



SSRC Selections The Affordable Care Act (ACA) and Self-Sufficiency

Selections highlight research, evaluation reports, and other publications that inform the field about key issues in, and effective practices for, fostering economic self-sufficiency.

Lindner, S., Considine, R., Davis, M., Rowland, R., & Spurlock, M. (2016). *The impact of the Affordable Care Act on people with disabilities: A 2015 status report*. Washington, DC: National Council on Disability.

<https://opressrc.org/content/impact-affordable-care-act-people-disabilities-2015-status-report>

The Affordable Care Act (ACA) greatly impacts the lives of individuals with disabilities, for whom health coverage could directly affect employment options. This report from the National Council on Disability used a literature review, interviews with stakeholders from disability organizations in ten states, and a review of ACA-related state policies to analyze the ACA's impact on people with disabilities. Several provisions of the ACA impacted the disability community, including the expansion of Medicaid eligibility to adults with incomes at or below 138% of the federal poverty level (FPL), the newly established health insurance marketplaces, and options to improve Medicaid coverage of long-term services and support. The authors found that there is a clear need for research focused on people with disabilities and their experiences with the ACA to better serve that population.

Dorn, S. (2015). *Integrating health and human services programs and reaching eligible individuals under the Affordable Care Act: Final report*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

<https://opressrc.org/content/integrating-health-and-human-services-programs-and-reaching-eligible-individuals-under>

The implementation of the ACA presents opportunities for low-income Americans to enroll not only in health insurance programs, but also into human services programs. This report, published by the Urban Institute for the Office of the Assistant Secretary for Planning and Evaluation, provided findings from a study to: identify ways in which the ACA can help connect eligible individuals with human services, assess current integration and outreach efforts, and consider ways to help individuals make complex participation choices as they navigate public benefits programs and the health care marketplaces. The study linked two microsimulation models: the Health Insurance Policy Simulation Model and the Transfer Income Model, version 3. Additionally, the authors analyzed various characteristics of a wide range of health and human services programs, conducted a literature review, and collected qualitative data via telephone interviews. The study's findings presented

recommendations based on specific programs that employ integration strategies, including basing eligibility determinations and benefits for one program on data from another program, coordinating administration of several programs, and coordinating outreach and enrollment among multiple programs.

Long, S. K., Kenney, G. M., Zuckerman, S., Wissoker, D., Goin, D., Hempstead, K., Karpman, M., & Anderson, N. (2014). *Early estimates indicate rapid increase in health insurance coverage under the ACA: A promising start*. Washington, DC: Urban Institute, Health Policy Center.

<https://opressrc.org/content/early-estimates-indicate-rapid-increase-health-insurance-coverage-under-aca-promising-start>

This brief from the Health Policy Center at the Urban Institute used the March 2014 Health Reform Monitoring Survey to examine changes in health coverage in early March 2014 relative to coverage in the previous year. The data suggested that low- and middle-income adults targeted by the ACA's key coverage provisions saw particularly strong gains in health insurance coverage. Starting in January of 2014, Medicaid was expanded to cover adults with family incomes at or below 130% of the FPL in 24 states and DC, and enrollment began under the new health insurance Marketplaces in all 50 states and DC. Consequently, the brief noted that between September 2013 and early March 2014, the number of uninsured nonelderly adults fell by approximately 5.4 million. Finally, the authors discussed the implications for these findings, suggesting that early data on the Medicaid expansion and subsidies in the new healthcare Marketplaces are contributing to the increases in health insurance coverage among nonelderly adults; however, these increases cannot be fully attributed to Medicaid expansion and Marketplaces because of other ways policies vary among states.

Siegwarth, A. W., & Blyler, C. (2014). *How the Affordable Care Act can support employment for people with mental illness*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy.

<https://www.opressrc.org/content/how-affordable-care-act-can-support-employment-people-mental-illness>

Less than 20% of people who receive publicly funded mental health services are employed; however, research consistently suggests that, equipped with the right support services, between 40 – 60% of people with a serious mental illness (SMI) can work. This brief from the Office of Disability, Aging and Long-Term Care Policy explored provisions from the ACA that enable individuals with SMI to access treatment and services that are necessary to gain stable and long-term employment. For example, the brief noted that the ACA expanded the types of services states can provide such as a supported employment program. The authors stated that this provision is significant because some elements of supported employment, such as job placement and coaching activities, cannot otherwise be covered by Medicaid.

Sommers, B. D., Kenney, G. M., & Epstein, A. M. (2014). New evidence on the Affordable Care Act: Coverage impacts of early Medicaid expansions. *Health Affairs*, 33(1), 78-87. doi:10.1377/hlthaff.2013.1087

<https://www.opressrc.org/content/new-evidence-affordable-care-act-coverage-impacts-early-medicaid-expansions>

In this study published in *Health Affairs*, the authors obtained monthly Medicaid enrollment statistics from each expansion state (California, Connecticut, Minnesota, and Washington, DC) and national survey data from the Census Bureau's American Community Survey (ACS) from 2008-2011. The state data provided showed changes in the Medicaid populations over time, and the ACS data allowed the researchers to estimate changes in insurance coverage rates in the expansion states in comparison to nearby control states. For states that opted into the Medicaid expansion, the ACA expanded Medicaid eligibility to adults with incomes of up to 138% of the FPL. Early on in the ACA implementation period, several states elected to take advantage of ACA provisions that allowed them to extend Medicaid eligibility to some or all of the low-income adults targeted by the expansion.

Weil, A., Regmi, S., & Hanlon, C. (2014). *The Affordable Care Act: Affording two-generation approaches to health*. Washington, DC: The Aspen Institute, Ascend.

<https://www.opressrc.org/content/affordable-care-act-affording-two-generation-approaches-health>

This paper from Ascend at the Aspen Institute explored the ways in which the ACA can support two-generation approaches to create opportunity for low-income families. The premise of the two-generation approach is that supporting families with policies, programs, and initiatives that serve both parents and children will generate greater results than separate programs. The authors presented ACA provisions that are in line with the two-generation approach, as well as additional ways that the ACA can potentially make an even greater positive impact on vulnerable families.

Center for the Study of Social Policy, Policy for Results. (2013). *Using the Affordable Care Act to improve well-being outcomes for children and families*. New York, NY: Author.

<https://www.opressrc.org/content/using-affordable-care-act-improve-well-being-outcomes-children>

This brief from Policy for Results discussed the ACA and the opportunities it offers states to improve health care access, specifically for those involved with the child welfare system. Child well-being depends on various elements, including the well-being of the parents or caregivers. Untreated physical and mental health issues among caregivers can negatively impact a child's well-being, as well as increase the risk for child maltreatment and neglect. Through the ACA, states are able to provide health and mental health care access to adults with incomes up to 133% of the FPL. This brief provided recommendations for state child welfare agencies to promote child well-being within the context of the ACA. Such recommendations included redirecting funds that were previously used to finance

services now covered through Medicaid toward prevention and reunification services.

Blumberg, L. J. (2012). *The Affordable Care Act: What does it do for low-income families?* (Fast Focus No. 15-2012). Madison, WI: University of Wisconsin, Institute for Research on Poverty.

<https://www.opressrc.org/content/affordable-care-act-what-does-it-do-low-income-families>

Before the ACA was signed into law in 2010, approximately 18.5% of Americans were without health insurance. According to this brief from the Institute for Research on Poverty, uninsured individuals are at high risk for out-of-pocket medical costs, which have the potential to increase poverty. Another study by the author showed that nearly 25% of uninsured individuals abstained from medical care due to financial burden. Throughout this resource, the author described the various problems with the pre-ACA health care system, highlighted the major ACA provisions that can benefit low-income families, and enumerated the inevitable challenges that will stem from the law. Once the reforms are fully phased in and the ACA is fully implemented, the brief suggested that the uninsured rate will dramatically decline, pre-existing conditions will no longer be prohibitive, and financial help in obtaining coverage will be provided.

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