had difficulty obtaining private insurance coverage prior to the ACA.

More recently, the American Rescue Plan (ARP) Act of 2021 extended and expanded coverage options available under the ACA by increasing the generosity of advanced premium tax credits (APTCs) for lower-income individuals and extending APTCs to those with incomes over 400% of the federal poverty level (FPL).

In this Brief, we show that adults with disabilities have experienced major gains in full-year coverage since 2010 but as of 2017-18 remained less likely to have health insurance than adults without disabilities. For this vulnerable population, consistent access to health insurance may be even more

critical to continuity of care and improved health outcomes. While having health insurance coverage for part of the year is associated with better outcomes than being uninsured for an entire year, coverage interruptions may prevent timely access to needed health services, disrupt existing courses of treatment, and increase financial hardship for people with disabilities and their families.[5,6] Little has been reported, however, about the extent to which working-age adults with disabilities continue to experience gaps in coverage post-ACA.

To assess changes in overall health insurance coverage--including continuity of coverage--for working-age adults with and without disabilities, we analyzed nationally representative survey data from 2010-2018, with a focus on coverage changes that took place after ACA implementation. In addition, we assessed how levels of private and Medicaid coverage have changed for adults with and without disabilities since the major ACA insurance expansion took effect in 2014.

Because the ARP holds potential for improving insurance coverage for working-age adults with disabilities, we supplemented the primary analysis with separate national survey and health plan data to examine availability of zero-premium Marketplace plans under the ARP among uninsured, working-age adults with disabilities.

METHODS

We analyzed nine years of data from the National Health Interview Survey (NHIS), 2010-2018. The NHIS has been used to track changes in health insurance coverage, including the number of uninsured, since 1972.[7] Our sample was limited to adults aged 18-64 years. We excluded adults aged 65 years or older because of the high likelihood of Medicare eligibility in that population and, therefore, low risk of coverage interruptions. The goal was to assess changes in health insurances coverage over time for adults with disabilities and to compare United States adults with and without disabilities.

Continuous coverage remains out of reach for a disproportionate number of adults with disabilities, even after ACA insurance expansions. For people with chronic conditions and ongoing health care needs, stable coverage with adequate benefits is a key determinant of access to care.

Numerous measures and proxy measures of disability exist, including in national survey data such as the NHIS. We examined whether adults met criteria for having a disability as measured by the Washington Group Short Set (WG-SS) questions. The WG-SS consists of six questions that assess the respondent's difficulty with seeing, hearing, walking, remember or concentrating, washing or dressing, and communicating. We coded a respondent as having a disability if they responded "a lot of difficulty" or "cannot do at all" to one or more questions about these activities.[8,9]

To examine trends over time, we broke the nine-year study period into intervals relative to 2014 (the year when the ACA's main coverage provisions--Marketplace and Medicaid expansion--went into effect). We examined a pair of two-year intervals pre-2014 (2010-11 and 2012-13) and a pair of two-year intervals post-2014 (2015-16 and 2017-18). We retained 2014 as a single-year transition period when we expected unique changes in coverage.

The primary outcome, health insurance coverage status, was measured with a three-level indicator of coverage over the prior year: (1) **full-year insured**, with no gaps or interruptions; (2) **full-year uninsured**; and (3) **part-year insured**, with one or more months without coverage. As secondary outcomes, we assessed whether respondents had private coverage or Medicaid at the time of the survey.

We also examined a range of sociodemographic covariates: age, sex, race/ethnicity, and family income with respect to the FPL. We then estimated age-adjusted and sex-adjusted levels and trends in each insurance coverage outcome measure using logistic and multinomial logistic regression models. The models included main effects for group (any disability vs. no disability) and time (each subsequent period vs. 2010-11, the reference period) and group-by-time interactions to generate both group-specific levels and trends, as well as differences in changes for adults with disabilities compared to those without disabilities. We applied the recommended NHIS weights and variance estimation procedures to account for complex survey design and produce nationally representative estimates.

As a secondary analysis, we assessed the potential availability of zero-premium health plans through the federal Marketplace on the HealthCare.gov platform among uninsured adults reporting a disability, under the ARP.[ii] This analysis used data from the American Community Survey (ACS). The ACS survey instrument establishes a respondent's disability status using a somewhat different set of questions from the WG-SS questions used in our primary analysis of the NHIS data.[9] As a result, findings from this analysis are not directly comparable to the primary analysis, but they may give us an indication of the direction and magnitude of coverage changes expected in the population of working-age adults with disabilities.

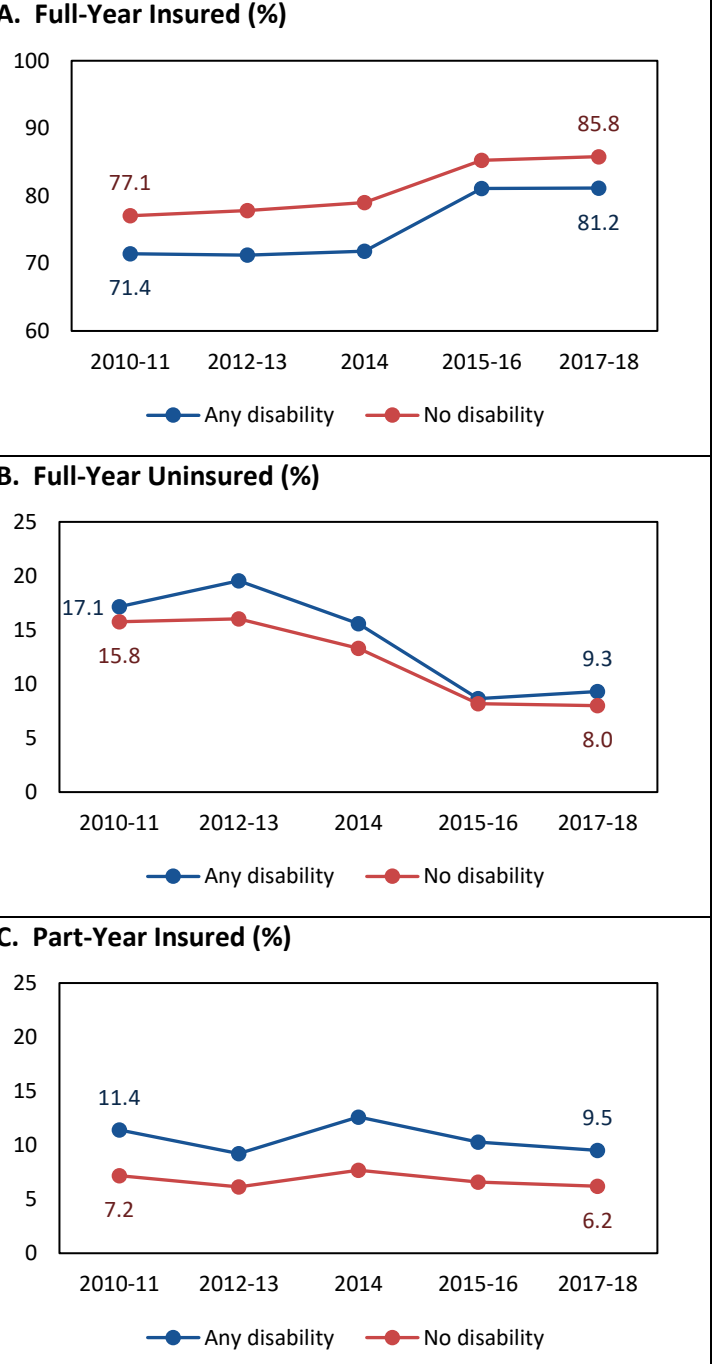
The methods for the ARP analysis are modeled after ASPE's low-premium brief series released earlier this year, which focused on adults ages 19-64 who are potentially eligible to enroll in coverage in Marketplace plans and receive APTCs. See the methodology and appendix sections of those briefs for how the ACS and HealthCare.gov plan data were linked to identify zero-premium plan availability.[10-12] Within that dataset, we identified the subset of individuals with disabilities as those adults reporting "yes" to any of the six limitations items on the ACS (blindness or serious difficulty seeing; deaf or serious difficulty hearing; serious difficulty walking or climbing stairs; serious difficulty concentrating, remembering, or making decisions; difficulty dressing or bathing; or difficulty doing errands alone). We then examined the share of these adults with access to one or more plans, after APTCs, for zero dollars. We also report availability of zero-premium plans by Marketplace metal level, as the structure of the ACA Marketplace cost-sharing reduction (CSR) subsidies make silver metal plans more valuable for many consumers.[iii]

RESULTS

Sample Characteristics by Disability Status

Between 2010 and 2018, about 7.0% of the NHIS sample of working-age adults (18-64 years) met the criteria for having any self-reported disability based on the WG-SS questions (**Supplemental Table 1**; see Appendix). During this period, about 80.1% of adults with disabilities were insured for the full year, 11.4% were uninsured for the full year, and 8.5% were insured for only part of the year. For adults without disabilities, about 81.4% were insured for the full year, 11.7% were uninsured for the full year, and 6.9% were insured for only part of the year. **Supplemental Table 1** (see Appendix) also compares other sociodemographic characteristics between groups, showing that adults with disabilities tended to be older and were more likely to be female and to be non-Hispanic Black or African American. They were also less likely to be non-Hispanic Asian, or to have a family income of at least 200% of the FPL.

Figure 1. Trends in Past-Year Insurance Coverage by Disability Status, 2010-2018



NOTE: Age and sex-adjusted estimates from 2010-18 NHIS data.

Insurance Coverage Trends

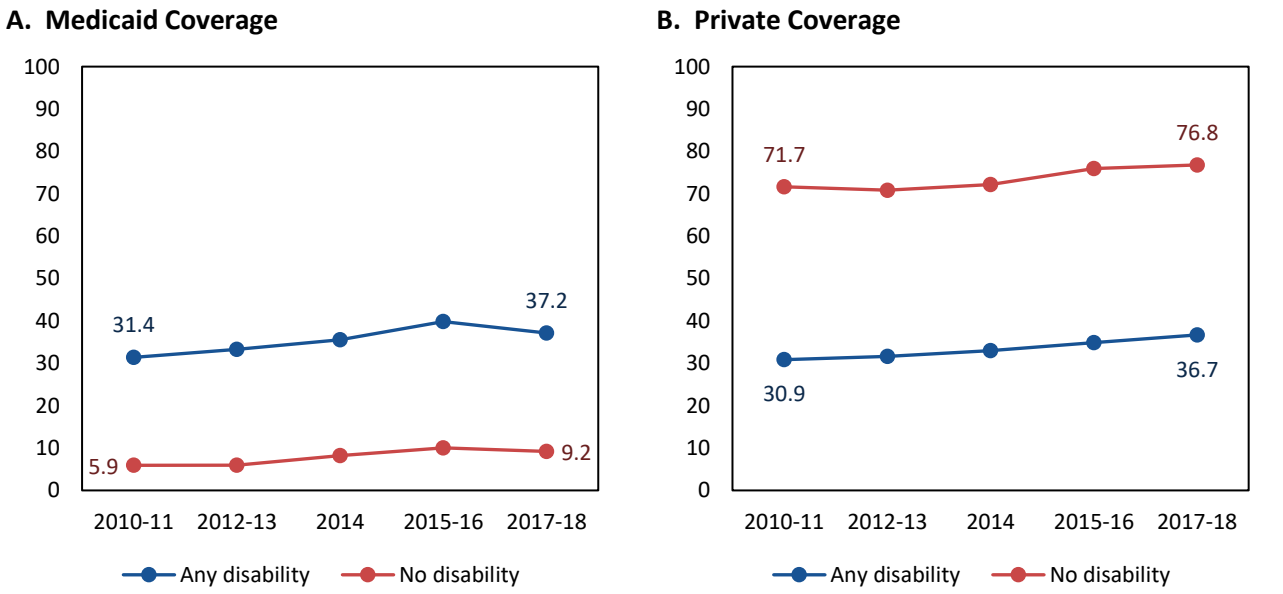
Figure 1 presents insurance coverage levels and trends for 2010-18, comparing United States adults with and without disabilities. In 2010-11, 71.4% of adults with disabilities had insurance for the full year compared to 77.1% of adults without disabilities (Panel A). In 2015-16, the prevalence of having insurance for the full year for adults with disabilities rose to 81.1%. In 2017-18, it was 81.2%. For adults without disabilities, it was 85.2% in 2015-16 and 85.8% in 2017-18. Overall, this amounted to a 9.7 percentage point increase in full-year coverage for adults with disabilities from 2010-11 to 2017-18 and an 8.8 percentage point increase for adults without disabilities. The difference in gains between adults with and without disabilities was not statistically significant.

While rates of full-year coverage rose for both groups, the likelihood of being uninsured for the full year similarly declined for adults with and without disabilities (Panel B). For adults with disabilities in

2010-11, the share that was uninsured for the full year was 17.1%. By 2017-18, it had fallen to 9.3%. For adults without disabilities, the 2010-11 prevalence of being uninsured for the full year was 15.8%. By 2017-18, it had decreased to 8.0%. For the full 2010-18 period, this reflected a 7.8 percentage point reduction in the share of adults with disabilities reporting no insurance coverage for the entire year. Adults without disabilities also had a 7.8 percentage point reduction over the same period.

Though adults with disabilities experienced an increase in having insurance for the full year and a decrease in being uninsured for the full year, their likelihood of having insurance for only part of the year remained higher than that for adults without disabilities for the entire study period (Panel C). In 2010-11, the rate of having insurance for only part of the year among adults with disabilities was 11.4%. In 2017-18, it was 9.5%, which was not significantly different in 2010-11. Adults without disabilities, however, started out at a lower level of being insured for only part of the year (7.2% in 2010-11) and by 2017-18, their likelihood had fallen to 6.2%.

Figure 2. Trends in Any Medicaid and Private Coverage by Disability Status, 2010-2018



NOTE: Age and sex-adjusted estimates from 2010-18 NHIS data.

Medicaid and Private Coverage Rates

Figure 2 presents trends in having any private or Medicaid coverage at the time of being surveyed from 2010 to 2018, comparing adults with and without self-reported disabilities. Both groups experienced gains in both forms of coverage during this period. Medicaid coverage among adults with disabilities grew from 31.4% to 37.2% (+5.8 percentage points or about 18%) from 2010-11 to 2017-18.

Gains in private coverage among adults with disabilities were of a similar magnitude. The share of adults with a disability who had private coverage rose by 5.8 percentage points (about 19%) from 30.9% in 2010-11 to 36.7% in 2017-18. Changes for adults without disabilities were not significantly different.

Availability of Zero-Premium Plans Under the ARP

Table 1 shows the estimated availability of zero-premium plans by plan metal tier (bronze, silver, gold or platinum, which differ by the health plan deductibles, copays and coinsurance) among uninsured adults with disabilities in HealthCare.gov states, before and after the ARP.

Table 1. Zero-Premium and Low-Premium Plan Availability for Uninsured Working-Age Adults with Disabilities in HealthCare.gov States, Pre-ARP and Post-ARP

Uninsured Working-Age Adults with Disabilities-- Plan Availability	Pre-ARP	Post-ARP	Percentage Point Difference
Total Population		**797,000**	
Zero-Premium Plan, # (%)			
Any Metal Tier	399,000 (50.0%)	532,000 (66.8%)	+134,000 (+16.8 pts.)
Bronze	399,000 (50.0%)	532, 000 (66.8%)	+134,000 (+16.8 pts.)
Silver	46,000 (5.7%)	242, 000 (30.3%)	+196,000 (+24.6 pts.)
Gold	38,000 (4.7%)	100, 000 (12.6%)	+62,000 (+7.8 pts.)

DATA SOURCES: American Community Survey, 2019; Marketplace Plan Files for Coverage in 2021.

Overall, zero-premium plan availability is estimated to have increased under the ARP from approximately 50.0% to 66.8% of this population. The largest gain in zero-premium plan availability was in the silver metal tier. Combined with the estimated size of this population in Healthcare.gov states, we estimate that 532,000 thousand uninsured adults with disabilities will be eligible for a zero-premium plan under the ARP.

DISCUSSION & CONCLUSION

Adults with disabilities have made large gains in overall coverage since the 2014 ACA expansions, including notable increases in both Medicaid and private coverage rates. Increases in Medicaid coverage were highest for adults with disabilities in 2015-16 before they partially reversed course in 2017-18. The 2015-16 gains were significantly larger than those among adults without disabilities, potentially reflecting the full initial impact of Medicaid expansion before new efforts to limit eligibility--such as through work requirements--began to take effect. For people with functional limitation and disabilities but do not receive federal disability payments, work requirements could be a disproportionate barrier to coverage and access to care.[15]

Still, in 2017-18, adults with disabilities remained about 5% less likely to have insurance for the whole year, 17% more likely to be uninsured for the entire year, and 54% more likely to be insured for only part of the year, compared to adults without disabilities. And while being insured for only part of the year became somewhat less common for adults without disabilities post-2014, its prevalence remained unchanged for adults with disabilities. Combining 2017-18 rates of being insured for only part of the year (9.5%) and being uninsured for the entire year (9.3%) for adults with disabilities reveals that consistent financial protection from health insurance remained out of reach for nearly one in five United States adults in this population.

The ARP extended and expanded the availability of APTCs in the Marketplace, and the Centers for Medicare & Medicaid Services (CMS) has extended access to a Special Enrollment Period through August 15, 2021. Our analysis of the ACS indicates that more than half a million uninsured adults with

disabilities living in HealthCare.gov states likely have a zero-premium plan available. The ARP subsidies, combined with the Special Enrollment Period and an additional investment of $80 million in outreach funding for navigators,[16] offer the possibility of substantial improvements in coverage and continuity of care for this population.

Additional analyses are needed to determine the types of coverage available to people with disabilities who continue to experience gaps and interruptions in coverage. For example, previous research has indicated that gaps in coverage remain common among Medicaid beneficiaries.[17] Our analysis did not examine prior types of insurance coverage held by people with periods of uninsurance, but in future analyses, we will examine which types of coverage (e.g., group-based private, Marketplace, or Medicaid) are most associated with disruptions.

In future work, we plan to explore further patterns of coverage disruptions for people with disabilities by investigating demographic and geographic variation, including through comparisons by Medicaid expansion status, to better target programs and policy interventions to those most at risk of having not having consistent coverage. Moreover, research is needed to understand the impact of coverage disruptions on timely access to quality, affordable care, and the degree to which the duration of being uninsured impacts health outcomes for people with disabilities.

ENDNOTES

i. In this Issue Brief, the study sample drew from the population of adults aged 18-64 years with a self-reported disability, based on survey questions, as defined in the Methods section.

ii. Due to data availability, we are only able to estimate zero-premium availability for the uninsured population in states using the HealthCare.gov federal platform.

iii. CSRs are, for the most part, available to subsidy and qualified health plan eligible individuals in the income range of 100%-250% of the FPL. CSRs increase the overall value (known as actuarial value or AV) of silver plans for eligible individuals by reducing deductibles, copayments, and coinsurance. AV represent the percentage of total average costs for covered benefits that the plan will cover. For example, for eligible individuals between 100%-150%, CSRs increase the AV of silver plans from 70% to 94%, meaning they would only be responsible for 6% of the costs for covered benefits on average rather than 30% if they were not eligible for CSRs and enrolled in the same plan. More information on CSRs and AV is available at Healthcare.gov.[13,14]

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APPENDIX

Supplemental Table 1: Sample Characteristics, 2010-2018				
	Any Disabilities		No Disabilities	
	n	%	n	%
Total sample				
Unweighted n; weighted row %	7058.0	7.0	60576.0	64.8
Insurance coverage, past-year				
Full-year insured	5,618	80.1	48,169	81.4
Full-year uninsured	827	11.4	8,027	11.7
Part-year insured	613	8.5	4,380	6.9
Age (years)				
18-25	455	7.3	9,773	17.2
26-34	740	10.9	14,282	23.8
35-44	1,029	14.2	14,067	22.6
45-54	1,933	26.7	11,727	19.0
55-64	2,901	41.0	10,727	17.4
Sex				
Male	2,958	43.1	32,084	51.6
Female	4,100	56.9	28,492	48.4
Race				
White	5,312	77.3	46,072	77.8
Black/African American	1,242	16.1	8,330	13.3
American Indian/Alaskan Native	116	1.5	541	0.8
Asian	164	2.1	4,458	6.4
Multiple Race	224	3.0	1,175	1.8
Hispanic ethnicity				
No	6,004	87.2	49,426	84.6
Yes	1,054	12.8	11,150	15.4
Family income, FPL				
<100%	2,510	34.0	8,678	13.2
100%-199%	1,827	25.3	9,984	15.4
200%+	2,721	40.7	41,914	71.5

NOTES: Analysis of 2010-2018 NHIS data on working-age adults with self-reported disabilities identified with the WG-SS questions. Total sample size, N=67,634. n, unweighted no. of observations; % weighted percent.

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SUGGESTED CITATION

Creedon, T.B., Lamont, H., Dey, J., Branham, D.K., Sommers, B.D., & Marton, W. Health Insurance Coverage Among Working-Age Adults with Disabilities: 2010-2018 (Issue Brief). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 28, 2021.

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