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October 2017

Announcements

New Resource: SHADAC State Fact Sheets on Health Care Access and Utilization from 2011 to 2015



New SHADAC state fact sheets examine key indicators of health care access and utilization from 2011 to 2015 using data from the National Health Interview Survey (NHIS). SHADAC is able to produce state estimates by attaching state identifiers in the Minnesota Research Data Center (MnRDC) at the University of Minnesota. The analysis includes access to care indicators as well as indicators of health care utilization for the population as a whole and by age.

SHADAC Federal Data Release Resources Now Available

SHADAC hosted its annual federal data release webinar on September 19th, and the webinar slides, recording, and supporting materials are available online. U.S. Census Bureau experts Jennifer Cheeseman Day and Marina Vornovitsky provided an overview of 2016 health insurance data from the American Community Survey (ACS) and the Current Population Survey (CPS).

The 2017 update to SHADAC's annual brief, "Comparing Federal Government Surveys That Count the Uninsured," is also now available. In this brief, SHADAC researchers present current and historical national estimates of uninsurance along with the most recent available state-level estimates from four federal surveys: The American Community Survey (ACS), Current Population Survey (CPS), Medical Expenditure Panel Survey - Household Component (MEPS-HC), and National Health Interview Survey (NHIS).

Trends in Employer-Sponsored Insurance, 2012–2016: Chartbook and State **Profiles**



A new analysis from SHADAC highlights the experiences of private sector workers with employer-sponsored insurance (ESI) from 2012 through 2016. Employer-sponsored insurance continues to be the backbone of the insurance coverage system in the United States, covering more than half the population. However, the financial protection offered by employer coverage is declining, with average ESI deductibles up by 10.1% in 2016 and the proportion of workers in high-deductible ESI plans nationwide reaching 42.6%.

Products include a summary chartbook, two-page profiles of ESI for each state, a 50-state interactive map, and 50-state comparison tables.

SHADAC at the 2017 Association for Public Policy Analysis & Management (APPAM) Fall Research Conference



SHADAC Director Lynn Blewett will chair a panel at the 2017 APPAM Fall Research <u>Conference</u> highlighting findings from three research projects funded by the Robert Wood Johnson Foundation's <u>State Health Access Reform Evaluation (SHARE)</u> initiative. The panel, "How Do State Policy Decisions Impact Out-of-Pocket Spending & Health Insurance Coverage?

Evidence from Federal Survey Data," will take place on Saturday, November 4, 2017 and will feature the following presentations:

- The Impact of Medicaid Expansion on Employer Provision of Health Insurance Anne Royalty, Indiana University
- Medicaid vs. Marketplace Coverage for Near-Poor Adults: Impact on Out-of-Pocket Spending **Burdens**

Fred Blavin, Urban Institute

 Do Minimum Wage Changes Affect Employer-Sponsored Insurance Coverage in the Post-ACA Era?

Michael Dworsky, RAND Corporation

SHADAC Investigator Kathleen Call will act as the panel discussant.

Elizabeth Lukanen Discusses Federal Healthcare Reform at Minnesota Policy Conference

SHADAC Deputy Director Elizabeth Lukanen led a panel discussion about federal health reform in Minnesota at the <u>33rd Annual Minnesota Policy Conference</u> on October 18th in Minneapolis. The discussion touched on the challenges and goals of health reform in Minnesota, the state-level policy options that are needed to meet these challenges and goals, and future federal action supporting any state-level policies. <u>View the discussion slides</u>.

News from the States

Colorado: 2017 Colorado Health Access Survey Finds Coverage Holding Steady



The results of the <u>2017 Colorado Health Access Survey</u> (CHAS) are now available from the Colorado Health Institute. The survey results show that Colorado maintained its historic level of health coverage in 2017 despite political uncertainty and rising insurance premiums. The state's insurance rate is 93.5%, and over five million Coloradans now have health insurance. There are almost 600,000 more insured Coloradans in 2017 than there were in 2013, before the ACA was implemented. However, approximately 350,000

Coloradans remain uninsured, with the high cost of insurance continuing to be the primary reason cited for not having health insurance.

Rhode Island: 2016 Health Information Survey Shows Insurance Coverage Unchanged Overall

The 2016 Rhode Island Health Information Survey (HIS), conducted annually by HealthSource RI and the Rhode Island Executive Office of Health and Human Services, collects information on Rhode Islanders' insurance status, experience getting care, and use of medical services. According to <u>the 2016 Rhode</u> <u>Island HIS data compendium</u>, the distribution of health insurance coverage among Rhode Islanders held steady between 2015 and 2016. In 2016, 4.2% of Rhode Islanders were uninsured, 52.2% were insured through private coverage (self or employer), 23.6% were covered by public coverage, and 17.4% were covered by Medicare.

SIM Round Two Design States: Federal Evaluation Report

RTI International released a <u>report</u> from its federal evaluation of the Center for Medicare and Medicaid Innovations (CMMI) <u>State Innovation Models</u> (SIM) Initiative testing states. The report examines proposed state health care payment and delivery system models and enabling strategies, as well as the geographic and population reach of the proposed plans.

Other Data News

Health Status Information Now Available in SHADAC's State Health Compare



SHADAC's <u>State Health Compare</u> now includes data on the percent of adults with fair or poor health status based on data from the Current Population Survey (CPS) Annual Social and Economic Supplement public use microdata files. Health status data are available from 2005–2016 for the adult non-institutionalized population, and the data can be broken down by education level and race/ethnicity. <u>Explore this new data source on State Health Compare</u>.

2016 American Community Survey Public Use Microdata Files Now Available

The U.S. Census Bureau has released the <u>Public Use Microdata Sample</u> (PUMS) files for the 2016 American Community Survey (ACS). PUMS files show the full range of population and housing unit responses collected on individual ACS questionnaires for a subsample of ACS housing units and group quarters (amounting to approximately 1% of the United States population) and allow users to conduct custom analyses. The files can be accessed via the <u>ACS FTP site</u>, <u>American FactFinder</u>, or the Census Bureau's <u>DataFerrett</u> tool.

SHADAC State Sample Size Files for ACS & CPS Updated with 2016 Counts

SHADAC has updated American Community Survey (ACS) and Current Population Survey (CPS) state sample size files to include 2016. The <u>ACS Sample Size file</u> includes sample counts by state from 2008–2016 and provides individual counts from the Public Use Microdata Sample (PUMS), household counts

from the PUMS, individual counts from the full file, and household counts from the full file. The <u>CPS</u> <u>Sample Size file</u> includes sample size counts by state from 1988–2016 and provides both individual and household counts.

2016 National Survey of Children's Health Now Available

The Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Maternal & Child Health Administration (HRSA) released 2016 estimates from the <u>National Survey of Children's</u> <u>Health</u> (NSCH). The survey, which includes more than 50,000 U.S. households, provides annual nationaland state-level estimates of key measures of health and well-being for children 0–17 years of age. Example results: An estimated 50% of children without special health care needs had a health care home in 2016. Among children with special health care needs, 43.2% had a health care home in 2016.

Recommended Reading

State 1332 Waiver Reinsurance Proposals: Status Update and Design Comparisons SHADAC Blog, October 24, 2017

<u>Newly Eligible Enrollees in Medicaid Spend Less and Use Less Care</u> *Health Affairs*, September 2017

Prison Health Care Costs and Quality: How and Why States Strive for High-Performing Systems The Pew Charitable Trusts, October 18, 2017

Establishing a Per Capita Cap in Medicaid: Implications for California Manatt Health, California Health Care Foundation, July 2017

The Impact of Primary Care Practice Transformation on Cost, Quality, and Utilization: A Systematic Review of Research Published in 2016 Patient-Centered Primary Care Collaborative, July 2017

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