

Asthma Access to Care Is Better, But Are Health Disparities?



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When President Barack Obama signed the Affordable Care Act (ACA) into law in 2010, it aimed to address 2 predominant health care system problems—health care costs and insurance coverage. One provision of the ACA, dependent coverage extension (DCE), targeted both, cost and coverage. Young adults have been historically underinsured, and the DCE allows young adult dependents to stay on their parent's health insurance until age 26 years. After its implementation, the DCE has increased insurance coverage and decreased out-of-pocket health care costs among young adults generally, and specifically in behavioral health, women's health, and preventative health.¹⁻⁶

In this month's issue, Hsu et al⁷ provide a first look at how DCE has impacted young adults with asthma. Hsu et al⁷ evaluated 2 questions in patients with self-reported asthma: (1) "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" and (2) "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" They found that more young adults with asthma had health insurance after DCE implementation when compared with pre-DCE implementation. They also found that reported cost barriers to health care of young adult patients with asthma decreased after DCE implementation.⁷ This study provides an important step in understanding how broad health policy changes affect our patients, but it was limited, as noted by the authors, in pinpointing whether the outcomes were asthma-specific or not. How DCE has impacted asthma-specific health care utilization, asthma-specific outcomes, and importantly, asthma-specific health disparities is yet to be determined.

Asthma-specific health disparities are well documented. They are multifactorial, but often related to socioeconomic status, race, and ethnicity, because asthma disproportionately affects race and ethnic minorities, and those from lower income backgrounds.^{8,9} The ACA, and provisions such as DCE, provides an opportunity to address health disparities broadly, and at a federal level, but studies have yet to specifically evaluate whether asthma-specific health disparities have been impacted.

Some studies have indicated that DCE has narrowed health disparity gaps overall in the young adult population, whereas others have found that health disparity gaps actually widened post-DCE implementation.^{1,4,5,10,11} Conflicting data are due in part to the complexity of such significant health policy changes. The DCE benefits those whose parents are already privately insured, an area known to differ by race, ethnicity, and socioeconomic status. Young adults whose parents lack employee-based health insurance are still more likely to be uninsured, as are those whose parents do not qualify for Medicaid, and cannot afford premiums offered in insurance marketplaces.¹² Post-ACA Medicaid expansion has likely had a larger impact on improving health disparities overall, but Medicaid expansion varies by state, and efforts to reverse Medicaid expansion in some states may negate any gains thus far in closing health disparity gaps.⁴ Understanding the impact of DCE, Medicaid expansion, and other ACA provisions is critical, especially for the allergist.¹³ Federal- and state-level health policy changes may have unintended effects on vulnerable populations, such as young adults with asthma, and worsen health disparities. Hsu et al⁷ provide a springboard for action into assessing possible impacts of the ACA, DCE, and Medicaid expansion on our patient populations, who are often underserved.

Health policy changes on one hand may improve access to care for some patients, but we have to be sure these changes are applied equitably, and result in improved health for all. Allergists/immunologists treat many patients who are disproportionately affected by health disparities. Asthma care provides unique insight into the complex landscape of federal law and health policy, and our patients. More research is needed to elucidate exactly how all our patients are affected, and issues of health equity and health disparities must not be overlooked.

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