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# Is Obamacare a Lifesaver?

Ross Douthat MARCH 29, 2017

Now that the Republican Party has beclowned itself on health care, now that Obamacare repeal lies in rubble, now that every G.O.P. policy person who ever championed a replacement plan is out wandering in sackcloth and ashes, wailing, “The liberals were right about my party, the liberals were right about my party,” beneath a harsh uncaring heaven ... now, in these hours of right-wing self-abnegation, it’s worth raising once again the most counterintuitive and frequently scoffed-at point that conservatives have made about Obamacare:

*It probably isn’t saving many lives.*

One of the most powerful arguments in the litany that turned moderate Republican lawmakers to jelly was that they were voting to “make America sick again,” to effectively kill people who relied on the Affordable Care Act for drugs and surgery and treatment. Tens of thousands of people, Democrats warned, would die if Paul Ryan’s stingy replacement took its place.

We will not get to test the proposition, and nor should we wish to do so, since the replacement plan was such a botch. But this argument was still most likely false. Maybe Obamacare is a huge lifesaver, but so far the evidence is conspicuously missing.

The link between health insurance and actual health has always been a lot murkier than most champions of universal coverage admit, with studies going back decades that show little evidence that giving people insurance actually makes them healthier. Recent data relevant to the current era of reform is mixed: A study of Mitt Romney's Massachusetts insurance expansion showed health benefits for the newly insured (most of whom got private insurance), but a study of Oregon's pre-Obamacare Medicaid expansion found that the recipients' physical health did not improve.

Writing in *National Review* during the brief repeal "debate," Oren Cass argued that since most of Obamacare's insurance expansion was accomplished through Medicaid, one would expect the new health care law's impact on health to be closer to what happened in Oregon than in Massachusetts. And indeed, despite confident liberal expectations about how many lives Obamacare would save each year, the only noticeable recent shift in the American mortality trend has gone in the opposite direction — upward, likely thanks to the opioid epidemic.

Nor has Obamacare's Medicaid expansion been a bulwark against opioid-related misery. As Cass points out, the mortality rates in states that expanded Medicaid rose faster in 2015 than in the states that did not. This correlation also shows up when you drill down in county-level data, as the pseudonymous blogger *Spotted Toad* has shown: Overall, areas that have implemented the Affordable Care Act in full have seen more deaths from drug overdoses than areas where the Medicaid expansion didn't take effect.

It's hard to say exactly what's happening here. The divergence in deaths between Medicaid and non-Medicaid counties started in 2010, and the full expansion went into effect in 2014, so it can't be just that Medicaid has made it easier for addicts to get painkillers. (The *Spotted Toad* analysis speculates that an Obamacare provision that was implemented earlier, allowing twentysomethings to stay on their parents' health insurance plans, may also have made opioid prescriptions easier to obtain.)

But whatever is driving this trend, it's a reminder that insurance coverage does not guarantee public health improvement. And so is a new paper, just released

through the National Bureau of Economic Research, that tries to look at the Affordable Care Act in full. Its authors find, as you would expect, a substantial increase in insurance coverage across the country. What they don't find is a clear relationship between that expansion and, again, public health. The paper shows no change in unhealthy behaviors (in terms of obesity, drinking and smoking) under Obamacare, and no statistically significant improvement in self-reported health since the law went into effect. (There is some improvement for older Americans in Medicaid expansion states, but not for the population as a whole.)

Add these data points together and you end up with some (highly provisional) vindication for what conservatives and libertarians argued before the A.C.A. was passed: that the bill was likely to provide its beneficiaries with more financial security and greater peace of mind, but that it was not likely to be the sweeping lifesaver that many of its most morally imperious advocates insisted that it would be.

Security and peace of mind are very good things, which is why voters like the Medicaid expansion. The confidence that they don't have to rely on the emergency room or friends and family when they face an unexpected medical calamity is something that Medicaid recipients would understandably prefer to keep.

But the health and mortality data is still important information for policy makers, because it indicates that subsidies for health insurance are not a uniquely death-defying and therefore sacrosanct form of social spending. Instead, they're more like other forms of redistribution, with costs and benefits that have to be weighed against one another, and against other ways to design a safety net. Subsidies for employer-provided coverage crowd out wages, Medicaid coverage creates benefit cliffs and work disincentives, and there are other possible interventions — direct cash support for work and family, above all — that might make more of a difference to opportunity than funding a slightly better health insurance plan.

The Republican Party is not likely to be the vehicle for turning this insight into policy any time soon. But the point remains, and in their hour of relief and renewed ambition, even Obamacare's most ardent defenders would do well to consider it.

***Correction: March 29, 2017***

An earlier version of this article misstated the direction of the recent shift in the American mortality trend. It has gone upward, not downward.

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