JPAM Featured Article: "Early Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-Expansion States"

October 24, 2016 05:00 PM

As part of our ongoing effort to promote JPAM authors to the APPAM membership and the public policy world at large, we are asking JPAM authors to answer a few questions to promote their research article on the APPAM website.

By: Dr. Charles Courtemanche, Dr. James Marton, Dr. Daniela Zapata, Dr. Aaron Yelowitz, and Benjamin D. Ukert, Ph.D.

What was the genesis/history of the idea for your research?

We had just completed a study (published in Health Economics in 2016) that documented changes in insurance coverage by state in 2014, the first year of full ACA implementation. However, we realized that, given the non-random nature of states’ Medicaid expansion decisions and natural year-to-year fluctuations in insurance coverage, these results likely did not reflect causal effects of the ACA. So we wanted to develop an econometric framework that could identify the causal effects.

What is the main conclusion that becomes evident from your research? (Or, what is our main takeaway?)

At the average pre-treatment uninsured rate, the full ACA increased the proportion of residents with insurance by 5.9 percentage points compared to 2.8 percentage points in states that did not expand Medicaid. Private insurance expansions from the ACA were due to increases in both employer-provided and non-group coverage. The coverage gains from the full ACA were largest for those without a college degree, non-whites, young adults, unmarried individuals, and those without children in the home. We find no evidence that the Medicaid expansion crowded out private coverage.

What are some of the more interesting or surprising findings/conclusions, you discovered during this process?

One surprising result was that simple pre-post comparisons (like in our Health Economics paper mentioned above) seem to underestimate the coverage gains from the Medicaid expansion. Another is that the gains in private insurance coverage were not just due to privately purchased coverage via the new health insurance exchanges; we also saw an increase in employer-provided coverage. While we cannot say exactly why this is the case, one possibility is greater uptake of available employer-sponsored plans due to the individual mandate to have health insurance coverage.

Authors' Bio

Dr. Charles Courtemanche is an Associate Professor of Economics in the Andrew Young School of Policy Studies at Georgia State University. He is a health economist and applied microeconomist with particular research interests in the economics of obesity, public policies to expand insurance coverage, and big box retailers. His research has been published in a variety of journals including the Economic Journal, Journal of Public Economics, Journal of Health Economics, Journal of Urban Economics, Journal of Economic History, and Journal of Policy Analysis and Management. He has received funding from the National Institutes of Health, United States Department of Agriculture, and Food and Drug Administration. Dr. Courtemanche has previously been a faculty member at the University of Louisville and the University of North Carolina at Greensboro. He is also a Research Associate in the Health Economics Program at the National Bureau of Economic Research and a Research Affiliate with the Institute for the Study of Labor (IZA).

Dr. James Marton is a health economist whose research examines the financing of public health insurance programs such as Medicaid and CHIP. His work has been published in such journals as the Journal of Health Economics, Journal of Policy Analysis and Management, the Journal of Urban Economics, the National Tax Journal, Economic Theory, Inquiry, and...
Health Services Research. Dr. Marton is a faculty affiliate of the Georgia Health Policy Center, the Partnership for Urban Health Research, and the W.J. Usery Workplace Research Group. Prior to joining the economics faculty at the Andrew Young School, Dr. Marton was a faculty member in the Martin School of Public Policy and Administration at the University of Kentucky and a Post-Doctoral Research Associate in the Taubman Center for Public Policy at Brown University.

Dr. Daniela Zapata (Ph.D. Economics, University of North Carolina at Greensboro) is a Research Associate at Impaq International. Her main areas of expertise are the design and implementation of quantitative evaluations and the development of financial methodologies to implement innovative payment models. Her roles at IMPAQ have been Project Director, Domain Lead, and Financial Domain team member. In those various capacities she has evaluated and supported the Center for Medicare and Medicaid Innovation and the Bureau of International Labor Affairs in the evaluation and implementation of various programs and demonstrations. Dr. Zapata’s research has been published in leading journals such as the Journal of Policy Analysis and Management, Review of Economics of the Household, and World Development.


Benjamin D. Uekert, Ph.D. is a postdoctoral researcher at the Leonard Davis Institute of Health Economics and the Injury Science Center at the Perelman School of Medicine. He is an applied microeconomist and his research aims to understand how public policy changes affect health. He has a specific interest in the areas of risky behaviors, insurance reform, public transfer programs, and crime prevention. His current research investigates the impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participation, minimum wage increases, and insurance expansions on the health of the U.S. population. Other research studies whether gun regulation in Australia had an impact on gun related crime activity. He holds a PhD in economics from the Georgia State University’s Andrew Young School of Policy Studies and his dissertation analyzes how smoking affects alcoholic beverage consumption and BMI.

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