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**GAPS IN HEALTH INSURANCE:
AN ALL-AMERICAN PROBLEM**

**FINDINGS FROM THE COMMONWEALTH FUND
BIENNIAL HEALTH INSURANCE SURVEY**

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ABSTRACT: Gaps in health insurance coverage—a problem that has long afflicted lower-income U.S. families—is increasingly becoming an all-American problem. Findings from the Commonwealth Fund Biennial Health Insurance Survey show that, while lack of insurance continues to be highest among families with incomes under \$20,000, uninsured rates for moderate- and middle-income earners and their families are rising, putting their health and financial security at risk. The survey finds that most of these individuals reside in working families: Of the estimated 48 million Americans who spent any time uninsured in the past year, 67 percent were in families where at least one person was working full-time. In addition, survey respondents were asked about problems with medical bills and accrued medical debt; difficulties in accessing needed health care; problems managing chronic conditions; utilization of routine preventive care; like mammograms and colonoscopies, and coordination and efficiency of care.

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EXECUTIVE SUMMARY

National health care spending is climbing by more than 7 percent per year, outpacing economic growth by a substantial margin. As health care costs have climbed, so has the number of people without health insurance in the United States, even during a period of overall economic growth. In 2004, nearly 46 million people were uninsured, an increase of 6 million over 2000. This combination of eroding health insurance coverage and rapidly rising health care costs raises concerns about the ability of U.S. families to obtain timely medical care, protect their finances from catastrophic health care costs, and save for retirement.

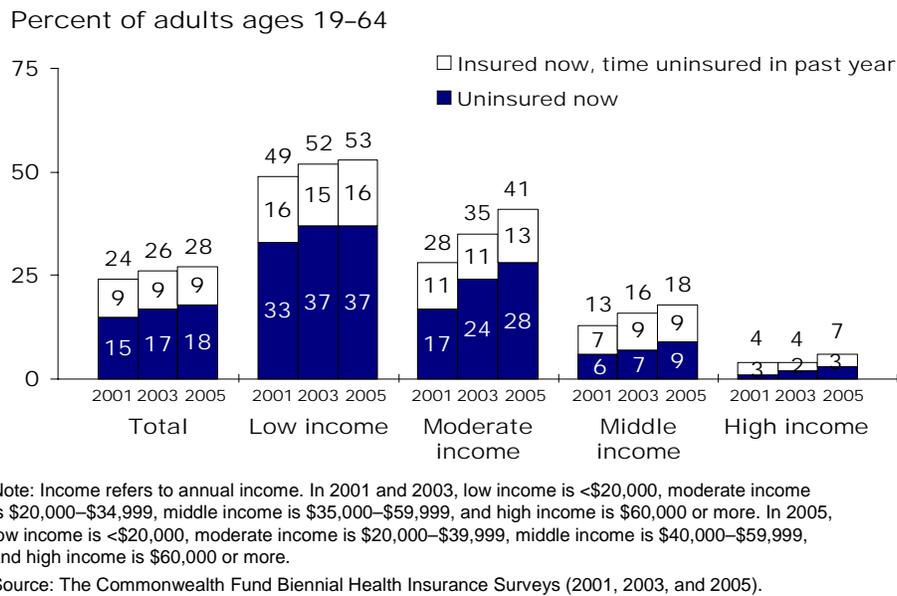
The Commonwealth Fund Biennial Health Insurance Survey, a nationally representative survey of 4,350 adults ages 19 and older, presents new information on the health insurance coverage of Americans and the health and financial consequences families face when they experience breaks in insurance. The survey, conducted between September 2005 and January 2006, finds that while the lowest-income families have always been most at risk of not having insurance coverage, more moderate and middle income earners and their families are also in jeopardy. In addition, one of five of all adults under age 65 are currently paying off debt from medical bills incurred in the past. Those who lack insurance are particularly affected by this burden. The survey also finds that uninsured people with chronic health conditions like diabetes and asthma are much more likely to skip medications for their conditions and go to an emergency room or hospital than are those who are insured.

Key findings of the survey include:

Rising Numbers of Uninsured Individuals Are in Moderate and Middle Income American Families

- Two of five (41%) working-age Americans with incomes between \$20,000 and \$40,000 a year were uninsured for at least part of the past year—a dramatic and rapid increase from 2001 when just over one-quarter (28%) of those with moderate incomes were uninsured.
- Adults with incomes under \$20,000 were still the most likely to be uninsured: more than half (53%) had spent time uninsured in the past year.

Figure ES-1. Uninsured Rates High Among Adults with Low and Moderate Incomes, 2001–2005



- Most people who are uninsured are in working families. Of the estimated 48 million Americans who had any time uninsured in the past year, 67 percent were in families where at least one person was working full-time.

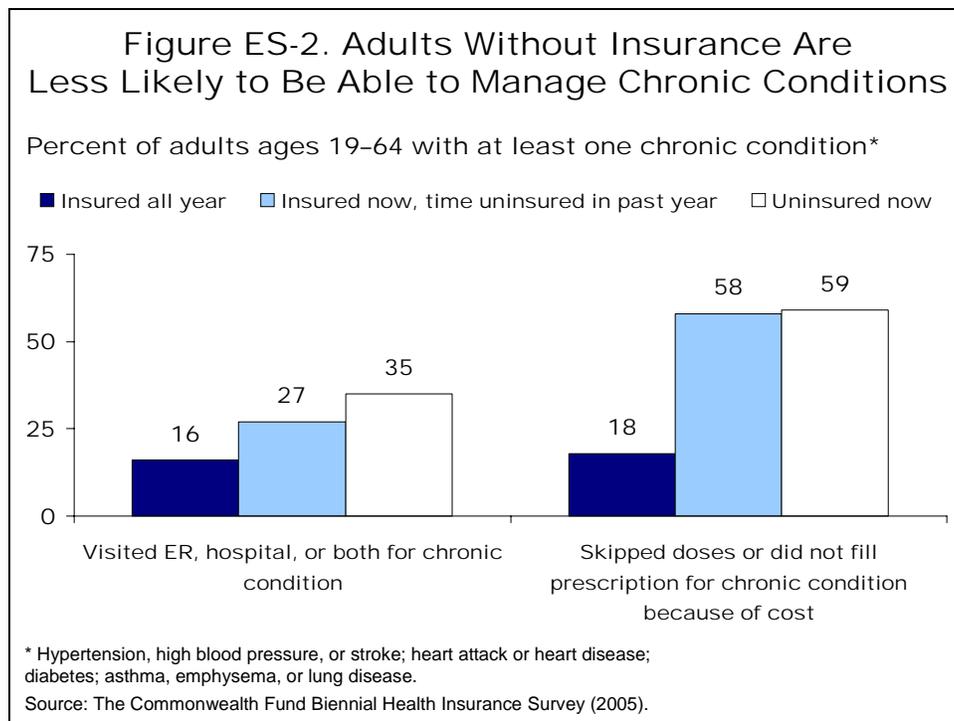
Many Americans Report Medical Bill Problems and Medical Debt

- One-fifth (21%) of working age adults, both insured and uninsured, currently have medical debt they are paying off over time and more than 2 of 5 (44%) of these individuals are carrying \$2,000 or more in debt.
- More than one-third (34%) of adults ages 19 to 64 either had medical bill problems in the past year or were paying off accrued medical debt. Problems include: not being able to pay bills, being contacted by a collection agency about unpaid medical bills, or having to change way of life to pay bills.
- Three of five (62%) of all adults with medical bills or debt problems said they or their family member were insured at the time the debt was incurred.
- More than half (51%) of uninsured adults reported medical debt or bill problems. Of those, nearly half (49%) used up all their savings to pay their bills. Two of five were unable to pay for basic necessities like food, heat, or rent because of medical bills.
- Rates of medical bill problems and debt were high among people in both lower-income and higher-income households who experienced a time uninsured. Indeed, rates were highest among those with higher incomes. Nearly three of five (59%) adults

with incomes of \$40,000 or more reported difficulties with medical bills or accrued debt. Forty-six percent of adults with higher incomes were paying off unpaid medical bills over time, with over half (54%) of these individuals carrying \$2,000 or more in medical debt.

People with Gaps in Coverage Have Difficulty Managing Chronic Conditions

- An alarmingly high proportion—59 percent—of uninsured adults who had a chronic illness, such as diabetes and asthma, did not fill a prescription or skipped their medications because they could not afford them.
- More than one-third (35%) of uninsured adults who had a chronic condition went to an emergency room or stayed overnight in the hospital in the past year because of their condition—about two times the rate of people with chronic health problems who were insured all year.



Individuals with Gaps in Coverage Are Much Less Likely to Get Preventive Care

- Only 18 percent of uninsured adults ages 50 to 64 had a colon cancer screen in the past five years, compared with 56 percent of adults insured all year.
- Less than half (48%) of uninsured women ages 50 to 64 had a mammogram in the past two years, compared with 75 percent of women who were insured all year.

- Few adults without medical insurance receive dental care: only 35 percent of those uninsured at the time of the survey had a dental exam in the past year, half the rate of those who were insured for the full year.

People with Gaps in Coverage Experience Inefficient Care

- One-quarter (23%) of adults who reported spending any time uninsured in the past year said test results or medical records were not available at the time of a scheduled appointment compared with 15 percent of continuously insured adults.
- Nearly one of five (19%) adults with any time uninsured said they had been given a duplicate test, twice the rate of duplication reported by continuously insured adults.

It is clear from the findings of this survey and from prior research that the health care—and ultimately the health and productivity of the U.S. population—is being damaged as the nation’s insurance problem continues to grow. Real solutions that build on group forms of coverage already in place, including employer plans, Medicare, Medicaid, the State Children’s Health Insurance Program, and state and Federal employee benefits programs, will help to fill insurance gaps with meaningful, affordable coverage that helps link families and providers. Preventive care routines, like cancer screenings, blood pressure and cholesterol tests, dental exams, as well as care for chronic conditions, should be the shared reality of all Americans.

GAPS IN HEALTH INSURANCE: AN ALL-AMERICAN PROBLEM

FINDINGS FROM THE COMMONWEALTH FUND BIENNIAL HEALTH INSURANCE SURVEY

INTRODUCTION

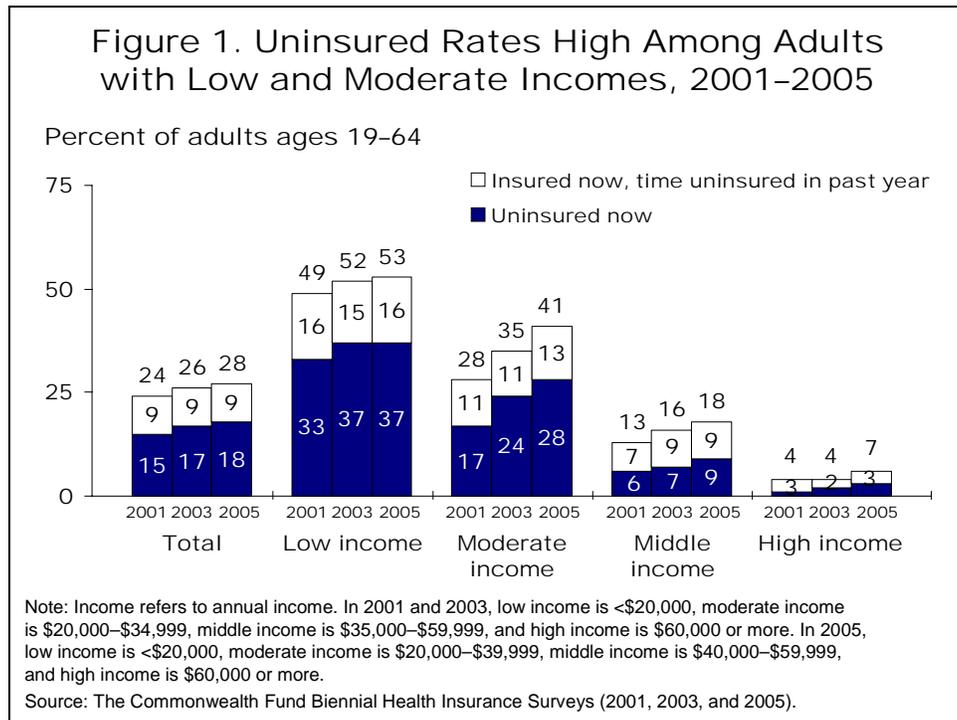
National health care spending is climbing by more than 7 percent per year, outpacing economic growth by a substantial margin.¹ Health insurance premiums are also rising rapidly—the average annual cost of family coverage in employer-based health plans, including both employer and employee contributions, topped \$10,880 last year, more than the average yearly earnings of a full-time, minimum-wage worker.²

In the individual insurance market, premiums are, on average, even less affordable. Due to the underwriting practices in some states, many individuals, particularly those who are older or have chronic health problems, are left on the sidelines—unable to even qualify for coverage.³ As health care costs have climbed, so has the number of people without health insurance in the United States, even during a period of overall economic growth. In 2004, nearly 46 million people were uninsured, an increase of 6 million over 2000.⁴ This combination of eroding health insurance coverage and rapidly rising health care costs raises concerns about the ability of U.S. families to obtain timely medical care, protect their finances from catastrophic health care costs, and save for retirement.

The Commonwealth Fund Biennial Health Insurance Survey, a nationally representative survey of 4,350 adults ages 19 and older, presents new information on the health insurance coverage of Americans and the health and financial consequences families face when they experience breaks in insurance. (See [Appendix](#) for a description of survey methodology). The survey, conducted between September 2005 and January 2006, finds that while the lowest-income families have always been most at risk of not having insurance coverage, more moderate- and middle-income earners and their families are also in jeopardy. In addition, one of five of all adults under age 65 are currently paying off debt from medical bills incurred in the past. Those who lack insurance are particularly affected by this burden. The survey also finds that uninsured people with chronic health conditions like diabetes and asthma are much more likely to skip medications for their conditions and to visit emergency rooms or be admitted to the hospital than are those who are insured. These and other findings from the survey suggest problems ahead for the health and productivity of the U.S. population if families continue to lose coverage.

UNINSURED RATES ARE HIGH AMONG LOW- AND MODERATE-INCOME HOUSEHOLDS

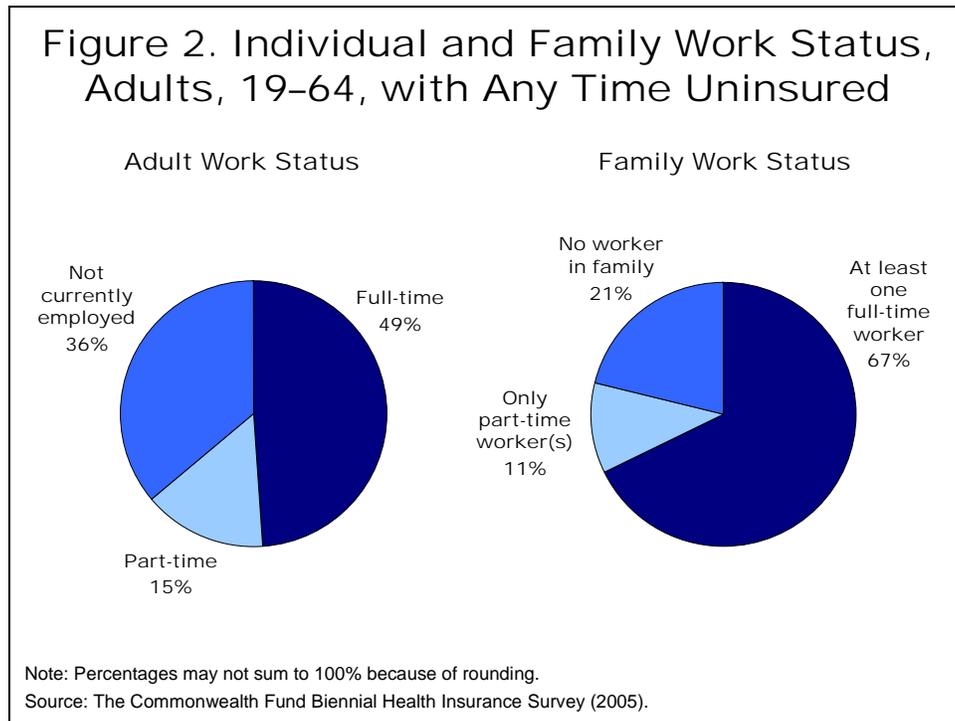
In 2005, more than one-quarter (28%) of U.S. adults ages 19 to 64, or 48 million people, were either uninsured at the time of the survey or were insured but had experienced a time without coverage in the past 12 months (Figure 1). This represents an increase from 38 million uninsured people in 2001.⁵ Lack of insurance continues to be highest among families with incomes under \$20,000. More than half (53%) of adults in households with incomes of less than \$20,000 were uninsured for a time during 2005.



Uninsured rates for moderate-income families are rising rapidly, so much that the margin between reported rates of instability in these families and that of the lowest-income households has narrowed significantly in the past four years. In 2001, 28 percent of people with incomes between \$20,000 and \$35,000 experienced a time uninsured compared with 49 percent of people with incomes less than \$20,000—a difference of 21 percentage points (Figure 1). In 2005, 41 percent of people in households with incomes between \$20,000 and \$40,000 reported a time uninsured, compared with 53 percent of families with incomes less than \$20,000—a difference of 12 percentage points.⁶ The lowest-income workers have always been most at risk of not being offered job-based coverage. Now, more moderate income earners and their families are also in jeopardy.⁷

The Majority of Uninsured Adults Are in Working Families

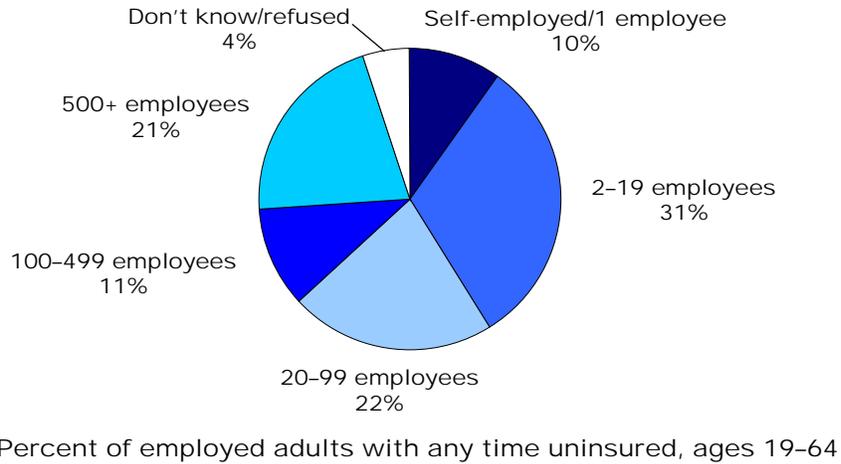
The majority of adults who report being without coverage are members of working families. A full two-thirds (67%) of Americans who spent some time uninsured in 2005 were in families where at least one person was working full time (Figure 2).



Nearly half (49%) of adults who report a time uninsured are themselves working in full-time jobs and an additional 15 percent are in part-time positions (Figure 2). Working for small companies greatly increases the risk that workers will be without insurance coverage. But many people without coverage are employed by large companies. The survey finds that among working adults who spent a time uninsured in 2005, about one-third (32%) were working for companies with 100 or more employees. More than three of five (63%) were self-employed business-owners or were working for firms with fewer than 100 employees (Figure 3).

There are few affordable options for working families who do not have coverage through their employers. Only 6 percent of adults under age 65 have coverage purchased through the individual market (data not shown). Such low participation reflects premiums that can amount to a substantial share of household income and underwriting practices that can make coverage unattainable because of the age or health problems of family members.⁸

Figure 3. More than Three of Five Working Adults with Any Time Uninsured Are Employed in Firms with Less than 100 Employees

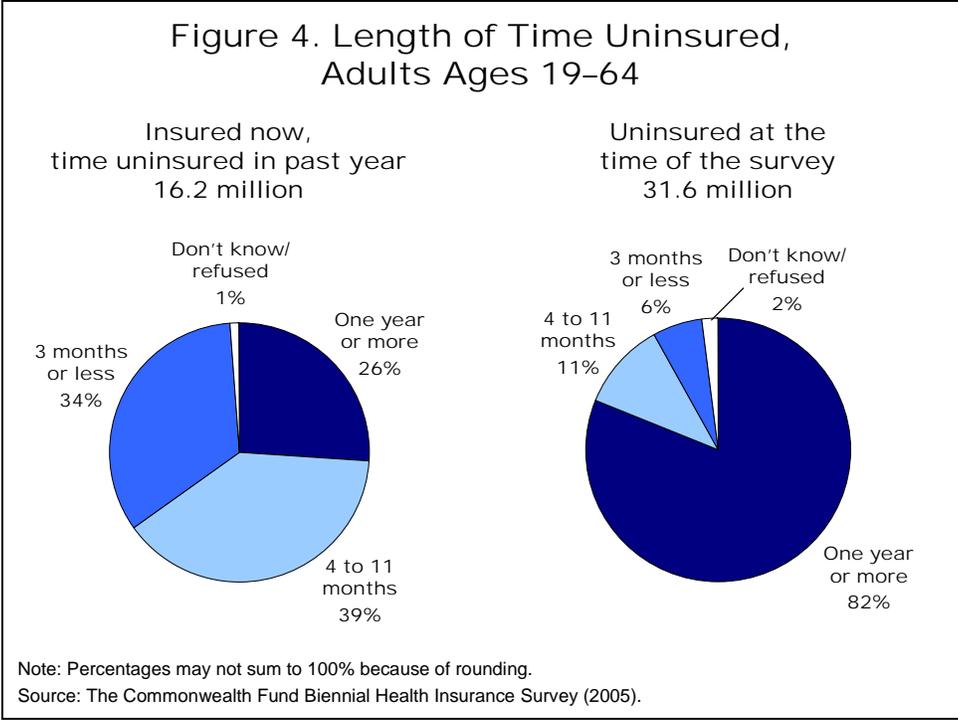


Note: Percentages may not sum to 100% because of rounding.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Many Americans Experience Long Periods Without Health Insurance

Most Americans who experience gaps in their insurance coverage are uninsured for long periods of time. Of the nearly 32 million adults who were uninsured at the time of the survey, 82 percent, or 26 million, had been uninsured for one year or more (Figure 4). Of those who had coverage when surveyed but had experienced a time uninsured in the past year, one-quarter (26%) were without coverage for a year or longer. One-third (34%) had been uninsured for three months or less.



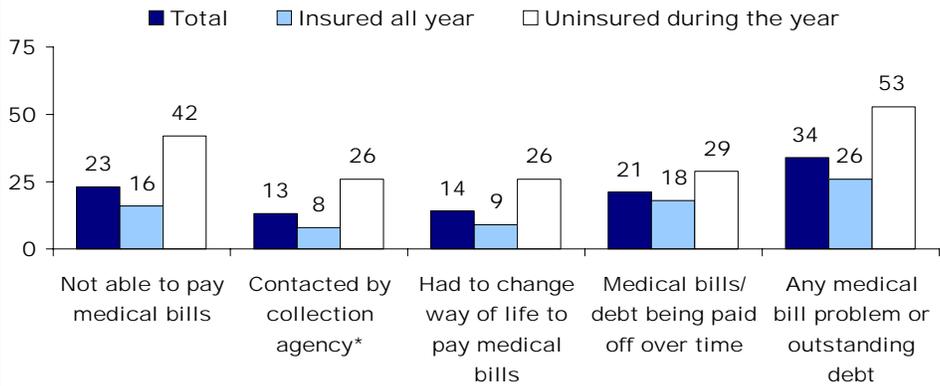
GAPS IN HEALTH INSURANCE: FINANCIAL CONSEQUENCES

Many Americans Report Medical Bill Problems and Medical Debt

Both insured and uninsured families are burdened by medical bills and debt. The survey asked people about their ability to pay their medical bills in the past 12 months, including whether there were times when they had difficulty or were unable to pay their bills, whether they had been contacted by a collection agency concerning outstanding medical bills, or whether they had to change their lives significantly in order to meet their obligations. Respondents were also asked if they were currently paying off medical debt they had incurred this year or in previous years. The survey finds that 34 percent of all adults under age 65 either had medical bill problems in the past 12 months or were paying off accrued medical debt (Figure 5). Those who said they were contacted by a collection agency because of a billing mistake—and not because they were unable to pay a bill—were excluded from the total. Most adults who reported bill or debt problems were insured when the bill was incurred. Among all adults with medical bill or debt problems, nearly two-thirds (62%) said that they or a family member were insured at the time the bill was incurred (Table 2).

Figure 5. Many Americans Have Problems Paying Medical Bills or Are Paying Off Medical Debt

Percent of adults ages 19–64 who had the following problems in past year:



* Includes only those individuals who had a bill sent to a collection agency when they were unable to pay it.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Many Americans report that they are currently paying off medical debt from bills incurred in the past two years. More than one of five (21%) adults said they currently had medical bills they were paying off over time, with more than two of five (44%) reporting debt burdens of \$2,000 or more. In addition, many people are carrying debt incurred in multiple years. More than one-third (35%) of adults with medical debt were carrying overdue bills from care received more than one year ago and 9 percent were paying bills from both last year and earlier years (Table 2).

While rates of bill problems and medical debt were high among both insured and uninsured adults, those who spent any time uninsured reported the highest rates of difficulties in all categories

More than half of adults who had spent any time uninsured reported debt or bill problems, compared with 26 percent of people who were insured all year (Figure 5). More than two of five (42%) adults who were without coverage any time during the past year said they had problems paying their medical bills in the past year, more than two and half times the rate reported by people who were covered all year (Table 2). About three of 10 (29%) adults who had spent any time without coverage were paying off medical debt over time, compared with about 18 percent of those who were continuously insured (Table 2).

People with a time uninsured in both lower-income and higher-income households reported high rates of medical bill problems. Indeed, rates were highest among those with higher incomes. Nearly three of five (59%) adults with incomes of \$40,000 or more reported difficulties with medical bills or accrued debt (Table 2). Forty-six percent of adults with higher incomes were paying off unpaid medical bills over time, with over half (54%) of these individuals carrying \$2,000 or more in medical debt.

Confronted with medical bills and debt, many people are forced to make tradeoffs in their spending and saving priorities. Among all adults under age 65 who reported any problems with medical bills or accumulated debt, one-quarter (26%) said they had been unable to pay for basic necessities like food, heat, or rent because of medical bills; nearly two of five (39%) had used up all of their savings; one-quarter (26%) had taken on credit card debt; and one-tenth (11%) had taken out a mortgage against their home (Figure 6). Rates of reported tradeoffs were especially high among people who had spent any time uninsured and those in households with incomes of less than \$40,000. Nearly half (49%) of adults with bill problems or debt who were uninsured at the time of the survey had used up all their savings to pay for their medical bills and two of five (40%) were unable to pay for food, heat, or rent.

Figure 6. One-Quarter of Adults with Medical Bill Burdens and Debt Were Unable to Pay for Basic Necessities

Percent of adults ages 19–64 with medical bill problems or accrued medical debt:

Percent of adults reporting:	Total	Insured all year	Insured now, time uninsured during year	Uninsured now
Unable to pay for basic necessities (food, heat, or rent) because of medical bills	26%	19%	28%	40%
Used up all of savings	39	33	42	49
Took out a mortgage against your home or took out a loan	11	10	12	11
Took on credit card debt	26	27	31	23

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

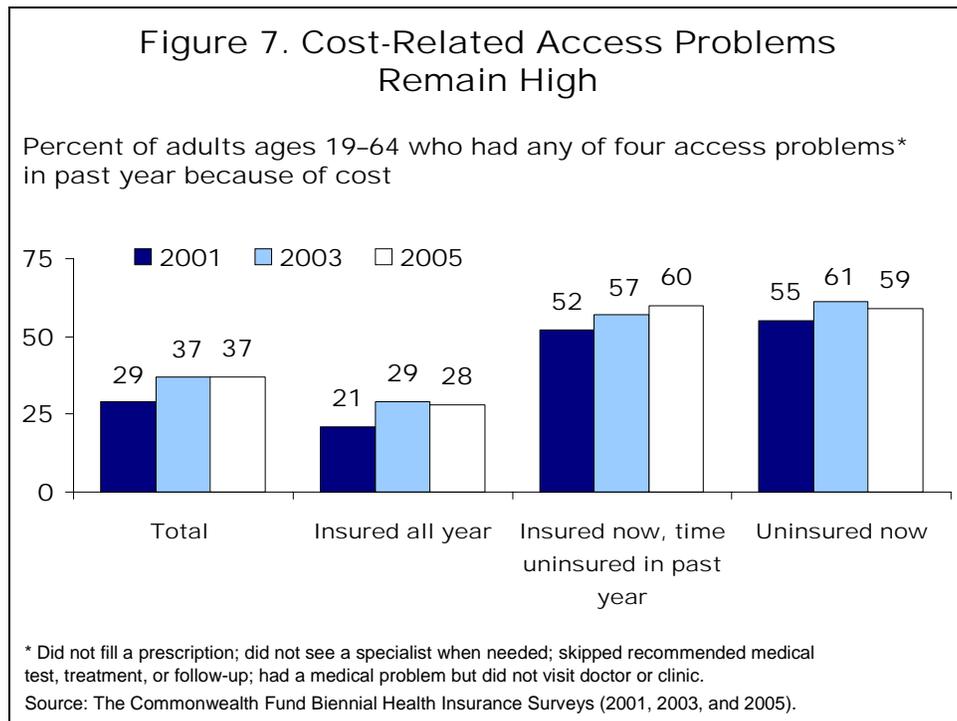
GAPS IN HEALTH INSURANCE: HEALTH CARE CONSEQUENCES

The purpose of health insurance is to provide timely and affordable access to health care and to protect against the costs of catastrophic injuries and illnesses. When families lose

health insurance, their ability to obtain needed health care is substantially weakened. Being disconnected from the health care system limits individuals' ability to manage chronic conditions and get preventive screenings, raising the risk of more serious illnesses and potentially catastrophic medical expenses later on.⁹

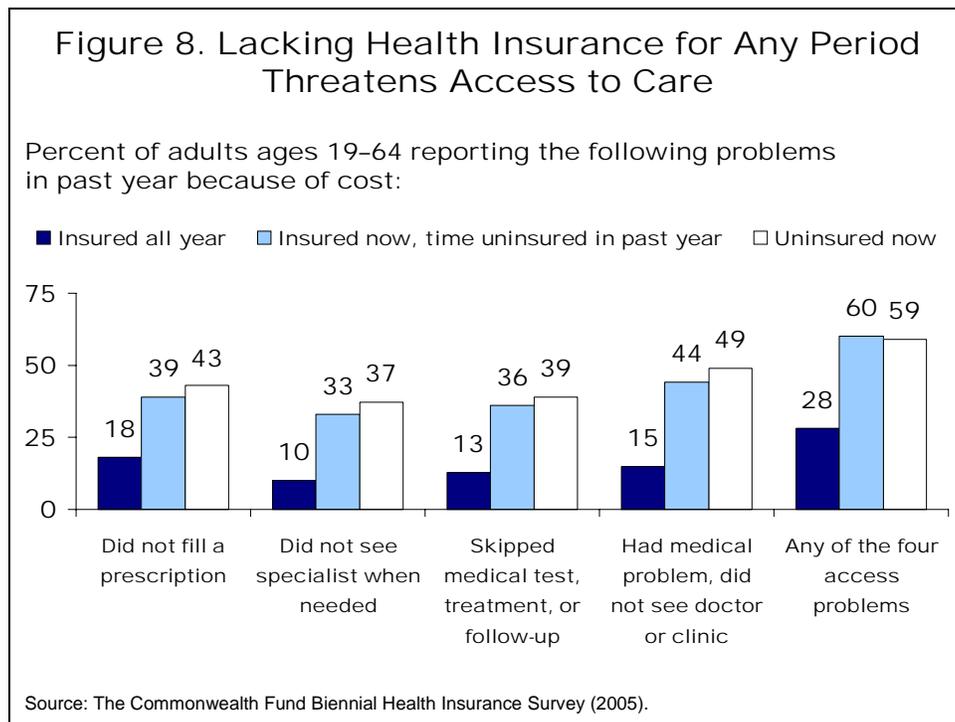
Gaps in Coverage Lead to Difficulties in Getting Needed Health Care

Gaps in health insurance and lack of coverage make it difficult for people to get the health care they need. The survey asked respondents whether they had not pursued needed medical care in the past 12 months because of cost. Specifically, respondents were asked if, because of cost, they did not go to a doctor or clinic when sick; had not filled a prescription; skipped a medical test, treatment, or follow-up visit recommended by a doctor; or did not see a specialist when a doctor or the respondent thought it was needed. These questions were also asked as part of the Commonwealth Fund health insurance surveys in 2001 and 2003.¹⁰ Thirty-seven percent of adults reported any one of these cost-related access problems in 2005, the same rate as in 2003, but higher than that reported in 2001 (29%) (Figure 7).



People who were uninsured at the time of the survey or who were insured but had spent a time without coverage last year experienced the highest rates of cost-related problems accessing health care. About three of five said they had not received needed health care in the past year because of costs, more than two times the rate of adults who

were insured all year. Rates of reported problems in each access category were highest among adults with any time without health insurance (Figure 8). Nearly half (49%) of those who were uninsured at the time of the survey and 44 percent of those who had experienced a time without coverage during the prior year said they had failed to go to a doctor or clinic when they had a medical problem because of the cost of care, compared with 15 percent of adults who were insured all year. Similarly, about two of five of those with any time uninsured said they had not filled a prescription because of costs, more than two times the rate of reported problems among people with continuous coverage.

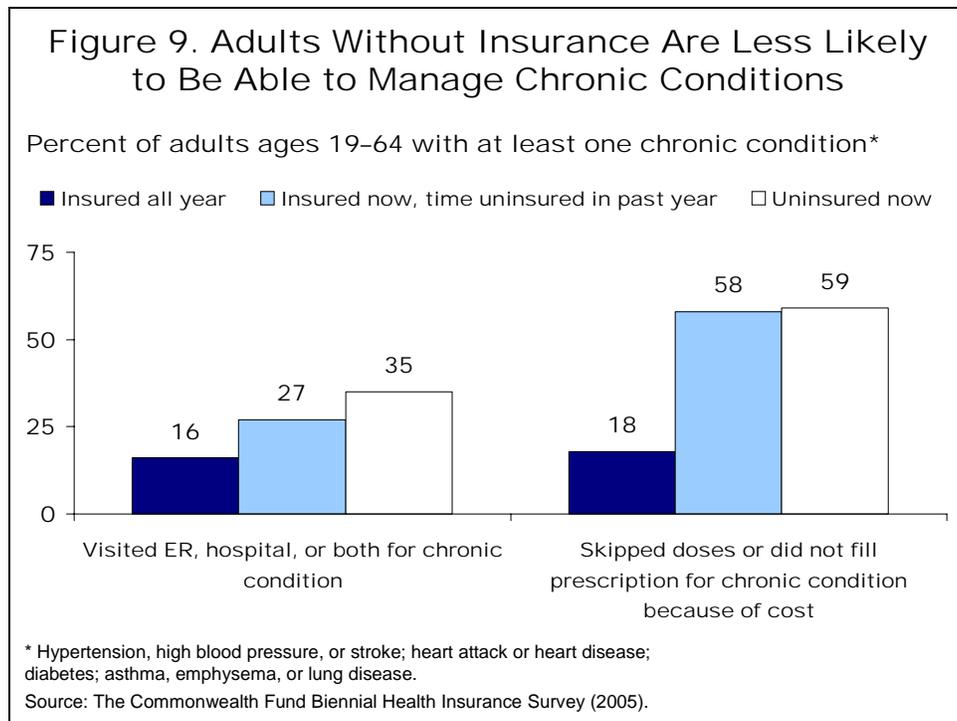


People with Gaps in Coverage Have Difficulty Managing Chronic Conditions

Many Americans, particularly older adults, have chronic health conditions such as high blood pressure or diabetes. The survey asked people whether a doctor had told them they had any of four chronic conditions: high blood pressure; heart attack or heart disease; diabetes; asthma, emphysema or other lung disease. About three of 10 (31%) adults had at least one of the four conditions, with reported rates highest for high blood pressure and asthma (Table 3). There was little difference in reported rates across insurance status.

There were significant differences, however, in people’s ability to manage their chronic conditions, based on whether they had continuous insurance coverage. Management of chronic conditions through appropriate drugs and other therapies can help people maintain normal life activities and avoid serious and costly complications that can

accompany many chronic illnesses. The survey finds evidence, however, that people with gaps in coverage have a much more difficult time accessing such treatments and thus, managing their conditions. Among adults who regularly took prescription drugs and reported a time uninsured and a chronic health problem, nearly 60 percent said they had skipped doses of their chronic disease medications or had not filled a prescription because of cost (Figure 9). In contrast, just 18 percent of adults with chronic conditions who were insured all year reported that they had skipped or not filled prescriptions because of cost. Likewise, more than one-third (35%) of adults who were uninsured at the time of the survey and had a chronic condition went to the emergency room, stayed overnight in the hospital, or both, in the past year because of a chronic condition—about two times the rate of people with chronic health problems who were insured all year.

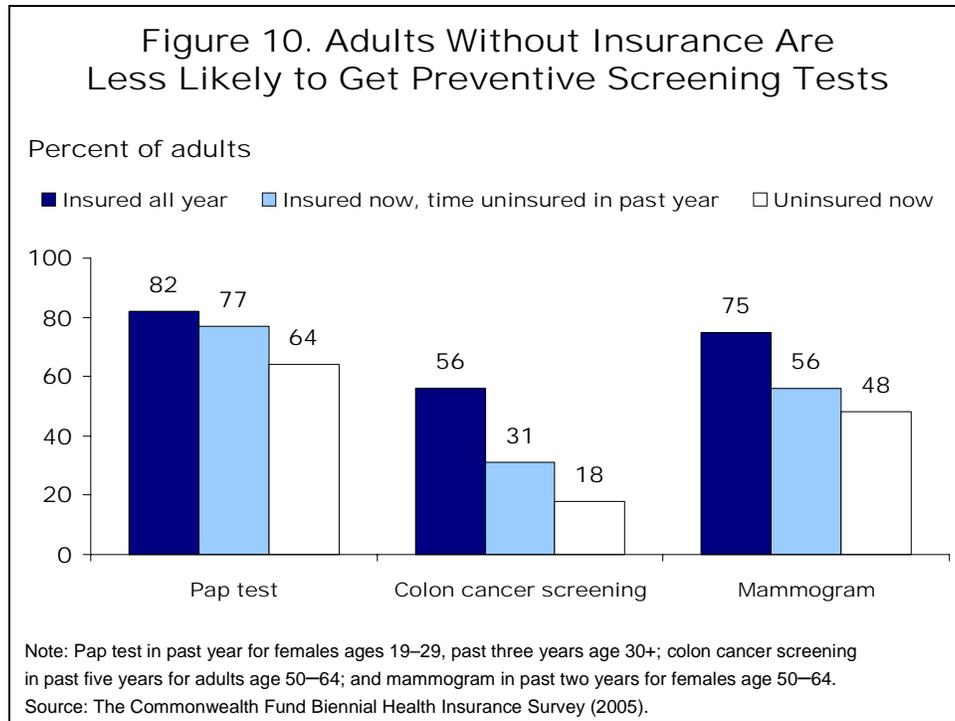


The survey also asked people who reported a chronic health condition, fair or poor health, or a disability or handicap, whether they felt confident in their ability to manage and control most of their health problems. Only 19 percent of uninsured adults and 36 percent of those with a time uninsured in the past year said they were very confident in their ability to manage their health problems, compared with about half (49%) of adults who were insured all year (Table 3).

Individuals with Gaps in Coverage Are Much Less Likely to Get Preventive Care

For many people with comprehensive insurance coverage, preventive care tests and screens like mammograms, colonoscopies, pap smears, and blood workups for cholesterol are part of their health care routine, performed annually or once every few years and requiring little out-of-pocket expense. But for those without health insurance, such exams are often not part of the routine. Many of these tests can amount to hundreds of dollars in a private physician's office or radiology center. The survey asked respondents whether they had delayed or not received preventive care screening tests such as colon cancer screens or mammograms in the past 12 months because of cost. Nearly one-third (32%) of those who were uninsured when surveyed and about one-quarter (27%) of those who had been uninsured at some time during the past year said they had delayed or not received a preventive care exam, compared with only 7 percent of people who were insured all year (Table 4).

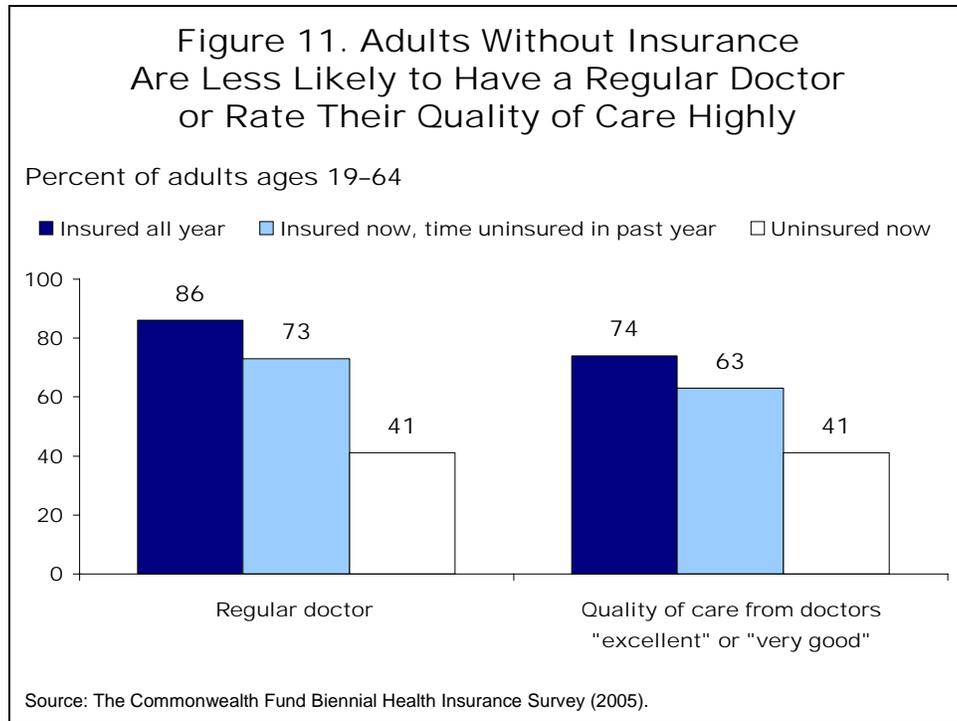
The survey also asked respondents more specific questions about their use of preventive services including cancer screens, blood pressure and cholesterol tests, and dental exams. Adults who were uninsured or had been uninsured in the past year were much less likely to say that they had a cancer screen in the recommended time period. Just 18 percent of uninsured adults ages 50 to 64 had a colon cancer screen in the past five years, compared with 56 percent of adults insured all year (Figure 10). Similarly, less than half (48%) of uninsured women ages 50 to 64 had a mammogram in the past two years compared with three-fourths of women who were insured all year. Women with gaps in coverage received pap smears at somewhat higher rates than the other tests, but their use of the test in the recommended time period still lagged behind that of insured women by nearly 20 percentage points.



People without coverage were also far less likely to have had their blood pressure or cholesterol checked in the recommended time period and to receive dental care. Only two of five uninsured adults had their cholesterol checked in the past five years, nearly half the rate of adults who were insured all year (Table 4). Few adults without medical insurance receive dental care: only 35 percent of those uninsured at the time of the survey had a dental exam in the past year, half the rate of those who were insured for the full year.

Few People Without Health Insurance Have a Regular Doctor

People without insurance are much less likely to report they have a regular doctor or other health care professional than those who are insured continuously. Only 41 percent of adults who were uninsured at the time of the survey had a personal or family physician or other health care professional to rely on when they need medical care (Figure 11). In contrast, 86 percent of adults who were insured all year said they had a regular doctor. People who had experienced a time uninsured in the past year were more likely to have a personal physician than those uninsured at the time of the survey: nearly three-fourths said they had a regular doctor.



Uninsured adults have far less choice than insured adults in where they obtain health care. Nearly half (47%) of uninsured adults said they had not too much choice or no choice at all in where they can obtain health care (Table 5). In contrast, only about one of five (19%) adults who were insured all year said they had little or no choice in care.

Adults who were continuously insured tend to rate the quality of care they receive from physicians higher than do uninsured adults. Three-quarters (74%) of adults who were insured all year said the quality of care received from their doctor—or any physician they have seen—was excellent or very good (Figure 11). In contrast, only two of five (41%) uninsured adults said the quality of care they received was excellent or very good.

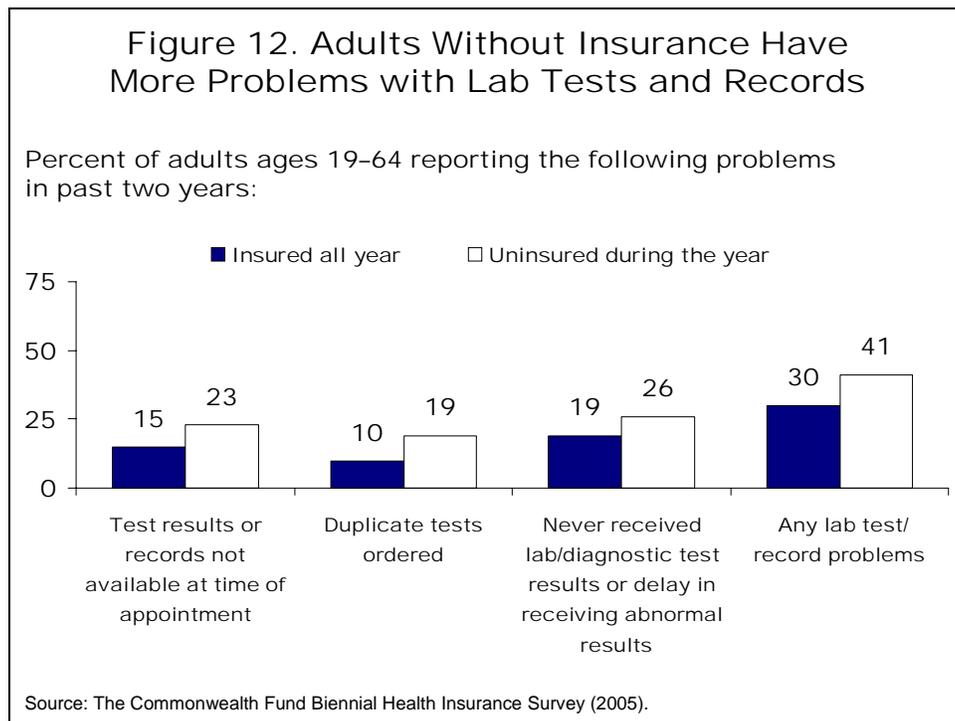
People with Gaps in Coverage Experience Inefficient Care

Coordination of patient care is an ongoing challenge in the U.S. health system. People often see different physicians in multiple institutions and face the inherent difficulties of transferring information and medical records among the providers involved.¹¹ Breakdowns in coordination of care can lead to inefficient care, such as duplication of tests when records become lost. Having gaps in health insurance coverage can exacerbate such coordination problems, particularly when individuals have multiple chronic conditions.

Respondents who had visited a physician in the past two years were asked a series of questions about their experiences with medical records and lab tests: whether results or

records had ever not been available at the time of a scheduled appointment, whether they had received the same test more than once, or whether tests had been performed and they had not heard about results or experienced delays in hearing about abnormal results. Nearly one-third (32%) of all adults under 65 had experienced at least one of these coordination failures (Table 5).

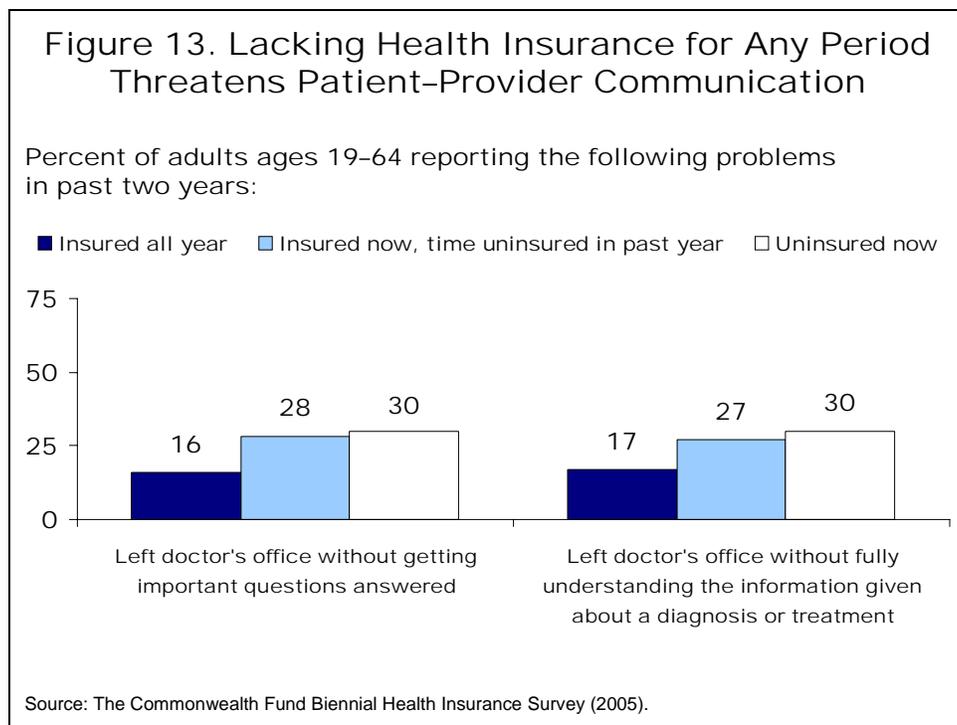
Uninsured adults and those with gaps in insurance coverage were the most likely to have encountered a failure to coordinate medical records or tests, though rates were also high among people with insurance. About 30 percent of those who were continuously insured reported at least one problem and 41 percent of adults who spent any time uninsured in the past year reported a problem (Figure 12). One-quarter (23%) of adults who reported spending any time uninsured in the last year said that test results or medical records were not available at the time of a scheduled appointment compared with 15 percent of continuously insured adults. Nearly one of five (19%) adults with any time uninsured said they had been given a duplicate test, twice the rate of duplication reported by continuously insured adults.¹²



People with Gaps in Coverage Have Difficulty Communicating with Providers

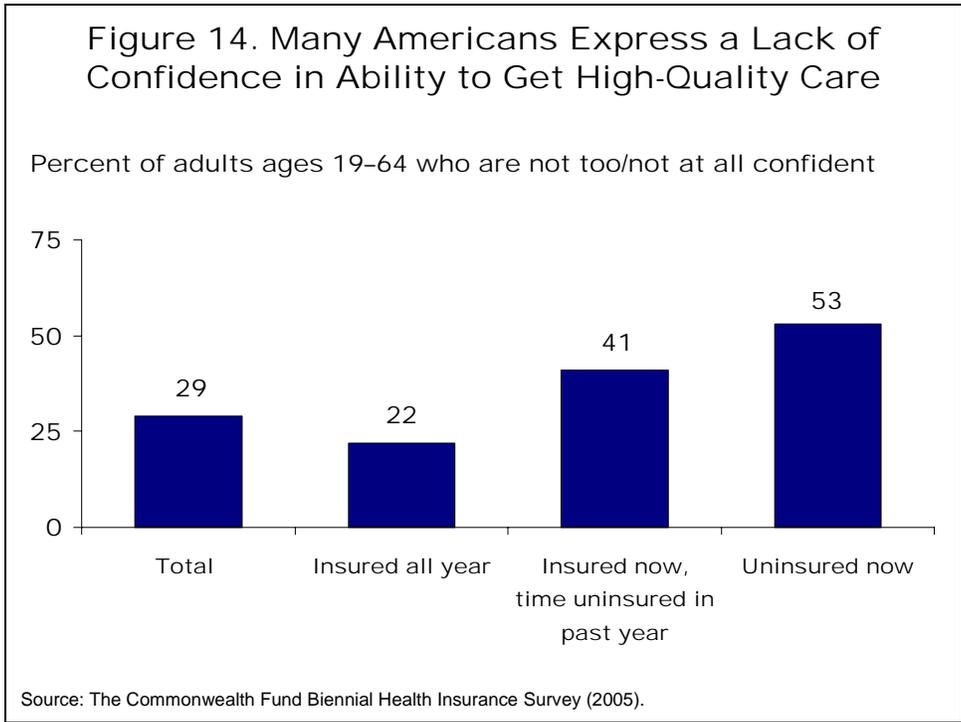
Patients’ ability to communicate with providers is a key component in achieving higher-quality care.¹³ Building long-term relationships with physicians and other providers can help facilitate communication of key information and allow patients to participate in

decisions about their care. However, gaps in health insurance can make it difficult for patients to establish such relationships. The survey asked respondents whether, in the past two years, they had left a physician’s office without getting important questions answered or left without fully understanding the information they were given about a diagnosis or treatment regime. About three of ten adults who were uninsured for at least part of the year said that they had left a doctor’s office without getting important questions answered, nearly double the rate of adults who were continuously insured (Figure 13, Table 5). Similarly, about three of ten adults with a time uninsured said they had left a doctor’s office without fully understanding a diagnosis or treatment plan, compared with 17 percent of those with uninterrupted coverage.¹⁴

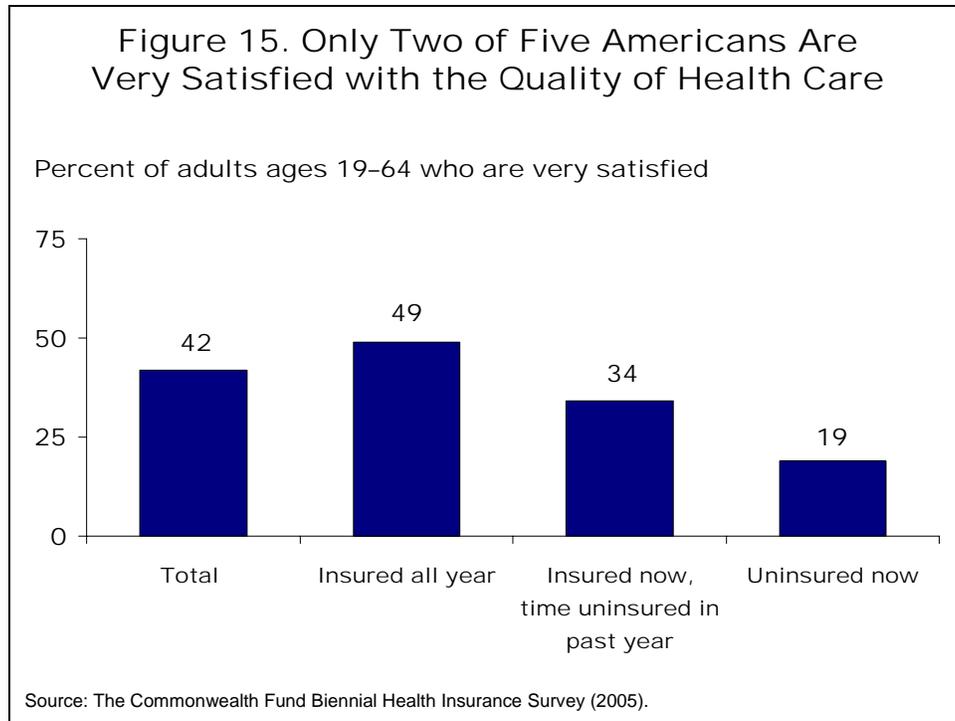


Gaps in Coverage Associated with Lack of Confidence, Dissatisfaction with Care

When asked about their future medical needs, many Americans say they are not confident they will be able to obtain high-quality health care when they need it. Nearly three of 10 adults (29%) said they were not too confident or not at all confident they would receive high-quality care in the future (Figure 14, Table 4). People who reported being without coverage were the least confident in their ability to obtain high-quality care. More than half (53%) of adults who were uninsured at the time of the survey and 41 percent of those who were insured but had a time uninsured in the past year were not too confident or not at all confident they would receive high-quality care. This was around twice the rate reported by adults with continuous coverage.



Overall satisfaction with care was also low. Less than half (42%) of all adults under age 65 said they were very satisfied with the quality of the health care they received in the past year (Figure 15). Those who were without insurance coverage for some part of the year were the least satisfied. Only one-fifth (19%) of those without coverage at the time of the survey and one-third (34%) of those who were insured but had experienced a time uninsured in the past year said they were very satisfied with the quality of their health care. Those with continuous coverage were somewhat more satisfied: about half (49%) of continuously insured adults were very satisfied with their care.



CONCLUSION

The Commonwealth Fund Biennial Health Insurance Survey reveals that gaps in health insurance coverage are leading many families to go without needed health care and put themselves at risk of accumulating substantial medical debt. In addition to problems of forgone care and the burden of financial debt, most individuals who experience a period of time without insurance are uninsured for a year or more, making it difficult to forge meaningful relationships with personal physicians, to get recommended cancer screenings in a timely fashion, to get regular dental care, and to manage chronic conditions like diabetes, high blood pressure, and asthma. This fragmented health care raises the risk of developing more serious and costly health problems in the future.

Nearly 60 percent of uninsured adults with chronic conditions skimped on their medications last year because of cost. This fact alone should set off alarm bells about the ability of the health care system to manage and moderate the catastrophic costs associated with chronic diseases. In addition, the finding that people with unstable coverage are more likely to receive duplicate tests or experience delays in obtaining abnormal results reveals the inefficiency of the nation’s fragmented insurance system.

It is clear from the findings of this survey and from prior research that the health care—and ultimately the health and productivity of the U.S. population—is being damaged as the nation’s insurance problem continues to grow.¹⁵ The Institute of Medicine

estimates that the aggregate costs to uninsured people stemming from reduced productivity and lost years of life as a result of poorer health amounts to \$65 billion to \$130 billion each year.¹⁶ Furthermore, this estimate does not include the spillover effects of lost productivity and unfulfilled educational attainment that affect the economy as a whole. Real solutions that build on group forms of coverage already in place, including employer plans, Medicare, Medicaid, the State Children's Health Insurance Program, and state and Federal employee benefits programs, will help to fill insurance gaps with meaningful, affordable coverage that helps link families and providers. Preventive care routines, like cancer screenings, blood pressure and cholesterol tests, dental exams, as well as care for chronic conditions, should be the shared reality of all Americans.

Table 1. Continuity of Insurance in 2005:
 Percent Insured All Year, Uninsured When Surveyed, or Uninsured During the Year
 (base: adults 19–64)

	Total (19–64)	Insured All Year	Insured Now, Time Uninsured in Past Year	Uninsured Now	Uninsured During the Year*
Total (millions)	172.5	124.7	16.2	31.6	47.8
Percent distribution	100%	72%	9%	18%	28%
Age					
19–29	21	55	18	27	45
30–49	49	72	9	20	28
50–64	31	85	5	10	15
Race/Ethnicity					
White	68	80	8	13	20
Black	11	67	13	19	33
Hispanic	14	38	14	48	62
Income					
Less than \$20,000	21	47	16	37	53
\$20,000–\$39,999	22	59	13	28	41
\$40,000–\$59,999	18	82	9	9	18
\$60,000 or more	30	93	3	3	7
Poverty Status					
Below 100% poverty	13	45	15	40	55
100%–199%	16	49	14	38	51
200%–299%	16	68	13	20	32
300%–399%	18	84	9	8	16
400% poverty or more	27	94	3	3	6
Below 200% poverty	30	47	14	39	53
200% poverty or more	61	84	7	9	16
Fair/Poor Health Status, or Any Chronic Condition or Disability					
	41	68	10	22	32
Adult Work Status					
Full-time	61	78	8	14	22
Part-time	12	66	12	22	34
Not currently employed	27	63	10	27	37
Family Work Status					
At least one full-time worker	76	76	9	15	24
Only part-time worker(s)	7	57	12	31	43
No worker in family	16	63	11	26	37
Employer Size**					
Self-employed/1 employee	7	65	11	24	35
2–19	20	62	10	28	38
20–99	17	68	9	22	32
100–499	15	82	8	10	18
500 or more employees	39	87	8	5	13

* Combines currently uninsured and insured but had a time uninsured in past year, and undesignated time uninsured.

** Among employed adults 19–64.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Table 2. Medical Bill Problems by Insurance and Income, 2005

(base: adults 19-64)

	All Adults 19-64				Income Less than \$40,000		Income \$40,000 or More	
	Total 19-64	Insured All Year	Insured Now, Time Uninsured in Past Year	Uninsured Now	Insured All Year	Uninsured During the Year	Insured All Year	Uninsured During the Year
Access and Cost Indicators								
Total (millions)	172.5	124.7	16.2	31.6	40.6	36.0	76.3	8.9
Percent distribution	100%	72%	9%	18%	53%	47%	90%	10%
Medical Bill Problems in Past Year								
Had problems paying or unable to pay medical bills	23	16	43	41	25	43	11	41
Contacted by a collection agency for medical bills	21	17	32	32	21	33	14	33
Bill was sent to collection agency because of:								
Inability to pay bill	62	47	70	87	68	83	32	77
Billing error	31	43	28	10	26	16	55	20
Bill was sent to collection agency for unpaid bills only	13	8	22	28	14	27	5	25
Had to change way of life to pay bills	14	9	24	27	17	27	5	28
<i>Any bill problem*</i>	28	20	50	47	32	50	14	47
Medical bills/debt being paid off over time	21	18	32	27	26	25	15	46
<i>Any bill problem or medical debt</i>	34	26	55	51	38	53	21	59
Paying Bills Over Time/Medical Debt	21	18	32	27	26	25	15	46
How much are the medical bills that are being paid off over time?								
Less than \$2,000	50	54	43	43	52	43	55	42
\$2,000 to less than \$4,000	19	18	28	18	19	22	17	23
\$4,000 to less than \$8,000	10	10	8	9	11	7	10	12
\$8,000 to less than \$10,000	5	3	7	8	2	11	4	2
\$10,000 or more	10	9	9	16	10	12	7	17
Was this for care received in past year or earlier?								
Past year	55	59	52	43	57	46	60	48
Earlier year	35	33	36	42	35	36	32	48
Both	9	7	12	13	8	17	7	4
Has ever negotiated with a physician, hospital, or other health care provider to get a lower price for services received?	12	10	14	17	10	15	10	24
Base: Any Bill Problem or Medical Debt								
Percent reporting that:								
Unable to pay for basic necessities (food, heat, or rent) because of medical bills	26	19	28	40	28	39	11	23
Used up all of savings	39	33	42	49	40	49	25	39
Took out a mortgage against your home or took out a loan	11	10	12	11	12	12	10	8
Took on credit card debt	26	27	31	23	28	23	27	34
Insurance status of person/s at time care was provided								
Insured at time care was provided	62	86	47	24	77	31	93	32
Uninsured at time care was provided	34	13	45	71	22	64	6	61
Other insurance combination	2	†	6	3	1	4	0	7

* Any bill problem includes unable to pay bill, contacted by collection agency for inability to pay only, or had to change way of life significantly. † Greater than 0 but less than 0.5.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Table 3. Chronic Conditions and Preventive Care
(base: adults 19–64)

	Total 19–64	Insured All Year	Insured Now, Time Uninsured in Past Year	Uninsured Now	Uninsured During the Year*
Total (millions)	172.5	124.7	16.2	31.6	47.8
Percent distribution	100%	72%	9%	18%	28%
Chronic Conditions					
Has hypertension, high blood pressure or stroke	20	21	21	18	19
Has heart attack or other heart disease	6	6	4	4	4
Has diabetes	8	8	7	7	7
Has asthma, emphysema, or lung disease	11	11	13	9	10
<i>Any of the above</i>	31	31	32	28	29
Have been hospitalized or visited ER because of any above chronic condition in past year					
ER	8	6	17	15	16
Hospital	4	5	1	4	3
Both	8	6	9	16	13
<i>Either ER, hospital, or both</i>	20	16	27	35	33
Currently taking medications for chronic condition(s)	91	92	87	92	90
Skipped doses or not filled a prescription for a chronic condition because of cost	27	18	58	59	59
Confidence in ability to manage and control most health problems (base: any chronic condition, disability or handicap, or fair/poor health status)					
Very confident	41	49	36	19	24
Somewhat confident	42	41	46	43	44
Not too confident	10	7	10	18	16
Not at all confident	5	2	6	14	11
Don't have any health problems	†	0	0	1	1

* Combines currently uninsured and insured but had a time uninsured in past year, and undesignated time uninsured.

† Greater than 0 but less than 0.5.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Table 4. Access Barriers and Satisfaction with Care, by Insurance and Income
(base: adults 19–64)

	All Adults 19–64				Income Less than \$40,000		Income \$40,000 or More	
	Total 19–64	Insured All Year	Insured Now, Time Uninsured in Past Year	Uninsured Now	Insured All Year	Uninsured During the Year	Insured All Year	Uninsured During the Year
Access and Cost Indicators								
Total (millions)	172.5	124.7	16.2	31.6	40.6	36.0	76.3	8.9
Percent distribution	100%	72%	9%	18%	53%	47%	90%	10%
Access Problems in Past Year								
Went without needed care in past year because of cost:								
Did not fill prescription	25	18	39	43	25	44	15	35
Skipped recommended test, treatment or follow-up	20	13	36	39	18	40	10	36
Had a medical problem, did not visit doctor or clinic	24	15	44	49	20	50	13	41
Did not get needed specialist care	17	10	33	37	15	38	8	29
<i>At least one of four access problems because of cost</i>	37	28	60	59	38	62	24	53
Delayed or did not get preventive care screening because of cost	14	7	27	32	9	32	7	25
Delayed or did not get physical therapy or other rehabilitative care when needed because of cost	12	8	20	23	12	23	7	21
Preventive Care								
Blood pressure checked (past year)	88	93	89	69	92	73	94	91
Dental exam (past year)	62	70	55	35	55	40	78	57
Received mammogram in past 2 years (females age 50+)	71	75	56	48	69	52	79	47
Received pap test in past year (females ages 19–29), in past 3 years (females age 30+)	78	82	77	64	77	68	85	76
Received colon cancer screening in past 5 years (age 50+)	51	56	31	18	50	23	60	14
Cholesterol checked in past 5 years	69	78	60	39	70	44	82	56
Quality of Care								
Satisfaction with quality of health care received in past year								
Very satisfied	42	49	34	19	44	22	51	31
Somewhat satisfied	33	35	36	27	36	30	35	32
Somewhat/very dissatisfied	14	11	23	24	13	25	9	21
Confidence with ability to get high quality care when needed								
Very confident	31	37	21	12	34	12	39	29
Somewhat confident	36	39	33	26	37	28	40	32
Not too/not at all confident	29	22	41	53	27	52	20	38

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Table 5. Quality of Care with Doctor
(base: adults 19–64)

	Insurance Coverage					Income Less than \$40,000		Income \$40,000 or More	
	Total 19–64	Insured All Year	Insured Now, Time		Total Uninsured*	Insured All Year	Uninsured During the Year	Insured All Year	Uninsured During the Year
			Uninsured in Past Year	Uninsured Now					
Total (millions)	172.5	124.7	16.2	31.6	47.8	40.6	36.0	76.3	8.9
Percent distribution	100%	72%	9%	18%	28%	53%	47%	90%	10%
Has regular doctor or other health care professional	76	86	73	41	52	80	48	89	71
Amount of choice in where to go for medical care									
A great deal	32	37	23	15	17	32	16	39	22
A fair amount	41	43	45	35	38	39	36	46	43
Not too much/no choice	25	19	31	47	42	26	44	15	34
Rating quality of care from doctor									
Excellent	37	41	32	20	24	39	22	42	33
Very good	31	33	31	20	24	31	23	35	28
Good	19	17	22	29	27	18	29	16	20
Fair/poor	12	8	14	27	22	12	23	6	18
Base: any doctor's visit in past 1 or 2 years									
Total (millions)	155.1	118.0	14.9	22.3	37.1	37.5	27.4	72.9	8.0
Coordination of Care									
In past 2 years:									
Test results or medical records were not available at time of scheduled doctor's appointment	17%	15%	24%	23%	23%	17%	23%	14%	27%
Doctors ordered a medical test that you felt was unnecessary because the test had already been done	12	10	18	19	19	15	17	8	23
Had a blood test, lab test or diagnostic test but never heard about the results or there were delays in being told about abnormal results	21	19	29	25	26	21	28	18	22
<i>At least one coordination problem</i>	32	30	42	40	41	35	41	27	42
Patient–Provider Communication									
In past 2 years, has left doctor's office without getting important questions answered	19	16	28	30	29	18	28	15	31
In past 2 years, has left doctor's office without fully understanding the information given about a diagnosis or treatment	20	17	27	30	29	21	31	16	21

* Combines currently uninsured and insured but had a time uninsured in past year, and undesignated time uninsured.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

APPENDIX. SURVEY METHODOLOGY

The Commonwealth Fund Biennial Health Insurance Survey was conducted by Princeton Survey Research Associates International from August 18, 2005 through January 5, 2006. The survey consisted of 25-minute telephone interviews in either English or Spanish and was conducted among a random, nationally representative sample of 4,350 adults ages 19 and older living in the continental United States. This report restricts the analysis to the 3,352 respondents ages 19 to 64.

Statistical results are weighted to correct for the disproportionate sample design and to make the final total sample results representative of all adults ages 19 and older living in the continental U.S. The data are weighted to the U.S. adult population by age, sex, race/ethnicity, education, household size, geographic region, and telephone service interruption, using the U.S. Census Bureau's 2005 Annual Social and Economic Supplement. The resulting weighted sample is representative of the approximately 212 million adults ages 19 and older, including 172.5 million adults ages 19 to 64.

Insurance status in the past 12 months is classified as either insured all year, insured when surveyed but uninsured during the past 12 months, or currently uninsured. These categories enabled exploration of insurance instability and its role in access to care and financial security. The study also classified adults by annual income. Ten percent of adults ages 19 to 64 did not provide sufficient income data for classification.

The survey has an overall margin of sampling error of ± 2 percentage points at the 95 percent confidence level. The 47 percent response rate was calculated consistent with standards of the American Association for Public Opinion Research.

NOTES

¹ S. Heffler, S. Smith, S. Keehan et al., “U.S. Health Spending Projections for 2004–2014,” *Health Affairs* Web Exclusive (Feb. 23, 2005):W5-74–W5-85; C. Smith, C. Cowan, S. Heffler et al., “National Health Spending in 2004: Recent Slowdown Led by Prescription Drug Spending,” *Health Affairs*, Jan./Feb. 2006 25(1):186–96.

² J. Gabel, G. Claxton, I. Gil et al., “Health Benefits in 2005: Premium Increases Slow Down, Coverage Continues to Erode,” *Health Affairs*, Sept./Oct. 2005 24(5):1273–80.

³ S. R. Collins, C. Schoen, M. M. Doty, A. L. Holmgren, and S. K. How, [*Paying More for Less: Older Adults in the Individual Insurance Market*](#) (New York: The Commonwealth Fund, June 2005); J. Gabel, K. Dhont, and J. Pickreign, [*Are Tax Credits Alone the Solution to Affordable Health Insurance? Comparing Individual and Group Insurance Costs in 17 U.S. Markets*](#) (New York: The Commonwealth Fund, May 2002); S. R. Collins, S. B. Berkson, and D. A. Downey, [*Health Insurance Tax Credits: Will They Work for Women?*](#) (New York: The Commonwealth Fund, Dec. 2002); E. Simantov, C. Schoen, and S. Bruegman, “[Market Failure? Individual Insurance Markets for Older Americans](#),” *Health Affairs*, July/Aug. 2001 20(4):139–49.

⁴ C. DeNavas-Walt, B. D. Proctor, and C. H. Lee, *Income, Poverty, and Health Insurance Coverage in the United States: 2004*, Current Population Reports (Washington, D.C.: U.S. Census Bureau, Aug. 2005).

⁵ The Commonwealth Fund 2001 Health Insurance Survey, conducted by Princeton Survey Research Associates from April 2001–July 2001, consisted of 25-minute interviews either in English or Spanish with a random, national sample of 3,508 adults, ages 19 and older, living in households with telephones in the continental United States. The sampling and weighting methodology was identical to that used in the Commonwealth Fund Biennial Health Insurance Survey, conducted from September 2003–January 2004, and from September 2005–January 2006 by Princeton Survey Research Associates International. See [Appendix](#) for survey methodology at end of report; L. Duchon, C. Schoen, M. M. Doty, K. Davis, E. Strumpf, and S. Bruegman, [*Security Matters: How Instability in Health Insurance Puts U.S. Workers at Risk—Findings from the Commonwealth Fund 2001 Health Insurance Survey*](#) (New York: The Commonwealth Fund, Dec. 2001); and S. R. Collins, M. M. Doty, K. Davis, C. Schoen, A. L. Holmgren, and A. Ho, [*The Affordability Crisis in U.S. Health Care: Findings from the Commonwealth Fund Biennial Health Insurance Survey*](#) (New York: The Commonwealth Fund, Mar. 2004).

⁶ In 2001, 2003, and 2005, the Commonwealth Fund health insurance surveys asked respondents what their approximate annual incomes were by offering them income ranges to select from. In 2001 and 2003, the midpoint of the income ranges offered was \$35,000. In 2005, the midpoint was increased to \$40,000 to account for inflation and increases in poverty thresholds defined by the U.S. Census Bureau. In 2005, an income of \$40,000 for a family of four was 200 percent of poverty (poverty was \$20,000 for a family of four); in 2003 an income of \$37,000 was 200 percent of poverty; and in 2001 \$36,000 was 200 percent of poverty. See <http://www.census.gov/hhes/www/poverty/threshld/thresh01.html>.

⁷ See S. R. Collins, K. Davis, C. Schoen, M. M. Doty, and J. L. Kriss, [*Health Coverage for Aging Baby Boomers: Findings from the Commonwealth Fund Survey of Older Adults*](#) (New York: The Commonwealth Fund, Jan. 2006); J. Holahan and A. Cook, “Changes in Economic Conditions and Health Insurance Coverage, 2000–2004,” *Health Affairs* Web Exclusive (Nov. 1, 2005): W5-498–W5-508; S. R. Collins, K. Davis, M. M. Doty, and A. Ho, [*Wages, Health Benefits, and Workers’ Health*](#) (New York: The Commonwealth Fund, Oct. 2004); and S. R. Collins, C. Schoen, D. Colasanto, and D. A. Downey, [*On the Edge: Low-Wage Workers and Their Health Insurance Coverage*](#) (New York: The Commonwealth Fund, Apr. 2003).

⁸ Collins et al., *Paying More for Less*, 2005; Gabel, Dhont, Pickreign, *Are Tax Credits*, 2002; and Collins, Berkson, Downey, *Health Insurance Tax Credits*, 2002.

⁹ Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (Washington, D.C.: National Academies Press, 2002).

¹⁰ See note 5 above.

¹¹ C. Schoen, R. Osborn, P. T. Huynh, M. M. Doty, K. Zapert, J. Peugh, and K. Davis, "[Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries](#)," *Health Affairs* Web Exclusive (Nov. 3, 2005):W5-509–W5-525; A. Gauthier, S. C. Schoenbaum, and I. Weinbaum, [Toward a High Performance Health System for the United States](#), The Commonwealth Fund Commission on a High Performance Health System (New York: The Commonwealth Fund, Mar. 2006).

¹² For each question regarding coordination, spending any time without insurance remained a statistically significant predictor of whether someone experienced a coordination failure, even after controlling in logistic regressions for income, education, and whether or not a person had a regular doctor or health care professional. Having any time without coverage also remained a significant predictor of whether someone reported duplicate tests, above and beyond income, education and having a regular doctor. Respondents with a regular doctor and those with a college education were less also likely to report receiving duplicate tests than adults without a doctor and adults with a high school education or less, even after controlling for insurance and income.

¹³ K. Davis, S. C. Schoenbaum, and A.-M. J. Audet, "[A 2020 Vision of Patient-Centered Primary Care](#)," *Journal of General Internal Medicine*, Oct. 2005 20(10):953–57.

¹⁴ For each question regarding communication with physicians, spending any time without insurance remained a statistically significant predictor of whether someone experienced a communication problem, even after controlling in logistic regressions for income, education, race/ethnicity and whether or not a person had a regular doctor or health care professional. People who had a regular doctor were significantly less likely than those without one to leave an office without getting important questions answered, even after controlling for other factors. Spending any time uninsured remained a significant predictor of whether someone left an office without important questions regardless of race, income, education and having a regular doctor.

¹⁵ IOM, *Care Without Coverage*, 2002.

¹⁶ Institute of Medicine, *Hidden Costs, Value Lost: Uninsurance in America* (Washington, D.C.: National Academies Press, 2003).