C-6 「Impact of Premium Subsidies on the Take-up of Health Insurance: Evidence from the 2009 American Recovery and Reinvestment Act (ARRA)」

（発表者） インディアナ大学ポスドクフェロー 守屋 麻子
（共同演者）インディアナ大学 Kosali Simon

【背景】Understanding the price elasticity of demand for health insurance is important to reform health care system in any country. In the U.S., the Affordable Care Act (ACA) was passed in 2010 to substantially increase the rate of health insurance coverage, and it will provide subsidies to low-income families starting in 2014. In the literature there is no consensus on the magnitude of subsidy effects, and previous studies usually focus on smaller subsidy amounts. The price elasticity of health insurance demand is relevant even in a country that has a universal health insurance system. For example, in Japan, a small yet growing number of individuals fall behind in their National Health Insurance premium payment, and reducing premiums has been discussed as a possible measure to reduce non-payment of the premium.

【目的】We study the impact of the temporary but substantial federal subsidy that was introduced to help unemployed workers keep their health insurance coverage in the midst of the recent recession in the U.S. The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires most employers to offer health insurance coverage to former employees for a certain period of time after job termination. The American Recovery and Reinvestment Act (ARRA) of 2009 provided a 65 percent premium subsidy to workers who lost their jobs involuntarily and elected to take up COBRA coverage.

【方法】We estimate the impact of the ARRA subsidy on health insurance by comparing the take-up of COBRA coverage during and outside the subsidy period among subsidy-eligible individuals. Using data from the Survey of Income and Program Participation (SIPP), we are able to control for an exhaustive list of demographic and socioeconomic characteristics and also job characteristics. We supplement this analysis by using two control groups to account for contemporaneous changes and trends. One control group is a propensity-score matched sample of non-elderly individuals who were continuously employed and covered by employer-sponsored insurance initially. We use this control group in the analysis of the COBRA take-up. The other control group is non-elderly individuals who experienced job loss and were not covered by employer-sponsored insurance at previous jobs (they were not eligible for COBRA coverage because COBRA requires individuals to have insurance coverage through former employers before job loss). We use this control group for the analysis of other insurance outcomes.

【結果】We find that the subsidy is associated with a 15.2 percent increase in COBRA take-up. This
translates into a price elasticity estimate of -0.24, which is in the middle range of existing elasticities. We also find evidence that uninsurance decreased and that the increase in COBRA coverage was partially offset by the decrease in individually purchased insurance.

【考察】Our modest price elasticity estimate suggests that to increase the take-up of subsidies or to decrease non-payment of premium, other measures may be necessary. Although our study population is limited to those who lost their jobs recently, this population could be the one that will be eligible for the subsidies through the ACA and also fall behind in the Japan’s National Health Insurance premium payment since they experienced losses in income recently.