ISSUE BRIEF
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What's at Stake: States' Progress on Health Coverage and Access to Care, 2013–2016

Susan L. Hayes
Senior Researcher
The Commonwealth Fund

Sara R. Collins
Vice President
The Commonwealth Fund

David C. Radley
Senior Scientist
The Commonwealth Fund

Douglas McCarthy
Senior Research Director
The Commonwealth Fund

ABSTRACT

ISSUE: Given uncertainty about the future of the Affordable Care Act, it is useful to examine the progress in coverage and access made under the law.

GOAL: Compare state trends in access to affordable health care between 2013 and 2016.

METHODS: Analysis of recent data from the U.S. Census Bureau and the Behavioral Risk Factor Surveillance System.

FINDINGS AND CONCLUSIONS: Between 2013 and 2016, the uninsured rate for adults ages 19 to 64 declined in all states and the District of Columbia, and fell by at least 5 percentage points in 47 states. Among children, uninsured rates declined by at least 2 percentage points in 33 states. There were reductions of at least 2 percentage points in the share of adults age 18 and older who reported skipping care because of costs in the past year in 36 states and D.C., with greater declines, on average, in Medicaid expansion states. The share of at-risk adults without a recent routine checkup, and of nonelderly individuals who spent a high portion of income on medical care, declined in at least of half of states and D.C. These findings offer evidence that the ACA has improved access to health care for millions of Americans. However, actions at the federal level — including a shortened open enrollment period for marketplace coverage, a failure to extend CHIP funding, and a potential repeal of the individual mandate's penalties — could jeopardize the gains made to date.

KEY TAKEAWAYS

- Between 2013 and 2016 — after the implementation of the ACA's coverage expansions — the rate of uninsured working-age adults dropped in all states and D.C. In 47 states, it fell by at least 5 percentage points.
- In nearly three-fourths of states and D.C., the share of adults who went without care because of costs dropped by at least 2 percentage points.
- The states at the top of the access rankings, as well as those that made the biggest improvements in the rankings between 2013 and 2016, had all expanded their Medicaid programs by January 2016.

The Commonwealth Fund

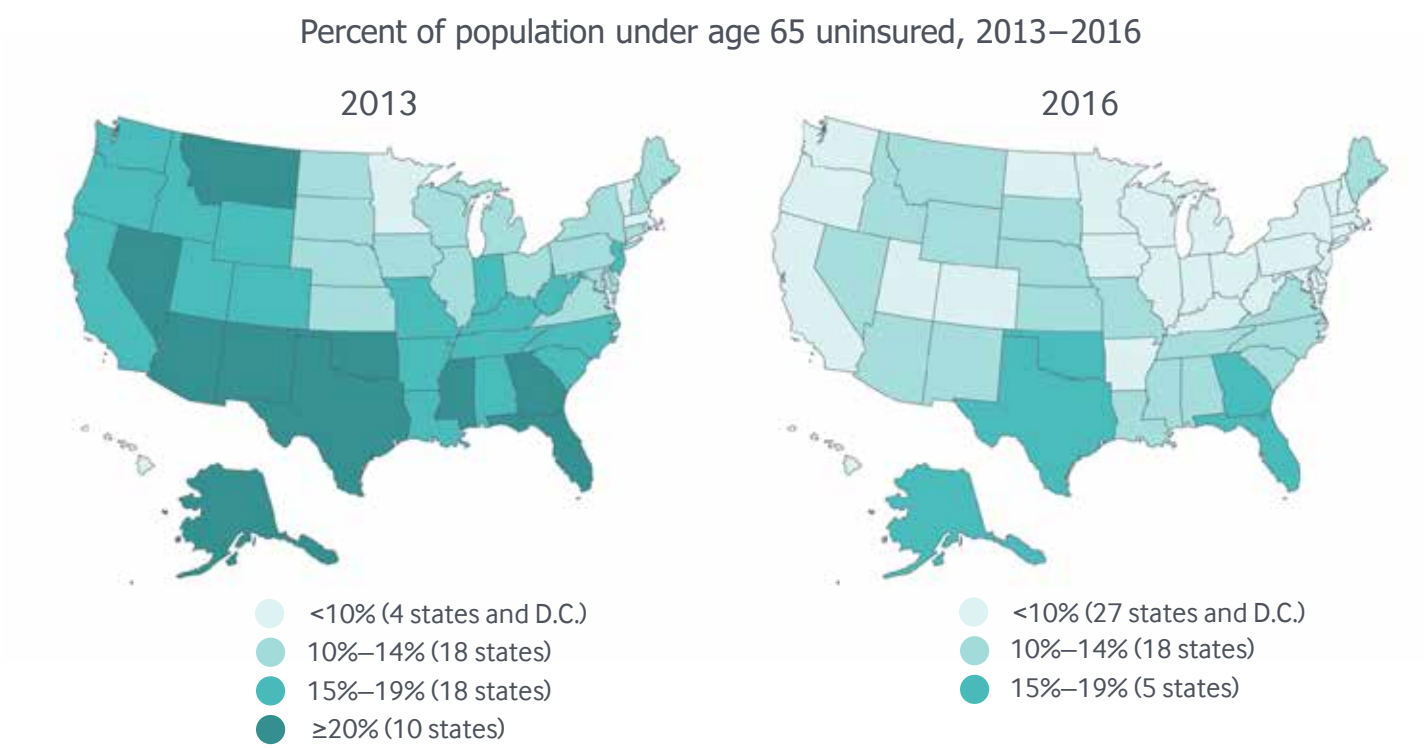
BACKGROUND

The year 2017 marked a turning point in the implementation of the Affordable Care Act. Republicans in Congress attempted to repeal and replace the Affordable Care Act numerous times, ultimately failing but promising to try again. In addition, the Trump administration significantly cut funding for outreach and enrollment activities during 2018's open enrollment period for the marketplaces, and disrupted markets by declining to pay insurers money owed to them for providing cost-reduced plans for lower-income enrollees. In December, Senate Republicans passed a tax bill that included a provision to repeal the ACA's individual mandate penalties, paid by most people who do not have health insurance. Given these developments, many Americans are confused about the ACA's status, which could reduce the number of people who enroll in health plans for the coming year, despite strong enrollment thus far.

It is useful to assess the changes in coverage and access that happened across states under the law before this tumultuous year. Between 2013, the year before the ACA's major coverage expansions took effect, and the end of 2016, the number of uninsured Americans under age 65 fell by an estimated 17.8 million.[1] Uninsured rates declined in every state and the District of Columbia (Exhibit 1).

In this issue brief, we examine the extent to which health care access and affordability improved from 2013 to 2016 for residents in each of the 50 states and D.C. We use six indicators: uninsured rates for working-age adults and for children, three measures of adults' access to care, and the percentage of individuals under age 65 with high out-of-pocket medical costs relative to their income (Exhibit 2). These measures align with those reported in the Commonwealth Fund's ongoing series of *Health System Performance Scorecards*.

Exhibit 1. The First Three Years of the ACA's Major Coverage Expansions Led to Dramatic Improvements in States' Uninsured Rates



Note: For the purposes of this exhibit, we count the District of Columbia as a state.

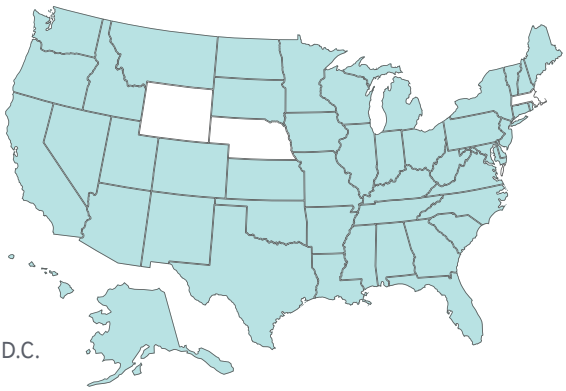
Data source: U.S. Census Bureau, 2013 and 2016 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

Exhibit 2. Change in Health System Performance, by Access Indicator, 2013– 2016

States that:

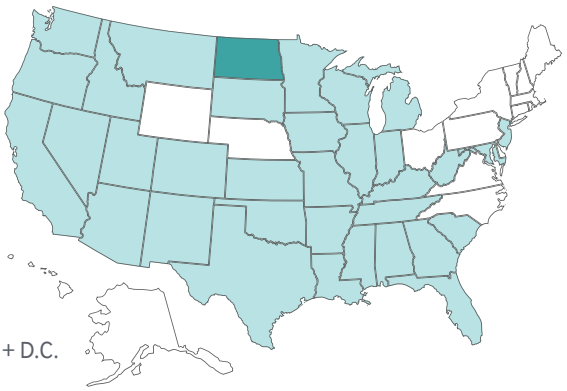
● Improved ○ Had little or no change ● Worsened

Uninsured adults, ages 19–64



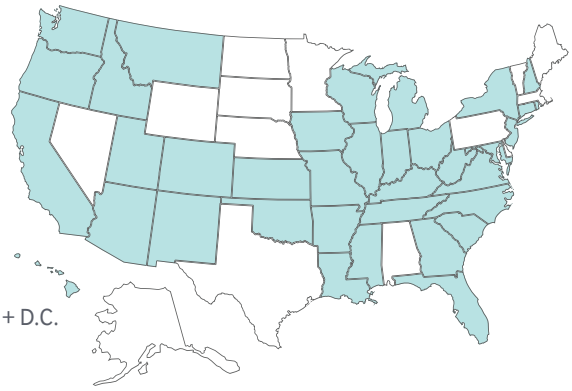
● 47 states
○ 3 states + D.C.
● (none)

Uninsured children, ages 0–18



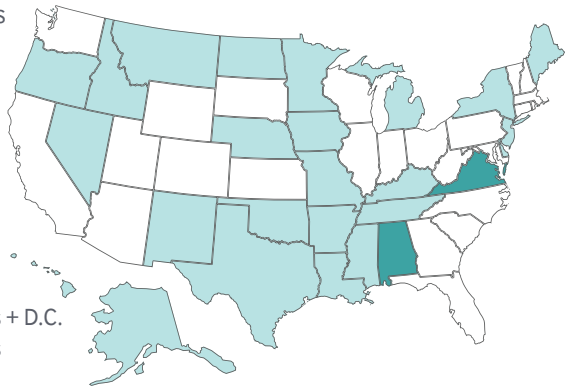
● 33 states
○ 16 states + D.C.
● 1 state

Adults who went without care because of cost in past year



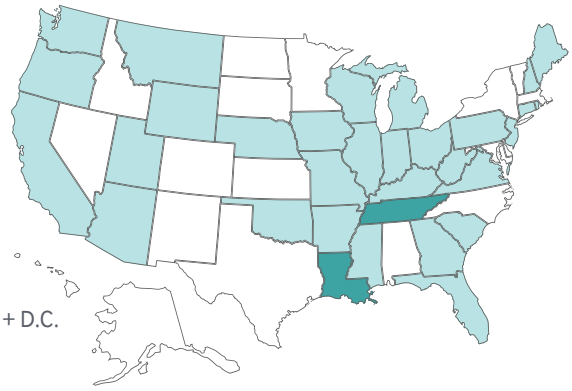
● 36 states + D.C.
○ 14 states
● (none)

Individuals under age 65 with high out-of-pocket medical spending[a]



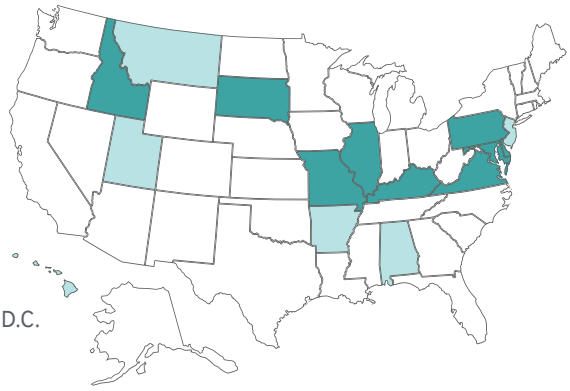
● 25 states + D.C.
○ 23 states
● 2 states

At-risk adults without a routine doctor's visit in past two years[b]



● 30 states + D.C.
○ 18 states
● 2 states

Adults without a dental visit in past year[c]



● 6 states + D.C.
○ 35 states
● 9 states

Notes: "Improved" or "Worsened" refers to a change of at least 0.5 standard deviations between the two time periods. "Had 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. The District of Columbia was in the "Had little or no change" category on the uninsured adults and uninsured children indicators, and in the "Improved" category on each of the other four access indicators. [a] Includes both uninsured and insured individuals under age 65 living in households that spent 10 percent or more of annual income on medical expenses (excluding premiums, if insured); and people who spent 5 percent or more, if the household's annual income was below 200 percent of the federal poverty level. Two years of data are combined to ensure adequate sample size for state-level estimation. [b] At-risk adults defined as all adults age 50 and older, and adults ages 18–49 who report being in poor or fair health, or ever told they have diabetes, pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma. [c] Comparable data year for the dental indicator is 2012.

Data sources: U.S. Census Bureau, 2013 and 2016 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS); and Behavioral Risk Factor Surveillance System (BRFSS), 2012, 2013, and 2014.

FINDINGS

Adult Uninsured Rates Reach Record Lows

In 2016, in 47 states, the uninsured rate for adults ages 19 to 64 was at least 5 percentage points lower than it had been in 2013, before the ACA coverage expansions. In the remaining three states and the District of Columbia, the rate was lower, but by a lesser margin (Exhibit 3, Appendix Table 1).

Roughly a quarter of states experienced double-digit improvement in their adult uninsured rate, led by New Mexico, where it plummeted from 28 percent to 13 percent over the three-year period. Eleven of the 13 states that experienced at least a 10-percentage-point drop had expanded Medicaid by January 2016. The two exceptions were Florida, which has not expanded Medicaid but enrolled more people in the marketplace than any other state, and Louisiana, which expanded Medicaid in July 2016.

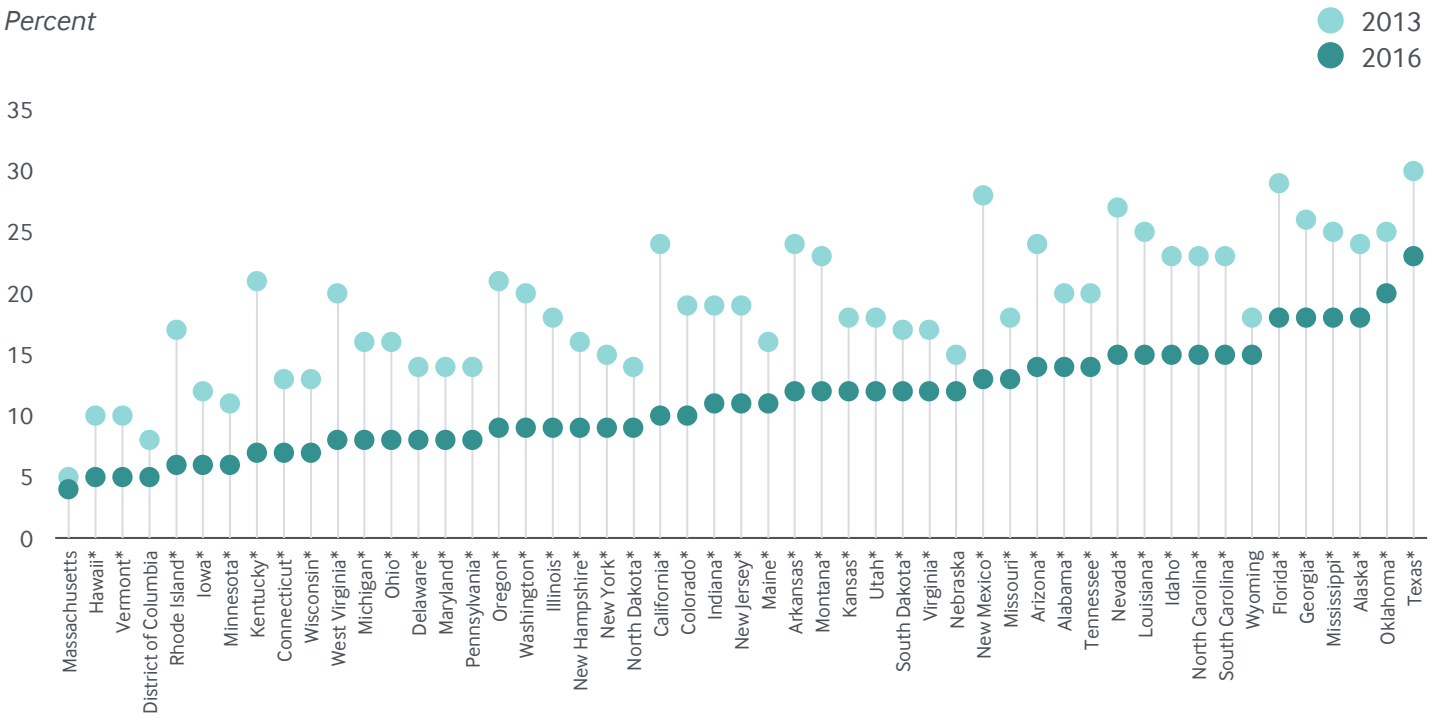
By the end of 2016, in 21 states and District of Columbia, fewer than one of 10 working-age adults lacked health coverage. Three years earlier, that was only true in Massachusetts and D.C. In 2013, at least one of five working-age adults was uninsured in 22 states but by 2016 this was only the case in Oklahoma and Texas.

For the majority of states, the rates fell the most during the first two years of the coverage expansions. In Montana and Louisiana, which implemented the Medicaid expansion the most recently, the rates dropped 4 and 3 percentage points, respectively, between 2015 and 2016.

Uninsured Rates Drop Substantially for Adults with Low Incomes, Especially in Expansion States

Historically, working-age adults with low incomes have had the greatest risk of being uninsured. The Affordable Care Act's income-related insurance reforms were targeted to

Exhibit 3. The Uninsured Rate for Working-Age Adults Declined in Every State



Note: States are arranged in rank order based on their current data year (2016) value. For the purposes of this exhibit, we count the District of Columbia as a state.
* Denotes states with at least –0.5 standard deviation change (decrease of at least 5 percentage points) between 2013 and 2016.

Data source: U.S. Census Bureau, 2013 and 2016 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

help them. From 2013 to 2016, the national uninsured rate among adults 19 to 64 with incomes below 200 percent of the federal poverty level fell from 38 percent to 23 percent. This meant an estimated 9.9 million more low-income adults had health insurance in 2016 than in 2013.

As expected, the gains were greatest in states that chose to expand Medicaid. Nine expansion states slashed their uninsured rate among adults with low incomes by more than 20 percentage points (Exhibit 4, Appendix Table 2).

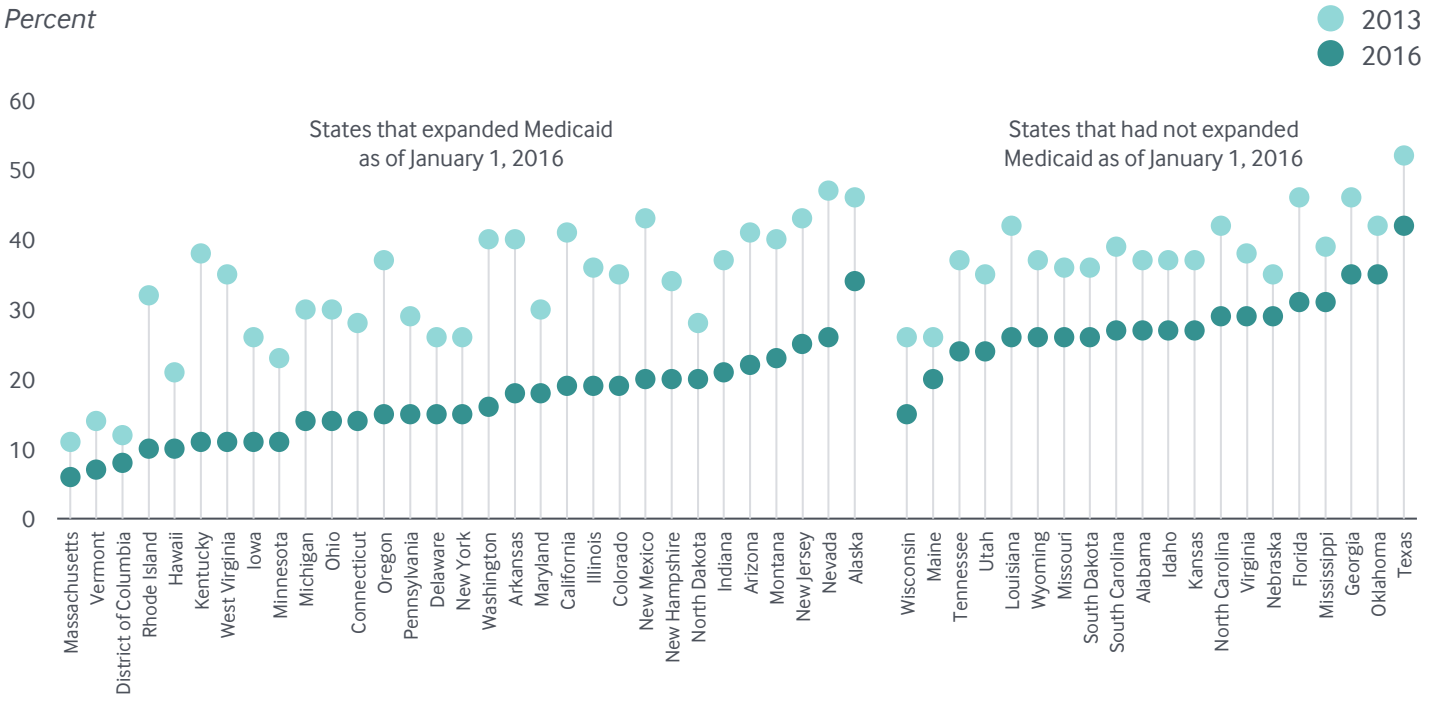
By 2016, the uninsured rate among low-income adults was 15 percent or less in a third of states and the District of Columbia. With the exception of Wisconsin, all have expanded Medicaid.[2] In contrast, the rate was more than 30 percent in Alaska, Florida, Georgia, Mississippi, Oklahoma, and Texas. Of these, only Alaska has expanded Medicaid. In all six, a lack of awareness of the marketplaces and the availability of subsidized coverage likely contributed to the high rates.[3]

More Children Get Covered

For years, uninsured rates among children under 19 have been much lower than those for working-age adults, thanks largely to the Children's Health Insurance Program (CHIP), enacted with bipartisan support in 1997, and to higher Medicaid income eligibility levels for children.

Even so, the nation made more progress toward ensuring all children have health insurance between 2013 and 2016. Nationally, the uninsured rate for children dropped from 8 percent to 5 percent; two-thirds of states saw their rates drop by at least 2 percentage points. The biggest reductions came in Nevada (8 percentage points) and Montana (6 percentage points) (Exhibit 5, Appendix Table 1).

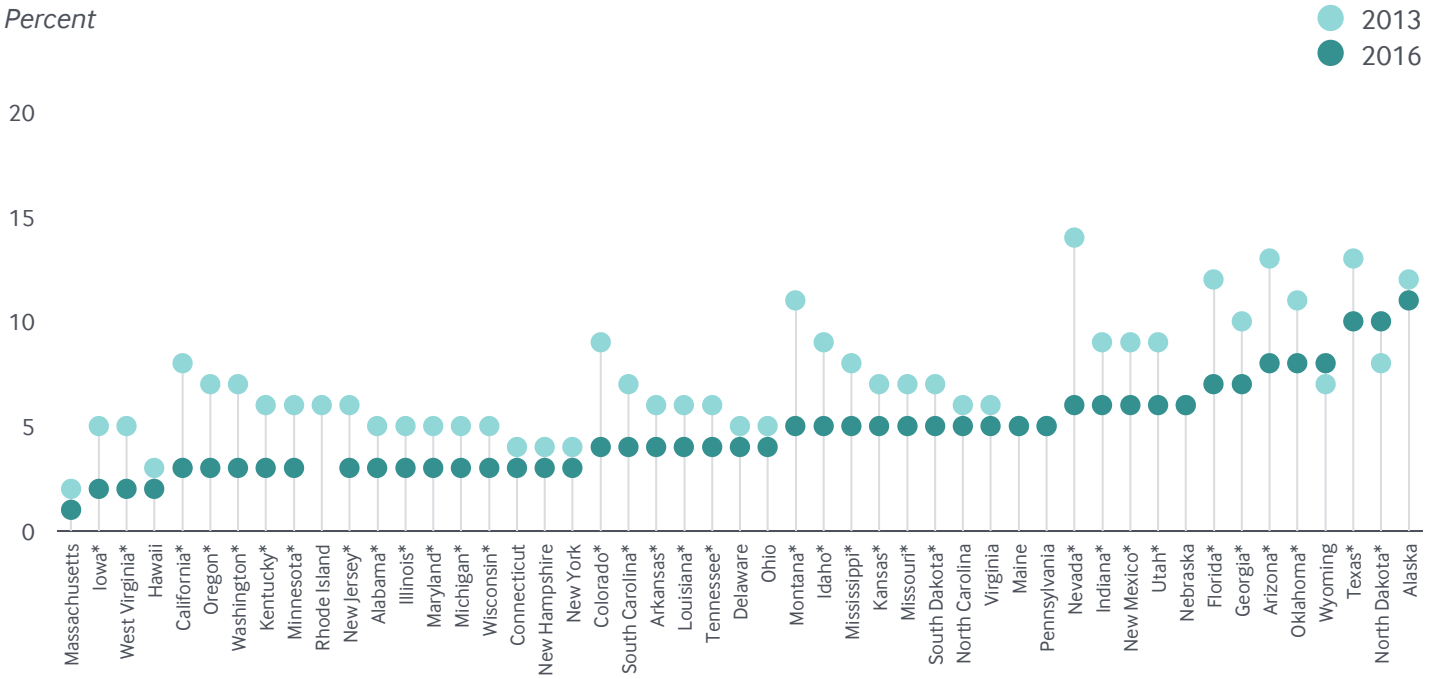
Exhibit 4. States That Expanded Medicaid Saw the Greatest Reductions in Uninsured Low-Income Adults Ages 19–64



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 (2016) value. Louisiana expanded its Medicaid program after January 1, 2016. For the purposes of this exhibit, we count the District of Columbia as a state.

Data source: U.S. Census Bureau, 2013 and 2016 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

Exhibit 5. Two-Thirds of States Reduced the Uninsured Rate Among Children Under Age 19 by at Least 2 Percentage Points, 2013–2016



Note: States are arranged in rank order based on their current data year (2016) value. Data for 2016 not available for Rhode Island, and data for 2013 and 2016 not available for the District of Columbia and Vermont.
* Denotes states with at least –/+0.5 standard deviation change (decrease or increase of at least 2 percentage points) between 2013 and 2016.

Data source: U.S. Census Bureau, 2013 and 2016 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

Not all states were as successful. North Dakota children's uninsured rate was 2 percentage points higher in 2016 than in 2013, and Alaska's rate increased by 2 points between 2015 and 2016. Both states join Texas in having a children's uninsured rate of at least 10 percent.

Fewer Adults Face Cost Barriers to Care

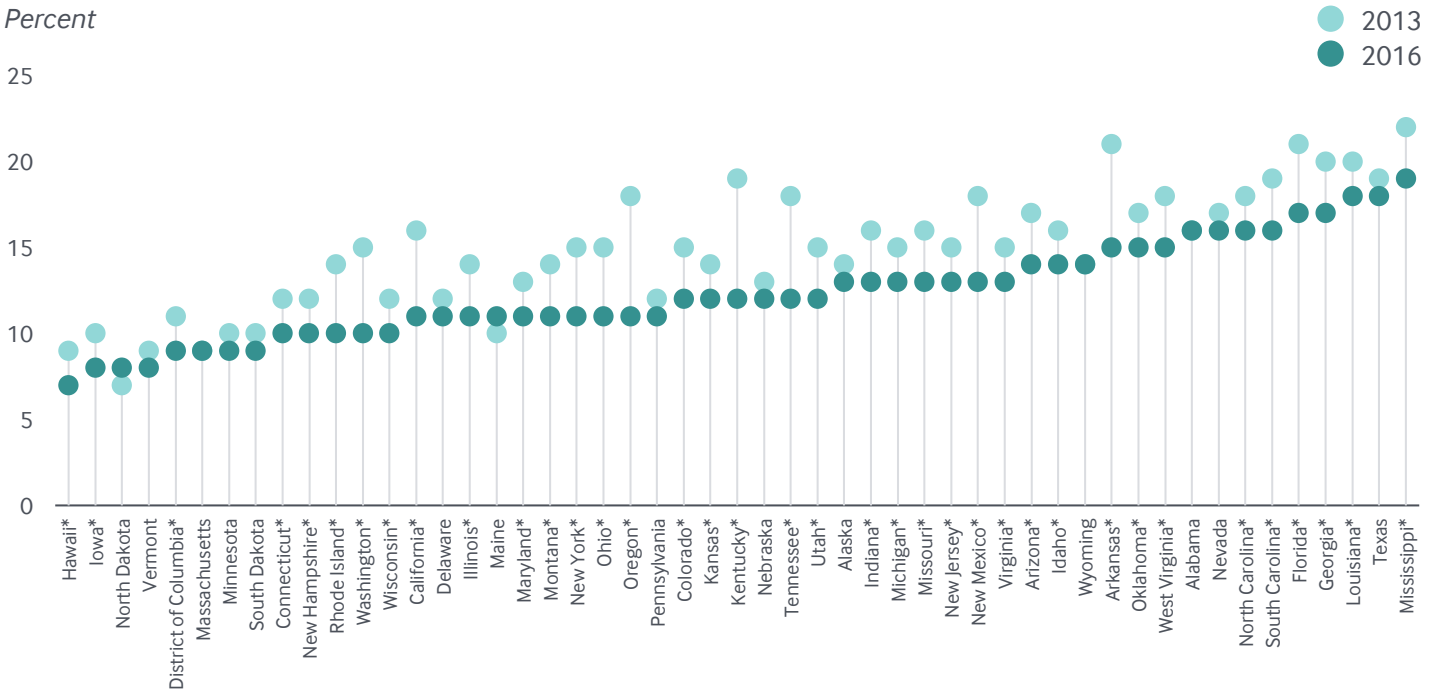
The ACA aimed not only to cover more people, but to improve access to care by reducing financial barriers. Between 2013 and 2016, there was a reduction in the share of adults age 18 and older who reported a time in the last year when they had not gone to the doctor when needed because of cost. This rate fell from 16 percent to 13 percent nationally, and decreased by 2 percentage points or more in nearly three-quarters of states and the District of Columbia (Exhibit 6, Appendix Table 1).

The greatest reductions (5 to 7 percentage points) were in Arkansas, California, Kentucky, New Mexico, Oregon, Tennessee, and Washington. Except for Tennessee, these states all expanded Medicaid as soon as federal resources became available in January 2014 and were among the states with the largest improvement in adult uninsured rates.

Medicaid expansion made a clear difference in reducing cost barriers to care for low-income and minority adults (Exhibit 7, Appendix Table 2). For example, between 2013 and 2016, far fewer low-income adults went without care because of costs in states that expanded Medicaid than did low-income adults in states that did not.

As with uninsured rates, states' progress on this measure was concentrated in the first two years of the coverage expansions. Most states held the line last year, but in Louisiana, Maine, and Wyoming, the share of adults who went without care because of costs increased by 2 percentage points between 2015 and 2016.

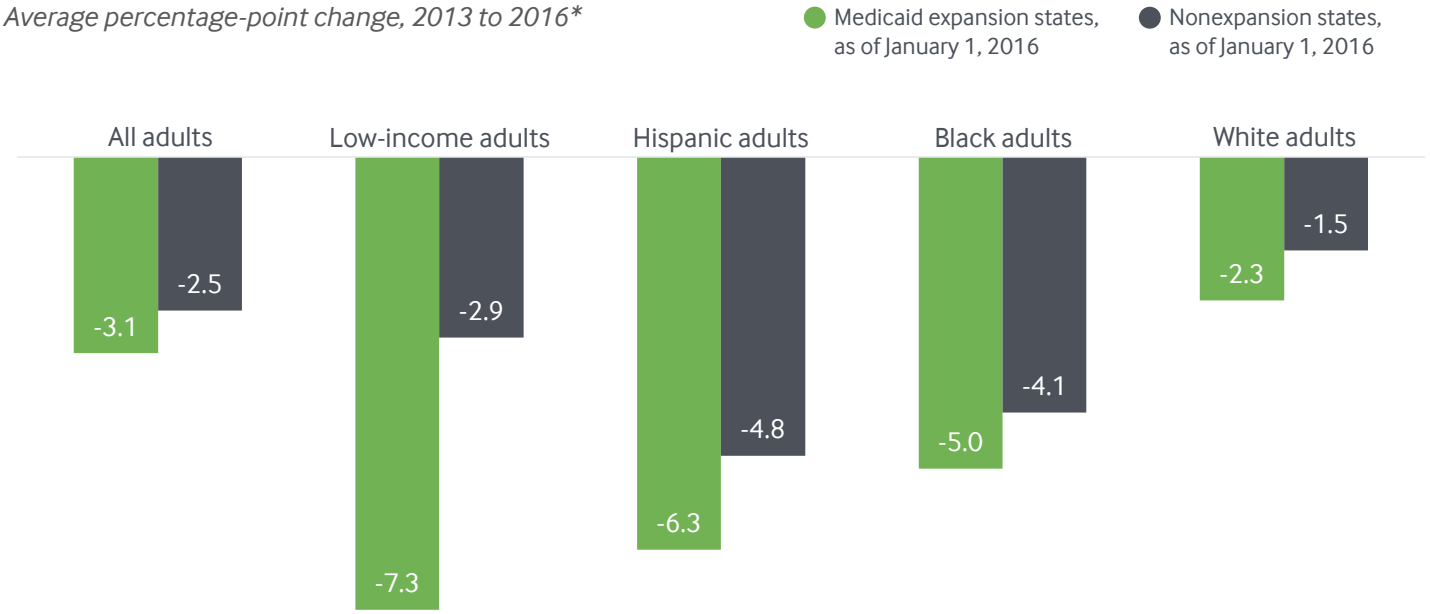
Exhibit 6. In Nearly Three-Fourths of States and D.C., the Share of Adults Who Went Without Care Because of Costs Dropped by at Least 2 Percentage Points



Note: States are arranged in rank order based on their current data year (2016) value. For the purposes of this exhibit, we count the District of Columbia as a state.
* Denotes states with at least –0.5 standard deviation change (decrease of at least 2 percentage points) between 2013 and 2016. Includes adults age 18 and older.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), 2013 and 2016.

Exhibit 7. Greater Declines in Share of Adults Who Went Without Care Because of Costs in States That Expanded Medicaid



Notes: * Average percentage-point change is defined as the rate of adults age 18 and older who reported going without needed care because of costs in 2013 less the rate in 2016. Rates were calculated in expansion and nonexpansion states by summing the number of individuals who did and did not forgo needed care. For the purposes of this exhibit we count the District of Columbia as a Medicaid expansion state, and Louisiana, which expanded its Medicaid program after Jan. 1, 2016, as a nonexpansion state. Includes adults age 18 and older.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), 2013 and 2016.

Fewer People Spend a Large Share of Income on Health Care

People who are uninsured often pay the full cost of their medical bills.[4] Increasingly, even those with insurance are at risk for high out-of-pocket medical costs because of high-deductible plans and other cost-sharing.[5] We examined how many people under age 65 (including both those insured and uninsured) were living in households that spent a high share of their annual income on medical care during 2015–2016 compared to 2013–2014 (Exhibit 8, Appendix Table 1).[6] (See box for description of high out-of-pocket spending.)

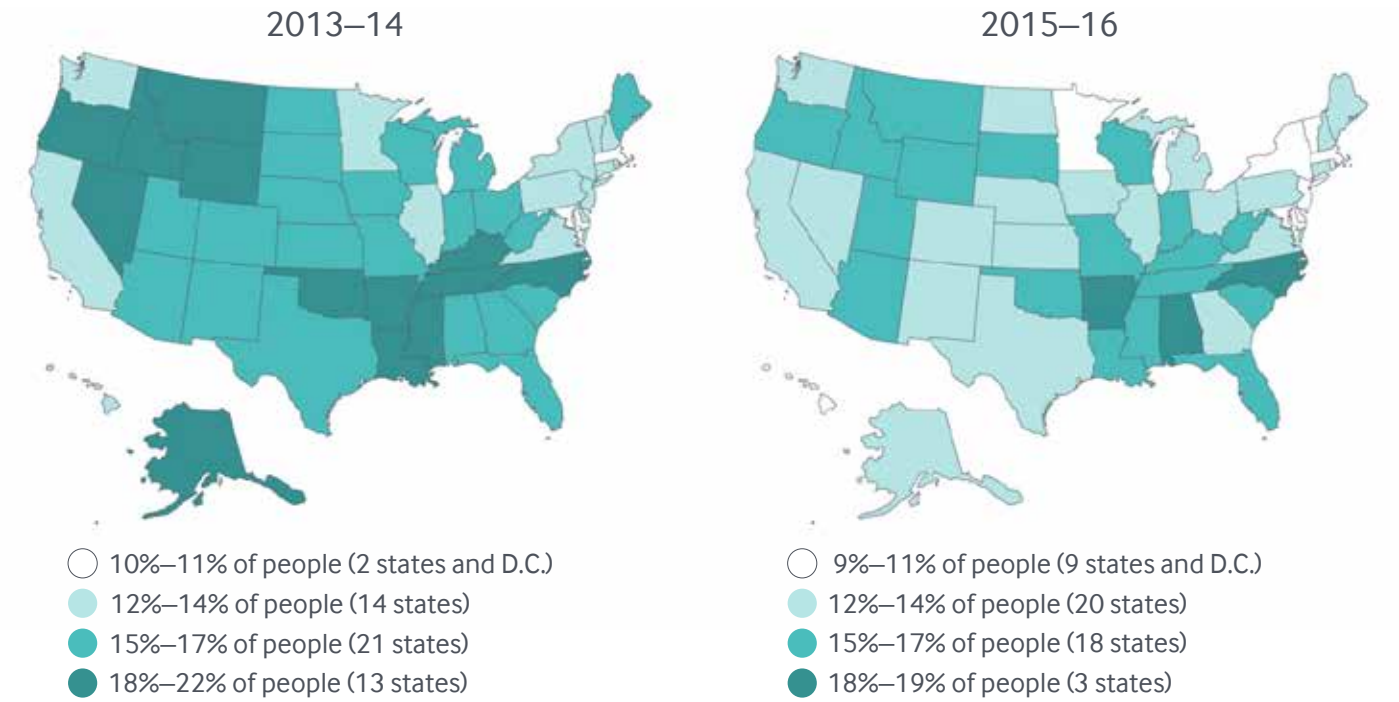
As uninsured rates declined across the country, so did the share of individuals under age 65 living in households where out-of-pocket spending on medical care was high relative to income. Income growth was also a likely factor in the decline. Between 2013–2014 and 2015–2016, the percentage of people with high out-of-pocket costs declined by 2 points or more in half of states and D.C.

HOW DOES THE *SCORECARD* DEFINE HIGH OUT-OF-POCKET SPENDING ON MEDICAL CARE?

We used two thresholds to identify individuals under age 65 with high out-of-pocket spending relative to income: those living in households that spent 10 percent or more of annual income on medical expenses (excluding premiums, if insured); and people who spent 5 percent or more, if the household's annual income was below 200 percent of the federal poverty level.

The measure of high out-of-pocket spending reported in this brief includes both insured and uninsured people. This population-based measure is therefore much broader than the underinsurance measure reported in other Commonwealth Fund publications, which is limited to adults ages 19–64 who are insured all year and includes a component of deductible burden.[7]

Exhibit 8. Reduction Across States in Percentage of People Under Age 65 Who Spent a Large Share of Income on Medical Care Relative to Income



Notes: For the purposes of this exhibit, we count the District of Columbia as a state. Includes both uninsured and insured individuals under age 65 living in households that spent 10 percent or more of annual income on medical expenses (excluding premiums, if insured); and people who spent 5 percent or more, if the household's annual income was below 200 percent of the federal poverty level. Two years of data are combined to ensure adequate sample size for state-level estimation.

Data source: Ougni Chakraborty, Robert F. Wagner School of Public Service, New York University, analysis of 2014, 2015, 2016, and 2017 Current Population Survey, Annual Social and Economic Supplement.

Alaska, Idaho, Nevada, Oregon, and Tennessee saw the greatest improvement, with a 5-to-6-percentage-point reduction. The only two states where the rate of nonelderly residents with high out-of-pocket costs substantially worsened (i.e., increased by 2 to 3 percentage points) were Alabama and Virginia.

Access to Routine Care for At-Risk Adults Improved in More Than Half of States

We also examined the share of at-risk adults — that is, those who could be at greater risk for poor health outcomes if they do not receive care — who had not visited a doctor for a routine checkup in at least two years. (See box for description of at-risk adults.) Between 2013 and 2016, this rate improved nationally, dropping from 14 percent to 12 percent. More than half of states and D.C. experienced at least a 2-percentage-point improvement.

The greatest improvement (5 points) was seen in Arizona, Arkansas, California, Kentucky, Oklahoma, and Oregon (Appendix Table 1). With the exception of Oklahoma, these states have all expanded Medicaid. In Louisiana and in Tennessee, the rate on this access measure worsened by 2 to 3 percentage points over the three years.

Little Progress in Access to Dental Care

From 2012 to 2016, states showed little progress in improving access to dental care for adults. At the national level, the share of people age 18 and older who went without a dental visit in the past year remained essentially unchanged at 16 percent. The best and the worst state rates, 10 percent and 20 percent, respectively, also stayed the same (Appendix Table 1). In the U.S., dental care is typically covered under a separate policy than medical care; fewer adults have dental coverage than have health insurance.[8] Moreover, the ACA did not address dental care for adults. Only six states along with D.C. improved their rates by 2 to 3 percentage points between 2012 and 2016.[9] Nine other states saw their rates worsen by an equal margin over the same time period.

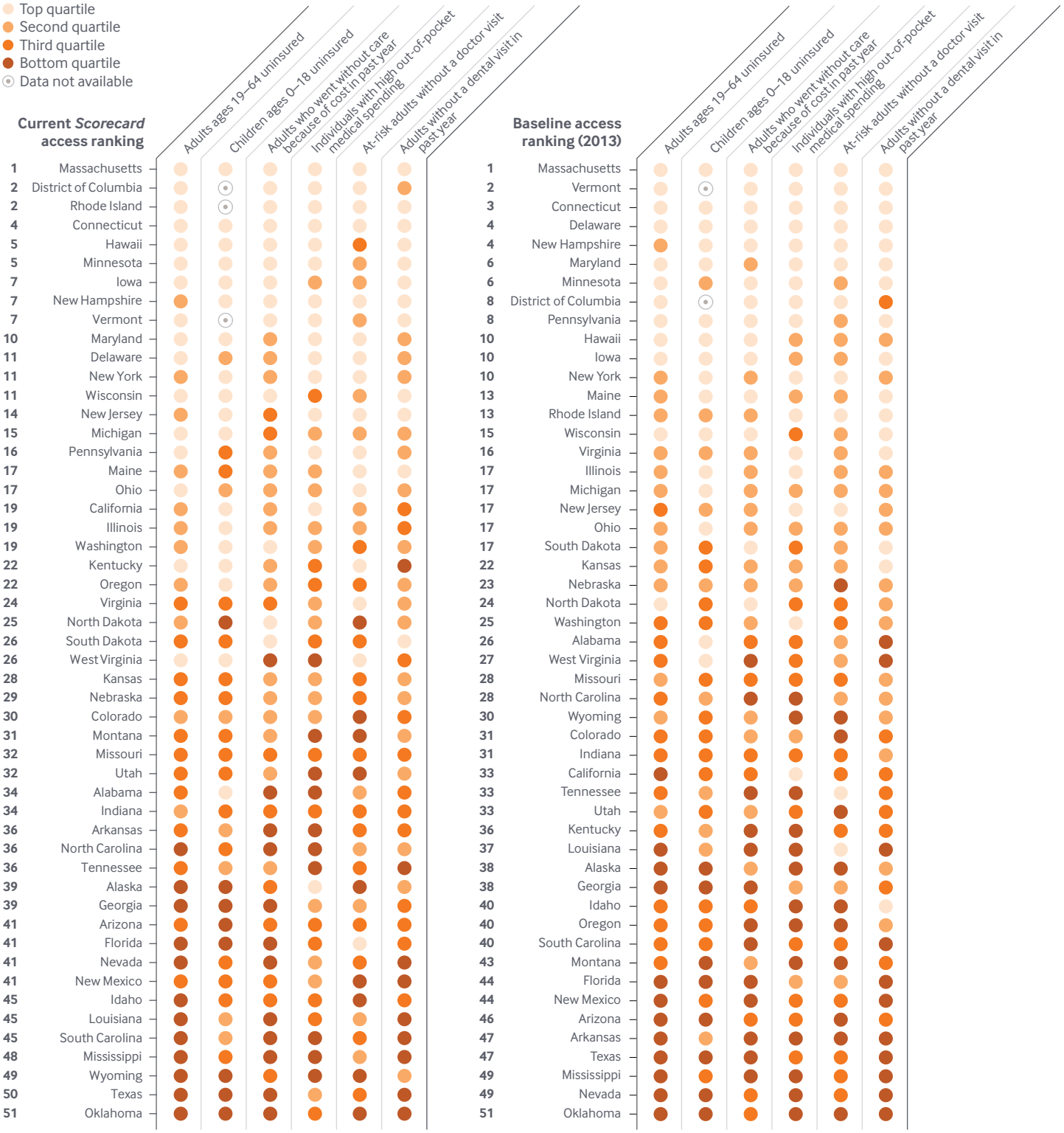
WHO ARE "AT-RISK" ADULTS?

The at-risk group includes everyone age 50 and older, since people in that age group need recommended preventive screenings and vaccinations, and many have chronic conditions. It also includes the subset of adults ages 18 to 49 who report chronic illnesses or being in poor or fair health.

How States Stack Up

Looking at the states' overall rankings across all six indicators of health care access and affordability, the current top-ranked Massachusetts (1st), the District of Columbia (tied for 2nd), Connecticut (4th), and Hawaii and Minnesota (tied for 5th), were all ranked among the top 10 states in access in 2013, before the ACA's coverage expansions took effect (Exhibit 9). Rhode Island moved up to a tie for second place from 13th in 2013.

Exhibit 9. Summary of Health System Performance Across the Access Dimension



Data sources: See Methods box on page 14.

States that had repeated success and those with the most dramatic upward shifts in rankings since the 2013 baseline period all had expanded Medicaid by January 1, 2016. Arkansas, California, Kentucky, Montana, Oregon, and Rhode Island all made double-digit jumps in ranking; Nevada moved up eight places; Washington State and D.C. each rose six places. Wyoming, a nonexpansion state, dropped 19 places, the most of any state, falling from 30th place in the baseline ranking to 49th. On average, states that expanded Medicaid by January 2016 moved up nearly three places between 2013 and the current rankings, while states that did not expand by then dropped about four spots.

IMPLICATIONS

After three years of the ACA's major coverage expansions, the number of uninsured working-age adults and children in the United States had fallen to a record low. This historic decline was accompanied by widespread reductions in cost-related access problems and improvements in access to routine care for at-risk adults, particularly in states that expanded Medicaid. If the 19 states that have not yet expanded Medicaid decided to expand, they could see similar positive effects for their residents.

There is no deadline for adopting the Medicaid expansion. In November, Maine residents voted to expand Medicaid under a citizen-initiated ballot referendum, indicating that popular support for expanding the program may exist in states where elected officials have rejected it. While implementation in Maine could face hurdles because of opposition from the state's governor, similar efforts are now under way in other nonexpansion states.

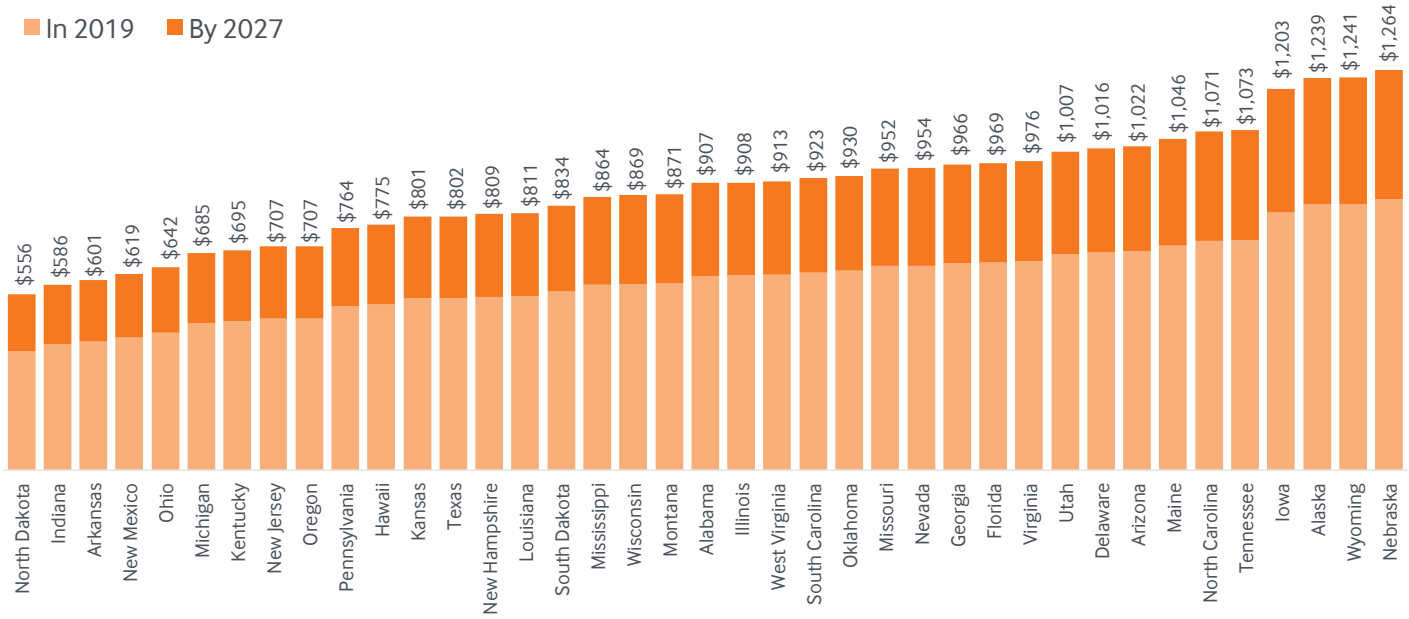
Actions at the federal level could, however, jeopardize the gains made under the ACA. Recent actions by the Trump administration, including a shortened open enrollment period for marketplace coverage and deep cuts in advertising and outreach, could reduce enrollment for 2018.[10] In addition, Congress has yet to extend funding for the Children's Health Insurance Program, which expired at the end of September. In the absence of an extension, more than half of states are projected to run out of federal CHIP dollars by March 2018.[11] The result could be a loss of coverage for millions of children.[12]

Further, the tax bill passed by Senate Republicans included a repeal of the ACA's individual mandate penalties, which would mean a cancellation of the penalties owed by people who do not take up insurance. The Congressional Budget Office estimated that repealing the penalties would reduce the number of Americans with health insurance by 13 million by 2027 and significantly increase premiums for plans purchased in the individual market. This is because healthy individuals would be the most likely to forgo coverage, leaving sicker people (who are more expensive to insure) in the risk pool.[13]

People who buy their own coverage on the individual market and who have incomes above 400 percent of the federal poverty level (about $48,200 for an individual and $98,400 for a family of four) — the threshold for ACA premium subsidies — would face the brunt of the premium increase.[14] A recent Commonwealth Fund analysis estimates that a 40-year-old buying unsubsidized individual market coverage in one of the 39 states that uses the federally facilitated marketplace would face an average dollar increase in premiums ranging from $556 in North Dakota to $1,264 in Nebraska (Exhibit 10).[15]

The findings in this issue brief offer further evidence that the Affordable Care Act has put access to health care in reach for millions of Americans, particularly for people in states that embraced the law. We will continue to monitor state trends in coverage and access to see what effect current and future policy changes will have.

Exhibit 10. Under Tax Bill's Repeal of Individual Mandate, Average Amount of Additional Annual Premiums for a 40-Year-Old in Individual Market Without Subsidies



Notes: Using 2018 premium data as the baseline, Commonwealth Fund researchers examined the difference between CBO's projection of what premiums would look like under current law for the 7 million people who buy their own, unsubsidized coverage and what premiums would look like if the ACA's individual mandate penalties were repealed as part of the tax bill. The analysis is based on a 40-year-old's premium for the lowest-cost silver plan in the 39 states that use the federally facilitated marketplace. For more on methods, see S. R. Collins, M. Z. Gunja, and H. K. Bhupal, "Senate Tax Bill Results in Premium Increases for Many Who Buy Their Own Coverage; Wealthiest to Benefit Most from Any Offsets from Tax Cuts," *To the Point,* The Commonwealth Fund, Nov. 21, 2017.

Data source: Data.Healthcare.gov Plan Year 2018 Individual Medical Coverage Landscape.

NOTES

[1] Authors' analysis of ACS 2016 1-Year Estimates and 2013 1-Year Estimates.

[2] Wisconsin is unique compared to other nonexpansion states in that it has higher Medicaid eligibility thresholds; for example, Wisconsin provides Medicaid coverage to childless adults with incomes up to 100 percent of the federal poverty level.

[3] The Commonwealth Fund's most recent ACA tracking survey found 40 percent of uninsured adults were not aware of the health insurance marketplaces. S. R. Collins, M. Z. Gunja, and M. M. Doty, *Following the ACA Repeal-and-Replace Effort, Where Does the U.S. Stand on Insurance Coverage? — Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017* (The Commonwealth Fund, Sept. 2017).

[4] *Hidden Costs, Value Lost: Uninsurance in America* (National Academies Press, June 2003).

[5] S. R. Collins, M. Z. Gunja, and M. M. Doty, *How Well Does Insurance Coverage Protect Consumers from Health Care Costs? — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2016* (The Commonwealth Fund, Oct. 2017).

[6] Two years of data were combined to ensure adequate sample size at the state level.

[7] The *Scorecard*'s measure of high out-of-pocket medical costs relative to income is a different measure than the Underinsurance measure in the Commonwealth Fund's Biennial Health Insurance Survey. (See S. R. Collins, M. Z. Gunja, and M. M. Doty, *How Well Does Insurance Coverage Protect Consumers from Health Care Costs? — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2016* (The Commonwealth Fund, Oct. 2017.)) The *Scorecard* measure includes both uninsured and insured people ages 0–64 while the underinsurance measure is restricted to adults (ages 19–64) who have insurance. The *Scorecard* measure also captures only adults and children in households that incurred out-of-pocket costs. It does not capture, as the underinsurance measure does, those who did not seek care but who are at potential risk of high expenditures because their health insurance plan has a deductible that is large relative to their household income.

[8] National Association of Dental Plans, *Who Has Dental Benefits Today?* (NADP, n.d.).

[9] In the Behavioral Risk Factor Surveillance System survey, the question on dental visits is asked every other year (in even years), so the data years for this indicator are 2012, 2014, and 2016.

[10] E. Curran and J. Giovannelli, "State-Based Marketplaces Push Ahead, Despite Federal Resistance," *To the Point,* The Commonwealth Fund, Nov. 2, 2017.

[11] Medicaid and CHIP Payment and Access Commission, *Federal CHIP Funding: When Will States Exhaust Allotments?* (MACPAC, July 2017).

[12] S. Rosenbaum, "What's Next for CHIP?" *To the Point,* The Commonwealth Fund, Oct. 18, 2017.

[13] Congressional Budget Office, *Repealing the Individual Health Insurance Mandate: An Updated Estimate* (CBO, Nov. 2017).

[14] S. R. Collins, M. Z. Gunja, and H. K. Bhupal, "New Analysis Finds Senate Tax Bill Results in Premium Increases for Many Who Buy Their Own Coverage; Wealthiest to Benefit Most from Any Offsettng Tax Cuts," *To the Point,* The Commonwealth Fund, Nov. 21, 2017.

[15] Ibid.

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.

Indicators and Data Sources

1. *Percent of uninsured adults ages 19–64.*
   Data source: Authors' analysis of U.S. Census Bureau, 2013, 2014, 2015, and 2016 1-Year American Community Surveys, Public Use Microdata Sample (ACS PUMS).

2. *Percent of uninsured children ages 0–18.*
   Data source: Authors' analysis of U.S. Census Bureau, 2013, 2014, 2015, and 2016 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.*
   Data source: Authors' analysis of 2013, 2014, 2015, and 2016 Behavioral Risk Factor Surveillance System.

4. *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.
   Data source: Ougni Chakraborty, Robert F. Wagner School of Public Service, New York University, analysis of 2014, 2015, 2016, and 2017 Current Population Survey, Annual Social and Economic Supplement.

5. *Percent of at-risk adults (all 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) without a routine doctor visit in past two years.*
   Data source: Authors' analysis of 2013, 2014, 2015, and 2016 Behavioral Risk Factor Surveillance System.

6. *Percent of adults age 18 and older without a dental visit in the past year.*
   Data source: Authors' analysis of 2012, 2014, and 2016 Behavioral Risk Factor Surveillance System.

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 time periods 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 the Commonwealth Fund Scorecard on State Health System Performance, 2017 Edition*.

ABOUT THE AUTHORS

Susan L. Hayes, M.P.A., is senior researcher for the Commonwealth Fund's Tracking Health System Performance initiative. In this role she supports the Scorecard project, actively participating in the selection/development, research, and analysis of national, state, local, and special-population-level health system performance measures, and coauthoring Scorecard reports and related publications. Ms. Hayes holds an M.P.A. from New York University's Wagner School of Public Service, where she won the Martin Dworkis Memorial Award for academic achievement and public service. She graduated from Dartmouth College with an A.B. in English and began a distinguished career in journalism, working as an editorial assistant at *PC Magazine* and a senior editor at *National Geographic Kids* and later at *Woman's Day* magazine. Following that period, Ms. Hayes was a freelance health writer and a contributing editor to *Parent & Child* magazine and cowrote a book on raising bilingual children with a pediatrician at Tufts Medical Center.

Sara R. Collins, Ph.D., is vice president for Health Care Coverage and Access at the Commonwealth Fund. An economist, Dr. Collins joined the Fund in 2002 and has led the Fund's national program on health insurance since 2005. Since joining the Fund, she has led several national surveys on health insurance and authored numerous reports, issue briefs, and journal articles on health insurance coverage and policy. She has provided invited testimony before several Congressional committees and subcommittees. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine. Earlier in her career, she was an associate editor at *U.S. News & World Report,* a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. Dr. Collins holds a Ph.D. in economics from George Washington University.

David C. Radley, Ph.D., M.P.H., is senior scientist for the Commonwealth Fund's Tracking Health System Performance initiative, working on the Scorecard project. Dr. Radley and his team develop national, state, and substate regional analyses on health care system performance and related insurance and care system market structure analyses. He is also a senior study director at Westat, a research firm that supports the Scorecard project. Previously, he was associate in domestic health policy for Abt Associates, with responsibility for a number of projects related to measuring long-term care quality and evaluating health information technology initiatives. Dr. Radley received his Ph.D. in health policy from the Dartmouth Institute for Health Policy and Clinical Practice, and holds a B.A. from Syracuse University and an M.P.H. from Yale University.

Douglas McCarthy, M.B.A., is senior research director for the Commonwealth Fund, where he oversees the Fund's Scorecard project, conducts case-study research on delivery system reforms and breakthrough opportunities, and serves as a contributing editor to the Fund's bimonthly newsletter, *Transforming Care.* His 30-year career has spanned research, policy, operations, and consulting roles for government, corporate, academic, nonprofit, and philanthropic organizations. He has authored and coauthored reports and peer-reviewed articles on a range of health care–related topics, including more than 50 case studies of high-performing organizations and initiatives. Mr. McCarthy received his bachelor's degree with honors from Yale College and a master's degree in health care management from the University of Connecticut. During 1996–1997, he was a public policy fellow at the Hubert H. Humphrey School of Public Affairs at the University of Minnesota.

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For more information about this brief, please contact:

Susan L. Hayes, M.P.A.
Senior Researcher
Tracking Health System Performance
The Commonwealth Fund
slh@cmwf.org

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				
	State's Medicaid expansion status as January 1, 2016*	2013	2014	2015	2016		2013	2014	2015	2016		2013	2014	2015	2016		2013	2014	2015	2016	
United States		20%	16%	13%	12%	b	8%	6%	5%	5%	b	17%	13%	11%	10%	b	16%	14%	13%	13%	b
Alabama	N	20	18	16	14	b	5	4	3	3	b	16	14	12	11	b	16	17	17	16	
Alaska	E	24	22	19	18	b	12	12	9	11	a	20	19	16	16	b	14	12	14	13	
Arizona	E	24	18	15	14	b	13	10	9	8	b	20	16	13	12	b	17	16	15	14	b
Arkansas	E	24	18	14	12	b	6	5	5	4	b	19	14	11	9	a b	21	18	16	15	b
California	E	24	17	12	10	b	8	6	4	3	b	19	14	10	8	a b	16	14	12	11	b
Colorado	E	19	14	11	10	b	9	6	4	4	b	16	12	9	9	b	15	13	12	12	b
Connecticut	E	13	9	8	7	b	4	4	4	3		11	8	7	6	b	12	11	11	10	b
Delaware	E	14	10	8	8	b	5	5	—	4		12	9	6	7	b	12	11	11	11	
District of Columbia	E	8	7	5	5		—	—	—	—		7	6	4	4	b	11	11	9	9	b
Florida	N	29	24	20	18	b	12	10	7	7	b	24	20	16	15	b	21	18	17	17	b
Georgia	N	26	22	19	18	b	10	8	7	7	b	21	18	16	15	b	20	19	16	17	b
Hawaii	E	10	7	6	5	b	3	3	2	2		8	6	5	4	b	9	9	8	7	b
Idaho	N	23	19	17	15	b	9	8	6	5	b	19	15	13	12	b	16	16	14	14	b
Illinois	E	18	14	10	9	b	5	4	3	3	b	14	11	8	7	b	14	12	11	11	b
Indiana	E	19	17	13	11	b	9	7	7	6	b	16	14	11	9	a b	16	15	14	13	b
Iowa	E	12	8	7	6	b	5	3	4	2	a b	10	7	6	5	b	10	9	7	8	b
Kansas	N	18	15	13	12	b	7	6	5	5	b	14	12	11	10	b	14	13	11	12	b
Kentucky	E	21	12	8	7	b	6	5	4	3	b	17	10	7	6	b	19	16	12	12	b
Louisiana	N**	25	22	18	15	a b	6	5	4	4	b	19	17	14	12	a b	20	17	16	18	a b
Maine	N	16	14	12	11	b	5	6	6	5		13	12	10	10	b	10	11	9	11	a
Maryland	E	14	11	9	8	b	5	4	4	3	b	11	9	8	7	b	13	10	11	11	b
Massachusetts	E	5	5	4	4		2	2	1	1		4	4	3	3		9	8	9	9	
Michigan	E	16	12	9	8	b	5	4	3	3	b	13	10	7	6	b	15	15	13	13	b
Minnesota	E	11	8	6	6	b	6	4	3	3	b	9	7	5	5	b	10	9	8	9	
Mississippi	N	25	22	19	18	b	8	6	5	5	b	20	17	15	14	b	22	19	19	19	b
Missouri	N	18	16	13	13	b	7	7	6	5	b	15	13	11	10	b	16	14	14	13	b
Montana	E	23	19	16	12	a b	11	9	7	5	a b	20	16	14	10	a b	14	12	11	11	b
Nebraska	N	15	13	11	12		6	5	5	6		12	11	9	10		13	12	12	12	
Nevada	E	27	21	17	15	b	14	10	8	6	a b	23	17	14	13	b	17	17	15	16	
New Hampshire	E	16	13	10	9	b	4	5	4	3		13	11	8	8	b	12	11	9	10	b
New Jersey	E	19	16	12	11	b	6	5	4	3	b	15	13	10	9	b	15	14	12	13	b
New Mexico	E	28	21	16	13	a b	9	8	5	6	b	22	17	13	11	a b	18	17	14	13	b
New York	E	15	12	10	9	b	4	4	3	3		12	10	8	7	b	15	14	12	11	b
North Carolina	N	23	19	16	15	b	6	6	5	5		18	15	13	12	b	18	16	15	16	b
North Dakota	E	14	10	9	9	b	8	7	9	10	b	12	9	9	9	b	7	7	8	8	
Ohio	E	16	12	9	8	b	5	5	4	4		13	10	8	7	b	15	13	11	11	b
Oklahoma	N	25	21	20	20	b	11	9	8	8	b	20	18	16	16	b	17	15	15	15	b
Oregon	E	21	14	10	9	b	7	5	4	3	b	17	12	8	7	b	18	14	13	11	a b
Pennsylvania	E	14	12	9	8	b	5	5	4	5		11	10	7	7	b	12	12	12	11	
Rhode Island	E	17	10	7	6	b	6	3	3	—		14	8	6	5	b	14	12	10	10	b
South Carolina	N	23	20	16	15	b	7	6	4	4	b	18	16	13	12	b	19	18	16	16	b
South Dakota	N	17	13	16	12	a b	7	8	8	5	a b	14	12	13	10	a b	10	10	8	9	
Tennessee	N	20	17	15	14	b	6	5	4	4	b	16	14	12	11	b	18	16	16	12	a b
Texas	N	30	26	23	23	b	13	12	10	10	b	24	21	19	19	b	19	18	18	18	
Utah	N	18	16	14	12	b	9	9	8	6	a b	15	14	12	9	a b	15	14	13	12	b
Vermont	E	10	7	6	5	b	—	—	—	—		8	5	5	4	b	9	9	8	8	
Virginia	N	17	15	13	12	b	6	6	5	5		14	12	11	10	b	15	13	12	13	b
Washington	E	20	13	9	9	b	7	5	3	3	b	16	11	8	7	b	15	12	11	10	b
West Virginia	E	20	13	8	8	b	5	3	3	2	b	16	11	7	6	b	18	17	14	15	b
Wisconsin	N	13	10	8	7	b	5	5	4	3	b	10	9	7	6	b	12	11	9	10	b
Wyoming	N	18	17	14	15		7	7	7	8		15	14	12	13		14	12	12	14	a
Change*																					
States improved					4	47				5	33				8	48				2	37
States worsened					0	0				1	1				0	0				3	0

* E indicates state implemented Medicaid expansion under the Affordable Care Act as of January 1, 2016; N indicates state had not implemented Medicaid expansion as of that time.
** Louisiana subsequently implemented Medicaid expansion, in July 2016 — the only state to have implemented expansion since January 1, 2016.
[a] Denotes a change of at least 0.5 standard deviations between 2015 and 2016, or 2014 and 2016 in the case of the dental access indicator.
[b] Denotes a change of at least 0.5 standard deviations between 2013 and 2016, or between 2013–2014 and 2015–2016 in the case of the high out-of-pocket medical expenses indicator, or between 2012 and 2016 in the case of the dental access indicator.
— Data not available.

(Appendix Table 1 continues on the next page.)

Appendix Table 1 (continued)

Access and Affordability Indicator Rates

		Individuals under age 65 with high out-of-pocket medical spending†			At-risk adults without a routine doctor visit in past two years‡					Adults age 18 or older without a dental visit in past year			
	State's Medicaid expansion status as January 1, 2016*	2013–14	2015–16		2013	2014	2015	2016		2012	2014	2016	
United States		15%	14%		14%	13%	13%	12%	b	15%	16%	16%	
Alabama	N	16	19	b	12	12	12	12		18	18	16	a b
Alaska	E	18	12	b	23	22	24	23		14	16	15	
Arizona	E	16	15		19	16	16	14	a b	17	18	17	
Arkansas	E	21	18	b	18	18	15	13	a b	19	18	16	a b
California	E	13	12		17	15	14	12	a b	16	17	16	
Colorado	E	15	14		18	17	17	17		16	15	16	
Connecticut	E	13	12		10	11	10	8	a b	11	12	10	a
Delaware	E	13	11	b	9	10	9	9		12	14	14	b
District of Columbia	E	11	9	b	9	8	6	5	b	16	16	14	a b
Florida	N	15	16		14	12	12	10	a b	18	17	17	
Georgia	N	15	14		14	13	14	11	a b	16	17	17	
Hawaii	E	14	11	b	14	15	15	13	a	15	14	12	a b
Idaho	N	22	16	b	21	20	20	22	a	13	15	16	b
Illinois	E	13	13		14	13	12	11	b	15	16	17	b
Indiana	E	16	15		17	17	17	15	a b	15	15	16	
Iowa	E	15	13	b	14	12	12	11	b	12	13	12	
Kansas	N	15	14		14	15	15	15		13	13	14	
Kentucky	E	18	15	b	15	15	11	10	b	16	16	18	a b
Louisiana	N**	19	16	b	10	10	13	12	b	20	20	20	
Maine	N	15	13	b	12	12	11	10	b	13	13	13	
Maryland	E	10	10		10	7	8	9		13	15	15	b
Massachusetts	E	11	11		7	7	7	7		11	12	12	
Michigan	E	15	13	b	13	11	11	11	b	14	14	14	
Minnesota	E	12	10	b	12	11	11	11		11	13	12	
Mississippi	N	20	17	b	15	14	12	11	b	19	20	18	a
Missouri	N	17	15	b	16	15	15	13	a b	15	16	17	b
Montana	E	19	17	b	19	17	18	17	b	17	16	15	b
Nebraska	N	15	13	b	18	17	16	15	b	15	16	14	a
Nevada	E	18	13	b	15	17	17	14	a	20	19	19	
New Hampshire	E	12	12		11	11	10	9	b	10	12	11	
New Jersey	E	13	11	b	10	9	8	8	b	15	16	13	a b
New Mexico	E	16	14	b	17	18	18	17		18	18	19	
New York	E	12	10	b	10	10	11	10		15	16	15	
North Carolina	N	18	18		12	11	11	11		15	14	15	
North Dakota	E	17	13	b	17	17	17	17		15	16	14	a
Ohio	E	15	14		13	12	12	10	a b	14	15	15	
Oklahoma	N	19	16	b	21	19	17	16	b	18	17	18	
Oregon	E	20	15	b	20	16	18	15	a b	15	14	14	
Pennsylvania	E	12	12		12	12	11	10	b	13	14	15	b
Rhode Island	E	13	9	b	10	6	6	6	b	12	12	11	
South Carolina	N	17	17		16	15	15	14	b	18	18	18	
South Dakota	N	16	16		14	16	14	15		11	11	13	a b
Tennessee	N	22	17	b	11	12	14	14	b	17	18	18	
Texas	N	17	14	b	15	16	16	14	a	18	20	19	
Utah	N	16	17		19	19	19	17	a b	16	15	14	b
Vermont	E	12	11		11	12	11	12		11	11	12	
Virginia	N	12	14	b	12	12	11	10	b	12	14	14	b
Washington	E	13	13		17	16	17	15	a b	14	14	15	
West Virginia	E	17	17		12	9	10	10	b	18	20	17	a
Wisconsin	N	16	15		13	12	13	11	a b	12	12	12	
Wyoming	N	18	17		21	21	21	18	a b	15	15	15	
Change													
States improved				26					17 31				10 7
States worsened				2					1 2				2 9

* E indicates state implemented Medicaid expansion under the Affordable Care Act as of January 1, 2016; N indicates state had not implemented Medicaid expansion as of that time.
** Louisiana subsequently implemented Medicaid expansion, in July 2016 — the only state to have implemented expansion since January 1, 2016.
† Includes both uninsured and insured individuals under age 65 living in households that spent 10 percent or more of annual income on medical expenses (excluding premiums, if insured); and people who spent 5 percent or more, if the household's annual income was below 200 percent of the federal poverty level. Two years of data are combined to ensure adequate sample size for state-level estimation.
‡ 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.
[a] Denotes a change of at least 0.5 standard deviations between 2015 and 2016, or 2014 and 2016 in the case of the dental access indicator.
[b] Denotes a change of at least 0.5 standard deviations between 2013 and 2016, or between 2013–2014 and 2015–2016 in the case of the high out-of-pocket medical expenses indicator, or between 2012 and 2016 in the case of the dental access indicator.
— Data not available.

Appendix Table 2

Select Access Indicators by Income and by Race and Ethnicity

	Adults ages 19–64 uninsured															
	Low-income (< 200% FPL)				Black, non-Hispanic				White, non-Hispanic				Hispanic			
	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
United States	38%	31%	25%	23%	24%	19%	15%	14%	14%	11%	9%	8%	40%	33%	28%	26%
Alabama	37	33	30	27	24	22	18	17	17	15	13	11	59	47	45	43
Alaska	46	41	32	34	—	—	—	—	18	15	14	13	—	—	—	—
Arizona	41	31	25	22	23	15	10	11	16	12	9	8	38	30	25	23
Arkansas	40	29	22	18	28	19	13	10	21	15	11	10	51	46	38	34
California	41	30	21	19	21	13	9	8	14	10	7	5	38	28	20	18
Colorado	35	26	20	19	20	15	10	8	14	10	7	7	35	29	24	23
Connecticut	28	19	18	14	18	11	10	8	9	6	4	4	29	23	23	18
Delaware	26	18	15	15	14	9	8	8	12	9	7	6	32	25	21	24
District of Columbia	12	9	9	8	11	8	5	5	4	—	—	—	—	21	—	—
Florida	46	39	33	31	33	26	22	19	22	18	15	14	43	35	28	27
Georgia	46	40	37	35	28	24	20	18	19	16	14	14	60	53	48	47
Hawaii	21	14	13	10	—	—	—	—	12	8	7	4	—	10	—	—
Idaho	37	33	29	27	—	—	—	—	20	15	13	12	44	48	38	35
Illinois	36	28	21	19	26	18	11	10	12	9	6	6	39	31	27	24
Indiana	37	32	25	21	27	23	18	13	17	14	11	9	41	36	33	29
Iowa	26	17	14	11	21	—	—	—	11	7	5	5	31	21	21	21
Kansas	37	32	28	27	24	22	21	24	14	11	9	8	42	37	36	30
Kentucky	38	20	13	11	26	17	8	7	19	11	7	6	53	45	35	30
Louisiana	42	37	32	26	31	27	23	17	19	16	14	12	53	48	39	44
Maine	26	24	20	20	—	—	—	—	16	14	11	11	—	—	—	—
Maryland	30	24	20	18	15	11	9	8	9	7	5	5	41	38	32	31
Massachusetts	11	8	8	6	10	9	7	6	4	4	3	3	12	10	8	7
Michigan	30	23	15	14	24	16	11	9	14	11	7	6	30	24	22	18
Minnesota	23	18	13	11	21	15	8	10	8	6	4	4	39	37	31	25
Mississippi	39	35	30	31	30	25	21	21	20	18	16	15	50	48	53	41
Missouri	36	32	28	26	27	25	18	16	16	14	12	11	40	33	28	33
Montana	40	33	29	23	—	—	—	—	20	16	14	11	—	—	—	—
Nebraska	35	32	26	29	30	19	18	23	11	10	8	9	38	38	30	32
Nevada	47	34	28	26	31	18	13	12	20	14	10	9	41	35	31	29
New Hampshire	34	31	21	20	—	—	—	—	15	12	9	9	—	—	—	—
New Jersey	43	36	28	25	22	18	13	12	11	9	6	5	41	35	29	28
New Mexico	43	33	24	20	31	—	—	—	15	12	10	7	35	25	19	15
New York	26	22	17	15	17	13	11	9	10	7	6	5	29	24	20	17
North Carolina	42	36	32	29	27	21	16	16	17	14	12	11	59	53	52	44
North Dakota	28	24	19	20	—	—	—	—	11	7	7	6	—	—	—	—
Ohio	30	22	16	14	22	17	12	10	14	10	8	7	34	25	22	22
Oklahoma	42	39	35	35	27	27	24	22	19	16	15	14	51	42	42	42
Oregon	37	23	17	15	20	—	—	—	18	12	8	7	43	32	26	21
Pennsylvania	29	25	17	15	22	18	14	10	11	10	7	6	28	27	21	20
Rhode Island	32	18	11	10	22	—	—	—	12	7	5	4	43	24	19	16
South Carolina	39	36	29	27	27	23	18	16	18	16	13	12	56	53	45	47
South Dakota	36	29	35	26	—	—	—	—	13	8	10	8	—	—	—	—
Tennessee	37	30	28	24	23	19	18	15	17	15	12	11	60	52	50	49
Texas	52	46	43	42	27	22	20	19	17	15	13	13	47	41	38	37
Utah	35	31	28	24	—	—	—	—	14	12	10	8	42	41	36	31
Vermont	14	11	7	7	—	—	—	—	10	7	6	5	—	—	—	—
Virginia	38	33	29	29	22	19	16	13	12	10	9	9	44	36	31	34
Washington	40	24	18	16	23	11	10	9	16	10	6	6	47	32	29	26
West Virginia	35	20	12	11	21	18			20	13	8	7	—	—	—	—
Wisconsin	26	22	17	15	22	17	11	12	10	8	6	5	35	32	30	23
Wyoming	37	33	29	26	—	—	—	—	16	15	12	14	28	29	28	—

Note: FPL refers to federal poverty level.
— Data not available.

(Appendix Table 2 continues on the next page.)

Appendix Table 2 (continued)

Select Access Indicators by Income and by Race and Ethnicity

	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			
	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
United States	28%	26%	24%	23%	21%	19%	17%	16%	12%	11%	10%	11%	27%	24%	22%	21%
Alabama	31	33	33	33	21	21	19	18	14	16	15	16	22	23	30	20
Alaska	23	23	29	28	26	24	6	—	13	11	12	13	26	18	18	16
Arizona	33	26	25	23	15	16	23	18	13	13	11	11	27	23	25	20
Arkansas	32	28	25	23	29	23	16	16	18	16	14	15	39	32	25	24
California	26	24	20	18	13	14	10	10	11	9	8	8	23	19	18	17
Colorado	29	25	23	21	24	20	15	16	12	10	9	10	23	23	20	19
Connecticut	20	16	20	15	19	12	15	11	9	8	7	7	25	26	25	21
Delaware	21	19	22	21	18	12	13	13	10	9	9	8	19	23	30	25
District of Columbia	15	16	14	20	14	13	12	11	6	8	6	6	15	14	9	15
Florida	34	30	29	29	25	21	22	20	15	14	14	14	31	26	21	21
Georgia	35	38	28	31	25	25	19	19	16	14	13	14	31	32	20	26
Hawaii	15	14	14	16	—	7	—	9	8	9	7	6	16	15	11	9
Idaho	30	29	28	27	—	—	—	—	14	15	12	13	23	25	24	22
Illinois	26	21	21	17	20	16	14	14	9	9	8	8	28	25	22	20
Indiana	31	27	24	23	23	20	21	18	13	14	12	11	30	27	28	24
Iowa	20	20	16	15	10	18	14	13	9	8	6	6	25	27	16	19
Kansas	28	26	24	25	21	25	16	19	11	10	9	10	24	26	20	21
Kentucky	34	27	21	19	19	17	13	10	19	15	12	12	23	16	9	15
Louisiana	34	34	28	31	26	23	21	23	17	15	14	14	33	20	18	24
Maine	13	16	15	17	—	—	—	—	10	10	9	10	16	21	24	16
Maryland	26	23	20	21	15	12	11	12	9	8	9	7	36	22	22	28
Massachusetts	17	15	13	12	10	11	14	14	7	7	6	7	21	18	23	19
Michigan	26	25	20	18	23	19	17	15	14	13	11	12	23	30	23	16
Minnesota	20	18	15	16	22	21	17	18	9	7	7	8	21	22	18	21
Mississippi	33	33	26	32	29	26	23	25	17	16	16	16	34	—	—	25
Missouri	30	28	27	28	22	18	21	19	12	13	12	11	28	23	26	27
Montana	24	21	24	18	—	—	—	—	13	11	11	10	22	16	17	16
Nebraska	25	27	23	25	29	25	21	26	11	10	10	10	24	24	23	23
Nevada	27	25	25	26	24	21	23	9	14	14	12	13	23	24	20	24
New Hampshire	28	21	16	19	—	—	—	—	11	11	8	10	31	10	18	23
New Jersey	29	27	24	22	20	18	16	15	10	9	9	9	31	28	23	23
New Mexico	28	25	20	19	23	14	19	13	13	12	9	8	24	23	17	15
New York	24	22	19	17	14	19	13	11	11	10	8	8	28	25	22	19
North Carolina	34	31	29	31	24	19	18	19	15	14	13	14	32	28	27	29
North Dakota	15	14	14	14	—	—	—	26	7	6	6	7	13	23	—	19
Ohio	23	24	19	18	21	18	14	13	13	12	9	10	22	16	23	9
Oklahoma	32	30	30	27	23	21	26	19	15	13	13	14	32	31	28	28
Oregon	35	23	21	18	—	—	21	—	16	13	11	10	32	24	24	21
Pennsylvania	21	22	24	17	18	20	16	16	10	9	10	10	27	25	30	21
Rhode Island	25	20	17	19	15	14	12	11	11	9	7	8	32	27	25	21
South Carolina	32	31	28	27	22	22	21	19	16	15	14	14	28	30	31	21
South Dakota	19	18	17	17	—	—	—	—	8	9	6	7	21	7	20	34
Tennessee	28	23	26	22	20	15	20	15	17	15	14	11	—	29	21	21
Texas	34	32	34	32	22	21	20	20	13	11	13	12	28	26	25	25
Utah	29	29	25	21	23	21	10	17	13	12	11	10	27	25	22	19
Vermont	15	14	9	10	—	—	—	—	9	9	7	8	8	—	11	4
Virginia	28	27	28	31	19	16	18	17	12	11	10	10	34	25	17	30
Washington	31	25	19	18	23	11	11	14	14	11	9	8	30	24	22	19
West Virginia	31	27	21	19	31	21	12	12	18	16	13	14	18	31	—	—
Wisconsin	18	16	17	18	31	20	17	18	10	9	8	9	22	26	18	20
Wyoming	27	24	28	24	—	—	—	—	12	10	10	13	30	26	22	26

Note: FPL refers to federal poverty level.
— Data not available.

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