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Health Equity and the ACA

The Effect of the Affordable Care Act on Racial and Ethnic Disparities in Healthcare Access

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March 23, 2015 marks the 5th anniversary of the Patient Protection and Affordable Care Act, commonly known as ACA. The new healthcare legislation, which is being phased in between 2010 and 2020, is designed to remove barriers to obtaining health insurance and promote prevention and wellness for millions of Americans. Notably, the law also contains specific provisions for improving healthcare access for African Americans, Hispanics, and other vulnerable groups that are disproportionately uninsured. How effective has ACA been at reducing the number of uninsured minorities? This HPRC Issues Brief provides a snapshot of the effectiveness of the ACA in fulfilling its promise to increase the ranks of the insured for communities of color and for all Americans.

Introduction

The Patient Protection and Affordable Care Act (ACA) was passed five years ago at the end of a heated debate that continues to this day, albeit with less intensity. From its inception, a moral and economic case was made for increasing health insurance coverage: that is, it would save lives, promote better health, and reduce soaring healthcare costs. Many of the law's proponents also believed that the ACA could meaningfully reduce disparities in health status and healthcare.

Milestones

The effect of the ACA on closing the gap in healthcare access has been promising. According to the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services, since the start of the first enrollment period in October 2013 the uninsured rate has fallen for all racial and ethnic groups – with the greatest decline seen among African Americans and Hispanics.

Overall, 16.4 million uninsured people have gained health coverage since the start of ACA. This includes 6.6 million white adults, 2.3 million African American adults, and 4.2 million Hispanic adults.

African Americans

Communities of color often face higher rates of illness, less access to healthcare, and a lower quality of care. For example, compared to their white counterparts, African Americans have the highest mortality rate for cancer overall¹, are 40 percent more likely to have high blood pressure², and are twice as likely to be diagnosed with diabetes³. African American babies are twice as likely to die before reaching their first birthday compared to white babies⁴. African Americans are also 55% more likely to not have health insurance. In 2013, nearly 1 in 5 African Americans was uninsured⁵. Additionally, research has shown that even when African Americans have insurance, they are still more likely to not receive the appropriate quality of care⁶.

The ACA effect on healthcare access for African Americans

- Between October 2013 (the start of the ACA open enrollment period) and June 2014, 1.7 million African Americans (ages 18-64) gained health insurance coverage – a 6.8 percentage point decline in the uninsured rate for that period⁷.
- Between 2013 and 2015, the uninsured rate for African Americans declined from the baseline (14.3%) by 5.3 percentage points.

Hispanic Americans

While Hispanic Americans are less likely to have heart disease compared to non-Hispanic whites, they do experience higher rates of key risk factors – such as obesity and diabetes – that lead to heart disease. In 2010, approximately 32% of Hispanics were obese compared to 26% of whites⁸. Additionally, Hispanic women are 1.6 times as likely to experience cervical cancer compared to white women⁹; and roughly 47% of Hispanics received colorectal cancer screening in 2010 compared to 60% of whites¹⁰.

At the same time, Hispanic Americans represent approximately 1 in 4 of the uninsured population in the U.S. According to the Department of Health and Human Services, more than half of the nation’s 10.2 million eligible uninsured Hispanic Americans live in California or Texas.

State	Eligible uninsured Hispanics (number and percentage of all)
California	2.8 million (28%)
Texas	2.5 million (24%)
Florida	1.1 million (10%)
New York	0.5 million (5%)
Arizona	0.4 million (4%)
Source: HHS/ASPE Research Brief Feb 2014 ¹¹	

The ACA effect on healthcare access for Hispanic Americans

- Between October 2013 and June 2014, 2.6 Hispanic Americans gained health insurance coverage – a 7.7 percentage point decline in the uninsured rate for that period.¹²

- Between 2013 and 2015, the uninsured rate for Hispanic Americans declined from the baseline (41.8%) by 12.3 percentage points.

What Happens Next?

As has been the case for the last five years, opponents of the ACA continue to place obstacles in the law's path. In addition to all the many states who refuse to set up their own marketplaces or to expand Medicaid, there is the case of *King vs. Burwell*¹³, in which the U.S. Supreme Court heard oral arguments in March 2015. The plaintiffs in that case argued that the text of the law says that the subsidies that make coverage possible under the ACA should only be available to those who bought their coverage through state-run marketplaces¹⁴. If the Court finds in favor of the plaintiffs, then most people who bought coverage through the federally run marketplace would drop their coverage because the premiums would become unaffordable. This has the potential for disrupting insurance markets for everybody else, thus compounded the crises that animated the law's passage in the first place. A ruling is expected in June.

Many of the people who would lose their coverage in such a scenario are people of color¹⁵ who live in states with marked health disparities¹⁶. If those states do not restore the subsidies lost in the event of an adverse Supreme Court decision, and/or continue to refuse Medicaid expansion, then the law's success thus far would not necessarily predict future success.

Conclusion

Current data clearly indicate that the ACA has had a positive health equity effect on healthcare access for African Americans and Hispanic Americans, who together comprise 6.5 million newly insured people. As such, the ACA has proven to be a highly effective policy intervention for reducing racial and ethnic disparities in healthcare access and for increasing the ranks of the insured for all Americans. To ensure sustainability in progress, continued advocacy for ACA outreach, implementation, and expansion are warranted. Additionally, more robust efforts are still needed to address persistent disparities in healthcare quality.

ENDNOTES

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⁴ CDC 2013. Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table A. http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf

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⁶ IOM 2012. Unequal Treatment; Confronting Racial and Ethnic Disparities in Healthcare.

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⁷ The Affordable Care Act and African Americans. U.S. Department of Health and Human Services.

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¹³ Healthier Prince George's. King v. Burwell. Blog, Tumblr. Posted March 4th 2015. Retrieved online March 2015. <http://hprc-info.tumblr.com/post/112722674849/king-v-burwell>

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