



**SECURITY MATTERS:
HOW INSTABILITY IN HEALTH INSURANCE
PUTS U.S. WORKERS AT RISK**

**FINDINGS FROM THE COMMONWEALTH FUND
2001 HEALTH INSURANCE SURVEY**

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December 2001

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Cover photos by Steve McCurry (Top L & R) and Marc Asnin (Bottom L & R).

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THE COMMONWEALTH FUND TASK FORCE ON THE FUTURE OF HEALTH INSURANCE

Mission Statement

The Task Force on the Future of Health Insurance is a national, independent, nonpartisan initiative established by The Commonwealth Fund to identify strategies to expand and improve health insurance coverage for America's workers and working families. The Task Force envisions a health insurance system that meets the needs of a 21st century workforce and gives working families access to stable, high-quality, affordable health insurance. The Task Force also seeks to keep the debate on health insurance coverage for the nation's uninsured and underinsured high on the national agenda.

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OVERVIEW

In a period of rising unemployment rates and new threats to public health, insurance that provides ready access to affordable medical care is vital to the nation's future health and economic security. Yet based on a new survey sponsored by The Commonwealth Fund, one of four working-age adults ages 19 to 64, some 38 million people, was either uninsured or had been uninsured at some point during the past year. Moreover, an estimated 30 percent of unemployed adults were uninsured when surveyed or had experienced a period without health coverage earlier in the year.

These findings are particularly troubling given that the survey was conducted in mid-2001, a time when labor markets were tighter. With the number of uninsured expected to rise as job losses mount, the survey's findings that adults who have had a relatively brief spell without insurance—even a few months—are just as likely as the long-term uninsured to face problems accessing health care or paying for medical bills portend even greater health insecurity in the near future.

As the economy worsens, the ability of working men and women to hold on to health insurance if they lose their job will also be critical to health security. But under current federal COBRA rules, only 65 percent of those currently working are likely to be eligible to continue their employer coverage.¹ The other 35 percent either work for small firms that are not eligible for COBRA, are currently uninsured, or have another source of health coverage. Only 40 percent of low-wage workers are likely to be eligible to participate in COBRA in the event of a job loss.² Even if they are eligible, affordability of premiums is a concern.

Conducted from April 27 to July 29, 2001, by Princeton Survey Research Associates, The Commonwealth Fund 2001 Health Insurance Survey provides a unique, up-to-date look at health insurance coverage of the U.S. workforce. Based on telephone

¹ COBRA allows workers who lose or leave their job to keep their health insurance for up to 18 months by paying 102 percent of their former employer's group rate premium. This federal legislation does not apply to firms with less than 20 employees.

² "Low-wage" is defined as annual income below 200 percent of the federal poverty level.

interviews with 2,829 adults ages 19 to 64, this report focuses on health insurance stability throughout the year and the extent to which having a time uninsured during the year affects access to care, financial security, and confidence in the health care system.³

Interviews with adults who have been without health insurance at any time during the past year, even if they were insured at the time of the survey, reveal widespread difficulty in getting care when sick. Many of those interviewed had gone without physician-recommended tests, treatment, or prescribed medications. In the past year, more than two-thirds of short- or long-term uninsured adults either went without needed medical care or encountered difficulties paying medical bills—or both.

For those losing their group health coverage or without access to any, the individual insurance market is unlikely to provide a viable alternative. A large majority of survey respondents who had considered buying coverage in the past three years could not find an affordable health plan. Just over one-quarter of these men and women ultimately bought a policy.

To inform the debate over what steps the nation should take to cover the uninsured, the survey also obtained people's views of employer-based insurance and gauged their support for different policy options to expand coverage. Findings demonstrate strong overall support for job-based coverage, including high confidence in employers' ability to select quality health plans. Surveyed adults also expressed strong preference for continuing group coverage rather than using tax credits or employer contributions to purchase coverage on their own.

Summary of Key Findings

Insurance Coverage

- One of four (24%) survey respondents ages 19 to 64, representing 38 million adults, was either uninsured at the time of the survey or had a time uninsured earlier in the year. Fifteen percent, representing 24 million adults, had no insurance when surveyed. Another 9 percent, or 14 million adults, were insured when surveyed but uninsured for a period during the past 12 months.

³ The full survey included interviews with 3,508 adults 19 or older, including 628 adults age 65 or older. To understand the experiences of those dependent on jobs for health insurance, this report focuses on adults ages 19 to 64. See the methodology section at the end of this report for a description of the survey.

- An estimated 30 percent of unemployed adults ages 19 to 64 were either uninsured when surveyed or had a time uninsured earlier in the year.
- Adults with low or modest incomes dominate both groups of the uninsured: 75 percent of those currently uninsured and 63 percent of those with a recent spell uninsured have annual incomes below \$35,000. Only 2 percent of the currently uninsured and 7 percent of those with a spell uninsured earlier in the year had incomes of \$60,000 or more.
- Analysis reveals sharp disparities by income: half of low-income adults (with annual income less than \$20,000) were either uninsured when surveyed or had been uninsured during the year.⁴ Overall, more than one-third (35%) of low-income working adults reported that their employer did not offer them health insurance.
- Two of three (65%) working adults are potentially eligible for COBRA insurance should they become unemployed. However, only 40 percent of low-wage workers would be eligible for COBRA in the event of a job loss.
- Three of five workers with incomes below 200 percent of the federal poverty level would be *ineligible* for COBRA because they are currently uninsured, are employed in a small firm that is exempt from providing COBRA coverage, or are insured through another source (primarily public program coverage).
- To date, individual insurance has not been a viable option for those without access to job-based coverage. Among adults with recent experiences in the individual insurance market, a majority (69%) said it was difficult or impossible to find affordable coverage. Regardless of age, about half or more reported concerns with benefits as well as costs: 52 percent said it was difficult to find the coverage they needed. Just over one-quarter (28%) of those considering a purchase ended up buying an individual policy.

Insurance Instability and Consequences

- Those who were uninsured when surveyed were generally without coverage long-term: 75 percent had been uninsured for a year or more. In contrast, those who were

⁴ The analysis divides adults into four annual income groups: less than \$20,000, \$20,000 to \$34,999, \$35,000 to \$59,999, and \$60,000 or more; and two poverty groups: below 200 percent of the federal poverty level, and 200 percent of the poverty level or more.

insured but had a time during the past year when they were not tended to be uninsured only short-term: 65 percent were uninsured for six months or less.

- Whether uninsured long-term or short-term, adults who had any time without health coverage during the year were two to four times more likely to have gone without needed medical care than were adults insured all year. The risks varied little by the length of time uninsured.
- More than half of adults with any time uninsured in the past year reported a time that they did not see a doctor when sick, did not fill a prescription, skipped recommended medical tests or treatment, or did not see a specialist because of the cost.
- Half of both groups of uninsured adults reported difficulties paying medical bills during the past year.
- Three of 10 short-term uninsured adults—those who were without coverage during the year but were insured when surveyed—said medical bill problems forced them to change their way of life significantly. Most often, this meant that they had depleted their savings or had been unable to pay for basic expenses like food or rent.
- Having any family member uninsured is associated with increased financial risk for the entire family. Fifty-six percent of families with at least one member lacking coverage during the past year reported medical bill problems, compared with only 25 percent of adults in families with all members insured all year.
- Currently uninsured adults and those recently uninsured were twice as likely as those with health coverage all year to report that they were required to pay cash in advance to receive medical care (27%, 29%, and 14%, respectively).
- More than 70 percent of low- and modest-income uninsured workers went without needed care or had difficulties paying medical bills, compared with 42 percent of similar workers who were insured all year.
- Families that have any member without health insurance are at heightened risk for financial difficulty. Among families with two or more members, those in which any member was uninsured in the past year were more than twice as likely to report medical bill problems as those in which all members were insured all year.

Support for Employer-Sponsored Insurance

- Among adults with employer-based coverage, a strong majority—74 percent—believe employers do a good job of selecting health plans for employees.
- Most adults with employer-sponsored health insurance lack confidence that they could obtain affordable coverage on their own if their employer stopped offering coverage; only 18 percent were very confident.
- Adults with employer-based health coverage strongly prefer keeping their group coverage to buying a plan on their own with premium assistance. Given the option of receiving a tax credit or the employer's premium contribution directly to buy coverage on their own, a strong majority (68% and 78%, respectively) said they would prefer keeping their employer coverage. Younger adults (ages 19–29), however, were more interested than older adults (ages 50–64) in financial incentives, such as tax credits, to purchase coverage on their own (26% vs. 14%).
- The majority of adults favor strategies to help the uninsured obtain health care coverage. Three-quarters or more favor letting the uninsured participate in public programs (Medicaid, CHIP, Medicare), offering tax credits or other financial assistance to help people buy insurance on their own, or requiring all businesses to contribute to the cost of health insurance for their employees.

Policy Implications

Public policy could play an important role in shoring up workforce health security in this time of economic recession. For example, subsidies to help newly unemployed workers keep their job-based health insurance through COBRA could help guard against the financial stress reported by many short-term uninsured. Currently, unemployed workers who qualify for COBRA coverage are required to pay 102 percent of the health plan premium—an unaffordable option for many. Efforts to build on existing employer-based health coverage to reach the unemployed are likely to have broad public support, based on the survey's findings.

Employer-based approaches, however, will work less well to protect low- and modest-wage workers. As of mid-2001, 36 percent of low-income workers were uninsured, while another 7 percent had job-based coverage but worked for small employers not covered by federal COBRA standards. To assist low-income, unemployed workers, public policy efforts will need to move beyond building on employer coverage

to protect family health and well-being, most likely through existing public programs. Even when employed, low-income workers find it difficult to pay for the basic costs of living, much less unexpected medical expenses.

The survey further indicates that efforts to use tax credits or financial incentives to expand health coverage will need to guard against unintended consequences. The finding that younger adults are more interested than older adults in opting out of group coverage to take a tax credit raises the concern that tax credits could undermine risk pooling if not carefully designed.

I. THE UNINSURED WORKFORCE: A PROFILE

To gain an overview of U.S. workers' health insurance coverage, The Commonwealth Fund 2001 Health Insurance Survey questioned adults about their current insurance status. Those who reported having insurance were asked whether they experienced a time without health coverage during the past 12 months. Participants were also asked about the length of time they were uninsured and the reasons they lacked coverage. Survey responses, obtained at a time when the economy was relatively stronger, indicate high levels of health insurance instability and insecurity within the nation's workforce.

As of mid-2001, one of four working-age adults was uninsured or experienced a time uninsured during the year.

- Nearly one of six (15%) adults ages 19 to 64—representing 24 million Americans—was uninsured when surveyed. Another 9 percent of adults (14.5 million people) had health insurance but said they had been uninsured at some point during the past year. Overall, 24 percent of adults (38 million people) were either uninsured or experienced a time without coverage during the past year. (Chart 1 and Table 1)
- Men and women with low to modest incomes comprise the vast majority of those who are currently uninsured or were uninsured earlier in the year. Three-quarters of adults who were uninsured when surveyed, and 63 percent of those who now have health insurance but spent a time without it in the past year, had annual incomes below \$35,000. In contrast, only 2 percent of the uninsured, and 7 percent of those previously uninsured, had incomes of \$60,000 or more. (Chart 2 and Table 2)

Most currently uninsured adults have been without health coverage for a long time. Those who were insured when surveyed but uninsured earlier in the year tended to experience shorter spells uninsured.

- Three-quarters (75%) of uninsured adults have been uninsured for one year or more; half (49%) have been uninsured for three years or more. (Chart 3)
- Among those insured adults who had a time earlier in the year without coverage, two-thirds (65%) had been uninsured for six months or less and 36 percent for three months or less. Only one of four (25%) individuals in this group had been uninsured for a year or more before obtaining coverage.

Income and wage levels, rather than work status, are the strongest predictors of being uninsured. Half of low-income adults were uninsured or had a time uninsured during the year.

- Nearly half of surveyed adults classified as low-income—whether measured by annual income or hourly wage rate—were either uninsured or had a time uninsured during the year. One-third were uninsured at the time of the survey. (Chart 4)
- A significant majority of the uninsured are employed or are married to full-time workers. More than half (53%) of the men and women who were uninsured when surveyed were working full-time; 63 percent were in a family with at least one full-time worker. Similarly, 72 percent of those with a recent time uninsured either work full-time or are married to a full-time worker. (Table 2)
- Overall, more than one-third (35%) of low-income working adults (with annual income less than \$20,000) reported that their employer did not offer them health insurance.

Reflecting their generally low incomes, young adults and Hispanics are at high risk of being uninsured.⁵

- One-third of Hispanic adults were uninsured when surveyed and another 12 percent had been uninsured earlier in the year. Overall, 45 percent of Hispanics were without health insurance at some point in the past year. (Chart 5)
- Nearly two of five (39%) adults ages 19 to 29 were either uninsured when surveyed (24%) or were without health coverage earlier in the year (15%).

Lack of affordable health insurance, loss of employment, and lack of job benefits are the main reasons why working-age adults are uninsured.

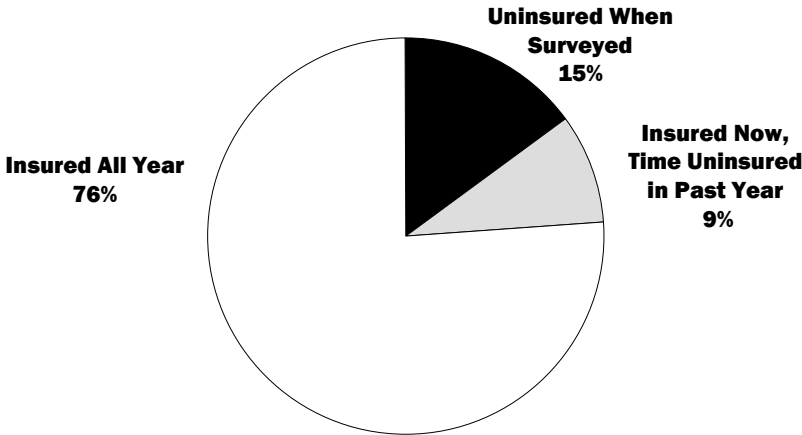
- Asked the main reason why they have no health insurance, 45 percent of the uninsured said they can not afford it; 14 percent said they lost their job or recently changed jobs; and 19 percent reported that they work for an employer that does not offer benefits or they were ineligible. Only 7 percent said that they do not need health insurance. (Chart 6)

⁵ In the survey, 57 percent of young adults (ages 19 to 29) and 63 percent of Hispanics ages 19 to 64 had incomes below 200 percent of the federal poverty level.

- Insured respondents who were uninsured earlier in the year gave similar reasons for lacking coverage. Only 1 percent said they had not needed health insurance.
- Finding a job or changing jobs appears linked to the change in insurance status. More than half (54%) of those who now have health coverage but were uninsured for a period in the past year had been in their current job for less than one year. (Table 2)
- Most uninsured workers are employed by firms that do not offer them health insurance. A majority (60%) of employed but uninsured respondents reported that their employer does not provide health benefits at all, while 11 percent said they are not eligible to participate in the company health plan. Only one-fifth (22%) of uninsured workers said they were offered and eligible for health benefits. (Chart 7)

Chart 1

One of four adults—38 million—was uninsured during the past year.

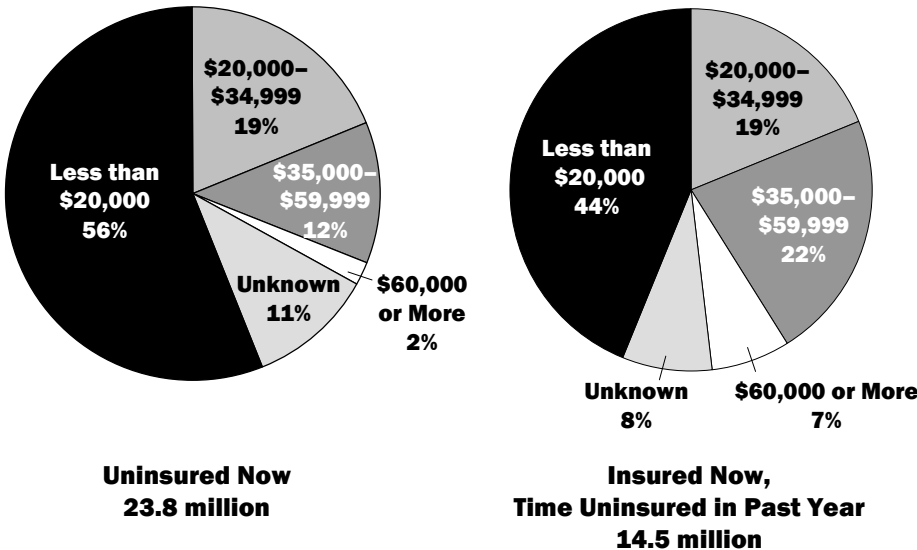


161.3 Million Adults Ages 19-64

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 2

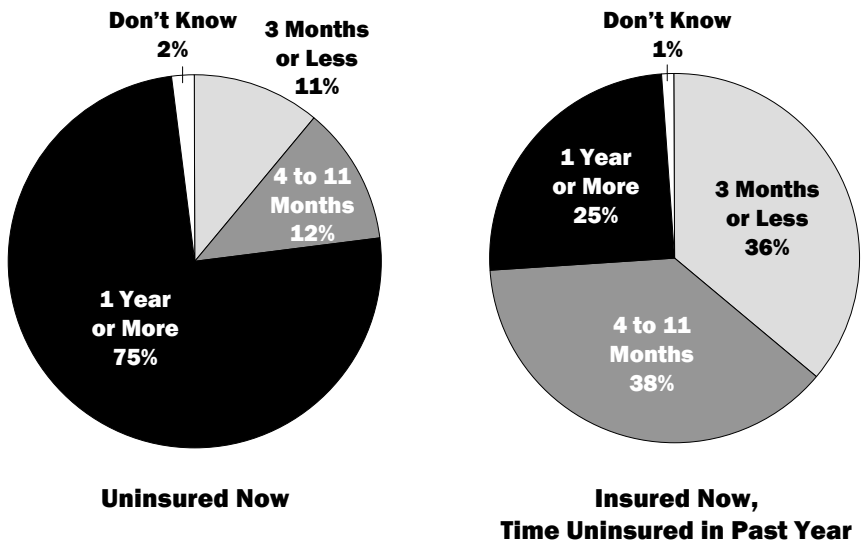
Most uninsured adults have low family incomes.



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 3

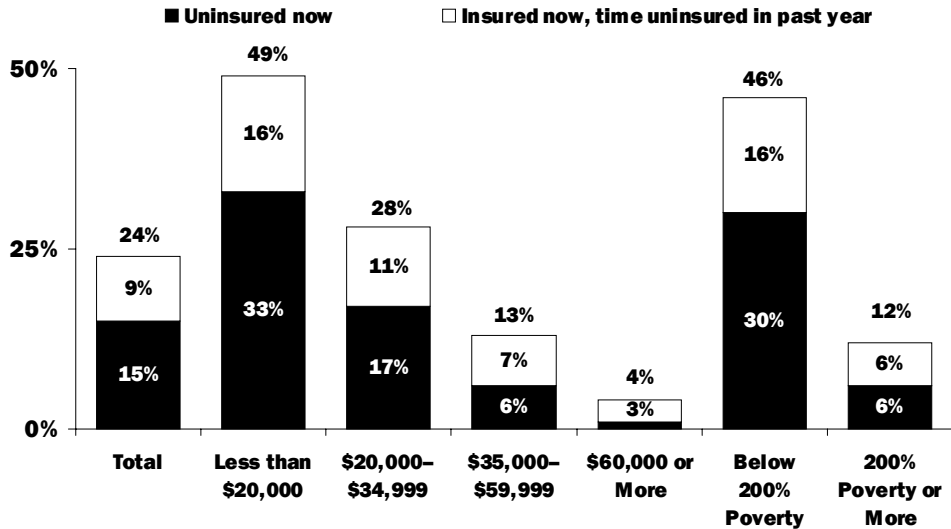
Length of Time Uninsured, Adults Ages 19-64



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 4

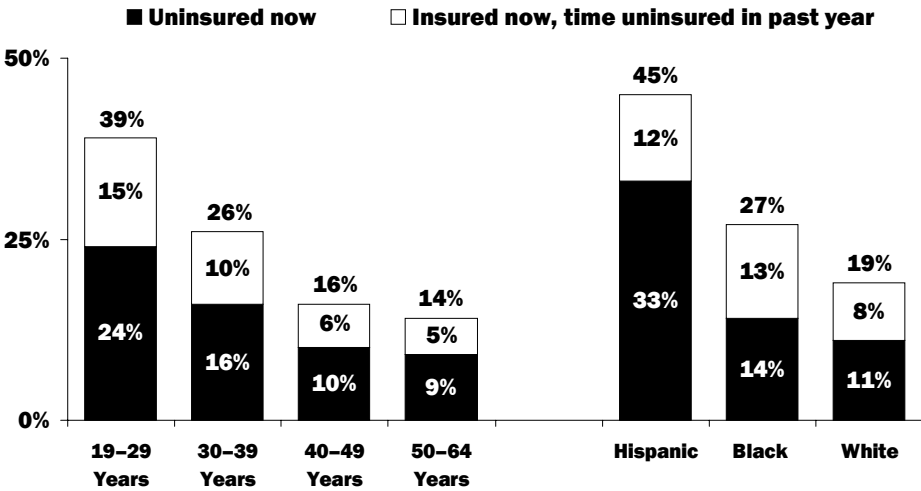
Nearly half of low-income adults were uninsured during the year as of July 2001.



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 5

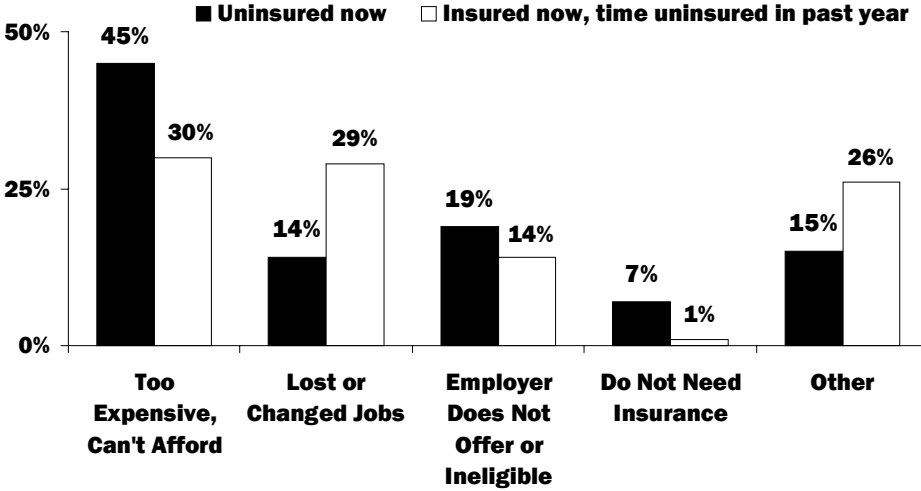
Young adults and Hispanics are at high risk for being uninsured.



Source: The Commonwealth Fund 2001 Health Insurance Survey.

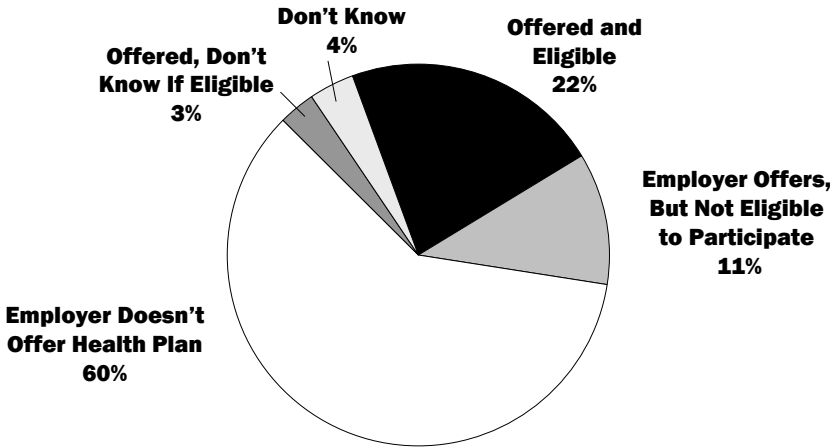
Chart 6

Why are you uninsured now? Why were you uninsured earlier in the year?



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Most uninsured workers are not offered or eligible to participate in job-based coverage.



Currently Uninsured Working Adults Ages 19-64

Source: The Commonwealth Fund 2001 Health Insurance Survey.

II. THE CONSEQUENCES OF BEING UNINSURED

To find out what happens when people go without health insurance—even for relatively short periods—the survey asked participants about their experiences getting needed medical care, difficulties with paying medical bills, and confidence in obtaining high-quality care. The analysis of responses contrasts the two groups of uninsured adults—those uninsured when surveyed, and those insured now but uninsured earlier in the year—to adults who were insured all year. Given the length of time each group was uninsured, this is roughly equivalent to comparing the experiences of the long-term and short-term uninsured, respectively. (Chart 3)

Survey findings illustrate the substantial vulnerability to health care access and medical bill problems faced by those who are uninsured for any length of time. Adults who were uninsured when surveyed or who were uninsured earlier in the year are two to four times more likely than adults who have been insured all year to go without needed medical care and to struggle with out-of-pocket medical expenses for treatment that could not be postponed. Two of three adults who were uninsured during the year reported problems getting needed care, paying medical bills, or both. Risks varied little by length of time uninsured. Moreover, lack of insurance was found to erode people’s confidence in the health care system.

Half of adults who were uninsured when surveyed or were recently uninsured reported a time during the year that they went without needed medical care due to costs.

- Those who experienced any time without health coverage were two to four times more likely to skip or delay needed care than adults who were insured all year. (Chart 8 and Table 3)
 - One-third of the currently uninsured (30%) and recently uninsured (35%) reported a time they did not fill a prescription for medication due to costs, compared with 13 percent of adults insured all year.
 - One-third (34%) of those uninsured now and more than one-quarter (27%) of those with a recent time uninsured skipped a recommended medical test, treatment, or follow-up care—three times the rates for those insured throughout the year (9%).
 - Forty-three percent of the currently uninsured and 31 percent of those with a recent time uninsured did not see a doctor when sick, four times the rate of those

insured all year (10%). One of four members of either group of uninsured adults did not see a specialist when needed.

- Counting any of the four health care access indicators, more than half of either group of uninsured adults went without needed care during the year due to costs, more than twice the rate of adults insured all year (21%).

Being uninsured, even for a short period, can create financial insecurity for families. Half of currently and recently uninsured adults have had problems paying their medical bills—often with serious consequences.

- Half of those uninsured when surveyed (the long-term uninsured) and 44 percent of those recently uninsured (the short-term uninsured) reported problems paying for medical expenses during the year. More than one-third of survey respondents in each group had been contacted by a collection agency for unpaid medical bills in the past year (Chart 9).
- More than one of four (27%) currently uninsured adults and one of three (31%) adults with a recent time uninsured reported medical bill problems so severe that they had to change their way of life significantly to pay these bills (Chart 10). Among these individuals:
 - 70 percent said they had used all or most of their savings to pay off medical bills;
 - two-thirds had to borrow from a friend or family member;
 - one of four took out a loan or mortgage on their home; and
 - half had problems paying for basic necessities such as food or rent.
- Counting any of the three medical bill paying problems, more than half of those currently uninsured (56%) or recently uninsured (55%) faced financial insecurity due to medical costs.

Health insurance coverage is strongly tied to economic security. Adults without coverage are much more likely to have difficulty affording basic living expenses.

- Whether uninsured long-term or short-term, men and women without insurance coverage are three times more likely than adults insured all year to report they were unable to pay for basic costs such as food, rent, and heating or electric bills in the past year (39%, 40%, and 12%, respectively). (Chart 11)

- One-quarter of short-term (24%) and long-term (22%) uninsured adults had no telephone service for a two-week period or longer in the past year, compared with only 7 percent of those insured all year.

Uninsured adults often have to pay cash in advance for medical care.

Compared with those insured all year, they are also less likely to have a doctor they regularly see for care or to rate their physician favorably.

- Uninsured adults and those recently uninsured were twice as likely as those with health coverage all year to report paying cash in advance for care (27%, 29%, and 14%, respectively). (Chart 12)
- Currently and recently uninsured adults were notably less likely than those with health coverage year-round to have a doctor they usually rely on for care: only 42 percent of the uninsured and 69 percent of those with a recent time uninsured had a regular physician, compared with 84 percent of adults insured all year (Chart 13).
- When asked to rate the physician care they received, only 43 percent of currently uninsured respondents rated it “excellent” or “very good,” while 18 percent rated their care negatively. Those with health insurance gave much more favorable ratings.

Only one-third of adults ages 19 to 64 are “very confident” they can get high-quality medical care when they need it. Confidence is lowest among those who have been uninsured in the past year.

- Despite abundant sources of high-quality health care in the United States, one of four (25%) adults ages 19 to 64 in the survey lacked confidence that good medical care would be available when needed. Only one-third said they are “very confident” they will be able to obtain high-quality care. (Chart 14)
- Low-income adults—those most likely to be uninsured—are the least confident about their ability to get needed care. More than a third (36%) with incomes below \$20,000 lacked confidence they would be able to get high quality care if needed—twice the rate of those with higher incomes. (Chart 15)
- Those with any time uninsured are least likely to feel that medical care will be available to them when needed. Nearly half (47%) of uninsured survey respondents and one-third of those recently uninsured (31%) were not confident about their ability

to obtain needed care in the future. Only 13 percent of uninsured adults and 21 percent of those recently uninsured were very confident they would have access to high-quality care when needed, compared with 37 percent of adults insured all year. (Chart 16)

Having any family member uninsured is associated with increased financial risk for the entire family.

- The survey revealed that among families of two or more (including married couples and families with children), nearly a quarter (23%) have a mix of insured and currently or recently uninsured members, whether an adult or child.

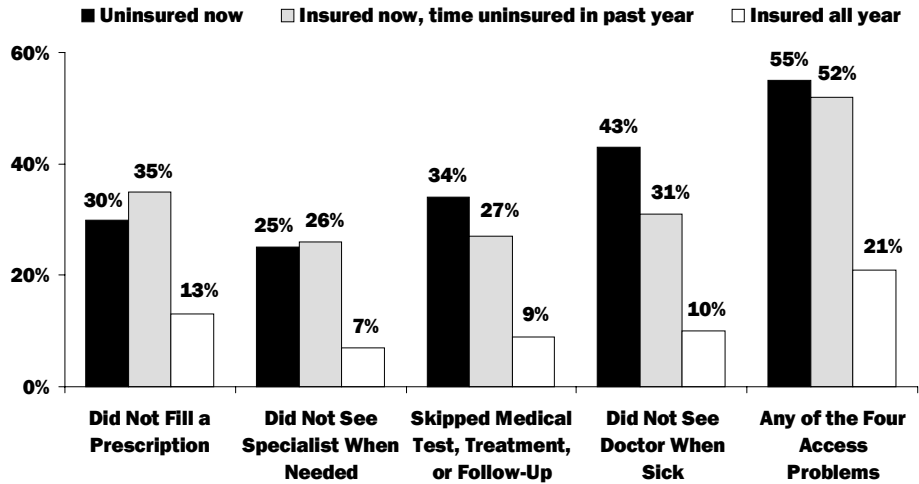
(Chart 17)

- Adults in families having a mix of insured and uninsured members reported medical bill difficulties at rates that were remarkably similar to those reported by adults who said *all* family members were uninsured. Among adults in families with at least two people, 62 percent of those in which everyone was uninsured, and 56 percent of partially covered families, reported medical bill problems. In contrast, 25 percent of adults in families where all members were insured year-round reported similar problems.⁶

⁶ The survey asked about the spouse's insurance and the insurance of dependent children.

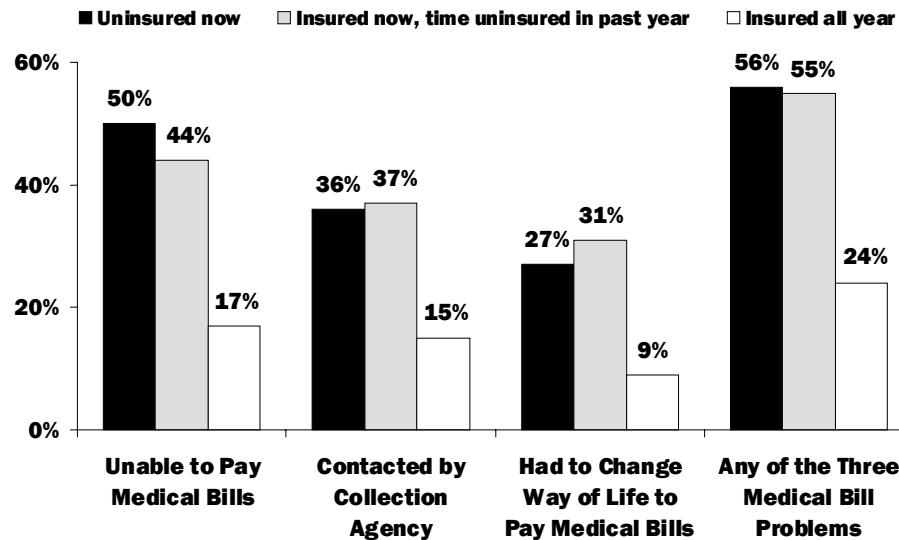
Adults with any time uninsured in the past year are two to four times more likely to have access problems than those insured all year. Chart 8

Percent of adults who went without needed care in the past year due to cost



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Over half of adults uninsured during the year had problems paying medical bills. Chart 9



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 10

Financial Insecurity Due to Medical Bills Among Adults Ages 19–64

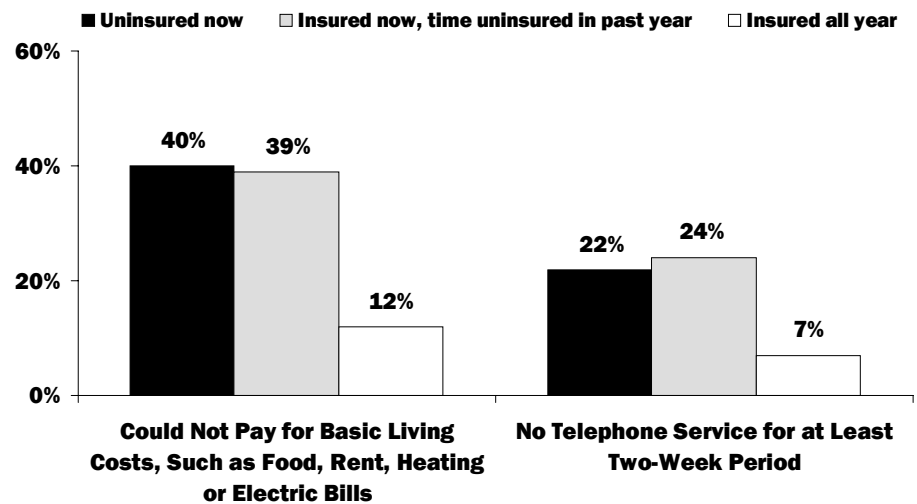
	Total	Uninsured Now	Insured Now, Time Uninsured in Past Year	Insured All Year
Had to change way of life to pay bills	13%	27%	31%	9%
Ways adults had to change life				
Used all or most of savings	70	70	76	68
Borrowed money from family or friend	58	64	70	49
Unable to pay for basic necessities	54	55	61	51
Needed loan or mortgage home	23	27	26	19

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 11

Difficulty Meeting Basic Needs Within Last Year

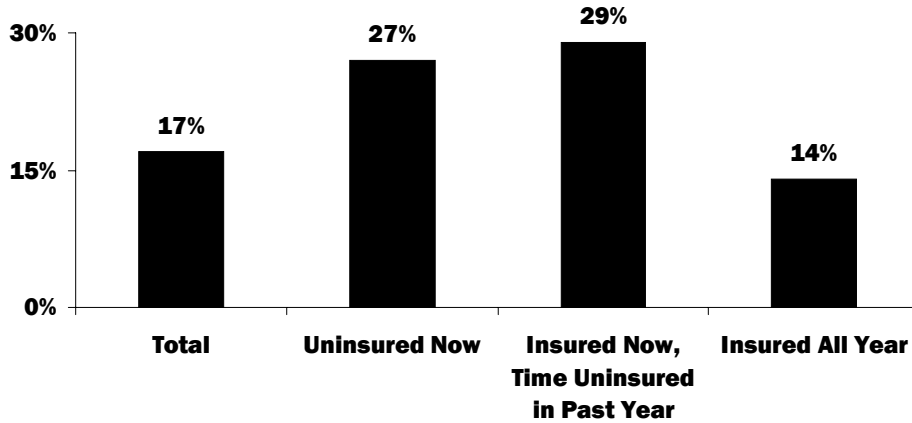
Percent of adults reporting:



Source: The Commonwealth Fund 2001 Health Insurance Survey.

More than one of four uninsured adults had to pay cash in advance for medical care.

Percent of adults who had to pay cash in advance for medical care



Source: The Commonwealth Fund 2001 Health Insurance Survey.

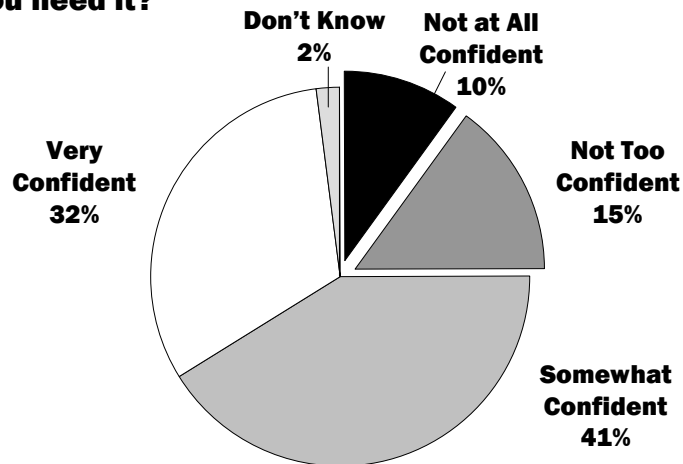
Regular Source of Care and Doctor Ratings, by Insurance Status, Adults Ages 19-64

	Total	Uninsured Now	Insured Now, Time Uninsured in Past Year	Insured All Year
Have regular doctor you rely on for care	76%	42%	69%	84%
With current source of care five years or more	51%	38%	35%	55%
Rating of quality of physician care				
Excellent or very good	67%	43%	63%	72%
Good	23%	33%	28%	20%
Only fair or poor	8%	18%	7%	6%

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 14

Thinking about your future medical care needs, how confident are you that you will be able to get high-quality health care when you need it?



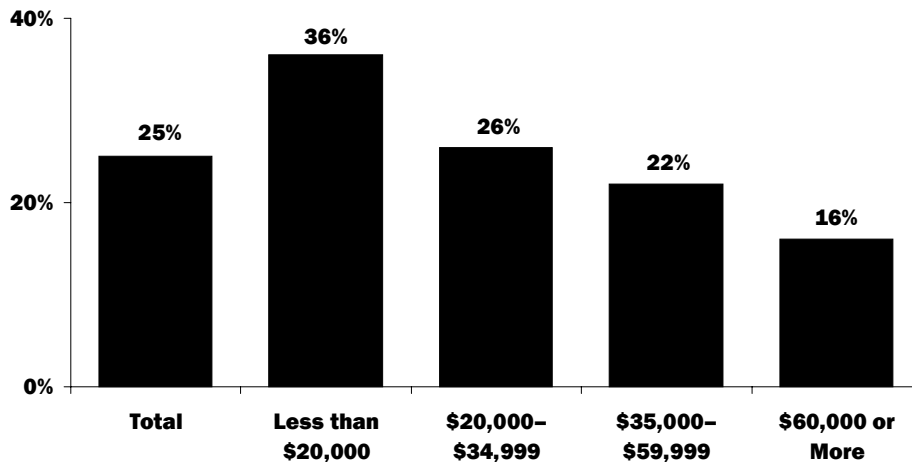
Adults Ages 19-64

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 15

Low-income adults ages 19 to 64 are more likely to lack confidence they will get high-quality care when needed.

Percent of adults not too or not at all confident about getting high-quality care

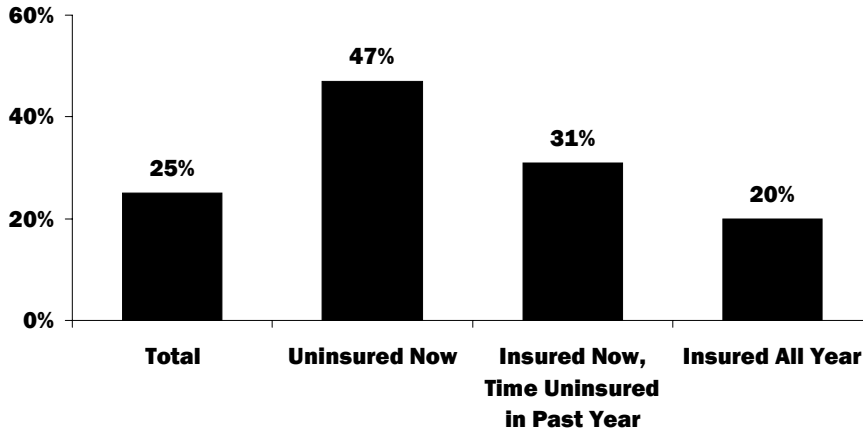


Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 16

Adults with any time uninsured lack confidence in their ability to get high-quality care when needed.

Percent of adults not too or not at all confident about getting high-quality care



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 17

Lack of insurance for any family member increases family risk of financial insecurity due to medical bills.*

	Total	All Uninsured Now	Some Insured, Some Not Insured	All Continuously Insured
Total adults with families		4%	23%	73%
Financial Experiences				
Medical bill problems in past year				
Not able to pay medical bills	25	58	47	16
Contacted by collection agency for medical bills	22	44	38	15
Had to change way of life significantly to pay bills	14	37	27	9
At least one of three types of medical bill problems	33	62	56	25

* Based on adults ages 19-64 who are married and/or have a child/children.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

III. LOW-INCOME WORKERS AND HEALTH INSURANCE

Given the high costs of medical care and health insurance today, family income and employment status are key factors affecting access to and affordability of medical care and insurance coverage. Conducted in midyear, The Commonwealth Fund 2001 Health Insurance Survey provides a look at the health security of workers with low and modest incomes at a time when labor markets were still relatively tight. This section of the report examines the experiences of adults who were employed at the time of the survey and compares the experiences of different income groups. For this analysis, “low income” is defined as having annual family income of less than \$20,000, or below 200 percent of the poverty level; “modest income” is defined as having annual family income of less than \$35,000.⁷

Despite the more robust economy at the time the survey was conducted, many low- and modest-income workers reported encountering financial barriers to needed medical care and difficulties paying medical bills when care could not be postponed. Lack of health insurance is a key factor undermining family financial security for this broad sector of the workforce.

Compared with the rest of the workforce, low-income working adults are markedly more likely to be uninsured or to have been uninsured earlier in the year. Less than half of these men and women have employer-based coverage.

- More than one of three (36%) low-income working adults were uninsured when surveyed, while another 18 percent had been uninsured at some point during the year. (Table 4)
- Just half (50%) of workers with annual incomes below 200 percent of the federal poverty level were insured all year, compared with 89 percent of workers with incomes at or above 200 percent of poverty.
- Although most were employed full-time when surveyed, low-income workers were significantly less likely to have job-based coverage than higher-income workers. Only 40 percent of those with annual incomes below \$20,000, and 48 percent of those with incomes below 200 percent of poverty, reported having health benefits through work.

⁷In total, 36 percent of working adults (ages 19 to 64) participating in the survey had annual incomes below \$35,000; 19 percent had incomes below \$20,000. Twenty-eight percent had incomes below 200 percent of the federal poverty level.

By comparison, 86 percent with incomes above 200 percent of the poverty level reported having job-based coverage.

- Only 24 percent of low-income working adults said they had health insurance from other sources, such as public programs. (Chart 18)

Many working adults with low or modest incomes forgo needed medical care because of costs or face unaffordable medical bills. More than half of those earning below \$35,000 per year or 200 percent of the federal poverty level experienced problems accessing health care or paying for medical expenses in the past year.

- One of four (26%) low- and modest-income working adults said there was a time during the year when they did not see a doctor when sick because of the expense. This rate is more than twice that found for working adults with incomes above \$35,000 or 200 percent of poverty. (Table 5)
- Cost was also the reason that more than one of five (23%) low-income adults did not fill a prescription for medication. A similar proportion (22%) skipped recommended medical tests or follow up treatment because of costs. Nearly one of five (18%) did not get needed specialty care.
- Overall, two of five low-income (39%) and modest-income (40%) workers went without needed medical care during the past year—about twice the rate found for higher-income working adults.
- Low-income workers were at even higher risk for problems paying medical bills. More than one-third (36%) said they had been unable to pay medical bills during the year, and nearly one-third (31%) had been contacted by a collection agency about these unpaid bills. For one of five (19%) workers, medical expenses forced a significant change in their family’s way of life.
- More than half (57%) of low-income working men and women reported having a problem in the past year with either obtaining medical care or paying medical bills, or both. (Chart 19)

Having health insurance year-round dramatically reduces lower-income workers' problems with accessing health care and paying medical bills.

- Uninsured workers with incomes less than \$35,000 went without needed health care because of costs or were unable to pay medical bills at rates generally two to three times higher than those for similar workers who were insured all year.
(Chart 20 and Table 6)
- Typically, only about one of 10 working adults with income of \$35,000 or more who was insured all year experienced financial and/or medical access problems.
- Insurance helps to narrow differences in health care experiences between lower- and higher-income working adults. Nevertheless, even among those who have been continuously insured throughout the year, lower-income workers are more likely to encounter medical bill and health care access problems than higher-income workers. The fact that this disparity remains even with health insurance could indicate that lower-income workers are more likely to have coverage that provides inadequate financial protection and access to care.

Health expenses are only one component of the general financial stress faced by the low-income workforce.

- More than one-third of low-income working adults (37%) said they experienced a time in the past year when they were unable to pay for basic living costs such as food, rent, or heat or electric bills. One of five went for two weeks or more without a working telephone.⁸

Having health insurance all year is associated with reduced financial strain.

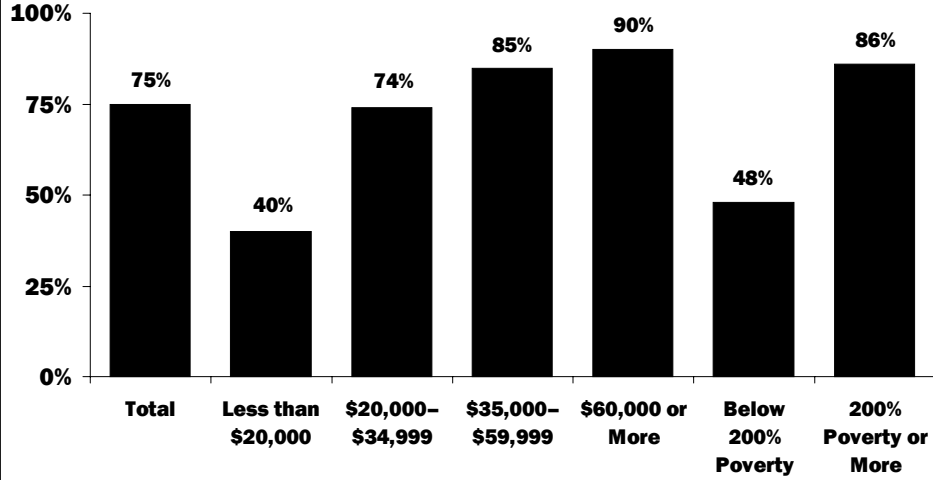
- Two of five (41%) workers earning less than \$35,000 who were uninsured during the year were unable to pay for basic living expenses. Only 23 percent of those with continuous health insurance coverage experienced the same difficulty. (Table 6)

⁸ The survey was conducted by telephone; thus, at the time they were surveyed, all adults in the sample had a working phone.

Chart 18

Low-income workers are much less likely to have employer-based insurance coverage.

Percent of workers who have employer-based insurance

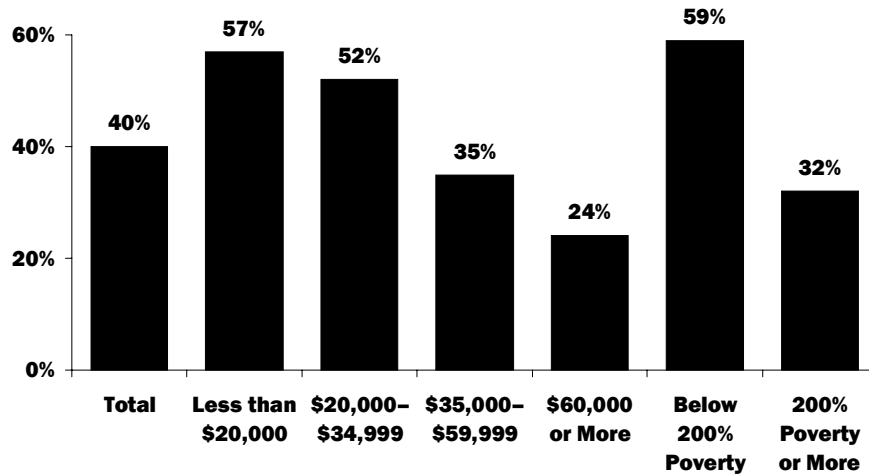


Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 19

Working adults with low incomes are much more likely to experience access or medical bill problems.

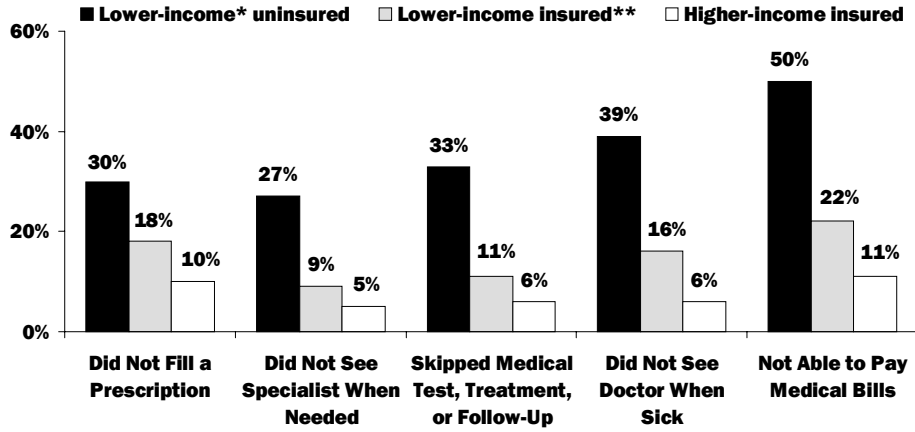
Percent of workers who had an access or bill problem in the past year



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Lower-income workers are at risk for access and medical bill problems, if uninsured.

Percent of workers who had the following problems in the past year due to cost



* "Lower-income" is defined as having annual family income of less than \$35,000.

** "Insured" is insured all year.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

IV. COBRA ELIGIBILITY: A MIDYEAR SNAPSHOT

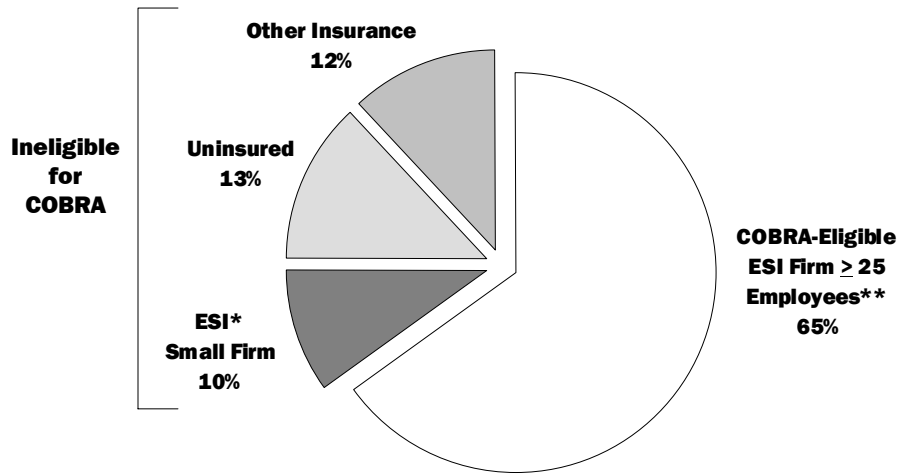
COBRA is a federal law that allows workers who would otherwise lose their health insurance when they lose or leave their job to remain enrolled in their employer's health plan by paying 102 percent of the plan premium for up to 18 months. COBRA policy exempts firms with fewer than 20 workers. In an economic downturn, financial assistance to help pay for often expensive COBRA premiums could help many workers afford this temporary coverage option. The survey offers a snapshot of potential access to COBRA as of mid-2001.

Two of three (65%) working adults may be eligible for COBRA health insurance should they become unemployed. However, the lower one's income is, the less likely one has access to COBRA.

- The survey estimates that 65 percent of working adults would most likely qualify for COBRA benefits. One-third of workers would probably be ineligible because they work for a small firm that is exempt from providing COBRA benefits (10%), because they have insurance that is not employer-based (12%), or they are currently uninsured (13%). (Chart 21 and Table 7)
- Seventy-five percent of workers with incomes 200 percent of the federal poverty level or above would most likely qualify for COBRA. Another 11 percent who work for small employers would qualify only if they lived in states that have extended COBRA to firms with fewer than 20 employees.
- An estimated 40 percent of low-wage workers could also benefit from COBRA if it were made affordable.
- The remaining low-wage workers (below 200 percent of the poverty level), however, would need health coverage from other sources: this is because they are currently uninsured (32%), work for a small firm (8%), or have insurance from a source other than an employer (20%). (Chart 22)

Chart 21

Likely COBRA Eligibility of Workers Ages 19–64



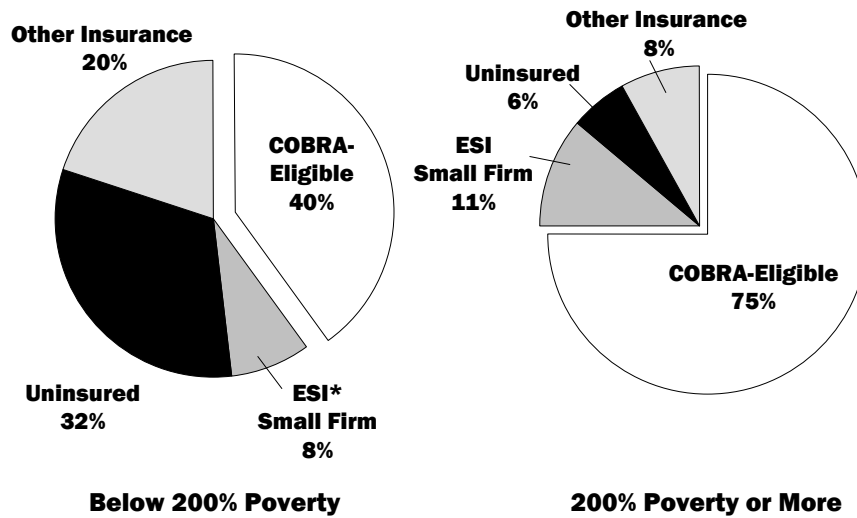
* Employer-sponsored insurance coverage.

** The survey defines small firms as having fewer than 25 employees; thus, the analysis may underestimate COBRA eligibility.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 22

COBRA Eligibility Working Adults, Ages 19–64



* Employer-sponsored insurance coverage.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

V. THE INDIVIDUAL INSURANCE MARKET

Most adults under age 65 are insured through employer-based coverage. Those without access to this group coverage have the option of buying insurance directly in the individual insurance market. Given the recent interest in expanding this market, the survey asked adults who tried to purchase individual health plans in the past three years (including those with insurance) about their experiences.

The findings indicate that the majority of people who have considered purchasing an individual health plan in recent years have found it unaffordable. Adults, both young and old, reported concerns with the benefits offered as well as plan costs. Only a minority of those who explored this avenue ended up enrolling in an individual plan.

A substantial number of adults have had experience with the individual insurance market in the past three years.

- More than one of four (27%) men and women had been insured through the individual insurance market or had considered buying coverage in the past three years. (Chart 23 and Table 8)
- The current individual insurance market is the primary source of health coverage for just a small percentage of the working-age population. Only 6 percent of survey respondents said they were insured through this source alone.

The majority of adults who have tried to purchase individual insurance had difficulty finding affordable health coverage that met their needs.

- More than half (52%) of adults who considered the individual insurance market said that it was difficult or impossible to find a health plan to fit their health needs.
- Two-thirds (69%) said it was difficult or impossible to find an affordable plan.
- Reports varied little by age. Young adults were as likely as older adults to report difficulty with identifying an affordable or suitable insurance plan.
- More than seven of 10 adults who considered buying individual health insurance in the past three years chose not to buy coverage. Only 28 percent purchased a plan.

Reports on Individual Market Experiences

Chart 23

Base: Adults who have bought or tried to buy individual insurance in the past three years

	Total	19-29	30-39	40-49	50-64
Percent in individual market in the past three years	27	33	30	26	21
How difficult was it to find a plan with the type of coverage you needed?					
Very/somewhat difficult or impossible	52	54	54	49	51
Not too/not at all difficult	38	36	38	41	36
How difficult was it to find a plan you could afford?					
Very/somewhat difficult or impossible	69	64	74	71	71
Not too/not at all difficult	23	27	23	21	21
Did not end up buying a plan	71	73	72	69	69

Source: The Commonwealth Fund 2001 Health Insurance Survey.

VI. VIEWS OF EMPLOYER-BASED HEALTH INSURANCE AND ALTERNATIVES TO GROUP COVERAGE

Recent public policy discussions have explored the use of tax credits as a way to help workers afford health insurance as well as other options that could lead to a greatly diminished role for employer-sponsored coverage. Policymakers have also considered a range of options for expanding health coverage to the uninsured workforce. The survey included several questions designed to gauge working adults' views of job-based health insurance and their probable responses to alternative coverage options.

The majority of adults with employer-based coverage think employers do a good job of selecting high-quality health plans.

- Three of four adults with job-based health coverage believe employers do a “good job” of selecting quality health insurance plans on their behalf. Only 13 percent said employers do a “bad job.” One of 10 gave a mixed review—“some good, some bad.” (Chart 24 and Table 9)
- Survey respondents' positive rating of employer health coverage varied little by income or other demographic characteristics. Although low-income workers are the least likely to have such coverage, those who have it rate employers' performance in the same way as do more affluent workers.

Working-age adults generally lack confidence that they will be able to find affordable health insurance on their own if their employer stops offering coverage.

- Half (47%) of adults with employer-based health coverage said they are not confident they would be able to find affordable coverage on their own if their employer stopped providing health insurance benefits. (Chart 25 and Table 10)
- Only 18 percent said they were very confident they would be able to find coverage on their own.
- Confidence varied little by income group. Upper-income adults were no more likely to be confident they could find health coverage on their own than lower-income adults.

- Those with fair or poor health status were the least confident that health coverage would be available if they no longer were insured through a job-based plan.

Survey responses indicate that most adults with employer-sponsored health insurance would prefer to stay with their group coverage rather than receive tax credits or employer contributions and find a plan on their own.

The survey asked participants two questions about how they felt about moving away from job-based coverage with premium assistance:

“If you could get a tax credit of (\$1,000 for single/\$2,500 for family), would you drop the employer plan and get insurance on your own, or would you keep the employer plan and give up the tax credit?”

“Some employers are thinking of giving the money they pay for health insurance directly to employees so employees can buy insurance on their own. Which would you prefer: To get the employer contribution directly and find your own plan, or to continue to get a plan offered by the employer?”

- Given the option of taking a tax credit to buy health coverage on their own or staying in an employer plan, the majority (68%) of adults with employer-based coverage said they would likely keep their current coverage. Only 19 percent said they would likely drop their employer plan if they could get a tax credit. (Chart 26 and Table 11)
- A strong majority would prefer that employers continue to sponsor health insurance plans rather than give workers the money they now pay towards coverage and allow them to buy insurance on their own. Given this choice, 78 percent of adults with an employer health plan would prefer to continue with their current plan. Only 17 percent said they would rather get the contribution directly and find their own plan. (Table 12)

Younger adults were more likely than older adults to be willing to opt out of group health insurance coverage.

- Roughly one-quarter (26%) of 19-to-29-year-olds would likely drop their employer health coverage for a tax credit; 22 percent would prefer to get cash from their sponsoring employer to buy coverage on their own. In contrast, only 13 to 14 percent

of adults ages 50 to 64 would opt out of their group plan to buy their own insurance with the employer's cash contribution. (Chart 27)

- Adults with lower incomes were more likely than those with higher incomes to prefer taking the cash directly and finding health coverage on their own. Adults with annual incomes below \$20,000, compared with those with incomes above \$60,000, were twice as likely to say they would probably drop their employer plan in favor of a tax credit for buying coverage (30% v. 14%) and twice as likely to prefer receiving the employer's contribution directly to obtain their own coverage (26% v. 13%).⁹ (Charts 28 and 29)

Perhaps not surprisingly, those rating their current job-based health plan as only fair or poor were more likely to say they would opt out of their coverage in favor of a tax credit or a direct employer contribution than were those who rated their current coverage as excellent or very good.

- Forty percent of adults who gave their health plan a negative rating would take the tax credit, compared with 11 percent of those who gave a positive rating.
- Three of 10 (31%) adults who rated their health plan as fair or poor would choose to get the employer contribution directly and find their own coverage. Only 12 percent who rated their health plan as excellent or very good would choose the same.

Implications for Health Policy Reforms

Several bills before Congress have addressed tax credits to help the uninsured find health coverage. Some people see tax credits as a way to move individuals out of the employer-based insurance system and into the individual market permanently.

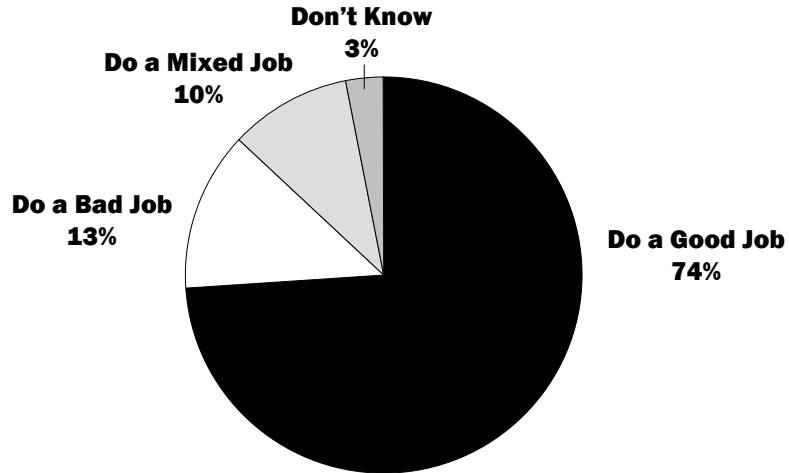
The survey findings indicate that men and women with employer-based health insurance are not confident they could get coverage on their own. Even if provided with tax credits similar to those proposed in Congress, most adults who currently have job-based health coverage would rather keep it than trade it for insurance they have to find themselves. There is some indication, however, that tax credits could potentially split current group health coverage by age or health, with younger adults more willing to leave their group coverage to find a health plan on their own.

⁹ It is possible that some lower-income adults may be thinking that they would not necessarily have to use the money or tax credit directly for health insurance, but instead could just keep it if they chose. In addition, some low-income adults—many of whom frequently change jobs—may conclude that getting coverage on their own would provide greater insurance portability.

Chart 24

Adults with employer-sponsored plans think employers generally do a good job of selecting quality health plans.

Percent of adults with employer-based coverage who said employers:

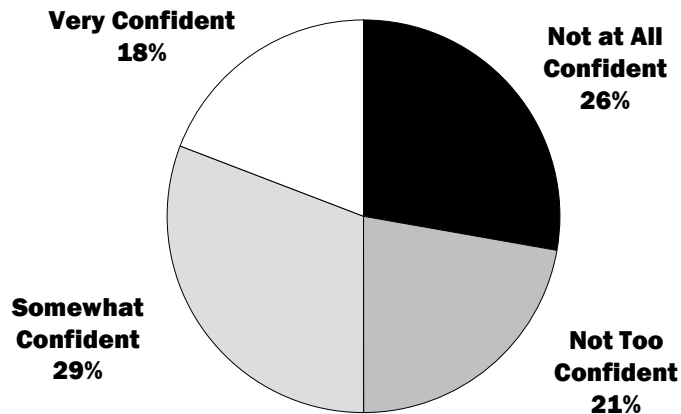


Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 25

If your employer stopped offering coverage, how confident are you that you would be able to find an affordable health plan that meets your needs?

Percent with employer-based coverage who said:



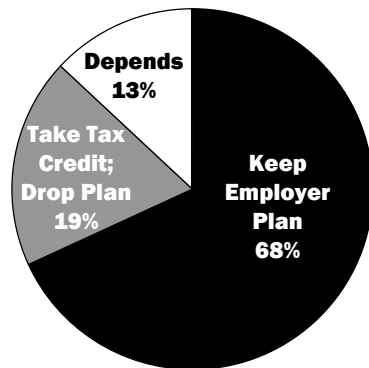
Source: The Commonwealth Fund 2001 Health Insurance Survey.

**Preferences About Potential Changes in
Employer Coverage Arrangements
Adults with Employer-Sponsored Insurance**

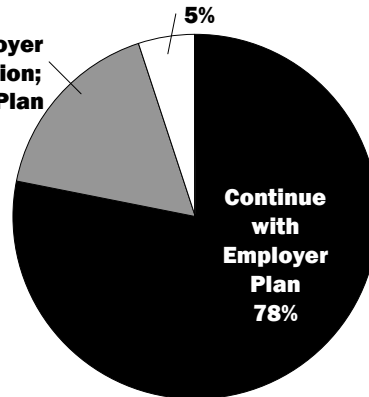
Chart 26

If you could get a tax credit of (\$1,000 for single/\$2,500 for family), would you DROP the employer plan and get insurance on your own, or would you KEEP the employer plan and give up the tax credit?

Some employers are thinking of giving the money they pay for health insurance directly to employees so employees can buy insurance on their own. Which would you prefer?



Get Employer Contribution; Buy Own Plan
17%



Source: The Commonwealth Fund 2001 Health Insurance Survey.

Adults with employer-based coverage generally prefer keeping it. But younger adults are somewhat more likely to consider taking an option to leave group plans.

Chart 27

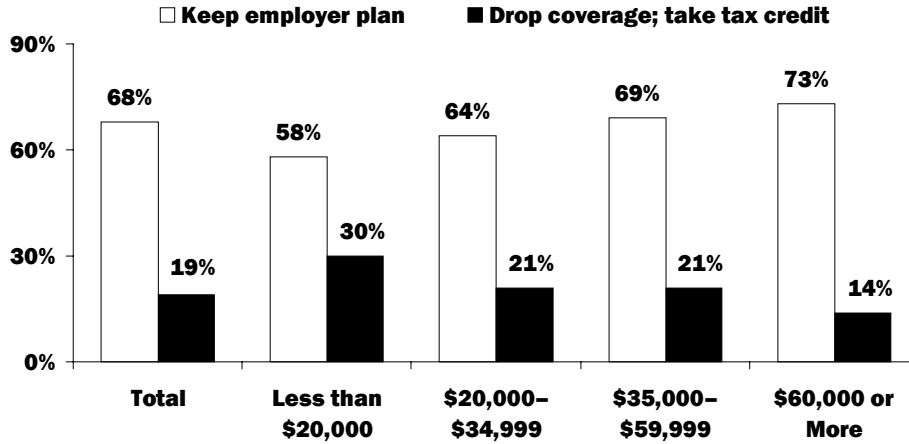
Alternative insurance arrangements	Total	19-29	30-39	40-49	50-64
Get a tax credit (\$1,000/single; \$2,500/family) to get insurance on your own					
Percent very or somewhat likely to:					
DROP employer plan for tax credit	19	26	20	17	14
KEEP employer plan	68	61	65	68	76
Employer gives money for insurance directly to employees to buy coverage on their own					
Percent with preference to					
Take contribution and find own plan	17	22	19	15	13
Continue with employer plan	78	73	75	79	82

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 28

Of those with employer coverage, interest in dropping this coverage for a tax credit* to purchase insurance on one's own is low overall, but declines with income.

Percent who are very or somewhat likely to... ..if offered a tax credit:



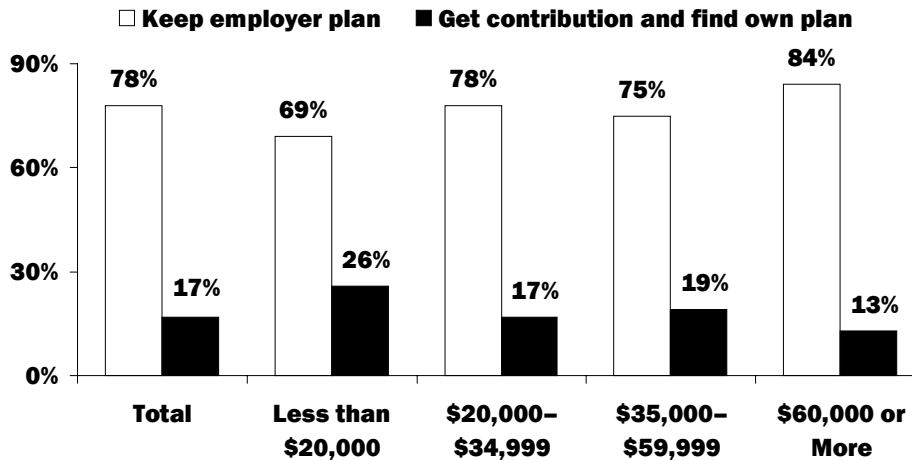
* \$1,000/single; \$2,500/family.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Chart 29

Those with employer coverage generally prefer continuing this coverage over getting an employer contribution to find their own plan.

Percent who prefer to...



Source: The Commonwealth Fund 2001 Health Insurance Survey.

VII. SUPPORT FOR PROPOSALS TO EXPAND HEALTH INSURANCE COVERAGE FOR WORKING ADULTS

As the economy's woes continue and more Americans face unemployment and the loss of their health coverage, public attention has focused on workforce health benefits and ways to mend the gaps in the employer-based insurance system. The survey finds broad support for both public and private strategies to help the uninsured gain access to health insurance.

The majority of adults favor efforts to help the uninsured obtain health care coverage.

- Eight of 10 adults favor options that let the uninsured participate in public programs, whether state-based Medicaid or CHIP (82%) or federally administered Medicare (77%). (Chart 30 and Table 13)
- Eight of 10 respondents (81%) support offering tax credits or other financial assistance to help people buy health insurance on their own.
- Eight of 10 (82%) would support requiring all businesses to contribute to the cost of health insurance for their employees.
- Uninsured adults and low-income adults were about equally supportive of all the alternatives, with 80 percent or more in favor of all options.
- When asked without specifying the costs involved, two-thirds or more of adults—irrespective of income, age, ethnicity, insurance status, or other characteristics—would support any of the four strategies to increase coverage for uninsured adults.

Support for Proposals to Expand Health Insurance Coverage

Percent of adults in favor of:	Total
Letting uninsured adults participate in state government insurance programs that are for people with low income	82%
Letting uninsured adults participate in Medicare	77%
Offering tax credits or other financial assistance to help people buy health insurance on their own	81%
Requiring all businesses to contribute to the cost of health insurance for their employees	82%

Source: The Commonwealth Fund 2001 Health Insurance Survey.

TABLES

Table 1
CONTINUITY OF INSURANCE AMONG ADULTS AGES 19 TO 64
PERCENT INSURED ALL YEAR, UNINSURED WHEN SURVEYED,
OR UNINSURED DURING THE YEAR

	Insured All Year	Uninsured Now	Insured Now, Time Uninsured in Past Year	Uninsured During the Year*
Estimated Millions of Adults 19 to 64	122.9	23.8	14.5	38.4
Percent Distribution:	76%	15%	9%	24%
Age				
19–29	61	24	15	39
30–39	73	16	10	27
40–49	83	10	6	17
50–64	86	9	5	14
Gender				
Male	76	16	8	24
Female	77	13	10	23
Race/Ethnicity				
White	81	11	8	19
Black	73	14	13	27
Hispanic	54	33	12	45
Annual Income				
Less than \$20,000	51	33	16	49
\$20,000–\$34,999	72	17	11	28
\$35,000–\$59,999	86	6	7	14
\$60,000 or more	95	1	3	5
Poverty Status				
Below 200% poverty	53	30	16	47
200% poverty or more	88	6	6	12
Adult Work Status				
Full-time	79	12	8	21
Part-time	74	16	10	26
Not currently employed	70	20	10	30
Adult Hourly Wages**				
Less than \$10	57	28	15	43
\$10 to \$15	80	11	9	20
\$15 or more	91	4	5	9
Time in Current Job**				
Less than 1 year	52	26	22	48
1 year or more	85	10	5	15
Self-Rated Health Status				
Excellent or Very Good	82	10	7	17
Good	69	11	20	31
Fair or Poor	61	13	26	39

* Combines currently uninsured and insured but had a time uninsured in the past 12 months.

** Among employed adults.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 2
DEMOGRAPHIC CHARACTERISTICS OF THE UNINSURED
Adults Ages 19–64

	All Adults 19–64	Uninsured Now	Insured Now, Time Uninsured in Past Year	Total Uninsured*	Insured All Year
Weighted n in millions	161.3	23.8	14.5	38.4	122.9
		Percent Distribution			
		100%	100%	100%	100%
Age					
19–29	24	39	40	40	20
30–39	25	28	29	28	24
40–49	26	18	18	18	28
50–64	24	15	13	14	28
Gender					
Male	48	54	41	49	48
Female	52	46	59	51	52
Race/Ethnicity					
White	72	55	60	57	76
Black	12	12	17	14	12
Hispanic	11	26	15	22	8
Annual Income					
Less than \$20,000	25	56	44	52	16
\$20,000–\$34,999	16	19	19	19	15
\$35,000–\$59,999	27	12	22	16	31
\$60,000 or more	21	2	7	4	27
Poverty Status					
Below 200% poverty	35	73	60	68	24
200% poverty or more	65	27	40	32	76
Family Work Status					
At least one full-time worker	77	63	72	66	80
Only part-time worker	7	10	10	10	6
No worker	16	27	18	23	14
Adult Work Status					
Full-time	63	53	59	55	66
Part-time	11	11	12	12	11
Not currently employed	26	35	29	33	23
Adult Hourly Wages**					
Less than \$10	29	62	51	58	21
\$10 to \$15	23	20	23	21	24
\$15 or more	39	12	23	16	45
Time in Current Job**					
Less than 1 year	21	41	54	46	14
1 year or more	79	59	46	54	86
Self-Rated Health Status					
Excellent or Very Good	60	41	49	44	65
Good	26	35	31	34	24
Fair or Poor	13	24	20	22	11

* Combines currently uninsured and insured now, but had a gap in the past 12 months.

** Among employed adults. Note: Columns may not add to 100% due to missing responses.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 3
CONFIDENCE, ACCESS BARRIERS, AND FINANCIAL INSECURITY FROM MEDICAL BILLS
BY INSURANCE STATUS
Adults Ages 19–64

Access and Cost Indicators	Adults 19–64	Uninsured Now	Insured Now, Time Uninsured in Past Year	Insured All Year
Adults in Millions (estimated)	161.3	23.8	14.5	122.9
Confidence will be able to get high quality care when needed				
Very confident	32	13	21	37
Somewhat confident	41	32	46	42
Not too/not at all confident	25	47	31	20
Had to pay cash in advance to get care	17	27	29	14
Went without needed care in past year due to costs:				
Did not fill prescription	18	30	35	13
Did not get needed specialist care	11	25	26	7
Skipped recommended test or follow up	14	34	27	9
Had a medical problem, did not visit doctor or clinic	17	43	31	10
<i>At least one of four access problems due to inability to pay</i>	29	55	52	21
Medical Bill Problems in Past Year				
Not able to pay medical bills	24	50	44	17
Contacted by a collection agency for medical bills	20	36	37	15
Had to change way of life to pay bills	13	27	31	9
<i>Percent of these who reported that:</i>				
Unable to pay for basic necessities	54	55	61	51
Needed loan or mortgage home	23	27	26	19
Used all or most of savings	70	70	76	68
Borrowed money from family or friend	58	64	70	49
<i>Either medical bill problem or change way of life due to pay medical bills</i>	31	56	55	24
Either Access or Medical Problems in Past Year Due to Costs*	42	72	68	34

* Adult said he or she did not go to the doctor when needed, did not fill a prescription, did not follow up on recommended tests or treatment due to costs or had problems paying medical bills or with bill collectors or had to change way of life to pay medical bills.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 4
EMPLOYED ADULTS: INSURANCE COVERAGE
Adults Ages 19–64

Insurance Status	Total	ANNUAL INCOME				POVERTY LEVEL	
		Less than \$20,000	\$20,000 to \$34,999	\$35,000 to \$59,999	\$60,000 or More	Below 200% of Poverty	200% of Poverty or More
Current Insurance Source:							
Employer-Based	75	40	74	85	90	48	86
Firm with less than 25 employees	10	7	10	12	18	8	11
Firm with 25 or more employees	65	33	64	73	82	40	75
Other	12	24	9	9	8	20	8
Uninsured	13	36	17	6	2	32	6
Insurance Coverage During Past Year:							
Insured all year	79	46	72	87	85	50	89
Insured now, time uninsured during the year	9	18	11	7	2	18	5
Uninsured	13	36	17	6	2	32	6

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 5
EMPLOYED ADULTS: ACCESS BARRIERS AND MEDICAL BILL PROBLEMS BY INCOME
Employed Adults Ages 19–64

Access and Cost Indicators	Total	ANNUAL INCOME				POVERTY LEVEL	
		Less than \$20,000	\$20,000 to \$34,999	\$35,000 to \$59,999	\$60,000 or More	Below 200% of Poverty	200% of Poverty or More
Went without needed care due to costs:							
Did not fill prescription due to costs	16	23	23	13	9	24	13
Did not get needed specialist care	10	18	16	7	3	17	7
Skipped recommended test or follow up due to costs	13	22	19	11	4	21	10
Had a medical problem, did not visit doctor or clinic due to costs	15	26	26	11	4	27	11
<i>At least one of four access problems due to inability to pay</i>	27	39	40	22	13	41	21
Had to pay cash in advance to get care	17	21	21	16	13	22	15
Medical Bill Problem in Past Year							
Not able to pay medical bills	21	36	32	16	9	40	14
Contacted by a collection agency for medical bills	19	31	25	15	12	33	14
Had to change way of life to pay bills	11	19	18	9	3	21	7
<i>Either medical bill problem or change way of life due to inability to pay</i>	29	47	39	24	16	49	22
Medical Bill or Access Problem in Past Year Due to Costs**	40	57	52	35	24	59	32
Have been unable to pay for basic living costs such as food, rent, or heating or electric bills in the past year	15	37	23	11	1	37	8
Did not have a working telephone or phone service for at least two weeks in the past year	9	21	14	7	2	21	6

* Adult said he or she did not go to the doctor when needed, did not fill a prescription, did not follow up on recommended tests or treatment due to costs or had problems paying medical bills or with bill collectors or had to change way of life due to inability to pay.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 6
EMPLOYED ADULTS: ACCESS BARRIERS AND MEDICAL BILL PROBLEMS BY INSURANCE AND INCOME
Employed Adults Ages 19–64

Access and Cost Indicators	ANNUAL INCOME				POVERTY LEVEL			
	Continuously Insured		Uninsured		Continuously Insured		Uninsured	
	Less than \$35,000	\$35,000 or More	Less than \$35,000	\$35,000 or More	Below 200% of Poverty	200% of Poverty or More	Below 200% of Poverty	200% of Poverty or More
Went without needed care due to costs:								
Did not fill prescription due to costs	18	10	30	32	18	11	30	32
Did not get needed specialist care	9	5	27	16	9	5	24	25
Skipped recommended test or follow up due to costs	11	6	33	27	11	7	32	33
Had a medical problem, did not visit doctor or clinic due to costs	16	6	39	34	17	7	38	38
<i>At least one of four access problems due to inability to pay</i>	28	16	55	48	29	17	53	54
Had to pay cash in advance to get care	14	13	29	27	15	14	29	30
Medical Bill Problem in Past Year								
Not able to pay medical bills	22	11	50	37	28	12	52	38
Contacted by a collection agency for medical bills	20	12	38	31	25	12	40	31
Had to change way of life to pay bills	11	5	27	19	13	6	28	20
<i>Either medical bill problem or change way of life due to inability to pay</i>	32	18	57	47	40	19	59	48
Medical Bill or Access Problem in Past Year Due to Costs*	42	27	71	64	47	28	71	66
Have been unable to pay for basic living costs such as food, rent, or heating or electric bills in the past year	23	4	41	27	30	5	43	27
Did not have a working telephone or phone service for at least two weeks in the past year	11	4	26	11	15	5	27	13

* Adult said he or she did not go to the doctor when needed, did not fill a prescription, did not follow up on recommended tests or treatment due to costs or had problems paying medical bills or with bill collectors or had to change way of life due to inability to pay.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 7
COBRA ELIGIBILITY AMONG CURRENTLY EMPLOYED ADULTS AGES 19 TO 64
PERCENT ELIGIBLE AND INELIGIBLE

	Total	ELIGIBLE FOR COBRA	INELIGIBLE FOR COBRA		
		ESI Coverage* Firm ≥ 25 Employees	ESI Coverage, Small Firm**	Non-ESI Coverage	Currently Uninsured
Estimated Millions of Employed Adults 19 to 64	118.5	76.8	11.6	14.6	15.4
Percent Distribution:	100%	65%	10%	12%	13%
Annual Income					
Less than \$20,000	20	33	7	24	36
\$20,000–\$34,999	17	64	10	9	17
\$35,000–\$59,999	31	73	12	9	6
\$60,000 or more	24	82	8	8	2
Poverty Status					
Below 200% poverty	28	40	8	20	32
200% poverty or more	72	75	11	8	6
Race/Ethnicity					
White	73	67	10	12	11
Black	12	66	8	14	11
Hispanic	11	50	10	11	30
Age					
19–29	25	53	9	17	22
30–39	27	66	8	12	14
40–49	28	72	11	8	8
50–64	20	68	11	13	7
Self-Rated Health Status					
Excellent or Very Good	65	69	10	12	9
Good	27	58	9	14	19
Fair or Poor	8	52	9	11	28

* Employer-sponsored insurance coverage.

** Insured through a firm with less than 25 employees.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 8
INDIVIDUAL MARKET EXPERIENCES AND VIEWS
Adults Ages 19–64

	AGE GROUPS				
	Total				
	19–64	19–29	30–39	40–49	50–64
Individual Market Experience					
Have individual insurance bought in past 3 years	4	7	4	3	3
Have individual insurance and tried to change in past 3 years	2	1	2	2	3
No individual insurance now, tried to buy individual insurance in past 3 years	21	25	24	21	15
Total in market for individual insurance	27	33	30	26	21
Not in market for individual insurance	72	66	70	74	78
How difficult was it to find a plan with the coverage you needed?*					
Very difficult or impossible	35	32	39	29	42
Somewhat difficult	17	22	15	20	9
Not too difficult	14	15	16	12	11
Not at all difficult	24	21	22	29	25
How difficult was it to find a plan you could afford?					
Very difficult or impossible	53	44	60	55	57
Somewhat difficult	16	20	14	16	14
Not too difficult	10	12	11	9	7
Not at all difficult	13	15	12	12	14
Did you end up buying a plan on your own?					
Yes	28	27	26	31	30
No	71	73	72	69	69

* Among individuals who either purchased or were in the market for an individual insurance plan in the past 3 years.

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 9
VIEWS OF EMPLOYERS AS SPONSORS OF HEALTH INSURANCE
Base: Covered by Employer Insurance (Own or Spouse), Ages 19–64

Question: In your experience, do employers generally do a good job or bad job in selecting quality health insurance plans to offer to their workers?

Characteristics	KIND OF JOB EMPLOYERS DO SELECTING QUALITY HEALTH INSURANCE			
	Good Job	Bad Job	Some Good, Some Bad	Don't Know
All Adults	74	13%	10%	3%
Age				
19–29	78	8	10	4
30–39	72	15	11	2
40–49	74	15	10	2
50–64	76	11	10	3
Gender				
Men	74	11	11	3
Women	74	14	9	2
Race/Ethnicity				
White	76	12	10	2
Black	73	16	9	2
Hispanic	72	13	10	5
Health Status				
Excellent or Very Good	78	12	9	3
Good	70	14	12	4
Fair or Poor	59	19	16	6
Income				
Less than \$20,000	76	8	11	5
\$20,000–\$34,999	72	15	11	2
\$35,000–\$59,999	73	14	11	2
\$60,000 or more	76	13	8	3
Employer Size				
1 employee/self-employed	64	17	14	4
2–24 employees	72	14	8	5
25–99	77	12	6	5
100–499	76	12	12	1
500 or more	74	13	12	1
Insurance Rating				
Excellent or Very Good	87	4	6	2
Good	75	12	10	3
Fair or Poor	36	39	20	5

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 10
QUESTION: IF THIS EMPLOYER SPONSORING YOUR HEALTH PLAN STOPPED OFFERING HEALTH INSURANCE, HOW CONFIDENT ARE YOU THAT YOU WOULD BE ABLE TO FIND AN AFFORDABLE HEALTH PLAN THAT MEETS YOUR NEEDS?
Base: Covered by Employer Insurance (Own or Spouse), Ages 19–64

Characteristics	LEVEL OF CONFIDENCE			
	Very Confident	Somewhat Confident	Not Too Confident	Not at All Confident
All Adults	18%	29%	21%	26%
Age				
19–29	22	36	21	19
30–39	19	30	22	26
40–49	15	28	22	29
50–64	17	29	22	27
Gender				
Men	21	35	19	21
Women	15	26	24	31
Race/Ethnicity				
White	15	31	23	27
Black	30	30	14	18
Hispanic	26	29	16	20
Health Status				
Excellent or Very Good	20	33	22	21
Good	14	27	22	33
Fair or Poor	12	20	16	46
Income				
Less than \$20,000	20	35	15	27
\$20,000–\$34,999	14	26	25	31
\$35,000–\$59,999	18	29	22	28
\$60,000 or more	19	34	22	21
Employer Size				
1 employee/self-employed	15	40	22	20
2–24 employees	17	29	23	24
25–99	13	34	22	25
100–499	19	30	23	24
500 or more	19	31	23	24
Insurance Rating				
Excellent or Very Good	22	34	18	21
Good	14	28	27	27
Fair or Poor	11	24	23	38

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 11
PREFERENCES ABOUT POTENTIAL CHANGES IN EMPLOYER COVERAGE ARRANGEMENTS
Base: Covered by Employer Insurance (Own or Spouse), Ages 19–64

Question: If YOU could get a tax credit of (\$1,000 for single/\$2,500 for family), would you DROP the employer plan and get insurance on your own, or would you KEEP the employer plan and give up the tax credit?			
Characteristics	Total (very or somewhat likely) who would DROP employer plan	Total (very or somewhat likely) who would KEEP employer plan	Depends/ Don't Know
All Adults	19%	68%	13%
Age			
19–29	26	61	13
30–39	20	65	15
40–49	17	68	15
50–64	14	76	11
Gender			
Men	17	69	14
Women	20	67	13
Race/Ethnicity			
White	16	70	14
Black	29	63	8
Hispanic	27	57	16
Health Status			
Excellent or Very Good	17	69	14
Good	20	65	14
Fair or Poor	23	64	12
Income			
Less than \$20,000	30	58	13
\$20,000–\$34,999	21	64	15
\$35,000–\$59,999	21	69	10
\$60,000 or more	14	73	13
Employer Size			
1 employee/self-employed	28	43	29
2–24 employees	21	65	14
25–99	23	69	8
100–499	21	65	14
500 or more	15	73	12
Insurance Rating			
Excellent or Very Good	11	77	12
Good	19	64	17
Fair or Poor	40	45	15

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 12
PREFERENCES ABOUT POTENTIAL CHANGES IN EMPLOYER COVERAGE ARRANGEMENTS
Base: Covered by Employer Insurance (Own or Spouse), Ages 19–64

Question: Some employers are thinking of giving the money they pay for health insurance directly to employees so employees can buy insurance on their own. Which would you prefer...?			
Characteristics	To get employer contribution directly and find own plan	To continue to get a plan offered by employer	Neither/Don't know
All Adults	17%	78%	5%
Age			
19–29	22	73	5
30–39	19	75	6
40–49	15	79	6
50–64	13	82	6
Gender			
Men	16	79	5
Women	17	76	6
Race/Ethnicity			
White	14	81	5
Black	30	66	4
Hispanic	23	68	9
Health Status			
Excellent or Very Good	14	80	5
Good	21	73	6
Fair or Poor	23	71	5
Income			
Less than \$20,000	26	69	5
\$20,000–\$34,999	17	78	5
\$35,000–\$59,999	19	75	6
\$60,000 or more	13	84	3
Employer Size			
1 employee/self-employed	24	69	7
2–24 employees	17	76	7
25–99	13	82	5
100–499	16	78	6
500 or more	16	79	5
Insurance Rating			
Excellent or Very Good	12	85	3
Good	17	77	6
Fair or Poor	31	57	12

Source: The Commonwealth Fund 2001 Health Insurance Survey.

Table 13
SUPPORT FOR PROPOSALS TO EXPAND HEALTH INSURANCE COVERAGE
FOR ALL AMERICANS

Characteristics	Percent of adults in favor of:			
	Letting uninsured adults participate in state government insurance programs that are for people with low income	Letting uninsured adults participate in Medicare	Offering tax credits or other financial assistance to help people buy health insurance on their own	Requiring all businesses to contribute to the cost of health insurance for their employees
Adults 19–64	82%	77%	81%	82%
Age				
19–29	85	80	84	88
30–39	83	75	84	80
40–49	83	78	83	82
50–64	78	76	74	79
Gender				
Men	82	75	79	79
Women	83	79	84	86
Race/Ethnicity				
White	80	74	82	79
Black	88	83	84	92
Hispanic	91	89	78	92
Income				
Less than \$20,000	89	84	85	90
\$20,000–\$34,999	85	84	82	86
\$35,000–\$59,999	81	74	82	83
\$60,000 or more	76	67	82	71
Current Insurance Source				
Employer	81	75	81	82
Individual	82	75	80	65
Public	84	84	83	91
Other	91	83	82	86
Uninsured	87	83	81	86
Adult Work Status				
Not working	83	82	79	87
Part-time	84	77	84	82
Full-time	82	75	82	81
Employer Size				
1 employee/self-employed	84	73	79	75
2–24 employees	81	77	87	77
25–99	85	75	82	85
100–499	80	75	82	82
500 or more	82	75	80	82

Source: The Commonwealth Fund 2001 Health Insurance Survey.

APPENDIX. SURVEY METHODOLOGY

The Commonwealth Fund 2001 Survey of Health Insurance was conducted by Princeton Survey Research Associates from April 27 through July 29, 2001. The survey consisted of 25-minute telephone interviews in either English or Spanish with a random, national sample of 3,508 adults, ages 19 and older living in telephone households in the continental United States. The interviews included 2,829 adults ages 19 to 64 and 628 adults age 65 and older. This report draws from the under-65 sample.

The analysis classifies the sample as insured all year (past 12 months), insured when surveyed, but uninsured during the past 12 months, and currently uninsured. These categories enabled exploration of insurance instability and its role in access to care and financial security. The study also classified adults by annual income. Eleven percent of adults 19 to 64 did not provide sufficient income data for classification. Other totals may also not add to 100 percent due to missing data or rounding.

The study over-sampled adults living in low-income telephone areas to yield a final sample with disproportionately large numbers of minority and low and moderate income households. In the analysis, the final sample is weighted to the United States' adult population age 19 or older by age, sex, race/ethnicity, education, household size, geographic region, and telephone service interruption using the U.S. Census Bureau's March 2000 Current Population Survey. The resulting weighted sample is representative of the 196 million adults ages 19 and older, including 161 million adults ages 19 to 64.

The survey has an overall margin of sampling error of ± 2 percentage points at the 95 percent confidence level. For the three insurance groups the margin of error is ± 3 percent for the continuously insured, ± 5 percent for those uninsured when surveyed, and ± 7 percent for those uninsured when surveyed but insured earlier in the year.

Sixty-nine percent of those contacted for interviews agreed to participate. Counting eligible adults that were not reached by phone, despite numerous attempts, the overall survey response rate was 54 percent.

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#478 *Universal Coverage in the United States: Lessons from Experience of the 20th Century* (December 2001). Karen Davis. This issue brief, adapted from an article in the March 2001 *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, traces how the current U.S. health care system came to be, how various proposals for universal health coverage gained and lost political support, and what the pros and cons are of existing alternatives for expanding coverage.

#511 *How the Slowing U.S. Economy Threatens Employer-Based Health Insurance* (November 2001). Jeanne M. Lambrew, George Washington University. This report documents the link between loss of health insurance and unemployment, estimating that 37 percent of unemployed people are uninsured—nearly three times as high as the uninsured rate for all Americans (14%). The jobless uninsured are at great financial risk should they become ill or injured.

#475 *Business Initiatives to Expand Health Coverage for Workers in Small Firms* (October 2001). Jack A. Meyer and Lise S. Rybowski. This report weighs the problems and prospects of purchasing coalitions formed by larger businesses to help small firms expand access to health insurance. The authors say that private sector solutions alone are unlikely to solve the long-term problem, and the public sector will need to step in to make health insurance more affordable to small businesses.

#493 *Diagnosing Disparities in Health Insurance for Women: A Prescription for Change* (August 2001). Jeanne M. Lambrew, George Washington University. In this report, the author concludes that building on insurance options that currently exist—such as employer-sponsored insurance, the Children's Health Insurance Program (CHIP), and Medicaid—represents the most targeted and potentially effective approach for increasing access to affordable coverage for the nation's 15 million uninsured women.

#472 *Insuring the Uninsurable: An Overview of State High-Risk Health Insurance Pools* (August 2001). Lori Achman and Deborah Chollet, Mathematica Policy Research, Inc. The authors argue that high premiums, deductibles, and copayments make high-risk pools unaffordable for people with serious medical conditions, and suggest that by lifting the tax exemption granted to self-insured plans, states could provide their high-risk pools with some much-needed financing.

#470 *Medicare+Choice: An Interim Report Card* (July/August 2001). Marsha Gold, Mathematica Policy Research, Inc. *Health Affairs*, vol. 20, no. 4. The author explains that the Medicare+Choice options available to beneficiaries have diminished: existing plans have withdrawn from M+C, few new plans have entered the program, greater choice has not developed in areas that lacked it, and the inequities in benefits and offerings between higher- and lower-paid areas of the country have widened rather than narrowed.

#469 *Embraceable You: How Employers Influence Health Plan Enrollment* (July/August 2001). Jon Gabel, Jeremy Pickreign, Heidi Whitmore, and Cathy Schoen. *Health Affairs*, vol. 20, no. 4. In this article, the authors reveal that high employee contributions for health insurance often deter low-income workers from signing up for coverage, even when they are eligible.

#468 *Market Failure? Individual Insurance Markets for Older Americans* (July/August 2001). Elisabeth Simantov, Cathy Schoen, and Stephanie Bruegman. *Health Affairs*, vol. 20, no. 4. This new study shows that adults ages 50 to 64 who buy individual coverage are likely to pay much more out-of-pocket for a limited package of benefits than their counterparts who are covered via their employers.

#457 *Health Insurance on the Way to Medicare: Is Special Government Assistance Warranted?* (July 2001). Pamela Farley Short, Dennis G. Shea, and M. Paige Powell, The Pennsylvania State University. The authors conclude that the loss of employer insurance should not be used as the primary justification for implementing Medicare buy-in or other reforms for over-55 and over-62 age groups, but instead propose that the better justification for such reforms is the poorer average health status of those nearing age 65.

#449 *How the New Labor Market Is Squeezing Workforce Health Benefits* (June 2001). James L. Medoff, Howard B. Shapiro, Michael Calabrese, and Andrew D. Harless, Center for National Policy. To understand how labor market trends have contributed to the decline in the proportion of private-sector workers receiving benefits from their own employers—and to anticipate future trends—this study examines changes over a 19-year period, 1979 to 1998.

#464 *Health Insurance: A Family Affair—A National Profile and State-by-State Analysis of Uninsured Parents and Their Children* (May 2001). Jeanne M. Lambrew, George Washington University. This report suggests that expanding Medicaid and State Children's Health Insurance Program (CHIP) coverage to parents as well as children may not only decrease the number of uninsured Americans but may be the best way to cover more uninsured children.

#453 *Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured* (May 2001). Claudia L. Schur and Jacob Feldman, Project HOPE Center for Health Affairs. This report looks at factors that influence health insurance coverage for Hispanics, the fastest-growing minority population in the United States. The analysis shows that characteristics of employment account for much, but not all, of the problem. Family structure seems to play some role, as does immigrant status, which affects Hispanic immigrants more than other groups.

Preparing for the Future: A 2020 Vision for American Health Care (April 2001). Karen Davis. *Academic Medicine*, vol. 76, no. 4. Copies are available from Karen Davis, President, The Commonwealth Fund, 1 East 75th Street, New York, NY 10021-2692.

#462 *Expanding Public Programs to Cover the Sick and Poor Uninsured* (March 2001). Karen Davis. In invited testimony before the Senate Finance Committee, the Fund's president presented a compelling case for expanding existing public health insurance programs to provide coverage for the most vulnerable segments of the nation's 42.6 million uninsured. She stressed the importance of expanding Medicaid and the Children's Health Insurance Program (CHIP) to cover parents of covered children.

#441 *Medicare Buy-In Options: Estimating Coverage and Costs* (March 2001). John Sheils and Ying-Jun Chen, The Lewin Group, Inc. This paper examines the need for insurance expansions for Americans approaching retirement age and analyzes the probable impact of Medicare buy-in options on program costs and their effectiveness in reducing the numbers of uninsured.

Universal Coverage in the United States: Lessons from Experience of the 20th Century (March 2001). Karen Davis. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, vol. 78, no. 1. Copies are available from the New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029-5293.

#445 *Expanding Employment-Based Health Coverage: Lessons from Six State and Local Programs* (February 2001). Sharon Silow-Carroll, Emily K. Waldman, and Jack A. Meyer, Economic and Social Research Institute. As with publication **#424** (see below), this report describes the various ways states and local communities are making coverage more affordable and accessible to the working uninsured, but looks more closely at programs in six of the states discussed in the earlier report.

#415 *Challenges and Options for Increasing the Number of Americans with Health Insurance* (January 2001). Sherry A. Glied, Joseph A. Mailman School of Public Health, Columbia University. This overview paper summarizes the 10 option papers written as part of the series *Strategies to Expand Health Insurance for Working Americans*.

#442 *Incremental Coverage Expansion Options: Detailed Table Summaries to Accompany Option Papers Commissioned by The Commonwealth Fund Task Force on the Future of Health Insurance* (January 2001). Sherry A. Glied and Danielle H. Ferry, Joseph L. Mailman School of Public Health, Columbia University. This paper, a companion to publication **#415**, presents a detailed side-by-side look at the 10 option papers in the series *Strategies to Expand Health Insurance for Working Americans*.

#459 *Betwixt and Between: Targeting Coverage Reforms to Those Approaching Medicare* (January/February 2001). Dennis G. Shea, Pamela Farley Short, and M. Paige Powell. *Health Affairs*, vol. 20, no. 1. The article examines whether eligibility for a Medicare buy-in should be based on age or ability to pay.

#439 *Patterns of Insurance Coverage Within Families with Children* (January/February 2001). Karla L. Hanson. *Health Affairs*, vol. 20, no. 1. Using the 1996 Medical Expenditure Panel Survey, this article examines patterns of health insurance within families with children, determining that 3.2 million families are uninsured and another 4.5 million families are only partially insured.

How a Changing Workforce Affects Employer-Sponsored Health Insurance (January/February 2001). Gregory Acs and Linda J. Blumberg. *Health Affairs*, vol. 20, no. 1. Copies are available from *Health Affairs*, 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133, Tel: 301-656-7401 ext. 200, Fax: 301-654-2845, www.healthaffairs.org.

#425 *Barriers to Health Coverage for Hispanic Workers: Focus Group Findings* (December 2000). Michael Perry, Susan Kannel, and Enrique Castillo. This report, based on eight focus groups with 81 Hispanic workers of low to moderate income, finds that lack of opportunity and affordability are the chief obstacles to enrollment in employer-based health plans, the dominant source of health insurance for those under age 65.

#438 *A 2020 Vision for American Health Care* (December 11/25, 2000). Karen Davis, Cathy Schoen, and Stephen Schoenbaum. *Archives of Internal Medicine*, vol. 160, no. 22. The problem of nearly 43 million Americans without health insurance could be virtually eliminated in a single generation through a health plan based on universal, automatic coverage that allows choice of plan and provider. The proposal could be paid for, according to Fund President Davis and coauthors, by using the quarter of the federal budget surplus which results from savings in Medicare and Medicaid.

#424 *State and Local Initiatives to Enhance Health Coverage for the Working Uninsured* (November 2000). Sharon Silow-Carroll, Stephanie E. Anthony, and Jack A. Meyer, Economic and Social Research Institute. This report describes the various ways states and local communities are making coverage more affordable and accessible to the working uninsured, with a primary focus on programs that target employers and employees directly, but also on a sample of programs targeting a broader population.

Tracking Health Care Costs: Inflation Returns (November/December 2000). Christopher Hogan, Paul B. Ginsburg, and Jon R. Gabel. *Health Affairs*, vol. 19, no. 6. Copies are available from *Health Affairs*, 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133, Tel: 301-656-7401 ext. 200, Fax: 301-654-2845, www.healthaffairs.org.

#411 *ERISA and State Health Care Access Initiatives: Opportunities and Obstacles* (October 2000). Patricia A. Butler. This study examines the potential of states to expand health coverage incrementally should the federal government decide to reform the Employee Retirement Income Security Act (ERISA) of 1974, which regulates employee benefit programs such as job-based health plans and contains a broad preemption clause that supersedes state laws that relate to private-sector, employer-sponsored plans.

Customizing Medicaid Managed Care—California Style (September/October 2000). Debra A. Draper and Marsha Gold. *Health Affairs*, vol. 19, no. 5. Copies are available from *Health Affairs*, 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133, Tel: 301-656-7401 ext. 200, Fax: 301-654-2845, www.healthaffairs.org.

#392 *Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities* (August 2000). E. Richard Brown, Roberta Wyn, and Stephanie Teleki. A new study of health insurance coverage in 85 U.S. metropolitan areas reveals that uninsured rates vary widely, from a low of 7 percent in Akron, Ohio, and Harrisburg, Pennsylvania, to a high of 37 percent in El Paso, Texas. High proportions of immigrants and low rates of employer-based health coverage correlate strongly with high uninsured rates in urban populations.

Inadequate Health Insurance: Costs and Consequences (August 11, 2000). Karen Donelan, Catherine M. DesRoches, and Cathy Schoen. *Medscape General Medicine*. Available online at www.medscape.com/Medscape/GeneralMedicine/journal/public/mgm.journal.html.

#405 *Counting on Medicare: Perspectives and Concerns of Americans Ages 50 to 70* (July 2000). Cathy Schoen, Elisabeth Simantov, Lisa Duchon, and Karen Davis. This summary report, based on The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70, reveals that those nearing the age of Medicare eligibility and those who recently enrolled in the program place high value on Medicare. At the same time, many people in this age group are struggling to pay for prescription drugs, which Medicare doesn't cover.

#406 *Counting on Medicare: Perspectives and Concerns of Americans Ages 50 to 70* (July 2000). Cathy Schoen, Elisabeth Simantov, Lisa Duchon, and Karen Davis. This full report of findings from The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50 to 70 reveals that those nearing the age of Medicare eligibility and those who recently enrolled in the program place high value on Medicare. At the same time, many people in this age group are struggling to pay for prescription drugs, which Medicare doesn't cover.

#391 *On Their Own: Young Adults Living Without Health Insurance* (May 2000). Kevin Quinn, Cathy Schoen, and Louisa Buatti. Based on The Commonwealth Fund 1999 National Survey of Workers' Health Insurance and Task Force analysis of the March 1999 Current Population Survey, this report shows that young adults ages 19–29 are twice as likely to be uninsured as children or older adults.

#370 *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (March 2000). Kevin Quinn, Abt Associates, Inc. Using data from the March 1999 Current Population Survey and The Commonwealth Fund 1999 National Survey of Workers' Health Insurance, this report examines reasons why 9 million of the country's 11 million uninsured Hispanics are in working families, and the effect that lack has on the Hispanic community.

#361 *Listening to Workers: Challenges for Employer-Sponsored Coverage in the 21st Century* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. Based on The Commonwealth Fund 1999 National Survey of Workers' Health Insurance, this short report shows that although most working Americans with employer-sponsored health insurance are satisfied with their plans, too many middle- and low-income workers cannot afford health coverage or are not offered it.

#362 *Listening to Workers: Findings from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. This full-length analysis of the Fund's survey of more than 5,000 working-age Americans finds that half of all respondents would like employers to continue serving as the main source of coverage for the working population. However, sharp disparities exist in the availability of employer-based coverage: one-third of middle- and low-income adults who work full time are uninsured.

#364 *Risks for Midlife Americans: Getting Sick, Becoming Disabled, or Losing a Job and Health Coverage* (January 2000). John Budetti, Cathy Schoen, Elisabeth Simantov, and Janet Shikles. This short report derived from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance highlights the vulnerability of millions of midlife Americans to losing their job-based coverage in the face of heightened risk for chronic disease, disability, or loss of employment.

#347 *Can't Afford to Get Sick: A Reality for Millions of Working Americans* (September 1999). John Budetti, Lisa Duchon, Cathy Schoen, and Janet Shikles. This report from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance finds that millions of working Americans are struggling to get the health care they need because they lack insurance or experience gaps in coverage.