



# TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

AUGUST 2013

## Covering Young Adults Under the Affordable Care Act: The Importance of Outreach and Medicaid Expansion

### *Findings from the Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013*

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**Abstract:** There is concern that many young adults (ages 19–29) will remain without health insurance in 2014 despite the Affordable Care Act's reforms, including subsidized private coverage offered in new state marketplaces and expanded Medicaid eligibility. How things turn out will likely depend on outreach efforts and states' decisions on expanding Medicaid. Commonwealth Fund Health Insurance Tracking Survey data from 2011 and 2013 show increasing awareness among young adults of the 2010 requirement that health plans cover children under age 26. Of the estimated 15 million young adults enrolled in a parent's plan in the prior 12 months, 7.8 million would not likely have been eligible to enroll prior to the law. Still, only 27 percent of 19-to-29-year-olds are aware of the marketplaces. Meanwhile, most uninsured young adults living below poverty will not have access to subsidized public or private insurance in states opting out of the Medicaid expansion.



### OVERVIEW

The health insurance coverage provisions of the Affordable Care Act—the ability to remain on a parent's policy until age 26, subsidized private health plans offered through new state insurance marketplaces, and expanded eligibility for Medicaid—can help young adults maintain health coverage at key life transition points, including graduation from high school and college, when millions have lost insurance in the past. Young adults' participation in the nation's new insurance marketplaces is essential: as a healthier-than-average population, it allows for comprehensive health plans to be offered at affordable prices to *all* enrollees over time. However, concern is

widespread that young adults will continue to go uninsured, despite the new options available to them under the law.

Data from the Commonwealth Fund Health Insurance Tracking Surveys of Young Adults, conducted in November 2011 and March 2013, suggest that as young adults (ages 19–29) gain awareness of the new coverage options available in January 2014, they will eventually enroll in large numbers. Increasing numbers of young adults over the 2011–2013 period became aware of, and took advantage of, the Affordable Care Act’s requirement that health plans offering dependent coverage insure children through age 25. In March 2013, an estimated 15 million 19-to-25-year-olds—half this age group—had been on a parent’s health insurance policy in the prior 12 months, up from 13.7 million prior to November 2011. Of the 15 million young adults on a parent’s plan, an estimated 7.8 million likely would not have been eligible to enroll in that plan prior to the Affordable Care Act (Exhibit 1).

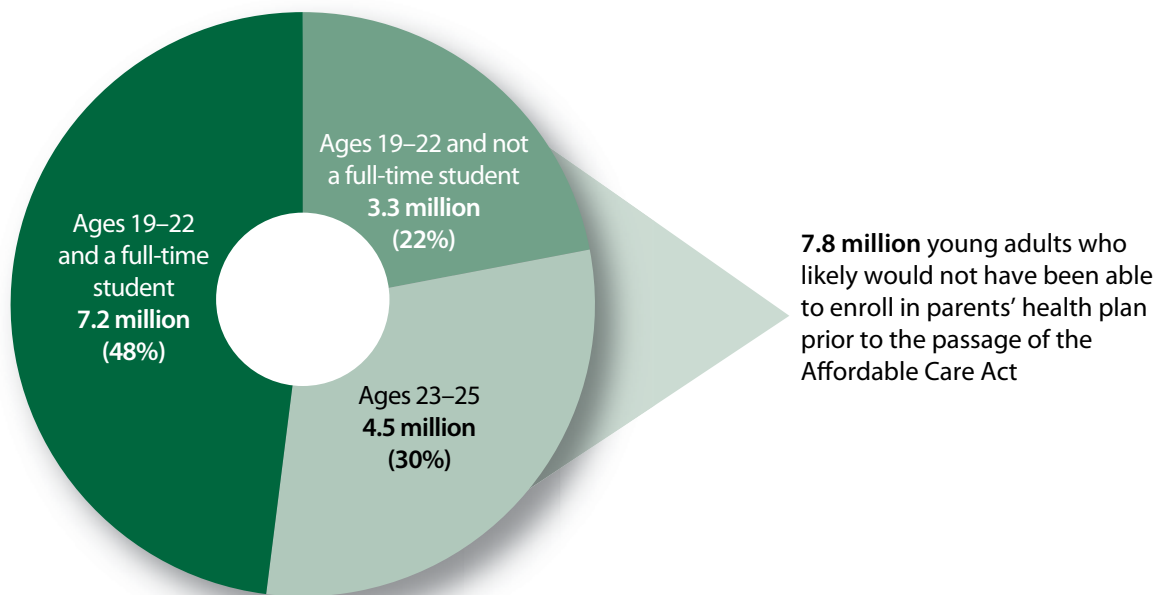
Beginning in October 2013, nearly all uninsured young adults will be able to select a plan from

their states’ new insurance marketplaces and find out whether they are eligible for subsidies or Medicaid. However, the tracking survey found that only 27 percent of 19-to-29-year-olds were aware of the marketplaces. Lack of awareness was lowest among those who were uninsured during the year and those with low to moderate incomes.

With aggressive state and federal efforts to educate young adults about their new insurance options, experience suggests that awareness of, and enrollment in, these new options will climb over time. Affordability will also be critical. Enrollment rates of working young adults in their own employer-sponsored plans average nearly 70 percent, with cost being a principal factor cited among those who do not enroll. In this regard, the law’s coverage subsidies and the Medicaid expansion will provide substantial help.

As the Affordable Care Act’s coverage provisions are fully implemented in 2014, the biggest risk to young adults is the lack of opportunity to enroll in Medicaid in states that choose not to expand their Medicaid programs. Only about half the states so far

### Exhibit 1. Fifteen Million Young Adults Ages 19–25 Enrolled in or Stayed on Their Parents’ Health Plan in Past 12 Months



Distribution of 15 million adults ages 19–25 who enrolled in or stayed on their parents’ health plan in past 12 months

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013.

have decided to expand their programs. In the states that do not, most working-age adults with incomes under 100 percent of the federal poverty level—numbering in the millions—will not have access to the Medicaid expansion or subsidized private plans.

## MIXED OUTCOMES LIKELY FOR YOUNG ADULT COVERAGE IN 2014

### With Rising Awareness of the Law, More Young Adults Stayed on Their Parents' Health Plans

Starting in September 2010, the Affordable Care Act required all insurance plans offering dependent coverage to offer the same level of coverage at the same price to their enrollees' adult children up to their 26th birthday.<sup>1</sup> The survey finds that increasing numbers of young adults over the period 2011 to 2013 became aware of this requirement. By March 2013, 62 percent of the age group eligible to join a parent's policy were

aware of the provision (Exhibit 2, Table 1). In particular, awareness increased among young adults with low income and those with a high school education or less, as well as among those who considered themselves Republicans and 23-to-25-year-olds.

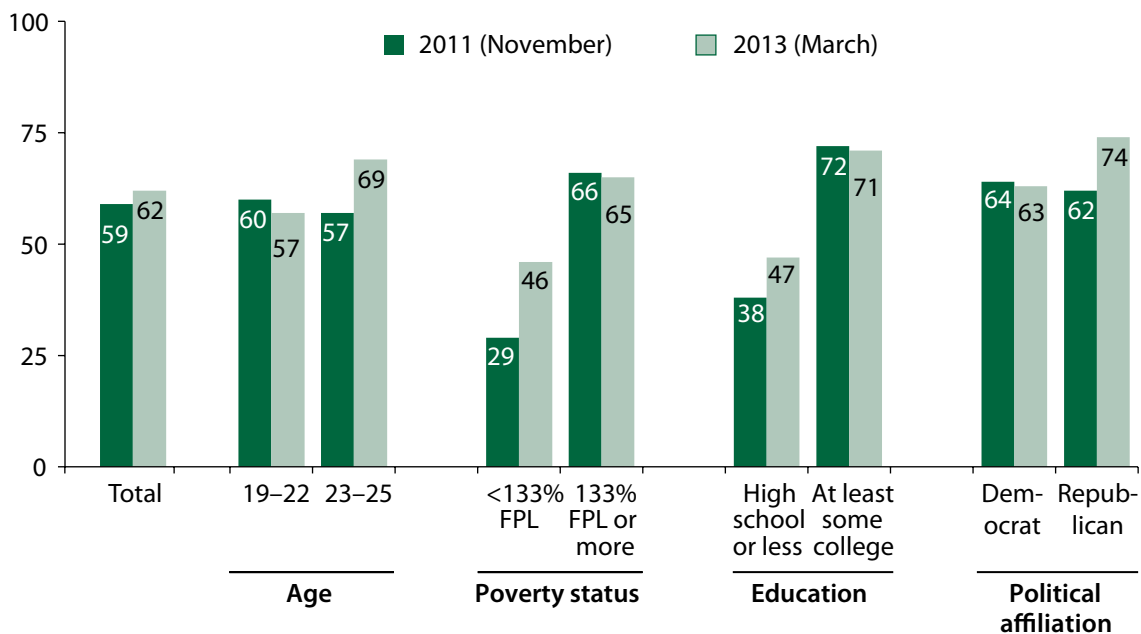
Gains in enrollment matched these gains in awareness. In March 2013, the survey finds that an estimated 15 million young adults ages 19 to 25 had enrolled in a parent's insurance policy in the prior 12 months—more than half (51%) of that age group—up from the 13.7 million young adults estimated in November 2011 to have enrolled in the prior 12-month period (Exhibit 3, Table 1). Of these 15 million young adults, we estimate that roughly 7.8 million likely would not have been eligible for coverage under their parents' employer plans prior to the Affordable Care Act, an increase of 1.1 million from November 2011.<sup>2</sup>

As with awareness, there were gains in enrollment for a number of young adult subgroups: those ages 23 to 25, those with low incomes, those with a

### Exhibit 2. Awareness of the Ability to Enroll in Parents' Health Plans Among 19-to-25-Year-Olds Climbed from 2011 to 2013

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?



Notes: FPL refers to federal poverty level. Base: Among adults ages 19–25.  
Source: The Commonwealth Fund Health Insurance Tracking Surveys of Young Adults, 2011 and 2013.

high school education or less, and those who considered themselves Republicans. Among adults with incomes under 133 percent of poverty (\$15,282 for an individual and \$31,322 for a family of four), enrollment climbed from 17 percent to 26 percent in 2013. But because young adults with lower incomes are far less likely to have a parent with a health plan they can join, enrollment remained less than half of that among higher-income young adults.

While public opinion polls have consistently shown a partisan divide in views of the health reform law, the survey finds that young adults who identified themselves as Republicans enrolled in their parents' policies in greater numbers than young adults who identified themselves as Democrats. In March 2013, 63 percent of Republican young adults had enrolled in a parent's policy in the past 12 months, compared with 45 percent of Democrats.

Enrollment also climbed among young adults ages 23 to 25—an age when many have recently left

college—rising from 26 percent in November 2011 to 36 percent in March 2013.

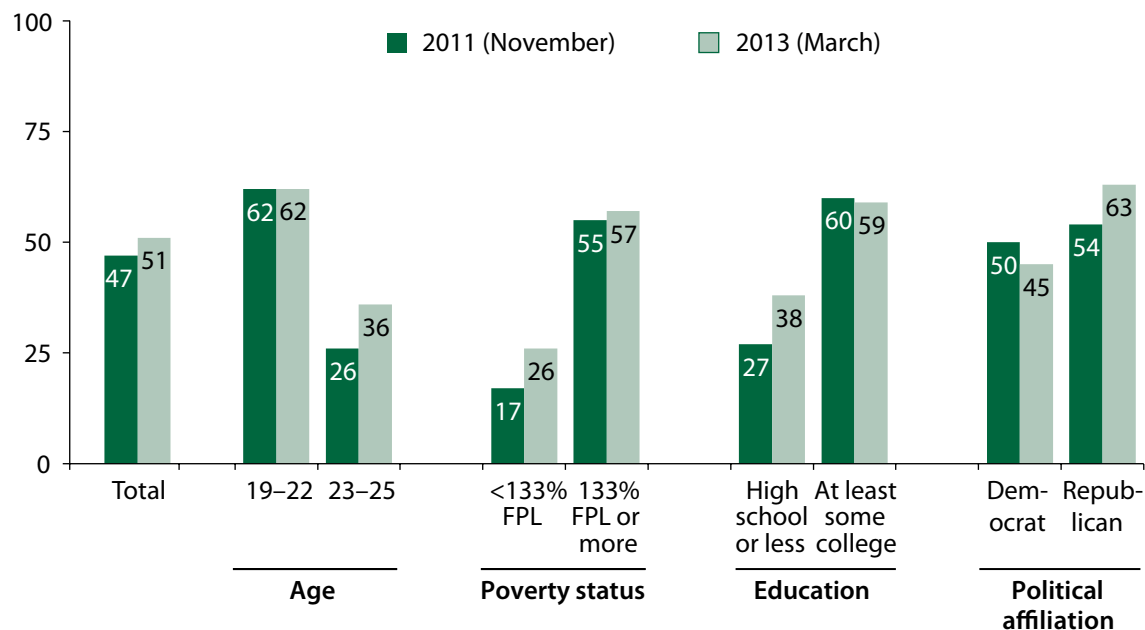
The provision may also have led to a decrease in the percentage of young adults who were uninsured or lost their health coverage upon leaving college in that period—from 35 percent to 29 percent (data not shown).

### The Share of Uninsured Young Adults Declined Over 2011–2013

Numerous surveys confirm that the Affordable Care Act's dependent coverage provision has significantly decreased the proportion and number of uninsured young adults.<sup>3</sup> The Young Adults Tracking Surveys point to a similar trend. In November 2011, 39 percent of young adults—roughly 18 million—were either uninsured or had spent some time uninsured in the prior year; in March 2013, this share fell to 34 percent, or an estimated 15.7 million (Exhibit 4). There were gains in coverage across the income spectrum.

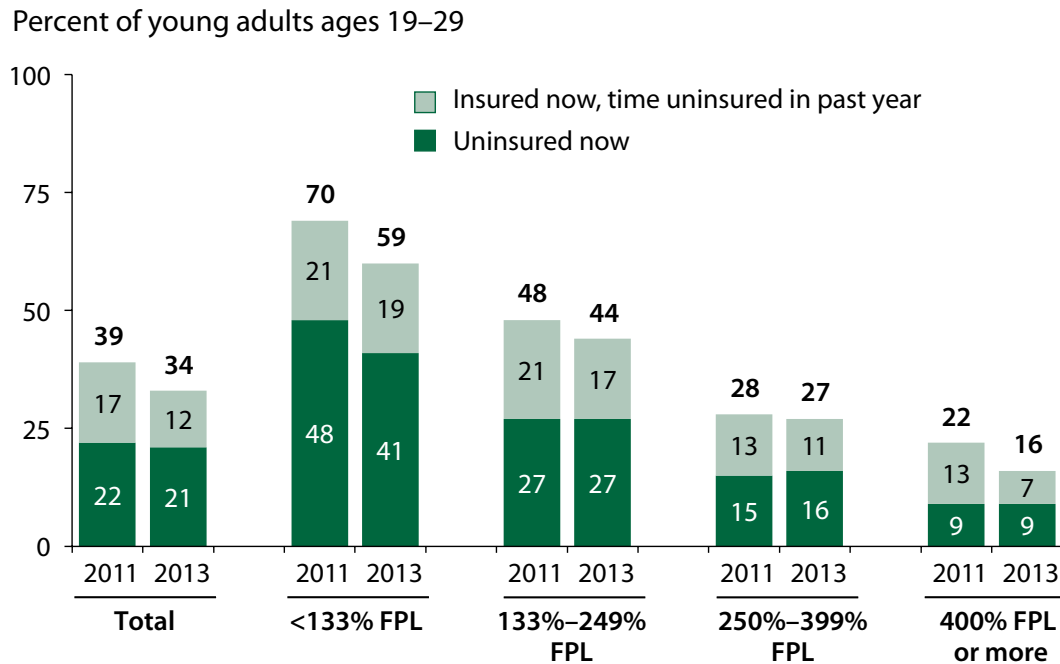
### Exhibit 3. Enrollment on Parents' Health Plans Among 19-to-25-Year-Olds Increased from 2011 to 2013

Percent of adults ages 19–25 who stayed on or newly enrolled in parents' health plan in past 12 months



Note: FPL refers to federal poverty level.  
Source: The Commonwealth Fund Health Insurance Tracking Surveys of Young Adults, 2011 and 2013.

## Exhibit 4. Percentage of Uninsured Young Adults Declined from 2011 to 2013; Gains Were Largest Among Low-Income Young Adults



Notes: Totals may not equal sum of bars because of rounding. FPL refers to federal poverty level.  
Source: The Commonwealth Fund Health Insurance Tracking Surveys of Young Adults, 2011 and 2013.

Still, young adults with low and moderate incomes were far more likely to report gaps in their insurance coverage compared with those with higher incomes. In 2013, in households with incomes under 133 percent of the federal poverty level, 59 percent of young adults were uninsured for a time during the year, compared with 16 percent of young adults in households with incomes of at least 400 percent of poverty.

### Only a Minority of Young Adults Are Aware of the New Insurance Marketplaces

From October 2013 through March 2014, young adults without affordable health insurance through an employer will be able to select a plan from their state's insurance marketplace, with coverage beginning January 2014. Those with incomes under 400 percent of poverty will be eligible for subsidized coverage or Medicaid.

The survey findings demonstrate just how critical outreach and education will be to inform young adults about their new options. Only 27 percent of 19-to-29-year-olds in the survey were aware of the

marketplaces, with awareness lowest among those uninsured for some time during the year (19%) and those in low-income households eligible for subsidized coverage or Medicaid (18%) (Exhibit 5). Awareness also varied by education levels: one-third of college graduates were aware of the marketplaces, compared with 20 percent of those with a high school degree or less (Table 3).

### Affordability, Not "Invincibility," Is Why Most Young Adults Lack Health Insurance

The stereotype of "young invincibles" assumes that young adults go without health insurance because they believe they do not need it. But there is considerable evidence suggesting that affordability is the key reason young adults are not enrolled in a health plan. In the year following enactment of the Massachusetts health reform law in 2007, the uninsured rate of the state's 19-to-26-year-olds fell from 21 percent to 8 percent.<sup>4</sup> Similarly, the increase in enrollment owing to the Affordable Care Act's dependent coverage provision, and the consequent decline in uninsured rates

since 2010 found in multiple surveys, demonstrates the importance of health insurance to this age group and their families.

Our survey also finds high enrollment rates among young adults offered health benefits through their jobs. Among working young adults eligible for their employer’s plan, more than two-thirds (67%) enrolled (Table 4). While 19-to-25-year-olds had lower take-up rates (52%) than 26-to-29-year-olds (79%), this did not mean that substantially more 19-to-25-year-old workers were uninsured. The major difference in coverage between the two age groups was that 34 percent of the younger group was enrolled in a parent’s plan.

Among 19-to-29-year-olds who chose not to join their employer’s policy, only 5 percent said they did not need coverage. Among the rest, 36 percent said they already had insurance through their parents, 19 percent said they had coverage through a spouse

or partner, and 22 percent said the coverage was too expensive (data not shown).

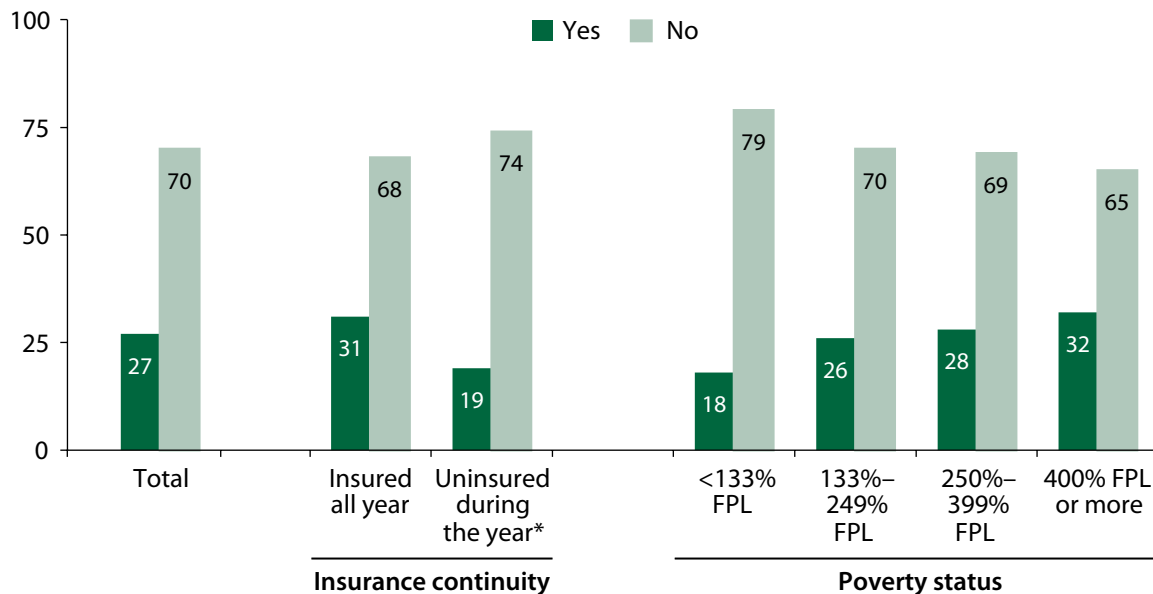
### Subsidies Will Keep Premium Costs Low for Most Young Adults Covered Through the Marketplaces

The Affordable Care Act’s Medicaid expansion and subsidized private plans will significantly improve the affordability of health insurance. Of the 15.7 million young adults who were uninsured for a time in 2013, 82 percent were in households eligible for subsidized private plans or Medicaid (Exhibit 6). Most uninsured young adults with incomes under 133 percent of poverty are eligible for Medicaid and will contribute nothing or very little toward premiums. Those with incomes of 133 percent to 399 percent of poverty will be eligible for subsidized private coverage through the state insurance marketplaces. The Kaiser Family Foundation’s premium calculator shows that, on average, young adults earning about \$15,000 will pay no more than

### Exhibit 5. Awareness of Health Insurance Marketplaces Is Low Among 19-to-29-Year-Olds

Starting in October, people without health insurance through a job will be able to go to a new insurance “exchange” or marketplace in their state and buy a health plan.

Have you heard about this new health insurance option?



Note: FPL refers to federal poverty level.  
 \* Combines “Insured now, time uninsured in past year” and “Uninsured now.”  
 Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013.

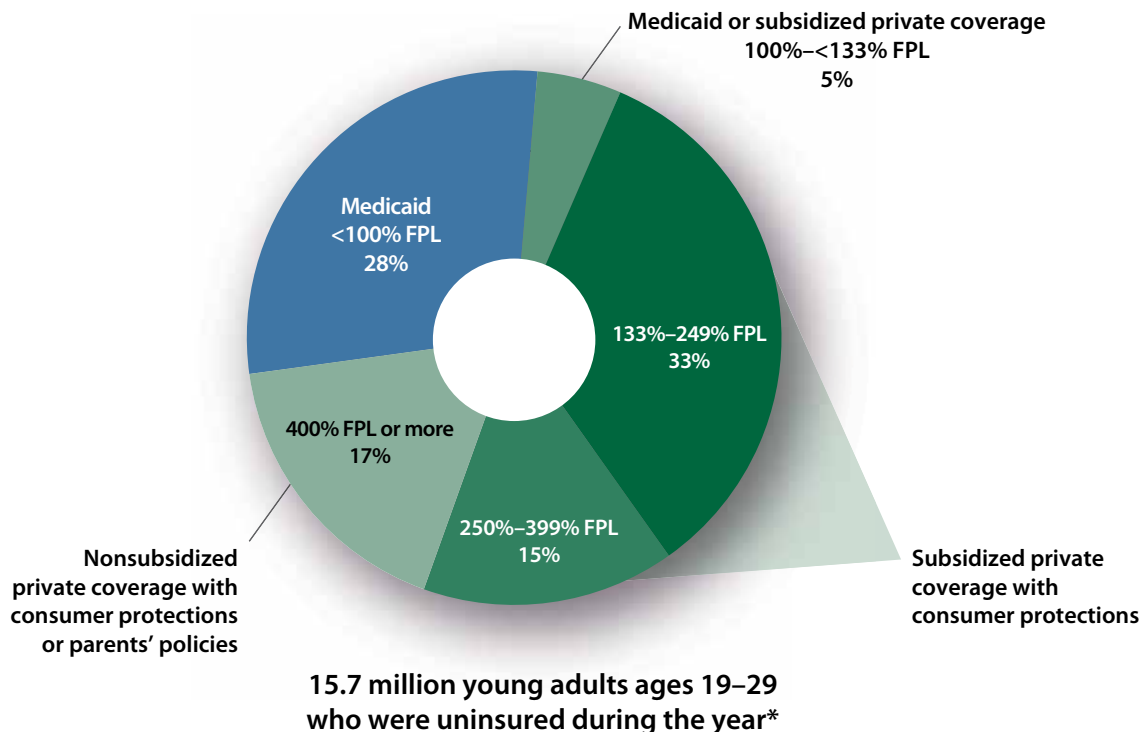
\$38 per month; those earning \$23,000, no more than \$121 per month; those earning \$29,000, no more than \$193 per month; and those earning \$35,000, no more than \$273 per month (Exhibit 7).

Young adults in households with higher incomes who must buy coverage on their own will also benefit from insurance market reforms ensuring that consumers in the same geographic region pay the same price for a mandated set of benefits, regardless of gender or health status. In addition, newly invigorated competition in private insurance markets, spurred by the health reform law, appears to be keeping premiums for 2014 below projections. According to analysis by the federal government, proposed premiums for health plans to be sold next year in 11 states are on average 18 percent lower than Congressional Budget Office predictions.<sup>5</sup>

### States Not Expanding Medicaid Will Leave Large Numbers of Young Adults Uninsured

The biggest risk for young adults next year is the lack of opportunity to enroll in Medicaid in states that choose not to expand their Medicaid programs to 133 percent of the federal poverty level. The Supreme Court decision giving states this discretion has meant that as many as 25 states may not participate in the expansion next year, even though the federal government will fully finance the expansion in most states through 2016, declining to 90 percent financing for all states by 2020.<sup>6</sup> In states that do not expand their programs, people with incomes between 100 percent and 133 percent of poverty will be eligible for subsidized private health insurance through the new marketplaces; most working-age adults with incomes under 100 percent of poverty will be excluded from both the Medicaid expansion and subsidized private plans. In the survey, 28 percent of young adults who spent a time

**Exhibit 6. Eighty-Two Percent of Young Adults with a Time Uninsured Had Incomes Under 400 Percent of Poverty, Making Them Potentially Eligible for Medicaid or Subsidies to Buy Insurance in the Marketplaces**



Notes: FPL refers to federal poverty level. 15 respondents who did not give updated income information are included in the distribution but not shown in the chart above.

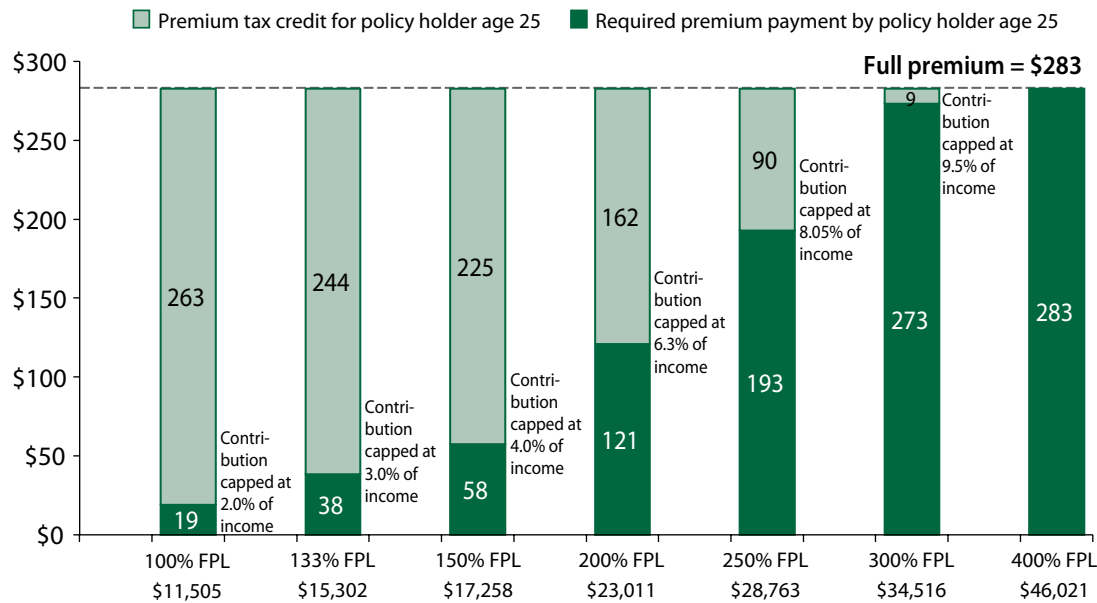
\* Combines "Insured now, time uninsured in past year" and "Uninsured now."

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013.



## Exhibit 7. Monthly Premium Amount and Tax Credits for a Young Adult Under the Affordable Care Act, 2014

Monthly premium amount paid by policy holder and premium tax credit



Notes: For an individual policy holder in a medium-cost area in 2014. Incomes are projected annual incomes for 2014. Premium estimates are based on an actuarial value of 0.70. Actuarial value is the average percent of medical costs covered by a health plan. FPL refers to federal poverty level. Source: Premium estimates are from Kaiser Family Foundation Health Reform Subsidy Calculator at <http://healthreform.kff.org/Subsidycalculator.aspx>.

uninsured in 2013 were in families with incomes under 100 percent of poverty (Exhibit 6).

## CONCLUSION

Of the estimated 15.7 million young adults who spent some time uninsured between March 2012 and March 2013, more than 80 percent will be eligible next year for subsidized insurance or Medicaid under the Affordable Care Act. As of March, though, only a quarter of young adults were aware of the new state marketplaces providing access to their insurance options. Clearly, outreach will be critical to ensure that young adults' awareness grows over time.

The major risk to young adults gaining health insurance, however, is the reluctance of many state governments to expand their Medicaid programs. With nearly 30 percent of uninsured young adults living in households that are below poverty and thus excluded from both the Medicaid expansion and subsidized private plans, states that do not take action will be jeopardizing the ability of many of their residents to obtain affordable health care.



### ABOUT THIS STUDY

The Commonwealth Fund Health Insurance Tracking Surveys of Young Adults were conducted by the online research firm Knowledge Networks GfK in 2011 and 2013, among a representative sample of young adults, defined for the surveys as ages 19 to 29. The 2011 survey was conducted from November 4 to 24, 2011, and the 2013 survey was conducted from February 11, 2013, to March 14, 2013. Both survey samples were 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.\*

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 an Internet connection are provided access as well as laptops, if needed. KnowledgePanel consists of about 55,000 U.S. residents ages 18 and older. In 2011, 3,438 adults ages 19 to 29 were randomly sampled from this panel and invited by email 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. In 2013, 3,530 adults ages 19 to 29 were invited by email to complete the 2013 online questionnaire; it was completed by 1,885 respondents, yielding a 53.4 percent completion rate. The 2013 sample includes 1,052 respondents who completed the survey in 2011, of which 161 were excluded from this analysis because of their ages (30–31). The analytic sample for 2013 includes 1,724 respondents. The 2013 survey has an overall margin of sampling error of  $\pm 3.2$  percentage points at the 95 percent confidence level.

Data in 2011 and 2013 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) February 2013, the CPS supplemental survey measuring Internet access from July 2011, and the Pew Hispanic Center Survey 2010 for Spanish language proficiency distributions. The resulting weighted sample is representative of the approximately 46.7 million U.S. adults ages 19 to 29. The 2011 data were weighted using the same CPS benchmarks, including the CPS March (2011) and the CPS supplemental survey (October 2010). Given the 2011 and 2013 samples were weighted separately to the appropriate CPS benchmarks for the given year of data collection, we treat them as independent samples for purposes of statistical testing.

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\* According to the Centers for Disease Control and Prevention, approximately 28.6 percent of all U.S. households cannot be contacted through RDD sampling alone.

## NOTES

- 1 The provision applied to all adult children, regardless of living situation, degree of financial independence, or marital or student status. It applied 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 applied to new health plans and “grandfathered” health plans—those in existence when the act was signed into law in March 2010.
- 2 S. R. Collins, R. Robertson, T. Garber, and M. M. Doty, *Young, Uninsured, and in Debt: Why Young Adults Lack Health Insurance and How the Affordable Care Act Is Helping* (New York: The Commonwealth Fund, June 2012).
- 3 R. A. Cohen and M. E. Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2012* (Washington, D.C.: National Center for Health Statistics, June 2013); S. R. Collins, K. Davis, and T. Garber, “1.3 Million Fewer People Were Uninsured in 2011: Young Adults Continue to Make Gains in Coverage as a Result of the Affordable Care Act,” *The Commonwealth Fund Blog*, Sept. 2012; G. Claxton, M. Rae, N. Panchal et al., “Health Benefits in 2012: Moderate Premium Increases for Employer-Sponsored Plans; Young Adults Gained Coverage Under ACA,” *Health Affairs*, Oct. 2012 31(10):2324–33; S. R. Collins, R. Robertson, T. Garber, and M. M. Doty, *Insuring the Future: Current Trends in Health Coverage and the Effects of Implementing the Affordable Care Act* (New York: The Commonwealth Fund, April 2013); and B. D. Sommers, T. Buchmueller, S. L. Decker et al., “The Affordable Care Act Has Led to Significant Gains in Health Insurance and Access to Care for Young Adults,” *Health Affairs*, Jan. 2013 32(1):165–74.
- 4 S. K. Long, A. Yemane, and K. Stockley, “Disentangling the Effects of Health Reform in Massachusetts: How Important Are the Special Provisions for Young Adults?” *American Economic Review*, May 2010 100(2):297–302.
- 5 L. Skopec and R. Kronick, *Market Competition Works: Proposed Silver Premiums in the 2014 Individual and Small Group Markets Are Nearly 20% Lower than Expected*, ASPE Issue Brief (Washington, D.C.: U.S. Department of Health and Human Services, July 2013).
- 6 States that are not expanding Medicaid, or are undecided as of August 2013, include: Alabama, Alaska, Florida, Georgia, Idaho, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Virginia, Wisconsin, and Wyoming. See The Commonwealth Fund’s [interactive Medicaid expansion map](#).

**Appendix Table 1. Trends in 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.				In the past 12 months, have you stayed on or enrolled in your parents' health plan?*			
	Were you aware of this change?*				Yes		No	
	2011	2013	2011	2013	2011	2013	2011	2013
Unweighted n	692	665	482	310	513	518	658	457
Total (millions)	17.0	18.1	11.7	9.9	13.7	15.0	14.9	13.3
Percent distribution	59%	62%	40%	34%	47%	51%	51%	45%
Age								
19–22	60	57	40	37	62	62	37	33
23–25	57	69	41	30	26	36	71	63
Gender								
Female	61	67	38	31	49	54	49	43
Male	56	57	43	36	45	48	53	47
Race/Ethnicity								
White	68	75	31	24	54	61	44	38
Black	47	50	53	43	34	32	66	61
Hispanic	40	40	58	52	33	33	65	63
Poverty status								
Below 133% FPL	29	46	70	49	17	26	81	68
133%–249% FPL	55	53	44	40	32	32	66	64
250%–399% FPL	63	62	35	32	57	58	41	38
400% FPL or more	76	75	24	23	69	74	30	24
Below 250% FPL	43	50	56	44	25	30	73	66
250% FPL or more	71	70	28	26	65	68	34	29
Education								
High school degree or less	38	47	61	51	27	38	71	61
Some college/technical	71	69	28	26	65	65	33	30
College graduate or higher	74	74	25	22	49	49	50	50
Student status								
Full-time college or graduate student	73	66	27	30	79	74	20	22
Part-time college or graduate student	53	56	47	44	41	49	59	50
Not a college or graduate student	51	61	48	36	28	36	70	63
Insurance status								
Insured all year	70	75	29	24	64	69	35	30
Uninsured during the year**	40	36	59	54	21	15	77	77
Health status								
Fair/poor health status, or any chronic condition or disability^	53	64	47	34	41	49	58	50
No health problem	61	61	38	34	49	52	49	43
Place of residency								
City	53	61	46	37	41	50	58	50
Suburban area	65	71	35	28	56	60	44	39
Small town or rural area	58	62	42	38	45	49	53	49
Region								
Northeast	65	62	34	33	51	54	48	42
Midwest	69	78	31	19	60	65	40	34
South	50	55	50	41	36	43	62	54
West	57	57	40	38	49	48	46	47
Political affiliation								
Republican	62	74	38	26	54	63	43	36
Democrat	64	63	36	36	50	45	50	55
Independent	71	76	29	22	55	62	45	38

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 Surveys of Young Adults, 2011 and 2013.

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

	Insurance status					Poverty status	
	Total (19–29)	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	1,724	1,168	209	347	556	789	891
Total (millions)	46.7	31.0	5.8	10.0	15.7	20.6	25.1
Percent distribution	100%	66%	12%	21%	34%	44%	54%
<b>Age</b>							
19–25	63	67	13	21	33	44	54
26–29	37	65	12	23	35	44	54
<b>Race/Ethnicity</b>							
White	58	75	11	15	25	36	61
Black	12	51	21	28	49	62	38
Hispanic	21	48	13	39	52	61	38
<b>Poverty status</b>							
Below 100% FPL	15	37	20	43	63	—	—
Below 133% FPL	19	41	19	41	59	—	—
100%–132% FPL	4	54	13	33	46	—	—
133%–249% FPL	25	56	17	27	44	—	—
250%–399% FPL	19	73	11	16	27	—	—
400% FPL or more	35	84	7	9	16	—	—
Below 250% FPL	44	49	18	33	51	—	—
250% FPL or more	54	80	8	12	20	—	—
<b>Education</b>							
Less than high school degree	7	23	20	57	77	78	21
High school degree or equivalent	27	59	13	28	41	60	39
Some college/technical	36	74	10	16	26	41	57
College graduate or higher	30	75	13	12	25	27	70
<b>Student status</b>							
Full-time college or graduate student	30	75	14	11	25	34	65
Part-time college or graduate student	8	69	7	24	31	37	62
Not a college or graduate student	62	62	12	26	38	50	47
<b>Adult work status</b>							
Full-time	38	72	12	16	28	37	60
Part-time	22	72	7	21	28	42	56
Unemployed, looking for work	11	50	12	38	50	59	38
Student, not working	14	77	15	8	23	34	65
Other, not working	12	50	18	32	50	71	28
<b>Employer size**</b>							
Fewer than 20 employees	23	56	14	30	44	47	51
20–49 employees	11	68	17	15	32	43	56
50–99 employees	8	68	6	26	32	50	50
100–499 employees	17	81	6	13	19	39	56
500 or more employees	40	78	9	13	22	31	67
<b>Lives with parents for all/part of the year</b>							
Yes	49	68	12	20	32	43	55
No	48	65	12	23	35	45	52
<b>Region</b>							
Northeast	18	66	13	21	34	34	62
Midwest	21	75	9	16	25	36	61
South	36	62	14	25	38	50	48
West	25	65	13	22	35	50	49

Note: FPL refers to federal poverty level.

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

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

— Not applicable.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013.

**Appendix Table 3. Awareness of Health Reform (base: young adults ages 19–29)**

	Starting in October, people without health insurance through a job will be able to go to a new insurance “exchange” or marketplace in their state and buy a health plan. Have you heard about this new health insurance option?*	
	Yes	No
Unweighted n	498	1,189
Total (millions)	12.6	32.7
Percent distribution	27%	70%
Age		
19–22	26	69
23–25	24	74
26–29	30	68
Gender		
Female	25	72
Male	29	68
Race/Ethnicity		
White	31	67
Black	18	78
Hispanic	19	77
Poverty status		
Below 133% FPL	18	79
133%–249% FPL	26	70
250%–399% FPL	28	69
400% FPL or more	32	65
Below 250% FPL	23	74
250% FPL or more	31	66
Education		
High school degree or less	20	78
Some college/technical	28	68
College graduate or higher	33	65
Student status		
Full-time college or graduate student	31	66
Part-time college or graduate student	22	75
Not a college or graduate student	26	72
Insurance status		
Insured all year	31	68
Uninsured during the year**	19	74
Health status		
Fair/poor health status, or any chronic condition or disability <sup>^</sup>	28	71
No health problem	27	70
Place of residency		
City	29	69
Suburban area	28	71
Small town or rural area	25	75
Region		
Northeast	33	64
Midwest	25	71
South	25	72
West	26	70
Political affiliation		
Republican	33	67
Democrat	32	66
Independent	28	71

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.”

<sup>^</sup> 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, 2013.

**Appendix Table 4. 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 \$15	\$15 to less than \$20	\$20 or more
Unweighted n	1,050	561	489	531	519	642	153	251
Total (millions)	26.7	15.9	10.8	14.3	12.4	18.1	3.4	5.2
Percent distribution	100%	59%	41%	53%	47%	68%	13%	19%
Availability and eligibility of employer insurance								
Employer offers insurance	70	60	84	75	64	59	90	91
Employee eligible for insurance	55	41	75	63	46	39	86	90
Take-up of employer insurance when offered and eligible <sup>^</sup>	67	52	79	69	65	53	74	85
Current source of insurance coverage								
Covered through own employer	37	21	60	43	30	21	64	77
Covered through parents' employer	21	34	1	15	27	28	8	5
Covered through spouse/partner/someone else's employer	4	2	7	3	6	3	8	5
Covered through public program	5	6	4	3	7	7	2	1
Covered through individual market or college or university	7	8	7	7	8	9	7	2
Covered through military or other source	8	9	8	9	7	9	10	4
Uninsured	17	19	14	19	15	23	3	6

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

<sup>^</sup> Base: Among those workers whose employer offers insurance that s/he is eligible for.

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013.

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