



TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

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Young, Uninsured, and in Debt: Why Young Adults Lack Health Insurance and How the Affordable Care Act Is Helping

*Findings from the Commonwealth Fund
Health Insurance Tracking Survey of Young Adults, 2011*

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Abstract: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults finds that between November 2010 and November 2011, an estimated 13.7 million young adults ages 19–25 stayed on or joined their parent's health plans, including 6.6 million who likely would not have been able to do so prior to the passage of the Affordable Care Act. The findings of the survey underscore the need for policymakers to implement the remaining coverage expansions in the law. Nearly two of five young adults ages 19–29 were without health insurance for all or part of 2011, with young adults in low- and moderate-income households the most at risk. The lack of insurance had significant health and financial implications for young adults: 60 percent said they did not get needed health care because of cost and half reported problems paying medical bills or said they were paying off medical debt over time.

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OVERVIEW

Young adults ages 19 to 29 have had among the highest uninsured rate of any age group in the United States for many years.¹ For many young adults, ties to insurance coverage are severed on their 19th birthdays. Children eligible for public programs like Medicaid or the Children's Health Insurance Program generally lose coverage when they turn 19. In addition, in the past, many children insured as dependents on their parents' employer-based health plans either lost coverage when they graduated from high school if they did not go on to college or lost coverage when they graduated from college. Young adults who join the labor force are still establishing themselves and often lack permanent employment—and thus a

source of health insurance—or work in jobs that do not include health benefits.

The Affordable Care Act swiftly addressed this problem in 2010 by requiring insurance plans that include dependent coverage to cover adult children until their 26th birthdays. The effect has been dramatic: between September 2010 and June 2011 the number of insured young adults increased by 2.5 million, likely as a result of this new provision.² Beginning in 2014, uninsured young adults who do not have the ability to join a parent's health plan will have new affordable insurance options, including substantially expanded eligibility for Medicaid and subsidized private health plans for those with incomes up to 400 percent of the federal poverty level poverty (\$43,560 for a single person or \$89,400 for a family of four).³ Combined, these provisions will provide near-universal coverage for this age group.

A new survey, the Commonwealth Fund Health Insurance Tracking Survey of Young Adults, shows how essential the Affordable Care Act's new young adult coverage provision has been for this age group while underscoring the critical importance of implementing the reform law's remaining insurance coverage provisions over the next two years. The survey finds that an estimated 13.7 million young adults ages 19 to 25 stayed on or joined their parents' health plans between November 2010 and November 2011. This includes roughly 6.6 million young adults who likely would not have been able to be covered on their parents' plans prior to the passage of the Affordable Care Act.⁴

But because not all young adults have parents with health plans they can join, many are still experiencing gaps in their health insurance. The survey finds that nearly two of five (39%) young adults ages 19 to 29 were without health insurance for all or part of 2011. Young adults in low- and moderate-income households—that is, those least likely to have access to parents' plans—were the most at risk: 70 percent of young adults with incomes under 133 percent of poverty (\$14,484 for a single person and \$29,726 for a family of four) had a gap in their insurance in 2011,

more than three times the rate of young adults with incomes of 400 percent of poverty or more.

Lacking insurance coverage had significant health and financial implications for young adults. Overall, two of five (41%) young adults said they had not gotten needed health care because of cost in the past year; the rate rose to 60 percent among uninsured young adults. More than one-third (36%) of all young adults reported problems paying medical bills or said they were paying off medical debt over time; the rate was 51 percent among uninsured young adults.

The burden of medical bills and debt had significant financial consequences for young adults, forcing many to make education and career trade-offs. Among young adults who reported problems paying medical bills or said they were paying off medical debt, 43 percent said they had used up all their savings to pay their bills, 33 percent took on credit card debt, 32 percent had been unable to meet other debt obligations such as school loans or tuition payments, 31 percent delayed education or career plans, and 28 percent said they had been unable to pay for basic necessities like food or rent.

The survey provides considerable evidence that most young adults enroll in health insurance when they have access to affordable coverage. Nearly two-thirds (64%) of working young adults ages 19 to 29 who were eligible for coverage through their jobs enrolled in their employers' health plans. The survey asked those young adults who did not take up employers' offers of coverage why they had not enrolled. Only 6 percent said they did not need coverage. One-third said they had insurance under a parent's plan, 20 percent had coverage through a spouse or partner, and 24 percent said the coverage was too expensive.

SURVEY FINDINGS

Many Young Adults Benefiting from the Affordable Care Act's Dependent Coverage Provision

Young adults historically have lost access to health insurance at two key transition points: their 19th birthdays and/or graduation from high school, and

graduation from college. Young adults insured under their parents' plans lost access to those plans when they graduated from high school, if they did not go on to college, or when they graduated from college. In addition, nearly all children who are insured through Medicaid or the Children's Health Insurance Program (CHIP) are reclassified as adults on their 19th birthdays. Since most state Medicaid programs do not cover adults, other than pregnant women or parents with very low incomes, nearly all young adults who are covered through Medicaid or CHIP as children lose their health insurance at age 19.

One of the first major coverage provisions of the Affordable Care Act sought to eliminate coverage gaps among young adults by requiring all insurance plans that offer dependent coverage to offer the same level of coverage at the same price to their enrollees' adult children up to their 26th birthdays.⁵ The law applies to all adult children, regardless of living situation, degree of financial independence, or marital or student status. The law applies to all forms of health insurance, including self-insured employer plans (i.e., employers pay benefits directly to employees) and fully insured employer plans (i.e., employers purchase health insurance for employees from an insurance company). It also applies to new health plans and "grandfathered" health plans—those in existence when the law was signed into law in March 2010.⁶ There is one restriction: prior to 2014, young adults may be covered by their parents' grandfathered employer group health plans only if they are not eligible to enroll in any other employer-sponsored plan—either through their own employer or their spouse's.

The survey finds that a substantial share of young adults are both aware of and benefiting from this new option. Nearly six of 10 (59%) young adults ages 19 to 25 were aware that they could stay on or join their parents' plans ([Appendix Table 1](#)). Majorities of young adults regardless of political affiliation were aware of the provision, with Independents showing the greatest awareness: 71 percent of Independents, 64 percent of Democrats; and 62 percent of Republicans said they knew about the provision. Young adults with

higher incomes were more likely to be aware of the provision than those in households with lower incomes: 71 percent with incomes of 250 percent of poverty or more (\$55,875 for a family of four) knew about the provision compared with 43 percent of adults earning less than 250 percent of poverty. College graduates were more aware of the provision than were young adults without a high school degree (74% vs. 32%).

Nearly half (47%), or an estimated 13.7 million, young adults ages 19 to 25 reported that they had stayed on or joined their parents' insurance plans between November 2010 and November 2011 ([Appendix Table 1](#)). We estimate that roughly 6.6 million of these young adults likely would not have been eligible for coverage under their parents' employer plans prior to the passage of the Affordable Care Act. These individuals include young adults age 23 or older and those under age 23 who were not full-time college students.⁷

Young adults with higher incomes were substantially more likely to be covered under a parent's policy than were those in lower-income households who are less likely to have parents with insurance policies they could join. While 69 percent of young adults in families with incomes of 400 percent of poverty or more stayed on or joined their parents' plan between November 2010 and November 2011, only 17 percent of those with incomes under 133 percent of poverty did so. In addition, black and Hispanic young adults were far less likely than white young adults to be enrolled on a parent's policy (34% and 33% vs. 54%).

There were also regional differences. Slightly more than one-third (36%) of young adults living in the South were enrolled on a parent's policy compared with 60 percent of those living in the Midwest and 51 percent of those in the Northeast. Young adults living in suburban areas (56%) were more likely than those living in cities (41%) or rural areas (45%) to have coverage on a parent's plan.

The survey does not tell us the share of uninsured young adults who were eligible to join parents' policies but were not aware of this new option. Higher awareness and take-up among young adults in more

affluent families most likely reflects a greater share of parents with employer plans that includes dependent coverage, as compared with young adults in lower- and moderate-income families. Indeed, insurance coverage of young adults and coverage of their parents appear to be linked: young adults whose parents have health insurance have five times the odds of being insured as young adults with uninsured parents (data not shown).

Many Young Adults Experienced Gaps in Coverage in 2011

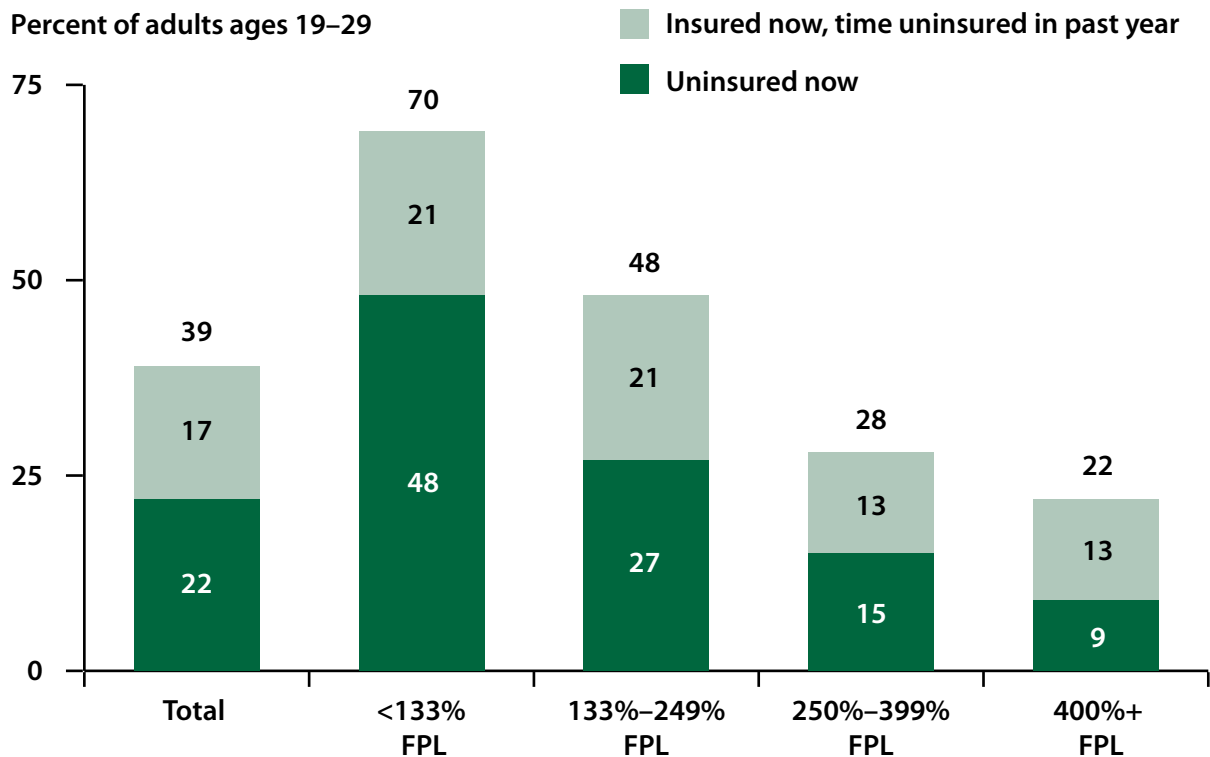
The young adult coverage provision under the Affordable Care Act is a critical source of protection for millions of young adults. But millions more young adults in families without insurance policies, and those who are older than 25, cannot take advantage of the new provision. By 2014, the health reform law will provide new affordable coverage options that will ensure near-universal coverage in this age group. Eligibility for Medicaid will be expanded to 133 percent of the

federal poverty level. In addition, young adults with incomes up to 400 percent of poverty will be eligible for subsidized private health insurance offered through new state insurance exchanges.

The survey findings underscore why it is imperative that policymakers implement the remaining coverage expansions under the health reform law over the next two years. In 2011, nearly two of five (39%) young adults ages 19 to 29 reported a gap in their insurance coverage: 22 percent were uninsured at the time of the survey and 17 percent were insured but said they had spent some time uninsured in the past year (Exhibit 1, [Appendix Table 2](#)).

Young adults in low- and moderate-income households were far more likely to report gaps in their insurance coverage than were those with higher incomes. Seventy percent of young adults in families with incomes under 133 percent of poverty reported a gap: nearly half (48%) indicated they were uninsured at the time of the survey and 21 percent said they

Exhibit 1. Nearly Two of Five Young Adults Spent Some Time Uninsured in the Past Year



Notes: FPL refers to federal poverty level. Numbers may not sum to bar total because of rounding.
Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

were insured but spent some time uninsured in the past year.⁸ Among young adults earning between 133 percent and 249 percent of poverty, nearly half (48%) were uninsured during the year. More than one-quarter (27%) were uninsured at the time of the survey and 21 percent were insured but had spent some time uninsured. While young adults in households with incomes of 250 percent of poverty or higher had fewer gaps compared with lower-income young adults, rates were still high. Twenty-eight percent of young adults with incomes between 250 percent and 399 percent of poverty and 22 percent of those with incomes of 400 percent of poverty or higher experienced gaps in coverage.

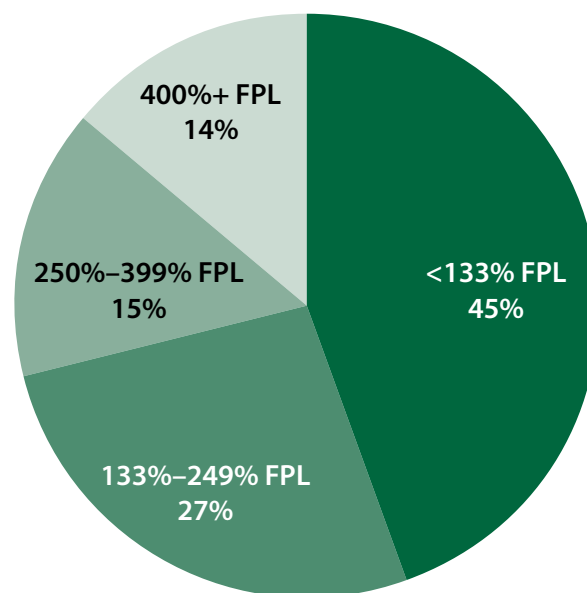
Overall, young adults in low- to moderate-income households composed the majority of young adults who were uninsured at the time of the survey. Nearly three-quarters (72%) of uninsured young adults in 2011 were in families with incomes under 250 percent of poverty (Exhibit 2). This group faces considerable economic challenges. Compared with young adults

with higher incomes, young adults in this income range were disproportionately unemployed, not enrolled in school full-time, and had a high school degree or less ([Appendix Table 2](#)). While 43 percent of young adults ages 19 to 29 had incomes of less than 250 percent of poverty, 70 percent of young adults who were unemployed and looking for work were in households with incomes in that range.

Slow Economic Growth Is Making It Difficult for Young Adults to Gain Coverage

The lingering softness in the U.S. economy has likely contributed to high rates of reported gaps in health insurance among young adults in the survey. More than one of 10 (11%) 19-to-29-year-olds in the survey said they were unemployed but looking for work. Of those, 62 percent had experienced a time without health insurance in the past year compared with 32 percent of those who were employed full time and 38 percent of those who were employed part time ([Appendix Table 2](#)).

Exhibit 2. Nearly Three-Quarters of Uninsured Young Adults Had Incomes Under 250 Percent of Poverty



Distribution of 10.4 million uninsured* adults ages 19–29

* Uninsured indicates uninsured at the time of the survey.

Notes: FPL refers to federal poverty level. Numbers may not sum to 100 because of rounding.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Among 19-to-25-year-olds, 12 percent were unemployed and looking for work: of those, 58 percent had been uninsured for some time during the year (data not shown).

The survey asked young adults whether they had lost a job in the past two years, and if so, what the effect had been on their health insurance. More than one of five (21%) 19-to-29-year-olds in the survey—an estimated 9.6 million individuals—said they had lost their jobs between November 2009 and November 2011 (data not shown). Young adults with incomes under 250 percent of poverty were the hardest hit: nearly one of three (29%) had lost their jobs, two times the rate (15%) reported by those with incomes of 250 percent of poverty or more. Black and Hispanic young adults reported job loss at nearly twice the rate of white young adults (30% and 28% vs. 16%).

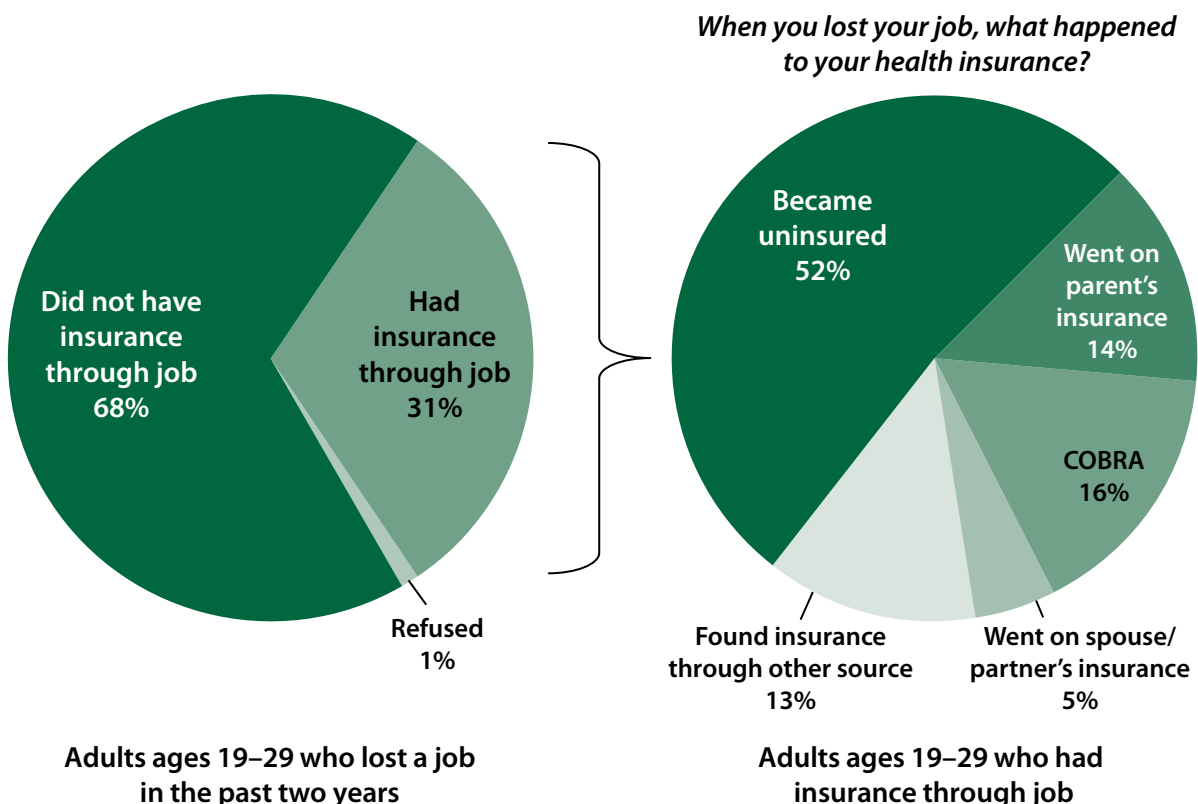
Of 19-to-29-year-olds who had lost jobs in the past two years, only 31 percent had held health benefits through their jobs (Exhibit 3). Among those who lost jobs with health benefits, more than half (52%) said they became uninsured, 16 percent continued coverage

through COBRA, 14 percent were able to join their parents' policies, 13 percent found insurance through another source, and 5 percent said they were covered by a spouse or partner's policy. Among young adults who had not had health benefits through their jobs, nearly half (48%) were uninsured at the time of the survey (data not shown).

When Offered Affordable Health Insurance, the Vast Majority of Young Adults Enroll

There is a conventional stereotype that young adults consider themselves “young invincibles”—that is, they are uninsured because they believe they are healthy and do not need health insurance. This has raised the question of whether young adults will comply with the requirement that everyone have health insurance under the Affordable Care Act. Beginning in 2014, people who do not indicate on their income tax forms that they have health insurance would owe a payment in the amount of \$95 or 1 percent of applicable income (i.e., income in excess of the tax-filing threshold) in 2014,

Exhibit 3. Half of Young Adults Who Lost a Job with Health Benefits from November 2009 to November 2011 Became Uninsured



Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

\$325 or 2 percent of income in 2015, and \$695 or 2.5 percent of income in 2016, up to a maximum of \$2,085 per family. Many people will be exempt from the tax penalty, including those who do not owe taxes (incomes below \$9,350 for an individual and \$18,700 for a family); those who cannot find a health plan that costs less than 8 percent of their income, net of subsidies and employer contribution; people who have been without insurance for less than three months; and certain other circumstances.

But there is considerable evidence that affordability, rather than a belief that they do not need insurance, prevents young adults from enrolling in a health plan. In 2006, Massachusetts passed a reform law very similar to the Affordable Care Act, with subsidized health insurance options as well as an individual requirement to have health insurance. Sharon Long and colleagues found that in Massachusetts there has been substantial compliance with the mandate among young adults. The uninsured rate among young adults ages 19 to 26 in the state declined by more than 60 percent in the year following the rollout of the law, falling from 21.1 percent in 2005–2006 to 8.2 percent in 2007–2008. In New York, which had no mandate or coverage expansion over those years, the uninsured rate among young adults remained at 27 percent.⁹

The survey findings suggest that young adults enroll in health insurance in large numbers when it is affordable. The survey asked young adults who were working full time or part time whether they worked for a company that offered health insurance, and if so whether they were eligible to enroll in the plan. Overall, 71 percent of 19-to-29-year-old workers said their employers offered a health plan; 62 percent were eligible to enroll in it ([Appendix Table 3](#)). Workers under 26 were far less likely to work for a company that offered a plan than those 26 to 29 (64% vs. 80%) and to be eligible to enroll in their employer's plan (53% vs. 75%).

Among those working young adults ages 19 to 29 who were eligible for a plan through their jobs, nearly two-thirds (64%) enrolled. Again, there were differences between 19-to-25-year-olds and

26-to-29-year-olds: 50 percent of the younger workers enrolled in a plan through their jobs compared with 78 percent of 26-to-29-year-olds. This did not mean that more 19-to-25-year-old workers were uninsured. The major difference in coverage between the two age groups was enrollment in a parent's plan: 24 percent of working 19-to-25-year-olds were covered by a parents' employer.

The survey asked young adults who did not take up coverage under their employer's health plan why they had elected not to enroll. Among 19-to-29-year-olds, only 6 percent said they did not need coverage. One-third said they had insurance under their parents' health plan, 20 percent had coverage through a spouse or partner, and 24 percent said the coverage was too expensive (data not shown).

Why Health Insurance Is Important for Young Adults

Although young adults are generally healthy, gaps in health insurance disrupt their access to health care, introduce barriers to care when it is needed, and leave them and their families at risk for high out-of-pocket costs in the event of a serious illness or severe injury. Young adults, particularly women, need regular preventive care. When young adults experience gaps in health insurance, their ties with primary care physicians are weakened, often at precisely the time they should be forming stronger links to the health care system and taking responsibility for their own care. The following are just a few reasons coverage is so important for young adults:

- Injury-related visits to emergency rooms are far more common among young adults than among either children or older adults. In 2010, the prevalence of injury-related visits to the emergency room was 1,547 per 10,000 among 18-to-24-year-old males and 1,187 per 10,000 among 18-to-24-year-old females—the highest rate of all age groups.¹⁰
- More than half (54%) of 20-to-24-year-old women and 47 percent of 25-to-29-year-old women are infected with human papillomavirus (HPV).¹¹

- There were 2.1 million live births in 2010 among women ages 20 to 29.¹²
- Young adults ages 20 to 24 had the highest number and rate of HIV diagnoses of any age group in 2009 at 37 new HIV diagnoses per 100,000.¹³
- Fifteen percent of young adults ages 18 to 29 have one of six chronic health conditions: arthritis, asthma, cancer, diabetes, heart disease, and hypertension. Eighteen percent of young women have one of these conditions and 12 percent of young men do.¹⁴
- Over half of young adults ages 18 to 29 are above a healthy weight: 28 percent are overweight and an additional 24 percent are obese. Over the past 30 years, obesity in this age group has increased threefold.¹⁵
- More than 20,000 people with congenital heart disease reach their 19th birthdays each year.¹⁶

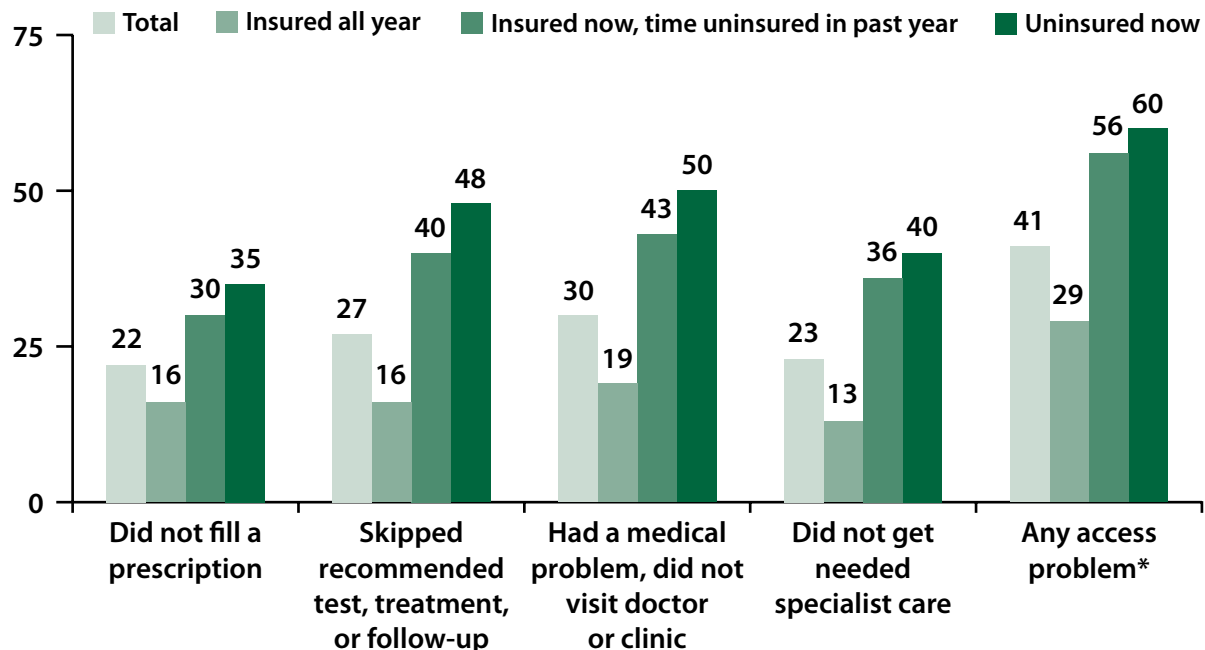
Young Adults with Gaps in Health Insurance Avoid or Delay Getting Needed Health Care Because of Costs

Without the financial protection of health insurance, even routine visits to the doctor can result in considerable bills, providing a strong incentive for young adults to delay needed health care. Alternatively, if young adults are insured and have plans with high deductibles, they may face the full cost of a visit when sick.

The survey asked young adults whether they had failed to pursue needed health care in the past 12 months because of cost. Specifically, respondents were asked if, because of cost, they had not filled a prescription; skipped a medical test, treatment, or follow-up visit recommended by a doctor; did not go to a doctor or clinic when sick; or did not see a specialist when a doctor or the respondent thought it was needed. Two of five (41%) young adults ages 19 to 29 reported any one of these problems (Exhibit 4, [Appendix Table 4](#)). Young adults ages 26 to 29 reported delaying care

Exhibit 4. Two of Five Young Adults Experienced a Cost-Related Problem Getting Needed Care

Percent of adults ages 19–29 who experienced the following access problems in the past year because of cost:



* Experienced any of the following because of cost: did not fill a prescription; skipped a recommended test, treatment, or follow-up; had a medical problem, did not visit a doctor or clinic; did not get needed specialist care.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

because of cost at higher rates than those ages 19 to 25 (47% vs. 37%).

Young adults who were uninsured at the time of the survey or who were insured but had spent a time uninsured during the past year experienced the highest rates of cost-related problems getting needed health care. Six of 10 young adults who were uninsured at the time of the survey and 56 percent of those who were insured but had had a gap in coverage cited cost-related problems accessing needed health care. Young adults who had been insured continuously all year reported delaying care at half the rates reported by those with gaps in coverage, but rates were still high: 29 percent of young adults who were insured all year said they had delayed or avoided needed health care because of costs.

Across income groups, insurance coverage made the biggest difference in whether young adults postponed needed health care because of costs. The percent of young adults with a gap in coverage who reported delaying care were similar across income groups (data not shown.) But because a much larger share of lower-income young adults have gaps in their coverage, as a group they are more likely to report delaying needed care because of cost. Nearly half of young adults (48%) with incomes under 250 percent of poverty said they had not received needed care because of cost compared with 35 percent of those with incomes of 250 percent of poverty or more ([Appendix Table 4](#)).

Young Adults with Gaps in Health Insurance Are Less Likely to Have a Regular Doctor and Receive Recommended Preventive Care

Having health insurance makes a significant difference in whether young adults have a regular doctor and receive recommended preventive care. In the survey, 85 percent of young adults who were insured all year reported they had a regular doctor, doctors' group, health center, or clinic where they usually went for medical care. In contrast, 72 percent of those who were insured but had had a gap in coverage and only 38 percent of those who were uninsured had a regular source of care ([Appendix Table 4](#)).

Similarly, young adults with gaps in their health insurance were less likely to be up to date with preventive care tests than were those who were continuously insured. Nearly nine of 10 (88%) young adults who were insured all year had their blood pressure checked in the past year, compared with 70 percent of those who were insured but had a gap in coverage and half (53%) of those who were uninsured when surveyed. Likewise, 87 percent of young adults who had been continuously insured had their height and weight checked in the past three years compared with 56 percent of those who were uninsured at the time of the survey.

Only six of 10 (62%) young women had had a Pap test in the past year. While rates were somewhat higher among women who had been insured all year than those who had a gap in coverage, they were still somewhat low. Sixty-six percent of continuously insured women had the test in the recommended time compared with 44 percent of those who were uninsured at the time of the survey.

As a group, young adults also had low rates of preventive dental care, with insurance coverage making a significant difference. Just over half (57%) of 19-to-29-year-olds had a dental exam in the past year. Nearly seven of 10 (69%) of those who were insured all year had a dental exam, compared with 54 percent of those who were insured but had a gap in their insurance coverage and just 28 percent of those who were uninsured at the time of the survey. Young adults who were insured all year and said they had dental coverage had the highest rates of dental care: three-quarters (76%) had a dental check-up in the past year (data not shown).

Many Young Adults Are Struggling to Pay Medical Bills and Are Carrying Large Medical Debt Burdens

Interfacing with the medical system can be very costly, particularly for people with gaps in their health insurance, high-deductible health plans, or plans with high cost-sharing, especially for out-of-network providers. A catastrophic illness or injury can saddle an uninsured young adult and his or her family with thousands of dollars in medical debt.

The survey asked young adults whether they had experienced problems with medical bills over the past year. Specifically, it asked if they had difficulty paying bills or were unable to pay them, been contacted by a collection agency concerning outstanding medical bills, or been forced to change their lives significantly to pay their bills. The survey also asked respondents whether they were paying off medical debt over time. In 2011, more than one-third (36%) of young adults ages 19 to 29 reported any one of these problems or said they were paying off medical debt (Exhibit 5, [Appendix Table 5](#)). Young adults ages 26 to 29 reported bill and debt problems at higher rates than those ages 19 to 25 (44% vs. 31%).

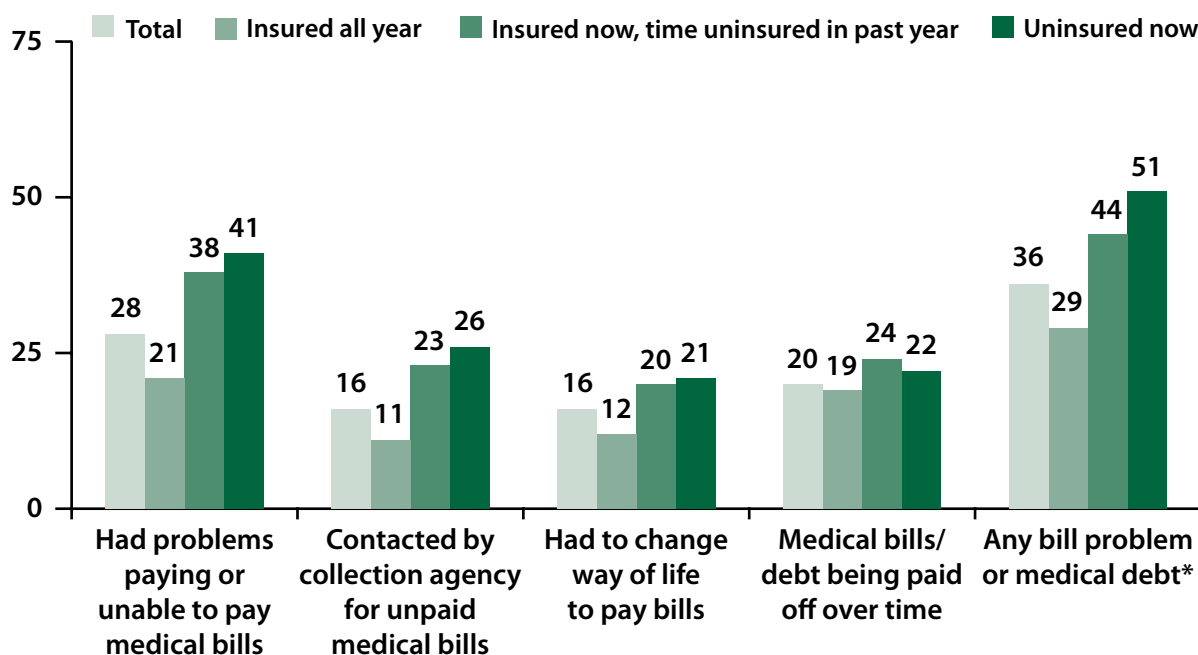
Young adults who were uninsured at the time of the survey or who were insured but had spent a time uninsured during the past year reported the highest rates of medical bill problems or said they were paying off debt over time. Half (51%) of young adults who were uninsured at the time of the survey and

44 percent of those who were insured but had a gap in their coverage reported bill or debt problems. But even young adults who had been insured continuously reported problems with medical bills; indeed half (52%) of those with bill or debt problems said they had been insured at the time the care was provided. Nearly three of 10 (29%) of those who were insured all year reported medical bill problems or said they were paying off debt over time.

Young adults in households with low and moderate incomes were the hardest hit by medical bills, compared with those in higher-income households. Nearly half (47%) of young adults with incomes under 250 percent of poverty had problems with medical bills or were paying off debt over time compared with 21 percent of those with incomes of 400 percent of poverty or more (Exhibit 6, [Appendix Table 5](#)). Both uninsured and insured young adults in lower-income families had higher rates of bill and debt problems than did uninsured and insured young adults in higher income

Exhibit 5. More Than One-Third of Young Adults Experienced a Medical Bill Problem or Were Paying Off Medical Debt

Percent of adults ages 19–29 who experienced the following medical bill problems or accrued medical debt in the past year:



* Experienced any of the following in the past year: had problems paying medical bills; contacted by a collection agency for unpaid bills; had to change way of life to pay bills; is paying off medical bills/debt over time.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

households. Just over half of uninsured young adults with incomes under 250 percent of poverty reported bill and debt problems, compared with 37 percent of uninsured young adults with incomes of 400 percent of poverty or more. Among insured young adults, 37 percent of those with incomes under 133 percent of poverty, 42 percent of those with incomes between 133 percent and 250 percent of poverty, and 36 percent of those with incomes between 250 percent and 399 percent of poverty reported bill or debt problems. This is in contrast to 16 percent of insured young adults with incomes of 400 percent of poverty or more (Exhibit 6).

Many young adults were carrying substantial debt loads, especially those who had a gap in their insurance. One of five (20%) 19-to-29-year-olds reported they were paying off medical debt over time, with those ages 26 to 29 reporting medical debt at slightly higher rates than those ages 19 to 25 (26% vs. 17%) ([Appendix Table 5](#)). One-quarter of young adults who were paying off accumulated medical debt

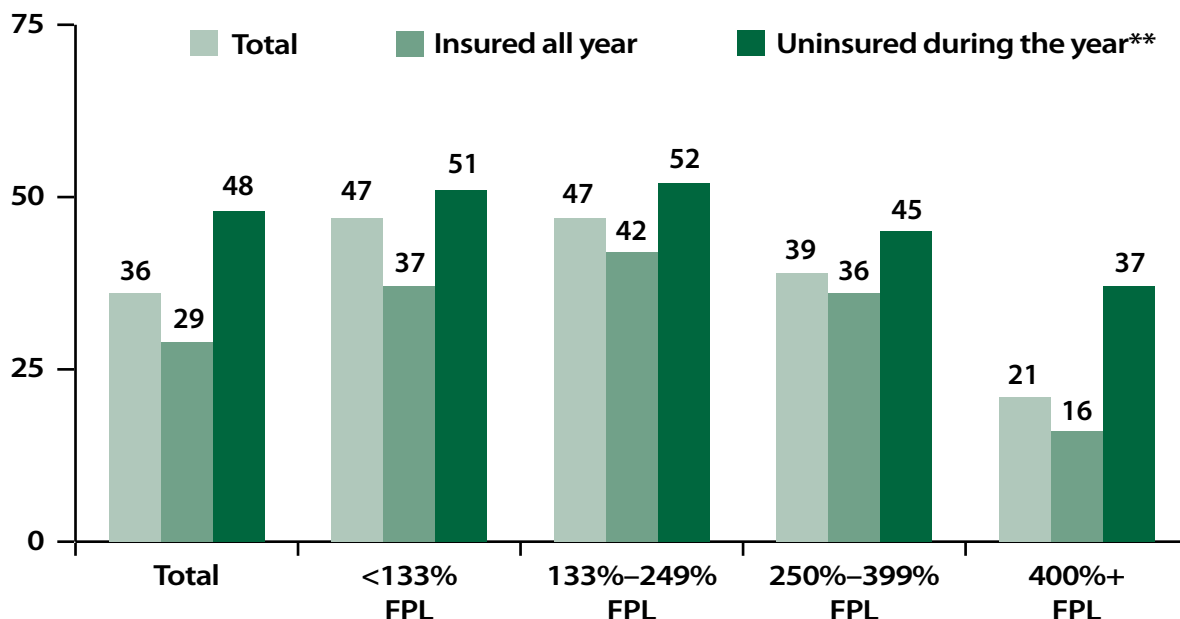
reported they were carrying \$4,000 or more in debt; 15 percent reported \$8,000 or more in debt. Young adults who had been uninsured were carrying the heaviest burdens. Among those with a gap in health insurance and who were paying off debt, 31 percent had \$4,000 or more in medical debt, 21 percent had \$8,000 or more, and 11 percent had a debt burden of \$10,000 or more.

Medical Bill Problems and Debt Have Financial Consequences for Young Adults and Their Families

Young adults who reported medical bill problems or who had accumulated medical debt suffered financial consequences as a result, with many facing stark tradeoffs between paying off their medical debts and paying for items like food, education, and school loans. Among young adults ages 19 to 29 who reported problems with medical bills or debt, 28 percent said they had been unable to pay for basic necessities like

Exhibit 6. Young Adults with Low and Moderate Incomes, Both Insured and Uninsured, Reported Medical Bill and Debt Problems at Highest Rates

Percent of adults ages 19–29 who experienced a medical bill problem or accrued medical debt in the past year*



Note: FPL refers to federal poverty level.

* Experienced any of the following in the past year: had problems paying medical bills; contacted by a collection agency for unpaid bills; had to change way of life to pay bills; is paying off medical bills/debt over time.

** Combines "Insured now, time uninsured in past year" and "Uninsured now".

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

food, heat or rent; 43 percent used up all their savings; 37 percent asked their parents or other family members for help; 33 percent took on credit card debt; 32 percent had been unable to meet other debt obligations such as school loans or tuition payments; and 31 percent delayed education or career plans (Exhibit 7, [Appendix Table 5](#)). Overall, 70 percent of young adults who reported a medical bill problem or were carrying medical debt reported any one of these financial consequences.

Young adults at different income levels suffered and coped in different ways from the consequences of their medical bills and debt. For example, among young adults with medical bill or debt problems, 37 percent of those with incomes under 133 percent of poverty said they had been unable to pay for basic necessities like food and rent because of their medical bills, compared with 21 percent of those with incomes of 400 percent of poverty or more. Similarly, young adults with lower incomes were more likely to say they could not meet other debt obligations like school loans and tuition payments than were higher-income young adults: 39 percent of young adults with medical bill problems with incomes under 133 percent of poverty said they were unable to meet their other debt obligations

compared with 24 percent of young adults with incomes of 400 percent of poverty or more. But young adults with low incomes were less likely than those with moderate and higher incomes to say they had taken on credit card debt as a result of their medical bill problems (19% vs. 38% vs. 37%) ([Appendix Table 5](#)).

THE AFFORDABLE CARE ACT WILL ENSURE NEAR-UNIVERSAL COVERAGE FOR YOUNG ADULTS

Under the Affordable Care Act, nearly all young adults across the income spectrum who experienced gaps in their health insurance in the survey will have access to an affordable health plan beginning in 2014. Young adults who are not offered affordable health insurance at their jobs will be able to go to a new insurance marketplace—or exchange—in their state, either online or in-person, and find out which health insurance options are appropriate for them.¹⁷

Young adults with incomes under 133 percent of poverty will be eligible for Medicaid with little or no premium payments or out-of-pocket expenses (Exhibit 8). Those with incomes up to 400 percent of poverty will be eligible for subsidies to help them purchase a private health plan through an exchange. The subsidies

Exhibit 7. Two of Five Young Adults with Medical Bill Problems or Debt Used Up All Their Savings Because of Their Bills or Debt

Percent of adults ages 19–29 with medical bill problems or accrued medical debt*

	Total	<133% FPL	133%–399% FPL	400%+ FPL
Percent of young adults with medical bill problems or debt reporting:				
Unable to pay for basic necessities such as food, heat, or rent	28%	37%	27%	21%
Used all of savings	43	42	44	43
Asked parents/family for help	37	36	36	42
Took on credit card debt	33	19	38	37
Unable to meet other debt obligations such as loans/tuition payments	32	39	32	24
Delayed education/career plans	31	32	32	28
Any of the above	70	70	72	66

Note: FPL refers to federal poverty level.

* Base: Had problems paying or unable to pay medical bills; were contacted by a collection agency for unpaid medical bills; had to change way of life to pay bills; had medical bills or debt being paid off over time.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011.

Exhibit 8. Premium Tax Credits and Cost-Sharing Protections Under the Affordable Care Act

Federal poverty level	Income	Premium contribution as a share of income	Out-of-pocket limits	Actuarial value: Silver plan
<133%	S: <\$14,484 F: <\$29,726	2% (or Medicaid)		94%
133%–149%	S: \$14,484 – <\$16,335 F: \$29,726 – <\$33,525	3.0%–4.0%	S: \$1,983 F: \$3,967	94%
150%–199%	S: \$16,335 – <\$21,780 F: \$33,525 – <\$44,700	4.0%–6.3%		87%
200%–249%	S: \$21,780 – <\$27,225 F: \$44,700 – <\$55,875	6.3%–8.05%	S: \$2,975 F: \$5,950	73%
250%–299%	S: \$27,225 – <\$32,670 F: \$55,875 – <\$67,050	8.05%–9.5%		70%
300%–399%	S: \$32,670 – <\$43,560 F: \$67,050 – <\$89,400	9.5%	S: \$3,967 F: \$7,933	70%
400%+	S: \$43,560+ F: \$89,400+	—	S: \$5,950 F: \$11,900	—

Four levels of cost-sharing:

- 1st tier (Bronze) actuarial value: 60%
- 2nd tier (Silver) actuarial value: 70%
- 3rd tier (Gold) actuarial value: 80%
- 4th tier (Platinum) actuarial value: 90%

Catastrophic policy with essential benefits package available to young adults and people who cannot find plan premium $\leq 8\%$ of income

Notes: FPL refers to federal poverty level; levels are for 2011. Actuarial values are the average percent of medical costs covered by a health plan. Premium and cost-sharing credits are for the Silver plan.

Source: Commonwealth Fund Health Reform Resource Center: What's in the Affordable Care Act? (PL 111-148 and 111-152), <http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx>.

will come in the form of refundable tax credits that will cap what people spend on premiums on a sliding scale from 2 percent to 9.5 percent of income. Cost-sharing subsidies will increase the cost-protection of health plans for young adults with incomes up to 250 percent of poverty; out-of-pocket limits will reduce out-of-pocket costs for those with incomes up to 400 percent of poverty.

Young adults with incomes of 400 percent of poverty or more who lack health insurance through an employer can also purchase coverage through an exchange. Across all incomes, consumers purchasing health insurance on their own, whether through the exchanges or the individual insurance market, will be far more protected than they are in most states today. New consumer protections in the law require insurers to issue health plans to everyone who applies. Insurers will no longer be able to deny or restrict coverage based on preexisting health conditions, and will be prohibited from charging higher premiums based on health status or gender. This means that young women, whom

insurers often charge considerably more for premiums than men, will face the same premiums as men in their age group.¹⁸

Under the Affordable Care Act, health plans will provide far more comprehensive coverage through requirements that have already gone into effect and some that will take effect in 2014. Today, all non-grandfathered health plans must cover preventive services without cost-sharing, including prenatal care and family planning services.¹⁹ Starting in 2014, all plans sold through the exchanges and in the individual and small-group markets will be required to include a new essential health benefit package similar to those offered in employer plans, which will include a full range of services including maternity coverage.²⁰ These comprehensive health plans, in combination with the subsidies and consumer protections provided under the law, will enable young adults to get the health care they need and protect them and their families from accumulating the crushing levels of medical debt reported by so many in the survey.

CONCLUSION

By requiring employers and insurers to allow young adults to stay on or join their parents' health plans, the Affordable Care Act is already helping millions of young adults maintain their health insurance across the often unsettled years following high school graduation. With an economy that has proven particularly challenging for new entrants to the labor market, this provision has been a timely and critical protection. But more help is needed. Nearly three-quarters of young adults who were uninsured at the time of the survey were in families with incomes under 250 percent of poverty. Many of these low-income young adults are unlikely to have a parent with a health plan they can join.

The consequences of lacking health insurance in this age group are profound, both from a health and monetary perspective. Young adults who were either uninsured at the time of the survey or were insured but had had a gap in their coverage in the past year had far less stable connections to the health system, meaning they were less likely to have a regular relationship with a doctor or health clinic or to receive timely preventive care services. They were also far more likely to face financial barriers to getting needed health care; as a result, they were likely to postpone or completely avoid recommended medications or health care.

There are startling financial outcomes in this age group stemming from a lack of or insufficiently protective health insurance. More than one-third of all young adults ages 19 to 29 said they had problems paying medical bills or were paying off medical debt over time. Of those young adults who were paying off medical debt, one-quarter had a debt burden of \$4,000 or more. Burdens like these are eating in to the already stretched resources of young adults, particularly those with lower incomes. Of those young adults with medical bill or debt problems, more than two of five had used all their savings to pay their bills; one-third were unable to meet other debt obligations such as student loans or college tuition; and nearly one-third had delayed college or career plans as result. Thirty-seven percent of young adults with bill problems in

households with incomes under 133 percent of poverty were unable to pay for basic living necessities like food or rent.

Affordability, rather than a belief that they do not need insurance, has been the major barrier to young adults gaining insurance coverage in the United States. Indeed, the millions of young adults who have joined their parents' policies in the past two years as a result of the Affordable Care Act demonstrate the importance of health insurance to this age group. It is imperative that state and federal policymakers press forward in implementing the remaining coverage expansions in the reform law, to free young adults across the income spectrum to pursue their educational and career aspirations while maintaining both their health and economic security.

NOTES

- ¹ S. R. Collins, T. Garber, and R. Robertson, *Realizing Health Reform's Potential: How the Affordable Care Act Is Helping Young Adults Stay Covered* (New York: The Commonwealth Fund, May 2011).
- ² B. D. Sommers and K. Schwartz, *2.5 Million Young Adults Gain Health Insurance Due to the Affordable Care Act*, ASPE Issue Brief (Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Dec. 14, 2011), available at <http://aspe.hhs.gov/health/reports/2011/youngadultsacai/shtml>.
- ³ Federal poverty levels are for 2011 and are used throughout the brief.
- ⁴ This estimate is based on 3.4 million part-time students or nonstudents between the ages of 19 and 22 who said they had stayed on or joined a parent's plan and 3.2 million young adults between the ages of 23 and 25 who had done the same. Prior to the passage of the Affordable Care Act, young adults who had coverage through a parent's employer and did not go on to college full time often lost their ability to remain on the plan. Similarly, college graduates generally could not remain on a parent's plan.
- ⁵ Collins, Garber, and Robertson, *Realizing Health Reform's Potential*, 2011.
- ⁶ See S. R. Collins, "Grandfathered vs. Non-Grandfathered Health Plans Under the Affordable Care Act: Striking the Right Balance," Commonwealth Fund Blog, June 22, 2010; and Department of the Treasury, Department of Labor, Department of Health and Human Services, "Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status As a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act," June 17, 2011, available at <http://www.regulations.gov/oldLinks.jsp?url=contentStreamer?contentType=pdf&disposition=attachment&objectId=0900006480b03a90>.
- ⁷ Prior to the passage of the Affordable Care Act, young adults who had coverage through a parent's employer and did not go on to college full time, often lost their ability to remain on the plan. Similarly, college graduates generally could not remain on a parent's plan. This estimate is based on 3.4 million part-time students or nonstudents between the ages of 19 and 22 who said they had stayed on or joined a parent's plan and 3.2 million young adults between the ages of 23 and 25 who had done the same.
- ⁸ Federal poverty levels are for 2011 and are used throughout the brief.
- ⁹ S. K. Long, A. Yemane, K. Stockley, "Disentangling the Effects of Health Reform in Massachusetts: How Important Are the Special Provisions for Young Adults?" *The American Economic Review*, May 2010 100(2):297–302.
- ¹⁰ National Center for Health Statistics, *Health, United States, 2010* (Hyattsville, Md.: NCHS, 2011), available at <http://www.cdc.gov/nchs/data/hs/hs10.pdf>.
- ¹¹ S. Hariri, E. R. Unger, M. Sternberg et al., "Prevalence of Genital Human Papillomavirus Among Females in the United States, the National Health and Nutrition Examination Survey, 2003–2006," *Journal of Infectious Diseases*, Aug. 15, 2011 204(4):566–73.
- ¹² B. E. Hamilton, J. A. Martin, and S. J. Ventura, National Center for Health Statistics, *National Vital Statistics Reports—Births: Preliminary Data for 2010* (Hyattsville, Md.: NCHS, Nov. 17, 2011).
- ¹³ Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, "HIV Among Youth," Dec. 2011, available at <http://www.cdc.gov/hiv/youth/index.htm>.
- ¹⁴ National Center for Health Statistics, *Health, United States, 2008* (Hyattsville, Md.: NCHS, 2009).
- ¹⁵ Ibid.

- ¹⁶ G. L. Rosenthal, “Prevalence and Risk Factors,” in *The Science and Practice of Pediatric Cardiology*, Second Edition, A. Garson, J. T. Bricker, D. J. Fisher et al. (eds.) (Baltimore: Williams and Wilkins, 1998), pp. 1095–96.
- ¹⁷ For more detail on the insurance provisions of the Affordable Care Act, see Collins, Garber, and Robertson, *Realizing Health Reform’s Potential*, 2011; S. R. Collins, R. Robertson, T. Garber, and M. M. Doty, *Gaps in Health Insurance: Why So Many Americans Experience Breaks in Coverage and How the Affordable Care Act Will Help* (New York: The Commonwealth Fund, April 2012); and the Commonwealth Fund Health Reform Resource Center, What’s in the Affordable Care Act? Public Law 111–148 and 111–152, available at <http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx>.
- ¹⁸ National Women’s Law Center, *Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act* (Washington, D.C.: NWLC, March 2012), available at http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf.
- ¹⁹ For a more detailed description of this provision, see R. Robertson and S. R. Collins, *Women at Risk: Why Increasing Numbers of Women Are Failing to Get the Health Care They Need and How the Affordable Care Act Will Help* (New York: The Commonwealth Fund, May 2011).
- ²⁰ S. R. Collins, “Essential Health Benefits: Balancing State Flexibility with Consumer Protections,” The Commonwealth Fund Blog, Dec. 20, 2011.

Appendix Table 1. Awareness and Take-Up of the Affordable Care Act's Dependent Coverage Provision
(base: adults ages 19–25)

	Under the new health reform law, children up to the age of 26 can stay on or enroll in their parents' health plans if they include dependent coverage. Were you aware of this change?*		In the past 12 months, have you stayed on or enrolled in your parents' health plan?*	
	Yes	No	Yes	No
Unweighted n	692	482	513	658
Total (millions)	17.0	11.7	13.7	14.9
Percent distribution	59%	40%	47%	51%
Age				
19–22	60	40	62	37
23–25	57	41	26	71
Gender				
Female	61	38	49	49
Male	56	43	45	53
Race/Ethnicity				
White	68	31	54	44
Black	47	53	34	66
Hispanic	40	58	33	65
Poverty status				
Below 133% FPL	29	70	17	81
133%–249% FPL	55	44	32	66
250%–399% FPL	63	35	57	41
400% FPL or more	76	24	69	30
Below 250% FPL	43	56	25	73
250% FPL or more	71	28	65	34
Education				
Less than high school degree	32	68	14	84
High school degree or equivalent	39	59	30	68
Some college/technical	71	28	65	33
College graduate or higher	74	25	49	50
Student status				
Full-time student	73	27	79	20
Part-time student	53	47	41	59
Not a student	51	48	28	70
Insurance status				
Insured all year	70	29	64	35
Uninsured during the year**	40	59	21	77
Health status				
Fair/Poor health status, or any chronic condition or disability^	53	47	41	58
No health problem	61	38	49	49
Place of residency				
City	53	46	41	58
Suburban area	65	35	56	44
Small town or rural area	58	42	45	53
Region				
Northeast	65	34	51	48
Midwest	69	31	60	40
South	50	50	36	62
West	57	40	49	46
Political party				
Republican	62	38	54	43
Democrat	64	36	50	50
Independent	71	29	55	45

Note: FPL refers to federal poverty level.

* Respondents who did not answer the question are included in the distribution but not shown in the table.

** Combines "Insured now, time uninsured in past year" and "Uninsured now."

^ Respondent rated their health status as fair or poor, has a disability or chronic disease that keeps them from working full time or limits housework/other daily activities, or has any of the following chronic conditions: asthma, chronic bronchitis, or chronic obstructive pulmonary disease; cancer (any type except skin cancer); chronic pain; depression; diabetes; heart attack; heart disease; high blood pressure; high cholesterol; mental health condition; osteoarthritis; or stroke.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011.

Appendix Table 2. Continuity of Insurance and Poverty Status by Demographics
(base: adults ages 19–29)

	Total (ages 19–29)	Insurance status				Poverty status	
		Insured all year	Insured now, time uninsured in past year	Uninsured now	Uninsured during the year*	Below 250% FPL	250% FPL or more
Unweighted n	1,863	1,140	296	427	723	921	942
Total (millions)	46.6	28.5	7.7	10.4	18.1	19.9	26.7
Percent distribution	100%	61%	17%	22%	39%	43%	57%
Age							
19–25	62	62	17	21	38	44	56
26–29	38	61	16	24	39	40	60
Race/Ethnicity							
White	61	69	14	17	31	35	65
Black	13	57	13	30	43	57	43
Hispanic	19	44	24	33	56	60	40
Poverty status							
Below 133% FPL	21	30	21	48	70	n/a	n/a
133%–249% FPL	22	52	21	27	48	n/a	n/a
250%–399% FPL	23	72	13	15	28	n/a	n/a
400% FPL or more	35	78	13	9	22	n/a	n/a
Below 250% FPL	43	42	21	37	58	n/a	n/a
250% FPL or more	57	76	13	11	24	n/a	n/a
Education							
Less than high school degree	8	27	23	50	73	89	11
High school degree or equivalent	29	49	19	32	51	63	37
Some college/technical	36	68	16	16	32	31	69
College graduate or higher	26	77	12	10	23	22	78
Student status							
Full-time student	25	79	14	7	21	24	76
Part-time student	9	55	23	22	45	33	67
Not a student	66	56	17	28	44	51	49
Adult work status							
Full-time	42	68	15	17	32	36	64
Part-time	19	62	20	19	38	36	64
Unemployed, looking for work	11	38	16	46	62	70	30
Student, not working	15	73	17	10	27	29	71
Other, not working	11	44	16	40	56	69	31
Employer size**							
Less than 25 employees	28	45	23	32	55	51	49
25–99 employees	16	66	18	16	34	33	67
100–499 employees	14	81	10	8	19	33	67
500 or more employees	42	75	14	11	25	28	72
Lives with parents for all/part of the year							
Yes	45	62	17	21	38	38	62
No	54	62	15	23	38	46	54
Region							
Northeast	17	72	15	13	28	31	69
Midwest	22	72	14	14	28	36	64
South	36	54	15	31	46	48	52
West	25	55	21	24	45	49	51

Note: FPL refers to federal poverty level.

* Combines “Insured now, time uninsured in past year” and “Uninsured now.”

** Among full-time and part-time employed adults ages 19–29.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011.

Appendix Table 3. Availability of and Workers' Eligibility for Employer Insurance by Age, Gender, and Hourly Wage
(base: workers ages 19–29)

	Total (workers ages 19–29)	Age		Gender		Hourly wage		
		19–25	26–29	Men	Women	Less than \$10	\$10 to less than \$15	\$15 or more
Unweighted n	1,099	642	457	544	555	336	356	400
Total (millions)	27.6	15.6	12.0	14.9	12.7	8.3	9.3	9.7
Percent distribution	100%	57%	43%	54%	46%	30%	34%	35%
Availability and eligibility of employer insurance								
Employer offers insurance	71	64	80	71	71	55	69	88
Employee eligible for insurance	62	53	75	65	60	41	58	85
Take-up of employer insurance when offered and eligible	64	50	78	67	61	31	57	84
Current source of insurance coverage								
Covered through own employer	40	26	59	43	37	13	33	72
Covered through parent's employer	14	24	0	9	19	27	13	4
Covered through spouse/partner/someone else's employer	9	6	13	7	11	7	10	8
Covered through public program	6	7	4	4	8	9	7	2
Covered through individual market or college or university	9	11	5	9	8	9	11	6
Covered through military or other source	6	8	3	7	4	10	3	5
Uninsured	17	17	17	20	13	26	21	4

Note: Workers include full-time and part-time workers who are not self-employed.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011.

Appendix Table 4. Cost-Related Access Problems by Age, Insurance Continuity, and Income
(base: adults ages 19–29)

	Age			Insurance status			Poverty status					
	Total (ages 19–29)			Insured now, time uninsured in past year			Uninsured during the year*			Below 133% FPL		
	19–25	26–29		Insured all year	time uninsured in past year	now	Uninsured now	year*		Below 133% FPL	133%–249% FPL	250%–399% FPL
Unweighted n	1,863	1,186	677	1,140	296	427	723			490	431	377
Total (millions)	46.6	29.1	17.5	28.5	7.7	10.4	18.1			9.6	10.3	10.5
Percent distribution	100%	62%	38%	61%	17%	22%	39%			21%	22%	23%
Access problems in past year												
Went without needed care in past year because of costs:												
Did not fill prescription	22	19	28	16	30	35	33			26	27	24
Skipped recommended test, treatment, or follow-up	27	24	32	16	40	48	45			34	32	25
Had a medical problem, did not visit doctor or clinic	30	25	37	19	43	50	47			37	38	32
Did not get needed specialist care	23	19	29	13	36	40	38			28	27	24
At least one of four access problems because of cost	41	37	47	29	56	60	58			46	50	40
Delayed or did not get needed dental care	36	32	44	25	50	57	54			45	49	36
At least one of five access problems because of cost	47	43	55	37	64	64	64			52	59	48
Health problem got worse because care was delayed [^]	33	34	32	25	36	43	40			39	36	34
Has regular doctor, doctor's group, health center, or clinic	72	72	73	85	72	38	53			57	67	80
Preventive care												
Blood pressure checked in past two years	77	75	80	88	70	53	60			61	78	80
Dental exam in past year	57	59	54	69	54	28	39			44	53	59
Pap test in past year (females ages 19–29)	62	56	72	66	65	44	54			59	60	59
Height and weight checked in past three years	78	78	77	87	72	56	63			63	75	83

Note: FPL refers to federal poverty level.

* Combines "Insured now, time uninsured in past year" and "Uninsured now."

[^] Base: Respondent experienced at least one of the following five access problems in the past year: did not fill prescription; skipped recommended test, treatment, or follow-up; had a medical problem, did not visit doctor or clinic; did not get needed specialist care; delayed or did not get needed dental care.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011.

Appendix Table 5. Medical Bill Problems by Age, Insurance Continuity, and Income
(base: adults ages 19–29)

	Age			Insurance status			Poverty status							
	Total (ages 19–29)	19–25		26–29	Insured all year	Insured time uninsured in past year	Uninsured now	Uninsured during the year*	Below 133% FPL	133%–249% FPL	250%–399% FPL	400% FPL or more	Below 250% FPL	250% FPL or more
		19–25	26–29											
Unweighted n	1,863	1,186	677	1,140	296	427	723	490	431	377	565	921	942	
Total (millions)	46.6	29.1	17.5	28.5	7.7	10.4	18.1	9.6	10.3	10.5	16.2	19.9	26.7	
Percent distribution	100%	62%	38%	61%	17%	22%	39%	21%	22%	23%	35%	43%	57%	
Medical bill problems in past year														
Had problems paying or unable to pay medical bills	28	26	32	21	38	41	40	35	40	31	15	38	21	
Contacted by collection agency for unpaid medical bills	16	13	22	11	23	26	25	25	24	13	9	25	10	
Had to change way of life to pay bills	16	14	18	12	20	21	21	21	20	17	9	20	12	
Any of the above bill problems	33	29	38	25	42	48	45	45	43	33	18	44	24	
Medical bills/debt being paid off over time	20	17	26	19	24	22	23	19	29	26	12	24	17	
Any bill problem or medical debt	36	31	44	29	44	51	48	47	47	39	21	47	28	
Base: Any bill problem or medical debt														
Insurance status of person/s at time care was provided														
Insured at time care was provided	52	50	54	82	42	13	24	22	58	66	68	40	67	
Uninsured at time care was provided	41	45	35	12	51	79	68	66	37	31	24	51	28	
Other insurance combination	5	2	8	4	6	5	6	9	3	1	7	6	4	
Base: Any medical debt														
How much are the medical bills that are being paid off over time?														
Less than \$2,000	52	47	56	55	—	50	47	46	62	—	—	56	47	
\$2,000 to less than \$4,000	23	25	21	23	—	19	22	19	21	—	—	20	26	
\$4,000 to less than \$8,000	10	11	9	10	—	4	10	10	5	—	—	7	13	
\$8,000 to less than \$10,000	6	7	5	3	—	8	10	11	6	—	—	8	4	
\$10,000 or more	9	9	9	8	—	18	11	14	4	—	—	8	10	
Base: Any bill problem or medical debt														
Percent reporting that the following happened in the past 12 months because of medical bills:														
Unable to pay for basic necessities (food, heat, or rent)	28	31	25	24	28	35	33	37	22	32	21	29	27	
Used up all of savings	43	42	45	40	55	42	47	42	43	46	43	43	45	
Asked parents or other family members for help	37	45	28	34	47	35	40	36	34	38	42	35	40	
Took on credit card debt	33	27	41	37	42	20	29	19	33	45	37	26	41	
Unable to meet other debt obligations (such as school loans or tuition payments)	32	32	33	24	46	37	40	39	36	28	24	37	26	
Delayed education or career plans	31	32	30	23	46	34	39	32	35	29	28	33	28	
At least one of six consequences of medical bills	70	69	72	67	80	68	73	70	70	74	66	70	71	

Note: FPL refers to federal poverty level.
 * Combines “insured now, time uninsured in past year” and “uninsured now.”
 — Sample size too small to report results.
 Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011.

METHODOLOGY

The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011, was conducted online between November 4 and November 24, 2011, by Knowledge Networks, among a representative sample of adults ages 19 to 29. The survey sample was drawn from KnowledgePanel—a probability-based online panel that is representative of the U.S. population and includes cell phone only and low-income households that are typically difficult to reach using traditional telephone surveys and random digit dialing (RDD) sampling.ⁱ

To develop KnowledgePanel, address-based sampling is used to randomly select households in the United States to be recruited into the panel (prior to 2009, Knowledge Networks recruited via RDD telephone sampling). Households that do not have Internet are provided with access to the Internet and laptops, if needed. KnowledgePanel consists of about 50,000 U.S. residents age 18 and older. From this panel, 3,438 adults ages 19 to 29 were randomly sampled and invited by e-mail to complete an online questionnaire in either English or Spanish. The survey was completed by 1,863 respondents, yielding a 54 percent completion rate among sampled respondents.ⁱⁱ

Statistical results are weighted to correct for the study's sample design and for survey nonresponse. The data are weighted to the U.S. adult population ages 19 to 29 by gender, age, race/ethnicity, education, poverty level, census region, metropolitan area, Internet access, and primary language proficiency using the U.S. Census Current Population Survey (CPS) March 2011, the CPS supplemental survey measuring Internet access from October 2010, and the Pew Hispanic Center Survey 2010 for Spanish language proficiency distributions. The resulting weighted sample is representative of the approximately 46.6 million U.S. adults ages 19 to 29. The survey has an overall margin of sampling error of ± 3 percentage points at the 95 percent confidence level.

This brief groups respondents by income as a percent of the federal poverty level and by insurance status in the past 12 months.

ⁱ According to the Centers for Disease Control and Prevention (January–June 2010), approximately 28.6 percent of all U.S. households cannot be contacted through RDD sampling alone.

ⁱⁱ The American Association of Public Opinion Research response rate is 5.2 percent, calculated by multiplying the share of the households nationwide who were invited to take part in the KnowledgePanel and who agreed to participate (household recruitment rate, 14.8%), times the share of the households who agreed to participate in the panel and who went on to complete the initial profile questionnaire (household profile rate, 64.9%), times the share of the representative sample of 3,438 members randomly drawn from the KnowledgePanel for this study who ultimately completed the online questionnaire (study completion rate, 54.3%).

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