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

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.

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


EXHIBIT 3

Who are the remaining uninsured?

29.2 million uninsured, under age 65, 2019

- Undocumented immigrants
- Eligible for Medicaid or CHIP
  - 6.4 million (22%)
- <100% FPL, living in a Medicaid non-expansion state
  - 4.8 million (16%)
- 100-399% FPL, eligible for subsidized marketplace coverage, or employer-provided coverage
  - 11.2 million (38%)
- 400%+ FPL, newly eligible for subsidized marketplace coverage, or employer-provided coverage
  - 3.6 million (12%)
- 3.1 million (11%)

Source: Sara R. Collins and Gabriella N. Aboulafia, “Will the American Rescue Plan Reduce the Number of Uninsured Americans?,” To the Point (blog), Commonwealth Fund, Mar. 22, 2021.
EXHIBIT 4

Automatic enrollment would reduce the number of uninsured Americans

Number of uninsured people (millions), 2022


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 auto-enrollment 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

Notes & Source: 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. Healthcare Cost Institute, 2019 Health Care Cost and Utilization Report, released October 2021. Available here: https://healthcostinstitute.org/images/pdfs/HCCI_2019_Health_Care_Cost_and_Utilization_Report.pdf
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.


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:

- **<10.0% (40 states + D.C.)**
  - 10.0%–11.9% (7 states)
  - 12.0%–13.2% (3 states)
- **<10.0% (18 states + D.C.)**
  - 10.0%–11.9% (16 states)
  - 12.0%–14.9% (15 states)
  - 15.0%–15.6% (1 state)
- **<10.0% (13 states + D.C.)**
  - 10.0%–11.9% (14 states)
  - 12.0%–14.9% (18 states)
  - 15.0%–19.0% (5 states)

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.


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](https://doi.org/10.26099/m5dt-5f70)
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


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. ^ For 2014–2020, individual coverage includes adults who got coverage in the individual market and the marketplaces.

EXHIBIT 9

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

Average deductible as percent of median state income
- 2.6%–3.9% (10 states + D.C.)
- 4.0%–4.9% (18 states)
- 5.0%–7.4% (22 states)

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


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

- **Total**
- **Insured all year, not underinsured**
- **Insured all year, underinsured**
- **Uninsured anytime in year**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Total</th>
<th>Insured all year, not underinsured</th>
<th>Insured all year, underinsured</th>
<th>Uninsured anytime in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not fill prescription</td>
<td>21</td>
<td>19</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>Skipped recommended test, treatment, or follow-up</td>
<td>19</td>
<td>10</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Had a medical problem, did not visit doctor or clinic</td>
<td>21</td>
<td>12</td>
<td>9</td>
<td>23</td>
</tr>
<tr>
<td>Did not get needed specialist care</td>
<td>15</td>
<td>9</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>At least one of four access problems because of cost</td>
<td>23</td>
<td>26</td>
<td>26</td>
<td>56</td>
</tr>
</tbody>
</table>

EXHIBIT 11

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

<table>
<thead>
<tr>
<th>Problem</th>
<th>Total</th>
<th>Insured all year, not underinsured</th>
<th>Insured all year, underinsured</th>
<th>Uninsured anytime in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had problems paying or unable to pay medical bills</td>
<td>24/14</td>
<td>14/19/25</td>
<td>14/19/25</td>
<td>14/19/25</td>
</tr>
<tr>
<td>Contacted by collection agency for unpaid medical bills</td>
<td>12/8/6</td>
<td>12/8/6</td>
<td>12/8/6</td>
<td>12/8/6</td>
</tr>
<tr>
<td>Had to change way of life to pay bills</td>
<td>23/17/21</td>
<td>23/17/21</td>
<td>23/17/21</td>
<td>23/17/21</td>
</tr>
<tr>
<td>Medical bills/debt being paid over time</td>
<td>35/27</td>
<td>35/27</td>
<td>35/27</td>
<td>35/27</td>
</tr>
<tr>
<td>Any bill problem or medical debt</td>
<td>49/52</td>
<td>49/52</td>
<td>49/52</td>
<td>49/52</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. “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).

EXHIBIT 12

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

8.6%–12.7% (8 states)

6.0%–8.5% (30 states)

4.3%–5.9% (12 states + D.C.)

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

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

Number of uninsured nonelderly individuals (in millions), 2020

EXHIBIT 14

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).
EXHIBIT 15

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

Millions of people

<table>
<thead>
<tr>
<th></th>
<th>Current Law</th>
<th>Single Payer &quot;Lite&quot;</th>
<th>Single Payer Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of uninsured</td>
<td>32.2</td>
<td>10.8</td>
<td>0</td>
</tr>
</tbody>
</table>

Trillions of dollars

<table>
<thead>
<tr>
<th></th>
<th>Single Payer &quot;Lite&quot;</th>
<th>Single Payer Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional federal</td>
<td>17.6</td>
<td>34.0</td>
</tr>
</tbody>
</table>

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

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

**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 a 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).
Enhanced single-payer approach would shift most household, employer and state spending to the federal budget

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