

Today, approximately 90 percent of U.S. residents have health insurance with significant gains in health coverage occurring over the past five years. Health insurance facilitates access to care and is associated with lower death rates, better health outcomes, and improved productivity. Despite recent gains, more than 28 million individuals still lack coverage, putting their physical, mental, and financial health at risk.

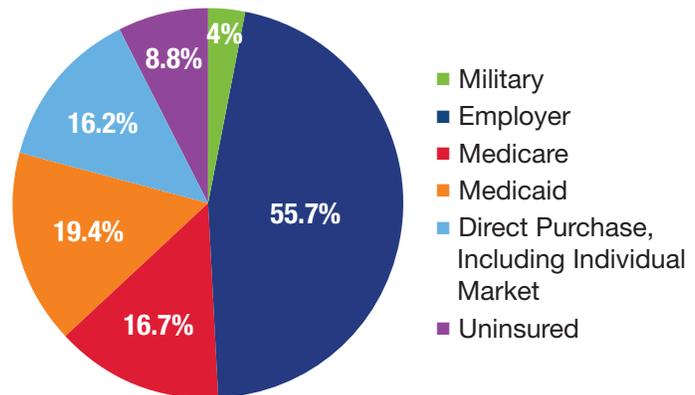
Meaningful health care coverage is critical to living a productive, secure and healthy life. U.S. residents obtain health coverage from a variety of private and public sources, such as through their employers or direct purchase on the individual market (private sources), as well as through the Medicare, Medicaid, or Veterans Affairs programs (public sources).

The number of people with health insurance has increased significantly over the past five years, with more than 20 million individuals newly insured. Most of these individuals were able to enroll in coverage offered through the Medicaid program, their employer, or the individual market as a result of coverage programs and insurance market reforms authorized by the Affordable Care Act (ACA).

## Impact of Coverage

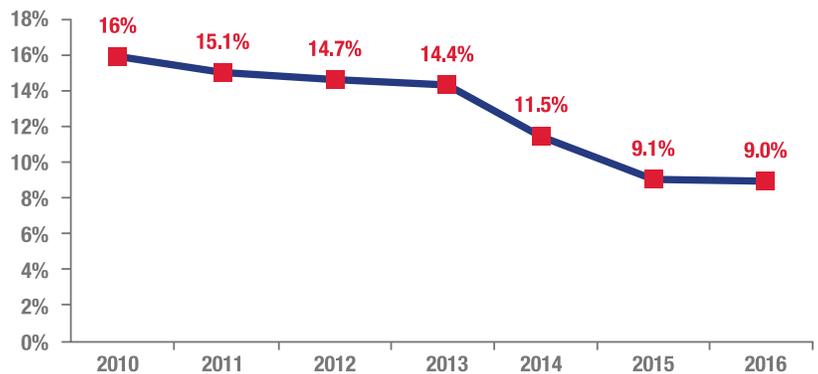
Enrollment in coverage supports the health and wellbeing of individuals and communities. Studies confirm that coverage improves access to care; supports positive health outcomes, including an individual's sense of their own health and wellbeing; incentivizes appropriate use of health care resources; and reduces financial strain on individuals and families. A list of resources can be found on page 4.

### Sources of Health Coverage, 2016



Source: U.S. Census Bureau. "Health Insurance Coverage in the United States: 2016 Current Population Reports," Sept. 2017

### U.S. Rate of Uninsured, 2010 - 2016



Source: U.S. Centers for Disease Control & Prevention, "Early Release of Selected Estimates Based on Data from the 2016 National Health Interview Survey," May 2017.

### Primary Sources of Coverage for Newly Insured



Adults <26 on Parents' Policy



Newly Offered Employer Coverage



Medicaid Expansion



Health Insurance Marketplaces

20+ Million Newly Insured

In particular, recent studies that evaluated changes in states that expanded Medicaid compared to those that didn't underscore the value of coverage.



## Coverage Improves Access to Care

- Individuals with coverage are more likely to have a regular source of care.<sup>1</sup> A higher proportion of individuals in Medicaid expansion states have a personal doctor than those in non-expansion states.<sup>2</sup>
- Individuals with coverage are more likely to obtain access to prescription drug therapies. Individuals in states that expanded Medicaid particularly have improved access to diabetes medications, contraceptives, and cardiovascular drugs.<sup>3</sup>
- Individuals with coverage are more likely to obtain an early diagnosis and treatment, which may ultimately contribute to improved health outcomes. Individuals in Medicaid expansion states have higher rates of diabetes diagnoses than those in states that did not expand.<sup>4</sup>
- Young adults with mental illness who have coverage have a higher rate of monthly outpatient mental health visits than those without coverage.<sup>5</sup>
- Coverage diminishes cost barriers to accessing care. Fewer individuals in states that expanded Medicaid<sup>6</sup> report cost as a barrier to care than those in states that did not expand Medicaid, and fewer individuals in expansion states report skipping their medications because of cost.<sup>7</sup>

## Coverage is Associated with Improved Health Outcomes

- Coverage expansion is associated with decreases in mortality. After Massachusetts implemented coverage expansion through both Medicaid and private coverage, the all-cause mortality rate in the state declined significantly.<sup>8</sup>
- A study of Oregon's earlier expansion found that individuals who became eligible for Medicaid experienced lower rates of depression than those who did not.<sup>9</sup>
- Individuals with coverage report a greater sense of well-being, with an increase in individuals reporting being in excellent health after states expanded Medicaid.<sup>10</sup>

## Coverage Supports Appropriate Health Care Utilization

- Coverage can help direct individuals to the most appropriate site of care. Young adults who could stay on their parents' health plan experienced decreases in non-emergent emergency department (ED) visits.<sup>11</sup> Expansion populations in some states also experienced a decrease in ED visits and an increase in outpatient visits.<sup>12</sup>
- Coverage facilitates use of preventive care and management of chronic conditions. Individuals in expansion states saw significant increases in screening for diabetes, glucose testing among patients with diabetes, and regular care for chronic conditions.<sup>13</sup>

## Coverage Improves Individuals' and Families' Financial Wellbeing

- Coverage reduces individuals' and families' financial burden and risk by reducing annual out-of-pocket spending<sup>14</sup> and essentially eliminating catastrophic expenditures.<sup>15</sup>

## Many U.S. Residents Remain Uninsured

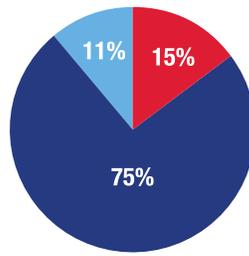
Despite these coverage gains, approximately 28 million U.S. residents remain uninsured. However, the proportion of people without health insurance varies dramatically across states, from a high of 17.1 percent in Texas to a low of 2.8 percent in Massachusetts. Insurance status also varies by race and ethnicity. For example, Hispanics have disproportionately high rates of being uninsured, as compared to non-Hispanic whites.

## Impact of the Uninsured on the Health Care System

The high rate of uninsured puts stress on the broader health care system. People without insurance put off needed care and rely more heavily on hospital emergency departments, resulting in scarce resources being directed to treat conditions that often could have been prevented or managed in a lower-cost setting. Being uninsured also has serious financial implications for individuals, communities and the health care system.

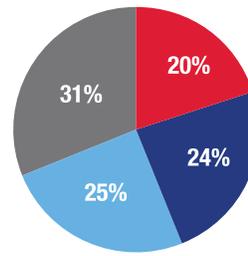
While all providers offer some level of charity care, it is insufficient to meet fully the needs of the uninsured. In 2015, hospitals provided \$35.7 billion in uncompensated care to patients. However, hospitals also absorbed an additional \$57.8 billion in underpayments from public payers, including Medicare and Medicaid, and are facing additional funding reductions through cuts to the Medicare and Medicaid disproportionate share hospital payment programs. These factors dramatically reduce the resources available to hospitals to provide charity care.

## Characteristics of the Non-elderly Uninsured, 2016



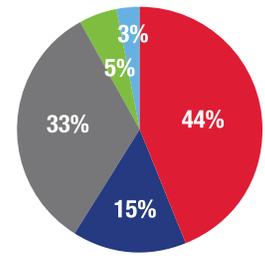
### Family Work Status

- 1 or More Full-Time Workers
- Part-Time Workers
- No Workers



### Family Income (FPL%)

- <100% FPL
- 100-299% FPL
- 200-399% FPL
- 400%+ FPL



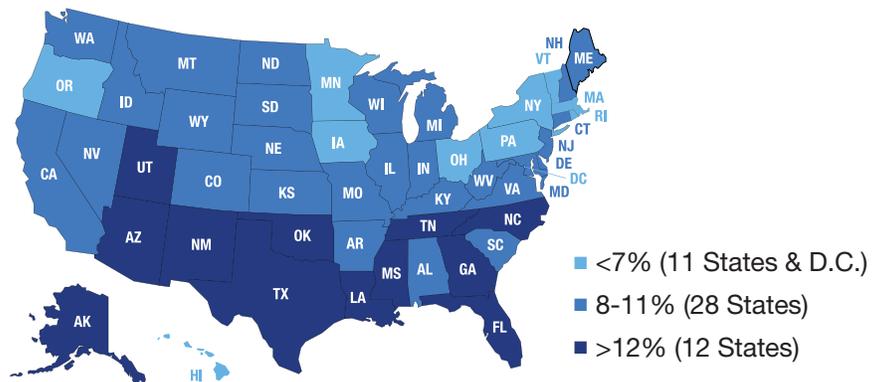
### Race

- White
- Black
- Hispanic
- Asian/Native Hawaiian or Pacific Islander
- Other

## Total = 27.5 Million Nonelderly Uninsured

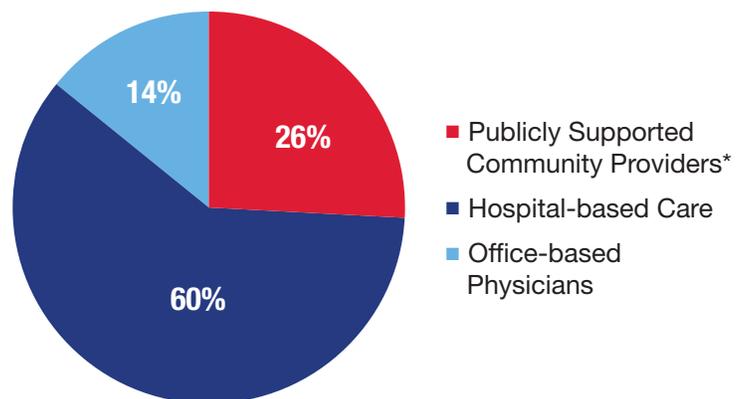
Notes: Includes nonelderly individuals ages 0-64. The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$19,318 in 2016. Data may not total 100% due to rounding. Persons of Hispanic origin may be of any race; all other race/ethnicity groups are non-Hispanic. Source: Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement.

## Rate of Non-elderly Uninsured by State, 2015



Notes: Includes nonelderly individuals ages 0-64. Source: Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement.

## Uncompensated Care by Place of Service, 2013



Source: Kaiser Family Foundation based on Urban Institute analysis.

## Resources

1. Sommers, Long, and Baicker, "Changes in Mortality after Massachusetts Health Care Reform," *Annals of Internal Medicine*, 2014.
2. Simon, Soni and Cawley, "The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the First Two Years of the ACA Medicaid Expansions," *Journal of Policy Analysis and Management*, 2017.
3. Ghosh, Simon and Sommers, "The Effect of State Medicaid Expansions on Prescription Drug Use: Evidence from the Affordable Care Act," *National Bureau of Economic Research Working Paper Series*, January 2017.
4. Kaufman, Chen, et.al., "Surge in Newly Identified Diabetes Among Medicaid Patients in 2014 within Medicaid Expansion States Under the Affordable Care Act," *Diabetes Care*, May 2015.
5. Kozloff and Sommers, "Insurance Coverage and Health Outcomes in Young Adults with Mental Illness Following the Affordable Care Act Dependent Coverage Expansion," *Journal of Clinical Psychiatry*, July/August 2017.
6. Courtemanche, Marton, et.al., "Early Effects of the Affordable Care Act on Health Care Access, Risky Health Behaviors, and Self-Assessed Health," *National Bureau of Economic Research Working Paper Series*, March 2017.
7. Sommers, Blendon, et.al., "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *JAMA Internal Medicine*, August 2016.
8. Sommers, Long, and Baicker, "Changes in Mortality after Massachusetts Health Care Reform," *Annals of Internal Medicine*, 2014.
9. Baicker, Taubman, et.al., "The Oregon Experiment – Effects of Medicaid on Clinical Outcomes," *New England Journal of Medicine*, May 2013.
10. Sommers, Blendon, et.al., "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *JAMA Internal Medicine*, August 2016.
11. Antwi, Moriya, et. al. "Changes in Emergency Department Use among Young Adults after the Patient Protection and Affordable Care Act's Dependent Coverage Provision," *Annals of Emergency Medicine*, June 2015.
12. Sommers, Blendon, et.al., "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *JAMA Internal Medicine*, August 2016.
13. Sommers, Blendon, et.al., "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *JAMA Internal Medicine*, August 2016.
14. Sommers, Long, and Baicker, "Changes in Mortality after Massachusetts Health Care Reform," *Annals of Internal Medicine*, 2014.
15. Baicker, Taubman, et.al., "The Oregon Experiment – Effects of Medicaid on Clinical Outcomes," *New England Journal of Medicine*, May 2013.
- 16-17. Coughlin; Holahan, et. al, "Uncompensated Care for the Uninsured in 2013," *Kaiser Commission on Medicaid and the Uninsured*, May 2014