2017 Checkup
What the Colorado Health Access Survey Says About the State’s Progress and Shortcomings

Emily Johnson Associate Director of Economic Analysis, CHI

DECEMBER 7, 2017
What is the CHAS?

- Colorado Health Access Survey
- 10,000 households
Key Takeaways

1. In recent years, Colorado has made huge gains in insurance coverage.

2. Many Coloradans still struggle to access care — often due to cost.

3. The jury is out on how these trends will impact health and where we go from here.
Health Care Theory of Change

Get Insured   Access Care   Better Health

Source: New England Journal of Medicine
Step 1.
Get Insured

Colorado has made huge gains in coverage.
Uninsured Rate: Lowest Ever

- 2009: 13.5%
- 2011: 15.8%
- 2013: 14.3%
- 2015: 6.7%
- 2017: 6.5%
A Changing Health Coverage Landscape
Health Insurance, 2009-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Employer-Sponsored</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>CHP+</th>
<th>Individual Insurance</th>
<th>Other Insurance</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>57.7%</td>
<td>9.7%</td>
<td>9.1%</td>
<td>7.3%</td>
<td>1.5%</td>
<td>1.3%</td>
<td>13.5%</td>
</tr>
<tr>
<td>2011</td>
<td>51.1%</td>
<td>11.4%</td>
<td>12.2%</td>
<td>7.7%</td>
<td>0.8%</td>
<td>1.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>2013</td>
<td>52.6%</td>
<td>11.4%</td>
<td>11.6%</td>
<td>8.2%</td>
<td>0.8%</td>
<td>1.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>2015</td>
<td>50.9%</td>
<td>12.9%</td>
<td>19.9%</td>
<td>7.7%</td>
<td>0.5%</td>
<td>1.4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>2017</td>
<td>49.4%</td>
<td>14.4%</td>
<td>19.9%</td>
<td>8.1%</td>
<td>0.7%</td>
<td>1.1%</td>
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Cost Remains the Biggest Challenge
Uninsured Due to Cost, 2009-2017

88.4% 2009
84.6% 2011
82.0% 2013
82.2% 2015
78.4% 2017
Where You Live Matters
Uninsured Rates by Region, 2017
Young Adults Have Lower Coverage Rates

Uninsured Rates by Age, 2013 and 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2013</th>
<th>2017</th>
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<tbody>
<tr>
<td>Ages 0-18</td>
<td>7.0%</td>
<td>3.0%</td>
</tr>
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<td>Ages 19-29</td>
<td>25.6%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Ages 30-39</td>
<td>26.1%</td>
<td>10.9%</td>
</tr>
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<td>Ages 40-54</td>
<td>17.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Ages 55-64</td>
<td>13.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>1.0%</td>
<td>0.2%</td>
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Ages 0-18
Ages 19-29
Ages 30-39
Ages 40-54
Ages 55-64
Ages 65+

2013 vs 2017
Young Adults Have Lower Coverage Rates
Uninsured Rates by Age, 2013 and 2017

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Step 2.

Access Care

Coloradans still struggle.
Cost Is a Barrier to Access, Too
Did Not Get Care Due to Cost, 2009-2017

- 2009: 20.6%
- 2011: 21.6%
- 2013: 20.1%
- 2015: 18.5%
- 2017: 19.3%
Cost is a Barrier to Access, Too
Out-of-Pocket Costs as a Percentage of Income, 2017

<table>
<thead>
<tr>
<th>FPL Level</th>
<th>0-5%</th>
<th>&gt;5-20%</th>
<th>&gt;20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-138% FPL</td>
<td>69.7%</td>
<td>14.1%</td>
<td>16.2%</td>
</tr>
<tr>
<td>139-400% FPL</td>
<td>77.7%</td>
<td>17.6%</td>
<td>4.7%</td>
</tr>
<tr>
<td>&gt;400% FPL</td>
<td>89.3%</td>
<td>9.3%</td>
<td>1.4%</td>
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Cost is a Barrier to Access, Too

Family of Four with $30,000 Income
But Things May Be Improving
Percentage of Coloradans Struggling to Pay Medical Bills

- 21.9% in 2009
- 21.2% in 2011
- 18.1% in 2013
- 15.2% in 2015
- 14.0% in 2017
### Cost is Not the Only Barrier
#### Reasons for Not Getting Care in Past 12 Months, 2017

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>You couldn't get an appointment as soon as you needed one</td>
<td>15.7%</td>
</tr>
<tr>
<td>The doctor’s office wasn’t accepting patients with your type of insurance</td>
<td>11.4%</td>
</tr>
<tr>
<td>The doctor’s office wasn’t accepting new patients</td>
<td>11.3%</td>
</tr>
<tr>
<td>You lacked transportation to the doctor’s office or it was too far away</td>
<td>5.5%</td>
</tr>
<tr>
<td>You couldn’t take time off work</td>
<td>12.0%</td>
</tr>
<tr>
<td>You couldn’t find child care</td>
<td>10.0%</td>
</tr>
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</table>
84.2% of Coloradans have a usual source of care.
ED Often Used for Non-Emergencies

Percentage of ED Users Whose Last Visit Was For a Non-Emergency, 2009-2017

- 43.7% (2009)
- 44.1% (2011)
- 41.1% (2013)
- 40.2% (2015)
- 36.4% (2017)
And Access is a Major Reason Why
Reasons for Using ED for Non-Emergency, 2017

- Needed Care Outside of Normal Hours: 72.4%
- Unable to Get Appointment Soon Enough: 59.0%
Step 3.

Better Health

Where do we go from here?
Colorado is Healthy ... ish

86.6% of Coloradans report excellent, very good or good health
But Not Much is Changing
Good General, Oral and Mental Health, 2013-2017

Mental Health
- 89.4% in 2013
- 90.1% in 2015
- 88.2% in 2017

General Health
- 86.9% in 2013
- 86.8% in 2015
- 86.2% in 2017

Oral Health
- 83.0% in 2013
- 85.0% in 2013
- 83.8% in 2013

HOT ISSUES IN HEALTH

coloradohealthinstitute.org #HIHC17
Where You Live Matters for Health, Too
Percentage of Coloradans Reporting Good Health, 2017
Health is More than Health Care
Relative Contributions of Health Determinants to Outcomes

Source: Health Affairs
Health is More than Health Care

Relative Contributions of Health Determinants to Outcomes

- Behaviors: 50%
- Environment: 20%
- Genetics: 20%
- Medical Care: 10%

Source: Health Affairs
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Source: Health Affairs
Looking Forward
Looking Forward
Looking Forward

Calendar No. 120

115th CONGRESS
1st SESSION

H.R. 1628

IN THE SENATE OF THE UNITED STATES
JUNE 7, 2017
Received, read the first time
JUNE 8, 2017
Read twice and placed on the calendar

AN ACT

To provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,
3 SECTION 1. SHORT TITLE.
4 This Act may be cited as the “American Health Care
5 Act of 2017”.
6 SEC. 2. TABLE OF CONTENTS.
7 The table of contents of this Act is as follows:
Sec. 1. Short title,
Sec. 2. Table of contents.

TITLE I—ENERGY AND COMMERCE

AMENDMENT NO._______ Calendar No._____
Purpose: In the nature of a substitute.


H.R. 1628

To provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.

Referred to the Committee on _______________ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by ____________

Viz:
1 Strike all after the enacting clause and insert the fol-
2 lowing:
3 SECTION 1. SHORT TITLE.
4 This Act may be cited as the “Better Care Reconcili-
5 ation Act of 2017”.

TITLE I

SEC. 101. ELIMINATION OF LIMITATION ON RECAPTURE OF
EXCESS ADVANCE PAYMENTS OF PREMIUM
Looking Forward

S. 1804

To establish a Medicare-for-all national health insurance program.

IN THE SENATE OF THE UNITED STATES
SEPTEMBER 13, 2017

Mr. Sanders (for himself, Ms. Baldwin, Mr. Blumenthal, Mr. Booker, Mr. Franken, Ms. Gillibrand, Ms. Harris, Mr. Heinrich, Ms. Hirono, Mr. Leahy, Mr. Markey, Mr. Merkley, Mr. Schatz, Mrs. Shaheen, Mr. Udall, Ms. Warren, and Mr. Whitehouse) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To establish a Medicare-for-all national health insurance program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Medicare for All Act of 2017”.

(b) Table of Contents.—The table of contents for this Act is as follows:
Looking Forward

While Congress is away, this bipartisan group of governors is trying to fix Obamacare

By Kim Soffen, Reuben Fischer-Baum and Kevin Uhrmacher
Aug. 31, 2017

While Congress is on recess after failed attempts to repeal the Affordable Care Act, commonly known as Obamacare, a bipartisan group of governors has come forward with its own solution to fix the health-care system.
How Alaska fixed Obamacare

Updated by Sarah Kliff | sarah@vox.com | Apr 13, 2017, 8:00am EDT
Looking Forward

Tim Kaine
@timkaine

My Medicare-X bill with @SenBennetCO builds on Medicare's framework to give all Americans access to a public insurance plan on marketplaces.

9:29 AM - 16 Oct 2017

137 Retweets 494 Likes
## Looking Forward

The Government Spectrum of Policy

<table>
<thead>
<tr>
<th>More Government</th>
<th>Less Government</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Looking Forward
The Government Spectrum of Policy

More Government

Single Payer

Medicaid/Medicare

Public Option

Less Government
Looking Forward
The Government Spectrum of Policy

More Government
- Single Payer
- Medicaid/Medicare
- Public Option

Less Government
- Consumer-Driven Health Care
- Catastrophic Plans
- High Risk Pools
Looking Forward
The Government Spectrum of Policy

More Government
- Single Payer
- Medicaid/Medicare
- Public Option

Less Government
- Reinsurance
- Employer-Sponsored Insurance
- Marketplace
- Catastrophic Plans
- High Risk Pools
- Consumer-Driven Health Care
Looking Forward
The Government Spectrum of Policy

More Government
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- Public Option

Reinsurance

Marketplace

Employer-Sponsored Insurance

Less Government
- Consumer-Driven Health Care
- Catastrophic Plans
- High Risk Pools

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Looking Forward
Consumer-Driven Health Care

More Government
- Single Payer
- Medicaid/Medicare
- Public Option

Reinsurance
- Marketplace
- Employer-Sponsored Insurance
- High Risk Pools

Less Government
- Catastrophic Plans
- Consumer-Driven Health Care
Looking Forward
Consumer-Driven Health Care

- Patients share in financial impact of decisions
- Lowers utilization
- Health care as a marketplace?
Looking Forward

Reinsurance

- Insurance for insurers
- Minimizes risk, lowers premiums
- How is it paid for?
- Is it enough?
Looking Forward
Public Option

More Government
- Medicaid/Medicare
- Public Option

Less Government
- Consumer-Driven Health Care
- Catastrophic Plans
- High Risk Pools
- Employer-Sponsored Insurance
- Marketplace
- Reinsurance
- Single Payer
Looking Forward
Public Option

• Competes with private insurance

• Fair playing field?

• Can it reduce care costs?
Looking Forward
The Government Spectrum of Policy

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Less Government
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Looking Forward
The Government Spectrum of Policy

Where IS the conversation going?

Where SHOULD the conversation go?
Looking Forward
The Government Spectrum of Policy

More Government
- Single Payer
- Medicaid/Medicare
- Public Option

Less Government
- Reinsurance
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- Catastrophic Plans
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- Consumer-Driven Health Care
1. In recent years, Colorado has made huge gains in insurance coverage.

2. Many Coloradans still struggle to access care — often due to cost.

3. The jury is out on how these trends will impact health and where we go from here.