

Status of U.S. Health Insurance Coverage: Stalled Gains, More Underinsured

National Academy of Social Insurance
Health Care Coverage and Costs: Assessing Medicare-Based Approaches

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Tracking Health System Performance

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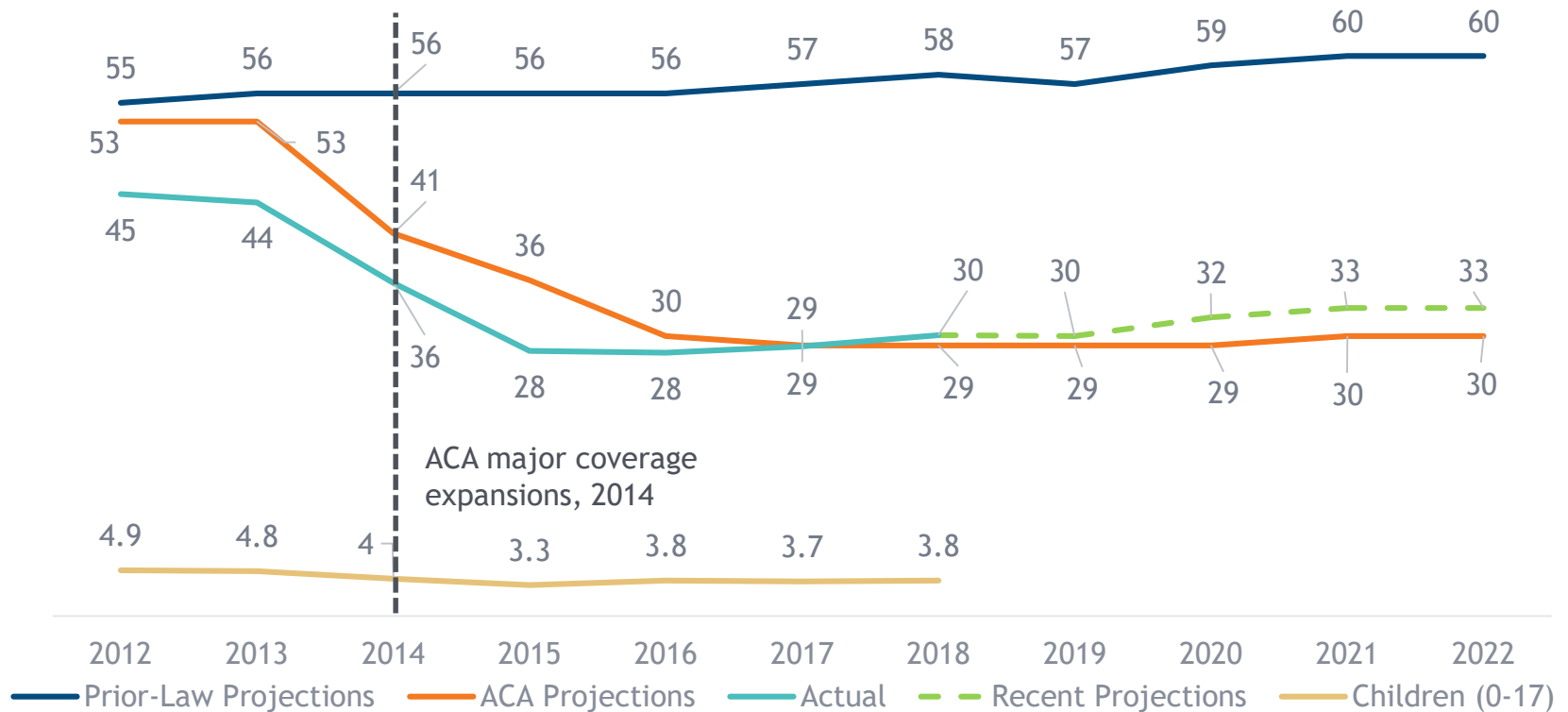


The
Commonwealth
Fund

EXHIBIT 1

Nearly 30 million fewer people are uninsured than pre-ACA projections, but gains have stalled.

CBO projections and NHIS actual number (in millions) of uninsured nonelderly individuals, 2012-2022



Sources:

Prior-Law and ACA Projections: Congressional Budget Office. [Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision](#). July 2012.

Recent Projections: Congressional Budget Office. [Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2019-2029](#). May 2019.

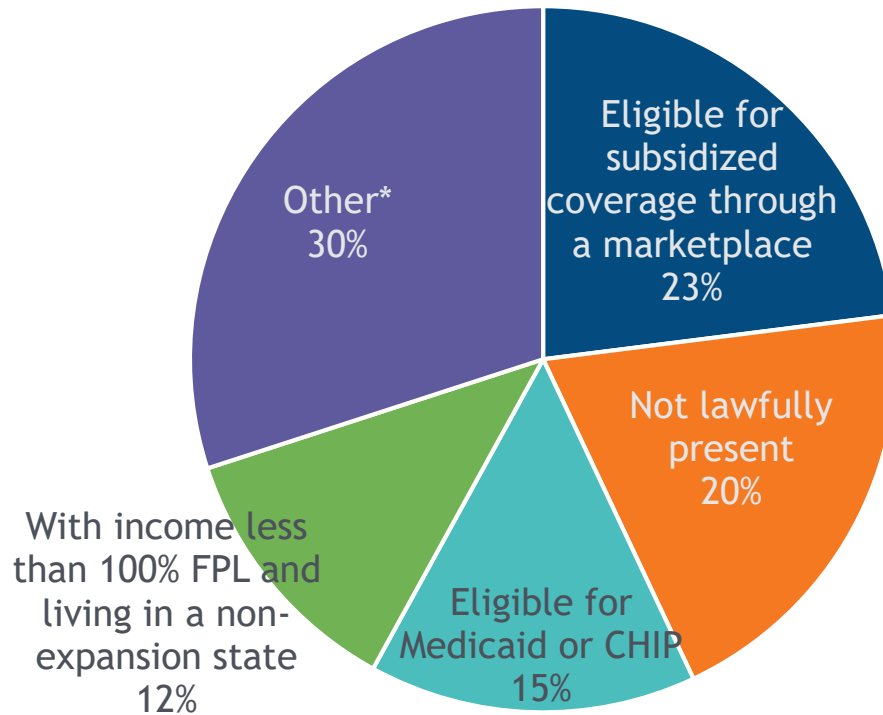
Actual and Children: National Center for Health Statistics. [Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2018](#). May 2019.

Recent stalled gains in insurance coverage stem from 4 primary factors.

- 14 states have not yet expanded Medicaid, including the heavily populated states of Florida and Texas;
- People with incomes just over the marketplace subsidy threshold (\$48,560 for an individual or \$100,400 for a family of four) and many in employer plans have high premiums relative to income;
- Congressional and executive actions on the individual market and Medicaid have reduced potential enrollment in both;
- Undocumented immigrants are ineligible for subsidized coverage.

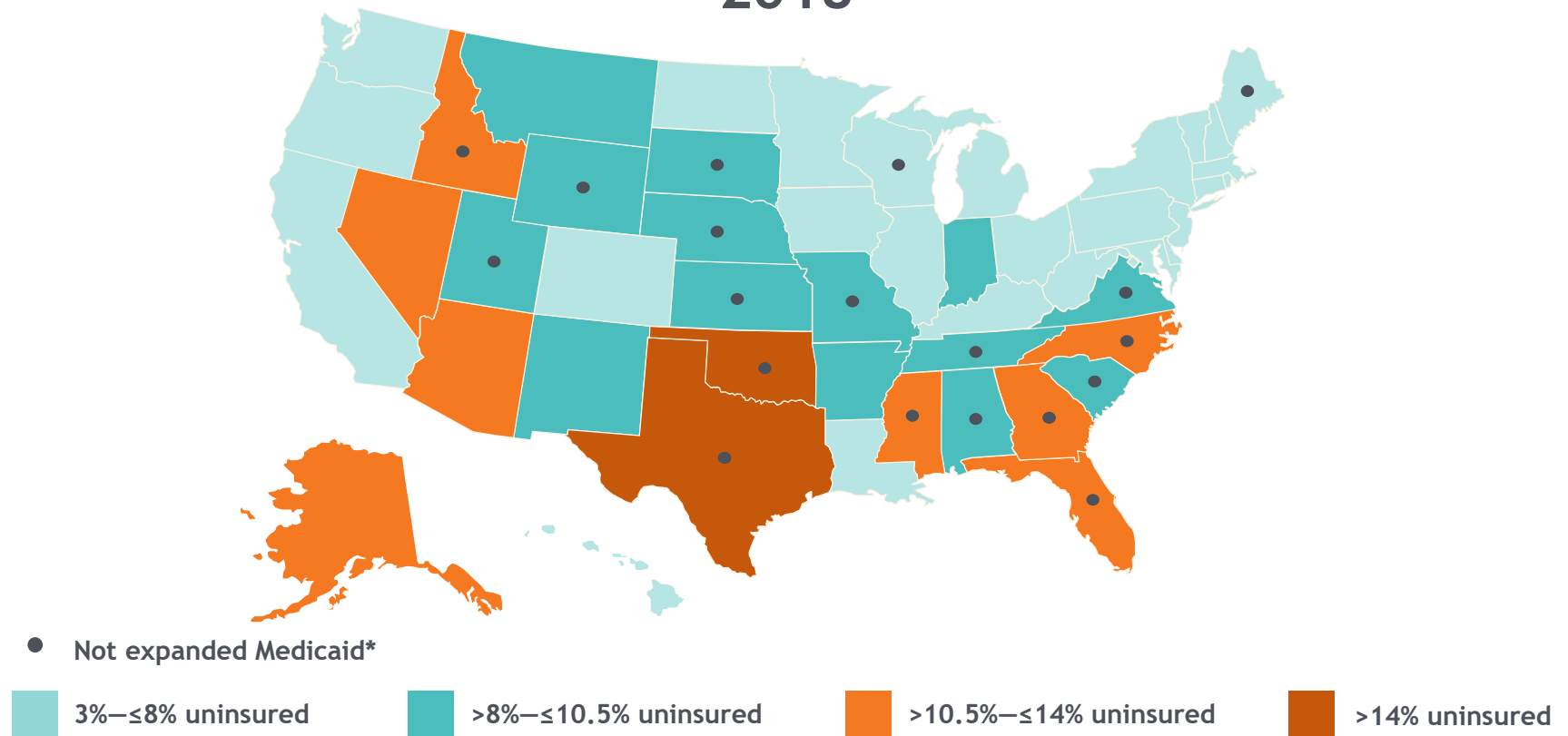
Nearly 2 of 5 uninsured people are eligible for Medicaid or subsidized marketplace coverage.

30 million uninsured, 2019



The uninsured rate exceeded the national average in 14 of the 19 states that had not expanded Medicaid by 2018.

2018

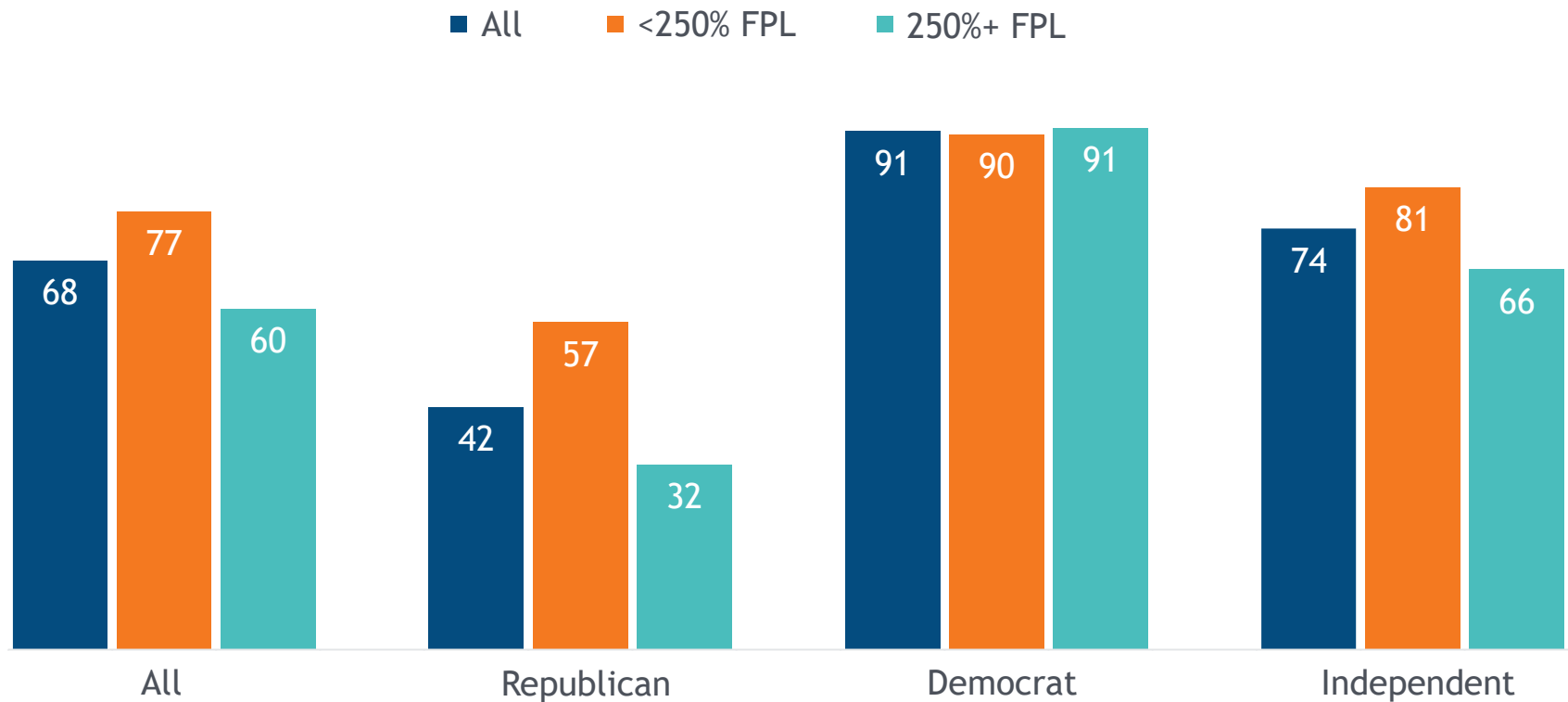


Notes: *Medicaid expansion status as of January 1, 2018. Of the 19 states that had not expanded eligibility for Medicaid under the ACA as of January 2018, uninsured rates exceeded the national average in 14 of them.

Source: E.R. Berchick, J.C. Barnett, and R.D. Upton, Health Insurance Coverage in the United States: 2018. U.S. Census Bureau, 2017 and 2018 American Community Survey, 1-Year Estimates, Table 6.

There is strong public support for expanding Medicaid in the states that haven't yet done so.

Percent of adults ages 19-64 who live in a state that did not expand Medicaid and strongly/somewhat favor expansion*



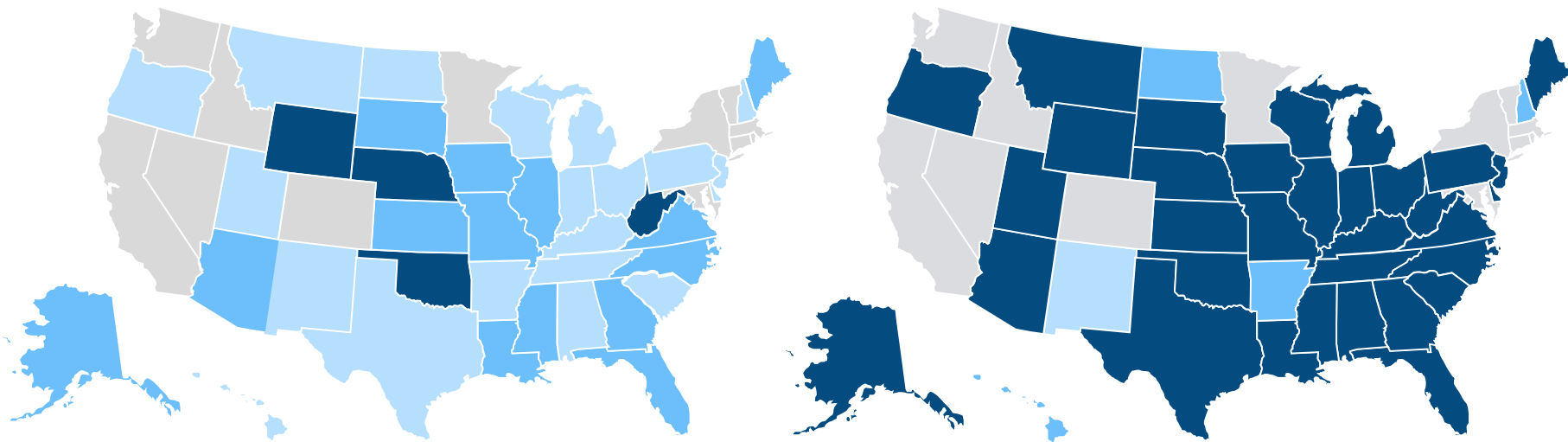
Notes: * The following states have not expanded their Medicaid programs: AL, FL, GA, KS, MS, MO, NC, OK, SC, SD, TN, TX, WI, and WY. Ballot initiatives to expand were approved in 3 states, ID, NE, UT, but the states have not yet expanded. FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

Data: Commonwealth Fund Health Insurance in America Survey, Mar.-June 2019.

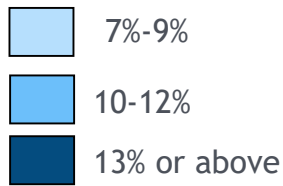
Source: Sara R. Collins and Munira Z. Gunja, *What Do Americans Think About Their Health Insurance Coverage Ahead of the 2020 Election?* (Commonwealth Fund, Sept. 2019).

Even bronze plan premiums are high relative to income in many states for people earning just over the subsidy threshold.

2020 HealthCare.gov premiums as a percentage of income for 40-year-olds earning \$51,000



Bronze plan



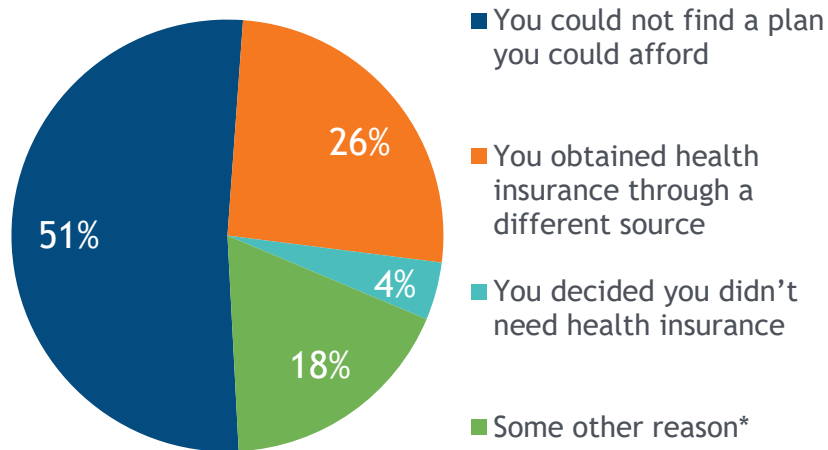
Gold plan



EXHIBIT 7

Affordability is the top reason why Americans who shopped for marketplace coverage didn't enroll in a plan and why uninsured adults did not visit the marketplace.

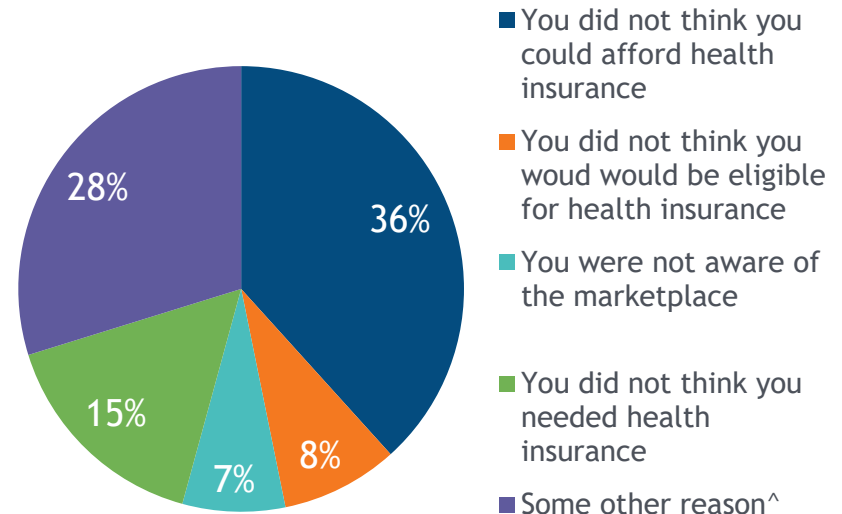
Percent of adults ages 19-64 who visited the marketplace but did not select a marketplace plan or Medicaid coverage



*Respondents who reported "some other reason" cited missed deadlines and citizenship status, among other reasons.

Source: Sara R. Collins and Munira Z. Gunja, *What Do Americans Think About Their Health Insurance Coverage Ahead of the 2020 Election?* (Commonwealth Fund, Sept. 2019).

Percent of adults ages 19-64 who were uninsured and did not visit the marketplace

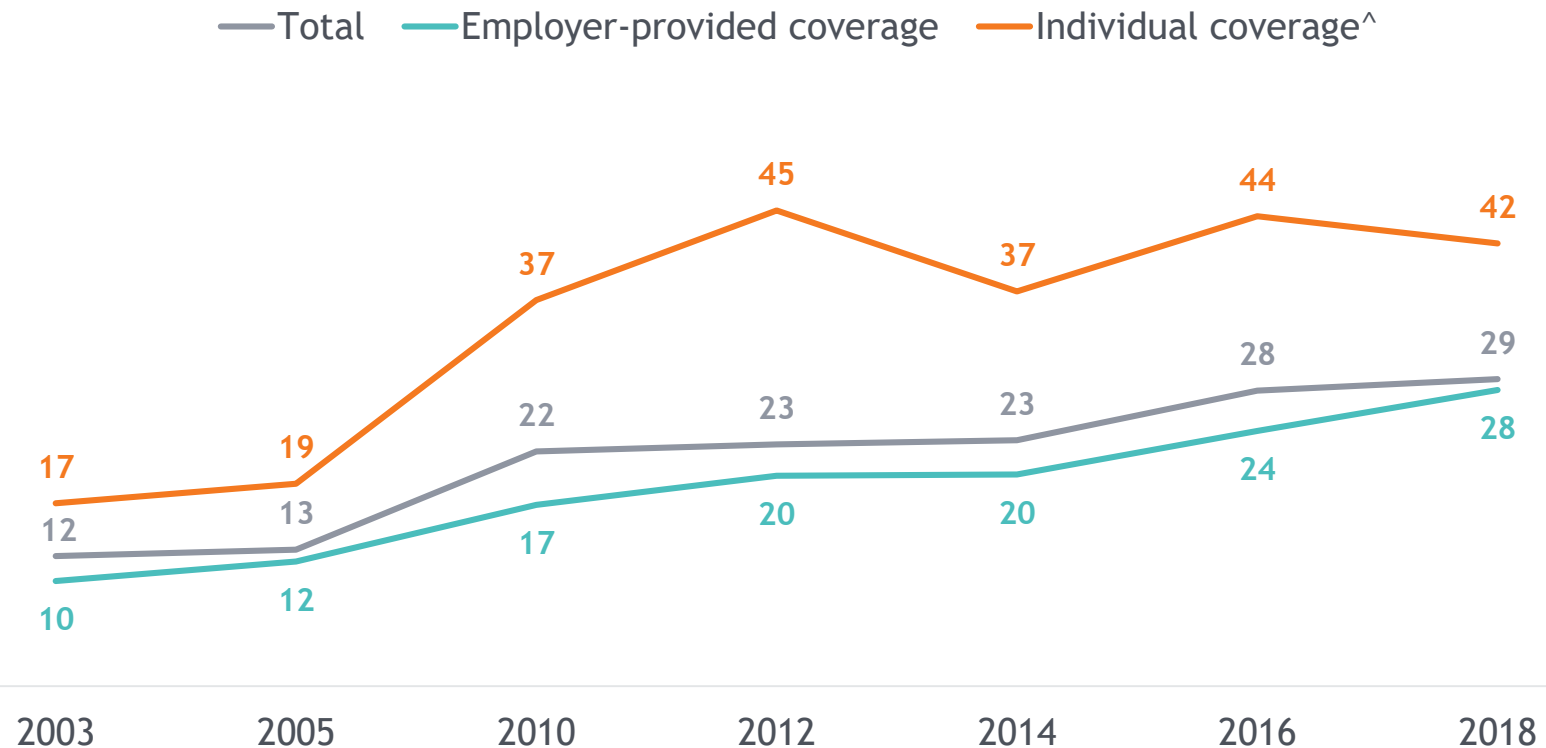


^3% of uninsured adults ages 19 to 64 who did not visit the marketplace reported it was because they had, or will have, insurance through another source, 2% reported it was because the marketplaces were not open for enrollment when they needed coverage, and 1% reported they went someplace else to look for health insurance. Respondents who reported "some other reason" cited lack of time and citizenship status, among other reasons.

Source: Source: Munira Z. Gunja and Sara R. Collins, *Who Are the Remaining Uninsured, and Why Do They Lack Coverage?* (Commonwealth Fund, Aug. 2019).

More adults are underinsured, with the greatest growth occurring among those with employer coverage.

Percent of adults ages 19-64 insured all year who were underinsured



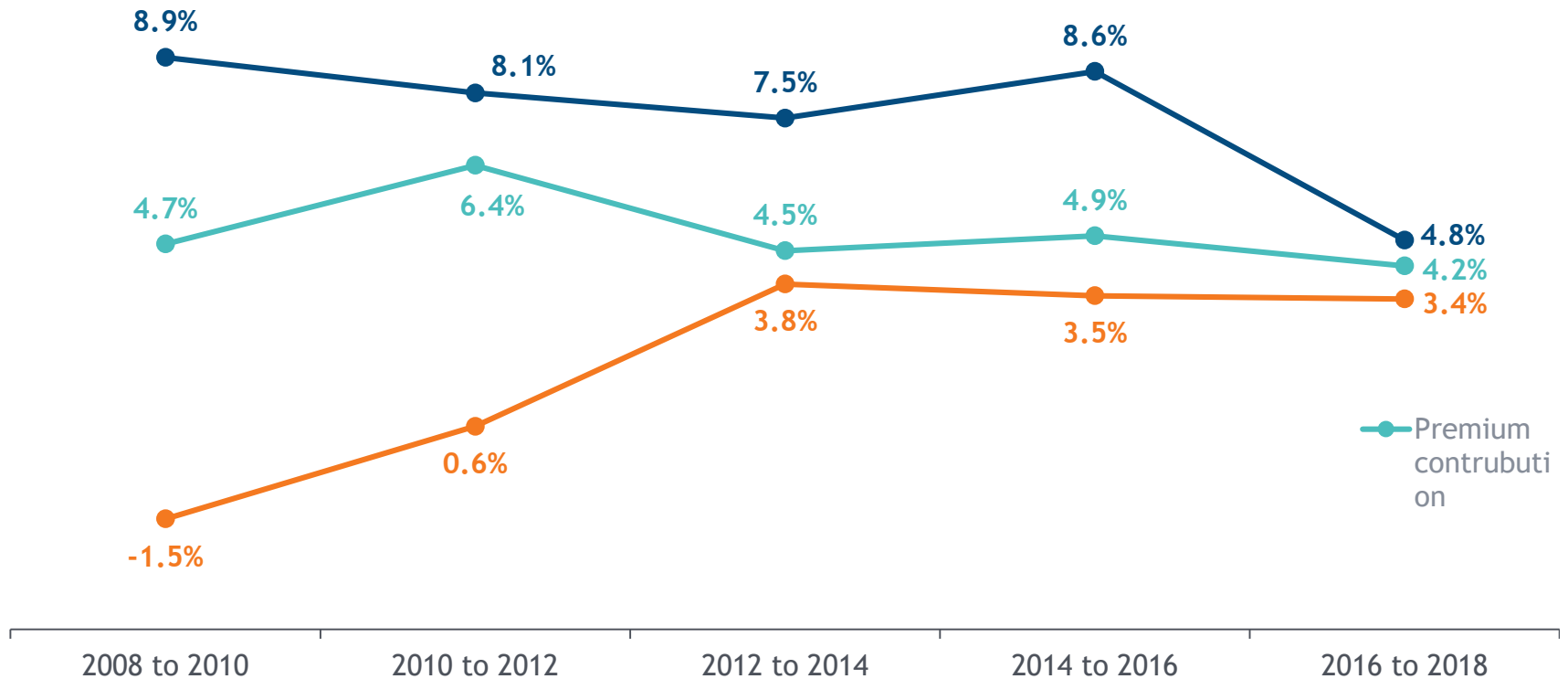
Notes: “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Total includes adults with coverage through Medicaid and Medicare. Respondents may have had another type of coverage at some point during the year, but had coverage for the entire previous 12 months. ^ For 2014 and 2016, includes those who get their individual coverage through the marketplace and outside of the marketplace.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, 2014, 2016, 2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, *Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured* (Commonwealth Fund, Feb. 2019).

Worker contributions to premiums and deductibles out-paced growth in median income between 2008 and 2018.

Average annual growth (rolling two-year increments, %)

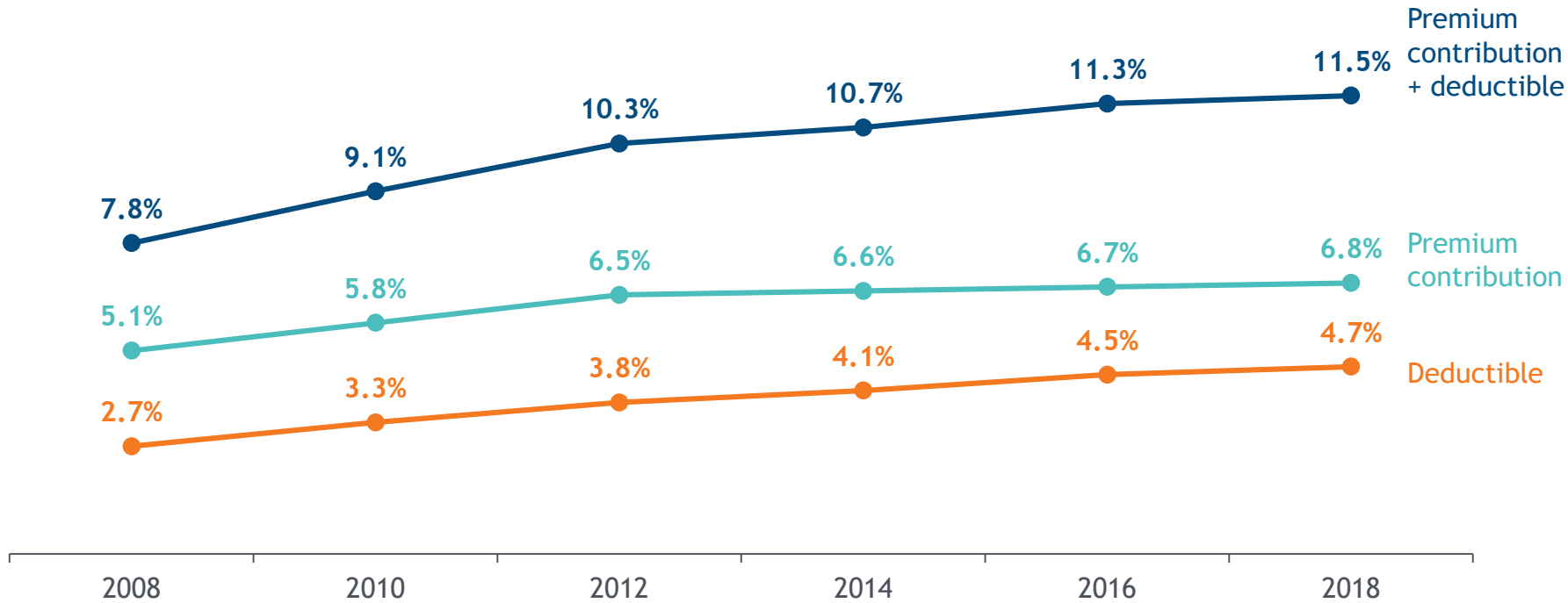


Note: Single and family premium contributions and deductibles are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles – Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), 2008-2018; Median household income and household distribution type – analysis of the Current Population Survey (CPS), 2008-2019, by Ougni Chakraborty and Sherry Glied of New York University for the Commonwealth Fund.

Source: Sara R. Collins, David C. Radley, and Jesse C. Baumgartner. *Trends in Employer Health Care Coverage, 2008-18: Higher Costs for Workers and Their Families* (Commonwealth Fund, Nov. 2019).

Combined cost of premiums and deductibles was 11.5% of median income in 2018, up from 7.8% in 2008.



Note: Single and family premium contributions, deductibles, and combined estimates are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles – Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), 2008-2018; Median household income and household distribution type – analysis of the Current Population Survey (CPS), 2008-2019, by Ougni Chakraborty and Sherry Glied of New York University for the Commonwealth Fund.

Source: Sara R. Collins, David C. Radley, and Jesse C. Baumgartner. *Trends in Employer Health Care Coverage, 2008-18: Higher Costs for Workers and Their Families* (Commonwealth Fund, Nov. 2019).

EXHIBIT 11

Of those reporting medical bill problems, many have resorted to extreme measures to pay bills, including dipping into retirement funds or selling personal items like jewelry or furniture.

Percent of adults ages 18+ who reported having problems paying or were unable to pay for medical bills during the past two years

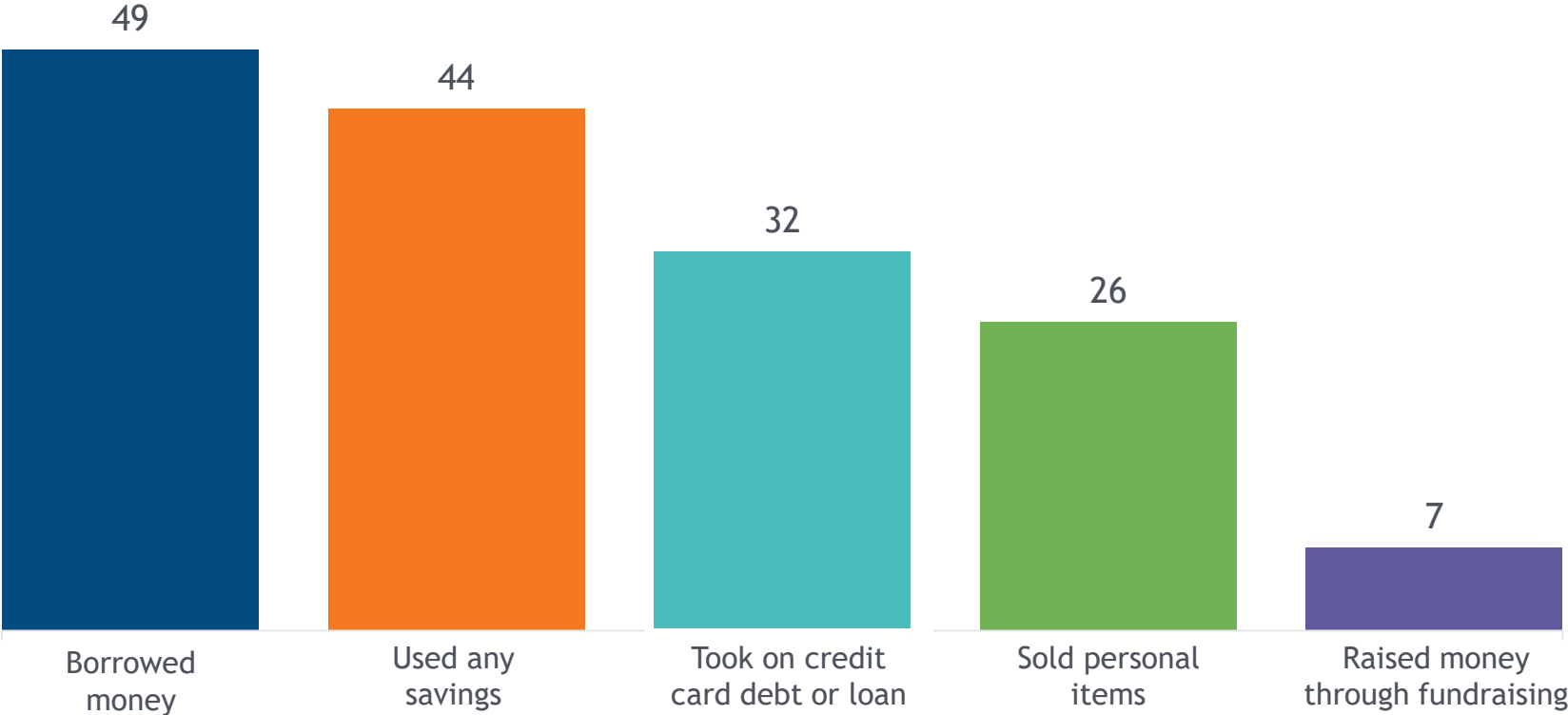


EXHIBIT 12

Regardless of who is elected president in November, large majorities of likely voters think he or she should make reducing the amount people pay for health care a top priority.

Percent of likely voters, by political affiliation, who responded that reducing the following should be a high-priority

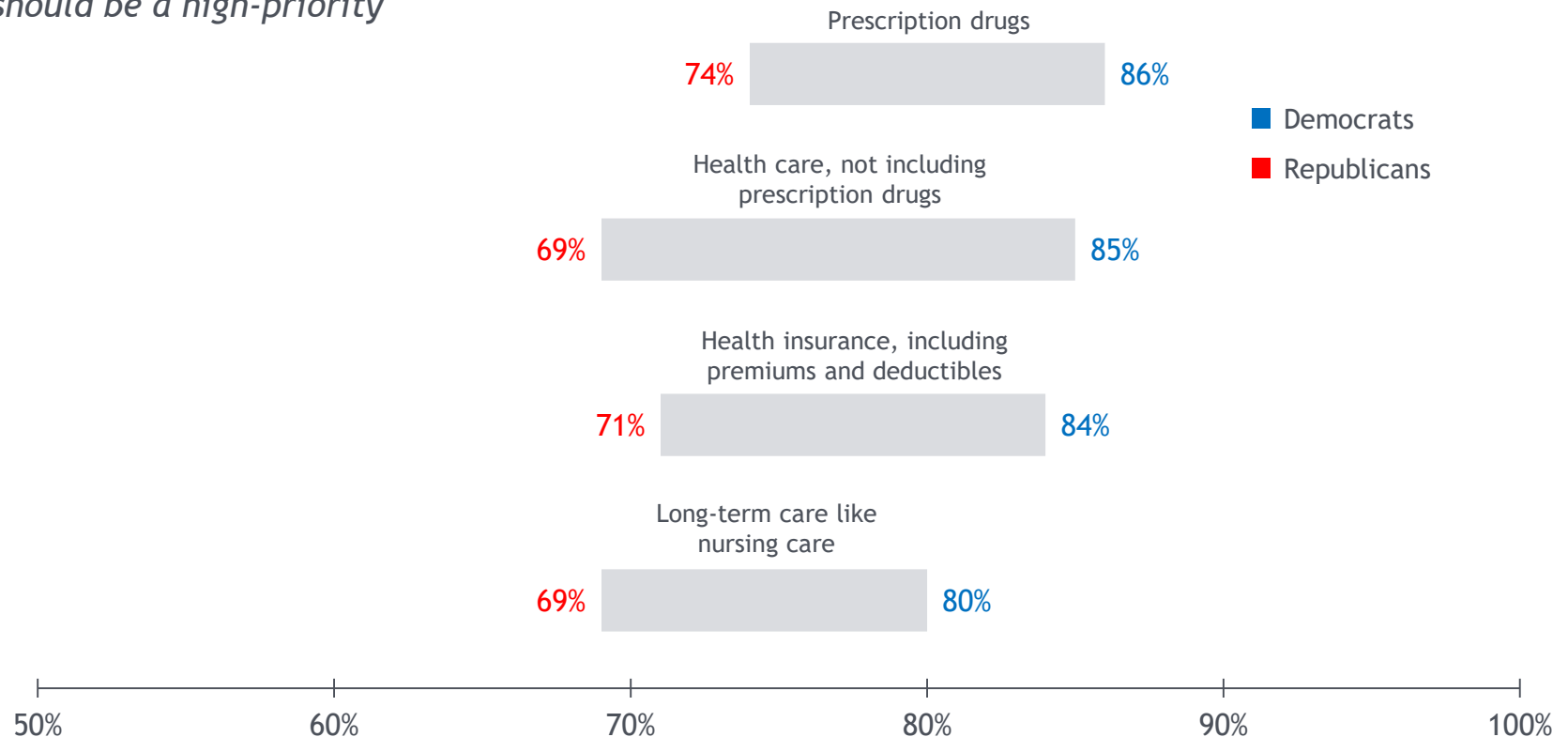


EXHIBIT 13

We asked likely voters about their confidence in the Democratic nominee vs. President Trump to make health care more affordable. The difference in confidence was widest among blacks, young adults, Hispanics, and women.

Percent of likely voters who are confident that the Democratic nominee or President Trump will make their health care more affordable

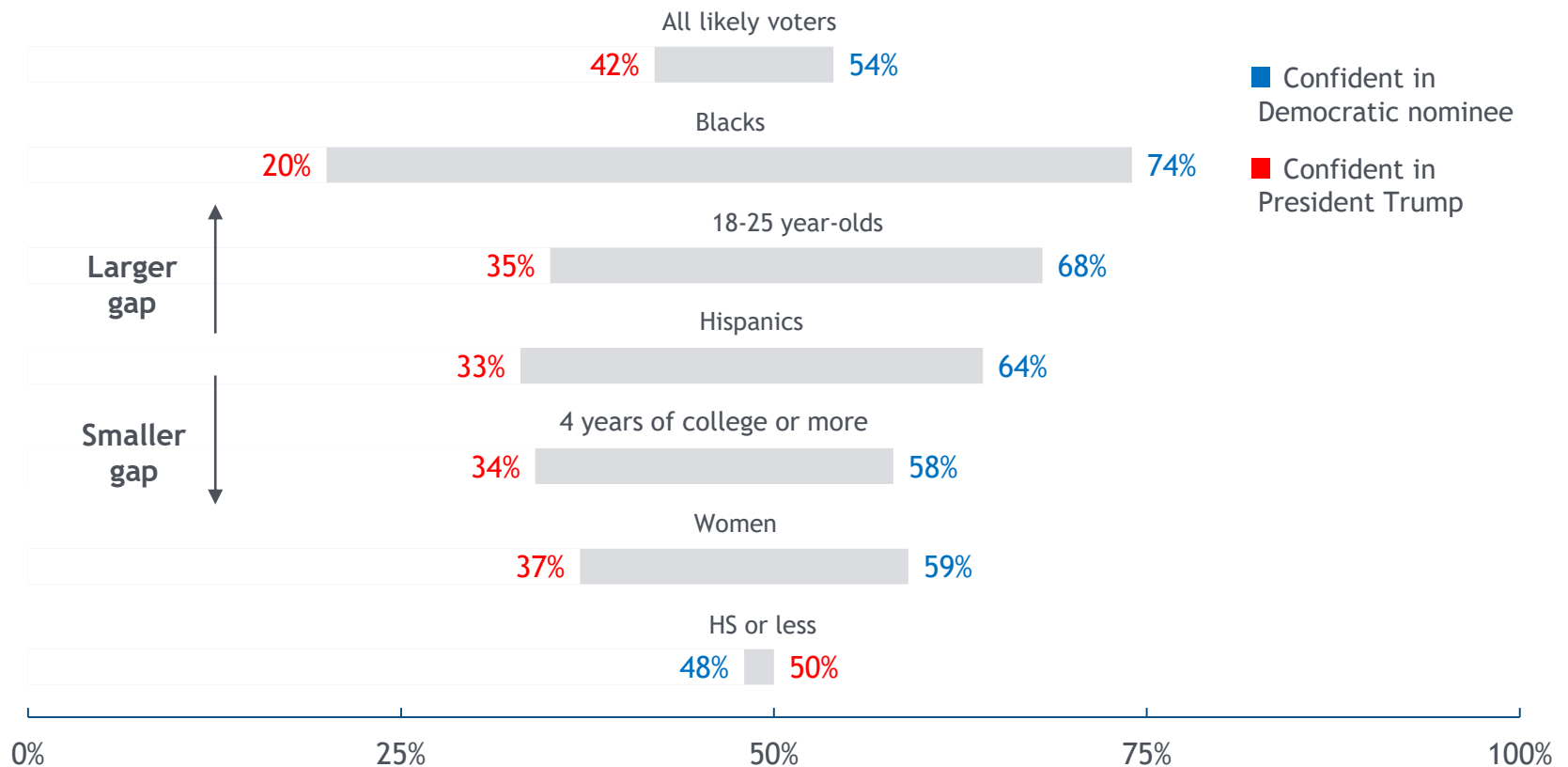


EXHIBIT 14

A reform package that builds on the ACA with enhanced premium and cost-sharing subsidies substantially lowers household premiums and deductibles

Premiums and out-of-pocket costs by income group , current law and reform, 2020

	25% FPL			45% FPL		
	ACA	Reform	Difference	ACA	Reform	Difference
Premiums for a family of four	\$5,382	\$644	-\$4,738	\$21,276	\$5,794	-\$15,482
Family coverage deductible	\$4,800	\$400	-\$4,400	\$5,000	\$2,300	-\$2,700

Thank you!



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