



SEPTEMBER 2013

# Realizing Health Reform's Potential

## What Americans Think of the New Insurance Marketplaces and Medicaid Expansion

*Findings from the Commonwealth Fund Health Insurance Marketplace Survey, 2013*

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

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**Abstract:** The Affordable Care Act's health insurance marketplaces are opening for enrollment on October 1, 2013. The Commonwealth Fund Health Insurance Marketplace Survey, 2013, finds that only two of five adults are aware of the marketplaces or of potential financial help that may be available to them to pay for plans purchased through the marketplaces. However, three of five adults who might be eligible for these new options said they were likely to take advantage of them. The survey also finds broad support for state expansion of the Medicaid program, even in states that have not yet decided to expand their programs. While outreach and education are critical to ensuring that those eligible for the new coverage options will enroll, the survey results suggest that eligible Americans will likely take advantage of the law's insurance reforms in the months and years to come.



### OVERVIEW

On October 1, 2013, new insurance marketplaces will open for business in most states, as authorized by the Affordable Care Act. The marketplaces will provide affordable health insurance options for uninsured Americans, for people who buy insurance on their own, or for those who have been offered health insurance through an employer that is unaffordable. People will have until March 31, 2014, to enroll in plans through the marketplaces. Consumers can choose from a menu of private plans offered in their state marketplaces and can enroll online, by phone, by mail, or in person. The marketplaces will help people find out if they are eligible for federal financial assistance to pay for their plans or if they

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are eligible for the law's new Medicaid expansion. Coverage and subsidies will begin on January 1, 2014.

Data from the new Commonwealth Fund Health Insurance Marketplace Survey, 2013, conducted from July 15 through September 8, 2013, find that more than three-quarters (76%) of adults ages 19 to 64 know they are required to have health insurance next year. But only two of five are aware of the new marketplaces or that they will be able to apply for financial help. When they were asked whether they might use these new options, 61 percent of adults who might be eligible said they were very or somewhat likely to take advantage of them.

The nationally representative telephone survey of 6,132 adults also finds widespread support for the Affordable Care Act's provision to expand Medicaid to everyone who earns less than 138 percent of the federal poverty level (\$15,856 for an individual and \$32,499 for a family of four). In 2012, the Supreme Court ruled that states may choose whether to participate in the expansion; only 25 states and the District of Columbia have decided to do so, so far. Overall, more than two-thirds (68%) of adults surveyed are strongly or somewhat in favor of making Medicaid available to more residents in their state. While few adults are able to say correctly whether or not their state intends to expand Medicaid, more than two-thirds (68%) of those who correctly identified their state as expanding the program said they strongly or somewhat favored their state's decision. Among those adults who correctly identified their state as not yet expanding Medicaid, only 38 percent strongly or somewhat favored their state's decision.

## FINDINGS

### **Majority of U.S. Adults Are Aware of Individual Health Insurance Requirement**

Beginning next year, Americans will be required to have health insurance, with some people facing a tax if they indicate on their tax returns that they do not have coverage that meets a minimum standard. No one will be prosecuted for not having health insurance

and there is an extensive set of exemptions to the tax, including earning less than the income tax filing threshold or not being able to find an affordable health plan.<sup>1</sup> The Congressional Budget Office estimates that only 2 percent of the under-65 population would both go without insurance and have to pay the tax penalty.<sup>2</sup>

The survey found that more than three-quarters (76%) of adults are aware that starting next year all Americans will be required to have health insurance (Exhibit 1, Table 1). Majorities of adults, regardless of insurance status, age, income, education, and political affiliation, are aware of the requirement. People who were uninsured during the year are less aware than those who were insured all year (66% vs. 80%). Similarly, those with lower incomes are less aware than are those with higher incomes (67% vs. 84%).<sup>3</sup> Larger shares of adults who identify as Republicans are aware of the requirement than are those who identify as Democrats (84% vs. 73%).

### **Few U.S. Adults Are Aware of the Health Reform Law's Marketplaces and Subsidies**

Next year each state will have a health insurance marketplace that people in need of health insurance can use to purchase private health plans. Sixteen states and the District of Columbia opted to run their own marketplaces and 34 states decided to let the federal government take primary responsibility for operating the marketplace in their state.<sup>4</sup> The plans that insurance companies sell in the marketplaces must cover a comprehensive set of health benefits, and consumers can select plans at four standardized levels of benefits: bronze, silver, gold, and platinum. Starting October 1, 2013, people can access these marketplaces online, by mail, by phone, or in person, and choose a plan.<sup>5</sup> Insurance carriers are banned from denying people benefits or charging anyone more based on preexisting health conditions. People with incomes under 400 percent of poverty (\$45,960 for an individual and \$94,200 for a family of four) who do not have an employer-based health plan that is affordable or provides adequate coverage will be eligible for a federal subsidy to help pay for their coverage through the marketplaces.<sup>6</sup>

Coverage and subsidies will take effect on January 1, 2014.

Despite the fact that most people in the survey know they must have health insurance next year, only two of five (39%) adults are aware of the marketplaces (Exhibit 2, Table 2). People who are most likely to benefit from the marketplaces are the least aware: just 32 percent of those who were uninsured for any time over the prior 12 months are aware of the marketplaces compared with 43 percent of those who were insured all year.

Only 40 percent of people surveyed were aware that financial assistance will be available to help pay for health plans purchased through the marketplaces (Exhibit 3, Table 2). People who stand to benefit the most from this assistance were the most unaware: 31 percent of those who were uninsured during the year are aware of the financial help compared with 43 percent of those who were insured all year. Just under one-third (32%) of adults with incomes under 250 percent of poverty (\$28,725 for an individual and \$58,875 for a

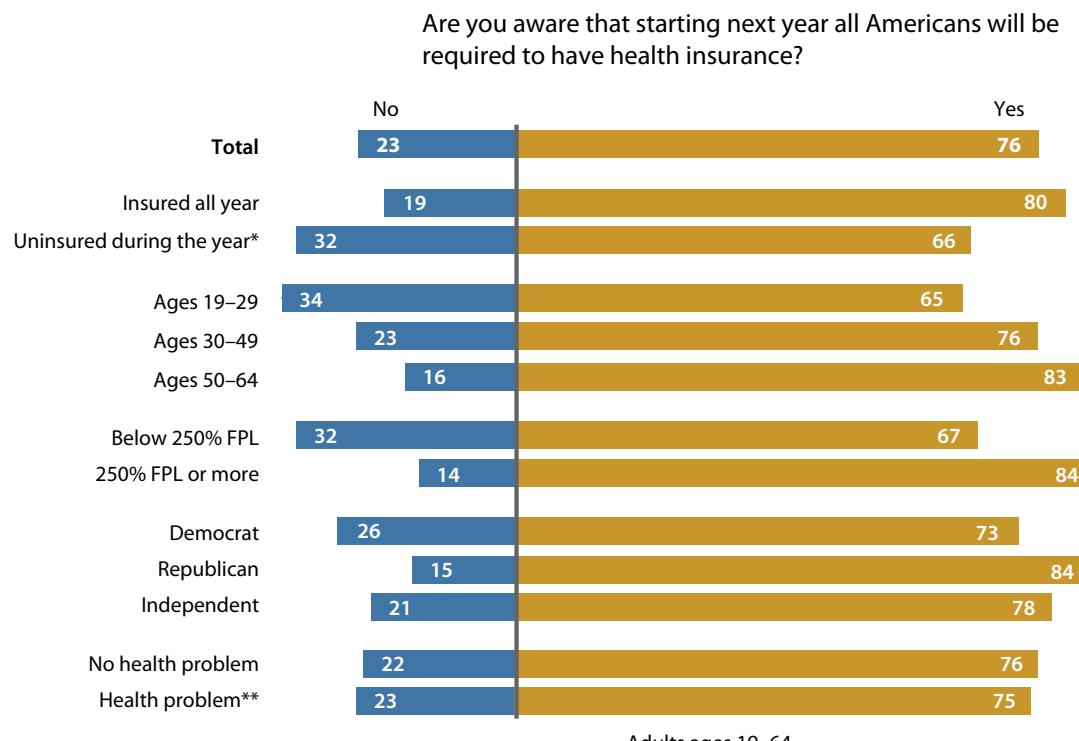
family of four) are aware compared with 47 percent of those with higher incomes.

There is more awareness of the law's new insurance market protections for consumers. Slightly under half (47%) of adults are aware that health insurance carriers will be banned from denying coverage to people with a preexisting condition, charging them more money, or refusing to cover a condition (Exhibit 4, Table 1).

## Majority of Potentially Eligible Adults Likely to Look for Coverage in the Marketplaces

Despite not being aware of the marketplaces or of the financial help available, when survey respondents were asked how likely they were to go to the marketplace to buy a health plan and find out about financial help, a majority of those potentially eligible said they were very or somewhat likely to do so. Of those who were either uninsured at the time of the survey or who had a plan purchased in the individual insurance market, 61 percent said they are very or somewhat likely to

### Exhibit 1. Widespread Awareness of Individual Requirement to Have Health Insurance



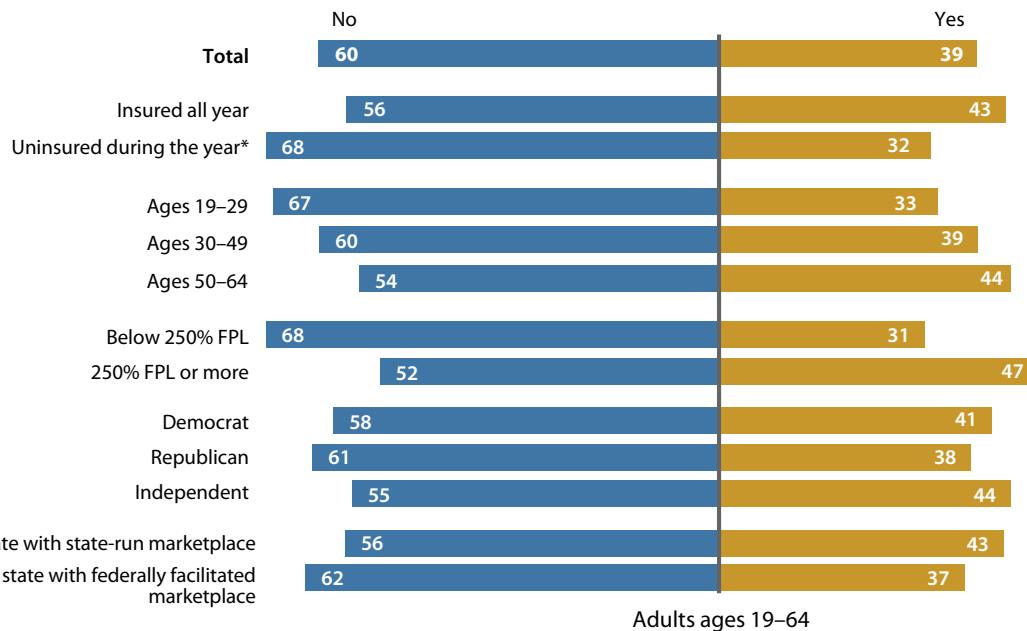
Notes: FPL refers to federal poverty level.\* Combines "Insured now, time uninsured in past year" and "Uninsured now."\*\* Respondent rated their health status as fair or poor or has any of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety; kidney problems.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

## Exhibit 2. Low Awareness of Health Insurance Marketplaces

This fall, under the health reform law, there will be new marketplaces in each state where insurance companies will sell private health plans. People who do not have affordable health benefits through a job can go to these new marketplaces and shop for a health plan.

Are you aware of these new marketplaces?



Notes: FPL refers to federal poverty level. \* Combines "Insured now, time uninsured in past year" and "Uninsured now."

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

use the marketplaces (Exhibit 5, Table 3). Larger shares of people with lower incomes—that is, those with incomes that would make them eligible for subsidies, said that they are likely to use the marketplaces to buy a health plan and find out if they are eligible for financial help compared to those with higher incomes.

There has been considerable concern that young adults will not enroll in the new coverage options. It is essential that there is a balance in the marketplaces of sicker and healthier people to ensure the insurance companies will offer comprehensive health plans at affordable prices. Thus, the participation of young adults—a healthier-than-average population—is critical. The survey finds that a slight majority of potentially eligible young adults is likely to use the marketplaces: just over half of young adults (55%) ages 19 to 29 who are potentially eligible for the coverage options said they are very or somewhat likely to access the marketplaces to buy a plan and find out about financial help. Larger shares of older adults said they

are likely to use the marketplaces: 65 percent of those ages 30 to 49 and 62 percent of those ages 50 to 64 who are potentially eligible for the coverage options said they are likely to use the marketplaces.<sup>7</sup>

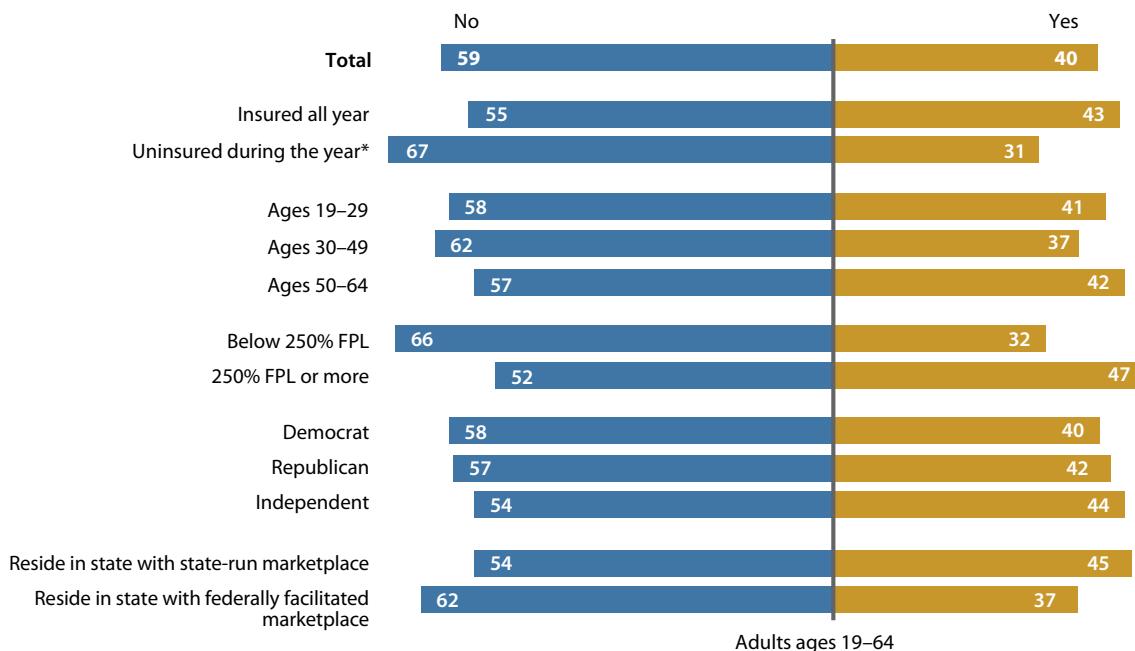
The survey finds that people potentially eligible for the coverage options who are in poor health are somewhat more likely to say they would go to the marketplaces than are those who are in better health. Nearly two-thirds (65%) of potentially eligible adults who are in fair or poor health or had at least one chronic health condition said they are very or somewhat likely to go to the marketplaces compared with 57 percent of those who did not have a health problem.

Equal shares of potentially eligible people who identified themselves as Democrats and Republicans said they were very or somewhat likely to go to the marketplaces (67% vs. 63%), though Democrats expressed somewhat stronger interest.

### Exhibit 3. Low Awareness of Availability of Financial Assistance

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

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



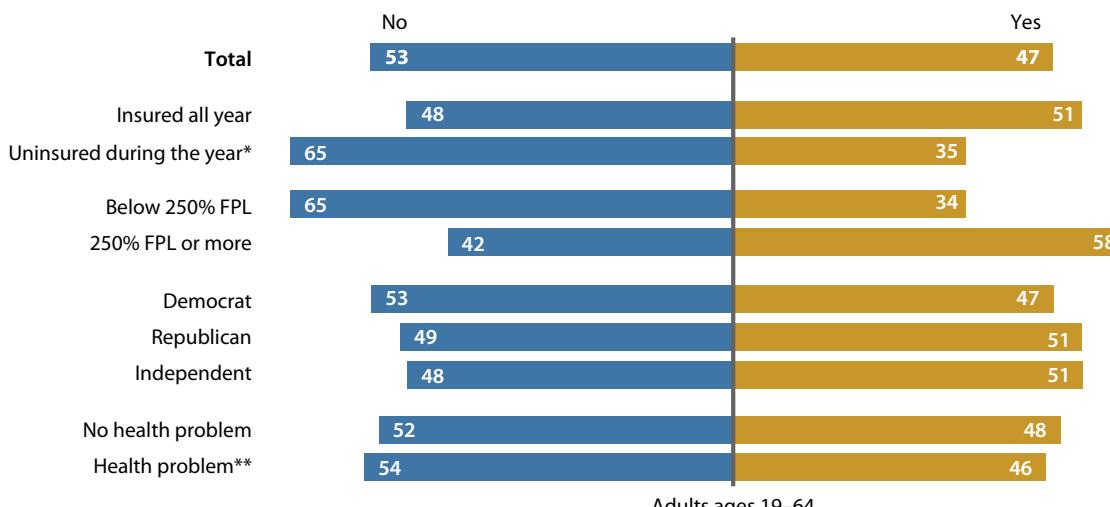
Notes: FPL refers to federal poverty level. \* Combines "Insured now, time uninsured in past year" and "Uninsured now."

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

### Exhibit 4. Awareness of New Consumer Protections in Insurance Markets

Currently, in most states, insurance companies can deny coverage to people who have a preexisting health condition, or charge them more money, or refuse to cover the condition in their insurance policy. Starting next year, all insurers are banned from these practices.

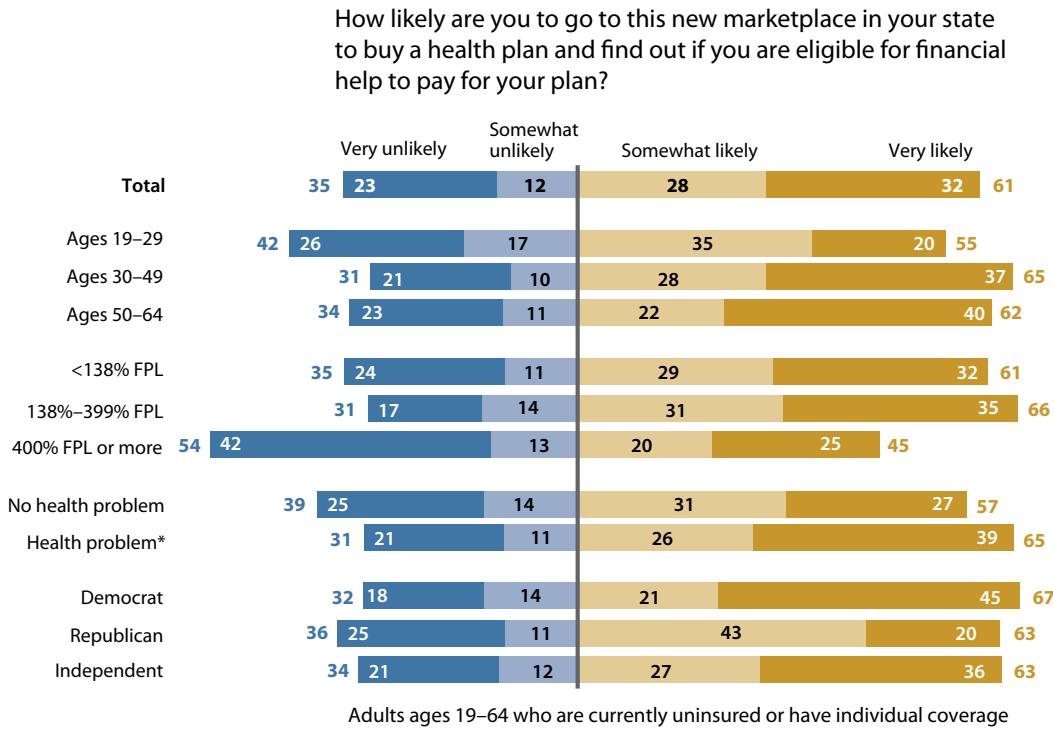
Were you aware of this change?



Notes: FPL refers to federal poverty level. \* Combines "Insured now, time uninsured in past year" and "Uninsured now." \*\* Respondent rated their health status as fair or poor or has any of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety; kidney problems.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

### Exhibit 5. Three of Five Adults Who Are Uninsured or Have Plans Purchased in the Individual Market Said They Are Likely to Go to New State Insurance Marketplaces



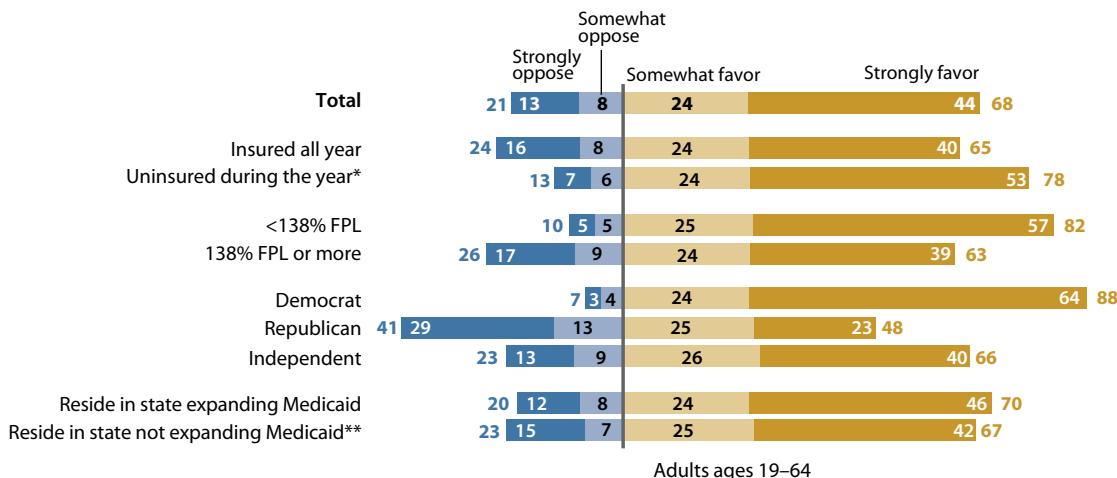
Notes: FPL refers to federal poverty level. \* Respondent rated their health status as fair or poor or has any of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma; emphysema, or lung disease; high cholesterol; depression or anxiety; kidney problems.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

### Exhibit 6. Widespread Support for Making Medicaid Available to More State Residents

Under the health reform law, many Americans will become eligible for Medicaid next year. The Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents.

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



Notes: FPL refers to federal poverty level. States' decisions on expanding Medicaid are at the time of the survey.

\* Combines "Insured now, time uninsured in past year" and "Uninsured now." \*\* Includes those states undecided about expanding Medicaid.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

## Widespread Public Support for the Affordable Care Act's Medicaid Expansion

One of the key coverage provisions of the Affordable Care Act is an expansion of Medicaid coverage to people with incomes under 138 percent of poverty (\$15,856 for an individual and \$32,499 for a family of four).<sup>8</sup> However, in its 2012 decision, the Supreme Court ruled that expanding Medicaid was optional for states. To date, 25 states and the District of Columbia have decided to expand their programs.<sup>9</sup>

The survey found widespread public support for making Medicaid available to more people. More than two-thirds (68%) of adults strongly or somewhat favor making Medicaid available to more residents in their states (Exhibit 6, Table 4). Support is strongest among adults who will benefit most should their state choose to expand Medicaid: 78 percent of respondents who were uninsured for a time over the previous 12 months and 82 percent of adults earning less than 138 percent of poverty are in favor of providing Medicaid to more residents.

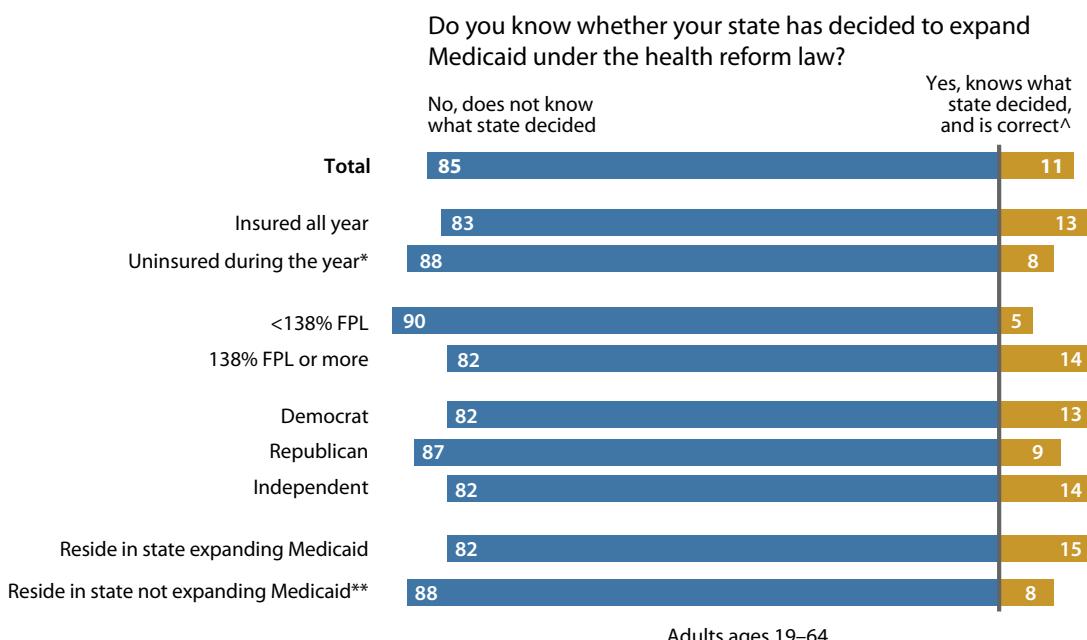
Adults who identified themselves as Democrats and Independents are more likely than Republicans to be in favor of making Medicaid

available to more residents (88% vs. 66% vs. 48%). But among adults who stand to benefit from the provision, support is strong across the political spectrum: 91 percent of uninsured Democrats, 78 percent of uninsured Independents, and 73 percent of uninsured Republicans strongly or somewhat favor their state making Medicaid available to more residents (data not shown).<sup>10</sup> Similarly, among adults with incomes under 138 percent of poverty, 90 percent of Democrats, 79 percent of Independents, and 75 percent of Republicans were in favor of making Medicaid available to more state residents (data not shown).

Few adults, however, knew whether their state had yet decided to participate in the Medicaid expansion. Only 11 percent of adults were able to accurately say whether or not their state is expanding Medicaid; 85 percent said they did not know what their state has decided (Exhibit 7, Table 4).<sup>11</sup>

Among those who correctly identified that their state is expanding Medicaid, more than two-thirds (68%) said they strongly or somewhat favor their state's decision (Exhibit 8). In contrast, among those who correctly identified that their state is not yet expanding Medicaid, only 38 percent favor their state's decision.

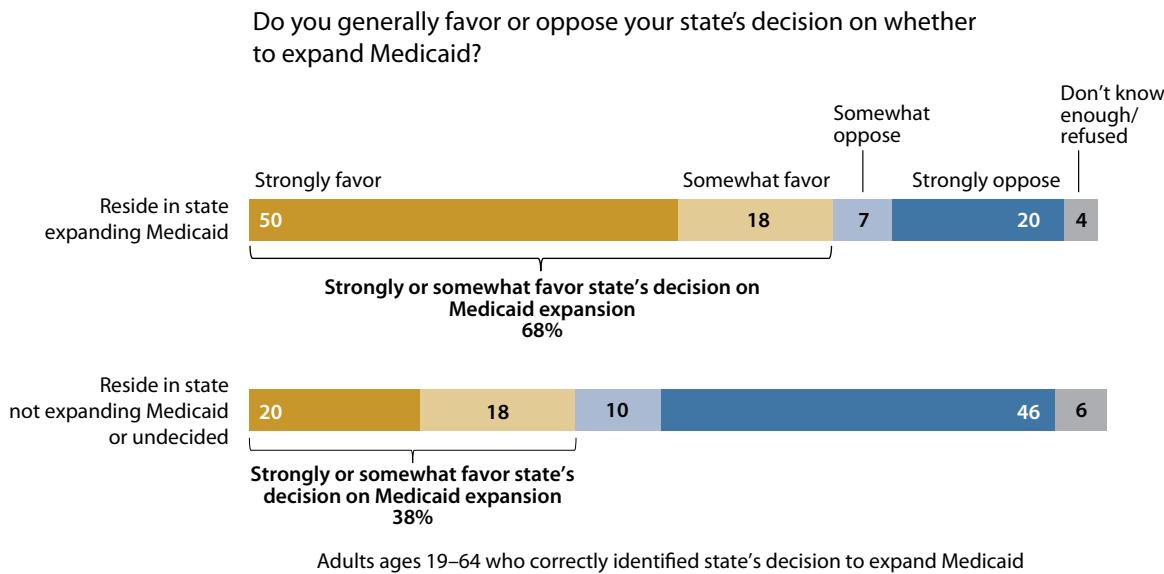
**Exhibit 7. Very Low Accurate Awareness of State's Medicaid Decision**



Notes: FPL refers to federal poverty level. States' decisions on expanding Medicaid are at the time of the survey. ^ Individuals are categorized as correctly knowing their state's decision on Medicaid if they said that the state was expanding and it was, or if they said their state was not expanding and the state either was not or had not yet decided, during the survey period. Since Michigan's status changed from undecided to expanding during the survey period, those respondents are excluded from this analysis. \* Combines "Insured now, time uninsured in past year" and "Uninsured now." \*\* Includes those states undecided about expanding Medicaid.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

**Exhibit 8. Among Adults Who Correctly Identified Their State as Expanding Medicaid, Two-Thirds Favor Their State's Decision**



Notes: Numbers may not sum to indicated total because of rounding. States' decisions on expanding Medicaid are at the time of the survey. Individuals are categorized as correctly knowing their state's decision on Medicaid if they said that the state was expanding and it was, or if they said their state was not expanding and the state either was not or had not yet decided, during the survey period. Since Michigan's status changed from undecided to expanding during the survey period, those respondents are excluded from this analysis.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

## LOOKING FORWARD

As the state insurance marketplaces prepare to open, less than half of U.S. adults ages 19 to 64 are aware of their existence or know that they might be eligible for financial help. However, when asked about these new options, six of 10 eligible adults said they were likely to take advantage of them. The survey also finds broad support for making Medicaid available to more people, even in states that have not yet decided to expand their Medicaid programs under the reform law. While outreach and education will be critical to ensure that people who are eligible for the new coverage options benefit from them, the survey findings suggest eligible Americans will likely take advantage of the law's reforms in the months and years to come.

## METHODOLOGY

The Commonwealth Fund Health Insurance Marketplace Survey, 2013, was conducted by Social Science Research Solutions from July 15, 2013, to September 8, 2013. The survey consisted of 17-minute telephone interviews in English or Spanish and was conducted among a random, nationally representative sample of 6,132 adults, ages 19 to 64, living in the continental United States. Overall, 2,895 interviews were conducted with respondents on landline telephones and 3,237 interviews were conducted on cellular phones, including 1,957 with respondents who live in households with no landline telephone access.

The sample was designed to generalize to the U.S. population of adults, ages 19 to 64. The data are weighted to correct for the stratified sample design, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. 19-to-64 adult population by age, gender, race/ethnicity, education, household size, geographic division, and population density using the U.S. Census Bureau's 2011 American Community Survey and by household telephone use using the CDC's 2012 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 186.1 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data utilizing a standard regression imputation procedure.

The survey has an overall margin of sampling error of  $+/- 1.8$  percentage points at the 95 percent confidence level. The landline portion of the survey achieved a 22 percent response rate and the cellular phone component achieved an 18 percent response rate.

## NOTES

- <sup>1</sup> People are exempt from the tax if they cannot find a health plan that costs less than 8 percent of their income, net of subsidies and employer contributions; if they have incomes below the tax-filing threshold (\$10,000 for an individual, \$20,000 for a married couple); if they have been without insurance for less than three months; if they are incarcerated; if they are not lawfully present in the country; or for certain religious or other exemptions.
- <sup>2</sup> Congressional Budget Office, *Payments of Penalties for Being Uninsured Under the Affordable Care Act* (Washington, D.C.: CBO, Sept. 2012).
- <sup>3</sup> All reported differences are statistically significant at  $p \leq 0.05$  or better, unless otherwise noted.
- <sup>4</sup> For more detail on the state insurance marketplaces, see The Commonwealth Fund's interactive state marketplace map, <http://www.commonwealthfund.org/maps-and-data/state-exchange-map.aspx>.
- <sup>5</sup> Regardless of their state of residence, consumers can access the marketplaces via [www.HealthCare.gov](http://www.HealthCare.gov).
- <sup>6</sup> Subsidies are available to people with incomes between 100 percent and 400 percent of poverty. In states that are expanding Medicaid, those with incomes under 138 percent of poverty are eligible for Medicaid. An employer plan is considered affordable if the premium costs less than 9.5 percent of an employee's income for a self-only plan. It must also cover 60 percent of a group's medical costs on average.
- <sup>7</sup> Differences are statistically significant only between 19–29 and 30–49 year olds.
- <sup>8</sup> Under the existing Medicaid program, at a minimum, all states offer Medicaid coverage to children through age 5 in households with incomes of 133 percent of the federal poverty level; and to children ages 6 through 18 in households with incomes to 100 percent of poverty. All states also offer Medicaid coverage to parents of dependent children, though income eligibility levels are very low in many states, particularly in most states that have not yet decided to expand their Medicaid programs under the Affordable Care Act. Only a few states offer Medicaid coverage to adults without children. See Kaiser Family Foundation, State Health Facts, <http://kff.org/statedata/>.
- <sup>9</sup> See The Commonwealth Fund's interactive map for current state decisions on the Affordable Care Act's Medicaid expansion, <http://www.commonwealthfund.org/Maps-and-Data/Medicaid-Expansion-Map.aspx>. During most of the period of the survey, July 15 through September 8, 2013, 23 states and the District of Columbia had decided to expand their programs. Michigan decided to expand its program at the end of August and is thus categorized as expanding during the survey period; Pennsylvania decided to expand in mid-September and is thus categorized in the analysis as not expanding during the survey period.
- <sup>10</sup> Uninsured at the time of the survey.
- <sup>11</sup> Adults were categorized as correctly knowing their state's decision on the Affordable Care Act's Medicaid expansion if they said that their state was expanding and it was or if they said their state was not expanding and the state either had decided not to expand or had not yet decided, at the time of the survey. During most of the period of the survey, July 15 through September 8, 2013, 23 states and the District of Columbia had decided to expand their programs. These states are: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Rhode Island, Vermont, Washington, and West Virginia. After a period of significant debate in the state, Michigan's state legislature, with the support of the governor, voted to expand the state's Medicaid program at the end of August. We excluded survey respondents from Michigan from this part of the analysis since the outcome was uncertain for a large part of the survey period.

**Table 1. Awareness of Affordable Care Act Coverage Provisions by Demographics (base: adults ages 19–64)**

			Are you aware that starting next year all Americans will be required to have health insurance?		Currently, in most states, insurance companies can deny coverage to people who have a preexisting health condition, or charge them more money, or refuse to cover the condition in their insurance policy. Starting next year, all insurers are banned from these practices. Were you aware of this change?	
		Total (ages 19–64)	Yes	No	Yes	No
Unweighted n		6132	4801	1267	2970	3125
Total (millions)		186.1	141.2	42.5	86.5	98.7
Percent distribution		100%	76%	23%	47%	53%
<b>Age</b>						
19–29		23	65	34	35	65
30–49		42	76	23	46	54
50–64		33	83	16	54	45
<b>Gender</b>						
Female		52	75	24	44	56
Male		48	77	22	49	50
<b>Race/Ethnicity</b>						
White		63	83	16	54	46
Black		12	59	38	32	68
Hispanic		16	65	34	30	69
Asian		3	64	29	49	51
<b>Poverty status</b>						
Below 100% FPL		20	61	38	27	73
100%–137% FPL		10	68	31	38	62
138%–249% FPL		18	73	26	40	60
250%–399% FPL		20	82	16	49	50
400% FPL or more		32	86	13	64	36
Below 250% FPL		48	67	32	34	65
250% FPL or more		52	84	14	58	42
<b>Education</b>						
Less than high school diploma		12	61	39	24	75
High school diploma or equivalent		28	74	24	35	65
Some college/technical		30	77	22	49	50
College graduate or higher		29	83	16	64	36

			Are you aware that starting next year all Americans will be required to have health insurance?		
			Currently, in most states, insurance companies can deny coverage to people who have a preexisting health condition, or charge them more money, or refuse to cover the condition in their insurance policy. Starting next year, all insurers are banned from these practices. Were you aware of this change?		
	Total (ages 19–64)	Yes	No	Yes	No
<b>Political affiliation</b>					
Republican	20	84	15	51	49
Democrat	30	73	26	47	53
Independent	24	78	21	51	48
<b>Health status</b>					
Fair/Poor health status, or any chronic condition or disability^	52	75	23	46	54
No health problem	48	76	22	48	52
<b>Region</b>					
Northeast	17	75	24	45	55
Midwest	22	78	21	47	53
South	38	75	24	44	55
West	23	76	23	51	48
<b>Insurance type</b>					
Employer	56	83	16	55	45
Medicaid	9	64	36	25	75
Medicare	6	64	33	32	67
Individual	5	82	16	56	43
Other	4	71	27	41	57
Uninsured	20	64	34	36	64
<b>Insurance continuity</b>					
Insured all year	71	80	19	51	48
Insured now, time uninsured in past year	9	71	28	33	67
Uninsured now	20	64	34	36	64
Uninsured during the year^^	29	66	32	35	65

Note: FPL refers to federal poverty level.

^ Respondent rated their health status as fair or poor or has any of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety; kidney problems.

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

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

**Table 2. Awareness of Health Insurance Marketplaces and Availability of Financial Help to Purchase Health Insurance, by Demographics  
(base: adults ages 19–64)**

	This fall, under the health reform law, there will be new marketplaces in each state where insurance companies will sell private health plans. People who do not have affordable health benefits through a job can go to these new marketplaces and shop for a health plan. Are you aware of these new marketplaces?		Many people without affordable health benefits through a job will be eligible for financial help to pay for their health insurance in these new marketplaces. Are you aware that financial assistance is available for health insurance under the reform law?	
	Yes	No	Yes	No
Unweighted n	2487	3569	2500	3529
Total (millions)	73.3	111.1	73.7	109.2
Percent distribution	39%	60%	40%	59%
<b>Age</b>				
19–29	33	67	41	58
30–49	39	60	37	62
50–64	44	54	42	57
<b>Gender</b>				
Female	37	62	37	61
Male	42	57	43	56
<b>Race/Ethnicity</b>				
White	44	55	45	53
Black	25	74	26	73
Hispanic	32	68	32	67
Asian	32	67	29	66
<b>Poverty status</b>				
Below 100% FPL	29	71	31	66
100%–137% FPL	32	68	31	67
138%–249% FPL	34	65	32	66
250%–399% FPL	38	61	40	58
400% FPL or more	52	47	51	48
Below 250% FPL	31	68	32	66
250% FPL or more	47	52	47	52
<b>Education</b>				
Less than high school diploma	30	69	30	67
High school diploma or equivalent	32	67	32	66
Some college/technical	39	60	41	58
College graduate or higher	51	49	50	49

	This fall, under the health reform law, there will be new marketplaces in each state where insurance companies will sell private health plans. People who do not have affordable health benefits through a job can go to these new marketplaces and shop for a health plan. Are you aware of these new marketplaces?		Many people without affordable health benefits through a job will be eligible for financial help to pay for their health insurance in these new marketplaces. Are you aware that financial assistance is available for health insurance under the reform law?	
	Yes	No	Yes	No
<b>Political affiliation</b>				
Republican	38	61	42	57
Democrat	41	58	40	58
Independent	44	55	44	54
<b>Health status</b>				
Fair/Poor health status, or any chronic condition or disability^	38	61	36	61
No health problem	41	58	43	56
<b>Insurance type</b>				
Employer	45	54	46	52
Medicaid	30	69	28	71
Medicare	33	65	33	66
Individual	38	61	37	61
Other	31	68	40	58
Uninsured	31	68	29	69
<b>Insurance continuity</b>				
Insured all year	43	56	43	55
Insured now, time uninsured in past year	33	66	34	64
Uninsured now	31	68	29	69
Uninsured during the year^^	32	68	31	67
<b>State marketplace type</b>				
State-run marketplace	43	56	45	54
Federally facilitated marketplace	37	62	37	62

Note: FPL refers to federal poverty level.

^ Respondent rated their health status as fair or poor or has any of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety; kidney problems.

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

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

**Table 3. Likelihood of Use of Health Insurance Marketplaces by Demographics  
(base: adults ages 19–64 currently uninsured or with coverage through individual market)**

		How likely are you to go to this new marketplace in your state to buy a health plan and find out if you are eligible for financial help to pay for your plan?		
		Total (ages 19–64)	Very/Somewhat likely	Very/Somewhat unlikely
Unweighted n		1418	875	490
Total (millions)		45.6	27.8	16.1
Percent distribution		100%	61%	35%
<b>Age</b>				
19–29		30	55	42
30–49		41	65	31
50–64		27	62	34
<b>Gender</b>				
Female		48	71	27
Male		52	52	43
<b>Race/Ethnicity</b>				
White		54	58	38
Black		11	71	27
Hispanic		26	66	31
<b>Poverty status</b>				
Below 100% FPL		30	60	35
100%–137% FPL		16	63	36
138%–249% FPL		28	64	31
250%–399% FPL		14	68	29
400% FPL or more		12	44	54
Below 250% FPL		74	62	33
250% FPL or more		26	58	41
<b>Education</b>				
Less than high school diploma		21	62	29
High school diploma or equivalent		31	61	35
Some college/technical		30	60	40
College graduate or higher		18	63	35
<b>Political affiliation</b>				
Republican		14	63	36
Democrat		26	67	32
Independent		24	63	34
<b>Health status</b>				
Fair/Poor health status, or any chronic condition or disability <sup>^</sup>		46	65	31
No health problem		54	57	39
<b>State marketplace type</b>				
State-run marketplace		32	60	37
Federally facilitated marketplace		67	61	35

Note: FPL refers to federal poverty level. Respondents who said they did not know enough to say or refused to answer the question were included in the distribution but not shown here.

<sup>^</sup> Respondent rated their health status as fair or poor or has any of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma; emphysema, or lung disease; high cholesterol; depression or anxiety; kidney problems.

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

**Table 4. Support and Awareness of Medicaid Expansion by Demographics (base: adults ages 19–64)**

		Under the health reform law, many Americans will become eligible for Medicaid next year. The Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose making Medicaid available to more residents in your state?		Do you know whether your state has decided to expand Medicaid under the health reform law?	
		Strongly/Somewhat favor	Strongly/Somewhat oppose	Yes, correctly know my state's decision*	Do not know my state's decision
Unweighted n		4167	1346	671	4701
Total (millions)		127.5	39.6	20.0	151.7
Percent distribution		68%	21%	11%	85%
<b>Age</b>					
19–29		71	19	8	89
30–49		69	21	12	84
50–64		67	23	12	84
<b>Gender</b>					
Female		71	19	10	86
Male		66	24	12	83
<b>Race/Ethnicity</b>					
White		62	27	12	84
Black		86	7	10	86
Hispanic		85	9	7	87
Asian		70	15	12	87
<b>Poverty status</b>					
Below 100% FPL		83	10	5	90
100%–137% FPL		80	11	6	91
138%–249% FPL		72	18	10	86
250%–399% FPL		61	27	9	86
400% FPL or more		58	30	18	78
Below 250% FPL		78	13	7	88
250% FPL or more		59	29	15	81
<b>Education</b>					
Less than high school diploma		79	10	5	90
High school diploma or equivalent		70	20	7	90
Some college/technical		67	22	10	87
College graduate or higher		64	26	19	76

	Under the health reform law, many Americans will become eligible for Medicaid next year. The Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose making Medicaid available to more residents in your state?		Do you know whether your state has decided to expand Medicaid under the health reform law?	
	Strongly/Somewhat favor	Strongly/Somewhat oppose	Yes, correctly know my state's decision*	Do not know my state's decision
<b>Political affiliation</b>				
Republican	48	41	9	87
Democrat	88	7	13	82
Independent	66	23	14	82
<b>Insurance type</b>				
Employer	61	28	14	82
Medicaid	90	5	6	90
Medicare	78	13	10	82
Individual	57	31	9	88
Other	69	14	11	86
Uninsured	78	12	6	89
<b>Insurance continuity</b>				
Insured all year	65	24	13	83
Insured now, time uninsured in past year	76	16	10	86
Uninsured now	78	12	6	89
Uninsured during the year^	78	13	8	88
<b>State Medicaid expansion decision</b>				
Expanding Medicaid	70	20	15	82
Not expanding Medicaid or undecided	67	23	8	88

Note: FPL refers to federal poverty level.

\* Only those who correctly reported their state's decision on Medicaid expansion were counted as "Yes." Respondents who incorrectly reported their state's decision or who refused to answer the question are included in the distribution but not shown here (N=167). Individuals are categorized as correctly knowing their state's decision on Medicaid if they said that the state was expanding and it was, or if they said their state was not expanding and the state either was not or had not yet decided, during the survey period. Since Michigan's status changed from undecided to expanding during the survey period, those respondents are excluded from this analysis.

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

Source: The Commonwealth Fund Health Insurance Marketplace Survey, 2013.

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