NEW YORK, NY, June 12, 2015—A large majority (86%) of people who are currently insured through the Affordable Care Act (ACA) marketplaces or newly insured in Medicaid are very or somewhat satisfied with their new health care coverage, according to a Commonwealth Fund report out today. Nearly seven in 10 (68%) adults with new coverage have used it to get health care, and of those more than three in five (62%) previously would not have been able to obtain or afford that care.

The report, Americans’ Experiences with Marketplace and Medicaid Coverage, presents findings from The Commonwealth Fund’s third Affordable Care Act Tracking Survey. Fielded between March and May of 2015, the latest survey tracks how working-age adults who have marketplace or Medicaid coverage through the

**How Well Is ACA Coverage Working for Enrollees?**
A new Commonwealth Fund survey shows that those who used their marketplace or Medicaid plans to find or see a doctor, go to the hospital, or buy prescription drugs had positive experiences.

**Physician Choices**
- 91% of U.S. adults who used their insurance to get health care are satisfied with their choice of doctors.

**Primary Care Access**
- 60% of those who found a new primary care doctor were able to get an appointment within two weeks.
ACA are using their new insurance to get health care. It also asks people how they view their health plan and physicians.

“The Affordable Care Act’s coverage expansions have been in place for nearly 18 months, and indications are that the newly insured are pleased with their coverage and are using it to get needed health care,” said Commonwealth Fund President David Blumenthal, M.D. “It will be essential to continue monitoring progress to ensure the law is delivering the affordable, comprehensive health insurance it promised.”

Who Has New Coverage Under the ACA?

According to the report, the uninsured rate in the U.S. has fallen to 13 percent, compared to 15 percent in the previous tracking survey, fielded in spring 2014, and 20 percent in the third quarter of 2013. The change from 2014 to 2015 is not statistically significant. Among people with new coverage, 53 percent who enrolled in marketplace plans and 66 percent who enrolled in Medicaid were uninsured previously. Of these respondents, 80 percent who enrolled in marketplace plans and 64 percent who enrolled in Medicaid coverage had been uninsured for a year or longer.

The report finds that while adults ages 50 to 64 gained coverage in 2015, the uninsured rate for those under age 50, after declining in 2014, has plateaued in 2015, at 19 percent for young adults ages 19 to 34 and 13 percent for those ages 35 to 49. The rate for people with incomes below the federal poverty level ($11,670 for an individual and $23,850 for a family of four) is unchanged from 2014, at 26 percent.

Uninsured rates for lower-income adults are still high in the 22 states that have not expanded Medicaid as the ACA allows. These remaining uninsured are disproportionately young, low-income, and Latino.

“The survey indicates that the Affordable Care Act is helping many people who had been uninsured for a long time gain coverage and get health care,” said Sara Collins, Vice President for Health Coverage and Access at The Commonwealth Fund and the report’s lead author. “People living in states that expanded Medicaid are benefitting substantially, while large numbers of low-income adults who live in states that haven’t expanded the program remain uninsured.”

Additional Survey Findings

- **Awareness of Coverage Options.** Fifty-nine percent of uninsured adults were aware of the marketplaces; 46 percent were aware of available financial assistance; and 47 percent were aware of expanded eligibility for Medicaid.
- **Concern with Affordability of Marketplace Plans.** Sixty percent of uninsured adults who knew about the marketplaces said they had not shopped for health insurance because they didn’t think they would be able to afford it.
Moving Forward

The report notes that the millions of uninsured who remain will continue to be at risk. Many live in states that have not expanded Medicaid and will be unable to afford insurance until state policies change. In addition, many people who are still uninsured are not aware of the marketplaces or think they won’t be able to afford coverage. Expanding Medicaid programs in all states, along with raising awareness among those eligible for ACA coverage, would likely further reduce the uninsured rate, the authors say.

Finally, the Supreme Court’s upcoming King v. Burwell ruling looms as a serious issue for people in the 34 states with federally run marketplaces. If the Court rules against the government, 6.4 million people could potentially lose the subsidies that help them pay for health insurance.

When the embargo lifts, the full report will be available at http://www.commonwealthfund.org/publications/issue-briefs/2015/jun/experiences-marketplace-and-medicaid.

Methodology

The Commonwealth Fund Affordable Care Act Tracking Survey, March–May 2015, was conducted by SSRS from March 9, 2015 to May 3, 2015. The survey consisted of 16-minute telephone interviews in English or Spanish and was conducted among a random, nationally representative sample of 4,881 adults, ages 19 to 64, living in the United States. Overall, 2,203 interviews were conducted on landline telephones and 2,678 interviews on cellular phones, including 1,729 with respondents who lived in households with no landline telephone access.

This survey is the third in a series of Commonwealth Fund surveys to track the implementation and impact of the Affordable Care Act. The March–May 2015 sample was designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. SSRS included a prescreened sample of households reached through their omnibus survey of adults (between November 5, 2014 and February 1, 2015) with respondents who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. As in all waves of the survey, the main sample was stratified to maximize the number of interviews with persons reporting incomes 250 percent of the poverty level or lower to further increase the likelihood of surveying respondents eligible for the coverage options as well as allow separate analyses of responses of low-income households.

The data are weighted to correct for the stratified sample design, the use of recontacted respondents from the omnibus survey, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. 19-to-64 adult population by age by state (for seven state breaks: California, Texas, New York, Florida, Pennsylvania, Illinois, and all other states), gender by state, race/ethnicity by state, education by state, household size, geographic division, and population density using the U.S. Census Bureau’s 2013 American Community Survey. Data are weighted to household telephone use parameters using the CDC’s 2014 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 187.8 million U.S. adults ages 19 to 64. The survey has an overall margin of sampling error of +/- 2.1 percentage points at the 95 percent confidence level.