

October 2015 | Fact Sheet

Key Facts about the Uninsured Population

Decreasing the number of uninsured is a key goal of the Affordable Care Act (ACA), which provides Medicaid coverage to many low-income individuals in states that expand and Marketplace subsidies for individuals below 400% poverty. The ACA's major coverage provisions went into effect in January 2014 and led to significant coverage gains. The number of uninsured nonelderly Americans in 2014 was 32 million, a decrease of nearly 9 million since 2013. This fact sheet describes trends in coverage leading up to and after the ACA expansions, examines the characteristics of the uninsured population, and summarizes the access and financial implications of not having coverage.

Summary: Key Facts about the Uninsured Population

What was happening to the uninsured leading up to the ACA?

The number of uninsured people increased from 2000 to 2010 due to decreasing employer sponsored insurance coverage and rising health care costs, and growth in the uninsured accelerated during recessionary periods when people lost their jobs. Public programs provided a safety net during the Great Recession and prevented many from becoming uninsured. As the economy improved and early ACA provisions went into effect, the number of uninsured people declined slightly from 2010 to 2013.

What has been happening to the uninsured under the ACA?

As of 2014, the ACA expanded coverage to millions of previously uninsured people through the expansion of Medicaid eligibility and establishment of Health Insurance Marketplaces. The ACA also includes reforms to help people maintain coverage and make private insurance affordable and accessible. Evidence through 2014 and the beginning of 2015 shows substantial gains in public and private insurance coverage and associated historic decreases in uninsured rates in the first full year of ACA coverage.

Why do people remain uninsured?

Even under the ACA, many uninsured people cite the high cost of insurance as the main reason they lack coverage. In 2014, 48% of uninsured adults said the main reason they were uninsured was because the cost was too high. Many people do not have access to coverage through a job, and some people, particularly poor adults in states that did not expand Medicaid, remain ineligible for public coverage. In addition, undocumented immigrants are ineligible for Medicaid or Marketplace coverage.

Who are the remaining uninsured?

Most uninsured people are in low-income working families. In 2014, over 8 in 10 were in a family with a worker, and over 5 in 10 have family income below 200% of poverty. Reflecting the more limited availability of public coverage in some states, adults are more likely to be uninsured than children. People of color are at higher risk of being uninsured than non-Hispanic Whites.

How does the lack of insurance affect access to health care?

People without insurance coverage have worse access to care than people who are insured. Over a quarter of uninsured adults in 2014 (27%) went without needed medical care due to cost. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

What are the financial implications of lack of coverage?

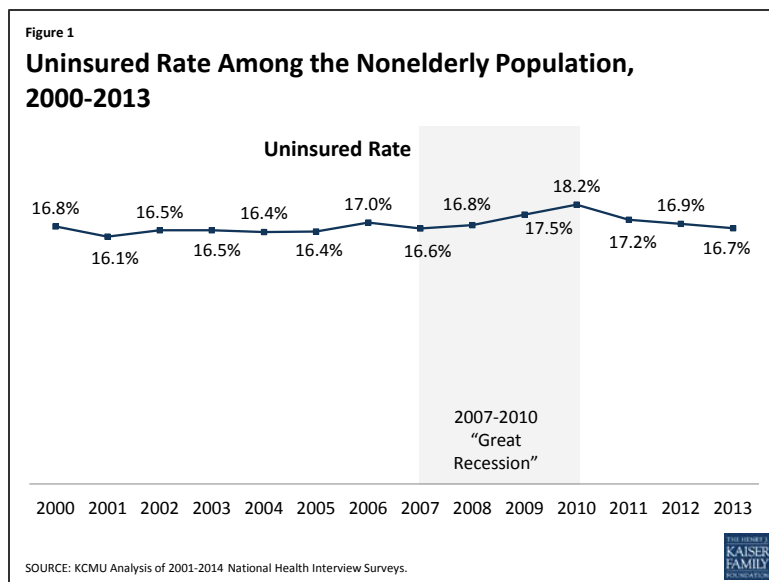
The uninsured often face unaffordable medical bills when they do seek care. In 2014, nearly 36% of low- and middle-income uninsured adults said they had problems paying medical bills. These bills can quickly translate into medical debt since most of the uninsured have low or moderate incomes and have little, if any, savings.

What was happening to the uninsured leading up to the ACA?

The number of uninsured people increased throughout most of the past decade due to decreasing employer sponsored insurance coverage and rising health care costs. The recent recession led to a steep increase in uninsured rates from 2008 to 2010 as a high jobless rate led millions to lose their employer sponsored coverage. Medicaid and CHIP prevented steeper drops in insurance coverage, as many Americans became newly eligible for these programs when their income declined during the recession. From 2011 to 2013, uninsured rates dropped slightly as the economy improved and early provisions expanding coverage under the ACA went into effect.

Key Details:

- The share of the nonelderly population with employer-sponsored coverage declined steadily between 2000 and 2010, dropping nearly ten percentage points over the decade.¹ In 2011, this trend ended as the share with employer-sponsored coverage held nearly constant at around 58% between 2011 and 2013. This break in trend was likely due to uptake of the ACA provision that allowed young adults to continue as dependents on parents' private plans until age 26. It also reflects improving economic conditions. The unemployment rate peaked at 10.0 percent in October 2009.² From 2010 on, the unemployment rate improved steadily, corresponding with a drop in the uninsured rate from 2010 to 2013 (Figure 1).
- The share of people covered by Medicaid increased significantly during the recent recession due to the weak economy and loss of jobs, which led to declining family incomes and decreasing employer-sponsored coverage among families. Between 2008 and 2013, over 11 million people—primarily children—gained Medicaid coverage.³ These gains offset some of the loss of employer coverage over the period.
- In 2013, the uninsured rate among nonelderly individuals was 16.7%, a level comparable to pre-recession uninsured rates (Figure 1). Still, many uninsured individuals had been uninsured for long periods, often five years or more,⁴ indicating that their lack of coverage was related to forces outside the recession. With the major ACA coverage provisions that went into effect in 2014, many are newly-insured.

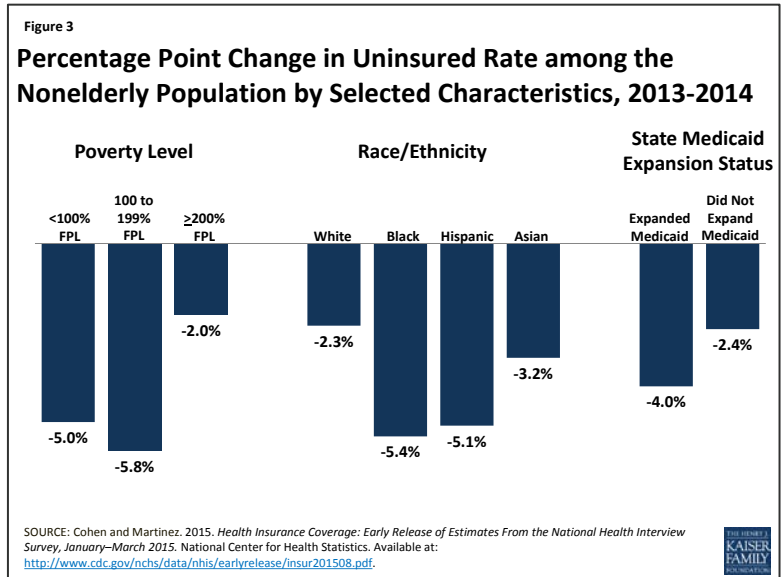
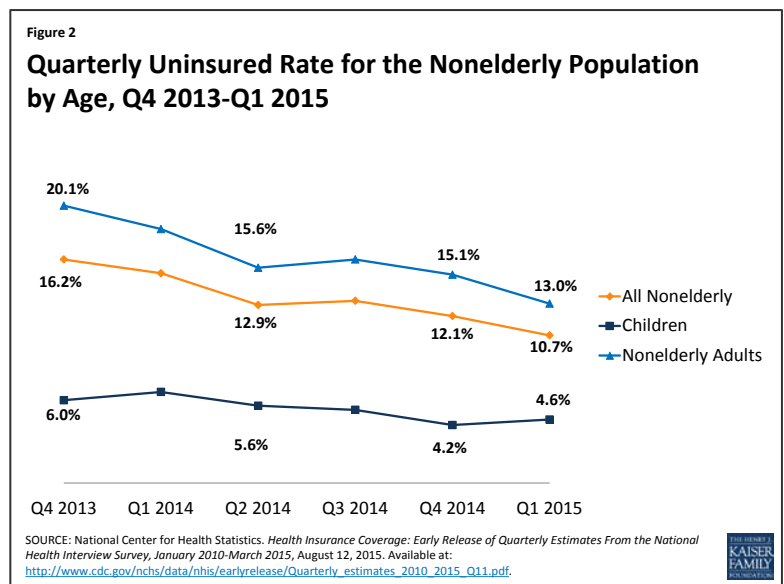


What has been happening to the uninsured under the ACA?

Under the ACA, as of 2014, Medicaid coverage is expanded to nearly all adults with incomes at or below 138% of poverty in states that expand, and tax credits are available for people who purchase coverage through a health insurance Marketplace. Millions of people have enrolled in these new coverage options. Data through early 2015 suggest that the ACA has helped expand coverage to millions of previously uninsured people, with historic drops in the uninsured rate. Coverage gains were particularly large among low-income people living in states that expanded Medicaid. Still, many people remain without coverage.

Key Details:

- As of June 2015, nearly 10 million people were enrolled in state or federal Marketplace plans.⁵ Enrollment data also show that as of June 2015, Medicaid enrollment had grown by 14 million since the period before open enrollment (which started in October 2013).⁶ This growth is an increase of 23% in monthly Medicaid enrollment.⁷
- Enrollment in ACA coverage corresponds with large declines in the uninsured rate. Between 2013 and 2014, the uninsured rate dropped significantly, from 16.2% in the last quarter of 2013 to 12.1% in the last quarter of 2014. Declines have continued into 2015, with preliminary data indicating an uninsured rate of 10.7% in the first quarter of 2015 (Figure 2), the lowest rate in decades. Children, who already had a low uninsured rate due to relatively higher eligibility levels for public coverage, experienced a small decline in the uninsured, while the uninsured rate among nonelderly adults dropped significantly.
- Coverage gains from 2013 to 2014 were particularly large among poor and low-income individuals and people of color, groups that had high uninsured rates prior to 2014. Between 2013 and 2014, the uninsured rate declined by 5.0 and 5.8 percentage points for poor and near-poor nonelderly individuals, respectively (Figure 3). Among racial and ethnic groups, Hispanics and Blacks had the largest declines in uninsured rates, and all people of color generally had larger coverage gains than Whites. In addition, uninsured rates dropped across states that chose to expand Medicaid and states that chose not to expand Medicaid, but they dropped more in expansion states (see Appendix for state-by-state data on changes in the uninsured rate).

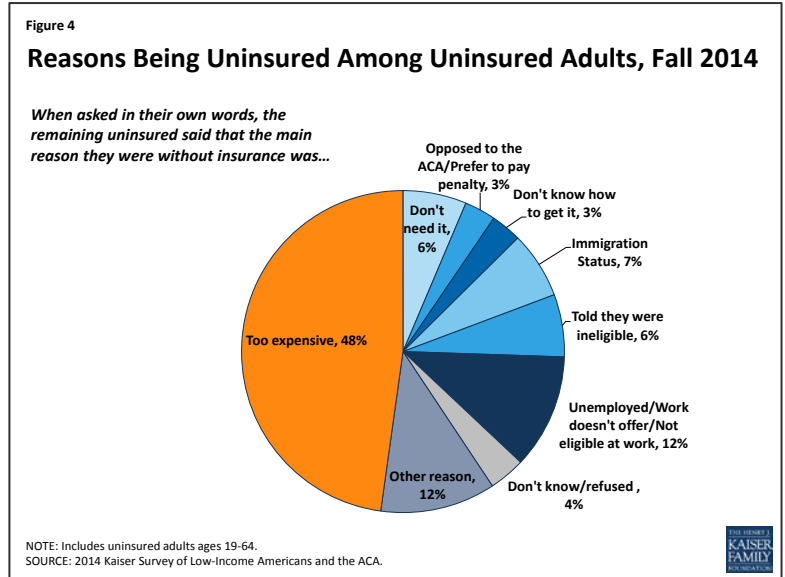


Why do people remain uninsured?

Most Americans obtain health insurance coverage through an employer, but not all workers are offered employer-sponsored coverage or, if offered, can afford their share of the premiums. Medicaid and the Children's Health Insurance Program (CHIP) cover many low-income individuals, particularly children, and financial assistance for Marketplace coverage is available for many moderate-income people. However, Medicaid eligibility for adults remains limited in some states, and few people can afford to purchase coverage on their own without financial assistance. Some people who are eligible for coverage under the ACA may not know they can get help, and others may still find the cost of coverage prohibitive. Undocumented immigrants are ineligible for coverage through either Medicaid or the Marketplace.

Key Details:

- Cost still poses a major barrier to coverage for the uninsured. In 2014, 48% of uninsured adults said that the main reason they lacked coverage was because it was too expensive. Eligibility is also a barrier: 12% of uninsured adults mentioned work-related reasons, such as being unemployed or not having an offer through work, and 13% said they were told they were ineligible or could not get coverage due to their immigration status. Few uninsured adults said they were uninsured because they do not need coverage, oppose the ACA, or would rather pay the penalty (Figure 4).
- Some individuals eligible for assistance may not sign up for coverage due to several factors, including lack of knowledge about their eligibility or enrollment barriers. Among adults who were uninsured in fall 2014, 63% reported that they did not attempt to gain ACA coverage in 2014. Almost half of these adults were likely eligible for either Medicaid or Marketplace tax credits.⁸
- Not all workers have access to coverage through their job. Almost three quarters of uninsured workers (71%) are self-employed or work for firms that do not offer health benefits.⁹ Of those who do work for firms that offer coverage, the most common reason for remaining uninsured was that the coverage was unaffordable. It has become increasingly difficult for workers to afford coverage. Between 2005 and 2015, total premiums increased by 61%, and the worker's share has increased over by 83%, outpacing wage growth.¹⁰
- As of September 2015, 31 states have expanded Medicaid eligibility for most nonelderly adults under 138% FPL.¹¹ However, in states that have not expanded Medicaid, eligibility for adults remains limited, with median eligibility level for parents just 44% of poverty and adults without dependent children ineligible in most cases.¹² Over 3 million poor uninsured adults are in the "coverage gap" because they earn too much to qualify for Medicaid but not enough to qualify for Marketplace premium tax credits.¹³
- Undocumented immigrants are not eligible for Medicaid and are barred from purchasing coverage in the Marketplace.¹⁴ While lawfully-present immigrants under 400% FPL are eligible for Marketplace tax credits, only those who have passed a five-year waiting period after receiving qualified immigration status can qualify for Medicaid.

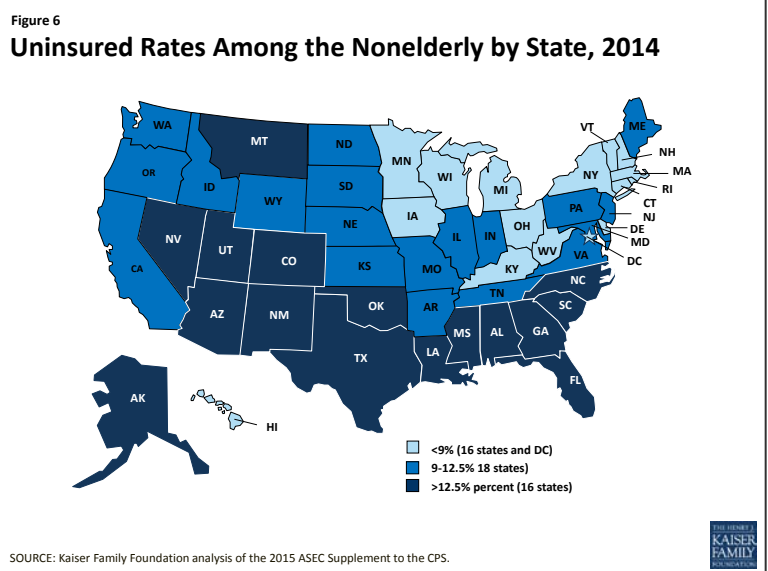
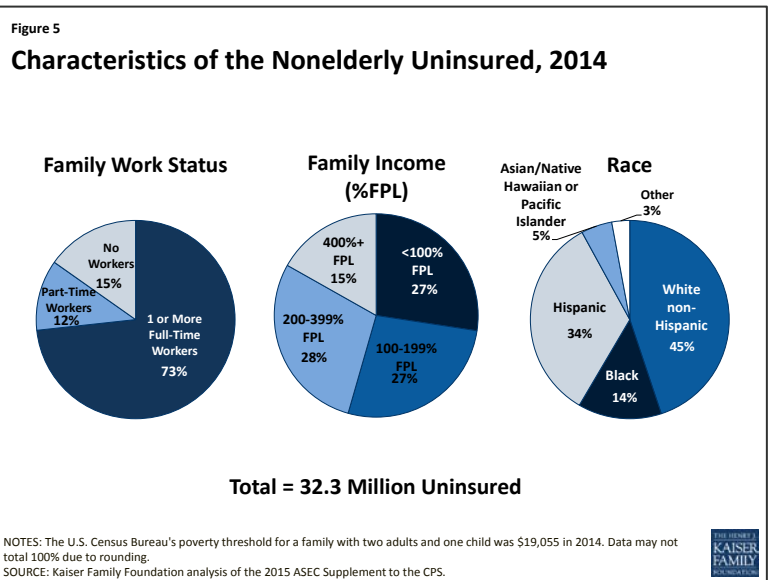


Who remains uninsured?

Low-income working families make up over 40% of the remaining uninsured.¹⁵ Reflecting income and the availability of public coverage, people who live in the South or West are more likely to be uninsured. Most who remain uninsured have been without coverage for long periods of time.

Key Details:

- As of the end of 2014, over seven in ten of the uninsured have at least one full-time worker in their family, and an additional 12% have a part-time worker in the family (Figure 5).
- Individuals below poverty are at the highest risk of being uninsured (the poverty level for a family of three was \$19,055 in 2014). In total, over eight in ten of the uninsured are in low- or moderate-income families, meaning they have incomes below 400% of poverty (Figure 5).
- While a plurality (45%) of the uninsured are non-Hispanic Whites, people of color are at higher risk of being uninsured than non-Hispanic Whites. People of color make up 40% of the overall U.S. population but account for over half of the total uninsured population (Figure 5). The disparity in insurance coverage is especially high for Hispanics, who account for 19% of the total population but more than a third (34%) of the uninsured population. Hispanics and non-Hispanic Blacks have significantly higher uninsured rates (20.9% and 12.7%, respectively) than Whites (9.1%).¹⁶
- Most of the uninsured (79%) are U.S. citizens and 21% are non-citizens. Uninsured non-citizens include both lawfully present and undocumented immigrants. Undocumented immigrants and legal immigrants residing in the U.S. for less than five years are ineligible for federally funded health coverage.
- Uninsured rates vary by state and by region, with individuals living in the South and West the most likely to be uninsured (Figure 6 and Appendix Table A). The ten states with the highest uninsured rates in 2014 were all in the South and West. This variation reflects different economic conditions, state expansion status, availability of employer-based coverage, and demographics.
- Most people who remained uninsured in 2014 had been without coverage for long periods of time, with 29% reporting that they had been uninsured for one to five years, 24% reporting they had been uninsured for more than five years, and 18% reporting that they had never had coverage.¹⁷ People who have been without coverage for long periods may be particularly hard to reach in outreach and enrollment efforts.

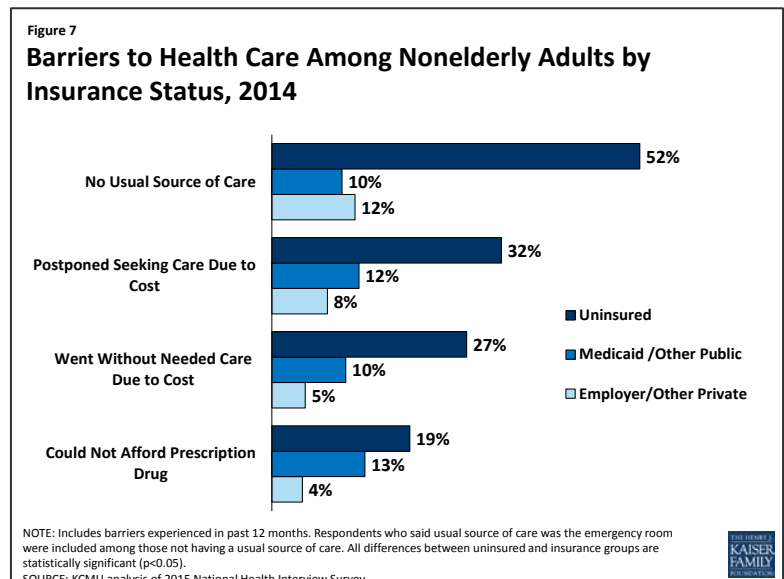


How does the lack of insurance affect access to health care?

Over a quarter of uninsured adults (27%) in 2014 went without needed care in the past year due to cost (Figure 7). Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.^{18, 19, 20, 21} Research also has suggested that insurance can decrease likelihood of depression and stress.²²

Key Details:

- Health providers can choose to not provide care to the uninsured. Only emergency departments are required by federal law to screen and stabilize all individuals. However, the uninsured are not necessarily more likely to use the emergency room than those with insurance.²³ If the uninsured are unable to pay for care in full, they are often turned away when they seek follow-up care for urgent medical conditions.²⁴
- The uninsured receive less preventive care and recommended screenings than the insured. In 2014, just over a quarter of uninsured adults (27%) reported a preventive visit with a physician in the last year, compared to 47% of insured adults who gained coverage in 2014 and 65% of adults who had coverage since before 2014.²⁵
- Receiving needed care is especially important for the uninsured since they are generally not as healthy as those with private coverage. The uninsured are at higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions.²⁶ After a chronic condition is diagnosed, they are less likely to receive follow-up care and as a result are more likely to have their health decline.²⁷ Lack of follow-up attributed to being uninsured can delay the detection of certain cancers, which can result in adverse outcomes.²⁸ It follows that the uninsured also have significantly higher mortality rates than those with insurance.^{29, 30}
- The uninsured report higher rates of postponing care and forgoing needed care or prescriptions due to cost compared to those covered by Medicaid, other public programs, or employer/private coverage (Figure 7). A seminal study of health insurance in Oregon found that the uninsured were less likely to receive care from a hospital or doctor than newly insured Medicaid enrollees.³¹ A follow-up study found that newly insured Medicaid enrollees were much less likely to delay care because of costs than the uninsured.³²



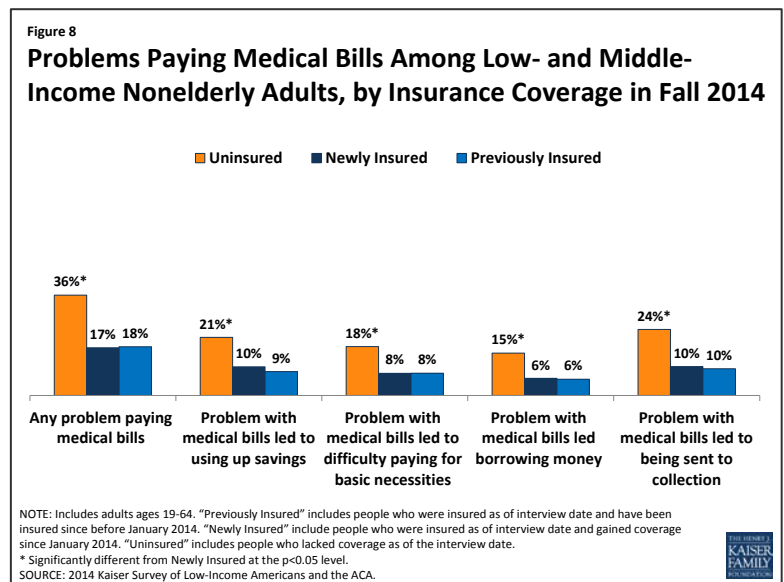
What are the financial implications of lack of coverage?

The uninsured often face unaffordable medical bills when they do seek care. These bills can quickly translate into medical debt since most of the uninsured have low or moderate incomes and have little, if any, savings.

Key Details:

- Those without insurance for an entire year pay for one-fifth of their care out-of-pocket.³³ They are typically billed for any care they receive, often paying higher charges than the insured.³⁴

- Medical bills can put great strain on the uninsured and threaten their physical and financial well-being. Low- and middle-income nonelderly adults who remained uninsured in 2014 were twice as likely as those who gained coverage in 2014 and those who had coverage since before 2014 to have problems paying medical bills (Figure 8). Uninsured adults were also more likely to face negative consequences due to medical bills, such as using up savings, having difficulty paying for necessities, borrowing money, or having medical bills sent to collection.



- Uninsured low- and middle-income nonelderly adults were also much more likely than their insured counterparts to lack confidence in their ability to afford usual medical costs and major medical expenses or emergencies. Over two-thirds (68%) of the low- to middle-income uninsured are not confident that they can pay for the health care services they think they need, compared to 34% among the newly insured and 24% among the previously insured.³⁵ The uninsured live with the knowledge that they may not be able to afford to pay for their family's medical care, which can cause anxiety and potentially lead them to delay or forgo care. Over a quarter (24%) of low- and middle-income uninsured adults said worry about medical costs affected their job performance, family relationships, or ability to sleep.³⁶
- Lacking insurance coverage puts people at risk of medical debt. In 2014, nearly a third (32%) of uninsured adults said they were carrying medical debt.³⁷ Medical debts contribute to over half (52%) of debt collections actions that appear on consumer credit reports in the United States³⁸ and contribute to almost half of all bankruptcies in the United States.³⁹ Uninsured people are more at risk of falling into medical bankruptcy than people with insurance.⁴⁰

Conclusion

While millions of people have gained coverage under the ACA provisions that went into effect in 2014, over 32 million nonelderly individuals remained uninsured in 2014. Many of these people are ineligible for ACA coverage, either because of their immigration status or because their state did not expand Medicaid. Others may be eligible but either do not know of the new coverage options, have had difficulty navigating the enrollment process, or opted not to take up coverage. Affordability of coverage, even with the availability of financial assistance, remains a barrier to insurance, with remaining uninsured adults naming cost as an ongoing major reason for not being insured.

Going without coverage can have serious health consequences for the uninsured because they receive less preventive care, and delayed care often results in more serious illness requiring advanced treatment. Being uninsured also can have serious financial consequences. The ACA has helped to lower the number of uninsured Americans, but monitoring coverage changes, coverage affordability, and who is left out of coverage expansions is still important.

Appendix A: Uninsured Rate by State, 2013- 2014

State	2013 Uninsured Rate	2014 Uninsured Rate	Change in Uninsured Rate
Alabama	17.8%	12.7%	-5.1% *
Alaska	15.8%	15.9%	0.1%
Arizona	21.2%	14.2%	-7.0% *
Arkansas	17.8%	11.7%	-6.1% *
California	16.4%	11.4%	-5.0% *
Colorado	13.8%	12.8%	-1.1%
Connecticut	11.8%	8.0%	-3.7% *
Delaware	8.3%	8.1%	-0.2%
DC	8.9%	7.2%	-1.7%
Florida	22.0%	17.2%	-4.8% *
Georgia	18.5%	17.5%	-0.9%
Hawaii	5.7%	6.2%	0.5%
Idaho	16.8%	11.8%	-4.9% *
Illinois	11.9%	10.3%	-1.6%
Indiana	14.6%	12.5%	-2.1%
Iowa	9.5%	7.2%	-2.2%
Kansas	11.5%	12.3%	0.8%
Kentucky	16.3%	7.8%	-8.4% *
Louisiana	16.4%	14.6%	-1.8%
Maine	11.3%	11.5%	0.2%
Maryland	13.3%	6.5%	-6.7% *
Massachusetts	3.6%	5.1%	1.5%
Michigan	12.1%	8.1%	-4.0% *
Minnesota	7.9%	7.9%	0.0%
Mississippi	16.4%	14.0%	-2.4%
Missouri	13.1%	10.3%	-2.8%
Montana	19.0%	14.8%	-4.2% *
Nebraska	10.6%	11.0%	0.4%
Nevada	22.0%	14.5%	-7.5% *
New Hampshire	13.2%	8.4%	-4.8% *
New Jersey	13.4%	12.3%	-1.2%
New Mexico	19.5%	13.6%	-5.8% *
New York	11.1%	8.9%	-2.2% *
North Carolina	17.3%	13.6%	-3.8% *
North Dakota	12.1%	10.0%	-2.1%
Ohio	13.9%	8.6%	-5.3% *
Oklahoma	18.1%	18.1%	0.0%
Oregon	14.2%	9.5%	-4.8% *
Pennsylvania	11.6%	9.5%	-2.1% *
Rhode Island	10.7%	6.1%	-4.6% *
South Carolina	18.9%	15.0%	-3.9% *
South Dakota	11.6%	10.8%	-0.8%
Tennessee	15.2%	11.1%	-4.1% *
Texas	22.8%	18.8%	-4.0% *
Utah	13.7%	12.9%	-0.7%
Vermont	9.1%	6.6%	-2.5%
Virginia	13.1%	11.2%	-1.9%
Washington	13.4%	10.2%	-3.2% *
West Virginia	14.2%	7.7%	-6.6% *
Wisconsin	10.4%	8.4%	-2.0%
Wyoming	17.5%	11.3%	-6.1% *

* Indicates change is significant at the 0.05 level.

Source: KFF Analysis of 2015 and 2014 ASEC supplements to the CPS.

Endnotes

- ¹ Kaiser Family Foundation analysis of the 2000-2012 National Health Interview Surveys.
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- ¹⁴ Kaiser Family Foundation. "Key Facts on Health Coverage for Low-Income Immigrants Today and Under the Affordable Care Act." 2013. Available at: <http://kff.org/disparities-policy/fact-sheet/key-facts-on-health-coverage-for-low/>
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- ¹⁶ Ibid.
- ¹⁷ Kaiser Family Foundation analysis of 2014 Kaiser Survey of Low-Income Americans and the ACA.
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