

Insurance Coverage, Access to Care, and Medical Debt Since the ACA: A Look at California, Florida, New York, and Texas

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ABSTRACT

ISSUE: The Affordable Care Act has significantly increased health insurance coverage and access to care among U.S. adults nationwide. However, the law gives states flexibility in implementing certain provisions, leading to wide variations between states in consumers' experiences.

GOAL: To examine the differences in insurance coverage, access to care, and medical bill problems in the four largest states—California, Florida, New York, and Texas—all of which have made different choices in implementing the law.

METHODS: Analysis of the Commonwealth Fund Biennial Health Insurance Survey, 2016.

FINDINGS AND CONCLUSIONS: In 2016, uninsured rates among adults ages 19 to 64 across the four states varied from 7 percent in New York and 10 percent in California to 16 percent in Florida and 25 percent in Texas. This variation was also apparent in the proportions of residents reporting problems getting needed care because of the cost—significantly lower in California and New York than in Florida and Texas. Lower percentages of Californians and New Yorkers reported having a medical bill problem in the past 12 months or having accrued medical debt compared to Floridians and Texans. These variations might be explained by several factors: whether the state expanded Medicaid eligibility; whether it ran its own health insurance marketplace; what the uninsured rate was prior to the Affordable Care Act; differences in the cost protections provided by private health plans; and demographic differences.

KEY TAKEAWAYS

- ▶ **Uninsured rates in the nation's four largest states have fallen since the Affordable Care Act's coverage expansions, but rates in California and New York have dropped much more than rates in Florida and Texas.**
- ▶ **The proportion of adults reporting cost-related problems getting needed care is also significantly lower in California and New York.**
- ▶ **State policy decisions play a large role: for example, California and New York expanded Medicaid while Texas and Florida did not.**



BACKGROUND

More than 30 million Americans now have health insurance under the provisions of the Affordable Care Act.¹ These provisions include those that have allowed or encouraged people to enroll in coverage through expanded Medicaid eligibility, tax credits to help pay for premiums, state and federal outreach efforts, and consumer-friendly market regulations.² A recent analysis found that the percentage of uninsured working-age adults dropped from 20 percent in 2010 to 12 percent in 2016.³

The law gives states flexibility in implementing provisions, including the choice of operating their own health insurance marketplace or leaving that task to the federal government. Moreover, in 2012, the U.S. Supreme Court gave states the option to decide whether or not to expand Medicaid eligibility to more lower-income adults. These choices, combined with each state's unique demographics

and history, have resulted in varying experiences among Americans. In this brief, we use data from the Commonwealth Fund Biennial Health Insurance Survey to examine differences in health insurance coverage, problems getting needed care because of costs, and medical bill and debt problems among 19-to-64-year-old adults in the nation's four largest states: California, Florida, New York, and Texas.⁴

These states fall into two distinct categories. The first group, California and New York, both operate their own health insurance marketplaces and have expanded eligibility for Medicaid to adults with incomes at or below 138 percent of the federal poverty level—\$16,394 for an individual or \$33,534 for a family of four. Florida and Texas, the second group, are using the federal marketplace to enroll residents in health plans and have declined to expand Medicaid eligibility (Exhibit 1).

Exhibit 1. State Approaches to Expanding Health Insurance Coverage and Enrollment

	California	New York	Florida	Texas
Expanded Medicaid	Yes	Yes	No	No
Qualifications for Medicaid				
Parents^a	<138% FPL	<138% FPL	<33% FPL	<18% FPL
Childless adults	<138% FPL	<138% FPL	Do not qualify for Medicaid	Do not qualify for Medicaid
Immigrants^b	Legal immigrants qualify without the five-year waiting period	Legal immigrants qualify without the five-year waiting period	Children of legal immigrants only qualify without the five-year waiting period	Children of legal immigrants only qualify without the five-year waiting period
Enrollment in Medicaid/CHIP^c	11.9 million	6.4 million	4.3 million	4.8 million
Marketplace type	State-run	State-run	Federal	Federal
Enrollment in the marketplace^d	1,556,676	242,880	1,760,025	1,227,290

Note: FPL refers to federal poverty level.

^a Kaiser Family Foundation, *Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults*, Fact sheet (Henry J. Kaiser Family Foundation, Jan. 19, 2017).

^b Medicaid.gov, *Medicaid and CHIP Coverage of Lawfully Residing Children and Pregnant Women*, Sept. 2016. For low-income immigrants lawfully residing in the United States, there is a five-year waiting period for enrollment in state Medicaid programs. Some states, including New York and California, have opted to eliminate these waiting periods. The ACA allows "qualified non-citizens" (such as those with a green card) who are in the five-year waiting period to enroll in marketplace plans and become eligible for subsidies, regardless of income.

^c Centers for Medicare and Medicaid Services, *Table 1: Medicaid and CHIP: November and December 2016 Preliminary Monthly Enrollment* (CMS, Feb. 2017).

^d Centers for Medicare and Medicaid Services, *2017 Marketplace Open Enrollment Period Public Use Files* (CMS, n.d.).

SURVEY FINDINGS

Texas Has Highest Uninsured Rate of the Four Largest States

The uninsured rate has fallen in all four states since 2012, prior to the implementation of the ACA's major coverage expansions (Exhibit 2).^{5,6} Analyses of federal surveys have found similar declines in the uninsured rate during this period.^{7,8}

Among the four states, the proportion of working-age adults without health coverage in 2016 was highest in Florida and Texas, at 16 percent and 25 percent, respectively (Exhibit 2).⁹ In California, the uninsured rate was 10 percent; in New York, it was 7 percent.

Young adults have experienced the largest gains in coverage nationally (Exhibit 3). According to the survey, by 2016 the national uninsured rate for 19-to-34-year-olds was 15 percent, compared to 27 percent in 2010 (the year adult children became eligible to remain on a parent's

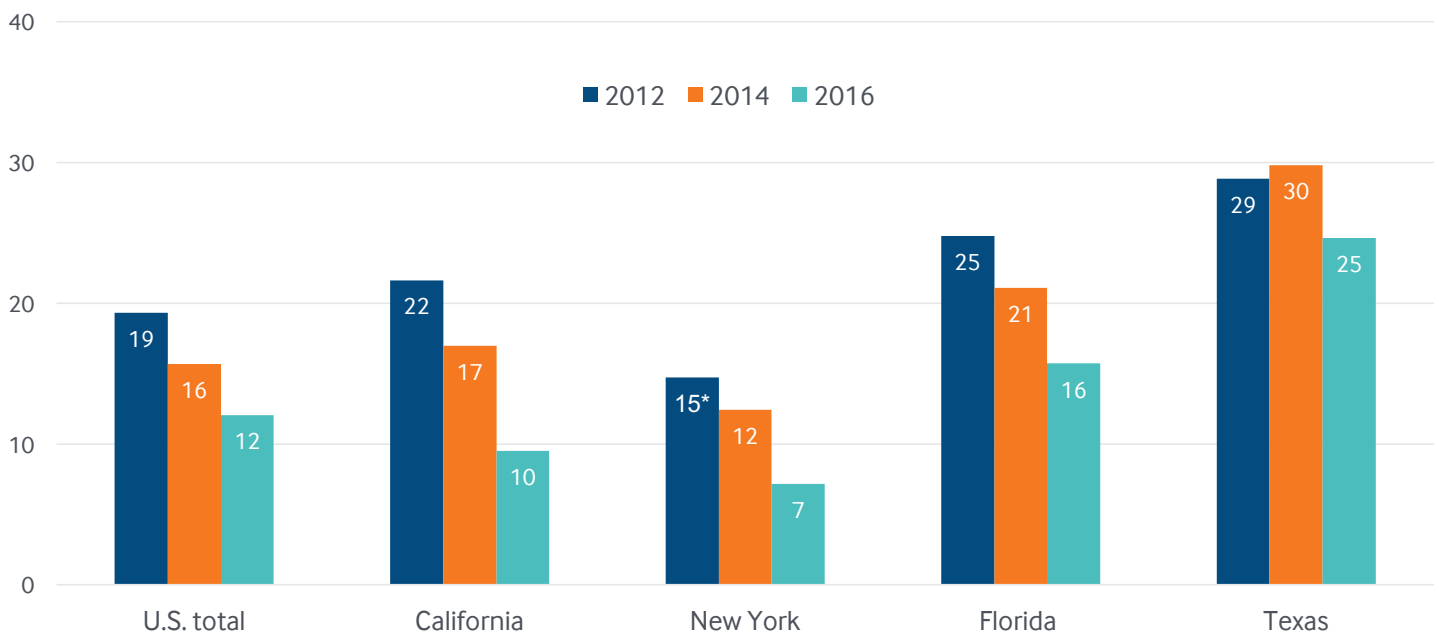
health plan until age 26).¹⁰ But the rate varied by state. In California, 8 percent of young adults were uninsured, compared with 10 percent in New York, 23 percent in Florida, and 30 percent in Texas.

There are also significant differences in coverage rates for adults with low incomes. Adults with incomes below 100 percent of the federal poverty level—that is, \$11,880 for an individual or \$24,300 for a family of four—are faring best in California and New York (Exhibit 4). Nine percent of low-income Californians and 15 percent of low-income New Yorkers are uninsured, compared with 22 percent of low-income adults in Florida and 39 percent in Texas.¹¹

Adults in small firms are more likely to be uninsured in Florida and Texas than those in California and New York. Fourteen percent of adults in small firms are uninsured in California, 12 percent in New York, 24 percent in Florida, and 37 percent in Texas. These differences are likely partly explained by states' decisions on expanding Medicaid.

Exhibit 2. Uninsured Rate Drops by Varying Degrees in the Nation's Four Largest States, 2012–2016

Percent of adults ages 19–64 who are uninsured

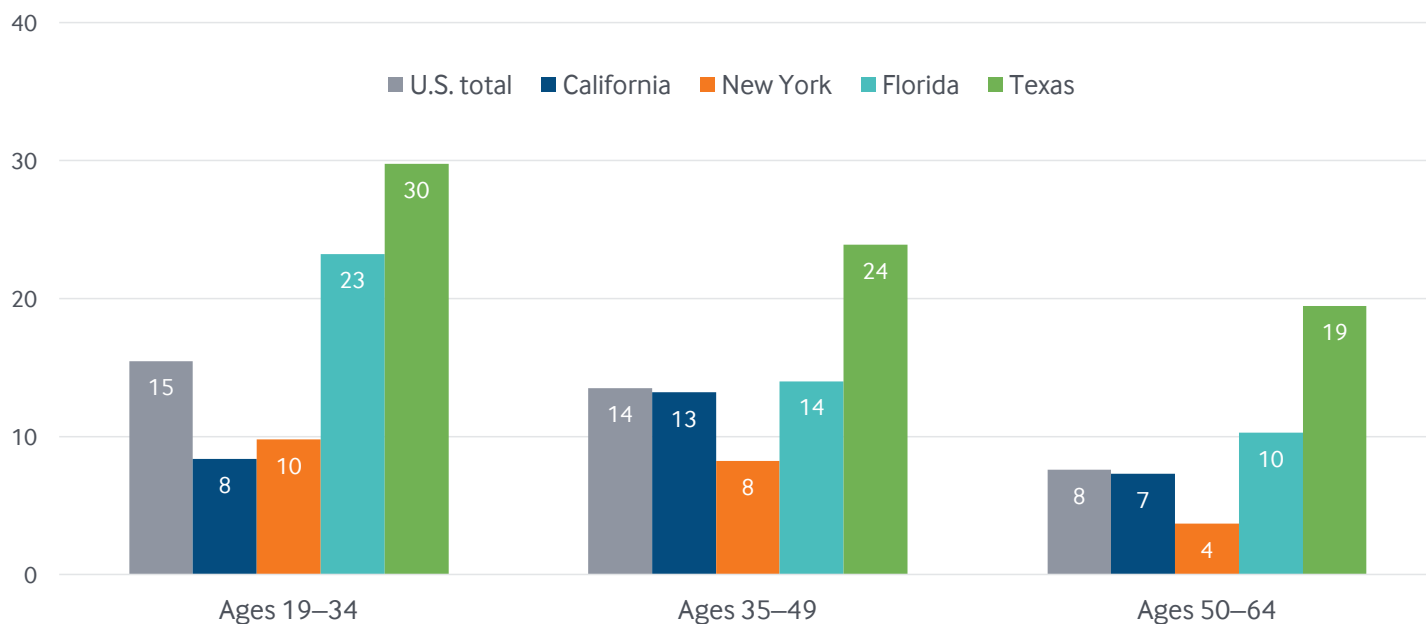


* The 2012 uninsured rate estimate for New York is from the National Health Interview Survey (NHIS).

Data: *The Commonwealth Fund Biennial Health Insurance Surveys* (2012, 2014, 2016); and R. A. Cohen and M. E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2012* (NHIS, June 2013).

Exhibit 3. Of the Four Largest States, Texas Has the Highest Uninsured Rate in Every Age Group

Percent of adults ages 19–64 who are uninsured



Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

Exhibit 4. State Uninsured Rates by Poverty and Firm Size

Percent of adults ages 19–64 who are uninsured	U.S. total	California	New York	Florida	Texas
Unweighted n	4,186	716	739	663	699
Total	12%	10%	7%	16%	25%
Poverty					
<100% FPL	22%	9%	15%	22%	39%
100%–399% FPL	11%	12%	6%	16%	28%
400% FPL or more	3%	4%	2%	5%	5%
Firm size (Base: full-time or part-time workers)					
All workers	11%	8%	6%	15%	22%
Small-firm workers (<50 employees)	21%	14%	12%	24%	37%
Larger-firm workers (50 employees or more)	5%	2%	3%	8%	10%

Note: FPL refers to federal poverty level.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

Demographics also likely contribute to differences in coverage rates. Undocumented immigrants are ineligible for subsidized coverage or Medicaid under the law.

According to the Pew Research Center, undocumented immigrants make up 6.1 percent of the Texas population, one of the highest proportions in the country.¹²

Californians and New Yorkers Have Lower Rates of Problems Getting Needed Health Care Because of Cost

Expanded insurance coverage is helping people get the care they need. In 2012, an estimated 43 percent of working-age adults, or about 80 million people, did not get needed care because of cost. By 2016, this had dropped to 34 percent, or 63 million people.¹³ There is significant variation among the four states. Twenty-eight percent of Californians and 29 percent of New Yorkers reported at least one cost-related access problem, compared with 41 percent of Floridians and 45 percent of Texans (Exhibit 5).¹⁴ These differences remain statistically significant even after taking into account the variations in states' demographic profiles, including age, gender, income, health status, race and ethnicity, education level, and immigration status (Appendix Table 1).

There is a range of factors associated with state variation in responses to the cost-related survey questions (Exhibit 5). First, insurance coverage itself plays a large role. Across the U.S., insured adults have historically reported cost-related

access problems at much lower rates than uninsured adults.¹⁵ In California and New York, the higher rates of insurance coverage likely play a role in the two states' lower rates of cost-related access problems. Fewer people in California and New York have to pay for the full costs of their care when they get sick.

But the quality of health insurance coverage—particularly, how much people have to pay out of pocket relative to their income when they get sick—also makes a difference. For example, the survey found that a significantly smaller share of insured New Yorkers and Californians (8% and 13%, respectively) had large deductibles—5 percent or more of income—compared with Texans (17%) and Floridians (19%) (data not shown).¹⁶ Even among people with employer plans, which tend to be more cost-protective, more people in Florida and Texas had higher deductibles than did those in California and New York. Recent federal data showed that in 2015, 67 percent of employees with single-person insurance plans in California, and 74 percent in New York, had a deductible compared to 91 percent in Florida and 93 percent in Texas.¹⁷

People in California and New York Have Lower Rates of Medical Bill and Debt Problems

Nationally, there has been a modest but significant reduction in the percentage of adults who report medically related financial difficulties. In 2012, 41 percent of working-age adults, or an estimated 75 million people, said they had

Exhibit 5. Adults in California and New York Reported Lower Rates of Cost-Related Access Problems Than Those in Florida and Texas

Percent of adults ages 19–64	U.S. total	California	New York	Florida	Texas
In the past 12 months because of cost:					
Had a medical problem, did not visit doctor or clinic	20%	15%	15%	23%	27%
Did not fill a prescription	19%	16%	17%	23%	27%
Skipped recommended test, treatment, or follow-up	18%	14%	16%	22%	25%
Did not get needed specialist care	13%	13%	11%	18%	21%
Any of the above access problems	34%	28%	29%	41%	45%

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

problems paying their medical bills in the past 12 months or were paying off medical debt. In 2016, this had dropped to 37 percent, an estimated 70 million people.¹⁸

Fewer adults in California and New York said they had problems paying their medical bills or were paying off medical debt than did adults in Florida and Texas (Exhibit 6). Twenty-eight percent of Californians and New Yorkers said that in the past 12 months they had a problem or were unable to pay their medical bills, had been contacted by a collection agency for unpaid medical bills, had to change their way of life to pay medical bills, or were paying off medical bills over time. In contrast, 41 percent of adults in Florida and 44 percent in Texas reported at least one of these problems.¹⁹ These differences remained even after taking into account the states' demographic profiles, including age, gender, income, health status, race and ethnicity, education level, and immigration status.

CONCLUSION

The Affordable Care Act has significantly affected health insurance coverage and access among U.S. adults. But

the decisions made by state leaders in implementing federal policy, along with other state laws, have ongoing implications for their residents. California and New York began seeing declines in their adult uninsured rate earlier than other states because of such choices. California expanded eligibility for Medicaid even before 2014 by creating the Low Income Health Program, which provided coverage to adults with incomes less than 200 percent of poverty.²⁰ New York expanded Medicaid eligibility to parents with incomes up to 150 percent of poverty and childless adults up to 100 percent of poverty starting in 2000.²¹ In addition, both states opted to establish their own marketplaces and have conducted expansive outreach campaigns to increase awareness of coverage options. Alternatively, Florida and Texas—although they have experienced robust enrollment in private plans through the federal health insurance marketplace—have not expanded Medicaid eligibility and have made less progress covering uninsured residents.

However, the variation in insured rates is not entirely the result of states' decision. The ACA does not provide access to any new coverage options for undocumented

Exhibit 6. Adults in California and New York Reported Lower Rates of Medical Bill Problems or Debt Than Those in Florida and Texas

Percent of adults ages 19–64	U.S. total	California	New York	Florida	Texas
In the past 12 months:					
Had problems paying or unable to pay medical bills	23%	17%	18%	28%	26%
Contacted by a collection agency about medical bills*	21%	15%	18%	25%	25%
Contacted by collection agency for unpaid medical bills	14%	9%	11%	16%	18%
Contacted by a collection agency because of billing mistake	5%	6%	5%	6%	6%
Had to change way of life to pay bills	14%	12%	10%	15%	18%
Any of three bill problems (does not include billing mistake)	29%	22%	23%	32%	34%
Medical bills/debt being paid off over time	24%	16%	17%	24%	27%
Any of three bill problems or medical debt	37%	28%	28%	41%	44%

* Subtotals may not sum to total: respondents who answered “don’t know” or refused are included in the distribution but not reported.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

immigrants. They are ineligible for Medicaid coverage and cannot purchase private plans through the marketplace, subsidized or unsubsidized. This is likely a contributing factor in Texas's higher uninsured rate.

While expanded coverage is the necessary first step to improving timely access to care and reducing medical financial burdens among U.S. families, the quality and comprehensiveness of coverage across all sources of insurance—marketplace plans, individual market plans, employer-provided coverage, and Medicaid—also has a significant impact.

The gains documented in this survey and many other private and federal analyses indicate that the Affordable Care Act has been successful in insuring millions of Americans and enabling them to get health care they may not have been able to afford previously. Further expanding coverage and improving affordability should remain a priority. Alternatively, repealing the law without a replacement that is at least equally effective will risk reversing the substantial gains the nation has made.

HOW THIS STUDY WAS CONDUCTED

The Commonwealth Fund Biennial Health Insurance Survey, 2016, was conducted by Princeton Survey Research Associates International, with a random nationally representative sample of nonelderly adults collected from July 12, 2016, to November 20, 2016, and an oversampling of adults in the four largest states, California, Florida, New York, and Texas. The survey consisted of 25-minute telephone interviews in either English or Spanish with adults age 19 and older living in the continental United States. A combination of landline and cellular phone random-digit-dial samples was used to reach people.

The study was designed to generalize to the U.S. adult population and to allow for separate analyses of responses of low-income households as well as adults in the four largest states. Most of this analysis looks at adults ages 19 to 64 in the four largest states. The sample sizes are: California=716, Florida=663, New York=739, and Texas=699. Statistical results are weighted to correct for the stratified sample design, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. Each state sample is weighted to match population parameters for sex by age, sex by education, age by education, race/ethnicity, population density, household telephone use, household size, and region, using the U.S. Census Bureau's 2016 American Community Survey data.

The resulting weighted national sample is representative of the approximately 187.4 million U.S. adults ages 19 to 64 and has an overall margin of sampling error of ± 1.9 percentage points at the 95 percent confidence level. The California sample has a margin of error of ± 4.2 percentage points at the 95 percent confidence level; the Florida sample margin of sampling error is ± 3.7 percentage points; the New York sample margin of sampling error is ± 3.8 percentage points; and the Texas sample margin of sampling error is ± 3.8 percentage points. The landline portion of the survey achieved a 10 percent response rate and the cellular phone component achieved an 8 percent response rate.

NOTES

- ¹ D. Blumenthal and S. R. Collins, “[Why One in Ten Americans Will Feel the Pain of ACA Repeal Without an Effective Replacement](#),” *To the Point*, The Commonwealth Fund, March 8, 2017.
- ² Analysis of the [Commonwealth Fund Biennial Health Insurance Survey, 2016](#); Office of the Assistant Secretary for Planning and Evaluation, *About 2.5 Million People Who Currently Buy Coverage Off-Marketplace May Be Eligible for ACA Subsidies*, ASPE Data Point (ASPE, Oct. 4, 2016); R. Rudowitz, S. Artiga, and K. Young, *What Coverage and Financing Is at Risk Under Repeal of the ACA Medicaid Expansion?* (Kaiser Commission on Medicaid and the Uninsured, Dec. 2016); and Centers for Medicare and Medicaid Services, *2017 Marketplace Open Enrollment Period Public Use Files* (CMS, n.d.).
- ³ S. R. Collins, M. Z. Gunja, M. M. Doty, and S. Beutel, *How the Affordable Care Act Has Improved Americans’ Ability to Buy Health Insurance on Their Own* (The Commonwealth Fund, Feb. 2017). These estimates are in the range of those found in other recent surveys. The federal government and a number of private organizations including The Commonwealth Fund have used different surveys and methodologies aimed at measuring the change in insurance coverage as a result of the coverage expansions under the Affordable Care Act. Most recently, the Center for Disease Control and Prevention’s National Health Interview Survey found that in the first nine months of 2016, 8.8 percent of the U.S. population, or 28.2 million people, and 12.3 percent of adults ages 18 to 64, or 24.3 million people, were uninsured; see M. E. Martinez, E. P. Zammitti, and R. A. Cohen, *Health Insurance Coverage: Early Release Estimates from the National Health Interview Survey, January–September 2016* (NHIS, Feb. 2017). Data from the U.S. Census Bureau’s Current Population Survey (CPS) showed that 12.6 percent of adults ages 19 to 64, or 24.3 million people, were uninsured in 2015 (<http://www.census.gov/library/publications/2016/demo/p60-257.html>); and analysis of 2015 Current Population Survey by Sherry Glied and Ougni Chakraborty of New York University for The Commonwealth Fund). The Commonwealth Fund reported in May 2016 using its ACA Tracking Survey that the uninsured rate among adults ages 19 to 64 had declined from 19.9 percent in July–September 2013 to 12.7 percent in February–April 2016, or by an estimated 24 million people (<http://www.commonwealthfund.org/publications/issue-briefs/2016/may/aca-tracking-survey-access-to-care-and-satisfaction>).
- ⁴ This is an update of P. W. Rasmussen, S. R. Collins, M. M. Doty, and S. Beutel, *Health Care Coverage and Access in the Nation’s Four Largest States* (The Commonwealth Fund, April 2015).
- ⁵ The state-level estimates from the Commonwealth Fund Biennial Health Insurance Survey are similar to those reported by Center for Disease Control and Prevention’s National Health Interview Survey (NHIS) in all three years, with the exception of New York in 2012, which is higher in the Biennial Survey than in NHIS. For this reason, we report the 2012 uninsured rate for New York using the NHIS estimate: R. A. Cohen and M. E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2012* (NHIS, June 2013). This estimate was similar to the estimate from the U.S. Census Bureau’s 1-Year American Community Survey (ACS), which reported a 10.9% uninsured rate in New York among all individuals: J. C. Smith and C. Medalia, *Health Insurance Coverage in the United States: 2013* (CPS Reports, Sept. 2014).
- ⁶ The margin of sampling error in the Biennial Survey for each state was between 3.7 and 4.2 percentage points at the 95 percent level. This meant that the decline in the uninsured rate in Texas was not statistically significant in the Biennial. However, the declines in uninsured rates have been statistically significant in these states in the NHIS and ACS, which have much larger sample sizes.
- ⁷ The Biennial Survey estimates in 2016 were similar to those reported by the NHIS, which found that in the

- first nine months of 2016, the uninsured rate among 18–64-year-olds in California was 9.3%, in New York was 7.3%, in Florida was 19.5%, and in Texas was 24.7%: M. E. Martinez, E. P. Zammitti, and R. A. Cohen, *Health Insurance Coverage: Early Release Estimates From the National Health Interview Survey, January-September 2016* (NHIS, Feb. 2017). The NHIS found that in 2014 the uninsured rate in California was 16.7%, 12.9% in New York, 23.0% in Florida, and 25.7% in Texas: R. A. Cohen and M. E. Martinez, *Health Insurance Coverage: Early Release Estimates from the National Health Interview Survey, 2014* (NHIS, June 2015). The NHIS found that in 2012, the uninsured rate in California was 24.4%, 14.7% in New York, 28.9% in Florida, and 28.6% in Texas: R. A. Cohen and M. E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2012* (NHIS, June 2013). The estimates from the Biennial Health Insurance Survey, 2016, were also similar to those reported by the U.S. Census Bureau 1-Year American Community Survey (ACS), 2015. ACS reported uninsured rates for 19–64-year-olds in California as 12%, in Florida as 20%, in New York as 10%, and in Texas as 23%: S. L. Hayes, S. R. Collins, D. C. Radley, D. McCarthy, and S. Beutel, *A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013–2015* (The Commonwealth Fund, Dec. 2016).
- ⁸ For a recent 50-state analysis of changes in coverage and access, see D. C. Radley, D. McCarthy, and S. L. Hayes, *Aiming Higher: Results from the Commonwealth Fund Scorecard on State Health System Performance, 2017 Edition* (The Commonwealth Fund, March 2017).
- ⁹ All reported differences are statistically significant at the $p \leq 0.05$ level or better unless otherwise noted.
- ¹⁰ S. R. Collins, M. Z. Gunja, M. M. Doty, and S. Beutel, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own* (The Commonwealth Fund, Feb. 2017).
- ¹¹ The difference between New York and Florida is not significant. The difference between New York and Texas, Florida and Texas, California and Florida, and California and Texas is significant.
- ¹² *U.S. Unauthorized Immigration Population Estimates* (Pew Research Center, Nov. 3, 2016).
- ¹³ S. R. Collins, M. Z. Gunja, M. M. Doty, and S. Beutel, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own* (The Commonwealth Fund, Feb. 2017).
- ¹⁴ The reported weighted (unadjusted) estimates are similar to regression-adjusted estimates.
- ¹⁵ S. R. Collins, M. Z. Gunja, M. M. Doty, and S. Beutel, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own* (The Commonwealth Fund, Feb. 2017).
- ¹⁶ Insured adults in New York (28%) and California (26%) reported far lower rates of problems getting needed care in the past 12 months than did insured adults in Texas (41%) and Florida (38%).
- ¹⁷ S. R. Collins, D. C. Radley, M. Z. Gunja, and S. Beutel, *The Slowdown in Employer Insurance Cost Growth: Why Many Workers Still Feel the Pinch* (The Commonwealth Fund, Oct. 2016).
- ¹⁸ S. R. Collins, M. Z. Gunja, M. M. Doty, and S. Beutel, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own* (The Commonwealth Fund, Feb. 2017).
- ¹⁹ The reported weighted (unadjusted) estimates are similar to regression-adjusted estimates.
- ²⁰ R. Thomason and P. Long, “California’s Low Income Health Program: A Public-Private Partnership That Worked,” *Health Affairs Blog*, Feb. 14, 2014.
- ²¹ L. Norris, “New York and the ACA’s Medicaid Expansion,” *Healthinsurance.org*, Jan. 10, 2017.

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About The Commonwealth Fund

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. 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.

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Appendix Table 1. Demographics of State Populations

	U.S. total (%)	California (%)	New York (%)	Florida (%)	Texas (%)
(Unweighted n)	(4,186)	(716)	(739)	(663)	(699)
Age					
19–34	34	34	34	34	36
35–49	30	32	30	29	32
50–64	36	35	36	37	31
Gender					
Male	49	48	49	48	49
Female	51	52	51	52	51
Race/Ethnicity					
White, non-Latino	59	36	56	52	43
Black, non-Latino	13	7	14	16	12
Latino	18	38	18	27	37
Asian	4	11	6	1	2
Other, non-Latino	5	8	3	3	4
Education					
Less than high school degree	10	15	9	9	15
High school degree or equivalent	31	24	25	32	25
Some college	26	30	25	31	31
College graduate or higher	33	31	40	28	28
Poverty					
<100% FPL	22	20	22	22	23
100%–399% FPL	45	45	41	49	44
400% FPL or more	26	29	30	21	27
Insurance continuity					
Insured now	88	90	93	84	75
Uninsured now	12	10	7	16	25
Insured all year	78	82	85	72	68
Insured now, uninsured during the year	10	8	8	13	8
Insurance type					
Employer	54	49	58	49	49
Medicare	7	6	7	7	4
Medicaid	11	20	17	8	5
Individual	10	11	8	15	11
Other	5	5	3	5	7
Health status					
At least one chronic condition*	38	33	40	38	40
Political affiliation					
Republican	21	16	15	23	26
Democrat	30	33	34	32	24
Independent	24	22	25	22	20
Something else	16	15	18	13	17
Work status					
Not working	33	35	32	33	33
Full-time worker	54	48	56	54	55
Part-time worker	13	17	12	13	13
Firm size (Base: full-time or part-time workers)					
<20 employees	24	26	19	28	29
20–49 employees	10	13	11	10	11
50–99 employees	7	8	7	7	10
100 or more employees	56	49	60	53	48

Note: FPL refers to federal poverty level.

* Respondent reported having at least one of the following conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).



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