EXHIBIT 47. Measures of Access to Care among Non-Institutionalized Individuals Age 19–64 by Primary Source of Health Coverage, 2023, NHIS Data

Characteristics	Primary coverage source at time of interview[1]				
	Total	Medicare	Private[2]	Medicaid or CHIP[3]	Uninsured[4]
Total (percent distribution across coverage sources)[5]	**100.0%**	**3.8%**	**68.2%**	**14.2%**	**10.9%**
Connection to the health care system (past 12 months)					
Has a usual source of care[6]	**85.2***	92.9*	88.6	87.5	56.9*
Kind of usual place for medical care					
Doctor's office or health center	**87.2**	94.1*	88.7	88.0	76.4*
Urgent care/walk-in clinic	**10.7**	4.4*	10.2	10.9	20.4*
Veterans Affairs facility	**1.3***	†	0.5	†	†
Other	**0.8**	†	0.6	†	2.7*
Timeliness of care (past 12 months)					
Delayed because of costs	**8.7***	11.4*	6.4	7.4	24.7*
Delayed getting dental care	**20.8***	28.4	15.6*	26.9	43.8*
Delayed filling prescription to save money	**7.8**	12.9*	6.3*	8.2	21.9*
Unmet need for selected types of care due to cost					
Medical care	**7.6**	10.9*	5.3*	7.1	22.6*
Mental health care or counseling	**6.8**	7.1	6.4	6.8	9.8*
Dental care	**16.9***	27.1	11.9*	24.5	36.0*
Prescription drugs	**6.5**	14.8*	4.9*	7.7	12.7*
Problems paying or unable to pay medical bills, past 12 months	**11.9**	23.3*	10.0*	12.2	19.5*
Other barriers to care in the past 12 months					
Lack of transportation kept you from medical appointments, meetings, work, other needs for daily living	**7.1***	14.9	4.6*	15.9	9.1*

Notes: NHIS is National Health Interview Survey. Percentage calculations for each item in the table exclude individuals with missing and unknown values. The individual components listed under the subcategories are not mutually exclusive and may not sum to 100 percent. Standard errors are available in the Excel version of this exhibit at https://www.macpac.gov/publication/measures-of-access-to-care-for-non-institutionalized-individuals-age-19-64-by-source-of-health-coverage/. Due to differences in methodology (such as the wording of questions, length of recall periods, and prompts or probes used to elicit responses), estimates obtained from different survey data sources will vary. For example, the NHIS is known to produce higher estimates of service use than the Medical

EXHIBIT 47. (continued)

Expenditure Panel Survey (MEPS). For purposes of comparing groups of individuals (as in this exhibit), the NHIS provides the most recent information available. For other purposes, such as measuring levels of use relative to a particular benchmark or goal, it may be appropriate to consult estimates from MEPS or another source.

The NHIS underwent substantial redesign in 2019, and users should be cautious about making any comparisons to prior years. More information about the redesign is available at https://www.cdc.gov/nchs/nhis/2019_quest_redesign.htm/.

* Difference from Medicaid or CHIP is statistically significant at the 0.05 level.

† Estimate is unreliable because it has a relative standard error greater than or equal to 30 percent.

[1] Total includes all non-institutionalized individuals age 19–64, regardless of coverage source. In this exhibit, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, and uninsured. Not separately shown are the estimates for those covered by any type of military health plan or other federal government-sponsored programs. Coverage source is defined as of the time of the survey interview. Because an individual may have multiple coverage sources or changes over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this exhibit.

[2] Private health insurance coverage excludes plans that paid for only one type of service, such as accidents or dental care.

[3] Medicaid or CHIP also includes persons covered by other state-sponsored health plans.

[4] Individuals were defined as uninsured if they did not have any private health insurance, Medicaid, CHIP, Medicare, state- or other government-sponsored health plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

[5] Because a hierarchy was used in this exhibit to assign individuals with multiple coverage sources to a primary source (see note 1), the Medicaid or CHIP percentages shown in this row exclude individuals who also have Medicare or private coverage. Components do not sum to 100 percent because not all coverage sources are shown.

[6] Excludes emergency room.

Source: MACPAC, 2024, analysis of NHIS data.