Private Health Insurance for Children in New Jersey and the Affordable Care Act

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Outline

- Private coverage in NJ before reform
- Implications of the ACA for private coverage
- Challenges ahead
NJ Private Insurance Markets Pre-ACA

• Individual and small-group reforms (1992)
  – Guaranteed issue, community rating
  – Some plan standardization
  – “Basic and Essential” limited plan attractive to healthy young adults
  – 80% minimum loss ratio

• NJ FamilyCare Advantage full-cost buy-in for children >350% of the Federal Poverty Level (FPL) (2005)

• Young adult dependent coverage up to age 31 (2005)
  – No impact on uninsured young adults (Monheit, et al., HSR, 2011)

• Non-binding child coverage mandate (2008)
  – Focus on outreach, enrollment, & retention in NJ FamilyCare
Coverage Distribution for NJ Children by Poverty Level

Source: 2009 New Jersey Family Health Survey
Note: FPL = the Federal Poverty Level

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Coverage Distribution for NJ Children by Nativity

Source: 2009 New Jersey Family Health Survey

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Access to Care for NJ Children by Coverage Status

Source: 2009 New Jersey Family Health Survey

a Past 12 months

b Reported not receiving wanted medical/surgical, mental health, or dental care, or did not get or used less prescription medicine because of cost

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How Will the ACA Affect Coverage of NJ Children?

**Now** (plan years starting 9/23/2010)
- No pre-existing condition exclusions (most plans)
- No cost sharing for some preventive services (some plans)
- Young adult dependent coverage to age 26 (all plans)
- Subsidized pre-existing condition health plan – “NJ Protect”

**Later** (1/1/2014)
- Individual mandate (most people)
- Medicaid up to 138% FPL
- Possible end to CHIP program as early as 2016
- Exchange subsidies up to 400% FPL
Expected Decline in Uninsured in New Jersey

Source: Urban Institute
Simulation of the impact of the ACA if it were fully implemented in 2011
Challenge #1: Take up rates

• NJ 30th in Medicaid/CHIP take up in 2008 (Kenney et al., Health Affairs, Sept. 2010)
  – Lowest take up among families with premium sharing

• Exemptions from individual mandate
  – Income tax non-filers
  – Affordability exemptions
  – Unauthorized immigrants

• Exchange documentation requirements
  – 22% of NJ uninsured children live with non-English speaking adult (Lynch et al., Urban Institute, Aug. 2010)
    – Many families unaccustomed to means testing
Challenge #2: Provider supply & network adequacy

- Increased demand by newly covered
- Comparatively low primary care supply
  - 16.8 NJ versus 26.4 US Family Practitioners per 100,000 (Brownlee & Cantor, CSHP, May 2007)
  - Large geographic disparities in physician supply
- Hospital DSH cuts, timing of enrollment, hospital financial distress
Challenge #3: Benefit mandates

- ACA essential benefit package may not include some NJ benefit mandates important to children (e.g., cochlear implants, autism treatment)
- States required to subsidize or repeal
Challenge #4: High complexity, short timelines

• Getting the Exchange right will be hard
• Public education especially challenging in NJ
  – Cultural, linguistic diversity
  – New Jersey media markets are like “a beer barrel, tapped at both ends, with all the live beer running into Philadelphia and New York” (Benjamin Franklin, 1876)
THANK YOU