

# What Do Americans Think About Their Health Coverage Ahead of the 2020 Election?

Findings from the Commonwealth  
Fund Health Insurance in America  
Survey, March–June 2019

**Sara R. Collins**  
Vice President  
The Commonwealth Fund

**Munira Z. Gunja**  
Senior Researcher  
The Commonwealth Fund

**EMBARGOED**  
Not for release before 12:01 a.m. ET  
Thursday, September 26, 2019

Several polls have indicated that health care will be a top issue for Americans in their choice of nominee for the 2020 presidential election.<sup>1</sup> While the Affordable Care Act (ACA) has dramatically cut the number of Americans without health insurance, reduced consumers' overall out-of-pocket spending, and ensured that people with preexisting health conditions can get the coverage they need, significant problems remain: about 30 million people remain uninsured, an estimated 44 million are underinsured, and health care costs are growing faster than median income in most states.<sup>2</sup>

Several of the Democratic candidates have proposed health reform plans aimed at addressing these problems. Their proposals range from building on the ACA's coverage expansions, such as providing more generous subsidies for those purchasing coverage, to creating a public plan option or reorganizing the health system to make a public plan like Medicare the nation's primary source of coverage.

The Commonwealth Fund's new Health Insurance in America Survey provides the latest information on the state of health insurance coverage for working-age adults, their coverage experiences and views, and their views of current health policy proposals. To conduct the survey, the survey research firm SSRS interviewed a nationally representative sample of 4,914 adults ages 19 to 64 from March 19 through June 9, 2019. Seventy percent of respondents completed the questionnaire by landline or cell phone, while 30 percent completed it online after being contacted by mail. (This approach represents a significant change from the previous sampling methodology used for the survey and affected trends in responses to certain questions. See "[How We Conducted This Study](#)" for more detail.)

## SURVEY HIGHLIGHTS

- ▶ 13.8 percent of U.S. working-age adults are uninsured, down from 19.9 percent just prior to the ACA's coverage expansions — statistically the same as in 2018.
- ▶ Just over a quarter (27%) of adults favor eliminating all private health insurance and making public insurance like Medicare the only coverage option. But 40 percent said they do not know enough to form an opinion.



The  
Commonwealth  
Fund

- ▶ While a larger percentage of Democrats (43%) favored replacing all private insurance with a public plan compared to Republicans (12%) and independents (27%), 41 percent said they did not know enough to say.
- ▶ More than two-thirds (68%) of adults in states that have not yet expanded Medicaid favor expanding eligibility for the program. Majorities of Democrats (91%) and independents (74%) favor doing so, while Republicans are split, with 42 percent in favor and 48 percent opposed.
- ▶ Large majorities of insured adults are satisfied with their current coverage, with those enrolled in Medicaid and employer plans the most satisfied.

### HOW WE CONDUCTED THIS STUDY

The Commonwealth Fund Health Insurance in America Survey, March–June 2019 was conducted by SSRS from March 19 to June 9, 2019. The survey consisted of interviews conducted via web and telephone in English or Spanish among a random, nationally representative sample of 4,914 adults, ages 19 to 64, living in the United States. Overall, 1,453 interviews were completed via the online survey and 3,461 were completed via phone (either landline or mobile).

This survey is the eighth in a series of Commonwealth Fund surveys to track the implementation and impact of the Affordable Care Act (ACA). Prior waves were part of the Commonwealth Fund Affordable Care Act Tracking Survey. To see how the survey was conducted in prior waves, [see here](#).

Unlike prior years, an address-based sample (ABS) was included in Wave 8. This change in sampling method and mode of response likely affected the trend on some measures between 2018 and 2019. However, the ABS sample was designed to mirror as closely as possible the RDD sampling approach used for the telephone sample.

As in all waves of the survey, the March–June 2019 sample was designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in Wave 8 were obtained through three sources: 1) a stratified RDD sample, using the same methodology as in Waves 1–7; 2) a stratified address-based sample of the population; and 3) 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. SSRS oversampled adults with incomes below 250 percent of poverty to further increase the likelihood of surveying respondents eligible for the coverage options as well as allow separate analyses of responses of low-income households. A comparable, stratified design was used for the address-based sample. The uninsured and those with Medicaid and marketplace insurance were oversampled more directly using numbers for individuals (cell sample) and households (landline sample) prescreened in the SSRS Omnibus in order to insure an adequate

sample for questions on consumers' experience using the marketplace, getting coverage under the ACA, and using their new coverage.

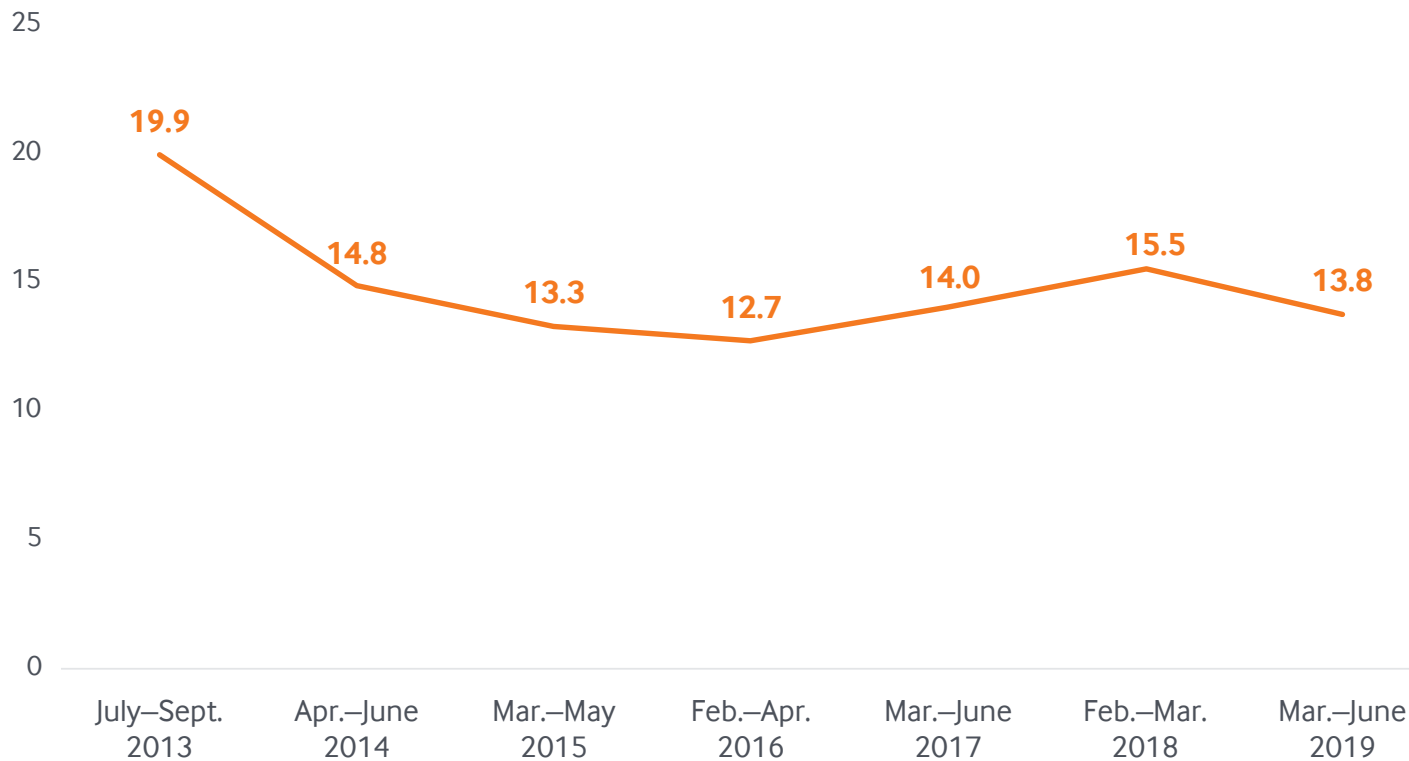
To counteract known biases inherent in ABS samples and to yield a more representative group of respondents, the ABS sample was disproportionately stratified to target addresses in areas with lower mean household incomes, as well as addresses in areas with high Hispanic incidence. The stratification was done at the Census Block Group level based on data available from the Census Planning Database. The ABS also included a separate listed low-income stratum.

Data were weighted to ensure the final outcome was representative of the adult population ages 19 to 64. The data are weighted to correct for oversampling uninsured, direct purchase and Medicaid respondents, the stratified sample design, the overlapping landline and cellular phone sample frames for the Omnibus prescreened completes, and disproportionate nonresponse that might bias results. In this wave's sample design, the weights also corrected for oversampling respondents with a prepaid cell phone. The telephone and ABS samples were weighted separately to be representative of the target population on the following parameters: age, gender, race/ethnicity, education, geographic division, population density, and telephone use. All parameters were extracted from the U.S. Census Bureau's 2017 American Community Survey data, with the exception of the telephone use benchmarks which was extracted from the latest available estimates from the Centers for Disease Control and Prevention's 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 +/- 1.9 percentage points at the 95 percent confidence level. The overall response rate, including the prescreened sample, was 7.6 percent.

## Adult uninsured rate remains significantly below pre-ACA levels, but coverage gains have stalled.

Percent of adults ages 19–64 who were uninsured



As of March–June 2019, 13.8 percent of adults ages 19 to 64 were uninsured. This estimate is not statistically different from uninsured rates in any year following the 2014 rollout of the ACA’s major expansions of coverage.<sup>3</sup> It is also consistent with results of other surveys showing the uninsured rate holding steady or slightly increasing (see [Uninsured Rate for U.S. Adults Compared to Other National Surveys Since 2013](#)). Adults with low incomes, young adults, and Hispanics or Latinos — groups that made the greatest gains in coverage in the years following the coverage expansions — continue to have among the highest uninsured rates ([Table 1](#)).

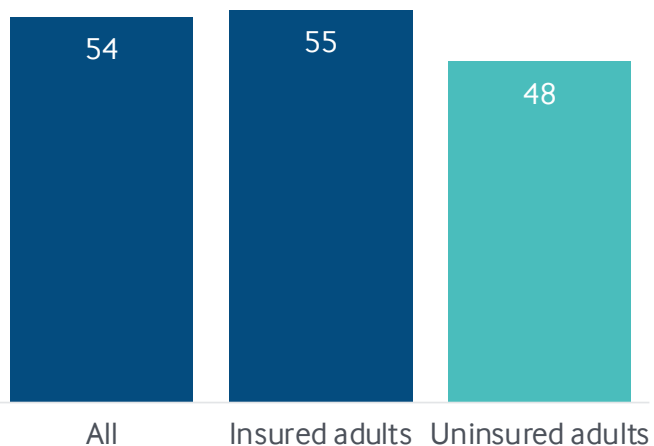
Data: Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Apr.–June 2014, Mar.–May 2015, Feb.–Apr. 2016, Mar.–June 2017, Feb.–Mar. 2018; and Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.

## Among uninsured adults who knew the mandate penalty was repealed, one-quarter chose not to get coverage because of the repeal.



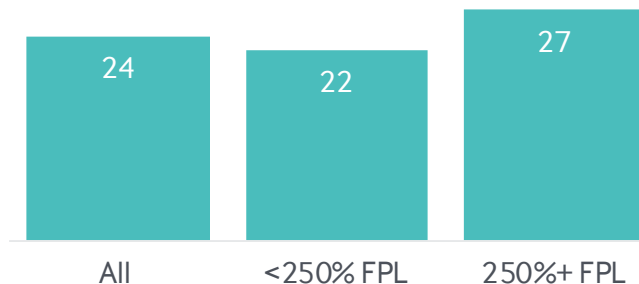
Starting in 2019, people in most states will no longer have to pay a penalty on their federal tax return if they don't have health insurance. Are you aware of this change?

Percent of adults ages 19–64 who responded they were aware of penalty change\*



Did you choose not to get health insurance for 2019 because in most states people will no longer have to pay a penalty on their federal tax return if they don't have health insurance?

Percent of uninsured adults ages 19–64 who were aware of the penalty change and chose not to get health insurance because of the penalty change



This year is the first in which Americans no longer face a tax penalty for not having health insurance: Congress repealed the penalty, effective 2019. At the time of the survey, three states — Massachusetts, New Jersey, and Vermont — as well as the District of Columbia had passed legislation establishing an individual mandate.<sup>4</sup> Among survey respondents living outside these states, 54 percent were aware of the change in federal law, including 55 percent of insured adults and 48 percent of uninsured adults.

Among uninsured adults who were aware the penalty was no longer in effect, 24 percent said they chose not to get health insurance this year because of the change. This translates into about 11 percent of all uninsured adults.<sup>5</sup>

\* Does not include adults who live in one of the three states, or the District of Columbia, that has an individual mandate penalty: Massachusetts, New Jersey, or Vermont.

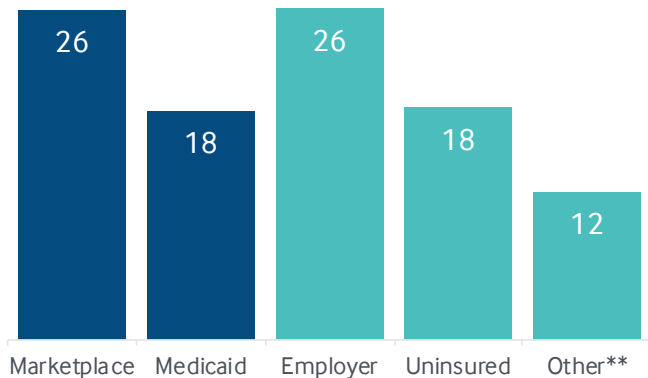
Note: FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

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

## Affordability is the top reason why Americans who shopped for marketplace coverage didn't enroll in a plan.

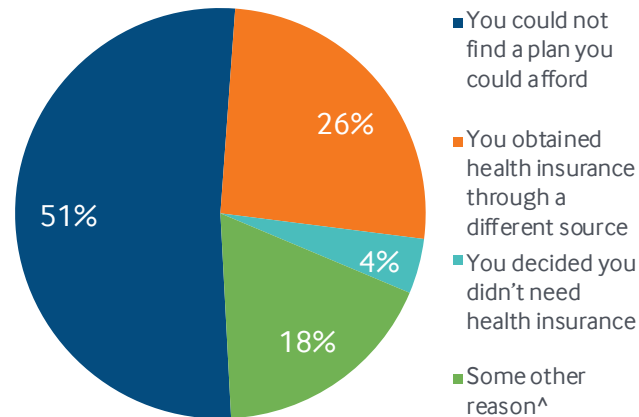
Coverage of adults by March–June who visited the marketplace in 2019

Percent of adults ages 19–64 who visited the marketplace\*



Can you tell me the **MAIN** reason you did not obtain a private health insurance plan or Medicaid coverage when you visited the marketplace?

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



About 18 percent of U.S. adults shopped for health insurance in the ACA marketplaces in 2019. Of this group, by March–June, 26 percent reported having a marketplace plan. Another 18 percent had enrolled in Medicaid, and 26 percent had employer coverage; 18 percent were uninsured.<sup>6</sup>

We asked people who visited the marketplaces but didn't end up enrolling in a plan or in Medicaid why they hadn't. Half (51%) said the main reason was that they couldn't find an affordable plan, while one-quarter (26%) had gotten insurance through another source. Four percent decided that they didn't need health insurance. About one in five cited other reasons, such as their citizenship status or missing the enrollment deadline.

\* 18% of adults visited the marketplace or had someone else go to the marketplace to shop for the respondent's/family's health insurance.

\*\* "Other" includes adults who purchased a health insurance plan directly through an insurance company, adults covered by Medicare, or any other type of insurance.

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

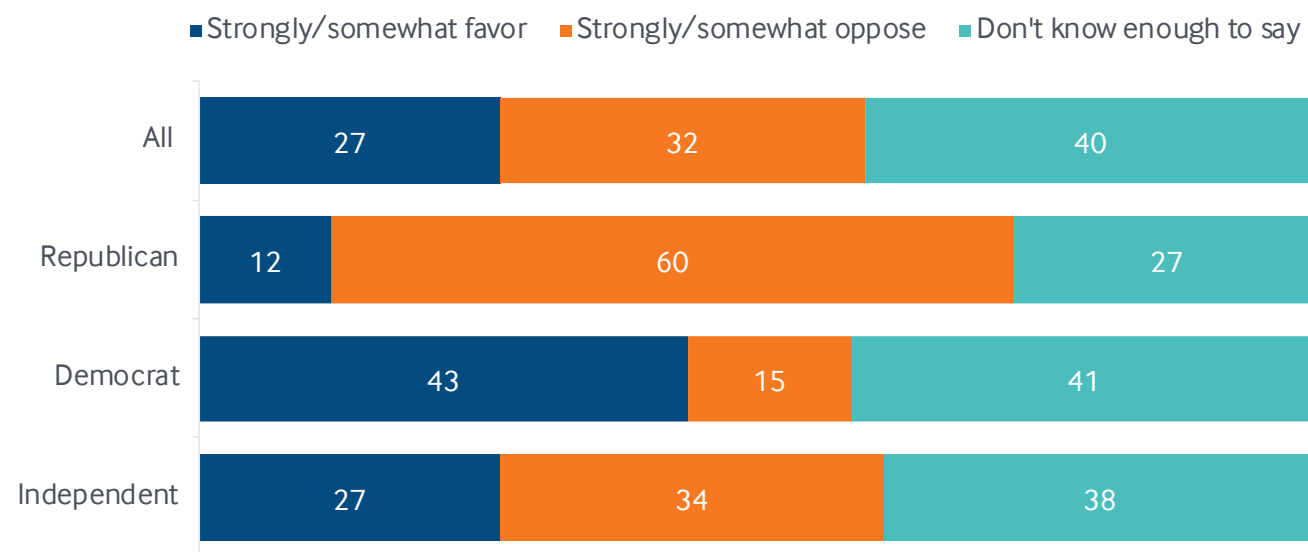
Data: Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.

## Replacing private insurance with public insurance like Medicare does not have strong support, but many need more information.



Would you favor or oppose eliminating all private health insurance and making public insurance like Medicare the **ONLY** health insurance option for everyone, or do you not know enough about this to say?

Percent of adults ages 19–64



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

Several Democratic presidential candidates and members of Congress have proposed ways to increase insurance coverage and lower premiums and other health care costs.<sup>7</sup> These range from raising the subsidies available for marketplace plans and covering uninsured people in states that haven't expanded Medicaid, to replacing most insurance with a public program like Medicare.

When survey participants were asked about their views on a “Medicare for all”-type approach<sup>8</sup> — specifically, one in which a public program like Medicare becomes the only health insurance option for everyone — just over a quarter (27%) of adults said they were in favor of it. But two in five adults (40%) said they did not know enough to say whether they favored or opposed such an approach.

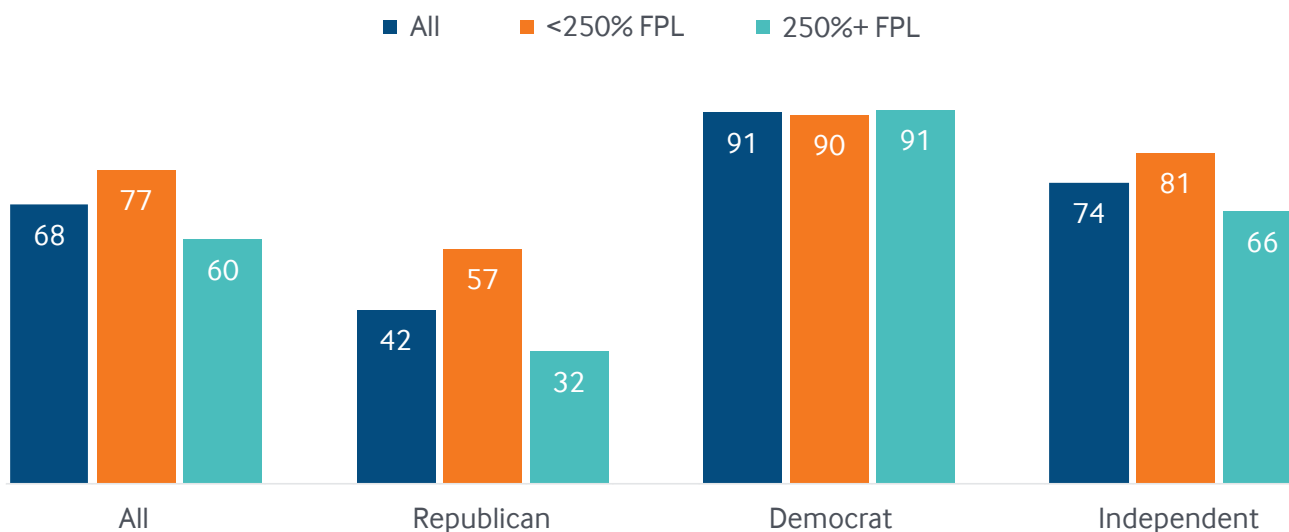
While Democrats were the most strongly in favor of replacing all private insurance with a public plan, 41 percent indicated they needed more information to offer an opinion. Republicans were among the most strongly opposed to the proposal, with only 27 percent saying they didn't know enough to say (Table 2). However, Republicans with lower incomes were much less likely to oppose the approach than were higher-income Republicans (41% v. 71%) (data not shown).

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



Under the health reform law, many Americans have gotten covered by Medicaid. States can choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose expanding Medicaid?

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



Seventeen states have not yet expanded eligibility for Medicaid, including two of the most populous states, Florida and Texas.<sup>9</sup> An estimated 4.5 million people who would otherwise be eligible for Medicaid are uninsured in those states.<sup>10</sup>

We asked adults in states that have not expanded Medicaid whether they generally favored or opposed expanding eligibility. More than two-thirds (68%) of respondents in those states favored expansion. Majorities of Democrats (91%) and independents (74%) were in favor. Republicans were split, with 42 percent in favor and 48 percent opposed (Table 3).

Support for Medicaid expansion in these states was stronger among Republicans and independents with lower incomes. More than half (57%) of Republicans with incomes under 250 percent of the federal poverty level (\$30,350 for an individual and \$62,750 for a family of four) favored Medicaid expansion, compared to one-third (32%) of Republicans with incomes above that level. Among independents, 81 percent of those with lower incomes were in favor of expansion, compared to 66 percent of those with higher incomes. There was no difference in support by income among Democrats.

\* The following states have not expanded their Medicaid programs: AL, FL, GA, ID, KS, MS, MO, NC, NE, OK, SC, SD, TN, TX, UT, WI, and WY. Ballot initiatives to expand were approved in three states — ID, NE, and UT — but the states have not yet expanded.

Note: 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.

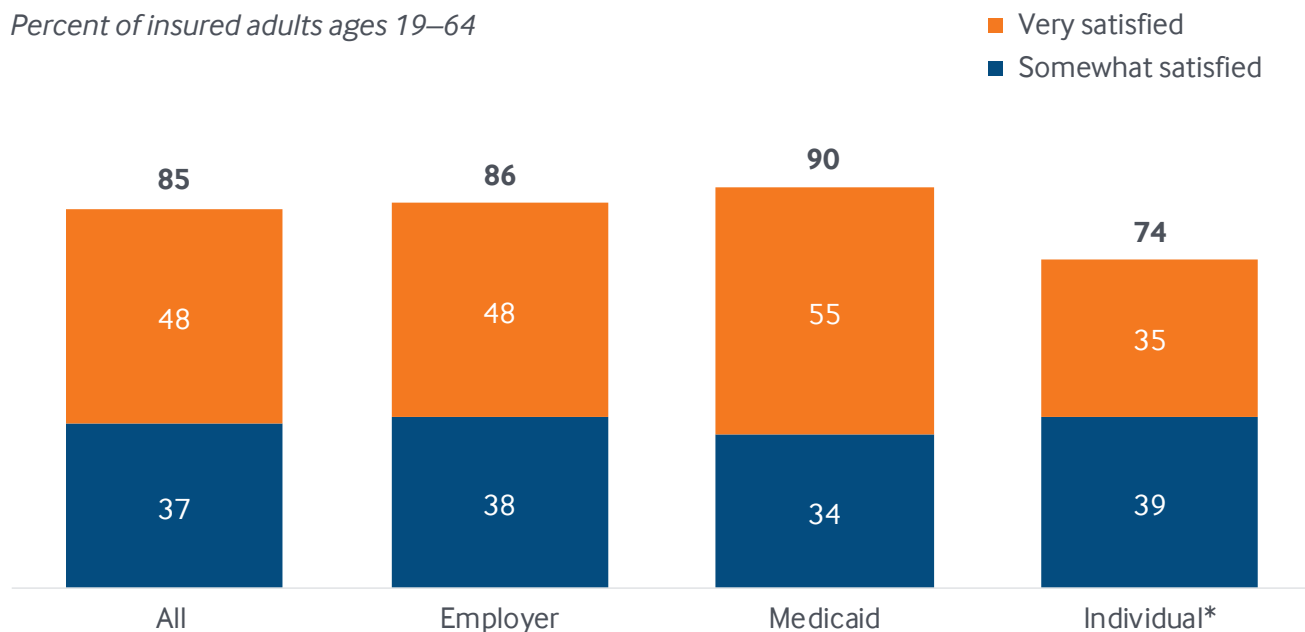


## Most adults were satisfied with their current health coverage, with those enrolled in Medicaid and employer plans the most satisfied.



Overall, how satisfied are you with your health insurance?

Percent of insured adults ages 19–64



One of the key challenges faced by policymakers seeking to reform the health care system is that Americans who have health insurance are generally satisfied with it.

Large majorities of those we surveyed were either somewhat or very satisfied with their health insurance. Satisfaction was particularly high among people with Medicaid and employer coverage. An estimated 228 million people are enrolled in either insurance type.<sup>11</sup>

Satisfaction was lower among those with coverage purchased on the individual insurance market and marketplaces, an estimated 14 million people. However, there were significant differences by income. People with incomes under 250 percent of poverty, who pay less for their premiums and face lower cost-sharing, reported higher satisfaction with their coverage than those with higher incomes (84% vs. 65%) (Table 4). People with incomes at or above this level pay more, or all, of their premium and do not receive cost-sharing subsidies.

\* Individual includes adults enrolled in coverage on and off the Affordable Care Act marketplaces.

Note: Segments may not sum to total because of rounding.

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

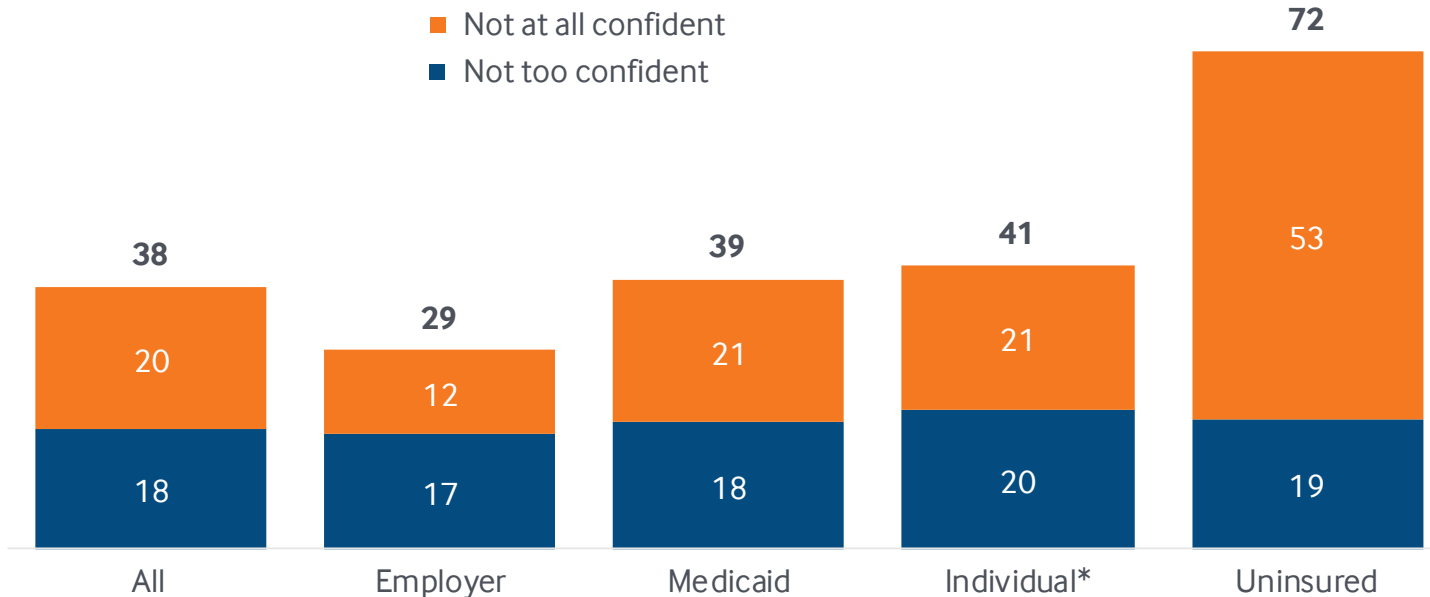


## Nearly two in five adults lacked confidence in affording health care if they became very sick.



How confident are you that if you become seriously ill you will be able to afford the care you need?

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



Despite people's satisfaction with their current source of coverage, many lacked confidence about being able to afford their health care if they became seriously ill. Thirty-eight percent of all adults were either not too confident or not at all confident they would be able to afford their care. This included 29 percent of those with employer coverage, 39 percent of those with Medicaid, and 41 percent with individual-market plans. Uninsured adults expressed the greatest concern about the future: 72 percent were not too or not at all confident they would be able to afford their care if they became seriously ill.

Confidence was lower among people with lower income (Table 5). Nearly half (46%) of adults with incomes under 250 percent of poverty were not too or not at all confident in their ability to afford care if they were to become very sick.

\* Individual includes adults enrolled in coverage on and off the Affordable Care Act marketplaces.

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

## CONCLUSION

After dropping significantly following the major coverage reforms in 2014, the U.S. uninsured rate has held steady or slightly increased, as our survey and others have shown. Four primary factors are at play:

- Many states have not expanded Medicaid eligibility.
- Premiums can be unaffordable for people with incomes just over the marketplace subsidy threshold (\$48,560 for an individual or \$100,400 for a family of four).
- Congress and the Trump administration have passed laws and taken executive actions on the ACA, such as repealing the individual mandate penalty and encouraging states to enact work requirements for Medicaid beneficiaries.
- Lack of access to subsidized coverage among undocumented immigrants.

This survey indicates that Congress's repeal of the individual mandate penalty has had a small effect on people's decisions to get health insurance this year, with about one in 10 uninsured adults opting not to get covered this year because of it. The Congressional Budget Office is projecting that about 7 million people will lack coverage because of the penalty repeal by 2021.<sup>12</sup>

Ongoing affordability concerns appear to play a more important role than the mandate penalty in people's decisions to get coverage. In our survey, about half of adults who visited the marketplaces but did not enroll in a plan said they couldn't find affordable coverage. Another recent survey found that affordability was the top reason why uninsured adults didn't seek coverage through the marketplaces in the first place, and a top reason why adults with a coverage gap had dropped their individual-market plan.<sup>13</sup>

Medicaid has been a key component of the ACA's coverage expansions, and enrollment in Medicaid is now higher than initially projected following the Supreme Court decision that made the expansion optional for states.<sup>14</sup> Our survey indicates that nearly all those enrolled in Medicaid are satisfied with their insurance, and it also suggests that expansion has support among the general public. A majority of adults living in states that haven't expanded Medicaid favor expansion, including a majority of Republicans with incomes under 250 percent of poverty.

Since the ACA's passage in 2010, Congress has not passed legislation to get more people covered or to improve the affordability or cost-protection of private plans. Though many states have stepped up in multiple ways, it's clear that improving coverage for all U.S. residents will require federal legislation. Several Democratic members of Congress and presidential candidates have introduced bills or put forth proposals to that end.<sup>15</sup> These approaches are an amalgam of provisions that individually or collectively have the potential to make significant improvements in coverage.

Our survey indicates that much of the public currently needs more information before supporting a Medicare-for-all approach. Given the complexity of our health care system, this may also be the case regarding other approaches to improving coverage, including those advanced by Republicans. It may be up to the candidates to educate voters about what their proposals would mean for them and for the health care system, and what financing trade-offs might be required to achieve them.

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

		Total adults (ages 19–64)	Employer	Medicaid	Individual	Uninsured	Uninsured (rate)
<b>Percent distribution</b>		<b>100.0%</b>	<b>55.6%</b>	<b>12.8%</b>	<b>8.6%</b>	<b>13.8%</b>	<b>13.8%</b>
<b>Age</b>	19–34	34	32	38	30	45	18
	35–49	32	34	31	31	30	13
	50–64	33	32	30	37	24	10
<b>Gender</b>	Male	49	51	39	43	52	15
	Female	51	49	61	56	47	13
<b>Race/Ethnicity</b>	White	60	66	51	64	45	10
	Black	12	10	17	9	13	15
	Hispanic or Latino	18	13	22	17	34	26
	Asian/Pacific Islander	5	5	5	5	3	10
	Other/Mixed	4	4	4	4	4	13
<b>Poverty status</b>	<250% FPL	46	24	91	44	73	22
	250%+ FPL	54	76	9	56	27	7
<b>Health status</b>	No health problem	45	50	29	49	54	17
	Fair/Poor health status, or any chronic condition or disability <sup>^</sup>	55	50	71	51	46	11
<b>Political affiliation</b>	Republican	23	26	14	27	17	10
	Democrat	29	30	31	33	21	10
	Independent	25	24	26	23	26	15
	Something else	17	16	21	13	20	16
<b>State Medicaid expansion decision<sup>**</sup></b>	Expanded Medicaid	65	67	76	60	46	10
	Did not expand Medicaid	35	33	23	40	53	21
<b>Marketplace type<sup>***</sup></b>	State-based marketplace	29	31	34	30	18	9
	Federally facilitated marketplace	71	69	66	70	81	16
<b>Region</b>	Northeast	17	18	19	19	11	9
	North Central	21	21	24	14	18	12
	South	38	36	29	40	52	19
	West	24	25	29	27	19	11
<b>Adult work status</b>	Full time	57	75	23	52	42	10
	Part time	13	9	20	19	19	19
	Not working	30	16	57	28	39	18
<b>Education level</b>	High school or less	36	25	53	30	59	22
	Some college/technical school	32	31	34	39	27	12
	College graduate or higher	32	44	12	31	14	6
<b>Voter registration status</b>	Registered	85	91	72	87	74	10
	Not registered	14	8	28	13	25	21

**NOTES**

FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

<sup>^</sup> At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; or depression or anxiety.

<sup>\*\*</sup> The following states expanded their Medicaid program and began enrolling individuals in January 2019 or earlier: AK, AR, AZ, CA, CO, CT, DE, HI, IA, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VA, VT, WA, WV, and the District of Columbia. All other states were considered to have not expanded.

<sup>\*\*\*</sup> The following states have state-based marketplaces: CA, CO, CT, ID, MA, MD, MN, NY, RI, VT, WA, and the District of Columbia. All other states were considered to have federally facilitated marketplaces.

**DATA**

Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.

**Table 2. Would you favor or oppose eliminating all private health insurance and making public insurance like Medicare the only health insurance option for everyone, or do you not know enough about this to say?**

*Base: Adults ages 19–64*

		Strongly favor	Somewhat favor	Strongly or somewhat favor	Somewhat oppose	Strongly oppose	Somewhat or strongly oppose	Don't know enough to say
<b>Percent distribution</b>		<b>17%</b>	<b>9%</b>	<b>27%</b>	<b>8%</b>	<b>25%</b>	<b>32%</b>	<b>40%</b>
<b>Age</b>	19–34	18	10	27	12	19	31	41
	35–49	20	10	29	6	24	30	39
	50–64	15	9	24	5	29	35	40
<b>Gender</b>	Male	17	10	28	6	32	38	33
	Female	18	8	26	9	18	27	47
<b>Race/Ethnicity</b>	White	16	9	25	8	32	40	34
	Black	17	11	28	6	9	15	56
	Hispanic or Latino	21	8	29	8	15	23	47
	Asian/Pacific Islander	23	11	35	8	7	15	50
	Other/Mixed	20	12	32	8	30	38	30
<b>Poverty status</b>	<250% FPL	19	9	28	7	15	22	50
	250%+ FPL	16	10	26	8	33	42	31
<b>Health status</b>	No health problem	13	10	24	9	30	39	36
	Fair/Poor health status, or any chronic condition or disability <sup>^</sup>	21	8	29	6	21	27	43
<b>Insurance status</b>	Uninsured	18	6	23	5	20	25	51
	Employer	16	11	27	9	30	39	34
	Medicare	17	12	28	1	15	15	54
	Medicaid	20	8	28	7	14	20	51
	Individual	25	7	33	7	25	32	35
<b>Political affiliation</b>	Republican	6	6	12	8	53	60	27
	Democrat	28	15	43	8	7	15	41
	Independent	17	10	27	9	25	34	38
<b>Region</b>	Northeast	17	10	27	8	18	26	46
	North Central	14	9	23	8	27	35	41
	South	17	9	26	8	26	34	39
	West	21	10	30	7	25	32	37
<b>Adult work status</b>	Full time	16	9	25	9	31	39	35
	Part time	21	13	34	7	14	21	45
	Not working	19	8	27	5	19	24	48
<b>Education level</b>	High school or less	14	7	21	4	20	24	54
	Some college/technical school	17	9	26	10	26	36	37
	College graduate or higher	21	13	34	10	29	39	27
<b>Voter registration status</b>	Registered	17	10	26	8	30	38	34
	Not registered	11	9	19	7	13	19	61

**NOTES**

FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

<sup>^</sup> At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; or depression or anxiety.

**DATA**

Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.

**Table 3. Under the health reform law, many Americans have gotten covered by Medicaid. States can choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose expanding Medicaid?**

*Base: Adults ages 19–64 who live in states that have not yet decided to expand Medicaid\**

		<b>Strongly favor</b>	<b>Somewhat favor</b>	<b>Strongly or somewhat favor</b>	<b>Somewhat oppose</b>	<b>Strongly oppose</b>	<b>Somewhat or strongly oppose</b>	<b>Don't know enough to say</b>
<b>Percent distribution</b>		<b>42%</b>	<b>26%</b>	<b>68%</b>	<b>8%</b>	<b>14%</b>	<b>23%</b>	<b>8%</b>
<b>Age</b>	19–34	42	33	75	8	8	17	8
	35–49	42	23	65	7	16	23	10
	50–64	42	22	64	10	20	29	6
<b>Gender</b>	Male	38	23	61	9	19	28	10
	Female	46	29	75	8	10	18	7
<b>Race/Ethnicity</b>	White	33	26	60	10	20	30	10
	Black	60	27	87	6	2	8	4
	Hispanic or Latino	50	27	77	6	7	14	8
	Asian/Pacific Islander	34	31	66	5	21	26	8
	Other/Mixed	53	13	66	10	17	27	6
<b>Poverty status</b>	<250% FPL	52	25	77	7	7	14	8
	250%+ FPL	33	27	60	10	21	31	9
<b>Health status</b>	No health problem	37	26	63	11	16	26	10
	Fair/Poor health status, or any chronic condition or disability <sup>^</sup>	46	26	72	7	14	20	7
<b>Insurance status</b>	Uninsured	50	22	72	7	8	15	12
	Employer	34	31	64	10	18	27	8
	Medicare	61	12	74	4	14	18	8
	Medicaid	59	26	85	5	4	9	5
	Individual	42	20	62	7	22	29	8
<b>Political affiliation</b>	Republican	17	25	42	13	35	48	9
	Democrat	68	23	91	4	2	7	2
	Independent	45	29	74	9	11	19	6
<b>Region</b>	Northeast	32	68	100	0	0	0	0
	North Central	41	22	63	10	15	25	11
	South	43	26	69	8	14	22	8
	West	24	34	58	16	22	38	4
<b>Adult work status</b>	Full time	37	26	63	10	19	29	8
	Part time	43	32	75	8	5	13	9
	Not working	50	24	74	6	10	17	8
<b>Education level</b>	High school or less	45	26	71	8	11	19	10
	Some college/technical school	39	27	66	9	17	25	7
	College graduate or higher	42	25	66	9	17	26	8
<b>Voter registration status</b>	Registered	40	26	66	9	17	27	7
	Not registered	37	33	70	9	6	15	13

**NOTES**

FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

<sup>^</sup> At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; or depression or anxiety.

\* The following states have not expanded their Medicaid programs: AL, FL, GA, ID, KS, MS, MO, NC, NE, OK, SC, SD, TN, TX, UT, WI, and WY. Ballot initiatives to expand were approved in three states — ID, NE, and UT — but the states have not yet expanded.

**DATA**

Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.

**Table 4. Overall, how satisfied are you with your health insurance?**

<i>Base: Insured adults ages 19–64</i>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Very or somewhat satisfied</b>	<b>Not too satisfied</b>	<b>Not at all satisfied</b>	<b>Not too or not at all satisfied</b>
<i>All adults</i>	48	37	85	8	6	14
<25% FPL	50	36	86	7	6	13
250%+ FPL	47	37	84	9	6	15
<i>Adults with employer coverage</i>	48	38	86	8	5	13
<25% FPL	45	40	85	8	5	14
250%+ FPL	49	38	87	8	5	13
<i>Adults with Medicaid coverage*</i>	55	34	90	5	4	9
<i>Adults with individual coverage**</i>	35	39	74	13	13	25
<25% FPL	42	43	84	8	6	14
250%+ FPL	30	35	65	16	18	34

**NOTES**

FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

\* In our survey, most Medicaid beneficiaries earn <250% FPL.

\*\* Individual includes adults enrolled in coverage on and off the Affordable Care Act marketplaces.

**DATA**

Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.

**Table 5. How confident are you that if you become seriously ill you will be able to afford the care you need?**

<i>Base: Adults ages 19–64</i>	<b>Very confident</b>	<b>Somewhat confident</b>	<b>Very or somewhat confident</b>	<b>Not too confident</b>	<b>Not at all confident</b>	<b>Not too or not at all confident</b>
<i>All adults</i>	30	31	61	18	20	38
<250% FPL	24	29	53	19	27	46
250%+ FPL	35	33	68	16	15	31
<i>Adults with employer coverage</i>	35	36	70	17	12	29
<250% FPL	29	36	65	17	16	34
250%+ FPL	37	35	72	16	11	27
<i>Adults with Medicaid coverage*</i>	28	31	59	18	21	39
<i>Adults with individual coverage**</i>	24	33	58	20	21	41
<250% FPL	20	30	49	23	26	49
250%+ FPL	28	36	64	18	17	35
<i>Uninsured adults</i>	10	16	26	19	53	72
<250% FPL	9	15	24	23	51	74
250%+ FPL	12	18	30	9	59	68

**NOTES**

FPL = federal poverty level. 250% FPL is \$30,350 for an individual and \$62,750 for a family of four.

\* In our survey, most Medicaid beneficiaries earn <250% FPL.

\*\* Individual includes adults enrolled in coverage on and off the Affordable Care Act marketplaces.

**DATA**

Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.



## NOTES

1. Stephanie Armour, “[American Voters Have a Simple Health-Care Message for 2020: Just Fix It!](#),” *Wall Street Journal*, updated June 2, 2019. and Monmouth University Polling Institute, “[Iowa: Biden Holds Lead, Warren on the Chase](#),” Monmouth University, Aug. 8, 2019.
2. Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, *Health Insurance Coverage in the United States: 2018*, Current Population Reports (U.S. Census Bureau, Sept. 2019); Robin A. Cohen, Emily P. Terlizzi, and Michael E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2018* (National Center for Health Statistics, May 2019); 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); and Sara R. Collins and David C. Radley, *The Cost of Employer Insurance Is a Growing Burden for Middle-Income Families* (Commonwealth Fund, Dec. 2018).
3. The break in trend between 2018 and 2019 in the survey is not a statistically significant change. It may reflect, however, the change in sampling method and mode of response introduced into the survey in 2019.
4. At the time of the survey, the District of Columbia, Massachusetts, and New Jersey had mandate penalties in effect. Vermont passed an individual mandate effective in 2020, though it has yet to establish a penalty or other enforcement mechanism. California and Rhode Island have since passed individual mandate laws. See “[What Is Your State Doing to Affect Access to Adequate Health Insurance?](#),” (Commonwealth Fund, updated Sept. 6, 2019).
5. This estimate is across all uninsured adults in our sample. There is no change when we remove uninsured adults who live in one of the four states that had passed individual mandate legislation.
6. In the “other” category, 5 percent of respondents were enrolled in Medicare, 4 percent in the individual market, and 3 percent cited other coverage.
7. Sara R. Collins and Roosa Tikkanen, “[The Many Varieties of Universal Coverage](#),” Commonwealth Fund, updated Apr. 24, 2019; Sherry A. Glied and Jeanne M. Lambrew, “[How Democratic Candidates for the Presidency in 2020 Could Choose Among Public Plans](#),” *Health Affairs* 37, no. 12 (Dec. 2018): 2084–91; and Sara R. Collins, *Status of U.S. Health Insurance Coverage and the Potential of Recent Congressional Health Reform Bills to Expand Coverage and Lower Consumer Costs*, Invited Testimony, U.S. House of Representatives Committee on Rules, Hearing on “Medicare for All Act of 2019,” Apr. 30, 2019.
8. We asked the question two different ways. Half the sample was asked, “Would you favor or oppose making public insurance like Medicare the only health insurance option for everyone, or do you not know enough about this to say?” Twenty-eight percent of respondents who were asked this question reported they were somewhat or strongly in favor, and 45 percent of respondents reported they do not know enough to say. The other half of the sample was asked, “Would you favor or oppose eliminating all private health insurance and making public insurance like Medicare the *only* health insurance option for everyone, or do you not know enough about this to say?” Twenty-seven percent of respondents who were asked this question reported they were somewhat or strongly in favor, and 40 percent reported they do not know enough to say. There was little to no difference in responses overall, or by demographics, including age, race/ethnicity, and political affiliation.
9. Voters approved ballots to expand eligibility for Medicaid in Idaho, Nebraska, and Utah in November 2018, but the states have yet to expand.

10. Rachel Garfield, Kendal Orgera, and Anthony Damico, *The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid* (Henry J. Kaiser Family Foundation, June 2018 and May 2019).

11. Congressional Budget Office, *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2019 to 2029* (CBO, May 2019).

12. CBO, *Federal Subsidies*, 2019.

13. Munira Z. Gunja and Sara R. Collins, *Who Are the Remaining Uninsured, and Why Do They Lack Coverage? Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018* (Commonwealth Fund, Aug. 2019).

14. After the Supreme Court decision that made Medicaid expansion a state option, CBO estimated that as of March 2015, Medicaid enrollment would increase by 10 million people. As of April 2019, Medicaid enrollment had increased by 15 million relative to the baseline. See Medicaid and CHIP Payment and Access Commission, “[Medicaid Enrollment Changes Following the ACA](#),” MACPAC, May 2019. CBO estimates that in 2019, 12 million people had been made newly eligible because of the expansion.

15. Collins and Tikkanen, “Many Varieties,” 2019; Glied and Lambrew, “How Democratic Candidates,” 2018; and Collins, *Status of U.S. Health*, 2019.

APPENDIX

Uninsured Rate for U.S. Adults Compared to Other National Surveys Since 2013

Survey	Preimplementation uninsured rate (%) [95% CI]	Lowest uninsured rate (%) [95% CI]	Current uninsured rate (%) [95% CI]
Commonwealth Fund Affordable Care Act Tracking Survey and Commonwealth Fund Health Insurance in America Survey <sup>1</sup>	19.9% [18.5%–21.4%]	12.7% [11.5%–14.0%] (Feb.–Apr. 2016)	13.8% [12.6%–15.0%] (Mar.–June 2019)
Commonwealth Fund Biennial Health Insurance Survey <sup>2</sup>	19.3% [17.5%–21.3%]	12.0% [10.7%–13.52%] (July–Nov. 2016)	12.4% [11.2%–13.7%] (June–Nov. 2018)
National Health Interview Survey (NHIS) <sup>3</sup>	20.4% [19.7%–21.1.%]	12.4% [11.7%–13.1%] (2016)	13.3% [12.5%–14.1%] (2018)
Current Population Survey (CPS) <sup>4</sup>	—	—	11.7%
Gallup Healthways Well-Being Index <sup>5,6</sup>	20.8%	13.1% (Q4 2016)	16.3% (Q4 2018)
Urban Institute Health Reform Monitoring Survey <sup>7</sup>	17.4%	9.8% (Q1 2016)	10.8% (Q1 2018)

NOTES

1. Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Feb.–Apr. 2016; and Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.
2. Commonwealth Fund Biennial Health Insurance Surveys, Apr.–Aug. 2012, July–Nov. 2016, and June–Nov. 2018.
3. Robin A. Cohen, Emily P. Terlizzi, and Michael E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2018* (National Center for Health Statistics, May 2019).
4. Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, *Health Insurance Coverage in the United States: 2018* (U.S. Census Bureau, Sept. 2019). In 2019, the U.S. Census updated its processing system to include four changes: 1) a refinement of the population that the health insurance estimates describe to exclude infants who were born after the end of the calendar-year reference period; 2) an improvement to the imputation process for households with incomplete and missing data; 3) the ability to construct and release new measures, including about marketplace coverage; and 4) the use of subannual measures to capture when in the calendar year a person had health insurance coverage. These changes mean that files based on these processing updates reflect different types of coverage in their definitions of public, private, and military health insurance coverage. As such, they are not directly comparable to previously released files.
5. Stephanie Marken, “U.S. Uninsured Rate at 11.4% in Second Quarter,” Gallup, July 10, 2015.
6. Dan Witters, “U.S. Uninsured Rate Rises to Four-Year High,” Gallup, Jan. 23, 2019.
7. Jennifer Haley et al., “Adults’ Uninsurance Rates Increased by 2018, Especially in States That Did Not Expand Medicaid — Leaving Gaps in Coverage, Access, and Affordability,” *Health Affairs Blog*, Sept. 26, 2018.

### Methodological Differences Between Surveys

Survey	Population	Time frame	Sample frame	Response rate
Commonwealth Fund Affordable Care Act Tracking Survey and Commonwealth Fund Health Insurance in America Survey <sup>1</sup>	U.S. adults ages 19–64	July–Sept. 2013 to Mar.–June 2019	Dual-frame, RDD telephone survey	2013: 20.1% 2019: 7.6%
Commonwealth Fund Biennial Health Insurance Survey <sup>2</sup>	U.S. adults ages 19–64	Apr.–Aug. 2012 to June–Nov. 2018	RDD telephone survey	2012: 22% for landline, 19% for cell 2018: 5.1%
National Health Interview Survey (NHIS) <sup>3</sup>	U.S. adults ages 18–64	2013 to 2018	Multistage area probability design	70%
Current Population Survey (CPS)	U.S. adults ages 19–64	2018	Probability-selected sample; personal and telephone interviews <sup>4</sup>	2018: 85% <sup>5</sup>
Gallup Healthways Well-Being Index <sup>6</sup>	U.S. adults ages 18–64	2013 to Oct.–Dec. 2018	Before 2018: dual-frame RDD telephone survey 2018: address-based sampling frame with web survey	
Urban Institute Health Reform Monitoring Survey <sup>7</sup>	U.S. adults ages 18–64	July–Sept. 2013 to Jan.–Mar. 2018	KnowledgePanel-probability-based internet panel of 55,000 households	~5%

#### NOTES

1. Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Feb.–Apr. 2016; and Commonwealth Fund Health Insurance in America Survey, Mar.–June 2019.
2. Commonwealth Fund Biennial Health Insurance Surveys, Apr.–Aug. 2012, July–Nov. 2016, and June–Nov. 2018.
3. National Center for Health Statistics, “About the National Health Interview Survey,” Centers for Disease Control and Prevention, updated Jan. 16, 2019.
4. Current Population Survey (CPS), “Methodology,” U.S. Census Bureau, n.d.
5. Current Population Survey (CPS), “Non-Response Rates,” U.S. Census Bureau, updated Aug. 13, 2015.
6. Gallup, “How Does the Gallup National Health and Well-Being Index Work?,” n.d.
7. Urban Institute, “HRMS Frequently Asked Questions,” n.d.

## 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. She also directs the Fund's research initiative on Tracking Health System Performance. 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.

.....  
*Editorial support was provided by Deborah Lorber.*

## ACKNOWLEDGMENTS

The authors thank Robyn Rapoport, Sarah Glancey, Erin Czyzewicz, and Christian Kline of SSRS, and David Blumenthal, Elizabeth Fowler, Eric Schneider, Chris Hollander, Bethanne Fox, Deborah Lorber, Paul Frame, Jen Wilson, Gabriella Aboulafia, Corinne Lewis, and Jesse Baumgartner of the Commonwealth Fund.

### 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](mailto:src@cmwf.org)



## The Commonwealth Fund

*Affordable, quality health care. For everyone.*

### **About the Commonwealth Fund**

The mission of the Commonwealth Fund is to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, and people of color. 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.