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Informing a Healthy Colorado

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The Affordability of Health Insurance in Colorado

Prepared for The Colorado Trust by the Colorado Health Institute

Abstract

The affordability of health insurance has been a central issue in the health care reform debate, and thorough data are needed to help inform the discussion in Colorado.

The 2011 Colorado Health Access Survey (CHAS) provides detailed information about affordability in relation to the 829,000 uninsured Coloradans. These data reveal the underlying reasons for being uninsured, including a demographic portrait of the uninsured in Colorado (see Graph 2), what they now pay for out-of-pocket medical expenses, their ability and willingness to pay for health insurance, and how much they believe they can afford to pay for health insurance. CHAS also offers insights into the health and financial consequences of being uninsured in Colorado.

Much of this information can be compared and tracked with baseline data gathered in the 2008-2009 Colorado Household Survey (COHS).

Findings related to health insurance affordability from CHAS include:

- Paying even a small amount for health insurance will be a hardship for some families. One of five uninsured Coloradans said they were unable to pay anything for health insurance. Of those who thought they could pay something, one of 10 said they were able and willing to pay, at most, between $1 and $25 a month.
- About 85 percent of uninsured Coloradans said they did not buy health insurance because it cost too much.
- More than half (59 percent) of the employed Coloradans who don't have health insurance said they had turned down employer-sponsored insurance, with 56 percent of that group citing high cost.
- While there doesn't seem to be a predictable pattern to those who say they can afford to pay something for health insurance, compared to those who say they cannot pay anything for coverage (see Table 1), it is interesting to note that about 75 percent of the lowest-income uninsured Coloradans said they could afford to pay something for health insurance.
- Two-thirds of uninsured Coloradans paid 5 percent or less of their incomes on out-of-pocket medical and prescription costs. This may indicate that they are foregoing care, that they have found low-cost or no-cost medical sources, or that they don't perceive a need for medical care.
- Ten percent of uninsured Coloradans paid more than half of their income on out-of-pocket medical and prescription costs, compared with 4 percent of all Coloradans.
- Citing high costs, about four of every 10 (38 percent) uninsured Coloradans didn't see a doctor for needed treatment in the 12 months before the survey and nearly half (47 percent) said they didn't see a dentist for needed treatment.
- One of four (25 percent) uninsured Coloradans described their health status as fair or poor, the lowest rankings, compared with one of 10 (10 percent) Coloradans who are adequately insured.

About the Survey

CHAS is the most extensive survey of health care coverage, access and utilization in Colorado. It is a follow-up to the 2008-2009 Colorado Household Survey (COHS) and is administered every other year via a random sample telephone survey of more than 10,000 households across the state — providing detailed information that is representative of the 5 million-plus Coloradans.

A program of The Colorado Trust, CHAS provides information to help policymakers, as well as health care, business and community leaders, more fully understand health challenges and advance shared solutions to improve health coverage and care for Coloradans.

The Colorado Health Institute managed the data collection and analysis of CHAS and the baseline COHS.

Introduction

High cost is a leading barrier to acquiring health insurance.[1] Being uninsured is a leading barrier to accessing medical services.[2] And failure to access medical services is a leading barrier to a healthy and productive life.[3]

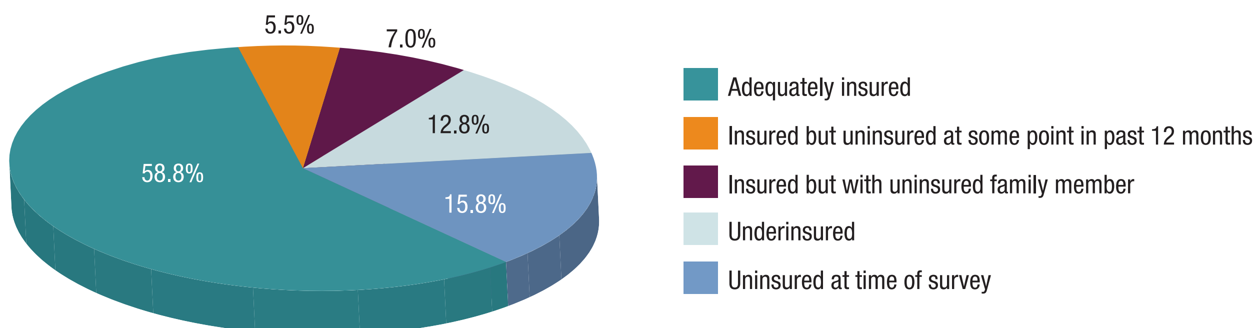
In this continuum, health insurance ranks as a central consideration for achieving better health outcomes, individually and community-wide. It is one of the most important factors affecting entry into the health care system in the United States, particularly for the most vulnerable. Yet an increasing percentage of Americans are being priced out of the health insurance market.

The cost of health insurance rose sharply in 2011, much faster than the growth in workers' wages.[4] Overall, the cost of family coverage rose to $15,073, more than doubling since 2001.[5] In Colorado, the average annual premium for family coverage through an employer reached $13,360 in 2009, up 83 percent from 2001.[6]

At the same time, the economic downturn had, and continues to have, a significant impact on jobs and income. The nation's poverty rate in 2010 increased to 15.1 percent—the third consecutive annual increase in the poverty rate. More than 46 million Americans are living in poverty.[7] Coloradans falling below the poverty line increased to 13.4 percent in 2010, up from 12.9 percent in 2009.[8] In addition, unemployment has increased in Colorado, as it has across the nation.

The economy's plunge coincided with an increase in the number of uninsured people. Nationally, the number increased to 49.9 million in 2010, or 16.3 percent, from 49.0 million in 2009.[9] The number of uninsured Coloradans increased 22 percent to 829,000 in 2011 from 678,000 in 2008-2009. The percentage of uninsured increased to 15.8 percent from 13.5 percent, meaning one of six Coloradans did not have health insurance in 2011 (see Graphs 1 and 3).

Graph 1: **2011 Insurance Status of Coloradans**



The increase in the proportion of uninsured has serious implications. Uninsured people are less likely to receive medical care and more likely to have poor health.[10] Uninsured people tend to be diagnosed at later stages of disease, get less therapeutic care, are often sicker by the time they are hospitalized and are more likely to die during their hospital stay.[11]

The financial burden of being uninsured is also high. Health care expenses were the most common cause of bankruptcy in the United States in 2007, accounting for 62 percent of bankruptcies compared with 8 percent in 1981.[12]

The Affordable Care Act (ACA), passed in 2010, centers around goals of transforming the health insurance market to make it more fair, more transparent and ultimately, more affordable.[13]

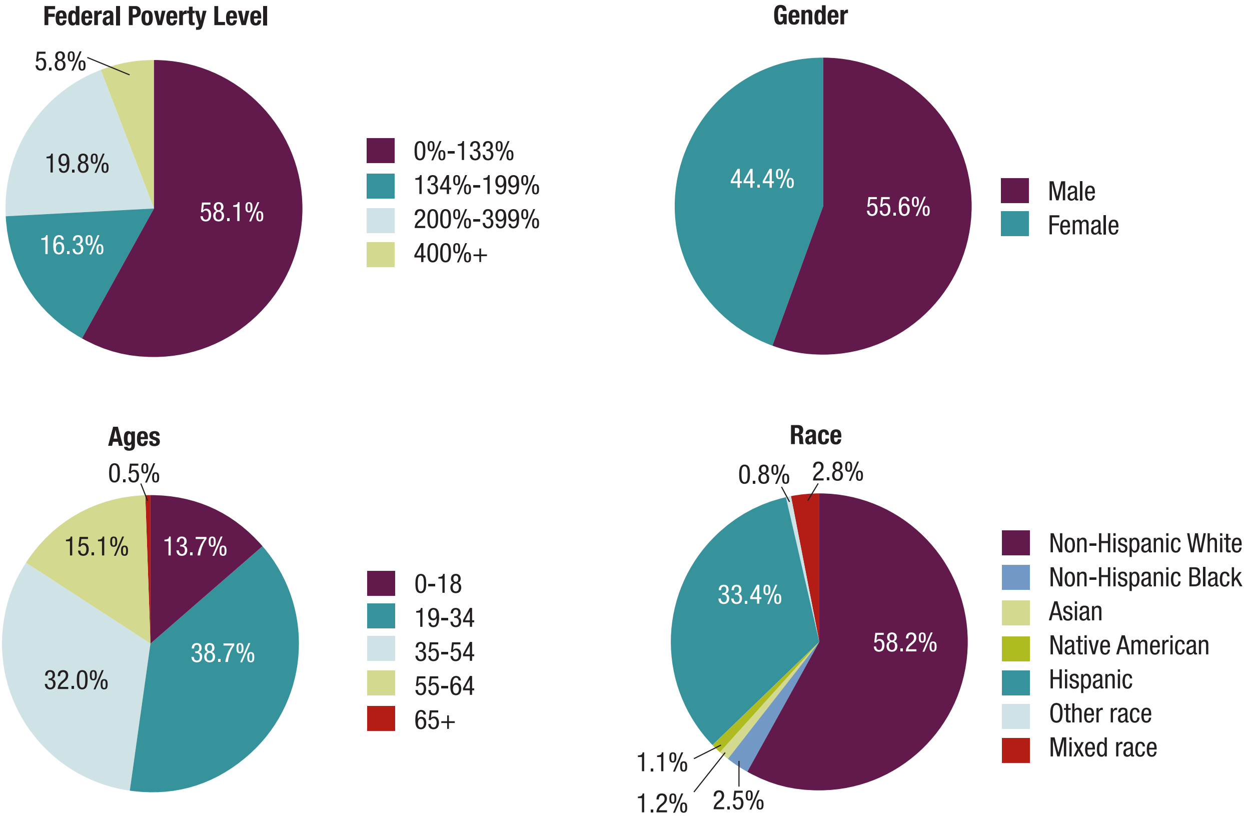
Achieving these goals will require overcoming several challenges. For example, the success of the pooled insurance plans scheduled to be available through state health insurance benefit exchanges in 2014 will be closely tied to the overall number of enrollees.[14]

The number enrolled will be tied, in large part, to cost. Affordability will have a bearing on the number of people who decide to buy insurance rather than pay the penalty specified in the federal health care law. A major factor influencing affordability will be which "essential benefits" are included in the plans.[15] This decision will require balancing the need for insurance packages with adequate coverage that are at the same time affordable for the greatest number of consumers.

The affordability issue will continue to be complicated, and addressing it is of utmost importance. The cost of health insurance in the coming years will help determine whether health reform efforts make a difference in the nation's health care dilemma. Closer to home, affordability will directly influence the health of one of every six Coloradans who are without health insurance today.

NOTE: Unless otherwise noted, the data and analysis presented in all tables and graphs in this brief come from the 2011 Colorado Health Access Survey and/or the 2008-2009 Colorado Household Survey.

Graph 2: A CHAS Portrait of Colorado's Uninsured Population



Graph 3: Comparing Health Insurance Coverage, 2008-2009 and 2011

25 percent of uninsured Coloradans described their health status as fair or poor, the lowest rankings, compared with 10 percent of Coloradans who are adequately insured.

Defining Affordability

A widely-accepted standard for "affordability" of health insurance does not exist.[16] The concept can have a large degree of subjectivity, varying according to the values of an individual. Families faced with paying for child care, food, housing, taxes, transportation and other necessities will inevitably differ on how to apportion their finite resources. The ACA attempts to define affordability by creating income cut-offs for receiving health insurance subsidies and tax credits.

Another complication is the question of interpretation surrounding how much a family "should" pay versus how much it "could" pay. In the CHAS, this is presented as a matter of "willing" to pay versus "able" to pay.

CHAS results reveal that a perceived ability to pay for health insurance does not necessarily correlate with income (see Table 1).

- Three-quarters of uninsured Coloradans below or just above the federal poverty level (FPL) said they would be able to afford something for health care (see Table 2 for poverty level guidelines).
- While 89 percent of the state's uninsured reporting income at least four times the poverty level said they would be able to pay for health insurance, 11 percent of these higher-income uninsured individuals felt they couldn't afford to pay for any health insurance.
- Uninsured Coloradans with the lowest incomes (up to and including 133 percent FPL) were more likely to say they could afford to pay something for health insurance than two groups of uninsured at higher income levels (134 percent–149 percent FPL and 250 percent–299 percent FPL).
- In fact, one of every four uninsured Coloradans has a family income of at least twice the poverty level, an income level at which many people manage to afford to pay for health insurance.[18]

Once again, this illustrates the subjective nature of "affordability," as well as the challenges that will be encountered in encouraging the uninsured population—including those who believe they don't need coverage or care—to purchase health insurance, even with government subsidies.

***Table 1:* The Ability to Afford Health Insurance by Income Levels**

Federal Poverty Level	Can You Afford Anything for Health Insurance?	
	Yes	No
0%-133%	75.9%	24.1%
134%-149%	71.5%	28.5%
150%-199%	86.5%	13.5%
200%-249%	89.4%	10.6%
250%-299%	68.6%	31.4%
300%-399%	92.8%	7.2%
>400%	89.0%	11.0%

Table 2: **Federal Poverty Level Guidelines 2011**

Household size	100%	133%	200%	300%	400%
1	$10,890	$14,483	$21,780	$32,670	$43,560
2	$14,710	$19,564	$29,420	$44,130	$58,840
3	$18,530	$24,644	$37,060	$55,590	$74,120
4	$22,350	$29,725	$44,700	$67,050	$89,400
5	$26,170	$34,806	$52,340	$78,510	$104,680

Source: U.S. Department of Health and Human Services

How the Affordable Care Act Defines Affordability

Affordability is defined in the health care reform law mainly in relation to eligibility for federal tax credits and subsidies designed to make it easier to purchase insurance (see Table 3).

- Individuals and members of families at or below 133 percent FPL* will be eligible for free coverage under the federal-state Medicaid insurance program.
- As incomes rise, the percentage of income going to health insurance will rise, but will be capped. At four times the poverty level, the government will provide credits for families paying more than 9.5 percent of their annual income for health insurance premiums purchased through an exchange.
- Cost-sharing subsidies will help those with incomes below 250 percent FPL purchase plans with higher actuarial values, thus lowering their out-of-pocket expenses for medical care.

** While the ACA sets the limit at or below 133 percent FPL, the law requires calculations based on Modified Adjusted Gross Income (MAGI) which adds a 5 percent adjustment or "disregard" that effectively places the Medicaid eligibility threshold at 138 percent FPL.*[19]

Table 3: **Levels for Premium Credits in the Affordable Care Act**

Federal Poverty Level	Percent of Income for Health Insurance
Up to 133%	0%
133%-150%	3%-4%
150%-200%	4%-6.3%
200%-250%	6.3%-8.05%
250%-300%	8.05%-9.5%
300%-400%	9.5%

Source: Patient Protection and Affordable Care Act[20]

CHAS and the Affordability Question

The 2011 CHAS collected information by asking detailed questions about affordability (see Graph 4).[21] Respondents were first asked if, in the event low-cost health insurance were made available, they would be "able" to pay anything at all to get coverage. If they said they would not be able to pay anything, they were asked no further affordability questions (20 percent of uninsured Coloradans fell into this category).

A Possible Definition of Affordability

What a family could spend with its disposable income for health insurance premiums plus out-of-pocket costs on a minimally adequate package of health care benefits, and still have enough money left over for a minimally adequate package of all other basic necessities of modern living (food, housing, schooling, clothes, etc.)[17]

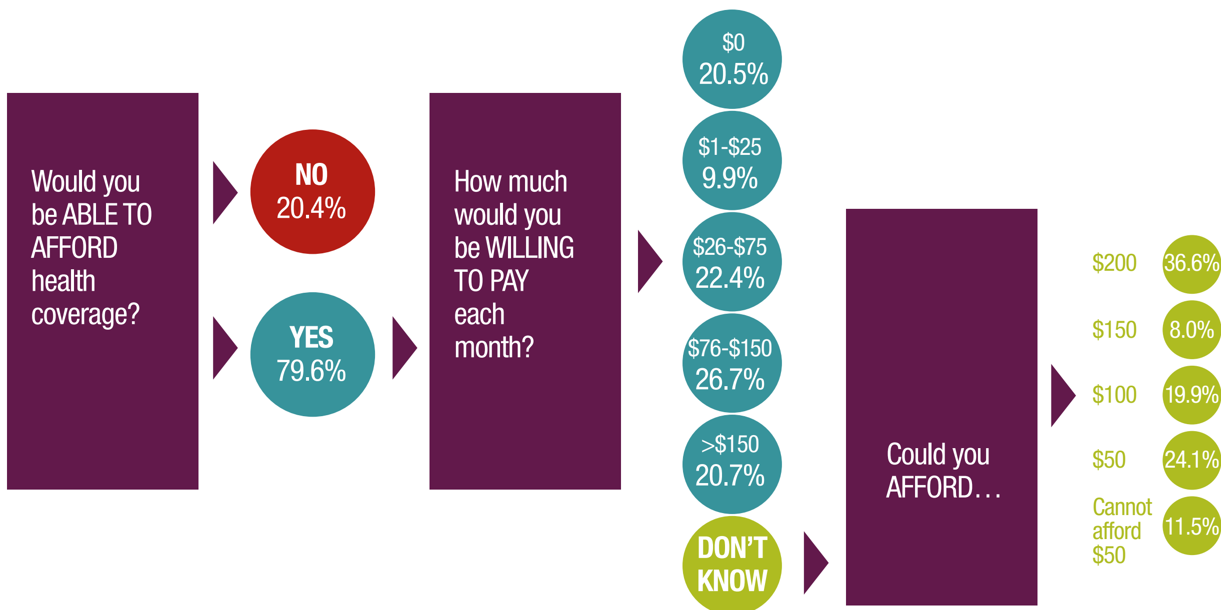
Those who said they would be able to afford something were then asked how much they would be "willing" to pay, either monthly or yearly, for health insurance. These answers were grouped into five categories by the monthly amount: Zero, $1-$25, $26-$75, $76-$150 and over $150.

Of note, 20 percent of the uninsured who said they would be "able" to pay for health insurance also said they would not be "willing" to pay anything.

Finally, respondents unable to name specific amounts were prompted with a question about whether they could afford a specific amount per month: Less than $50, $50, $100, $150 or $200.

The nuances in how these questions were asked, and the results analyzed, are important when considering the public policy implications of health care reform and trying to arrive at affordability standards that will work in Colorado. It underscores the need for detailed education and outreach to explain the costs and benefits of health insurance as insurance purchase requirements become law.

Graph 4: **The CHAS Affordability Questions—Following the Progression**



The Cost of Health Insurance in Colorado

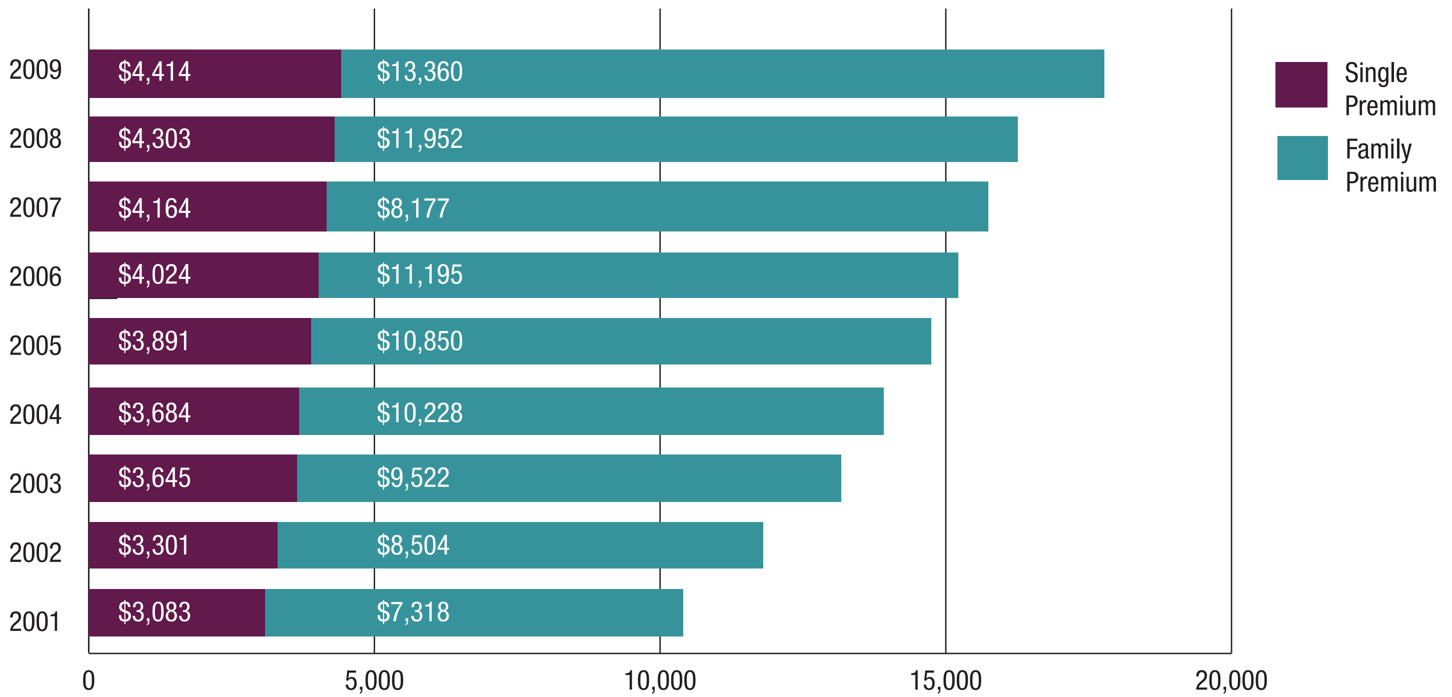
CHAS clearly answers the question of whether health insurance is affordable for Colorado's uninsured. About 85 percent of uninsured Coloradans said they did not have health insurance because it cost too much.

Indeed, the cost of health care insurance in Colorado has risen dramatically in the past decade (see Graph 4). Data from the Colorado Division of Insurance show that average annual premiums for employer-sponsored family coverage increased nearly 83 percent to $13,360 in 2009 from $7,318 in 2001.[22] Average annual premiums for employer-sponsored single coverage increased 43 percent to $4,414 in 2009 from $3,083 in 2001.

A Definition of Underinsurance

Underinsurance is defined as having public or private health insurance coverage that does not adequately cover the costs of medically necessary services relative to family income, resulting in out-of-pocket expenses that exceed an insured individual's ability to pay. This definition sets the threshold of affordability at 5 percent of annual income for families below 200 percent FPL, and 10 percent of annual income for all others.[23]

Graph 5: **The Cost of Colorado Health Insurance Premiums, Single and Families**



Source: Colorado Division of Insurance

The Intersection of Affordability and Health Insurance

In addition to the 829,000 uninsured Coloradans, approximately 671,000 Coloradans are “underinsured,” meaning their insurance coverage is generally inadequate to cover their needs.

Together, these 1.5 million people make up 29 percent of Coloradans and represent the population for whom the affordability question will be most applicable.

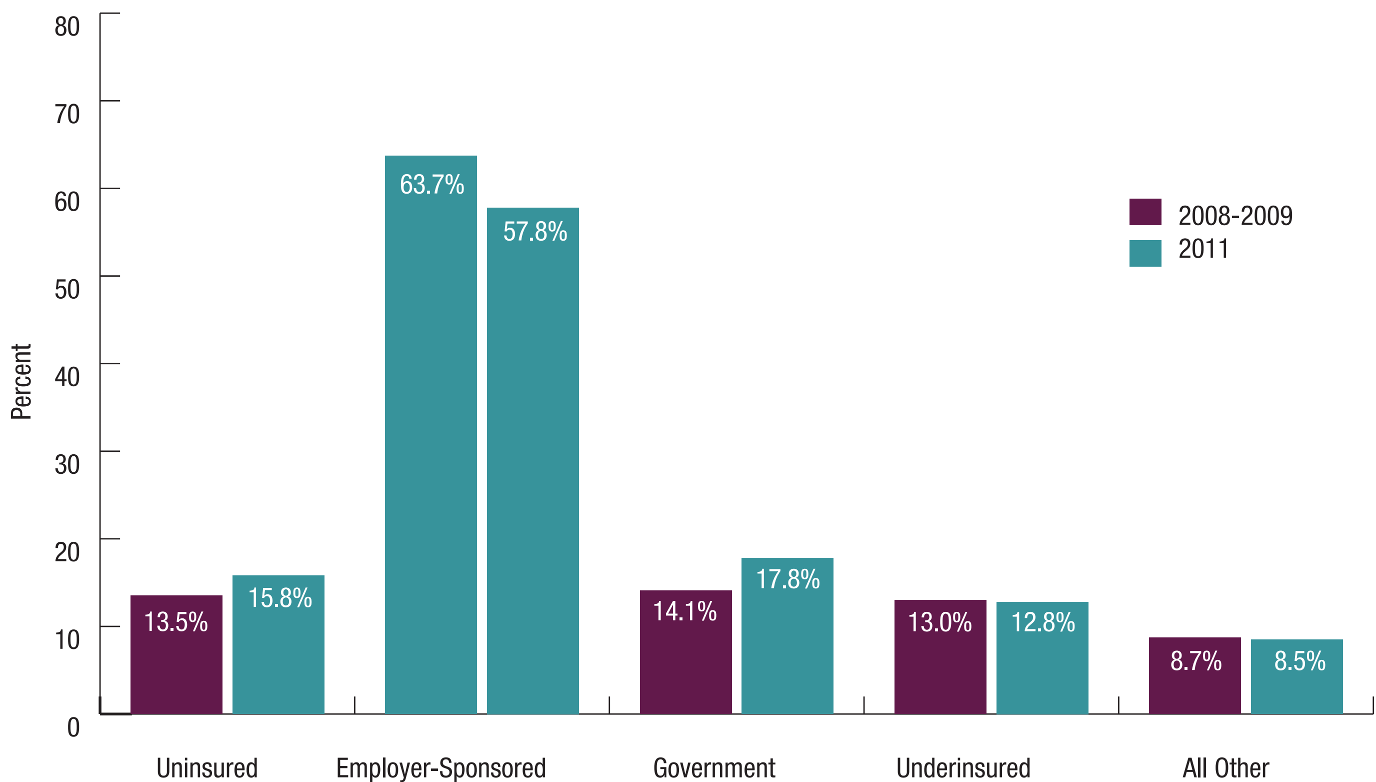
Between 2008-2009 and 2011, about 163,000 fewer Coloradans reported being covered by employer-sponsored insurance, considered the cornerstone of the insurance system (see Graph 6).

While some of those individuals joined the ranks of the uninsured, others may have purchased insurance on the individual market or they may have moved onto the public insurance rolls. As of 2011, nearly 18 percent of Coloradans—about 938,000—were covered by public health insurance (Medicare, Medicaid or Child Health Plan Plus), up from 14 percent in 2008-2009.

Having a job doesn’t guarantee having health insurance. CHAS shows that nearly 58 percent of the state’s uninsured have jobs, with 45 percent working for others and 13 percent self-employed.

Delving deeper, however, CHAS shows that more than half (59 percent) of these uninsured but employed Coloradans reported that they had been offered insurance through their employer but chose not to enroll. Of those who opted not to accept employer-sponsored health insurance, 56 percent said they could not afford their portion of the premiums. Other reasons included the employee’s feeling that he or she never got sick and didn’t need health insurance, or that the employee just didn’t want health insurance.

Graph 6: **Comparing Health Insurance Status, 2008-2009 and 2011**



The Consequences of Being Uninsured in Colorado

CHAS results show that uninsured Coloradans routinely put off necessary medical care, specifically citing high cost, in the 12 months before the survey (see Table 4).

- 47 percent said they did not see a dentist
- 38 percent said they did not see a doctor
- 32 percent said they did not see a specialist
- 22 percent said they did not fill a prescription
- 17 percent said they did not see a mental health provider

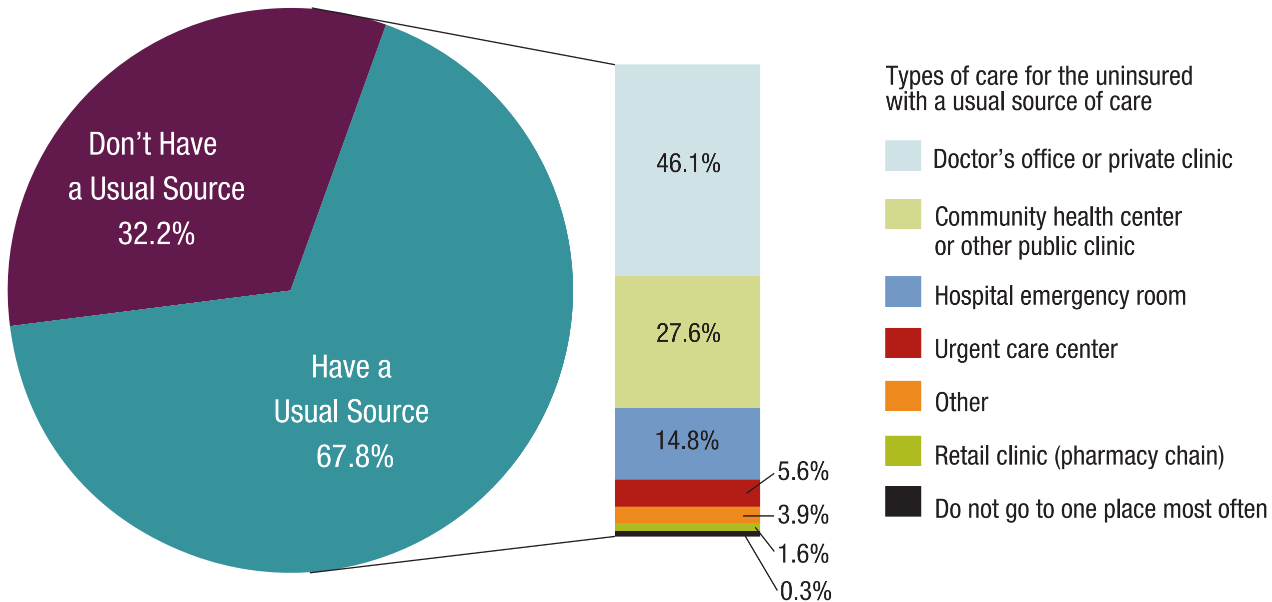
When they did seek medical care, many of Colorado's uninsured relied on hospital emergency rooms or urgent care centers (see Graph 7). Nearly one-third of the state's uninsured said they usually sought their health care from an emergency room or urgent care center. CHAS findings show that these options are more expensive than receiving timely preventive care from a "usual source of care."

- About one-third (32 percent) of Colorado's uninsured said they don't have a usual source of care, compared with 12 percent of all Coloradans—insured and uninsured—who indicated they were without a usual source of care.
- Of the two-thirds of uninsured Coloradans who said they do have a place where they usually seek health care, 20 percent identified that place as a more expensive treatment option such as a hospital emergency room or urgent care center.
- In contrast, of all Coloradans with a usual source of care, only 7 percent identified that place as a hospital emergency room, urgent care center or retail clinic. Nearly 80 percent identified a doctor's office or private clinic as their usual source of care.

The uninsured are managing to find ways to get care even without health insurance. But they are more likely to seek care in an expensive hospital emergency room, in contrast to the population of all Coloradans, who are far more likely to seek preventive and

regular care from a usual source. This has important implications for health policy in considering how to provide effective and cost-efficient care to the most vulnerable Coloradans.

Graph 7: **The Uninsured and Their Usual Sources of Care**



Overall, the percentage of Coloradans who visited an emergency room increased to 28.3 percent in 2011 from 24.3 percent in 2008-2009, suggesting a decline in access to care in the state.

The self-described health status of Colorado's uninsured and the adequately insured stayed roughly the same between 2008-2009 and 2011 (see Table 4). However, the health status of the underinsured showed a downward trend, with those self-describing their health as fair/poor, the two lowest categories, increasing to 25.8 percent from 19.9 percent.

Still, nearly a quarter of the uninsured described their health as fair or poor, compared with about 10 percent of the adequately insured.

Table 4: **Self-Described Health by Insurance Status**

	Uninsured		Underinsured		Adequately Insured	
Description	2008-09	2011	2008-09	2011	2008-09	2011
Excellent/ Very Good	50.8%	50.2%	54.7%	52.1%	71.6%	70.2%
Good	24.9%	25.3%	25.4%	22.1%	19.3%	19.7%
Fair/Poor	24.3%	24.5%	19.9%	25.8%	9.0%	10.1%

Health care bills don't stop with insurance premiums. Besides rising costs for premiums, consumers have seen out-of-pocket costs for deductibles, copayments and other cost sharing items rise significantly. In addition, medical costs in general have moved higher, an important consideration for those without insurance.

CHAS reveals that two-thirds of Colorado's uninsured paid 5 percent or less of their annual income on out-of-pocket medical and prescription costs. About 10 percent said their out-of-pocket costs ate up more than half their annual income.

The amount that uninsured Coloradans paid for out-of-pocket medical expenses appeared to influence their views on whether they would or would not be able to pay for health insurance, according to CHAS.

Those with lower out-of-pocket expenses tended to think they would not be able to afford to pay for health insurance. It is possible

that many of these low-income families that reported very few out-of-pocket expenditures are accustomed to going without medical and dental care, or that they have found organizations that provide low-cost or free care. In either case, they couldn't see a place in their budgets to add the cost of health insurance.

In contrast, uninsured Coloradans with higher out-of-pocket expenses were more likely to say they would be able to afford to buy health insurance. For example, 15 percent of the uninsured who said they would be able to pay something for health insurance reported paying more than $3,000 in annual out-of-pocket expenses. Their medical payment experiences might have led them to think that investing in affordable health insurance would make financial sense for their families, since medical costs were eating up a significant portion of their incomes.

Health Policy Implications: How CHAS Findings Can Inform Discussions Concerning Affordability

CHAS data show that the question of affordability is central to most Coloradans who do not have insurance now or who are underinsured. Most of the uninsured Coloradans who say they can't afford health insurance now likely won't feel they are able to afford it in 2014 when enrollment in the state health benefit exchange begins.

For those individuals who believe they do not need health insurance, paying the penalty specified by the law ($95 per person in the first year, reaching $375 per child, $750 per adult, and a maximum of $2,250 per family, by 2016) may be less expensive than paying for health insurance premiums. Generally, many of those deciding against health insurance are young and healthy. Their participation in the insurance pools, however, is essential to the sustainability of health reform.

As mentioned earlier, these findings speak to the need for clear communication about the potential benefits of enrolling in health care coverage. They may also indicate a need to examine the balance of penalties and subsidies required for those failing to adhere to the law's individual mandate.

At the most essential level, the definition of affordability will have to evolve over time as it becomes clear whether uninsured individuals and families can find the money in their strapped budgets to purchase health insurance.

In addition to the affordability of health insurance, health policy can also influence the affordability of medical care in general. Pilot projects related to coordinated care and payment reform will be crucial to this effort. CHAS results show that the affordability of medical care influences decisions regarding the purchase of health insurance and, in a larger sense, influences the financial well-being of a great number of individuals and families.

Conclusion

The affordability of health insurance is a complicated issue of critical importance in Colorado and across the nation. CHAS results provide policymakers with an important source of data about the status of affordability among the 829,000 uninsured Coloradans, information that can be used in the ongoing policy efforts to calibrate affordability with an adequate level of coverage.

As a starting point, CHAS shows that affordability is the primary reason that uninsured Coloradans do not buy health insurance.

CHAS also tells us that being uninsured has immediate consequences. Nearly half of Colorado's uninsured put off seeing a dentist for needed care because it cost too much, while about 40 percent put off seeing a doctor for needed care and nearly a quarter didn't buy prescribed medicine because of cost. All of these actions have potentially negative health consequences as well as the possibility of driving the individual to a higher-cost medical option such as an emergency room. And there are societal costs, with some of the costs being passed along to the insured in the form of even higher premiums and taxpayers picking up other costs.

Reaching a level of affordability that works for most individuals as well as the community will be quite involved. CHAS shows that many uninsured Coloradans differ on their views of affordable health insurance. There also is not a definite correlation between an individual's income level and his or her ability or willingness to pay for health insurance.

Methodology

The 2011 CHAS is a program of The Colorado Trust. Colorado Health Institute (CHI) managed the data collection and analysis of CHAS. The survey was conducted via a random-digit-dialing, computer-assisted telephone interview by Social Science Research Solutions, an independent research company between May 10 and August 14, 2011. A representative sample of 10,352 households participated in the survey.

Of the 10,352 interviews, 1,214 were conducted with respondents who owned only a cell phone. This compares with a representative sample of 10,090 households surveyed from November 12, 2008, through March 13, 2009, for the 2008-2009 COHS. (NOTE: The name was changed for the 2011 survey and will remain the Colorado Health Access Survey in future surveys.) In the 2008-2009 survey, 400 interviews were conducted with respondents who owned only a cell phone.

Interviews were stratified by 21 Health Statistics Regions (HSRs) in Colorado to ensure adequate representation within each of them. These are the 21 health statistics regions developed by the Colorado Department of Public Health and Environment for public health planning purposes. Regions with sufficient numbers of African American households were oversampled to ensure an adequate sample of African Americans comparable to their proportion in the Colorado population.

Survey data were weighted to 1) adjust for the fact that not all survey respondents were selected with the same probability, and to 2) account for gaps in coverage in the survey frame. Because of this weighting process, CHI refers to the people who answered the questions as “respondents.” But when discussing results, which have been weighted to the Colorado population, CHI refers to “Coloradans.”

Endnotes

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