Before passage of the Affordable Care Act (ACA), gaps in health insurance coverage were common in the transition from child to adult healthcare systems, with uninsurance rates of 30-40% among young adults. The dependent care provision (started in September 2010), Marketplace Exchanges (started in October 2013), and Medicaid expansion (started in January 2014) in adopting states, led to increased health insurance enrollment and access to care, and decreased out-of-pocket spending on healthcare among all young adults.

In the present study, we examined whether two of these insurance mechanisms – the dependent coverage provision and Medicaid expansion – helped to increase insurance coverage during the transition from child to adulthood for young adults with disabilities. Specifically, we assessed changes in health insurance coverage and access to care for young adults with disabilities (ages 19-25) from pre-ACA to post-ACA time periods, comparing their experience with that of teens with disabilities who are in the planning phase for transition to adulthood (ages 13-18). Using cross-sectional data from the 2006-2009 (pre-ACA) and 2011-2015 National Health Interview Survey (post-ACA), we estimate the change in insurance coverage and access to care across time periods for teens (ages 13-18) and young adults (ages 19-25) with disabilities overall, and in Medicaid expansion and non-expansion states.

Both teens and young adults with disabilities made significant gains in insurance coverage (4.55 and 8.96 percentage point gains respectively, p<.001) and access to care (4.01 and 3.14 percentage points decline in delayed care due to cost, p<.05) under the dependent coverage provision and Medicaid expansion. Medicaid expansion had a greater impact on both
insurance coverage and on access to care than did the dependent coverage provision. The benefits of these changes flowed primarily to young adults with disabilities, reducing the gaps in insurance coverage between teens and young adults, and expanding access to care for both groups, providing a more seamless transition from pediatric to adult health care systems, post-ACA. The ACA, and particularly Medicaid expansion, may be an important policy strategy to promote health and even health-related outcomes (e.g., employment and independence) for this population.