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....."ANTICIPATED HEALTH INSURANCE UPTAKE AND INDIVIDUAL MANDATE:  
A VIEW FROM THE WASHINGTON STATE

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Political Polarization, Anticipated Health Insurance Uptake and Individual Mandate: A view from the Washington State

Anirban Basu, Norma B. Coe, David E. Grembowski, and Larry Kessler

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**ABSTRACT**

The politicization of the Affordable Care Act (ACA) was extreme, with the popular moniker of "Obamacare" and 54 House attempts to repeal the law in the four years after passage. Our study set out to understand Washington state public's preferences about enrolling into ACA driven health insurance programs, the role that political polarization may play on the chances that the uninsured would enroll and the extent to which individual mandate may influence these choices. A representative mail survey among the registered voters of Washington State. We find that 27% have not ruled out purchasing insurance through the Exchange, but their ambiguity is most likely driven by conflicts between health care needs and financial worries on one hand and their political views on the other. Overall, compared to the insured population in 2013, uninsured are significantly more likely (OR = 2.0, 95% CI: 1.1, 3.4) to enroll through the Exchange even after all adjustments including medical needs and financial worries. This highlights that the individual mandate may have an independent effect on enrollment for the uninsured. However, the individual mandate effect is found to be negligible (OR: 1.1, 95% CI: 0.50, 2.8) for the uninsured who blamed the Democrats and/or President Obama for the 2013 governmental shutdown. Political polarization appears to have a trickle down affect at the individual choices even beyond medical needs and financial worries. Alternative strategies, for example bipartisan outreach, may be necessary to convince certain groups of eligible beneficiaries to consider enrollment through the Exchange.

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## **Introduction**

Presence of health insurance is often considered the most important and mutable determinant of access to care and the receipt of adequate health care services.<sup>1</sup> With the Affordable Care Act, the prospect of changing the high proportion of uninsured in the US looks better than ever. Washington (WA) State is one of fifteen states that opted under the Patient Protection and Affordable Care Act (ACA) to implement both the Medicaid expansion and to institute their own health benefit exchange – the Washington Healthplanfinder ([www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)). From the State's perspective, increasing enrollment in both Medicaid and the individual market through the public-private Exchange is critical to achieving successful implementation of the ACA. The most recent enrollment figures (as of April 23, 2014) for the state have been encouraging, indicating that about 587,000 Washingtonians have newly enrolled in either private health coverage or the state's Medicaid program (Washington Apple Health) since October 1, 2013. Of these, 164,000 residents enrolled in private health plans.

While enrollment in WA has been relatively successful, there remain questions of who, among the eligible, are not enrolling in the exchange, and why are they opting out of coverage. Understanding the choices people are likely to make and what influences them is an important health policy issue. In this work we study the pre-enrollment expectations for buying health insurance through the exchange, using data from a unique state-representative mail survey of registered voters of age 18-64 years, conducted during December 2013 – January 2014. We categorize voters into three categories based on their self-reported information: confident they would buy insurance through the exchange, confident they would not buy through the exchange, and uncertain. We then compare these groups along several dimensions, including health, past health care use and insurance coverage and health care-related financial worries. These comparisons can help project the likely size and characteristics of enrollees to the WA health exchange in the future months.

Since the reduction of the size of the uninsured population is one of the primary goals of ACA, we also strive to learn what these uninsured (in 2013) individuals are planning to do in regards to buying insurance from the exchange. In addition to measures of demand for health insurance, we study to what extent political polarization may drive these beneficiaries away from enrolling in ACA mandated health insurance through the Exchange. Specifically, this informative analysis examines whether such political polarization dominates perceived need for health care and for buying health insurance. Understanding these preferences is important for enrollment efforts carried out by any state and the federal exchange.

## **STUDY DATA AND METHODS**

In the last quarter of 2013, our research team fielded a statewide representative USPS mail survey, the University of Washington Survey on Health-related Attitudes of Washington Residents (UW SHARE), to understand 1) the public's attitude toward health insurance changes brought on by the ACA, 2) their current health insurance coverage, 3) their demand for health care services, and 4) their self-reported health status. The survey also asked respondents whether they plan to buy health insurance through the WA exchange in 2014. About 40,000 resident households with at least one person between 18-64 years of age were selected at random from the publicly available list of registered voters in Washington State<sup>2</sup> that contained about 4 million registered voters. Households in some of the smaller counties were oversampled. Because all household members could not be surveyed, the eldest person in the household between the ages of 18-64 was asked to respond to the survey. The survey was designed to be representative both at the state and the county level, and is one of the unique surveys in the country to capture pre-ACA data. A paper-based mail survey was chosen to be

the primary and only mode of survey in order to obtain responses from the remote corners of the state where internet connections are not widely available. However, we were aware that the survey may not appropriately represent the Hispanic population in the state as no Spanish version of the survey was administered. Moreover, the survey, by design, would represent a slightly older population as only the eldest in the household between 18-64 years of age was asked to respond.

By January 31, 2014, we had received about 4,200 responses (10.5% responses rate). In order to demonstrate representativeness of estimates from the UW SHARE survey, we compare key demographic, health and insurance estimates to the latest estimates available from established surveys such as the 2010 Washington State Population Health Survey (WASPHS) survey and the 2012 Behavioral Risk Factor Surveillance Survey (BRFSS). Importantly, we benchmark estimates for the whole population and for citizens only using the WASPHS data, for better comparisons to estimates from our survey, which only represents registered voters.

We then examine the distribution of the WA population who anticipate buying health insurance through the WA exchange. We categorize this anticipation into three categories: “YES”, “NO” and “Don’t Know/Not Sure”, where the last category potentially represents the fraction of the population where further outreach could lead to added enrollment. To further understand these population sub-groups, we compare respondents’ self-reported health, health care use and healthcare related financial worries across these categories to see whether those who are unsure about enrollment look more like those who are sure about enrolling or not enrolling through the exchange. We project potential enrollment to the WA Health Exchange based on these estimates.

We explore the anticipated enrollment through the Exchange in 2014 between people who were insured versus uninsured in 2013. We hypothesize that compared to the insured population in 2013, the uninsured are more likely to enroll through the Exchange in 2014 for obvious reasons. However, to understand the impact of the individual mandate under ACA in creating opportunities and incentives for the uninsured to enroll, we study how the anticipated enrollment preferences among the uninsured, as compared to the insured, changes as we adjust for factors likely correlated with the demand for health insurance: demographics, self-reported health, health care demands and financial worries about paying medical bills. We hypothesize that even after controlling for these factors the uninsured would be significantly more likely than the insured to enroll through the Exchange due to the impact of the individual mandate.

Finally, we explore the impact of political polarization on anticipated enrollment through the WA exchange by the uninsured. Political polarization is based on the question: "*In your mind, who is most responsible for the government shutdown in October 2013?*" Answer to this question are categorized as "Democrats and/or President Obama", "Republicans and/or Tea Party Republicans" and "All parties were equally responsible". We explore whether anticipated enrollment of the uninsured versus the insured are additionally influenced by political polarization towards the Republican versus the Democratic Party. Our hypothesis is that controlling for everything else that predicts health insurance demand, political polarization would have no impact on the decision to enroll through the health care exchange, as the demand for insurance among the uninsured should be similar across groups with different political views.

## RESULTS

Our final analytical survey sample consists of 4,169 respondents of age 18-64 years, after dropping 25 observations (0.5%) due to high degree of missing values in their responses. Survey weights were computed for this sample. As illustrated in Table 1, our estimates benchmarked well with those from the citizens' sample of 2010 WASPHS. Moreover the 2010 WASPHS for the entire population match well with the more recent 2012 estimates from the BFRSS. Our survey did not underrepresent the Hispanic citizen's population in 2013, but it appears to underrepresent the African American and Asian population. However this may be a manifestation of the fact that a fraction of these populations are classified as mixed race under the "Other" category. As anticipated, our sample had lower rates of the youngest age group (18-26 years olds). Our sample also underrepresents less than high school and up to two-year-college educated but does not differ from population estimates of income distribution from 2010 WASPHS citizen's sample. This may explain the fact that our sample has lower rates of uninsured than the 2010 WASPHS citizen's sample and are more likely to have employer-sponsored insurance.

Figure 1(a) shows the distribution of anticipated purchase of insurance through WA exchange. 7% (95% CI: 5.5%, 8.0%) expressed that they will purchase insurance through the exchange while nearly 20% (95% CI: 18%, 23%) were unsure. If this full 27% would enroll, it would correspond to a total of 810,000 enrollees among the population of 3 million non-elderly adult citizens in WA State. We discuss the implication of this number in the Discussions section.

Figure 1(b) examines the anticipated enrollment by the distribution of 2013 insurance-status. Among people who were certain to buy insurance through the Exchange, 30% had no insurance in 2013, while about 51% had some form of employer or private insurance. In contrast, among

people who were certain not to buy insurance through the Exchange, 86% had some form of employer or private insurance in 2013, which could reflect simple ineligibility for the exchange. Forty-six percent of people who were unsure about buying through exchange had employer-sponsored insurance in 2013, which could reflect uncertainty about the continuation of their employment or their employer-coverage. However, a full 22% of those unsure about their purchasing plans were uninsured in 2013, the target group for the exchange enrollment.

Many characteristics, except gender, are significantly associated with the anticipated enrollment (Table 2). Compared to people who were not going to buy insurance through the Exchange, people who were certain about buying were more likely to be older, be non-white, have less than college education, have lower household income, be uninsured in 2013, demand more health care in 2013 and have more financial worries regarding paying medical bills. This certain-purchasing group seems to have higher demand for insurance. However, certain-purchasers and certain-non-purchasers look similar in terms of their self-reported health status. People who were certain they would buy from Exchange were much more supportive of Supreme Court's decision to uphold ACA and were more likely to blame the Republicans for the October 2013 government shutdown.

In comparison, people who were unsure about buying from the Exchange were more likely to be younger, be Hispanic, have less than High school education, and have self-reported poor health compared to either group who have made up their minds about buying from the Exchange. Interestingly, this 'uncertain' group's health care demand in 2013 and financial worries about medical bills were similar to those who would buy insurance through the Exchange and yet their attitudes towards the Supreme Court ruling and the parties responsible for government shutdown were similar to those who would not buy insurance through the Exchange.



We then examine the likelihood of the uninsured in 2013 to enroll in the Exchange as compared to the population who had insurance in 2013 (Table 3). Our study also finds that 30% of the uninsured were certain about not enrolling through the Exchange in 2014, where nearly fifty percent of them remained unsure. Twenty-three percent of the uninsured population blamed the Democrats and/or President Obama for the government shutdown in 2013 compared to 14% among the insured population ( $p=0.004$ ). In contrast, the proportion who agreed with the Supreme Court ruling on upholding ACA did not differ significantly across the uninsured and the insured groups (45% vs 49%,  $p=0.39$ ).

The unadjusted odds ratio of buying through the Exchange for the uninsured versus the insured was 7.8 (95% CI: 5.5, 11.3). This difference between uninsured and insured populations is largely due to demographic differences; the odds ratio declines to 2.6 (95% CI: 1.7, 3.9) after adjusting for demographics. However, further additions of other covariates related to health insurance demand, such as self-reported health, health care demands, financial worry, ACA perception and political polarization do not alter this odds ratio much. The final odds ratio, after all adjustments, is 2.0 (95% CI: 1.3, 3.2) and remains significant, implying that the individual mandate may have a significant role in making the uninsured enroll through the Exchange.

However, this potential impact of the individual mandate varies substantially across political views (Figure 2). The odds ratio of buying from the Exchange in 2014 is significantly higher for uninsured among people blaming all parties (OR: 1.99, 95% CI 1.1, 3.7) or only the Republicans (OR: 3.6 95%CI 1.6, 8.2) for the governmental shutdown in 2013 versus those with any insurance. Similar results are found when comparing uninsured to those with private insurance in 2013. However, uninsured people were not more likely to buy from the Exchange if they blamed the Democrats (OR: 1.1 95%CI 0.50, 2.8) for the governmental shutdown in 2013, after controlling for all other factors. This implies that the individual mandate, as currently set, would

have minimal effect on enrollment for the uninsured persons who are politically against the Democrats.

## **CONCLUSIONS**

Non-take-up of public programs among their target population has long been a policy concern. In the context of health insurance, the non-take-up patterns are potentially even more important since it has implications for not just the future of the policy, but also on the ability to pool risk across individuals and the prevailing premiums in the future, and hence the viability of the entire health insurance system envisioned under the ACA. Unlike the Massachusetts health insurance reform signed by Governor Romney, the politicization of the ACA was extreme, with the popular moniker of “Obamacare” and 54 House attempts to repeal the law in the four years after passage. Therefore, our study set out to understand WA state public’s preferences about enrolling into ACA driven health insurance programs and especially to understand the role that political polarization may play on the chances that the uninsured would enroll.

Our analysis finds that, in terms of health and health care demand, individuals who remained unsure of their future enrollment in Exchange plans were not significantly different from those who were planning on enrolling. This is good news for policy makers concerned about adverse selection in the market; the sickest do not seem to be the ones most certain to enroll in WA State.<sup>3</sup> As of April 23, 2014, the WA Health Insurance Commissioner’s Office reports that 587,000 (citizens and non-citizens) enrolled through the exchange (i.e. those who were not Medicaid redeterminations). Our projections from these survey estimates that 810,000 citizens have not ruled out enrolling through the WA exchange.

However, we also find that public's political views might be responsible for producing ambiguity in their preference to enroll. People who were unsure about enrollment share similar health care needs and financial worries with those who are certain to enroll but share similar political views with those who are certain not to enroll. More intensive efforts may be needed convey the benefits of enrollment in clear and non-partisan ways in order to sway these individuals to enroll.

One of the main targets of ACA is to reduce the number of uninsured. It is natural to assume that, compared to those who had insurance in 2013, the uninsured would be more likely to take up health insurance when they face affordable (through the individual market) or free (through Medicaid expansion) health insurance options. Our data supports this assumption. In fact, our findings, which suggest that even after controlling for all other factors the uninsured continue to be significantly more likely to enroll through the Exchange, point out that on average the penalty under the individual mandate may be effective in making the uninsured enroll.

However, our analyses also suggest that the current political rancor in our federal government, and in the populace at large, plays a significant role in explaining these preferences among the uninsured. Uninsured citizens blaming the Democrats and/or President Obama for the government shutdown in 2013 are not more likely than those who were insured in 2013 to enroll through the WA Exchange. This effect (of lack of it) is not driven by just one's views on the ACA that contribute to this divisiveness, since we include a measure of one's stance on the Supreme Court ruling on the ACA's constitutionality as an adjustor in our analyses. This indicates it may be difficult to enroll certain segments of the eligible population through the Exchange.

Alternative strategies, for example bipartisan outreach, may be necessary to convince these groups of eligible beneficiaries to consider enrollment. This is especially true if such dynamics, or possibly even more political divisiveness, persist in those states where a Federal Health Exchange is set up.

**Table 1: Characteristics of the Survey Population in 2013**

Characteristics	2013 UW SHARE (Registered Voters: 18-64 years)	2010 WA SPHS (Citizens 18-64 years)	2010 WA SPHS (All residents: 18- 64 years)	2012 BRFSS (All residents: 18-64 years)
Age				
18-26 years	11.0 (8.7, 13.2)	18.9	19.3	19.4
27-34 years	19.4 (17.1, 21.6)	15.7	16.9	17.4
35-44 years	22.2 (20.2, 24.2)	21.1	21.5	20.9
45-54 years	25.0 (23.1, 26.8)	22.5	21.8	22.2
55-64 years	22.5 (20.9, 24.1)	21.8	20.5	20.1
Gender				
Males	50.6 (48.1, 53)	50.6	50.5	50.4
Females	49.4 (47, 51.9)	49.4	49.5	49.6
Race				
Whites	85.2 (83.4, 87.1)	87.1	85.9	76.8
African American	1.6 (0.9, 2.3)	3.8	3.7	3.5
Asian	4.7 (3.5, 5.8)	5.8	7.0	8.7
Other	8.5 (7.1, 9.9)	3.3	3.4	11.1
Hispanics	4.3 (3.3, 5.4)	4.9	9.1	11.4
Education				
Less than High School	1.0 (0.6, 1.5)	6.3	8.7	11.7
Up to 2-year College	14.4 (12.9, 15.9)	26.9	26.3	24.3
High School/ GED	22.8 (21, 24.7)	30.2	28.7	35.7
College degree or more	61.7 (59.5, 63.9)	35.0	34.0	28.3
Annual Household Income				
Greater than \$200K	6.2 (4.9, 7.4)	5.2	5.0	-
\$101K – \$200K	25.9 (23.7, 28)	24.4	23.6	-
\$51K - \$100K	32.8 (30.5, 35.1)	34.4	33.3	52.6 (> 50K)

\$36K - \$50K	11.8 (10.3, 13.4)	12.1	12.5	12.7
\$26 - \$35K	6.5 (5.2, 7.8)	8.6	9.3	9.9
Less than \$25K	16.8 (15, 18.7)	15.3	16.4	24.8
Health Insurance (Any)	90.7 (89.3, 92.2)	84.2	82.3	78.8
Medicaid only	1.9 (1.3, 2.5)	4.7	4.9	-
Medicare only	2.2 (1.6, 2.9)	1.3	1.2	-
Employer only (self or through family)	68.6 (66.4, 70.8)	56.8	54.8	-
Individual Private only	9 (7.7, 10.2)	5.0	4.8	-
Indian Health Services	0.1 (0, 0.2)	N/A	N/A	-
Mixed/Other	8.9 (7.6, 10.2)	16.3	16.6	-
General Health				
Excellent	25.3 (23.1, 27.4)	27.3	26.7	19.8
Very Good	37.9 (35.5, 40.4)	28.3	27.4	34.1
Good	28.4 (26.3, 30.5)	29.7	30.6	31.2
Fair	6.7 (5.7, 7.6)	9.8	10.5	11.4
Poor	1.7 (1.1, 2.3)	4.9	4.8	3.5

**Table 2: 2013 Characteristics associated with anticipated purchase of health insurance from the WA insurance exchange in 2014.**

Characteristics	YES	NO	Not Sure/ Don't Know	p-value
Age				
18-26 years	7.3	9	18.4	
27-34 years	19.7	18.4	20.6	
35-44 years	21.9	23.2	18.8	
45-54 years	21.4	26.2	22.2	
55-64 years	29.7	23.2	20	0.03
Gender				
Males	44.3	52.6	46.3	
Females	55.7	47.4	53.7	0.18
Race				
Whites	82.1	86.7	77.6	
African American	3.4	1.3	2.2	
Asian	6.1	4.0	7.2	
Other	8.3	8.0	13.0	<0.001
Hispanics	5.7	3.6	8.3	
Education				
Less than High School	1.1	0.5	2.7	
Up to 2-year College	12	11.5	25.7	
High School/ GED	26.6	20.1	30.7	
College degree or more	60.3	67.8	40.9	0.01
Annual Household Income				
Greater than \$200K	1.4	7.3	2.5	
\$101K - \$200K	3.6	32.1	10.7	
\$51K - \$100K	28.2	35	23.3	
\$36K - \$50K	19.5	10.2	15.1	
\$26 - \$35K	12.9	4.1	12.7	
Less than \$25K	34.4	11.2	35.8	<0.001
Health Insurance				
Medicaid only	4.1	0.8	5.3	
Medicare only	0.7	1.8	4	
Employer only (self or through family)	18.1	79.9	46	
Individual Private only	33.4	6.5	9.5	
Indian Health Services	0	0	0.3	
Mixed/Other	13.9	7.2	12.5	
No insurance	29.8	3.8	22.4	<0.001

**Table 2 (contd.): 2013 Characteristics associated with preferences for buying health insurance from WA insurance exchange in 2014.**

Characteristics	YES	NO	Not Sure/ Don't Know	p-value
General Health				
Excellent	31.1	26	20	
Very Good	31.1	39	35.5	
Good	28	28.6	30	
Fair	8.2	5.5	10.6	
Poor	1.6	1.1	3.9	<0.001
No. of days Physical Health Not Good in last 30 days	3.4 (0.66)	2.4 (0.14)	3.3 (0.42)	<0.001
No. of days Mental Health Not Good in last 30 days	3.0 (0.03)	2.4 (0.15)	4.5 (0.47)	<0.001
Needed any Prescription drugs in 2013				
NO	30.7	24.7	28.2	
YES	69.3	75.3	71.9	0.004
No. of ER visits in 2013	0.17 (0.03)	0.19 (0.02)	0.45 (0.09)	<0.001
No. of Hospital visits in 2013	0.10 (0.04)	0.10 (0.01)	0.43 (0.29)	<0.001
No. of doctor visits in 2013	3.4 (0.35)	3.9 (0.15)	4.5 (0.45)	<0.001
Borrowed money due to health care bills in 2013?				
NO	76.8	89.7	78.9	
YES	23.2	10.4	21.1	<0.001
Any financial difficulties due to health insurance premium in 2013?				
NO	55.1	83.8	63.9	
YES	44.9	16.2	36.1	<0.001
Worried about paying medical bills in 2013?				
NO	41.3	81.6	54.1	
YES	58.7	18.4	45.9	<0.001
Agree with Supreme Court ruling to uphold ACA?				
NO	26.6	52.7	56.1	
YES	73.4	47.3	43.9	<0.001
Who is most responsible for the government shutdown in October 2013				
Democrats and/or President Obama	9.0	15.8	14.7	
Republicans and/or Tea Party Reps.	59.6	41.2	35.1	
All parties equally responsible	31.4	43	50.3	<0.001

**Table 3: Effect of political polarization on anticipated uptake of health insurance through WA exchange.**

Odds Ratio of anticipated purchase of health insurance through WA exchange in 2014 (Ref: NO) <sup>+</sup>														
	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6		Model 7	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Uninsured	7.8	(5.5, 11.3)	2.6	(1.7, 3.9)	2.5	(1.6, 3.8)	2.5	(1.6, 3.9)	1.9	(1.2, 3.0)	1.9	(1.2, 3.0)	2.0	(1.3, 3.2)
Any insurance (ref)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Model 1 + Demographics	-	-	YES <sup>++</sup>		YES		YES		YES		YES		YES	
Model 2 + Health in '13	-	-	-		YES		YES		YES		YES		YES	
Model 3 + Care Demand in '13	-	-	-		-		YES		YES		YES		YES	
Model 4 + Financial Worry	-	-	-		-		-		YES		YES		YES	
Model 5 + ACA perceptions	-	-	-		-		-		-		YES		YES	
Model 6 + Blame	-	-	-		-		-		-		-		YES	

<sup>+</sup> Anticipated purchase include those who said that they will enroll or are unsure about enrolling through the exchange. The reference category include those who said that they will not enroll through the exchange.

<sup>++</sup> YES indicates that these variables were adjusted for.

Demographics: Age categories, gender, race, education, marital status, work of pay, work for self, household income, household size.

Health in '13: No. of days not good mental health/physical health in last 30 days, self-rated health categories, comorbidity indicators

Care Demand in '13: Needed Rx, No. of visits to ER, hospital, physician office.

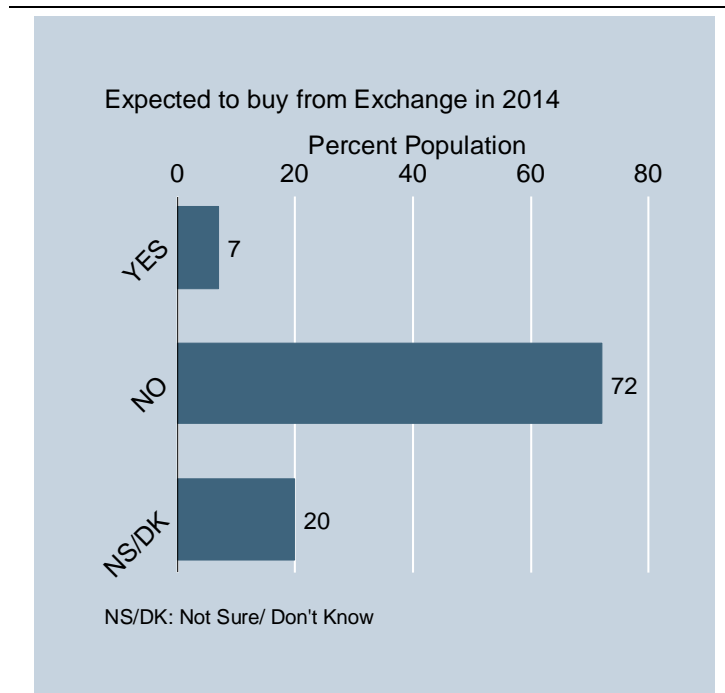
Financial Worry: Any health related financial problems, ever borrow money for health care, worried about medical bills.

ACA perceptions: Agree with Supreme Court decision.

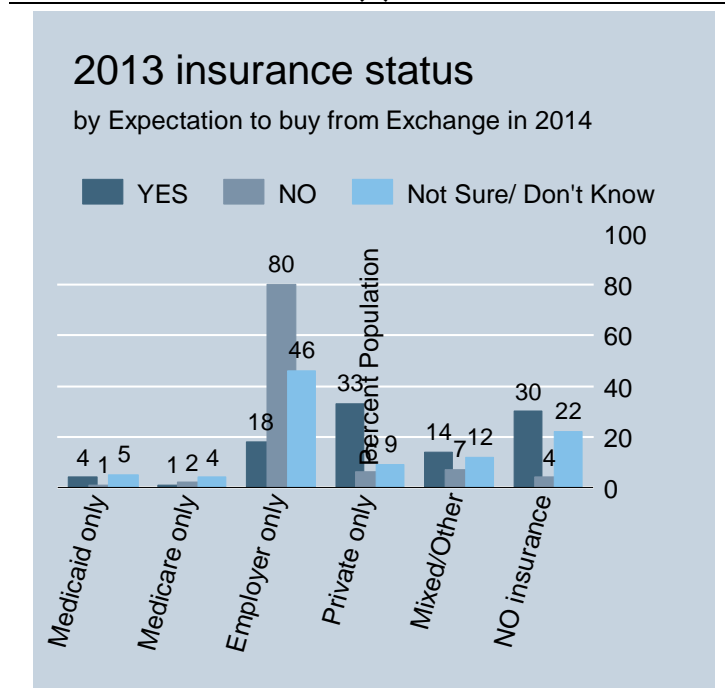
Blame: Blame Democrats, Blame Republicans (for Oct 2013 governmental shutdown).



**Figure 1: (a) Preferences for buying health insurance from WA insurance exchange in 2014 (b) 2013 Insurance status by preferences for buying health insurance from WA insurance exchange in 2014.**

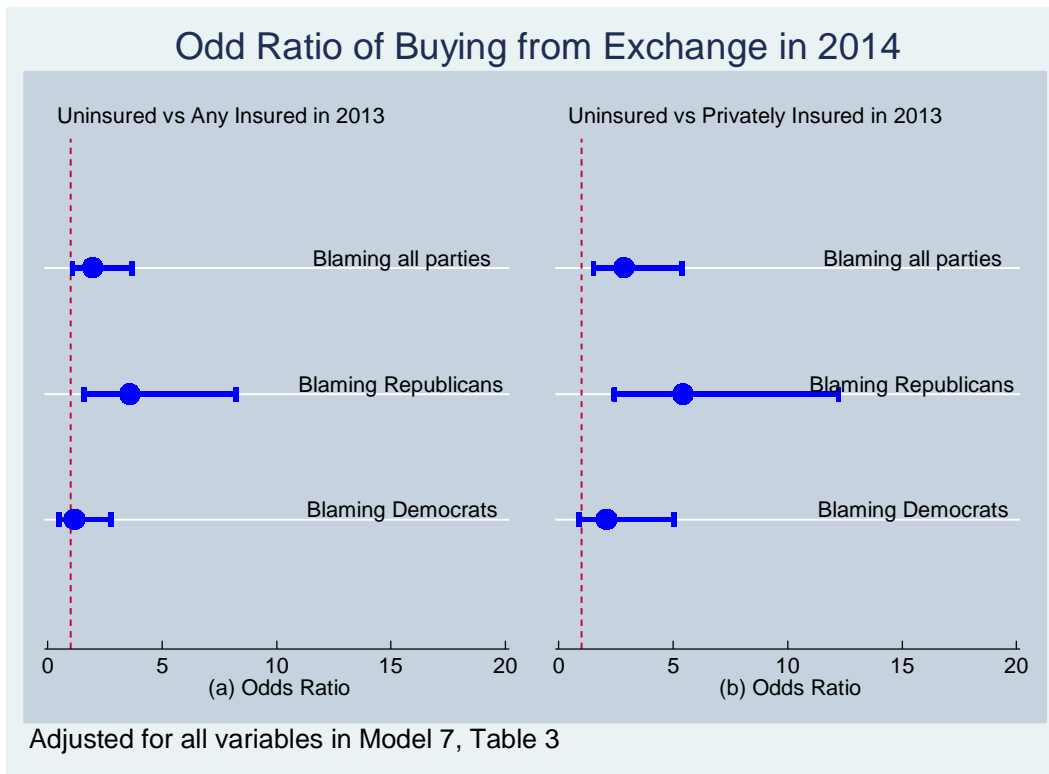


**(a)**



**(b)**

**Figure 2: Odds ratio for (a) uninsured (vs any insured) and (b) uninsured (vs privately insured) to buy insurance through exchange in 2014 by level of political polarization (blaming for October 2013 shutdown of the government) (Note: Red dotted line represents null effect or OR=1)**



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