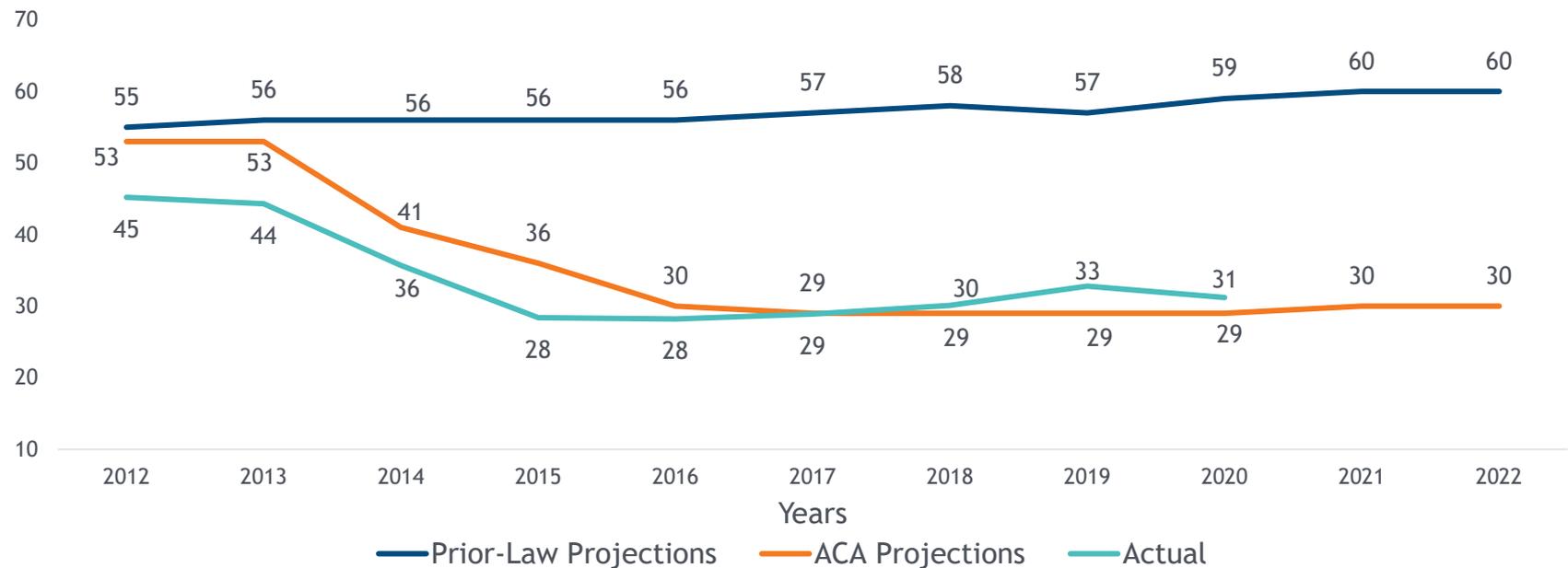


## EXHIBIT 1

# The ACA reduced the number of uninsured by half, compared to projections had the law not passed

*Projected insurance coverage and the actual number of uninsured nonelderly people, 2012–2022*

People (millions)



Notes: Shown are the CBO's projections of health insurance coverage for the nonelderly population (in millions) prior to the ACA and after the implementation of the law, as well as the actual number of uninsured nonelderly persons over time from the National Center for Health Statistics. The dependent coverage provision went into effect in September 2010. The major coverage expansions went into effect in January 2014, including the Medicaid expansion, marketplaces and subsidies, and the individual mandate penalty.



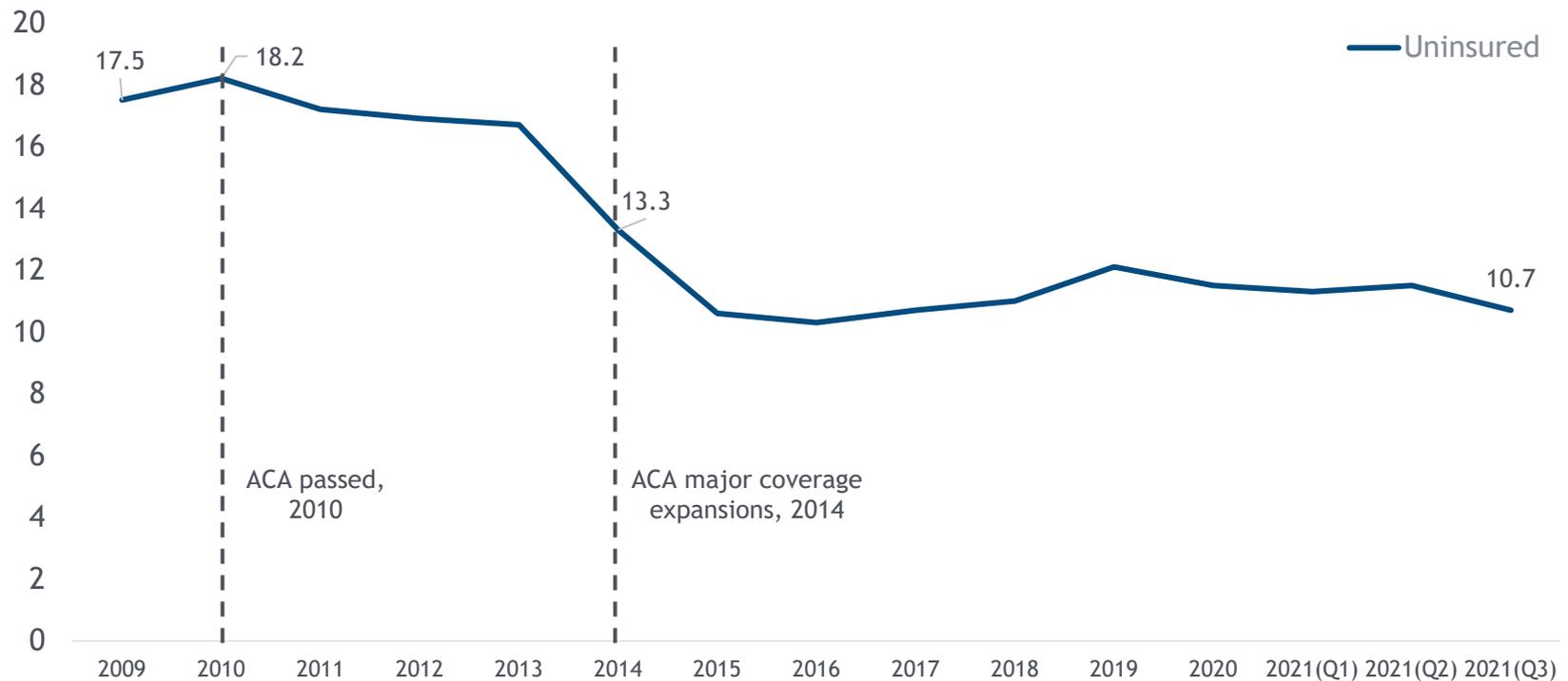
Source: Congressional Budget Office. [Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision](#). July 2012.

National Center for Health Statistics. [Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2018](#). May 2019; [Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2020](#). August 2021.

## EXHIBIT 2

# The uninsured rate fell over the course of the pandemic

*Percent of individuals under 65 years of age without health insurance, 2009-2021*



Source: Cohen RA. [Long-term trends in health insurance: Estimates from the National Health Interview Survey, United States, 2009-2018 \(Table 1\)](#). National Center for Health Statistics. July 2019.

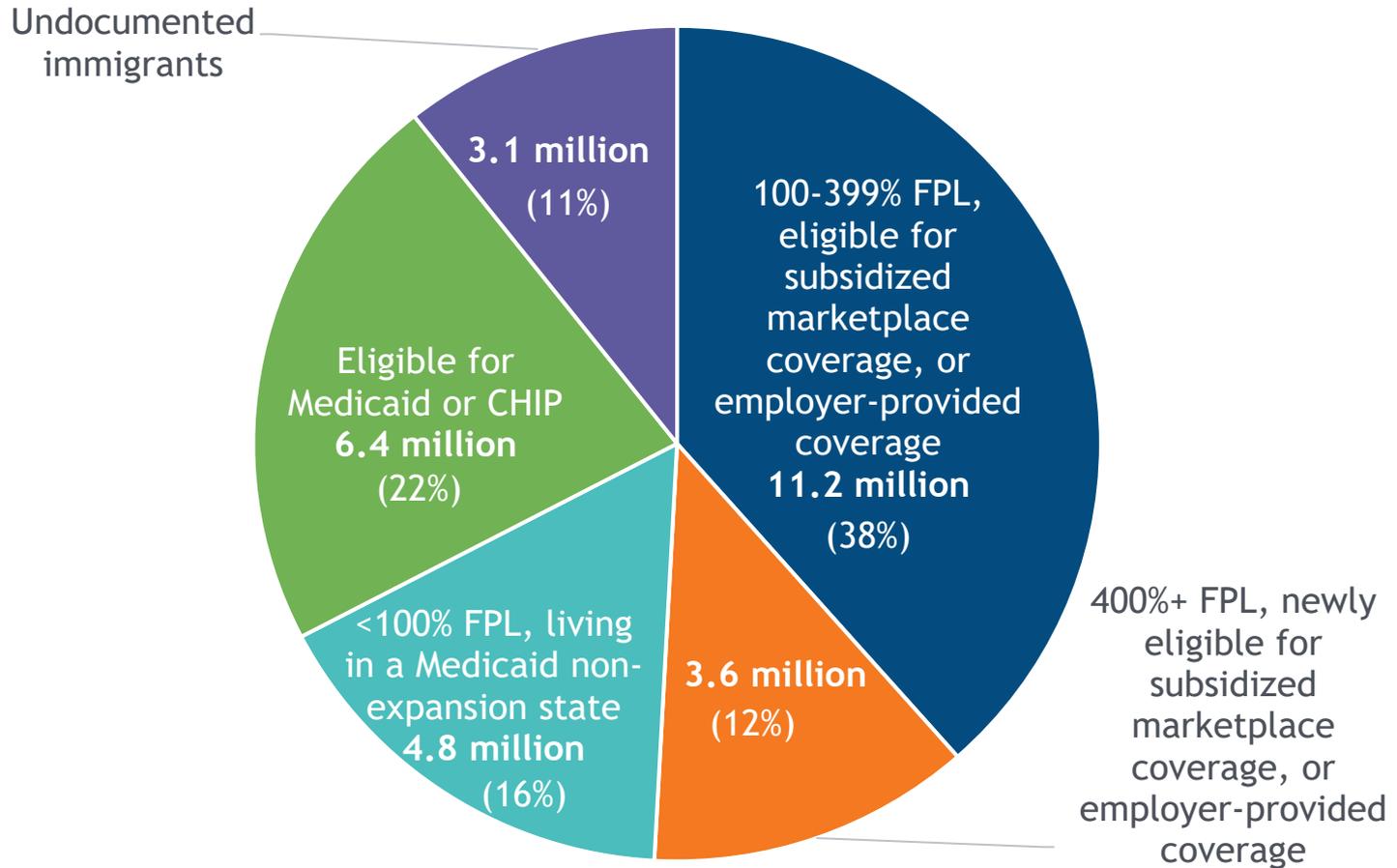
National Center for Health Statistics. [Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2020](#). August 2021; [Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020-September 2021](#), January 2022.



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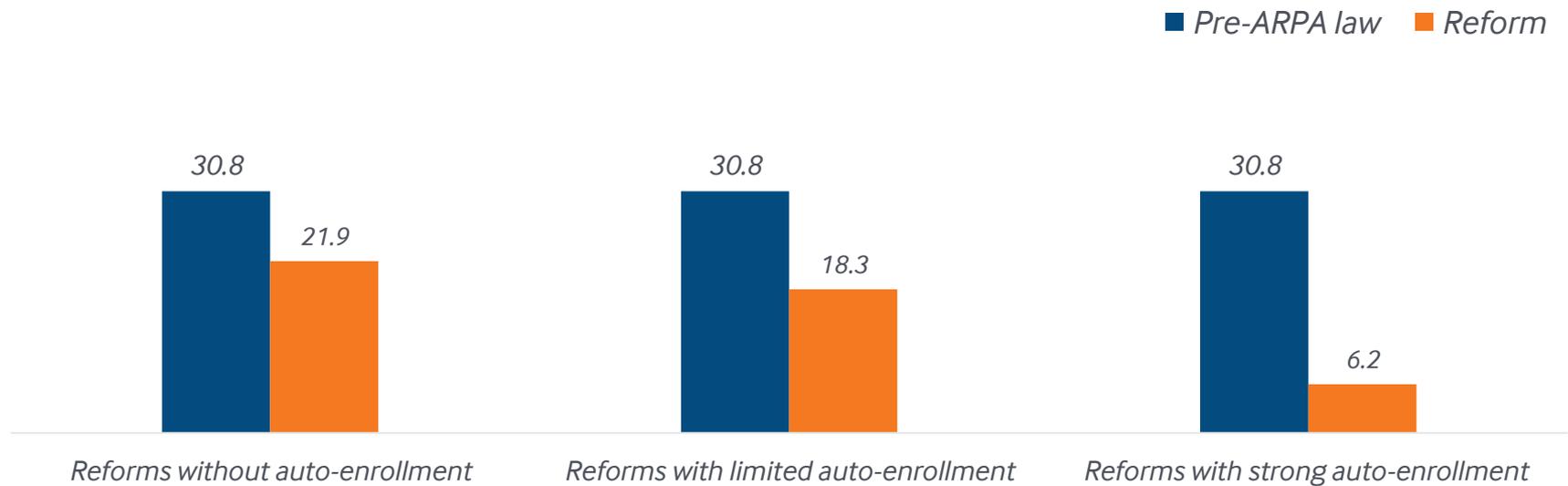
# Who are the remaining uninsured?

29.2 million uninsured, under age 65, 2019



# Automatic enrollment would reduce the number of uninsured Americans

Number of uninsured people (millions), 2022



Data: Health Insurance Policy Simulation Model, Urban Institute, 2021.

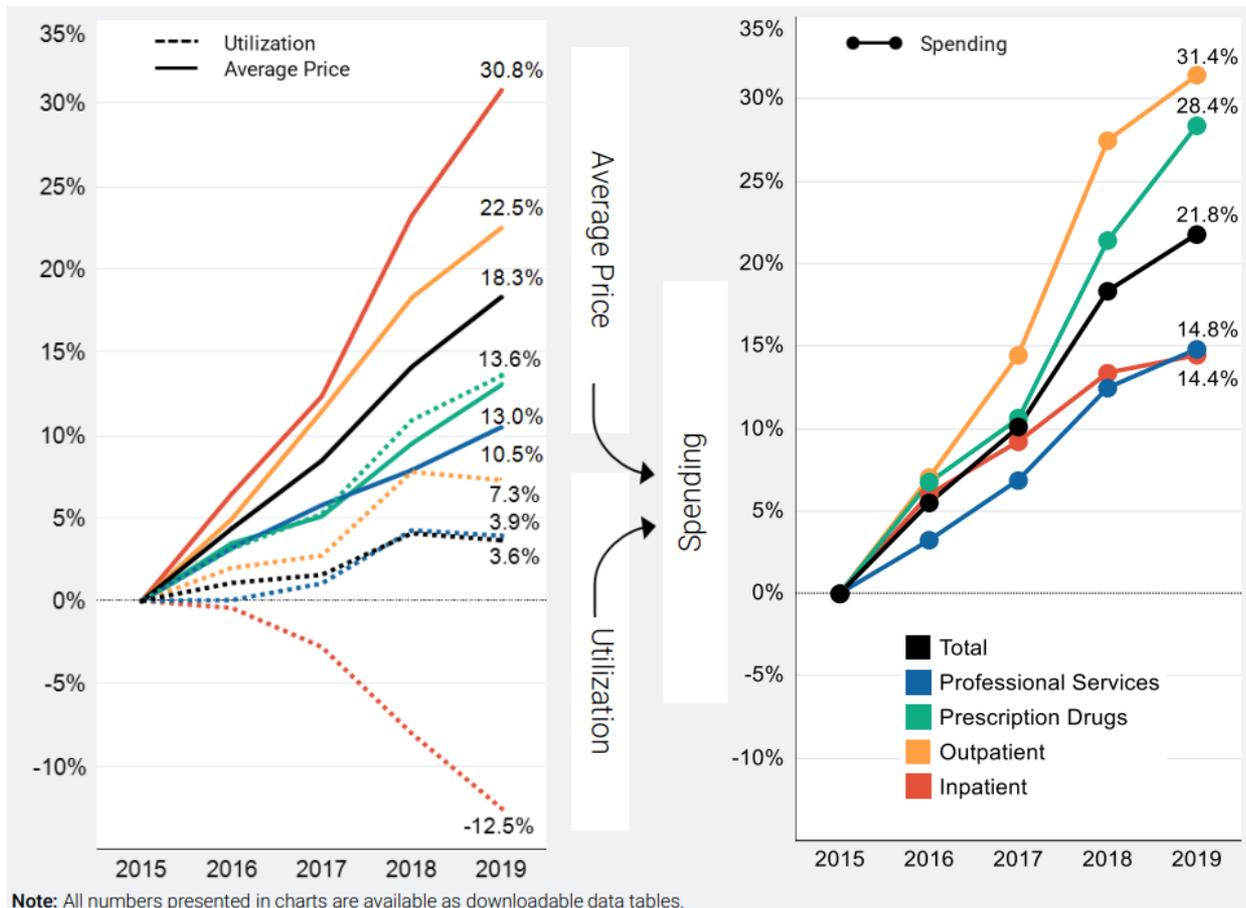
Notes: ARPA = the American Rescue Plan Act. To produce estimates akin to steady-state effects, we do not include temporary reforms to health insurance premium subsidies enacted as part of the American Rescue Plan Act.

Limited autoenrollment would apply to a narrow segment of the population: low-income people who are eligible for comprehensive \$0 premium coverage and who can be identified through their participation in other public assistance programs. Strong auto-enrollment assumes elimination of the 100 percent of poverty threshold for marketplace subsidy eligibility thereby covering everyone in the Medicaid gap.

## EXHIBIT 5

# Prices accounted for nearly two-thirds of per person spending growth in employer plans, 2015-2019

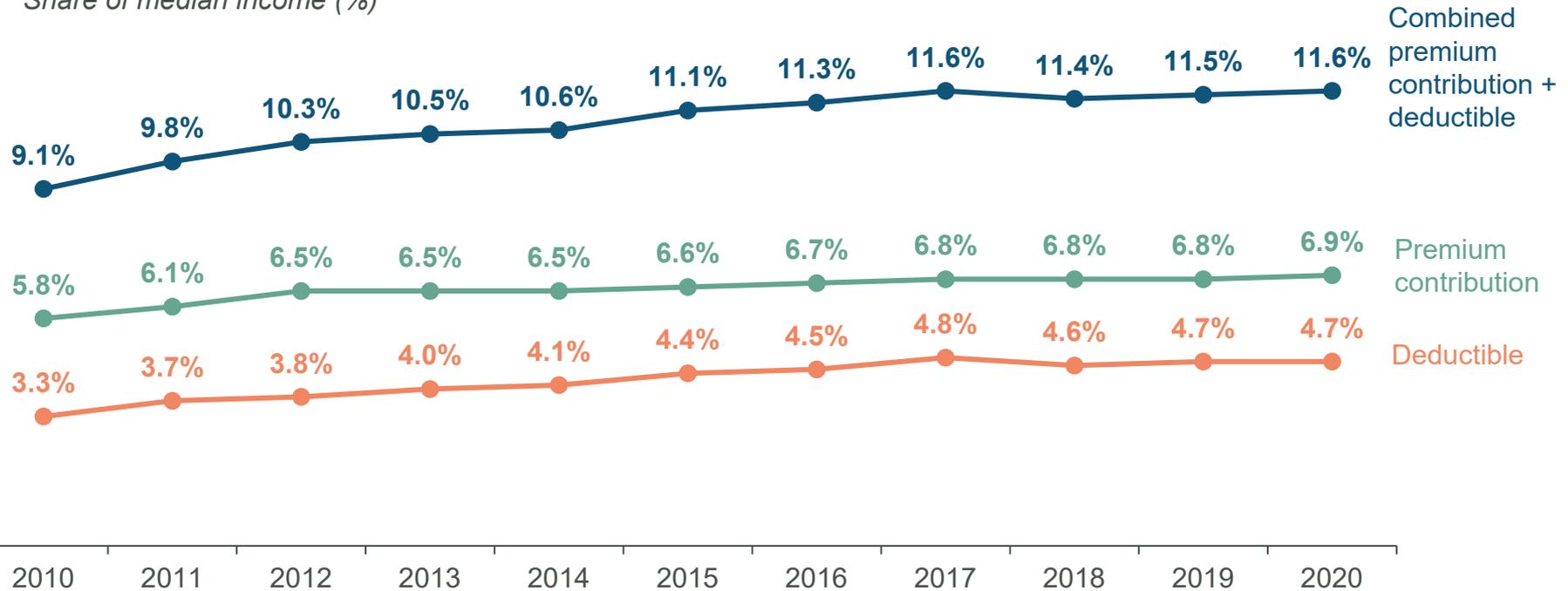
Cumulative Change in per person spending, utilization, average Price, 2015-2019



## EXHIBIT 6

# Worker premium contributions and deductibles in employer plans added up to more than 11 percent of U.S. median income in 2020

Share of median income (%)



Note: Combined estimates of single and family premium contributions and deductibles are weighted for the distribution of single-person and family households in the state.

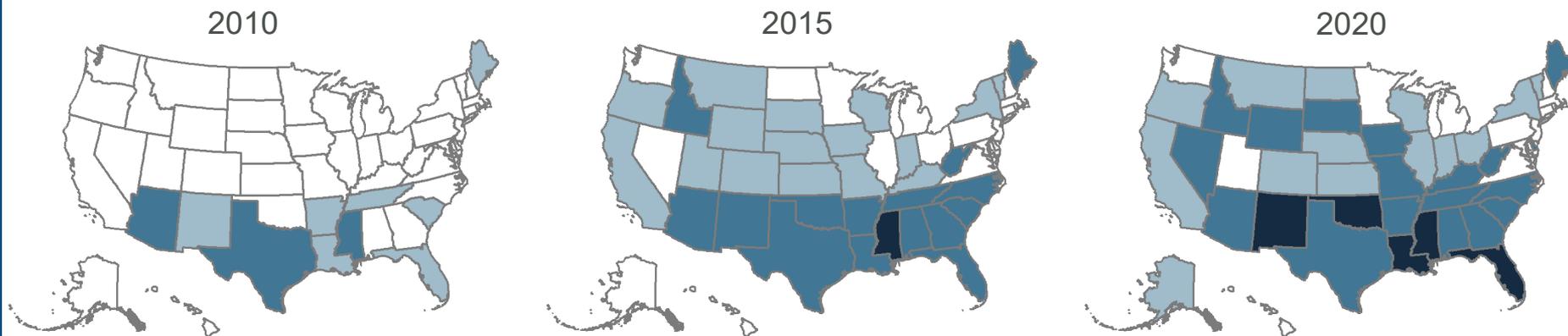
Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2010–2020; Median household income and household distribution type — analysis of Current Population Survey (CPS), 2010–2021, by Mikaela Springsteen and Sherry Glied of New York University for the Commonwealth Fund.



Source: Sara R. Collins, David C. Radley, and Jesse C. Baumgartner, *State Trends in Employer Premiums and Deductibles, 2010–2020* (Commonwealth Fund, Jan. 2022). <https://doi.org/10.26099/m5dt-5f70>

## EXHIBIT 7

# In growing number of states, worker insurance premium contributions and deductibles in employer plans make up 10 percent or more of median income



Average employee share of premium plus average deductible as percent of median state income



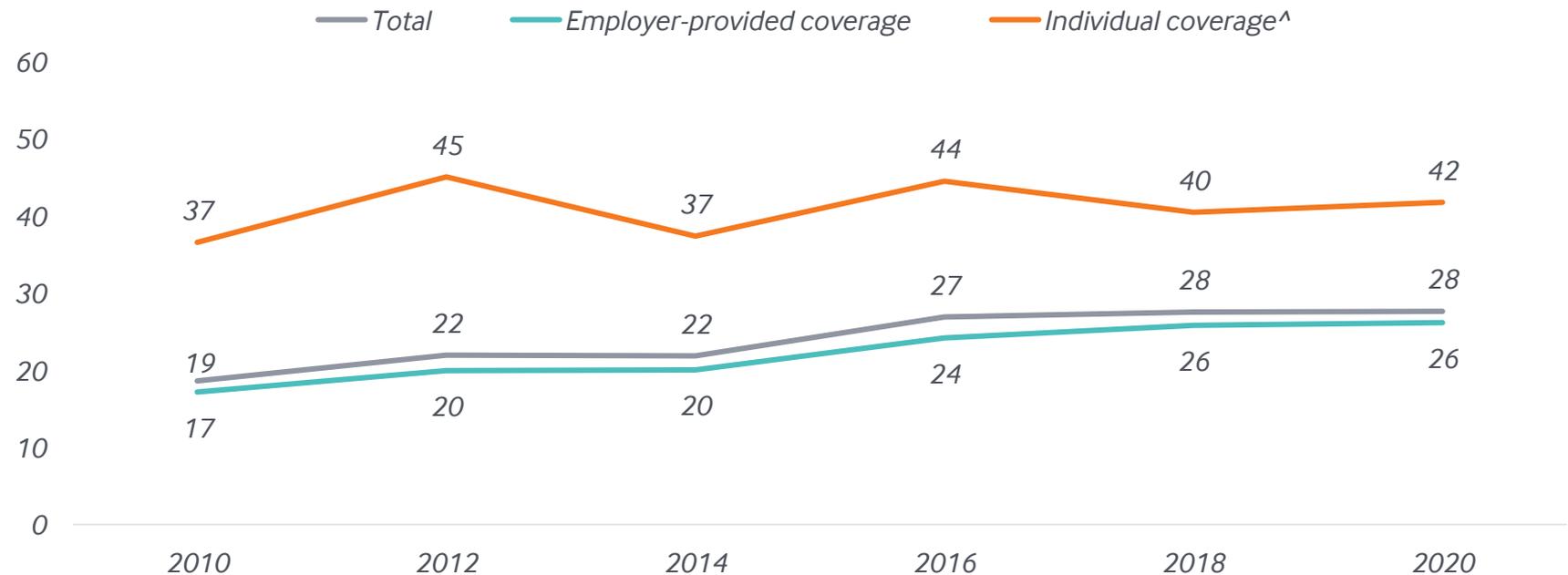
Note: Combined estimates of single and family premium contributions and deductibles are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2010–2020; Median household income and household distribution type — analysis of Current Population Survey (CPS), 2010–2021, by Mikaela Springsteen and Sherry Glied of New York University for the Commonwealth Fund.

## EXHIBIT 8

# One-quarter of adults in employer plans are underinsured; individual market continues to be challenging

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



Data: Commonwealth Fund Biennial Health Insurance Surveys (2010, 2012, 2014, 2016, 2018, 2020).

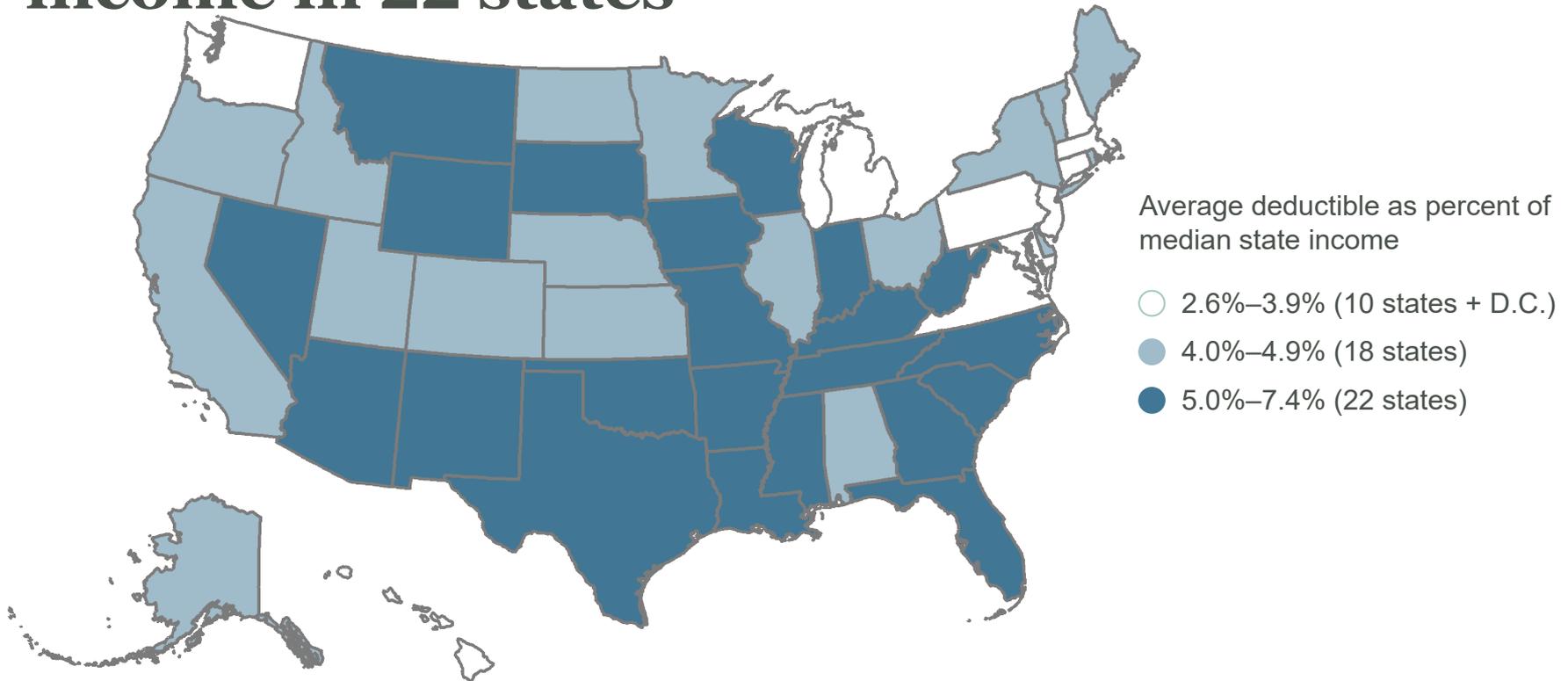
Notes: "Underinsured" refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Respondents may have had another type of coverage at some point during the year but had coverage for the entire previous 12 months. <sup>^</sup> For 2014–2020, individual coverage includes adults who got coverage in the individual market and the marketplaces.



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Source: Sara R. Collins, Munira Z. Gunja, and Gabriella N. Aboulafia, *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2020* (Commonwealth Fund, Aug. 2020).

# Average deductibles in employer plans amounted to 5 percent or more of median income in 22 states

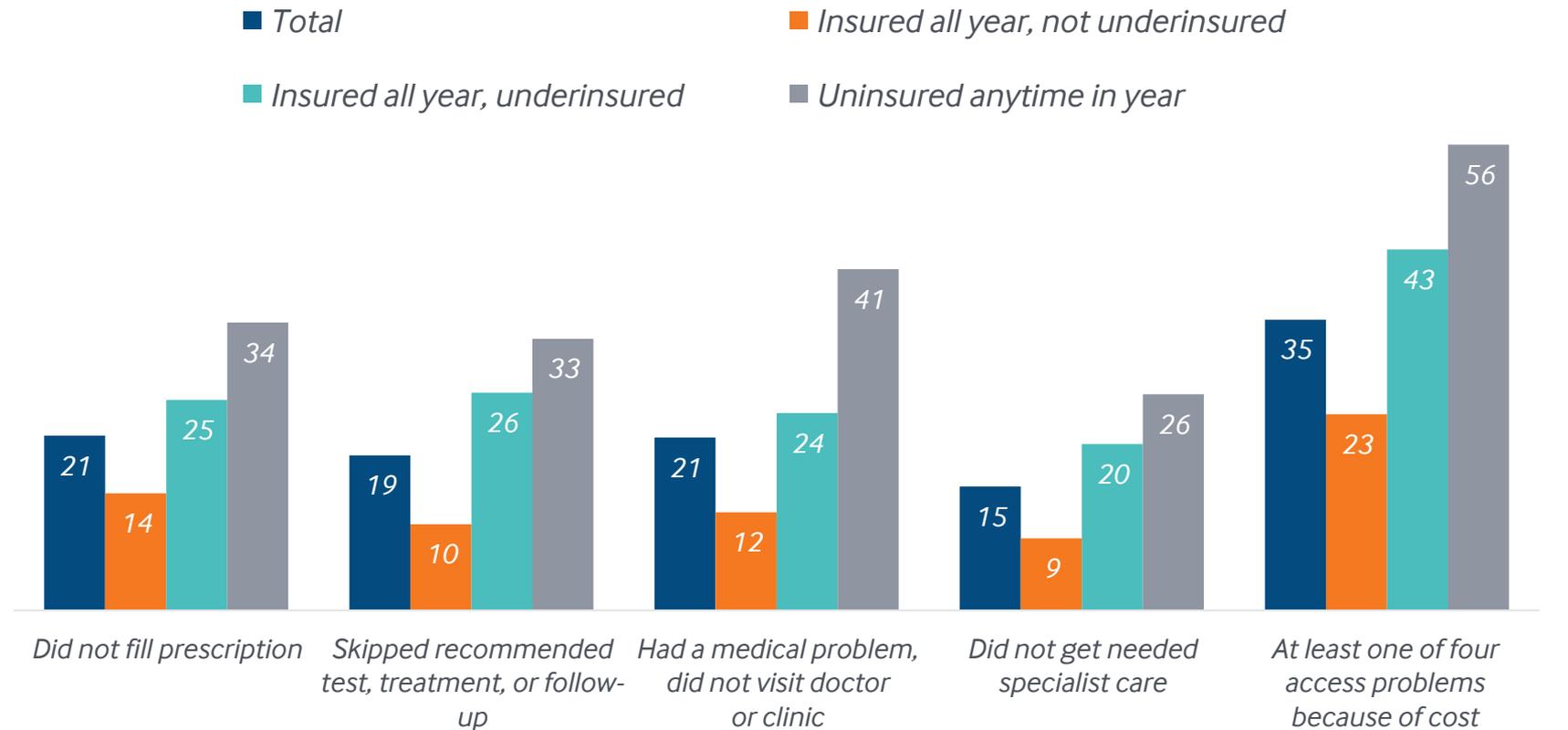


Note: Single and family deductibles are weighted for the distribution of single-person and family households in the state.

Data: Deductibles — Medical Expenditure Panel Survey–Insurance Component (MEPS–IC), 2020; Median household income and household distribution type — analysis of Current Population Survey (CPS), 2020–2021, by Mikaela Springsteen and Sherry Glied of New York University for the Commonwealth Fund.

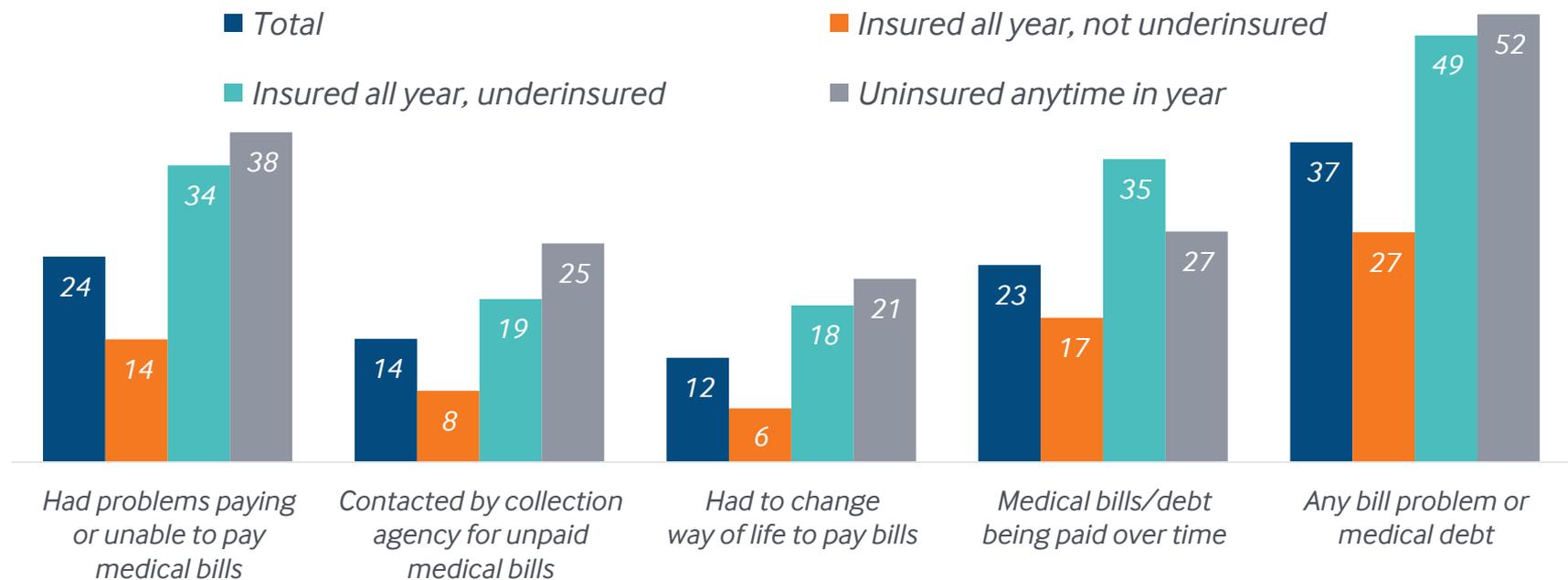
# Uninsured or underinsured adults often avoid or delay getting needed health care and medications

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



# People with inadequate insurance coverage have more problems paying medical bills

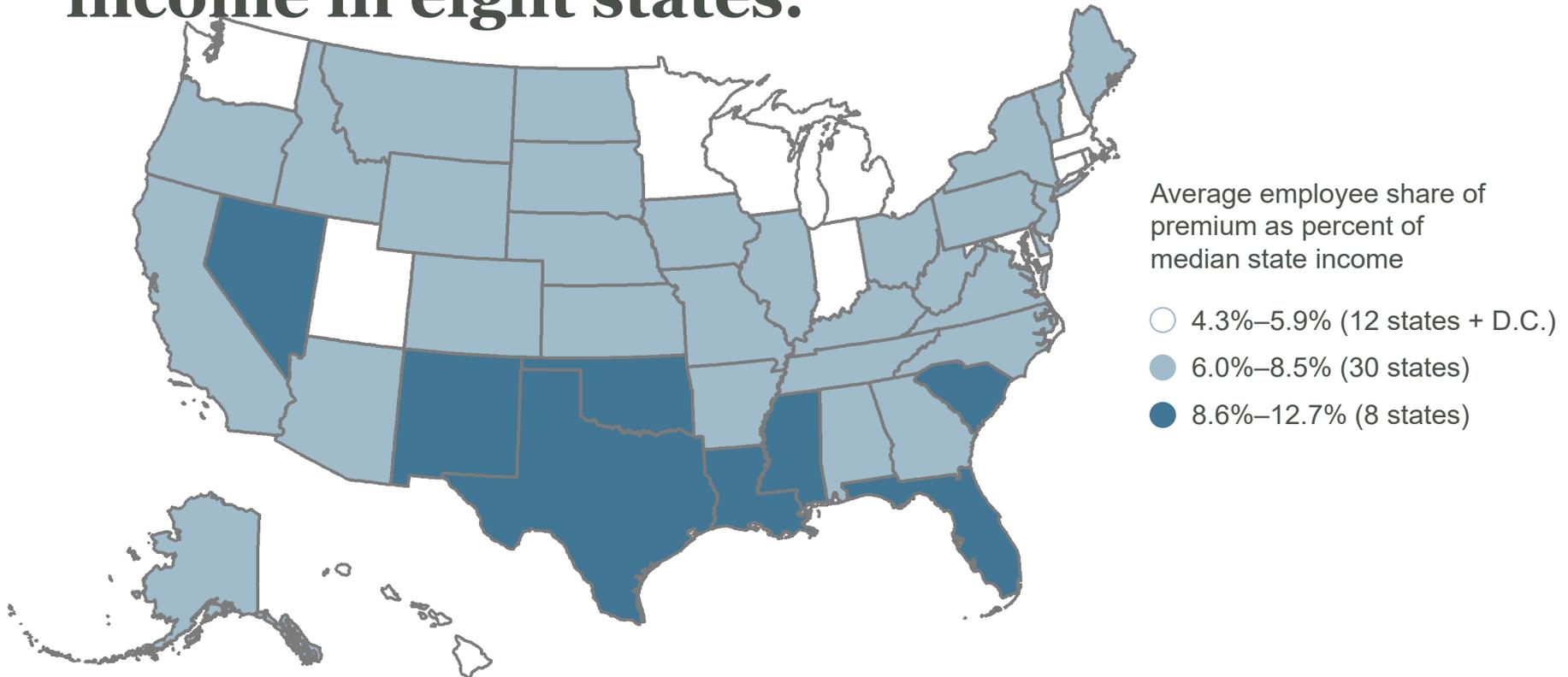
Percent of adults ages 19–64 who had any of the following medical bill/debt problems in the past year



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. “Uninsured anytime in the past year” refers to adults who were either uninsured at the time of the survey or spent some time uninsured in the past year.

Data: Commonwealth Fund Biennial Health Insurance Survey (2020).

# Premium contributions in employer plans were more than 8.5 percent of median income in eight states.

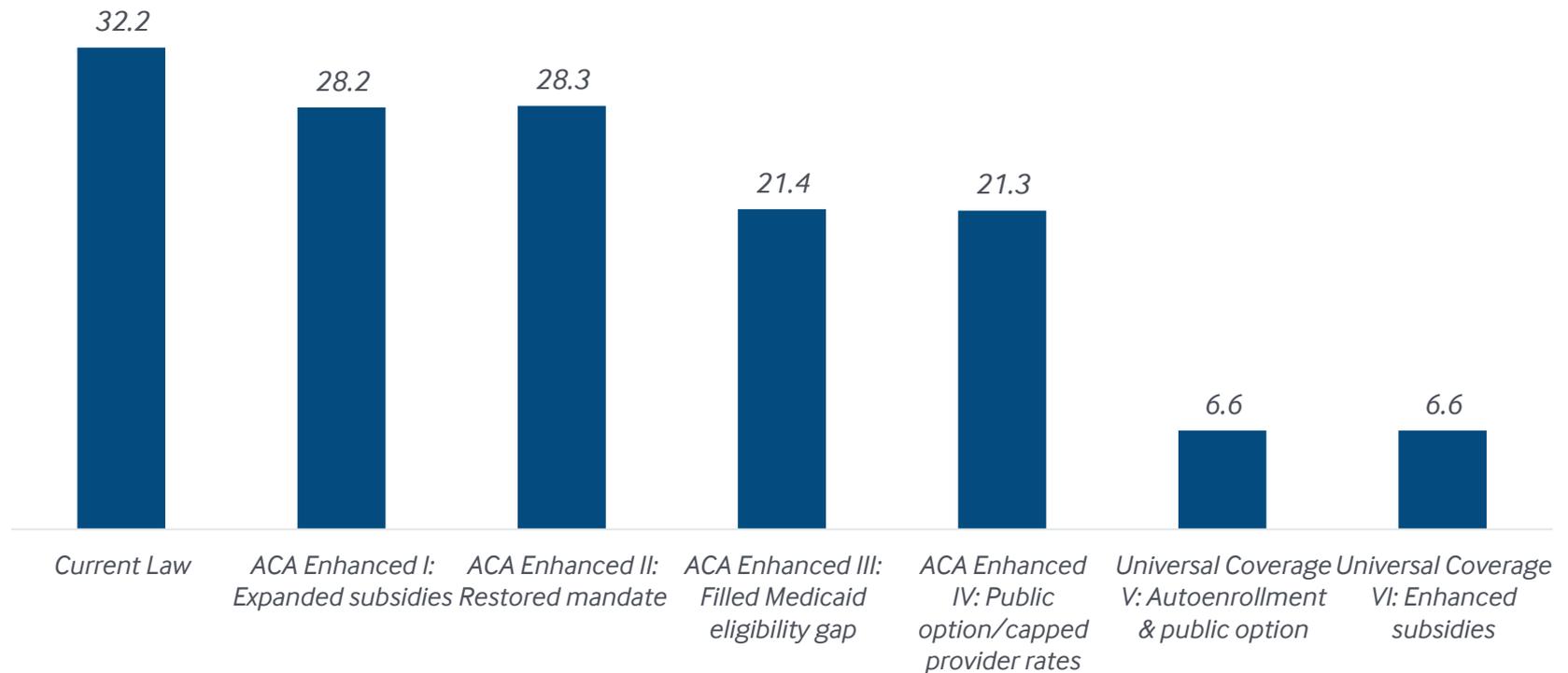


Note: Single and family premium contributions are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions — Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2020; Median household income and household distribution type — analysis of Current Population Survey (CPS), 2020–2021, by Mikaela Springsteen and Sherry Glied of New York University for the Commonwealth Fund.

# Reforms that build on the ACA have the potential to reach near-universal coverage

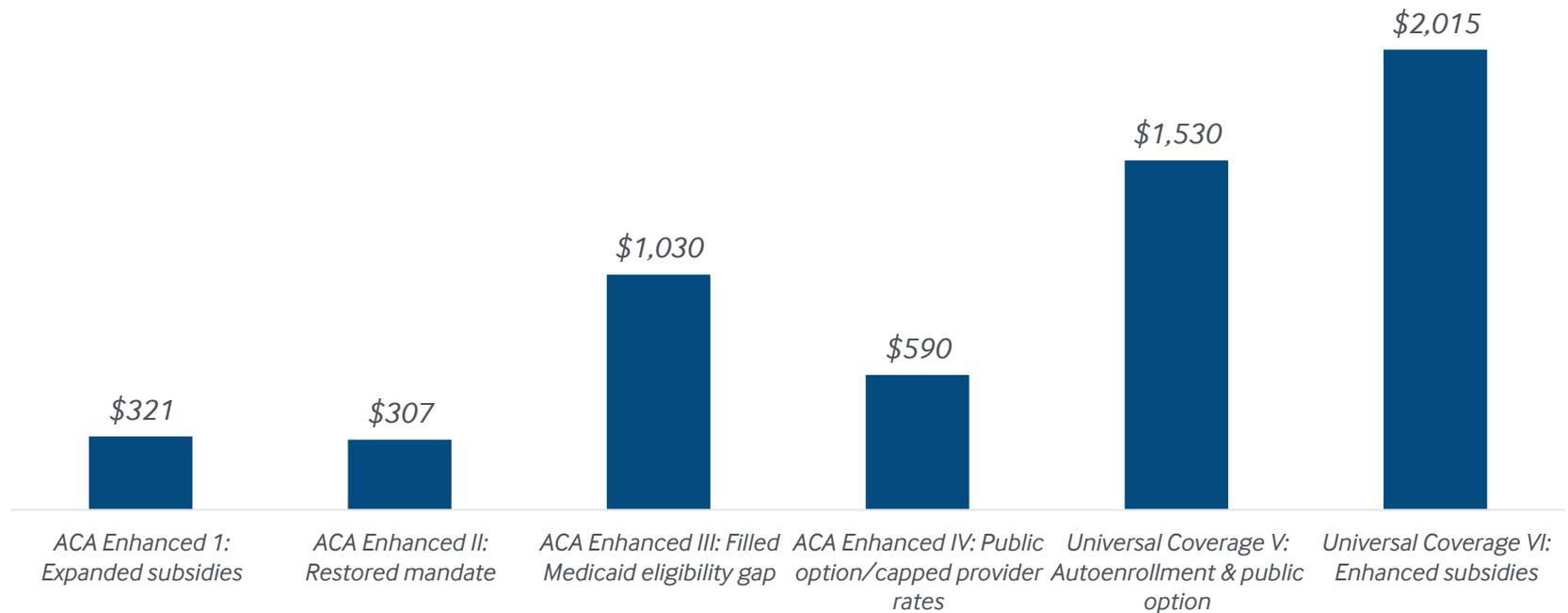
Number of uninsured nonelderly individuals (in millions), 2020



Source: Linda J. Blumberg et al., *Comparing Health Insurance Reform Options: From "Building on the ACA" to Single Payer* (Commonwealth Fund and Urban Institute, Oct. 2019).

# Capping provider rates directly or via a public option has the potential to reduce the federal costs of reform

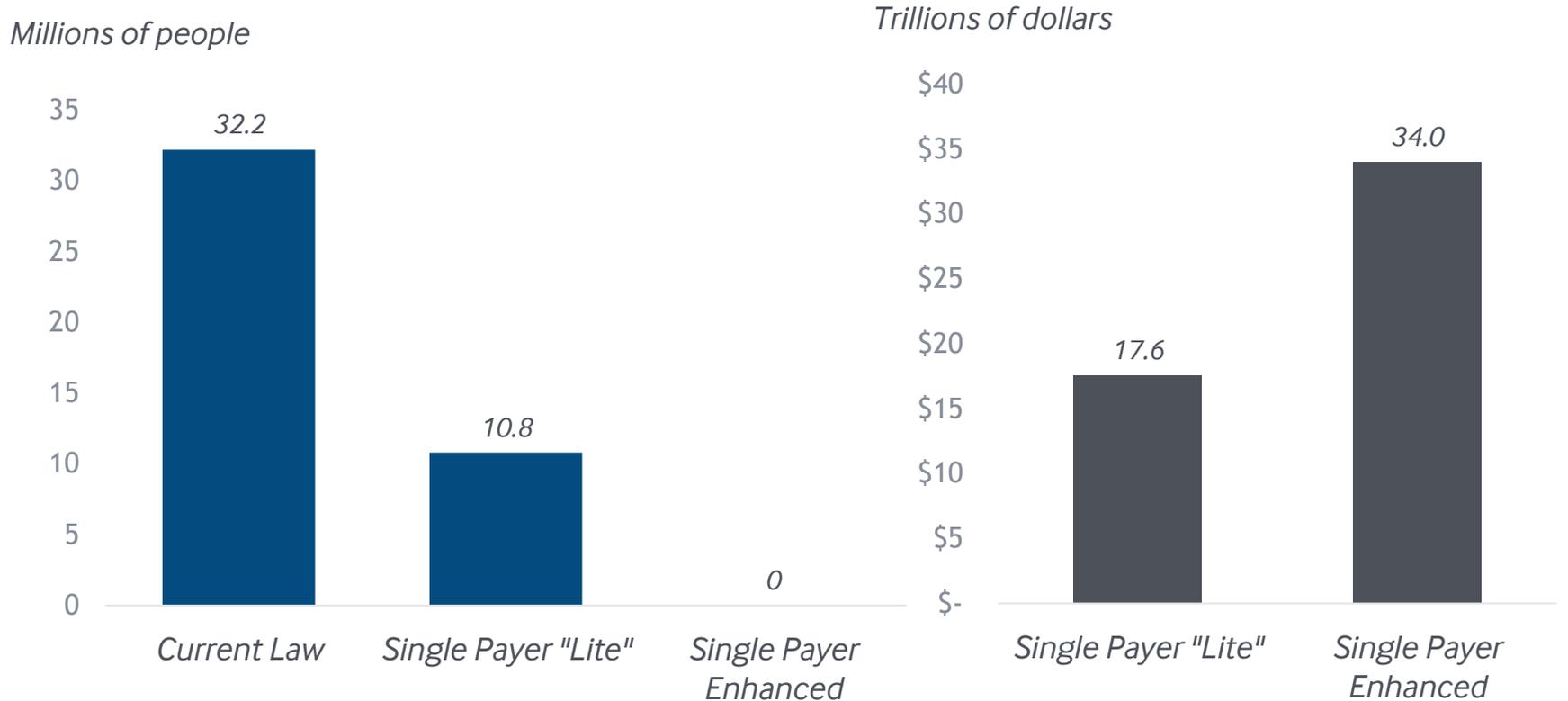
10-year estimates of additional federal revenues needed to finance each reform, 2020-2029 (billions of dollars)



Source: Linda J. Blumberg et al., *Comparing Health Insurance Reform Options: From "Building on the ACA" to Single Payer* (Commonwealth Fund and Urban Institute, Oct. 2019).

# Single-payer approaches can reach near-universal or universal coverage

Number of uninsured nonelderly individuals (2020) and additional federal revenues needed to finance each reform, 2020-2029



Notes: Single Payer "Lite": A single-payer plan that covers all people legally residing in the U.S. and includes all the ACA's "essential health benefits" and has no private insurance option. Single Payer Enhanced: This plan covers all U.S. residents, including undocumented immigrants, and features a broader set of benefits than Single Payer "Lite," including adult dental, vision, and hearing care as well as a home- and community-based long-term services and supports benefit. In addition, there are no cost-sharing requirements nor private insurance option.

Source: Linda J. Blumberg et al., *Comparing Health Insurance Reform Options: From "Building on the ACA" to Single Payer* (Commonwealth Fund and Urban Institute, Oct. 2019).

# Changes in national health spending under health reform approaches

Actual and estimated projected national health expenditures, billions in 2019 and 2020	Change in NHE (dollars)	Change in NHE (percent)	Total NHE, 2020
Current law	-	-	3,496.8
Universal coverage by building on the ACA w/public option	- 22.6	- 0.6%	3,474.2
Universal coverage via single payer “lite”	- 209.5	- 6.0%	3,287.2
Universal coverage via single payer “enhanced”	+ 719.7	+ 20.6%	4,216.5

Notes: Single Payer Enhanced: This plan covers all U.S. residents, including undocumented immigrants, and features a broad set of benefits including adult dental, vision, and hearing care as well as a home- and community-based long-term services and supports benefit. In addition, there are no cost-sharing requirements nor private insurance option.

**EXHIBIT 17**

# Enhanced single-payer approach would shift most household, employer and state spending to the federal budget

Actual and estimated projected national health expenditures, billions in 2019 and 2020	Current Law	Single payer
Federal government	1,284.3	4,128.9
State	302.3	42.7
Employers	954.7	0
Households	931.4	44.9
In kind uncompensated care from providers	24.1	0
<b>Total</b>	<b>3,496.8</b>	<b>4,216.5</b>