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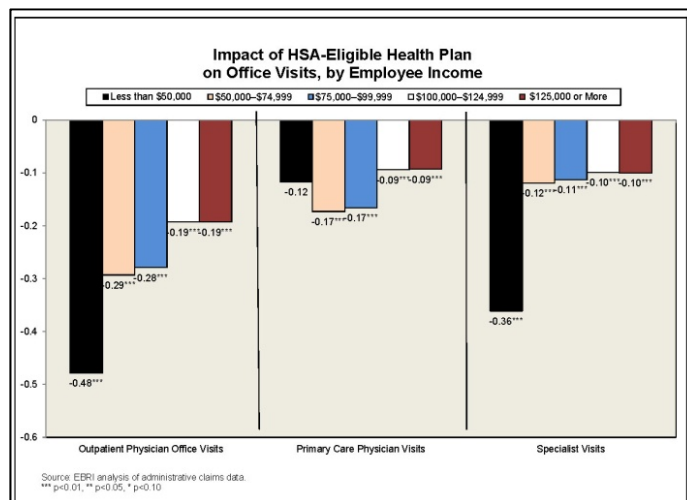
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New Research from EBRI:

HSAs Cause Low-Income Workers To Avoid Some Types of Health Care

WASHINGTON—Low-income workers who switch to high-deductible health savings accounts (HSAs) plans are more likely than their higher-paid colleagues to avoid certain types of health care, according to new research by the nonpartisan Employee Benefit Research Institute (EBRI).



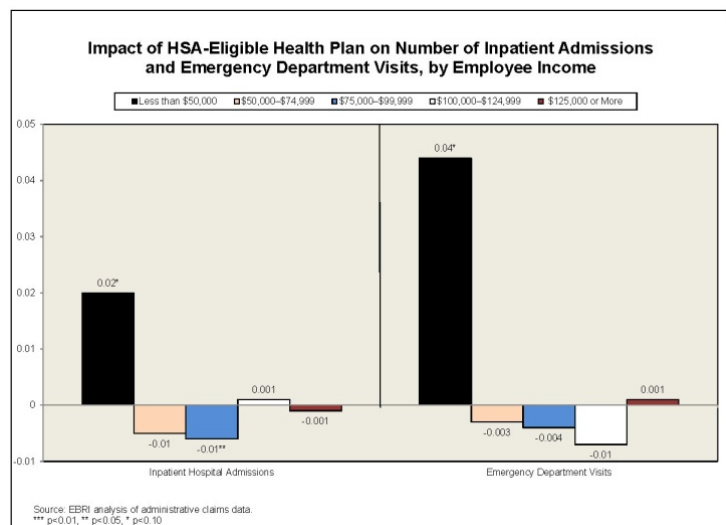
The EBRI analysis, which looked at actual health claims of one large Midwestern employer by workers' income levels, found significant differences for the use of some health services, but not for others.

For instance, switching to an HSA-eligible health plan caused a decline in (non-preventive) outpatient office visits for workers at all income levels, but the decline was twice as large for workers and their dependents with incomes less than \$50,000 as compared with those with incomes of at least \$100,000 (left). The decline in specialist visits accounted for most of the

decline in outpatient office visits among the group of workers with less than \$50,000 in income.

Also, the HSA-eligible health plan was associated with a reduction in various preventive services by worker income. For example, lower-income workers reduced their use of influenza vaccinations more than higher-income workers.

Further, the HSA-eligible health plan was associated with an increase in emergency department visits and inpatient hospital admissions among lower-income individuals (right).



The usage levels of certain health care services—inpatient hospital days, avoidable emergency department visits, pneumonia vaccinations, HPV vaccinations, and blood sugar testing for individuals with diabetes—were unaffected by enrollment in the HSA-eligible health plan both overall and by worker income.

“A key question with high-deductible HSA-eligible health plans is how the income differences of workers affect the use of health care services and spending: Do lower-paid workers defer health care more than higher-paid workers?” said Paul Fronstin, director of EBRI’s Health Research and Education Program and co-author of the report.

“We found mixed results: For some health services, yes it does—but for others, it does not.”

The data for the EBRI study come from a large employer that offered an HSA-eligible health plan alongside a preferred provider organization (PPO), includes between 150,000 and 200,000 individuals, and covers the use of health care services and spending over the six-year period from 2009–2014.

The full report, “The Impact of an HSA-Eligible Health Plan on Health Care Services Use and Spending by Worker Income,” *EBRI Issue Brief* no. 425 (August 2016), is online at www.ebri.org

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