

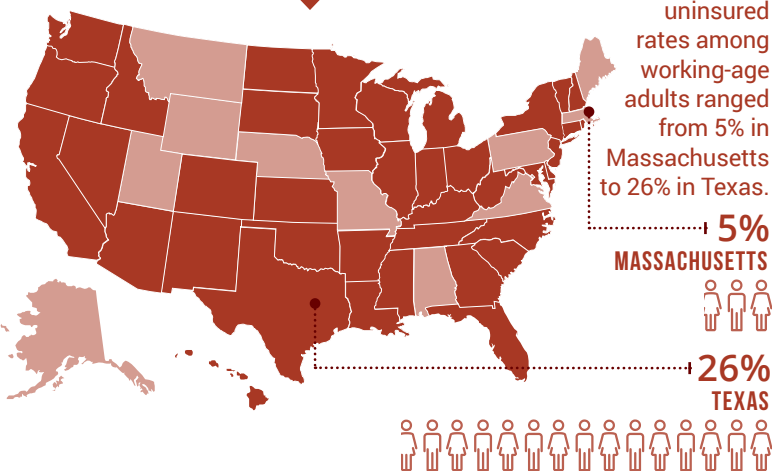
# ACCESS AND AFFORDABILITY

Being able to get—and afford—health care when you need it are fundamental elements of a well-functioning health care system. One key measure of access to care is rates of insurance: do people have health insurance coverage that makes it possible for them to seek medical care when they are sick and get the preventive services they need to stay healthy? Health insurance also protects individuals and their families from burdensome costs in the case of an accident or illness. In 2014, the Affordable Care Act expanded access for many millions of Americans by creating health insurance marketplaces that offer coverage—with subsidies for those eligible—and providing federal funding to states to expand Medicaid eligibility for low-income residents.

## THE GREATEST IMPROVEMENT:

Between 2013 and 2014, the uninsured rates for adults ages 19–64 fell by 3 percentage points or more in

# 39 STATES



California, Florida, Montana, Oklahoma, Oregon, and Rhode Island

IMPROVED ON THE GREATEST NUMBER OF INDICATORS

4 OF 6

## KEY FINDINGS

The number of uninsured children fell by 2 percentage points or more in **16 states**.

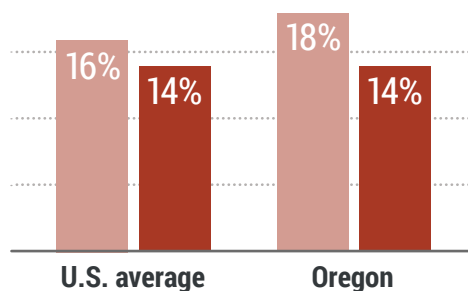
Children ages 0–18 who were uninsured across all states



The number of adults who said they went without care because of costs fell by 2 percentage points or more in **21 states**. In Oregon, the rate fell the most—from 18 percent to 14 percent of adults.

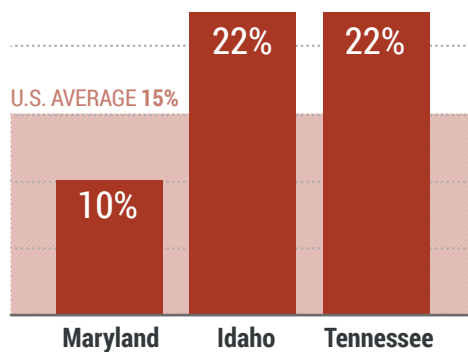
Adults who went without care because of cost in the past year

● 2013 ● 2014



The percentage of adults under age 65 who had high out-of-pocket spending relative to their income ranged from **10 percent** in Maryland to **22 percent** in Idaho and Tennessee.

Individuals with high out-of-pocket medical spending,<sup>a</sup> 2013–2014



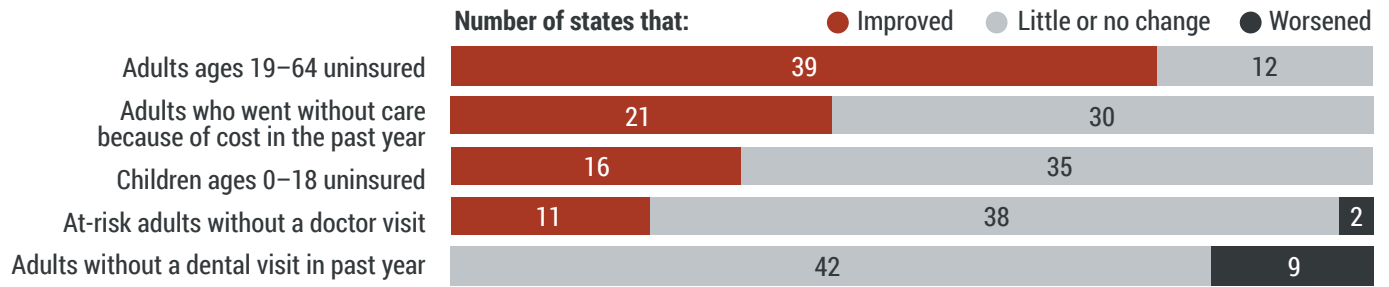
<sup>a</sup> Defined as out-of-pocket medical expenses equaling 10 percent or more of annual household income, or 5 percent or more of income if low income (below 200% of the federal poverty level). To ensure adequate sample size, state-level estimates are an average of rates found in 2013 and 2014.

Ten states—Alaska, Florida, Georgia, Louisiana, Mississippi, Nevada, New Mexico, Oklahoma, South Carolina, and Texas—had rates of uninsured adults in 2014 that were **20 percent or higher**. Of these, only Nevada and New Mexico expanded their Medicaid programs as of January 2014 (Alaska did in 2015).

## 2015 RANKING

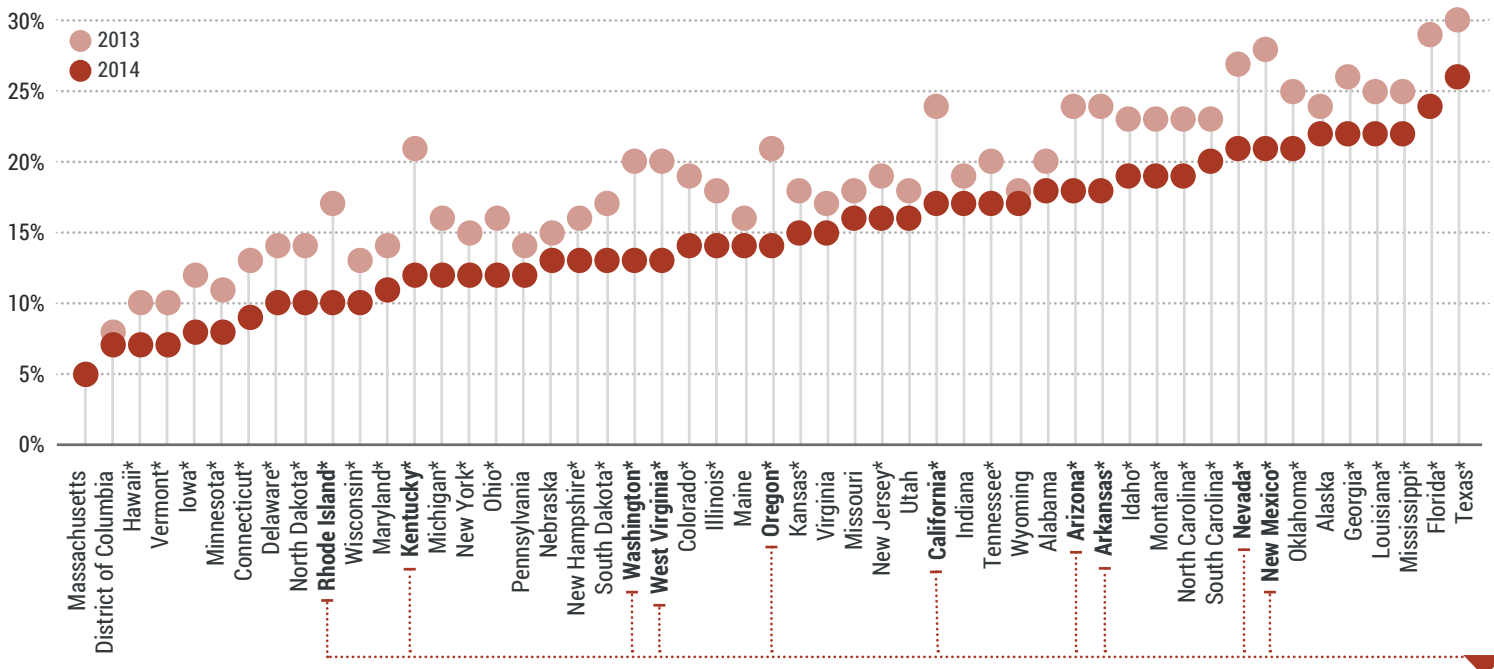
- Massachusetts
- Vermont
- Minnesota
- Rhode Island
- Connecticut
- Maryland
- District of Columbia
- Iowa
- Delaware
- New Hampshire
- Hawaii
- Pennsylvania
- Wisconsin
- New York
- Michigan
- Maine
- Ohio
- Washington
- Illinois
- Virginia
- New Jersey
- South Dakota
- Kansas
- Nebraska
- North Dakota
- Colorado
- West Virginia
- Kentucky
- Oregon
- California
- North Carolina
- Alabama
- Missouri
- Indiana
- Tennessee
- Utah
- Wyoming
- Louisiana
- Montana
- Florida
- Georgia
- South Carolina
- Arizona
- Alaska
- Arkansas
- Idaho
- New Mexico
- Mississippi
- Oklahoma
- Nevada
- Texas

# CHANGE IN STATE HEALTH SYSTEM PERFORMANCE BY INDICATOR



Notes: This exhibit measures indicator change over the two most recent years of data available. See Appendix A1 for baseline and current data years for each indicator. Trend data are not available for all indicators. Improvement or worsening refers to a change between the baseline and current time periods of at least 0.5 standard deviations. The "little or no change" category includes the number of states with changes of less than 0.5 standard deviations, as well as states with no change or without sufficient data to assess change over time. Adult uninsured rates declined in all states and D.C. from 2013 to 2014 except for Massachusetts where the rate did not change; in the remaining 11 states, the decline was less than 0.5 standard deviations. High out-of-pocket spending indicator is not included because data are not comparable to prior years.

## Ten states had declines of 6 to 9 percentage points in uninsured rates for working-age adults



These states all expanded their Medicaid programs by January 1, 2014.

Note: States are arranged in rank order based on their current data year (2014) value.  
 \* Denotes states with at least -.5 standard deviation change (3 percentage points) between 2013 and 2014.  
 Data: 2013 and 2014 American Community Survey (ACS), Public Use Microdata Sample (PUMS).

## FUTURE IMPLICATIONS If all states performed as well as the top-performing state:

More than **24 million** additional adults and children would gain health insurance.

Nearly **12 million** fewer people would be burdened by high medical spending relative to income.

Nearly **17 million** fewer adults would forgo needed care because of cost.