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NOT FOR RELEASE BEFORE 12:01 a.m. E.T., WEDNESDAY, FEBRUARY 1, 2017



NEWS RELEASE

Embargoed for release:
12:01 a.m. E.T.,
Wednesday, February 1, 2017

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NEW HEALTH INSURANCE SURVEY: POST-ACA, MARKET WORKS BETTER FOR CONSUMERS BUYING PLANS ON THEIR OWN; FEWER PEOPLE POSTPONING CARE AND MEDICATIONS BECAUSE OF COST

Commonwealth Fund Biennial Survey Finds Uninsured Rate for Low-Income Adults Drops 17 Percentage Points; Modest Improvements in Medical Bill Problems

New York, NY, February 1, 2017—The health insurance market has been working better for consumers buying coverage on their own, especially those with health problems, since the Affordable Care Act (ACA) took effect. According to a new Commonwealth Fund report, the percentage of people who shopped for insurance on their own who could not find an affordable plan dropped from 60 percent in 2010 to 34 percent in 2016. Among those with health problems, 70 percent said they had trouble finding an affordable plan in 2010, compared to 42 percent in 2016.

The report, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own*, details findings from the Commonwealth Fund's Biennial Health Insurance Survey, fielded between July and November 2016. It finds that people with low incomes are also finding it easier to get affordable health insurance on the individual market. In 2010, about two-thirds (64%) of people making less than \$48,500 a year for a family of four had trouble finding a plan they could afford, compared to about one-third (35%) in 2016.

“Before the Affordable Care Act, it was often extremely hard for people not covered through an employer to buy coverage,” said Sara Collins, vice president for Health Care Coverage and Access at the Commonwealth Fund and the report's lead author. “Many were routinely turned down, told a preexisting condition would not be covered, or charged higher rates because of an illness. This survey finds that since the law was passed the individual market has changed dramatically. Now, millions of people are finding and buying affordable plans that provide coverage meeting their needs.”

Plans Are Meeting People's Needs and Enrollees Are Getting Care

The survey finds that since the ACA's passage in 2010, people are more likely to say they can get the health insurance and care they need:

- In 2012, 80 million adults said they went without health care or medication they needed because of the cost, compared to 63 million in 2016.
- In 2010, more than two of five (43%) adults buying plans on their own said they found it difficult or impossible to find a plan that fit their needs, compared to one-quarter (25%) in 2016.
- In 2010, more than half (53%) of adults with health problems said it was difficult or impossible to find a plan that fit their needs; this fell to one-third (31%) in 2016. For people with low incomes, the share reporting such difficulty fell by about half, from 49 percent in 2010 to 26 percent in 2016.
- In 2012, 29 percent said they did not go to a doctor when they were sick because of the cost, compared to 20 percent in 2016. In 2012 over one-quarter of adults (27%) said they did not fill a prescription because of the cost, compared to one-fifth (19%) in 2016.
- In 2016, the share of adults reporting they had skipped a recommended test, treatment, or follow-up visit because of the cost fell to 18 percent, from 27 percent in 2012. And in 2016, 13 percent said they had not gotten needed care from a specialist because of the cost, down from 20 percent in 2012.

“We have made substantial progress since the Affordable Care Act was passed,” said Commonwealth Fund President David Blumenthal, M.D. “Millions of formerly uninsured people have health insurance and are using it to get health care they likely would have gone without before the ACA. It is essential for us to continue to move forward and build on this progress so everyone may be guaranteed access to high-quality, affordable health care.”

Health Insurance Matters

According to the report, adults who were uninsured at the time of the survey were almost twice as likely as those who had been insured continuously over the prior year to report they could not get care because of the cost. And, half of those who were insured but experienced a gap in coverage over the last year reported skipping needed care because of the cost, nearly the same rate reported by those without coverage.

Adults with continuous coverage were more likely than those who were uninsured to have a regular doctor (93% vs. 63%), to receive preventive care tests, and to get timely cancer screenings. Among women ages 40 to 64, 72 percent of those insured continuously reported getting a mammogram in the recommended time frame, compared to 55 percent of those who had a gap in coverage and 40 percent of those who were uninsured.

Additional Report Findings

- **The individual health insurance market has grown.** The ACA’s changes to the individual health insurance market, such as the introduction of premium subsidies and the online marketplace, have brought more people into it. In 2010, 26 million people reported shopping for

insurance in the individual market between 2007 and 2010. By 2016, that number had nearly doubled, to 44 million, from the prior three years.

- **The uninsured rate has dropped substantially for people with low incomes.** The uninsured rate has dropped 17 percentage points below its peak in 2010 and is now more than 10 points below the 2001 level for adults with annual family incomes under \$48,500.
- **Medical bills remain a challenge.** The number of adults saying they had problems paying medical bills in the past 12 months or were paying off medical bills over time declined modestly, from 75 million in 2012 to 70 million in 2016. There are still a substantial number of people paying off medical debt over time; nearly 46 million adults reporting doing so in 2016—unchanged from 2012.

When the embargo lifts, the full report will be posted at:

<http://www.commonwealthfund.org/publications/issue-briefs/2017/feb/how-the-aca-has-improved-ability-to-buy-insurance>.

Methodology

The Commonwealth Fund Biennial Health Insurance Survey, 2016, was conducted by Princeton Survey Research Associates International from July 12 to November 20, 2016. The survey consisted of 25-minute telephone interviews in either English or Spanish and was conducted among a random, nationally representative sample of 6,005 adults age 19 and older living in the continental United States. A combination of landline and cellular phone random-digit dial (RDD) samples was used to reach people.

This report limits the analysis to respondents ages 19 to 64 (n=4,186). Statistical results are weighted to correct for the stratified sample design, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The resulting weighted sample is representative of the approximately 187.4 million U.S. adults ages 19 to 64.

The survey has an overall margin of sampling error of +/- 1.9 percentage points at the 95 percent confidence level. The landline portion of the survey achieved a 14 percent response rate and the cellular phone component achieved a 10 percent response rate.

We also report estimates from the 2001, 2003, 2005, 2010, 2012, and 2014 Commonwealth Fund Biennial Health Insurance Surveys. These surveys were conducted by Princeton Survey Research Associates International using the same stratified sampling strategy that was used in 2016, except the 2001, 2003, and 2005 surveys did not include a cellular phone RDD sample. In 2001, the survey was conducted from April 27 through July 29, 2001, and included 2,829 adults ages 19 to 64; in 2003, the survey was conducted from September 3, 2003 through January 4, 2004, and included 3,293 adults ages 19 to 64; in 2005, the survey was conducted from August 18, 2005 to January 5, 2006, among 3,353 adults ages 19 to 64; in 2010, the survey was conducted from July 14 to November 30, 2010, among 3,033 adults ages 19 to 64; in 2012, the survey was conducted from April 26 to August 19, 2012, among 3,393 adults ages 19 to 64; and in 2014, the survey was conducted from July 22 to December 14, 2014, among 4,251 adults ages 19 to 64.

The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high performance health system.