

# Significant Changes in Health Coverage and Expenses in Larimer County

## Survey Results – 2013 to 2016

June 21, 2017

*Recent survey results indicate that residents of Larimer County have experienced dramatic gains in insurance coverage in the past three years, a period that includes the implementation of the Affordable Care Act (ACA) in 2014; with this increased coverage, many residents experienced fewer struggles with medical bills and debt collectors, put off fewer visits to mental health providers, and filled more prescriptions that previously might have gone unfilled due to cost.*

The Health District of Northern Larimer County in Colorado completes a random sample community health survey of local adults every three years. Responses to questions relating to health insurance and cost of health care were compared between the surveys administered in the fall of 2013 (before the key features of the ACA were implemented in 2014) and the fall 2016 survey.

### ***Declines in rates of uninsured and in health care cost challenges<sup>i</sup>***

- There was a **significant decline in the uninsured rate between ages 18 and 64**: from **11.8%** uninsured in 2013 to **4.4%** in 2016. The decline in uninsured was particularly notable for those living with incomes at ‘poverty and just above’, and those with ‘lower middle’ incomes:

	<u>2013</u>	<u>2016</u>
▪ Poverty & just above:	36.3%	5%
▪ Lower middle income:	24.2%	6.6%

- **Adults below age 64 that reported being uninsured for seven months or longer over the prior three years** declined from **17%** in 2013 to **6.4%** in 2016. The decline occurred in **every income level**, and was notable for those ranging from low incomes well into the middle class:

	<u>2013</u>	<u>2016</u>
▪ Poverty & just above:	46.5%	5.7%
▪ Lower middle income:	36.5%	11.6%
▪ Mid-middle income, eligible:	16.1%	9.7%
▪ Other middle and upper income:	3.8%	2%

- The rate of **those reporting no insurance coverage for prescriptions** was cut in half, from **13.9%** in 2013 to **6.8%** in 2016. This decline greatly affected those with ‘poverty and just above’ and ‘lower middle’ incomes:

	<u>2013</u>	<u>2016</u>
▪ Poverty & just above:	33.6%	5.6%
▪ Lower middle income:	25.4%	9.7%

- The rate of **those with incomes ‘in or just above poverty’ who put off a visit to a mental health care provider due to cost over the prior two years** declined significantly, from **48.5%** to **19.1%**. In the same income category, those who had been **sent to collections in the past year for unpaid medical bills** declined from **22.3%** to **14.7%**, and those reporting **an inability to fill prescriptions due to cost over the past two years** declined from **27.1%** to **12.2%**.

- Those who reported **having to change their way of life significantly in the past year to pay medical bills** declined from **12%** to **9.6%**. The decrease impacted those living with ‘poverty and just above’ incomes (23% to 9.9%) **and** those with ‘mid-middle income, eligible’ incomes (15.1% to 10.1%).

- Those reporting **medical bills they couldn't pay right away and had to pay over time declined from 31.2% to 27.6%** and those impacted most were those in the 'lower middle income' (45.1% to 38.3%) to 'mid-middle income, eligible' ranges (39.9% to 29.6%), which are categories eligible for financial assistance in purchasing health insurance under the ACA.
- The overall rate of **those who put off going to the dentist for the past year declined from 39.3% to 36.4%**, impacting every income level up to 400% of federal poverty level.

### ***Concerns about health care costs still lead to residents putting off care***

- There was an **increase in those who put off going to a health care provider due to cost over the past two years: from 34.4% in 2013 to 39% in 2016**. This was driven by those in the 'lower middle income' level, where the increase was from 52.9% to 60.6%.

### ***Continuing needs highlighted in responses without significant changes***

There were **no statistically significant changes** in total respondents reporting the following, though some sub-groups saw significant changes:

- **Somewhat or very worried they will be unable to afford health insurance in the future**, at 59% in 2013 and 59.2% in 2016, although the concern from those in the 'poverty and just above' income level **decreased** from 72.1% to 55.6%.
- **Somewhat or very worried that they would be unable to afford medical care in the future**, at 44.1% in 2013 and 46.9% in 2016, although those with the highest incomes (over 400% FPL) indicated an **increase** in concern, moving from 29.6% to 35.7%.
- **Putting off a visit to a mental health provider due to cost over the past two years**, at 25.8% in 2013 and 27.5% in 2016, although as noted earlier, there was a very significant decline in those with 'poverty and just above' incomes who put off mental health care, from 48.5% to 19.1%.
- **Sent to collections for unpaid medical bills in the past year**, at 9.3% in 2013 and 9.2% in 2016, although as noted earlier, there was a very significant decline in those with 'poverty and just above' incomes who had been sent to collections, from 22.3% to 14.7%.
- **Unable to fill prescriptions due to cost within the past two years**, at 9.9% both years. **However**, this is likely balanced out by the difference in those with incomes at 'poverty and just above levels,' who experienced a very significant **decline**, from 27.1% to 12.2%, and those with incomes greater than 400% FPL, whose inability to fill prescriptions due to cost **increased** from 3.7% to 5.6%.

***For more information or to request more detailed survey results please contact Richard Cox, Health District Communications Director at (970) 224-5209 or at [rcox@healthdistrict.org](mailto:rcox@healthdistrict.org).***

---

<sup>i</sup> Adult Larimer County residents, random sample survey (2,819 respondents in 2013, 2,279 in 2016), only statistically significant results are noted. For the purposes of this report, income categories are defined as follows:

FPL means Federal Poverty Level; 100% FPL for a family of 4 is \$24,600. There is no common federal definition of "middle class." These categories were developed to reflect possible eligibility for the currently available categories of financial assistance in purchasing health insurance (provided for by the ACA); note that financial assistance for incomes between 139-400% FPL is only available to those eligible if qualifying health insurance is not available through an employer and is purchased on the Colorado marketplace:

<138% FPL:	Poverty and just above (potential Medicaid)
139-250% FPL:	Lower middle income (potential tax credits & cost sharing reductions)
251-400% FPL:	Mid-middle income, eligible (potential tax credits)
400% FPL and above:	Other middle and upper income (no financial assistance)