THE COMMONWEALTH FUND

TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

April 2012

Gaps in Health Insurance: Why So Many Americans Experience Breaks in Coverage and How the Affordable Care Act Will Help

Findings from the Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011

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Abstract: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults finds that one-quarter of adults ages 19 to 64 experienced a gap in their health insurance in 2011, with a majority remaining uninsured for one year or more. Losing or changing jobs was the primary reason people experienced a gap. Compared with adults who had continuous coverage, those who experienced gaps were less likely to have a regular doctor and less likely to be up to date with recommended preventive care tests, with rates declining as the length of the coverage gap increases. Early provisions of the Affordable Care Act are already helping bridge gaps in coverage among young adults and people with preexisting conditions. Beginning in 2014, new affordable health insurance options through Medicaid and state insurance exchanges will enable adults and their families to remain insured even in the face of job changes and other life disruptions.

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OVERVIEW

The vast majority of Americans have employer-based health insurance—either through their employer or a family member's employer. However, employers provide health insurance on a voluntary basis, which means that a change in job status, hours (e.g., from full-time to part-time), or change in relationship, like a divorce, can lead to a gap in health insurance. Because there are few affordable insurance options for adults outside of the employer-based system, such gaps may be temporary or they may last several months or even years. While Medicaid and the Children's Health Insurance Program (CHIP) have been instrumental in increasing rates of coverage among children in households without employer

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Commonwealth Fund pub. 1594
Vol. 9

insurance, most states only cover parents with incomes well below the federal poverty level and few insure adults without children.[1] With its underwriting practices and high premiums, the individual insurance market is largely unaffordable for families with low and moderate incomes and for those with preexisting health problems.

A new survey, the Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, finds that a quarter of the adult population ages 19 to 64 experienced a gap in health insurance in 2011. Nearly seven of 10 (69%) of those with a gap went without coverage for a year or more. Of those who were uninsured at the time of the survey or were insured but had experienced a gap, 41 percent previously had employer-based coverage, 18 percent had been enrolled in Medicaid, 6 percent had a plan purchased in the individual market, 7 percent had been insured through another source, and 27 percent never had health insurance. Among those who had employer-sponsored insurance prior to their gap in coverage, two-thirds (67%) cited a loss or change of a job as the primary reason; nearly six of 10 (58%) were uninsured for a year or more.

The individual market has proven to be a weak stop-gap option for families who lose employer insurance. In the survey, adults who tried to buy a plan on their own in the individual insurance market reported substantial difficulties finding affordable health plans that met their health needs. Of adults who tried to buy a plan in the individual market in the past three years, 60 percent found it very or somewhat difficult to compare the benefits covered by different plans and more than half (55%) found it very or somewhat difficult to compare premium costs. More than two of five (45%) never ended up buying a plan. Cost was the most often cited reason for not purchasing a plan.

People with gaps in coverage have weak connections to the health care system. While 92 percent of continuously insured respondents reported having a regular doctor, the rate fell to 76 percent among those who had a gap in coverage of less than one year and dropped to 46 percent among those who had a gap of a year or more. Rates of preventive care screening were also lower for those with gaps in coverage and continued to deteriorate as people spent longer periods uninsured. Seventy percent of continuously insured respondents had had their cholesterol checked in the past five years compared with 50 percent of those with a coverage gap of less than a year and 33 percent of those with a gap of a year or more. Three-quarters (74%) of insured women ages 40 to 64 received a mammogram in the past two years, but only 28 percent of women in that age group with a coverage gap of a year or more had received the test.

The Affordable Care Act will help end the insurance gaps and the consequent interruptions in care that so many Americans experience every year. Because of a provision, already implemented, that requires health plans that offer dependent coverage to allow children to stay on their parents' insurance policies until the age of 26, millions of young adults who might otherwise lose their health benefits upon high school or college graduation are maintaining their health insurance. The survey finds that nearly half (46%) of young adults ages 19 to 25 reported that they had stayed on or joined a parent's insurance policy in the last 12 months. The survey finds that young adults in higher-income households were much more likely to have been helped by the new option than those in lower-income households.

Beginning in 2014, the law will provide near-universal health insurance through a substantial expansion in Medicaid, subsidized private health insurance offered through new state insurance exchanges, and new insurance market rules that will prevent health insurers from denying coverage or charging higher premiums to people with preexisting health conditions. Together, these reforms mean that people who lose their health benefits will be able to turn to a range of affordable insurance options that will enable them to gain insurance immediately rather than enduring months or years without coverage, losing connections to their doctors, and indefinitely delaying preventive care that would help maintain their health. The findings of the survey underscore the need for federal and state policymakers to press ahead with their work implementing the law.

SURVEY FINDINGS

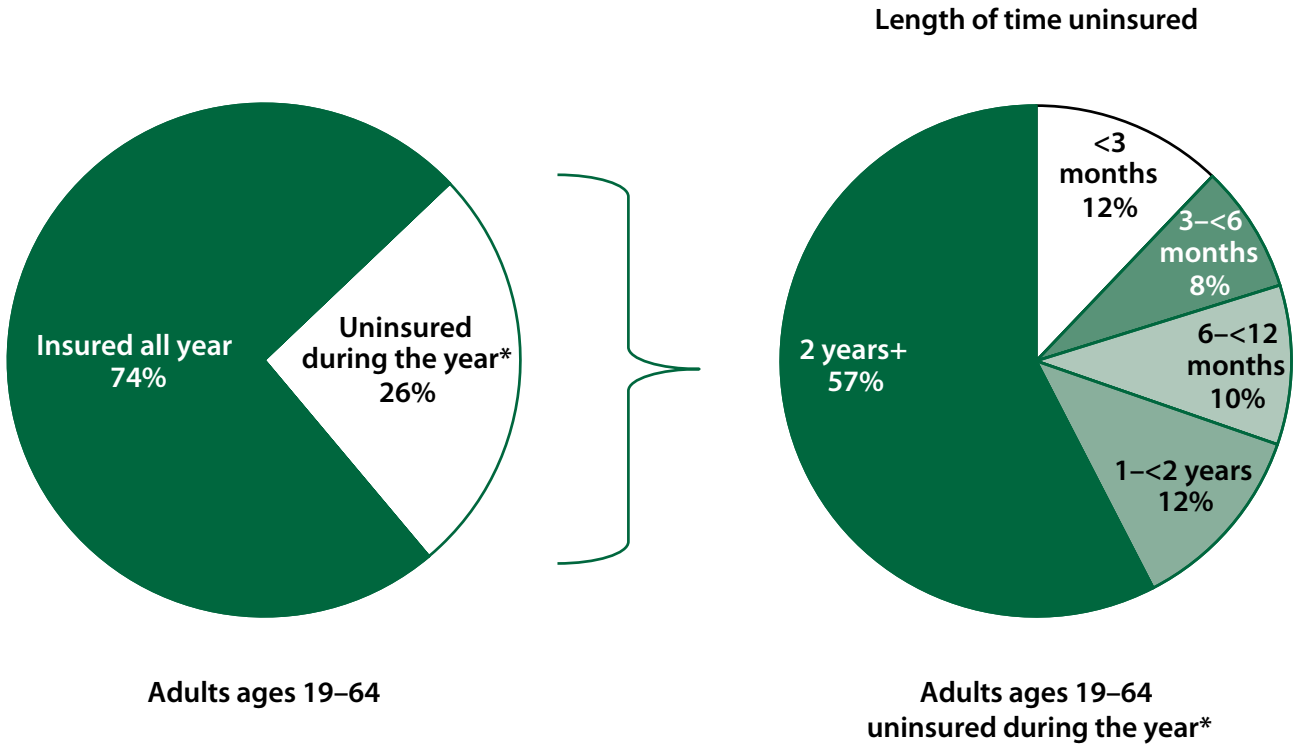
Adults with Gaps in Coverage Spend Long Periods of Time Uninsured

The recession that began in 2008 revealed the degree to which health insurance coverage in the United States depends on whether people have jobs and if those jobs include health benefits. The Commonwealth Fund found that over 2008–2010, more than half of adults—an estimated 9 million people—who lost a job with health benefits became uninsured.[2] Very few people enrolled in continuation coverage through COBRA or found a plan on the individual insurance market. The sluggish recovery has meant that millions of those workers remain uninsured: a record 5.3 million people have been searching for a job for longer than six months.[3]

The survey asked adults ages 19 to 64 whether they had health insurance and if they did, whether they had been without health insurance for any time in the past 12 months. More than one-quarter (26%) of adults reported a gap in their insurance coverage during 2011: 16 percent were uninsured at the time of the survey and 10 percent were insured but said they had spent some time uninsured in the past year (Exhibit 1, Appendix Table 1). Among those adults who reported a gap in their health insurance, nearly seven of 10 (69%) said they had been without health insurance for a year or more and nearly six of 10 (57%) had been uninsured for two years or more.

Adults in low- and moderate-income households were far more likely to report gaps in their insurance coverage than were those with higher incomes. Nearly three of five (57%) adults in families with incomes under 133 percent of poverty ($29,726 for a family of four) reported a gap: more than one-third (35%) indicated they were uninsured at the time of the survey and 21 percent said they were insured but spent some time uninsured in the last year (Exhibit 2).[4] Among adults earning between 133 percent and 250 percent of poverty ($55,875 for a family of four), more than one-third (36%) were uninsured during the year:

Exhibit 1. One-Quarter of Adults Reported a Gap in Coverage in 2011; More Than Half Were Uninsured for Two Years or More



* Combines "Insured now, time uninsured in past year" and "Uninsured now."
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

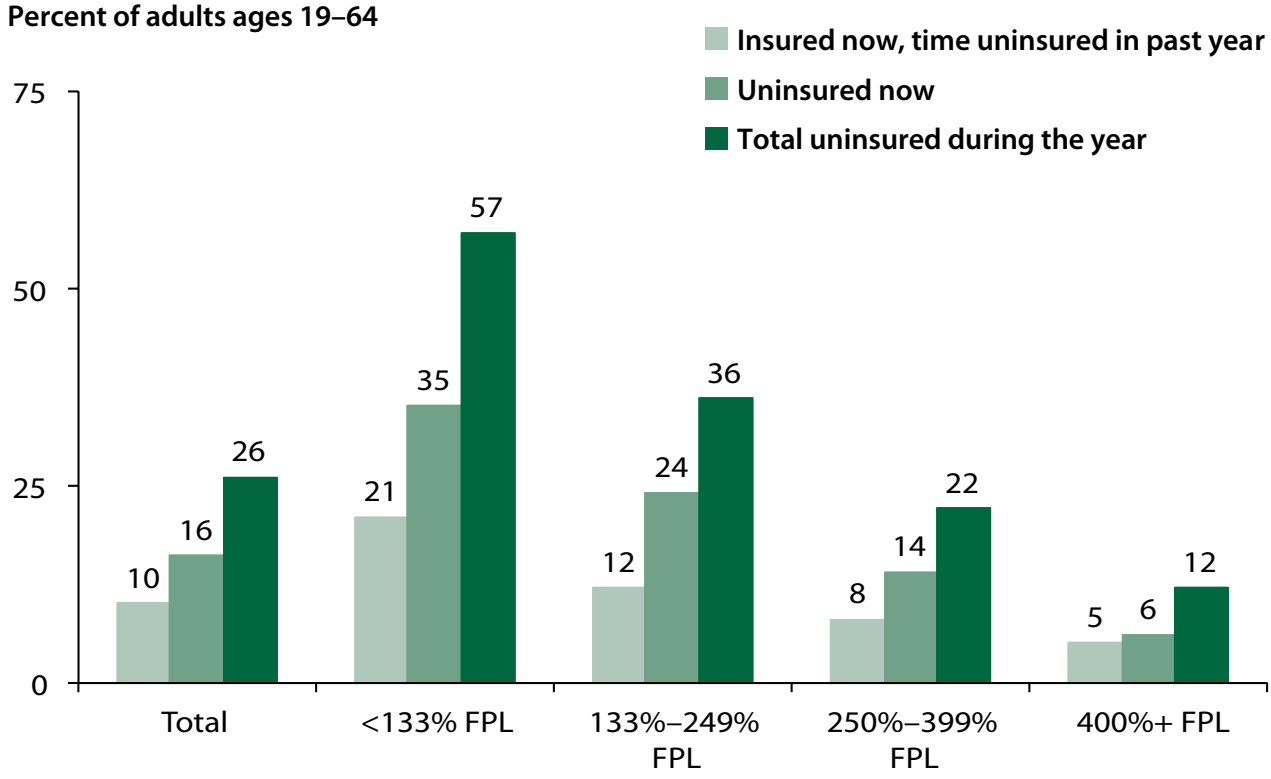
one-quarter (24%) were uninsured at the time of the survey and 12 percent were insured but had spent some time uninsured. In contrast, 12 percent of adults with incomes of 400 percent of poverty or more ($89,400 for a family of four) experienced a gap, with about 6 percent uninsured at the time of the survey and 5 percent insured but reporting a time uninsured in the last year.

The survey found wide regional differences across the United States both in the share of adults who reported gaps in coverage and the length of time they went without insurance. In particular, adults living in the South and West U.S. reported gaps at higher rates and were without health insurance for longer periods compared with those living in the Midwest and Northeast. Nearly one of three adults (31%) in the South reported a gap in coverage in the past year and 20 percent were uninsured for a year or more (Appendix Table 1). In the West, more than a quarter of adults (28%) had a gap in coverage in the past year and 18 percent were uninsured for a year or more. In contrast, adults in the Northeast and Midwest reported lower rates of coverage gaps (19% and 20%, respectively) and were less likely to be uninsured for a year or more (10% and 12%, respectively).

Changes in Employment Status Are the Primary Reason Americans Experience Coverage Gaps

Employer-based health insurance is the primary source of insurance coverage for the under-65 population. According to U.S. Census data, 57 percent of people under age 65 are insured through an employer health plan, either their own employer or that of a family member.[5] Consequently, gaps in health insurance coverage among working-age adults are most often precipitated by a change in employment status. The survey asked adults who had a gap in their coverage what their prior source of coverage had been, if any. Two of five (41%) adults had health benefits through an employer,

Exhibit 2. Adults in Low- and Moderate-Income Households Are Most Likely to Have Gaps in Health Insurance



Note: FPL refers to federal poverty level.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

18 percent had been enrolled in Medicaid, 6 percent had a plan purchased in the individual market, 7 percent had insurance through another source such as Medicare, and more than one-quarter (27%) said they had never had health insurance (data not shown).

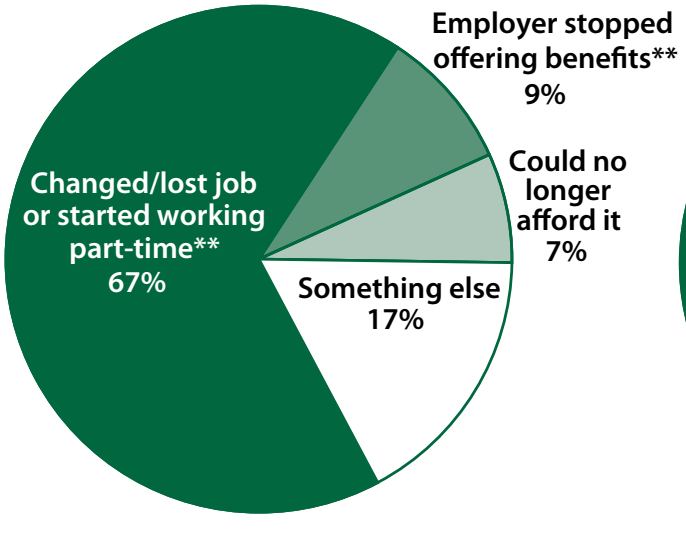
Employer coverage. The survey asked adults who reported a gap in their health insurance about the reasons why they had lost their coverage. Among those adults with a break in their health insurance who had an employer plan prior to becoming uninsured, more than two-thirds (67%) reported they had lost their health benefits because they or their spouse lost or changed their job or began working less than full time (Exhibit 3). One of 10 (9%) said they became uninsured after their employer stopped offering health benefits and 7 percent said they had no longer been able to afford their coverage About 17 percent of adults cited other reasons including no longer being eligible under their parent's health plan, divorce, and death of a partner.

The majority of adults who lost their employer health benefits remained uninsured for longer than one year; temporary gaps were far less common. Among adults who lost their employer health insurance, nearly three of five (58%) were uninsured for a year or more and more than two of five (42%) were uninsured for two years or more (Exhibit 4). Only 18 percent had a brief lapse in coverage, remaining uninsured for less than three months.

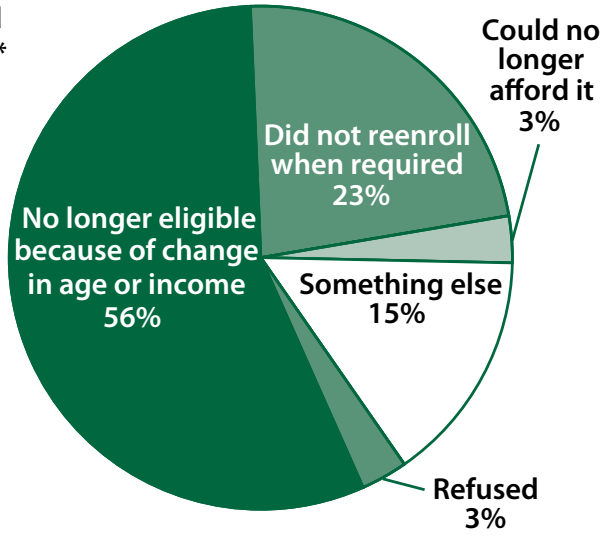
Medicaid. Among adults who had been enrolled in Medicaid prior to becoming uninsured, most (56%) lost their coverage as a result of a change in income or age that left them ineligible for the program (Exhibit 3). Slightly less than one-quarter (23%) said they lost Medicaid coverage because they had not reenrolled when they needed to and 3 percent said they could no longer afford it. About 15 percent of adults cited other reasons including a loss of eligibility because a pregnancy ended, a discontinuation of a

Exhibit 3. Reasons for Loss of Employer-Sponsored Insurance and Medicaid

Main reason lost coverage, adults ages 19–64 uninsured during the year*



Adults who lost employer-sponsored insurance^

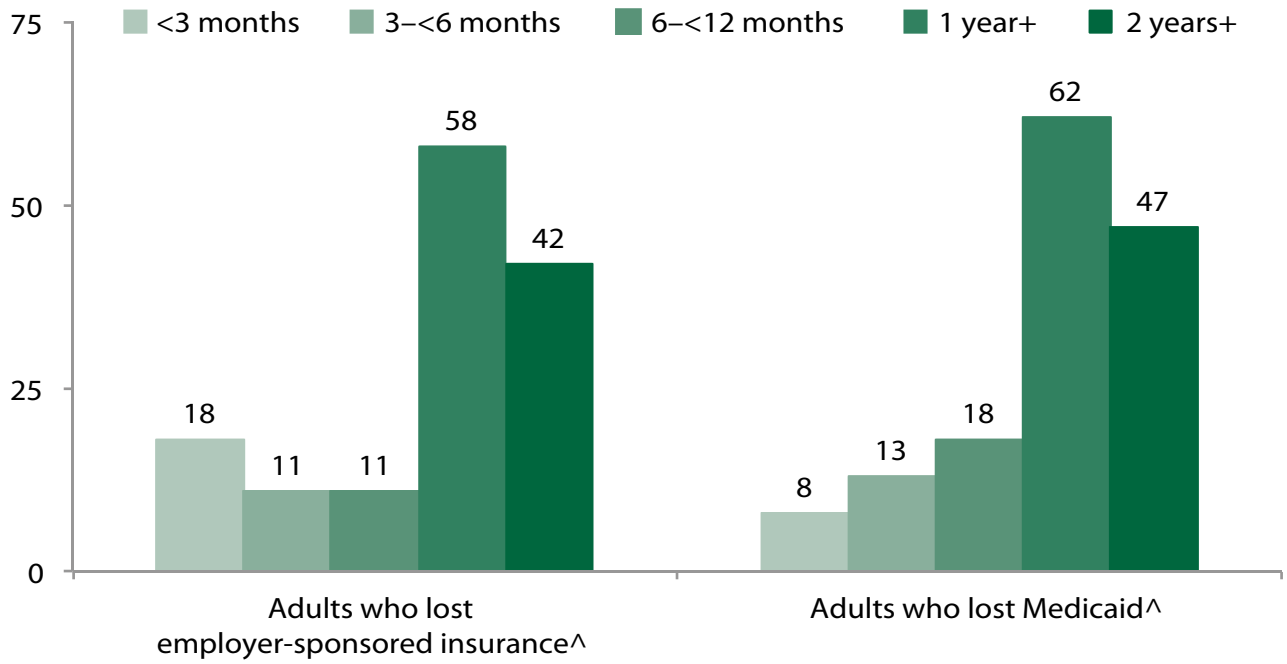


Adults who lost Medicaid^

* Combines "Insured now, time uninsured in past year" and "Uninsured now."
** Respondent or spouse's employer.
^ Source of insurance coverage before time uninsured.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 4. Most Adults Who Lose Employer or Medicaid Coverage Are Uninsured for Long Periods of Time

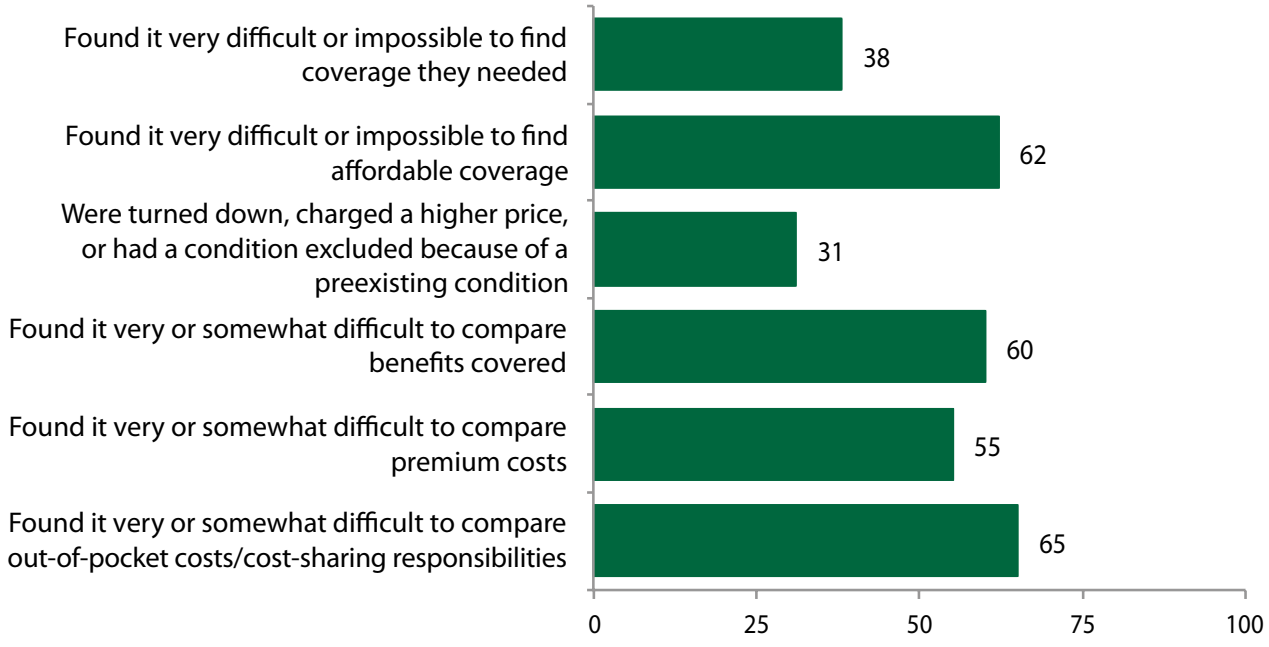
Percent of adults ages 19–64, uninsured during the year*



* Combines "Insured now, time uninsured in past year" and "Uninsured now."
^ Source of insurance coverage before time uninsured.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 5. Most Adults Who Try to Buy Plans in the Individual Insurance Market Find It Difficult to Compare Plans and Find Affordable Coverage

Percent of adults ages 19–64 who tried to purchase an insurance plan in the individual market*



* Base: Adults who tried to buy an individual insurance plan in the past three years.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Medicaid expansion in the state, and problems with reenrollment.

Like adults who lost employer benefits, the majority of those who lost Medicaid coverage were uninsured for long periods of time. Among adults who had a gap in coverage after losing Medicaid, 62 percent were uninsured for a year or more and nearly half (47%) were uninsured for two years or more (Exhibit 4). Only 8 percent were uninsured for less than three months.

Individual Insurance Market Not Affordable or Easy to Use

People who do not have access to employer health benefits and are ineligible for Medicaid are largely limited to purchasing coverage in the individual market. But the individual market for most Americans is neither affordable nor easy to navigate. People buying coverage in the individual market must pay the full premium and, under current laws in most states, are rated on the basis of their health, gender, and age. They can also be denied coverage because of a preexisting condition or have their condition excluded from their health plan.[6]

The survey asked adults whether they had purchased or tried to purchase coverage in the individual market in the last three years. About 10 percent of adults in the survey were either enrolled in a plan they had purchased in the individual market or said they had tried to buy a plan in the last three years (data not shown). Of those, 62 percent found it very difficult or impossible to find a plan they could afford. Nearly two of five (38%) found it very difficult or impossible to find a plan that provided the type of coverage they needed (Exhibit 5). And 31 percent were turned down by an insurance carrier because of a health problem, charged a higher price because of a health problem, or had a specific health problem excluded from their coverage.

The lack of standardized plan options and absence of easily understandable and comparable information on costs and benefits of different plans makes comparison shopping in the individual market difficult. In the survey, of those adults who looked for a health plan in the individual market in the last three years, 60 percent found it very or somewhat difficult to compare the benefits covered by different plans and 55 percent said it was very or somewhat difficult to compare premium costs among plans (Exhibit 5). Nearly two-thirds (65%) found it very or somewhat difficult to determine differences in their cost-sharing responsibilities among plans and how out-of-pocket costs might differ.

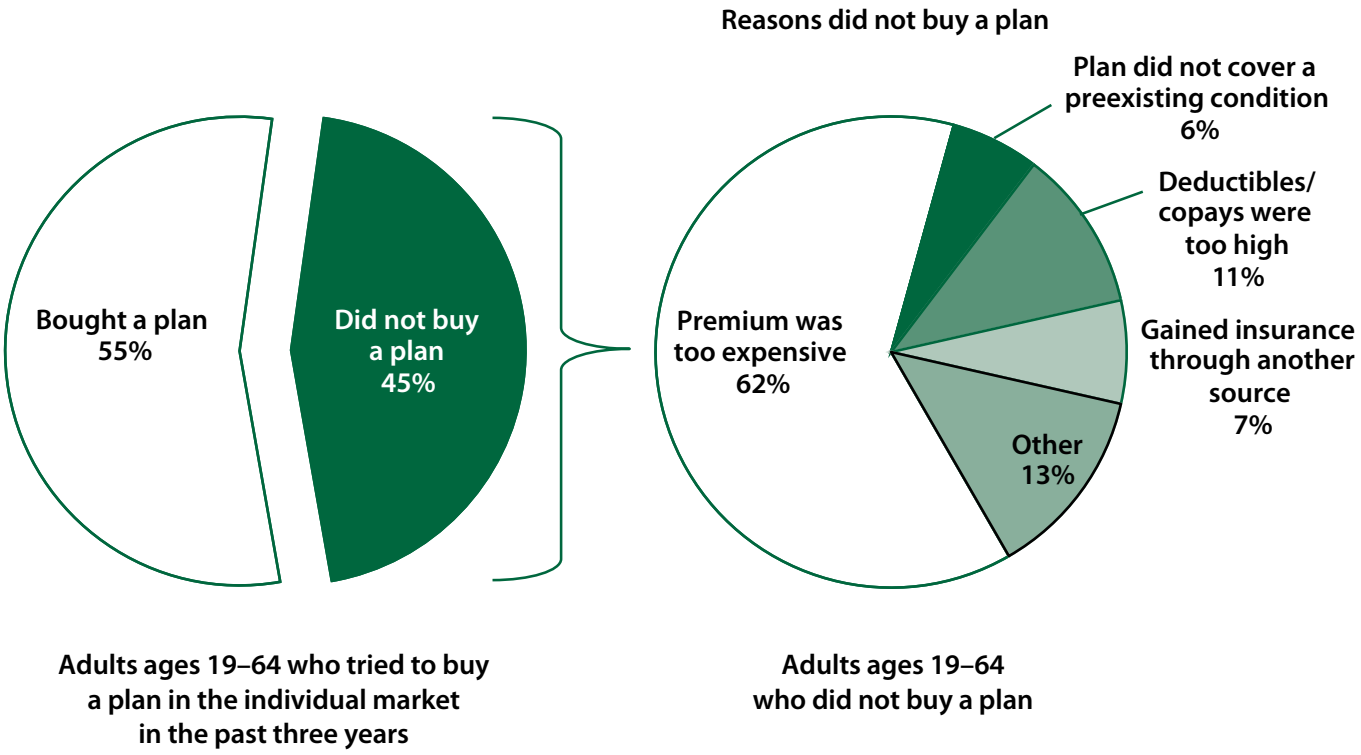
Forty-five percent of adults in the survey who tried to purchase a plan in the individual market in the last three years never ended up buying one (Exhibit 6). The survey asked these adults why they did not purchase a plan. More than three of five (62%) said the main reason they had decided against buying a plan was the premium was too expensive. Eleven percent said the deductibles or copayments were too high and 6 percent said the plan was not going to cover a preexisting condition. About 7 percent gained coverage through another source and 13 percent cited other reasons including being turned down because of their weight.

Adults with Gaps in Coverage Less Likely to Have a Regular Doctor and Receive Recommended Preventive Care

Gaps in health insurance make it difficult for people to maintain relationships with their providers and get the health care they need in a timely fashion. The longer people are without health insurance, the more estranged they become from the health system.

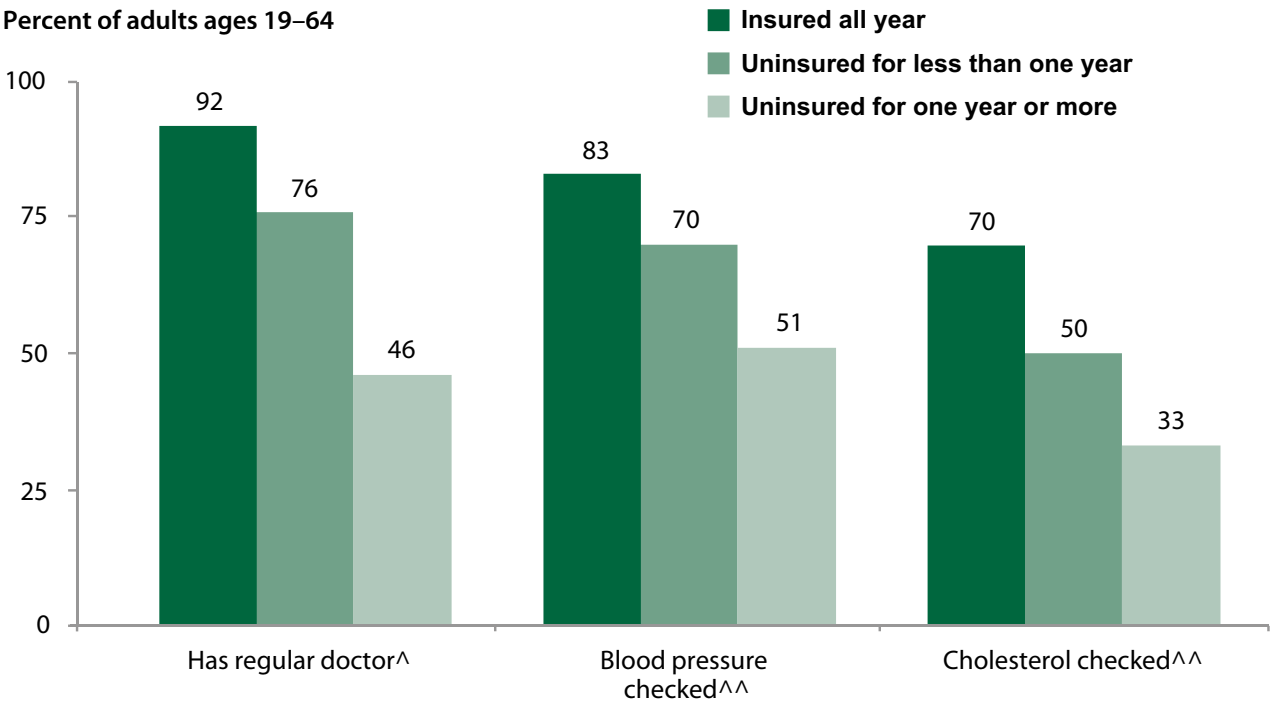
In the survey, while nearly all (92%) adults who were continuously insured reported they had a regular doctor, doctors' group, health center, or clinic where they usually went for medical care, those with gaps in coverage were much less likely to have a regular source of care, with rates declining with the length of time uninsured (Exhibit 7). Among adults who had been uninsured for less than one year, three quarters (76%) reported having a regular doctor. But, of those adults who had spent one year or more without health insurance, fewer than half (46%) reported having a regular source of care.

Exhibit 6. Almost Half of Individuals Who Tried Did Not End Up Buying a Plan in the Individual Market: Expensive Premiums Most Often Cited as the Reason



Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 7. Adults with Gaps in Coverage Are Less Likely to Have a Regular Doctor or Be Up to Date with Blood Pressure and Cholesterol Checks



^ Includes doctor, doctors group, health center, or clinic.
^^ Blood pressure checked in past year; cholesterol checked in past five years (in past year if has hypertension or heart disease).
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Similarly, adults with a gap in their health insurance were less likely to be up to date with preventive care tests than were those who were continuously insured. While 83 percent of adults who were insured all year had had their blood pressure checked in the past year, the rate declined to 70 percent among those who had experienced a gap in their health insurance of less than a year and to 51 percent among those who had been without coverage for a year or longer (Exhibit 7). Likewise, 70 percent of adults who had been continuously insured had their cholesterol checked in the past five years (or in the past year for those with hypertension or heart disease) compared with half of adults who had been uninsured for under a year and one-third (33%) of adults who were uninsured for a year or more.

Recommended cancer screening rates were also far lower among adults who experienced disruptions in their coverage compared with those who were continuously insured. Three-quarters (74%) of women ages 40 to 64 who were insured all year reported that they had a mammogram in the past two years (Exhibit 8). But only 28 percent of women in that age group who had been uninsured for a year or more said that they had a mammogram in the recommended time frame. Similarly, 72 percent of women who were insured continuously had a Pap test in the recommended time frame compared with fewer than half (46%) who experienced a gap in coverage of a year or longer. Colon cancer screening rates were low among adults who were insured all year, but extremely rare among adults who had long gaps in coverage. Fifty-seven percent of continuously insured adults ages 50 to 64 reported that they had a colon cancer screening in the past five years while fewer than one of 10 (9%) adults who had been uninsured for a year or more reported that they had received the test.

The Affordable Care Act Will Reduce Coverage Gaps

According to the survey findings, gaps in health insurance coverage are most often triggered by a change in employer-based health insurance eligibility because of a job change or loss, or similarly, by a change in Medicaid eligibility because of a change in income or age. Beginning in 2014, people who lose their job-based health benefits or become ineligible for coverage through Medicaid will finally have new options for affordable and comprehensive health insurance that will largely eliminate gaps in coverage.[7] The Congressional Budget Office estimates that 32 million uninsured people will gain health insurance coverage by 2020.[8] This increase will be achieved through a substantial expansion in Medicaid eligibility to adults with incomes under 133 percent of poverty ($29,726 for a family of four), and through tax credits to help cover the cost of private insurance premiums and out-of-pocket costs. Adults in households earning up to 400 percent of poverty ($89,400 for a family of four) will receive premium tax credits than will cap the cost of health plans sold through new state insurance exchanges as a share of income. In addition, new insurance market reforms will prevent health insurers from denying coverage or raising premiums because of health, gender, or a preexisting condition.

Several of the law's reforms—including the provision of transitional coverage for young adults and for people with chronic health problems—went into effect in 2010. These two new options are already bridging coverage gaps for millions of Americans. The survey asked respondents about their awareness and use of these new choices: allowing young adults to stay on or join their parent or guardian's health plan until age 26 and new preexisting condition insurance plans (PCIPs) for people with health problems who have been uninsured for at least six months.

Majority of Adults Are Aware of the Provision for Young Adults, Many Have Taken Advantage of It

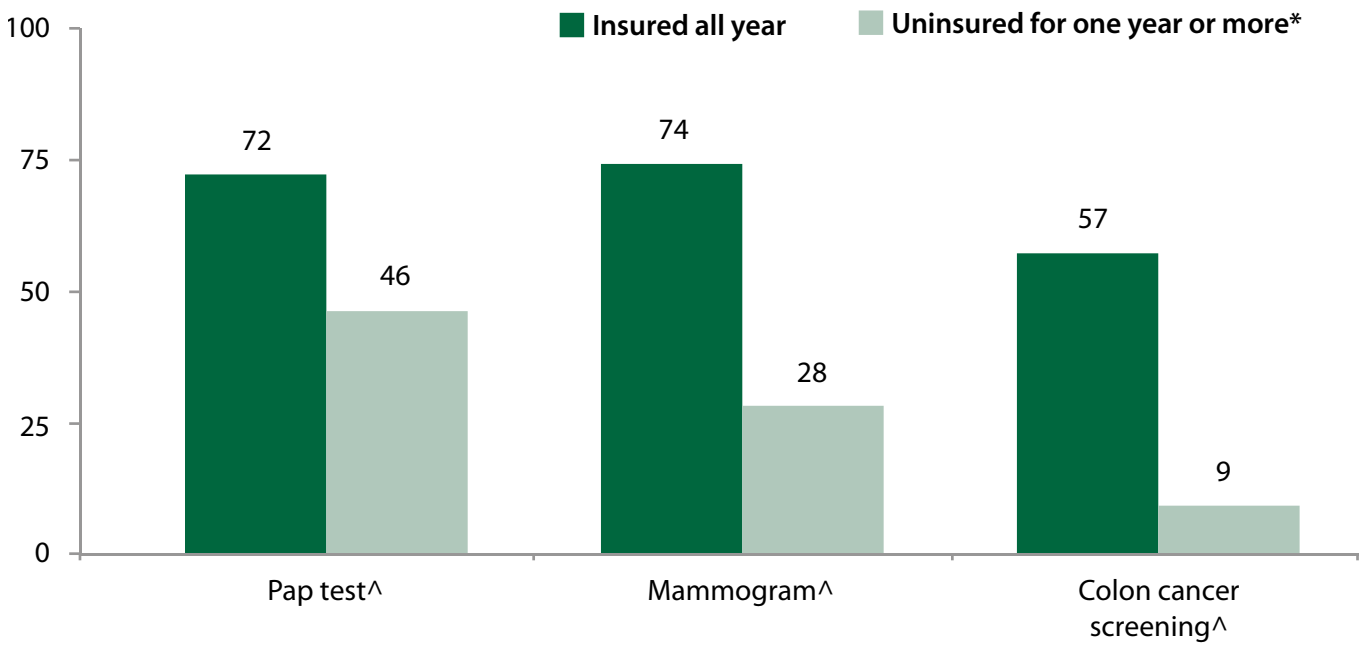
Young adults are the age group most at risk of experiencing long gaps in their health insurance.[9] This is because children eligible for Medicaid or CHIP lose coverage on their 19th birthdays. In addition, in the past, children insured as dependents on their parents' employer plans generally lost coverage at either graduation from high school or college. Because young adults are still establishing ties to the labor force, they often lack permanent employment—and thus a source of

health insurance—or work in jobs that do not include health benefits.[10]

The Affordable Care Act addresses both triggers of coverage gaps for young adults through the expansion of Medicaid and subsidized private coverage in 2014. But in the interim, the law is providing immediate help for this age group through a requirement that all insurance plans in the United States that cover dependents offer the same coverage at the same price to their enrollees' adult children up to their 26th birthdays. The provision applies to all adult children, regardless of living situation, degree of financial independence, or marital or student status. It applies to all forms of health insurance, with one exception: prior to 2014, young adults may be covered by their parents' "grandfathered" employer group health plans (i.e., plans in existence when the law was enacted in March 2010) only if they are not eligible to enroll in any other employer-sponsored plan. This provision has been instrumental in increasing health insurance coverage among young adults: an estimated 2.5 million young adults between the ages of 19 and 25 joined their parents' policies between September 2010 and June 2011.[11]

The survey asked all adults ages 19 to 64 whether they were aware that young adults could join their parents' policies. Nearly two-thirds (63%) of adults said they knew about the provision (Exhibit 9, Appendix Table 2). Majorities of adults, regardless of political affiliation, were aware of the provision, with Republicans showing the greatest awareness: 74 percent of Republicans, 70 percent of Independents, and 65 percent of Democrats said that they knew about the provision. People with higher incomes were more likely to be aware of the provision than adults in households with lower incomes: 73 percent of adults with incomes of 250 percent of poverty or more ($55,875 for a family of four) knew about the provision compared with 44 percent of adults earning less than 250 percent of poverty. Older adults ages 50 to 64 were more aware of the

Exhibit 8. Adults with Gaps in Coverage Are Less Likely to Be Up to Date with Recommended Cancer Screenings



* Sample size is too small to show rates for respondents uninsured for less than a year.
^ Pap test in past year for females ages 19–29, past three years ages 30–64; mammogram in past two years for females ages 40–64; and colon cancer screening in past five years for adults ages 50–64.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

provision than were young adults ages 19 to 29 (71% vs. 56%, respectively) as were college graduates relative to adults with less than a high school degree (80% vs. 27%, respectively) (Appendix Table 2).

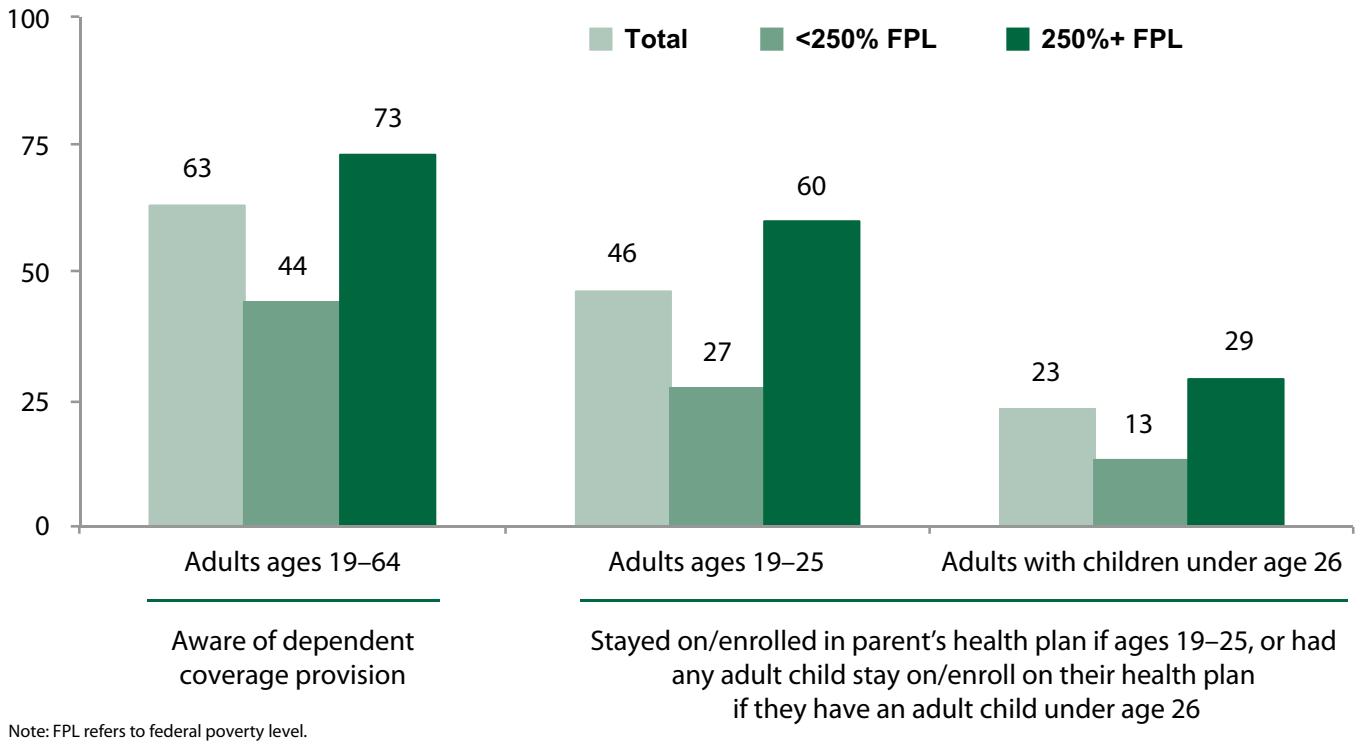
The survey asked 19-to-25 year olds and parents with children under age 26 whether they had taken advantage of the new provision. Among the 19-to-25 year olds, 46 percent said they had stayed on or enrolled in their parents' health plan in the last 12 months (Exhibit 9). Young adults with higher incomes were much more likely to be covered under a parent's policy than were those in lower-income households: 60 percent of those with incomes over 250 percent of poverty had joined a parents' policy compared with 27 percent of those earning under 250 percent of poverty.

Among parents with children under age 26, 23 percent said that a child age 18 or older had stayed on or joined their health plan within the past 12 months. Larger shares of parents in households with higher incomes reported that a young adult was enrolled in their health plan compared to parents with lower incomes: 29 percent of parents with incomes of 250 percent of poverty or more said that an adult child had enrolled in their health plan compared with 13 percent of those with incomes under 250 percent of poverty. There were no differences in enrollment by political affiliation.

Half of Adults Are Aware of the Pre-Existing Condition Insurance Plan

In the survey, nearly one-third of people who had tried to buy an insurance policy on the individual market in the last three years said they were turned down or charged a higher premium because of a preexisting health condition or had a condition excluded from their coverage. The Affordable Care Act's 2014 provisions will enable people with preexisting health problems to gain access to affordable coverage through the Medicaid expansion and subsidized private coverage, combined with a ban on underwriting and preexisting

Exhibit 9. Awareness of and Enrollment in Young Adult Coverage Option Under the Affordable Care Act, by Income



Note: FPL refers to federal poverty level.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

condition exclusions. But the law also provides immediate relief for people with health problems who have been unable to gain health insurance through the individual insurance market through new Pre-existing Condition Insurance Plans (PCIPs).[12]

Now available in all 50 states and the District of Columbia, PCIPs are open to people who have been uninsured for at least six months and who have a health problem that has made it difficult for them to gain health insurance. PCIPs cover a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. Premiums are set for a standard population in the individual insurance market and cannot vary by more than a factor of four, based on age (i.e., 4:1 age bands). The PCIPs are required to cover, on average, no less than 65 percent of medical costs and to limit out-of-pocket spending to the standards defined by health savings accounts—$5,950 for individuals. They also cannot impose preexisting condition exclusions or waiting periods. Enrollment in the plans has climbed to 56,257.[13]

The survey asked all adults ages 19–64 whether they were aware of the PCIP program in their state. Half of respondents said that they were aware of the program (Appendix Table 2). Majorities of adults across political parties were aware of the PCIP program, with Republicans showing somewhat greater awareness. People with higher incomes were also more likely to be aware of the provision than lower-income adults: 59 percent of adults with incomes of 250 percent of poverty or more knew about the PCIP program compared with 35 percent of adults earning less than 250 percent of poverty. Older adults ages 50 to 64 were more aware of the program than were young adults ages 19 to 29 (62% vs. 42%, respectively) as were college graduates relative to adults with less than a high school degree (66% vs. 19%, respectively).

While awareness of the PCIP program is widespread, enrollment is low. This is not surprising given the program's eligibility requirements: people must have a health problem that makes it difficult to buy an insurance policy and they must be uninsured for at least six months.[14] In addition, while the program improves the affordability of premiums compared with the individual insurance market by limiting underwriting on the basis of health and age, there is no premium subsidy to help offset the costs for low- and moderate-income families. Of those adults who were aware of the program, about 6 percent said that they or a family member had tried to gain coverage through a PCIP plan (data not shown).

NEAR-UNIVERSAL COVERAGE IN 2014

The Affordable Care Act's most sweeping reforms go into effect in January 2014, providing near-universal coverage for all Americans. In the survey, premium cost was the primary reason most people who tried to buy a plan in the individual market did not end up buying one. Affordability barriers are most pronounced among adults with low and moderate incomes who lack coverage through a job and are the reason the rate of reported gaps in coverage rise as income falls. The new coverage expansions are designed to remove affordability barriers for families that have not been able to afford health insurance.

Expansion in Eligibility for Medicaid Benefits

The law substantially expands eligibility for Medicaid for all legal residents with incomes up to 133 percent of the federal poverty level—about $14,484 for a single adult or $29,726 for a family of four. This represents a substantial change in Medicaid's coverage of adults in the United States, where, with few exceptions, only very-low-income parents and pregnant women have been eligible. The survey found that 57 percent of adults with incomes under 133 percent of poverty spent all or part of 2011 without health insurance. The federal government will provide the bulk of financing for the Medicaid expansion, covering 100 percent of the costs in most states through 2016 before gradually reducing its contribution to 90 percent for all states by 2020. An estimated 17 million people are expected to become newly covered under Medicaid by 2020.[15]

Premium and Cost-Sharing Subsidies for Private Health Plans

Starting in 2014, people with incomes up to 400 percent of poverty ($89,400 for a family of four) who lack access to affordable insurance will be eligible for tax credits to offset the cost of premiums for private health plans purchased through the new state insurance exchanges.[16] Adults eligible for the tax credits will make contributions to their premiums, as a share of their income, on a sliding-scale not to exceed 2 percent (for those earning less than 133% of poverty) to 9.5 percent (for those earning 300% to 400% of poverty). The federal government will make up the difference between the individual premium contribution and the cost of the premium for the "benchmark" health plan in the individual's local market, in the form of a tax credit.

In addition to making premiums more affordable for low- and moderate-income families, the Affordable Care Act also limits exposure to out-of-pocket costs. Families of four earning up to $55,875 will be eligible for cost-sharing subsidies that will increase the cost protection of their plans. In addition, health plans sold in the exchanges will have limits on out-of-pocket spending related to income that range from $1,983 for a single policy and $3,967 for a family policy for those earning up to 199 percent of poverty to $3,967 for a single policy and $7,933 for a family policy for those earning up to 400 percent of poverty. For those earning 400 percent of poverty or more, out-of-pocket limits are set at the level for health saving accounts or $5,950 for a single policy and $11,900 for a family policy.

Clear Health Plan Choices for Consumers in State Insurance Exchanges

The state insurance exchanges are the centerpiece of the Affordable Care Act's coverage provisions, providing insurance options for individuals and small businesses. The exchanges will create a new marketplace that will serve as the central portal for people who do not have an affordable employer-based health plan. The individual and small-group markets will continue to function outside of the exchanges, but new insurance market regulations against underwriting on the basis of health and other market reforms will apply to plans sold inside and outside the exchanges. People will come to the exchanges, either in person or online, fill out one application and receive a determination of eligibility, depending on their income, for the law's insurance affordability programs—Medicaid, CHIP, and the subsidized private health plans sold in the exchanges.[17]

Consumers selecting plans through the exchanges will find far greater clarity in health plan choices than what people currently find in the individual market. The survey showed that a majority of adults who had tried to buy coverage in the individual market found it very or somewhat difficult to compare the benefits, premiums, and cost-sharing responsibilities offered by different plans. The Affordable Care Act greatly simplifies health plan choice and provides substantially more information about plans. Health plans offered through the exchanges, as well as in the small-group and individual insurance markets, must cover a standard essential health benefits package at four distinct levels of cost-sharing: bronze plans (covering on average 60% of someone's annual medical costs), silver (70% of costs), gold (80% of costs), and platinum (90% of costs).[18] The health plans will all cover the services in the essential health benefits package but will vary by how much people have to pay out-of-pocket, either through deductibles, copayments, or coinsurance. Consumers may choose plans with higher cost-sharing and lower premiums (bronze plans) or lower cost-sharing and higher premiums (platinum plans). In contrast, health plans currently sold in most individual markets in the United States vary widely in services covered and whole benefit categories can be excluded by a carrier because of a preexisting health condition.

Consumers will be able to access the exchanges online with new standardized Web tools that will be designed to clearly delineate differences between plans in premiums and cost-sharing requirements. In addition, the tools will provide ratings on quality and price. Consumers will be able to use a cost calculator that will make their health plan costs clear, after adjusting for premium and cost-sharing tax credits.

REDUCING GAPS IN HEALTH INSURANCE: KEY IMPLEMENTATION ISSUES FOR STATES

The Affordable Care Act establishes a state-based system of streamlined and coordinated insurance programs. Families without employer coverage can go to the state insurance exchanges, either online or in person, and apply for Medicaid, CHIP, and subsidized private health plans and receive a determination of eligibility for any program. Eligibility determination and enrollment will be consumer-oriented, with minimal administrative hurdles and paperwork for applicants. To this end, the Department of Health and Human Services will develop a single application form that people will use to apply for the Medicaid, CHIP, and subsidized private health plans. Such coordinated enrollment processes will help ensure that people who lose coverage through an employer will be able to go to the exchange, quickly find out which programs and subsidies they are eligible for, compare out-of-pocket cost exposure among competing health plans, and select a plan that best fits their needs.

In addition to ensuring that initial enrollment is simple, federal and state policymakers will need to ensure continuous coverage across the different insurance programs when people have income or job changes. Changes in income might affect eligibility for different programs; people might have to change health plans and potentially their providers.

Pamela Farley Short and colleagues examined changes in family income between 2005 and 2006 to illustrate the degree to which exchanges will need to adjust insurance coverage and subsidies for adults when their income changes.[19] Short found that lower-income adults experienced income changes from year to year that would affect their eligibility for Medicaid or for tax credits under the Affordable Care Act. For example, among adults with incomes under 133 percent of poverty in 2005 who would have been eligible for Medicaid under the law, the authors found that 16 percent had increases in their incomes in 2006 that would have made them ineligible for Medicaid but eligible for premium and cost-sharing subsidies for private plans sold through the exchange. Of those with incomes between 133 percent and 199 percent of poverty in 2005—making them eligible for premium tax credits for private plans under the Affordable Care Act—17 percent experienced a decline in income below 133 percent of poverty in 2006, making them eligible for Medicaid.

A significant implementation dilemma for states and the federal government is how to reduce the possibility that people with income changes like these will experience a gap in their health insurance and consequently lose connections with their physicians and the health system. By providing people with broad access to the same health plans or provider networks through Medicaid, as well as the individual and small-business exchanges, policymakers could reduce the likelihood of such gaps and help minimize care disruptions.[20] For example, states might consider whether some or all health plans in an exchange should be required to offer the full range of subsidized products (Medicaid, CHIP, and subsidized private coverage). States also might consider aligning the certification requirements of health plans that are approved to be sold through the exchanges with those of Medicaid managed care plans and allow Medicaid managed care plans to be sold in both the individual and small-business exchanges.[21] This would enable people with income or job changes that would make them newly eligible for Medicaid or tax credits for private plans in the exchange to have the option to maintain their health plan and their providers. States also might consider merging their individual and small-business exchanges.[22] This would smooth coverage transitions when people change or lose jobs through an employer that offered coverage through the exchange and must then buy coverage on their own.

CONCLUSION

The health insurance expansions and reforms in the Affordable Care Act will end the gaps in health insurance coverage currently experienced by millions of Americans each year. These experiences have defined in particular the lives of people with low and moderate incomes who are the most at risk of not having a health

plan through a job and least able to afford a plan purchased directly from an insurance carrier.

The law also addresses the high level of difficulty and confusion most Americans experience when they do not have health insurance through an employer and must buy it on their own in the individual insurance market. Few adults in the survey who had tried to buy a plan in the individual market could find affordable plans and nearly one-third were either denied coverage, had a health condition excluded from their coverage, or were charged a higher price because of a preexisting condition. The Affordable Care Act not only bans health insurers from underwriting on the basis of health, it also requires carriers to offer a comprehensive set of standardized health benefits. In addition, the exchanges are required to offer an array of tools to aid consumers in choosing among health plans.

Among the most troubling findings of the survey are the consequences of coverage gaps on the ability of people to get the health care they need. Disruptions in health insurance are associated with lower reported rates of having a regular doctor or place to go for health care, lower rates of blood pressure and cholesterol tests, and lower rates of preventive cancer screenings. The longer someone goes without health insurance, the lower their reported receipt of these critical preventive health care services. Eliminating gaps in coverage is essential to ensuring that Americans can gain timely access to health services that are necessary to maintaining good health over time.

By providing affordable insurance options and organized market structures that will facilitate informed choices, the Affordable Care Act will cover 32 million uninsured people by the end of this decade and introduce a sea change in Americans' experience of health insurance and health care. Given the great need for expanded coverage options as revealed in the survey, it is critical that federal and state policymakers press forward in their work to implement the law. Ultimately, the success of the law in solving many of the problems illustrated in the survey will depend on the way in which federal and state governments choose to implement key provisions, in particular the design and operation of the insurance exchanges. Coordinating the nation's insurance programs—Medicaid, CHIP and subsidized private coverage—will help ensure that gaps in coverage become phenomena of the past.

Notes

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[16] In general, people with incomes under 133 percent of the federal poverty level will be eligible for Medicaid, but legal immigrants in the five-year waiting period for Medicaid are eligible for tax credits. In addition, adults who have an offer of employer coverage are also eligible for the tax credits if they would have to spend more than 9.5 percent of household income on premium contributions, or their plan provides less than a minimum level of cost protection (with minimum level defined as at least 60 percent of an individual's total medical costs on average for the year).

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Appendix Table 1. Continuity of Insurance in 2011: Adults Insured All Year and with Gaps in Coverage

	Total (ages 19–64)	Insured all year	Insured now, time uninsured in past year	Uninsured now	Total uninsured during the year*	Length of time uninsured during the year**		
						Less than 1 year	1 year or more	2 years or more
Total (millions)	186.7	138.5	18.0	30.1	48.2	12.9	29.7	24.4
Percent distribution	100%	74%	10%	16%	26%	7%	16%	13%
Unweighted n	2,134	1,546	218	370	588	155	389	328
Age								
19–29	25	59	17	24	41	14	20	17
30–49	41	76	8	15	24	5	16	13
50–64	34	83	6	11	17	4	13	10
Gender								
Female	51	75	11	14	25	7	16	13
Male	49	74	8	18	26	7	16	13
Race/Ethnicity								
White	66	82	7	11	18	5	12	10
Black	12	66	15	19	34	13	15	14
Hispanic	15	50	15	35	50	9	34	27
Other/Mixed	7	72	13	16	28	8	15	14
Income								
Less than $20,000	12	50	19	31	50	11	37	32
$20,000–$39,999	21	54	15	30	46	10	32	26
$40,000–$59,999	15	79	7	13	21	6	12	10
$60,000 or more	52	87	6	8	13	5	6	4
Poverty Status								
Below 133% FPL	16	43	21	35	57	11	41	35
133%–249% FPL	19	64	12	24	36	10	23	18
250%–399% FPL	21	78	8	14	22	6	14	13
400% FPL or more	43	88	5	6	12	5	4	3
Below 250% FPL	35	54	16	29	46	10	31	26
250% FPL or more	65	85	6	9	15	5	8	6
Health Status								
Fair/Poor health status, or any chronic condition or disability^	53	78	9	13	22	5	14	12
No health problem	47	70	11	20	30	9	18	15
Adult Work Status								
Full time	51	81	8	11	19	6	12	10
Part time	11	64	14	22	36	11	23	20
Not currently employed	36	70	11	19	30	7	19	16
Employer Size^^								
10 employees or less	18	59	9	32	41	8	32	27
11–24 employees	9	59	22	18	41	17	23	18
25–99 employees	14	75	12	13	25	8	16	13
100–499 employees	16	87	8	5	13	7	6	4
500 or more employees	43	88	6	6	12	4	7	6
Region								
Northeast	18	81	8	11	19	7	10	8
Midwest	22	78	8	13	20	6	12	8
South	37	69	12	19	31	7	20	18
West	23	72	9	18	28	7	18	14

Note: FPL refers to federal poverty level.

* Combines "Insured now, time uninsured in past year" and "Uninsured now."

** 44 people who did not provide length of time uninsured during the year are not included in the distribution.

^ Respondent rated their health status as fair or poor, has a disability or chronic disease that keeps them from working full time or limits housework/other daily activities, or has any of the following chronic conditions: asthma, chronic bronchitis, or chronic obstructive pulmonary disease; cancer (any type except skin cancer); chronic pain; depression; diabetes; heart attack; heart disease; high blood pressure; high cholesterol; mental health condition; osteoarthritis; or stroke.

^^ Among full- and part-time employed adults ages 19–64.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Appendix Table 2. Awareness of New Affordable Care Act Provisions

		Aware of Affordable Care Act provision allowing dependents under age 26 of age to stay on parents' health plans		Aware of Affordable Care Act provision creating Pre-Existing Condition Insurance Plans	
	Total (ages 19–64)	Yes	No	Yes	No
Total (millions)	186.7	116.7	65.2	94.1	87.9
Percent distribution	100%	63%	35%	50%	47%
Unweighted n	2,134	1,327	767	1,084	1,011
Age					
19–29	25	56	40	42	54
30–49	41	60	38	46	51
50–64	34	71	28	62	37
Gender					
Female	51	62	36	50	48
Male	49	63	34	51	46
Race/Ethnicity					
White	66	71	28	57	41
Black	12	51	45	42	54
Hispanic	15	38	57	28	66
Other/Mixed	7	58	39	48	51
Income					
Less than $20,000	12	35	63	33	65
$20,000–$39,999	21	50	48	39	59
$40,000–$59,999	15	63	35	51	47
$60,000 or more	52	74	23	59	38
Poverty Status					
Below 133% FPL	16	32	66	26	72
133%–249% FPL	19	54	42	42	54
250%–399% FPL	21	67	31	55	43
400% FPL or more	43	75	22	61	36
Below 250% FPL	35	44	54	35	63
250% FPL or more	65	73	25	59	39
Education					
Less than high school degree	8	27	71	19	77
High school degree or equivalent	27	53	46	43	56
Some college/technical	29	65	34	51	48
College graduate or higher	34	80	19	66	33
Political Party					
Republican	24	74	25	60	39
Democrat	34	65	34	52	47
Independent	21	70	29	57	42
Health Status					
Fair/Poor health status, or any chronic condition or disability^	53	63	35	53	45
No health problem	47	62	35	47	50

	Total (ages 19–64)	Aware of Affordable Care Act provision allowing dependents under age 26 of age to stay on parents' health plans		Aware of Affordable Care Act provision creating Pre-Existing Condition Insurance Plans	
		Yes	No	Yes	No
Place of Residency					
City	29	60	39	50	49
Suburban area	37	69	31	56	43
Small town or rural area	34	61	37	48	51
Region					
Northeast	18	64	35	53	45
Midwest	22	73	26	52	46
South	37	58	39	47	50
West	23	60	37	52	45
Insurance Type					
Employer	62	76	24	59	40
Medicaid	7	31	69	29	70
Medicare	5	42	54	47	50
Individual	5	74	24	60	40
Other	5	38	58	41	55
Uninsured	16	36	55	26	65
Family Status					
Married/living with partner, no children	26	68	31	61	37
Married/living with partner, children	38	63	35	46	52
Not married, no children	26	59	38	50	48
Not married, children	9	59	39	45	54
Has a Child Under Age 26					
Yes	47	62	36	46	53
No	52	63	35	55	43

Note: FPL refers to federal poverty level.
^ Respondent rated their health status as fair or poor, has a disability or chronic disease that keeps them from working full time or limits housework/other daily activities, or has any of the following chronic conditions: asthma, chronic bronchitis, or chronic obstructive pulmonary disease; cancer (any type except skin cancer); chronic pain; depression; diabetes; heart attack; heart disease; high blood pressure; high cholesterol; mental health condition; osteoarthritis; or stroke.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Methodology

The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011, was conducted online between June 24 and July 5, 2011, by Knowledge Networks, among a representative sample of adults ages 19 to 64. The survey sample was drawn from KnowledgePanel—a probability-based online panel that is representative of the U.S. population and includes cell-phone only and low-income households that are typically difficult to reach using traditional telephone surveys and random digit dialing (RDD) sampling.[i]

To develop KnowledgePanel, address-based sampling is used to randomly select households in the United States to be recruited into the panel. Prior to 2009, Knowledge Networks recruited via RDD telephone sampling. Households that do not have Internet access are provided with access to the Internet and laptops, if needed. KnowledgePanel consists of about 50,000 U.S. residents, age 18 and older. From this panel, 3,603 adults ages 19 to 64 were randomly sampled and invited by e-mail to complete an online questionnaire in either English or Spanish. The survey was completed by 2,134 respondents, yielding a 59 percent completion rate among sampled respondents.[ii] The sample was stratified by income to allow more detailed analysis of responses from low-income respondents. The final sample includes 977 low-income adults who have incomes below 250 percent of the federal poverty level ($55,875 for a family of four).

Statistical results are weighted to correct for the stratified sample design and disproportionate nonresponse that might bias results. The data are weighted to the U.S. adult population, ages 19 to 64, by gender, age, race/ethnicity, education, poverty level, census region, metropolitan area, Internet access, and primary language using the U.S. Census Current Population Survey March 2011, the CPS supplemental survey measuring Internet access (from October 2010), and the Pew Hispanic Center Survey (2010) for Spanish language proficiency distributions. The resulting weighted sample is representative of the approximately 186.7 million U.S. adults ages 19 to 64. The survey has an overall margin of sampling error of +/– 3 percentage points at the 95 percent confidence level.

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[i] According to the Centers for Disease Control and Prevention (January–June 2010), approximately 28.6 percent of all U.S. households cannot be contacted through RDD sampling alone.

[ii] The American Association of Public Opinion Research response rate is 6.1 percent, calculated by multiplying the share of the households nationwide who were invited to take part in the KnowledgePanel and who agreed to participate (household recruitment rate, 16.8%), times the share of the households who agreed to participate in the panel and who went on to complete the initial profile questionnaire (household profile rate, 62.3%), times the share of the representative sample of 3,603 members randomly drawn from the KnowledgePanel for this study who ultimately completed the online questionnaire (study completion rate, 58.6%).

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Acknowledgments

The authors thank Karen Davis, Cathy Schoen, and Barry Scholl for helpful comments, and Deborah Lorber, Chris Hollander, and Paul Frame for editorial support and design.


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