

January 2019

The Health Care Priorities and Experiences of California Residents

Findings from the Kaiser Family Foundation/California Health Care Foundation
California Health Policy Survey

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Introduction

California, the nation's most populous state and one with a diverse population in terms of race, ethnicity, income, and geography, has often been at the leading edge of national health care trends. A state that fully embraced the Affordable Care Act (ACA), California has the nation's largest Medicaid program (known in the state as Medi-Cal) with a total enrollment of over 13 million, and the second-largest ACA marketplace enrollment of nearly 1.5 million, just behind Florida. California's newly-elected governor, Gavin Newsom, made health care a prominent part of his campaign platform in 2018, and announced a sweeping set of health care proposals soon after being sworn in in January 2019.

In late 2018, the Kaiser Family Foundation and the California Health Care Foundation conducted a representative survey of the state's residents to gauge their views on health policy priorities facing the state, as well as their experiences in the health care system. Key findings from the survey are presented here.

Section 1: Priorities For State Government

As the new governor takes office and a new legislative session begins, health care is an important priority for California residents. Making health care more affordable ranks high on Californians' list of overall priorities for the new governor and legislature to address, with 45 percent calling it an "extremely important" priority, ranking just behind improving public education (48 percent say this is "extremely important") and just ahead of affordable housing (40 percent). [Figure 1]

While health care affordability ranks second on the priority list for both Democrats and independents (behind education for each group), it ranks lower for Republicans, whose top priority is immigration enforcement. [Figure 2]

There is broad support for many health care priorities in the state, with the exception of decreasing state government spending on health care. Making sure people with mental health problems can get the treatment they need was identified by 88 percent of Californians as an "extremely" or "very" important priority (including 49 percent "extremely" important). At least three-quarters also see other health priorities as at least "very important," including making sure Californians have access to health insurance coverage (78 percent, including 45 percent "extremely" important); lowering the amount people pay for health care (81 percent, 41 percent "extremely"); lowering the price of prescription drugs (75 percent, 39 percent "extremely"); making sure there are enough health care providers across California (77 percent, 38 percent "extremely"); and making information about medical prices more available (76 percent, 37 percent "extremely"). [Figure 3]

The survey finds some areas of bi-partisan agreement when it comes to health care priorities in the state, and other areas where priorities differ for residents with different partisan identification. For example, mental health is an area of agreement: ensuring access to mental health treatment is seen as an extremely important priority by substantial shares of Democrats (54 percent), independents (46 percent), and Republicans (43 percent), and ranks in the top two health care priorities for each of these groups. There is less agreement between people of different political parties when it comes to some other

priorities. For example, Democrats and independents are much more likely than Republicans to view ensuring access to insurance coverage as an “extremely important” priority (56 percent, 44 percent, and 21 percent, respectively). [Figure 4]

The ranking of most health care priorities is similar across income levels. However, those with lower self-reported incomes (below 200 percent of the federal poverty level) are more likely than those with higher incomes to say making sure there are enough doctors, nurses, and other health care providers across California should be extremely important for the state government to work on in 2019 (46 percent versus 33 percent). [Figure 5]

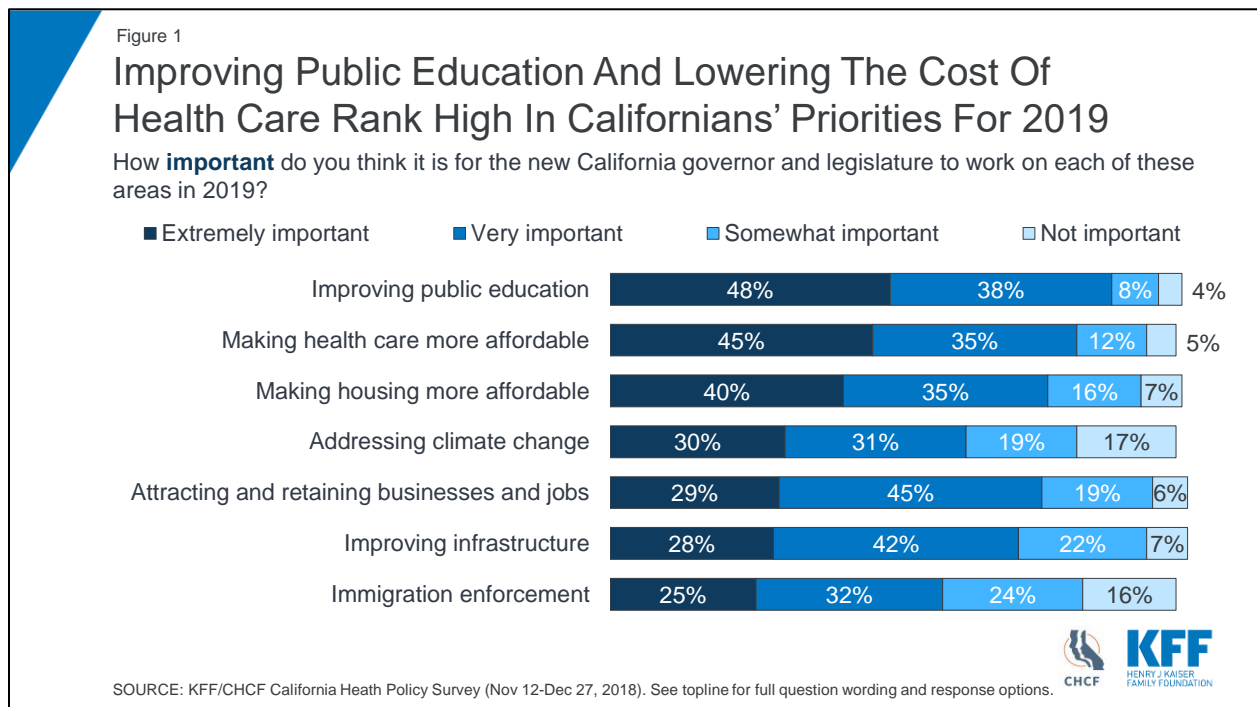
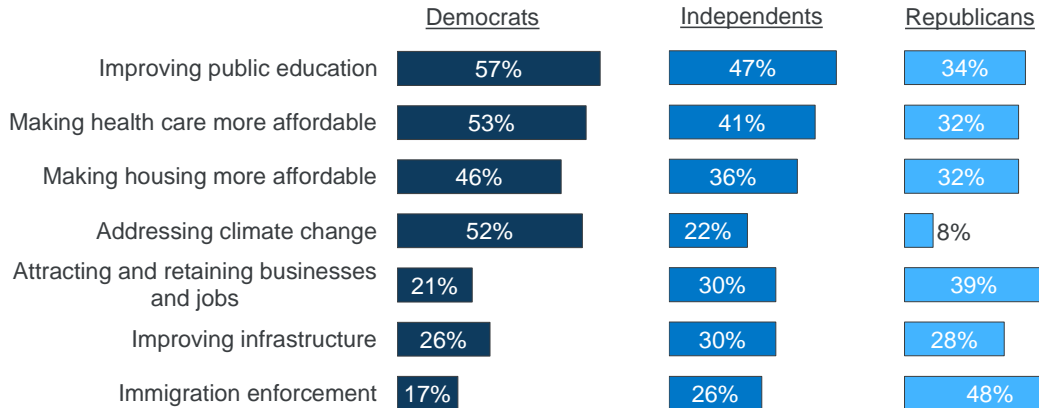


Figure 2

Views Of What California Lawmakers Should Work On In 2019 Vary By Party

Percent who say it is **extremely important** for the new California governor and legislature to work on each of these areas in 2019:

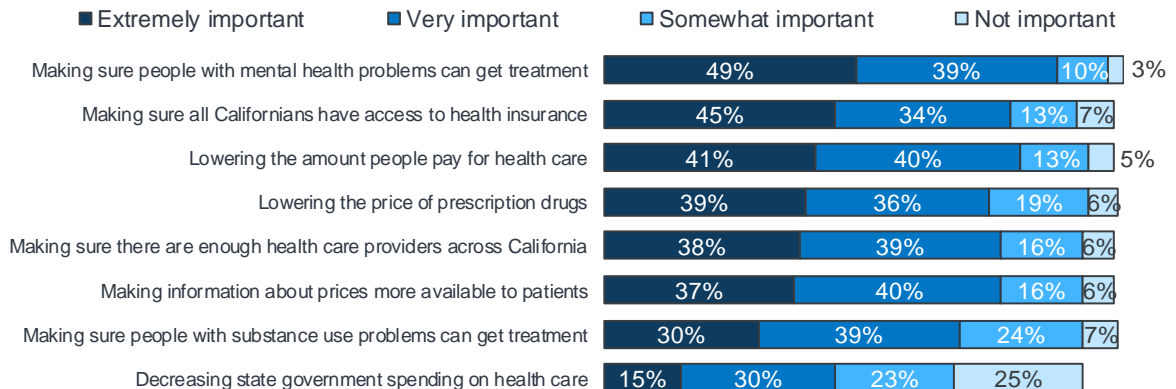


SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

Figure 3

Access To Mental Health Treatment And Insurance Coverage Top Californians' List Of Health Care Priorities

How **important** do you think it is for the new California governor and legislature to work on each of these areas in 2019 **when it comes to health care**?

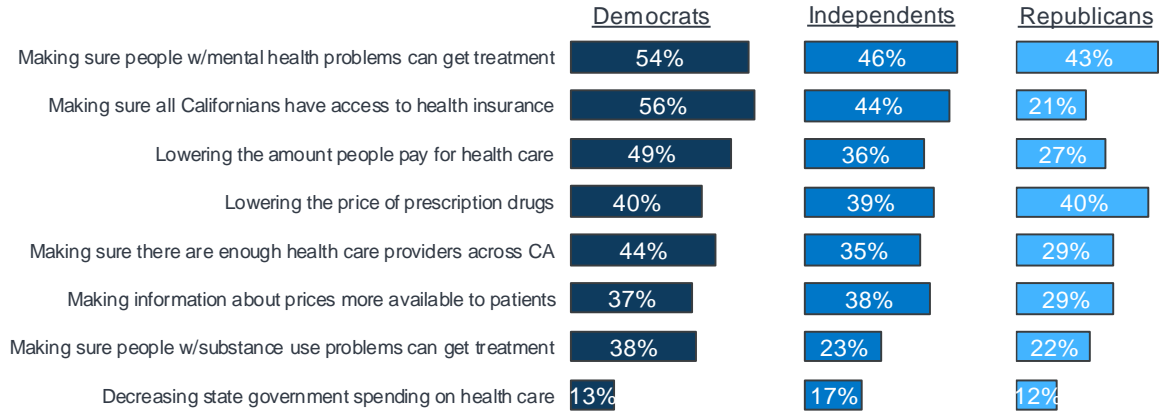


SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

Figure 4

Ranking Of Californians' Health Care Priorities By Party Identification

Percent who say it is **extremely important** for the new California governor and legislature to work on each of these areas within health care in 2019:



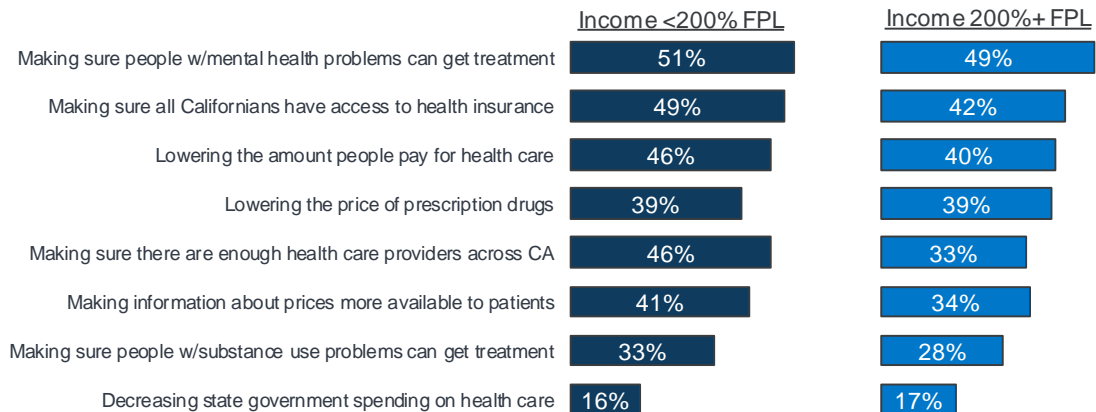
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 5

Ranking Of Californians' Health Care Priorities By Self-Reported Income

Percent who say it is **extremely important** for the new California governor and legislature to work on each of these areas within health care in 2019:



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Section 2: Mental Health Coverage And Access To Treatment

As noted above, making sure people with mental health problems can get treatment tops the list of California residents' health care priorities for the state government to address. This may be related to the fact that about half (52 percent) of Californians say their community does not have enough mental health providers to serve the needs of local residents, compared to 27 percent who say it does have enough and 21 percent who say they don't know enough to say. In four of the six California regions broken out in the survey, majorities of residents say their community does not have enough mental health providers to serve residents' needs, with the highest share in Los Angeles County (58 percent). [Figure 6]

In addition, Californians who are Black (75 percent) or Hispanic (57 percent) are more likely than those who are white (49 percent) or Asian (42 percent) to feel their community lacks adequate numbers of mental health providers, and women are somewhat more likely than men to feel this way (57 percent versus 47 percent). [Figure 7]

About a quarter (24 percent) of California residents say that they or a family member sought counseling or treatment for a mental health condition in the past 12 months. [Figure 8] Among this group, nearly two-thirds (63 percent) say their community does not have enough providers.

More broadly, a majority (57 percent) of state residents think that most people with mental health conditions in California are not able to get the services they need, and nearly half (48 percent) say the same about people with alcohol or drug use problems. [Figure 9]

Again, these shares are higher among those who have sought such services: 66 percent of those who say they or a family member sought services for a mental health condition say most Californians are not able to get needed mental health services. Similarly, 61 percent of those who say they or a family member sought treatment for substance use problems say most Californians are not able to get needed treatment services. [Figure 10]

Access to mental health treatment may be a particular issue for residents with Medi-Cal coverage. Among non-elderly Medi-Cal enrollees who say they or a family member sought counseling or treatment for a mental health condition in the past 12 months, four in ten (42 percent) say there was a time when they had to wait longer than they thought was reasonable to get an appointment for these services. Among all Californians who say someone in their family sought mental health treatment, this share is about one quarter (23 percent). [Figure 11]

Treatments for mental health and substance use disorders are widely seen by Californians as effective. About three-quarters (76 percent) of state residents say that counseling and medical treatment is very effective in helping people with mental health conditions lead healthy and productive lives, and a similar share (73 percent) say the same about people with alcohol or drug use problems. [Figure 12]

Despite the high priority placed on this issue, few Californians are aware of mental health parity laws that require health insurance plans to provide mental health and substance use disorder treatment benefits that are on par with benefits for other medical services¹. One third (33 percent) know that insurance plans are required to provide mental health benefits with the same rules about cost-sharing and coverage limits as other medical services, and just a quarter know this is the case for coverage of substance abuse treatment. [Figure 13]

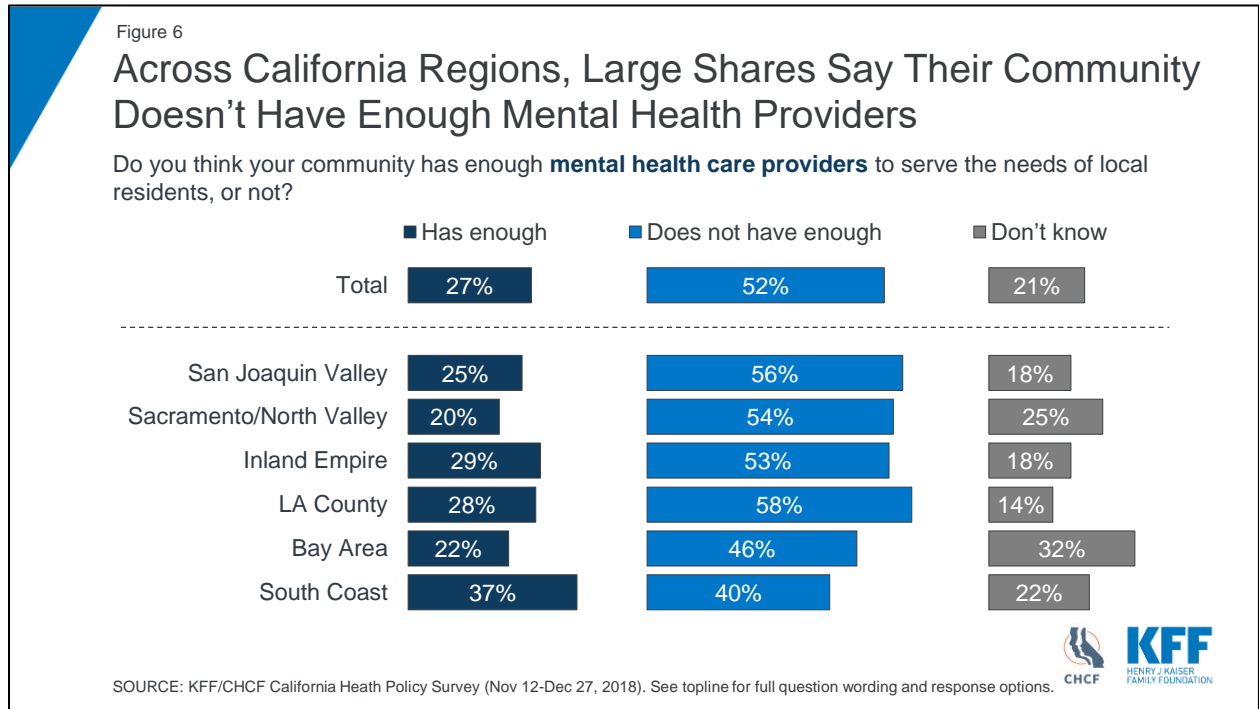
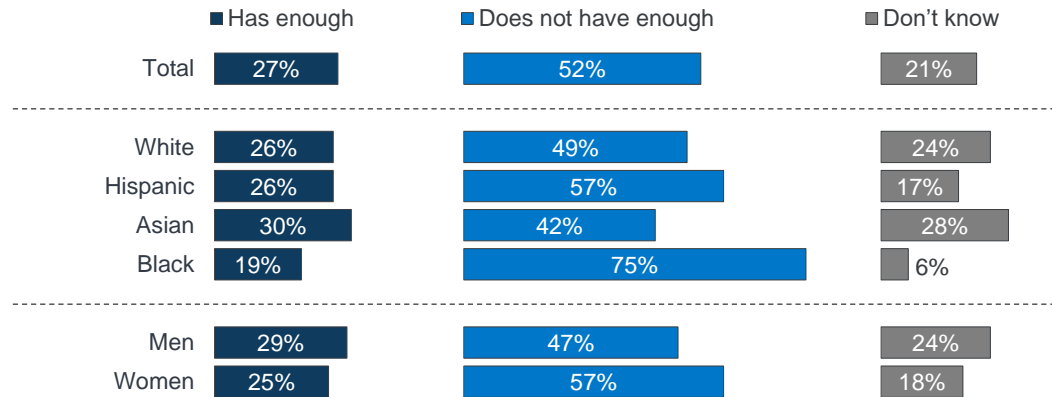


Figure 7

Three-Quarters Of Black California Residents Say Their Community Doesn't Have Enough Mental Health Providers

Do you think your community has enough **mental health care providers** to serve the needs of local residents, or not?



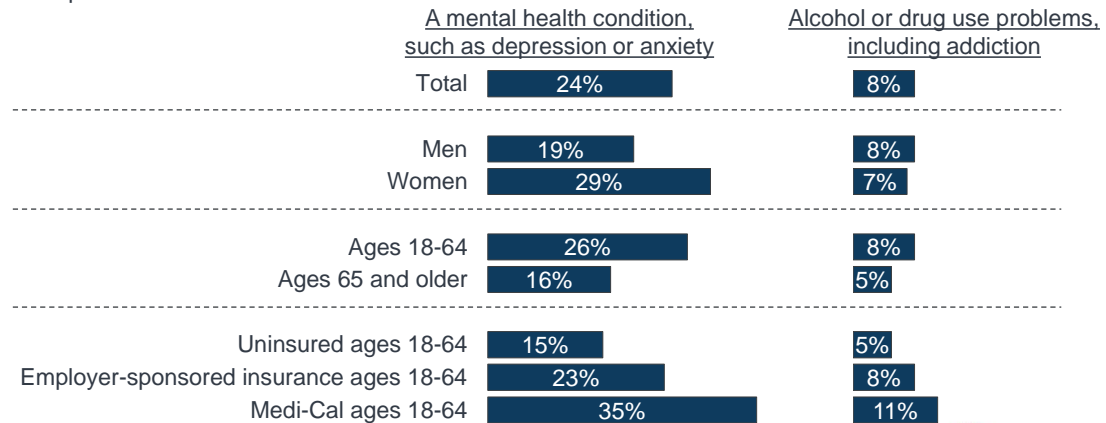
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 8

Share Of Californians Who Report Seeking Services For Mental Health Or Substance Use Conditions

Percent who say they or a family member **sought counseling or treatment** for each of the following in the past twelve months:



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

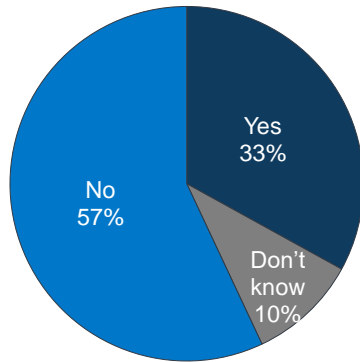


Figure 9

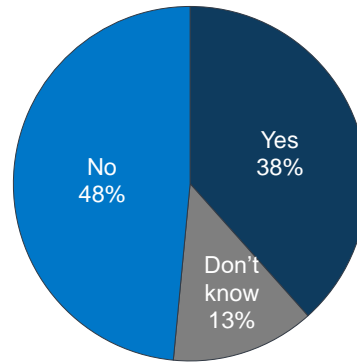
About Half Believe Most Californians Who Need Mental Health Or Substance Use Services Are Not Able To Get Them

Do you think that most people with ... in California are able to get the services they need, or not?

Mental health conditions



Alcohol or drug use problems



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

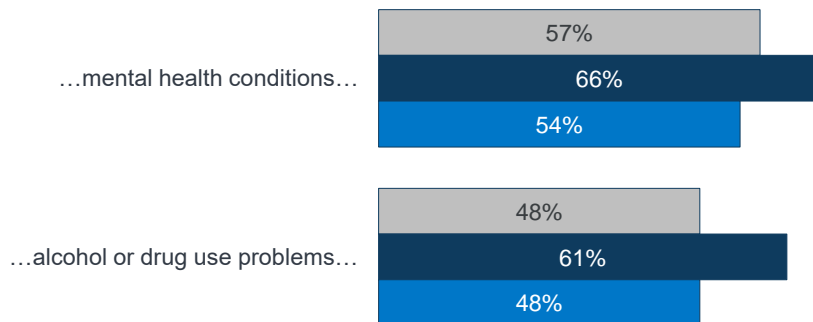


Figure 10

Californians Who Have Sought Mental Health Or Substance Use Treatment More Likely To Perceive Lack Of Access To Services

Percent who say most people with ... in California are **not able to get the services they need**:

■ Total ■ Have sought treatment for this problem ■ Have not sought treatment for this problem



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 11

About One-Quarter Of Californians Who Sought Mental Health Treatment Report Long Wait Times For Appointments

AMONG THOSE WHO SAY THEY OR A FAMILY MEMBER SOUGHT TREATMENT FOR A MENTAL HEALTH CONDITION IN THE PAST 12 MONTHS: Percent who say they **have had to wait longer than they thought was reasonable** to get an appointment for **mental health care**:

Total who sought mental health treatment **23%**

Medi-Cal ages 18-64 **42%**

Employer-Sponsored insurance ages 18-64 **21%**



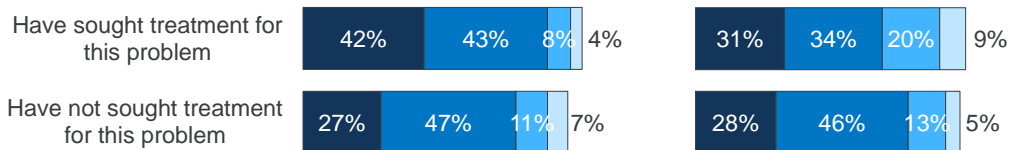
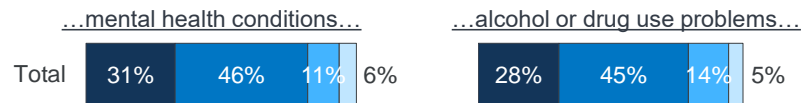
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

Figure 12

Counseling And Medical Treatments For Mental Health And Substance Use Problems Widely Viewed As Effective

In general, how **effective** do you think counseling and medical treatment is in helping people with ... lead healthy and productive lives?

■ Very effective
 ■ Somewhat effective
 ■ Not too effective
 ■ Not at all effective

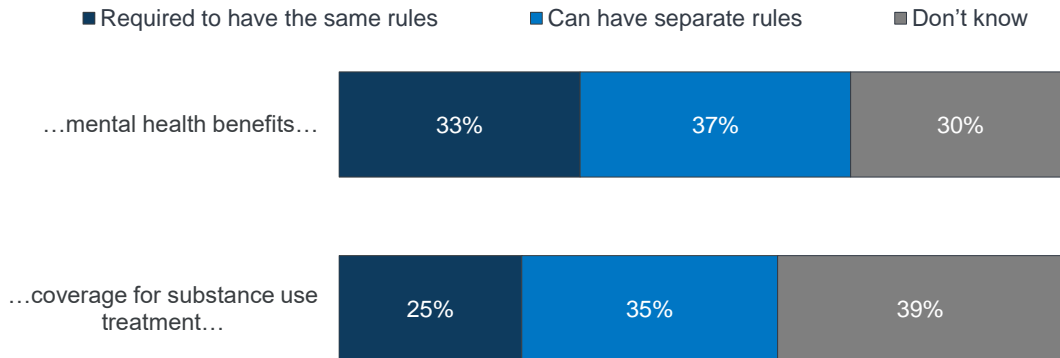


SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

Figure 13

Most Californians Are Not Aware of Mental Health And Substance Use Parity Laws

As far as you know, under current law, are health insurance plans required to provide ... with the **same rules about copays, deductibles, and coverage limits** as other medical services?



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Section 3: Insurance Coverage, Including The ACA, Covered California, Medi-Cal, And Single-Payer

Views of the Affordable Care Act (ACA) are slightly more favorable in California than they are in the nation as a whole, with 58 percent having a favorable view of the law and 30 percent having an unfavorable view. [Figure 14] In the [January 2019 KFF Health Tracking Poll](#), views of the law nationally were 51 percent favorable and 40 percent unfavorable. This difference is likely due to the fact that Californians lean more Democratic in their party identification than the nation as a whole.

Most Californians also believe the state marketplace, Covered California, is working well (56 percent). Views of both the ACA and the state marketplace are divided along party lines. [Figure 15]

As is true nationally, Medi-Cal, the state Medicaid program, is more popular than the ACA, including across parties. Seven in ten California residents overall have a favorable opinion of Medi-Cal, including large majorities of Democrats (82 percent) and independents (67 percent) and about half (53 percent) of Republicans. [Figure 16] In addition, an overwhelming majority of residents say that Medi-Cal is very or somewhat important for the state of California (91 percent), including large majorities of Democrats (97 percent), independents (90 percent), and Republicans (80 percent). A majority (59 percent) of state residents say the Medicaid program is important for their own family, including about six in ten Democrats and independents (62 percent each) and four in ten Republicans (39 percent). [Figure 17]

While large majorities across income levels and racial/ethnic groups say Medi-Cal is important for the state of California, people who are Black or Hispanic, and those with self-reported incomes below 200 percent FPL are much more likely than their counterparts to say the program is important for their own family. [Figure 18]

Despite high levels of support for the program, misperceptions about Medi-Cal are common. Fewer than four in ten state residents (37 percent) are aware that most working age adults without disabilities who have health insurance through Medi-Cal are working, while a similar share (42 percent) believe most are unemployed and 20 percent say they don't know. [Figure 19] In fact, 62 percent of non-elderly, non-disabled adults enrolled in Medi-Cal were employed in 2016.²

While making sure Californians have access to health insurance coverage is near the top of the list of Californians' health care priorities for the new governor and legislature, views are somewhat divided on achieving this through a single-payer health plan in the state. About half the public (48 percent) favors such a plan, while four in ten are opposed. Notably, six in ten California Republicans (62 percent) strongly oppose such a plan, while about half as many Democrats (32 percent) strongly favor it. [Figure 20]

As with national polling, support for single-payer in the state is malleable; support can be pushed as high as 63 percent when opponents are told such a plan would ensure all Californians would have coverage [Figure 21], while opposition can be pushed up to 59 percent when tax increases are mentioned. [Figure 22]

While most Californians (71 percent) believe their family would have to pay more in taxes if a single-payer plan were implemented, nearly half (47 percent) of those ages 18-64 with private insurance incorrectly think they'd be able to keep their current coverage under such a plan. [Figure 23]

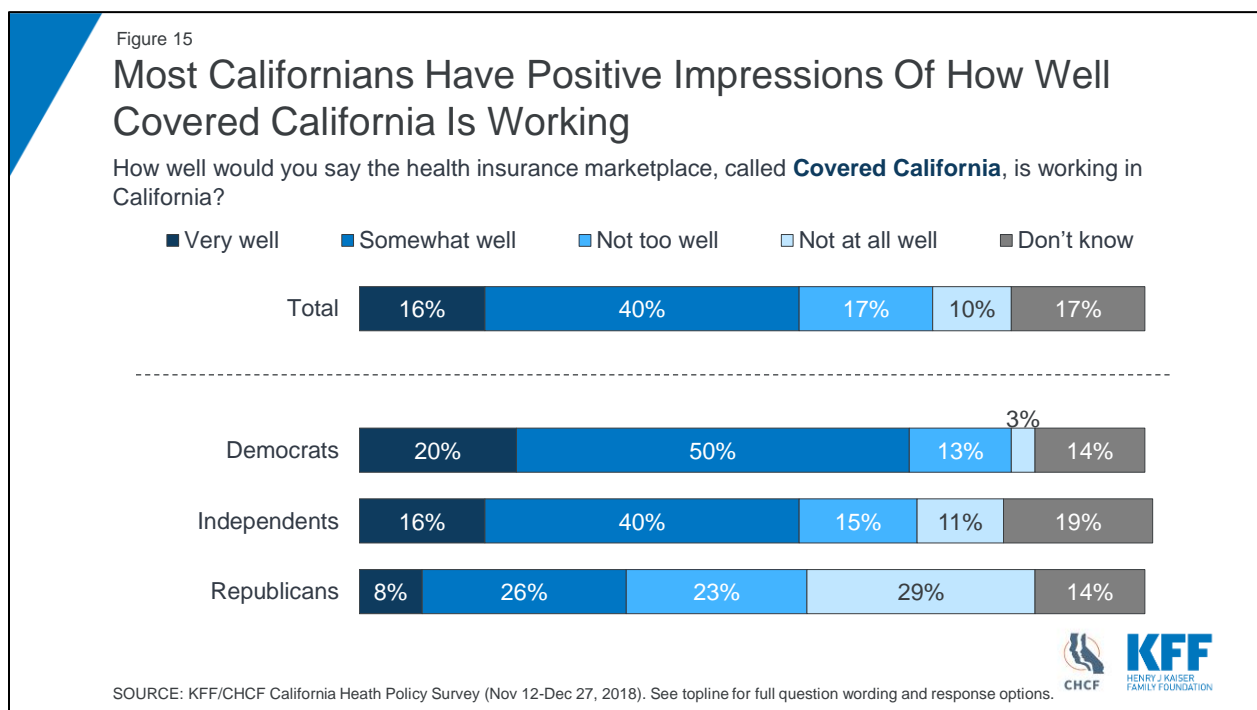
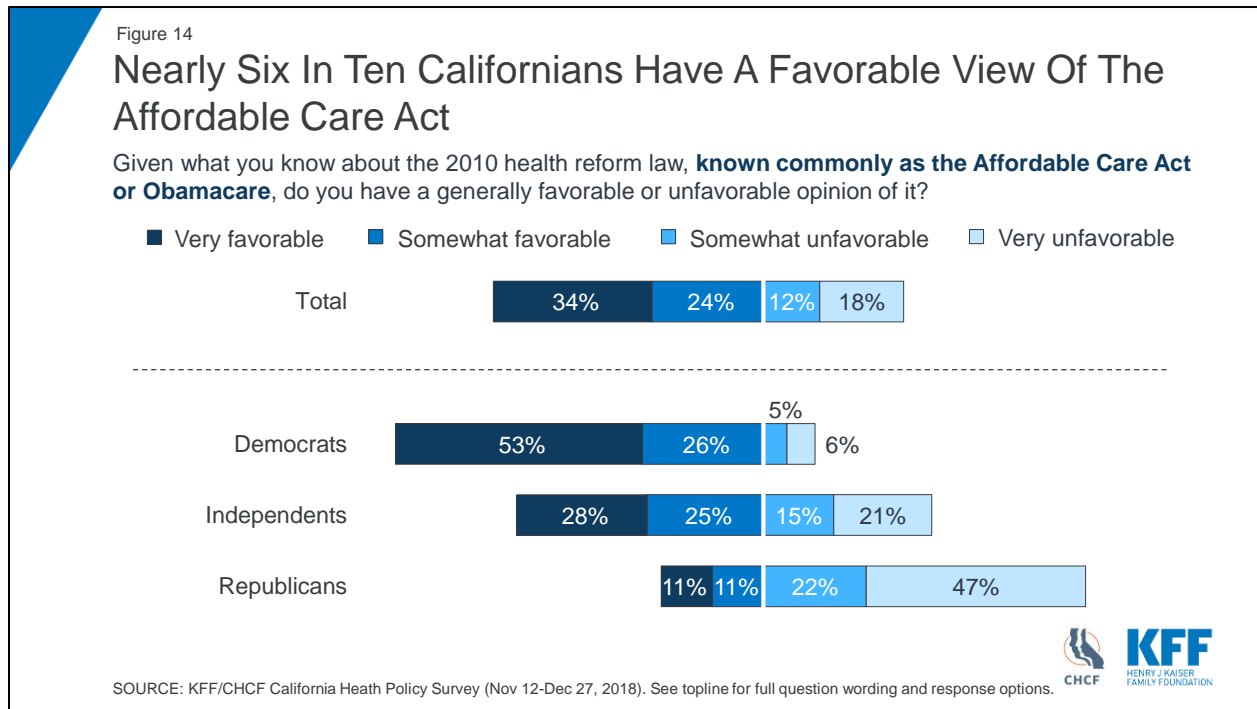
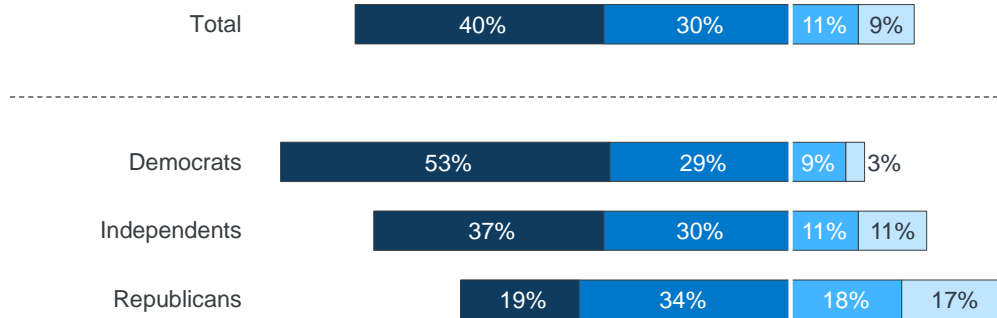


Figure 16

Most California Residents Have A Favorable View of Medi-Cal

In general, do you have a favorable or an unfavorable opinion of **Medi-Cal**, the government health insurance and long-term care program for low-income adults and children?

Very favorable
 Somewhat favorable
 Somewhat unfavorable
 Very unfavorable



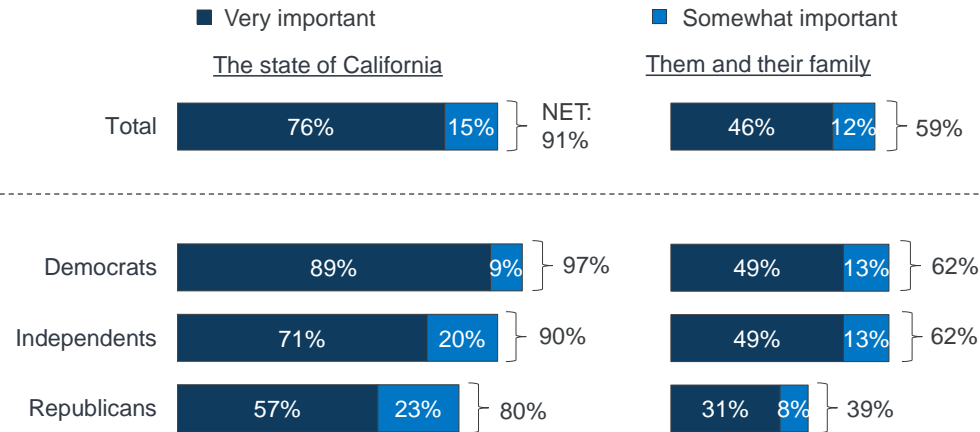
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 17

Across Parties, Strong Majorities Say Medi-Cal Is Important for California, Many Say It Is Important Personally

Percent who say Medi-Cal is **very or somewhat important** for each of the following:



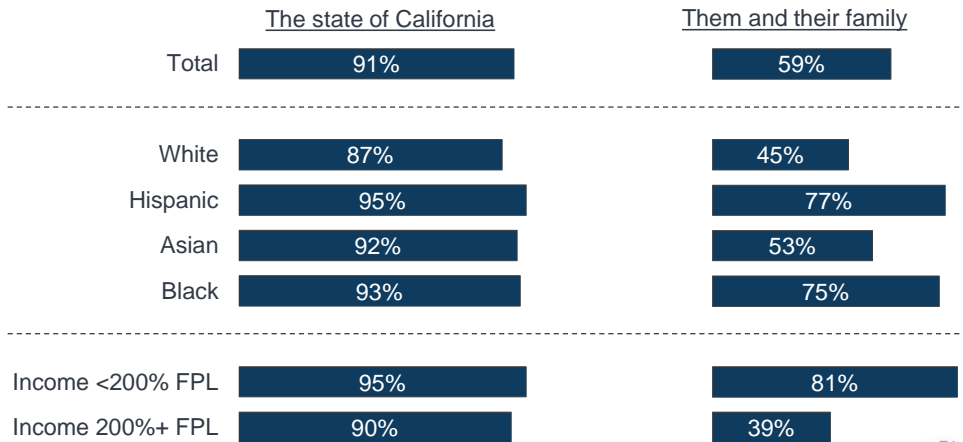
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 18

Blacks, Hispanics, And Low-Income Residents In California Most Likely To Say Medi-Cal Is Important For Their Family

Percent who say Medi-Cal is **very or somewhat important** for each of the following:



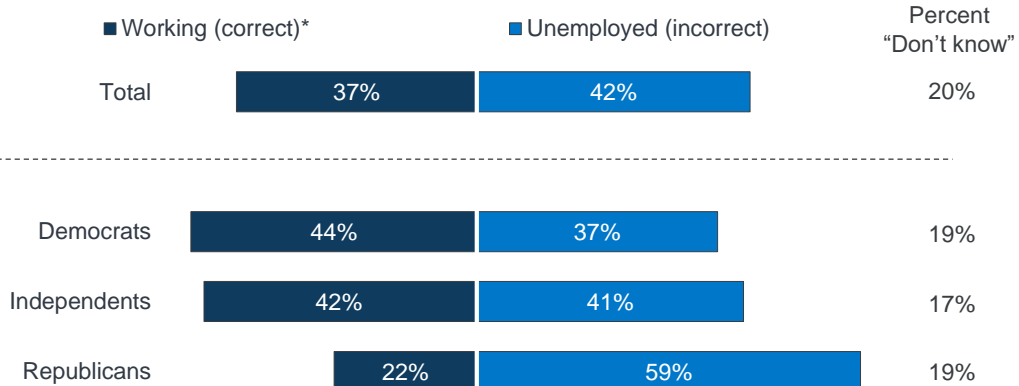
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 19

Californians Hold Misconceptions About Employment Status Of Most Non-disabled Medi-Cal Enrollees

Do you think most working age adults without disabilities who have health insurance through Medi-Cal are working or are most unemployed?



* 62% of non-elderly, non-disabled adults enrolled in Medi-Cal were employed in 2016.

SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

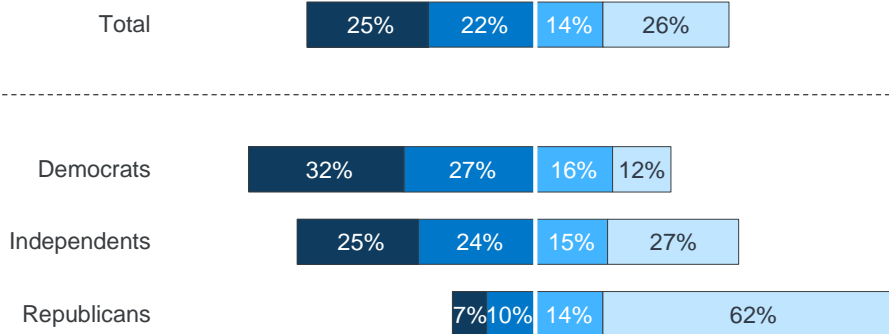


Figure 20

Views Of Single Payer In California Are Divided

Do you favor or oppose having a **single-payer health plan** in California, in which all California residents would get their coverage from a single state government plan?

■ Strongly favor
 ■ Somewhat favor
 ■ Somewhat oppose
 ■ Strongly oppose



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 21

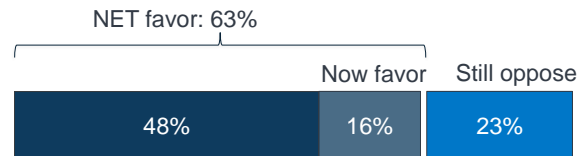
Views On Single-Payer Can Shift When Presented With Messages In Favor

Do you favor or oppose having a single-payer health plan in California?

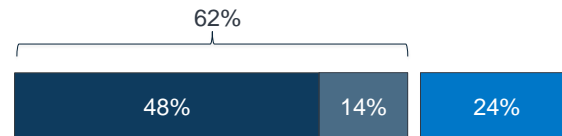


ASKED OF THE 40% WHO OPPOSE:

What if you heard that supporters say such a plan would **ensure that all Californians have health care coverage**?



What if you heard that supporters say such a plan would **reduce health insurance administrative costs**?



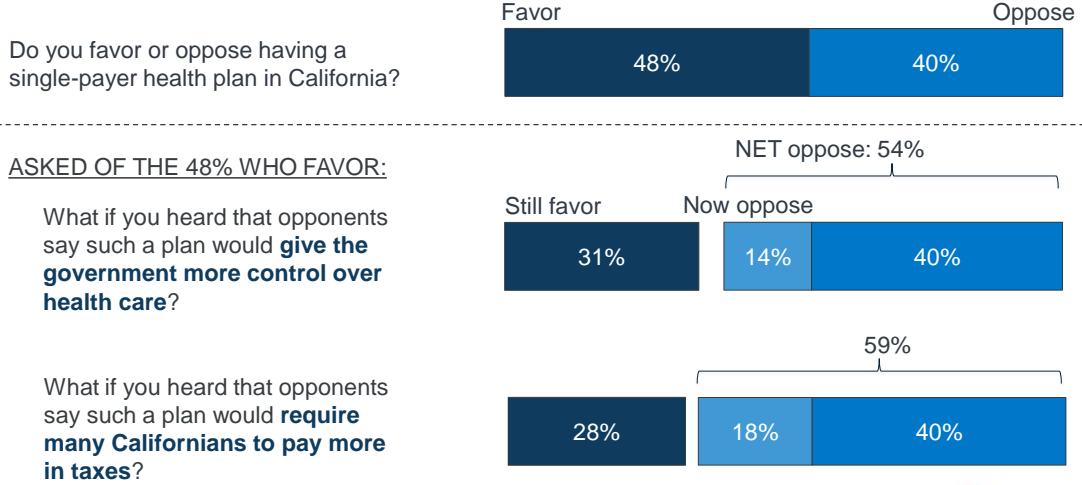
NOTE: White space on bottom charts represent the share who say "don't know" after hearing follow-up message.

SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 22

Views On Single-Payer Can Shift When Presented With Messages Opposed



NOTE: White space on bottom charts represent the share who say "don't know" after hearing follow-up message.

SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



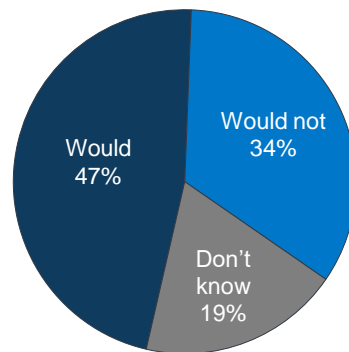
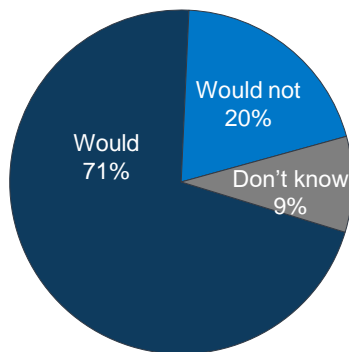
Figure 23

Some Californians Are Unclear On What Single-Payer Would Mean For Them

If a single-payer health plan was put into place in California, do you think you and your family would...?

...have to pay more in taxes to cover the cost of health insurance

...be able to keep your current health insurance (among those ages 18-64 with private insurance)



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Section 4: Access To Providers And Provider Shortages

About three-quarters (77 percent) of Californians say that “making sure there are enough doctors, nurses, and other health care providers across California” should be an important priority for the state government to address, including 38 percent who call it an “extremely important” priority. About a third of California residents say their community doesn’t have enough primary care doctors (35 percent) or specialists (33 percent) to serve the needs of local residents, and about a quarter (27 percent) say it doesn’t have enough hospitals. [Figure 24]

People who are Black or Hispanic, those with lower incomes, as well as those living in the San Joaquin Valley and the Inland Empire are more likely than their counterparts to say their community lacks adequate numbers of providers. [Figure 25, Figure 26, and Figure 27] These responses are in line with data showing the distribution of both primary and specialty care providers is uneven across the state.³

In addition, waiting times for appointments are an issue for some residents, particularly those with lower incomes and those with Medi-Cal coverage. Nearly a quarter (23 percent) of all state residents say there was a time in the past year when they had to wait longer than they thought was reasonable for an appointment for medical care, rising to 33 percent of those with Medi-Cal coverage. [Figure 28]

There is broad support (including across parties) for the state government providing medical and nursing students with scholarships and financial help if they agree to work in areas of the state with provider shortages. [Figure 29]

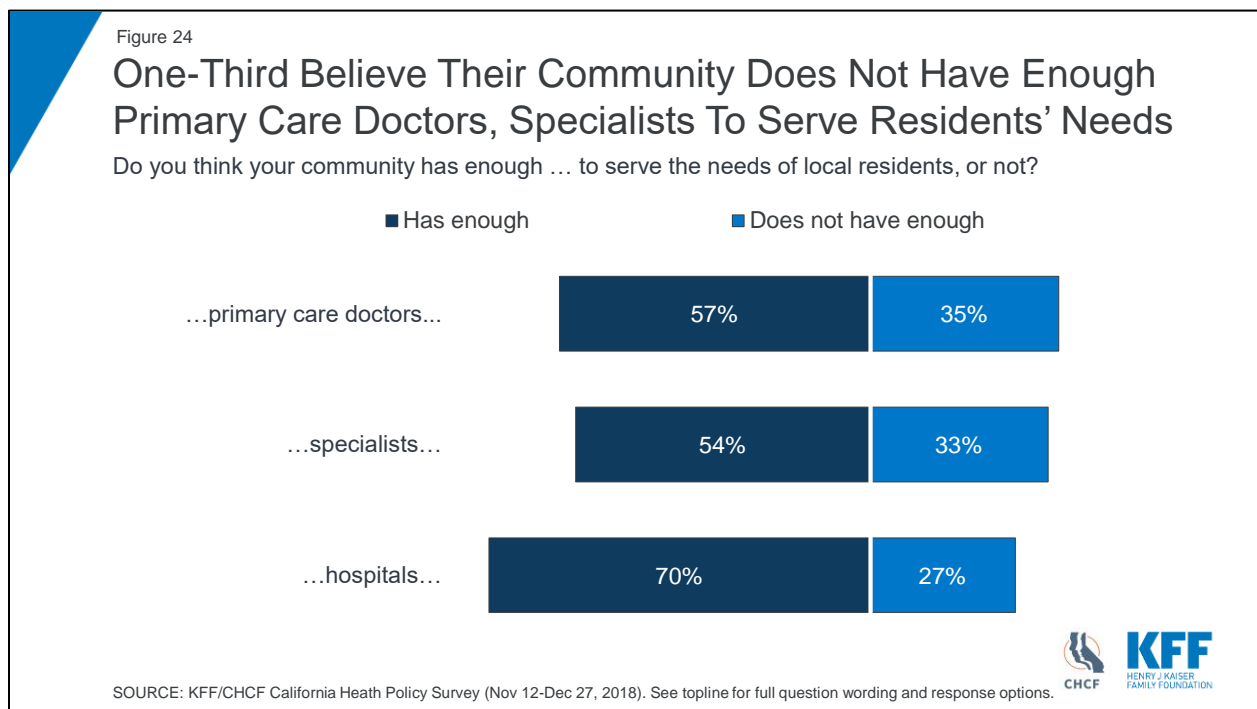
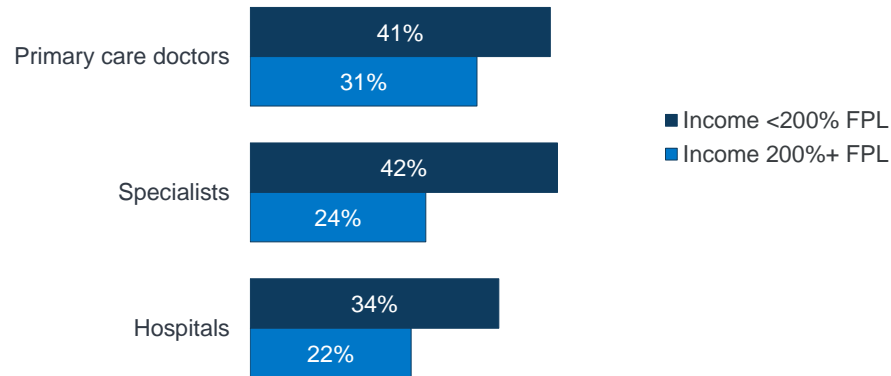


Figure 25

Those With Lower Incomes More Likely To Feel Their Community Lacks Adequate Numbers Of Providers

Percent who say their community **does not have enough** providers to serve the needs of local residents:



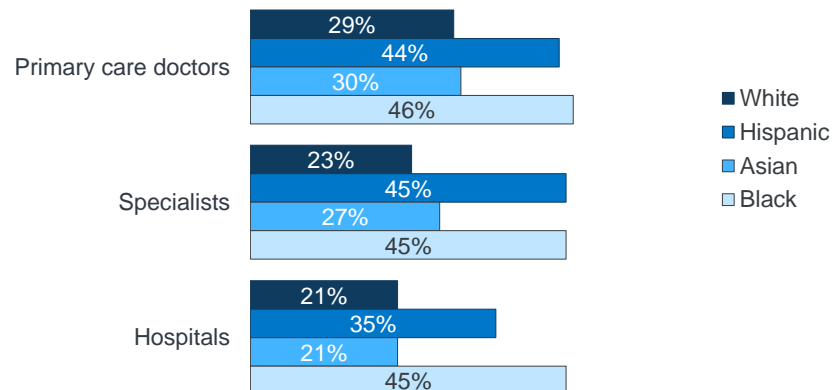
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 26

Black And Hispanic Californians More Likely To Feel Their Community Lacks Adequate Numbers Of Providers

Percent who say their community **does not have enough** providers to serve the needs of local residents:



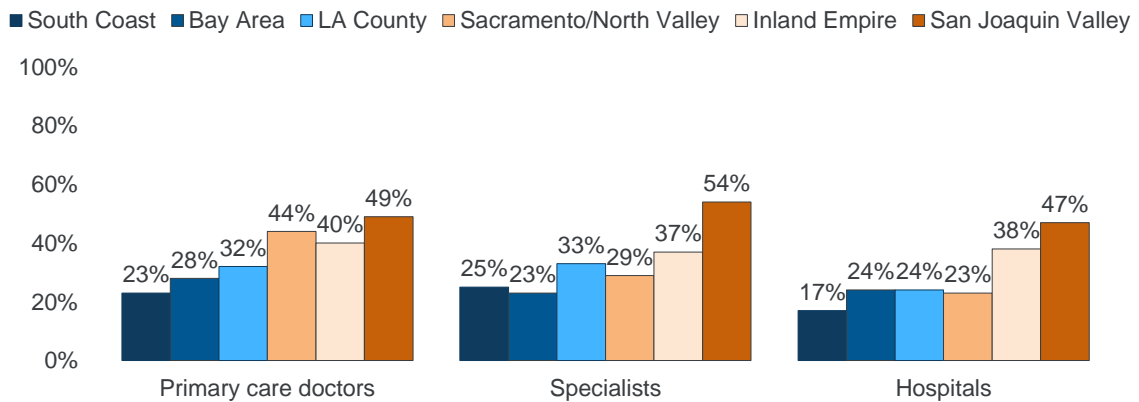
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 27

Residents Of San Joaquin Valley and Inland Empire More Likely to Perceive Lack of Adequate Providers

Percent who say their community **does not have enough** providers to serve the needs of local residents:



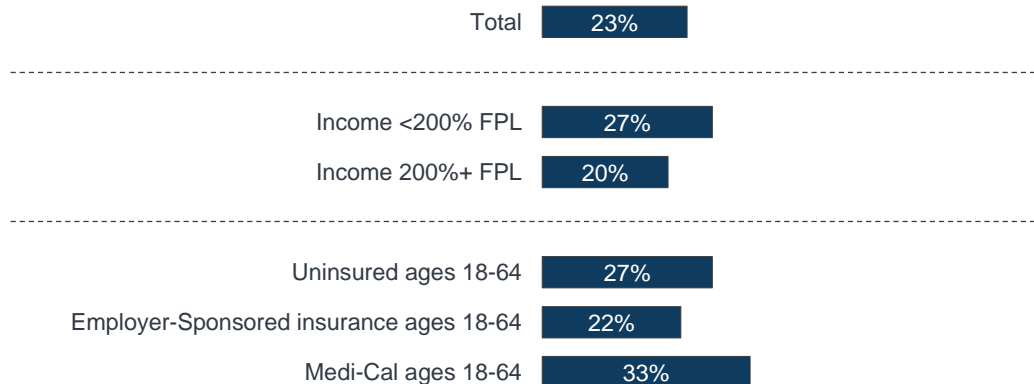
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 28

Some Californians Report Having To Wait Longer Than They Thought Was Reasonable for Medical Care

Percent who say they **have had to wait longer than they thought was reasonable** to get an appointment for **medical care** in the past twelve months:



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

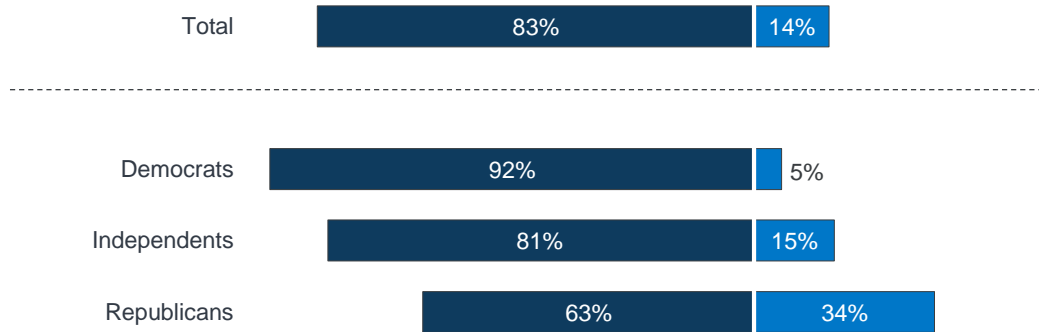


Figure 29

Across Parties, Majorities Support Medical And Nursing Scholarships And Financial Help To Address Shortages

Do you think the California state government should **provide medical and nursing students with scholarships and financial help** if they agree to work in areas of California that have shortages?

■ California state government should do this ■ California state government should not do this



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Section 5: Experiences With Health Care Affordability

As noted above, making health care more affordable ranks second in the public's overall priority list for the incoming administration, just behind improving public education. One reason for this may be people's own experiences affording health care for themselves and their families. For example, one in five California residents (20 percent) reports problems paying medical bills, rising to three in ten among those with a debilitating medical condition (34 percent), those ages 18-64 who are on Medi-Cal (31 percent) or without health insurance (31 percent), and those with self-reported incomes below 200 of the federal poverty level (29 percent). Problems paying medical bills are also more common among California residents who are Black (30 percent) or Hispanic (28 percent) compared with those who are white (16 percent) or Asian (8 percent). [Figure 30]

Many of those struggling to pay medical bills report having to make certain sacrifices to pay off their bills. For example, about seven in ten of those with bill problems report cutting spending on basic household items (72 percent), two-thirds report putting off vacations or major purchases (66 percent), and 61 percent report using up all or most of their savings to pay their medical bills. [Figure 31]

Unexpected medical bills are also a problem for those with insurance. Three in ten non-elderly Californians with health insurance (31 percent) say there was a time in the past year when they received a medical bill they thought was covered, but their insurance did not cover the bill at all or paid less than they expected. About four in ten of this group (12 percent of all insured Californians) say this happened because the provider was not in their plan's network. [Figure 32]

Whether or not they have personally experienced such bills, unexpected medical bills represent a large financial worry for Californians. Nearly two-thirds (63 percent) say they are very or somewhat worried about being able to afford unexpected medical bills, ranking higher than worries about affording out-of-pocket medical costs in general (56 percent), prescription drug costs (42 percent), or health insurance premiums (39 percent of those with insurance). Worries about surprise medical bills outrank worries about affording other basic needs, such as transportation costs (53 percent), housing costs (52 percent), and utilities (47 percent). [Figure 33]

Just a third (34 percent) of those with health insurance are aware that California law (through Assembly Bill No. 72 passed in 2017⁴) prohibits providers from charging out-of-network prices for care received at in-network hospitals. [Figure 34]

Challenges affording care also may lead some Californians to delay or forgo medical treatments or prescription drugs. Over four in ten residents (44 percent) say they or another family member in their household has postponed or skipped care in the past year because of the cost, including skipping dental care or check-ups (30 percent), putting off or postponing getting health care (20 percent), skipping recommended tests or treatments (19 percent), not filling a prescription for medicine (18 percent), cutting pills in half or skipping doses of a medicine (12 percent), or putting off or postponing getting mental health care (10 percent). [Figure 35]

Californians with lower incomes, those without health insurance, and Black and Hispanic residents are more likely than their counterparts to experience problems paying medical bills, postponing or forgoing health care because of the cost, and worries about affording care. For example, those with self-reported incomes below 200% FPL are almost twice as likely as those with higher incomes to report problems paying medical bills in the past year, and much more likely to report skipping or delaying care (55 percent versus 36 percent). They are also almost twice as likely to say they are very worried about affording unexpected medical bills or general out-of-pocket health care costs. [Figure 36]

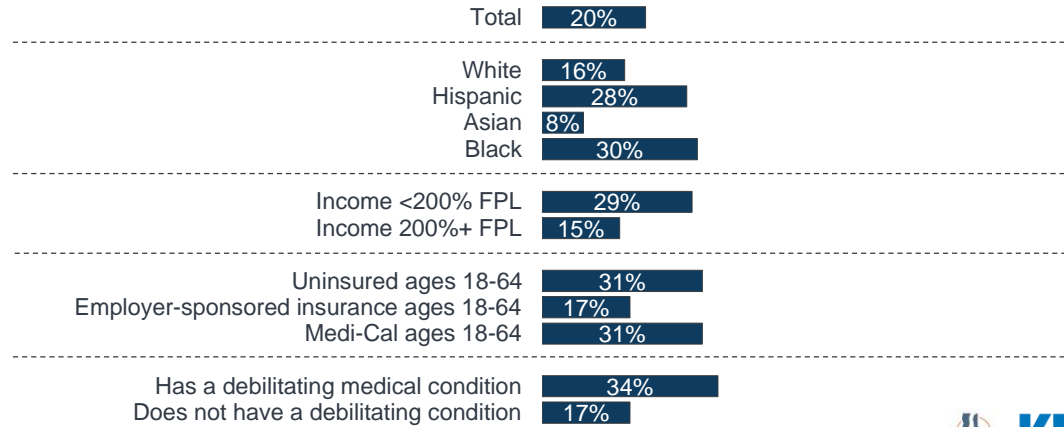
Similarly, uninsured Californians are more likely than those with insurance to report medical bill problems (31 percent versus 21 percent), and to say they are very worried about affording unexpected medical bills (63 percent versus 37 percent) or out-of-pocket costs (56 percent versus 30 percent). [Figure 37]

While numerous public and private initiatives seek to increase cost transparency for individuals, most Californians (62 percent) say it is difficult to find out how much different medical treatments and procedures provided by different doctors and hospitals would cost before they receive them. [Figure 38] As noted above, 76 percent of Californians think it is extremely or very important for the new governor and legislature to work on making information about provider costs more widely available.

Figure 30

1 in 5 California Residents Report Problems Paying Medical Bills For Self Or Family Member In Past Year

Percent who say they or someone in their household had **problems paying or an inability to pay** any medical bills in the past twelve months:



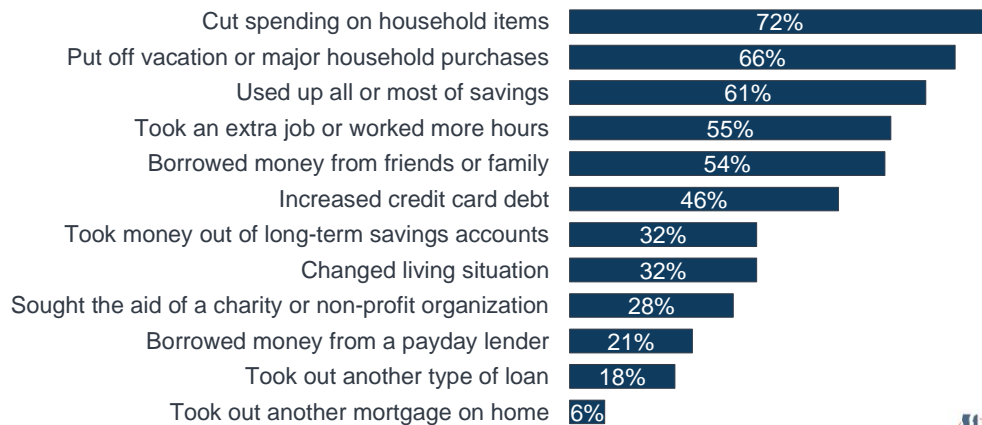
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 31

Many Of Those With Problems Paying Bills Report Cutting Back In Other Areas To Pay Medical Bills

AMONG THE 20% WHO HAD PROBLEMS PAYING MEDICAL BILLS DURING THE PAST YEAR: Percent who say they or someone else in their household **did each of the following in order to pay medical bills:**



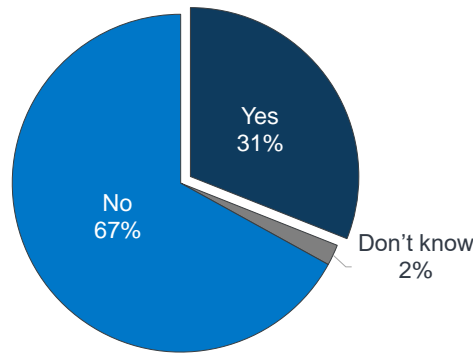
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



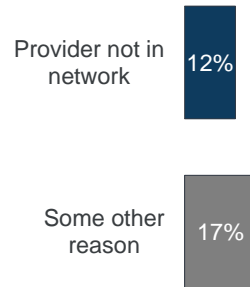
Figure 32

About 3 in 10 Insured California Residents Report Receiving An Unexpected Medical Bill In The Past Year

Was there a time in the past 12 months when you received care you thought was covered, and your health plan did not cover the bill at all, or paid less than you expected?



ASKED OF THE 31% WHO HAD AN UNEXPECTED MEDICAL BILL: Was it because...



NOTE: Percentages based on adults ages 18-64 with insurance.

SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

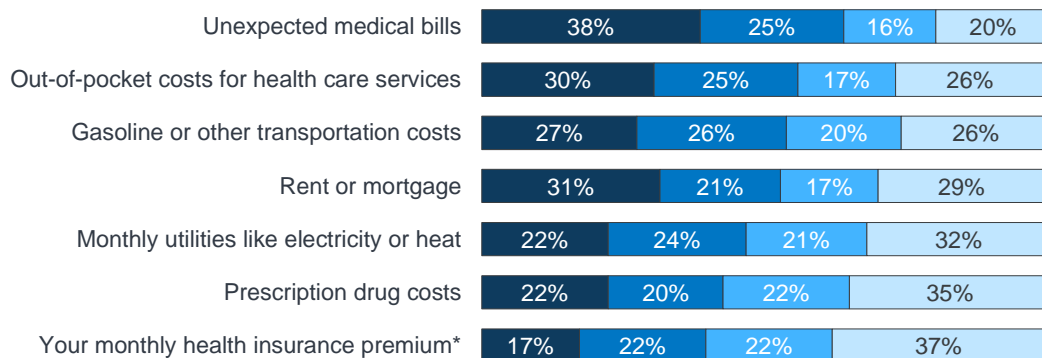


Figure 33

Unexpected Medical Bills And Out Of Pocket Health Care Costs Rank High On List Of Californians' Affordability Concerns

How **worried** are you about being able to afford each of the following for you and your family?

■ Very worried ■ Somewhat worried ■ Not too worried ■ Not at all worried



NOTE: *Item asked of those who have insurance.

SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.

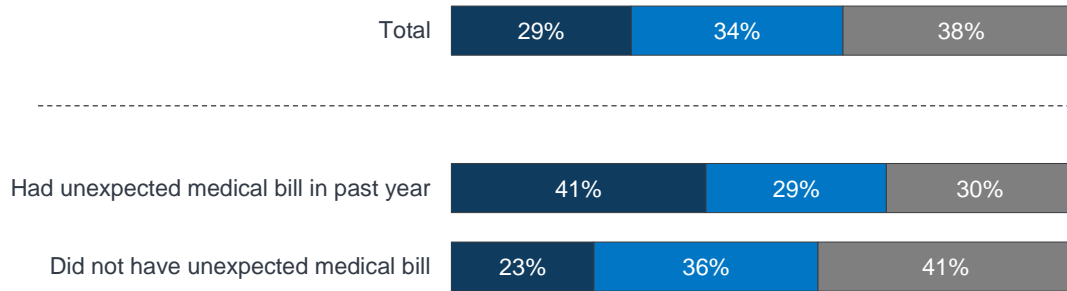


Figure 34

Most Insured Adults Unaware Of Protections Against Out-Of-Network Charges

AMONG THOSE WHO ARE INSURED AND AGES 18-64: If you visit a hospital in California that is in your health plan's network but are treated by an out-of-network provider, is the provider allowed to charge you the higher out-of-network price?

■ Allowed to charge higher price (incorrect) ■ Have to charge the lower price (correct) ■ Don't know



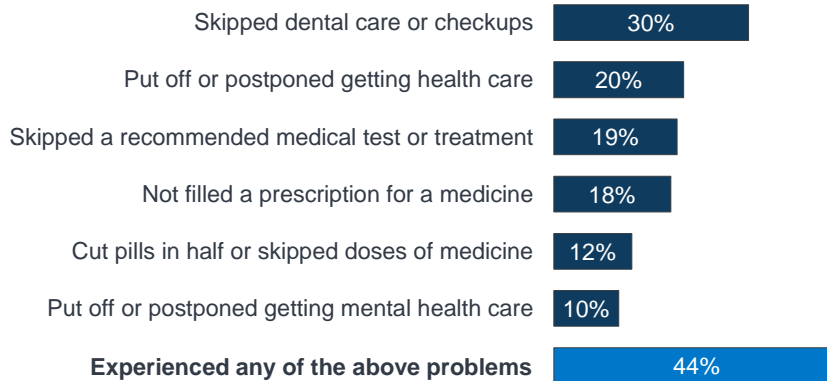
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 35

About 4 In 10 Californians Say They Or A Family Member Have Delayed Or Skipped Care In The Past Year Due To The Cost

Percent who say they or a family member living in their household **have done each of the following** in the past twelve months **because of the cost:**



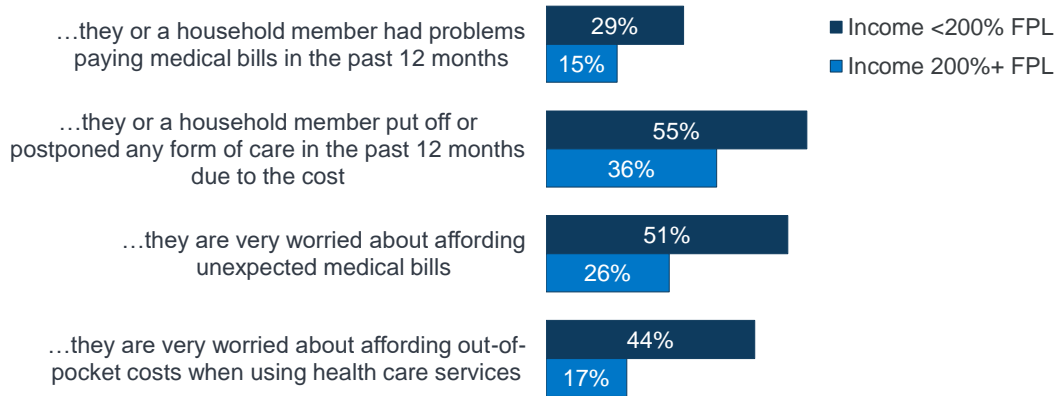
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 36

Lower-Income Californians More Likely To Report Problems And Worries With Health Care Affordability

Percent who say...



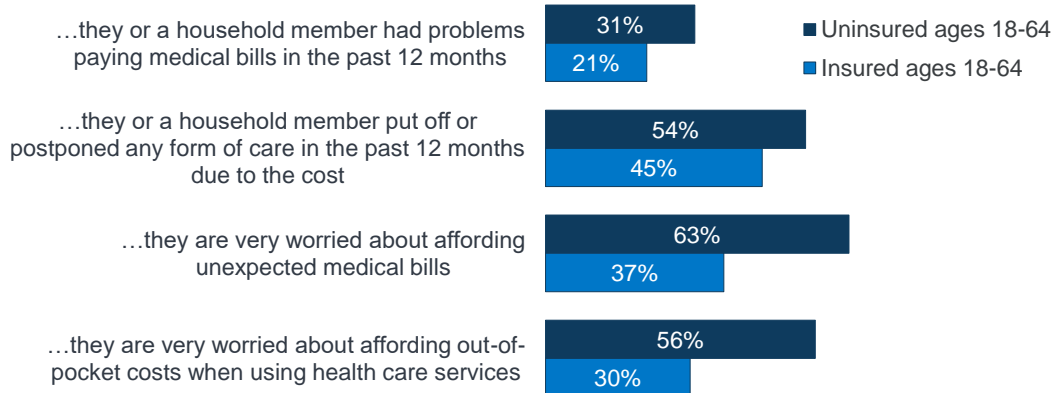
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 37

Uninsured Californians More Likely To Report Problems And Worries With Health Care Affordability

Percent who say...



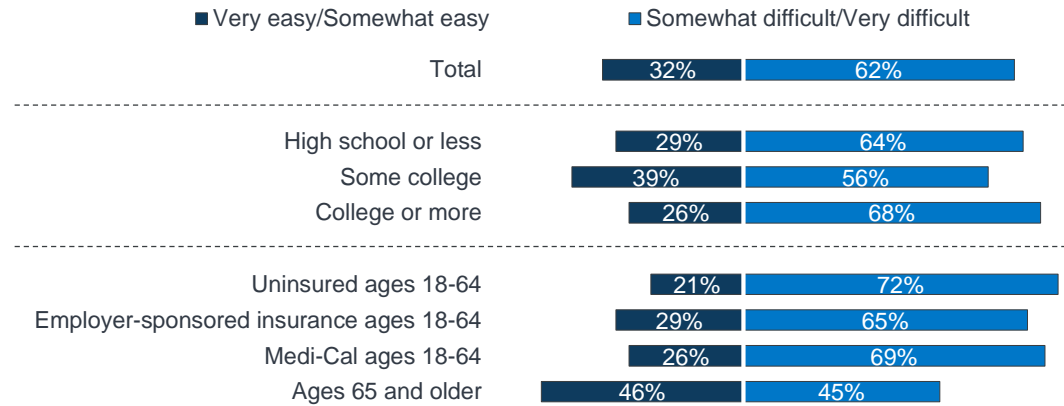
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 38

Most Californians Say Information About Prices Of Medical Treatments And Procedures Is Hard To Find

In general, how easy or difficult would you say it is to **find out how much medical treatments and procedures provided by different doctors or hospitals would cost you** before you receive them?



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Section 6: Experiences Of The Uninsured

Half of the non-elderly uninsured in California say they've been without insurance for 2 years or more. The main reason they report being without insurance is that it's too expensive or they can't afford it (31 percent), followed by employment-related reasons (10 percent). [Figure 39]

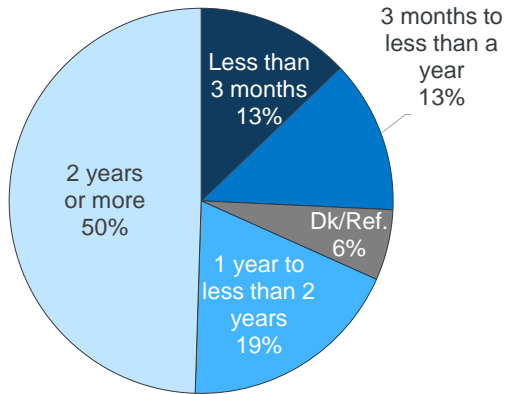
Worries about exposing their own or someone else's immigration status may also prevent some uninsured Californians from seeking coverage. Four in ten of those without insurance say they are worried that if they signed up for health insurance, they would draw attention to their own or a family member's immigration status. This includes three in ten who say they are "very worried" and another one in ten who say they are "somewhat" worried. [Figure 40]

Figure 39

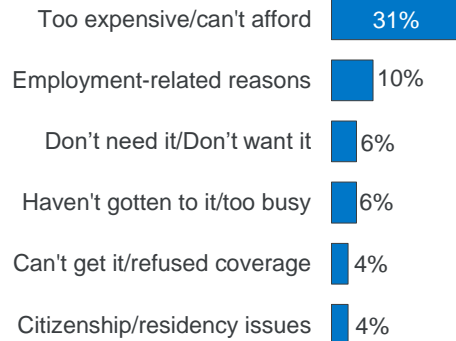
Cost Is The Biggest Barrier To Getting Insurance For The Uninsured

AMONG THOSE WHO ARE UNINSURED AND AGES 18-64:

How long have you been uninsured?



What's the main reason you do not currently have health insurance? (*open-end*)



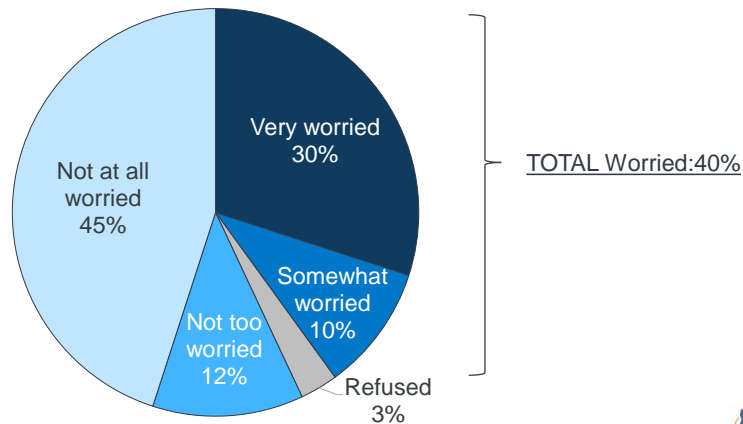
SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Figure 40

Worries About Immigration Status May Keep Some Uninsured Californians From Seeking Health Insurance

AMONG THOSE WHO ARE UNINSURED AND AGES 18-64: How **worried** are you that if you sign up for health insurance you will draw attention to your or a family member's immigration status?



SOURCE: KFF/CHCF California Health Policy Survey (Nov 12-Dec 27, 2018). See topline for full question wording and response options.



Appendix A: Survey Methodology

The Kaiser Family Foundation/California Health Care Foundation California Health Policy Survey was conducted by telephone November 12 – December 27, 2018 among a random representative sample of 1,404 adults age 18 and older living in the state of California (note: persons without a telephone could not be included in the random selection process). Interviews were administered in English and Spanish, combining random samples of both landline (476) and cellular telephones (928, including 668 who had no landline telephone). Sampling, data collection, weighting and tabulation were managed by SSRS in close collaboration with Kaiser Family Foundation and California Health Care Foundation researchers. The California Health Care Foundation paid for the costs of the survey fieldwork, and Kaiser Family Foundation contributed the time of its research staff. Both partners worked together to design the survey and analyze the results.

The sampling and screening procedures were designed to increase the number of Black and Asian-American respondents and low-income respondents, including those who have health insurance through Medi-Cal or who are uninsured. This oversample allowed for sufficient numbers of respondents in these subgroups to report their results separately; weighting adjustments were made to adjust their proportions to represent their actual shares of the population in overall results (see weighting description below). The sample included 463 respondents who were reached by calling back respondents in California who had previously completed an interview on either the SSRS Omnibus poll or the Kaiser Health Tracking Polls and indicated they fit one of the oversample criteria (Black, Asian, or low-income respondents, including low-income respondents with Medi-Cal or who are uninsured, and are living in California). It also included 46 respondents with prepaid (or pay-as-you-go) cell phone numbers in California, a group that is disproportionately lower-income.

The dual frame cellular and landline phone sample was generated by Marketing Systems Group (MSG) using random digit dial (RDD) procedures. The RDD frames were stratified by income-level in order to reach more low-income respondents. To address the fact that some qualifying respondents could be reached only by their cell-phone but had an out-of-state phone number, the sample was augmented with a sample of phone numbers outside of California associated with a billing address that indicated in-state residence (n=89). Survey Sampling International (SSI) generated these numbers randomly using Smart Cell sample. All respondents were screened to verify that they resided in California. For the landline sample, respondents were selected by asking for the youngest adult male or female currently at home based on a random rotation. If no one of that gender was available, interviewers asked to speak with the youngest adult of the opposite gender. For the cell phone sample, interviews were conducted with the qualifying adult who answered the phone.

A multi-stage weighting design was applied to ensure an accurate representation of the California adult population. The first stage of weighting involved corrections for sample design, including accounting for the components, the likelihood of non-response for the re-contacted sample, and an adjustment to account for the fact that respondents with both a landline and cell phone have a higher probability of selection. In the second weighting stage, demographic adjustments were applied, at first, to the RDD and Smart Cell sample to account for systematic non-response along known population parameters.

Population parameters included gender, age, race, Hispanic ethnicity (broken down by nativity), educational attainment, phone status (cell phone only or reachable by landline), and state region. Demographic parameters were based on estimates from the U.S. Census Bureau's March 2017 American Community Survey (ACS), and telephone use was based on data for California from the 2016 National Health Interview Survey. Based on this second stage of weighting, estimates were derived for self-reported income as a percentage of the federal poverty level (less than 200%, 200% or higher) by insurance status (Medi-Cal, uninsured, all else) in the California population. The last stage of weighting included all respondents and used poverty level by insurance status, based on the previous stage's outcomes, as an additional weighting parameter.

The margin of sampling error including the design effect for the full sample is plus or minus 3 percentage points. For results based on subgroups, the margin of sampling error may be higher. Sample sizes and margins of sampling error for subgroups are available by request. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll. Kaiser Family Foundation public opinion and survey research is a charter member of the [Transparency Initiative of the American Association for Public Opinion Research](#).

California regions analyzed in this report are defined as follows:

- **Los Angeles County**
- **South Coast:** San Diego and Orange Counties
- **Inland Empire:** Riverside and San Bernadino Counties
- **San Joaquin Valley:** San Joaquin, Stanislaus, Merced, Madera, Fresno, Kings, Tulare, and Kern Counties
- **Sacramento/North Valley:** Shasta, Tehama, Glenn, Butte, Colusa, Yuba, Placer, Sutter, Yolo, El Dorado, and Sacramento Counties
- **San Francisco Bay Area:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, and Solano Counties

Appendix B: Demographic Tables

Results of some key survey questions for various demographic subgroups are provided in the tables below:

B.1: Tables By Race And Income

Table B.1.1: Availability Of Health Care Providers In The Community

Do you think your community has enough _____ to serve the needs of local residents, or not?	Total	Race/Ethnicity				Self-reported Income (% of FPL)			
		White	Hisp.	Asian	Black	Total		Among Employed	
						<200%	200%+	<200%	200%+
Hospitals									
Enough	70%	74%	63%	77%	54%	63%	74%	64%	75%
Not enough	27	21	35	21	45	34	22	33	22
Don't know	3	5	3	2	1	3	4	3	3
Primary care doctors									
Enough	57%	61%	50%	64%	47%	52%	61%	49%	64%
Not enough	35	29	44	30	46	41	31	42	29
Don't know	7	10	5	7	7	7	8	9	7
Specialists									
Enough	54%	60%	45%	61%	45%	46%	61%	45%	62%
Not enough	33	23	45	27	45	42	24	42	23
Don't know	13	17	10	12	10	12	14	13	14
Mental health care providers									
Enough	27%	26%	26%	30%	19%	30%	25%	27%	26%
Not enough	52	49	57	42	75	56	51	57	49
Don't know	21	24	17	28	6	15	24	16	24

Table B.1.2: Importance Of Medi-Cal To State And Family

How important is Medi-Cal for _____?	Total	Race/Ethnicity				Self-reported Income (% of FPL)			
		White	Hisp.	Asian	Black	Total		Among Employed	
						<200%	200%+	<200%	200%+
The state of California									
Very important	76%	69%	88%	67%	87%	84%	70%	84%	70%
Somewhat important	15	18	7	25	6	10	20	11	19
Not too important	3	4	2	4	2	2	3	2	4
Not at all important	3	3	2	2	4	2	3	2	3
You and your family									
Very important	46%	33%	66%	33%	63%	69%	25%	63%	23%
Somewhat important	12	12	10	20	12	11	14	14	15
Not too important	12	15	7	18	9	7	17	10	18
Not at all important	26	37	12	29	16	11	41	11	41

Table B.1.3: Worries About Affording Health Care

How worried, if at all, are you about being able to afford _____ for you and your family? % who said “very worried”:	Total	Race/Ethnicity				Self-reported Income (% of FPL)			
		White	Hisp.	Asian	Black	Total		Among Employed	
						<200%	200%+	<200%	200%+
Your monthly health insurance premium*	17%	10%	27%	16%	20%	26%	10%	22%	10%
Out-of-pocket costs when using health care services	30	20	47	22	27	44	17	40	19
Prescription drug costs	22	13	37	10	16	33	11	32	10
Rent or mortgage	31	19	47	25	31	48	16	48	17
Gasoline or other transportation costs	27	20	40	11	35	41	13	38	14
Monthly utilities like electricity or heat	22	14	35	15	29	36	9	31	9
Unexpected medical bills	38	26	53	39	29	51	26	52	27

NOTE: *Item was asked among those who have insurance.

Table B.1.4: Problems Affording Care Because Of Cost

In the past 12 months, have you or another family member living in your household _____ because of the cost, or not? % who said yes:	Total	Race/Ethnicity				Self-reported Income (% of FPL)			
		White	Hisp.	Asian	Black	Total		Among Employed	
						<200%	200%+	<200%	200%+
Skipped a recommended medical test or treatment	19%	17%	20%	15%	21%	24%	15%	26%	16%
Not filled a prescription for a medicine	18	14	22	13	17	24	13	21	14
Cut pills in half or skipped doses of medicine	12	10	15	6	18	18	7	17	7
Put off or postponed getting mental health care	10	11	12	3	9	16	7	19	7
Put off or postponed getting health care	20	19	21	19	16	28	16	29	19
Skipped dental care or checkups	30	30	32	22	28	40	23	42	24
Experienced any of the above	44	43	46	41	39	55	36	56	38

Table B.1.5: Problems Paying Medical Bills

In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills, such as bills for doctors, dentists, medication, or home care? % who said yes:	Total	Race/Ethnicity				Self-reported Income (% of FPL)			
		White	Hisp.	Asian	Black	Total		Among Employed	
						<200%	200%+	<200%	200%+
	20%	16%	28%	8%	30%	29%	15%	30%	15%

B.2: Tables By Region

Table B.2.1: Availability Of Health Care Providers In The Community

Do you think your community has enough _____ to serve the needs of local residents, or not?	Total	California Region					
		South Coast	Bay Area	LA County	Sacramento/ North Valley	Inland Empire	San Joaquin Valley
Hospitals							
Enough	70%	81%	73%	72%	76%	54%	51%
Not enough	27	17	24	24	23	38	47
Don't know	3	2	3	3	1	7	2
Primary care doctors							
Enough	57%	71%	60%	61%	46%	53%	46%
Not enough	35	23	28	32	44	40	49
Don't know	7	6	11	6	10	7	5
Specialists							
Enough	54%	64%	59%	53%	60%	50%	36%
Not enough	33	25	23	33	29	37	54
Don't know	13	11	18	13	12	13	10
Mental health care providers							
Enough	27%	37%	22%	28%	20%	29%	25%
Not enough	52	40	46	58	54	53	56
Don't know	21	22	32	14	25	18	18

Table B.2.2: Importance Of Medi-Cal To State And Family

How important is Medi-Cal for _____?	Total	California Region					
		South Coast	Bay Area	LA County	Sacramento/ North Valley	Inland Empire	San Joaquin Valley
The state of California							
Very important	76%	67%	78%	77%	78%	71%	84%
Somewhat important	15	19	16	14	15	19	9
Not too important	3	5	3	3	2	2	4
Not at all important	3	5	2	2	3	5	1
You and your family							
Very important	46%	36%	43%	47%	48%	44%	69%
Somewhat important	12	14	12	10	12	18	12
Not too important	12	13	15	15	13	8	6
Not at all important	26	37	28	25	24	23	12

Table B.2.3: Worries About Affording Health Care

How worried, if at all, are you about being able to afford _____ for you and your family? % who said "very worried":	Total	California Region					
		South Coast	Bay Area	LA County	Sacramento/ North Valley	Inland Empire	San Joaquin Valley
Your monthly health insurance premium*	17%	12%	14%	17%	16%	20%	31%
Out-of-pocket costs when using health care services	30	26	22	34	22	31	48
Prescription drug costs	22	16	20	23	17	23	32
Rent or mortgage	31	24	25	37	26	30	42
Gasoline or other transportation costs	27	24	15	29	24	32	41
Monthly utilities like electricity or heat	22	18	17	19	23	26	40
Unexpected medical bills	38	32	31	38	33	44	49

NOTE: *Item was asked among those who have insurance.

Table B.2.4: Problems Affording Care Because Of Cost

In the past 12 months, have you or another family member living in your household _____ because of the cost, or not? % who said yes:	Total	California Region					
		South Coast	Bay Area	LA County	Sacramento/ North Valley	Inland Empire	San Joaquin Valley
Skipped a recommended medical test or treatment	19%	15%	14%	21%	21%	24%	21%
Not filled a prescription for a medicine	18	17	14	20	23	16	19
Cut pills in half or skipped doses of medicine	12	9	6	14	11	15	19
Put off or postponed getting mental health care	10	7	8	12	8	11	10
Put off or postponed getting health care	20	19	17	22	19	19	21
Skipped dental care or checkups	30	28	23	31	30	33	39
Experienced any of the above	44	41	39	46	42	47	49

Table B.2.5: Problems Paying Medical Bills

In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills, such as bills for doctors, dentists, medication, or home care?	Total	California Region					
		South Coast	Bay Area	LA County	Sacramento/ North Valley	Inland Empire	San Joaquin Valley
% who said yes:	20%	15%	12%	24%	26%	22%	27%

B.3. Tables By Insurance Status Ages 18-64

Table B.3.1: Availability Of Health Care Providers In The Community

Do you think your community has enough _____ to serve the needs of local residents, or not?	Total	Insurance Status (Ages 18-64)		Insurance Type (Ages 18-64)	
		Insured	Uninsured	Employer-Sponsored	Medi-Cal
Hospitals					
Enough	70%	70%	63%	75%	57%
Not enough	27	26	35	21	40
Don't know	3	4	3	4	3
Primary care doctors					
Enough	57%	60%	46%	65%	47%
Not enough	35	33	43	27	46
Don't know	7	7	10	7	7
Specialists					
Enough	54%	56%	43%	61%	47%
Not enough	33	31	39	25	42
Don't know	13	12	16	14	11
Mental health care providers					
Enough	27%	28%	31%	26%	27%
Not enough	52	51	52	49	58
Don't know	21	21	16	25	15

Table B.3.2: Importance Of Medi-Cal To State And Family

How important is Medi-Cal for _____?	Total	Insurance Status (Ages 18-64)		Insurance Type (Ages 18-64)	
		Insured	Uninsured	Employer-Sponsored	Medi-Cal
The state of California					
Very important	76%	77%	80%	72%	91%
Somewhat important	15	15	10	18	7
Not too important	3	2	3	4	1
Not at all important	3	3	5	3	1
You and your family					
Very important	46%	46%	63%	29%	91
Somewhat important	12	13	14	15	5
Not too important	12	14	8	20	1
Not at all important	26	25	10	33	2

Table B.3.3: Worries About Affording Health Care

How worried, if at all, are you about being able to afford _____ for you and your family?	Total	Insurance Status (Ages 18-64)		Insurance Type (Ages 18-64)	
		Insured	Uninsured	Employer-Sponsored	Medi-Cal
% who said “very worried”:					
Your monthly health insurance premium*	17%	18%	N/A	15%	21%
Out-of-pocket costs when using health care services	30	30	56	23	44
Prescription drug costs	22	19	45	14	32
Rent or mortgage	31	31	48	25	46
Gasoline or other transportation costs	27	24	39	18	39
Monthly utilities like electricity or heat	22	20	36	12	37
Unexpected medical bills	38	37	63	32	48

NOTE: *Item was asked among those who have insurance.

Table B.3.4: Problems Affording Care Because Of Cost

In the past 12 months, have you or another family member living in your household _____ because of the cost, or not? % who said yes:	Total	Insurance Status (Ages 18-64)		Insurance Type (Ages 18-64)	
		Insured	Uninsured	Employer-Sponsored	Medi-Cal
Skipped a recommended medical test or treatment	19%	19%	30%	16%	26%
Not filled a prescription for a medicine	18	17	28	13	30
Cut pills in half or skipped doses of medicine	12	12	17	8	21
Put off or postponed getting mental health care	10	10	18	8	14
Put off or postponed getting health care	20	20	32	17	27
Skipped dental care or checkups	30	30	41	23	43
Experienced any of the above	44	45	54	38	57

Table B.3.5: Problems Paying Medical Bills

In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills, such as bills for doctors, dentists, medication, or home care? % who said yes:	Total	Insurance Status (Ages 18-64)		Insurance Type (Ages 18-64)	
		Insured	Uninsured	Employer-Sponsored	Medi-Cal
	20%	21%	31%	17%	31%

Endnotes

¹ Centers for Medicare & Medicaid Services, The Mental Health Parity and Addiction Equity Act (MHPAEA, Accessed January 16, 2019. https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html

² Kaiser Family Foundation, Understanding the Intersection of Medicaid and Work, January 2018. <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

³ California Health Care Foundation, California's Physicians: Headed for a Drought?, June 25, 2018. <https://www.chcf.org/publication/californias-physicians-headed-drought/>

⁴ California Legislative Information, AB-72 Health care coverage: out-of-network coverage, September 23, 2016. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB72

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