

Americans' Views on Health Insurance at the End of a Turbulent Year

Sara R. Collins

Vice President
The Commonwealth Fund

Munira Z. Gunja

Senior Researcher
The Commonwealth Fund

Michelle M. Doty

Vice President
The Commonwealth Fund

Herman K. Bhupal

Program Assistant
The Commonwealth Fund

The Affordable Care Act's 2018 open enrollment period came at the end of a turbulent year in health care. The Trump administration took several steps to weaken the ACA's insurance marketplaces. Meanwhile, congressional Republicans engaged in a nine-month effort to repeal and replace the law's coverage expansions and roll back Medicaid.

Nevertheless, 11.8 million people had selected plans through the marketplaces by the end of January, about 3.7 percent fewer than the prior year.¹ There was an overall increase in enrollment this year in states that run their own marketplaces and a decrease in those states that rely on the federal marketplace.

To gauge the perspectives of Americans on the marketplaces, Medicaid, and other health insurance issues, the Commonwealth Fund Affordable Care Act Tracking Survey interviewed a random, nationally representative sample of 2,410 adults ages 19 to 64 between November 2 and December 27, 2017, including 541 people who have marketplace or Medicaid coverage. The findings are compared to prior ACA tracking surveys, the most recent of which was fielded between March and June 2017. The survey research firm SSRS conducted the survey, which has an overall margin of error is +/- 2.7 percentage points at the 95 percent confidence level. See [How We Conducted This Study](#) to learn more about the survey methods.

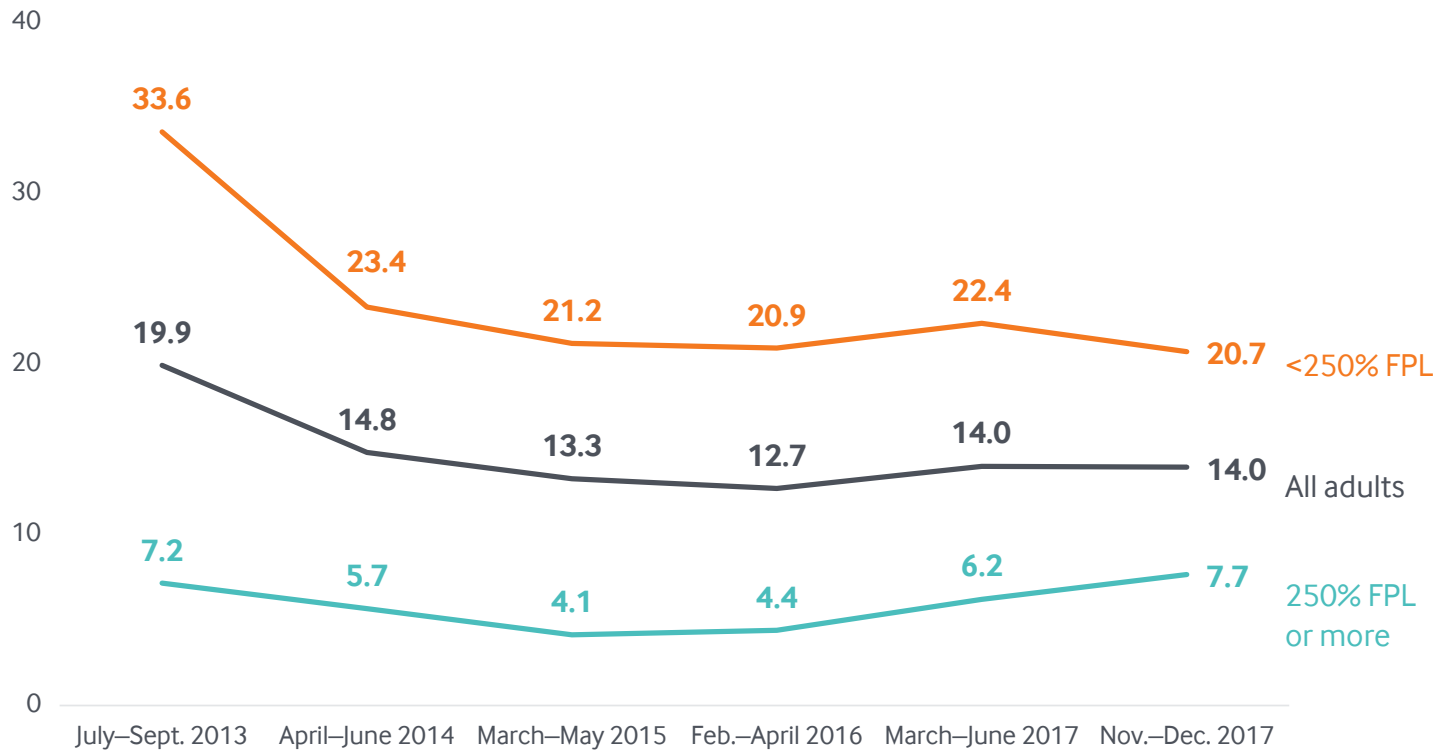
HIGHLIGHTS

Adults were asked about:

- ▶ **INSURANCE COVERAGE** 14 percent of working age adults were uninsured at the end of 2017, unchanged from March–June 2017.
- ▶ **AWARENESS OF THE MARKETPLACES** 35 percent of uninsured adults were not aware of the marketplaces.
- ▶ **REASONS FOR NOT GETTING COVERED** Among uninsured adults who were aware of the marketplaces but did not plan to visit them, 71 percent said they didn't think they could afford health insurance, while 23 percent thought the ACA was going to be repealed.
- ▶ **CONFIDENCE ABOUT STAYING COVERED** About three in 10 people with marketplace coverage or Medicaid said they were not confident they would be able to keep their coverage in the future. Of those, 47 percent said they felt this way because either the Trump administration would not carry out the law (32%) or Congress would repeal it (15%).
- ▶ **SHOULD AFFORDABLE HEALTH CARE BE A RIGHT?** 92 percent of working-age adults think that all Americans should have the right to affordable health care, including 99 percent of Democrats, 82 percent of Republicans, and 92 percent of independents.

The uninsured rate among working-age adults held steady at 14 percent.

Percent of adults ages 19–64 who were uninsured




At the end of 2017, 14 percent of adults ages 19 to 64 were uninsured, the same as six months earlier. (See the [Appendix](#) for a comparison with other recent federal and private survey estimates.) This remains above the lowest rate in 2016, although the difference is not statistically significant. Still, it is well below the 20 percent uninsured rate seen just prior to the ACA's first open enrollment period.

Uninsured rates are highest among low-income adults, Latinos, the unemployed, employees of small firms, and residents of states that have yet to expand Medicaid. (See [Tables 1–3](#) for complete data.)

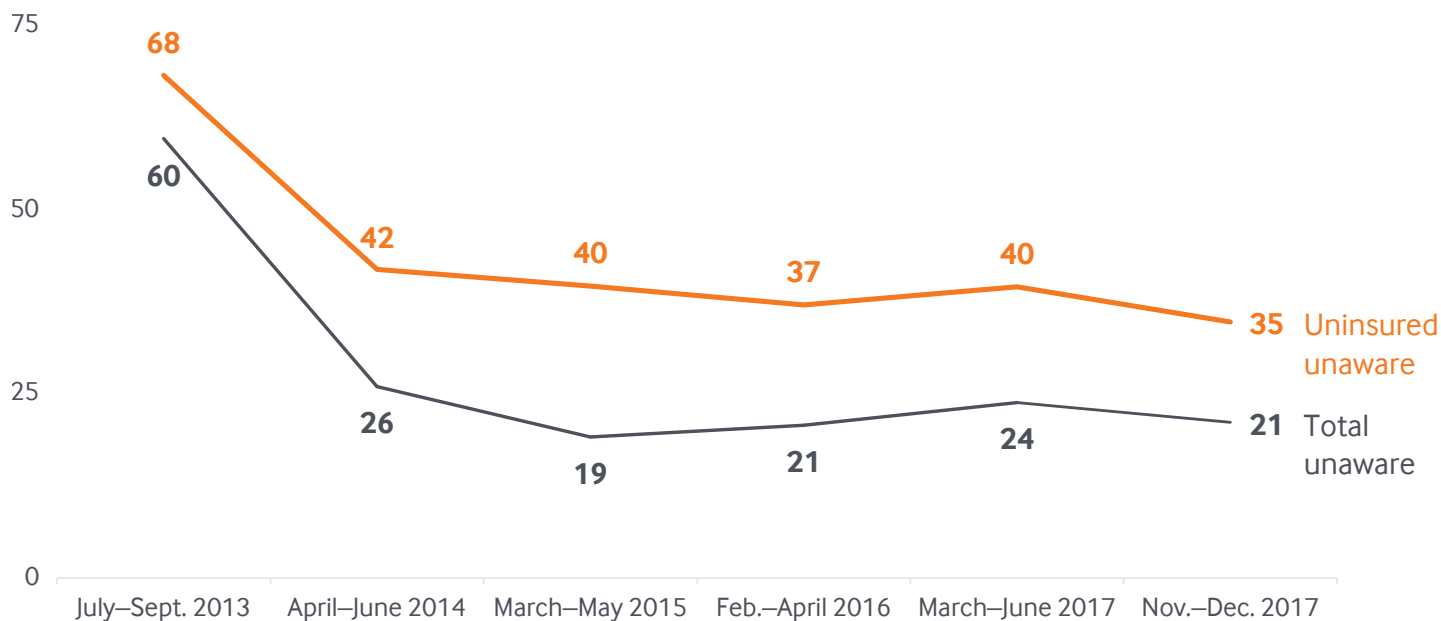
Note: FPL refers to federal poverty level; 250% FPL is about \$31,150 for an individual and \$61,500 for a family of four.

Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, April–June 2014, March–May 2015, Feb.–April 2016, March–June 2017, and Nov.–Dec. 2017.

Most adults are aware of the marketplaces, but uninsured adults remain less aware.

 Are you aware of the marketplaces also known as HealthCare.gov or the marketplace in your state?

Adults ages 19–64 who responded “no”



Five years after the rollout of the health insurance marketplaces, most of the public is aware that people who don't have employer coverage can get a plan through the marketplaces. Lack of awareness is higher among uninsured adults, and though there has been some improvement over the last year, the change is not statistically significant.

These findings suggest that more advertising and outreach could help lower the uninsured rate.

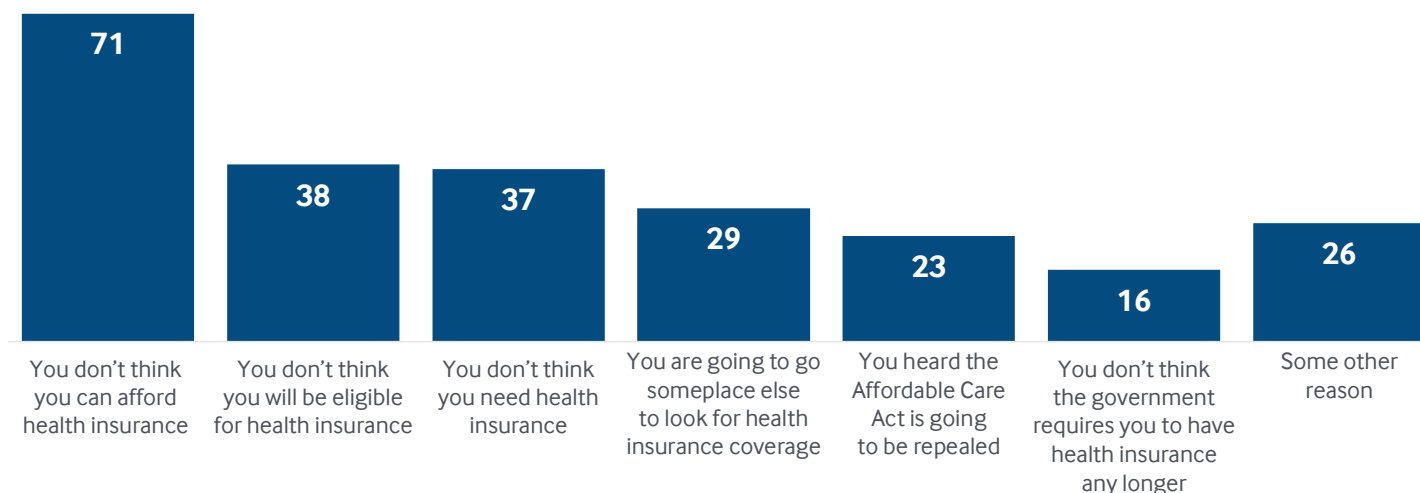
Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, April–June 2014, March–May 2015, Feb.–April 2016, March–June 2017, and Nov.–Dec. 2017.

Uninsured adults most often cite concerns about affordability as the reason why they didn't plan to shop for marketplace coverage.



You said that you do not intend to visit the marketplace to shop for health insurance this fall. What are the reasons you do not plan to visit the marketplace? Is it because...?

Percent of uninsured adults ages 19–64 who were aware of the marketplaces but did not intend to visit



About half (47%) of uninsured adults were aware of the marketplaces but said they did not intend to visit them last fall to buy health insurance. When asked what the reasons were, 71 percent said they didn't think they could afford coverage. About one-third said they didn't think they would be eligible, while a similar share said they didn't think they needed health insurance.

Last year's debate over the ACA likely affected some uninsured adults' decisions not to shop for marketplace coverage: 23 percent said they thought the law was going to be repealed, and 16 percent said they thought the government no longer required them to have health insurance.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

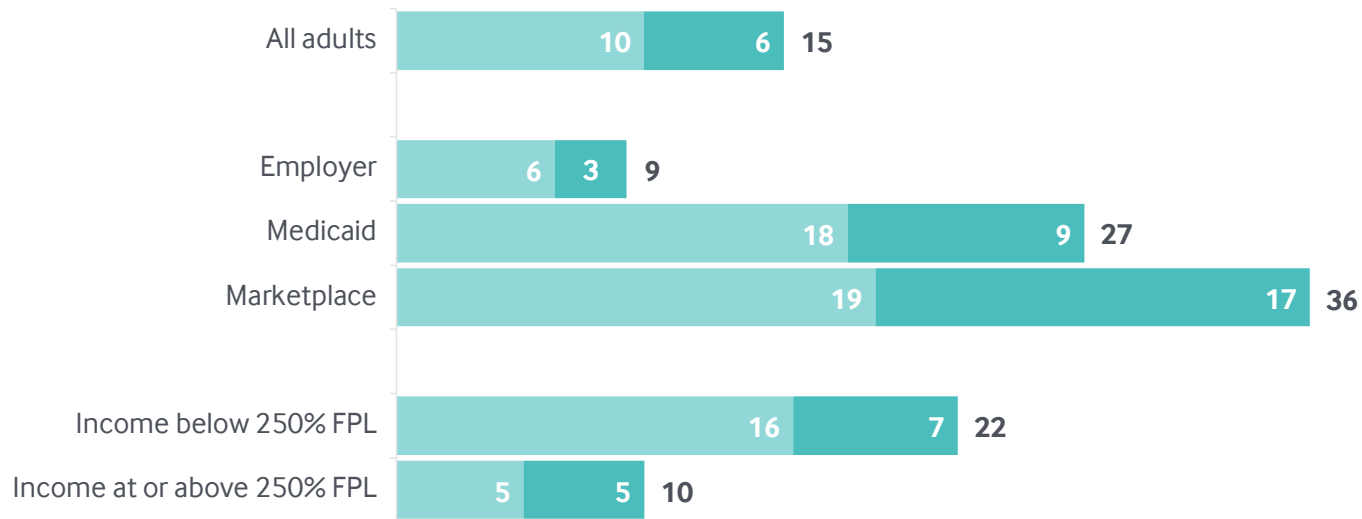
Adults with marketplace plans or Medicaid express the least confidence in being able to keep their coverage in the future.



You said you currently have health insurance. How confident are you that you will be able to keep this health care coverage in the future?

Percent of insured adults ages 19–64 who were not too or not at all confident

■ Not too confident ■ Not at all confident



People with marketplace plans or Medicaid are significantly less likely than those with employer benefits to be confident that they will be able to keep their health insurance in the future. About one-third of marketplace enrollees and one-quarter of Medicaid beneficiaries were not confident they could keep their plans in the future; just 9 percent of those with employer plans were not confident. (See [Table 4](#) for complete data.)

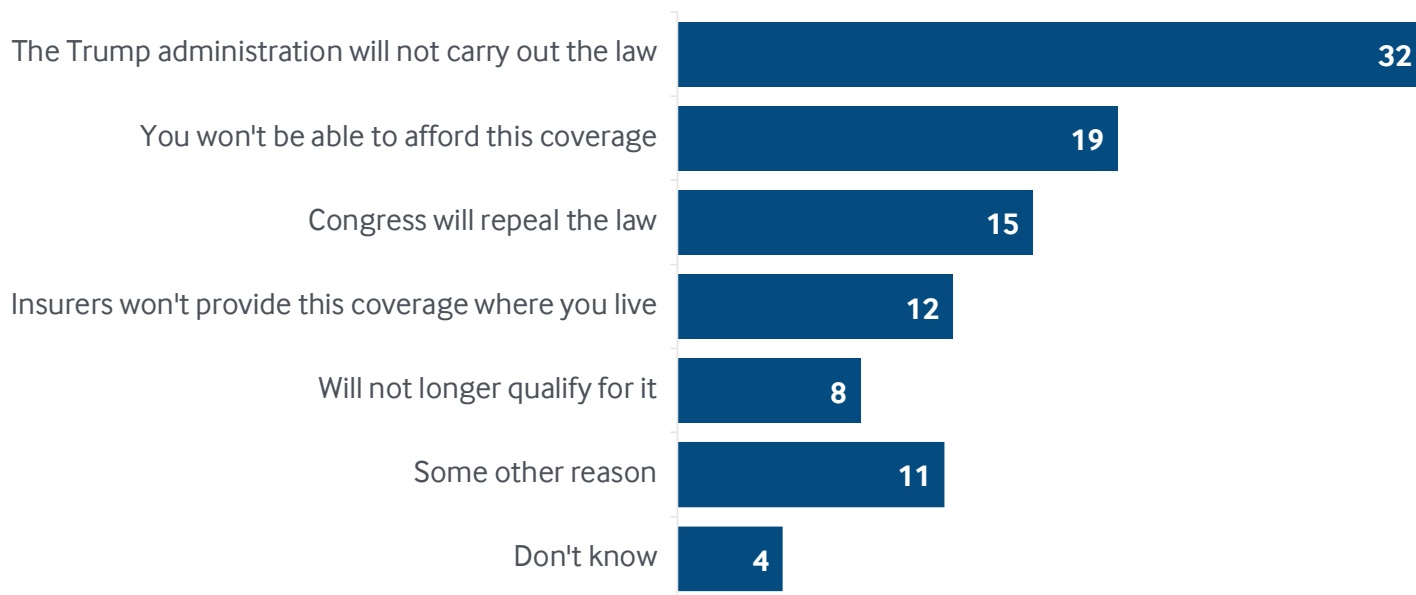
Notes: Segments may not sum to indicated total because of rounding. FPL refers to federal poverty level; 250% FPL is about \$31,150 for an individual and \$61,500 for a family of four.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

Among Medicaid or marketplace enrollees who lacked confidence about keeping their plans, nearly half said the Trump administration wouldn't carry out the ACA or Congress would repeal it.



What is the main reason you are not confident you will be able to keep this coverage in the future?



*Adults ages 19–64 with marketplace or Medicaid coverage who were **not confident** they would be able to keep health care coverage in the future*

When asked why they weren't confident they could keep their health insurance in the future, 32 percent of marketplace and Medicaid enrollees said they didn't think the Trump administration would carry out the ACA, while 15 percent expected Congress to repeal the law. About one in five didn't think they would be able to afford their insurance, and 12 percent thought insurers might not offer it where they live.

Note: Categories may not sum to 100 percent because of rounding.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

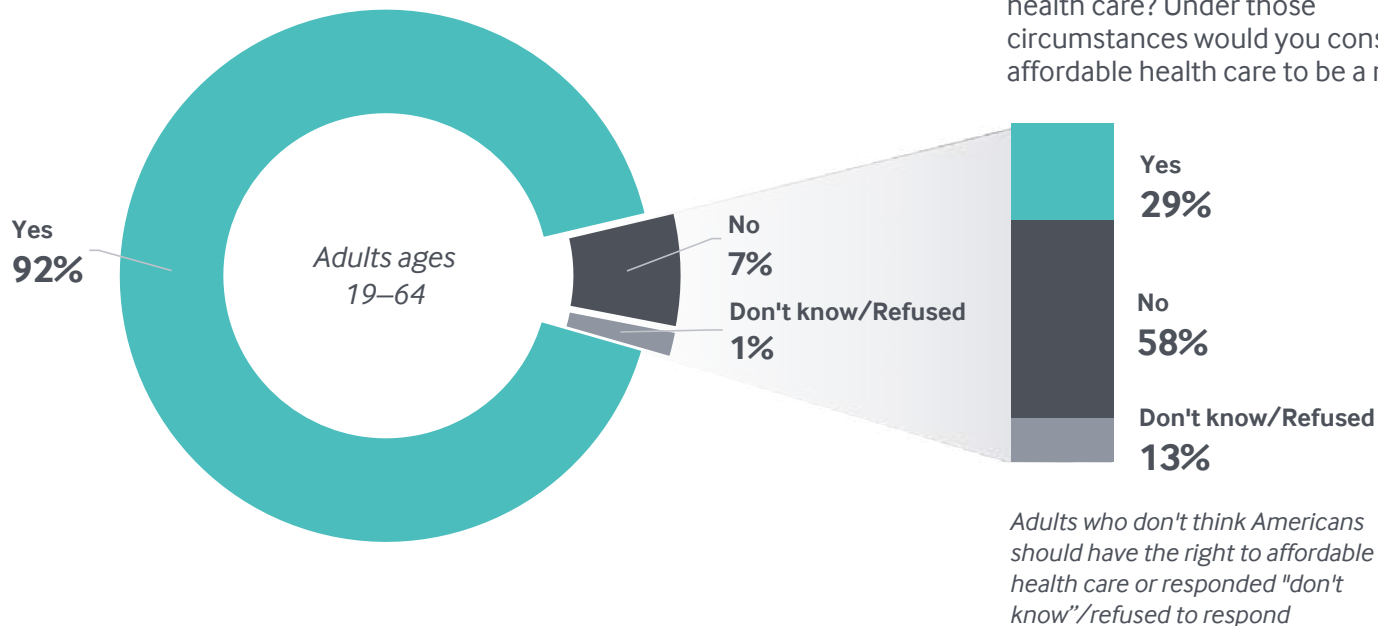
Most people think all Americans should have the right to affordable health care.



Do you think all Americans should have the right to affordable health care?



What if everyone had to contribute financially over their lifetime in order to have the right to affordable health care? Under those circumstances would you consider affordable health care to be a right?



Nearly all U.S. adults, regardless of political affiliation or income, think all Americans should have the right to affordable health care. This includes 99 percent of Democrats, 82 percent of Republicans, and 92 percent of independents. (See [Table 5](#) for complete data.)

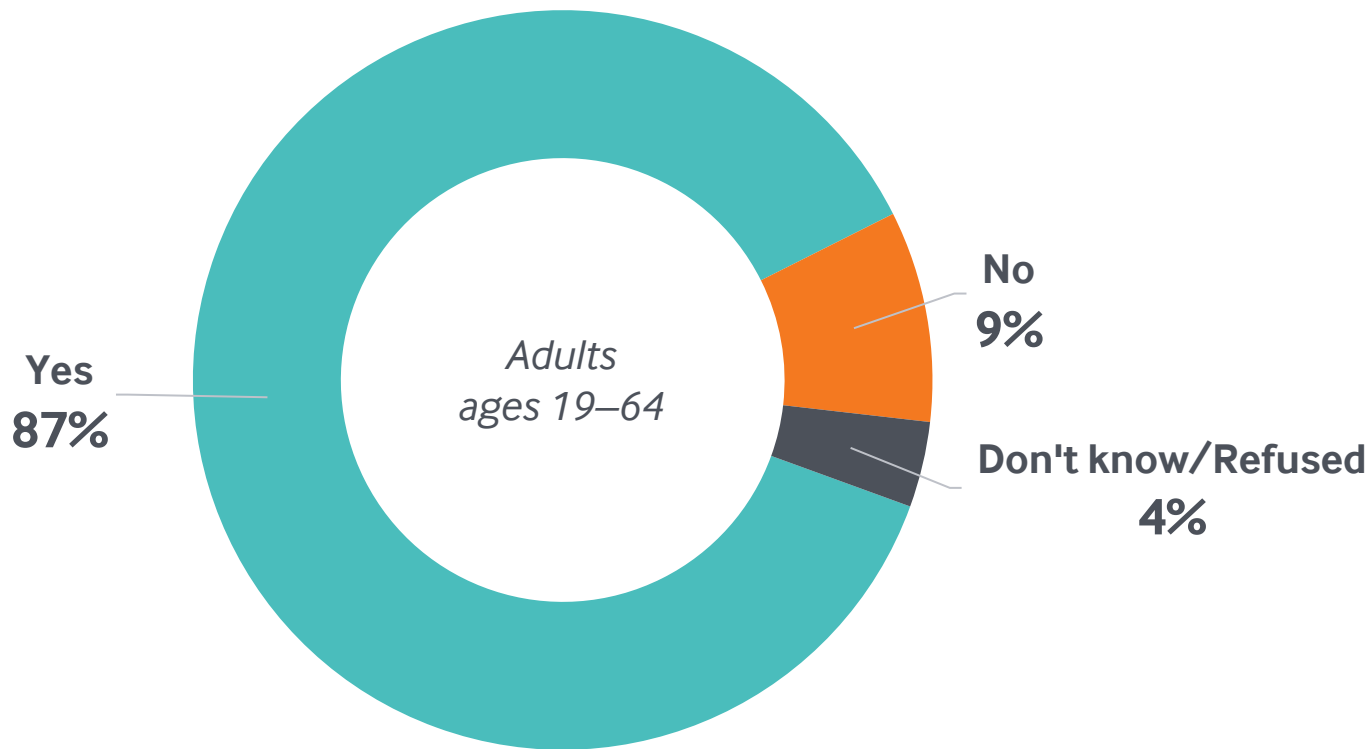
Of the 8 percent of adults who either don't think Americans should have the right to affordable health care, or didn't know or refused to respond, 29 percent said they would consider health care a right if people had to contribute financially over their lifetime.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

Most think paying into Medicare over a lifetime is a fair way to ensure everyone has access to care at age 65.



Most people contribute financially to Medicare over their lifetime through payroll taxes. Do you think this is a fair way to help ensure everyone has access to Medicare when they become eligible at age 65, or not?



Medicare requires lifetime financial contributions. Workers pay into Medicare through payroll taxes. When people were asked whether they thought this was a fair way to ensure everyone has access to Medicare when they turn 65, 87 percent of respondents said yes. This included 92 percent of Democrats, 84 percent of Republicans, and 87 percent of independents. (See [Table 6](#) for complete data.)

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

POLICY IMPLICATIONS

This survey, along with other recent federal and private surveys, indicate that gains in coverage post-ACA have leveled out, and uninsured rates may even be ticking up slightly. As our findings suggest, policy changes could increase coverage, including greater outreach and advertising in all states and reforms to improve plan affordability.

Analysts Christine Eibner and Jodi Liu modeled six options to increase affordability of marketplace coverage, including extending tax credits to people who are above the income eligibility threshold and instituting a federal reinsurance program.² Medicaid expansion, however, remains the most obvious means for expanding coverage nationwide: this and other surveys show that uninsured rates in the 19 states that have not expanded Medicaid are higher than in expansion states.³

Among survey respondents who were extremely pessimistic about their ability to maintain their marketplace or Medicaid coverage going forward, nearly half pointed to actions by the Trump administration and Congress as the main source of their unease. It seems clear that signals of support for this coverage from both branches of government would reassure consumers about their access to health care. Such a shift also would provide a more stable regulatory environment for insurers participating in both the marketplaces and Medicaid.

The absence of such signals from Washington may fuel an emerging debate over how best to insure that all Americans have coverage that provides them with access to affordable health care. Some proposals call for building on the ACA to achieve this goal. Others would allow people to buy in to Medicare or Medicaid. Still others would replace the ACA with a Medicare for all approach, while others would provide funds to states to design their own systems. This survey's finding that strong majorities of U.S. adults, regardless of party affiliation, believe that all Americans should have a right to affordable health care suggests there may be popular support for a discussion over our preferred path.

HOW WE CONDUCTED THIS STUDY

The most recent Commonwealth Fund Affordable Care Act Tracking Survey was conducted by SSRS from November 2 to December 27, 2017. The survey consisted of telephone interviews in English or Spanish and was conducted among a random, nationally representative sample of 2,410 adults, ages 19 to 64, living in the United States. Overall, 122 interviews were conducted on landline telephones and 2,288 interviews on cell phones.

This survey is the sixth in a series of Commonwealth Fund surveys to track the implementation and impact of the ACA. The first was conducted by SSRS from July 15 to September 8, 2013, by telephone among a random, nationally representative U.S. sample of 6,132 adults ages 19 to 64. The survey had an overall margin of sampling error of ± 1.8 percent at the 95 percent confidence level.

The second survey in the series was conducted by SSRS from April 9 to June 2, 2014, by telephone among a random, nationally representative U.S. sample of 4,425 adults ages 19 to 64. The survey had an overall margin of sampling error of ± 2.1 percent at the 95 percent confidence level. The sample for the April–June 2014 survey was designed to increase the likelihood of surveying respondents who were most likely eligible for new coverage options under the ACA. As such, respondents in the July–September 2013 survey who said they were uninsured or had individual coverage were asked if they could be recontacted for the April–June 2014 survey. SSRS also recontacted households reached through their omnibus survey of adults who were uninsured or had individual coverage prior to the first open enrollment period for 2014 marketplace coverage.

The third survey in the series was conducted by SSRS from March 9 to May 3, 2015, by telephone among a random, nationally representative U.S. sample of 4,881 adults, ages 19 to 64. The March–May 2015 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. SSRS recontacted

households reached through their omnibus survey of adults between November 5, 2014, and February 1, 2015, who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey had an overall margin of sampling error of ± 2.1 percentage points at the 95 percent confidence level.

The fourth survey in the series was conducted by SSRS from February 2 to April 5, 2016, by telephone among a random, nationally representative U.S. sample of 4,802 adults, ages 19 to 64. The February–April 2016 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in wave 4 were obtained through two sources: 1) stratified RDD sample, using the same methodology as in waves 1–3; and 2) households reached through the SSRS Omnibus, where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey had an overall margin of sampling error of ± 2.0 percentage points at the 95 percent confidence level.

The fifth survey in the series was conducted by SSRS from March 28 to June 20, 2017, by telephone among a random, nationally representative U.S. sample of 4,813 adults, ages 19 to 64. The March–June 2017 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in wave 5 were obtained through two sources: 1) stratified RDD sample, using the same methodology as in waves 1–4; and 2) households reached through the SSRS Omnibus where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey had an overall margin of sampling error of ± 1.8 percentage points at the 95 percent confidence level.

The November–December 2017 sample was also designed to increase the likelihood of surveying

respondents who had gained coverage under the ACA. Interviews in wave 6 were obtained through two sources: 1) stratified RDD sample, using the same methodology as in waves 1–5; and 2) households reached through the SSRS Omnibus, where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance.

As in all waves of the survey, SSRS oversampled adults with incomes under 250 percent of the federal poverty level to further increase the likelihood of surveying respondents eligible for the coverage options as well as to allow separate analyses of responses from low-income households.

The data were weighted to correct for oversampling uninsured and direct purchase respondents, the stratified sample design, the overlapping landline and cell phone sample frames, and disproportionate nonresponse that might bias results. New to this wave's sample design, the weights also corrected for oversampling respondents with a prepaid cell phone. The data are weighted to the U.S. 19-to-64 adult population by age by state, gender by state, race/ethnicity by state, education by state, household size, geographic division, and population density using the U.S. Census Bureau's 2015 American Community Survey. Data were weighted to household telephone use parameters based on the CDC's 2016 National Health Interview Survey (NHIS).

The resulting weighted sample is representative of the approximately 190 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data, utilizing a standard general linear model procedure. The survey has an overall margin of sampling error of ± 2.7 percentage points at the 95 percent confidence level. The overall response rate, including the prescreened sample, was 70 percent.

Table 1. Demographics of Overall Sample, Uninsured Adults, and Adults by Coverage Source

	Total adults (ages 19–64)	Uninsured adults	Total current marketplace and Medicaid enrollees	Enrolled in a private health plan through the marketplace	Enrolled in Medicaid	Enrolled in employer- sponsored insurance
Percent distribution	100%	14%	19%	7%	12%	54%
Age						
19–34	33	40	30	24	33	35
19–25	15	17	12	13	12	15
26–34	18	23	18	10	22	19
35–49	32	33	31	31	31	34
50–64	33	27	36	43	33	30
Race/Ethnicity						
Non-Hispanic White	61	44	54	64	49	68
Black	13	10	17	13	19	12
Latino	18	36	21	15	24	13
U.S.-born Latino	9	11	11	9	11	8
Foreign-born Latino	9	25	10	5	13	5
Asian/Pacific Islander	4	5	4	4	3	4
Other/Mixed	3	3	4	3	4	2
Poverty status						
Below 250% poverty	48	72	76	54	88	29
250% poverty or more	52	28	24	46	12	71
Health status						
Fair/Poor health status, or any chronic condition or disability [^]	50	47	62	53	67	43
No health problem	50	53	38	47	33	57
Political affiliation						
Democrat	29	19	34	33	35	31
Republican	19	18	13	20	9	21
Independent	26	26	26	27	25	25
Something else	17	18	18	15	19	17
State Medicaid expansion decision[*]						
Expanded Medicaid	61	49	72	59	79	60
Did not expand Medicaid	38	51	28	41	21	39
Region						
Northeast	17	12	18	14	20	18
Midwest	20	18	20	20	20	20
South	38	47	30	38	25	38
West	25	23	33	28	35	23
Adult work status						
Full-time	56	40	28	47	18	75
Part-time	14	18	22	22	23	9
Not working	29	40	50	31	59	15
Employer size^{^^}						
1–24 employees	28	57	46	60	34	16
25–99 employees	13	17	14	18	11	11
100–499 employees	12	5	4	3	5	15
500 or more employees	44	15	28	17	38	55
Education level						
High school or less	37	52	46	30	54	30
Some college/technical school	31	33	36	40	34	27
College graduate or higher	32	12	18	30	12	43

NOTES

* The following states expanded their Medicaid program and began enrolling individuals by the time of the survey: AK, AR, AZ, CA, CO, CT, DE, HI, IA, IN, IL, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, WV, and the District of Columbia. All other states were considered to have not expanded.

[^] At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol.

^{^^} Base: full- and part-time employed adults ages 19–64.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

Table 2. Uninsured Rates Among Adults, 2013–2017

	July–Sept. 2013	April–June 2014	March–May 2015	Feb.–April 2016	March–June 2017	Nov.–Dec. 2017
Percent distribution	19.9%	14.8%	13.3%	12.7%	14.0%	14.0%
Age						
19–34	28	18	19	18	16	17
19–25	31	19	16	17	14	15
26–34	26	18	23	19	18	18
35–49	18	15	13	11	15	15
50–64	14	11	8	9	10	11
Race/Ethnicity						
Non-Hispanic White	16	12	9	9	10	10
Black	21	20	18	13	17	10
Latino	36	23	26	29	30	28
U.S.-born Latino	24	*	*	14	17	18
Foreign-born Latino	47	*	*	43	42	38
Asian/Pacific Islander	18	10	8	9	5	*
Other/Mixed	23	12	14	11	13	—
Poverty status						
Below 250% poverty	34	23	21	21	22	21
250% poverty or more	7	6	4	4	6	8
Health status						
Fair/Poor health status, or any chronic condition or disability [^]	20	16	14	13	13	13
No health problem	20	14	13	12	15	15
Political affiliation						
Democrat	18	13	10	10	10	9
Republican	11	11	8	8	10	13
Independent	19	14	15	12	15	14
Something else	28	19	17	16	17	15
State Medicaid expansion decision^{**}						
Expanded Medicaid	18	12	10	10	11	11
Did not expand Medicaid	23	19	18	16	19	18
Region						
Northeast	13	12	8	10	9	10
Midwest	17	13	8	8	9	13
South	24	19	18	16	19	17
West	21	12	13	13	14	13
Adult work status						
Full-time	14	12	10	9	11	10
Part-time	29	19	14	17	20	18
Not working	25	17	18	17	17	19
Employer size^{^^}						
1–24 employees	32	25	21	24	25	23
25–99 employees	20	17	17	14	13	16
100–499 employees	13	8	9	6	8	5
500 or more employees	7	6	4	3	5	4
Education level						
High school or less	28	23	22	22	23	20
Some college/technical school	19	14	11	11	11	15
College graduate or higher	10	5	5	3	6	5

NOTES

* Not applicable.
 — Sample size limitations.
^{**} We categorize states as expansion states if their state expanded their Medicaid program and were enrolling people by the time of the survey.
[^] At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol.
^{^^} Base: full- and part-time employed adults ages 19–64.
 Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, April–June 2014, March–May 2015, Feb.–April 2016, March–June 2017, and Nov.–Dec. 2017.

Table 3. Demographics of Total Adults and Uninsured Adults, July–Sept. 2013 and Nov.–Dec. 2017

	Total adults (ages 19–64)		Uninsured adults (ages 19–64)	
	July–Sept. 2013	Nov.–Dec. 2017	July–Sept. 2013	Nov.–Dec. 2017
Percent distribution	100%	100%	100%	100%
Age				
19–34	32	33	46	40
19–25	15	15	23	17
26–34	18	18	23	23
35–49	32	32	29	33
50–64	33	33	23	27
Race/Ethnicity				
Non-Hispanic White	63	61	50	44
Black	12	13	13	10
Latino	16	18	29	36
U.S.-born Latino	7	9	9	11
Foreign-born Latino	9	9	20	25
Asian/Pacific Islander	4	4	3	5
Other/Mixed	2	3	3	3
Poverty status				
Below 250% poverty	48	48	81	72
250% poverty or more	52	52	19	28
Health status				
Fair/Poor health status, or any chronic condition or disability [^]	47	50	47	47
No health problem	53	50	53	53
Political affiliation				
Democrat	30	29	28	19
Republican	20	19	11	18
Independent	24	26	22	26
Something else	16	17	22	18
State Medicaid expansion decision[*]				
Expanded Medicaid	59	61	53	49
Did not expand Medicaid	41	38	46	51
Region				
Northeast	17	17	12	12
Midwest	22	20	18	18
South	38	38	46	47
West	23	25	25	23
Adult work status				
Full-time	53	56	39	40
Part-time	12	14	18	18
Not working	33	29	42	40
Employer size^{^^}				
1–24 employees	26	28	48	57
25–99 employees	17	13	19	17
100–499 employees	15	12	11	5
500 or more employees	41	44	17	15
Education level				
High school or less	39	37	56	52
Some college/technical school	30	31	29	33
College graduate or higher	29	32	14	12

NOTES

* We categorize states as expansion states if their state expanded their Medicaid program and were enrolling people by the time of the survey.

[^] At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol.

^{^^} Base: full- and part-time employed adults ages 19–64.

Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and Nov.–Dec. 2017.

Table 4. You said you currently have health insurance. How confident are you that you will be able to keep this health care coverage in the future?

Base: *Insured adults ages 19–64*

	Very confident	Somewhat confident	Very or somewhat confident	Not too confident	Not at all confident	Not too or not at all confident
Percent distribution	57%	25%	83%	10%	6%	15%
Age						
19–34	57	26	83	11	5	16
35–49	59	24	84	10	5	15
50–64	56	26	82	8	6	15
Gender						
Men	63	22	85	6	7	13
Women	53	28	81	13	5	18
Race/Ethnicity						
White	61	25	85	7	6	13
Black	56	28	83	10	6	15
Hispanic	44	27	71	22	5	27
Income						
Below 250% poverty	47	29	76	16	7	22
250% poverty or more	66	23	89	5	5	10
Insurance status						
Employer	67	22	90	6	3	9
Medicaid	34	36	70	18	9	27
Medicare	44	26	71	13	8	22
Marketplace	32	31	63	19	17	36
Region						
Northeast	56	25	81	12	6	18
Midwest	60	25	86	9	4	13
South	63	22	85	8	6	13
West	49	30	79	12	6	18
Political affiliation						
Democrat	57	26	83	11	5	16
Republican	65	20	85	7	8	15
Independent	56	28	84	9	5	14
Voter registration status						
Not registered	62	22	84	9	5	14
Registered	58	27	85	8	6	14

Notes: Segments may not sum to indicated total because of rounding. "Very or somewhat confident" and "Not too or not at all confident" categories may not sum to 100 percent because of "Don't know" responses or refusal to respond.
Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

Table 5. Do you think all Americans should have the right to affordable health care?*Base: Adults ages 19–64*

	Yes	No
Percent distribution	92%	7%
Age		
19–34	94	4
35–49	91	8
50–64	91	8
Gender		
Men	89	9
Women	95	4
Race/Ethnicity		
White	90	9
Black	97	2
Hispanic	97	2
Income		
Below 250% poverty	96	2
250% poverty or more	88	11
Insurance status		
Uninsured	91	7
Employer	91	8
Medicaid	98	1
Medicare	96	1
Marketplace	93	7
Region		
Northeast	93	5
Midwest	91	8
South	91	7
West	92	6
Political affiliation		
Democrat	99	1
Republican	82	17
Independent	92	6
Voter registration status		
Not registered	95	4
Registered	91	8

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

Table 6. Most people contribute financially to Medicare over their lifetime through payroll taxes. Do you think this is a fair way to help ensure everyone has access to Medicare when they become eligible at age 65, or not?*Base: Adults ages 19–64*

	Yes	No
Percent distribution	87%	9%
Age		
19–34	87	9
35–49	84	12
50–64	89	7
Gender		
Men	85	10
Women	89	8
Race/Ethnicity		
White	87	9
Black	85	12
Hispanic	91	7
Income		
Below 250% poverty	87	10
250% poverty or more	87	9
Insurance status		
Uninsured	84	11
Employer	88	9
Medicaid	86	9
Medicare	87	10
Marketplace	93	5
Region		
Northeast	85	10
Midwest	86	12
South	89	8
West	87	9
Political affiliation		
Democrat	92	6
Republican	84	13
Independent	87	10
Voter registration status		
Not registered	82	12
Registered	88	9

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

NOTES

- ¹ National Academy for State Health Policy, *Individual Marketplace Enrollment Remains Stable in the Face of National Uncertainty* (NASHP, Feb. 7, 2018), <https://nashp.org/individual-marketplace-enrollment-remains-stable-in-the-face-of-national-uncertainty/>.
- ² C. Eibner and J. Liu, *Options to Expand Health Insurance Enrollment in the Individual Market* (The Commonwealth Fund, Oct. 2017), <http://www.commonwealthfund.org/publications/fund-reports/2017/oct/expand-insurance-enrollment-individual-market>.
- ³ S. L. Hayes, S. R. Collins, D. C. Radley, and D. McCarthy, *What's at Stake: States' Progress on Health Coverage and Access to Care, 2013–2016* (The Commonwealth Fund, Dec. 2017), <http://www.commonwealthfund.org/publications/issue-briefs/2017/dec/states-progress-health-coverage-and-access>.

ACKNOWLEDGMENTS

The authors thank Robyn Rapoport, Sarah Glancey, Erin Czyzewicz, Rob Manley, and Arina Goyle of SSRS; and David Blumenthal, Eric Schneider, Chris Hollander, Paul Frame, Jen Wilson, Shanoor Seervai, and Arnav Shah of the Commonwealth Fund.

ABOUT THE AUTHORS

Sara R. Collins, Ph.D., is vice president for Health Care Coverage and Access at the Commonwealth Fund. An economist, Dr. Collins joined the Fund in 2002 and has led the Fund's national program on health insurance since 2005. Since joining the Fund, she has led several national surveys on health insurance and authored numerous reports, issue briefs, and journal articles on health insurance coverage and policy. She has provided invited testimony before several Congressional committees and subcommittees. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine. Earlier in her career, she was an associate editor at *U.S. News & World Report*, a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. Dr. Collins holds a Ph.D. in economics from George Washington University.

Munira Z. Gunja, M.P.H., is senior researcher in the Health Care Coverage and Access program at the Commonwealth Fund. Ms. Gunja joined the Fund from the U.S. Department of Health and Human Services in the office of the Assistant Secretary for Planning and Evaluation (ASPE), Division of Health Care Access and Coverage, where she received the Secretary's Award for Distinguished Service. Before joining ASPE, Ms. Gunja worked for the National Cancer Institute where she conducted data analysis for numerous studies featured in scientific journals. She graduated from Tulane University with a B.S. in public health and international development and an M.P.H. in epidemiology.

Michelle McEvoy Doty, Ph.D., is vice president of survey research and evaluation for the Commonwealth Fund. She has authored numerous publications on cross-national comparisons of health system performance, access to quality health care among vulnerable populations, and the extent to which lack of health insurance contributes to inequities in quality of care. Dr. Doty holds an M.P.H. and a Ph.D. in public health from the University of California, Los Angeles.

Herman K. Bhupal is program assistant in the Health Care Coverage and Access program at the Commonwealth Fund, joining the staff in June 2017. She is responsible for providing daily support for the program, with responsibilities ranging from daily administrative and grants management tasks to writing and research. Prior to joining the Fund, Ms. Bhupal was an associate at PwC Strategy&, where she served several health care clients in a strategy consulting role. She graduated with a B.A. in economics with honors from Harvard University in May 2016.

.....
Editorial support was provided by Christopher Hollander.

For more information about this brief, please contact:

Sara R. Collins, Ph.D.
Vice President, Health Care Coverage and Access
The Commonwealth Fund
src@cmwf.org

About the Commonwealth Fund

The mission of the Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by the Commonwealth Fund. The views presented here are those of the authors and not necessarily those of the Commonwealth Fund or its directors, officers, or staff.

APPENDIX

Survey Estimates of Changes in U.S. Uninsured Rates Since 2013

Survey	Pre-implementation uninsured rate (%) [95% CI]	Current uninsured rate (%) [95% CI]	Millions of uninsured
The Commonwealth Fund Affordable Care Act Tracking Survey ¹	19.9% [18.5%–21.4%]	14.0% [12.3%–15.8%]	—
National Health Interview Survey ²	20.4% [19.7%–21.1%]	12.5% [11.7%–13.3%]	24.7 million
Gallup-Sharecare Well-Being Index ³	20.7%	14.8%	—

Notes: Confidence intervals are shown where they were reported out by the organization. Percent estimates were not reported.

¹ The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

² E. P. Zammitti, R. A. Cohen, and M. E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, Jan.–June 2017* (National Center for Health Statistics, Nov. 2017), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201711.pdf>.

³ Z. Auter, “U.S. Uninsured Rate Steady at 12.2% in Fourth Quarter of 2017,” Gallup-Sharecare Well-Being Index, Jan. 16, 2018, <http://news.gallup.com/poll/225383/uninsured-rate-steady-fourth-quarter-2017.aspx>.

Methodological Differences Between Surveys

Survey	Population	Time frame	Sample frame	Response rate
The Commonwealth Fund Affordable Care Act Tracking Survey ¹	U.S. adults ages 19–64	July–Sept. 2013 to Nov.–Dec. 2017	Dual-frame, RDD telephone survey	2013: 20.1% 2017: 7%
National Health Interview Survey ^{2,3}	U.S. adults ages 18–64	2013 to Jan.–June 2017	Multistage area probability design	80%
Gallup-Sharecare Well-Being Index ⁴	U.S. adults ages 18–64	2013 to Oct.–Dec. 2017	Dual-frame, RDD telephone survey	7%–9%

¹ The Commonwealth Fund Affordable Care Act Tracking Survey, Nov.–Dec. 2017.

² E. P. Zammitti, R. A. Cohen, M. E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, Jan.–June 2017* (National Center for Health Statistics, Nov. 2017), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201711.pdf>.

³ National Center for Health Statistics, *About the National Health Interview Survey* (NCHS, July 2017), https://www.cdc.gov/nchs/nhis/about_nhis.htm.

⁴ Z. Auter, “U.S. Uninsured Rate Steady at 12.2% in Fourth Quarter of 2017,” Gallup-Sharecare Well-Being Index, Jan. 16, 2018, <http://news.gallup.com/poll/225383/uninsured-rate-steady-fourth-quarter-2017.aspx>.

