

N Engl J Med. Author manuscript; available in PMC 2015 June 11

Published in final edited form as:

N Engl J Med. 2014 December 11; 371(24): 2341–2342. doi:10.1056/NEJMc1406586.

Dependent Coverage and Use of Preventive Care under the Affordable Care Act

Xuesong Han, Ph.D.,

American Cancer Society, Atlanta, GA

K. Robin Yabroff, Ph.D.,

National Cancer Institute, Rockville, MD

Anthony S. Robbins, M.D., Ph.D.,

American Cancer Society, Atlanta, GA

Zhiyuan Zheng, Ph.D., and

American Cancer Society, Atlanta, GA

Ahmedin Jamal, D.V.M., Ph.D.

American Cancer Society, Atlanta, GA

Xuesong Han: xuesong.han@cancer.org

TO THE EDITOR

Since it officially went into effect on September 23, 2010, dependent-coverage expansion under the Affordable Care Act (ACA), which allows young adults to be covered under a parent's health insurance plan until they turn 26 years of age, has substantially improved the insurance coverage of persons between the ages of 19 and 25 years. ^{1–4} However, it is unknown whether dependent-coverage expansion has improved the use of recommended preventive services in this age group.

Using data from household interviews obtained in the nationally representative Medical Expenditure Panel Survey in the United States, we examined the use of preventive services by 3310 young adults who were between 19 and 25 years of age in 2009 (before the implementation of dependent-coverage expansion for this age group under the ACA) and by 6840 young adults who were in the same age group in 2011 and 2012 (after implementation of dependent-coverage expansion). These recommended preventive services were dental checkups, blood-pressure measurement, routine health checkups, influenza vaccination, and Papanicolaou (Pap) testing (our analysis was limited to data on women between the ages of 21 and 25 years). We compared this change in the use of these services with the differences between 2245 adults 26 to 30 years of age in 2009 (and who were not eligible for dependent coverage) and 4799 adults in the same age group during the 2011–2012 period.

Han et al. Page 2

We fitted linear probability models for estimation of the self-reported receipt of preventive services, and we used a difference-in-differences analysis, with adjustment for age, sex, race or ethnic group, income level, level of education, and geographic region. All estimates were weighted to account for the complex survey design of the Medical Expenditure Panel Survey and for survey nonresponse.

As expected, in both 2009 and the 2011–2012 period, young adults between 19 and 25 years of age (who were eligible for dependent coverage) and those between 26 and 30 years of age (who were not eligible for dependent coverage) had similar demographic characteristics except for level of education and marital status (see Table S1 in the Supplementary Appendix, available with the full text of this letter at NEJM.org). After controlling for demographic factors, the receipt of dental checkups, blood-pressure measurement, and routine health checkups significantly increased after the implementation of the dependent-coverage provision in the targeted population of young adults between 19 and 25 years of age, but not in those between the ages of 26 and 30 years. The percentages of persons who received influenza vaccination and Pap testing changed little over this period in both age groups. In difference-in-differences analyses comparing changes in the use of these services over time between adults who were between the ages of 19 and 25 years and those who were between the ages of 26 and 30 years, significant changes were observed in the receipt of dental checkups and blood-pressure measurements, but not in the use of the other three services (Fig. 1, and Table S2 in the Supplementary Appendix).

We also observed a significant increase (from 36.7% to 42.4%) in the percentage of young adults between the ages of 19 and 25 years who had private dental insurance (Table S1 in the Supplementary Appendix). Although dental checkups are not mandated in dependent coverage under the ACA, many dental-insurance carriers have opted to increase the age limit for dependents in their plans.⁵

Although our findings are preliminary, they suggest that modest positive benefits are associated with the ACA legislation to expand dependent coverage. Future studies should continue to monitor access to care and health outcomes in populations who are insured under the ACA.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

The findings and conclusions in this letter are those of the authors and do not necessarily represent the official position of the American Cancer Society or the National Institutes of Health.

References

 Finegold, K. ASPE issue brief: new census estimates show 3 million more Americans had health insurance coverage in 2012. Washington, DC: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; 2013. Han et al. Page 3

2. Kirzinger, W.; Cohen, R.; Gindi, R. NCHS data brief no 137. Hyattsville, MD: National Center for Health Statistics; 2013. Trends in insurance coverage and source of private coverage among young adults aged 19–25: United States, 2008–2012.

- 3. Sommers BD, Buchmueller T, Decker SL, Carey C, Kronick R. The Affordable Care Act has led to significant gains in health insurance and access to care for young adults. Health Aff (Millwood). 2013; 32:165–74. [PubMed: 23255048]
- Cantor JC, Monheit AC, DeLia D, Lloyd K. Early impact of the Affordable Care Act on health insurance coverage of young adults. Health Serv Res. 2012; 47:1773–90. [PubMed: 22924684]
- 5. Independence Holding Company (IHC). Your guide to understanding Obamacare health plans for individuals and families: a quick, clear overview of affordable care act insurance coverage basics. The IHC Group; (http://www.healthedeals.com)

Han et al. Page 4

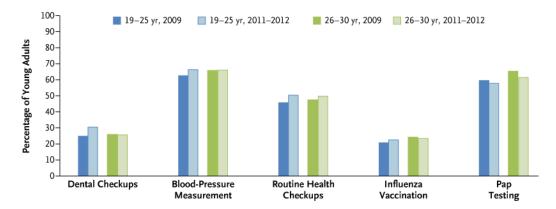


Figure 1. Estimated Changes in the Use of Preventive Services among Young Adults between 2009 and 2011–2012, According to Age Group

Data are from the Medical Expenditure Panel Survey. The data represented by the first two bars for Papanicolaou (Pap) testing exclude women who were 19 and 20 years of age, because for consistency with clinical guidelines, our analysis of the use of Pap testing in the younger age group was restricted to data on women between the ages of 21 and 25 years. The percentages of young adults who received preventive services were adjusted for age, sex (when applicable), race or ethnic group (non-Hispanic white, non-Hispanic black, Hispanic, or other), income level (poor or near poor, low income, middle income, or high income), education level (<12 or 12 years), and geographic region (Northeast, Midwest, South, or West).