

Health Insurance and *Ex Ante* Moral Hazard: Evidence from Medicare

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Motivation

Ms. Brooks said they **dropped their health coverage** in July after the family premium jumped to \$989 a month from \$489 a month. Business was slow, and their previous income of \$60,000 a year had fallen in half. The effect was immediate. Mr. Brooks, 50, has stopped taking Lipitor to control high cholesterol and has started taking over-the-counter herbal supplements. Ms. Brooks no longer takes Singulair for asthma and has **adopted an exercise program** intended to regulate her breathing. Ms. Brooks estimates they are saving \$150 a month by not using prescription drugs. "We **changed our diets a lot** to help the effectiveness of the supplements, and maybe that's a good thing," she said

Motivation

- Economic theory predicts that health insurance may alter health behaviors and prevention activities (*ex ante* moral hazard); insurance reduces benefits of prevention because it reduces cost of medical care and loss associated with sick state
- Little evidence of *ex ante* moral hazard in health insurance context, but also relatively little study of the issue; difficult to overcome endogeneity of health insurance status
- In other insurance contexts involving adverse health events such as auto and workers' compensation, there is consistent evidence that insurance reduces prevention

Explanation for Absence of Evidence of *Ex Ante* Moral Hazard in Health Insurance

- Health is not insurable and disutility of poor health limits extent of *ex ante* moral hazard

"The extent of moral hazard in terms of actions that affect health may not be large for health insurance in most instances, since the uncompensated loss of health itself is so consequential." (Cutler and Zeckhauser 2000, p. 577)

"In the context of health insurance, the *ex ante* moral hazard problem may be small because common forms of health insurance in fact offer very incomplete coverage. Even if the consumer has generous coverage for the monetary components of the loss (medical expenditures and foregone earnings), he will be uninsured for the utility loss." (Kenkel, 2000, p.1687)

Why is there *Ex Ante* Moral Hazard in Other Similar Contexts?

- Explanations that rely on the non-insurability of health are inconsistent with evidence of *ex ante* moral hazard in the context of auto and workers compensation insurance, which involve more immediate and often very serious health consequences
- Automobile Insurance
 - Cohen and Dabejia (2004) show that auto insurance is associated with an increase in auto fatalities (they use compulsory insurance laws as experiment)
- Workers Compensation Insurance
 - Studies show that a 10 percent increase in WC benefits is associated with between a 4 to 10 percent increase in accidents/injuries (Fortin and Lanoie 2000)
 - Moore and Viscusi (1990) reported similar association for workplace fatalities
 - Worrall and Butler (1990) reported similar association for permanent partial and permanent dismemberment

Ex Ante Moral Hazard may be Particularly Important In Health Insurance

- Becker (2007) emphasizes the importance of complementarities in the demand for health and for investments in health (prevention)
 - Medical progress against one disease lowers incentive to invest in prevention of that disease
 - But it raises incentive to invest in prevention of other diseases
 - Presence of insurance greatly reduces the benefits of prevention by lowering the cost of treatment for all diseases, but particularly chronic diseases such as diabetes and hypertension that can now be treated and for which prevention is most beneficial (nobody knows how to prevent cancer except lung cancer).
 - Insurance reduces the importance of complementarities that Becker (2007) argues are important influence of investments in health (prevention)

Purpose and Contributions of Research

- Purpose: to investigate whether obtaining health insurance (Medicare) at age 65 affects health behavior (prevention) of the elderly
- Contributions:
 - Add to an under researched area of significant importance
 - Use plausibly exogenous variation in health insurance coverage to identify the effect of *ex ante* moral hazard; eligibility for Medicare is based on age—an exogenous factor
 - Account for the fact that health insurance changes other determinants of health behavior, most notably, contact with medical profession

Is Medicare a Good Setting?

- Benefits of prevention in health are distant—unlike the case of prevention in driving safety and industrial (accident) safety
 - health insurance may not reduce prevention of young
 - prevention, particularly better health behaviors, may be more salient to elderly and insurance may have an important effect

“As soon as you stop smoking, your lungs, heart, and circulatory system (the arteries and veins that blood flows through) start getting better. Your chance of heart attack, stroke, and other circulatory diseases begins to drop within the first year after you quit. Within one year of quitting you are almost half as likely to develop heart disease as you were before.”

“Scientific studies show that staying physically active and exercising regularly can help prevent or delay many diseases and disabilities. Scientists find that even moderate exercise and physical activity can improve the health of people who are frail or who have diseases that accompany aging.”

Basic Theory

- Becker-Ehrlich Theory of Self Protection (r)
 - Two states: healthy (1) and sick (0)
 - Income is exogenous; income in sick state(0) less than in healthy state (1)

$$EU = [1 - \pi(r)]U(I_1 - r) + \pi(r)U(I_0 - r)$$

$$FOC(r) = -\frac{\partial \pi}{\partial r}U_1 - [1 - \pi(r)]U'_1 + \frac{\partial \pi}{\partial r}U_0 - \pi(r)U'_0 = 0$$

$$-\frac{\partial \pi}{\partial r}(U_1 - U_0) = U'_1 + \pi(U'_0 - U'_1)$$

- Marginal Benefit of Prevention = Marginal Cost of Prevention

Basic Theory

$$FOC(r): -\frac{\partial \pi}{\partial r}(U_1 - U_0) = U'_1 + \pi(U'_0 - U'_1)$$

- Assume no experience rating – prevention does not reduce premiums because of lower probability of illness
- Insurance reduces marginal benefit of prevention because it reduces the financial loss due to illness (it reduces income difference in the sick and healthy state)
- A fully insured consumer has $U_1 = U_0$ and benefits are zero

Incorporate *Ex Post* Moral Hazard

- Insurance reduces marginal benefit of prevention
- However, insurance also increases use of health care services (part of which is *ex post* moral hazard)
- Substantial evidence that physicians are successful at changing health behaviors, particularly with respect to smoking and drinking
- So insurance is associated with two, potentially offsetting, effects with respect to health behavior:
 - *ex ante* moral hazard effect—reduce prevention (worse health behaviors)
 - and what we will refer to as a physician effect

Implications

- necessary to incorporate the physician effect into analysis
- we make the marginal product of prevention and the probability of illness a function of physician contact (m), which itself is a function of insurance (q)
- assume physician visits as exogenous and purely a function of (exogenous) insurance; empirical analysis (ideally) includes controls for differences in other determinants of physician visits

$$m = m(q)$$

$$\pi = \pi[r, m(q)]$$

$$\frac{\partial \pi}{\partial r} = \frac{\partial \pi}{\partial r} [m(q)]$$

Predictions

- New First Order Condition: integrate effect of insurance on physician visits
 - and effect of physician on probability of illness
 - and effect of physician on marginal product of prevention

$$FOC(r) = -\frac{\partial \pi}{\partial r} [m(q)] (U_1 - U_0) - \{1 - \pi[r, m(q)]\} U_1' - \pi[r, m(q)] U_0' = 0$$

Predictions

- Effect of (exogenous) insurance (q) on prevention is given by:

$$\frac{dr}{dq} = -\frac{\partial FOC(r)}{\partial q} / SOC(r)$$

- $SOC(r) < 0$, so sign of the effect of insurance on prevention is same as sign of above derivative

Predictions

- Effect of insurance (q) on prevention is given by:

$$\frac{\partial FOC(r)}{\partial q} = -\frac{(\partial \pi)^2}{\partial r \partial m} \frac{\partial m}{\partial q} (U_1 - U_0) + \frac{\partial \pi}{\partial r} [U_0'] - \frac{\partial \pi}{\partial m} \frac{\partial m}{\partial q} (U_0' - U_1') - \pi[r, m(q)] U_0''$$

Predictions

- $\frac{\partial \pi}{\partial r} [U_0']$
 - *Ex ante* moral hazard effect—insurance reduces prevention
- $-\frac{(\partial \pi)^2}{\partial r \partial m} \frac{\partial m}{\partial q} (U_1 - U_0)$
 - Effect of physicians that works through changes in information about benefits of prevention—assume insurance increases prevention
- $-\frac{\partial \pi}{\partial m} \frac{\partial m}{\partial q} (U_0' - U_1')$
 - Effect of physicians that works through changes in probability (perception) of illness—insurance has ambiguous effect

Summary of Theory and Empirical Implications

- Effects of Insurance on Health Behavior
 - *Ex ante* moral hazard effect: a decrease in prevention resulting in more unhealthy behaviors such as greater tobacco use, less exercise and unhealthier diets
 - Physician effect as a result of greater use of medical services
 - physician provides better information about prevention strategies and benefits of prevention that leads to improvements in health behaviors
 - Physician visit leads to changes in probability of illness, which can either increase or decrease prevention efforts
- Empirical Implication: necessary to control for physician visits to identify *ex ante* moral hazard effect of insurance

Research Design

Pre- and Post-test with Comparison Group

- Compare changes in health behaviors pre- and post-age 65
- Identify two groups: those insured and those uninsured prior to age 65; uninsured will obtain exogenously health insurance upon reaching age 65
- Calculate difference-in-differences; assume that differences in pre- and post-age 65 changes in health behavior are due to insurance

Include person (group) fixed effects to control for differences in mean (time-invariant) outcomes between insured and uninsured

Multivariate Regression Representation Pre- and Post-test with Comparison Group

$$Y_{it} = \alpha_i + \sum_{k=56}^{74} \beta_k AGE_{kit} + \delta MARITAL_{it} + \sum_{t=1992}^{2004} \gamma_t YEAR_t + \lambda (UNIN_i * POST65_t) + \rho_1 DOCTOR_{it} + \rho_2 (DOCTOR_{it} * POST65) + \rho_3 (UNIN_i * DOCTOR_{it}) + \rho_4 (UNIN_i * DOCTOR_{it} * POST65) + e_{it}$$

- Lambda, coefficient on (UNIN*POST65), is key parameter
- Identification Assumptions:
 - unmeasured determinants of behaviors are uncorrelated with the interaction between uninsured and the post-age 65 dummy (conditional on individual fixed effects)
 - *ex ante* moral hazard effect of Medicare is the same for those who did not visit the doctor pre- and post-Medicare and those that did visit the doctor.

Multivariate Regression Representation Pre- and Post-test with Comparison Group

$$Y_{it} = \alpha_i + \sum_{k=56}^{74} \beta_k AGE_{kit} + \delta MARITAL_{it} + \sum_{t=1992}^{2004} \gamma_t YEAR_t + \lambda (UNIN_i * POST65_t) + \rho_1 DOCTOR_{it} + \rho_2 (DOCTOR_{it} * POST65) + \rho_3 (UNIN_i * DOCTOR_{it}) + \rho_4 (UNIN_i * DOCTOR_{it} * POST65) + e_{it}$$

- effects of physician visits on health behaviors are allowed to differ by whether or not a person had health insurance coverage prior to age 65 and whether the visit was pre- or post-Medicare.
- allow for heterogeneous effects of physician visits on health behaviors because we are concerned about the endogeneity of doctor visits due to unmeasured health
- estimates of the effect of doctor visits are likely to be biased, particularly for doctor visits pre-Medicare for those without insurance because poor health is likely to be the motivating force behind the decision to seek care

Data

- Longitudinal Data from Health and Retirement Survey
 - Sample of persons ages 60 to 69
 - Limited to those with less than a high school education, as rates of uninsured are much higher among low-educated persons
- Cross Sectional Data from Behavioral Risk Factor Surveillance System (BRFSS)
 - Sample of persons ages 60 to 69 in 1994 to 2005 (excluding 2002 and 2003)
 - Limited to those with less than a college degree
 - Predict insurance status among persons ages 60 to 64 and assign persons to insured and uninsured (pre- and post-age 65) using predicted insurance status; use demographic characteristics to predict insurance
- Outcomes: exercise, weight, tobacco use, and alcohol use

Descriptive Information Prior to Age 65

Variable Name	HRS		BRFSS	
	Insured	Uninsured	Predicted Insured	Predicted Uninsured
Age	61.830	61.921	61.950**	62.051
Male	0.464**	0.395	0.443**	0.409
Less than High School	-	-	0.062**	0.646
High School	-	-	0.552**	0.262
Some College	-	-	0.386**	0.092
White	0.774	0.773	0.920**	0.677
Black	0.174	0.151	0.054**	0.237
Other Race	0.052*	0.076	0.026**	0.087
Hispanic	0.174**	0.388	0.024**	0.172
Married	0.675**	0.536	0.819**	0.437
Divorced	0.136	0.156	0.066**	0.257
Full-time Employment	0.293	0.336	-	-
Part-time Employment	0.069**	0.101	-	-
Working for Pay	-	-	0.356**	0.327
Self-employed	-	-	0.088**	0.072
Retirement	0.417**	0.222	0.418	0.417
Partial Retirement	0.062	0.053	-	-
Unemployed	0.011**	0.035	0.025**	0.045
Household Size	2.492**	2.899	2.108**	1.998
Parents alive	0.263	0.300	-	-
Assets	93,766.010**	48,262.720	-	-

Descriptive Information Prior to Age 65-Dependent Variables

Variable Name	HRS		BRFSS	
	Insured	Uninsured	Insured	Uninsured
Any Doctor Visit	0.872**	0.676	0.789**	0.731
Number of Doctor Visits	9.150**	4.331	-	-
Any Hospital Stay	0.234**	0.089	-	-
Vigorous Physical Activity	0.335	0.369	0.147**	0.101
Body Mass Index	28.126	27.863	27.106**	27.533
Daily Cigarette Consumption	0.272**	0.331	0.157**	0.217
Number of Cigarettes	6.978**	12.120	-	-
Quit Cigarettes	0.591**	0.461	0.044**	0.061
Daily Alcohol Consumption	0.057	0.072	0.059**	0.045
Alcohol Participation	0.268	0.238	-	-
Monthly Alcohol Consumption	-	-	8.122*	7.187
Number of Days Drink	-	-	4.012**	2.643
Average Drinks on Occasion	-	-	0.805**	0.689
Number of Observations	5,154	466	46,042	15,499

Is Insurance Associated with Physician Visits? Health and Retirement Survey

	Males			Females		
	Any Doctor Visit	Number of Doctor Visits	Any Hospital Stay	Any Doctor Visit	Number of Doctor Visits	Any Hospital Stay
DD: Uninsured*Age 65	0.095** (0.046)	0.501** (0.164)	0.079 (0.058)	-0.024 (0.035)	0.338** (0.132)	0.080 (0.050)
Uninsured* Age 63-64	-0.003 (0.046)	0.155 (0.187)	0.035 (0.057)	-0.042 (0.034)	-0.074 (0.131)	0.060 (0.047)
DDD: Unin*Post65 - Unin*Age 63-64	0.098** (0.043)	0.346* (0.192)	0.044 (0.054)	0.018 (0.033)	0.412** (0.127)	0.020 (0.047)
Mean of Dep. Variable	0.607	5.156	0.142	0.793	7.125	0.146

Is Insurance Associated with Physician Visits? Behavioral Risk Factor Surveillance Survey

	Males	Females
	Any Doctor Visit	Any Doctor Visit
DD: Uninsured*Post 65 (Prediction Based on 75 Percentile)	0.031** (0.011)	0.030** (0.008)
Uninsured*Age 63-64	0.002 (0.014)	0.016 (0.010)
DDD: Uninsured*Post65 - Uninsured*Age 63-64	0.029** (0.013)	0.015* (0.009)
Mean of Dep. Variable for Previously Uninsured	0.725	0.812

- ### Is Insurance Associated with Physician Visits?
- YES
 - This effect may confound the effect of insurance on prevention and the identification of *ex ante* moral hazard
 - Substantial evidence suggest that physicians influence behaviors

Is Insurance Associated with Health Behaviors? Males-HRS

	Physical Activity	Alcohol Use	Number Cigarettes	Daily Cigarettes	Quit Cigarettes
DD: Uninsured*Post 65 (Always Uninsured)	-0.114 (0.130)	0.083 (0.088)	0.273 (0.176)	0.047 (0.053)	-0.050 (0.068)
Uninsured*Age 63-64	0.017 (0.067)	-0.019 (0.050)	0.091 (0.107)	-0.019 (0.030)	0.031 (0.039)
DDD: Uninsured*Post65 - Uninsured*Age 63-64	-0.131 (0.131)	0.102 (0.088)	0.183 (0.202)	0.066 (0.054)	-0.081 (0.068)
Mean of Dep. Variable Previously Uninsured	0.385	0.389	13.840	0.449	0.429

Is Insurance Associated with Health Behaviors? Males-HRS

Outcomes	PA-DC- AP	PA-QC- AP	PA-DC	PA-QC	DC-AP	QC-AP
DD: Uninsured*Post65	0.322	0.389	0.403	0.449	0.293	0.372
DDD: Uninsured*Post65 - Uninsured*Age 63-64	0.111	0.114	0.288	0.285	0.105	0.109

P-values of Joint Tests of Significance Across Equations

Is Insurance Associated with Health Behaviors? Males-HRS

Outcomes	PA-DC- AP	PA-QC- AP	PA-DC	PA-QC	DC-AP	QC-AP
DD: Uninsured*Post65	0.171 (0.092)*	0.171 (0.098)*	0.170 (0.193)	0.170 (0.209)	0.139 (0.151)	0.139 (0.173)
DDD: Uninsured*Post65 - Uninsured*Age 63-64	0.211 (0.025)**	0.218 (0.023)**	0.209 (0.117)	0.200 (0.114)	0.182 (0.046)**	0.192 (0.041)**

Estimates and P-values for AVERAGE Effect of Insurance
Across Equations—Standard Normal Deviate
Transformation

Are Physician Visits Associated with Health Behaviors? Males-HRS

	Physical Activity	Alcohol Use	Number Cigarettes	Daily Cigarettes	Quit Cigarettes
Doctor Visit	0.004 (0.035)	-0.049** (0.025)	-0.186** (0.066)	-0.039** (0.015)	0.044** (0.019)
Doctor*Uninsured	0.078 (0.094)	0.118* (0.068)	0.035 (0.124)	0.047 (0.042)	-0.068 (0.052)
Doctor*Post 65	-0.041 (0.059)	-0.002 (0.041)	0.021 (0.113)	0.023 (0.025)	-0.022 (0.032)
Doctor*Uninsured*Post 65	0.030 (0.145)	-0.094 (0.098)	-0.374 (0.232)	-0.101* (0.060)	0.124 (0.076)
Mean of Dep. Variable Previously Uninsured	0.385	0.389	13.840	0.449	0.429

Is Insurance Associated with Health Behaviors? Females-HRS

	Physical Activity	Alcohol Use	Number Cigarettes	Daily Cigarettes	Quit Cigarettes
DD: Uninsured*Post 65 (Always Uninsured)	-0.220 (0.165)	-0.022 (0.080)	-0.058 (0.304)	0.057 (0.064)	-0.091 (0.127)
Uninsured*Age 63-64	-0.083 (0.058)	-0.005 (0.032)	0.136 (0.105)	0.012 (0.026)	0.001 (0.047)
DDD: Uninsured*Post65 - Uninsured*Age 63-64	-0.137 (0.164)	-0.017 (0.080)	-0.194 (0.316)	0.044 (0.064)	-0.092 (0.129)
Mean of Dep. Variable Previously Uninsured	0.282	0.109	8.403	0.240	0.545

Is Insurance Associated with Health Behaviors? Females-HRS

Outcomes	PA-DC-AP	PA-QC-AP	PA-DC	PA-QC	DC-AP	QC-AP
DD: Uninsured*Post65	0.306	0.391	0.210	0.276	0.373	0.532
DDD: Uninsured*Post65 - Uninsured*Age 63-64	0.613	0.588	0.483	0.456	0.558	0.520

P-values of Joint Tests of Significance Across Equations

Is Insurance Associated with Health Behaviors? Females-HRS

Outcomes	PA-DC-AP	PA-QC-AP	PA-DC	PA-QC	DC-AP	QC-AP
DD: Uninsured*Post65	0.183 (0.240)	0.199 (0.230)	0.305 (0.109)	0.329 (0.112)	0.039 (0.741)	0.063 (0.652)
DDD: Uninsured*Post65 - Uninsured*Age 63-64	0.118 (0.431)	0.145 (0.371)	0.201 (0.286)	0.241 (0.242)	0.031 (0.795)	0.071 (0.620)

Estimates and P-values for AVERAGE Effect of Insurance Across Equations—Standard Normal Deviate Transformation

Are Physician Visits Associated with Health Behaviors? Females-HRS

	Physical Activity	Alcohol Use	Number Cigarettes	Daily Cigarettes	Quit Cigarettes
Doctor Visit	0.078** (0.039)	-0.022 (0.022)	-0.030 (0.091)	-0.057** (0.017)	0.110** (0.028)
Doctor*Uninsured	-0.164* (0.088)	0.021 (0.050)	0.027 (0.141)	0.052 (0.040)	-0.115 (0.076)
Doctor*Post 65	-0.053 (0.082)	-0.008 (0.040)	-0.115 (0.170)	0.016 (0.032)	-0.019 (0.058)
Doctor*Uninsured*Post 65	0.121 (0.176)	0.025 (0.086)	-0.026 (0.336)	-0.072 (0.069)	0.162 (0.136)
Mean of Dep. Variable Previously Uninsured	0.282	0.109	8.403	0.240	0.545

- ### Conclusions
- Medicare significantly increased contact with medical professions among those previously uninsured
 - Some evidence of *ex ante* moral hazard effect
 - Males
 - decreased physical activity (30%)
 - increased alcohol use (20%)
 - increased smoking (20%)
 - Females
 - decreased physical activity (50%)
 - increased smoking (20%)

- ### Conclusions
- Substantial evidence that physicians improve health behaviors, particularly smoking, but also evidence of increased exercise and reduced alcohol consumption
 - Overall, results suggest that Medicare will be health improving because of improved health behaviors associated with physician visits and greater use of medical care
 - Evidence of *ex ante* moral hazard suggests it is important to get elderly to see physician to improve health behaviors

Is Insurance Associated with Health Behaviors? Males-BRFSS

	Physical Activity	Days Drank	Monthly Alcohol	Daily Cigarette	Current Smoker	Quit Smoking
DD:	-0.046**	0.015	0.032	0.014	0.002	-0.008
Predicted Uninsured*Post 65	(0.019)	(0.093)	(0.142)	(0.017)	(0.018)	(0.009)
Uninsured*Age 63-64	-0.003	-0.127*	-0.146	0.0005	0.006	-0.001
	(0.014)	(0.074)	(0.111)	(0.012)	(0.013)	(0.007)
DDD:						
Uninsured*Post65 -	-0.042**	0.142	0.178	0.014	-0.005	-0.007
Uninsured*Age 63-64	(0.020)	(0.102)	(0.153)	(0.018)	(0.019)	(0.010)
Doctor Visit	0.017**	-0.157**	-0.278**	-0.082**	-0.085**	0.006
	(0.008)	(0.036)	(0.051)	(0.007)	(0.007)	(0.004)
Doctor*Uninsured	-0.032**	-0.160**	-0.205*	-0.001	-0.004	0.004
	(0.015)	(0.074)	(0.110)	(0.013)	(0.014)	(0.007)
Doctor*Post 65	-0.010	0.113**	0.107	0.023**	0.019*	0.0004
	(0.011)	(0.055)	(0.077)	(0.010)	(0.011)	(0.006)
Doctor*Uninsured*Post 65	0.050**	-0.139	-0.177	-0.039**	-0.024	0.010
	(0.021)	(0.110)	(0.164)	(0.019)	(0.020)	(0.010)
Mean of Dep. Variable for Previously Uninsured	0.110	4.360	12.664	0.212	0.255	0.048

Is Insurance Associated with Health Behaviors? Females-BRFSS

	Physical Activity	Days Drank	Monthly Alcohol	Daily Cigarette	Current Smoker	Quit Smoking
DD:	-0.016	0.019	0.065	-0.003	-0.002	-0.013
Predicted Uninsured*Post 65	(0.015)	(0.134)	(0.177)	(0.013)	(0.014)	(0.010)
Uninsured*Age 63-64	0.005	0.003	0.051	-0.006	-0.001	0.001
	(0.010)	(0.098)	(0.126)	(0.009)	(0.010)	(0.007)
DDD:						
Uninsured*Post65 -	-0.021	0.016	0.014	0.003	-0.001	-0.013
Uninsured*Age 63-64	(0.016)	(0.144)	(0.184)	(0.014)	(0.015)	(0.011)
Doctor Visit	0.021**	-0.074*	-0.125**	-0.089**	-0.095**	0.013**
	(0.006)	(0.042)	(0.053)	(0.005)	(0.006)	(0.004)
Doctor*Uninsured	-0.029**	-0.171	-0.160	-0.015	-0.016	0.001
	(0.012)	(0.107)	(0.132)	(0.010)	(0.011)	(0.008)
Doctor*Post 65	-0.010	-0.017	-0.010	0.032**	0.031**	-0.001
	(0.009)	(0.062)	(0.076)	(0.008)	(0.009)	(0.006)
Doctor*Uninsured*Post 65	0.019	-0.059	-0.112	-0.017	-0.014	0.016
	(0.017)	(0.150)	(0.194)	(0.014)	(0.016)	(0.011)
Mean of Dep. Variable for Previously Uninsured	0.094	1.285	2.622	0.163	0.199	0.062