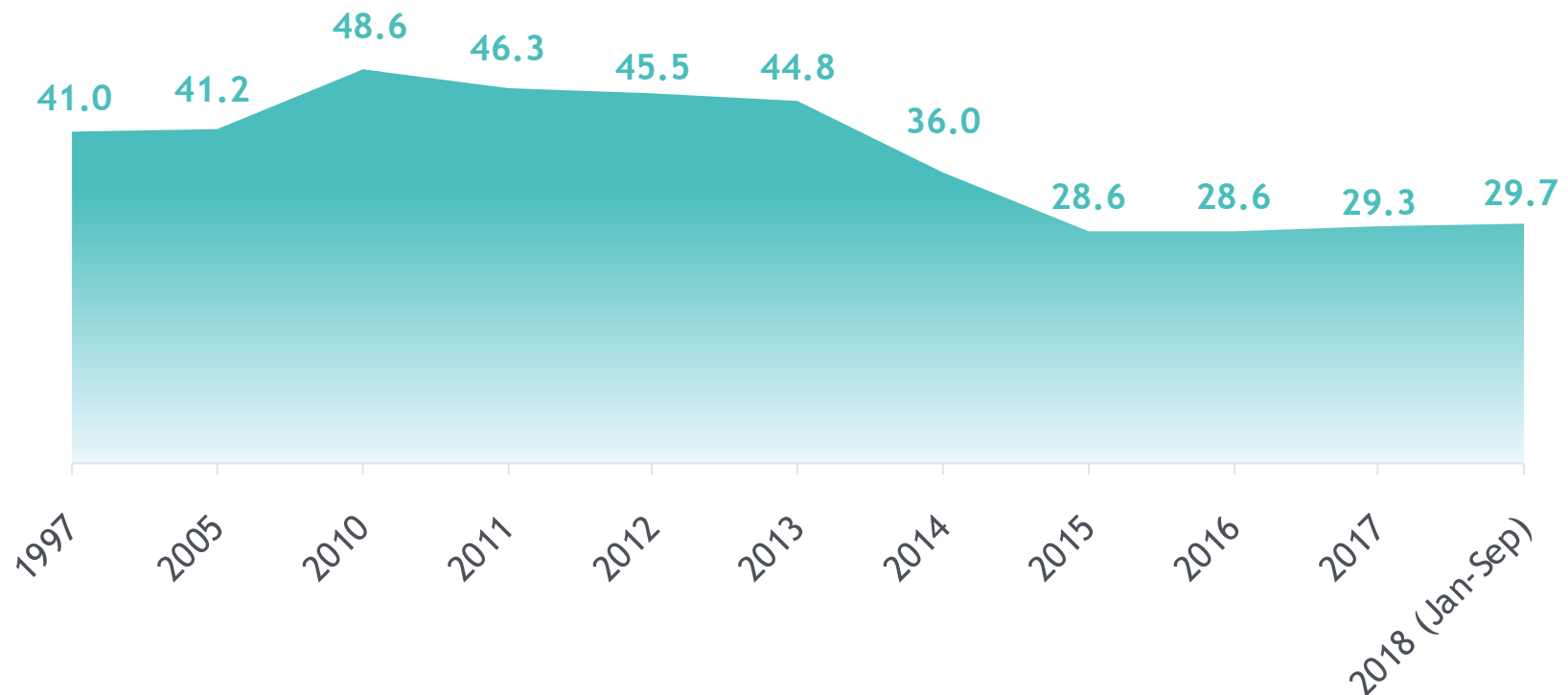


EXHIBIT 1

The Number of Uninsured People in the United States Fell by Nearly Half, from 48.6 Million in 2010 to 29.7 Million in 2018

Number of people uninsured at the time of the survey (millions)



Note: Data are for all ages.

Source: Emily P. Terlizzi, Robin A. Cohen, and Michael E. Martinez, [*Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-September 2018*](#) (National Center for Health Statistics, Feb. 2019).



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EXHIBIT 2

Fewer Adults Report Not Getting Needed Care Because of Costs, but Gains Have Stalled in Recent Years

Percent of adults ages 19-64 who reported any of the following cost-related access problems in the past year:

- *Had a medical problem but did not visit doctor or clinic*
- *Did not fill a prescription*
- *Skipped recommended test, treatment, or follow-up*
- *Did not get needed specialist care*

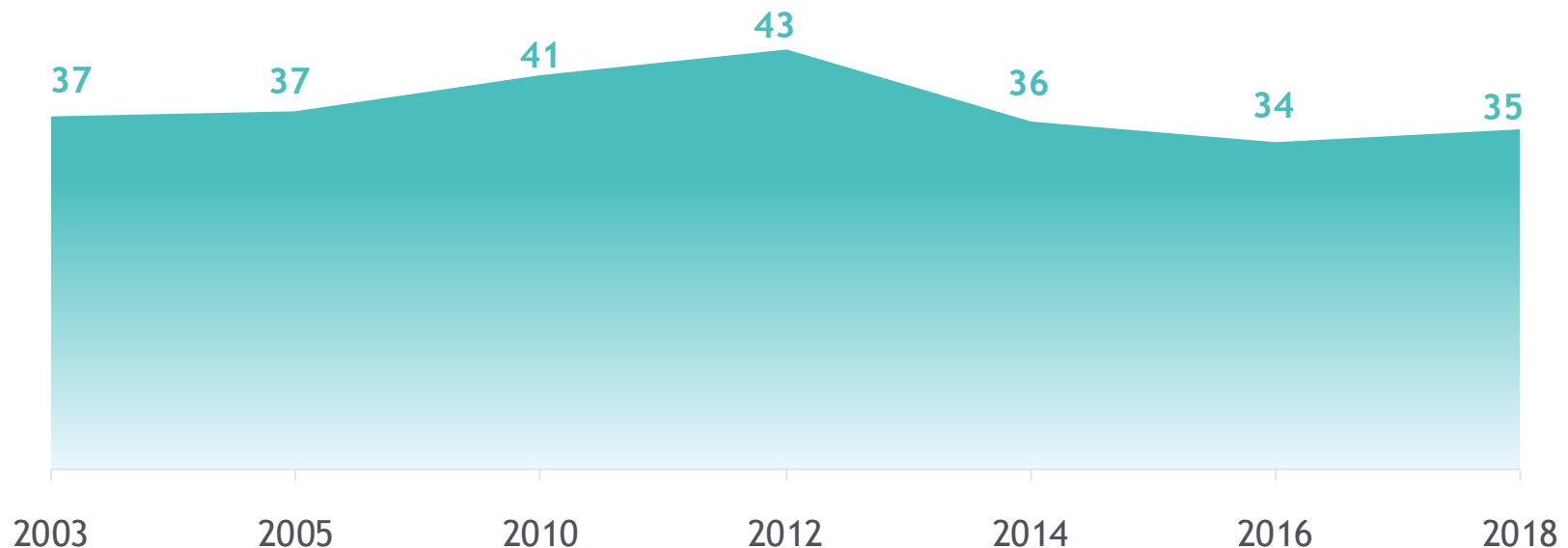
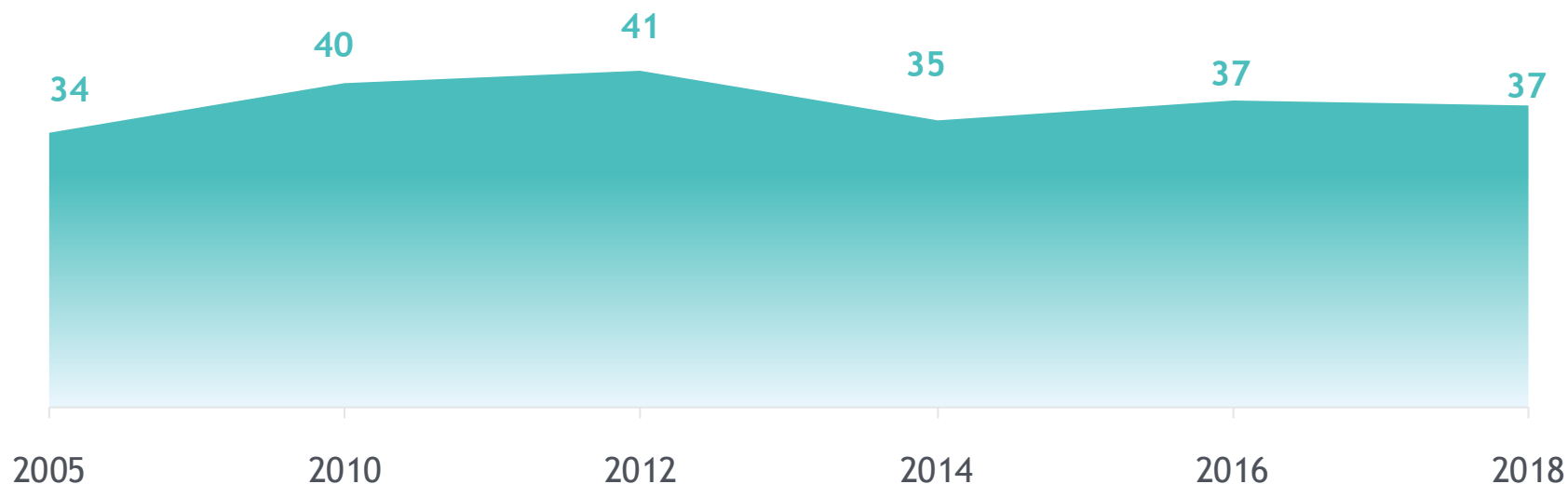


EXHIBIT 3

Fewer Adults Have Difficulty Paying Their Medical Bills, but the Improvement Has Stalled

Percent of adults ages 19-64 who reported any of the following medical bill or debt problems in the past year:

- *Had problems paying or unable to pay medical bills*
- *Contacted by a collection agency for unpaid medical bills*
- *Had to change way of life to pay bills*
- *Medical bills/debt being paid off over time*



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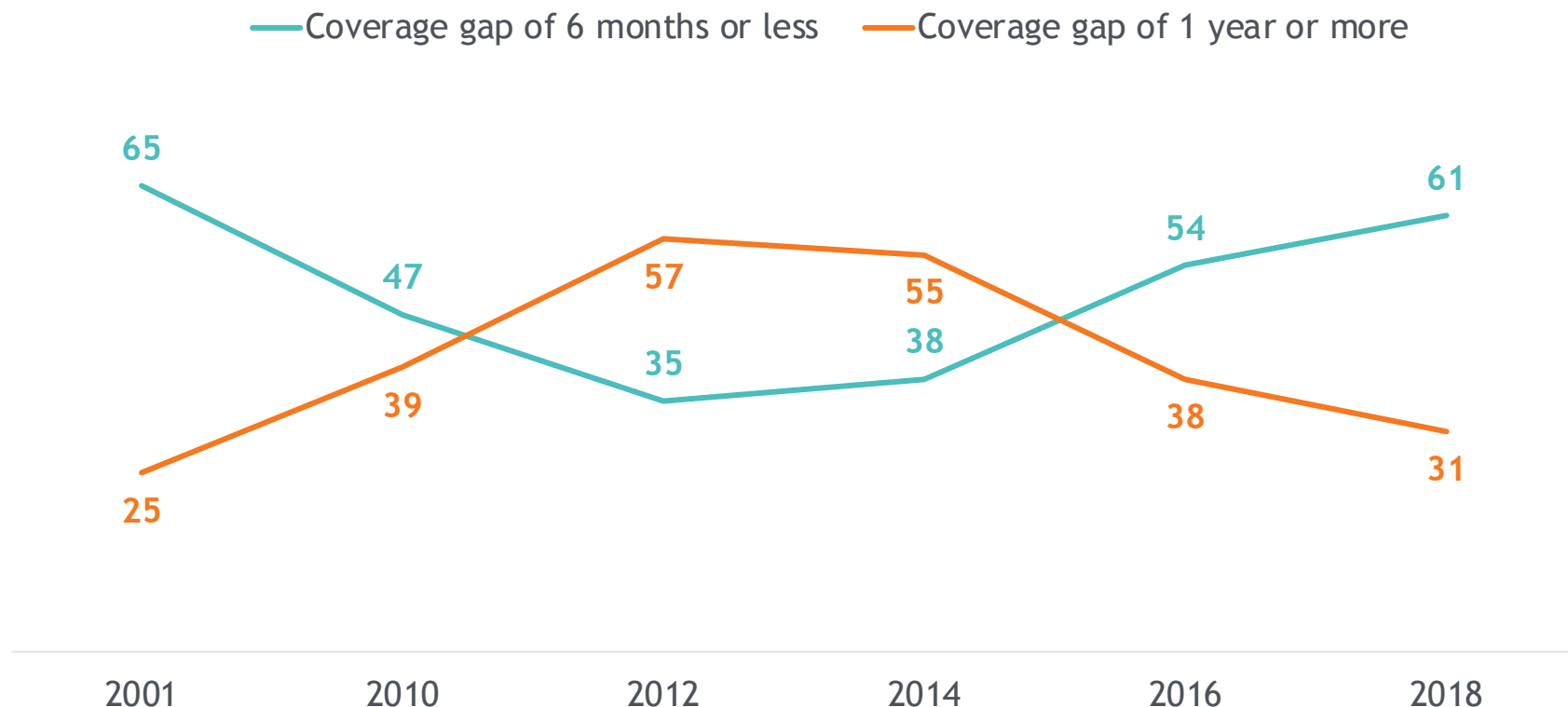
Data: Commonwealth Fund Biennial Health Insurance Surveys (2005, 2010, 2012, 2014, 2016, 2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [*Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured – Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018*](#) (Commonwealth Fund, Feb. 2019).

EXHIBIT 4

Since the ACA, Gaps in People's Coverage Have Been Shorter

Percent of adults ages 19-64 insured now but had a coverage gap in past year



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Data: Commonwealth Fund Biennial Health Insurance Surveys (2001, 2010, 2012, 2014, 2016, 2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [*Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured – Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018*](#) (Commonwealth Fund, Feb. 2019).

EXHIBIT 5

The Uninsured Rate Increased in 14 States from 2016 to 2017; Not All Were Medicaid Nonexpansion States

Change in uninsured rate, 2016-2017

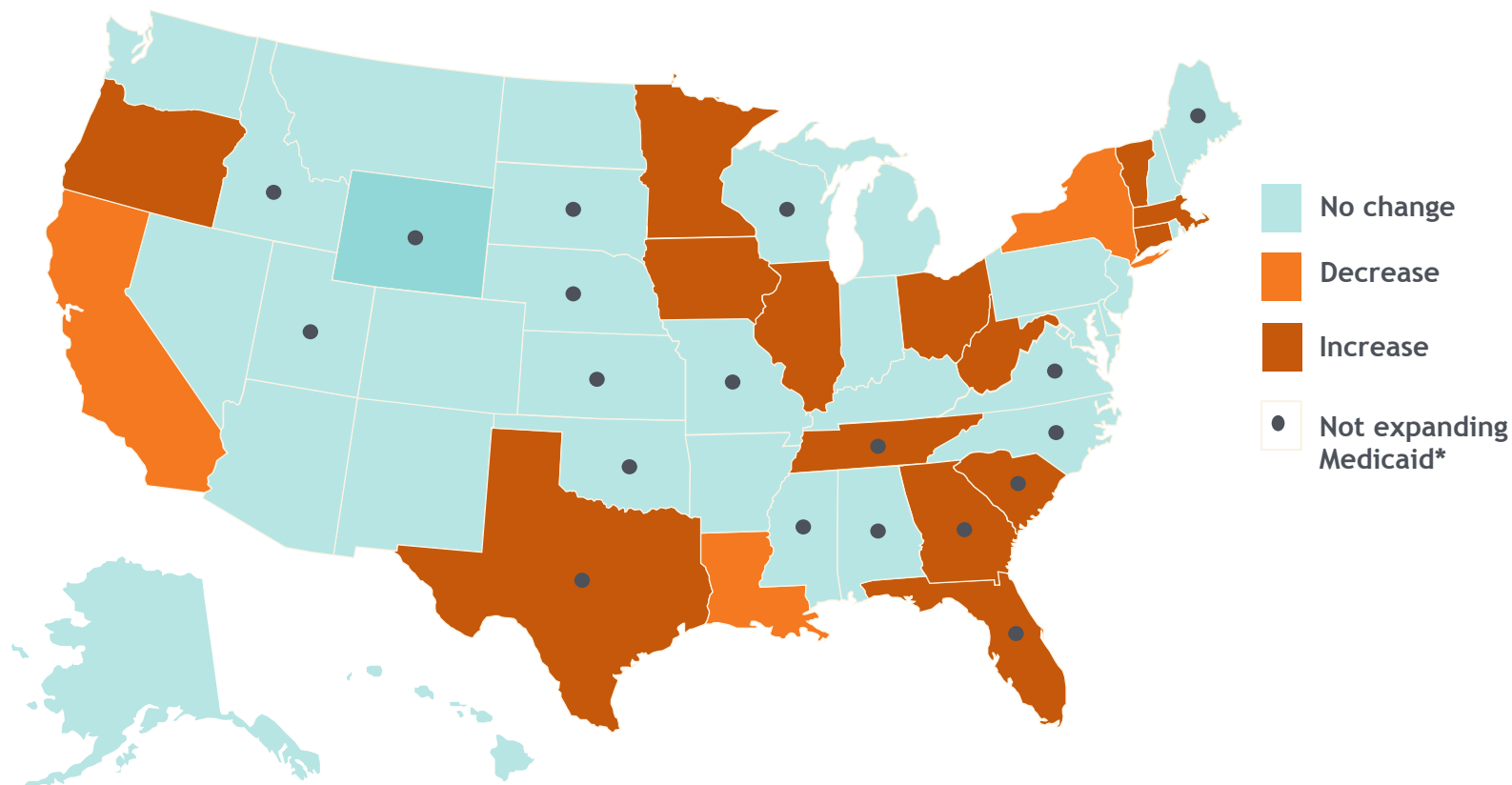
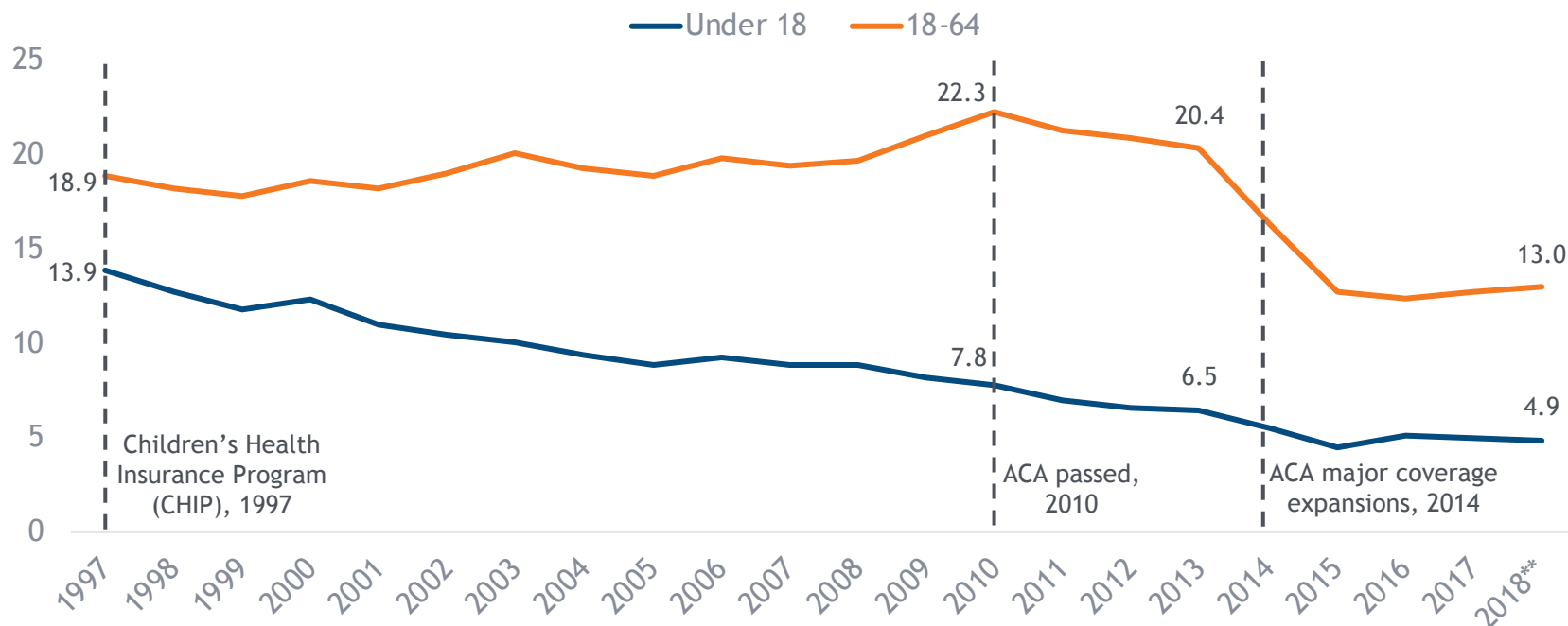


EXHIBIT 6

Uninsured Rates Have Fallen in Response to Coverage Expansions, but Gains Have Flattened

Percent of individuals without health insurance, 1997-2018*



* At the time of interview. ** 2018 data are for January-September.

Source: Emily P. Terlizzi, Robin A. Cohen, and Michael E. Martinez, [Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-September 2018](#) (National Center for Health Statistics, Feb. 2019).



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EXHIBIT 7

Status of Medicaid Expansion Across the States

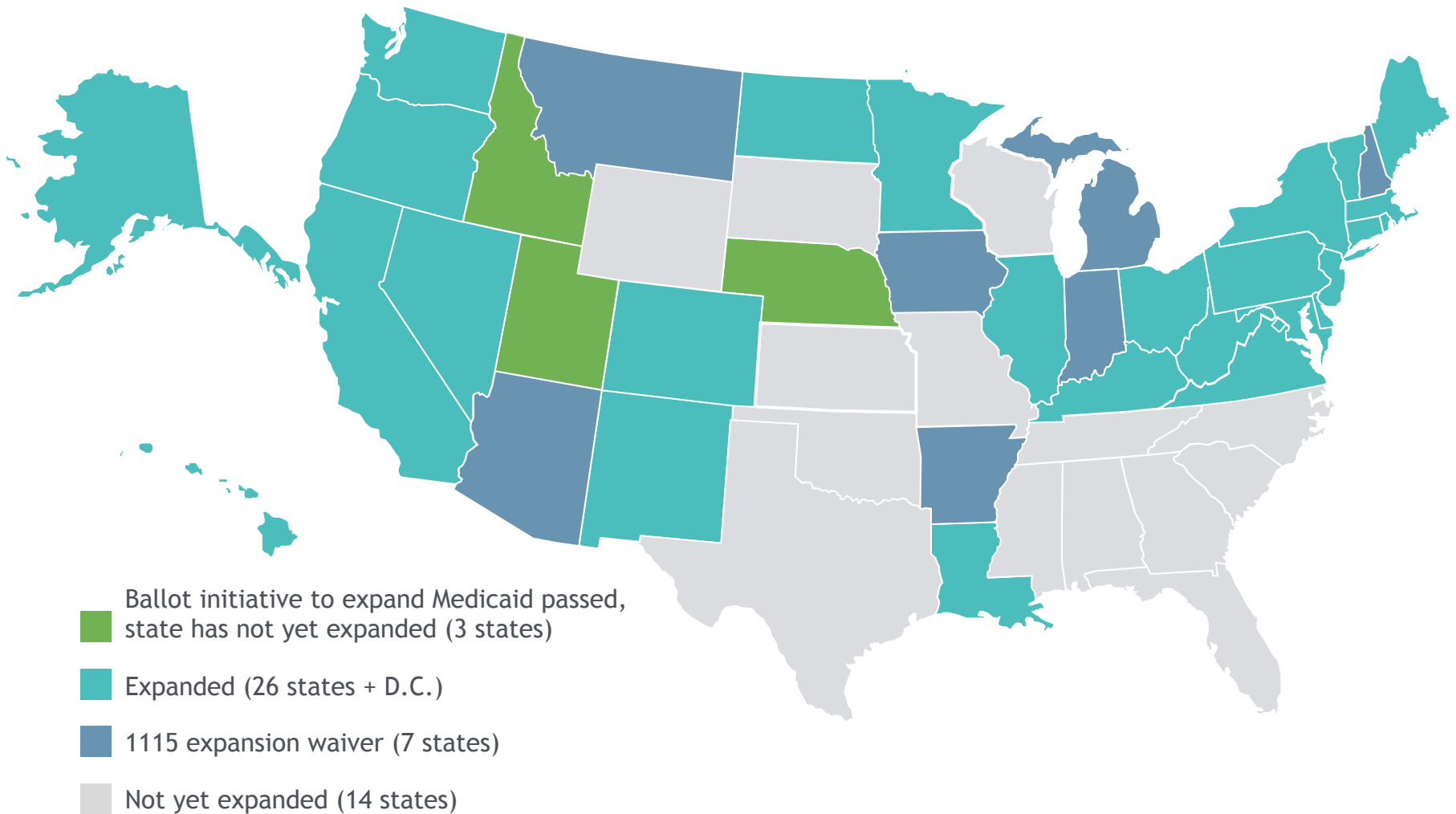
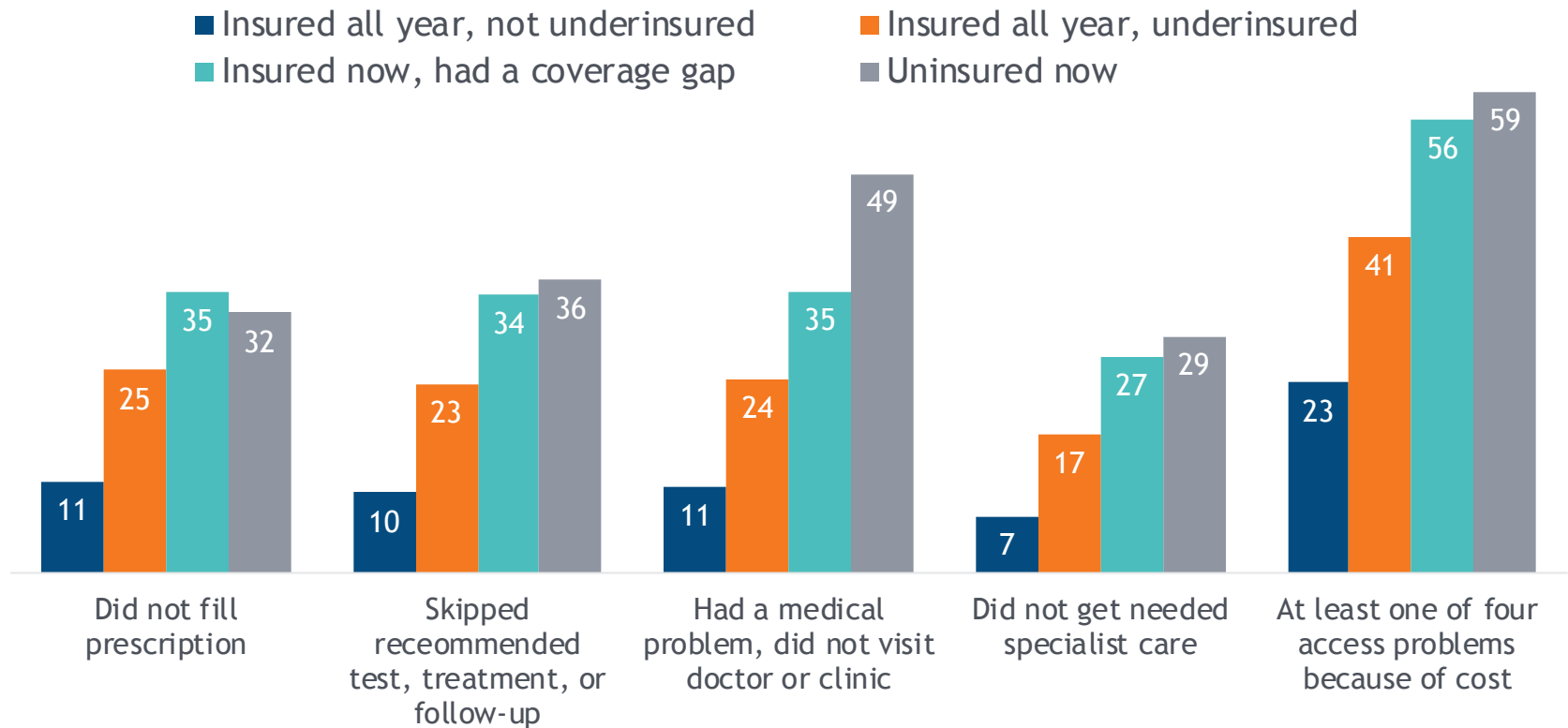


EXHIBIT 8

Inadequate Coverage Is Associated with More Cost-Related Problems Getting Needed Care

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



Notes: * Includes any of the following because of cost: did not fill a prescription; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic; did not see a specialist when needed. "Underinsured" refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. "Insured now, had a coverage gap" refers to adults who were insured at the time of the survey but were uninsured at any point in the 12 months prior to the survey field date. "Uninsured now" refers to adults who reported being uninsured at the time of the survey.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured – Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018](#) (Commonwealth Fund, Feb. 2019).

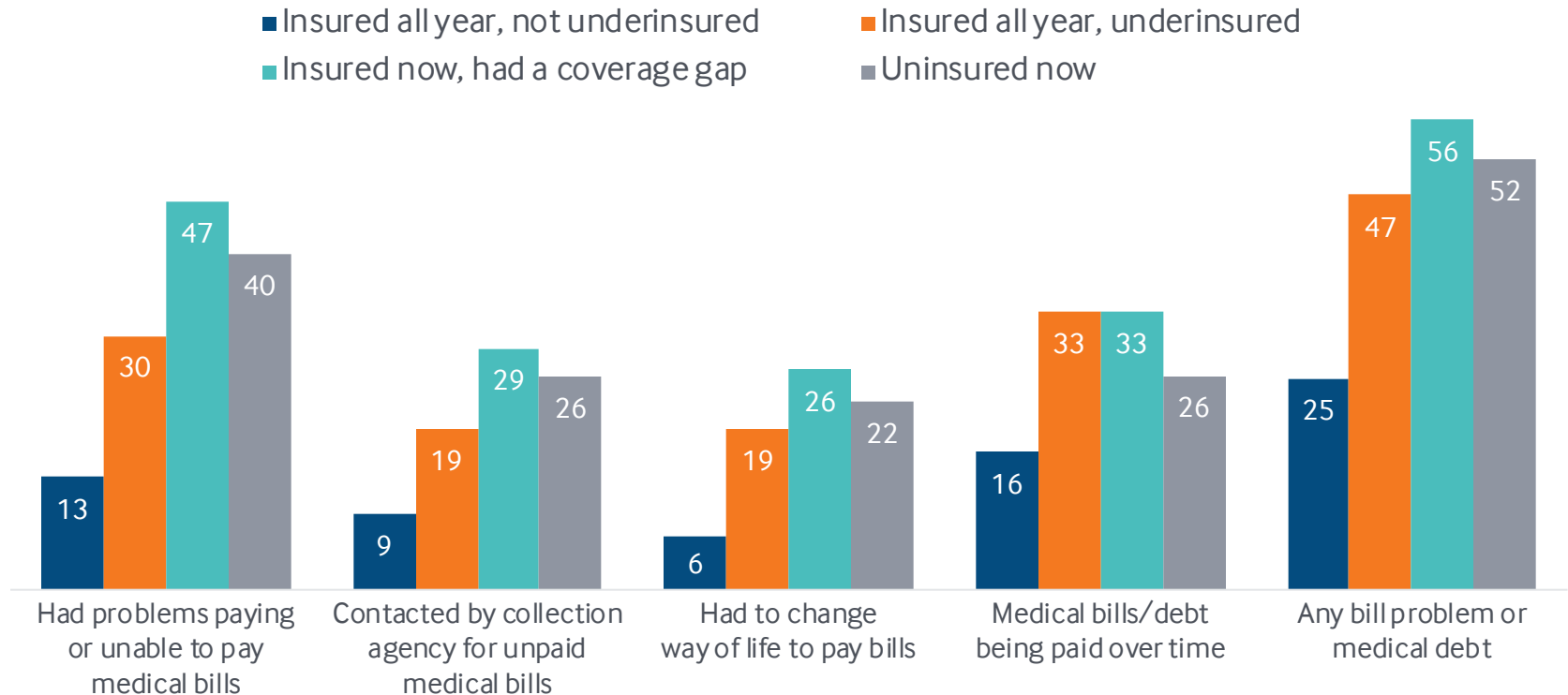


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EXHIBIT 9

Inadequate Coverage Is Associated with More Problems Paying Medical Bills

*Percent of adults ages 19-64 who had medical bill or debt problems in past year**



Notes: * Includes any of the following: had problems paying or unable to pay medical bills; contacted by collection agency for unpaid medical bills; had to change way of life to pay bills; medical bills/debt being paid over time. "Underinsured" refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. "Insured now, had a coverage gap" refers to adults who were insured at the time of the survey but were uninsured at any point in the 12 months prior to the survey field date. "Uninsured now" refers to adults who reported being uninsured at the time of the survey.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2018).

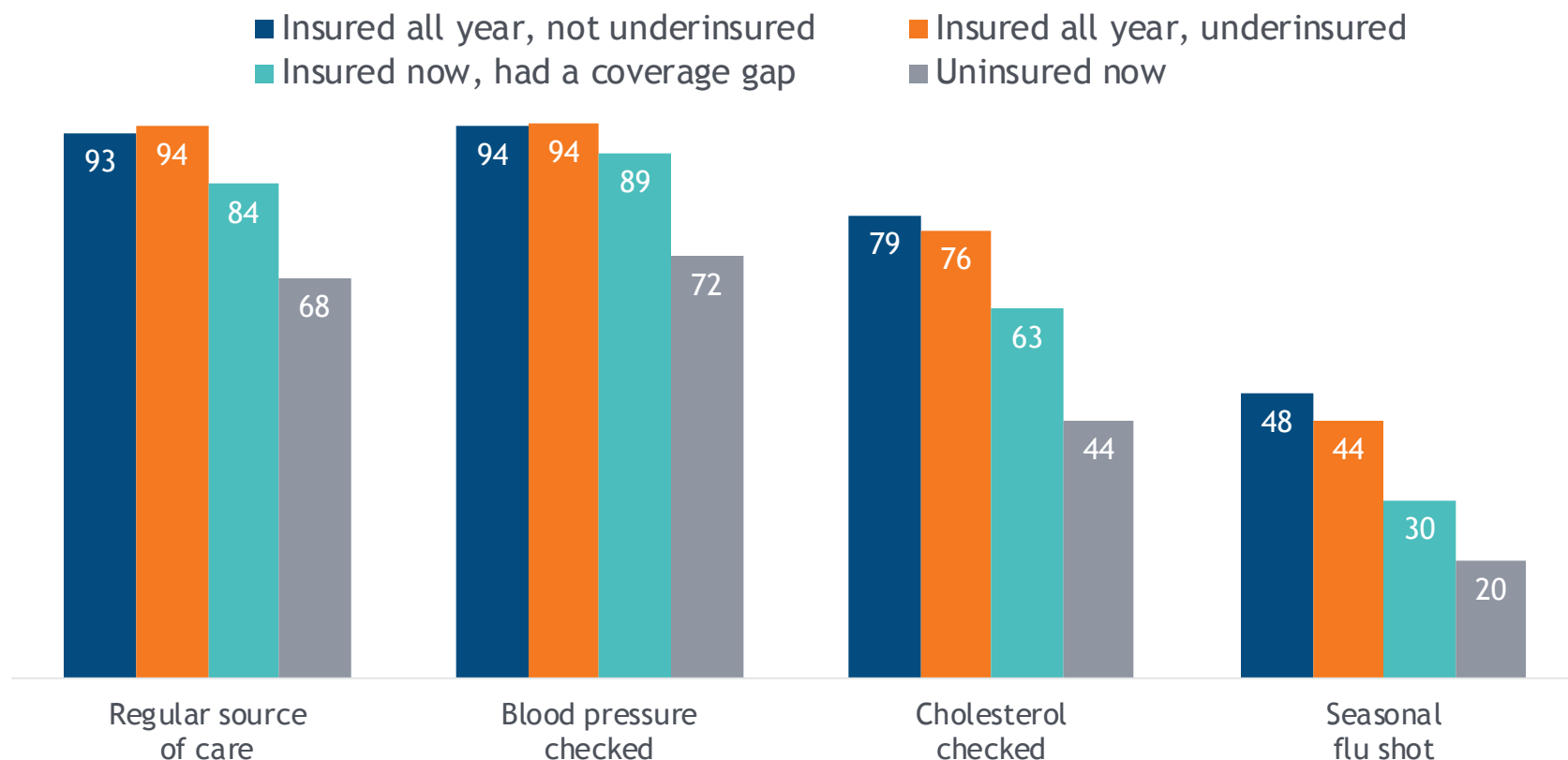
Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [*Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured – Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018*](#) (Commonwealth Fund, Feb. 2019).



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Continuously Insured Adults Are More Likely to Get Preventive Care

Percent of adults ages 19-64



Notes: "Continuously insured" refers to adults who were insured for the full year up to and on the survey field date. "Underinsured" refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. "Insured now, had a coverage gap" refers to adults who were insured at the time of the survey but were uninsured at any point in the 12 months prior to the survey field date. "Uninsured now" refers to adults who reported being uninsured at the time of the survey. Respondents were asked if they: had their blood pressure checked within the past two years (in past year if has hypertension or high blood pressure); had their cholesterol checked in past five years (in past year if has hypertension, heart disease, or high cholesterol); and had their seasonal flu shot within the past 12 months.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured – Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018](#) (Commonwealth Fund, Feb. 2019).

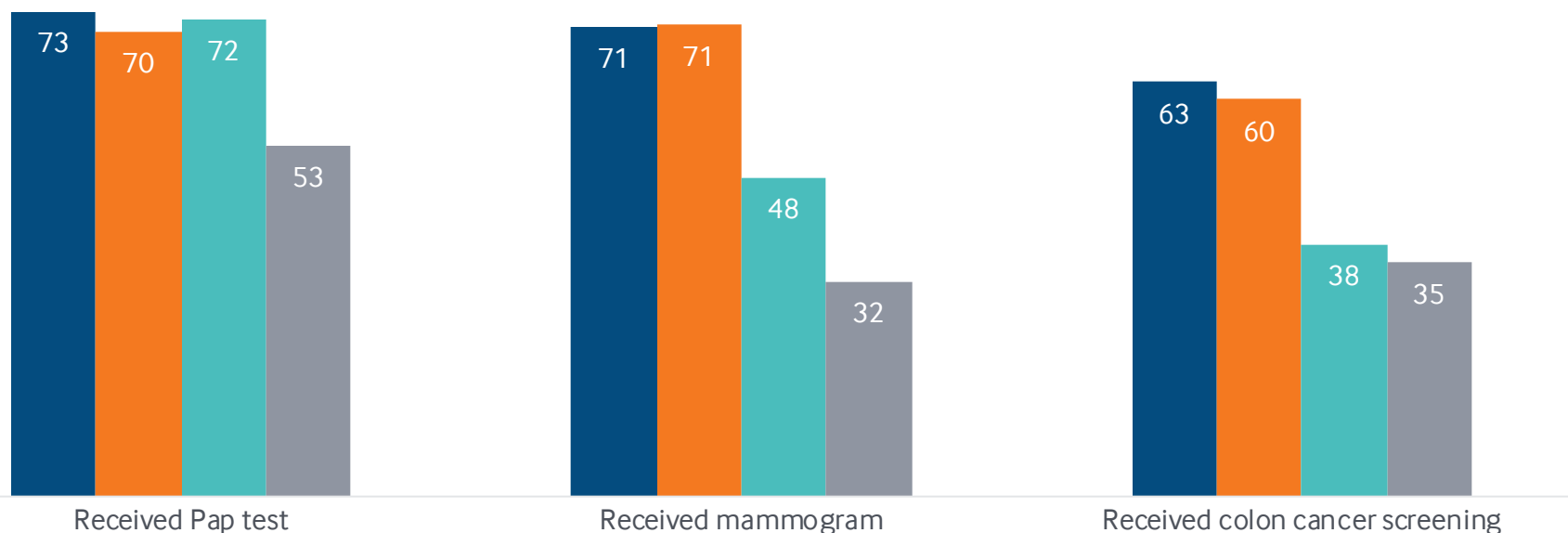


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Continuously Insured Adults Are More Likely to Get Cancer Screenings

Percent of adults ages 19-64

■ Insured all year, not underinsured
■ Insured all year, underinsured
■ Insured now, had a coverage gap
■ Uninsured now



Notes: “Continuously insured” refers to adults who were insured for the full year up to and on the survey field date. “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. “Insured now, had a coverage gap,” refers to adults who were insured at the time of the survey but were uninsured at any point in the 12 months prior to the survey field date. “Uninsured now” refers to adults who reported being uninsured at the time of the survey. Respondents were asked if they: received a Pap test within the past three years for females ages 21-64, received a mammogram within the past two years for females ages 40-64, and received a colon cancer screening within the past five years for adults ages 50-64.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured – Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018](#) (Commonwealth Fund, Feb. 2019).

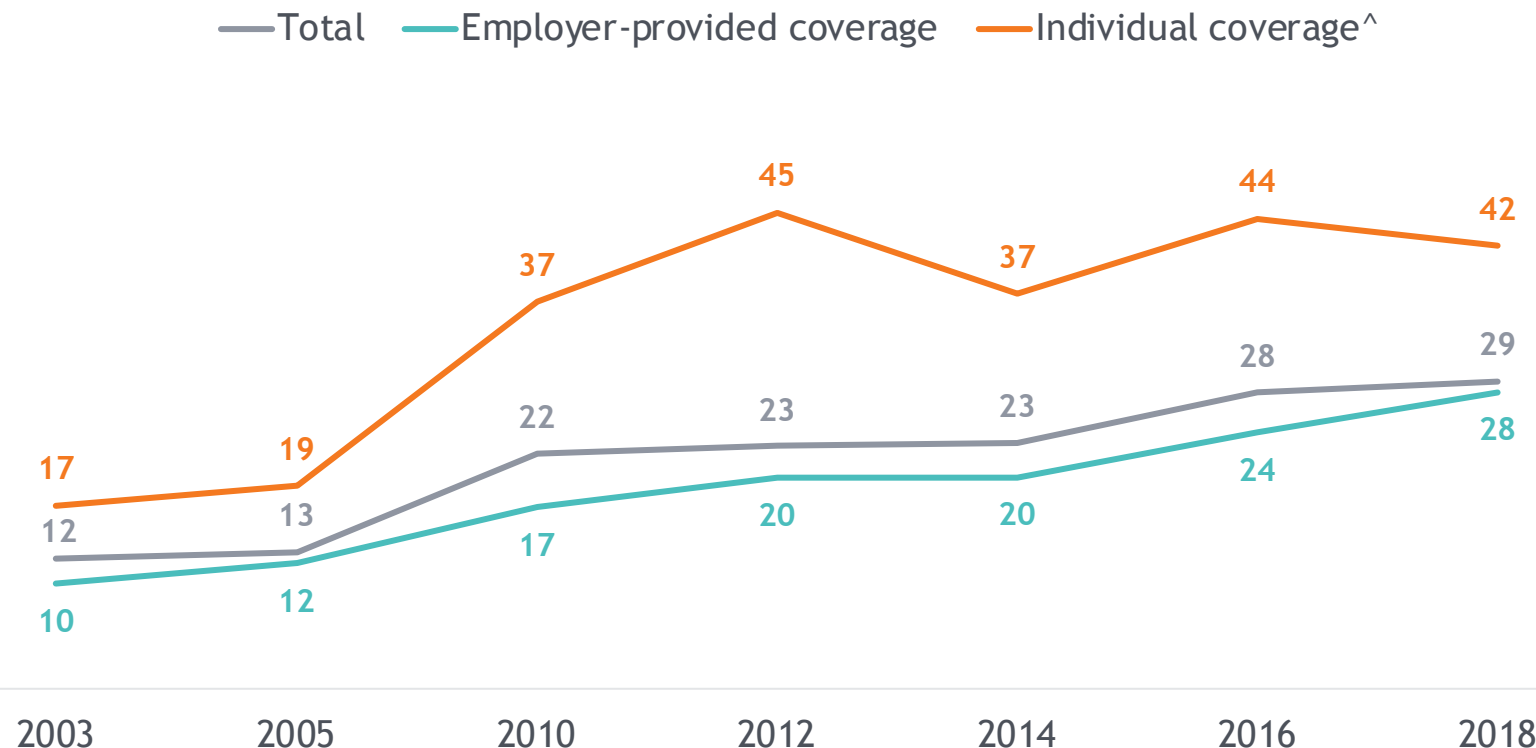


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EXHIBIT 12

More Adults Are Underinsured, with the Greatest Growth Occurring Among Those with Employer Coverage

Percent of adults ages 19-64 insured all year who were underinsured



Notes: “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Total includes adults with coverage through Medicaid and Medicare. Respondents may have had another type of coverage at some point during the year, but had coverage for the entire previous 12 months. [^] For 2014 and 2016, includes those who get their individual coverage through the marketplace and outside of the marketplace.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, 2014, 2016, 2018).

Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, [Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured](#) (Commonwealth Fund, Feb. 2019).



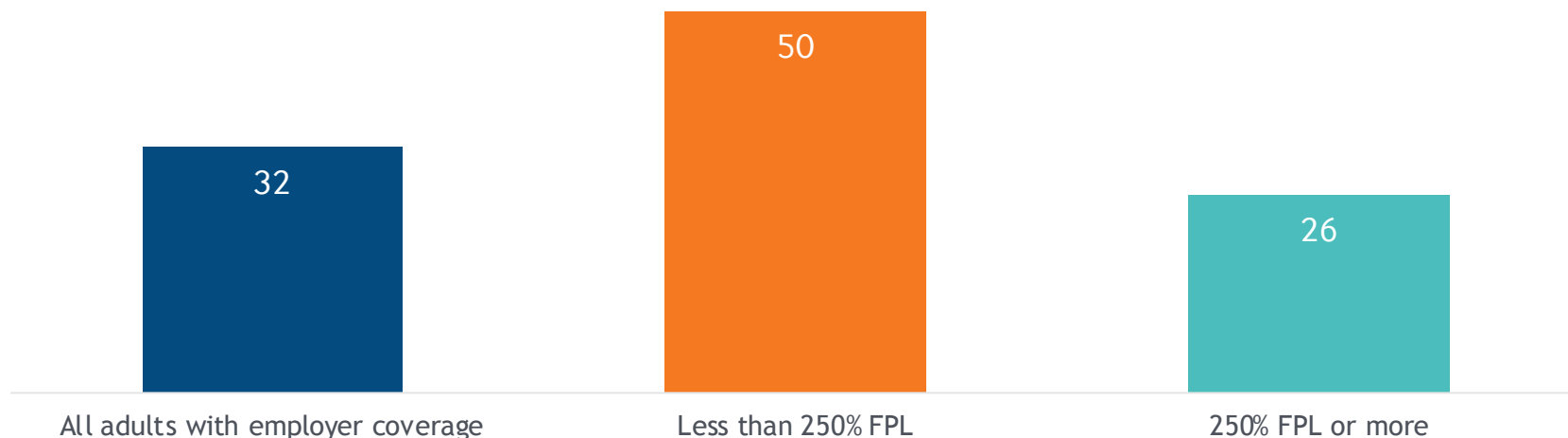
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One-Third of Adults with Employer Coverage Say They Would Not Have the Money to Pay an Unexpected \$1,000 Medical Bill Within 30 Days



If you were to experience an unexpected medical event in 2018 that left you with a bill for \$1,000, would you have the money to pay the bill within 30 days?

Percent of adults ages 19-64 with employer coverage who responded “no”



Adults with Medical Bill Problems Had Lingering Financial Problems

Percent adults ages 19-64 who reported the following happened in the past two years because of medical bill problems^

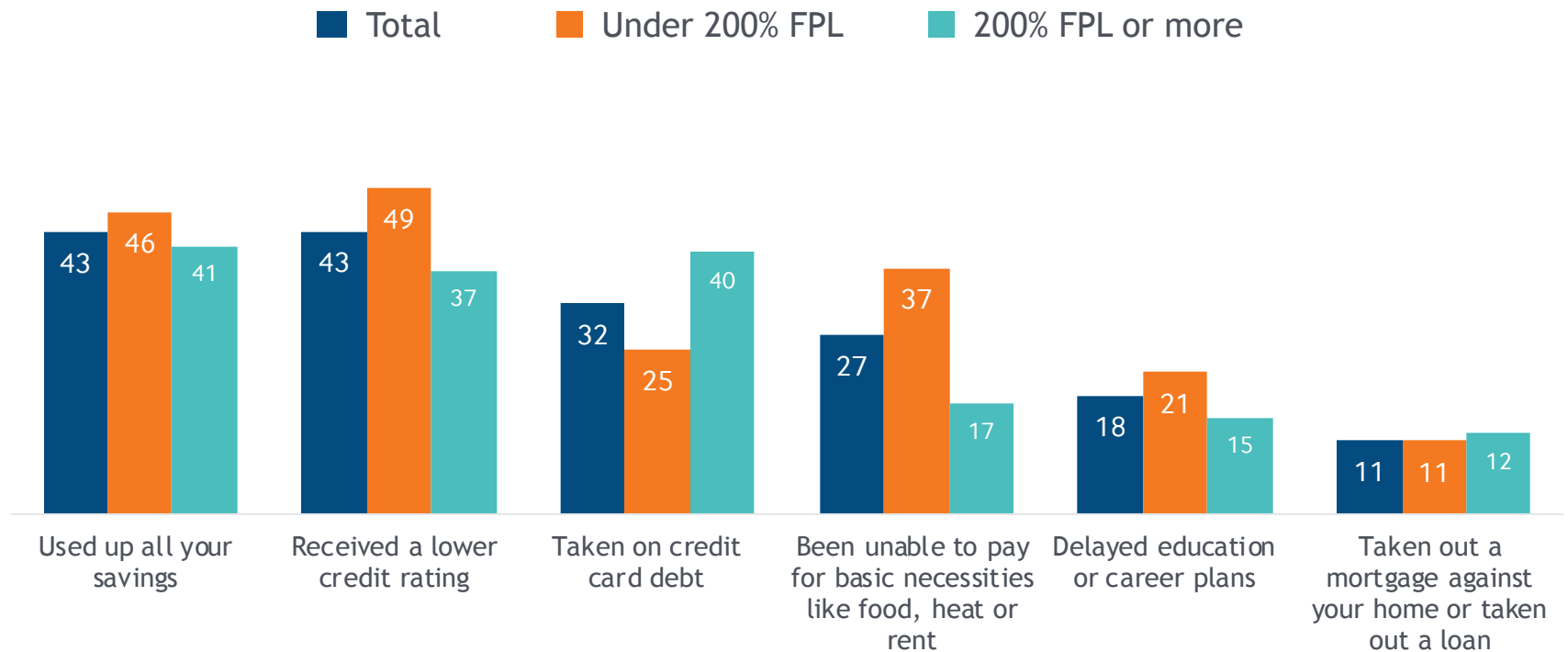


EXHIBIT 15

Premiums for Employer Health Plans Climbed in 2017

Average growth from previous year



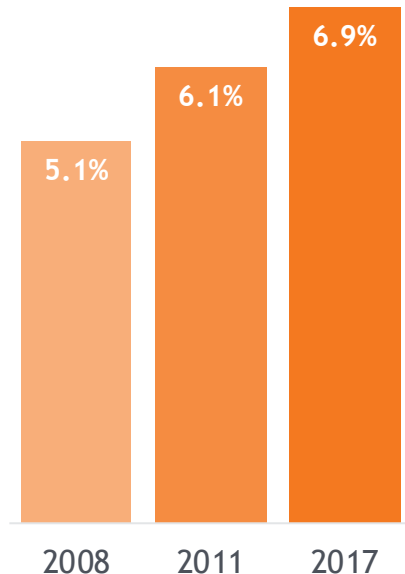
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Data: Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), 2008-2017.

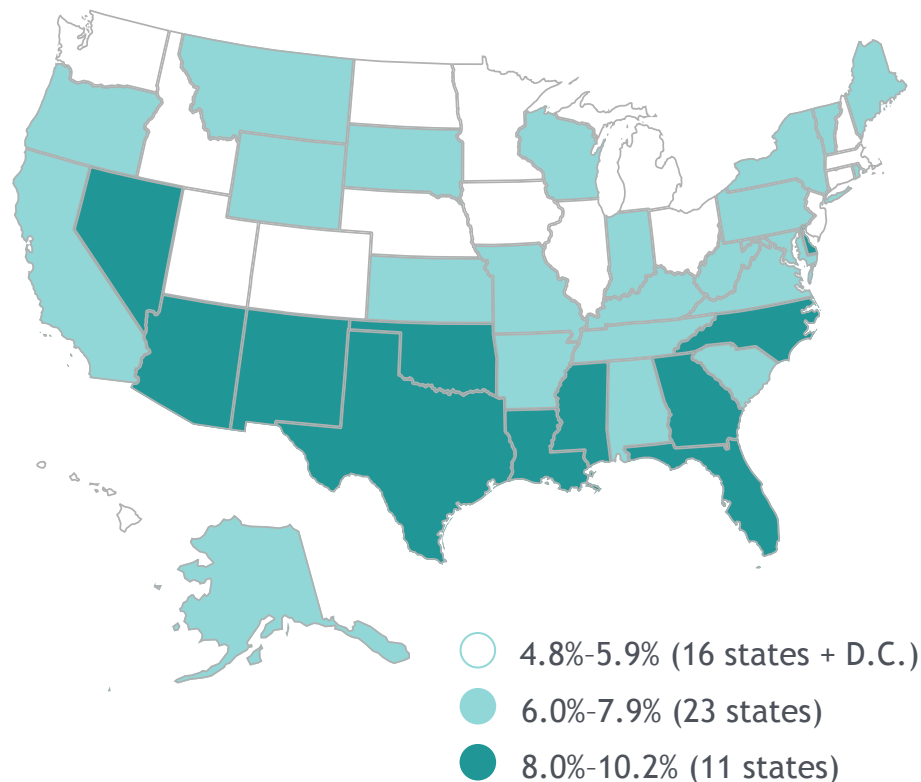
Source: Sara R. Collins and David C. Radley, [*The Cost of Employer Insurance Is a Growing Burden for Middle-Income Families*](#) (Commonwealth Fund, Dec. 2018).

Worker Payments for Employer Coverage Are Growing Faster than Median Income

Employee premium contribution as share of median income



Average employee premium contribution as percent of median state income in 2017



Notes: Estimates of median household income used in the denominator for this ratio come from the Current Population Survey (CPS), which revised its income questions in 2013. The denominator in our ratio estimates prior to 2014 is derived from the traditional CPS income questions, while ratio estimates from 2017 are estimated from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

Data: Employee premium contribution: Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), 2008, 2011, 2017; Median household income: Current Population Survey, 2008-09, 2011-12, 2017-18.

Source: Sara R. Collins and David C. Radley, [*The Cost of Employer Insurance Is a Growing Burden for Middle-Income Families*](#) (Commonwealth Fund, Dec. 2018).



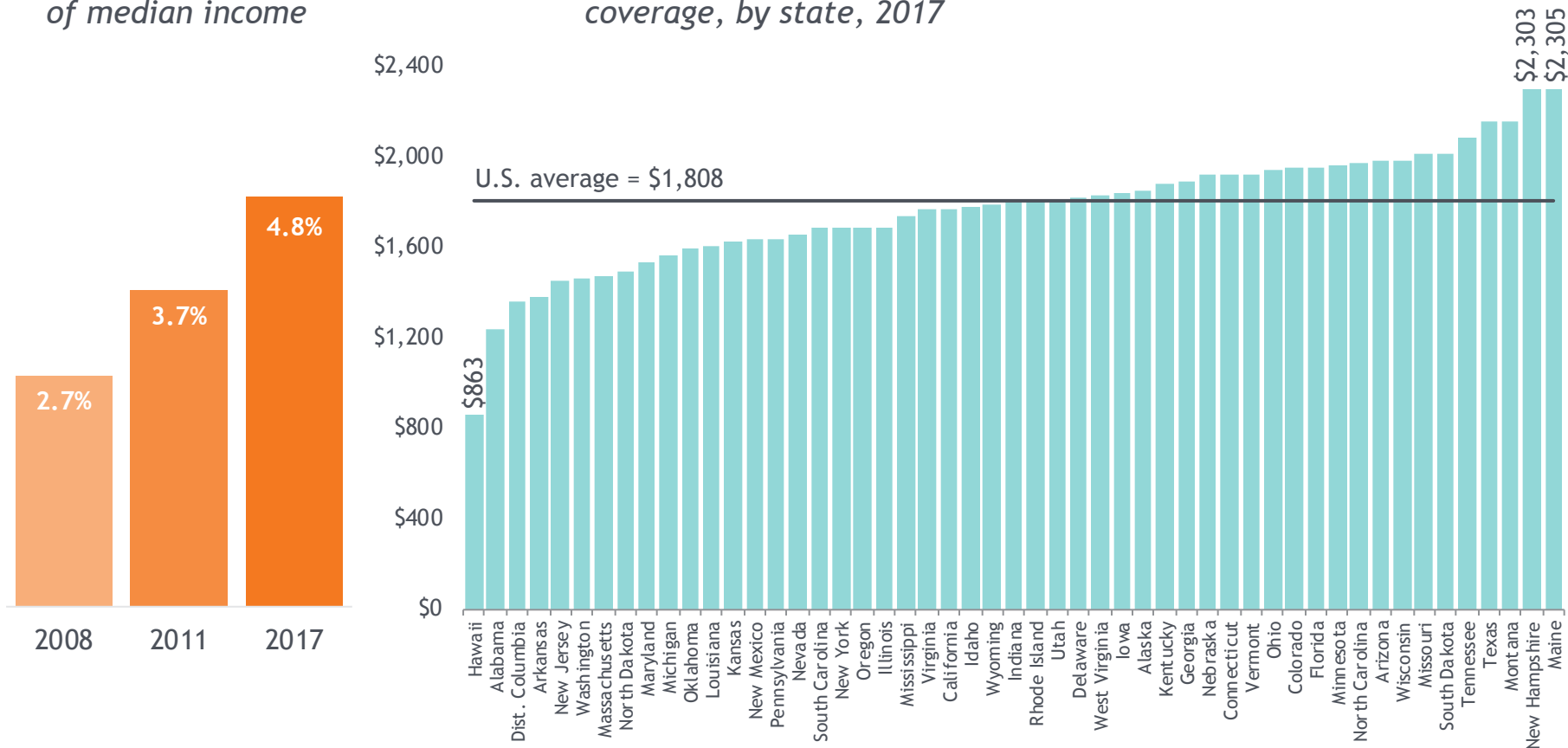
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EXHIBIT 17

Average Deductibles Are Also Outpacing Growth in Median Income

Deductible as share of median income

Average single-person deductibles for employer coverage, by state, 2017



Notes: Estimates of median household income used in the denominator for this ratio come from the Current Population Survey (CPS), which revised its income questions in 2013. The denominator in our ratio estimates prior to 2014 is derived from the traditional CPS income questions, while ratio estimates from 2017 are estimated from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

Data: Deductible: Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), 2008, 2011, 2017; Median household income: Current Population Survey, 2008-09, 2011-12, 2017-18.

Source: Sara R. Collins and David C. Radley, [The Cost of Employer Insurance Is a Growing Burden for Middle-Income Families](#) (Commonwealth Fund, Dec. 2018).

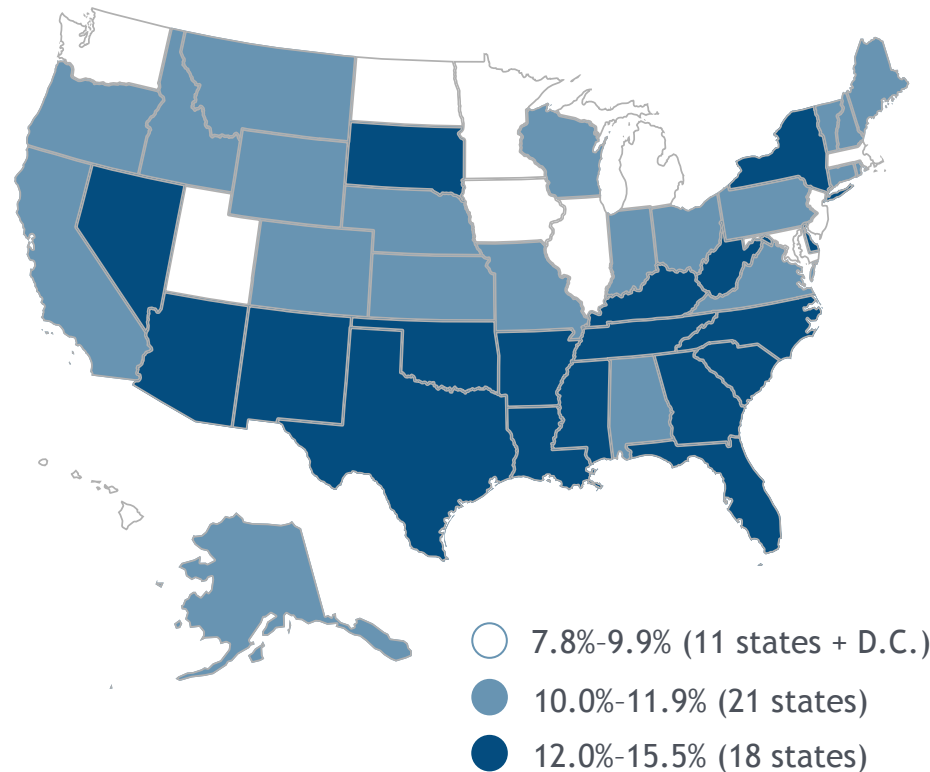
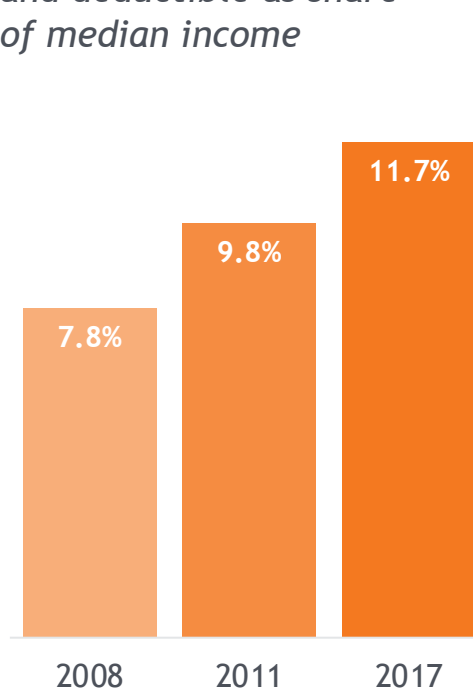


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Premium and Deductible Costs Amounted to Nearly 12 Percent of Median Income in 2017

Combined employee premium contribution and deductible as share of median income

Average employee premium contribution plus average deductible as percent of median state income in 2017



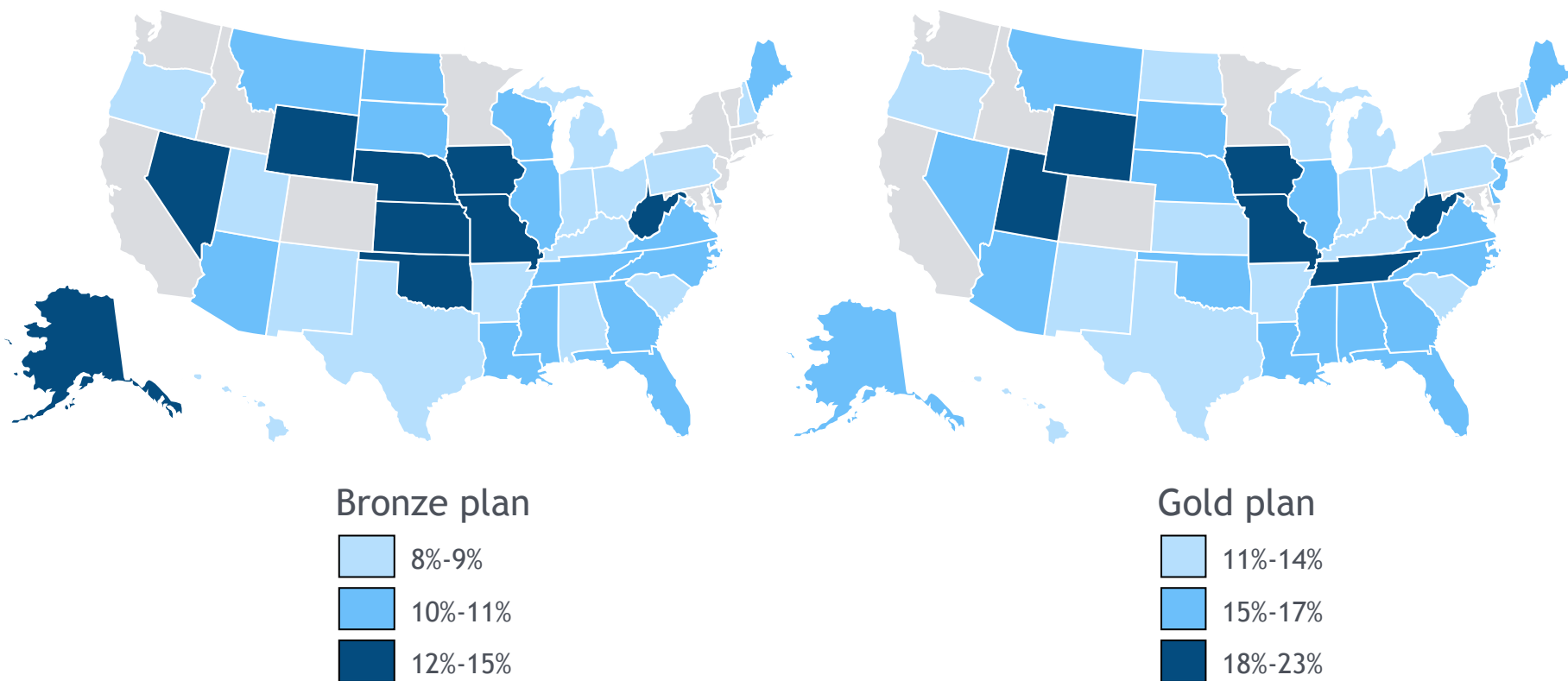
Notes: Estimates of median household income used in the denominator for this ratio come from the Current Population Survey (CPS), which revised its income questions in 2013. The denominator in our ratio estimates prior to 2014 is derived from the traditional CPS income questions, while ratio estimates from 2017 are estimated from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

Data: Employee premium contribution and deductible: Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), 2008, 2011, 2017; Median household income: Current Population Survey, 2008-09, 2011-12, 2017-18.

Source: Sara R. Collins and David C. Radley, [*The Cost of Employer Insurance Is a Growing Burden for Middle-Income Families*](#) (Commonwealth Fund, Dec. 2018).

Even Bronze Plan Premiums Are High Relative to Income in Many States for Those Earning Just Over the Subsidy Threshold

2019 HealthCare.gov premiums as a percentage of income for 40-year-olds earning \$49,000



U.S. Health Insurance System Is Currently Both Private and Public

Source	People (millions)	Financing	Insurer type	Regulation
Employer	158	Federal, Employers, Individuals	Private	Federal and state
Individual market and marketplaces	27	Federal, Individuals, Private Insurers	Private	Federal and state
Medicaid	44	Federal, State, Individuals	Public and Private	Federal
Medicare	62	Federal, Individuals	Public and Private	Federal
Uninsured	28	Federal, State, Individuals	—	—

Options to Increase Coverage and Affordability of Individual Market Plans

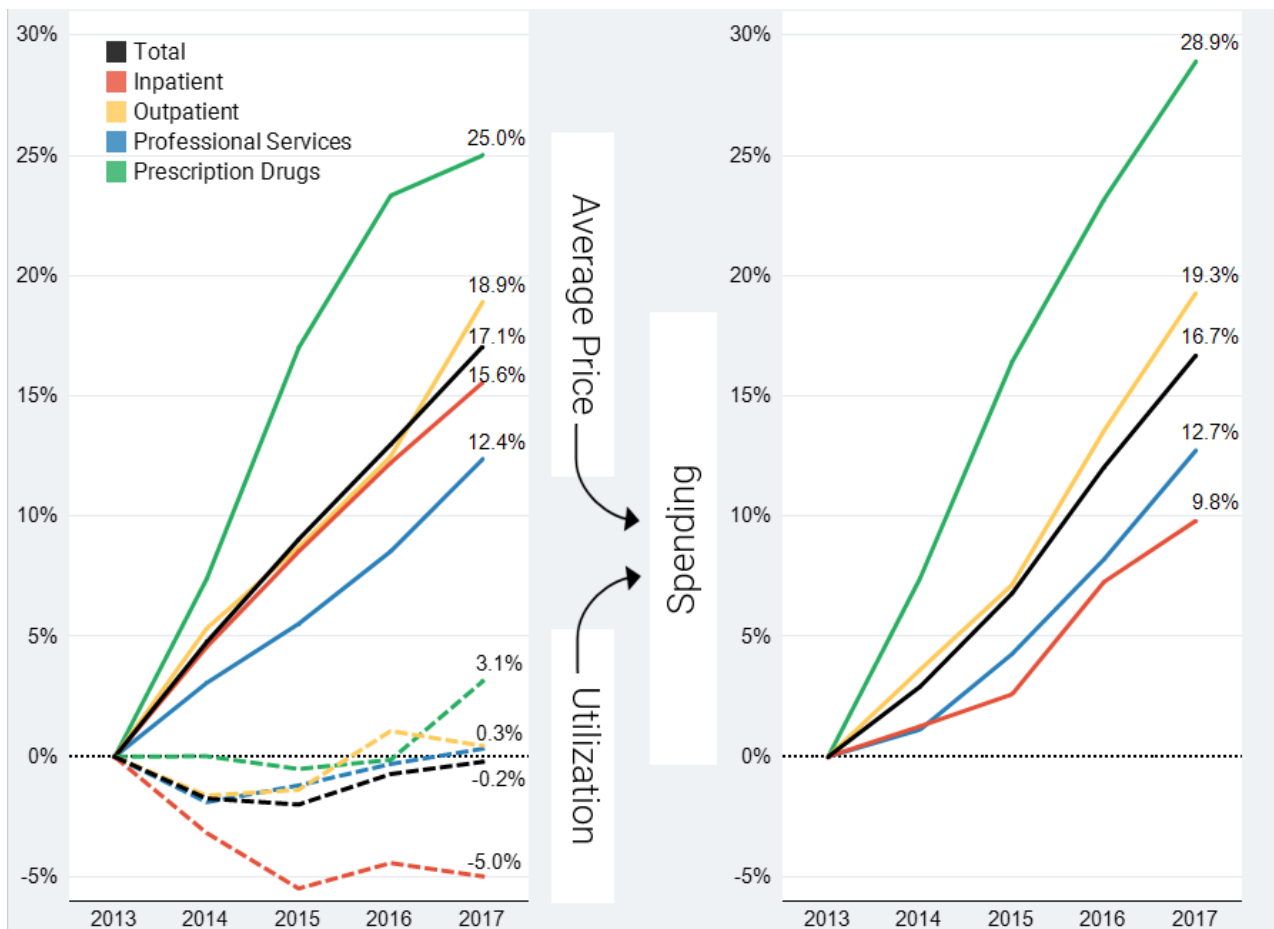
	Lifting the 400% FPL cap	Standard reinsurance	Generous reinsurance
Change in coverage	1.7 m	0.3 m	2 m
Change in individual market premiums*	-2.7%	-2.4%	-10.7%
Net deficit impact	\$9.9 b	-\$2.3 b	-\$8.8 b



EXHIBIT 22

Prices, Not Utilization, Are Driving Spending Growth in Private Insurance

Cumulative change in spending per person, utilization, and average price since 2013



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Note: Utilization and average prices account for changes in the type or intensity of services used, with the exception of prescription drugs. Prescription drug spending is the amount paid on the pharmacy claim, which reflects discounts from the wholesale price, but not manufacturer rebates.

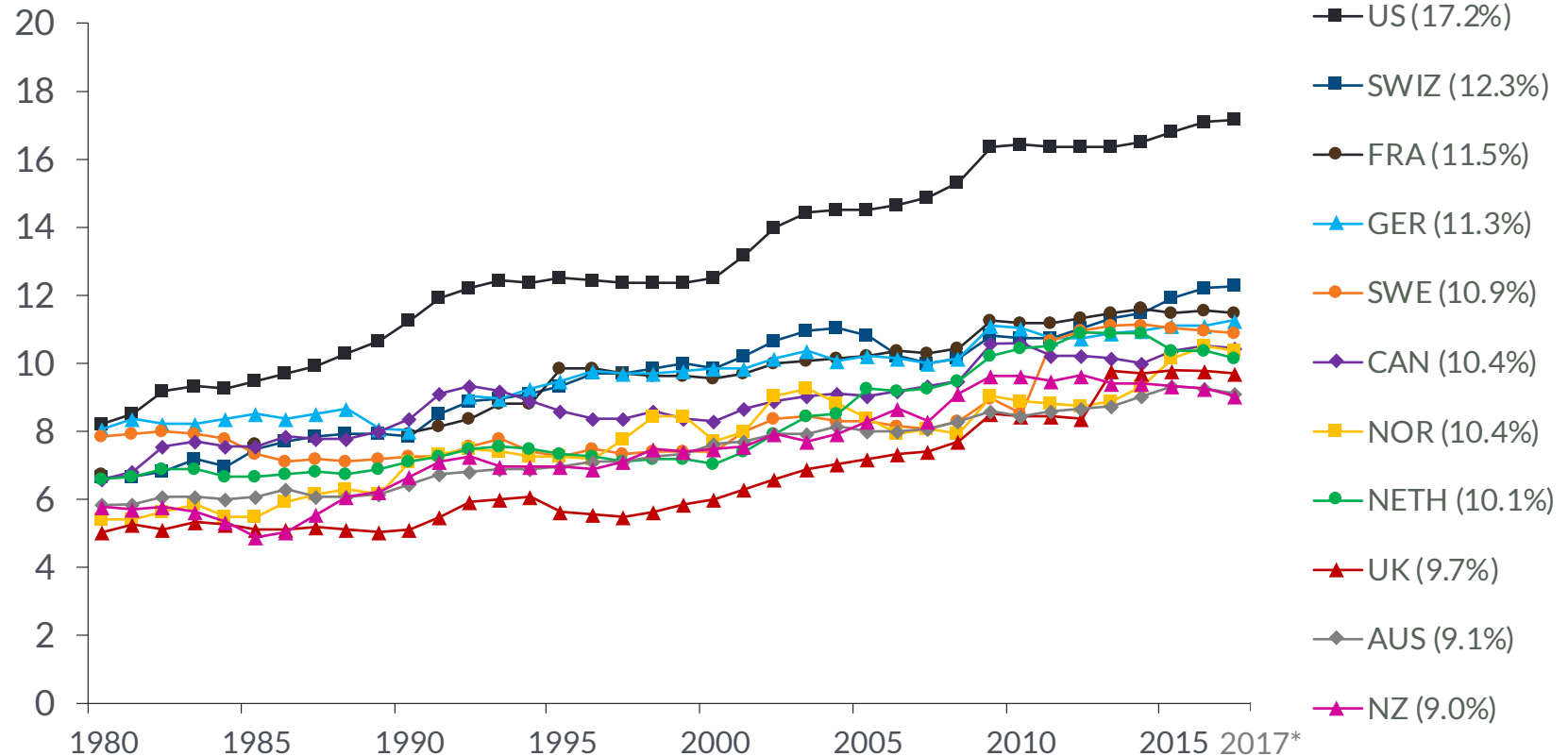
Source: Health Care Cost Institute, [2017 Health Care Cost and Utilization Report](#) (HCCI, Feb. 2019).

EXHIBIT 23

Health Care Spending as a Percent of GDP, 1980–2017

Adjusted for Differences in Cost of Living

Percent of GDP



Notes: Current expenditures on health per capita, adjusted for current US\$ purchasing power parities (PPPs). Based on System of Health Accounts methodology, with some differences between country methodologies (Data for Australia uses narrower definition for long-term care spending than other countries). *2017 data are provisional or estimated.

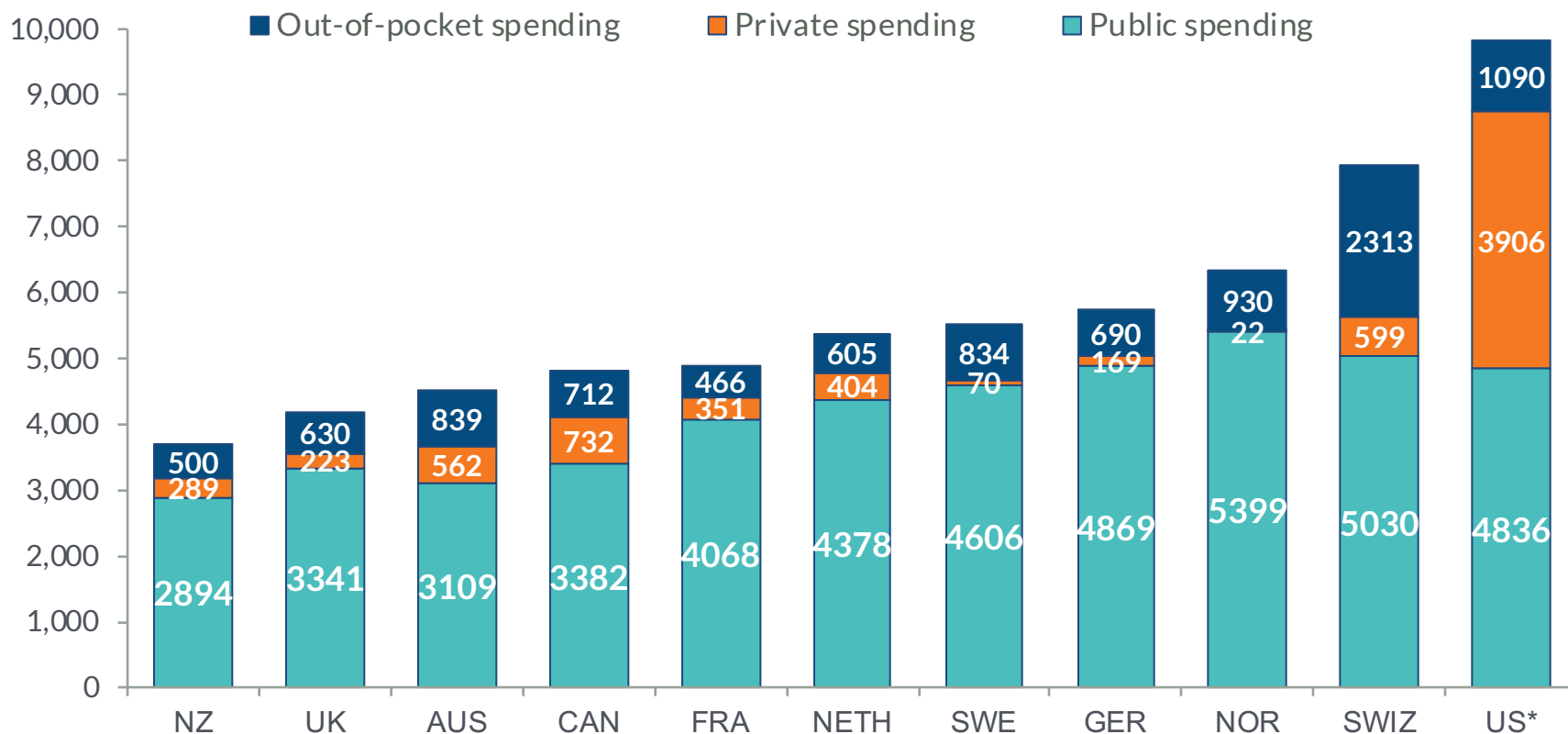
Source: OECD Health Data 2018.

EXHIBIT 24

Health Care Spending per Capita by Source of Funding, 2017

Adjusted for Differences in Cost of Living

Dollars (US)



Data from 2017 or most recent year: 2016 for FRA, SWIZ, UK and the US, and 2015 for AUS. Current expenditures on health, adjusted for US\$ purchasing power parities (PPPs). Numbers may not sum to total health care spending per capita due to excluding capital formation of health care providers, and some uncategorized health care spending.

* For the US, spending in the 'Compulsory private insurance schemes' (HF122) category has been reclassified into the "Voluntary health insurance schemes" (HF21) category, given that the individual mandate will end starting in 2019.

Source: OECD Health Data 2018.



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