

## Insurance Coverage and Access to Care in Louisiana post-ACA

### Background

The Patient Protection and Affordable Care Act (ACA) began implementation in March 2010 with the goal of increasing the quality of healthcare for American citizens while simultaneously cutting healthcare and health insurance costs and reducing the number of uninsured citizens. Louisiana did not initially participate in state expansion of Medicaid—an optional element of the ACA law. However, newly elected Governor John Bel Edwards signed an executive order for Medicaid expansion in January 2016, which meant that Louisiana residents with incomes up to 138 percent of the federal poverty level (FPL) were eligible to begin accessing care through the Medicaid program starting July 1, 2016.

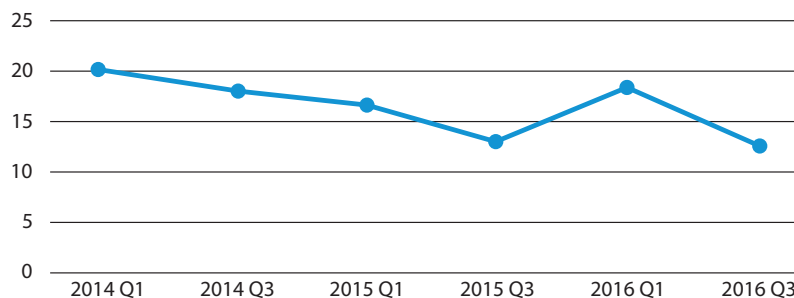
The effects of the ACA and Medicaid expansion on the safety-net population in Louisiana are not yet well understood. The Louisiana Public Health Institute (LPHI), conducted the current analysis to provide insight into trends in insurance coverage, particularly among the previously uninsured, and access to care post-expansion with a focus on low income residents.

### Results

#### Insurance Coverage

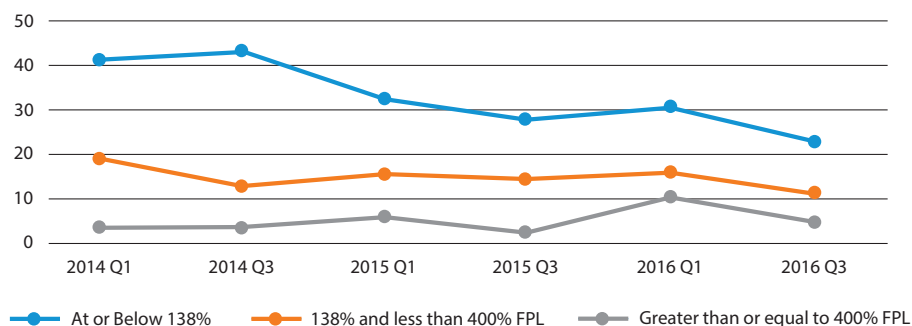
The percentage of Louisianans without health insurance coverage decreased from 20 percent in early 2014 to a low of 12 percent in September of 2016.

Percent Uninsured 2014 - 2016



The number of respondents without insurance has been decreasing since 2014 among the lower income groups, particularly among people at or below 138 percent of the federal poverty level. Those at the lowest income level (<138 FPL) dropped from 41 percent without insurance in 2014 to their lowest level in September 2016 at 22 percent.

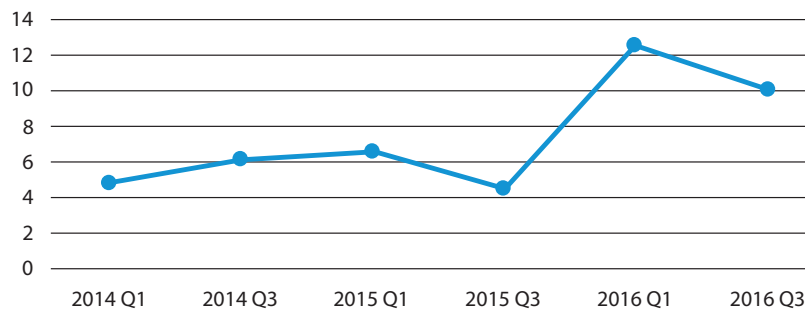
Percent Uninsured by Income 2014 - 2016



## Access to Care

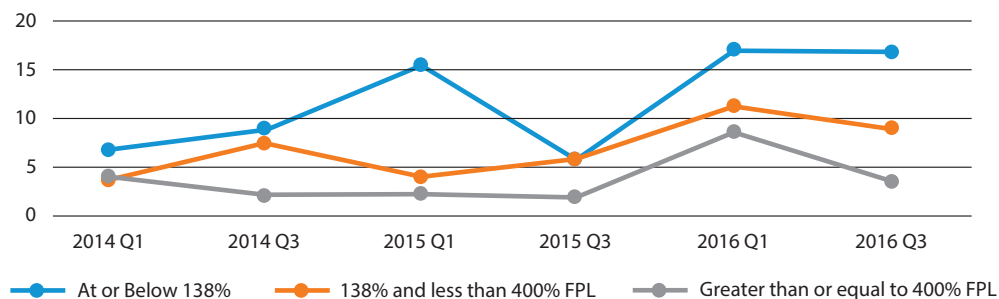
The number of people having trouble finding a doctor to treat them doubled over time, from close to 5 percent in Q1 2014 to 10 percent in Q3 2016.

### Percent Reporting Trouble Finding a Doctor 2014 - 2016



The examination by income conducted by the researchers revealed that the largest increases in trouble finding a doctor were among people with lower incomes: from 3.8 percent in Q1 2014 to 9.0 percent after Medicaid Expansion in Q3 2016 among those between 139-400 percent FPL, and from 6.8 percent to 17.4 percent among those with income <138 percent FPL.

### Percent Reporting Trouble Finding a Doctor By Poverty Level 2014 - 2016



## Data and Methods

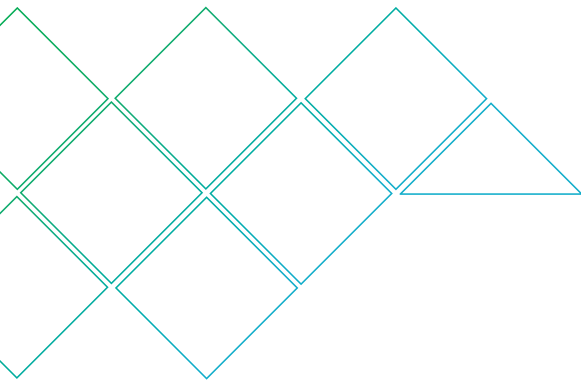
The data come from a sample of nonelderly Louisiana residents completing the Health Reform Monitoring Survey (HRMS; [hrms.urban.org](http://hrms.urban.org)). The HRMS is a national research survey designed and implemented by the Urban Institute through a grant from the Robert Wood Johnson Foundation. It began in early 2013 with an aim to provide timely information on the impacts of the ACA across the nation.

An oversample of responses from Louisiana residents was collected through a grant from Baptist Community Ministries to allow monitoring of local impacts. The internet survey data were collected from a probability-based online panel developed by Knowledge Networks (GfK) and an opt-in Louisiana panel for the oversample. Detailed sociodemographic information is used for post-stratification weighting to make the sample representative of the national population. The current analysis uses weighted data from six quarters from Q1 2014 to Q3 2016. Mean sample size per quarter was 984 for a total of 5,904 responses. Our analysis examined trends in rates of insurance coverage and access to care, with a focus on differences between income groups:

- **Income at or below 138 percent FPL:** Persons qualify for Medicaid based only on income when their income is below 138 percent FPL and their state has expanded Medicaid coverage
- **Income between 139 percent and 400 percent FPL:** If income is in this range, persons qualify for tax credits that lower their monthly premium for a Marketplace health insurance plan.
- **Income at or above 400 percent FPL:** If income is above 400 percent FPL, persons do not qualify for tax credits for health insurance purchased

## Conclusions and Implications

The rates of the uninsured steadily decreased in Louisiana from 2014-2016 and were at their lowest level among low income residents in 2016 after Medicaid Expansion was implemented. The largest gains in insurance were among the lowest income residents. However, with the increase in low-income residents gaining health insurance came an increase in problems accessing care among that population. When bringing new low-income patients into the insured population it may be important for policy-makers and healthcare providers to educate them on how to access care and ensure that access to providers is available to improve utilization.



### **About the Louisiana Public Health Institute (LPHI)**

*LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. For more information, visit [www.lphi.org](http://www.lphi.org).*