

## Accepted Manuscript

Title: Health Insurance and the Demand for Medical Care:  
Instrumental Variable Estimates Using Health Insurer Claims  
Data

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PII: S0167-6296(16)30001-7  
DOI: <http://dx.doi.org/doi:10.1016/j.jhealeco.2016.03.001>  
Reference: JHE 1926

To appear in: *Journal of Health Economics*

Received date: 28-1-2015  
Revised date: 26-2-2016  
Accepted date: 7-3-2016

Please cite this article as: Abe Dunn, Health Insurance and the Demand for Medical Care:  
Instrumental Variable Estimates Using Health Insurer Claims Data, <![CDATA[*Journal  
of Health Economics*]]> (2016), <http://dx.doi.org/10.1016/j.jhealeco.2016.03.001>

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# Health Insurance and the Demand for Medical Care: Instrumental Variable Estimates Using Health Insurer Claims Data\*

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February 26, 2016

## Abstract

This paper takes a different approach to estimating demand for medical care that uses the negotiated prices between insurers and providers as an instrument. The instrument is viewed as a textbook “cost shifting” instrument that impacts plan offerings, but is unobserved by consumers. The paper finds a price elasticity of demand of around -0.20, matching the elasticity found in the RAND Health Insurance Experiment. The paper also studies within-market variation in demand for prescription drugs and other medical care services and obtains comparable price elasticity estimates.

## 1 Introduction

36 U.S. medical care expenditures account for a large and growing share of GDP and policy-makers continue  
37 to search for mechanisms to rein in expenditure growth. In this environment, understanding the demand  
38 for medical care is critical. Estimates of the price elasticity of demand may improve our understanding of  
39 patient incentives and lead to policies to help slow the growth of the health care sector. Unfortunately,  
40 estimating medical care demand is particularly challenging. One of the central problems is that the  
41 marginal price of medical care faced by consumers is often determined by consumers through their selection  
42 of a health insurance plan. For instance, the least healthy individuals may be more likely to choose a plan  
43 with the most generous insurance coverage, leading to an overestimate of the effect on medical care demand  
44 when looking at correlations between the out-of-pocket price and the utilization of medical care.

45 Both the economic importance of measuring the elasticity of demand as well as the substantial empirical  
46 challenge caused by selection were key motivations for conducting the RAND health insurance experiment  
47 in the 1970s. The RAND experiment was specifically designed to address the selection problem. The key to  
48 its success was the randomization of health insurance coverage across the sample population that allowed  
49 researchers to side-step the selection issue and isolate the effect of cost sharing on demand. Although it  
50 has been more than 30 years since the RAND experiment was conducted, it remains the gold standard for  
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\*The views expressed in this paper are solely those of the author and do not necessarily reflect the views of the Bureau of Economic Analysis. I would like to thank seminar participants at the International Health Economics Conference and the American Society of Health Economists. I would also like to thank Ana Aizcorbe, Anne Hall, Eli Liebman, Rashmita Basu, Adam Shapiro, Jonathan Skinner and Brett Wendling for comments.

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