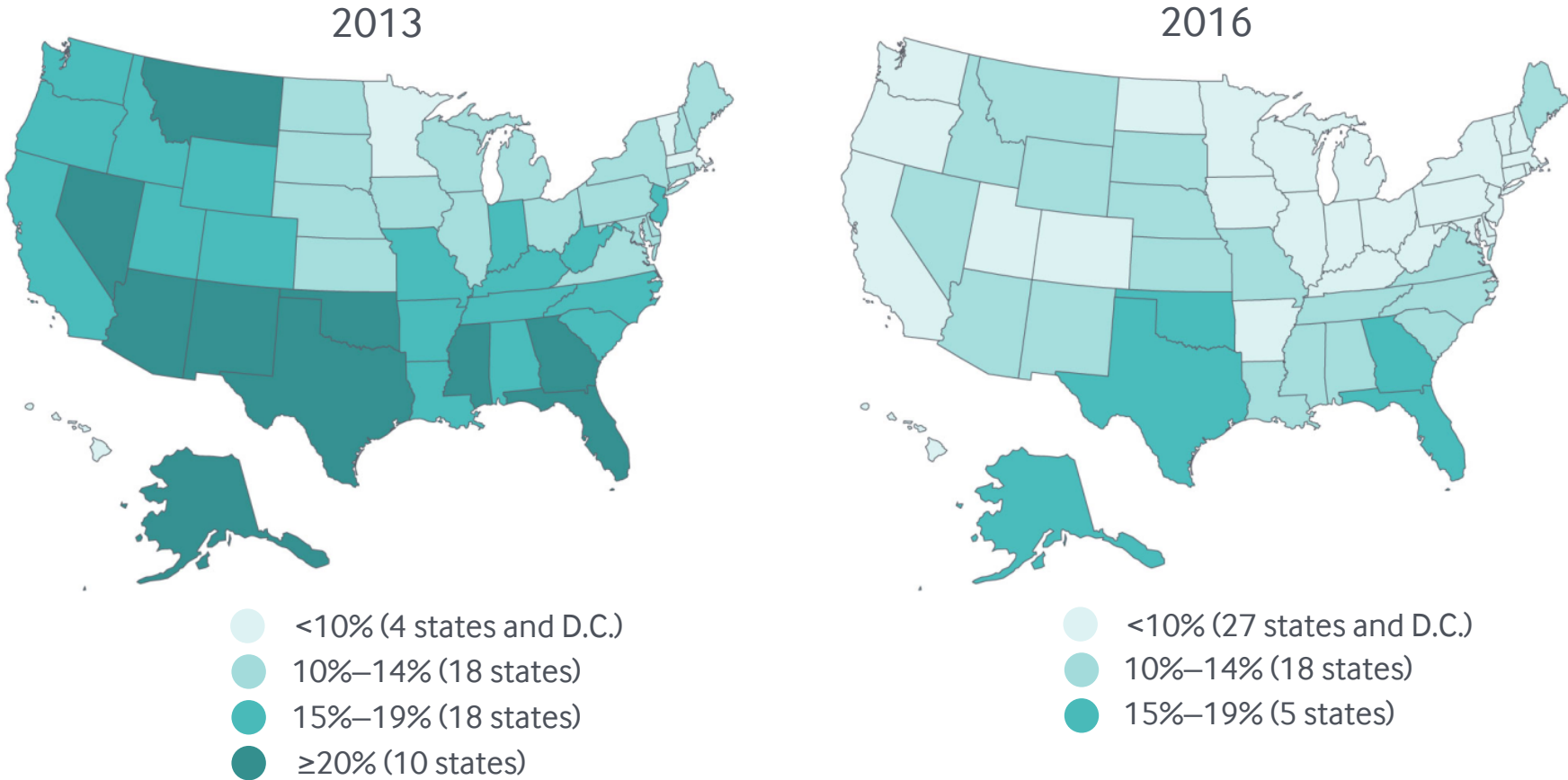


# The First Three Years of the ACA’s Major Coverage Expansions Led to Dramatic Improvements in States’ Uninsured Rates

Percent of population under age 65 uninsured, 2013–2016

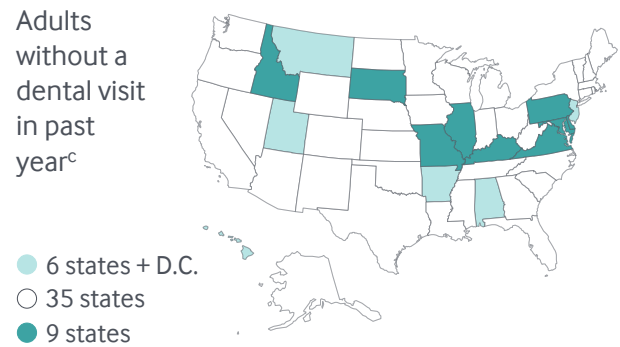
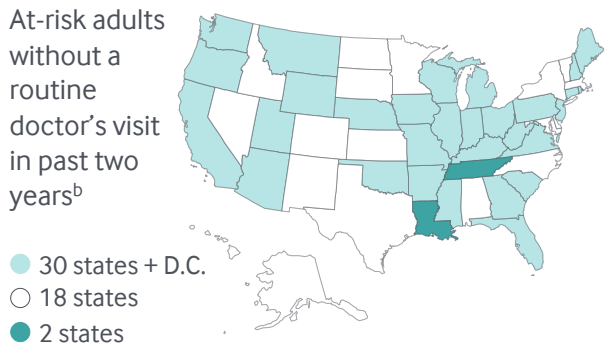
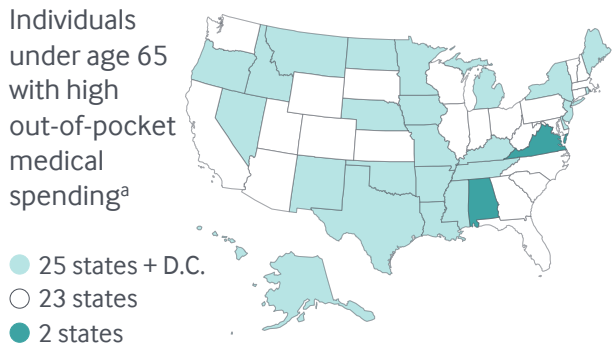
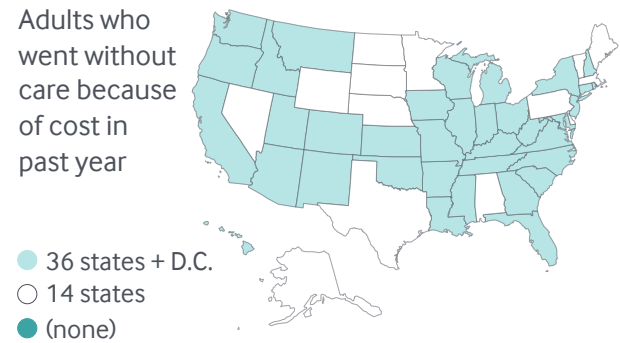
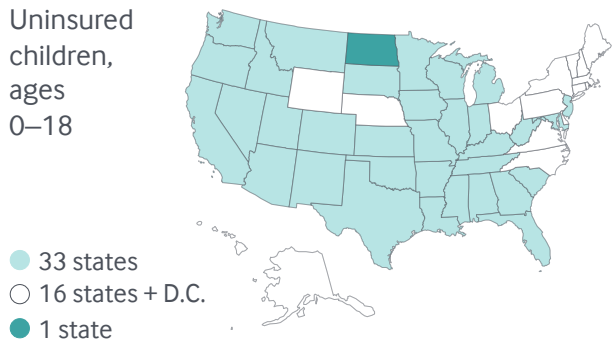
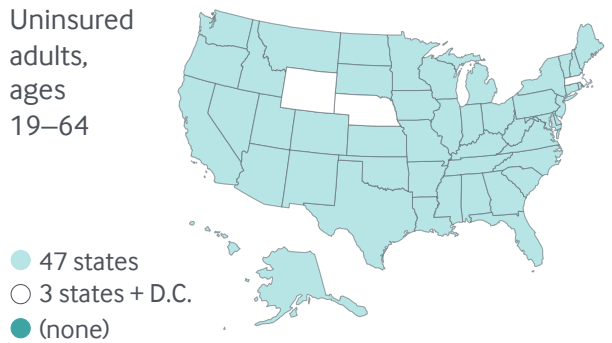


Note: For the purposes of this exhibit, we count the District of Columbia as a state.  
Data source: U.S. Census Bureau, 2013 and 2016 1-Year American Community Surveys, Public Use Micro Sample (ACS PUMS).

# Change in Health System Performance, by Access Indicator, 2013–2016

States that:

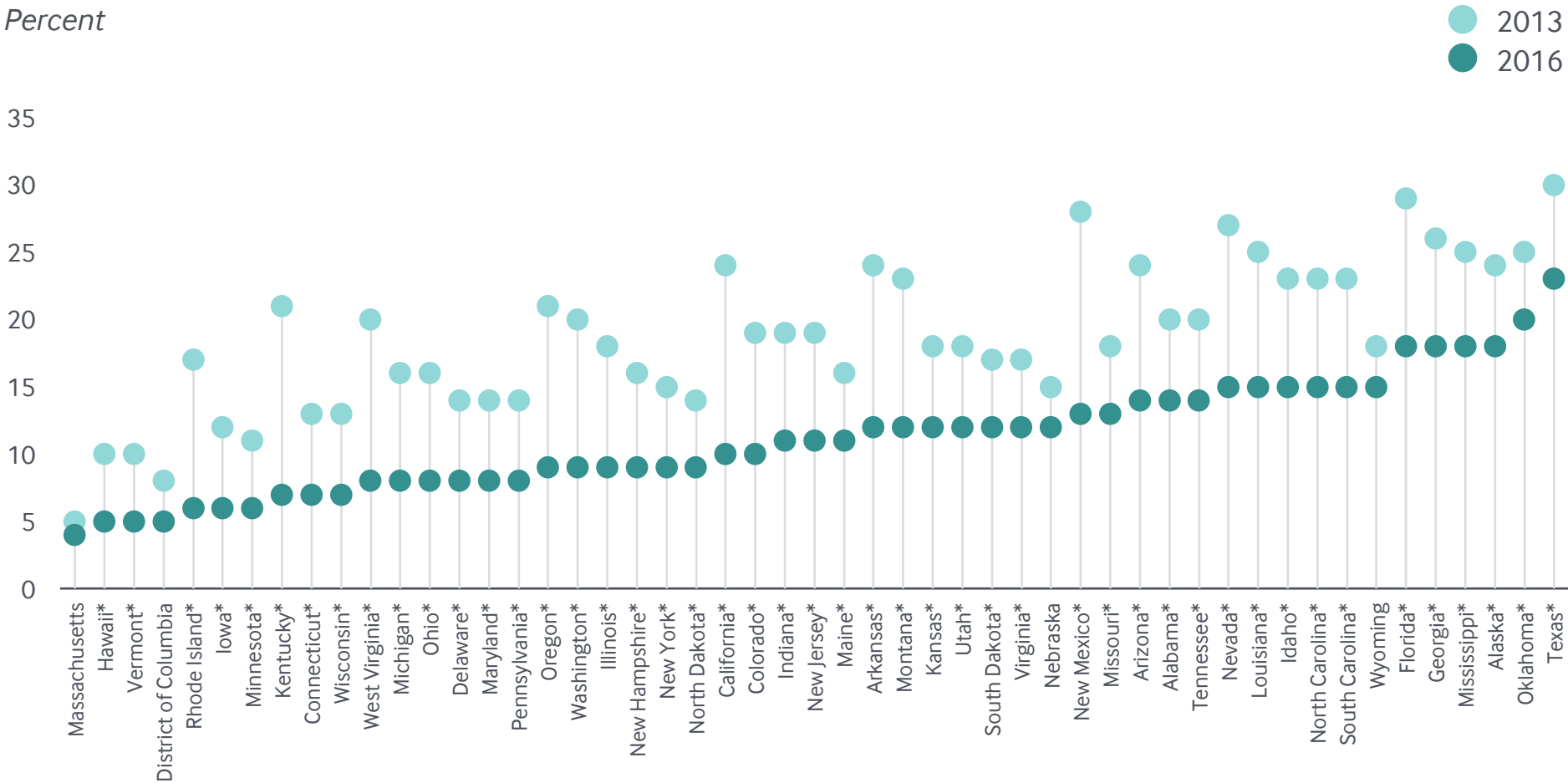
- Improved
- Had little or no change
- Worsened



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. <sup>a</sup> 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. <sup>b</sup> 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. <sup>c</sup> 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, 2014.

# The Uninsured Rate for Working-Age Adults Declined in Every State

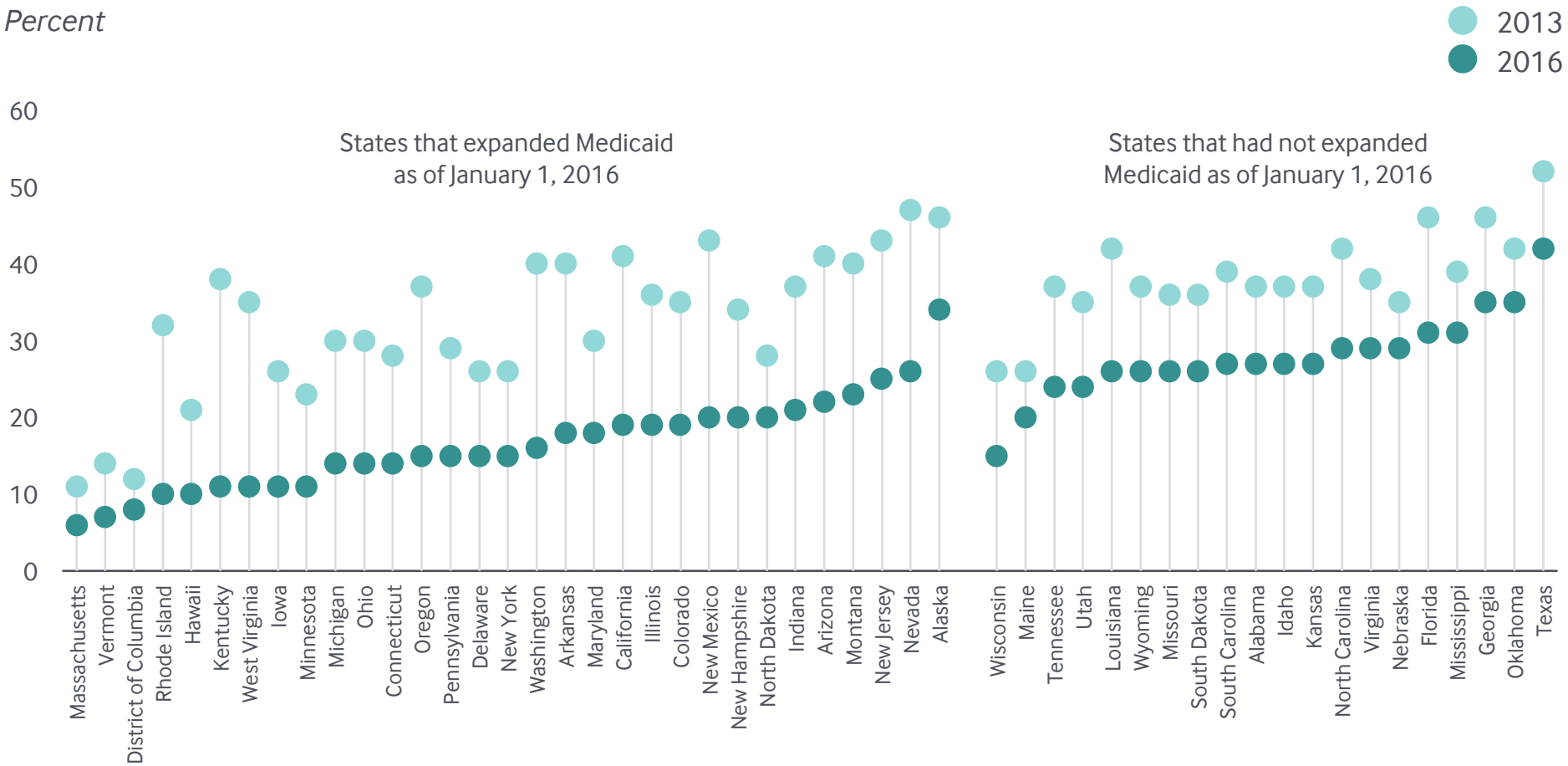


Note: States are arranged in rank order based on their current data year (2016) value. For the purposes of this exhibit, we count the District of Columbia as a state.

\* 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).

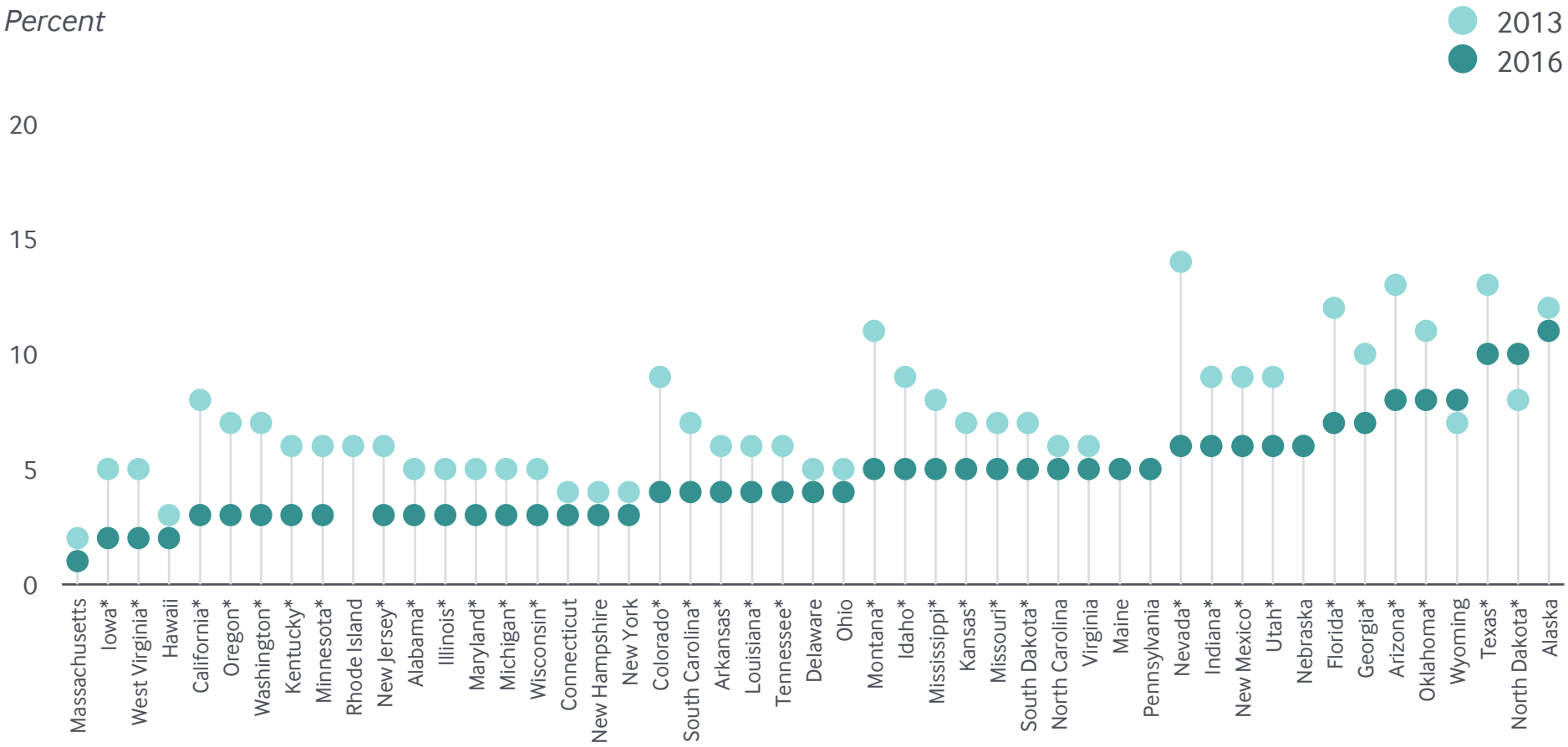
# States That Expanded Medicaid Saw the Greatest Reductions in Uninsured Low-Income Adults Ages 19–64



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).

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

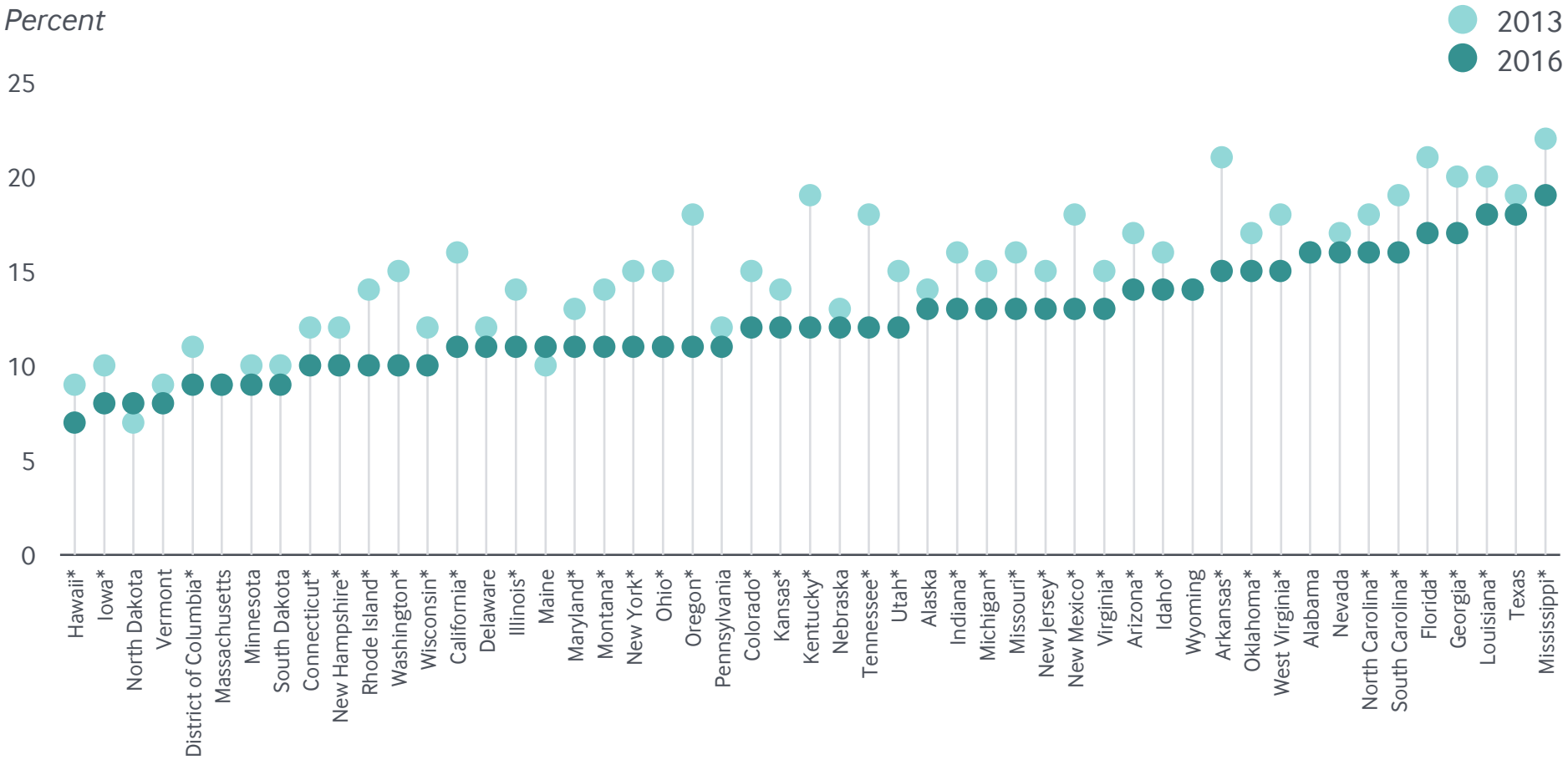


Note: States are arranged in rank order based on their current data year (2016) value. Data for 2016 not available for Rhode Island, and data for 2013 and 2016 not available for the District of Columbia and Vermont.

\* Denotes states with at least  $\pm 0.5$  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).

# In Nearly Three-Fourths of States and D.C., 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.

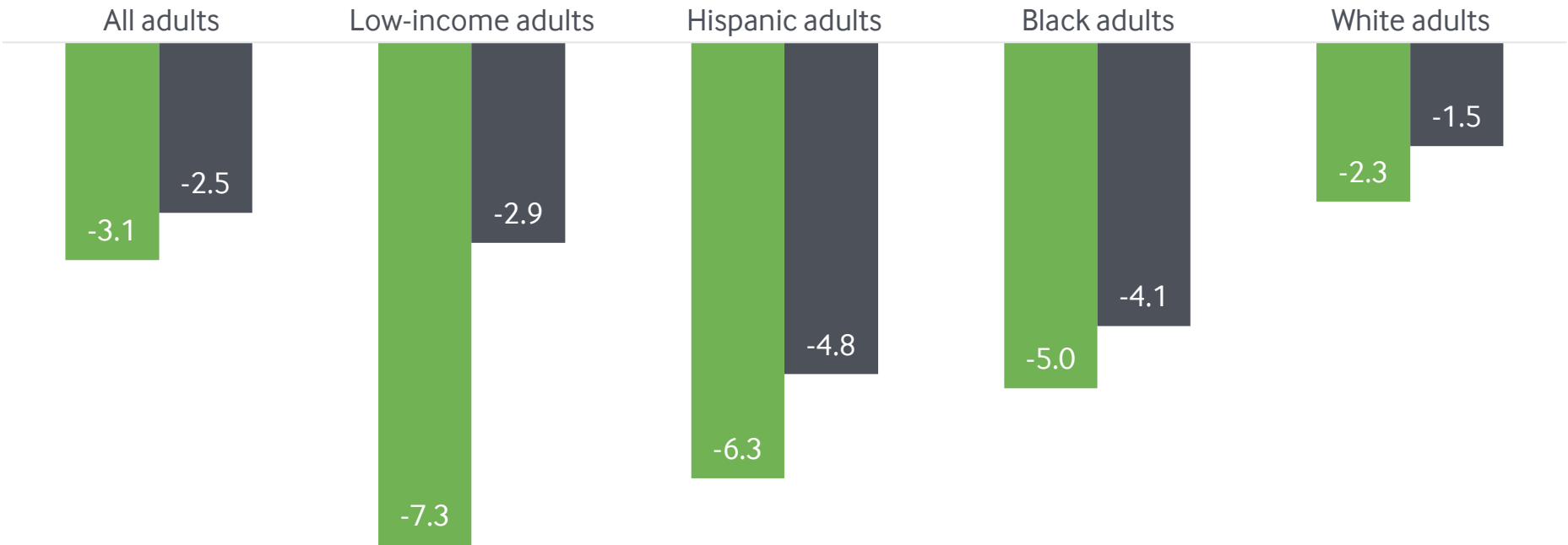
\* Denotes states with at least -0.5 standard deviation change (decrease of at least 2 percentage points) between 2013 and 2016. Includes adults age 18 and older.

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

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

Average percentage-point change, 2013 to 2016\*

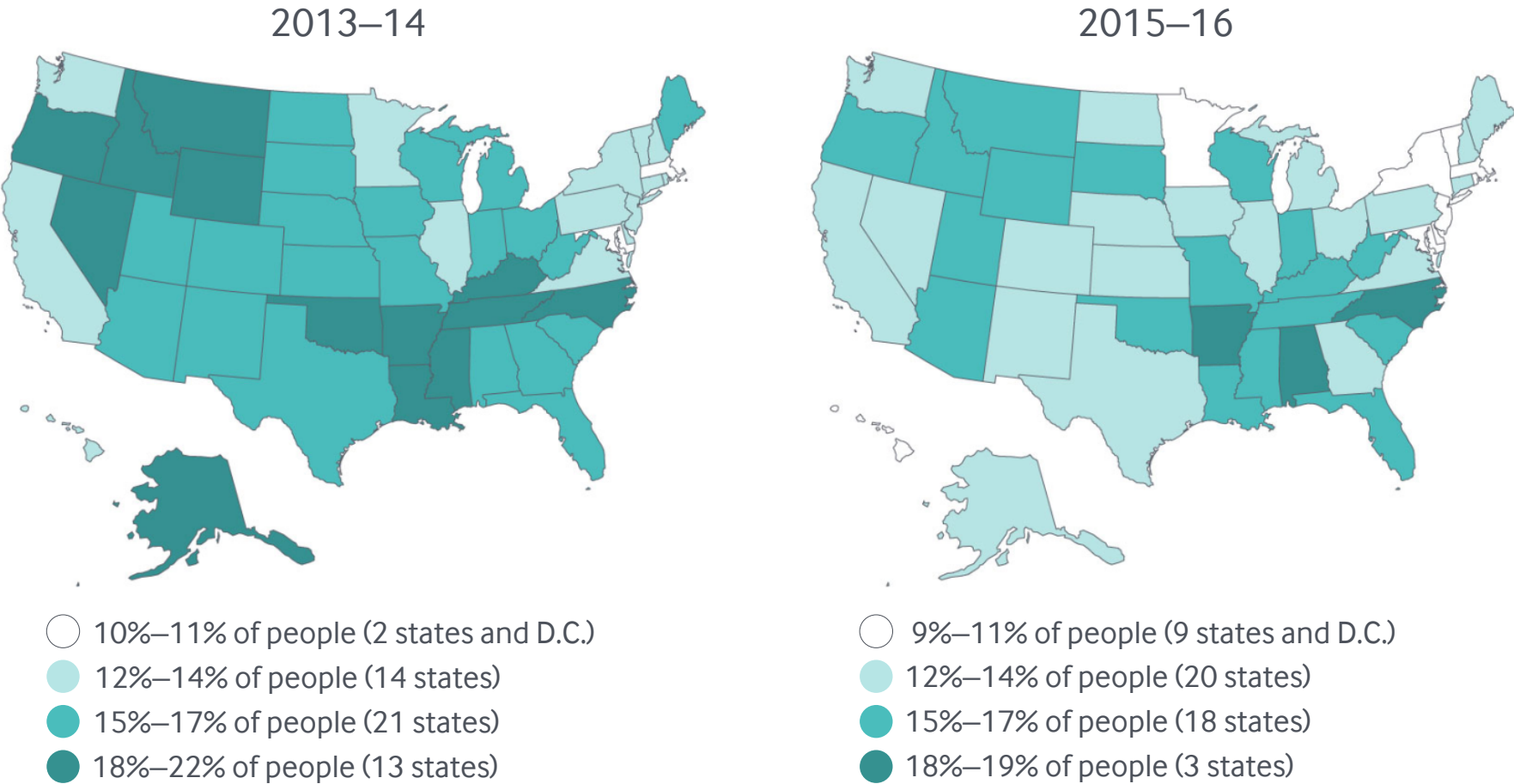
● Medicaid expansion states, as of January 1, 2016      ● Nonexpansion states, as of January 1, 2016



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.

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

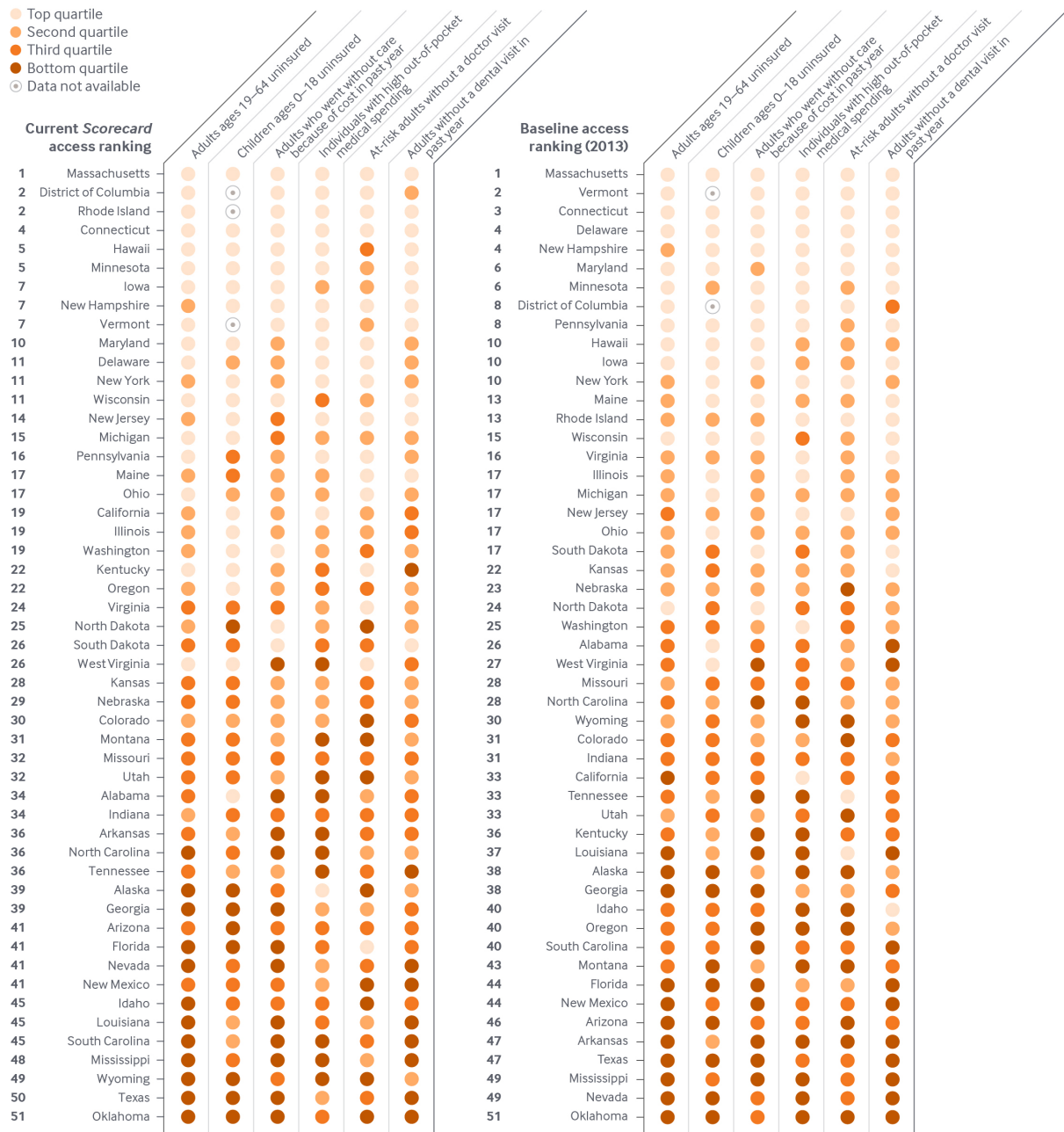


Notes: For the purposes of this exhibit, we count the District of Columbia as a state. Includes both uninsured and insured individuals under age 65 living in households that spent 10 percent or more of annual income on medical expenses (excluding premiums, if insured); and people who spent 5 percent 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.

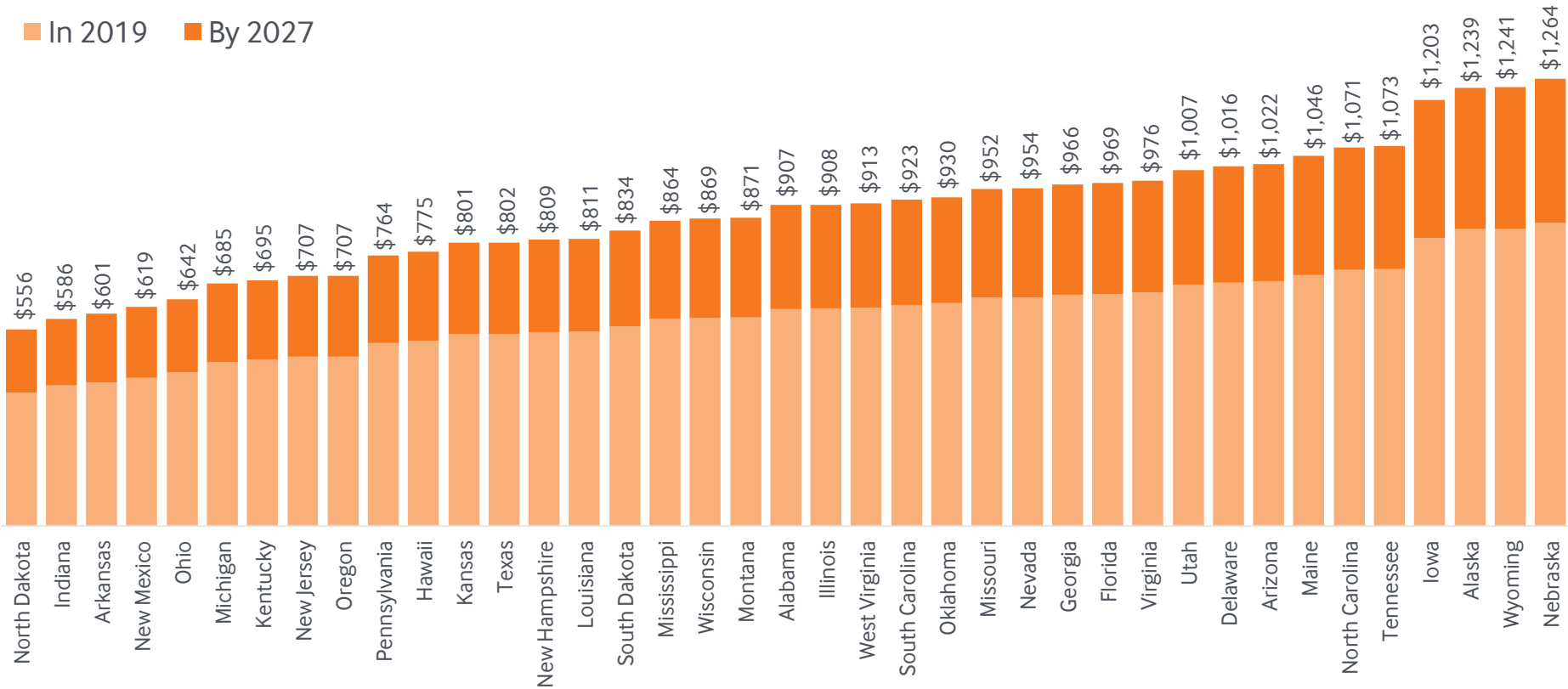
Data source: Ougni Chakraborty, Wagner School of Public Service, New York University, analysis of 2014, 2015, 2016, and 2017 Current Population Survey, Annual Social and Economic Supplement.



# Summary of Health System Performance Across the Access Dimension



# 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.