Policy Evaluation - Quasi-Experimental Research Designs Medicaid and Mortality

April 4, 2024

Estimating Treatment Effects Review

•
$$ATE = Avg_n[Y_i^1 - Y_i^0]$$

• $ATE_{est} = Avg_n[Y_i^1|D_i = 1] - Avg_n[Y_i^0|D_i = 0]$
• When $(Y^1, Y^0) \not\perp D$:
 $ATE_{est} = ATE + \underbrace{\{Avg_n[Y_i^0|D_i = 1] - Avg_n[Y_i^0|D_i = 0]\}}_{\text{Selection Bias}}$
 $+ \underbrace{(1 - \pi)(ATT - ATU)}_{\text{Heterogeneous Treatment Effect Bias}}$

- $ATE_{est} = \beta_0 + \beta_1 D + \beta_2 X_1 + \beta_3 X_2 + ... \beta_k X_{k-1} + \varepsilon$
- Natural experiment w/ randomization (Oregon): $(Y^1, Y^0) \perp D$
- Natural experiment w/o randomization (DiD, PSM): (Y¹, Y⁰) $\perp D$?

• Research Question: Does gaining health insurance coverage reduce mortality?

◆□ > ◆□ > ◆□ > ◆□ > ◆□ > ○ < ♡ < ♡

- Research Question: Does gaining health insurance coverage reduce mortality?
 - Mechanism:



- Research Question: Does gaining health insurance coverage reduce mortality?
 - Mechanism:



◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで

• Research Question: Does gaining health insurance coverage reduce mortality?



◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで



January 12 , 2017

Why am I getting this letter?

The law requires people to have a minimum level of health coverage, qualify for an exemption, or pray a penalty when they file their taxes. Our records show you reported owing this penalty when you filed your 2015 taxes because you or someone in your family did not have health insurance during that year. If you don't have health insurance or an exemption next year, you'll likely owe a penalty for 2017 as well. We are writing to make sure you know how you can avoid this penalty by signing up for health insurance.

How do I avoid the penalty next year?

If you don't have health coverage, you can avoid owing a penalty for most or all of 2017 by signing up for health insurance soon. One way to get insurance is to sign up at HealthCare.gov before January 31, 2017. If you already have health coverage, you won't owe a penalty as long as you stay covered.

How much will my penalty be next year if I don't sign up?

The penalty for not having any health coverage in 2017 will be about if your income and family size have not changed since 2015.

How much does health insurance at HealthCare.gov cost?

Most people who enroll in a plan through HealthCare.gov can find plans for \$75 a month or less after financial help. At HealthCare.gov, you can compare plans to find one that meets your needs and budget.

How do I sign up for health insurance or get help finding a plan?

You can apply online by computer or mobile device, or you can get help in-person or by phone.

- · Visit HealthCare.gov, select your state, and follow the step-by-step directions.
- · Find in-person help from someone in your community at LocalHelp.HealthCare.gov.
- · For questions or help signing up, call

When is the deadline to sign up?

January 31, 2017, is the last day to enroll in a 2017 plan on HealthCare.gov.

- Intervention:
 - Letter sent to taxpayers who paid a penalty in 2015

- Intervention:
 - Letter sent to taxpayers who paid a penalty in 2015

イロト イポト イヨト イヨト ヨー わらで

- Treatment assignment was randomized
 - 86% got letter
 - 14% didn't

- Intervention:
 - Letter sent to taxpayers who paid a penalty in 2015
 - Treatment assignment was randomized
 - 86% got letter
 - 14% didn't
- Data & Sample:
 - IRS tax return data
 - Includes information on insurance coverage (including type of coverage)

◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで

- Intervention:
 - Letter sent to taxpayers who paid a penalty in 2015
 - Treatment assignment was randomized
 - 86% got letter
 - 14% didn't
- Data & Sample:
 - IRS tax return data
 - Includes information on insurance coverage (including type of coverage)

◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで

- Data on mortality
 - Social Security Death File
 - Pros: Can be linked to the IRS tax return data
 - Cons: No information on cause of death

- Intervention:
 - Letter sent to taxpayers who paid a penalty in 2015
 - Treatment assignment was randomized
 - 86% got letter
 - 14% didn't
- Data & Sample:
 - IRS tax return data
 - Includes information on insurance coverage (including type of coverage)

- Data on mortality
 - Social Security Death File
 - Pros: Can be linked to the IRS tax return data
 - Cons: No information on cause of death
- Outcome is deaths for those ages 45-64

- Intervention:
 - Letter sent to taxpayers who paid a penalty in 2015
 - Treatment assignment was randomized
 - 86% got letter
 - 14% didn't
- Data & Sample:
 - IRS tax return data
 - Includes information on insurance coverage (including type of coverage)

- Data on mortality
 - Social Security Death File
 - Pros: Can be linked to the IRS tax return data
 - Cons: No information on cause of death
- Outcome is deaths for those ages 45-64
- Sample period is 2017-2018

SUMM	ARY STAT	ISTICS AND H	BALANCE	CHECKS
		Experimer	ntal Samj	ple
	All	Treatment	Control	Difference <i>p</i> -value
	(3)	(4)	(5)	(6)
ndividual characteristics				
Female	0.450	0.450	0.451	.679
Age (years)	31.1	31.1	31.1	.410
0–18	0.271	0.271	0.271	.384
19–26	0.136	0.136	0.136	.771
27-44	0.349	0.349	0.349	.684
45-64	0.230	0.230	0.230	.977
65 or older	0.014	0.014	0.014	.506
Iousehold characteristics				
Married	0.414	0.414	0.414	.863
Household income	42,709	42,697	42,782	.346
Income $< 138\%$ FPL	0.267	0.267	0.266	.136
Household size	2.74	2.74	2.74	.741
Self-prepared returns	0.341	0.341	0.341	.827
ocal characteristics				
High school degree or highe	r 0.835	0.835	0.835	.553
BA degree or higher	0.249	0.249	0.249	.335
Expansion state	0.560	0.560	0.560	.822
State-based marketplace	0.222	0.222	0.222	.637
Observations				
Individuals	8,893,653	7,647,822	1,245,83	31
Households	4,526,717	3,892,847	633,87	0

TABLEI

• First estimate coverage effects of taxpayer outreach.



◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで

• Health Insurance Coverage



• Health Insurance Coverage

	Prior-year uninsured		
	Months of coverage (5)	At least 1 month of coverage (6)	
Panel A: All age	s		
Treated	0.232 (0.016)	1.107 (0.077)	
Control mean Observations	9.512 5,084,165	58.525 5,084,165	
Panel B: Middle	-aged adult	_S (45 to 64)	
Treated	0.358 (0.026)	1.831 (0.135)	
Control mean Observations	7.795 1,358,983	48.753 1,358,983	

• Health Insurance Coverage



- Outreach increases months of coverage by:
 - o (0.232/9.512)*100 = 2.44%
 - o (0.358/7.795)*100 = 4.59%

• Health Insurance Coverage



- Outreach increases months of coverage by:
 - \circ (0.232/9.512)*100 = 2.44%
 - o (0.358/7.795)*100 = 4.59%
- Outreach increases probability of at least 1 month of coverage by:
 - o (1.107/58.525)*100 = 1.89%
 - o (1.831/48.753)*100 = 3.76%

◆□> ◆□> ◆目> ◆目> ◆目> ●目 ●のへで

• Next estimate mortality effects of taxpayer outreach (and insurance coverage).



◆□ ▶ ◆□ ▶ ◆ □ ▶ ◆ □ ▶ ● ● ● ● ●

Mortality



Mortality

EFFECTS OF INTERVENTION AND COVERAGE ON MIDDLE-AGE MORTALITY

$\begin{array}{c c} & \operatorname{Mortality} & \operatorname{Mortality} \\ (\Pi T) & (T O T) \\ (1) & (4) \end{array}$ Ireated $-0.063 \\ (0.025) \\ \text{Covered months} & -0.178 \\ (0.070) \\ \text{Control mean} & 1.007 \\ 1.358,983 \\ 1.358,983 \end{array}$			
(1) (4) Treated -0.063 (0.025) Covered months -0.178 (0.070) Control mean 1.007 1.007 Observations 1,358,983 1,358,983		Mortality (ITT)	Mortality (TOT)
Ireated -0.063 (0.025) Covered months -0.178 (0.070) Control mean 1.007 1.007 Dbservations 1,358,983 1,358,983		(1)	(4)
$\begin{array}{c} (0.025) \\ \text{Covered months} & -0.178 \\ (0.070) \\ \text{Control mean} & 1.007 & 1.007 \\ \text{Observations} & 1,358,983 & 1,358,983 \\ \end{array}$	Treated	-0.063	
Covered months -0.178 (0.070) Control mean 1.007 1.007 Observations 1,358,983 1,358,983		(0.025)	
(0.070) Control mean 1.007 1.007 Observations 1,358,983 1,358,983	Covered months		-0.178
Control mean 1.007 1.007 Observations 1,358,983 1,358,983			(0.070)
Observations 1,358,983 1,358,983	Control mean	1.007	1.007
	Observations	1,358,983	1,358,983

• ITT = Average difference in mortality between treatment and control groups

Mortality

EFFECTS OF INTERVENTION AND COVERAGE ON MIDDLE-AGE MORTALITY

	Mortality (ITT) (1)	Mortality (TOT) (4)	 Penalty notice decreased mortality by: 0.63/1.007)*100 = 6.26%
Treated	-0.063		0 (0.003) 1.007 / 100 - 0.2070
Covered months	(0.023)	-0.178 (0.070)	
Control mean Observations	1.007 1,358,983	1.007 1,358,983	

◆□> ◆□> ◆三> ◆三> ・三 ・ 少へぐ

• ITT = Average difference in mortality between treatment and control groups

Mortality

EFFECTS OF INTERVENTION AND COVERAGE ON MIDDLE-AGE MORTALITY

$\begin{array}{c c} & Mortality \\ (ITT) \\ (1) \\ (1) \\ (4) \\ \hline \end{array}$			
$\begin{array}{c cccc} (1) & (4) \\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \\ \hline \\ \\ \\ \\ \hline \\$		Mortality (ITT)	Mortality (TOT)
$ \begin{array}{c} -0.063 \\ (0.025) \\ \hline \\ \mbox{covered months} \\ \hline \\ \mbox{control mean} \\ \mbox{1.007} \\ \mbox{1,358,983} \\ \mbox{1,358,983} \\ \hline \\ \mbox{3.58,983} \\ \hline \end{array} $		(1)	(4)
(0.025) Covered months -0.178 (0.070) Control mean 1.007 1.007 Deservations 1,358,983 1,358,983	Treated	-0.063	
Covered months -0.178 (0.070) Control mean 1.007 1.007 Deservations 1,358,983 1,358,983		(0.025)	
(0.070) Control mean 1.007 1.007 Observations 1,358,983 1,358,983	Covered months		-0.178
Control mean 1.007 1.007 Observations 1,358,983 1,358,983			(0.070)
Observations 1,358,983 1,358,983	Control mean	1.007	1.007
	Observations	1,358,983	1,358,983

- ITT = Average difference in mortality between treatment and control groups
- TOT = Average reduction in mortality for each additional month of coverage

Mortality

EFFECTS OF I	NTERVENTION ANI	O COVERAGE ON MIDDLE-AGE MORTALITY
	Mortality (ITT) (1)	Mortality Penalty notice decreased mortality (TOT) by: (4) 0 (-0.063/1.007)*100 = 6.26%
Treated	-0.063 (0.025)	Each additional month of coverage
Covered months		(0.070) decreased mortality by: ○ (-0.178/1.007)*100 = 17.7%
Control mean Observations	1.007 1,358,983	1.007 1,358,983

- ITT = Average difference in mortality between treatment and control groups
- TOT = Average reduction in mortality for each additional month of coverage

Status of State Medicaid Expansion Decisions, as of October 24, 2013



Status of State Medicaid Expansion Decisions, as of October 24, 2013



• Estimation Strategy:

Status of State Medicaid Expansion Decisions, as of October 24, 2013



◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで

- Estimation Strategy:
 - Difference-in-differences:

Status of State Medicaid Expansion Decisions, as of October 24, 2013



Estimation Strategy:

- Difference-in-differences:
 - Expansion vs. non-expansion counties
 - Pre-expansion vs. post-expansion

• Data & Sample:



- Data & Sample:
 - Data on mortality
 - CDC National Vital Statistics Death Certificate Data
 - Pros: universe of deaths in the U.S. in each year, includes location of residence, includes detailed cause of death

・ロト ・ 理 ト ・ ヨ ト ・ ヨ ト ・ ク へ ()

- Cons: No information on insurance coverage or income

- Data & Sample:
 - Data on mortality
 - CDC National Vital Statistics Death Certificate Data
 - Pros: universe of deaths in the U.S. in each year, includes location of residence, includes detailed cause of death

- Cons: No information on insurance coverage or income
- Outcome is deaths for those ages 20-64

- Data & Sample:
 - Data on mortality
 - CDC National Vital Statistics Death Certificate Data
 - Pros: universe of deaths in the U.S. in each year, includes location of residence, includes detailed cause of death

- Cons: No information on insurance coverage or income
- Outcome is deaths for those ages 20-64
- Sample period is from 2009 through 2017

- Data & Sample:
 - Data on mortality
 - CDC National Vital Statistics Death Certificate Data
 - Pros: universe of deaths in the U.S. in each year, includes location of residence, includes detailed cause of death

- Cons: No information on insurance coverage or income
- Outcome is deaths for those ages 20-64
- Sample period is from 2009 through 2017
- Aggregate individual-level data to the county level to create county-level mortality rates (deaths per 100,000 population)

• Remember the DD parallel trends assumption?

• Remember the DD parallel trends assumption?



◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで



<ロ> <=> <=> <=> <=> <=> <=> のへの



◆□ > ◆□ > ◆臣 > ◆臣 > ● 臣 = のへ(?)





◆□ > ◆□ > ◆臣 > ◆臣 > ● 臣 = のへ(?)

• Solution:



• Solution: Propensity Score Matching!

- Solution: Propensity Score Matching!
- Intuition: If we match on baseline county characteristics, then we *might* see similar pre-period mortality trends for treatment and control counties.

- Solution: Propensity Score Matching!
- Intuition: If we match on baseline county characteristics, then we *might* see similar pre-period mortality trends for treatment and control counties.

・ロト ・ 理 ト ・ ヨ ト ・ ヨ ト ・ ク へ ()

• Steps:

- Solution: Propensity Score Matching!
- Intuition: If we match on baseline county characteristics, then we *might* see similar pre-period mortality trends for treatment and control counties.
- Steps:
 - 1. Predict the probability that a county is located in an expansion state.

- Solution: Propensity Score Matching!
- Intuition: If we match on baseline county characteristics, then we *might* see similar pre-period mortality trends for treatment and control counties.
- Steps:
 - 1. Predict the probability that a county is located in an expansion state.
 - Covariates include county age, race, economic measures, political variables, and baseline mortality rate.

・ロト ・ 同ト ・ ヨト ・ ヨー・ つくの

- Solution: Propensity Score Matching!
- Intuition: If we match on baseline county characteristics, then we *might* see similar pre-period mortality trends for treatment and control counties.
- Steps:
 - 1. Predict the probability that a county is located in an expansion state.
 - Covariates include county age, race, economic measures, political variables, and baseline mortality rate.

・ロト ・ 同ト ・ ヨト ・ ヨー・ つくの

2. Each county is assigned a propensity score.

- Solution: Propensity Score Matching!
- Intuition: If we match on baseline county characteristics, then we *might* see similar pre-period mortality trends for treatment and control counties.
- Steps:
 - 1. Predict the probability that a county is located in an expansion state.
 - Covariates include county age, race, economic measures, political variables, and baseline mortality rate.
 - 2. Each county is assigned a propensity score.
 - 3. Propensity scores are used as weights for the DD regression (inverse probability weighting).

• Using the matched county sample:



<ロ> < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < 回 > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ > < □ >

• Difference-in-Differences Estimates:

Effect of ACA	medicaid	expansion	on mortality.

Model and variable	Full sample	
	Base	Controls
	(1)	(2)
Panel A: All cause mortality		
Medicaid expansion	-14.83**	-11.36***
	(6.12)	(3.59)
% Effect relative to baseline	-4.71	-3.60

◆□ → ◆□ → ◆ □ → ◆ □ → ● ● ● ● ● ●

- Conclusion:
 - Medicaid expansion reduced mortality for 20-64 year olds by 11.36 deaths per 100,000 (3.6%) in the first four years.

イロト イポト イヨト イヨト ヨー わらで

- Conclusion:
 - Medicaid expansion reduced mortality for 20-64 year olds by 11.36 deaths per 100,000 (3.6%) in the first four years.

ITT estimate. How do we get to the TOT estimate?

- Conclusion:
 - Medicaid expansion reduced mortality for 20-64 year olds by 11.36 deaths per 100,000 (3.6%) in the first four years.
 - ITT estimate. How do we get to the TOT estimate?
 - Scale ITT by change in insurance coverage (4.15 percentage points)

◆□ ▶ ◆□ ▶ ◆□ ▶ ◆□ ▶ □ ● のへで

- Conclusion:
 - Medicaid expansion reduced mortality for 20-64 year olds by 11.36 deaths per 100,000 (3.6%) in the first four years.
 - ITT estimate. How do we get to the TOT estimate?
 - ▶ Scale ITT by change in insurance coverage (4.15 percentage points)

• TOT = 30% reduction in mortality.

- Conclusion:
 - Medicaid expansion reduced mortality for 20-64 year olds by 11.36 deaths per 100,000 (3.6%) in the first four years.
 - ITT estimate. How do we get to the TOT estimate?
 - Scale ITT by change in insurance coverage (4.15 percentage points)
 - ► TOT = 30% reduction in mortality.
- Comparison across studies:
 - Oregon (55 to 64) = 71.7% reduction over 14 months (NS)
 - Goldin et al. (45 to 64) = 17.7% per month of coverage
 - Borgschulte and Vogler (55 to 64) = 30% reduction over 4 years