ISSUE BRIEF
SEPTEMBER 2017

Following the ACA Repeal-and-Replace Effort, Where Does the U.S. Stand on Insurance Coverage?

Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017

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ABSTRACT

ISSUE: After Congress's failure to repeal and replace the Affordable Care Act, some policy leaders are calling for bipartisan approaches to address weaknesses in the law's coverage expansions. To do this, policymakers will need data about trends in insurance coverage, reasons why people remain uninsured, and consumer perceptions of affordability.

GOAL: To examine U.S. trends in insurance coverage and the demographics of the remaining uninsured population, as well as affordability and satisfaction among adults with marketplace and Medicaid coverage.

METHODS: Analysis of the Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

FINDINGS AND CONCLUSIONS: The uninsured rate among 19-to-64-year-old adults was 14 percent in 2017, or an estimated 27 million people, statistically unchanged from one year earlier. Uninsured rates ticked up significantly in three subgroups: 35-to-49-year-olds, adults with incomes of 400 percent of poverty or more (about $48,000 for an individual), and adults living in states that had not expanded Medicaid. Half of uninsured adults, or an estimated 13 million, are likely eligible for marketplace subsidies or the Medicaid expansion in their state. Four of 10 uninsured adults are unaware of the marketplaces. Adults in marketplace plans with incomes below 250 percent of poverty are much more likely to view their premiums as easy to afford compared with people with higher incomes. Policies to improve coverage include a federal commitment to supporting the marketplaces and the 2018 open enrollment period, expansion of Medicaid in 19 remaining states, and enhanced subsidies for people with incomes of 250 percent of poverty or more.

KEY TAKEAWAYS

- The uninsured rate among working-age adults was mainly unchanged over the past year; the rate rose among 35-to-49-year-olds, adults with incomes too high for premium tax credits, and adults in states that did not expand Medicaid.
- At least half of remaining uninsured adults — an estimated 13 million people — are likely eligible for marketplace subsidies or Medicaid.
- Forty percent of uninsured adults were not aware of the health care marketplaces. Adults most at risk of lacking coverage — people with low incomes and racial and ethnic minorities — were most likely to be unaware of the marketplaces.

The Commonwealth Fund

BACKGROUND

Marked by political controversy since its passage in 2010, the Affordable Care Act has endured a particularly turbulent seven-month period during which the newly elected Trump administration and a Republican-led Congress attempted to repeal and replace it. After the failure of that effort, some Republican and Democratic leaders in Congress have pledged to work together to address the law's weaknesses. At this pivotal point, we use new findings from the fifth annual Commonwealth Fund Affordable Care Act Tracking Survey to assess the current status of insurance coverage in the U.S. and identify areas where more work could help increase enrollment and improve the affordability of marketplace plans. The survey firm SSRS interviewed a nationally representative sample of 4,813 working-age adults, of whom 1,204 have marketplace or Medicaid coverage, between March 28 and June 20, 2017.

FINDINGS

Uninsured Rate Among U.S. Working-Age Adults Mainly Unchanged, with Some Losses

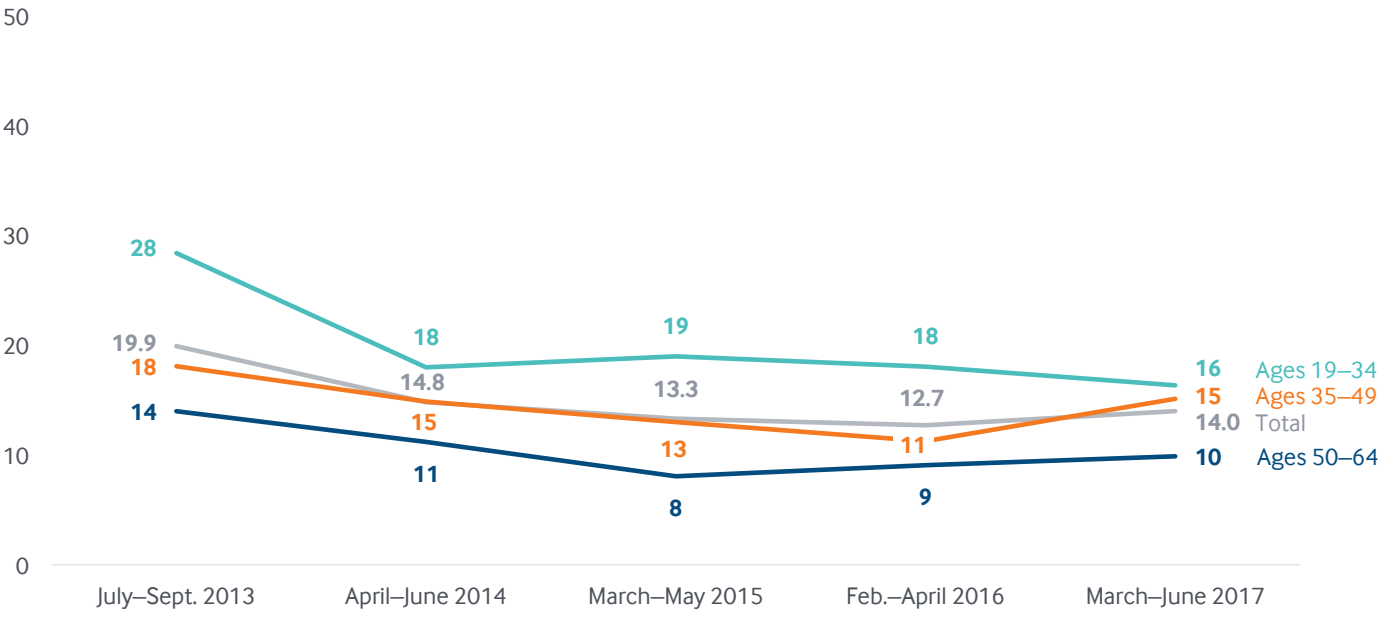
The survey found that the percentage of adults ages 19 to 64 who were uninsured as of March–June 2017 was 14 percent, or about 27 million people (Exhibit 1, Table 1). For a comparison with other recent survey estimates, see the Appendix. While this is slightly higher than a year ago when the rate was 12.7 percent, or 24 million adults, the uptick is not statistically significant. The current rate remains well below the 20 percent uninsured rate just prior to the ACA's first open enrollment period in 2013. There was little significant change in uninsured rates in most subgroups in 2017 (Table 2). However, the following three groups experienced a statistically significant deterioration in coverage this year:

Adults ages 35 to 49. The uninsured rate among 35-to-49-year-olds rose from 11 percent in 2016 to 15 percent in 2017, a statistically significant increase (Exhibit 1). Compared to the overall population of uninsured people, this group of adults was more likely to be composed of foreign-born Latinos and to identify as Republicans (data not shown).

Adults with incomes above the subsidy range. There was a small but significant increase in the uninsured rate among adults whose income makes them ineligible for premium

Exhibit 1. Fourteen Percent of Adults Were Uninsured in March–June 2017, with Increase Among 35-to-49-Year-Olds

Percent of adults ages 19–64 who were uninsured



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

tax credits (i.e., those with incomes at or above 400 percent of poverty, $47,520 for an individual and $97,200 for a family of four) (Exhibit 2). People in this income range must pay the full insurance premium. Unlike people who receive tax credits, they are also fully exposed to annual premium increases. Premium increases in 2017 were the highest on average since the first year of the ACA marketplaces.[1] People with tax credits were mostly protected from premium spikes, but those above the subsidy range faced a significant increase in many states.

Adults living in states that have not expanded Medicaid. Since 2013, uninsured rates in states that expanded Medicaid eligibility have fallen by a much larger margin than the rates in the 19 states that have not expanded the program.[2] We find a widening of the divide between expansion and nonexpansion states: the uninsured rate in nonexpansion states increased by 3 percentage points in 2017 to 19 percent, nearly double the rate in expansion states (11%) (Exhibit 3).

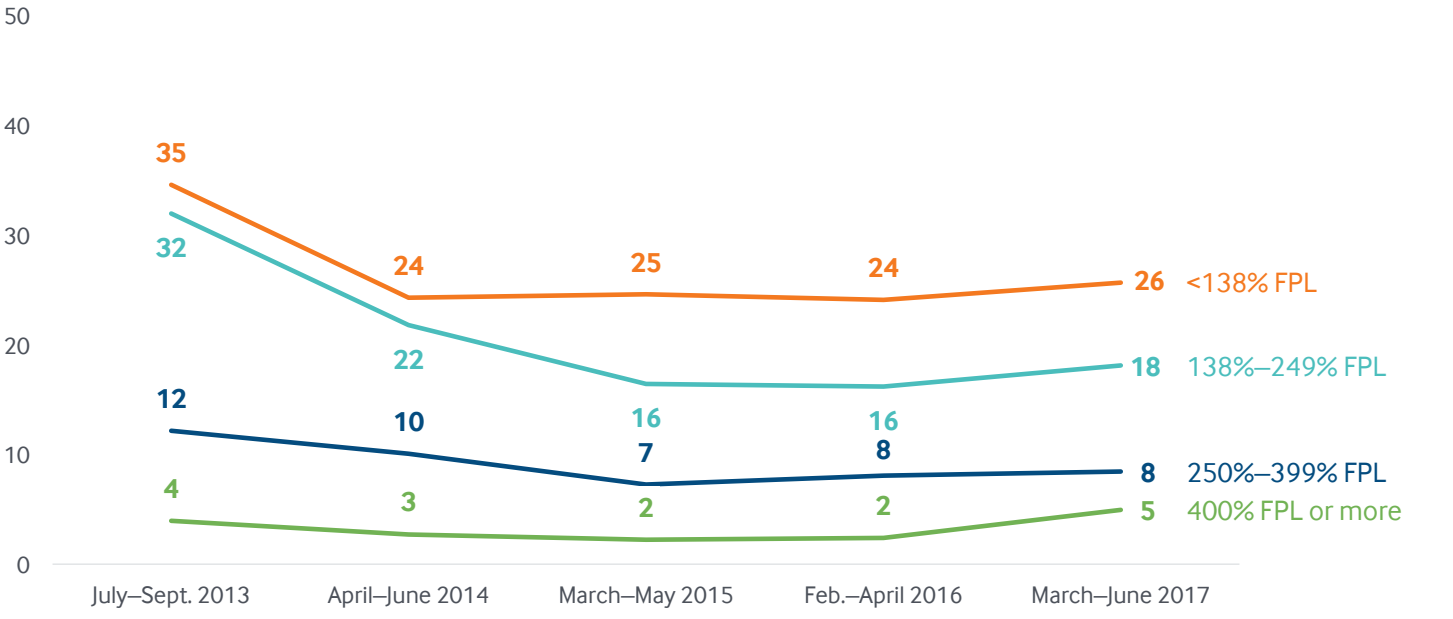
Are the Remaining Uninsured Eligible for Insurance Under the ACA's Coverage Expansions?

The ACA's coverage expansions comprise two main components: a reformed individual market with subsidies for coverage through the marketplaces, and expanded Medicaid eligibility. To identify policy levers that might increase the number of people with insurance, we examine the categories of uninsured adults along with the ways in which they are eligible for coverage:

- People with incomes below 400 percent of poverty: eligible for marketplace subsidies or Medicaid in expansion states;
- People with incomes at or above 400 percent of poverty: eligible for unsubsidized individual market plans;
- People with incomes below 100 percent of poverty and living in one of 19 states that has not expanded Medicaid: eligible for unsubsidized individual market plans or possibly traditional Medicaid;

Exhibit 2. Uninsured Rate Among Adults with Incomes Higher Than Subsidy Range Increased in 2017

Percent of adults ages 19–64 who were uninsured

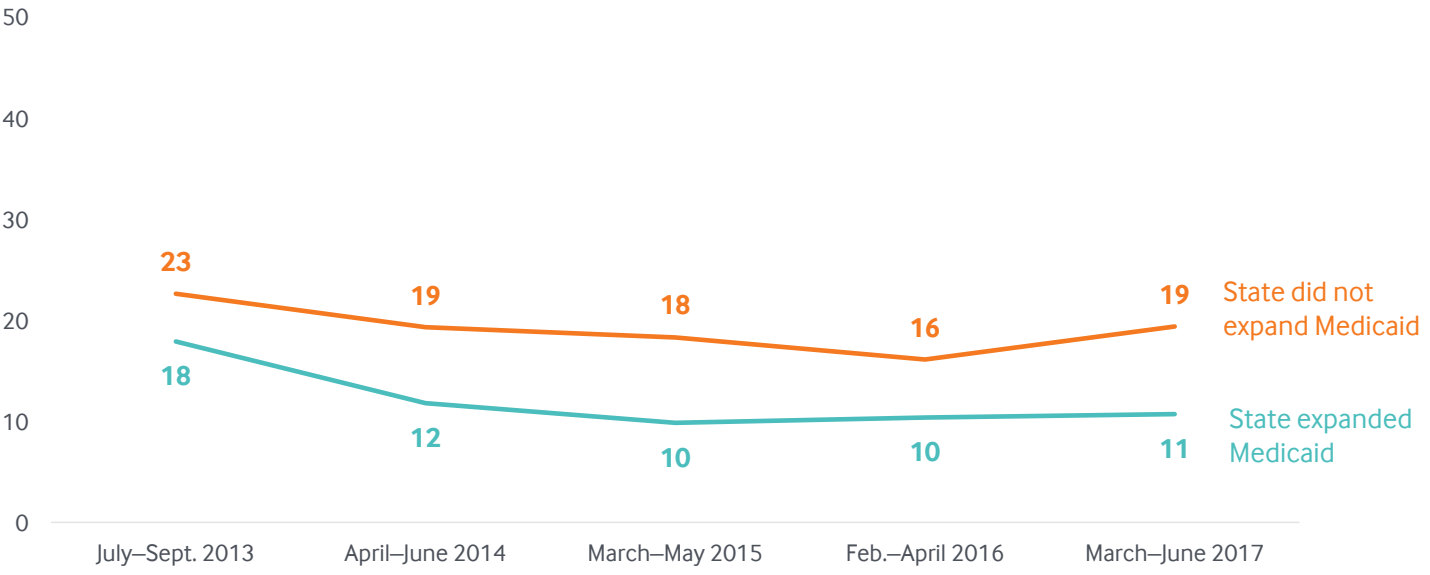


Notes: FPL refers to federal poverty level.

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

Exhibit 3. Uninsured Rate in States That Did Not Expand Medicaid Increased in 2017

Percent of adults ages 19–64 who were uninsured



Notes: We categorize states as expansion states if their state expanded their Medicaid program as of January of the survey year.
Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, April–June 2014, March–May 2015, Feb.–April 2016, March–June 2017.

- Undocumented immigrants: eligible for unsubsidized individual market plans outside the marketplaces.

About half (48%) of uninsured adults, or 13 million people, have incomes below 400 percent of poverty and are eligible for either subsidized marketplace coverage if they lack an offer of affordable insurance through an employer or expanded Medicaid (Exhibit 4). Fifteen percent, about 4 million people, have incomes below 100 percent of poverty and live in a state that has not expanded Medicaid eligibility. Eleven percent, or about 3 million adults, have incomes of 400 percent of poverty or more.

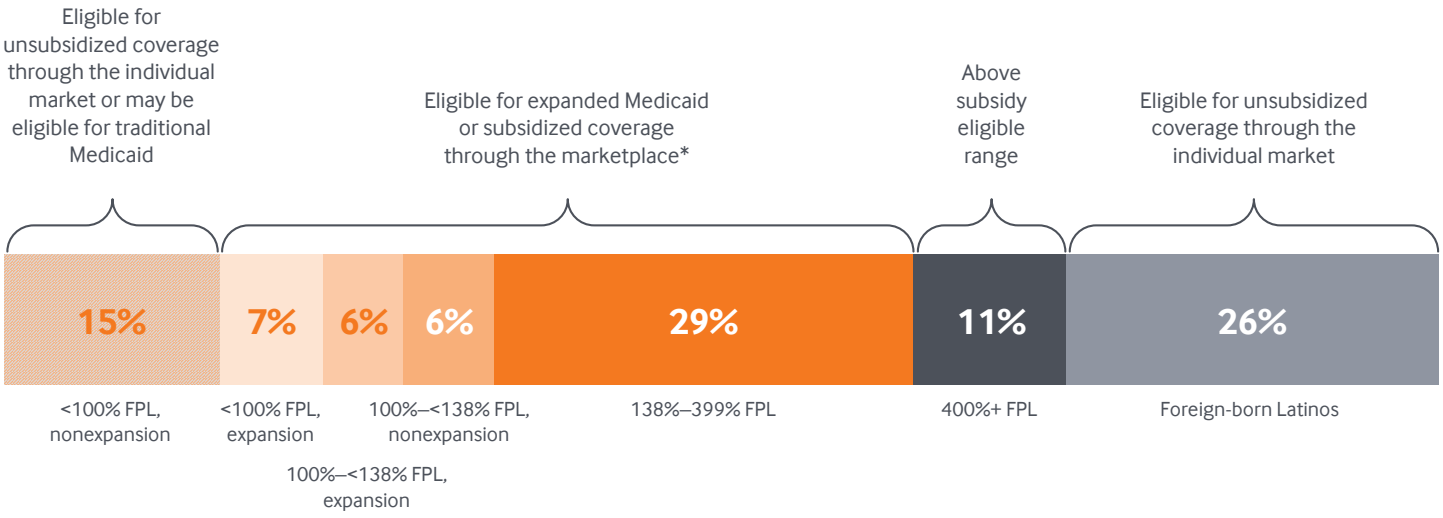
Because we don't ask about immigration status, we use a proxy measure based on country of birth. In the survey, foreign-born Latinos comprise a large and growing share of the U.S. uninsured adult population.[3] Although they represent just 9 percent of the working-age population, they make up 26 percent of the 27 million uninsured adults (Exhibit 4, Table 3), or about 7 million people. In this analysis, we assume that these 7 million uninsured foreign-born Latinos likely have an immigration status that makes them ineligible for the ACA coverage expansions. This is a reasonable assumption, as, based on survey responses, there are an estimated 16 million foreign-born Latinos. Research has found that approximately 66 percent of Latinos born outside the U.S. are undocumented.[4]

Why Haven't Uninsured Adults Signed Up for Coverage?

We asked uninsured adults several questions concerning their coverage status, including whether they were aware of the marketplaces, and, if they were aware of the marketplaces, why they hadn't visited. If they had visited the marketplaces, we asked why they hadn't signed up for coverage.

About two of five (40%) uninsured adults were not aware of their state's marketplace or of HealthCare.gov, the federal website for people seeking health insurance (Exhibit 5). Adults most at risk of lacking coverage — those with low incomes and racial and ethnic minorities — were most likely to be unaware of the marketplaces.

Exhibit 4. At Least Half of Uninsured Adults Are Likely Eligible for Marketplace Subsidies or Medicaid



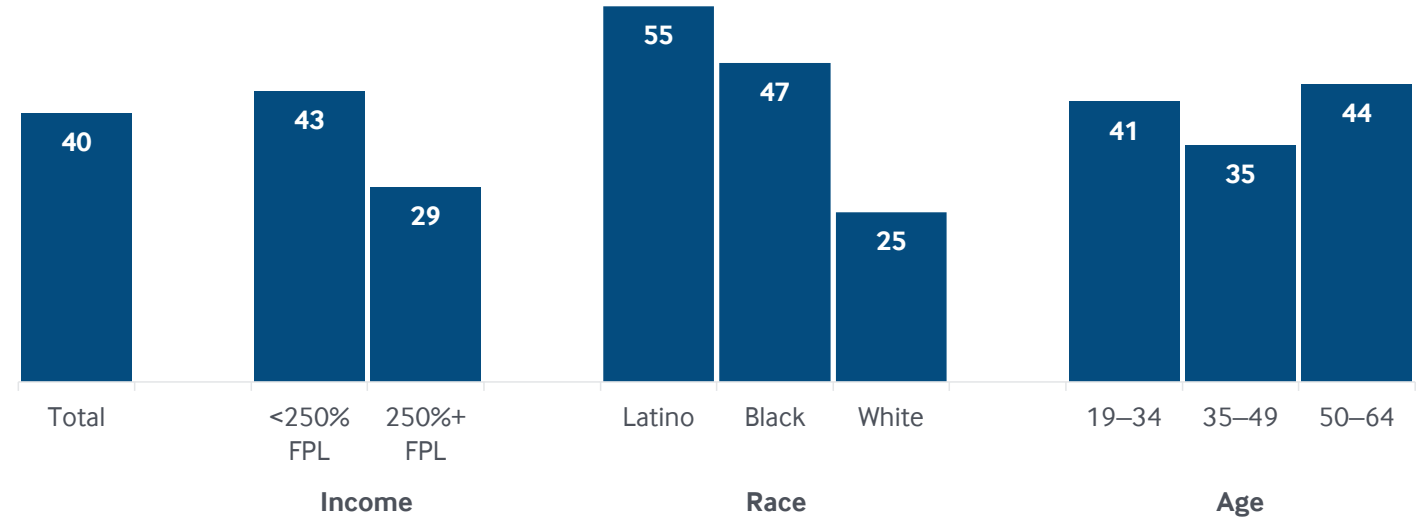
Notes: FPL refers to federal poverty level. * Uninsured adults with an offer of an affordable employer plan would not be eligible for marketplace subsidies. ** 27 million uninsured adults.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Exhibit 5. Two of Five Uninsured Adults Are Not Aware of the Marketplaces

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

*Percent of uninsured adults ages 19–64 who are **not** aware of the marketplaces*



Notes: FPL refers to federal poverty level. 250% of FPL is $29,700 for an individual or $60,750 for a family of four.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Among uninsured adults who were aware of the marketplaces but had not visited them to shop for health insurance, concern that they couldn't afford coverage was the most often-cited reason (59%) for not visiting (Exhibit 6). About one-third (34%) hadn't visited because they thought the law was going to be repealed. About the same share (38%) didn't think they would be eligible for insurance, and three of 10 (30%) didn't think they needed coverage.

Among uninsured adults who visited the marketplaces but didn't enroll, the overwhelming majority said they couldn't find an affordable plan (Exhibit 7). When we broke this response down by the ACA eligibility categories used above, we find that about one-third (34%) of this group were likely not eligible for expanded Medicaid or marketplace subsidies: 14 percent had incomes below 100 percent of poverty and were living in a state that did not expand Medicaid, 13 percent had incomes of 400 percent of poverty or higher, and 7 percent were foreign-born Latinos, who, as we note above, likely had an immigration status that made them ineligible for Medicaid or marketplace subsidies (data not shown). Two-thirds (66%) of those who cited affordability as the main reason for not enrolling had incomes that made them eligible for marketplace subsidies or Medicaid.

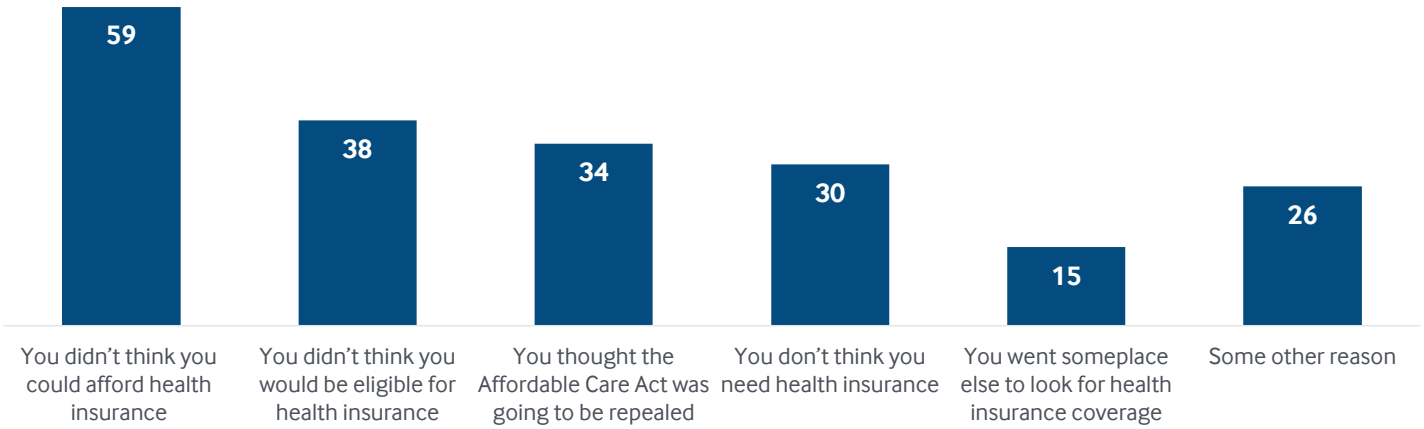
It is unclear whether better information about choices and costs would have made people more likely to enroll, but it could potentially have an impact, particularly if people were, in fact, eligible for subsidies. The survey indicates that personal assistance during the enrollment process makes a significant difference in completing enrollment. Controlling for demographic differences, two-thirds (66%) of adults who received personal assistance when they shopped for coverage enrolled, compared to fewer than half (48%) who had not received assistance (Exhibit 8).

Among people who did enroll, affordability was a significant factor in their choice of plan. More than half (55%) of people with private plans through the marketplace said the cost of premiums (33%) or deductibles (22%) was the most important factor in in their decision (data not shown). Twenty-three percent said that choice of providers in the plan's network was the most important factor.

Exhibit 6. Six of 10 Uninsured Adults Who Were Aware of the Marketplaces Did Not Visit Because They Did Not Think They Could Afford Coverage

You said that you have not visited the marketplace to shop for health insurance. What are the reasons you did not visit the marketplace? Is it because...?

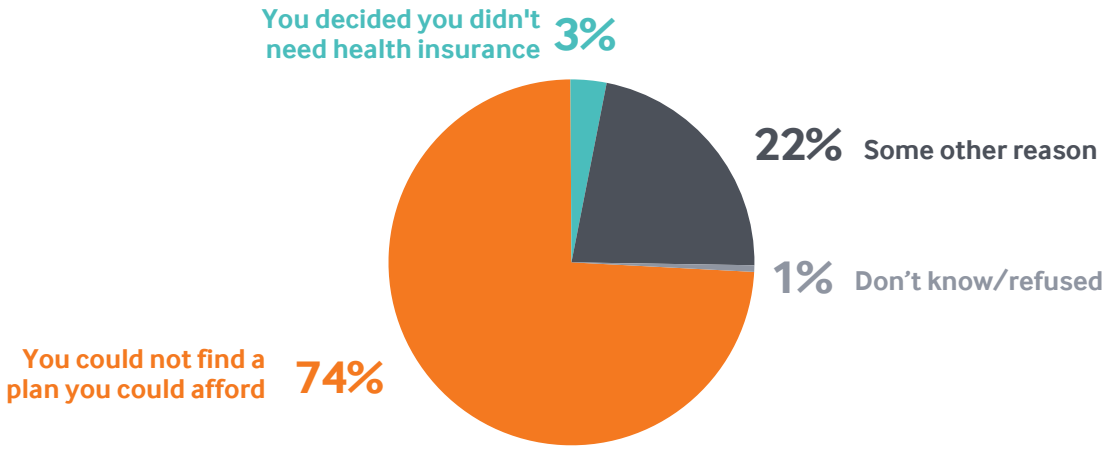
Percent of uninsured adults ages 19–64 who were aware of the marketplaces but did not visit to shop for coverage



Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Exhibit 7. Among Marketplace Visitors Who Did Not Enroll or Get Coverage Elsewhere, Three-Quarters Said They Could Not Find an Affordable Plan

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



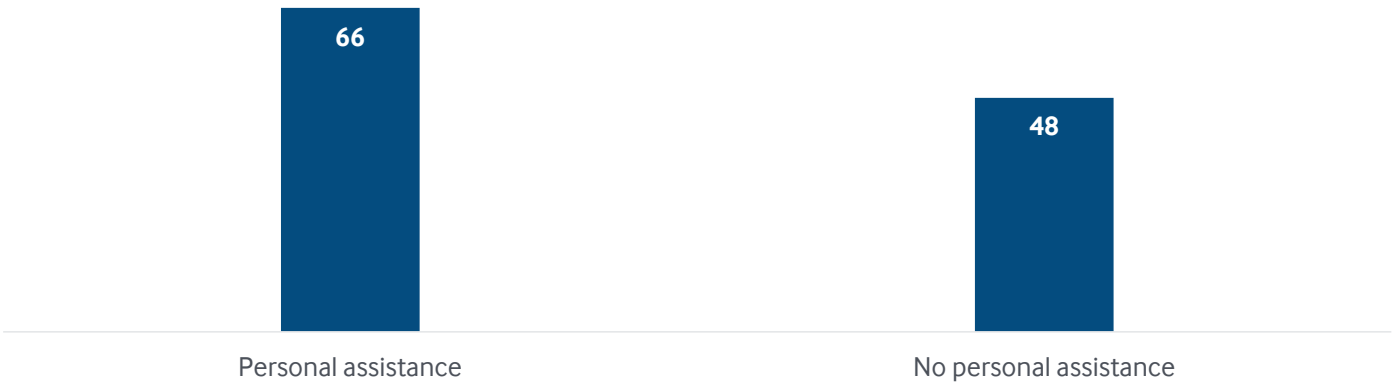
Adults ages 19–64 who were uninsured, visited the marketplace, did not select coverage, and did not obtain health insurance through a difference source

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Exhibit 8. Adults Who Received Personal Assistance Were More Likely to Enroll

When you shopped for health insurance, did you ever receive any personal assistance* to help you select an insurance plan?

Percent of adults ages 19–64 who visited the marketplace and obtained marketplace or Medicaid coverage



Notes: * Personal assistance includes a telephone hotline, insurance broker, navigator, or some other form of assistance. Percentages were adjusted for race, education, poverty, age, and health status. "Obtained coverage" includes those who visited the marketplace and have had marketplace or Medicaid coverage. We do not include adults who said they did not obtain coverage because they receive coverage through a different source.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Costs and Affordability for Marketplace Enrollees

To shed more light on the affordability concerns and to inform potential public policy solutions, we examined marketplace enrollees' reports about the costs of their plans and whether they perceived them as easy or difficult to afford.

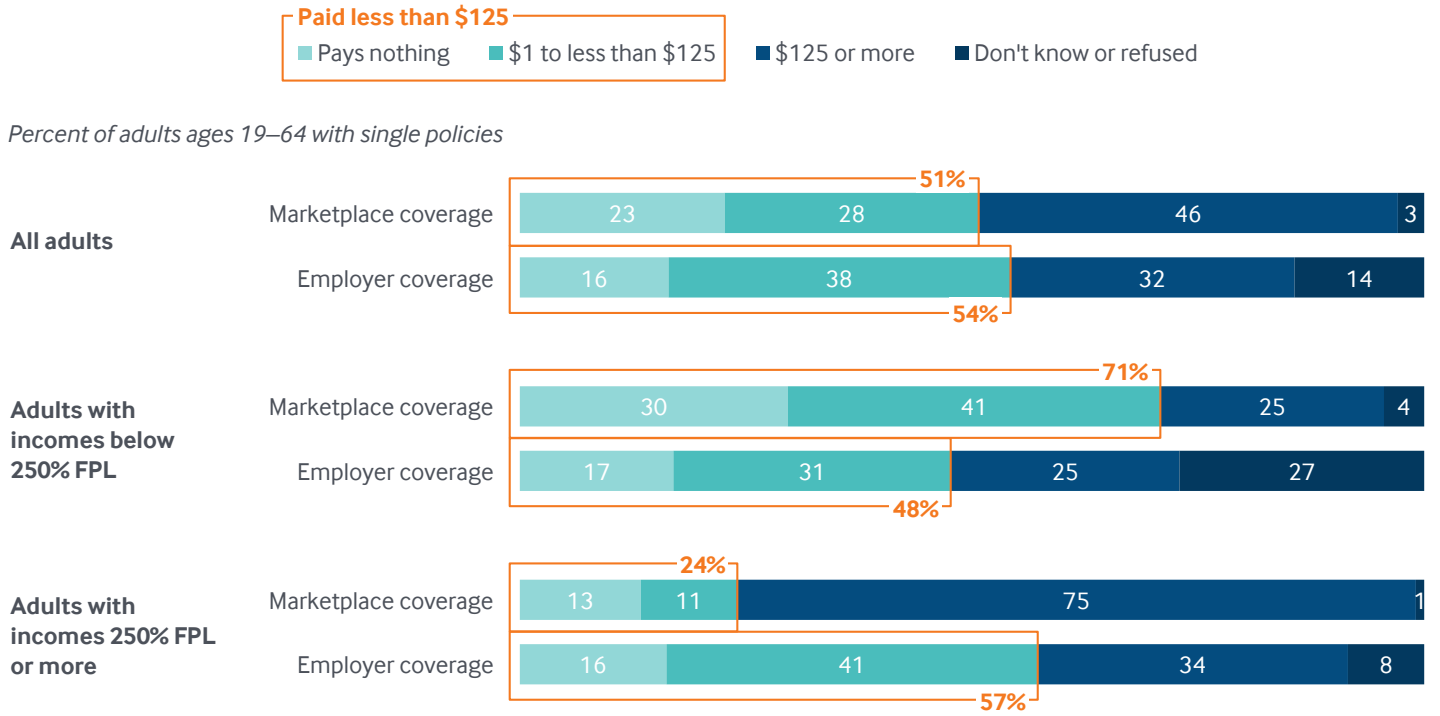
PREMIUMS

Premium costs. Of the 10.3 million people enrolled in marketplace plans in 2017, 84 percent, or 8.7 million, are paying for their premiums with help of premium tax credits.[5] Enrollees' premium contributions are based on income, ranging from 2 percent of income for a person with income at 100 percent of poverty ($11,880 for an individual) to 9.7 percent of income for people earning between 300 percent and 400 percent of poverty ($35,640 to $47,520 for an individual) (Table 4).

The sliding-scale contributions in marketplace plans have the effect of making them less expensive, on average, than employer-based coverage for people with incomes below 250 percent of poverty ($29,700 for an individual). Seventy-one percent of people in marketplace plans with incomes in that range paid less than $125 per month for their premiums, including 30 percent who paid nothing (Exhibit 9). Fewer people in employer plans paid that amount, although many in employer plans did not know the amount of their premium payment.

The story is starkly different for people with incomes at or above 250 percent of poverty. Enrollee premium contributions rise with income in marketplace plans, while generally no such adjustment is made in employer plans: in most companies, everyone contributes the same amount. Consequently, only 24 percent of people in marketplace plans in that income range paid less than $125 or nothing for their premiums compared to 57 percent of people in employer plans.

Exhibit 9. Tax Credits Have Made the Cost of Marketplace Plans on Par with Employer Plans for Low-Income Adults



Notes: FPL refers to federal poverty level. 250% of FPL is $29,700 for an individual or $60,750 for a family of four. Because of rounding, segments may not sum to subtotals and bars may not sum to 100 percent.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Premium increases. Marketplace enrollees with incomes below 250 percent of poverty were better protected from annual premium increases than were people with higher incomes. Over the time that they had had their health plans, 70 percent of adults with incomes below 250 percent of poverty said that their premiums had either stayed the same or decreased (Exhibit 10). In contrast, only 35 percent of adults with higher incomes reported this; they were much more likely to say their premiums had increased.

Perceptions of premium affordability. People's views of the affordability of their premium also follow this pattern. Nearly two-thirds (64%) of adults in marketplace plans with incomes below 250 percent of poverty reported that their premium costs were very or somewhat easy to afford; 56 percent of people in employer plans in that income range said the same (Exhibit 11). In contrast, about one-third (34%) of marketplace enrollees with incomes of 250 percent of poverty or higher said their plans were easy to afford compared to 78 percent of adults in employer plans in that income range.

DEDUCTIBLES

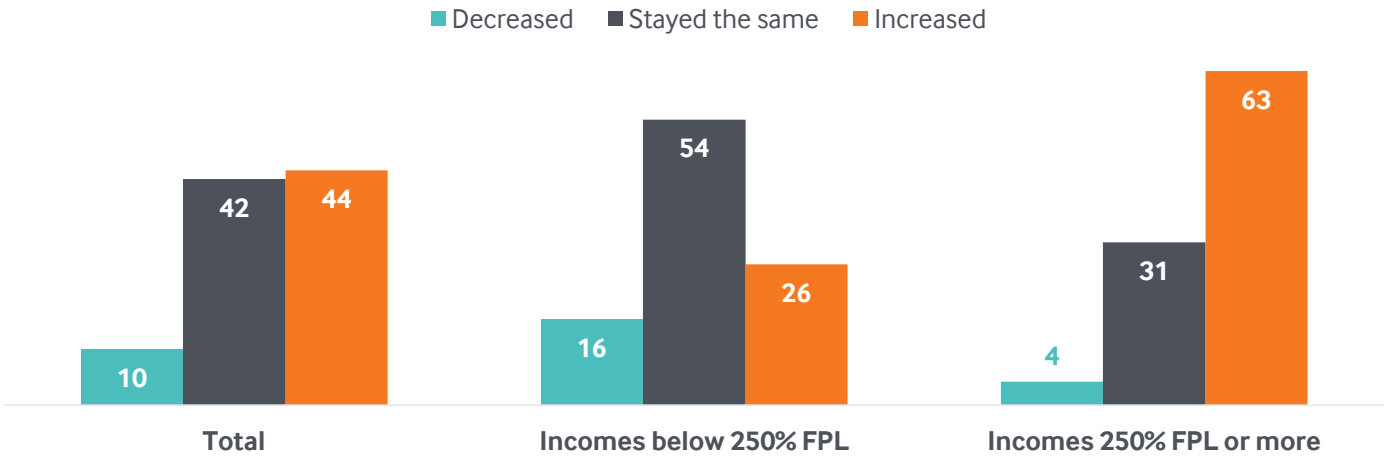
The ACA requires insurers that sell in the marketplaces to offer "silver-level" plans that come with cost-sharing reductions for adults earning between 100 percent and 250 percent of the federal poverty level.[6] These reductions lower an individual's deductible, copayments, and coinsurance; substantially so for enrollees with the lowest incomes.[7] In 2017, 57 percent of marketplace enrollees, or 5.9 million people, are estimated to be covered by plans with these reductions.[8]

The effect is clear: among marketplace enrollees with incomes below 250 percent of poverty, 28 percent said they had deductibles of $1,000 or more (Exhibit 12). But two-thirds (67%) of marketplace enrollees at 250 percent of poverty or more reported deductibles of $1,000 or more.

Exhibit 10. Lower-Income Adults with Marketplace Plans More Protected from Premium Increases Than Adults with Higher Incomes

Over the time you have had a health plan through the marketplace, has the amount you have had to pay in premiums increased, decreased, or stayed about the same?

Percent of adults ages 19–64 who have had marketplace coverage since before January 2017



Notes: FPL refers to federal poverty level. 250% of FPL is $29,700 for an individual or $60,750 for a family of four.
Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Exhibit 11. Lower-Income Adults with Marketplace Plans More Likely to View Their Premiums as Affordable Than Adults with Higher Incomes

How easy or difficult is it for you to afford the premium costs for your health insurance?

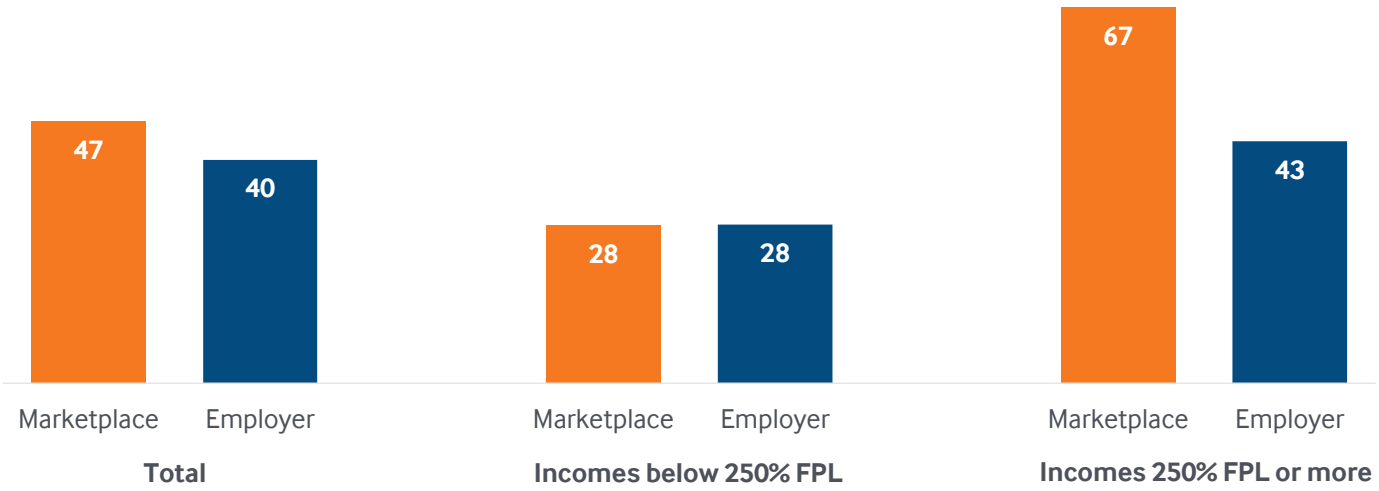
Percent of adults ages 19–64 who pay all or some of their premium and are aware of their premium amount

Notes: FPL refers to federal poverty level. 250% of FPL is $29,700 for an individual or $60,750 for a family of four. Segments may not sum to indicated total because of rounding.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Exhibit 12. Cost-Sharing Subsidies Have Lowered Deductibles for Lower-Income Adults with Marketplace Plans

Percent of adults ages 19–64 who have deductibles of $1,000 or more



Notes: FPL refers to federal poverty level. 250% of FPL is $29,700 for an individual or $60,750 for a family of four.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

The cost-sharing reductions have made deductibles similar to those faced by people in employer plans. The share of lower-income adults with high deductibles is similar in marketplace plans and in employer plans. At higher incomes, however, marketplace enrollees were significantly more likely than employer plan enrollees to have a high deductible.

Marketplace and Medicaid Enrollees Are Satisfied with Their Coverage

Four years after the ACA's major coverage expansions, large majorities of marketplace and Medicaid enrollees continue to report satisfaction with their health insurance overall. In 2017, 82 percent of adults with marketplace plans and 94 percent of those enrolled in Medicaid were very or somewhat satisfied with their health insurance (Exhibit 13). People in marketplace plans with incomes below 250 percent of poverty were significantly more likely to be satisfied than people with higher incomes (92% vs. 70%) (data not shown).

CONCLUSION AND POLICY IMPLICATIONS

The findings of this study could inform both short- and long-term actions for policymakers seeking to improve the affordability of marketplace plans and reduce the number of uninsured people in the United States.

Short-Term

The most immediate concern for policymakers is ensuring that the 17 million to 18 million people with marketplace and individual market coverage are able to enroll this fall.

Exhibit 13. Most Adults Continue to Be Satisfied with Marketplace or Medicaid Coverage

Overall, how satisfied are you with your health insurance?

*Percent of adults ages 19–64 who are currently enrolled in marketplace coverage or Medicaid**

Notes: * For 2014 we included adults who had Medicaid for less than one year, for 2015 we included adults who had Medicaid for less than two years, for 2016 we included adults who had Medicaid for less than three years, and for 2017 we included all adults with Medicaid coverage. Segments may not sum to indicated total because of rounding.

Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, April–June 2014, March–May 2015, Feb.–April 2016, March–June 2017.

Congress could take the following three steps:

1. The Trump administration has not made a long-term commitment to paying insurers for the cost-sharing reductions for low-income enrollees in the marketplaces, which insurers are required to offer under the ACA. Congress could resolve this by making a permanent appropriation for the payments. Without this commitment, insurers have already announced that they are increasing premiums to hedge against the risk of not receiving payments from the federal government. Since most enrollees receive tax credits, higher premiums also will increase the federal government's costs.[9]

2. While it appears that most counties will have at least one insurer offering plans in the marketplaces this year, Congress could consider a fallback health plan option to protect consumers if they do not have a plan to choose from, with subsidies available to help qualifying enrollees pay premiums.

3. Reinsurance to help carriers cover unexpectedly high claims costs.[10] During the three years in which it was functioning, the ACA's transitional reinsurance program lowered premiums by as much as 14 percent.

The executive branch can also play an important role in two ways:

1. Signaling to insurers participating in the marketplaces that it will enforce the individual mandate. Uncertainty over the administration's commitment to the mandate, like the cost-sharing reductions, is leading to higher-than-expected premiums for next year.

2. Affirming the commitment to ensuring that all eligible Americans are aware of their options and have the tools they need to enroll in the coverage that is right for them during the 2018 open enrollment period, which begins November 1. The survey findings indicate that large shares of uninsured Americans are unaware of the marketplaces and that enrollment assistance makes a difference in whether people sign up for insurance.

Long-Term

The following longer-term policy changes will likely lead to affordability improvement and reductions in the number of uninsured people.

1. The 19 states that have not expanded Medicaid could decide to do so.

2. Alleviate affordability issues for people with incomes above 250 percent of poverty by:

   a. Allowing people earning more than 400 percent of poverty to be eligible for tax credits. This would cover an estimated 1.2 million people at an annual total federal cost of $6 billion, according to a RAND analysis.[11]

   b. Increasing tax credits for people with incomes above 250 percent of poverty.

   c. Allowing premium contributions to be fully tax deductible for people buying insurance on their own; self-employed people have long been able to do this.

   d. Extending cost-sharing reductions for individuals with incomes above 250 percent of poverty, thus making care more affordable for insured individuals with moderate incomes.

3. Consider immigration reform and expanding insurance options for undocumented immigrants.

In 2002, the Institute of Medicine concluded that insurance coverage is the most important determinant of access to health care.[12] In the ongoing public debate over how to provide insurance to people, the conversation often drifts from this fundamental why of health insurance. At this pivotal moment, more than 30 million people now rely on the ACA's reforms and expansions. Nearly 30 million more are uninsured — because of the reasons identified in this survey. It is critical that the health of these 60 million people, along with their ability to lead long and productive lives, be the central focus in our debate over how to improve the U.S. health insurance system, regardless of the approach ultimately chosen.

HOW THIS STUDY WAS CONDUCTED

The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017, was conducted by SSRS from March 28 to June 20, 2017. The survey consisted of 15-minute telephone interviews in English or Spanish and was conducted among a random, nationally representative sample of 4,813 adults, ages 19 to 64, living in the United States. Overall, 1,198 interviews were conducted on landline telephones and 3,615 interviews on cellular phones.

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

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

This third survey in the series was conducted by SSRS from March 9 to May 3, 2015, by telephone among a random, nationally representative U.S. sample of 4,881 adults, ages 19 to 64. The March–May 2015 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. SSRS recontacted households reached through their omnibus survey of adults between November 5, 2014, and February 1, 2015, who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey has an overall margin of sampling error of +/– 2.1 percentage points at the 95 percent confidence level.

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

The March–June 2017 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in wave 5 were obtained through two sources: 1) stratified RDD sample, using the same methodology as in waves 1, 2, 3 and 4; and 2) households reached through the SSRS omnibus where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance.

As in all waves of the survey, 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.

The data are weighted to correct for oversampling uninsured and direct-purchase respondents, 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. 19-to-64 adult population by age, by state, gender by state, race/ethnicity by state, education by state, household size, geographic division, and population density using the U.S. Census Bureau's 2015 American Community Survey. Data are weighted to household telephone use parameters using the CDC's 2016 National Health Interview Survey.

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 regression imputation procedure. The survey has an overall margin of sampling error of +/– 2.1 percentage points at the 95 percent confidence level. The landline portion of the main sample survey achieved a 16.5 percent response rate and the cellular phone main-sample component achieved a 9.7 percent response rate. The overall response rate, including the prescreened sample, was 9.6 percent.

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

	Total adults (ages 19–64)	Uninsured adults	Total current marketplace and Medicaid enrollees*	Enrolled in a private health plan through the marketplace	Enrolled in Medicaid	Enrolled in employer-sponsored insurance
Unweighted n	4,813	739	1,204	460	740	2,199
Percent distribution	100%	14.0%	21.8%	8.5%	13.4%	51.5%
Millions	190	27	42	16	25	98
Age						
19–34	34	40	36	28	41	32
19–25	16	16	18	12	22	14
26–34	18	24	18	16	20	19
35–49	31	33	33	33	33	31
50–64	33	23	30	38	26	34
Race/Ethnicity						
Non-Hispanic White	61	43	52	56	49	69
Black	13	15	17	16	18	10
Latino	17	36	20	18	22	12
U.S.-born Latinos	8	10	11	9	13	8
Foreign-born Latinos	9	26	9	9	9	5
Asian/Pacific Islander	5	1	5	5	5	4
Other/Mixed	2	2	4	4	4	2
Poverty status						
Below 138% poverty	27	50	47	25	61	9
138%–249% poverty	21	27	28	27	29	16
250%–399% poverty	19	11	10	18	6	25
400% poverty or more	33	12	15	31	4	50
Health status						
Fair/Poor health status, or any chronic condition or disability^	52	48	60	51	67	47
No health problem	48	52	40	49	33	53
Political affiliation						
Democrat	30	22	35	38	33	30
Republican	20	14	13	15	12	24
Independent	23	24	20	16	22	24
Something else	16	20	20	23	19	14
State Medicaid expansion decision**						
Expanded Medicaid	62	48	71	62	77	62
Did not expand Medicaid	38	52	29	38	23	38
Marketplace type***						
State-based marketplace	31	24	38	34	41	30
Federally facilitated marketplace	69	76	62	66	59	70
Region						
Northeast	17	11	19	19	19	17
Midwest	21	14	21	18	23	23
South	38	52	31	36	27	38
West	24	23	29	27	30	22
Adult work status						
Full-time	54	41	34	50	23	73
Part-time	14	20	19	17	20	10
Not working	32	38	47	32	57	17
Employer size^^						
1–24 employees	27	54	42	52	33	15
25–99 employees	14	15	14	14	15	15
100–499 employees	14	9	13	12	13	15
500 or more employees	41	18	27	18	35	53
Education level						
High school or less	38	63	50	40	57	25
Some college/technical school	31	23	29	29	30	31
College graduate or higher	31	13	20	29	13	44

Notes: * Includes those currently enrolled in marketplace coverage, those who are enrolled in Medicaid, and those who signed up for coverage through the marketplace but are not sure if it is Medicaid or private coverage. ** The following states expanded their Medicaid program and began enrolling individuals in January 2017 or earlier: AK, AR, AZ, CA, CO, CT, DE, HI, IA, IN, IL, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, WV, and the District of Columbia. All other states were considered to have not expanded. *** 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. ^ At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol. ^^ Base: full- and part-time employed adults ages 19–64.
— Not applicable.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Table 2. Uninsured Rates Among Adults, 2013–2017

	Uninsured adults (ages 19–64)				
	2013	2014	2015	2016	2017
Unweighted n	1,112	894	702	642	739
Percent distribution	19.9%	14.8%	13.3%	12.7%	14.0%
Millions	37	28	25	24	27
Age					
19–34	28	18	19	18	16
19–25	31	19	16	17	14
26–34	26	18	23	19	18
35–49	18	15	13	11	15
50–64	14	11	8	9	10
Race/Ethnicity					
Non-Hispanic White	16	12	9	9	10
Black	21	20	18	13	17
Latino	36	23	26	29	30
U.S.-born Latino	24	*	*	14	17
Foreign-born Latino	47	*	*	43	42
Asian/Pacific Islander	18	10	8	9	5
Other/Mixed	23	12	14	11	13
Poverty status					
Below 138% poverty	35	24	25	24	26
138%–249% poverty	32	22	16	16	18
250%–399% poverty	12	10	7	8	8
400% poverty or more	4	3	2	2	5
Health status					
Fair/Poor health status, or any chronic condition or disability^	20	16	14	13	13
No health problem	20	14	13	12	15
Political affiliation					
Democrat	18	13	10	10	10
Republican	11	11	8	8	10
Independent	19	14	15	12	15
Something else	28	19	17	16	17
State Medicaid expansion decision**					
Expanded Medicaid	18	12	10	10	11
Did not expand Medicaid	23	19	18	16	19
Marketplace type***					
State-based marketplace	19	10	11	10	11
Federally facilitated marketplace	20	17	15	14	15
Region					
Northeast	13	12	8	10	9
Midwest	17	13	8	8	9
South	24	19	18	16	19
West	21	12	13	13	14
Adult work status					
Full-time	14	12	10	9	11
Part-time	29	19	14	17	20
Not working	25	17	18	17	17
Employer size^^					
1–24 employees	32	25	21	24	25
25–99 employees	20	17	17	14	13
100–499 employees	13	8	9	6	8
500 or more employees	7	6	4	3	5
Education level					
High school or less	28	23	22	22	23
Some college/technical school	19	14	11	11	11
College graduate or higher	10	5	5	3	6

Notes: * Data on foreign-born status are not available. ** We categorize states as expansion states if their state expanded their Medicaid program as of January of the survey year. *** We categorize states as state-based marketplace or federally facilitated marketplace according to the marketplace type of the survey year. ^ At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol. ^^ Base: full- and part-time employed adults ages 19–64.

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

Table 3. Demographics of Total Adults and Uninsured Adults, 2013 and 2017

	Total adults (ages 19–64)		Uninsured adults (ages 19–64)	
	2013	2017	2013	2017
Unweighted n	6,132	4,813	1,112	739
Percent distribution	100%	100%	19.9%	14.0%
Millions	186	190	37	27
Age				
19–34	32	34	46	40
19–25	15	16	23	16
26–34	18	18	23	24
35–49	32	31	29	33
50–64	33	33	23	23
Race/Ethnicity				
Non-Hispanic White	63	61	50	43
Black	12	13	13	15
Latino	16	17	29	36
U.S.-born Latino	7	8	9	10
Foreign-born Latino	9	9	20	26
Asian/Pacific Islander	4	5	3	1
Other/Mixed	2	2	3	2
Poverty status				
Below 138% poverty	30	27	52	50
138%–249% poverty	18	21	29	27
250%–399% poverty	20	19	12	11
400% poverty or more	32	33	6	12
Health status				
Fair/Poor health status, or any chronic condition or disability^	47	52	47	48
No health problem	53	48	53	52
Political affiliation				
Democrat	30	30	28	22
Republican	20	20	11	14
Independent	24	23	22	24
Something else	16	16	22	20
State Medicaid expansion decision**				
Expanded Medicaid	59	62	53	48
Did not expand Medicaid	41	38	46	52
Marketplace type***				
State-based marketplace	36	31	33	24
Federally facilitated marketplace	64	69	66	76
Region				
Northeast	17	17	12	11
Midwest	22	21	18	14
South	38	38	46	52
West	23	24	25	23
Adult work status				
Full-time	53	54	39	41
Part-time	12	14	18	20
Not working	33	32	42	38
Employer size^^				
1–24 employees	26	27	48	54
25–99 employees	17	14	19	15
100–499 employees	15	14	11	9
500 or more employees	41	41	17	18
Education level				
High school or less	39	38	56	63
Some college/technical school	30	31	29	23
College graduate or higher	29	31	14	13

Notes: ** We categorize states as expansion states if their state expanded their Medicaid program as of January of the survey year. *** We categorize states as state-based marketplace or federally facilitated marketplace according to the marketplace type of the survey year. ^ At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol. ^^ Base: full- and part-time employed adults ages 19–64.

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

Table 4. Premium Assistance and Cost-Sharing Protections Under the Affordable Care Act, for 2017

FPL	Income	Premium contribution as a share of income	Cost-sharing limits	Actuarial value: Silver plan
100% – <138%	S: $11,880 – S: <$16,394 F: $24,300 – F: <$33,534	2.04%	S: $2,350 F: $4,700	94%
138% – 149%	S: $16,394 – <$17,820 F: $33,534 – <$36,450	3.06% – 4.08%		94%
150% – 199%	S: $17,820 – <$23,760 F: $36,450 – <$48,600	4.08% – 6.43%		87%
200% – 249%	S: $23,760 – <$29,700 F: $48,600 – <$60,750	6.43% – 8.21%	S: $5,700 F: $11,400	73%
250% – 299%	S: $29,700 – <$35,640 F: $60,750 – <$72,900	8.21% – 9.69%	S: $7,150 F: $14,300	70%
300% – 399%	S: $35,640 – <$47,520 F: $72,900 – <$97,200	9.69%		70%
400%+	S: $47,520+ F: $97,200+	—		—

Notes: FPL refers to federal poverty level. Income levels based on 2016 FPL. Actuarial values are the average percent of medical costs covered by a health plan. S = single; F = family of four.

Data: Internal Revenue Service, *Internal Revenue Bulletin, Rev. Proc. 2016-24* (IRS, May 2, 2016); and "Payment Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2017, Final Rule," *Federal Register,* March 8, 2016 81(45):12204–352.

NOTES

[1] Assistant Secretary for Planning and Evaluation, *Health Plan Choice and Premiums in the 2017 Health Insurance Marketplace* (ASPE, Oct. 24, 2016).

[2] S. L. Hayes, S. R. Collins, D. C. Radley, D. McCarthy, and S. Beutel, *A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013–2015* (The Commonwealth Fund, Dec. 2016).

[3] Foreign-born include individuals who may qualify for Medicaid or marketplace coverage under the ACA — such as naturalized citizens and permanent residents (green card holders) — as well as undocumented immigrant adults who do not qualify.

[4] According to the American Community Survey (2014), an estimated 33 percent of foreign-born Latinos are naturalized citizens and permanent residents while 66 percent are noncitizens. See R. Stepler and A. Brown, *Statistical Portrait of Hispanics in the United States* (Pew Research Center, April 19, 2016).

[5] Centers for Medicare and Medicaid Services, *2017 Effectuated Enrollment Snapshot, March 15, 2017* (CMS, June 12, 2017).

[6] Plans in the marketplaces are sold at four different levels of cost coverage, or actuarial value: bronze, silver, gold, and platinum. Bronze plans cover 60 percent of medical costs on average, silver plans cover 70 percent, gold 80 percent, and platinum 90 percent.

[7] S. R. Collins, M. Z. Gunja, and S. Beutel, *How Will the Affordable Care Act's Cost-Sharing Reductions Affect Consumers' Out-of-Pocket Costs in 2016?* (The Commonwealth Fund, March 2016).

[8] Centers for Medicare and Medicaid Services, *2017 Effectuated Enrollment Snapshot, March 15, 2017* (CMS, June 12, 2017).

[9] Congressional Budget Office, *The Effects of Terminating Payments for Cost-Sharing Reductions* (CBO, Aug. 2017).

[10] D. Blumenthal and S. R. Collins, "In the Aftermath," *To the Point,* The Commonwealth Fund, July 28, 2017; and T. S. Jost, "Fixing Our Most Pressing Health Insurance Problems: A Bipartisan Path Forward," *To the Point,* The Commonwealth Fund, July 13, 2017.

[11] J. Liu and C. Eibner, *Extending Marketplace Tax Credits Would Make Coverage More Affordable for Middle-Income Adults* (The Commonwealth Fund, July 2017).

[12] Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (National Academies Press, 2002); and Institute of Medicine, *Hidden Costs, Value Lost: Uninsurance in America* (National Academies Press, 2003).

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About the Commonwealth Fund
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Appendix. Comparison of Uninsured Estimates from Recent Surveys

There are several surveys that have tracked changes in insurance coverage since the implementation of the Affordable Care Act's major coverage expansions. These surveys use slightly different methods, but were conducted over similar periods, with a baseline survey measuring the uninsured rate prior to implementation of the health reform law's major coverage provisions. Although the surveys have produced slightly different estimates, they are directionally the same, showing a significant decline in the rate and number of uninsured adults in the United States.

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

Survey	Pre-implementation uninsured rate (%) [95% CI]	Post-implementation uninsured rate (%) [95% CI]	Millions of uninsured
The Commonwealth Fund Affordable Care Act Tracking Survey[1]	19.9% [18.5% – 21.4%]	14.0% [12.7% –15.5%]	27 million [23.9 million – 29.4 million]
National Health Interview Survey[2]	20.4% [19.7% – 21.1%]	12.1% [11.3% – 12.9%]	23.9 million
Gallup Healthways Well-Being Index[3]	20.7%	13.6%	—

Notes: Confidence intervals are shown when they were reported by the organization.

— Estimates were not reported.

[1] The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

[2] R. A. Cohen, M. E. Martinez, and E. P. Zammitti, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–March 2017* (National Center for Health Statistics, Aug. 2017).

[3] Z. Auter, *U.S. Uninsured Rate Edges Up Slightly* (Gallup-Healthways Well-Being Index, April 10, 2017).

Methodological Differences Between Private Surveys

Survey	Population	Time frame	Sample frame	Response rate
The Commonwealth Fund Affordable Care Act Tracking Survey[1]	U.S. adults, ages 19 to 64	July–Sept. 2013 to March–June 2017	Dual-frame, random-digit dialing telephone survey	2013: 20.1% 2017: 9.6%
National Health Interview Survey[2,3]	U.S. adults, ages 18 to 64	2013 to January–March 2017	Multistage area probability design	80%
Gallup Healthways Well-Being Index[4,5,6]	U.S. adults, ages 18 to 64	2013 to January–March 2017	Dual-frame, random-digit dialing telephone survey telephone survey	7%–9%

[1] The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

[2] R. A. Cohen, M. E. Martinez, and E. P. Zammitti, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–March 2017* (National Center for Health Statistics, Aug. 2017).

[3] *About the National Health Interview Survey* (National Center for Health Statistics, July 2017).

[4] Z. Auter, *U.S. Uninsured Rate Edges Up Slightly* (Gallup-Healthways Well-Being Index, April 10, 2017).

[5] K. Finegold and M. Z. Gunja, *Survey Data on Health Insurance Coverage for 2013 and 2014*, ASPE issue brief (Office of the Assistant Secretary for Planning and Evaluation, Oct. 31, 2014).

[6] *Health Reform Monitoring Survey: HRMS Frequently Asked Questions* (Urban Institute, 2016).

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