



The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect

Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014

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Abstract New results from the Commonwealth Fund Biennial Health Insurance Survey, 2014, indicate that the Affordable Care Act's subsidized insurance options and consumer protections reduced the number of uninsured working-age adults from an estimated 37 million people, or 20 percent of the population, in 2010 to 29 million, or 16 percent, by the second half of 2014. Conducted from July to December 2014, for the first time since it began in 2001, the survey finds declines in the number of people who report cost-related access problems and medical-related financial difficulties. The number of adults who did not get needed health care because of cost declined from 80 million people, or 43 percent, in 2012 to 66 million, or 36 percent, in 2014. The number of adults who reported problems paying their medical bills declined from an estimated 75 million people in 2012 to 64 million people in 2014.

OVERVIEW

In 2014, 6.7 million people enrolled in health plans sold through the Affordable Care Act's marketplaces, with most signing up through the federal marketplace website, HealthCare.gov. For the 2015 open enrollment period—which began on November 15, 2014, and ends on February 15, 2015—the pace has been brisk, with 6.8 million people in 37 states reenrolled or newly enrolled through the federal website by the beginning of the year.¹ In addition, at least 600,000 people have signed up through the 14 state-operated marketplaces.² Nearly 10 million people have newly enrolled in Medicaid since October 2013.³

These new subsidized options for people who lack insurance from employers are helping to reverse national trends in health care coverage and affordability. The latest Commonwealth Fund Biennial Health Insurance Survey of 2014, the longest running nonfederal survey of U.S. health insurance coverage, shows that uninsured rates have declined to their lowest levels in more than a decade. Rates among young adults and low-income adults are at their lowest levels in 14 years. For the first time since we began asking the question in 2003, there was a decline in the number of adults who reported not getting needed care because of cost. And for the first time, there was a decline in the number of people who had problems paying their medical bills or who are paying off medical debt over time. The survey was conducted from July 22, 2014 to December 14, 2014 by Princeton Survey Research Associates International, with 4,251 adults ages 19 to 64.

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Commonwealth Fund pub. 1800
Vol. 2

SURVEY FINDINGS IN DETAIL

Number of Uninsured Adults Began to Decline in 2012

The number of uninsured adults ages 19 to 64 declined to 29 million in 2014, or 16 percent of the population, from a high of 37 million, or 20 percent, in 2010 (Exhibit 1, Table 1).^{4,5} The decline from 2012 to 2014—after the first year of full implementation of the health reform law’s insurance options for people without employer-sponsored health insurance—is the first statistically significant decline measured by the survey since it began in 2001. The uninsured rate is now at its lowest level since 2003.

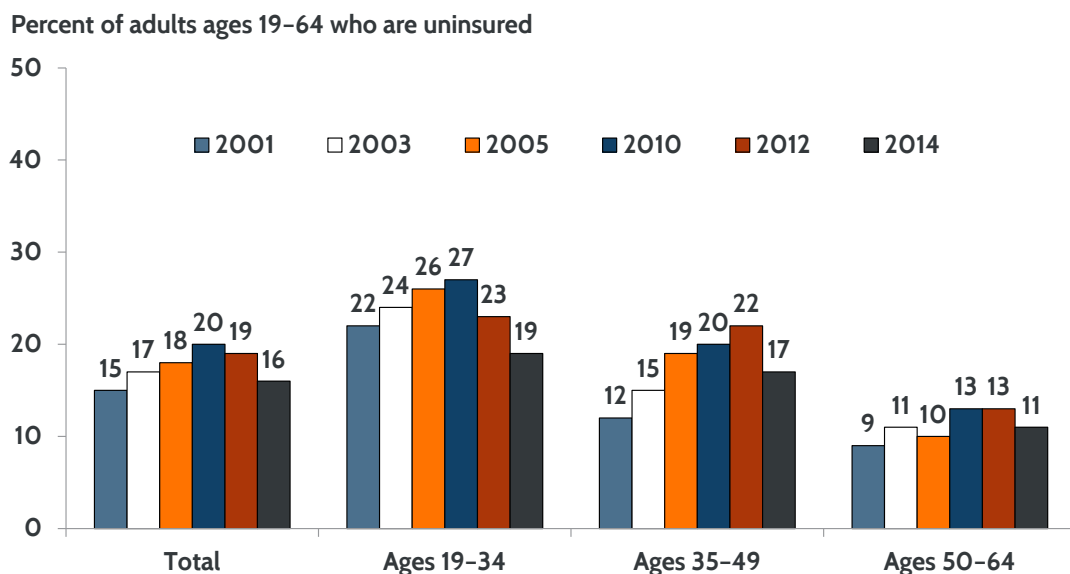
Exhibit 1. The Number of Uninsured Adults Dropped to 29 Million in 2014, Down from 37 Million in 2010

Adults ages 19–64		2001	2003	2005	2010	2012	2014
Uninsured now		15%	17%	18%	20%	19%	16%
		24 million	30 million	32 million	37 million	36 million	29 million
Insured now		85%	83%	82%	80%	81%	84%
		138 million	142 million	141 million	147 million	148 million	154 million

Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001, 2003, 2005, 2010, 2012, and 2014).

Among young adults ages 19 to 34, the uninsured rate has fallen sharply, from 27 percent in 2010 to 23 percent in 2012 and down to 19 percent in 2014 (Exhibit 2). This decline reflects an array of new coverage options for this group, some of which began in 2010: the ability to join a parent’s policy, protections for enrollees in college health plans, and subsidized marketplace plans and expanded eligibility for Medicaid. This is the lowest uninsured rate among young adults since the survey was first fielded in 2001.

Exhibit 2. Young Adults Have Made the Greatest Gains in Coverage of Any Age Group

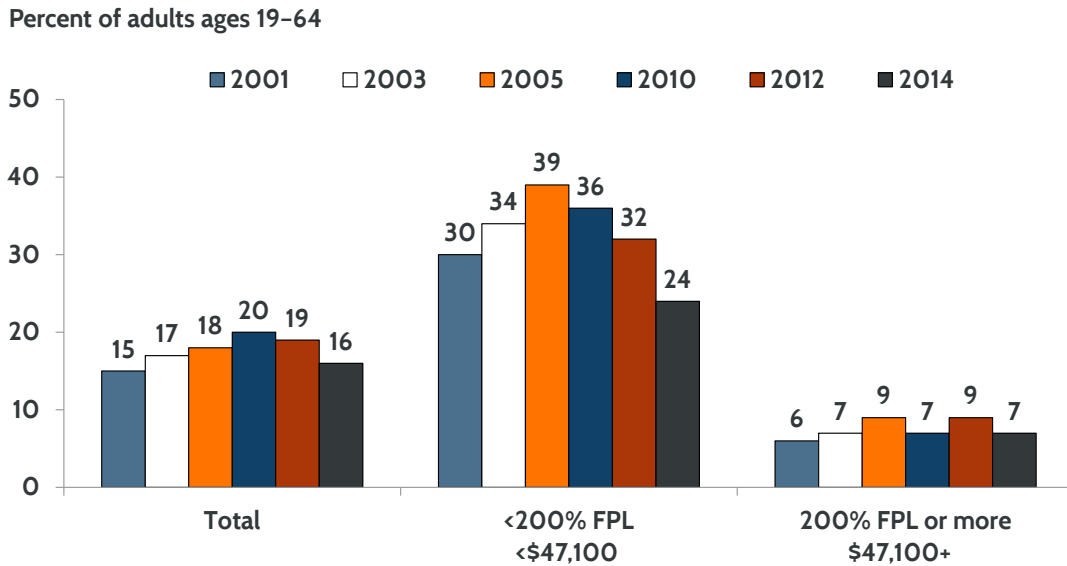


Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001, 2003, 2005, 2010, 2012, and 2014).

Low-income adults also saw striking improvements in their insurance status. The rate of uninsurance among people with incomes under 200 percent of the federal poverty level, or \$47,100 for a family of four, declined from 36 percent in 2010 to 24 percent in 2014. This uninsured rate is not only the lowest among adults at this income level since the survey was first fielded in 2001 but is significantly below the 2001 rate (Exhibit 3).

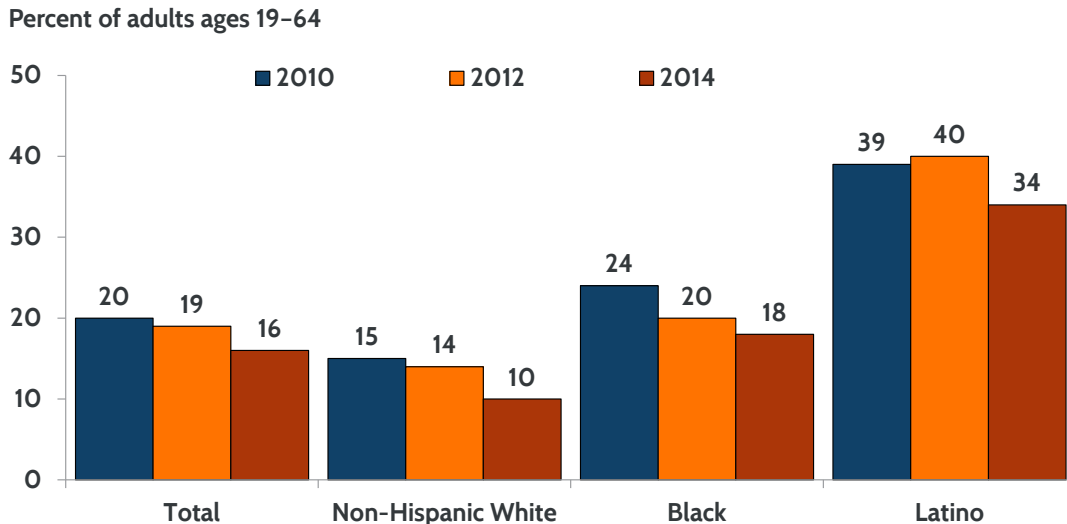
There were gains across racial and ethnic groups. Among non-Hispanic whites, the percentage of uninsured fell from 15 percent in 2010 to 10 percent in 2014; among African Americans, the percentage fell from 24 percent to 18 percent; and among Latinos, it fell from 39 percent to 34 percent (Exhibit 4). Despite these declines, African Americans and Latinos continue to be much more likely than whites to be uninsured.⁶

Exhibit 3. People with Incomes Under \$48,000 for a Family of Four Experienced the Largest Declines in Uninsured Rates



Note: FPL refers to federal poverty level. Income levels are for a family of four in 2013.
 Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001, 2003, 2005, 2010, 2012, and 2014).

Exhibit 4. Uninsured Rates Declined Among Whites, Blacks, and Latinos in 2014



Source: The Commonwealth Fund Biennial Health Insurance Surveys (2010, 2012, and 2014).

Decline in Number of Adults Who Reported Cost-Related Problems Getting Needed Care

Expanded insurance coverage is helping people get the care they need by reducing financial barriers to care. The number of adults who did not get needed care in the past 12 months because of cost declined from 80 million in 2012, or 43 percent, to 66 million, or 36 percent, in 2014 (Exhibit 5, Table 2). This marks the first year the survey has found a decline in this measure since the question was added in 2003. Rates fell to levels reported by adults a decade ago.

Exhibit 5. The Number of Adults Reporting Not Getting Needed Care Because of Cost Declined in 2014 for the First Time Since 2003

Percent of adults ages 19–64					
	2003	2005	2010	2012	2014
In the past 12 months:					
Had a medical problem, did not visit doctor or clinic	22% 38 million	24% 41 million	26% 49 million	29% 53 million	23% 42 million
Did not fill a prescription	23% 39 million	25% 43 million	26% 48 million	27% 50 million	19% 35 million
Skipped recommended test, treatment, or follow-up	19% 32 million	20% 34 million	25% 47 million	27% 49 million	19% 35 million
Did not get needed specialist care	13% 22 million	17% 30 million	18% 34 million	20% 37 million	13% 23 million
Any of the above access problems	37% 63 million	37% 64 million	41% 75 million	43% 80 million	36% 66 million

Source: The Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, and 2014).

There were declines in all four cost-related areas asked about in the survey. The percentage of adults who said that, because of cost, they had not gone to the doctor when they were sick fell from 29 percent to 23 percent. Nineteen percent of adults said they had not filled a prescription because of cost in 2014, down from 27 percent in 2012. The share of adults reporting that they had skipped a recommended test, treatment, or follow-up visit because of cost fell from 27 percent to 19 percent, and 13 percent said they had not gotten needed care from a specialist because of cost, down from 20 percent in 2012.

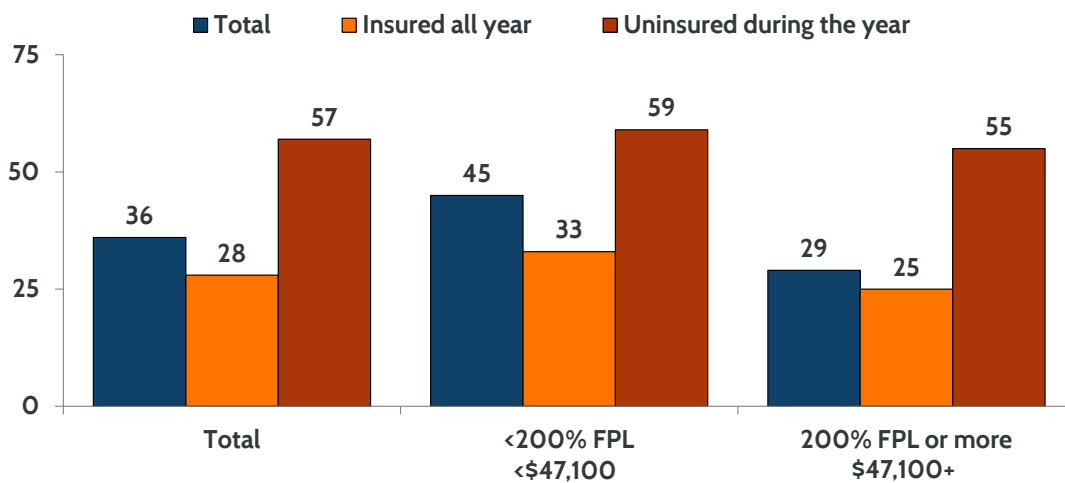
Overall, these declines are most likely driven by the increased number of Americans with health insurance. As in past surveys, adults who had spent any time uninsured in 2014 reported cost-related problems getting care at about two times the rate of adults who were insured all year (Exhibit 6). About three of five (55%–59%) uninsured adults across the income spectrum said they had not received needed care because of cost in the past 12 months.

In 2014, insured adults also reported fewer problems getting care because of concerns about costs for the first time since 2005. In 2012, 34 percent of adults who had been insured all year reported they had not gotten needed care because of cost. This declined to 28 percent in 2014 (data not shown). The drop may reflect the law's new consumer protections in the individual market, which include banning preexisting condition exclusions and guaranteeing an essential health benefit package. It also may reflect an improving economy over the last two years.

Nevertheless, despite these improvements, the rates of cost-related access problems among insured adults remain high, particularly among people with lower incomes. In the survey, 33 percent of adults who had been insured all year with incomes under 200 percent of poverty (\$47,100 for a family of four) and 25 percent with incomes above that level said they did not get needed care because of costs in the past 12 months. A recent Commonwealth Fund survey found that high deductibles and cost-sharing in both employer and individually purchased private plans lead many adults to delay or avoid needed care.⁷

Exhibit 6. Uninsured Adults Report Cost-Related Problems Getting Needed Care at Twice the Rate of Insured Adults

Percent of adults ages 19–64 who had any of four access problems* in past year because of cost



Notes: FPL refers to federal poverty level. Income levels are for a family of four in 2013.
 * Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
 Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

Number of Adults with Medical Bill Problems or Medical Debt Declined

Fewer Americans reported medically related financial difficulties in 2014. The number of adults who said they had problems paying their medical bills in the past 12 months or were paying off medical debt declined from 75 million people in 2012, or 41 percent, to 64 million, or 35 percent, in 2014 (Exhibit 7, Table 3). This is the first time since The Commonwealth Fund began asking these questions in 2005 that these numbers have dropped. The 2014 rates were similar to those reported by adults in 2005.

Exhibit 7. The Number of Adults Reporting Medical Bill Problems Declined in 2014 for the First Time Since 2005

Percent of adults ages 19–64

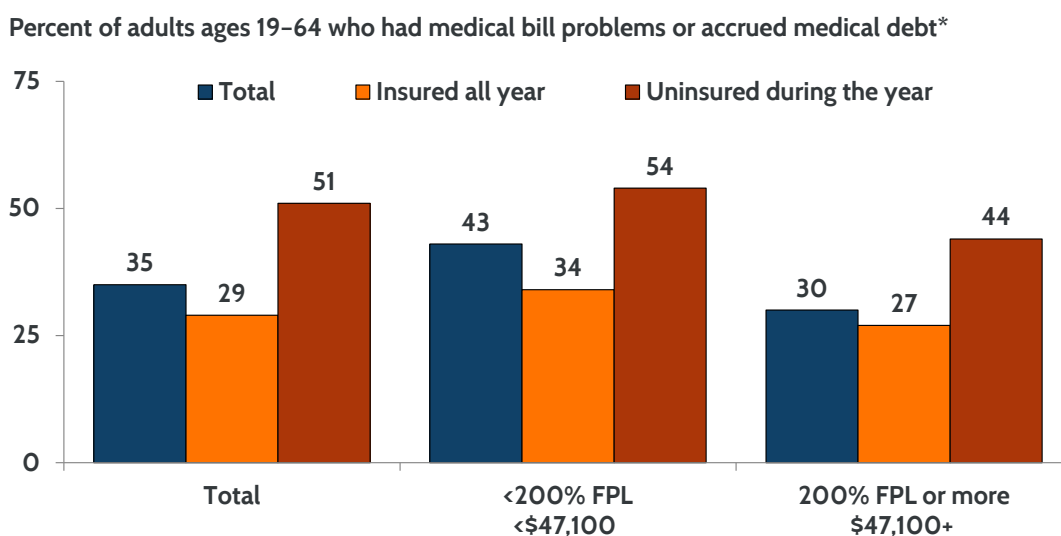
	2005	2010	2012	2014
In the past 12 months:				
Had problems paying or unable to pay medical bills	23% 39 million	29% 53 million	30% 55 million	23% 43 million
Contacted by a collection agency about medical bills*	21% 36 million	23% 42 million	22% 41 million	20% 37 million
Contacted by collection agency for unpaid medical bills	13% 22 million	16% 30 million	18% 32 million	15% 27 million
Contacted by a collection agency because of billing mistake	7% 11 million	5% 9 million	4% 7 million	4% 8 million
Had to change way of life to pay bills	14% 24 million	17% 31 million	16% 29 million	14% 26 million
Any of three bill problems (does not include billing mistake)	28% 48 million	34% 62 million	34% 63 million	29% 53 million
Medical bills being paid off over time	21% 37 million	24% 44 million	26% 48 million	22% 40 million
Any of three bill problems or medical debt	34% 58 million	40% 73 million	41% 75 million	35% 64 million

* Subtotals may not sum to total: respondents who answered “don’t know” or refused are included in the distribution but not reported.
 Source: The Commonwealth Fund Biennial Health Insurance Surveys (2005, 2010, 2012, and 2014).

From 2012 to 2014 there were statistically significant declines in three of the four aspects of medical bill problems asked about in the survey. The percentage of adults who said they had problems paying or were unable able to pay their bills fell from 30 percent to 23 percent. The percentage reporting they had been contacted by a collection agency about unpaid medical bills fell from 18 percent to 15 percent, and the percentage saying they were paying off accrued medical debt over time dropped from 26 percent to 22 percent.

Declines in medical bill problems nationwide are likely driven by expanded access to health insurance. As seen in prior years of the survey, uninsured adults are more likely to say they had difficulties paying medical bills or were paying off medical debt than adults with health insurance. In 2014, half (51%) of adults who spent any time uninsured during the year reported medical bill problems or debt compared with about one-third (29%) of adults who had health insurance all year (Exhibit 8).

Exhibit 8. Uninsured Adults Reported Having Medical Bill Problems at Higher Rates Than Did Insured Adults



Notes: FPL refers to federal poverty level. Income levels are for a family of four in 2013.

* Had problems paying medical bills, contacted by a collection agency for unpaid bills, had to change way of life in order to pay medical bills, or has outstanding medical debt.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

There has been some minor improvement in the share of insured adults who reported medical bill problems. In 2012, 33 percent of adults who had been insured all year reported problems paying their medical bills or were paying off medical debt; this rate declined for the first time in 2014 to 29 percent (data not shown). Improved insurance coverage under health reform and a recovering economy may be contributing factors.

Still, there remain large shares of adults who were insured all year but still struggle to pay their medical bills. People with lower incomes reported these problems at the highest rates. One-third (34%) of adults with incomes under 200 percent of poverty who were insured all year reported problems paying their medical bills or were paying off debt last year.

Stark Differences Remain Between Uninsured and Insured Adults in Having a Regular Doctor, Preventive Care

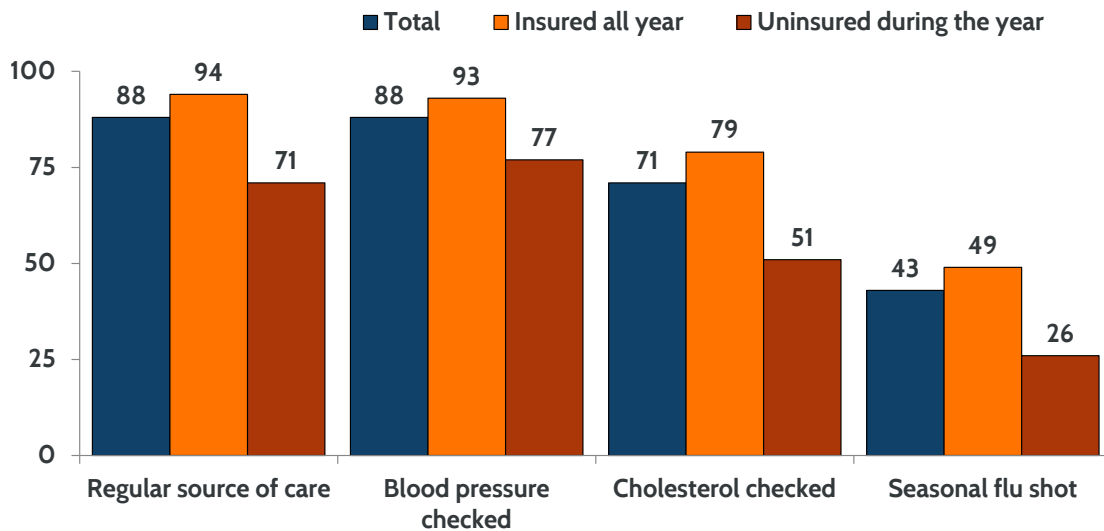
Having health insurance coverage paves the way for people to have a regular doctor and get timely medical care. In the survey, insured adults are far more likely than uninsured adults to have a regular source of care and to report receiving preventive care tests in recommended time frames. Nearly all (94%) adults who were insured all year reported having a regular doctor or source of care compared with 71 percent of adults who spent some time uninsured during the year (Exhibit

9). Nearly eight of 10 (79%) insured adults had their cholesterol checked in the past five years compared with about half (51%) of uninsured adults. Uninsured adults reported receiving flu shots at about half the rate as insured adults.

Insured adults in 2014 were also substantially more likely than uninsured adults to say they had received timely cancer screenings. Among adults who were ages 50 to 64, only 32 percent who had spent some time uninsured during the year had received a colon cancer screen in the past five years compared with 61 percent who were insured all year (Exhibit 10). Among women ages 40 to 64, only 49 percent of those who had spent some time uninsured had a mammogram in the past two years, compared with three-quarters of insured women.

Exhibit 9. Uninsured Adults Are Less Likely to Have a Regular Source of Care, 2014

Percent of adults ages 19–64

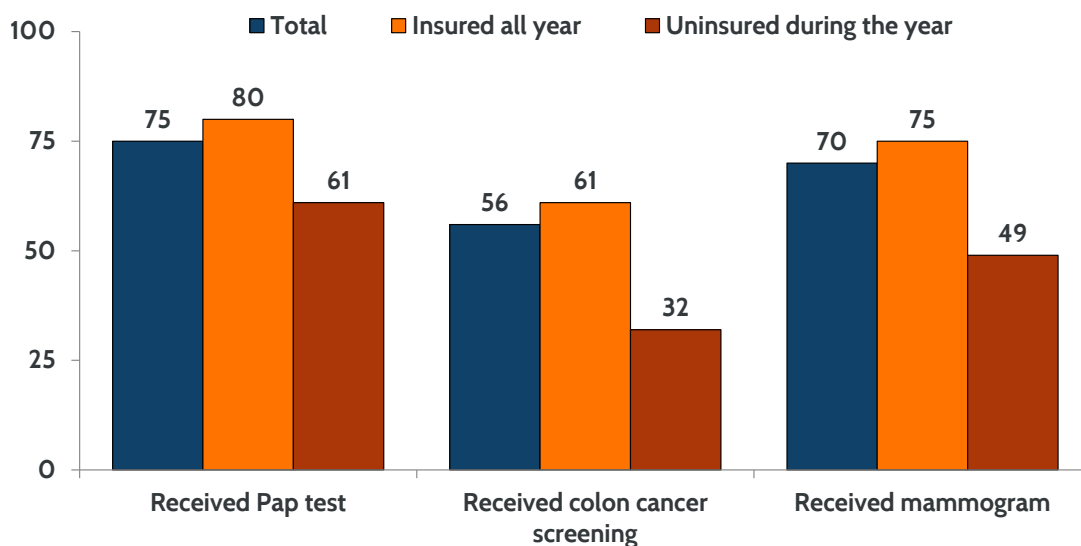


Notes: Blood pressure checked in past two years (in past year if has hypertension or high blood pressure); cholesterol checked in past five years (in past year if has hypertension, heart disease, or high cholesterol); seasonal flu shot in past 12 months.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

Exhibit 10. Uninsured Adults Have Lower Rates of Cancer Screening Tests, 2014

Percent of adults



Notes: Pap test in past three years for females ages 21–64; colon cancer screening in past five years for adults ages 50–64; and mammogram in past two years for females ages 40–64.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

While Uninsured Rates Drop, Low-Income Adults Lag in States Not Expanding Medicaid

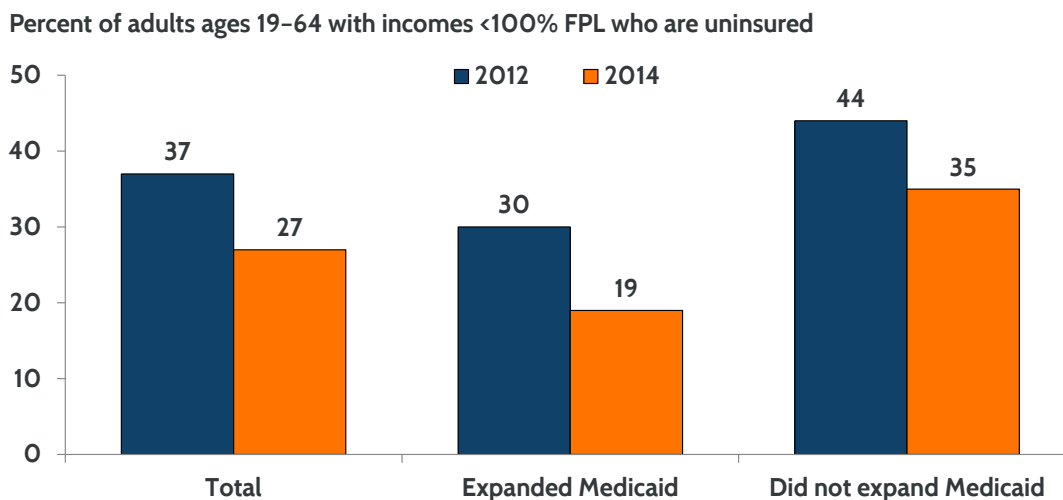
The Affordable Care Act allows states to decide whether to run their own marketplaces or to leave it to the federal government. In 2012, the Supreme Court made it optional for states to expand eligibility for Medicaid to people with incomes up to 133 percent of the federal poverty level. States' decisions not to expand their Medicaid programs had a larger effect on coverage than choosing not to run their own marketplaces, this survey finds.

Since Congress could not have anticipated the Supreme Court decision, people with incomes below the poverty level (\$23,550 for a family of four) who would be eligible for Medicaid have no new affordable coverage options if they live in a state that did not expand eligibility. Adults with incomes under 100 percent of poverty in the 24 states that as of July 2014 were not enrolling people in an expanded Medicaid program had much higher uninsured rates in 2012 than did adults in states that expanded their programs (44% vs. 30%). In 2014, uninsured rates fell in both groups of states as people likely enrolled in existing Medicaid programs in states that did not expand. But the disparity between the two groups of states remained: more than one-third (35%) of adults with incomes under the poverty level in states that had not expanded Medicaid remained uninsured in 2014 compared with one-fifth (19%) in states that did expand eligibility (Exhibit 11).

Among all adults, uninsured rates in 2014 declined both in the 34 states that had federally operated marketplaces and in the 16 states and the District of Columbia with state-run marketplaces (Exhibit 12).⁸ But, uninsured rates fell the most in states that expanded their Medicaid programs, this includes states that run their own marketplaces and those with federally operated marketplaces.⁹ People with incomes between 100 percent and 400 percent of poverty are eligible for tax credits to offset the cost of their premiums, regardless of whether they enroll through the federal website or through a marketplace operated by their state. But people with incomes under 100 percent of poverty who live in a state that did not expand Medicaid are shut out of all the law's subsidized coverage options.

The ability of the nation to insure most of its residents will be hindered by states that do not expand their Medicaid programs. Of the remaining 29 million adults estimated to be uninsured at the end of 2014, 61 percent were living in states that had not yet expanded their Medicaid programs (Exhibit 13).

Exhibit 11. Among Adults with Incomes Below \$24,000 for a Family of Four, the Uninsured Rate Is Lowest in States That Expanded Medicaid

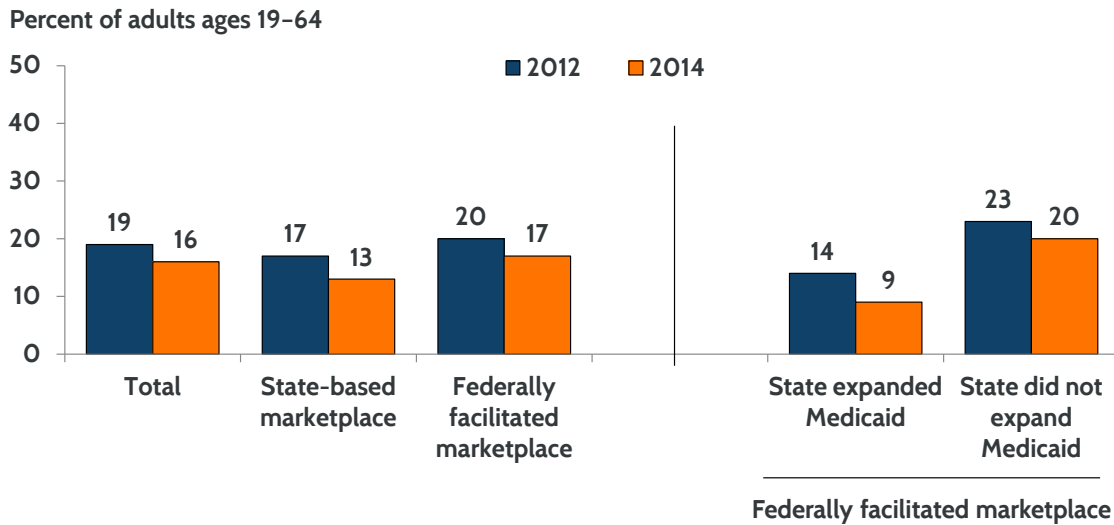


Note: FPL refers to federal poverty level. 26 states and DC had expanded eligibility for their state Medicaid program and begun enrolling individuals by July 2014: AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV.

All other states were counted as not expanding Medicaid. AK and HI were not included in the survey sample.

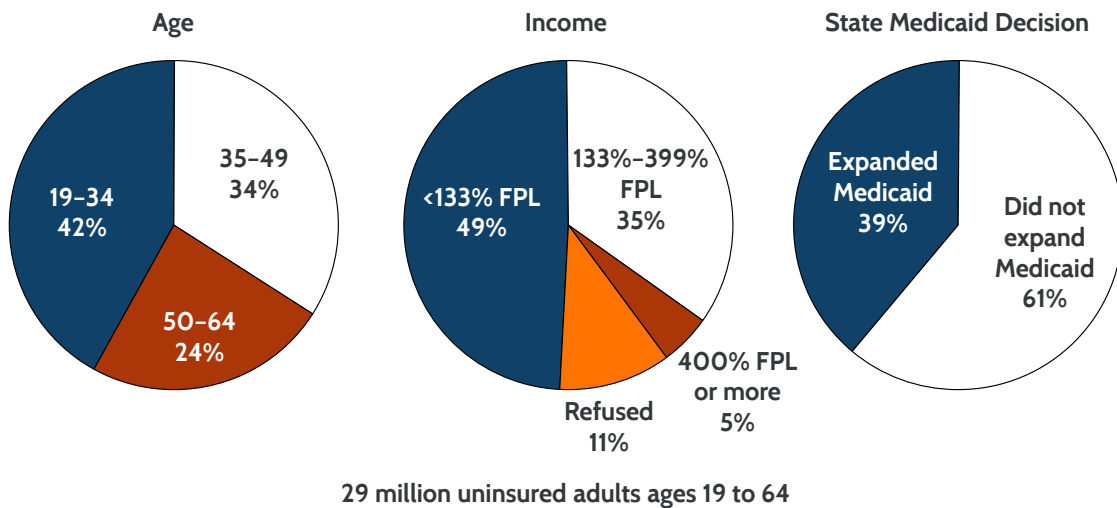
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2012 and 2014).

Exhibit 12. Uninsured Rates Have Dropped in Both States with State-Based Marketplaces and Those with Federally Facilitated Marketplaces



Note: The following 16 states and DC have state-based marketplaces: CA, CO, CT, DC, HI, ID, KY, MA, MD, MN, NM, NV, NY, OR, RI, VT, WA. All other states have federally facilitated marketplaces. 26 states and DC had expanded eligibility for their state Medicaid program and begun enrolling individuals by July 2014: AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV. All other states were counted as not expanding Medicaid. AK and HI were not included in the survey sample. Source: The Commonwealth Fund Biennial Health Insurance Surveys (2012 and 2014).

Exhibit 13. Nearly Half of the Remaining Uninsured Have Incomes That Would Make Them Eligible for Expanded Medicaid



Notes: FPL refers to federal poverty level. Segments may not sum to 100 percent because of rounding. 26 states and DC had expanded eligibility for their state Medicaid program and begun enrolling individuals by July 2014: AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV. All other states were counted as not expanding Medicaid. AK and HI were not included in the survey sample. Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

CONCLUSION

For the first time since it was launched in 2001, the Commonwealth Fund Biennial Health Insurance Survey has found significant declines in the number and share of U.S. adults who lack health insurance. The survey also finds evidence to suggest that the coverage gains are allowing working-age adults to get the health care they need while reducing their level of financial burden because of medical bills and debt.

But, while there were minor improvements reported by insured adults in cost-related access and medical bill problems, rates of these problems remain high, especially among adults with low incomes. Prior Commonwealth Fund survey results have found that the increasing size and prevalence of high deductibles and copayments in private health plans, including employer-based plans, is leading many people with low and moderate incomes to avoid or delay needed health care.¹⁰ Excessive cost-sharing for Americans across all insurance types could jeopardize improvements in access to care and medical bill burdens documented in the survey.

States' decisions to reject the Medicaid expansion have left large numbers of the poorest Americans in the country without health insurance. Since the survey was fielded in July, one additional state has expanded its program, [seven others are in discussions to move to forward](#), and still others may follow their lead this year.

METHODOLOGY

The Commonwealth Fund Biennial Health Insurance Survey, 2014, was conducted by Princeton Survey Research Associates International from July 22 to December 14, 2014. The survey consisted of 25-minute telephone interviews in either English or Spanish and was conducted among a random, nationally representative sample of 6,027 adults age 19 and older living in the continental United States. A combination of landline and cellular phone random-digit dial (RDD) samples was used to reach people. In all, 3,002 interviews were conducted with respondents on landline telephones and 3,025 interviews were conducted on cellular phones, including 1,799 with respondents who live in households with no landline telephone access.

The sample was designed to generalize to the U.S. adult population and to allow separate analyses of responses of low-income households. This report limits the analysis to respondents ages 19 to 64 (n=4,251). Statistical results are weighted to correct for the stratified sample design, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. adult population by age, sex, race/ethnicity, education, household size, geographic region, population density, and household telephone use, using the U.S. Census Bureau's 2013 Annual Social and Economic Supplement.

The resulting weighted sample is representative of the approximately 182.8 million U.S. adults ages 19 to 64. The survey has an overall margin of sampling error of ± 2 percentage points at the 95 percent confidence level. The landline portion of the survey achieved a 15.8 percent response rate and the cellular phone component achieved a 13.6 percent response rate.

We also report estimates from the 2001, 2003, 2005, 2010, and 2012 Commonwealth Fund Biennial Health Insurance Surveys. These surveys were conducted by Princeton Survey Research Associates International using the same stratified sampling strategy that was used in 2014, except the 2001, 2003, and 2005 surveys did not include a cellular phone random-digit dial sample. In 2001, the survey was conducted from April 27 through July 29, 2001, and included 2,829 adults ages 19 to 64; in 2003, the survey was conducted from September 3, 2003, through January 4, 2004, and included 3,293 adults ages 19 to 64; in 2005, the survey was conducted from August 18, 2005, to January 5, 2006, among 3,352 adults ages 19 to 64; in 2010, the survey was conducted from July 14 to November 30, 2010, among 3,033 adults ages 19 to 64; and in 2012, the survey was conducted from April 26 to August 19, 2012, among 3,393 adults ages 19 to 64.

NOTES

- ¹ Three state-based marketplaces are using the federal website in 2015. *Health Insurance Marketplace 2015 Open Enrollment Period: December Enrollment Report, For the Period: November 15, 2014–December 15, 2014, ASPE Issue Brief* (Washington, D.C.: U.S. Department of Health and Human Services, Dec. 30, 2014), http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Dec2014/ib_2014Dec_enrollment.pdf; and “Open Enrollment Week 8: January 3, 2015–January 9, 2015,” HHS.gov/HealthCare blog (Washington, D.C.: U.S. Department of Health and Human Services, Jan. 14, 2015), <http://www.hhs.gov/healthcare/facts/blog/2015/01/open-enrollment-week-eight.html>.
- ² *Health Insurance Marketplace 2015 Open Enrollment Period*, 2014. Data on enrollment are not complete for all 14 state-based marketplaces.
- ³ *Medicaid and CHIP: October 2014 Monthly Applications, Eligibility Determinations and Enrollment Report, CMS Report* (Washington, D.C.: U.S. Department of Health and Human Services, Dec. 18, 2014), <http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/october-2014-enrollment-report.pdf>.
- ⁴ All reported differences are statistically significant at the $p \leq 0.05$ level or better unless otherwise noted.
- ⁵ These estimates are in the range of those found in other recent surveys. The federal government and a number of private organizations including The Commonwealth Fund have used different surveys and methodologies aimed at measuring the change in insurance coverage as a result of the coverage expansions under the Affordable Care Act. Most recently, the Center for Disease Control’s National Health Interview Survey found that in the first six months of 2014, 17 percent of adults ages 18 to 64, or 33.1 million people, were uninsured (<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201412.pdf>). Gallup reported in its most recent poll in the fourth quarter of 2014 that the uninsured rate had dropped to 15.5% for U.S. adults ages 18 to 64 (<http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx>). The Commonwealth Fund reported in July using its ACA Tracking Survey that the uninsured rate had declined from 20 percent in July–September 2013 to 15 percent in April–June 2014, or an estimated decline of 9.5 million (<http://www.commonwealthfund.org/publications/issue-briefs/2014/jul/health-coverage-access-aca>). RAND, The Urban Institute, and Sommers et al., using Gallup survey data have estimated uninsured declines in the range of 8.0 million to 10.6 million people. RAND, http://www.rand.org/pubs/research_reports/RR656.html; Urban Institute, <http://hrms.urban.org/briefs/Health-Insurance-Coverage-under-the-ACA-as-of-September-2014.html>; Sommers et al., <http://www.nejm.org/doi/full/10.1056/NEJMsr1406753>.
- ⁶ These 2014 uninsured rates among Latinos are similar to those reported by the Center for Disease Control’s National Health Interview Survey for the first half of 2014 and the Gallup poll conducted Oct. 1 to Dec. 30, 2014. The National Health Interview Survey’s uninsured estimate for Latinos ages 18 to 64 was 34.5 percent for the January–June 2014 period. Gallup’s most recent poll from the fourth quarter of 2014 estimates the uninsured rate for Latinos ages 18 and older to be 32.4 percent. M. E. Martinez and R. A. Cohen, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–June 2014* (Washington, D.C.: National Center for Health Statistics, Dec. 2014), <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201412.pdf>; Levy, *In U.S., Uninsured Rate Sinks, 2015*. The uninsured rate reported by this biennial survey for Latinos is higher than that reported in The Commonwealth Fund’s ACA Tracking Survey in July 2014. The Latino uninsured estimate reported in The Commonwealth Fund’s ACA Tracking Survey in July 2014 was lower (23%) and had a 95% confidence interval of [19.5%–27.5%]; the 2014 biennial survey Latino uninsured estimate of 34 percent has a 95% confidence interval of [29.4%–37.8%]. The confidence intervals in these surveys are wider than NHIS or Gallup which have larger sample sizes. However, the upper bounds of the ACA Tracking Survey estimate come close in range to the lower bounds of the biennial survey. In sum, across these four national surveys that reported uninsured rates among Latinos over 2012 to 2014, the trends are in the same direction but vary in the magnitude of the decline.

- ⁷ S. R. Collins, P. W. Rasmussen, M. M. Doty, and S. Beutel, *Too High a Price: Out-of-Pocket Health Care Costs in the United States* (New York: The Commonwealth Fund, Nov. 2014). See also: C. Schoen, D. C. Radley, and S. R. Collins, *State Trends in the Cost of Employer Health Insurance Coverage, 2003–2013* (New York: The Commonwealth Fund, Jan. 2015); and S. R. Collins, D. C. Radley, C. Schoen, and S. Beutel, *National Trends in the Cost of Employer Health Insurance Coverage, 2003–2013* (New York: The Commonwealth Fund, Dec. 2014).
- ⁸ In 2014, Idaho and New Mexico used the federal website HealthCare.gov to enroll their residents. But they are considered state-based marketplaces in this analysis.
- ⁹ All states with state-based marketplaces, except Idaho, expanded eligibility for their Medicaid programs. Only 11 of the 34 states with federal marketplaces expanded eligibility for their Medicaid programs and had begun enrolling individuals by July 2014.
- ¹⁰ Collins, Rasmussen, Doty et al., *Too High a Price*, 2014.

Table 1. Insurance Status by Demographics, 2014
(base: adults ages 19–64)

	Total (ages 19–64)	Insured now	Uninsured now
Total (millions)	182.8	154.2	28.7
Percent distribution	100%	84%	16%
Unweighted n	4,251	3,566	685
Age			
19–34	34	81	19
35–49	31	83	17
50–64	35	89	11
Race/Ethnicity			
White	61	90	10
Black	13	82	18
Hispanic	17	66	34
Asian/Pacific Islander	4	93	7
Other/Mixed	4	78	22
Poverty status			
Below 133% poverty	30	74	26
133%–249% poverty	18	81	19
250%–399% poverty	19	89	11
400% poverty or more	25	97	3
Below 200% poverty	44	76	24
200% poverty or more	48	93	7
Fair/poor health status, or any chronic condition or disability*	51	85	15
Adult work status			
Full-time	52	89	11
Part-time	13	77	23
Not currently employed	35	81	19
Employer size**			
1–19 employees	26	72	28
20–49 employees	8	78	22
50–99 employees	9	85	15
100 or more employees	54	95	5

* 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: Adults ages 19–64 employed full and part time.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

Table 2. Cost-Related Access Problems, by Insurance Status, State Reform Decisions, and Poverty, 2014
(base: adults ages 19–64)

	State decision on										Federal poverty level		
	Insurance status		Medicaid expansion		State marketplace type		State marketplace type			Federal poverty level			
	Insured all year	Uninsured during the year	Expanded Medicaid	Did not expand Medicaid	State-based marketplace	Federally facilitated marketplace	Below 133% poverty	133%–249% poverty	250%–399% poverty	400% poverty or more			
Total (ages 19–64)	131.1	51.8	95.4	87.4	62.9	119.9	54.6	32.8	35.3	45.4			
Percent distribution	72%	28%	52%	48%	34%	66%	30%	18%	19%	25%			
Unweighted n	3,032	1,219	2,223	2,028	1,611	2,640	1,286	788	798	1,035			
Access problems in past year													
Went without needed care in past year because of cost:													
Did not fill prescription	14	32	18	21	17	21	26	23	19	12			
Skipped recommended test, treatment, or follow-up	15	31	18	20	17	20	23	24	21	11			
Had a medical problem, did not visit doctor or clinic	15	44	21	25	20	24	31	29	23	11			
Did not get needed specialist care	9	23	12	13	11	14	16	19	13	6			
At least one of four access problems because of cost	28	57	33	39	32	38	45	43	36	22			
Delayed or did not get preventive care screening	7	27	11	14	11	13	18	15	12	6			
Delayed or did not get dental care	25	50	32	32	33	31	40	39	32	19			
Preventive care													
Regular source of care	94	71	89	86	88	88	81	86	91	95			
Blood pressure checked in past two years [†]	93	77	88	88	86	89	82	86	90	96			
Dental exam in past year	68	38	62	57	61	59	42	53	65	79			
Received mammogram in past two years (females age 40+)	75	49	73	67	71	69	58	58	81	79			
Received Pap test in past three years (females ages 21–64)	80	61	76	73	74	75	67	74	76	85			
Received colon cancer screening in past five years (age 50+)	61	32	60	51	59	54	45	52	56	65			
Cholesterol checked in past five years ^{††}	79	51	72	70	72	70	58	66	77	87			
Seasonal flu shot in past year	49	26	43	43	44	42	36	41	44	51			
Access problem for people with health conditions													
Unweighted n	1,456	484	967	973	666	1,274	620	373	367	439			
Stayed overnight in a hospital or visited the emergency room because of [this/any of these] problem[s] [^]	10	19	12	13	11	13	20	16	8	4			
Skipped doses or did not fill a prescription for medications for [this/any of these] health condition[s] [^]	18	35	15	20	13	20	26	24	15	7			

Notes: The following 16 states and DC have state-based marketplaces: CA, CO, CT, HI, ID, KY, MA, MD, MN, NM, NY, OR, RI, VT, WA. All other states have federally facilitated marketplaces. 26 states and DC had expanded eligibility for their state Medicaid program and began enrolling individuals by July 2014: AR, AZ, CA, CO, CT, DE, HI, IA, IL, IN, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV. All other states were counted as not expanding Medicaid. AK and HI were not included in the survey sample.

[†] Checked in past year; if respondent has hypertension or high blood pressure.

^{††} Checked in past year; if respondent has hypertension or high blood pressure.

[^] Base: Respondents with at least one of the following health problems: hypertension or high blood pressure, heart disease, diabetes, asthma, emphysema, lung disease, or high cholesterol.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

**Table 3. Medical Bill Problems, by Insurance Status, State Reform Decisions, and Poverty, 2014
(base: adults ages 19–64)**

	Insurance status		State decision on Medicaid expansion		State marketplace type		Federal poverty level			
	Insured all year	Uninsured during the year	Expanded Medicaid	Did not expand Medicaid	State-based marketplace	Federally facilitated marketplace	Below 133% poverty	133%–249% poverty	250%–399% poverty	400% poverty or more
Total (ages 19–64)	131.1	51.8	95.4	87.4	62.9	119.9	54.6	32.8	35.3	45.4
Percent distribution	72%	28%	52%	48%	34%	66%	30%	18%	19%	25%
Unweighted n	3,032	1,219	2,223	2,028	1,611	2,640	1,286	788	798	1,035
Medical bill problems in past year										
Had problems paying or unable to pay medical bills	23	17	21	26	19	26	32	32	26	9
Contacted by collection agency for unpaid medical bills	15	10	13	17	10	17	22	19	16	5
Had to change way of life to pay bills	14	10	13	16	12	16	18	21	16	6
<i>Any bill problem</i>	29	22	26	32	24	32	40	38	31	12
Medical bills/debt being paid off over time	22	20	18	26	16	25	20	30	31	15
<i>Any bill problem or medical debt</i>	35	29	31	40	29	38	43	43	40	19
Base: Any medical debt (n=970)										
How much are the medical bills that are being paid off over time?										
Less than \$2,000	45	47	45	46	46	45	44	41	44	52
\$2,000 to less than \$4,000	21	19	20	21	18	21	16	27	22	17
\$4,000 to less than \$8,000	16	20	18	14	17	16	14	12	21	21
\$8,000 to less than \$10,000	3	3	3	3	3	3	5	3	1	2
\$10,000 or more	13	9	13	13	14	13	18	16	11	6
Was this for care received in past year or earlier?										
Past year	53	57	52	53	51	54	43	52	54	69
Earlier year	41	36	38	43	40	41	51	44	40	24
Both	6	6	9	3	9	5	6	4	5	7

Notes: The following 16 states and DC have state-based marketplaces: CA, CO, CT, DC, HI, ID, KY, MA, MD, MN, NM, NV, NY, OR, RI, VT, WA. All other states have federally facilitated marketplaces. 26 states and DC had expanded eligibility for their state Medicaid program and begun enrolling individuals by July 2014: AR, AZ, CA, CO, CT, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NV, NY, OH, OR, RI, VA, WV. All other states were counted as not expanding Medicaid. AK and HI were not included in the survey sample.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2014).

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ACKNOWLEDGMENTS

The authors thank David Blumenthal, Kathleen Regan, Don Moulds, Barry Scholl, David Squires, Chris Hollander, Deborah Lorber, Paul Frame, and Jen Wilson of The Commonwealth Fund for helpful comments and editorial support and design.

Editorial support was provided by Deborah Lorber.



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