



TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

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Americans' Experiences in the Health Insurance Marketplaces: Results from the First Month

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Abstract: Conducted October 9–27, 2013, the Commonwealth Fund Affordable Care Act Tracking Survey interviewed a nationally representative sample of adults who are potentially eligible for the health reform law's new insurance coverage options, whether private plans or expanded Medicaid. Among the survey's key findings: 60 percent of potentially eligible adults are aware of the new marketplaces as a place where they might shop for coverage; 17 percent reported visiting the marketplaces in October to shop for a health plan; about one of five visitors were ages 19 to 29; and one of five visitors enrolled in a plan. Reflecting the technical problems that have plagued the federal marketplace and some state marketplace websites, 37 percent of those who did not enroll in coverage cited those technical difficulties as a reason. A majority of survey respondents, however, appear determined to gain coverage over the next few months.



OVERVIEW OF SURVEY FINDINGS

On October 1, the Affordable Care Act's health insurance marketplaces were opened for business. To learn what Americans experienced when shopping for a health plan during the marketplaces' first month of operation, the Commonwealth Fund Affordable Care Act Tracking Survey interviewed a nationally representative sample of adults who are potentially eligible for the law's new coverage options: those who are either uninsured or purchasing individual coverage on their own.¹ Social Science Research Solutions conducted the telephone survey of 682 adults ages 19 to 64 from October 9 through October 27, 2013.

Here is what the survey found:

- Sixty percent of adults potentially eligible for enrollment in new private plans or expanded Medicaid are aware of the new marketplaces as a place where they might shop for coverage. This is an increase from the approximately

one-third of potentially eligible adults who reported being aware of the marketplaces in a Commonwealth Fund survey conducted earlier this year.²

- Seventeen percent of those potentially eligible reported visiting the marketplaces in October to shop for a health plan, whether online, by phone, in person, or by mail.
- About one of five adults (21%) visiting the marketplace websites were ages 19 to 29.
- Among all adults who visited the marketplaces in October, one of five (21%) said that they had enrolled in a health plan.
- Among people who visited the marketplaces and did not enroll in a health plan, 48 percent in the survey said that they did not enroll because they were not certain they could afford a plan, while 46 percent said that they were still trying to decide which plan they wanted. Reflecting the technical problems that have plagued the federal marketplace and some state marketplace websites, 37 percent of those who did not enroll in coverage cited those technical difficulties as a reason.
- A majority of survey respondents appear determined to gain coverage over the next few months. Three of five adults (58%) who either had not yet gone to their marketplace or had visited it but not yet enrolled in a plan said they were very or somewhat likely to visit by the end of the enrollment period (March 31, 2014) to enroll in a plan or find out if they are eligible for financial help.

SURVEY FINDINGS IN DETAIL

A majority of adults who are potentially eligible for the health reform law's new insurance options are aware of the marketplaces (Exhibit 1, Appendix Table 1).

Sixteen states and the District of Columbia are running their own health insurance marketplaces. Thirty-four states decided to let the federal government take primary responsibility for operating the marketplace in their state, while residents of two states that are planning to operate their own marketplaces—Idaho and New Mexico—will be enrolling in plans through the federal marketplace.³ People can go to the marketplaces to select a private health plan, find out if they are eligible for financial help to pay for their coverage, or determine if they are eligible for Medicaid.

The survey found that 60 percent of adults who are potentially eligible for marketplace coverage are aware of the marketplace in their state. This is an increase from the approximately one-third of potentially eligible adults reporting awareness of the marketplaces in a Commonwealth Fund survey conducted in the summer of 2013.⁴

Just over half of adults surveyed (53%) are aware that financial assistance for health insurance is available. This is up from about three of 10 in the same Commonwealth Fund survey.

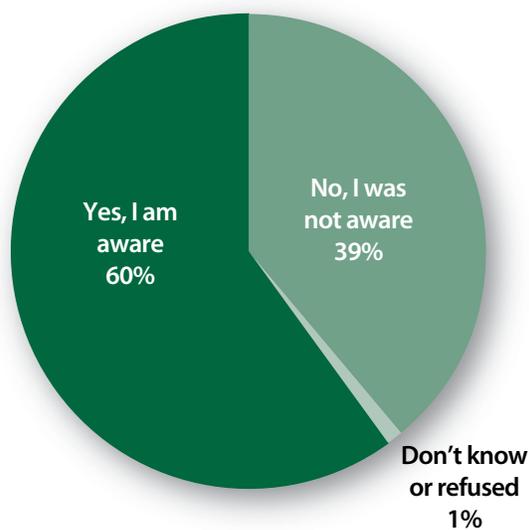
Exhibit 1. A Majority of Adults Who Are Potentially Eligible for the Law's New Insurance Options Are Aware of the Marketplaces and the Availability of Financial Assistance

Since the beginning of October, under the health reform law, also known as the Affordable Care Act, new marketplaces have been open in each state where people who do not have affordable health insurance through a job can shop and sign up for health insurance.

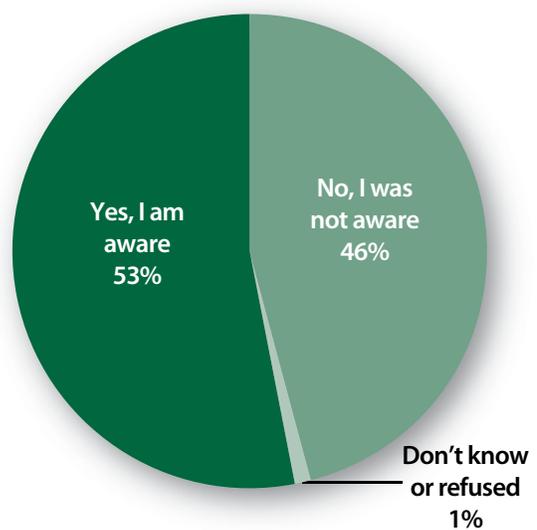
Are you aware of this new marketplace in your state?

Many people without affordable health benefits through a job may be eligible for financial help to pay for their health insurance in these new marketplaces.

Are you aware that financial assistance for health insurance is available under the reform law?



Adults ages 19–64 who are uninsured or have individual coverage



Adults ages 19–64 who are uninsured or have individual coverage

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

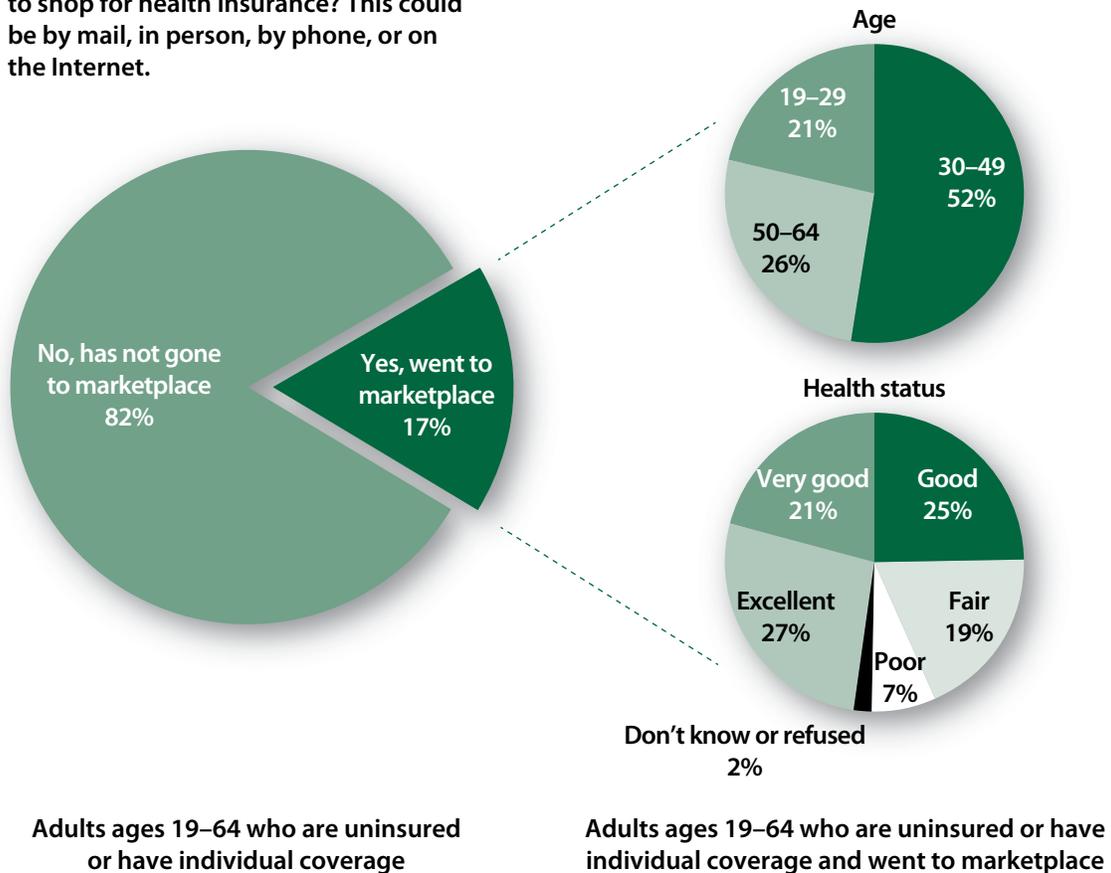
Seventeen percent of adults who are potentially eligible for the Affordable Care Act’s new coverage options visited a health insurance marketplace (Exhibit 2, Appendix Table 2).

In October, more than one of six adults who are potentially eligible for coverage under the health reform law went to the marketplaces to shop for a health plan. The age of those visiting the marketplaces varied: one of five (21%) were young adults, ages 19 to 29; 52 percent were 30 to 49, and 26 percent were 50 to 64. Their health status varied as well: nearly half (47%) reported being in excellent or very good health, one-quarter said they were in good health, and another quarter said their health was fair or poor.

A balanced “risk pool” comprising the young and the old, and the healthy and the sick, is needed to keep premiums from rapidly increasing over time.

Exhibit 2. Seventeen Percent of Adults Who Are Potentially Eligible for Coverage Visited a Marketplace

Have you gone to this new marketplace to shop for health insurance? This could be by mail, in person, by phone, or on the Internet.

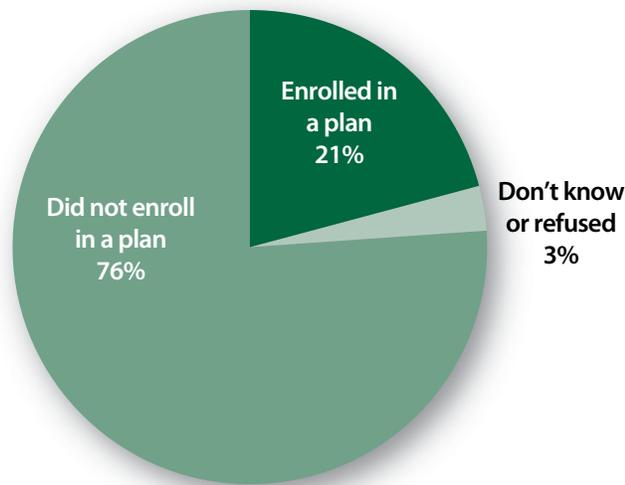


Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

One of five adults who visited the marketplaces said they enrolled in a health plan (Exhibit 3). Among the individuals who visited the marketplaces in October, 21 percent said that they had enrolled in a health plan.

Exhibit 3. One of Five Adults Who Visited the Marketplaces Enrolled in a Health Plan

Did you end up enrolling in a health plan?



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace

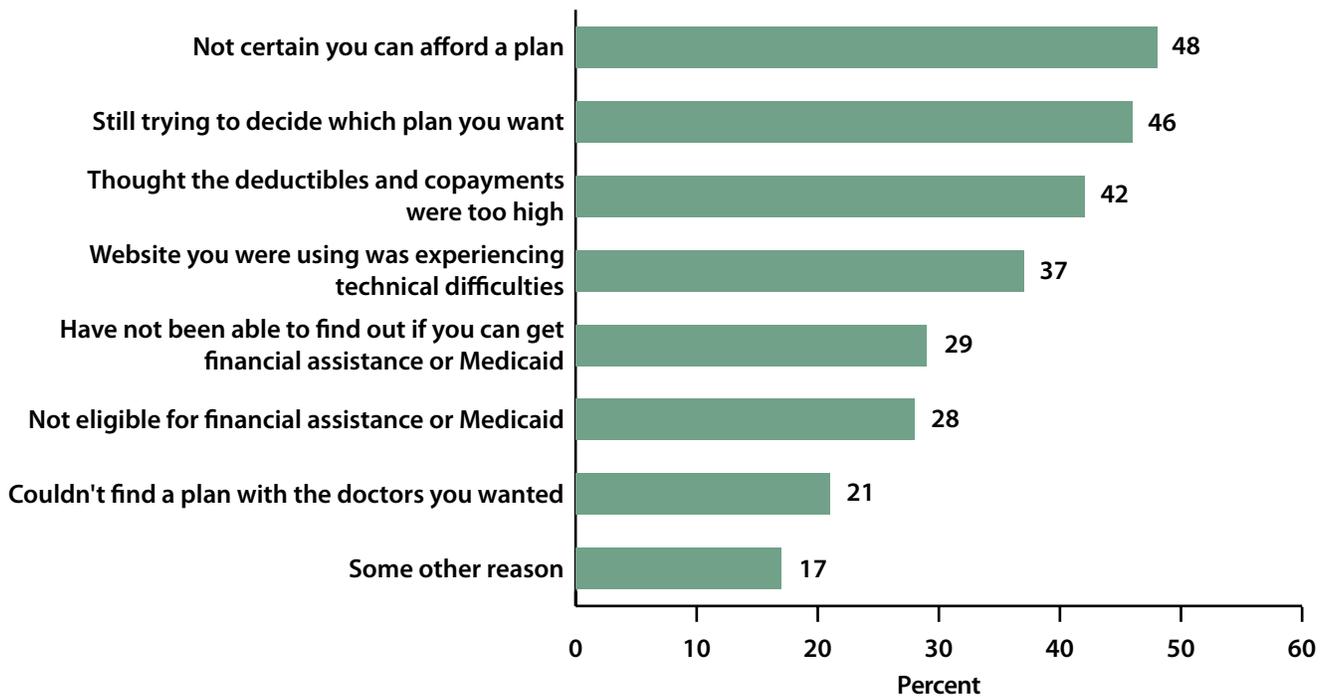
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

Survey respondents' reasons for not enrolling as of October included uncertainty over affordability, indecision regarding plan choice, and website technical difficulties (Exhibit 4).

People who visited the marketplaces but did not enroll in a health plan were asked why they did not enroll and were allowed to identify more than one reason. Nearly half (48%) said they had not enrolled because they were not certain if they could afford a plan, and 46 percent said they were still trying to decide which plan they wanted. About two of five (42%) thought the copayments and deductibles were too high, while 37 percent cited website technical difficulties as a reason.

Exhibit 4. Reasons for Not Enrolling in October Included Uncertainty over Affordability, Still Deciding Among Plans, and Website Technical Difficulties

Can you tell me why you did not enroll in a health insurance plan or Medicaid when you visited the marketplace?



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace but did not enroll

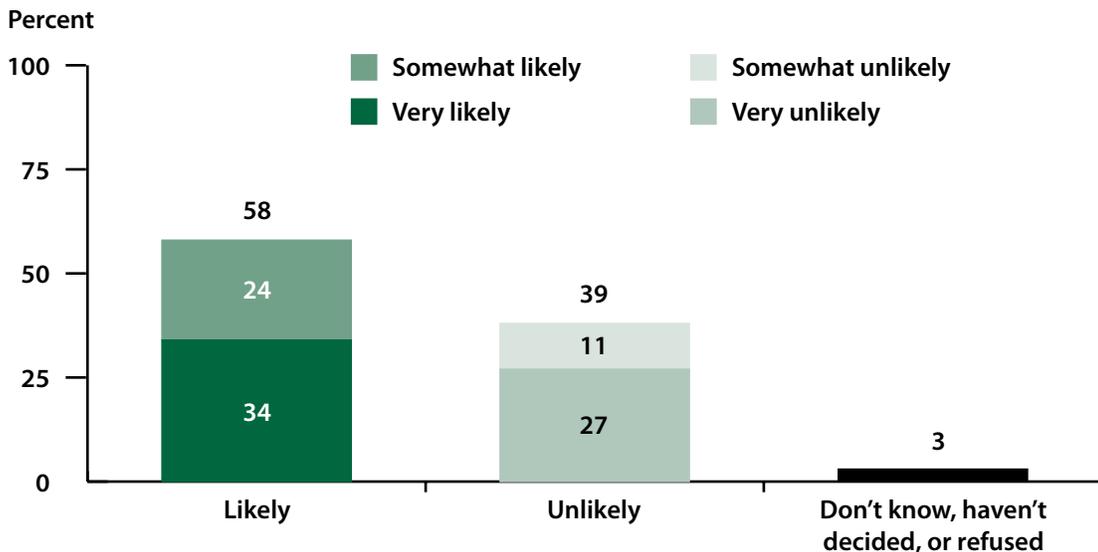
Note: Respondents could identify more than one reason.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

A majority of adults who are potentially eligible for the new coverage options but have not yet enrolled said they will likely try to do so (Exhibit 5).

People who want health insurance through the marketplaces next year have until March 31, 2014, to enroll in a plan. Three of five adults (58%) who either had not yet gone to the marketplaces or had visited but not enrolled in a plan said they were very or somewhat likely to go to the marketplace by the end of the enrollment period to enroll in a plan or find out if they are eligible for financial help.

Exhibit 5. A Majority of Adults Potentially Eligible for Coverage Who Have Not Yet Enrolled Say They Are Likely to Shop for Coverage by March 31, 2014

The enrollment period for health insurance in the marketplaces ends on March 31, 2014. How likely are you to go to/go back to the marketplace by March 31, 2014, to enroll in a health plan or find out if you are eligible for financial help to pay for your plan or for Medicaid?



Adults ages 19–64 who are uninsured or have individual coverage and who have not gone to marketplace, or went to marketplace but did not enroll

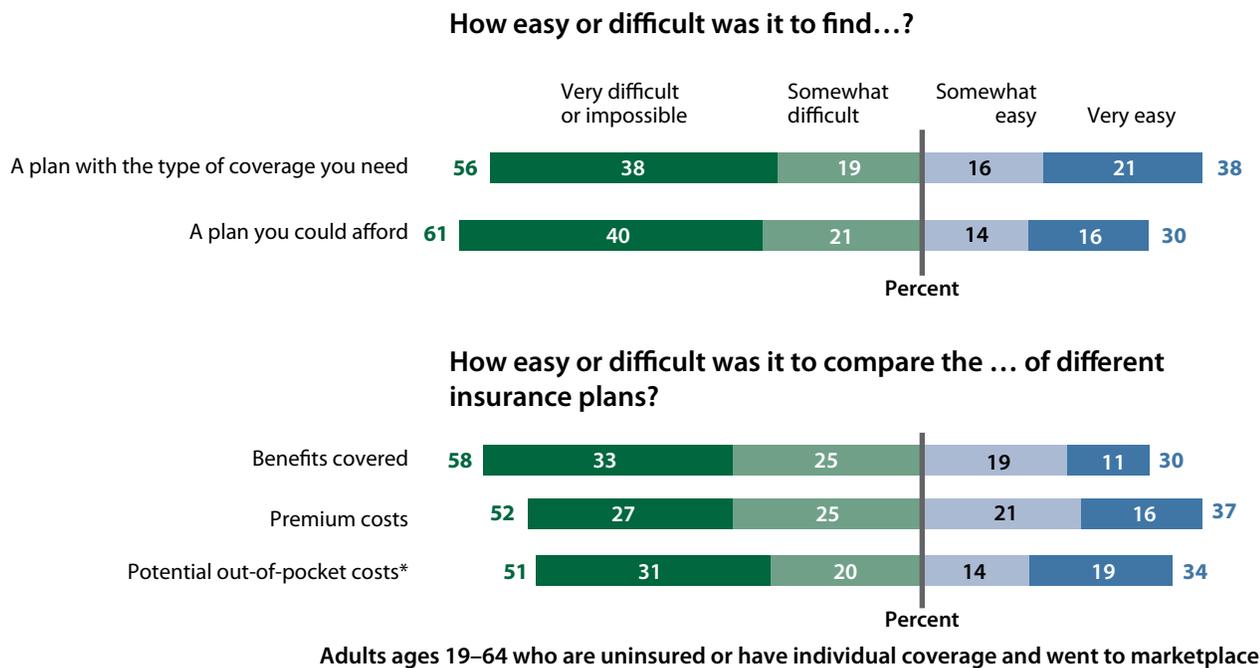
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

Many adults who visited the marketplaces found it difficult to compare health plans and make a selection (Exhibit 6).

The health plans that insurance companies sell in the marketplaces must cover a comprehensive set of health benefits, and consumers can select plans at four standardized levels of benefits: bronze, silver, gold, and platinum. Bronze plans have lower premiums but generally higher out-of-pocket costs than plans at higher levels. Platinum plans, meanwhile, have higher premiums than other plans but generally lower out-of-pocket costs. All plans at all levels must cover the same package of services, with little variation in benefits.

The survey findings suggest that many adults who visited the marketplaces faced challenges in sorting through their health plan options. More than half of adults (56%) who visited the marketplaces said that they found it impossible or very or somewhat difficult to find a plan with the type of coverage they needed, while 38 percent said it was very easy or somewhat easy to do so. Sixty-one percent said they found it impossible or very or somewhat difficult to find a plan they could afford, compared with 30 percent who said it was very easy or somewhat easy to find an affordable plan. More than half of adults who went to the marketplaces said that it was impossible or very or somewhat difficult to compare health plans on benefits (58%), premium costs (52%), and their potential out-of-pocket costs resulting from copayments and deductibles (51%).

Exhibit 6. Many Adults Who Visited the Marketplaces Found It Difficult to Select and Compare Health Plans



Note: Segments may not sum to 100 percent because of "don't know" responses or refusal to respond.

* Potential out-of-pocket costs from deductibles and copayments.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

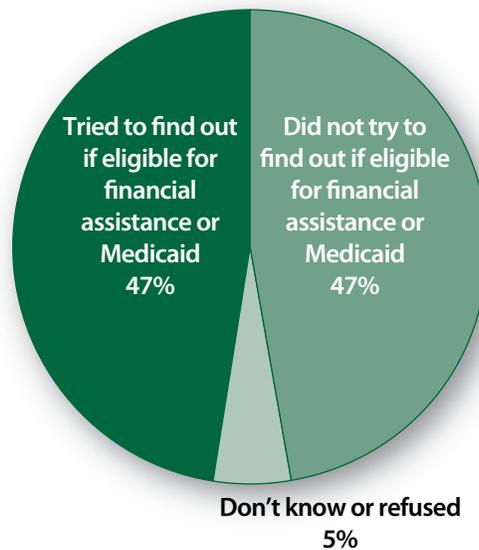
Nearly half of adults who visited the marketplaces tried to find out about financial help to pay for their health plans (Exhibit 7).

People with incomes under 400 percent of the federal poverty level (\$45,960 for an individual and \$94,200 for a family of four) who do not have an employer-based health plan that is affordable or provides adequate coverage will be eligible for a federal subsidy to help pay for their coverage.⁵ Those with incomes under 138 percent of poverty (\$15,856 for an individual or \$32,499 for a family of four) are eligible for Medicaid in states that are expanding eligibility for their Medicaid programs.

Nearly half of adults (47%) who visited the marketplaces tried to find out about financial help for buying coverage or their eligibility for Medicaid.

Exhibit 7. Nearly Half of Adults Who Visited the Marketplaces Tried to Find Out About Financial Help to Pay for Their Health Plans

Did you try to find out if you are either eligible for financial assistance to help pay for your plan, or if you are eligible for Medicaid?



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace

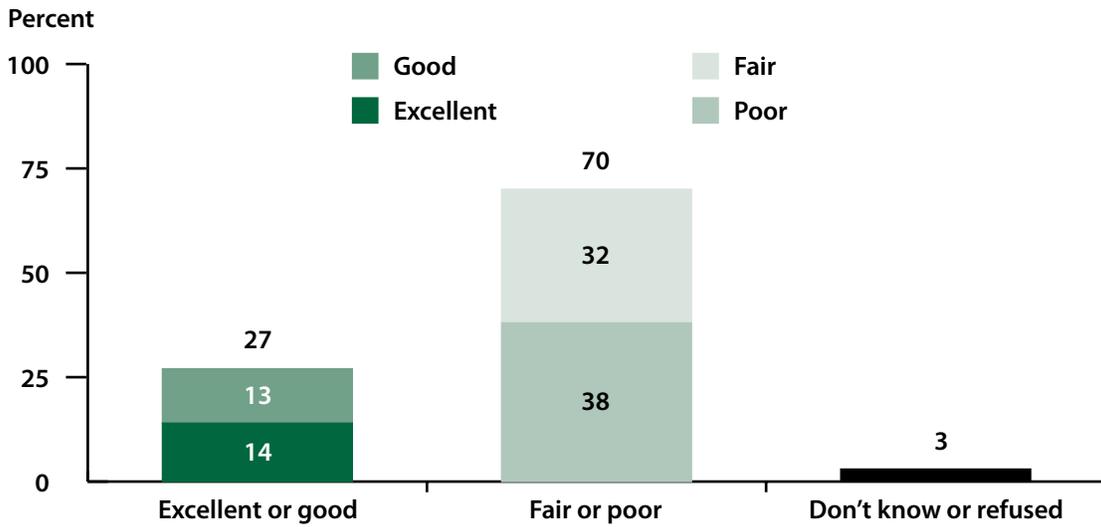
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

A majority of adults who visited the marketplaces rated their experience as fair or poor (Exhibit 8).

Reflecting the challenges they faced in selecting a health plan, 70 percent of adults who went to the marketplaces in October described their experience as fair or poor. About one-quarter (27%) reported that it was excellent or good.

Exhibit 8. A Majority of Adults Who Visited the Marketplaces Rated Their Experience as Fair or Poor

Overall, how would you describe your experience in trying to get health insurance through the marketplace in your state?



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

Nearly three-fourths of adults surveyed favor making Medicaid available to more residents in their state (Exhibit 9).

While one of the key coverage provisions of the Affordable Care Act is an expansion of eligibility for Medicaid, the Supreme Court ruled in 2012 that expanding Medicaid was optional for states. To date, 26 states and the District of Columbia have decided to expand their programs.⁶ People in states with incomes under 100 percent of poverty in states that do not expand their programs will not be eligible for Medicaid, and they will not be eligible for subsidized private plans through the marketplaces.

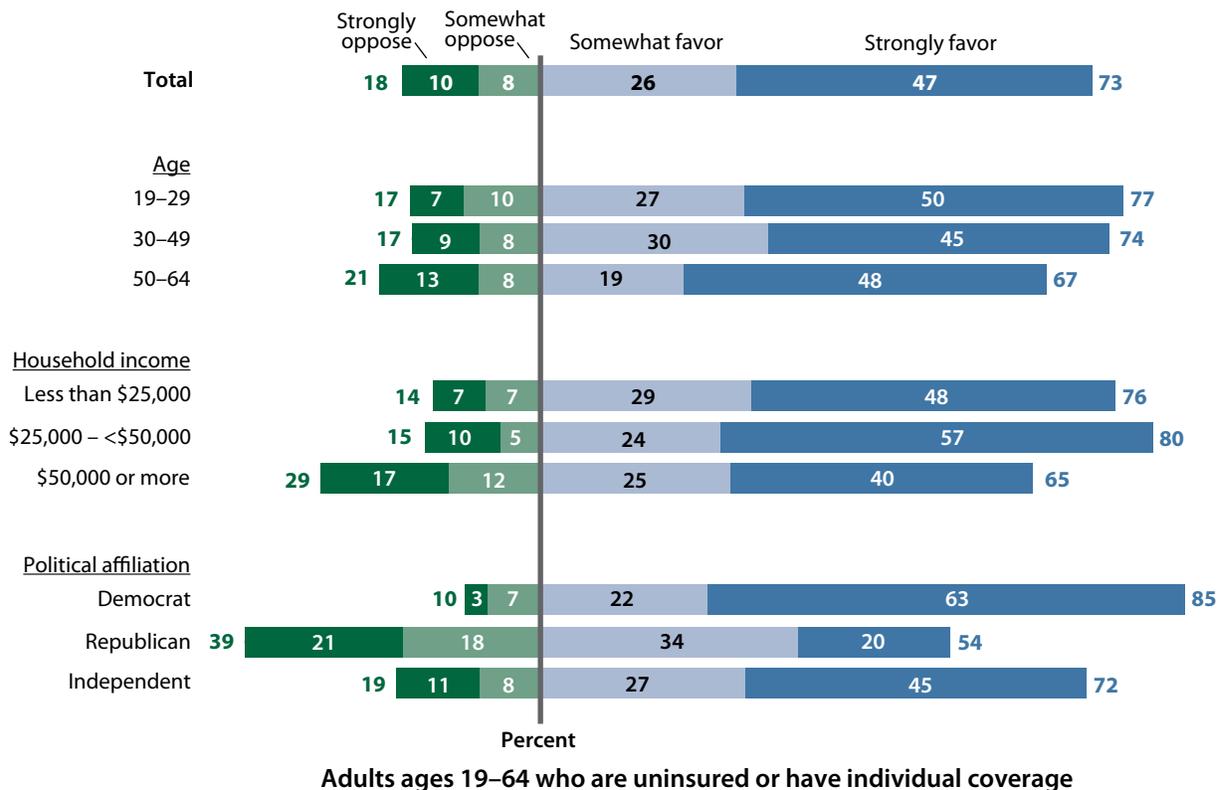
The survey found widespread support for making Medicaid available to more people. Nearly three-quarters of people (73%) who are potentially eligible for the new coverage options strongly or somewhat favor making Medicaid available to more residents in their state. This sentiment was shared by majorities of adults in all age and income groups.

Although self-identified Democrats and Independents were more likely than self-identified Republicans to express support for expanded Medicaid, more than half of Republicans (54%) were nevertheless strongly or somewhat in favor of making Medicaid available to more residents in their state.

Exhibit 9. Nearly Three-Fourths of Adults Surveyed Favor Making Medicaid Available to More Residents in Their State

More Americans will become eligible for Medicaid under the health reform law. But the Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents.

Do you generally favor or oppose making Medicaid available to more residents in your state?

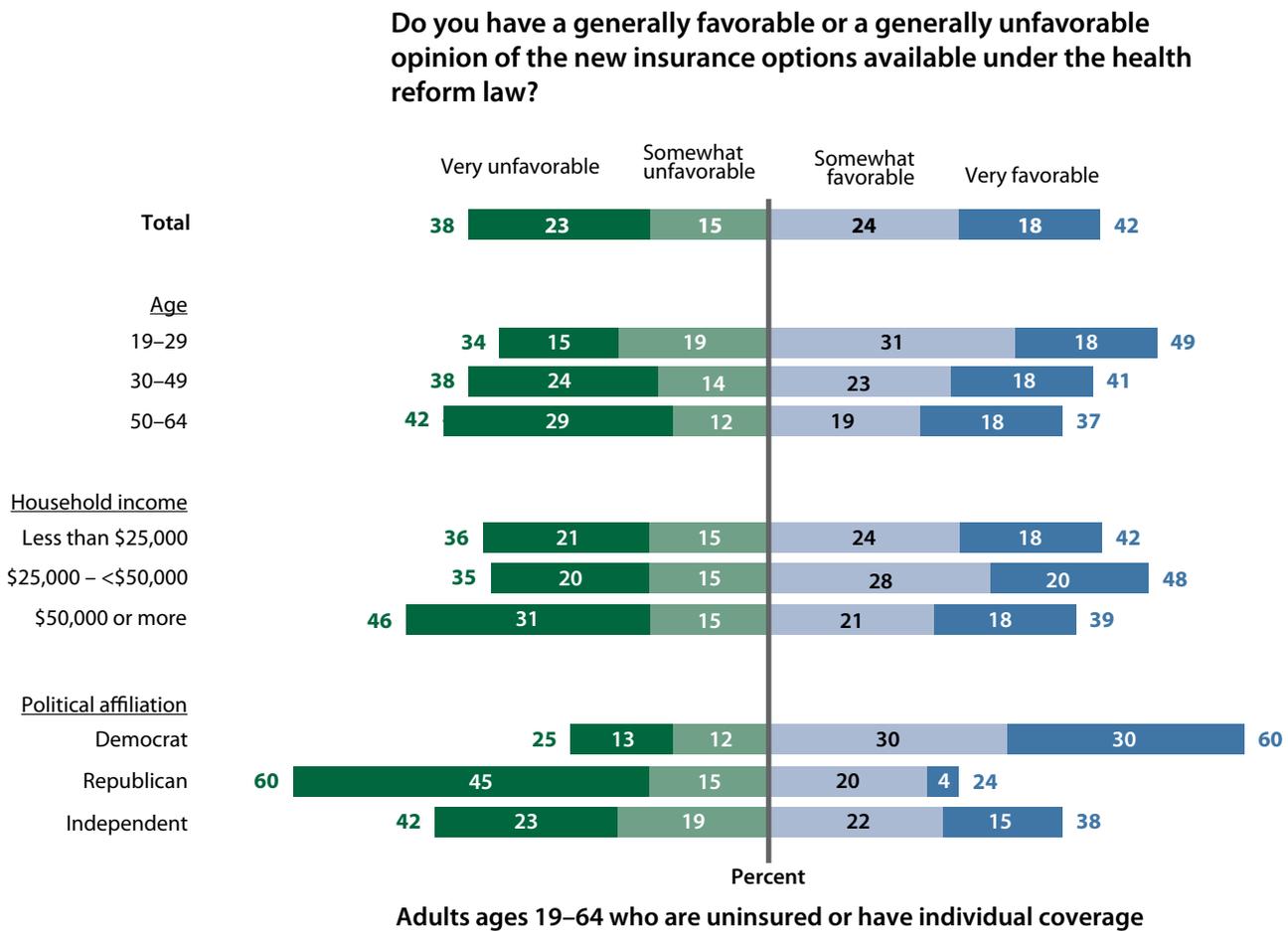


Note: Segments may not sum to 100 percent because of "don't know" responses or refusal to respond.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

Two of five adults surveyed have a favorable opinion of the Affordable Care Act’s new health insurance options (Exhibit 10).

All adults in the survey were asked about their views of the Affordable Care Act’s new health coverage options. Forty-two percent said they had a very or somewhat favorable opinion of the new choices. Young adults ages 19 to 29 were more likely to have a favorable opinion of the law than older adults ages 50 to 64 (49% vs. 37%). Larger shares of adults who identified themselves as Democrats held a very or somewhat favorable opinion, compared with Independents or Republicans (60% vs. 38% vs. 24%). More than half of adults (52%) who had visited the market-places had a very or somewhat favorable opinion of the law’s new insurance coverage options (data not shown).

Exhibit 10. Two of Five Adults Surveyed Have a Favorable Opinion of the Affordable Care Act’s New Insurance Options



Note: Segments may not sum to 100 percent because of “don’t know” responses or refusal to respond.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

CONCLUSION

The unveiling of the Affordable Care Act's central coverage provisions this month has been anything but smooth. That reality is reflected in the survey findings.

People who visited the marketplaces encountered challenges in comparing and selecting health plans, and a majority rated their experiences with the marketplaces as fair or poor. A small number of people said they had enrolled in coverage. People who did not enroll cited both technical difficulties and uncertainty over their ability to afford a plan. But they also said that they are undecided about a plan. Given that coverage does not begin until January 1, this should not come as a surprise.

The survey shows that awareness of the marketplaces is now at 60 percent among those potentially eligible, a considerable increase from The Commonwealth Fund's previous survey. It is also a finding consistent with the soaring interest in the law's new coverage options that was on vivid display this month, as millions of people tried to access state and federal marketplaces.

Despite widely reported obstacles to enrollment, nearly 60 percent of people surveyed who did not enroll in a health plan in October appear to be committed to shopping in the marketplaces for a plan and checking out their eligibility for financial help in purchasing a plan. This display of patience from people who lack comprehensive health insurance suggests that federal authorities will have another chance to remedy current technical problems.

For the vast majority of uninsured people in the United States, the temporary barrier of a malfunctioning website could pale in comparison to the permanent barriers they have faced in the past and which are redressed by the law: paying the full premium for a plan despite low income, and being charged a higher premium, having a service excluded from their plan, or being turned down altogether because of a preexisting condition. These barriers left 50 million people uninsured in the year the Affordable Care Act was signed into law.

Many more implementation challenges are certain to arise. An unanswered question is whether, a decade from now, the website problems will be remembered as a fundamental flaw in the Affordable Care Act's implementation, or a temporary, transient barrier to widespread enrollment in comprehensive, subsidized health care coverage.

METHODOLOGY AND TOPLINE

Social Science Research Solutions' nationally representative omnibus telephone survey was conducted from October 9 through October 27, 2013. Of the 4,035 interviews completed during this timeframe, 2,661 were completed with respondents ages 19 to 64. A total of 682 of these respondents reported that they were uninsured or had purchase health insurance through the individual market. This sample of 682 adults potentially eligible for coverage under the Affordable Care Act took the Commonwealth Fund Affordable Care Act Tracking Survey. The survey was conducted in English and in Spanish. Landline telephone interviews were conducted with 283 respondents while cellular phone interviews were conducted with 399 respondents, including 273 in households with no landline access. All respondents 19 to 64 years old, including those not qualifying for the full survey, were weighted to the population of U.S. adults ages 19 to 64 based on recent U.S. Census estimates. The survey has an overall margin of sampling error of +/- 4.3 percentage points at the 95 percent confidence level. The landline portion of the survey achieved a 14.6 percent response rate and the cell phone component achieved an 8.1 percent response rate.

NOTES

- ¹ A small group of people in the sample (n=22) who said they had health insurance said they had signed up for health insurance this month in a health insurance marketplace.
- ² S. R. Collins, P. W. Rasmussen, M. M. Doty, and T. Garber, *What Americans Think of the New Insurance Marketplaces and Medicaid Expansion* (New York: The Commonwealth Fund, Sept. 2013).
- ³ For more detail on the state insurance marketplaces, see The Commonwealth Fund's [interactive state marketplace map](#).
- ⁴ Collins et al., *What Americans Think of the New Insurance Marketplaces*, 2013.
- ⁵ An employer plan is considered affordable if the premium costs less than 9.5 percent of an employee's income for a self-only plan. It must also cover 60 percent of a group's medical costs.
- ⁶ See The Commonwealth Fund's [interactive map](#) for current states' decisions regarding Medicaid expansion.

Appendix Table 1. Awareness of Marketplaces and Financial Assistance by Demographics

	Awareness of marketplaces		Awareness of financial assistance	
	Yes	No	Yes	No
TOTAL	60%	39%	53%	46%
Age				
19–29	49%	50%	48%	52%
30–49	63%	36%	54%	45%
50–64	67%	32%	56%	42%
Household income				
Less than \$25,000	56%	44%	45%	55%
\$25,000 – <\$50,000	66%	32%	56%	43%
\$50,000 or more	70%	29%	66%	32%
Political affiliation				
Democrat	64%	36%	55%	45%
Republican	66%	34%	57%	40%
Independent	60%	39%	54%	45%
Marketplace type				
State-run marketplace	64%	34%	55%	43%
Federal marketplace	59%	40%	52%	48%

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

Appendix Table 2. Demographics of Survey Sample and Those Who Visited Marketplaces

	Total	Adults ages 19–64 who are uninsured or have individual coverage and who went to marketplace
Unweighted n	682	118
Percent distribution	100%	17%
Age		
19–29	27%	21%
30–49	47%	52%
50–64	26%	26%
Health status		
Very good or excellent	49%	47%
Good	26%	25%
Fair or poor	24%	25%
Household income		
Less than \$25,000	43%	38%
\$25,000 – <\$50,000	24%	29%
\$50,000 or more	21%	26%
Political affiliation		
Democrat	31%	36%
Republican	14%	15%
Independent	45%	41%
Marketplace type		
State-run marketplace	34%	36%
Federal marketplace	66%	64%

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

SURVEY QUESTIONS

Among all surveyed adults (n=682)

1. **Since the beginning of October, under the health reform law, also known as the Affordable Care Act, new marketplaces have been open in each state where people who do not have affordable health insurance through a job, can shop and sign up for health insurance. Are you aware of this new marketplace in your state?**

Yes, I am aware – 60%

No, I am not aware – 39%

Don't know enough to say or refused – 1%

Among all surveyed adults (n=682)

2. **Many people without affordable health insurance through a job may be eligible for financial help to pay for their health insurance in these new marketplaces. Are you aware that financial assistance for health insurance is available under the reform law?**

Yes, I am aware – 53%

No, I am not aware – 46%

Don't know enough to say or refused – 1%

Among all surveyed adults (n=682)

3. **People who go to the marketplaces may also find out that their income makes them eligible for Medicaid under the reform law. Are you aware that the health care reform law makes Medicaid available to more Americans?**

Yes, I am aware – 55%

No, I am not aware – 44%

Don't know enough to say or refused – 2%

Among all surveyed adults (n=682)

4. **Have you gone to this new marketplace to shop for health insurance? This could be by mail, in person, by phone, or on the Internet.**

Yes – 17%

No – 82%

Someone else went to marketplace to shop for respondent's/family's health insurance, don't know enough to say, or refused – 1%

Among surveyed adults who went to marketplace (n=118)

5. **How easy or difficult was it to find a plan with the type of coverage you need? Would you say it was...?**

Very easy – 21%

Somewhat easy – 16%

Somewhat difficult – 19%

Very difficult – 35%

Impossible – 3%

Don't know or refused – 6%

Among surveyed adults who went to marketplace (n=118)

6. **How easy or difficult was it to find a plan you could afford? Would you say it was...?**

Very easy – 16%

Somewhat easy – 14%

Somewhat difficult – 21%

Very difficult – 33%

Impossible – 7%

Don't know or refused – 9%

Among surveyed adults who went to marketplace (n=118)

7. **How easy or difficult was it to compare the benefits covered of different insurance plans? Would you say it was...?**

Very easy – 11%

Somewhat easy – 19%

Somewhat difficult – 25%

Very difficult – 30%

Impossible – 3%

Don't know or refused – 12%

Among surveyed adults who went to marketplace
(n=118)

8. How easy or difficult was it to compare the premium costs of different insurance plans? Would you say it was...?

Very easy – 16%
Somewhat easy – 21%
Somewhat difficult – 25%
Very difficult – 22%
Impossible – 5%
Don't know or refused – 11%

Among surveyed adults who went to marketplace
(n=118)

9. How easy or difficult was it to compare the potential out-of-pocket costs from deductibles and copayments of different insurance plans? Would you say it was...?

Very easy – 19%
Somewhat easy – 14%
Somewhat difficult – 20%
Very difficult – 28%
Impossible – 3%
Don't know or refused – 16%

Among surveyed adults who went to marketplace
(n=118)

10. Did you try to find out if you are either eligible for financial assistance to help pay for your plan, or if you are eligible for Medicaid?

Yes – 47%
No – 47%
Don't know or refused – 5%

Among surveyed adults who went to marketplace
(n=118)

11. Overall, how would you describe your experience in trying to get health insurance through the marketplace in your state? Would you say that your experience was...?

Excellent – 14%
Good – 13%
Fair – 32%
Poor – 38%
Don't know or refused – 3%

Among surveyed adults who went to or had someone else go to the marketplace for them (n=121)

[Note: 3 people in the survey said that someone else went to the marketplace on their behalf]

12. Did you end up enrolling in a health plan?

Yes – 21%
No – 76%
Don't know or refused – 3%

Among surveyed adults who went to marketplace but did not enroll (n=96)

13. Can you tell me why you did not enroll in a health insurance plan or Medicaid when you visited the marketplace? Was it because...

You are still trying to decide which plan you want?

Yes – 46%
No – 45%
Don't know or refused – 9%

The internet website you were using was experiencing technical difficulties?

Yes – 37%
No – 60%
Don't know or refused – 3%

You are not certain you can afford a plan?

Yes – 48%
No – 45%
Don't know or refused – 7%

You haven't been able to find out if you can get financial assistance or Medicaid?

Yes – 29%

No – 65%

Don't know or refused – 6%

You were not eligible for financial assistance or Medicaid?

Yes – 28%

No – 65%

Don't know or refused – 8%

You couldn't find a plan with the doctors that you wanted?

Yes – 21%

No – 69%

Don't know or refused – 10%

You thought the deductibles and copayments were too high?

Yes – 42%

No – 51%

Don't know or refused – 6%

Some other reason?

Yes – 17%

No – 80%

Don't know or refused – 3%

Among surveyed adults who went to marketplace but did not enroll, adults who have not gone to the marketplace, or adults who are not aware of the marketplaces (n=667)

14. The enrollment period for health insurance in the marketplaces ends on March 31, 2014. How likely are you to go to (go back to) the marketplace by March 31, 2014, to enroll in a health plan or find out if you are eligible for financial help to pay for your plan or for Medicaid? Would you say you are...?

Very likely – 34%

Somewhat likely – 24%

Somewhat unlikely – 11%

Very unlikely – 27%

Haven't decided yet – 1%

Don't know or refused – 2%

Among all surveyed adults (n=682)

15. Do you have a generally favorable or generally unfavorable opinion of the new insurance options available under the health reform law? Is that a very favorable/unfavorable or somewhat favorable/unfavorable opinion?

Very favorable – 18%

Somewhat favorable – 24%

Somewhat unfavorable – 15%

Very unfavorable – 23%

Don't know or refused – 20%

Among all surveyed adults (n=682)

16. More Americans will become eligible for Medicaid under the health reform law. But the Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose making Medicaid available to more residents in your state? Is that strongly favor/oppose or somewhat favor/oppose?

Strongly favor – 47%

Somewhat favor – 26%

Somewhat oppose – 8%

Strongly oppose – 10%

Unable to answer if favor or oppose – 3%

Don't know or refused – 6%

ABOUT THE AUTHORS

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