

# Does Having Health Insurance Coverage Reduce Mortality?

## Why This Study Is Important

This study provides new evidence that health insurance coverage reduces mortality in the United States. These findings shed light on a widely debated question - what is the relationship between health insurance and mortality? The study approach taken by the research team bypassed concerns raised against previous non-experimental research on this topic, allowing the work to advance the evidence base and add clarity to policy discussions. The team evaluated a randomized outreach study in which the Internal Revenue Service (IRS) sent informational letters to 3.9 million households that paid a tax penalty for lacking health insurance coverage under the Affordable Care Act (ACA). They studied the effect of this intervention on taxpayers' subsequent health insurance enrollment and mortality and found the intervention led to increased enrollment and coverage and reduced mortality among middle-aged adults during the subsequent two years.

## What This Study Found

- The results provide clear experimental evidence that the coverage induced by the IRS intervention reduced mortality among middle-aged adults.
- The outreach intervention increased health insurance coverage – uninsured individuals that received the informational letter were 1.1 percentage points more likely to enroll in coverage during the two years following the intervention than those individuals who did not receive the outreach.
- The increase in coverage was primarily driven by increased enrollment in the individual marketplace, and, to a lesser extent, new enrollment in Medicaid.
- In the two years following the intervention, the mortality rate among previously uninsured 45–64-year-olds was lower for those that received the intervention and enrolled in health insurance than for those that did not receive the intervention by approximately 0.06 percentage points, or one fewer death for every 1,587 treated individuals.

For more information about this study, contact Jacob Goldin at [jsgoldin@law.stanford.edu](mailto:jsgoldin@law.stanford.edu). For more information about the NIHCM Foundation Investigator-Initiated Research Grant Program, contact Cait Ellis at [cellis@nihcm.org](mailto:cellis@nihcm.org).

## What These Findings Mean

This study highlights the value of health insurance and addresses important policy questions surrounding the use of outreach and tax incentives to increase health insurance coverage. Recent numbers indicate that the share of Americans under the age of 65 who lack health insurance coverage for the entire year is between 9% and 13%; although the percentage of Americans who lack coverage for one or more months during the year is much higher, approximately 21% to 26%. This study's findings present an opportunity to increase enrollment and improve health outcomes among uninsured Americans. Although the individual mandate is no longer in effect at the federal level, these findings are useful for assessing proposals to enact an individual mandate at the state or reenact at the federal level and for informing related outreach efforts.

## More About This Study

The outreach intervention was a joint project designed primarily by the Treasury Department's Office of Tax Analysis, funded by the Department of Health and Human Services (HHS), and implemented by the IRS. For the intervention, the IRS sent informational letters to taxpayers that informed recipients that they had paid a penalty for lack of ACA mandated health insurance coverage in 2015, provided information about the penalty and plan costs for 2017, and provided instructions for enrolling in coverage. Taxpayers in the sample were randomly assigned to receive a letter (86%) or to a control group (14%). The analysis uses administrative records from population files housed at the IRS, including health insurance coverage data derived from information returns (Form 1095 A/B/C), which provide monthly coverage information at the individual level and information on the type of coverage. Data on mortality came from the Social Security Death File.

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