GAPS IN HEALTH INSURANCE:
AN ALL-AMERICAN PROBLEM

FINDINGS FROM THE COMMONWEALTH FUND
BIENNIAL HEALTH INSURANCE SURVEY

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

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EXECUTIVE SUMMARY

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

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

Key findings of the survey include:

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

- Two of five (41%) working-age Americans with incomes between $20,000 and $40,000 a year were uninsured for at least part of the past year—a dramatic and rapid increase from 2001 when just over one-quarter (28%) of those with moderate incomes were uninsured (Figure ES-1).
- Adults with incomes under $20,000 were still the most likely to be uninsured: more than half (53%) had spent time uninsured in the past year.
• Most people who are uninsured are in working families. Of the estimated 48 million American adults who had any time uninsured in the past year, 67 percent were in families where at least one person was working full-time.

Many Americans Report Medical Bill Problems and Medical Debt

• One-fifth (21%) of working-age adults, both insured and uninsured, currently have medical debt they are paying off over time and more than two of five (44%) of these individuals are carrying $2,000 or more in debt.

• More than one-third (34%) of adults ages 19 to 64 either had medical bill problems in the past year or were paying off accrued medical debt. Problems include not being able to pay bills, being contacted by a collection agency about unpaid medical bills, or having to change way of life to pay bills.

• Three of five (62%) of all adults with medical bills or debt problems said they or their family member were insured at the time the debt was incurred.

• More than half (51%) of uninsured adults reported medical debt or bill problems. Of those, nearly half (49%) used up all their savings to pay their bills. Two of five were unable to pay for basic necessities like food, heat, or rent because of medical bills.

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

People with Gaps in Coverage Have Difficulty Managing Chronic Conditions

- An alarmingly high proportion—59 percent—of uninsured adults who had a chronic illness, such as diabetes or asthma, did not fill a prescription or skipped their medications because they could not afford them (Figure ES-2).

<table>
<thead>
<tr>
<th>Visited ER, hospital, or both for chronic condition</th>
<th>Skipped doses or did not fill prescription for chronic condition because of cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Insured all year</td>
<td>58 Insured now, time uninsured in past year</td>
</tr>
<tr>
<td>27 Insured now, time uninsured in past year</td>
<td>59 Uninsured now</td>
</tr>
</tbody>
</table>

* Hypertension, high blood pressure, or stroke; heart attack or heart disease; diabetes; asthma, emphysema, or lung disease.

- More than one-third (35%) of uninsured adults who had a chronic condition went to an emergency room or stayed overnight in the hospital in the past year because of their condition—about two times the rate of people with chronic health problems who were insured all year.

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

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

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

People with Gaps in Coverage Experience Inefficient Care

• Nearly one-quarter (23%) of adults who reported spending any time uninsured in the past year said test results or medical records were not available at the time of a scheduled appointment, compared with 15 percent of continuously insured adults.

• Nearly one of five (19%) adults with any time uninsured said he or she had been given a duplicate test, twice the rate of duplication reported by continuously insured adults.

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

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

In the individual insurance market, premiums are, on average, even less affordable. Due to the underwriting practices in some states, many individuals, particularly those who are older or have chronic health problems, are left on the sidelines—unable to even qualify for coverage. As health care costs have climbed, so has the number of people without health insurance in the United States, even during a period of overall economic growth. In 2004, according to U.S. Census data, nearly 46 million people of all ages were uninsured, an increase of 6 million over 2000. This combination of eroding health insurance coverage and rapidly rising health care costs raises concerns about the ability of U.S. families to obtain timely medical care, protect their finances from catastrophic health care costs, and save for retirement.

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

In 2005, the survey finds more than one-quarter (28%) of U.S. adults ages 19 to 64, or 48 million people, were either uninsured at the time of the survey or were insured but had experienced a time without coverage in the past 12 months (Figure 1). This represents an increase from 38 million uninsured people in 2001.\(^5\) Lack of insurance continues to be highest among families with incomes under $20,000. More than half (53%) of adults in households with incomes of less than $20,000 were uninsured for a time during 2005.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Low Income</th>
<th>Moderate Income</th>
<th>Middle Income</th>
<th>High Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>24</td>
<td>9</td>
<td>16</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>2003</td>
<td>26</td>
<td>9</td>
<td>15</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>2005</td>
<td>28</td>
<td>9</td>
<td>16</td>
<td>13</td>
<td>9</td>
</tr>
</tbody>
</table>

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

Note: Income refers to annual income. In 2001 and 2003, low income is <$20,000, moderate income is $20,000–$34,999, middle income is $35,000–$59,999, and high income is $60,000 or more. In 2005, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more.


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

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

![Figure 2. The Majority of Uninsured Adults Are in Working Families](image)

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

There are few affordable options for working families that do not have coverage through their employers. Only 6 percent of adults under age 65 have coverage purchased through the individual market (data not shown). Such low participation reflects premiums that can amount to a substantial share of household income and underwriting practices that can make coverage unattainable because of the age or health problems of family members.8
Many Americans Experience Long Periods Without Health Insurance

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

Many Americans Report Medical Bill Problems and Medical Debt

Both insured and uninsured families are burdened by medical bills and debt. The survey asked people about their ability to pay their medical bills in the past 12 months, including whether there were times when they had difficulty or were unable to pay their bills, whether they had been contacted by a collection agency concerning outstanding medical bills, or whether they had to change their lives significantly in order to meet their obligations. Respondents were also asked if they were currently paying off medical debt they had incurred this year or in previous years. The survey finds that 34 percent of all adults under age 65 either had medical bill problems in the past 12 months or were paying off accrued medical debt (Figure 5). Those who said they were contacted by a collection agency because of a billing mistake—and not because they were unable to pay a bill—were excluded from the total. Most adults who reported bill or debt problems were insured when the bill was incurred. Among all adults with medical bill or debt problems, nearly two-thirds (62%) said that they or a family member were insured at the time the bill was incurred (Table 2).
Many Americans report that they are currently paying off medical debt from bills incurred in the past two years. More than one of five (21%) adults said they currently had medical bills they were paying off over time, with more than two of five (44%) reporting debt burdens of $2,000 or more. In addition, many people are carrying debt incurred in multiple years. More than one-third (35%) of adults with medical debt were carrying overdue bills from care received more than one year ago and 9 percent were paying bills from both last year and earlier years (Table 2).

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

More than half (53%) of adults who had spent any time uninsured reported debt or bill problems, compared with 26 percent of people who were insured all year (Figure 5). More than two of five (42%) adults who were without coverage any time during the past year said they had problems paying their medical bills in the past year, more than two and half times the rate reported by people who were covered all year. About three of 10 (29%) adults who had spent any time without coverage were paying off medical debt over time, compared with about 18 percent of those who were continuously insured.
People with a time uninsured in both lower-income and higher-income households reported high rates of medical bill problems. Indeed, rates were highest among those with higher incomes. Nearly three of five (59%) adults with incomes of $40,000 or more reported difficulties with medical bills or accrued debt (Table 2). Forty-six percent of adults with higher incomes were paying off unpaid medical bills over time, with over half (54%) of these individuals carrying $2,000 or more in medical debt.

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

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

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

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

GAPS IN HEALTH INSURANCE: HEALTH CARE CONSEQUENCES

The purpose of health insurance is to provide timely and affordable access to health care and to protect against the costs of catastrophic injuries and illnesses. When families lose health insurance, their ability to obtain needed health care is substantially weakened. Being disconnected from the health care system limits individuals’ ability to manage chronic conditions and get preventive screenings, raising the risk of more serious illnesses and potentially catastrophic medical expenses later on.¹⁰

Gaps in Coverage Lead to Difficulties in Getting Needed Health Care

Gaps in health insurance and lack of coverage make it difficult for people to get the health care they need. The survey asked respondents whether they had not pursued needed medical care in the past 12 months because of cost. Specifically, respondents were asked if, because of cost, they did not go to a doctor or clinic when sick; had not filled a prescription; skipped a medical test, treatment, or follow-up visit recommended by a doctor; or did not see a specialist when a doctor or the respondent thought it was needed. These questions were also asked as part of the Commonwealth Fund health insurance surveys in 2001 and 2003.¹¹ Thirty-seven percent of adults reported any one of these cost-related access problems in 2005, the same rate as in 2003, but higher than that reported in 2001 (29%) (Figure 7).

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**Figure 7. Cost-Related Access Problems Remain High**

Percent of adults ages 19–64 who had any of four access problems* in past year because of cost

* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
People who were uninsured at the time of the survey or who were insured but had spent a time without coverage last year experienced the highest rates of cost-related problems accessing health care. About three of five adults with any time uninsured said they had not received needed health care in the past year because of costs, more than two times the rate of adults who were insured all year. Rates of reported problems in each access category were highest among adults with any time without health insurance (Figure 8). Nearly half (49%) of those who were uninsured at the time of the survey and 44 percent of those who had experienced a time without coverage during the prior year said they had failed to go to a doctor or clinic when they had a medical problem because of the cost of care, compared with 15 percent of adults who were insured all year. Similarly, about two of five of those with any time uninsured said they had not filled a prescription because of costs, more than two times the rate of reported problems among people with continuous coverage.

**Figure 8. Lacking Health Insurance for Any Period Threatens Access to Care**

Percent of adults ages 19–64 reporting the following problems in past year because of cost:

- Did not fill a prescription
- Did not see specialist when needed
- Skipped medical test, treatment, or follow-up
- Had medical problem, did not see doctor or clinic
- Any of the four access problems


**People with Gaps in Coverage Have Difficulty Managing Chronic Conditions**

Many Americans, particularly older adults, have chronic health conditions such as high blood pressure or diabetes. The survey asked people whether a doctor had told them they had any of four chronic conditions: high blood pressure; heart attack or heart disease; diabetes; asthma, emphysema, or other lung disease. About three of 10 (31%) adults had at least one of the four conditions, with reported rates highest for high blood pressure and asthma (Table 3). There was little difference in reported rates across insurance status.
There were significant differences, however, in people’s ability to manage their chronic conditions, based on whether they had continuous insurance coverage. Management of chronic conditions through appropriate drugs and other therapies can help people maintain normal life activities and avoid serious and costly complications that can accompany many chronic illnesses. The survey finds evidence, however, that people with gaps in coverage have a much more difficult time accessing such treatments and thus, managing their conditions. Among adults who regularly took prescription drugs and reported a time uninsured and a chronic health problem, nearly 60 percent said they had skipped doses of their chronic disease medications or had not filled a prescription for these medications because of cost (Figure 9). In contrast, just 18 percent of adults with chronic conditions who were insured all year reported that they had skipped or not filled prescriptions for their chronic disease medications because of cost. Likewise, more than one-third (35%) of adults who were uninsured at the time of the survey and had a chronic condition went to the emergency room, stayed overnight in the hospital, or both, in the past year because of a chronic condition—about two times the rate of people with chronic health problems who were insured all year.

![Figure 9. Adults Without Insurance Are Less Likely to Be Able to Manage Chronic Conditions](image)

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

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

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

The survey also asked respondents more specific questions about their use of preventive services including cancer screens, blood pressure and cholesterol tests, and dental exams. Adults who were uninsured or had been uninsured in the past year were much less likely to say that they had a cancer screen in the recommended time period. Just 18 percent of uninsured adults ages 50 to 64 had a colon cancer screen in the past five years, compared with 56 percent of adults insured all year (Figure 10). Similarly, less than half (48%) of uninsured women ages 50 to 64 had a mammogram in the past two years, compared with three-fourths of women who were insured all year. Women with gaps in coverage received pap smears at somewhat higher rates than the other tests, but their use of the test in the recommended time period still lagged behind that of insured women by nearly 20 percentage points.
People without coverage were also far less likely to have had their blood pressure or cholesterol checked in the recommended time period and to receive dental care. Only two of five uninsured adults had their cholesterol checked in the past five years, nearly half the rate of adults who were insured all year (Table 4). Few adults without medical insurance receive dental care: only 35 percent of those uninsured at the time of the survey had a dental exam in the past year, half the rate of those who were insured for the full year.

**Few People Without Health Insurance Have a Regular Doctor**

People without insurance are much less likely to report they have a regular doctor or other health care professional than those who are insured continuously. Only 41 percent of adults who were uninsured at the time of the survey had a personal or family physician or other health care professional to rely on when they need medical care (Figure 11). In contrast, 86 percent of adults who were insured all year said they had a regular doctor. People who had experienced a time uninsured in the past year were more likely to have a personal physician than those uninsured at the time of the survey: nearly three-fourths said they had a regular doctor.
Uninsured adults have far less choice than insured adults in where they obtain health care. Nearly half (47%) of uninsured adults said they had not too much choice or no choice at all in where they can obtain health care (Table 5). In contrast, only about one of five (19%) adults who was insured all year said he or she had little or no choice in care.

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

### People with Gaps in Coverage Experience Inefficient Care

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

Respondents who had visited a physician in the past two years were asked a series of questions about their experiences with medical records and lab tests: whether results or
records had ever not been available at the time of a scheduled appointment, whether they had received the same test more than once, or whether tests had been performed and they had not heard about results or experienced delays in hearing about abnormal results. Nearly one-third (32%) of all adults under 65 had experienced at least one of these coordination failures (Table 5).

Uninsured adults and those with gaps in insurance coverage were the most likely to have encountered a failure to coordinate medical records or tests, though rates were also high among people with insurance. About 30 percent of those who were continuously insured reported at least one problem and 41 percent of adults who spent any time uninsured in the past year reported a problem (Figure 12). Nearly one-quarter (23%) of adults who reported spending any time uninsured in the last year said that test results or medical records were not available at the time of a scheduled appointment, compared with 15 percent of continuously insured adults. Nearly one of five (19%) adults with any time uninsured said he or she had been given a duplicate test, twice the rate of duplication reported by continuously insured adults.13

![Figure 12. Adults Without Insurance Have More Problems with Lab Tests and Records](image)


People with Gaps in Coverage Have Difficulty Communicating with Providers

Patients’ ability to communicate with providers is a key component in achieving higher-quality care.14 Building long-term relationships with physicians and other providers can help facilitate communication of key information and allow patients to participate in
decisions about their care. Gaps in health insurance, however, can make it difficult for patients to establish such relationships. The survey asked respondents whether, in the past two years, they had left a physician’s office without getting important questions answered or left without fully understanding the information they were given about a diagnosis or treatment regime. About three of 10 adults who were uninsured for at least part of the year said that they had left a doctor’s office without getting important questions answered, nearly double the rate of adults who were continuously insured (Figure 13, Table 5). Similarly, about three of 10 adults with a time uninsured said they had left a doctor’s office without fully understanding a diagnosis or treatment plan, compared with 17 percent of those with uninterrupted coverage.\textsuperscript{15}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure13.png}
\caption{Lacking Health Insurance for Any Period Threatens Patient–Provider Communication}
\end{figure}

Gaps in Coverage Associated with Lack of Confidence, Dissatisfaction with Care
When asked about their future medical needs, many Americans say they are not confident they will be able to obtain high-quality health care when they need it. Nearly three of 10 (29\%) adults said they were not too confident or not at all confident they would receive high-quality care in the future (Figure 14, Table 4). People who reported being without coverage were the least confident in their ability to obtain high-quality care. More than half (53\%) of adults who were uninsured at the time of the survey and 41 percent of those who were insured but had a time uninsured in the past year were not too confident or not at all confident they would receive high-quality care. This was around twice the rate reported by adults with continuous coverage.
Overall satisfaction with care also was low. Less than half (42%) of all adults under age 65 said they were very satisfied with the quality of the health care they received in the past year (Figure 15). Those who were without insurance coverage for some part of the year were the least satisfied. Only one-fifth (19%) of those without coverage at the time of the survey and one-third (34%) of those who were insured but had experienced a time uninsured in the past year said they were very satisfied with the quality of their health care. Those with continuous coverage were somewhat more satisfied: about half (49%) of continuously insured adults were very satisfied with their care.
CONCLUSION
The Commonwealth Fund Biennial Health Insurance Survey reveals that gaps in health insurance coverage are leading many families to go without needed health care and put themselves at risk of accumulating substantial medical debt. In addition to problems of forgone care and the burden of financial debt, most uninsured adults are without coverage for a year or more, making it difficult to forge meaningful relationships with personal physicians, to get recommended cancer screenings in a timely fashion, to get regular dental care, and to manage chronic conditions like diabetes, high blood pressure, and asthma. This fragmented health care raises the risk of developing more serious and costly health problems in the future.

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

It is clear from the findings of this survey and from prior research that the health care—and ultimately the health and productivity—of the U.S. population is being damaged as the nation’s insurance problem continues to grow. The Institute of Medicine
estimates that the aggregate costs to uninsured people stemming from reduced productivity and lost years of life as a result of poorer health amounts to $65 billion to $130 billion each year.\textsuperscript{17} Furthermore, this estimate does not include the spillover effects of lost productivity and unfulfilled educational attainment that affect the economy as a whole. Real solutions that build on group forms of coverage already in place, including employer plans, Medicare, Medicaid, the State Children’s Health Insurance Program, and state and federal employee benefits plans, will help to fill insurance gaps with meaningful, affordable coverage that helps link families and providers. Preventive care routines, like cancer screenings, blood pressure and cholesterol tests, dental exams, as well as care for chronic conditions, should be the shared reality of all Americans.
Table 1. Continuity of Insurance in 2005: Percent Insured All Year, Uninsured When Surveyed, or Uninsured During the Year (base: adults 19–64)

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

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

** Among employed adults 19–64.

Table 2. Medical Bill Problems and Debt, 2005
(base: adults 19–64)

<table>
<thead>
<tr>
<th>Access and Cost Indicators</th>
<th>All Adults 19–64</th>
<th>Insured All Year</th>
<th>Insured Now, Uninsured in Past Year</th>
<th>Uninsured Now</th>
<th>Income Less than $40,000</th>
<th>Insured All Year</th>
<th>Uninsured During the Year</th>
<th>Income $40,000 or More</th>
<th>Insured All Year</th>
<th>Uninsured During the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (millions)</td>
<td>172.5</td>
<td>124.7</td>
<td>16.2</td>
<td>31.6</td>
<td>40.6</td>
<td>36.0</td>
<td>76.3</td>
<td>8.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent distribution</td>
<td>100%</td>
<td>72%</td>
<td>9%</td>
<td>18%</td>
<td>53%</td>
<td>47%</td>
<td>90%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Bill Problems in Past Year**

| Had problems paying or unable to pay medical bills | 23 | 16 | 43 | 41 | 25 | 43 | 11 | 41 |
| Contacted by a collection agency for medical bills | 21 | 17 | 32 | 32 | 21 | 33 | 14 | 33 |

| Bill was sent to collection agency because of: |
| Inability to pay bill | 62 | 47 | 70 | 87 | 68 | 83 | 32 | 77 |
| Billing error | 31 | 43 | 28 | 10 | 26 | 16 | 55 | 20 |
| Bill was sent to collection agency for unpaid bills only | 13 | 8 | 22 | 28 | 14 | 27 | 5 | 25 |

| Had to change way of life to pay bills | 14 | 9 | 24 | 27 | 17 | 27 | 5 | 28 |

| Any bill problem* | 28 | 20 | 50 | 47 | 32 | 50 | 14 | 47 |
| Medical bills/debt being paid off over time | 21 | 18 | 32 | 27 | 26 | 25 | 15 | 46 |

| Any bill problem or medical debt | 34 | 26 | 55 | 51 | 38 | 53 | 21 | 59 |

**Paying Bills Over Time/Medical Debt**

| How much are the medical bills that are being paid off over time? |
| Less than $2,000 | 50 | 54 | 43 | 43 | 52 | 43 | 55 | 42 |
| $2,000 to less than $4,000 | 19 | 18 | 28 | 18 | 19 | 22 | 17 | 23 |
| $4,000 to less than $8,000 | 10 | 10 | 8 | 9 | 11 | 7 | 10 | 12 |
| $8,000 to less than $10,000 | 5 | 3 | 7 | 8 | 2 | 11 | 4 | 2 |
| $10,000 or more | 10 | 9 | 9 | 16 | 10 | 12 | 7 | 17 |

| Was this for care received in past year or earlier? |
| Past year | 55 | 59 | 52 | 43 | 57 | 46 | 60 | 48 |
| Earlier year | 35 | 33 | 36 | 42 | 35 | 36 | 32 | 48 |
| Both | 9 | 7 | 12 | 13 | 8 | 17 | 7 | 4 |

| Has ever negotiated with a physician, hospital, or other health care provider to get a lower price for services received? |
| 12 | 10 | 14 | 17 | 10 | 15 | 10 | 24 |

**Base: Any Bill Problem or Medical Debt**

Percent reporting that:

| Unable to pay for basic necessities (food, heat, or rent) because of medical bills | 26 | 19 | 28 | 40 | 28 | 39 | 11 | 23 |
| Used up all of savings | 39 | 33 | 42 | 49 | 40 | 49 | 25 | 39 |
| Took out a mortgage against your home or took out a loan | 11 | 10 | 12 | 11 | 12 | 12 | 10 | 8 |
| Took on credit card debt | 26 | 27 | 31 | 23 | 28 | 23 | 27 | 34 |

| Insurance status of person/s at time care was provided |
| Insured at time care was provided | 62 | 86 | 47 | 24 | 77 | 31 | 93 | 32 |
| Uninsured at time care was provided | 34 | 13 | 45 | 71 | 22 | 64 | 6 | 61 |
| Other insurance combination | 2 | 6 | 3 | 1 | 4 | 0 | 7 |

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

### Table 3. Chronic Conditions, 2005  
(base: adults 19–64)

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
<th>Total 19–64</th>
<th>Insured All Year</th>
<th>Insured Now, Time Uninsured in Past Year</th>
<th>Uninsured Now</th>
<th>Uninsured During the Year*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (millions)</td>
<td>172.5</td>
<td>124.7</td>
<td>16.2</td>
<td>31.6</td>
<td>47.8</td>
</tr>
<tr>
<td>Percent distribution</td>
<td>100%</td>
<td>72%</td>
<td>9%</td>
<td>18%</td>
<td>28%</td>
</tr>
</tbody>
</table>

#### Chronic Conditions

| Has hypertension, high blood pressure or stroke | 20 | 21 | 21 | 18 | 19 |
| Has heart attack or other heart disease       | 6  | 6  | 4  | 4  | 4  |
| Has diabetes                                  | 8  | 8  | 7  | 7  | 7  |
| Has asthma, emphysema, or lung disease        | 11 | 11 | 13 | 9  | 10 |
| **Any of the above**                          | 31 | 31 | 32 | 28 | 29 |

**Have been hospitalized or visited ER because of any above chronic condition in past year**

| ER     | 8  | 6  | 17 | 15 | 16 |
| Hospital | 4  | 5  | 1  | 4  | 3  |
| Both    | 8  | 6  | 9  | 16 | 13 |
| **Either ER, hospital, or both**              | 20 | 16 | 27 | 35 | 33 |

**Currently taking medications for chronic condition(s)**

| 91 | 92 | 87 | 92 | 90 |

**Skipped doses or not filled a prescription for a chronic condition because of cost**

| 27 | 18 | 58 | 59 | 59 |

#### Confidence in ability to manage and control most health problems (base: any chronic condition, disability or handicap, or fair/poor health status)

| Very confident | 41 | 49 | 36 | 19 | 24 |
| Somewhat confident | 42 | 41 | 46 | 43 | 44 |
| Not too confident         | 10 | 7  | 10 | 18 | 16 |
| Not at all confident       | 5  | 2  | 6  | 14 | 11 |
| Don’t have any health problems † | 0  | 0  | 0  | 1  | 1 |

* Combines currently uninsured and insured but had a time uninsured in past year, and undesignated time uninsured.
† Greater than 0 but less than 0.5.

Table 4. Access Barriers and Satisfaction with Care, 2005
(base: adults 19–64)

<table>
<thead>
<tr>
<th>Access and Cost Indicators</th>
<th>All Adults 19–64</th>
<th>Income Less than $40,000</th>
<th>Income $40,000 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 19–64</td>
<td>Insured All Year</td>
<td>Insured Now, Time Uninsured in Past Year</td>
</tr>
<tr>
<td>Total (millions)</td>
<td>172.5</td>
<td>124.7</td>
<td>16.2</td>
</tr>
<tr>
<td>Percent distribution</td>
<td>100%</td>
<td>72%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Access Problems in Past Year**

Went without needed care in past year because of cost:
- Did not fill prescription
  - 25
  - 18
  - 39
  - 43
  - 25
  - 44
  - 15
  - 35
- Skipped recommended test, treatment or follow-up
  - 20
  - 13
  - 36
  - 39
  - 18
  - 40
  - 10
  - 36
- Had a medical problem, did not visit doctor or clinic
  - 24
  - 15
  - 44
  - 49
  - 20
  - 50
  - 13
  - 41
- Did not get needed specialist care
  - 17
  - 10
  - 33
  - 37
  - 15
  - 38
  - 8
  - 29
- At least one of four access problems because of cost
  - 37
  - 28
  - 60
  - 59
  - 38
  - 62
  - 24
  - 53
- Delayed or did not get preventive care screening because of cost
  - 14
  - 7
  - 27
  - 32
  - 9
  - 32
  - 7
  - 25
- Delayed or did not get physical therapy or other rehabilitative care when needed because of cost
  - 12
  - 8
  - 20
  - 23
  - 12
  - 23
  - 7
  - 21

**Preventive Care**

- Blood pressure checked (past year)
  - 88
  - 93
  - 89
  - 69
  - 92
  - 73
  - 94
  - 91
- Dental exam (past year)
  - 62
  - 70
  - 55
  - 35
  - 55
  - 40
  - 78
  - 57
- Received mammogram in past 2 years (females age 50+)
  - 71
  - 75
  - 56
  - 48
  - 69
  - 52
  - 79
  - 47
- Received pap test in past year (females ages 19–29), in past 3 years (females age 30+)
  - 78
  - 82
  - 77
  - 64
  - 77
  - 68
  - 85
  - 76
- Received colon cancer screening in past 5 years (age 50+)
  - 51
  - 56
  - 31
  - 18
  - 50
  - 23
  - 60
  - 14
- Cholesterol checked in past 5 years
  - 69
  - 78
  - 60
  - 39
  - 70
  - 44
  - 82
  - 56

**Quality of Care**

Satisfaction with quality of health care received in past year:
- Very satisfied
  - 42
  - 49
  - 34
  - 19
  - 44
  - 22
  - 51
  - 31
- Somewhat satisfied
  - 33
  - 35
  - 36
  - 27
  - 36
  - 30
  - 35
  - 32
- Somewhat/very dissatisfied
  - 14
  - 11
  - 23
  - 24
  - 13
  - 25
  - 9
  - 21

Confidence with ability to get high quality care when needed:
- Very confident
  - 31
  - 37
  - 21
  - 12
  - 34
  - 12
  - 39
  - 29
- Somewhat confident
  - 36
  - 39
  - 33
  - 26
  - 37
  - 28
  - 40
  - 32
- Not too/not at all confident
  - 29
  - 22
  - 41
  - 53
  - 27
  - 52
  - 20
  - 38

### Table 5. Quality of Care, Care Coordination, and Patient–Provider Communication, 2005  
(base: adults 19–64)

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th>Income Less than $40,000</th>
<th>Income $40,000 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 19–64</td>
<td>Insured All Year</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Total (millions)</td>
<td>172.5</td>
<td>124.7</td>
</tr>
<tr>
<td>Percent distribution</td>
<td>100%</td>
<td>72%</td>
</tr>
<tr>
<td>Has regular doctor or other health care professional</td>
<td>76</td>
<td>86</td>
</tr>
<tr>
<td>Amount of choice in where to go for medical care</td>
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<td></td>
</tr>
<tr>
<td>A great deal</td>
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<td>37</td>
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<tr>
<td>A fair amount</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>Not too much/no choice</td>
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<td>19</td>
</tr>
<tr>
<td>Rating quality of care from doctor</td>
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<tr>
<td>Excellent</td>
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<td>41</td>
</tr>
<tr>
<td>Very good</td>
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<td>33</td>
</tr>
<tr>
<td>Good</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Fair/poor</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Base: any doctor’s visit in past 1 or 2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (millions)</td>
<td>155.1</td>
<td>118.0</td>
</tr>
</tbody>
</table>

### Coordination of Care

In past 2 years:

- Test results or medical records were not available at time of scheduled doctor’s appointment: 17% | 15% | 24% | 23% | 23% | 17% | 23% | 14% | 27% |
- Doctors ordered a medical test that you felt was unnecessary because the test had already been done: 12 | 10 | 18 | 19 | 19 | 15 | 17 | 8 | 23 |
- Had a blood test, lab test or diagnostic test but never heard about the results or there were delays in being told about abnormal results: 21 | 19 | 29 | 25 | 26 | 21 | 28 | 18 | 22 |
- At least one coordination problem: 32 | 30 | 42 | 40 | 41 | 35 | 41 | 27 | 42 |

### Patient–Provider Communication

In past 2 years, has left doctor’s office without getting important questions answered: 19 | 16 | 28 | 30 | 29 | 18 | 28 | 15 | 31 |
In past 2 years, has left doctor’s office without fully understanding the information given about a diagnosis or treatment: 20 | 17 | 27 | 30 | 29 | 21 | 31 | 16 | 21 |

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

NOTES


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

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


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

11 See note 5 above.


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


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

16 IOM, Care Without Coverage, 2002.

APPENDIX. SURVEY METHODOLOGY

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

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

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

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

Publications listed below can be found on The Commonwealth Fund’s Web site at www.cmwf.org.


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Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings from the EBRI/Commonwealth Fund Consumerism in Health Care Survey (December 2005). Paul Fronstin and Sara R. Collins. According to the authors of this issue brief, Americans enrolled in consumer-directed health plans are less satisfied with their coverage than those with comprehensive health insurance.

On the Fringe: The Substandard Benefits of Workers in Part-Time, Temporary, and Non-Salaried Jobs (December 2005). Elaine Ditsler, Peter Fisher, and Colin Gordon, Iowa Policy Project. To improve coverage for “nonstandard” workers, the authors of this report say consideration should be given to “play or pay” laws that require employers to either provide health coverage or pay into public health insurance programs.

Entrances and Exits: Health Insurance Churning, 1998–2000 (September 2005). Kathryn Klein, Sherry Glied, and Danielle Ferry. The authors of this issue brief analyze Medical Expenditure Panel Survey data for the years 1998–99 and 1999–2000 and report that 22 percent of the U.S. population experienced at least one spell without any health coverage over the two-year period, in addition to the 9 percent who were uninsured for the full two years.

Health and Productivity Among U.S. Workers (August 2005). Karen Davis, Sara R. Collins, Michelle M. Doty, Alice Ho, and Alyssa L. Holmgren. Health problems among working-age Americans and their families carry an estimated price tag of $260 billion in lost productivity each year, according to the authors of this issue brief.

Seeing Red: Americans Driven into Debt by Medical Bills (August 2005). Michelle M. Doty, Jennifer N. Edwards, and Alyssa L. Holmgren. The researchers report that while medical bill problems and debt are experienced most often by the uninsured, even many working-age adults who are continually insured have problems paying their medical bills and have medical debt.

Insured But Not Protected: How Many Adults Are Underinsured? (June 14, 2005). Cathy Schoen, Michelle M. Doty, Sara R. Collins, and Alyssa L. Holmgren. Health Affairs Web Exclusive (In the Literature summary). While some states could reduce their uninsured rate by as much as 20 percent under federal proposals such as tax credits or public program expansions, other states might not see much change at all.