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.
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

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

Coverage gap of 6 months or less

Coverage gap of 1 year or more

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

Change in uninsured rate, 2016-2017

* Medicaid expansion status as of January 1, 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.

Note: Adults in Wisconsin and Utah are eligible for Medicaid up to 100% of federal poverty level.
Last updated: April 9, 2019.
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).

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*

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

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

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.
EXHIBIT 10

Continuously Insured Adults Are More Likely to Get Preventive Care

Percent of adults ages 19-64

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Insured all year, not underinsured</th>
<th>Insured all year, underinsured</th>
<th>Insured now, had a coverage gap</th>
<th>Uninsured now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular source of care</td>
<td>93</td>
<td>94</td>
<td>84</td>
<td>68</td>
</tr>
<tr>
<td>Blood pressure checked</td>
<td>94</td>
<td>94</td>
<td>89</td>
<td>72</td>
</tr>
<tr>
<td>Cholesterol checked</td>
<td>79</td>
<td>76</td>
<td>63</td>
<td>44</td>
</tr>
<tr>
<td>Seasonal flu shot</td>
<td>48</td>
<td>44</td>
<td>30</td>
<td>20</td>
</tr>
</tbody>
</table>

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).
Continuously insured adults are more likely to get cancer screenings.

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).
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Employer-provided coverage</th>
<th>Individual coverage^</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>10</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2005</td>
<td>12</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td>17</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>2012</td>
<td>23</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>2014</td>
<td>23</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>2016</td>
<td>24</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>2018</td>
<td>28</td>
<td>28</td>
<td>42</td>
</tr>
</tbody>
</table>

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.


EXHIBIT 13

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total</th>
<th>Under 200% FPL</th>
<th>200% FPL or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used up all your savings</td>
<td>43</td>
<td>46</td>
<td>41</td>
</tr>
<tr>
<td>Received a lower credit rating</td>
<td>43</td>
<td>49</td>
<td>37</td>
</tr>
<tr>
<td>Taken on credit card debt</td>
<td>32</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Been unable to pay for basic necessities like food, heat or rent</td>
<td>27</td>
<td>37</td>
<td>17</td>
</tr>
<tr>
<td>Delayed education or career plans</td>
<td>18</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Taken out a mortgage against your home or taken out a loan</td>
<td>11</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

*Base: Respondents who reported at least one of the following medical bill problems in the past 12 months: had problems paying medical bills, contacted by a collection agency for unpaid bills, had to change way of life in order to pay medical bills, or has outstanding medical debt. Data: Commonwealth Fund Biennial Health Insurance Survey (2018).*
EXHIBIT 15

Premiums for Employer Health Plans Climbed in 2017

Average growth from previous year

Worker Payments for Employer Coverage Are Growing Faster than Median Income

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.


**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.


EXHIBIT 18

Premium and Deductible Costs Amounted to Nearly 12 Percent of Median 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.


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

# Exhibit 20

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

<table>
<thead>
<tr>
<th>Source</th>
<th>People (millions)</th>
<th>Financing</th>
<th>Insurer type</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>158</td>
<td>Federal, Employers, Individuals</td>
<td>Private</td>
<td>Federal and state</td>
</tr>
<tr>
<td>Individual market and marketplaces</td>
<td>27</td>
<td>Federal, Individuals, Private Insurers</td>
<td>Private</td>
<td>Federal and state</td>
</tr>
<tr>
<td>Medicaid</td>
<td>44</td>
<td>Federal, State, Individuals</td>
<td>Public and Private</td>
<td>Federal</td>
</tr>
<tr>
<td>Medicare</td>
<td>62</td>
<td>Federal, Individuals</td>
<td>Public and Private</td>
<td>Federal</td>
</tr>
<tr>
<td>Uninsured</td>
<td>28</td>
<td>Federal, State, Individuals</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

## EXHIBIT 21

Options to Increase Coverage and Affordability of Individual Market Plans

<table>
<thead>
<tr>
<th></th>
<th>Lifting the 400% FPL cap</th>
<th>Standard reinsurance</th>
<th>Generous reinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in coverage</td>
<td>1.7 m</td>
<td>0.3 m</td>
<td>2 m</td>
</tr>
<tr>
<td>Change in individual market premiums*</td>
<td>-2.7%</td>
<td>-2.4%</td>
<td>-10.7%</td>
</tr>
<tr>
<td>Net deficit impact</td>
<td>$9.9 b</td>
<td>-$2.3 b</td>
<td>-$8.8 b</td>
</tr>
</tbody>
</table>

* Change in silver premiums for a 40-year-old nonsmoker.
Prices, Not Utilization, Are Driving Spending Growth in Private Insurance

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

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.

EXHIBIT 23

Health Care Spending as a Percent of GDP, 1980–2017
Adjusted for Differences in Cost of Living

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.
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.