

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

• Fielded in:

2009

2011

2013

2015

2017

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





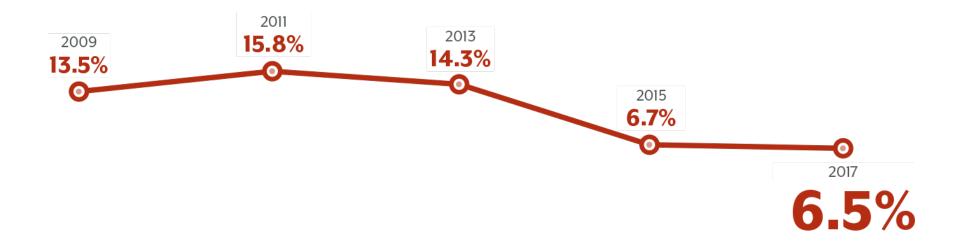
Source: New England Journal of Medicine



Step 1. Get Insured

Colorado has made huge gains in coverage.

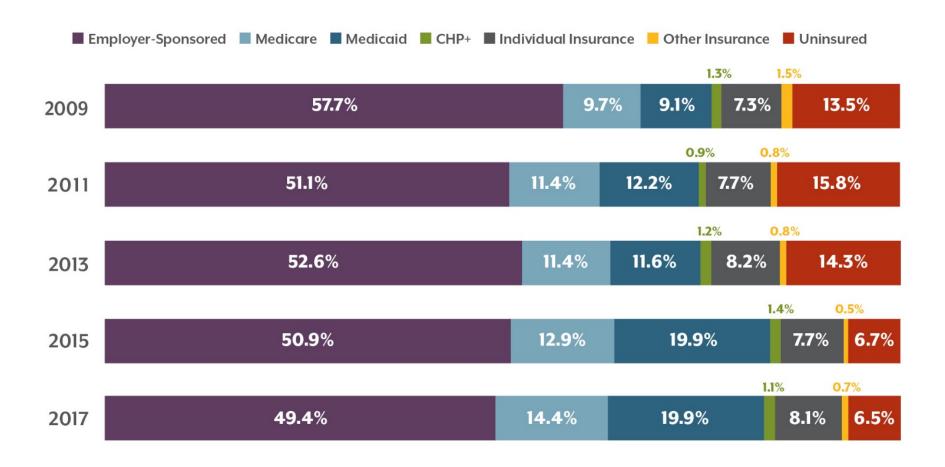
Uninsured Rate: Lowest Ever





A Changing Health Coverage Landscape

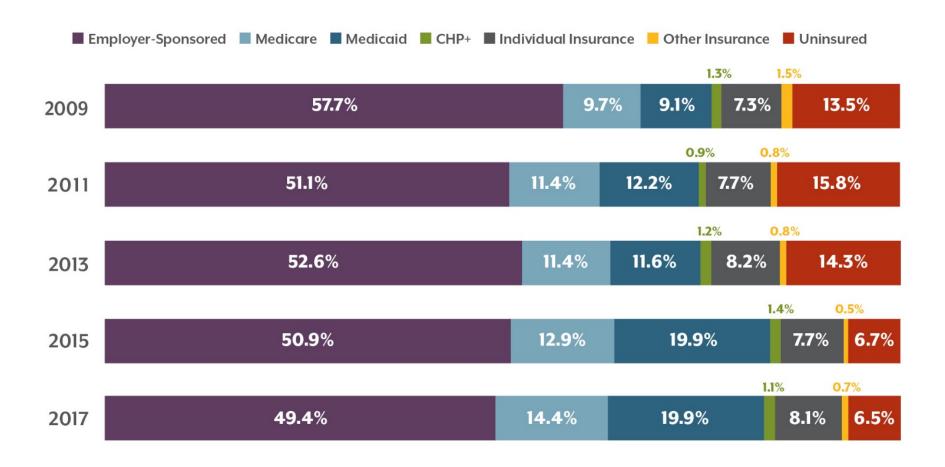
Health Insurance, 2009-2017





A Changing Health Coverage Landscape

Health Insurance, 2009-2017





Cost Remains the Biggest Challenge

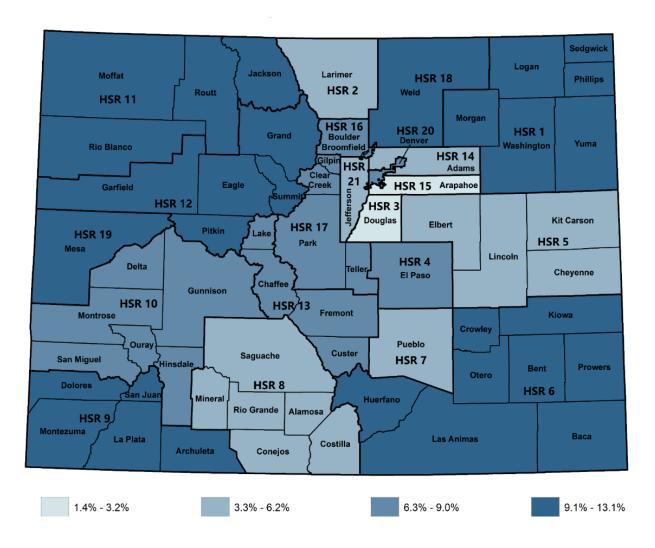
Uninsured Due to Cost, 2009-2017





Where You Live Matters

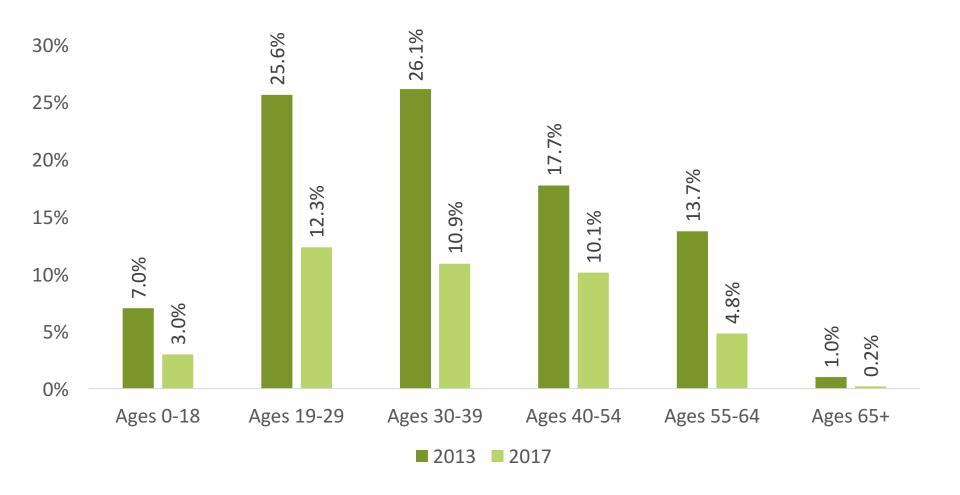
Uninsured Rates by Region, 2017





Young Adults Have Lower Coverage Rates

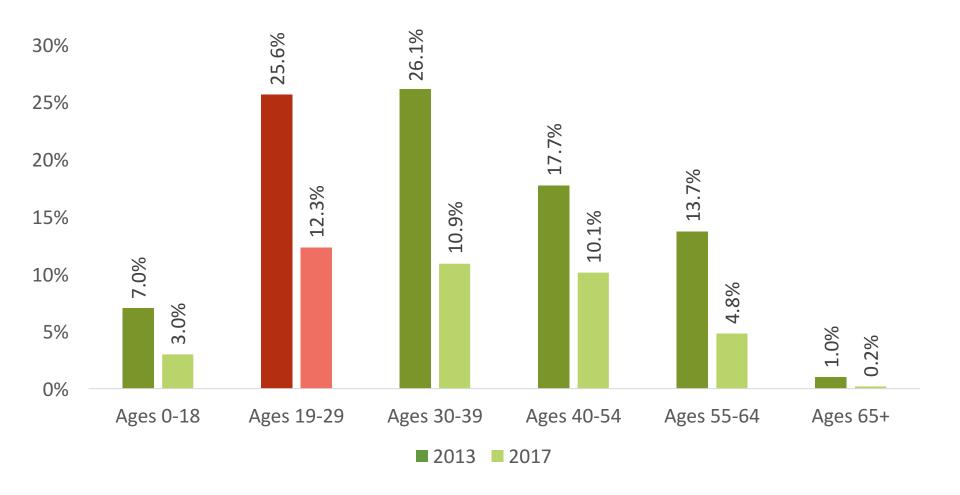
Uninsured Rates by Age, 2013 and 2017





Young Adults Have Lower Coverage Rates

Uninsured Rates by Age, 2013 and 2017







Step 2.

Access Care

Coloradans still struggle.

Cost Is a Barrier to Access, Too

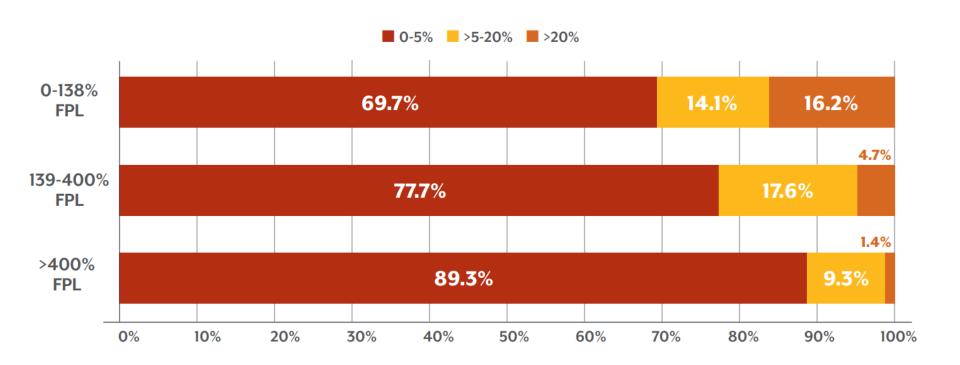
Did Not Get Care Due to Cost, 2009-2017





Cost is a Barrier to Access, Too

Out-of-Pocket Costs as a Percentage of Income, 2017





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





Cost is Not the Only Barrier

Reasons for Not Getting Care in Past 12 Months, 2017

You couldn't get an appointment as soon as you needed one	15.7%
The doctor's office wasn't accepting patients with your type of insurance	11.4%
The doctor's office wasn't accepting new patients	11.3%
You lacked transportation to the doctor's office or it was too far away	5.5%
You couldn't take time off work	12.0%
You couldn't find child care	10.0%



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





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



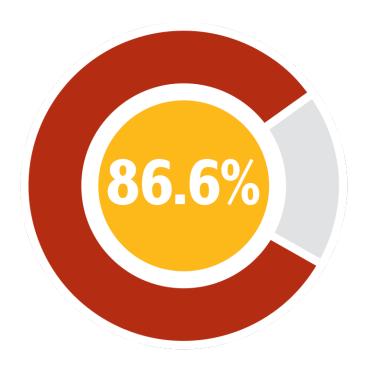
59.0%





Where do we go from here?

Colorado is Healthy ... ish

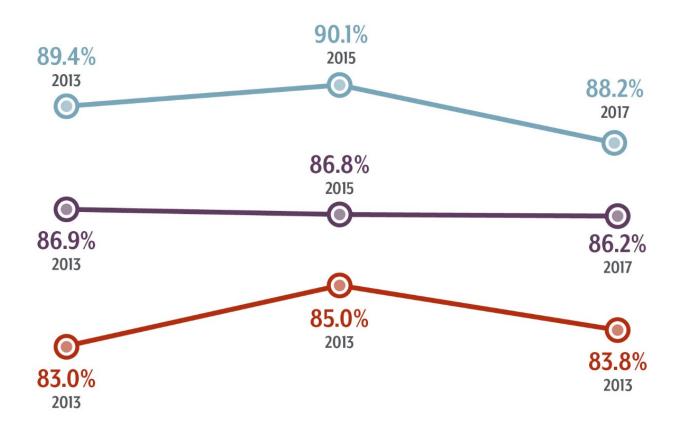


of Coloradans report excellent, very good or good health



But Not Much is Changing

Good General, Oral and Mental Health, 2013-2017

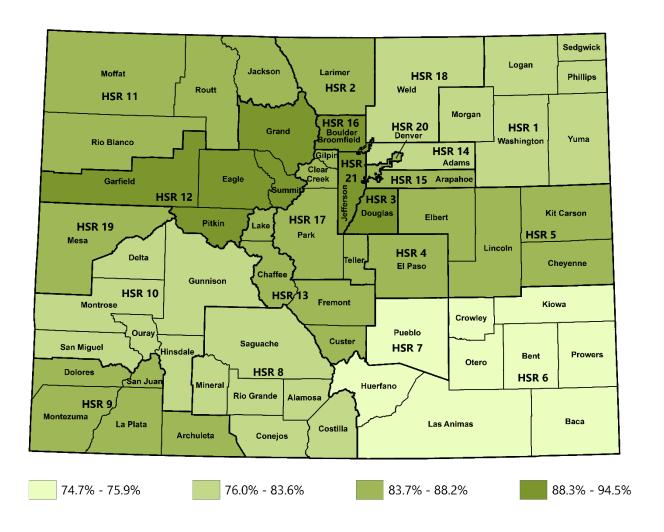


Mental Health General Health Oral Health



Where You Live Matters for Health, Too

Percentage of Coloradans Reporting Good Health, 2017

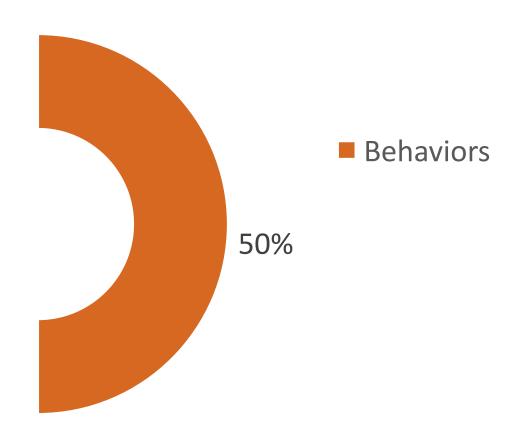




Relative Contributions of Health Determinants to Outcomes

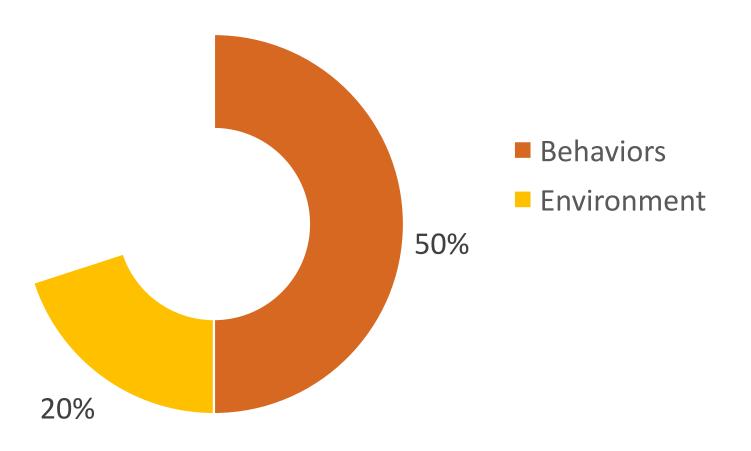


Relative Contributions of Health Determinants to Outcomes



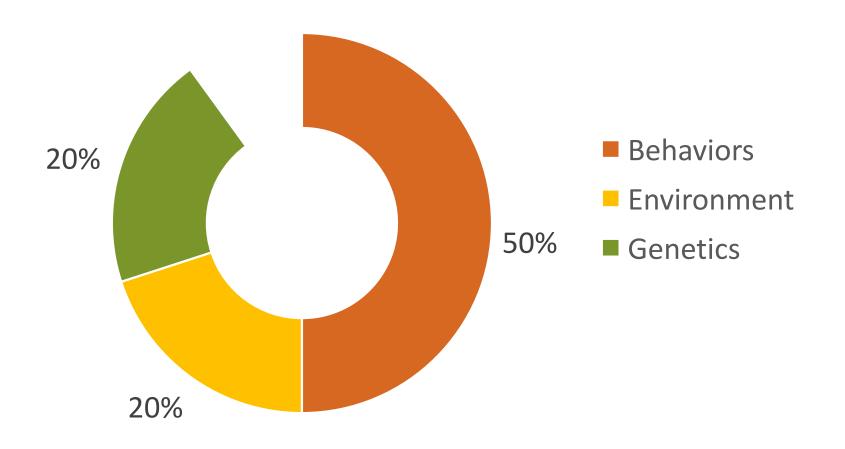


Relative Contributions of Health Determinants to Outcomes



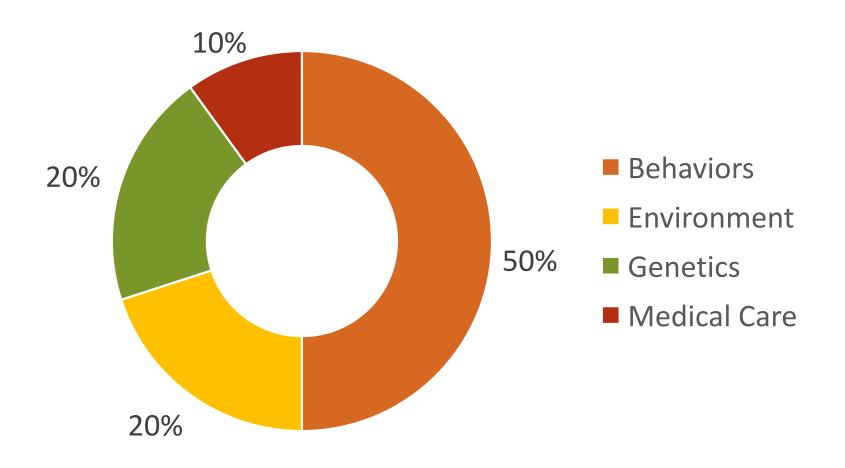


Relative Contributions of Health Determinants to Outcomes





Relative Contributions of Health Determinants to Outcomes











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

ΔМІ	ENDMENT NO Calendar No	
Purpose: In the nature of a substitute.		
IN THE SENATE OF THE UNITED STATES—115th Cong., 1st Sess.		
	H. R. 1628	
To provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.		
Re	ferred to the Committee on and ordered to be printed	
	Ordered to lie on the table and to be printed	
An	MENDMENT 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".	
6	TITLE I	
7	SEC. 101. ELIMINATION OF LIMITATION ON RECAPTURE OF	
8	EXCESS ADVANCE PAYMENTS OF PREMIUM	



115TH CONGRESS 1st Session

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, Mrs. 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:



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













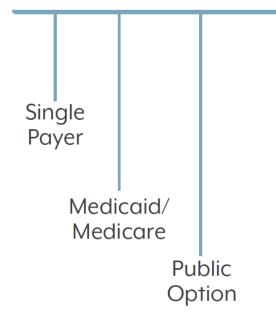
The Government Spectrum of Policy

More Government



The Government Spectrum of Policy

More Government





The Government Spectrum of Policy

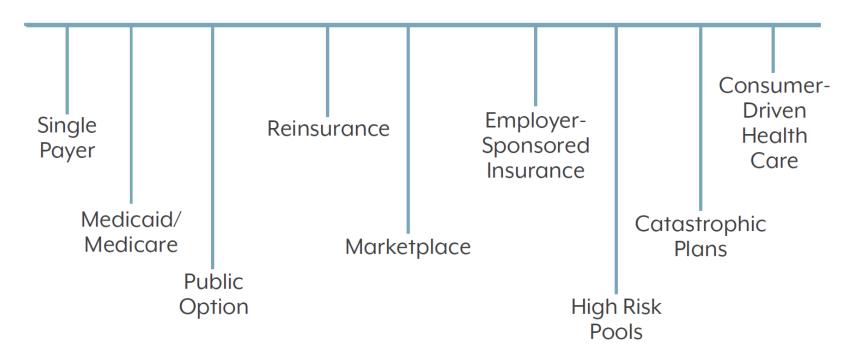
More Government





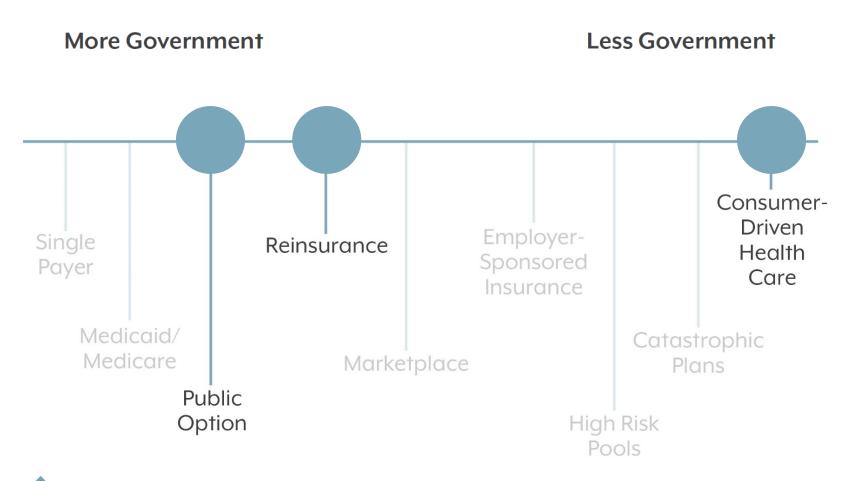
The Government Spectrum of Policy

More Government



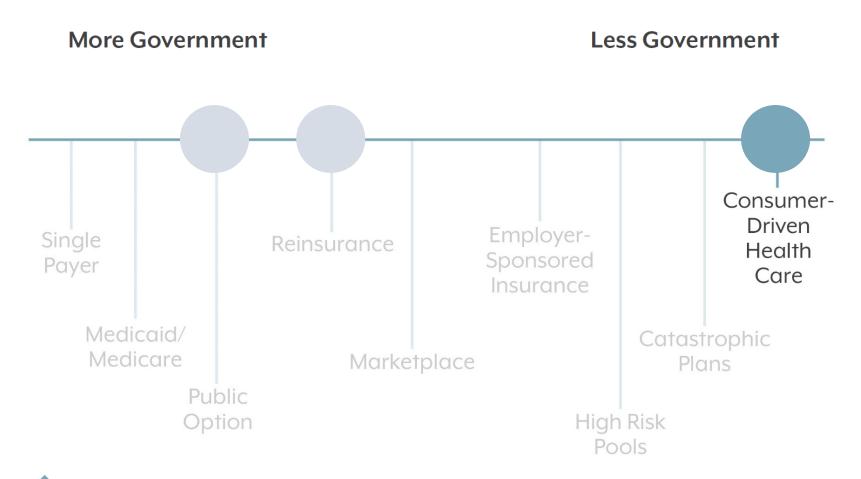


The Government Spectrum of Policy





Consumer-Driven Health Care



Consumer-Driven Health Care

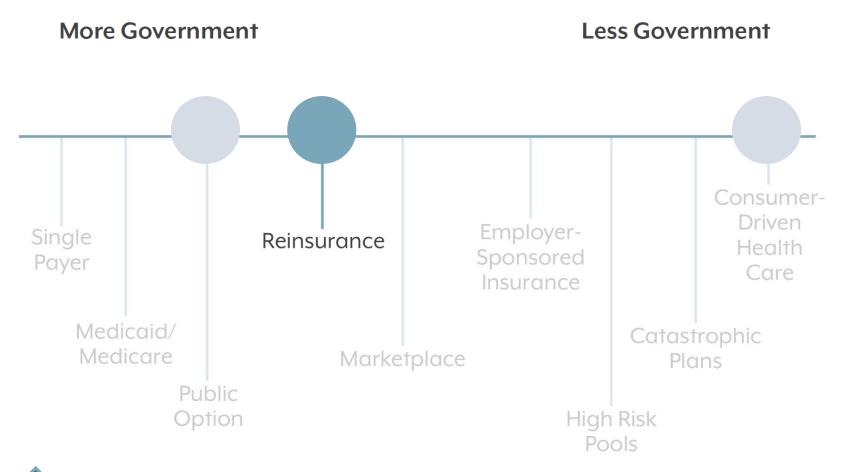
Patients share in financial impact of decisions

Lowers utilization

Health care as a marketplace?



Reinsurance





Reinsurance

Insurance for insurers

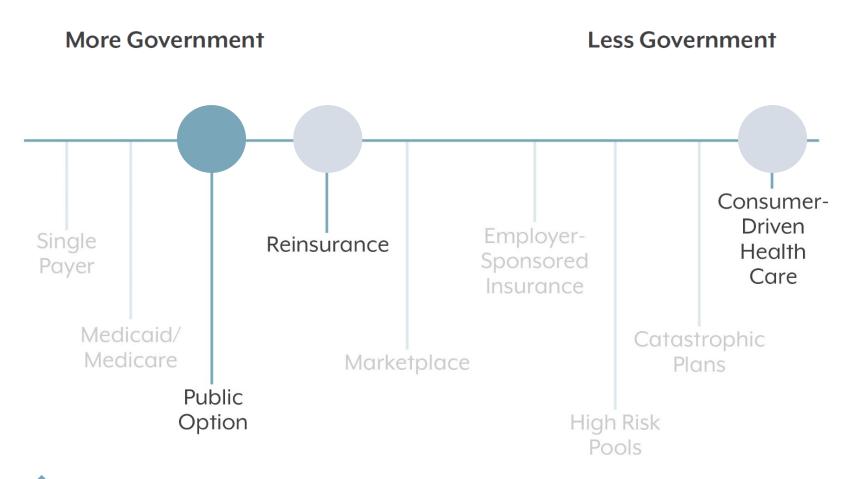
Minimizes risk, lowers premiums

• How is it paid for?

• Is it enough?



Public Option





Public Option

Competes with private insurance

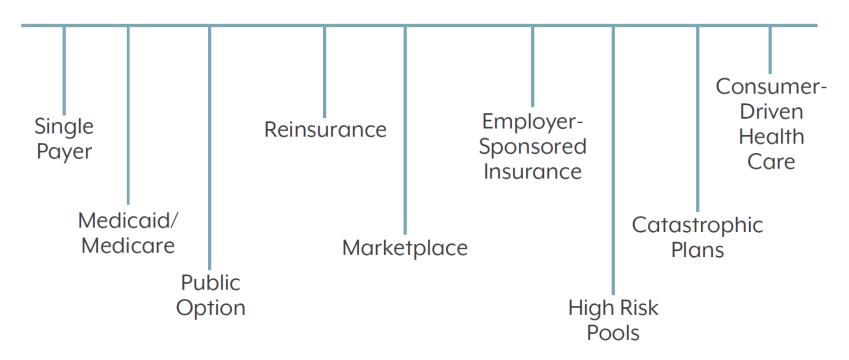
• Fair playing field?

• Can it reduce care costs?



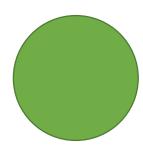
The Government Spectrum of Policy

More Government





The Government Spectrum of Policy



Where IS the conversation going?

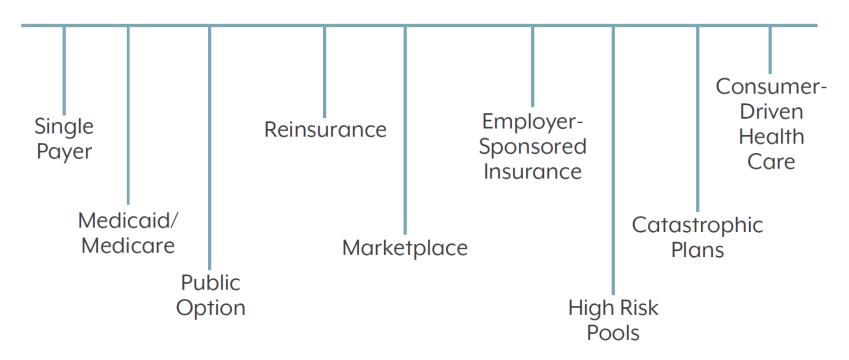


Where SHOULD the conversation go?



The Government Spectrum of Policy

More Government





Key Takeaways

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- 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.





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