New Research Study Finds Patient Protection and Affordable Care Act Has Led to Changes in the Composition of Health Insurance Coverage Within Families by Increasing Access to Group, Non-Group and Medicaid Coverage

- Study Also Finds Mothers Are More Likely to Be the Provider of Family Group Coverage and “Family Glitch” a Barrier to Non-Group Coverage -

For immediate release: 11/17/22
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(Washington, D.C.) – A new study published today by the Employee Benefit Research Institute (EBRI) documenting how health insurance coverage differs within and across families from 2012-21 found that the Patient Protection and Affordable Care Act has led to changes in the composition of health insurance coverage within families. The EBRI Issue Brief, “The Dynamics of Health Insurance Within Families: 2012-2021”, also reported that, starting in 2017, mothers are more likely to be the provider of group coverage for the whole family.

Key findings in the research analysis included:
• Health plans differ within and across families. Health plans are most similar within two-adult families without children and least similar within single-parent families.
• The ACA “family glitch” reduces the likelihood that partners are covered by non-group coverage, especially among families with children.
• Coinciding with the Patient Protection and Affordable Care Act’s 2014 Medicaid Expansion and the 2016 Employer Mandate, differences in Medicaid and group coverage within families narrowed.
• Mothers are more likely to be the provider of group coverage for the whole family and are replacing fathers as the providers of family coverage. On the other hand, group policy-holding rates have been steady for both childless men and women.
• Increased rates of group policy-holding rates among mothers can be explained by increased labor force participation and an “upscaleing” of jobs.
• Women with group coverage are earning more over time, further reflecting entrance into higher paid occupations.

“Over 70% of working adults are covered by a group health plan making it the pre-dominant source of health insurance coverage. However, there is still substantial variation in health coverage within and across families in the United States. The Patient Protection and Affordable Care Act led to changes in the composition of health insurance coverage within families, by increasing access to group, non-group and Medicaid coverage,” said Eden Volkov, Ph.D., research associate, Health, EBRI.

The study uses public survey data from the 2013-2022 Annual Socioeconomic Supplement of the Current Population Survey (CPS ASEC). The ASEC provides yearly data on families, household
composition, and health insurance coverage, which makes it the ideal data set for this Issue Brief. The analysis period covers years before and after the implementation of the Medicaid expansion and the Employer Shared Responsibility Mandate, allowing documentation about how these policies impacted health plan coverage within families. The health plans documented are group, non-group (including Marketplace), Medicaid, Medicare, as well being uninsured.

“Increased maternal group policy holding rates can be explained by increased labor force participation and an entrance into higher paid occupations. While mothers are more likely to be group policy holders, they still face impediments to non-group coverage due in part to the ‘family glitch’. By basing eligibility for marketplace premium subsidies on the affordability of employee only coverage, partners of employees are often ineligible for the subsidies,” said Volkov.

The Issue Brief shows how health insurance coverage patterns differ within four distinct sets of family types: two-parent families with co-resident children ages 0-26; single-mother families with co-resident children ages 0-26; single-father families with co-resident children ages 0-26; and two-adult families without children. The ages of all adults are restricted to 18-64. Each year of the survey, these four samples represent approximately 64 million, 18.2 million, 3.4 million, and 41.2 million families, respectively. Overall, this sample accounts for 80% of all families across all ages in the United States.

To review the complete 26-page “The Dynamics of Health Insurance Within Families: 2012-2021” Issue Brief, visit www.ebri.org/family-health-insurance.

The Employee Benefit Research Institute is a non-profit, independent and unbiased resource organization that provides the most authoritative and object information about critical issues relating employee benefit programs in the United States. For more information, visit www.ebri.org.

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