

Insurance Instability and People with Disabilities

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Abstract

Insurance instability (gaps in coverage or changing coverage without a gap) can have negative effects on access to care, including the likelihood of having a usual source of care. Having a usual source of care is particularly important for people with disabilities, who have significant and complex healthcare needs. Limited research is available about how insurance instability affects the likelihood of having a usual source of care for people with disabilities.

The objective of this research was to contribute to the growing body of work on health insurance and healthcare access for people with disabilities. My central hypothesis was that insurance instability has a negative effect on having a usual source of care among people with disabilities, this effect diminishes as time without instability increases, and the effect of instability on usual source of care varies by disability type.

I used the Medical Expenditure Panel Survey dataset from the years 2004–2013 to conduct my analyses. Aim 1 used two-stage least squares and bivariate probit models, Aim 2 used a probit model, and Aim 3 used both two-stage least squares and ordinary least squares. With each model, I controlled for socioeconomic, demographic, health, and environmental factors. Aim 1 determined that while overall insurance instability does not have a negative effect on having a usual source of care, having a gap in coverage does. Aim 2 found that increasing months of insurance stability are associated with increasing likelihood of having a usual source of care. Aim 3 found that the magnitude of the effect of gaps in coverage on usual source of care varies by disability type.

These findings indicate that gaps in coverage pose a threat to the healthcare access of working-age adults with disabilities, while ongoing stability facilitates access. The degree to which gaps in coverage affect usual source of care is different within different disability cohorts. The detrimental effects of gaps in coverage on usual source of care for working-age adults with disabilities suggests that stabilizing insurance coverage for this population should be a policy priority.

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