



A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013–2015

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ABSTRACT

Issue: The Affordable Care Act's policy reforms sought to expand health insurance coverage and make health care more affordable. As the nation prepares for policy changes under a new administration, we assess recent gains and challenges. **Goal:** To compare access to affordable health care across the U.S. between 2013 and 2015. **Methods:** Analysis of most recent publicly available data from the U.S. Census Bureau and the Behavioral Risk Factor Surveillance System. **Key findings and conclusions:** Between 2013 and 2015, uninsured rates for adults ages 19 to 64 declined in all states and by at least 3 percentage points in 48 states and the District of Columbia. For children, uninsured rates declined by at least 2 percentage points in 28 states. The share of adults age 18 and older who reported forgoing a visit to the doctor when needed because of costs dropped by at least 2 percentage points in 38 states and D.C. In contrast, there was little progress in expanding access to dental care for adults, which is not a required benefit under the ACA. These findings illustrate the impact that policy can have on access to care and offer a focal point for assessing future policy changes.

INTRODUCTION

In 2013, the year before the implementation of the Affordable Care Act's (ACA) major coverage expansions, 17 percent of the U.S. population under age 65, about 45 million people, lacked health insurance ([Appendix Table 1](#)).¹ By the end of 2015, two years after implementation, the uninsured rate had declined to 11 percent, according to data recently released by the U.S. Census Bureau. In those two years, the ACA's major health insurance reforms caused the states' uninsured rates to shift dramatically, resulting in a new coverage map of the country ([Exhibit 1](#)).

We examine this shift by comparing states' performance between 2013 and 2015 on five indicators of health care access ([Exhibit 2](#)).² Additionally, we examine the share of all individuals under age 65 with high out-of-pocket costs relative to their income.

These measures align with those reported in The Commonwealth Fund's ongoing series of [Health System Performance Scorecards](#). Launched a decade ago, the scorecards help policymakers, health system leaders, and the public track progress and set targets for improvement. It seems especially important now, as a new administration and Congress prepare to take office and the ACA faces an uncertain future, to take stock of the changes in coverage and access that have taken place across states, as well as the challenges that remain.

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.

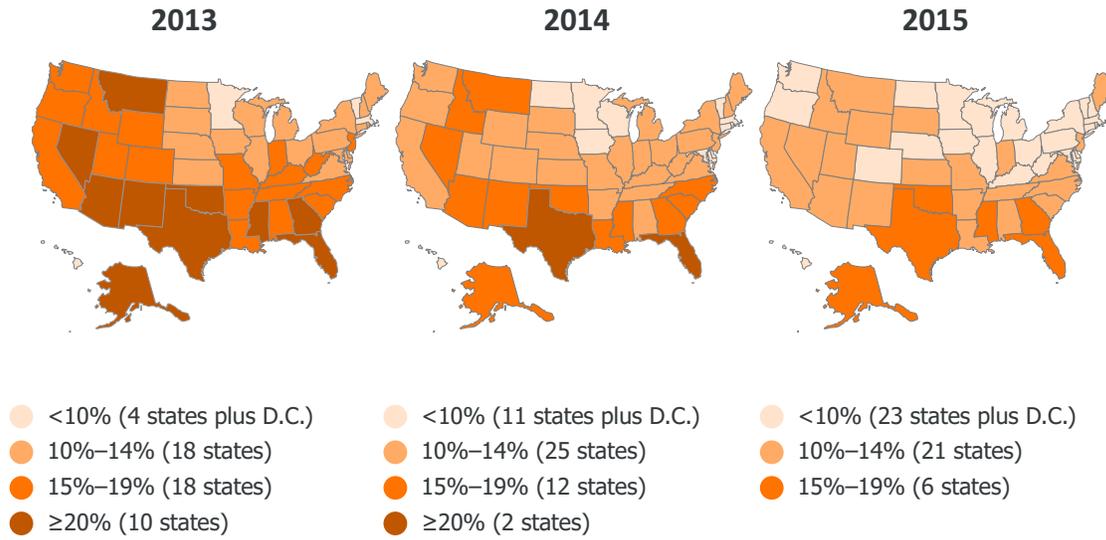
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Exhibit 1

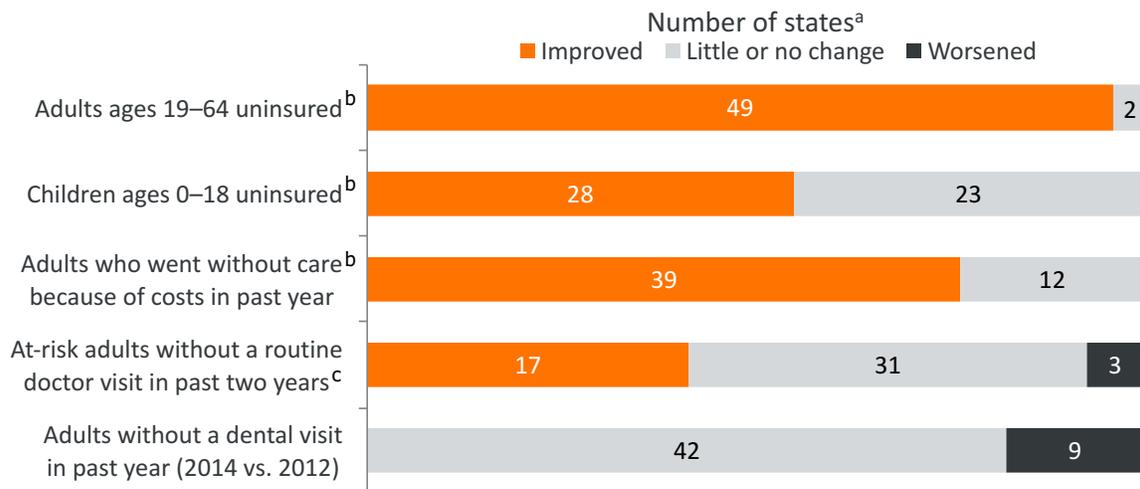
Percent of Population Under Age 65 Uninsured, 2013, 2014, and 2015



Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

Exhibit 2

Change in Health System Performance by Access Indicator, 2013–2015



Notes: This exhibit measures change from 2013 to 2015, the most recently available data year, except in the case of the dental indicator, for which the most recently available data year and comparable data year are 2014 and 2012. ^a For the purposes of this exhibit, we treat the District of Columbia as a state, creating a total of 51. “Improved” or “Worsened” refers to a change of at least 0.5 standard deviations between the two time periods. “Little or no change” includes states with changes of less than 0.5 standard deviations as well as states with no change or without sufficient data to assess change over time.

^b Improvement also occurred at the national level. ^c At-risk adults defined as all adults age 50 or older, or adults ages 18 to 49 in fair or poor health, or ever told they have diabetes or pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma.

Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS); and Behavioral Risk Factor Surveillance System (BRFSS), 2012, 2013, 2014, and 2015.

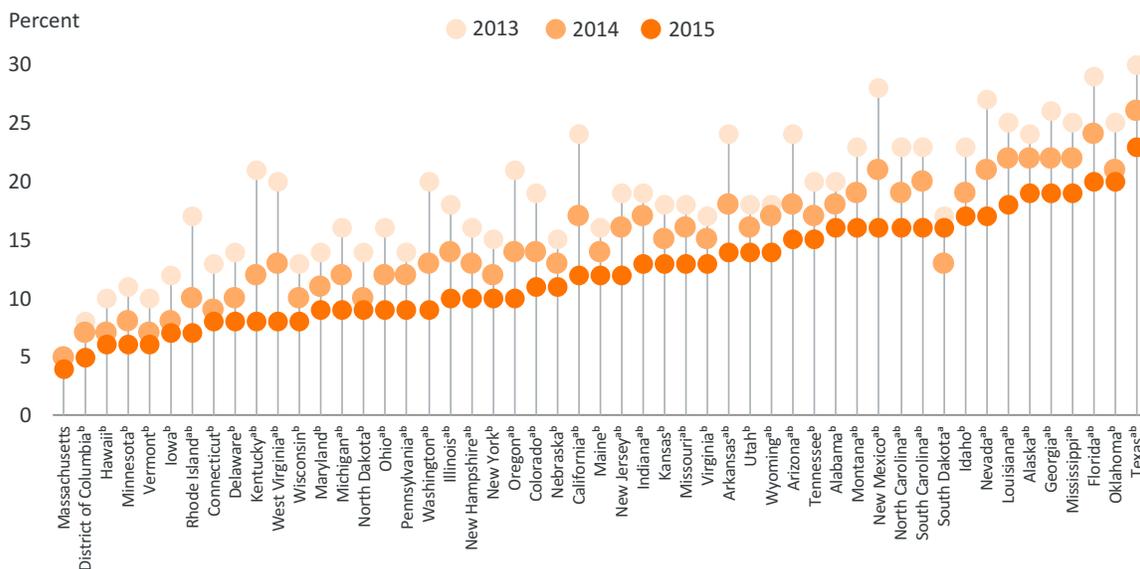
FINDINGS

Uninsured Rates Among Adults Decline in Every State

Uninsured rates for adults ages 19 to 64 declined in all states from 2013 to 2015, and by 3 percentage points or more in 48 states and the District of Columbia (Exhibit 3, [Appendix Table 1](#)). Nearly all states experienced two consecutive years of decline in their adult uninsured rate. The only exceptions were Massachusetts, which had the lowest uninsured rate of any state to begin with, and South Dakota.

Exhibit 3

Percent of Adults Ages 19–64 Uninsured, 2013, 2014, and 2015



Note: States are arranged in rank order based on their current data year (2015) value.

^a At least a -0.5 standard deviation change (at least 3 percentage points) between 2014 and 2015.

^b At least a -0.5 standard deviation change (at least 3 percentage points) between 2013 and 2015.

Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

The greatest cumulative gains came in states that had expanded eligibility for their Medicaid programs as soon as federal resources became available in January 2014. Nine such states experienced 10 to 13 percentage-point reductions in their adult uninsured rate from 2013 to 2015. Six of these states—California, Kentucky, Oregon, Rhode Island, Washington, and West Virginia—sliced their uninsured rates by at least half over the two years. Some states that did not expand Medicaid as of the beginning of 2015 had declines of as much as 7 to 9 percentage points, including Florida, Georgia, Louisiana, Montana, North Carolina, South Carolina, and Texas.³ The ACA's premium subsidies and insurance marketplaces were available in every state, leading to the decline in uninsured rates in states without the Medicaid expansion.

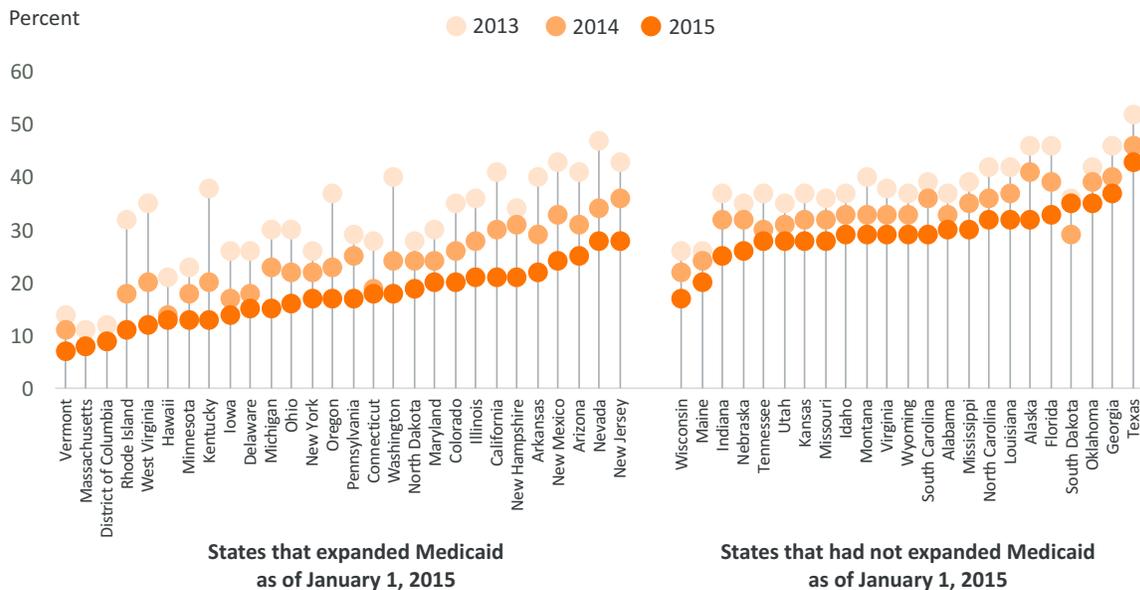
By the end of 2015, more than a third of states (17 states and D.C.) had adult uninsured rates below 10 percent, compared to six states and D.C. in 2014 and only Massachusetts and D.C. in 2013. Despite these gains, uninsured rates remained high in some states, including Florida, Oklahoma, and Texas, where at least one of five adults was uninsured. Still, this marks an improvement over 2014, when 10 states had an adult uninsured rate of 20 percent or more, and 2013, when 22 states did.

Substantial Coverage Gains for Low-Income Adults, Especially in States That Expanded Medicaid

In the United States, people with low incomes have been at greatest risk for being uninsured.⁴ In 2013, nearly two of five adults (38%) with incomes below 200 percent of the federal poverty level (\$22,980) lacked health insurance. By 2015, this rate had dropped to 25 percent. Between 2013 and 2015, the uninsured rate for low-income adults declined in every state, led by Kentucky with a 25 percentage-point reduction, closely followed by California, Oregon, Rhode Island, Washington, and West Virginia, which all had 20-to-23 percentage-point declines (Exhibit 4, [Appendix Table 2](#)).

Exhibit 4

Percent of Low-Income Adults Ages 19–64 Uninsured, 2013, 2014, 2015



Notes: Low-income defined as living in a household with income <200% of the federal poverty level. States are arranged in rank order based on their current data year (2015) value. Alaska, Indiana, Louisiana, and Montana expanded their Medicaid programs after January 1, 2015.

Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

With a handful of exceptions, states that expanded their Medicaid programs by January 1, 2015, had lower uninsured rates among low-income adults than states that did not expand. Notably, several states that expanded Medicaid at the beginning of 2014, and had experienced relatively large declines in 2014, continued to drive down their uninsured rate among low-income adults in 2015. From 2014 to 2015, California and New Mexico each had 9 percentage-point declines in the share of low-income adults without insurance, New Jersey and West Virginia each had 8 percentage-point declines, and Arkansas, Illinois, Kentucky, and Rhode Island each had 7 percentage-point declines.

Further Gains in Covering Children

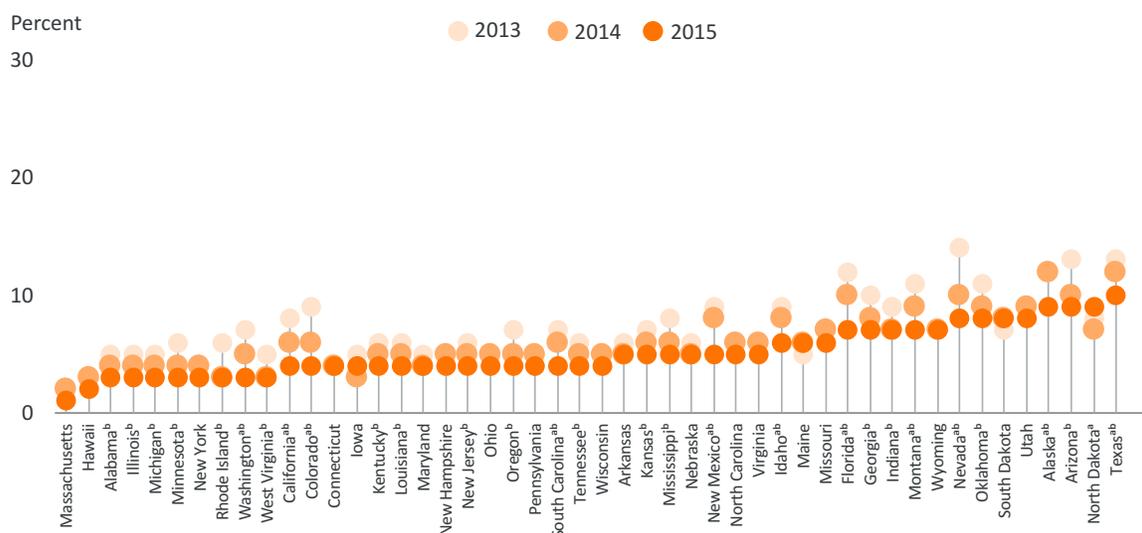
Even before the ACA's coverage expansions took effect, uninsured rates for children were much lower than the rates for working-age adults because of federal and state actions to expand public health insurance programs for children, including the Children's Health Insurance Program (CHIP) and expanded eligibility under Medicaid.⁵

Still, between 2013 and 2015, the share of children uninsured dropped by at least 2 percentage points in 28 states (Exhibit 5, [Appendix Table 1](#)).⁶ As with adults, coverage gains among children reflect the ACA's expanded coverage options and the “welcome mat effect,” in which people who were previously eligible but not enrolled for Medicaid or CHIP signed up, as a result of increased outreach efforts and awareness of insurance coverage.⁷

By the end of 2015, in half of states, the rate of uninsured children was below 5 percent. The rate of uninsured children was highest in Texas (10%). In 2013, the child uninsured rate in eight states was 10 percent or higher.

Exhibit 5

Percent of Children Ages 0–18 Uninsured, 2013, 2014, and 2015



Note: States are arranged in rank order based on their current data year (2015) value. Data for 2015 not available for Delaware and data for 2013, 2014, and 2015 not available for the District of Columbia and Vermont.

^a At least a –0.5 standard deviation change (at least 2 percentage points) between 2014 and 2015.

^b At least a –0.5 standard deviation change (at least 2 percentage points) between 2013 and 2015.

Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

Fewer Adults Face Cost-Related Barriers to Care

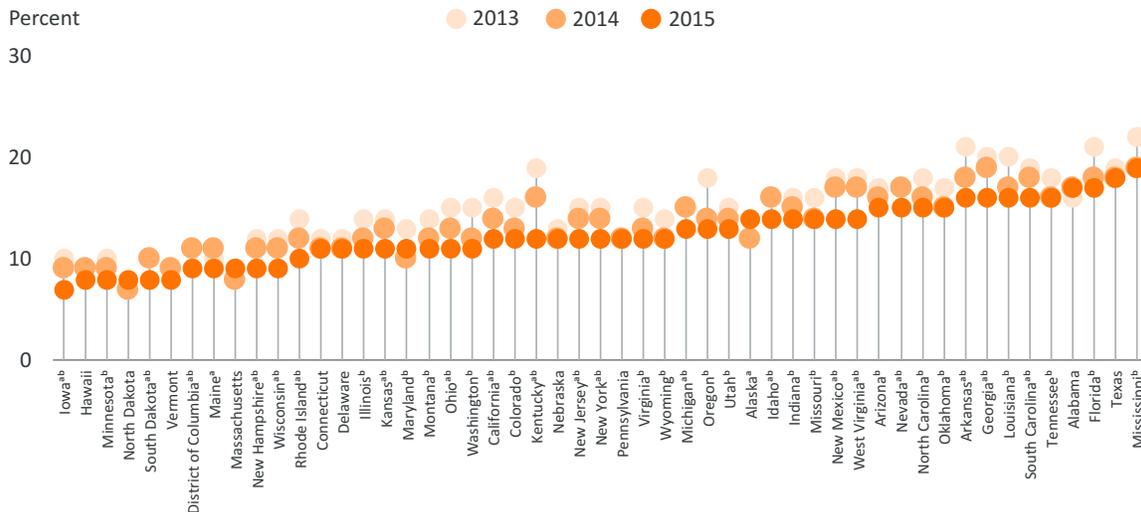
One of the central aims of the ACA's insurance expansions is to enable people to get timely access to health care. Between 2013 and 2015, the share of adults age 18 and older who reported that they had not gone to the doctor when needed because of costs dropped by at least 2 percentage points in 38 states and D.C. (Exhibit 6, [Appendix Table 1](#)).⁸

Kentucky—the state with the largest improvement in adult uninsured rates—experienced the greatest improvement of any state in this measure (19% in 2013 vs. 12% in 2015). Arkansas and Oregon, also among the states with the greatest gains in insurance coverage, had the second-greatest improvements (5 percentage points each).

Looking only at states' low-income adult populations over the two-year period, there was at least a 2-percentage-point decline in the share of people who went without care because of costs in 37 states, including double-digit declines (10 to 14 points) in Kentucky, New Hampshire, Oregon, Washington, and West Virginia. These states all expanded Medicaid by January 2015 ([Appendix Table 2](#)).

Exhibit 6

Percent of Adults Who Went Without Care Because of Costs, 2013, 2014, and 2015



Note: States are arranged in rank order based on their current data year (2015) value.

^a at least -0.5 standard deviation change (at least 2 percentage points) between 2014 and 2015.

^b at least -0.5 standard deviation change (at least 2 percentage points) between 2013 and 2015.

Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013, 2014, and 2015.

Better Access to Care for At-Risk Adults Across the Country

We also assessed access to routine care for “at-risk” adults—that is, those who could be at greater risk for adverse health outcomes if they do not receive care. This at-risk group includes everyone age 50 or older, since this age group needs recommended preventive care and many have chronic conditions. It also includes adults ages 18 to 49 who report having chronic illnesses or being in poor or fair health.

Between 2013 and 2015, a third of states (16 states and D.C.), representing all regions of the country, experienced at least a 2 percentage-point drop in the share of at-risk adults who had not visited a doctor for a routine check-up in at least two years ([Appendix Table 1](#)). The largest declines (4 percentage points) were seen in Kentucky, Oklahoma, and Rhode Island. Three states (Louisiana, Nevada, and Tennessee) experienced a worsening of 2 to 3 percentage points in this rate over the two-year period.

No Gains in Access to Dental Care for Adults

In contrast to our other measures, access to dental care for adults age 18 and older between 2012 and 2014 (the most recent years for which data were available) showed little progress. In the United States, dental care is traditionally covered under a separate policy than medical care. ACA marketplace plans are not required to provide dental coverage for adults, and state Medicaid and CHIP programs can choose whether to extend dental benefits to adults. Most state Medicaid programs currently do provide at least some dental benefits for adults, but their comprehensiveness varies widely by state, and because these benefits are optional, they often rise and fall on the fortunes of state budgets.⁹

In 2014, in all states, at least one of nine adults age 18 and older (11%) had gone a year or more without a dental visit. In the worst-performing states on this indicator (Louisiana, Mississippi, Texas, and West Virginia), one of five (20%) went without a visit. Both the lowest and highest state rates and the U.S. average (16%) in 2014 were essentially unchanged from 2012 ([Appendix Table 1](#)).

Many People Spend a Large Share of Their Income on Health Care

People without health insurance receive significantly less health care than people with insurance do.¹⁰ When they do get health care, uninsured people and their families face the full amount of their medical bills.¹¹ But the growing proliferation of deductibles in both employer plans and in plans that people buy on their own is leaving many insured people also increasingly exposed to costs.¹² We examined the share of individuals under age 65, both uninsured and insured, who lived in households that spent a high portion of annual household income on medical care. We used two thresholds to identify such individuals: people living in households that spent 10 percent or more of their income on health care; or 5 percent or more, if their annual income was below 200 percent of the federal poverty level.

During 2014–2015, 10 percent to 19 percent of people under age 65 lived in households where out-of-pocket spending on medical care was high relative to annual income ([Appendix Table 1](#)).¹³ A regional pattern is discernable. States with the lowest shares (10% to 11%) of people under age 65 with high out-of-pocket spending were in the Northeast and mid-Atlantic region (including Connecticut, Delaware, District of Columbia, Maryland, Massachusetts, New York, Rhode Island, and Vermont)—the one exception was Minnesota. States with the largest share of people with high out-of-pocket costs (18% to 19%) were in the South and West. These states included Arkansas, Idaho, Louisiana, Mississippi, Montana, Oklahoma, and Tennessee. These states also have higher rates of uninsurance and lower median incomes.

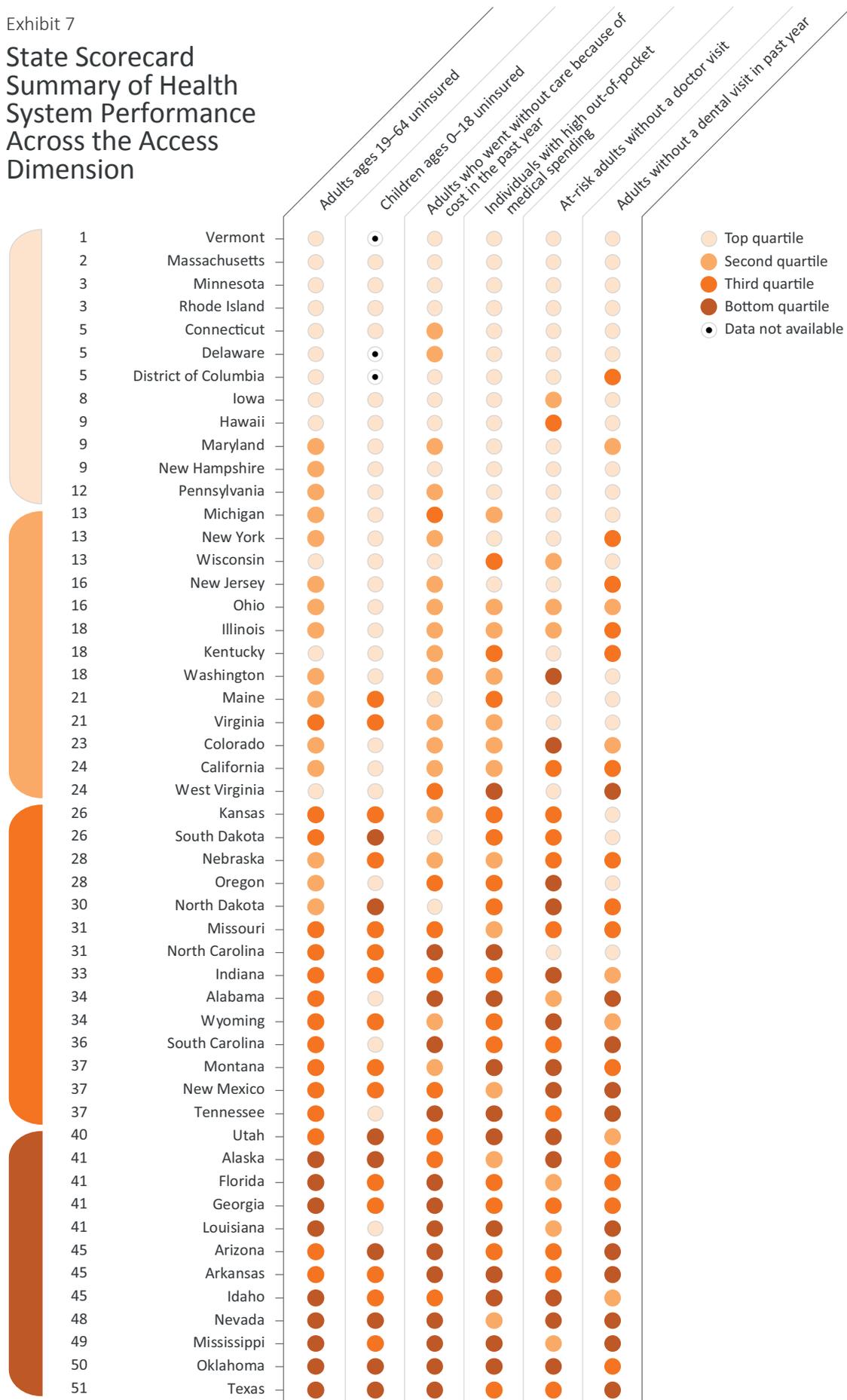
How States Stack Up

Looking at the states' rankings in terms of health care access and affordability, the states (including the District of Columbia) that were in the top quartile of the 2015 scorecard were also in the top quartile in 2016, although there was some reordering within the quartile ([Exhibit 7](#)).¹⁴ In 2016, the top-ranked states were Vermont (first); Massachusetts (second); Minnesota and Rhode Island (tied for third); and Connecticut, Delaware, and the District of Columbia (all tied for fifth). The bottom-ranked states in 2016 were Arizona, Arkansas, and Idaho (all tied for 45th); Nevada (48th); Mississippi (49th); Oklahoma (50th); and Texas (51st). The states that had the most dramatic shifts in ranking between last year and this year were Kentucky, which moved from 28th to 18th place (tied with Illinois and Washington), and New Mexico, which moved from 46th to 37th (tied with Montana and Tennessee).

Several states in the bottom quartile showed the greatest improvement between 2013 and 2015 on some indicators. For example, Arizona, Arkansas, and Nevada were among the states with the largest percentage point declines in the uninsured rate for working-age adults (9 to 10 points each). Nevada, along with Florida, also had among the largest reductions in the share of uninsured children (6 and 5 percentage points, respectively). In addition, Arkansas, Florida, Georgia, and Louisiana were among only a dozen states that saw declines of at least 4 percentage points in the share of adults who went without care because of costs.

Exhibit 7

State Scorecard Summary of Health System Performance Across the Access Dimension



IMPLICATIONS

Six years after the passage of the Affordable Care Act in 2010, the United States is closer than it has ever been to achieving near-universal coverage, an essential component of a high-performing health system. More than 20 million Americans have gained coverage under the law, although variation in health care access and affordability across states remains.¹⁵ The historic decline in uninsured rates has been accompanied by widespread reductions in cost-related access problems and improvements in access to routine care for at-risk adults.

President-elect Trump and Republican leaders in the new Congress have proposed repealing and replacing the Affordable Care Act. The effect on the number of uninsured will depend on the replacement, but a straight repeal of the law would result in nearly 20 million people losing insurance by 2018, according to an analysis by researchers at RAND.¹⁶

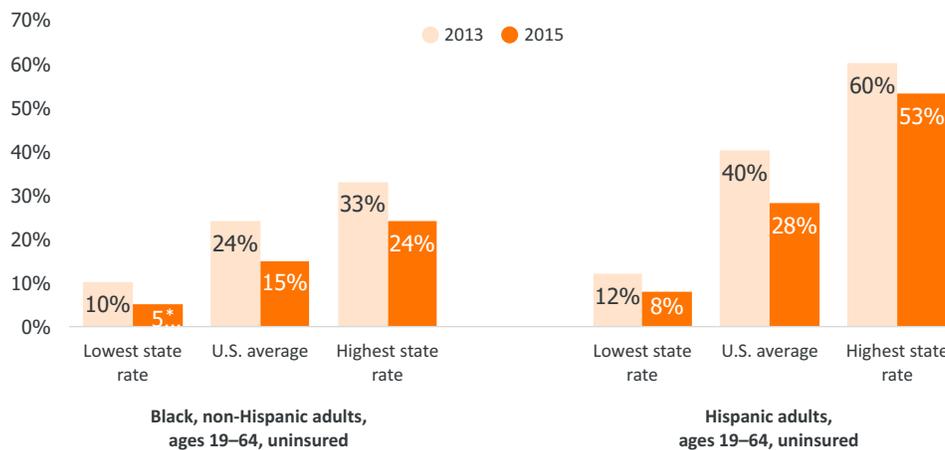
The future of federal funding for CHIP and Medicaid, which as of September 2016 provided coverage to 73.1 million people, is also unclear at this time.¹⁷ Funding for CHIP is slated to end in September 2017 and must be reauthorized by Congress; federal funding for Medicaid may be significantly altered under the new administration and Congress.

These findings illustrate the impact that policy can have on coverage and access to care and offer a baseline for assessing future policy changes. Continued monitoring of state trends in health care coverage and access will be necessary to determine whether in the coming months and years the nation continues to make progress toward a high-performing health system.

EYE ON DISPARITIES

Historically, uninsured rates within the working-age population have been much higher for black and Hispanic adults than for white adults. In 2013, almost one of four black adults ages 19 to 64 (24%) and two of five Hispanic adults (40%) did not have health insurance compared to 14 percent of white adults (Appendix Table 2). But uninsured rates for both minority groups declined significantly at the national level since the ACA's coverage expansions took effect, dropping to 15 percent among black adults and to 28 percent among Hispanic adults in 2015 (see chart).

Black and Hispanic Adults Made Significant Coverage Gains Under the Affordable Care Act, but Wide State Variation Persists



Notes: Data not available for black or for Hispanic adults in Alaska, Hawaii, Maine, Montana, New Hampshire, North Dakota, South Dakota, and Vermont, or for black adults in Idaho, Utah, and Wyoming, or for Hispanic adults in the District of Columbia and West Virginia, for 2013 and 2015. Data also not available for black adults in Iowa, New Mexico, Oregon, Rhode Island, or West Virginia in 2015.

* Lowest "state" rate is in the District of Columbia.

Data: U.S. Census Bureau, 2013 and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

The national average masks the impact of state decisions to expand Medicaid. In states that expanded Medicaid as of January 2015, the average uninsured rate for nonelderly black adults was 11 percent compared to 19 percent in states that did not expand. For Hispanics, the difference was even greater: the average uninsured rate was 22 percent in states that expanded Medicaid and 36 percent in states that did not (data not shown). There are large black and Hispanic populations in some states that have not expanded Medicaid, including Florida, Georgia, North Carolina, and Texas.¹⁸

These decisions on Medicaid expansion are likely contributing to the wide variation among states. In 2015, there was a 19-percentage-point difference between the uninsured rate of black adults in the District of Columbia (5%) and Oklahoma (24%), and a 45-percentage-point difference between the uninsured rate among Hispanic adults in Massachusetts (8%) and Mississippi (53%).

METHODS

The six health care access and affordability indicators reported here align with those reported in The Commonwealth Fund's ongoing series of [Health System Performance Scorecards](#). For purposes of this analysis, we treat the District of Columbia as a state, unless otherwise indicated.

Indicators and Data Sources

1. *Percent of uninsured adults ages 19–64.* Source: Authors' analysis of U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Microdata Sample (ACS PUMS).
2. *Percent of uninsured children ages 0–18.* Source: Authors' analysis of U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Microdata Sample (ACS PUMS).
3. *Percent of adults age 18 and older who went without care because of cost during past year.* Source: Authors' analysis of 2013, 2014, and 2015 Behavioral Risk Factor Surveillance System (BRFSS).
4. *Percent of at-risk adults without a routine doctor visit in past two years.* (At-risk adults include adults age 50 and older and adults ages 18–49 who are in fair or poor health or who were ever told they have diabetes or pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma). Source: Authors' analysis of 2013, 2014, and 2015 Behavioral Risk Factor Surveillance System (BRFSS).
5. *Percent of adults age 18 and older without a dental visit in the past year.* Source: Authors' analysis of 2012 and 2014 Behavioral Risk Factor Surveillance System (BRFSS).
6. *Percent of individuals under age 65 with high out-of-pocket medical spending relative to their annual income.* (This measure includes both insured and uninsured individuals. Two years of data are combined to ensure adequate sample size for state-level estimation. Trends over time are not reported here because of changes in the way the Current Population Survey (CPS) records respondents' income in the 2013 sample year.) Source: Ougni Chakraborty, Robert F. Wagner School of Public Service, New York University, analysis of 2015 and 2016 Current Population Survey, Annual Social and Economic Supplement (CPS ASEC).

Measuring Change over Time

We considered an indicator's value to have changed if it was at least one-half (0.5) of a standard deviation larger than the difference in rates across all states over the two years being compared.

Scoring and Ranking

We averaged state rankings for the six indicators to determine a state's access and affordability dimension rank. More information on scorecard methodology and indicator descriptions and source notes can be found in [Aiming Higher: Results from a Scorecard on State Health System Performance, 2015 Edition](#).

NOTES

- ¹ People estimate is authors' analysis of U.S. Census Bureau, 2013 1-Year American Community Survey, Public Use Micro Sample (ACS PUMS).
- ² Throughout this brief, we report the number of states in which we found a change in performance from 2013 to 2015 (or 2012 to 2014 for the dental indicator). We count changes that are at least one-half of a standard deviation larger than the difference in rates across all states over the two years being compared. In addition, we treat the District of Columbia as a state, unless indicated otherwise.
- ³ Montana's Medicaid expansion waiver was approved in November 2015 and coverage under the expansion was effective January 1, 2016. Louisiana expanded Medicaid under an executive order by its Governor in January 2016, with coverage under the expansion effective July 1, 2016.
- ⁴ S. R. Collins, P. W. Rasmussen, M. M. Doty, and S. Beutel, *The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings From the Commonwealth Fund Biennial Health Insurance Survey, 2014* (The Commonwealth Fund, Jan. 2015).
- ⁵ Since 1997, CHIP has provided federal matching funds to states to insure children whose families earn too much to qualify for Medicaid, but too little to afford private coverage. See <https://www.medicaid.gov/about-us/program-history/index.html>.
- ⁶ This count excludes Delaware, where data were not available for 2015, and the District of Columbia and Vermont, where data were not available for 2013, 2014, and 2015.
- ⁷ M. Frean, B. D. Sommers, and J. Gruber, "Understanding ACA's Coverage Gains: Welcome Mat Effect & State Marketplaces Keys to Success," *Say Abhh!*, Georgetown University Health Policy Institute Center for Children & Families, May 18, 2016.
- ⁸ The Commonwealth Fund's [2016 International Survey](#) also found that the share of adults in the United States reporting cost-related access problems decreased between 2013 and 2016. Additionally, The Commonwealth Fund's [2014 Biennial Health Insurance Survey](#) found the number of Americans reporting they did not receive needed health care because of its cost declined from 2012 to 2014.
- ⁹ E. Hinton and J. Paradise, *Access to Dental Care in Medicaid: Spotlight on Nonelderly Adults* (Kaiser Commission on Medicaid and the Uninsured, March 17, 2016).
- ¹⁰ Institute of Medicine, *Hidden Costs, Value Lost: Uninsurance in America* (National Academies Press, June 2003).
- ¹¹ S. R. Collins, P. W. Rasmussen, M. M. Doty, and S. Beutel, *The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings From the Commonwealth Fund Biennial Health Insurance Survey, 2014* (The Commonwealth Fund, Jan. 2015).
- ¹² S. R. Collins, D. C. Radley, M. Z. Gunja, and S. Beutel, *The Slowdown in Employer Insurance Cost Growth: Why Many Workers Still Feel the Pinch* (The Commonwealth Fund, Oct. 2016).
- ¹³ This measure includes both insured and uninsured individuals. Two years of data are combined to ensure adequate sample size for state-level estimation. Trends over time are not reported here because of changes in the way the Current Population Survey records respondents' income in the 2013 sample year.
- ¹⁴ For the 2015 state rankings on access and affordability, see S. L. Hayes, S. R. Collins, D. C. Radley, D. McCarthy, S. Beutel, and J. Kiszla, *The Changing Landscape of Health Care Coverage and Access: Comparing States' Progress in the ACA's First Year* (The Commonwealth Fund, Dec. 2015).

- ¹⁵ D. Blumenthal and S. R. Collins, “The Affordable Care Act in 2017: Challenges for President-Elect Trump and Congress,” *To the Point*, The Commonwealth Fund, Nov. 10, 2016.
- ¹⁶ S. R. Collins and S. Beutel, “The Health Care Reform Proposals of Hillary Clinton and Donald Trump,” *To the Point*, The Commonwealth Fund, Sept. 23, 2016. See also E. Saltzman and C. Eibner, *Donald Trump’s Health Care Reform Proposals: Anticipated Effects on Insurance Coverage, Out-of-Pocket Costs, and the Federal Deficit* (The Commonwealth Fund, Sept. 2016).
- ¹⁷ Medicaid.gov, September 2016 Medicaid and CHIP Enrollment Data Highlights, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.
- ¹⁸ S. Rastogi, T. D. Johnson, E. M. Hoeffel et al., *The Black Population: 2010*, 2010 Census Briefs (U.S. Census Bureau, Sept. 2011); and S. R. Ennis, M. Rios-Vargas, and N. G. Albert, *The Hispanic Population: 2010*, 2010 Census Briefs (U.S. Census Bureau, May 2011).

Appendix Table 1. Access and Affordability Indicator Rates

	Adults ages 19–64 uninsured				Children ages 0–18 uninsured				Uninsured ages 0–64				Adults age 18 or older who went without care because of costs in past year				Individuals under age 65 with high out-of-pocket medical spending ^d		At-risk adults ^e without a routine doctor visit in past two years			Adults age 18 or older without a dental visit in past year			
	2013	2014	2015	a b	2013	2014	2015	b	2013	2014	2015	a b	2013	2014	2015	b	2014–2015	2013	2014	2015		2012	2014		
United States	20%	16%	13%		8%	6%	5%		17%	13%	11%		16%	14%	13%		14%	14%	13%	13%		15%	16%		
Alabama	20	18	16	b	5	4	3	b	16	14	12	a b	16	17	17		17	12	12	12		18	18		
Alaska	24	22	19	a b	12	12	9	a b	20	19	16	a b	14	12	14	a	13	23	22	24	a	14	16	c	
Arizona	24	18	15	a b	13	10	9	b	20	16	13	a b	17	16	15	b	15	19	16	16	b	17	18		
Arkansas	24	18	14	a b	6	5	5		19	14	11	a b	21	18	16	a b	19	18	18	15	a b	19	18		
California	24	17	12	a b	8	6	4	a b	19	14	10	a b	16	14	12	a b	13	17	15	14	b	16	17		
Colorado	19	14	11	a b	9	6	4	a b	16	12	9	a b	15	13	12	b	14	18	17	17		16	15		
Connecticut	13	9	8	b	4	4	4		11	8	7	b	12	11	11		11	10	11	10		11	12		
Delaware	14	10	8	b	5	5	–		12	9	6	a b	12	11	11		10	9	10	9		12	14	c	
District of Columbia	8	7	5	b	–	–	–		7	6	4	a b	11	11	9	a b	10	9	8	6	a b	16	16		
Florida	29	24	20	a b	12	10	7	a b	24	20	16	a b	21	18	17	b	15	14	12	12	b	18	17		
Georgia	26	22	19	a b	10	8	7	b	21	18	16	a b	20	19	16	a b	15	14	13	14		16	17		
Hawaii	10	7	6	b	3	3	2		8	6	5	b	9	9	8		12	14	15	15		15	14		
Idaho	23	19	17	b	9	8	6	a b	19	15	13	a b	16	16	14	a b	18	21	20	20		13	15	c	
Illinois	18	14	10	a b	5	4	3	b	14	11	8	a b	14	12	11	b	14	14	13	12	b	15	16		
Indiana	19	17	13	a b	9	7	7	b	16	14	11	a b	16	15	14	b	15	17	17	17		15	15		
Iowa	12	8	7	b	5	3	4		10	7	6	b	10	9	7	a b	12	14	12	12	b	12	13		
Kansas	18	15	13	b	7	6	5	b	14	12	11		14	13	11	a b	16	14	15	15		13	13		
Kentucky	21	12	8	a b	6	5	4	b	17	10	7	a b	19	16	12	a b	15	15	15	11	a b	16	16		
Louisiana	25	22	18	a b	6	5	4	b	19	17	14	a b	20	17	16	b	18	10	10	13	a b	20	20		
Maine	16	14	12	b	5	6	6		13	12	10	a b	10	11	9	a	16	12	12	11		13	13		
Maryland	14	11	9	b	5	4	4		11	9	8	b	13	10	11	b	10	10	7	8	b	13	15	c	
Massachusetts	5	5	4		2	2	1		4	4	3		9	8	9		11	7	7	7		11	12		
Michigan	16	12	9	a b	5	4	3	b	13	10	7	a b	15	15	13	a b	13	13	11	11	b	14	14		
Minnesota	11	8	6	a b	6	4	3	b	9	7	5	a b	10	9	8	b	10	12	11	11		11	13	c	
Mississippi	25	22	19	a b	8	6	5	b	20	17	15	a b	22	19	19	b	18	15	14	12	a b	19	20		
Missouri	18	16	13	a b	7	7	6		15	13	11	a b	16	14	14	b	13	16	15	15		15	16		
Montana	23	19	16	a b	11	9	7	a b	20	16	14	a b	14	12	11	b	18	19	17	18		17	16		
Nebraska	15	13	11	b	6	5	5		12	11	9	a b	13	12	12		13	18	17	16	b	15	16		
Nevada	27	21	17	a b	14	10	8	a b	23	17	14	a b	17	17	15	a b	14	15	17	17	b	20	19		
New Hampshire	16	13	10	a b	4	5	4		13	11	8	a b	12	11	9	a b	12	11	11	10		10	12	c	
New Jersey	19	16	12	a b	6	5	4	b	15	13	10	a b	15	14	12	a b	12	10	9	8	b	15	16		
New Mexico	28	21	16	a b	9	8	5	a b	22	17	13	a b	18	17	14	a b	14	17	18	18		18	18		
New York	15	12	10	b	4	4	3		12	10	8	a b	15	14	12	a b	11	10	10	11		15	16		
North Carolina	23	19	16	a b	6	6	5		18	15	13	a b	18	16	15	b	17	12	11	11		15	14		
North Dakota	14	10	9	b	8	7	9	a	12	9	9	b	7	7	8		15	17	17	17		15	16		
Ohio	16	12	9	a b	5	5	4		13	10	8	a b	15	13	11	a b	14	13	12	12		14	15		
Oklahoma	25	21	20	b	11	9	8	b	20	18	16	a b	17	15	15	b	18	21	19	17	a b	18	17		
Oregon	21	14	10	a b	7	5	4	b	17	12	8	a b	18	14	13	b	16	20	16	18	a b	15	14		
Pennsylvania	14	12	9	a b	5	5	4		11	10	7	a b	12	12	12		12	12	12	11		13	14		
Rhode Island	17	10	7	a b	6	3	3	b	14	8	6	a b	14	12	10	a b	11	10	6	6	b	12	12		
South Carolina	23	20	16	a b	7	6	4	a b	18	16	13	a b	19	18	16	a b	16	16	15	15		18	18		
South Dakota	17	13	16	a	7	8	8		14	12	13		10	10	8	a b	16	14	16	14	a	11	11		
Tennessee	20	17	15	b	6	5	4	b	16	14	12	a b	18	16	16	b	18	11	12	14	a b	17	18		
Texas	30	26	23	a b	13	12	10	a b	24	21	19	a b	19	18	18		15	15	16	16		18	20	c	
Utah	18	16	14	b	9	9	8		15	14	12	a b	15	14	13	b	17	19	19	19		16	15		
Vermont	10	7	6	b	–	–	–		8	5	5	b	9	9	8		10	11	12	11		11	11		
Virginia	17	15	13	b	6	6	5		14	12	11	b	15	13	12	b	14	12	12	11		12	14	c	
Washington	20	13	9	a b	7	5	3	a b	16	11	8	a b	15	12	11	b	14	17	16	17		14	14		
West Virginia	20	13	8	a b	5	3	3	b	16	11	7	a b	18	17	14	a b	17	12	9	10	b	18	20	c	
Wisconsin	13	10	8	b	5	5	4		10	9	7	a b	12	11	9	a b	15	13	12	13		12	12		
Wyoming	18	17	14	a b	7	7	7		15	14	12	a b	14	12	12	b	16	21	21	21		15	15		
Change*					30	49							41	49			22	39				10	20		9
States Improved					29	49							41	49			21	39				6	17		0
States Worsened					1	0							0	0								4	3		9

Notes: *"Change" refers to the total number of states that had a change of at least 0.5 standard deviations between 2014 and 2015 (indicated by ^a) or between 2013 and 2015 (indicated by ^b) or for the dental indicator, between 2012 and 2014 (indicated by ^c). ^d This measure includes both insured and uninsured individuals. Two years of data are combined to ensure adequate sample size for state-level estimation. Trends over time are not reported here because of changes in the way the Current Population Survey (CPS) records respondents' income in the 2013 sample year.

^e At-risk adults defined as all adults age 50 or older, and adults ages 18 to 49 in fair or poor health or ever told they have diabetes or pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma. – Indicates that estimates are not available for this population segment because of small sample sizes.

Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS); Behavioral Risk Factor Surveillance System (BRFSS), 2012, 2013, 2014, and 2015; and 2015 and 2016 Current Population Survey, Annual Social and Economic Supplement (CPS ASEC).

Appendix Table 2. Select Access Indicators by Income and by Race and Ethnicity

	Adults ages 19–64 uninsured												Adults age 18 or older who went without care because of costs in past year											
	Low-income (<200% FPL)			Black, non-Hispanic			White, non-Hispanic			Hispanic			Low-income (<200% FPL)			Black, non-Hispanic			White, non-Hispanic			Hispanic		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
United States	38%	31%	25%	24%	19%	15%	14%	11%	9%	40%	33%	28%	28%	26%	24%	21%	19%	17%	12%	11%	10%	27%	24%	22%
Alabama	37	33	30	24	22	18	17	15	13	59	47	45	31	33	33	21	21	19	14	16	15	22	23	30
Alaska	46	41	32	–	–	–	18	15	14	–	–	–	23	23	29	26	24	6	13	11	12	26	18	18
Arizona	41	31	25	23	15	10	16	12	9	38	30	25	33	26	25	15	16	23	13	13	11	27	23	25
Arkansas	40	29	22	28	19	13	21	15	11	51	46	38	32	28	25	29	23	16	18	16	14	39	32	25
California	41	30	21	21	13	9	14	10	7	38	28	20	26	24	20	13	14	10	11	9	8	23	19	18
Colorado	35	26	20	20	15	10	14	10	7	35	29	24	29	25	23	24	20	15	12	10	9	23	23	20
Connecticut	28	19	18	18	11	10	9	6	4	29	23	23	20	16	20	19	12	15	9	8	7	25	26	25
Delaware	26	18	15	14	9	8	12	9	7	32	25	21	21	19	22	18	12	13	10	9	9	19	23	30
District of Columbia	12	9	9	11	8	5	4	–	–	–	21	–	15	16	14	14	13	12	6	8	6	15	14	9
Florida	46	39	33	33	26	22	22	18	15	43	35	28	34	30	29	25	21	22	15	14	14	31	26	21
Georgia	46	40	37	28	24	20	19	16	14	60	53	48	35	38	28	25	25	19	16	14	13	31	32	20
Hawaii	21	14	13	–	–	–	12	8	7	–	10	–	15	14	14	–	7	–	8	9	7	16	15	11
Idaho	37	33	29	–	–	–	20	15	13	44	48	38	30	29	28	–	–	–	14	15	12	23	25	24
Illinois	36	28	21	26	18	11	12	9	6	39	31	27	26	21	21	20	16	14	9	9	8	28	25	22
Indiana	37	32	25	27	23	18	17	14	11	41	36	33	31	27	24	23	20	21	13	14	12	30	27	28
Iowa	26	17	14	21	–	–	11	7	5	31	21	21	20	20	16	10	18	14	9	8	6	25	27	16
Kansas	37	32	28	24	22	21	14	11	9	42	37	36	28	26	24	21	25	16	11	10	9	24	26	20
Kentucky	38	20	13	26	17	8	19	11	7	53	45	35	34	27	21	19	17	13	19	15	12	23	16	9
Louisiana	42	37	32	31	27	23	19	16	14	53	48	39	34	34	28	26	23	21	17	15	14	33	20	18
Maine	26	24	20	–	–	–	16	14	11	–	–	–	13	16	15	–	–	–	10	10	9	16	21	24
Maryland	30	24	20	15	11	9	9	7	5	41	38	32	26	23	20	15	12	11	9	8	9	36	22	22
Massachusetts	11	8	8	10	9	7	4	4	3	12	10	8	17	15	13	10	11	14	7	7	6	21	18	23
Michigan	30	23	15	24	16	11	14	11	7	30	24	22	26	25	20	23	19	17	14	13	11	23	30	23
Minnesota	23	18	13	21	15	8	8	6	4	39	37	31	20	18	15	22	21	17	9	7	7	21	22	18
Mississippi	39	35	30	30	25	21	20	18	16	50	48	53	33	33	26	29	26	23	17	16	16	34	–	–
Missouri	36	32	28	27	25	18	16	14	12	40	33	28	30	28	27	22	18	21	12	13	12	28	23	26
Montana	40	33	29	–	–	–	20	16	14	–	–	–	24	21	24	–	–	–	13	11	11	22	16	17
Nebraska	35	32	26	30	19	18	11	10	8	38	38	30	25	27	23	29	25	21	11	10	10	24	24	23
Nevada	47	34	28	31	18	13	20	14	10	41	35	31	27	25	25	24	21	23	14	14	12	23	24	20
New Hampshire	34	31	21	–	–	–	15	12	9	–	–	–	28	21	16	–	–	–	11	11	8	31	10	18
New Jersey	43	36	28	22	18	13	11	9	6	41	35	29	29	27	24	20	18	16	10	9	9	31	28	23
New Mexico	43	33	24	31	–	–	15	12	10	35	25	19	28	25	20	23	14	19	13	12	9	24	23	17
New York	26	22	17	17	13	11	10	7	6	29	24	20	24	22	19	14	19	13	11	10	8	28	25	22
North Carolina	42	36	32	27	21	16	17	14	12	59	53	52	34	31	29	24	19	18	15	14	13	32	28	27
North Dakota	28	24	19	–	–	–	11	7	7	–	–	–	15	14	14	–	–	–	7	6	6	13	23	–
Ohio	30	22	16	22	17	12	14	10	8	34	25	22	23	24	19	21	18	14	13	12	9	22	16	23
Oklahoma	42	39	35	27	27	24	19	16	15	51	42	42	32	30	30	23	21	26	15	13	13	32	31	28
Oregon	37	23	17	20	–	–	18	12	8	43	32	26	35	23	21	–	–	21	16	13	11	32	24	24
Pennsylvania	29	25	17	22	18	14	11	10	7	28	27	21	21	22	24	18	20	16	10	9	10	27	25	30
Rhode Island	32	18	11	22	–	–	12	7	5	43	24	19	25	20	17	15	14	12	11	9	7	32	27	25
South Carolina	39	36	29	27	23	18	18	16	13	56	53	45	32	31	28	22	22	21	16	15	14	28	30	31
South Dakota	36	29	35	–	–	–	13	8	10	–	–	–	19	18	17	–	–	–	8	9	6	21	7	20
Tennessee	37	30	28	23	19	18	17	15	12	60	52	50	28	23	26	20	15	20	17	15	14	–	29	21
Texas	52	46	43	27	22	20	17	15	13	47	41	38	34	32	34	22	21	20	13	11	13	28	26	25
Utah	35	31	28	–	–	–	14	12	10	42	41	36	29	29	25	23	21	10	13	12	11	27	25	22
Vermont	14	11	7	–	–	–	10	7	6	–	–	–	15	14	9	–	–	–	9	9	7	8	–	11
Virginia	38	33	29	22	19	16	12	10	9	44	36	31	28	27	28	19	16	18	12	11	10	34	25	17
Washington	40	24	18	23	11	10	16	10	6	47	32	29	31	25	19	23	11	11	14	11	9	30	24	22
West Virginia	35	20	12	21	18	–	20	13	8	–	–	–	31	27	21	31	21	12	18	16	13	18	31	–
Wisconsin	26	22	17	22	17	11	10	8	6	35	32	30	18	16	17	31	20	17	10	9	8	22	26	18
Wyoming	37	33	29	–	–	–	16	15	12	28	29	28	27	24	28	–	–	–	12	10	10	30	26	22

Notes: FPL refers to federal poverty level. Subpopulation estimates for white race and black race include individuals who identify as non-Hispanics; estimates for Hispanic ethnicity can include individuals of any race.

– Indicates that estimates are not available for this population segment because of small sample sizes.

Data: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS); and Behavioral Risk Factor Surveillance System (BRFSS), 2013, 2014, and 2015.

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