

The Impact of Healthcare Access: Policy Brief

It is demonstrable that increased access to health insurance coverage plays a major role in the quality of one's health care.¹ This is primarily because health insurance facilitates better health monitoring,²⁻⁴ increases access to necessary care,⁵ and increases utilization of healthcare services.⁶ Likewise, government initiatives aimed at expanding health insurance access—such as Massachusetts's Chapter 58 reform and the Affordable Care Act (ACA)—led to improvement in the self-reported health.^{7,8} Similarly, expanded Medicaid^{[SB1] [PT2]} coverage increased diabetes diagnosis and medication use, decreased depression rates, and improved preventive care and financial protection²; Chapter 58 improved pancreatic cancer treatment, physical and mental health, BMI, and mobility in patients^{7,9}; and Chapter 58, the ACA, and the Oregon Health Insurance Experiment (OHIE) all led to an increase in outpatient health service utilization.⁸

Conversely, studies suggest that individuals without insurance (or access thereto) tend to experience worse medical outcomes for various reasons. For one thing, long-term uninsured individuals are less likely to receive routine checkups compared to short-term uninsured and insured individuals,¹⁰ and both "continuously and intermittently uninsured" adults have a lower likelihood of receiving preventive care.³ Uninsured individuals are also more likely to postpone seeking medical attention when it is needed, increasing their likelihood of hospitalization for chronic conditions.¹⁰⁻¹³ Ayanian has further argued that long-term uninsured adults exhibited more pronounced deficiencies in cancer screening, cardiovascular risk reduction, and diabetes

care,¹⁰ and Loehrer et al. noted that pancreatic cancer patients who lacked insurance had lower rates of surgical resection (the only chance for a cure) when compared to the privately insured.⁹ Finally, reports suggest that uninsured children have a lower chance of receiving crucial vaccinations, putting them at greater risk of illness or death when compared to insured children.¹⁴

Low-income individuals, minorities, and those living in rural areas are particularly affected by the lack of health insurance coverage. Consider, for instance, that after Massachusetts' Chapter 58 reform was implemented, "those with low incomes, minorities, near elderly adults, and women" were among the most significantly impacted, resulting in them "experience[ing] the largest gains in health as a result of the reform."^{7(p65)} Likewise, research suggests that those from lower income households have benefited the most from the ACA,⁸ while this same population has been negatively impacted in states that have not implemented the Medicaid expansion enabled by the ACA.¹⁵ The Medicaid coverage gap, in particular, has disproportionately impacted Black Americans, increasing the prevalence of chronic illnesses within the community,¹⁵ and there is evidence that the gap has also negatively impacted people who live in rural areas.¹⁶ The key takeaway in all of this is that there tends to be both class and race elements to the issue of health insurance coverage.

Finally, there is a correlation between health insurance and greater access to and use of healthcare resources.^{10,17} In particular, an inability to access health insurance inevitably leads to reduced utilization of preventive and primary healthcare services, which in

turn correlates with adverse health results.^{10,12,13,18,19} At the same time, it is worth noting that Medicaid expansion under the ACA has significantly increased access to healthcare, leading to improvement in overall health. This suggests that Medicaid expansion is beneficial, regardless of how that expansion is carried out.⁸

Key Take-Aways

- Increased access to health insurance coverage significantly influences the quality of healthcare, primarily by facilitating better health monitoring, increased utilization of healthcare services, and improved health outcomes.
- Health insurance enhances access to primary care, preventive care, early illness detection, and chronic disease management, leading to a reduction in emergency room visits and hospitalizations.
- Government initiatives like Massachusetts's Chapter 58 reform and the Affordable Care Act have shown improvements in self-reported health and increased outpatient health service utilization. Individuals without insurance tend to experience worse medical outcomes due to reduced access to routine checkups, preventive care, and delayed medical attention when needed.
- Lack of health insurance disproportionately affects low-income, minority, and rural populations, with Medicaid coverage gaps exacerbating chronic illnesses among Black Americans and rural residents.
- Insured individuals tend to have greater access to healthcare resources, leading to increased healthcare utilization compared to the uninsured.
- Medicaid expansion has been beneficial in improving overall health.

References

1. Hossain WA, Ehtesham MW, Salzman GA, Jenson R, Calkins CF. Healthcare access and disparities in chronic medical conditions in urban populations. *South Med J*. 2013;106(4):246-254. doi:10.1097/SMJ.0b013e31828aef37
2. Baicker K, Taubman SL, Allen HL, et al. The Oregon Experiment: Effects of Medicaid on clinical outcomes. *N Engl J Med*. 2013;368(18):1713-1722. doi:10.1056/NEJMsa1212321
3. McWilliams JM. Impact of Medicare coverage on basic clinical services for previously uninsured adults. *JAMA*. 2003;290(6):757. doi:10.1001/jama.290.6.757
4. Buchmueller TC, Grumbach K, Kronick R, Kahn JG. Book review: The effect of health insurance on medical care utilization and implications for insurance expansion: A review of the literature. *Med Care Res Rev*. 2005;62(1):3-30. doi:10.1177/1077558704271718
5. Sommers BD, Gawande AA, Baicker K. Health Insurance Coverage and Health — What the Recent Evidence Tells Us. *N Engl J Med*. 2017;377(6):586-593. doi:10.1056/NEJMsb1706645
6. Freeman JD, Kadiyala S, Bell JF, Martin DP. The causal effect of health insurance on utilization and outcomes in adults: A systematic review of US studies. *Med Care*. 2008;46(10):1023-1032. doi:10.1097/MLR.0b013e318185c913
7. Courtemanche CJ, Zapata D. Does universal coverage improve health? The Massachusetts experience. *J Policy Anal Manage*. 2014;33(1):36-69. doi:10.1002/pam.21737
8. Kominski GF, Nonzee NJ, Sorensen A. The Affordable Care Act's impacts on access to insurance and health care for low-income populations. *Annu Rev Public Health*. 2017;38:489-505. doi:10.1146/annurev-publhealth-031816-044555
9. Loehrer AP, Chang DC, Hutter MM, et al. Health insurance expansion and treatment of pancreatic cancer: Does increased access lead to improved care? *J Am Coll Surg*. 2015;221(6):1015-1022. doi:10.1016/j.jamcollsurg.2015.09.010
10. Ayanian JZ. Unmet health needs of uninsured adults in the United States. *JAMA*. 2000;284(16):2061. doi:10.1001/jama.284.16.2061
11. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q*. 2005;83(3):457-502. doi:10.1111/j.1468-0009.2005.00409.x

12. American College of Physicians, American Society of Internal Medicine. No health insurance? It's enough to make you sick: Scientific research linking the lack of health coverage to poor health. Published 1999.
https://assets.acponline.org/acp_policy/policies/no_health_insurance_scientific_research_linking_lack_of_health_coverage_to_poor_health_1999.pdf
13. Tolbert J, Drake P, Damico A. Key facts about the uninsured population. KFF. Published 2022. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
14. Hill HA, Singleton JA, Yankey D, Elam-Evans LD, Pingali SC, Kang Y. Vaccination coverage by age 24 months among children born in 2015 and 2016: National immunization survey-child, United States, 2016–2018. *MMWR Morb Mortal Wkly Rep.* 2019;68(41):913-918. doi:10.15585/mmwr.mm6841e2
15. Dhar S. Limited access to healthcare: Examining factors leading to higher Covid-19 hospitalization and death rates among Black Americans. *Undergrad J Public Health.* 2022;6(0). doi:10.3998/ujph.2319
16. Douthit N, Kiv S, Dwolatzky T, Biswas S. Exposing some important barriers to health care access in the rural USA. *Public Health.* 2015;129(6):611-620. doi:10.1016/j.puhe.2015.04.001
17. Committee on Health Insurance Status and Its Consequences. *America's Uninsured Crisis: Consequences for Health and Health Care.* National Academies Press; 2009.
18. Brown ER, Ojeda VD, Wyn R, Levan R. Racial and ethnic disparities in access to health insurance and health care. Published 2000. <https://www.kff.org/wp-content/uploads/2013/01/racial-and-ethnic-disparities-in-access-to-health-insurance-and-health-care-report.pdf>
19. Zuvekas SH, Taliaferro GS. Pathways to access: Health insurance, the health care delivery system, and racial/ethnic disparities, 1996–1999. *Health Aff (Millwood).* 2003;22(2):139-153. doi:10.1377/hlthaff.22.2.139