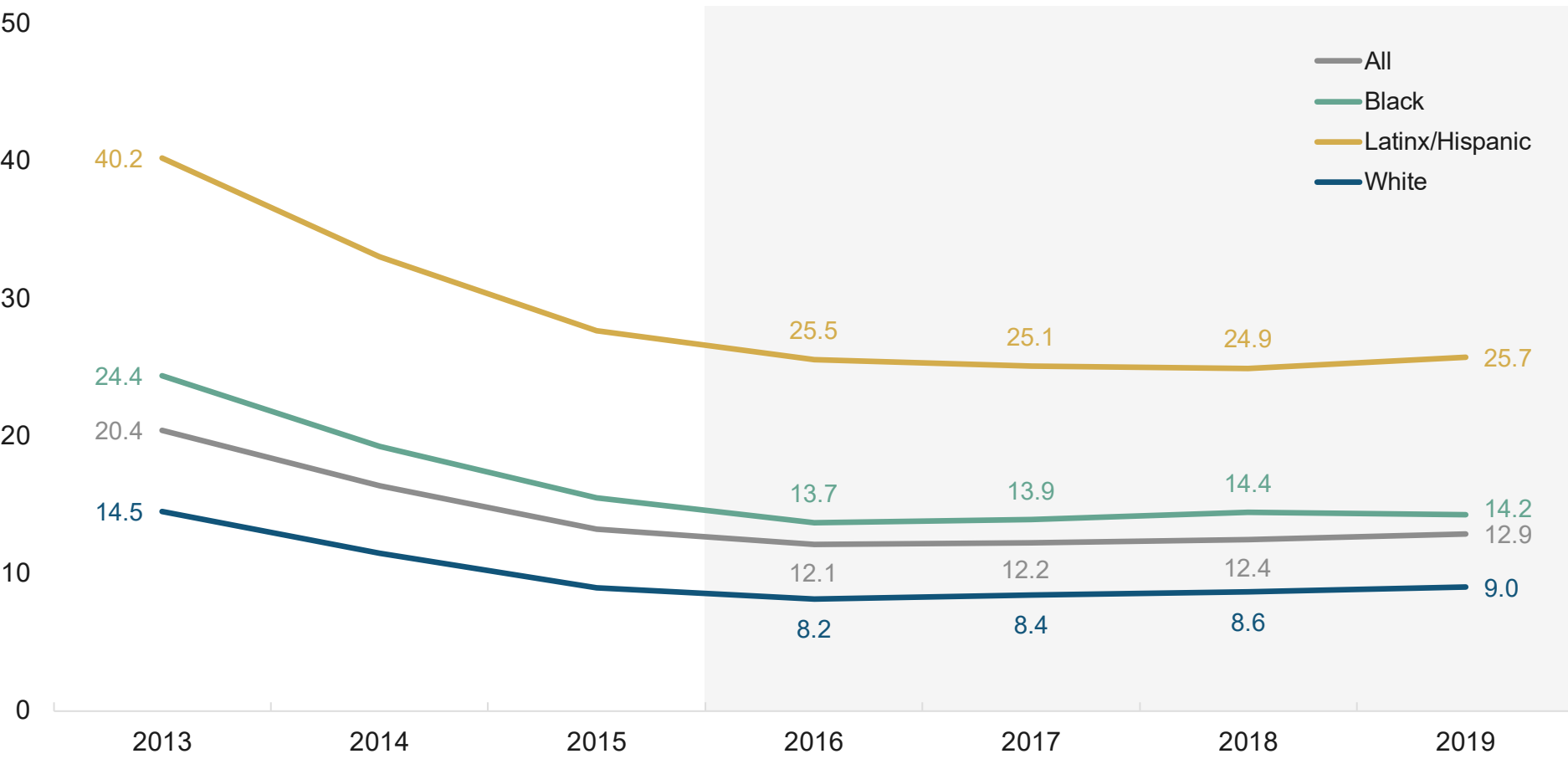


Exhibit 1. Health insurance inequities between white, Black, and Latinx/Hispanic adults declined significantly after 2013, but progress stalled after 2016.

Percentage of uninsured U.S. adults ages 19–64, by race/ethnicity



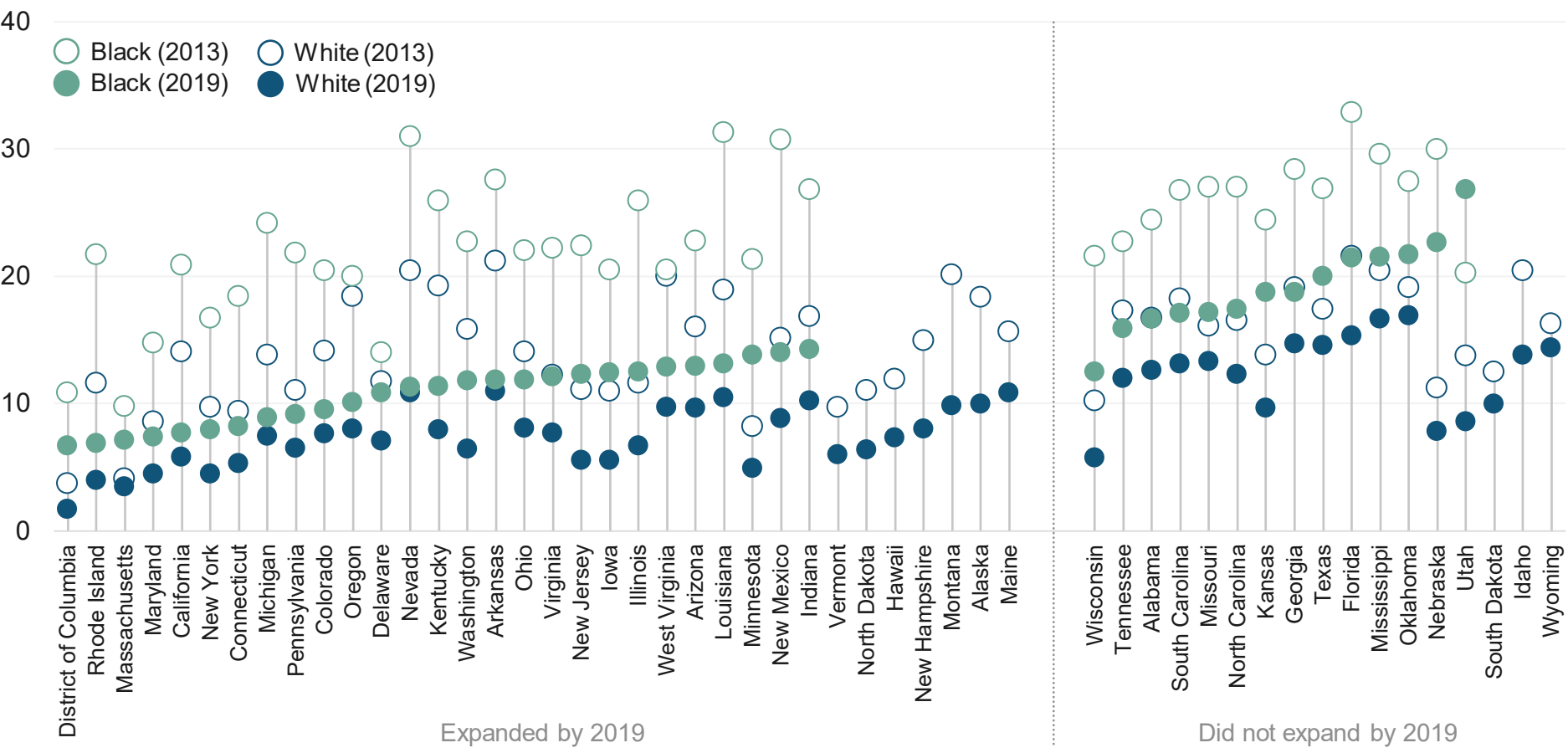
Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.



Source: Jesse C. Baumgartner, Sara R. Collins, and David C. Radley, *Racial and Ethnic Inequities in Health Care Coverage and Access, 2013–2019* (Commonwealth Fund, June 2021).

Exhibit 2. Black adult uninsured rates and coverage disparities declined in most states after 2013, with lower rates and larger improvements in states that expanded Medicaid.

Percentage of uninsured adults ages 19–64 in each state, by race and Medicaid expansion status



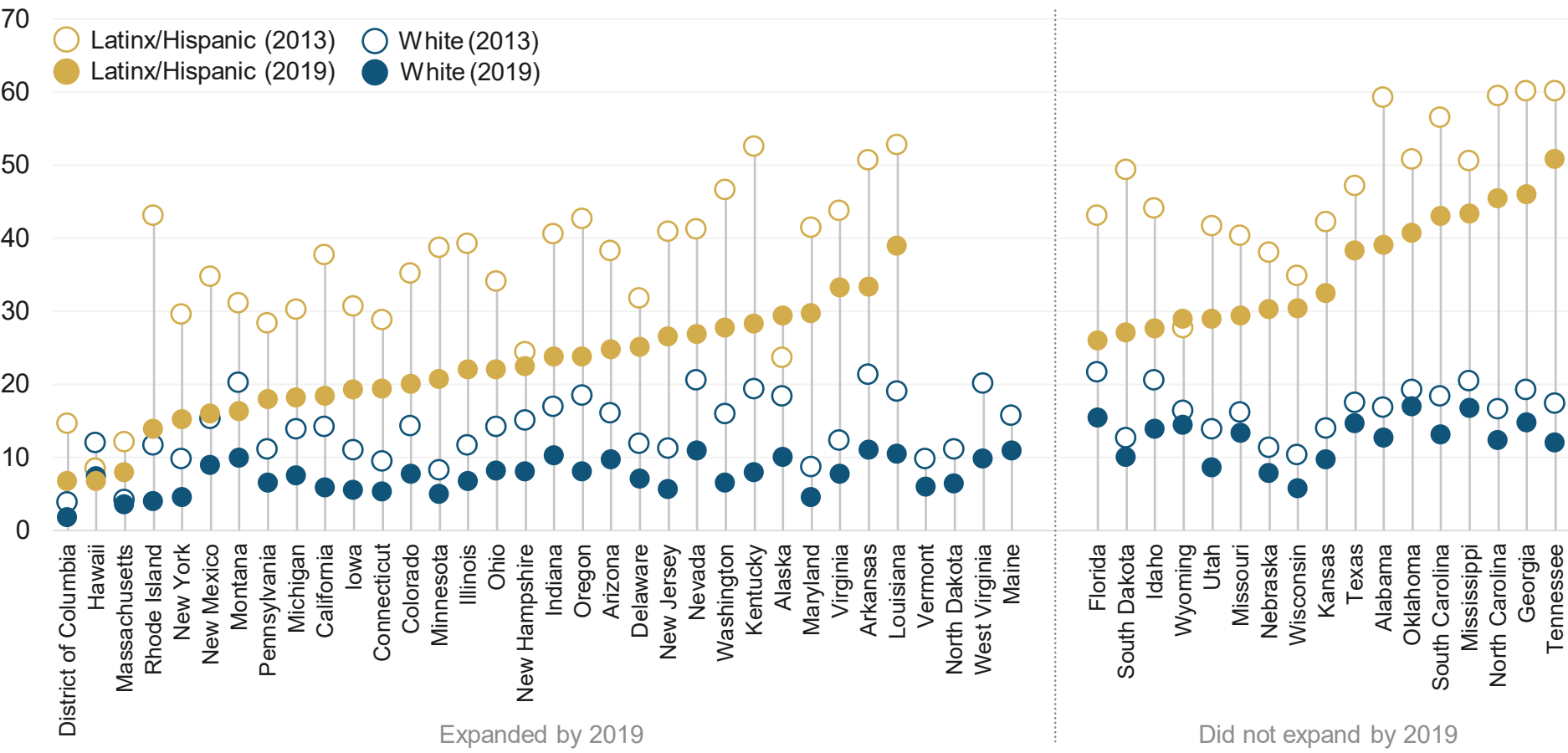
Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 ACS data. States are separated by Medicaid expansion status and ordered by 2019 Black adult uninsured rate. Alaska, Hawaii, Idaho, Maine, Montana, New Hampshire, North Dakota, South Dakota, Vermont, and Wyoming do not have sufficient sample size to estimate Black adult uninsured rates.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013, 2019.



Exhibit 3. Latinx/Hispanic adult uninsured rates are lower in Medicaid expansion states, and disparities with white adults are less.

Percentage of uninsured adults ages 19–64 in each state, by race/ethnicity and Medicaid expansion status



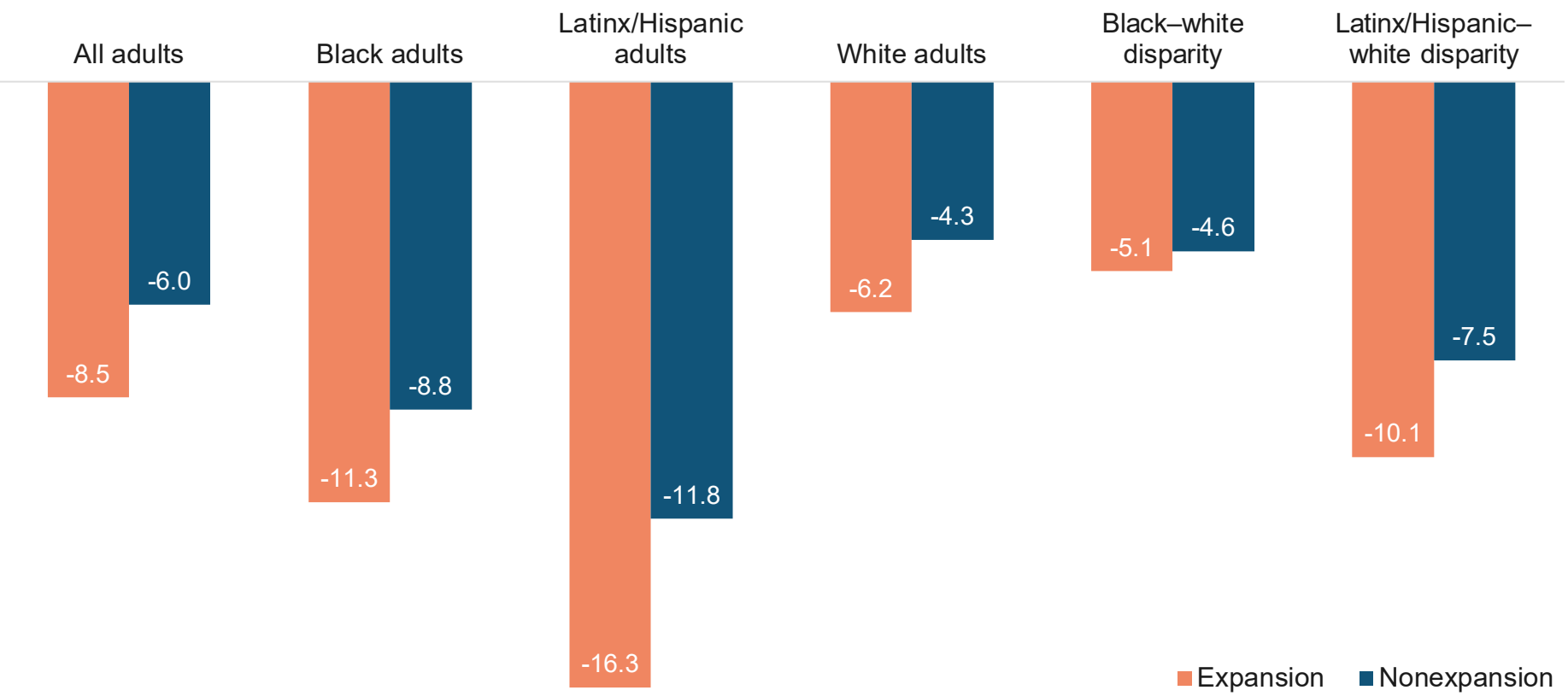
Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 ACS data. States are separated by Medicaid expansion status and ordered by 2019 Latinx/Hispanic adult uninsured rate. Maine, North Dakota, Vermont, and West Virginia do not have sufficient sample size to estimate Latinx/Hispanic adult uninsured rates.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013, 2019.



Exhibit 4. Despite starting from a higher baseline, adults living in Medicaid expansion states reported greater coverage gains and disparity improvements from 2013 to 2019.

Percentage-point change in uninsured rate for U.S. adults ages 19–64, 2013 to 2019

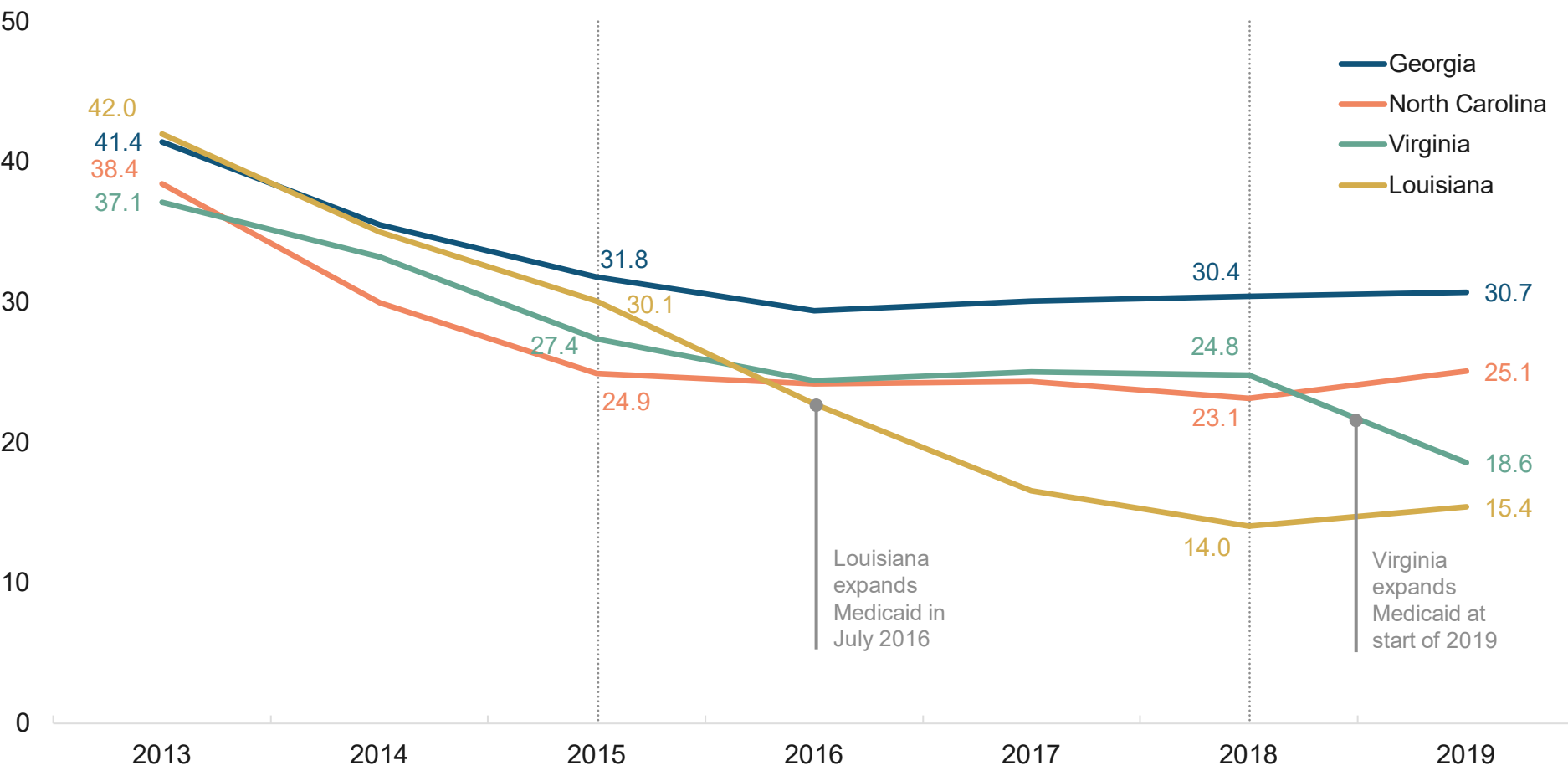


Notes: Reported values for expansion/nonexpansion categories are averages among survey respondents, not averages of state rates. Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020 and are considered nonexpansion for this analysis.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

Exhibit 5. After Louisiana and Virginia expanded Medicaid, uninsured rates for lower-income Black adults dropped significantly compared to Georgia and North Carolina.

Percentage of Black uninsured adults ages 19–64 living at 0–199% FPL



Note: FPL = federal poverty level.

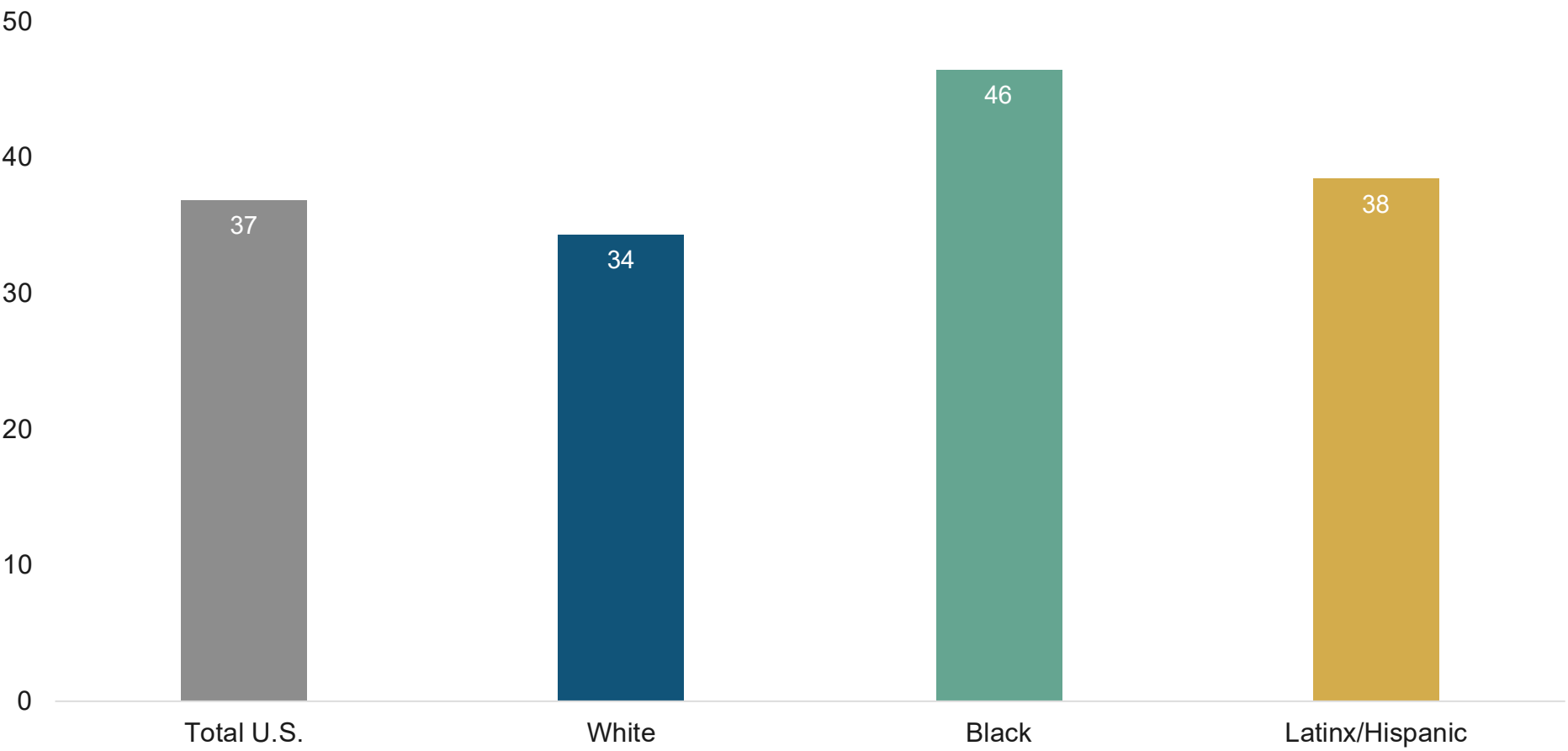
Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.



Source: Jesse C. Baumgartner, Sara R. Collins, and David C. Radley, *Racial and Ethnic Inequities in Health Care Coverage and Access, 2013–2019* (Commonwealth Fund, June 2021).

Exhibit 6. Low-income Black and Latinx/Hispanic adults are more likely than white adults to live in the 14 states that have not expanded Medicaid.

Percentage of low-income U.S. adults (<138% FPL) ages 19–64 who live in Medicaid nonexpansion states, by race/ethnicity

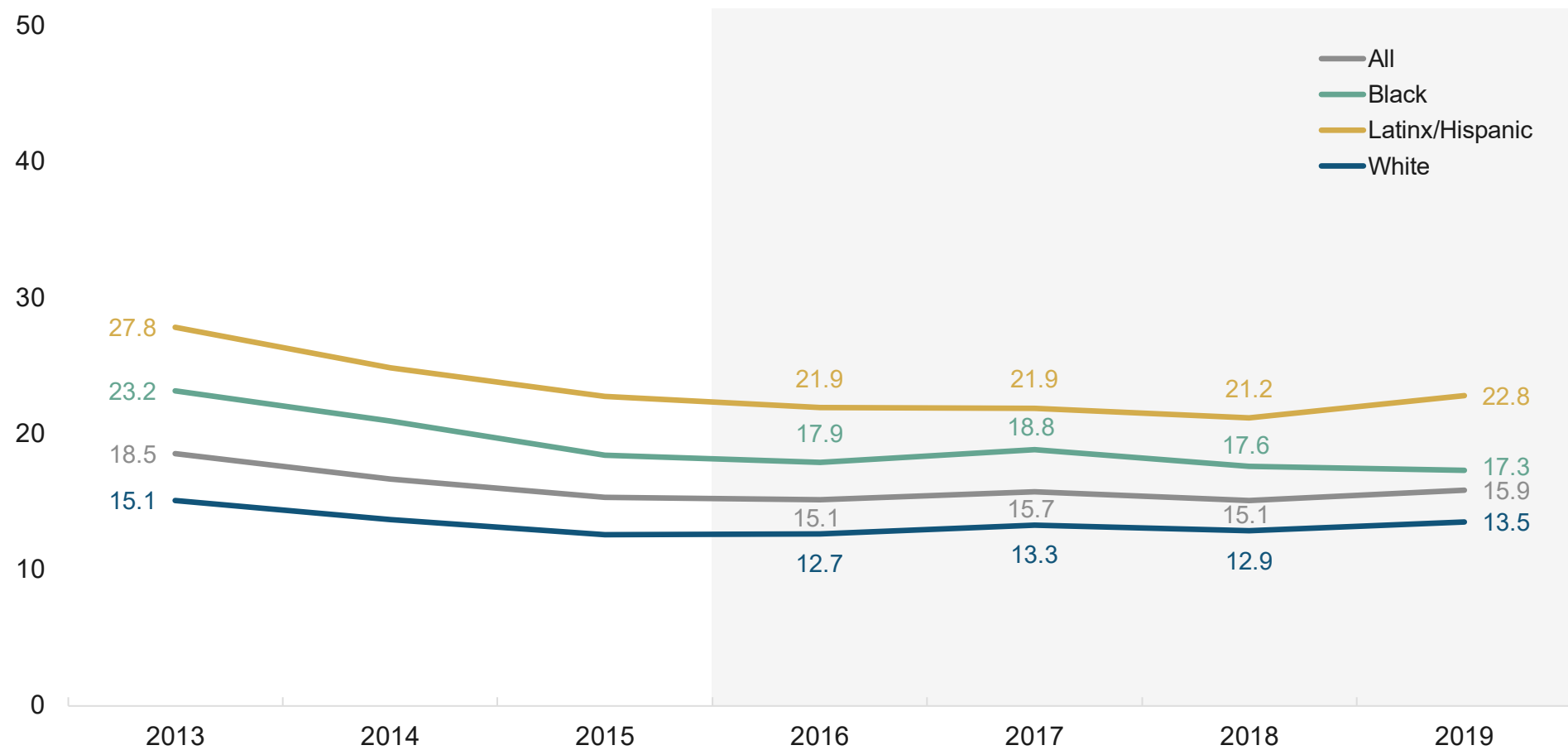


Notes: Calculation based on whether states have expanded Medicaid; currently, 14 states have not yet expanded. FPL = federal poverty level.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2019.

Exhibit 7. Black–white differences in cost-related access problems were cut in half between 2013 and 2019. Gains for white and Latinx/Hispanic adults have eroded slightly since 2016.

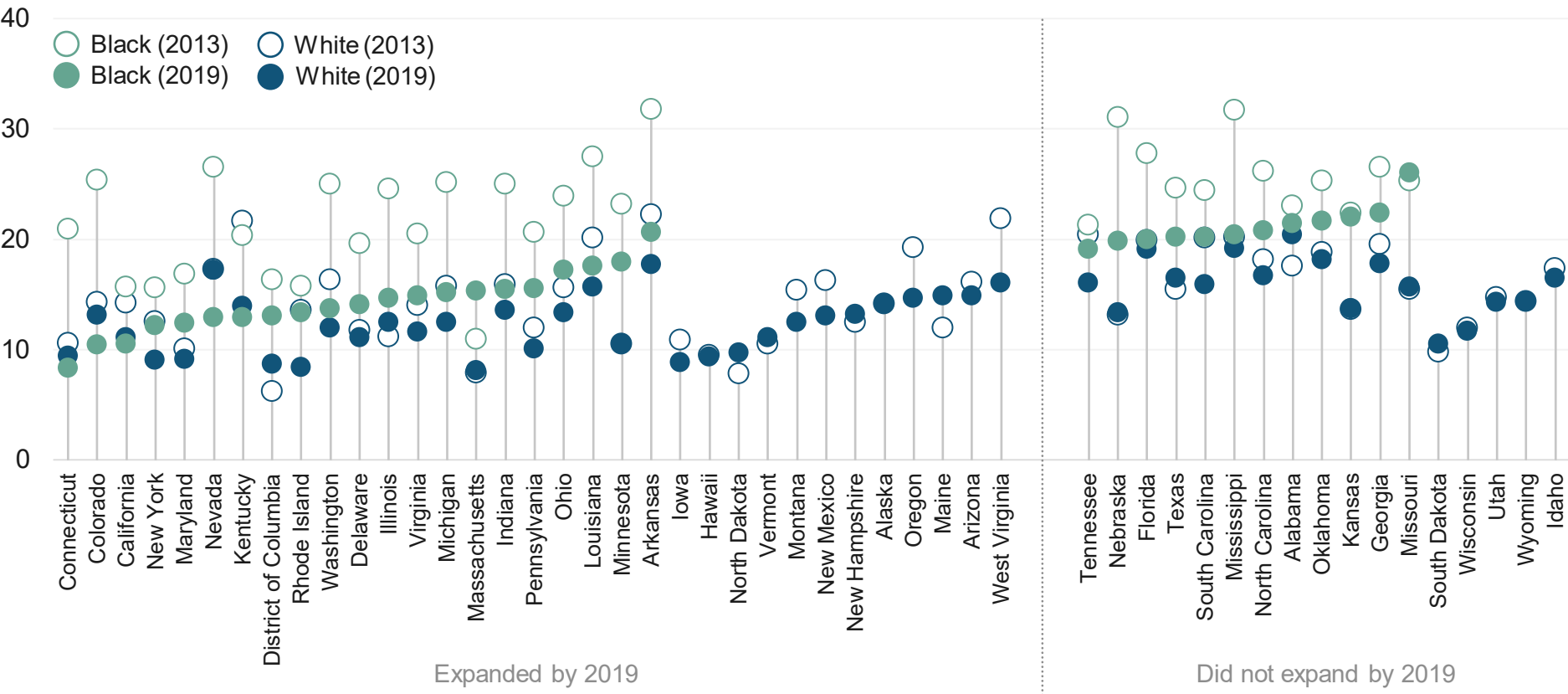
Percentage of U.S. adults ages 18–64 who avoided care because of cost in the past 12 months, by race/ethnicity



Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013–2019.

Exhibit 8. Cost-related access problems for Black adults declined between 2013 and 2019. Disparities are less in Medicaid expansion states.

Percentage of adults ages 18–64 in each state who avoided care because of cost in the past 12 months, by race and Medicaid expansion status



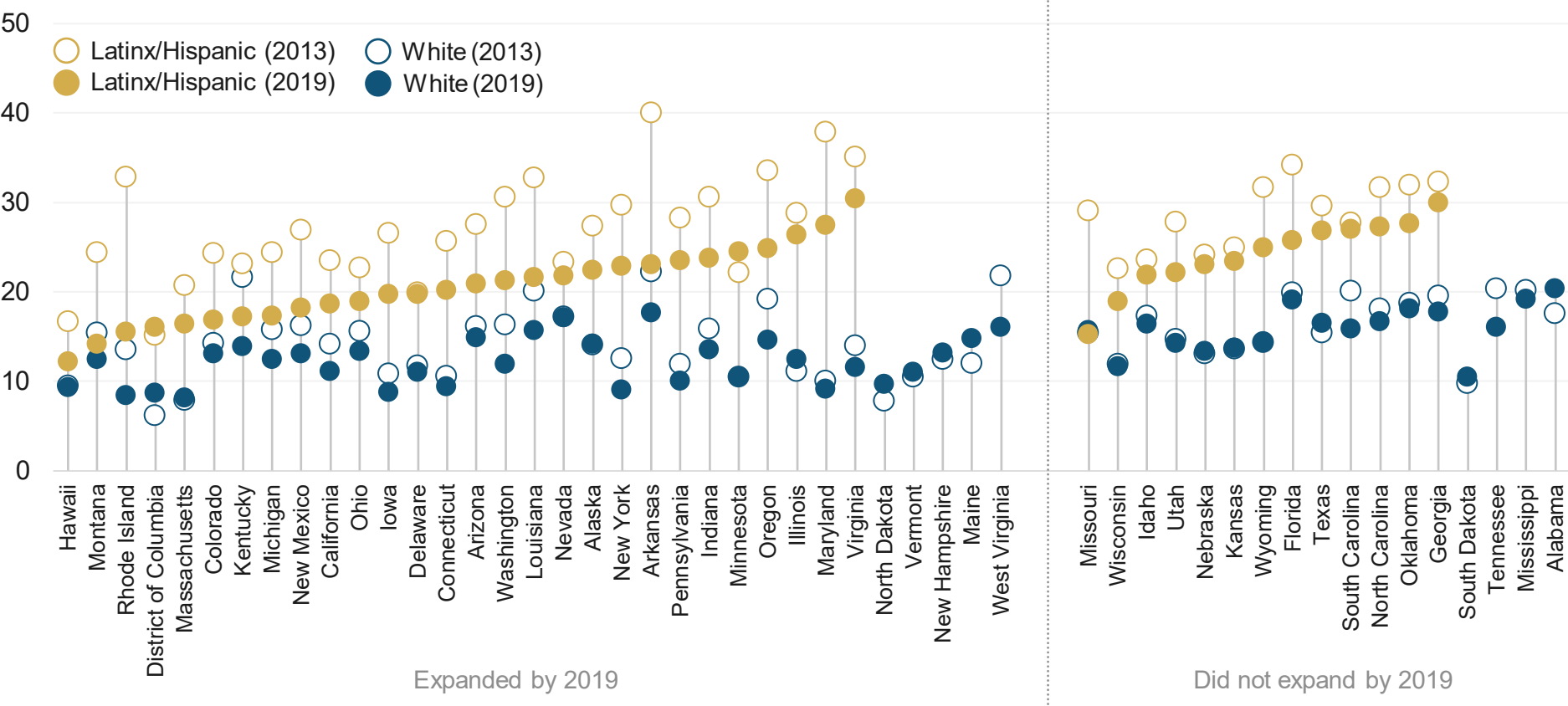
Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 BRFSS data. States are separated by Medicaid expansion status and ordered by 2019 Black adult rate. Alaska, Arizona, Hawaii, Idaho, Iowa, Maine, Montana, New Hampshire, New Mexico, North Dakota, Oregon, South Dakota, Utah, Vermont, West Virginia, Wisconsin, and Wyoming do not have sufficient sample size to estimate Black adult rates. New Jersey did not report BRFSS measures for 2019 because of a reporting error.

Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013, 2019.



Exhibit 9. Latinx/Hispanic adults in Medicaid expansion states experienced fewer cost-related access problems and greater improvements between 2013 and 2019.

Percentage of adults ages 18–64 in each state who avoided care because of cost in the past 12 months, by race/ethnicity and Medicaid expansion status



Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 BRFSS data. States are separated by Medicaid expansion status and ordered by 2019 Latinx/Hispanic adult rate. Alabama, Maine, Mississippi, New Hampshire, North Dakota, South Dakota, Tennessee, Vermont, and West Virginia do not have sufficient sample size to estimate Latinx/Hispanic adult rates. New Jersey did not report BRFSS measures for 2019 because of a reporting error.

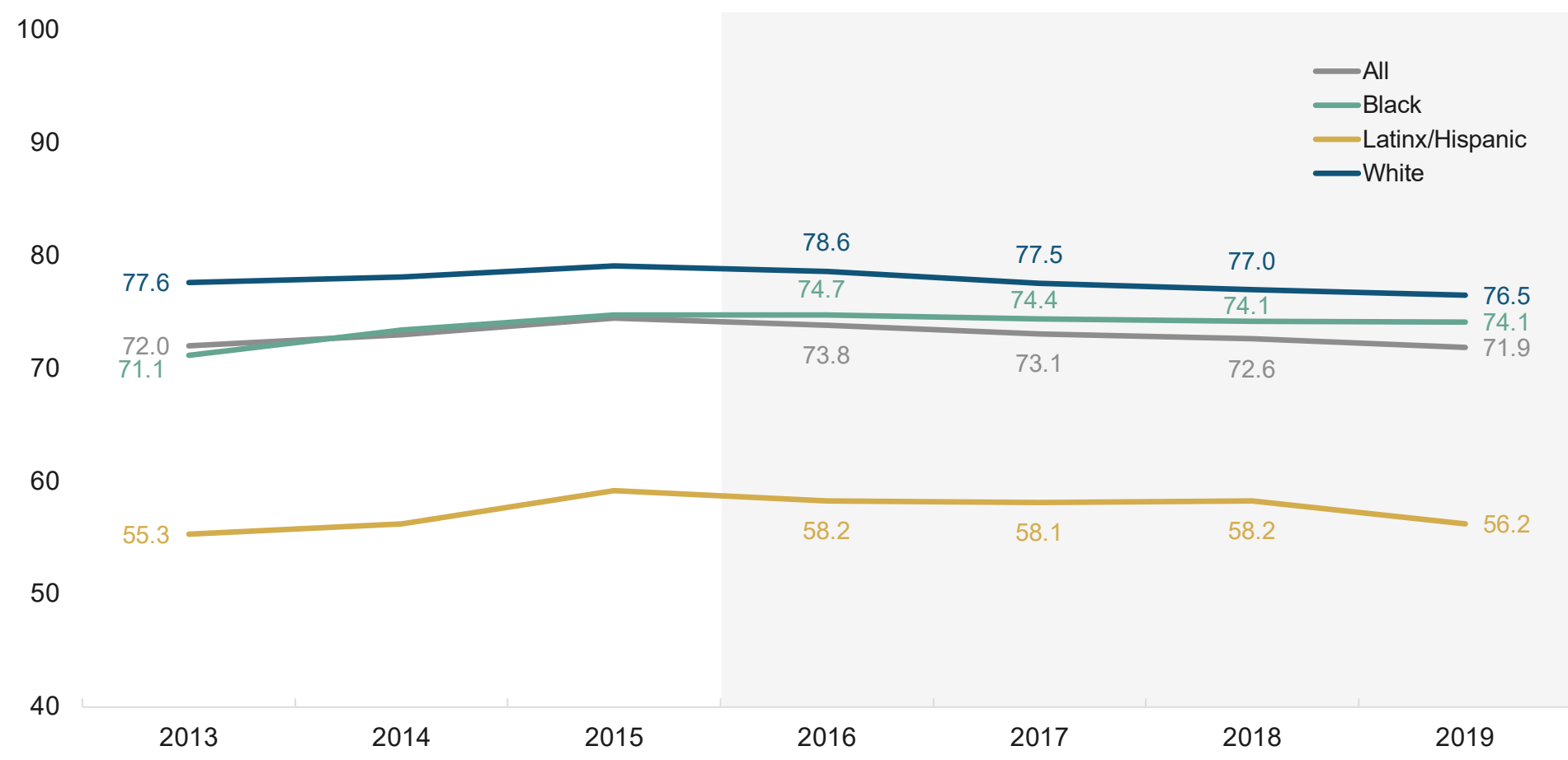
Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013, 2019.



Source: Jesse C. Baumgartner, Sara R. Collins, and David C. Radley, *Racial and Ethnic Inequities in Health Care Coverage and Access, 2013–2019* (Commonwealth Fund, June 2021).

Exhibit 10. Black adults reported the largest improvement in having a usual care provider between 2013 and 2019. Access has eroded since 2016 for both Latinx/Hispanic and white adults.

Percentage of U.S. adults ages 18–64 who reported a usual source of care, by race/ethnicity



Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013–2019.