



America's Underinsured

A State-by-State Look at Health Insurance Affordability Prior to the New Coverage Expansions



Cathy Schoen, Susan L. Hayes, Sara R. Collins,
Jacob A. Lippa, and David C. Radley

March 2014

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ABSTRACT

The Affordable Care Act insurance reforms seek to expand coverage and to improve the affordability of care and premiums. Before the implementation of the major reforms, data from U.S. census surveys indicated nearly 32 million insured people under age 65 were in households spending a high share of their income on medical care. Adding these “underinsured” people to the estimated 47.3 million uninsured, the state share of the population at risk for not being able to afford care ranged from 14 percent in Massachusetts to 36 percent to 38 percent in Idaho, Florida, Nevada, New Mexico, and Texas. Nationally, more than half of people with low incomes and 20 percent of those with middle incomes were either underinsured or uninsured in 2012. The report provides state baselines to assess changes in coverage and affordability and compare states as insurance expansions and market reforms are implemented.

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff. To learn more about new Fund publications when they become available, visit the Fund's website and [register to receive email alerts](#). Commonwealth Fund pub. no. 1736.



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EXECUTIVE SUMMARY

The United States is in the midst of the most significant health insurance expansion and market reforms since Medicare and Medicaid were enacted in 1965. The Affordable Care Act aims to insure millions of people without health care coverage and make medical care and premiums more affordable with coverage. Enrollment began in October 2013; major coverage reforms started in January 2014.

The twin goals of health insurance are to enable affordable access to health care and to alleviate financial burdens when injured or sick. It is well known that the uninsured are at high risk of forgoing needed care and of struggling to pay medical bills when they cannot postpone care. Studies further find that insured people who are poorly protected based on their households' out-of-pocket costs for medical care are also at risk of not being able to afford to be sick.

Using newly available data from census surveys, this report provides national and state-level estimates of the number of people and share of the population that were insured but living in households that spent a high share of annual income on medical care in 2011–12. In the analysis, we refer to these people as “underinsured.” However, this group is only one subset of the underinsured. Our estimates do not include insured people who needed care but went without it because of the out-of-pocket costs they would incur, or the insured who stayed healthy during the year but whose health insurance would have exposed them to high medical costs had they needed and sought care.

The analysis finds that in 2012, there were 31.7 million insured people under age 65 who were underinsured. Together with the 47.3 million who were uninsured, this means at least 79 million people were at risk for not being able to afford needed

care before the major reforms of the Affordable Care Act took hold.

At the state level, the percentage of the under-65 population who were either uninsured or underinsured ranged from 14 percent in Massachusetts to 36 percent to 38 percent in the five highest-rate states—Idaho, Florida, Nevada, New Mexico and Texas (Exhibit ES-1).

In all states, people with low incomes are at greatest risk for being underinsured or uninsured. Nationally, in 2012, nearly two-thirds (63%) of those with incomes below the federal poverty level were either underinsured or uninsured. Among those with incomes between 100 percent and 199 percent of poverty, nearly half (47%) were underinsured or uninsured.

A decade or more of people losing health coverage and a steady erosion in the financial protection of insurance has also put middle-income families at risk. In 2012, one of five people (20%) under age 65 with middle incomes (between 200% and 399% of poverty)—an estimated 15.6 million people—were either underinsured or had no health insurance. The share of middle-income people who were underinsured or uninsured reached highs of 28 percent to 31 percent in Texas, Alaska, and Wyoming.

Historically, states with high uninsured rates have had lower rates of job-based insurance and more restrictive Medicaid eligibility and often high rates of poverty, making it more difficult to expand coverage from state resources alone. To overcome these historic barriers, insurance reforms provide for federal subsidies to reduce premium costs and out-of-pocket medical costs for eligible low- and middle-income families who buy plans through the new state-based insurance marketplaces. Federal resources also support expanding state Medicaid programs to

Exhibit ES-1. Summary Highlights: National and State-Level Estimates, Under-65 Population

	PEOPLE		PERCENT OF POPULATION	
	Millions 2012	National 2012	Lowest state	Highest state
Total: Insured but underinsured* or uninsured	79.0	29.5%	14%	38%
Insured but underinsured	31.7	11.8%	8%	17%
Uninsured	47.3	17.7%	4%	27%
Premiums exceed ACA thresholds**	29.2	10.9%	7%	14%

* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

** Affordable Care Act (ACA) thresholds refers to the maximum premium contribution as a share of income in marketplaces or Medicaid.

Data source: March 2012 and 2013 Current Population Surveys.

citizens and legal residents with incomes near or below poverty.

For those eligible to participate, income-related tax credits for premiums and Medicaid will limit the share of income individuals and families are required to contribute toward their premiums. Using newly available census data on out-of-pocket premium costs compared with incomes, we estimate that 29 million insured people were in households that spent more on premiums as a share of income in 2012 than the new premium contribution limits set by the Affordable Care Act for those eligible for subsidized coverage. Across states, the share of the population paying high premiums relative to their incomes ranged from 8 percent to 17 percent of the insured. Although only a portion of those with high-premiums compared to income (an estimated 11 million) will be eligible to participate in expanded Medicaid or to receive premium assistance for plans purchased in the marketplaces, the state level estimates provide a baseline to assess changes in premiums affordability relative to income over time.

The impact of insurance expansions on coverage, premium, and out-of-pocket costs for medical care will depend critically on state decisions

regarding Medicaid. Income eligibility levels for premium tax credits start at 100 percent of poverty, with the law designed to expand Medicaid to cover people with incomes up to 138 percent of poverty. As of yet, 24 states have opted not to expand their Medicaid programs to 138 percent of poverty. Of these states, only Wisconsin will cover adults up to the federal poverty level. An estimated 15.2 million people who are either uninsured or underinsured who have incomes below poverty live in the 23 states where Medicaid eligibility for adults is well below poverty. Although some may be ineligible based on immigration status and others may be eligible under current Medicaid but not yet signed up, unless these states participate in the Medicaid expansion, there will be no new subsidized coverage option for these people since their income is too low to qualify for premium assistance.

State-level data indicate the law's income-related reforms are well-targeted to help people with incomes in ranges that put them at greatest risk for being either uninsured or underinsured. The Affordable Care Act thus has the potential to reduce high medical care cost burdens while also covering the uninsured. However, the extent of improvement

will critically depend on state decisions and the plans people select.

To the extent the law's coverage provisions reach low- and middle-income families who are uninsured or underinsured, we may change the access and affordability map of the country. However, this will depend on states seizing the opportunity to invest and use new federal resources well, combined with effective oversight of private insurance plans.

The number of uninsured declined by nearly 2 million from 2010 to 2012 following implementation of early Affordable Care Act reforms, including expansion of coverage to young adults. National surveys in 2013 and early 2014 indicate further decline in the number of uninsured, providing continuing positive news. As of March 2014, 5 million people had selected a plan through the new marketplaces and 10.3 million adults and children had been determined eligible for Medicaid and the Children's Health Insurance Program (CHIP). With reforms to ensure more comprehensive benefits, there is the potential to improve affordability across states.

For the first time, the nation has committed resources with the goal of achieving near-universal coverage with financial protection to ensure care as well as insurance is affordable. These are ambitious goals given the wide geographic gaps in coverage and affordability evident before reforms took hold. This report provides state-by-state baseline data to assess changes in coverage and affordability and compare states as reforms are implemented.

INTRODUCTION

The United States is in the midst of the most significant health insurance expansion and market reforms since Medicare and Medicaid were enacted in 1965. Aiming to expand coverage and make medical care and premiums more affordable, the Affordable Care Act major coverage expansions and market reforms commenced in January 2014.

The twin goals of health insurance are to enable affordable access to health care and to alleviate financial burdens when injured or sick. It is well known that the uninsured are at high risk of forgoing needed care and of struggling to pay medical bills when they cannot postpone care. Studies further find that insured people who are poorly protected based on their households' out-of-pocket costs for medical care are also at risk of not being able to afford to be sick.

Using newly available data from census surveys on out-of-pocket costs for medical care, this report provides national and state-level estimates of the number of people and share of the population that were insured but living in households that spent a high share of annual income on medical care in 2011–12. In the analysis, we refer to these people as “underinsured.” Adding the underinsured to people uninsured, this report provides estimates of the share of each state’s population at risk of not being able to afford care before major insurance expansions and reforms

We also analyze the share of each state’s under-65 population that were paying a high share of their family income on premiums before major reforms. The report thus provides state baseline data to assess changes in coverage and affordability and to compare states as reforms are implemented.

HOW THIS STUDY WAS CONDUCTED

The report draws on data from the U.S. Census Bureau’s Current Population Surveys (CPS) for 2012 and 2013. Historically, the CPS has tracked health insurance coverage to allow for estimates of the uninsured in all states. Starting in 2010, the survey added questions about out-of-pocket spending for medical care and premiums. In the analysis we used this newly available data to estimate the number of insured people under age 65 who were in families (including single-person households) that paid a high share of their annual income on medical care, indicating they were “underinsured.”

Building on earlier studies,¹ we used two thresholds to identify people who were insured with high medical-cost burden: people with insurance in households that spent 10 percent or more of total income on medical care (not including premiums); or 5 percent or more, if annual income was less than 200 percent of poverty. We refer to these people as “underinsured.”² Our earlier work also included insured people with deductibles that were high relative to family incomes, since they had great potential financial risk even if they did not incur high medical costs during the year. This information is not available in the CPS survey: thus the estimate of people who are insured yet underinsured is a more conservative estimate and a subset of the at-risk population.

We also estimated the number of insured people who paid a relatively high share of their incomes on premiums. To do this, we compare the amount spent on premiums relative to incomes to threshold limits for premium tax credits or Medicaid set by the Affordable Care Act. This provides an estimate of the number of people who spent more on premiums as a share of incomes than

they might have if they were eligible for subsidized coverage or Medicaid.³

We profile national and state-level estimates for four income groups using poverty thresholds:

- below poverty: annual income of less than \$11,490 if single; less than \$23,550 for a family of four in 2013;
- low income: 100 percent to 199 percent of poverty—annual income of \$11,490 to less than \$22,980 if single; \$23,550 to less than \$47,100 for a family of four in 2013;
- middle income: 200 percent to 399 percent of poverty—annual income of \$22,980 to less than \$45,960 if single; \$47,100 to less than \$94,200 for a family of four in 2013;
- higher income: 400 percent of poverty or more—annual income at or above \$45,960 if single and at or above \$94,200 for a family of four in 2013.

Nationally, and in many states, these groups represent the bottom (poor and low income), middle and top one-third of the income distribution for the under-65 population. Tables 1 and 2 provide national and state total populations and income distributions.

In the analysis, we report national-level estimates for 2012, which are the most recent CPS data available. To ensure adequate sample size, state-level estimates use an average of two years, 2011–2012 (March 2012 and 2013 CPS). The tables at the end of the report provide details by state for the

estimated number of people (and percent of the state population) who are uninsured, underinsured, or paying premiums that are high relative to their income.

FINDINGS

Nearly 32 Million People Underinsured: Insured but Spent High Share of Income on Medical Care

In 2012, 42.5 million people under age 65 spent a high share of their income on medical costs, not including insurance premiums.⁴ Of these, 31.7 million were insured yet underinsured, based on the costs they or their families incurred for medical care relative to their incomes.⁵ Overall, about one of eight (12%) of the under-65 population were underinsured, putting them at risk of going without needed care or for incurring medical bill problems and debt (Exhibit 1 and Table 1).

From 2010 to 2012, following early Affordable Care Act reforms that expanded coverage to young adults, the number of uninsured declined by nearly 2 million (Exhibit 1). However, during this same time period, the estimated number of people who were insured but underinsured grew from 29.9 million to 31.7 million, nearly offsetting the gain in coverage. As a result, in 2012, before the launch of major insurance reforms, 79 million

Exhibit 1. Uninsured or Underinsured: National Trends, Under-65 Population

	MILLIONS 2010	MILLIONS 2011	MILLIONS 2012	PERCENT OF POPULATION
Uninsured	49.2	47.9	47.3	17.7%
Insured but underinsured	29.9	30.6	31.7	11.8%
Total: Insured but underinsured* or uninsured	79.1	78.5	79.0	29.5%

* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.
Data source: March 2011, 2012, and 2013 Current Population Surveys.

people were either underinsured (31.7 million) or uninsured (47.3 million)—nearly 30 percent of the under-65 population.

Nationally, half of the estimated 32 million underinsured people had incomes below 100 percent of poverty; nearly one-third (9.7 million people) had incomes between 100 percent and 199 percent of poverty. Another 13 percent—4.2 million—were in middle-income families with incomes between 200 percent and 399 percent of poverty (Exhibit 2 and Table 4).

Wide State Differences in the Share of Population Underinsured or Uninsured

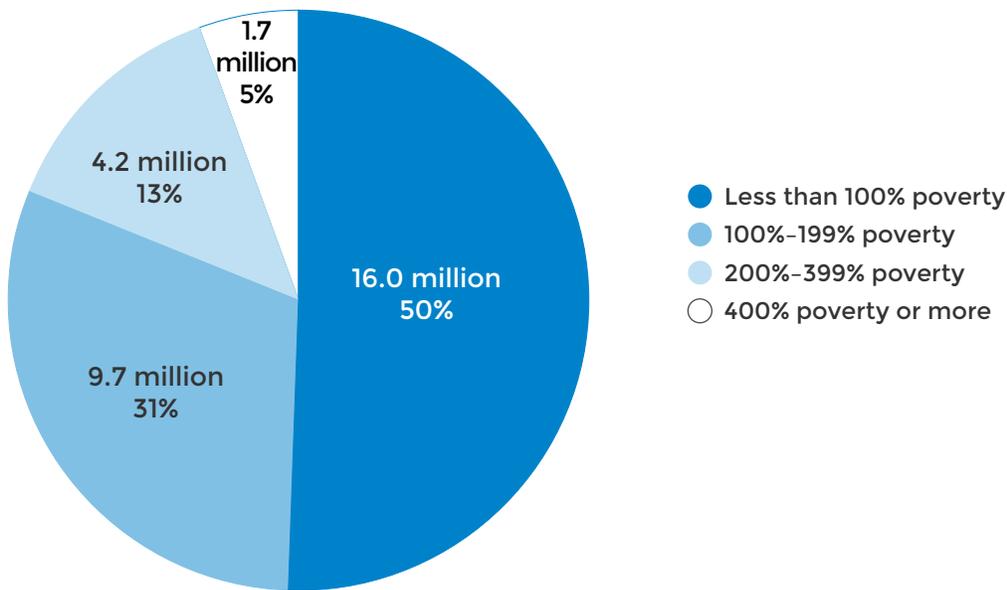
The percent of states’ under-65 population who were insured but underinsured ranged more than two-fold across states: from a low of 8 percent in New Hampshire to highs of 16 percent to 17 percent in Tennessee, Mississippi, Utah, and Idaho (Exhibit 3 and Table 3).

Nationally, nearly one of five people under age 65—47.3 million—were uninsured in 2012. The share of states’ nonelderly population who were uninsured ranged from a low of 4 percent in Massachusetts to a high of 27 percent in Texas (Table 3). Combining estimates of the underinsured and uninsured, the share of people at risk of not being able to afford care before the launch of the Affordable Care Act’s major coverage reforms ranged from a low of 14 percent in Massachusetts to highs of 36 percent to 38 percent in Idaho, Florida, Nevada, New Mexico, and Texas (Exhibit 4 and Table 3).

There is a distinct regional pattern: several of the states with the lowest rates of uninsured or underinsured were in the Northeast (Massachusetts, Connecticut, Vermont, and New Hampshire) or upper Midwest (Minnesota, North Dakota). States with the highest rates were in the South and West

Exhibit 2. Distribution of Underinsured by Poverty, Under-65 Population, 2012

Insured but underinsured:* 31.7 million people



Note: Sum of percentages or people may not equal total because of rounding.

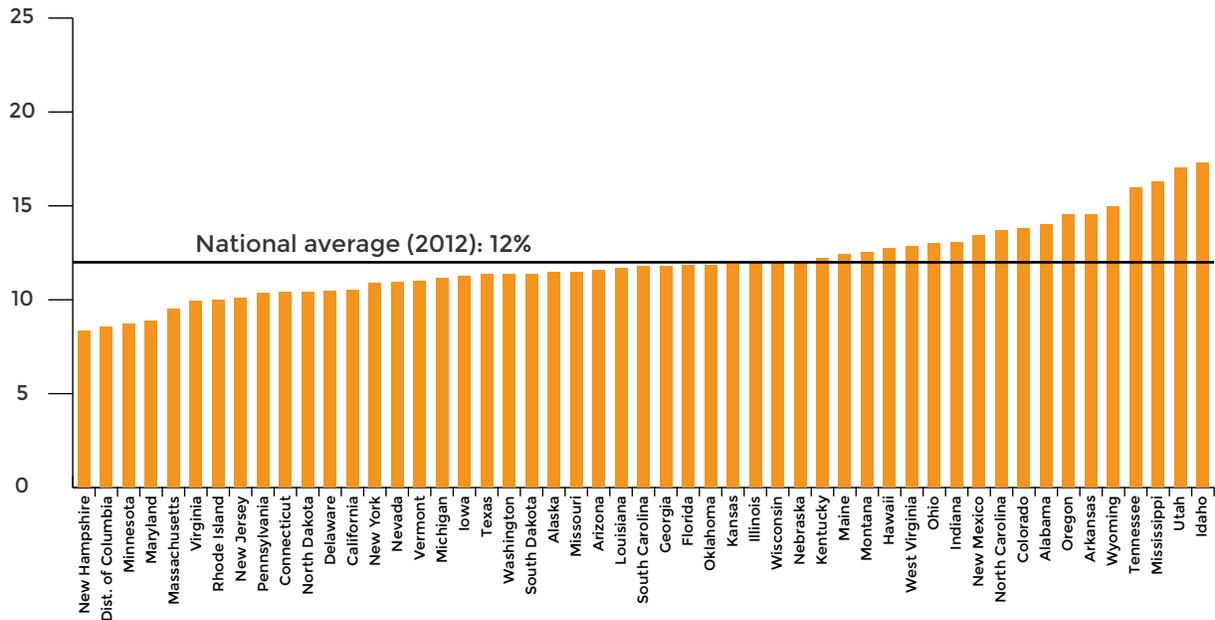
* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

Data source: March 2013 Current Population Survey.

Exhibit 3. Underinsured by State, 2011-2012

Ranges from 8 percent to 17 percent of population

Percent of under-65 population

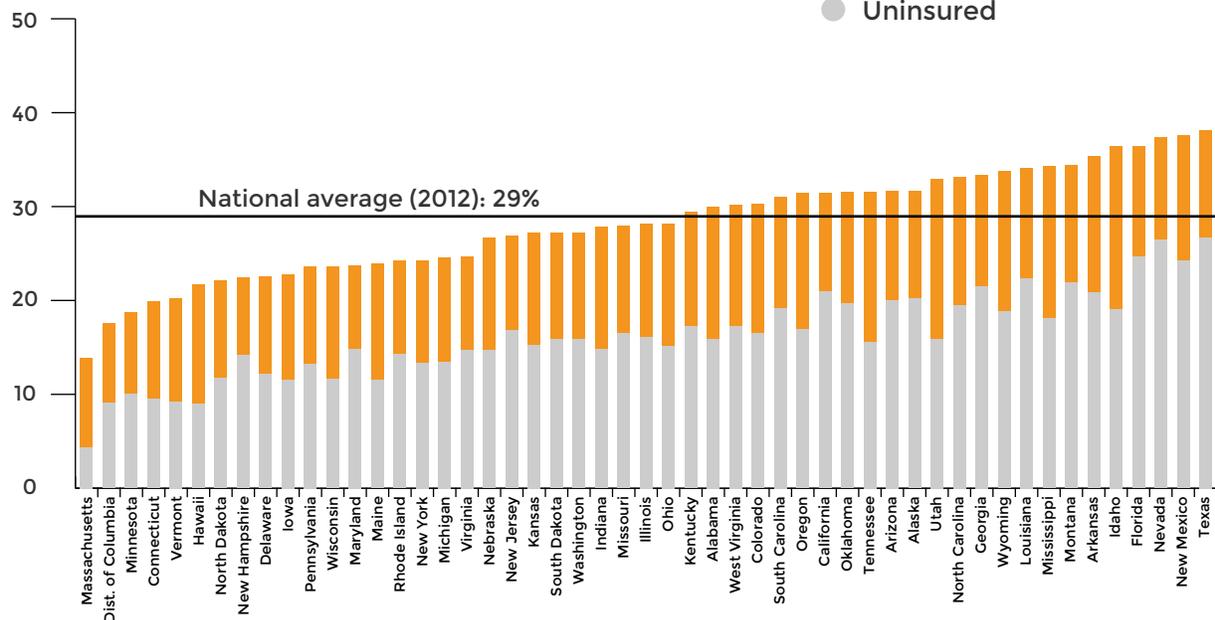


Note: Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.
Data source: March 2012–2013 Current Population Survey (states: two-year average).

Exhibit 4. Underinsured or Uninsured by State, 2011-2012

Ranges from 14 percent to 38 percent of population

Percent of under-65 population



* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.
Data source: March 2012–2013 Current Population Survey (states: two-year average).

(Montana, Arkansas, Idaho, Florida, Nevada, New Mexico and Texas). Four states (Massachusetts, Minnesota, Connecticut, North Dakota) and the District of Columbia stand out for having uninsured and underinsured rates that were relatively low compared with other states (Table 3).

Low- and Middle-Income Households Most at Risk

The vast majority of the 79 million uninsured or underinsured—more than nine of 10—had incomes below 400 percent of poverty (Exhibit 5 and Table 6). More than two of five (33.3 million) had incomes below poverty.

People living in low- or middle-income households are most at risk of being either uninsured or insured but poorly protected. Nationally, nearly two-thirds (63%) of those with incomes below poverty were either underinsured or

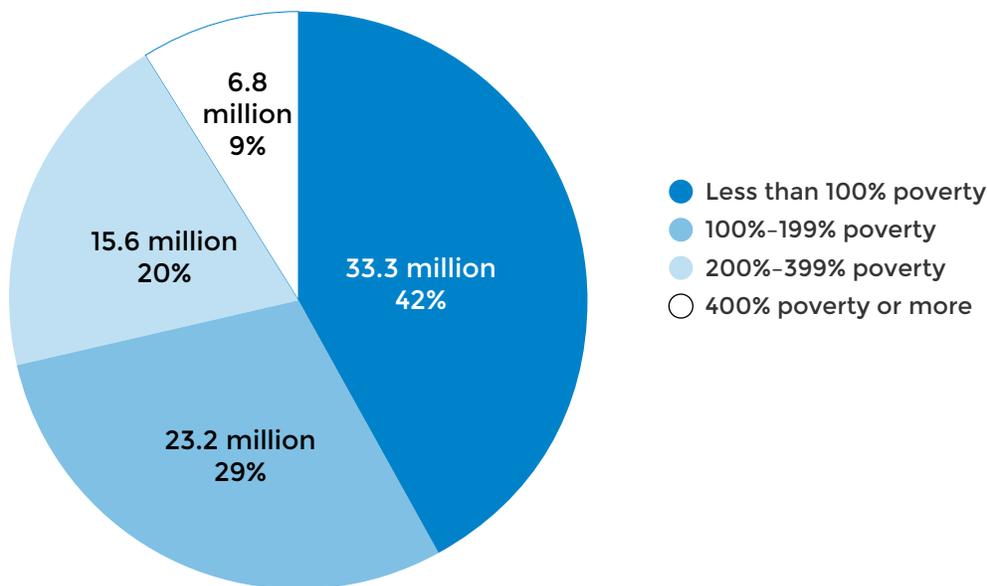
uninsured in 2012 (Exhibit 6). At the state level, with the exception of Massachusetts, Delaware, and the District of Columbia, at least half of the poorest residents of states either had no health insurance or were underinsured (Table 6). In Nevada and Utah, at least three-quarters of residents with incomes below poverty were uninsured or underinsured.

Among people with incomes near poverty (100% to 199% of poverty), nearly half (47%) were uninsured or underinsured. Across states, this ranged from a low of 30 percent or less in Massachusetts, Hawaii, and the District of Columbia to highs of 55 percent to 56 percent in Idaho and Texas (Table 6).

Reflecting the ongoing erosion of coverage, 20 percent of people with middle-class incomes (200% to 399% of poverty) were also uninsured or underinsured in 2012. This amounts to an estimated 15.6 million people with incomes well above

Exhibit 5. Distribution of Underinsured or Uninsured by Poverty, Under-65 Population, 2012

Insured but underinsured* or uninsured: 79 million people

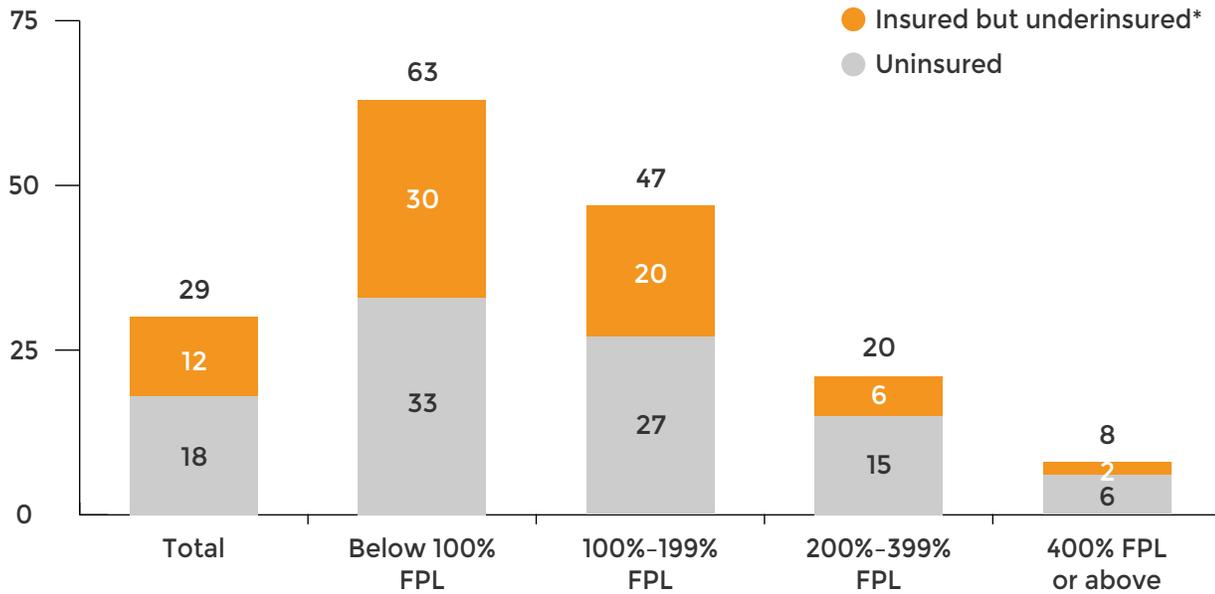


* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

Data source: March 2013 Current Population Survey.

Exhibit 6. At Risk: 79 Million Uninsured or Underinsured, 2012

Percent of under-65 population



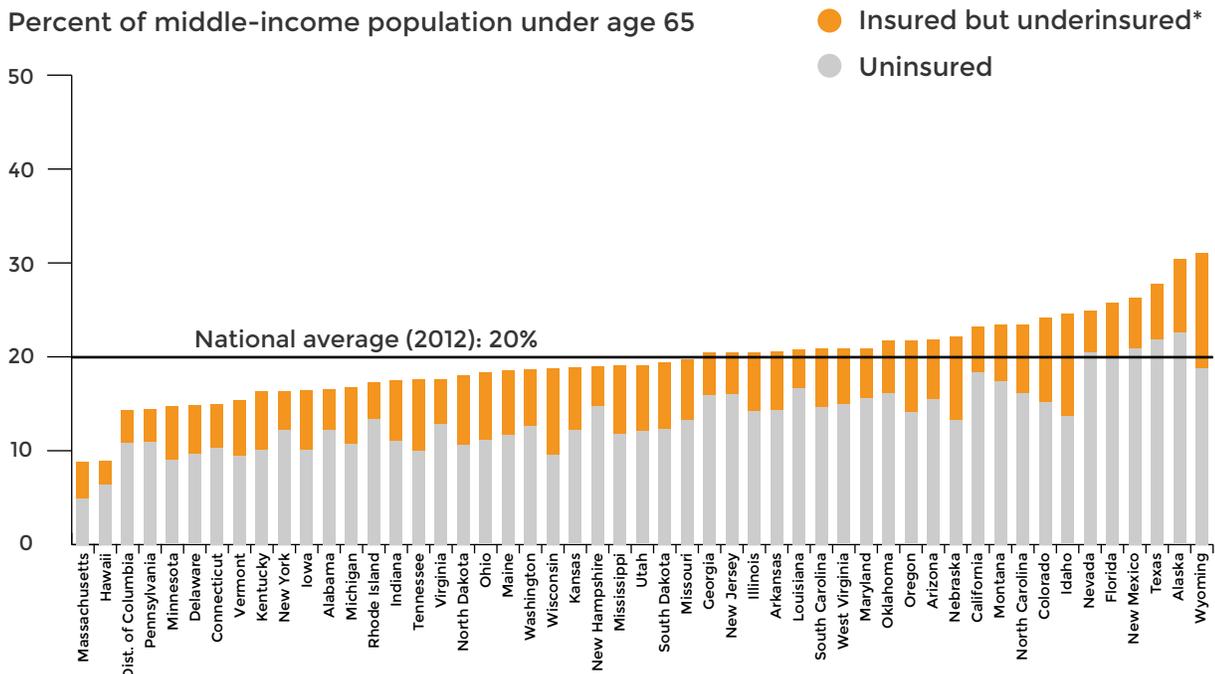
Notes: FPL = federal poverty level. Percentages may not sum to total because of rounding.

* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

Data source: March 2013 Current Population Survey.

Exhibit 7. Middle-Income Uninsured or Underinsured by State, 2011-2012

Percent of middle-income population under age 65



Note: Middle income = 200% to 399% of poverty.

* Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

Data source: March 2012-2013 Current Population Survey (states: two-year average).

poverty who were either uninsured or insured but incurring medical bills that were high relative to their incomes.

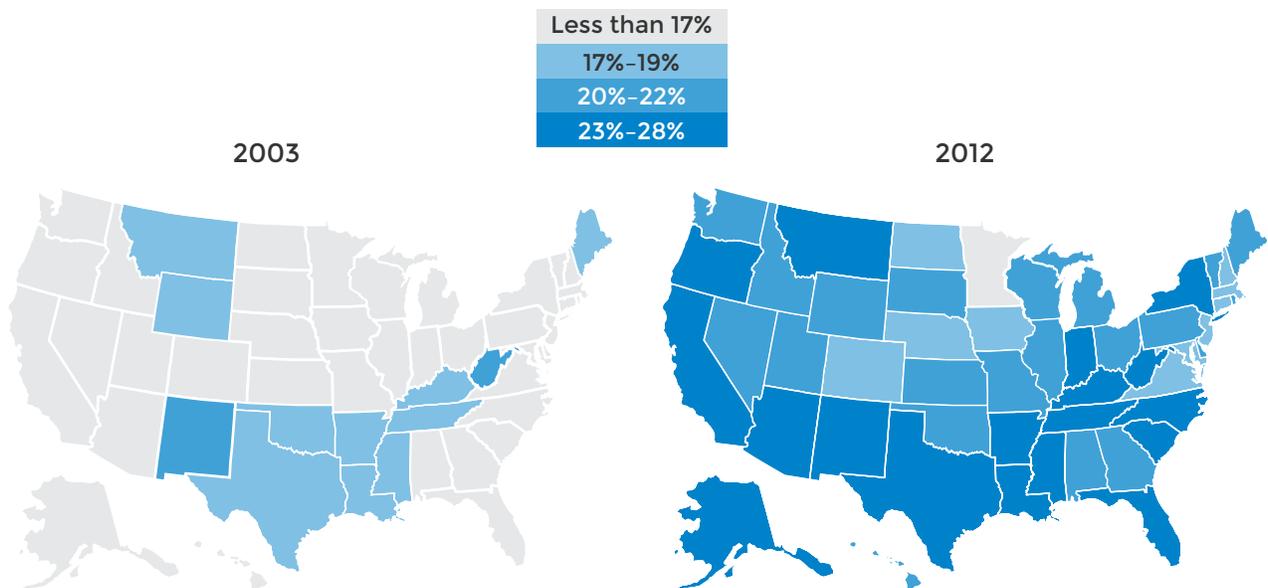
Combining the numbers of uninsured and underinsured, the percent of states' middle-income population at risk of not being able to afford care ranged from 9 percent in Hawaii and Massachusetts to highs of 28 percent to 31 percent in Texas, Alaska and Wyoming. In seven states—Idaho, Nevada, Florida, New Mexico, Texas, Alaska, and Wyoming—at least one of four middle-income residents were uninsured or insured but poorly protected (Exhibit 7 and Table 6).

The exposure to high out-of-pocket medical care costs even when people have insurance reflects insurance trends—including higher deductibles and cost-sharing, as well as gaps in benefits or limits on coverage—in both the employer and individual insurance markets.⁶ This puts insured families at risk

in terms of access to health care and financial well-being. Studies indicate that low- and middle-income insured individuals and families who face high out-of-pocket costs for medical care relative to their incomes are nearly as likely as the uninsured population to go without care because of costs, forgo care when sick, struggle to pay medical bills, or incur medical debt.⁷ Both population groups—underinsured and uninsured—are at far higher risk of access or medical bill concerns than those with more protective coverage.

In all states, people with higher incomes—at or above 400 percent of poverty—have more protective coverage. The combined share of the states' higher-income population who were uninsured or underinsured before reforms ranged from 3 percent in Massachusetts to 13 percent in Alaska and Wyoming (Table 6).

Exhibit 8. Total Premiums for Employer-Sponsored Insurance Rise Sharply as Share of Median Income for Under-65 Population, 2003 and 2012



Note: Premiums include employer and employee shares.
 Data sources: 2003, 2012 Medical Expenditure Panel Survey—Insurance Component; March 2004 and March 2013 Current Population Surveys for median income.

Premiums for Employer-Sponsored Insurance Have Risen More Rapidly Than Incomes, Value of Benefits Declined

Over the past decade, the cost of health insurance has risen far faster than incomes for middle- and low-income working-age families. Nationally by 2012, average annual premiums for employer-sponsored health insurance (including the employer and employee share) equaled about 22 percent of median household income for the under-65 population, up from 15 percent in 2003. In each state, average premiums were a greater share of median income in 2012 than they were in 2003 (Exhibit 8 and Table 7).

Maps detailing these changes reveal the starkly altered landscape. In 2003, in three-fourths of the states, the average premiums for employer-sponsored health insurance amounted to less than 17 percent of state median incomes. In all but two states, premiums as a share of median state incomes were below 20 percent. By 2012, average premiums were at least 17 percent of median incomes in all but one state, Minnesota, and 23 percent to 28 percent of median income in 18 states, including the four most populous: California, Texas, New York, and Florida.

At the same time that premiums have risen, the value of benefits has declined. Deductibles more than doubled for plans provided by larger and small employers.⁸ This increase—plus other cost-sharing or limits on benefits—has left insured patients paying a higher share of medical bills. With little or no growth in incomes over a decade, insurance and care have become less affordable.

MAJOR INSURANCE AND MARKET REFORMS

Responding to widespread concerns about access to care and affordability, the Affordable Care Act seeks to expand and improve insurance coverage with subsidies aimed to reach those with low or middle incomes. In October 2013, enrollment opened for the Affordable Care Act's new coverage options that commenced in 2014 with the joint goals of expanding coverage and making insurance and care more affordable. The law's major insurance reforms include three main provisions: 1) expansion of Medicaid eligibility to people with incomes up to 138 percent of poverty; 2) income-related tax credits to reduce the cost of premiums for people with incomes between 100 percent and 399 percent of poverty who are eligible to purchase plans through state-based insurance marketplaces; and 3) lower cost-sharing for people with low or modest incomes who are eligible for Medicaid or to participate in the new insurance marketplaces. In addition, insurance market reforms effective in January 2014 set new standards for insurance and established new market rules that prohibit turning people away or charging them more because of health status or gender. Market reforms also limit the amount insurers can charge based on enrollees' age, limit annual out-of-pocket costs, and require plans to include essential benefits.⁹

Medicaid and Income-Related Premium Assistance

The Affordable Care Act provides federal support to expand Medicaid for all citizens and legal residents with incomes up to 138 percent of the federal poverty level. This represents a significant expansion of the program for adults. Before reform, in most states, nondisabled adults without children were not eligible for Medicaid regardless of income level, and

the income eligibility thresholds for parents were well below poverty.¹⁰ The expansion is fully funded by the federal government through 2016 with the federal share declining to 90 percent by 2020.¹¹

People with incomes between 100 percent and 400 percent of poverty can receive tax credits to help pay insurance premiums if they do not have access to public insurance or an affordable employer-based plan.¹² For those eligible, tax credits will cap premium costs at 2 percent to 9.5 percent of annual income, relative to various thresholds of the federal poverty level (Exhibit 9).

The premium assistance and Medicaid expansion have the potential to lower costs for many low- and middle-income individuals and families who have insurance and expand coverage to people who do not. Using newly available information on out-of-pocket payments for premiums, we estimate that 29 million insured people—11 percent of the

total under-age-65 population and 13 percent of the insured population under age 65—paid premiums that exceeded the Affordable Care Act premium contribution thresholds for those at their household income level before reforms (Table 8). In other words, they had high premium out-of-pocket costs compared with incomes, with “high” defined as in excess of Affordable Care Act contribution thresholds.

Across states, the share of the insured population paying high premiums relative to income in 2011–12 ranged from an estimated 8 percent to 17 percent (Exhibit 10). Table 8 provides baseline estimates by state for the number of insured people in households paying a high share of their incomes on premiums before the implementation of reforms. In the larger states, this amounts to millions of people. For example, an estimated 3.1 million insured in California, 2.3 million in Texas, 1.9 million in

Exhibit 9. Premium Tax Credits and Cost-Sharing Protections Under the Affordable Care Act

FPL	INCOME	PREMIUM CONTRIBUTION AS A SHARE OF INCOME	OUT-OF-POCKET LIMITS	ACTUARIAL VALUE: IF IN SILVER PLAN
<100%	S: <\$11,490 F: <\$23,550	0% (Medicaid)	\$0 (Medicaid)	100% (Medicaid)
100%–137%	S: \$11,490 – <\$15,856 F: \$23,550 – <\$32,499	2%, or 0% if Medicaid		94%
138%–149%	S: \$15,856 – <\$17,235 F: \$32,499 – <\$35,325	3.0%–4.0%	S: \$2,250 F: \$4,500	94%
150%–199%	S: \$17,235 – <\$22,980 F: \$35,325 – <\$47,100	4.0%–6.3%		87%
200%–249%	S: \$22,980 – <\$28,725 F: \$47,100 – <\$58,875	6.3%–8.05%	S: \$5,200 F: \$10,400	73%
250%–299%	S: \$28,725 – <\$34,470 F: \$58,875 – <\$70,650	8.05%–9.5%		70%
300%–399%	S: \$34,470 – <\$45,960 F: \$70,650 – <\$94,200	9.5%	S: \$6,350 F: \$12,700	70%
400%+	S: \$45,960+ F: \$94,200+	—		—

Four levels of cost-sharing: Bronze: actuarial value 60% Silver: actuarial value 70%
Gold: actuarial value 80% Platinum: actuarial value 90%

Note: FPL refers to federal poverty level as of 2013. Actuarial values are the average percent of medical costs covered by a health plan. Premium and cost-sharing credits are for silver plan. Out-of-pocket limits for 2014.

Source: Commonwealth Fund Health Reform Resource Center: What’s in the Affordable Care Act? (PL 111-148 and 111-152), <http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx>.

Florida, and 1.6 million in New York paid a high share of income on premiums.

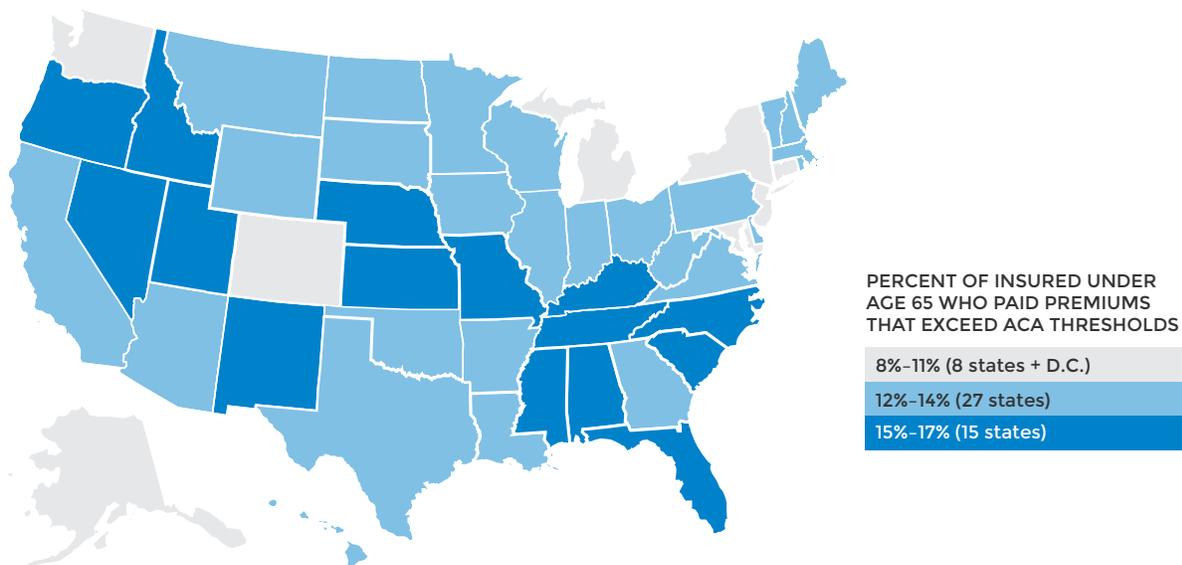
However, not everyone who pays high premiums relative to income will be eligible for help. The 29 million insured people includes 13.7 million with incomes below 138 percent of poverty who are paying premiums above the Affordable Care Act thresholds for this group. Of these, 8.8 million had private insurance they bought on their own or through employers (Table 9). Based on their income alone, they would likely be eligible for expanded Medicaid if their state decides to participate in Medicaid expansions.

For those with incomes above Medicaid eligibility, the law restricts eligibility for premium assistance in marketplaces to people buying insurance on their own and to workers who have employer coverage where the employee's premium costs for self-only coverage exceeds 9.5 percent of

income. Among the 29 million insured with high premium costs in 2012, 11.7 million had employer-sponsored coverage and incomes that would be too high to qualify for expanded Medicaid.¹³ Only a portion of this group will be eligible for premium assistance. In addition, those who are employed by small employers may benefit from insurance market reforms and the small business marketplaces that may yield more affordable options for some of those businesses. Another 2.2 million with high-premium costs and incomes above Medicaid levels bought insurance on their own.¹⁴ All would likely be eligible for premium assistance (Table 9).

The baseline data on premiums relative to incomes indicate that if all states participate in Medicaid expansions, at least 11 million insured people with high premiums compared with incomes could receive premium help based on their income alone.¹⁵

Exhibit 10. Twenty-Nine Million Insured Paid Premiums in Excess of Affordable Care Act Thresholds, 2011-2012



Note: Affordable Care Act thresholds refers to the maximum premium contribution as a share of income in marketplaces or Medicaid if eligible to participate.

Data source: March 2012-2013 Current Population Survey (states: two-year average).

Medicaid Expansion Makes a Critical Difference

As originally enacted, the insurance reforms expanded Medicaid to people with incomes up to 138 percent of poverty in all states to ensure that low-income individuals and families would have access to comprehensive coverage with little or no premiums or cost-sharing.¹⁶ As Exhibit 11 illustrates, a substantial share of the uninsured and underinsured have incomes within the range to qualify for expanded Medicaid. An estimated 23.6 million uninsured—half of the total 47.3 million uninsured—had incomes below 138 percent of poverty in 2012. Of the 31.7 million underinsured—nearly two-thirds, or 20.1 million—had incomes below the new Medicaid threshold.

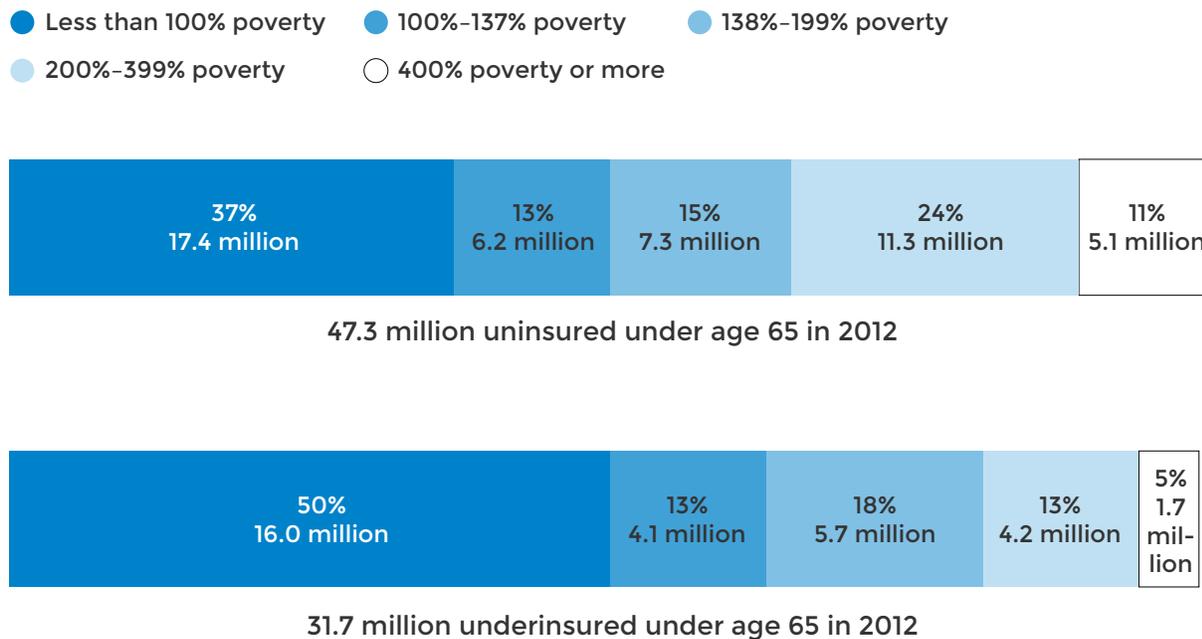
In June 2012, the Supreme Court ruled that state participation in Medicaid is optional. As of March 2014, 26 states plus the District of Columbia

have chosen to participate in the Medicaid expansion and 24 states have either said they are not expanding or had not yet decided to expand Medicaid to 138 percent of poverty (Exhibit 12).¹⁷ Of the states that have not yet decided to participate, only Wisconsin will provide Medicaid up to the federal poverty level for childless, nondisabled adults.¹⁸

The law was written assuming that all states would participate in the Medicaid expansion. Therefore, premium assistance in the marketplaces will be available only to people with incomes of at least 100 percent of poverty. In states that do not expand Medicaid, those with income below poverty will have no new options available.

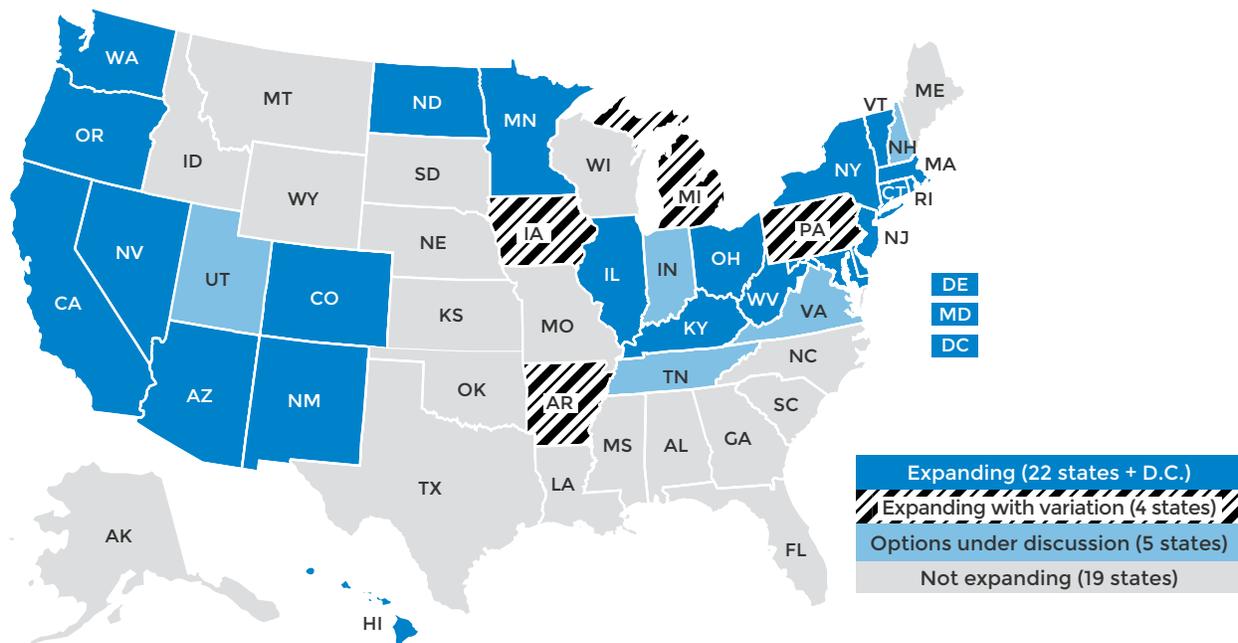
Based on the most recent census data, 15.2 million uninsured or underinsured people with incomes below poverty live in the 23 states (excluding Wisconsin) where existing Medicaid eligibility

Exhibit 11. Distribution of Uninsured or Underinsured by Poverty, 2012



Notes: Percentages may not add to 100% because of rounding. Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty. Data source: March 2013 Current Population Survey.

Exhibit 12. Status of State Participation in Medicaid Expansion, as of March 2014



Note: The Centers for Medicare and Medicaid Services (CMS) has approved waivers for expansion with variation in Arkansas, Iowa, and Michigan. Pennsylvania’s waiver is currently under review by CMS.
 Source: Avalere, *State Reform Insights*; Center on Budget and Policy Priorities; Politico.com; Commonwealth Fund analysis.

standards exclude childless, nondisabled adults and where income eligibility levels are often well below poverty for adults with dependent children. Only four of these states have Medicaid income eligibility for parents at or above the poverty level—Alaska, Maine, Tennessee, and Wisconsin.¹⁹ Some of the uninsured or underinsured poor in these states may be ineligible for Medicaid based on immigration status and others may be eligible under current Medicaid or the Children’s Health Insurance Program (CHIP) but not yet signed up.²⁰ However, unless these states decide to participate in the expansion, the poorest residents will have no new insurance options available to them.

Excluding Wisconsin, an estimated 3.5 million of the insured poor who paid premiums live in states that are not participating in the Medicaid expansion (Table 10). They will not be newly

eligible for Medicaid nor premium assistance through tax credits.

Many of the states not participating in Medicaid expansion have among the highest rates of uninsured or underinsured people as a share of their total state populations. Without Medicaid expansion, this vulnerable group will remain at high risk for access, health, and financial problems.

Income-Related Reduced Cost-Sharing and New Market Standards

The health plans available in the new marketplaces are required to provide essential health benefits, including preventive care and other benefits typically covered in employer plans. Insurers must offer these benefits in four categories, or “metal tiers,” based on the percentage of medical costs covered: bronze (covering an average of 60% of a person’s

annual medical costs), silver (70% of costs), gold (80% of costs), and platinum (90% of costs).²¹

People with incomes below 250 percent of poverty who select silver plans are also eligible for cost-sharing subsidies that increase the amount of medical costs covered by their plan, thereby lowering the amount they have to spend out-of-pocket on deductibles, copayments, and coinsurance. However, people must enroll in silver plans in order to receive this benefit (Exhibit 9). These provisions could help reduce the number of underinsured people to the extent that those who were uninsured or underinsured before reforms are eligible to participate in the marketplaces and select silver plans.

The insurance market reforms also provide new protections against high out-of-pocket medical care costs. The law caps the amount people will pay out-of-pocket annually for covered medical and prescription drug benefits, with the lowest out-of-pocket limits for people with incomes below 200 percent of poverty. It also prohibits plans from imposing annual dollar limits on covered benefits. This latter provision protects the insured from simply running out of coverage. Effective this year, reforms prohibit insurers from denying or limiting coverage or charging higher premiums based on gender or poor health. These reforms potentially make premiums and health care more affordable across lifetimes.

Changing the Insurance Map of the Country

The Affordable Care Act insurance reforms were well-targeted to provide assistance to those currently uninsured or insured but poorly protected—that is, the underinsured. As Exhibit 11 illustrates, approximately two-thirds of the uninsured and four-fifths (81 percent) of the underinsured have incomes below 200 percent of poverty—the income range

potentially eligible for substantial premium assistance and reduced cost-sharing. Many may also benefit from new insurance market rules that apply broadly across the country. There is the potential to reduce the number of uninsured and underinsured compared with the 2012 baseline.

Substantial gains, however, will depend on the plans people choose and state efforts to ensure high-value benefit designs and accessible networks. One concern is to what extent people with low or modest incomes will opt for “bronze” level plans. These plans may be attractive because they have the lowest premiums. For people with low incomes, tax credits may offset most or all of the out-of-pocket premium costs for these plans. However, people choosing bronze-level plans will pay 40 percent of medical care costs on average and thus remain at financial risk. Additionally, in choosing a bronze plan, people with low incomes forgo the cost-sharing subsidies that are tied to silver plans that substantially reduce out-of-pocket spending for medical care. As of February 2014, 62 percent of those enrolling in the new marketplaces selected silver plans, 19 percent had selected gold or platinum, and 19 percent had selected bronze.²² It will be important to track the pattern of plan choices by income to assess the impact on affordability.

In addition, it is important to note that the Affordable Care Act’s limits on out-of-pocket costs for covered benefits also apply only to in-network providers. As discussed in a recent report profiling insured people with medical debt, even with the new limits, the insured may encounter high medical care costs if they receive care from out-of-network clinicians.²³ This can happen even if the patient selects an in-network surgeon and hospital, if anesthesiologists or other clinicians involved in the hospital care are allowed to stay out-of-network.

CONCLUSION

If the Affordable Care Act's major coverage provisions, which went into effect in January 2014, perform near expectations, the United States will come closer to achieving near-universal coverage. By making affordable, comprehensive coverage available, the reforms have the potential to reduce the ranks of the uninsured and the insured with high cost burdens. To the extent insurance reforms achieve this potential, they will improve access to care, decrease the number of people who go without care because of costs, and reduce medical debt and struggles with unaffordable medical bills. More protective insurance could also allow for more equitable access to primary and preventive care.²⁴

The major insurance reforms that began this year have the potential to change the insurance and access map of the country. The number of uninsured declined by nearly 2 million from 2010 to 2012 following implementation of early Affordable Care Act reforms, including expansion of coverage to young adults. National surveys in 2013 and early 2014 indicate further decline in the number of uninsured, providing continuing positive news. As of March 2014, 5 million people had selected a plan through the new marketplaces²⁵ and 10.3 million adults and children had been determined eligible for Medicaid and the Children's Health Insurance Program (CHIP).²⁶ With reforms to ensure more comprehensive benefits, there is the potential to improve affordability across states.

However, the new marketplaces offer plans that include substantial cost-sharing and annual caps on out-of-pocket patient costs that apply to in-network providers only. With these benefit designs, there is the risk that the nation could convert the uninsured into the underinsured and fail to stop the

erosion in insurance protections for people with private insurance coverage.²⁷

To assess the impact of reforms will require monitoring affordability of care for the insured as well as the number of people remaining uninsured. Preventing more people from becoming underinsured will depend on state action, oversight of insurance plans offered, and the individual choices consumers make when selecting coverage.

This report offers baseline data for states and the nation to track and assess changes over the next several years. Millions of people in low- and middle-income families stand to gain more affordable insurance and access to care if states use the new resources wisely and creatively.

NOTES

- ¹ C. Schoen, M. M. Doty, R. H. Robertson, and S. R. Collins, “Affordable Care Act Reforms Could Reduce the Number of Underinsured U.S. Adults by 70 Percent,” *Health Affairs*, Sept. 2011 30(9):1762–71. The 10 percent threshold dates back to early studies by Pamela Farley Short. The 5 percent threshold comes from the Child Health Insurance program standard for low-income families where some cost-sharing was allowed above 100 percent of poverty. We apply the 5 percent threshold to all below 200 percent—although one could argue for much lower for below poverty.
- ² Analysis of the Current Population Survey data was conducted by Claudia Solis-Roman at New York University, working with Sherry Glied. Schoen and Collins developed the specifications for the high-cost burden and high premium variables.
- ³ Programmers at the New York University Robert F. Wagner Graduate School of Public Service conducted the analysis of Current Population Survey data using specifications provided by the authors.
- ⁴ We categorized insured individuals or insured families being underinsured if out-of-pocket costs relative to their income for medical expenses (excluding health insurance premiums) were 10 percent or more of their annual income, or 5 percent or more if their income was below 200 percent of poverty.
- ⁵ The other 10.8 million with high out-of-pocket medical care expenses compared with their incomes were uninsured.
- ⁶ C. Schoen, J. A. Lippa, S. R. Collins, and D. C. Radley, *State Trends in Premiums and Deductibles, 2003–2011: Eroding Protection and Rising Costs Underscore Need for Action* (New York: The Commonwealth Fund, Dec. 2012); and S. R. Collins, R. H. Robertson, T. Garber, and M. M. Doty, *Insuring the Future: Current Trends in Health Coverage and the Effects of Implementing the Affordable Care Act* (New York: The Commonwealth Fund, April 2013).
- ⁷ Schoen, Doty, Robertson, and Collins, “Affordable Care Act Reforms Could Reduce,” 2011.
- ⁸ Schoen, Lippa, Collins, and Radley, *State Trends in Premiums and Deductibles*, 2012.
- ⁹ K. Davis, *A New Era in American Health Care: Realizing the Potential of Reform* (New York: The Commonwealth Fund, June 2010); and K. Pollitz, C. Cost, K. Lucia et al., *Medical Debt Among People with Health Insurance* (Washington, D.C.: Henry J. Kaiser Family Foundation, Jan. 2014).
- ¹⁰ C. Schoen, S. Hayes, and P. Riley, *The Affordable Care Act’s New Tools and Resources to Improve Health and Care for Low-Income Families Across the Country* (New York: The Commonwealth Fund, Oct. 2013).
- ¹¹ S. Glied and S. Ma, *How States Stand to Gain or Lose Federal Funds by Opting In or Out of the Medicaid Expansion* (New York: The Commonwealth Fund, Dec. 2013).
- ¹² By regulations to implement the Affordable Care Act, an employer-sponsored plan is considered affordable if the portion of the annual premium an employee must pay for self-only coverage does not exceed 9.5% of the employee’s household income and the plan covers at least 60 percent, on average, of medical costs. Plan affordability is based on the cost of self-only coverage regardless of whether employees have family coverage and may pay more than 9.5 percent of their income for that coverage.
- ¹³ Calculated from Table 9. The 11.7 million includes people with employer-sponsored insurance (ESI) with incomes from 138 percent to 399 percent of poverty. Only some of these people will be eligible for premium tax credits. Those with ESI with incomes below 138 percent of poverty will be eligible for Medicaid if their state takes part in the expansion.
- ¹⁴ The sum of those with individual coverage with incomes from 138 percent to 399 percent of poverty adds to 2.2 million when including the estimate to two decimal places; Table 9 adds to 2.1 million because of rounding.
- ¹⁵ See Table 9. The 11 million number includes those with employer-sponsored insurance or individual insurance under 138% poverty plus those with individual insurance with incomes from 138% poverty to 399% poverty.

- ¹⁶ R. Rudowitz and L. Snyder, *Premiums and Cost-Sharing in Medicaid* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, Feb. 2013); T. Jost, "Implementing Health Reform: Final Rule on Premium Tax Credit, Medicaid, and CHIP Eligibility Determinations (Part 2)," *Health Affairs Blog*, July 7, 2013; and U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment," Final Rule, *Federal Register*, July 15, 2013 (78)135:42279.
- ¹⁷ Avalere, *State Reform Insights*; Center for Budget and Policy Priorities; Politico.com; and Commonwealth Fund analysis.
- ¹⁸ Kaiser Commission of Medicaid and the Uninsured, *Where Are States Today? Medicaid and CHIP Eligibility Levels for Children and Non-Disabled Adults as of January 1, 2014* (Washington, D.C.: Henry J. Kaiser Family Foundation, Jan. 13, 2014); and Wisconsin Department of Health Services, "BadgerCare+ Demonstration Project Waiver," Jan. 9, 2014, www.dhs.wisconsin.gov/badgercareplus/waivers.htm.
- ¹⁹ Kaiser Commission, *Where Are States Today?* 2014.
- ²⁰ Kaiser Commission on Medicaid and the Uninsured, *The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid* (Washington, D.C.: Henry J. Kaiser Family Foundation, Oct. 23, 2013).
- ²¹ Collins, Robertson, Garber, and Doty, *Insuring the Future*, 2013.
- ²² U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Policy, *Health Insurance Marketplace: February Enrollment Report, For the Period: October 1, 2013–February 1, 2014, ASPE Issue Brief* (Washington, D.C.: ASPE, Feb. 12, 2014).
- ²³ Pollitz, Cost, Lucia et al., *Medical Debt Among People with Health Insurance*, 2014.
- ²⁴ S. R. Collins, R. H. Robertson, T. Garber, and M. M. Doty, *The Income Divide in Health Care: How the Affordable Care Act Will Help Restore Fairness to the U.S. Health System* (New York: The Commonwealth Fund, Feb. 2012); and C. Schoen, S. L. Hayes, J. A. Lippa, and D. C. Radley, *Insurance Matters: Primary and Preventive Care Access by State Before Major Insurance Expansions* (New York: The Commonwealth Fund, forthcoming 2014).
- ²⁵ M. Tavenner, "Marketplace Enrollment Hits 5 Million Milestone," *HHS.gov/Health Care Blog*, March 17, 2014; and U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Policy, *Health Insurance Marketplace: March Enrollment Report, For the Period: October 1, 2013–March 1, 2014, ASPE Issue Brief* (Washington, D.C.: ASPE, March 11, 2014).
- ²⁶ Centers for Medicare and Medicaid Services, *Medicaid and CHIP: January 2014 Monthly Applications and Eligibility Determinations Report* (Washington, D.C.: CMS, Feb. 28, 2014). The 10.3 million number includes the 8.9 million determined eligible through state agencies and another 1.4 million determined eligible through the federally facilitated exchanges.
- ²⁷ J. Gruber and I. Perry, *Realizing Health Reform's Potential: Will the Affordable Care Act Make Health Insurance Affordable?* (New York: The Commonwealth Fund, April 2011).

Table 1. National Distribution of U.S. Population Under Age 65 by Federal Poverty Level, 2012

UNDER-65 POPULATION		
	POPULATION IN MILLIONS	PERCENT OF POPULATION GROUP
Total population under age 65	267.7	100%
<100% poverty	52.9	20%
100%–137% poverty	20.3	8%
138%–199% poverty	29.3	11%
200%–399% poverty	76.2	28%
400% poverty or more	89.1	33%
Uninsured population under age 65	47.3	100%
<100% poverty	17.4	37%
100%–137% poverty	6.2	13%
138%–199% poverty	7.3	15%
200%–399% poverty	11.3	24%
400% poverty or more	5.1	11%
Insured population under age 65 who are underinsured^a	31.7	100%
<100% poverty	16.0	50%
100%–137% poverty	4.1	13%
138%–199% poverty	5.7	18%
200%–399% poverty	4.2	13%
400% poverty or more	1.7	5%
Insured population under age 65 with premiums that exceed ACA threshold or Medicaid^b	29.2	100%
<100% poverty	8.1	28%
100%–137% poverty	5.6	19%
138%–199% poverty	6.5	22%
200%–399% poverty	9.0	31%
400% poverty or more	0	0%
Underinsured^a or with premiums that exceed the ACA threshold or Medicaid^b under age 65	50.6	100%
<100% poverty	19.3	38%
100%–137% poverty	7.7	15%
138%–199% poverty	9.7	19%
200%–399% poverty	12.1	24%
400% poverty or more	1.7	3%

Note: Sum of people and percentages in population subgroups may not equal total because of rounding.

^a Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

^b Affordable Care Act (ACA) thresholds refers to the maximum premium contribution as a share of income in marketplaces or Medicaid if eligible to participate.

Data source: Analysis of March 2013 Current Population Survey (CPS).

Table 2. State Population Demographics by Federal Poverty Level, Under Age 65, 2011–2012

UNDER-65 POPULATION									
State	TOTAL	LESS THAN 100% POVERTY		100%–199% POVERTY		200%–399% POVERTY		400% POVERTY OR MORE	
	People	People	Percent	People	Percent	People	Percent	People	Percent
United States (2012)	267,740,038	52,870,157	20%	49,599,636	19%	76,163,816	28%	89,106,429	33%
United States (2011–2012)	267,575,496	53,286,976	20%	49,448,659	18%	76,421,641	29%	88,418,220	33%
Alabama	4,150,585	865,456	21%	807,823	19%	1,242,164	30%	1,235,142	30%
Alaska	643,903	95,910	15%	105,539	16%	190,260	30%	252,194	39%
Arizona	5,689,270	1,337,661	24%	1,117,468	20%	1,582,745	28%	1,651,396	29%
Arkansas	2,451,343	590,794	24%	533,052	22%	747,682	31%	579,815	24%
California	33,389,710	7,760,875	23%	6,547,421	20%	8,543,102	26%	10,538,312	32%
Colorado	4,473,497	724,488	16%	671,523	15%	1,267,786	28%	1,809,700	40%
Connecticut	3,011,169	425,092	14%	413,529	14%	741,321	25%	1,431,227	48%
Delaware	760,994	148,053	19%	136,056	18%	216,849	28%	260,036	34%
District of Columbia	549,330	134,666	25%	70,774	13%	99,661	18%	244,229	44%
Florida	15,687,963	3,285,656	21%	3,096,387	20%	4,599,910	29%	4,706,010	30%
Georgia	8,598,462	1,990,122	23%	1,575,700	18%	2,546,942	30%	2,485,698	29%
Hawaii	1,143,348	246,812	22%	232,677	20%	327,325	29%	336,534	29%
Idaho	1,350,649	249,423	18%	327,601	24%	426,499	32%	347,126	26%
Illinois	10,984,776	2,035,642	19%	2,093,103	19%	3,014,759	27%	3,841,272	35%
Indiana	5,427,533	1,096,482	20%	1,040,346	19%	1,572,488	29%	1,718,217	32%
Iowa	2,609,741	346,733	13%	467,042	18%	893,099	34%	902,867	35%
Kansas	2,411,193	437,664	18%	448,672	19%	746,953	31%	777,904	32%
Kentucky	3,756,355	791,378	21%	776,419	21%	1,142,092	30%	1,046,466	28%
Louisiana	3,874,266	1,014,970	26%	743,493	19%	1,087,136	28%	1,028,667	27%
Maine	1,123,414	170,260	15%	197,208	18%	366,073	33%	389,873	35%
Maryland	5,094,796	722,262	14%	734,338	14%	1,338,707	26%	2,299,489	45%
Massachusetts	5,585,276	859,153	15%	752,301	13%	1,380,846	25%	2,592,976	46%
Michigan	8,258,807	1,549,186	19%	1,425,631	17%	2,308,308	28%	2,975,682	36%
Minnesota	4,598,136	566,426	12%	645,490	14%	1,387,942	30%	1,998,278	43%
Mississippi	2,512,432	650,764	26%	543,632	22%	743,450	30%	574,586	23%
Missouri	5,063,833	1,018,114	20%	872,743	17%	1,494,555	30%	1,678,421	33%
Montana	817,238	156,182	19%	167,441	20%	272,654	33%	220,961	27%
Nebraska	1,590,083	217,221	14%	271,872	17%	513,180	32%	587,810	37%
Nevada	2,349,645	498,649	21%	499,976	21%	727,119	31%	623,901	27%
New Hampshire	1,120,722	114,162	10%	136,324	12%	331,201	30%	539,035	48%
New Jersey	7,445,027	1,136,072	15%	1,165,245	16%	1,874,067	25%	3,269,643	44%
New Mexico	1,741,452	479,812	28%	336,644	19%	432,176	25%	492,820	28%
New York	16,608,850	3,702,305	22%	2,904,750	17%	4,519,562	27%	5,482,233	33%
North Carolina	8,170,616	1,651,823	20%	1,718,327	21%	2,366,414	29%	2,434,052	30%
North Dakota	598,390	72,059	12%	81,041	14%	200,124	33%	245,166	41%
Ohio	9,636,202	1,922,676	20%	1,747,696	18%	3,032,866	31%	2,932,964	30%
Oklahoma	3,216,702	654,515	20%	610,814	19%	981,237	31%	970,136	30%
Oregon	3,311,824	611,014	18%	678,195	20%	995,626	30%	1,026,989	31%
Pennsylvania	10,763,884	1,886,148	18%	1,735,473	16%	3,196,369	30%	3,945,894	37%
Rhode Island	875,455	168,541	19%	139,981	16%	224,096	26%	342,837	39%
South Carolina	3,986,837	853,635	21%	811,863	20%	1,280,171	32%	1,041,168	26%
South Dakota	703,440	113,226	16%	130,423	19%	253,647	36%	206,144	29%
Tennessee	5,457,678	1,180,358	22%	1,093,560	20%	1,718,875	31%	1,464,885	27%
Texas	23,090,586	5,181,634	22%	4,861,552	21%	6,441,780	28%	6,605,620	29%
Utah	2,560,747	378,933	15%	585,358	23%	888,436	35%	708,020	28%
Vermont	516,488	69,071	13%	85,524	17%	171,626	33%	190,267	37%
Virginia	6,927,932	1,022,906	15%	1,058,782	15%	1,964,650	28%	2,881,594	42%
Washington	5,971,672	958,359	16%	1,132,048	19%	1,716,827	29%	2,164,438	36%
West Virginia	1,542,410	321,374	21%	300,206	19%	505,004	33%	415,826	27%
Wisconsin	4,872,659	752,855	15%	721,453	15%	1,653,643	34%	1,744,708	36%
Wyoming	498,176	69,404	14%	98,143	20%	151,637	30%	178,992	36%

Data source: March 2012–13 Current Population Survey (CPS).

Table 3. Uninsured or Underinsured Under Age 65, Total, by State, 2011-2012

UNINSURED OR UNDERINSURED ^a UNDER AGE 65						
State	UNINSURED		UNDERINSURED ^a		EITHER UNINSURED OR UNDERINSURED ^a	
	People	Percent	People	Percent	People	Percent
United States (2012)	47,296,988	18%	31,653,855	12%	78,950,843	29%
United States (2011–2012)	47,617,535	18%	31,112,183	12%	78,729,718	29%
Alabama	660,730	16%	582,071	14%	1,242,801	30%
Alaska	129,873	20%	73,672	11%	203,545	32%
Arizona	1,140,186	20%	657,244	12%	1,797,430	32%
Arkansas	510,383	21%	357,034	15%	867,417	35%
California	6,992,371	21%	3,507,450	11%	10,499,821	31%
Colorado	736,879	16%	616,371	14%	1,353,250	30%
Connecticut	285,748	9%	313,463	10%	599,211	20%
Delaware	92,570	12%	79,411	10%	171,981	23%
District of Columbia	49,802	9%	46,898	9%	96,700	18%
Florida	3,866,688	25%	1,854,797	12%	5,721,485	36%
Georgia	1,849,656	22%	1,014,262	12%	2,863,918	33%
Hawaii	102,739	9%	145,513	13%	248,252	22%
Idaho	257,948	19%	233,806	17%	491,754	36%
Illinois	1,772,366	16%	1,315,672	12%	3,088,038	28%
Indiana	801,579	15%	709,556	13%	1,511,135	28%
Iowa	301,444	12%	293,442	11%	594,886	23%
Kansas	368,441	15%	286,847	12%	655,288	27%
Kentucky	647,130	17%	459,237	12%	1,106,367	29%
Louisiana	866,303	22%	452,581	12%	1,318,884	34%
Maine	129,293	12%	139,451	12%	268,744	24%
Maryland	755,915	15%	452,051	9%	1,207,966	24%
Massachusetts	242,879	4%	531,029	10%	773,908	14%
Michigan	1,110,519	13%	921,020	11%	2,031,539	25%
Minnesota	462,517	10%	399,529	9%	862,046	19%
Mississippi	453,574	18%	408,632	16%	862,206	34%
Missouri	834,076	16%	580,551	11%	1,414,627	28%
Montana	178,919	22%	102,306	13%	281,225	34%
Nebraska	233,282	15%	190,606	12%	423,888	27%
Nevada	620,817	26%	257,626	11%	878,443	37%
New Hampshire	158,520	14%	93,608	8%	252,128	22%
New Jersey	1,250,736	17%	749,402	10%	2,000,138	27%
New Mexico	421,705	24%	234,019	13%	655,724	38%
New York	2,220,839	13%	1,806,989	11%	4,027,828	24%
North Carolina	1,593,276	20%	1,117,065	14%	2,710,341	33%
North Dakota	70,031	12%	62,392	10%	132,423	22%
Ohio	1,460,837	15%	1,250,465	13%	2,711,302	28%
Oklahoma	633,071	20%	381,381	12%	1,014,452	32%
Oregon	559,347	17%	480,649	15%	1,039,996	31%
Pennsylvania	1,426,872	13%	1,114,294	10%	2,541,166	24%
Rhode Island	125,046	14%	87,170	10%	212,216	24%
South Carolina	765,291	19%	468,964	12%	1,234,255	31%
South Dakota	111,335	16%	79,858	11%	191,193	27%
Tennessee	849,557	16%	872,052	16%	1,721,609	32%
Texas	6,166,602	27%	2,618,242	11%	8,784,844	38%
Utah	406,843	16%	435,507	17%	842,350	33%
Vermont	47,759	9%	56,663	11%	104,422	20%
Virginia	1,020,551	15%	686,787	10%	1,707,338	25%
Washington	947,718	16%	677,634	11%	1,625,352	27%
West Virginia	266,650	17%	198,372	13%	465,022	30%
Wisconsin	566,533	12%	584,069	12%	1,150,602	24%
Wyoming	93,789	19%	74,473	15%	168,262	34%
Min		4%		8%		14%
Max		27%		17%		38%

^a Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

Note: Percentages of “uninsured” and “underinsured” may not sum to total because of rounding.

Data source: March 2012–13 Current Population Survey (CPS).

Table 4. Underinsured Under Age 65, Total and by Federal Poverty Level, by State, 2011-2012

UNDERINSURED ^a UNDER AGE 65										
State	TOTAL, 2011-2012		LESS THAN 100% POVERTY		100%-199% POVERTY		200%-399% POVERTY		400% POVERTY OR MORE	
	Number of underinsured	Percent of population								
United States (2012)	31,653,855	12%	15,959,850	30%	9,745,342	20%	4,247,733	6%	1,700,930	2%
United States (2011-2012)	31,112,183	12%	15,879,464	30%	9,274,283	19%	4,384,403	6%	1,574,033	2%
Alabama	582,071	14%	292,887	34%	230,720	29%	53,258	4%	5,206	0%
Alaska	73,672	11%	31,843	33%	19,195	18%	15,073	8%	7,561	3%
Arizona	657,244	12%	364,750	27%	160,625	14%	101,649	6%	30,220	2%
Arkansas	357,034	15%	186,285	32%	102,599	19%	46,808	6%	21,342	4%
California	3,507,450	11%	1,980,504	26%	921,257	14%	415,002	5%	190,687	2%
Colorado	616,371	14%	254,776	35%	178,326	27%	113,419	9%	69,850	4%
Connecticut	313,463	10%	175,661	41%	91,276	22%	34,221	5%	12,305	1%
Delaware	79,411	10%	40,789	28%	23,048	17%	11,393	5%	4,181	2%
District of Columbia	46,898	9%	32,532	24%	7,888	11%	3,489	4%	2,989	1%
Florida	1,854,797	12%	990,043	30%	491,315	16%	265,017	6%	108,422	2%
Georgia	1,014,262	12%	579,540	29%	277,444	18%	113,414	4%	43,864	2%
Hawaii	145,513	13%	90,354	37%	43,785	19%	8,312	3%	3,062	1%
Idaho	233,806	17%	85,360	34%	88,257	27%	46,656	11%	13,533	4%
Illinois	1,315,672	12%	589,774	29%	482,166	23%	186,539	6%	57,193	1%
Indiana	709,556	13%	373,260	34%	202,759	19%	101,435	6%	32,102	2%
Iowa	293,442	11%	118,536	34%	109,214	23%	56,743	6%	8,949	1%
Kansas	286,847	12%	133,027	30%	93,619	21%	49,841	7%	10,360	1%
Kentucky	459,237	12%	213,340	27%	159,977	21%	70,482	6%	15,438	1%
Louisiana	452,581	12%	252,117	25%	131,117	18%	44,712	4%	24,635	2%
Maine	139,451	12%	63,245	37%	43,709	22%	24,961	7%	7,536	2%
Maryland	452,051	9%	238,408	33%	105,485	14%	70,831	5%	37,327	2%
Massachusetts	531,029	10%	290,415	34%	169,272	23%	54,998	4%	16,344	1%
Michigan	921,020	11%	471,835	30%	285,685	20%	137,626	6%	25,874	1%
Minnesota	399,529	9%	154,992	27%	138,861	22%	79,528	6%	26,148	1%
Mississippi	408,632	16%	220,366	34%	115,955	21%	54,026	7%	18,285	3%
Missouri	580,551	11%	292,717	29%	172,317	20%	95,098	6%	20,419	1%
Montana	102,306	13%	50,454	32%	33,168	20%	16,225	6%	2,459	1%
Nebraska	190,606	12%	72,066	33%	59,457	22%	45,831	9%	13,252	2%
Nevada	257,626	11%	134,399	27%	75,318	15%	32,094	4%	15,815	3%
New Hampshire	93,608	8%	39,010	34%	30,329	22%	14,017	4%	10,252	2%
New Jersey	749,402	10%	405,093	36%	210,377	18%	82,058	4%	51,874	2%
New Mexico	234,019	13%	127,717	27%	68,234	20%	23,277	5%	14,791	3%
New York	1,806,989	11%	1,132,976	31%	392,553	14%	182,527	4%	98,933	2%
North Carolina	1,117,065	14%	521,994	32%	371,415	22%	171,512	7%	52,144	2%
North Dakota	62,392	10%	24,403	34%	21,249	26%	14,693	7%	2,047	1%
Ohio	1,250,465	13%	581,115	30%	392,229	22%	218,940	7%	58,181	2%
Oklahoma	381,381	12%	196,027	30%	117,895	19%	54,788	6%	12,671	1%
Oregon	480,649	15%	215,748	35%	166,556	25%	76,239	8%	22,106	2%
Pennsylvania	1,114,294	10%	640,618	34%	333,848	19%	110,151	3%	29,677	1%
Rhode Island	87,170	10%	45,933	27%	30,928	22%	8,677	4%	1,632	0%
South Carolina	468,964	12%	273,015	32%	98,636	12%	78,693	6%	18,620	2%
South Dakota	79,858	11%	27,825	25%	28,352	22%	17,789	7%	5,892	3%
Tennessee	872,052	16%	430,069	36%	272,693	25%	129,432	8%	39,858	3%
Texas	2,618,242	11%	1,275,740	25%	826,537	17%	382,066	6%	133,899	2%
Utah	435,507	17%	163,070	43%	196,322	34%	62,787	7%	13,328	2%
Vermont	56,663	11%	25,803	37%	16,643	19%	10,152	6%	4,065	2%
Virginia	686,787	10%	354,101	35%	192,379	18%	94,350	5%	45,957	2%
Washington	677,634	11%	280,232	29%	237,361	21%	102,663	6%	57,378	3%
West Virginia	198,372	13%	92,694	29%	65,813	22%	30,079	6%	9,786	2%
Wisconsin	584,069	12%	230,779	31%	162,647	23%	152,277	9%	38,366	2%
Wyoming	74,473	15%	21,227	31%	27,473	28%	18,555	12%	7,218	4%
Min		8%		24%		11%		3%		0%
Max		17%		43%		34%		12%		4%

^a Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty. Data source: March 2012-13 Current Population Survey (CPS).

Table 5. Uninsured Under Age 65, Total and by Federal Poverty Level, by State, 2011–2012

UNINSURED UNDER AGE 65										
State	TOTAL, 2011–2012		LESS THAN 100% POVERTY		100%–199% POVERTY		200%–399% POVERTY		400% POVERTY OR MORE	
	People	Percent	People	Percent	People	Percent	People	Percent	People	Percent
United States (2012)	47,296,988	18%	17,383,796	33%	13,501,469	27%	11,335,826	15%	5,075,897	6%
United States (2011–2012)	47,617,535	18%	17,720,248	33%	13,614,695	28%	11,215,821	15%	5,066,771	6%
Alabama	660,730	16%	294,272	34%	170,281	21%	151,854	12%	44,323	4%
Alaska	129,873	20%	33,870	35%	28,868	27%	42,882	23%	24,253	10%
Arizona	1,140,186	20%	425,653	32%	364,154	33%	244,817	15%	105,562	6%
Arkansas	510,383	21%	209,969	36%	151,972	29%	106,921	14%	41,521	7%
California	6,992,371	21%	2,766,547	36%	1,992,080	30%	1,572,094	18%	661,650	6%
Colorado	736,879	16%	255,119	35%	187,301	28%	192,995	15%	101,464	6%
Connecticut	285,748	9%	92,320	22%	67,440	16%	76,756	10%	49,232	3%
Delaware	92,570	12%	30,330	20%	29,460	22%	20,856	10%	11,924	5%
District of Columbia	49,802	9%	18,405	14%	11,233	16%	10,779	11%	9,385	4%
Florida	3,866,688	25%	1,416,672	43%	1,083,019	35%	917,227	20%	449,770	10%
Georgia	1,849,656	22%	792,355	40%	459,228	29%	405,796	16%	192,277	8%
Hawaii	102,739	9%	46,323	19%	26,094	11%	21,073	6%	9,249	3%
Idaho	257,948	19%	91,238	37%	91,985	28%	58,213	14%	16,512	5%
Illinois	1,772,366	16%	668,542	33%	494,737	24%	428,994	14%	180,093	5%
Indiana	801,579	15%	291,705	27%	250,850	24%	173,253	11%	85,771	5%
Iowa	301,444	12%	92,958	27%	83,807	18%	90,502	10%	34,177	4%
Kansas	368,441	15%	141,285	32%	98,102	22%	90,938	12%	38,116	5%
Kentucky	647,130	17%	282,728	36%	201,431	26%	115,389	10%	47,582	5%
Louisiana	866,303	22%	393,220	39%	221,474	30%	181,163	17%	70,446	7%
Maine	129,293	12%	32,761	19%	38,148	19%	42,938	12%	15,446	4%
Maryland	755,915	15%	248,343	34%	208,643	28%	209,207	16%	89,722	4%
Massachusetts	242,879	4%	66,462	8%	57,086	8%	67,346	5%	51,985	2%
Michigan	1,110,519	13%	396,077	26%	311,636	22%	247,770	11%	155,036	5%
Minnesota	462,517	10%	151,920	27%	116,106	18%	124,744	9%	69,747	3%
Mississippi	453,574	18%	189,123	29%	138,977	26%	88,009	12%	37,465	7%
Missouri	834,076	16%	353,336	35%	208,462	24%	198,650	13%	73,628	4%
Montana	178,919	22%	58,874	38%	52,604	31%	47,458	17%	19,983	9%
Nebraska	233,282	15%	61,555	28%	73,397	27%	67,965	13%	30,365	5%
Nevada	620,817	26%	240,693	48%	185,493	37%	148,719	20%	45,912	7%
New Hampshire	158,520	14%	40,748	36%	40,570	30%	48,884	15%	28,318	5%
New Jersey	1,250,736	17%	411,045	36%	384,962	33%	300,336	16%	154,393	5%
New Mexico	421,705	24%	178,039	37%	113,491	34%	90,245	21%	39,930	8%
New York	2,220,839	13%	795,554	21%	577,298	20%	553,842	12%	294,145	5%
North Carolina	1,593,276	20%	573,311	35%	469,017	27%	382,691	16%	168,257	7%
North Dakota	70,031	12%	23,481	33%	16,585	20%	21,356	11%	8,609	4%
Ohio	1,460,837	15%	575,183	30%	412,896	24%	336,841	11%	135,917	5%
Oklahoma	633,071	20%	199,261	30%	184,567	30%	158,294	16%	90,949	9%
Oregon	559,347	17%	194,843	32%	160,539	24%	140,178	14%	63,787	6%
Pennsylvania	1,426,872	13%	461,502	24%	431,329	25%	351,121	11%	182,920	5%
Rhode Island	125,046	14%	48,022	28%	33,409	24%	30,069	13%	13,546	4%
South Carolina	765,291	19%	301,508	35%	203,594	25%	188,196	15%	71,993	7%
South Dakota	111,335	16%	39,547	35%	29,013	22%	31,237	12%	11,538	6%
Tennessee	849,557	16%	323,619	27%	285,277	26%	172,107	10%	68,554	5%
Texas	6,166,602	27%	2,295,143	44%	1,893,761	39%	1,410,012	22%	567,686	9%
Utah	406,843	16%	131,185	35%	114,178	20%	107,176	12%	54,304	8%
Vermont	47,759	9%	12,859	19%	12,394	14%	16,192	9%	6,314	3%
Virginia	1,020,551	15%	340,389	33%	289,533	27%	252,245	13%	138,384	5%
Washington	947,718	16%	327,215	34%	319,382	28%	217,453	13%	83,668	4%
West Virginia	266,650	17%	90,000	28%	68,336	23%	75,401	15%	32,913	8%
Wisconsin	566,533	12%	188,328	25%	147,307	20%	158,167	10%	72,731	4%
Wyoming	93,789	19%	26,811	39%	23,189	24%	28,470	19%	15,319	9%
Min		4%		8%		8%		5%		2%
Max		27%		48%		39%		23%		10%

Data source: March 2012–13 Current Population Survey (CPS).

Table 6. Uninsured or Underinsured Under Age 65, Total and by Federal Poverty Level, by State, 2011-2012

UNINSURED OR UNDERINSURED ^a UNDER AGE 65										
State	TOTAL, 2011–2012		LESS THAN 100% POVERTY		100%–199% POVERTY		200%–399% POVERTY		400% POVERTY OR MORE	
	People	Percent	People	Percent	People	Percent	People	Percent	People	Percent
United States (2012)	78,950,843	29%	33,343,646	63%	23,246,811	47%	15,583,559	20%	6,776,827	8%
United States (2011–2012)	78,729,718	29%	33,599,712	63%	22,888,978	46%	15,600,224	20%	6,640,804	8%
Alabama	1,242,801	30%	587,159	68%	401,001	50%	205,112	17%	49,529	4%
Alaska	203,545	32%	65,713	69%	48,063	46%	57,955	30%	31,814	13%
Arizona	1,797,430	32%	790,403	59%	524,779	47%	346,466	22%	135,782	8%
Arkansas	867,417	35%	396,254	67%	254,571	48%	153,729	21%	62,863	11%
California	10,499,821	31%	4,747,051	61%	2,913,337	44%	1,987,096	23%	852,337	8%
Colorado	1,353,250	30%	509,895	70%	365,627	54%	306,414	24%	171,314	9%
Connecticut	599,211	20%	267,981	63%	158,716	38%	110,977	15%	61,537	4%
Delaware	171,981	23%	71,119	48%	52,508	39%	32,249	15%	16,105	6%
District of Columbia	96,700	18%	50,937	38%	19,121	27%	14,268	14%	12,374	5%
Florida	5,721,485	36%	2,406,715	73%	1,574,334	51%	1,182,244	26%	558,192	12%
Georgia	2,863,918	33%	1,371,895	69%	736,672	47%	519,210	20%	236,141	9%
Hawaii	248,252	22%	136,677	55%	69,879	30%	29,385	9%	12,311	4%
Idaho	491,754	36%	176,598	71%	180,242	55%	104,869	25%	30,045	9%
Illinois	3,088,038	28%	1,258,316	62%	976,903	47%	615,533	20%	237,286	6%
Indiana	1,511,135	28%	664,965	61%	453,609	44%	274,688	17%	117,873	7%
Iowa	594,886	23%	211,494	61%	193,021	41%	147,245	16%	43,126	5%
Kansas	655,288	27%	274,312	63%	191,721	43%	140,779	19%	48,476	6%
Kentucky	1,106,367	29%	496,068	63%	361,408	47%	185,871	16%	63,020	6%
Louisiana	1,318,884	34%	645,337	64%	352,591	47%	225,875	21%	95,081	9%
Maine	268,744	24%	96,006	56%	81,857	42%	67,899	19%	22,982	6%
Maryland	1,207,966	24%	486,751	67%	314,128	43%	280,038	21%	127,049	6%
Massachusetts	773,908	14%	356,877	42%	226,358	30%	122,344	9%	68,329	3%
Michigan	2,031,539	25%	867,912	56%	597,321	42%	385,396	17%	180,910	6%
Minnesota	862,046	19%	306,912	54%	254,967	39%	204,272	15%	95,895	5%
Mississippi	862,206	34%	409,489	63%	254,932	47%	142,035	19%	55,750	10%
Missouri	1,414,627	28%	646,053	63%	380,779	44%	293,748	20%	94,047	6%
Montana	281,225	34%	109,328	70%	85,772	51%	63,683	23%	22,442	10%
Nebraska	423,888	27%	133,621	62%	132,854	49%	113,796	22%	43,617	7%
Nevada	878,443	37%	375,092	75%	260,811	52%	180,813	25%	61,727	10%
New Hampshire	252,128	22%	79,758	70%	70,899	52%	62,901	19%	38,570	7%
New Jersey	2,000,138	27%	816,138	72%	595,339	51%	382,394	20%	206,267	6%
New Mexico	655,724	38%	305,756	64%	181,725	54%	113,522	26%	54,721	11%
New York	4,027,828	24%	1,928,530	52%	969,851	33%	736,369	16%	393,078	7%
North Carolina	2,710,341	33%	1,095,305	66%	840,432	49%	554,203	23%	220,401	9%
North Dakota	132,423	22%	47,884	66%	37,834	47%	36,049	18%	10,656	4%
Ohio	2,711,302	28%	1,156,298	60%	805,125	46%	555,781	18%	194,098	7%
Oklahoma	1,014,452	32%	395,288	60%	302,462	50%	213,082	22%	103,620	11%
Oregon	1,039,996	31%	410,591	67%	327,095	48%	216,417	22%	85,893	8%
Pennsylvania	2,541,166	24%	1,102,120	58%	765,177	44%	461,272	14%	212,597	5%
Rhode Island	212,216	24%	93,955	56%	64,337	46%	38,746	17%	15,178	4%
South Carolina	1,234,255	31%	574,523	67%	302,230	37%	266,889	21%	90,613	9%
South Dakota	191,193	27%	67,372	60%	57,365	44%	49,026	19%	17,430	8%
Tennessee	1,721,609	32%	753,688	64%	557,970	51%	301,539	18%	108,412	7%
Texas	8,784,844	38%	3,570,883	69%	2,720,298	56%	1,792,078	28%	701,585	11%
Utah	842,350	33%	294,255	78%	310,500	53%	169,963	19%	67,632	10%
Vermont	104,422	20%	38,662	56%	29,037	34%	26,344	15%	10,379	5%
Virginia	1,707,338	25%	694,490	68%	481,912	46%	346,595	18%	184,341	6%
Washington	1,625,352	27%	607,447	63%	556,743	49%	320,116	19%	141,046	7%
West Virginia	465,022	30%	182,694	57%	134,149	45%	105,480	21%	42,699	10%
Wisconsin	1,150,602	24%	419,107	56%	309,954	43%	310,444	19%	111,097	6%
Wyoming	168,262	34%	48,038	69%	50,662	52%	47,025	31%	22,537	13%
Min		14%		38%		27%		9%		3%
Max		38%		78%		56%		31%		13%

^a Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

Data Source: March 2012–13 Current Population Survey (CPS).

Table 7. Average Health Insurance Premiums as Percent of Median Household Income, by State, 2003 and 2012

State	MEDIAN INCOME				PREMIUMS AS A PERCENT OF MEDIAN INCOME					
	Median income for single-person household (under age 65)		Median income for family household (all under age 65)		Single premiums as percent of median income for single-person household (under age 65)		Family premiums as percent of median income for family household (all under age 65)		Average premiums as percent of median household income for under-65 population*	
	2002-03	2011-12	2002-03	2011-12	2003	2012	2003	2012	2003	2012
United States	\$24,400	\$26,700	\$61,000	\$70,000	14.3%	20.2%	15.2%	22.1%	14.9%	21.6%
Alabama	20,952	22,799	58,000	62,458	15.1%	21.8%	13.9%	20.4%	14.2%	20.8%
Alaska	25,082	31,174	66,634	80,000	16.0%	23.8%	15.9%	22.4%	15.9%	22.8%
Arizona	20,800	25,003	55,536	60,800	15.4%	20.8%	16.2%	25.1%	16.0%	23.9%
Arkansas	19,788	22,000	45,000	53,030	15.8%	20.3%	17.7%	25.1%	17.3%	23.8%
California	25,400	26,049	58,548	65,004	13.0%	20.8%	15.5%	24.5%	14.9%	23.4%
Colorado	27,540	30,000	65,797	85,739	13.2%	17.6%	14.5%	18.7%	14.1%	18.4%
Connecticut	26,520	32,399	80,450	99,000	13.9%	18.3%	12.6%	17.1%	12.9%	17.4%
Delaware	26,520	29,000	68,340	71,000	14.5%	19.3%	15.4%	22.0%	15.1%	21.2%
District of Columbia	32,464	42,000	50,811	86,870	11.5%	13.3%	21.2%	19.8%	16.5%	16.6%
Florida	23,529	25,000	56,770	62,150	15.3%	20.7%	16.4%	24.9%	16.1%	23.6%
Georgia	24,024	26,000	58,707	63,000	15.1%	19.8%	14.7%	23.2%	14.8%	22.3%
Hawaii	25,000	29,000	63,638	63,038	12.1%	17.5%	12.4%	23.4%	12.3%	21.2%
Idaho	21,442	24,176	52,577	62,934	15.5%	18.4%	16.3%	22.3%	16.1%	21.5%
Illinois	24,960	28,800	64,276	70,000	14.8%	18.8%	15.1%	22.5%	15.0%	21.5%
Indiana	24,000	25,938	65,001	65,788	14.6%	21.2%	14.3%	23.5%	14.4%	23.0%
Iowa	24,480	27,601	64,480	74,999	13.4%	18.6%	13.1%	19.1%	13.1%	19.0%
Kansas	23,912	28,000	63,775	68,100	14.2%	17.7%	14.0%	20.2%	14.0%	19.6%
Kentucky	21,425	22,000	54,078	62,325	16.0%	24.5%	16.9%	25.2%	16.7%	25.1%
Louisiana	23,500	24,000	46,257	58,050	14.1%	22.4%	18.9%	26.0%	17.7%	25.0%
Maine	23,000	25,000	56,886	72,930	16.7%	22.8%	18.1%	22.2%	17.8%	22.4%
Maryland	28,560	32,001	78,044	92,400	12.0%	16.6%	11.8%	16.5%	11.9%	16.5%
Massachusetts	28,000	33,000	77,750	97,263	12.5%	18.5%	12.7%	17.6%	12.6%	17.9%
Michigan	24,391	24,159	65,514	76,621	15.1%	22.2%	14.4%	18.8%	14.6%	19.7%
Minnesota	27,040	31,000	79,272	95,463	13.6%	17.2%	12.7%	16.1%	12.9%	16.4%
Mississippi	20,000	21,221	45,103	55,000	16.5%	22.2%	17.9%	25.8%	17.6%	24.9%
Missouri	24,480	25,200	64,273	68,000	13.5%	20.4%	14.0%	22.0%	13.9%	21.6%
Montana	20,000	25,000	49,552	60,200	17.5%	22.3%	17.2%	24.4%	17.3%	23.9%
Nebraska	23,582	28,000	65,607	80,923	14.9%	18.2%	13.9%	17.9%	14.1%	18.0%
Nevada	25,000	27,501	55,029	60,000	14.3%	18.0%	16.0%	21.5%	15.6%	20.5%
New Hampshire	26,849	31,200	80,910	95,504	13.3%	18.2%	12.1%	17.1%	12.4%	17.4%
New Jersey	29,355	30,000	85,000	90,034	13.0%	19.5%	12.0%	18.8%	12.2%	19.0%
New Mexico	18,972	23,000	45,000	51,811	17.7%	21.9%	20.7%	30.6%	19.9%	28.4%
New York	25,013	30,000	61,380	68,000	14.4%	20.1%	15.4%	24.9%	15.1%	23.4%
North Carolina	20,565	24,000	53,043	64,481	16.6%	23.5%	16.0%	24.2%	16.1%	24.0%
North Dakota	22,524	29,459	57,144	85,050	13.3%	18.3%	13.8%	16.9%	13.7%	17.2%
Ohio	23,970	25,000	63,397	68,842	14.3%	20.3%	14.4%	22.4%	14.4%	21.9%
Oklahoma	20,420	25,000	50,150	62,064	16.1%	19.4%	17.4%	21.8%	17.1%	21.3%
Oregon	21,846	25,002	57,477	65,070	15.4%	21.8%	15.4%	23.8%	15.4%	23.2%
Pennsylvania	24,000	26,499	66,111	79,344	14.4%	20.3%	13.8%	19.4%	14.0%	19.6%
Rhode Island	26,000	28,000	65,280	82,153	14.3%	21.0%	14.5%	19.3%	14.4%	19.8%
South Carolina	21,000	23,957	55,200	60,000	16.1%	21.3%	16.2%	23.8%	16.1%	23.1%
South Dakota	20,617	26,000	58,855	71,169	16.3%	20.8%	14.4%	21.1%	14.9%	21.0%
Tennessee	21,624	24,000	52,000	62,000	16.6%	21.1%	17.8%	24.0%	17.5%	23.2%
Texas	22,112	26,020	48,000	60,000	15.4%	19.7%	19.9%	24.4%	18.9%	23.2%
Utah	22,710	27,000	61,200	74,357	14.8%	19.1%	13.6%	19.6%	13.9%	19.5%
Vermont	24,480	30,000	65,740	75,405	14.7%	18.6%	14.4%	20.0%	14.5%	19.6%
Virginia	25,149	30,000	75,000	86,029	13.2%	17.7%	12.2%	17.9%	12.5%	17.8%
Washington	25,000	30,000	66,788	75,050	14.1%	17.9%	13.8%	21.7%	13.9%	20.6%
West Virginia	19,992	23,000	43,860	60,240	19.1%	25.6%	20.9%	26.0%	20.5%	25.9%
Wisconsin	25,500	28,000	64,016	78,738	14.7%	20.5%	14.9%	20.6%	14.9%	20.6%
Wyoming	23,002	25,000	57,002	77,533	16.1%	23.4%	16.9%	20.1%	16.7%	21.0%

* Weighted by single and family household distribution in state.

Data source: Median household incomes—2003, 2004, 2012, and 2013 Current Population Surveys (CPS); Total average premiums for employer-based single and family health insurance plans—2003 and 2012 Medical Expenditure Panel Survey—Insurance Component.

Table 8. Insured Individuals Under Age 65 with Premiums That Exceed the Affordable Care Act Threshold, Total and by Federal Poverty Level, by State, 2011-2012

INSURED INDIVIDUALS UNDER AGE 65 WITH PREMIUMS THAT EXCEED THE AFFORDABLE CARE ACT THRESHOLD OR MEDICAID ^a									
State	TOTAL, 2011-2012			BELOW 100% POVERTY		100%-199% POVERTY		200%-399% POVERTY	
	People	Percent of insured	Percent of population	People	Percent of population	People	Percent of population	People	Percent of population
United States (2012)	29,241,328	13%	11%	8,109,966	15%	12,124,544	24%	9,006,818	12%
United States (2011-2012)	28,671,344	13%	11%	8,011,646	15%	11,886,679	24%	8,773,019	11%
Alabama	541,581	16%	13%	148,132	17%	256,306	32%	137,143	11%
Alaska	44,375	9%	7%	10,268	11%	23,528	22%	10,579	6%
Arizona	637,938	14%	11%	155,576	12%	260,922	23%	221,440	14%
Arkansas	263,170	14%	11%	77,490	13%	109,886	21%	75,794	10%
California	3,101,895	12%	9%	949,477	12%	1,312,738	20%	839,680	10%
Colorado	415,046	11%	9%	94,904	13%	157,358	23%	162,784	13%
Connecticut	299,193	11%	10%	72,896	17%	119,760	29%	106,537	14%
Delaware	80,211	12%	11%	23,884	16%	32,701	24%	23,626	11%
District of Columbia	37,721	8%	7%	18,508	14%	13,637	19%	5,576	6%
Florida	1,863,735	16%	12%	512,044	16%	719,212	23%	632,479	14%
Georgia	912,873	14%	11%	311,996	16%	369,522	23%	231,355	9%
Hawaii	141,374	14%	12%	56,521	23%	55,807	24%	29,046	9%
Idaho	174,912	16%	13%	30,533	12%	89,889	27%	54,490	13%
Illinois	1,192,392	13%	11%	284,092	14%	572,828	27%	335,472	11%
Indiana	619,136	13%	11%	185,281	17%	252,360	24%	181,495	12%
Iowa	324,510	14%	12%	57,869	17%	156,713	34%	109,928	12%
Kansas	300,254	15%	12%	78,393	18%	121,439	27%	100,422	13%
Kentucky	487,602	16%	13%	105,896	13%	221,883	29%	159,823	14%
Louisiana	416,901	14%	11%	144,044	14%	150,357	20%	122,500	11%
Maine	119,664	12%	11%	20,450	12%	46,294	23%	52,920	14%
Maryland	418,841	10%	8%	123,495	17%	153,023	21%	142,323	11%
Massachusetts	617,587	12%	11%	170,288	20%	217,961	29%	229,338	17%
Michigan	815,945	11%	10%	261,177	17%	328,406	23%	226,362	10%
Minnesota	509,954	12%	11%	101,747	18%	229,687	36%	178,520	13%
Mississippi	346,831	17%	14%	140,990	22%	136,182	25%	69,659	9%
Missouri	639,600	15%	13%	182,075	18%	252,590	29%	204,935	14%
Montana	86,507	14%	11%	25,299	16%	30,354	18%	30,854	11%
Nebraska	199,470	15%	13%	51,361	24%	86,547	32%	61,562	12%
Nevada	255,514	15%	11%	80,459	16%	103,588	21%	71,467	10%
New Hampshire	114,553	12%	10%	22,631	20%	38,053	28%	53,869	16%
New Jersey	530,268	9%	7%	148,329	13%	227,181	19%	154,758	8%
New Mexico	227,013	17%	13%	67,578	14%	86,683	26%	72,752	17%
New York	1,579,069	11%	10%	545,168	15%	574,081	20%	459,820	10%
North Carolina	985,457	15%	12%	236,451	14%	437,122	25%	311,884	13%
North Dakota	64,847	12%	11%	11,252	16%	27,096	33%	26,499	13%
Ohio	1,121,196	14%	12%	303,019	16%	494,242	28%	323,935	11%
Oklahoma	326,930	13%	10%	123,473	19%	126,667	21%	76,790	8%
Oregon	432,213	16%	13%	99,201	16%	210,641	31%	122,371	12%
Pennsylvania	1,158,531	12%	11%	349,669	19%	452,716	26%	356,146	11%
Rhode Island	90,933	12%	10%	23,496	14%	42,826	31%	24,611	11%
South Carolina	557,412	17%	14%	189,977	22%	241,624	30%	125,811	10%
South Dakota	85,440	14%	12%	15,357	14%	37,036	28%	33,047	13%
Tennessee	783,506	17%	14%	197,551	17%	332,476	30%	253,479	15%
Texas	2,257,083	13%	10%	625,379	12%	931,148	19%	700,556	11%
Utah	352,791	16%	14%	83,147	22%	176,223	30%	93,421	11%
Vermont	67,036	14%	13%	19,728	29%	29,773	35%	17,535	10%
Virginia	706,953	12%	10%	146,489	14%	256,138	24%	304,326	15%
Washington	552,268	11%	9%	142,259	15%	236,991	21%	173,018	10%
West Virginia	167,329	13%	11%	42,809	13%	82,191	27%	42,329	8%
Wisconsin	593,949	14%	12%	134,946	18%	237,408	33%	221,595	13%
Wyoming	51,835	13%	10%	8,592	12%	26,885	27%	16,358	11%
Min		8%	7%		11%		18%		6%
Max		17%	14%		29%		36%		17%

^a Affordable Care Act thresholds refers to the maximum premium contribution as a share of income in marketplaces or Medicaid if eligible to participate.

Data source: March 2012-13 Current Population Survey (CPS).

Table 9. Distribution of Insured Population Under Age 65 with High Out-of-Pocket Medical Costs or High Premiums, by Federal Poverty Level, 2012

UNDER-65 POPULATION							
POVERTY GROUP (PERCENT OF FEDERAL POVERTY LEVEL)							
	TOTAL	<100%	100%–137%	138%–199%	200%–249%	250%–399%	400% OR MORE
Total insured population	220.5	35.5	14.2	22.0	17.4	47.4	84.1
Employer-sponsored insurance	153.2	8.8	5.7	12.5	12.3	39.0	75.3
Medicare	8.7	3.1	1.4	1.4	0.7	1.1	0.9
Medicaid	37.0	19.3	5.2	5.3	2.4	3.1	1.6
Military	4.4	0.7	0.3	0.5	0.4	1.0	1.4
Individual	17.3	3.7	1.4	2.2	1.6	3.6	4.8
Total insured population who are underinsured ^a	31.7	16.0	4.1	5.7	1.4	2.8	1.7
Employer-sponsored insurance	16.0	5.5	2.1	3.7	1.0	2.3	1.4
Medicare	2.4	1.2	0.5	0.4	0.09	0.1	0.05
Medicaid	8.6	6.5	1.0	0.9	0.1	0.09	0.02
Military	0.6	0.4	0.04	0.09	0.01	0.02	0.02
Individual	4.0	2.3	0.4	0.6	0.2	0.3	0.2
Total insured population with premiums that exceed Affordable Care Act threshold or Medicaid ^b	29.2	8.1	5.6	6.5	3.7	5.3	0
Employer-sponsored insurance	18.4	3.4	3.3	4.6	2.9	4.2	0
Medicare	1.6	0.6	0.4	0.3	0.1	0.1	0
Medicaid	4.6	2.5	1.1	0.7	0.2	0.1	0
Military	0.4	0.2	0.09	0.05	0.03	0.04	0
Individual	4.3	1.5	0.6	0.8	0.5	0.8	0

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

a Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

b Affordable Care Act thresholds refers to the maximum premium contribution as a share of income in marketplaces or Medicaid if eligible to participate.

Data source: Analysis of March 2013 Current Population Survey (CPS).

Table 10. Poor Under Age 65 Who Are Uninsured, Underinsured, or Paying High Premiums in States Not Yet Expanding Medicaid, 2011-2012

UNDER AGE 65				
BELOW 100% POVERTY, COUNT OF PEOPLE				
State not currently expanding Medicaid	Uninsured	Underinsured ^a	Total uninsured or underinsured ^a	Premiums that exceed ACA threshold or Medicaid ^b
24 states not expanding	8,610,116	6,969,782	15,579,898	3,624,859
Alabama	294,272	292,887	587,159	148,132
Alaska	33,870	31,843	65,713	10,268
Florida	1,416,672	990,043	2,406,715	512,044
Georgia	792,355	579,540	1,371,895	311,996
Idaho	91,238	85,360	176,598	30,533
Indiana	291,705	373,260	664,965	185,281
Kansas	141,285	133,027	274,312	78,393
Louisiana	393,220	252,117	645,337	144,044
Maine	32,761	63,245	96,006	20,450
Mississippi	189,123	220,366	409,489	140,990
Missouri	353,336	292,717	646,053	182,075
Montana	58,874	50,454	109,328	25,299
Nebraska	61,555	72,066	133,621	51,361
New Hampshire	40,748	39,010	79,758	22,631
North Carolina	573,311	521,994	1,095,305	236,451
Oklahoma	199,261	196,027	395,288	123,473
South Carolina	301,508	273,015	574,523	189,977
South Dakota	39,547	27,825	67,372	15,357
Tennessee	323,619	430,069	753,688	197,551
Texas	2,295,143	1,275,740	3,570,883	625,379
Utah	131,185	163,070	294,255	83,147
Virginia	340,389	354,101	694,490	146,489
Wisconsin ^c	188,328	230,779	419,107	134,946
Wyoming	26,811	21,227	48,038	8,592

^a Underinsured defined as insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty.

^b Affordable Care Act (ACA) thresholds refers to the maximum premium contribution as a share of income in marketplaces or Medicaid if eligible to participate.

^c Wisconsin will provide Medicaid to parents and childless adults with incomes up to 100 percent of poverty as of April 2014.

Data source: March 2012–13 Current Population Survey (CPS).



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