



*Young “Invincibles”: Understanding Health Insurance
Among Pennsylvania’s Young Adults*

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Executive Summary

Young adult health insurance in Pennsylvania is reaching an inflection point. Uninsurance is rising among adults ages 18 to 39, who remain the least likely age group to have health insurance in the state. Some policymakers assume that young adults choose to forgo coverage because they believe they are healthy and willing to assume the risk of getting sick, dubbing them “young invincibles.” However, growing evidence suggests that young adults face substantial barriers to obtaining coverage.

A new state health insurance marketplace and a changing health insurance landscape under the Biden administration’s American Rescue Plan Act offer an opportunity to close the coverage gap for Pennsylvania’s young adults. In support of Pennsylvania Health Access Network’s (PHAN’s) campaign for universal coverage, this project challenges the “young invincibles” assumption and seeks to understand Pennsylvania young adults’ views of and experiences with health insurance. To this end, I administered a survey to 155 Pennsylvania young adults and conducted semi-structured interviews with 8 survey respondents, revealing five key findings:

- 1) Young adults highly value health insurance for the access to care, financial protection, and peace of mind it provides.**
- 2) Young adults do not think health insurance is affordable based on their income.**
- 3) Cost and complexity impact some young adults’ decisions to drop their coverage or seek other options.**
- 4) Young adults believe the government should have a large role in health insurance.**
- 5) The COVID-19 pandemic has changed some young adults’ views of health insurance.**

This report generates a new framework for Pennsylvania policymakers to understand young adult health insurance. It also offers several solutions for policymakers to increase coverage for this group, including but not limited to the following policies:

- a Medicaid buy-in program or public option to improve health insurance affordability;
- full implementation of the state’s reinsurance program and surprise billing protections under the federal No Surprises Act;
- use of value-based payment models to address the social determinants of health;
- and consumer education and streamlined marketplace enrollment under the American Rescue Plan Act.

Ultimately, the young invincibles assumption misses a critical opportunity to cover a population that wants health insurance. If policymakers fail to ensure that Pennsylvania young adults have affordable, continuous coverage, gaps in coverage will follow today’s young adults to the end of their lives—driving up costs, straining our system, and negatively impacting well-being.

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*“The **health insurance system in the U.S. is criminal and immoral**. The costs are **out of control**. If I work, I lose Medicaid, and I can’t afford insurance (especially with the unpredictable bills you get after the date of treatment).*

—PA Young Adult

I. Uninsurance Among Pennsylvania’s Young Adults: Reaching An Inflection Point

As Pennsylvania adopted new policies under the Affordable Care Act (ACA), the state’s uninsured rate dropped from 12% in 2010 (1.3 million uninsured) to 7% in 2017 (670,000 uninsured).¹ Despite these coverage gains, many Pennsylvanians still struggle to get health insurance, particularly young adults.

Uninsurance is rising among Pennsylvania adults ages 18 to 39ⁱ, who remain the least likely age group to have health insurance in the state.² Some state and federal policymakers assume that young adults *choose* to forgo coverage because they believe they are healthy and willing to assume the risk of getting sick, dubbing them “young invincibles.”³ However, growing evidence suggests that young adults face substantial barriers to obtaining coverage, including rising health care costs relative to their income.⁴ Most recently, the Trump administration’s efforts to reverse ACA-era reforms and growing job loss during the coronavirus (COVID-19) pandemic have further eroded coverage for this group.^{5,6,7}

Young adult health insurance in Pennsylvania is reaching an inflection point. A new state health insurance marketplace (“Pennie”) and a changing health insurance landscape under the Biden administration’s American Rescue Plan Act (“Rescue Plan”) offer new opportunities to close the coverage gap for young adults and other uninsured populations.⁸ In support of Pennsylvania Health Access Network’s (PHAN’s) campaign for universal coverage, this project seeks to challenge the young invincibles assumption and achieve three primary aims:

- **Analyze Pennsylvania young adults’ views of and experiences with health insurance**, including barriers and facilitators to getting covered.
- **Generate a new framework for Pennsylvania policymakers** to understand and address uninsurance among young adults.
- **Offer policy solutions to increase coverage among Pennsylvania young adults** that reflect the new health insurance landscape under the Rescue Plan.

ⁱ In this report, “young adults” refers to adults ages 18 to 39, unless otherwise specified.

Any effort to improve health insurance in Pennsylvania must address rising uninsurance among the state’s young adults. This report will inform PHAN’s advocacy work to help young adults—and all Pennsylvanians—access high-quality, affordable, and equitable health coverage.

II. Defining The Problem: What Do We Know About Young Adult Health Insurance?

Uninsurance among Pennsylvania’s young adults is higher than any other group. Nearly 10% of all Pennsylvanians ages 18–39 are uninsured,ⁱⁱ compared to only 7% and 5% of adults ages 40–49 and 50–64, respectively.^{9,10} A brief review of the literature surrounding young adult health insurance (nationally and in Pennsylvania) reveals several important trends:

- **Cost remains the most significant barrier to health insurance for young adults nationally.**
 - Nearly 70% of U.S. young adults (ages 18–29) report they are uninsured due to cost. Only 25% report they are uninsured because they are ineligible for coverage and 24% because they do not need or want coverage.¹¹
 - Similarly, a 2014 random survey of 500 U.S. young adults (ages 19–34) found that 66% of those who were uninsured could not afford coverage, while 16% were uninsured because they believed they were healthy.¹²

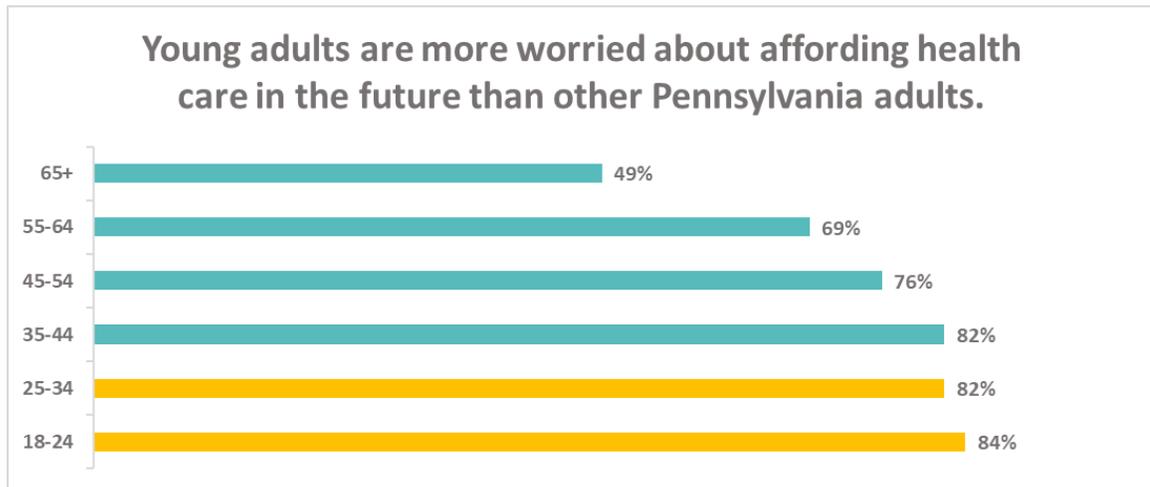
- **Pennsylvania young adults cite cost as a major influence on their decision to enroll in coverage and the type of coverage they choose.**
 - A study of Philadelphia young adults using Healthcare.gov found that shoppers ages 19–30 reported “financial strain” as the largest disadvantage of health insurance. Further, those who chose to enroll in coverage reported cost (e.g., deductibles and monthly premiums) as the top feature that influenced their plan choice.¹³

- **In contrast to the “young invincibles” assumption, young adults value protection against illness and financial costs, which can motivate them to enroll in coverage.**
 - In the earlier survey of 500 U.S. young adults, 67% chose to enroll in coverage to avoid medical bills if they became ill or injured, while 60% wanted reassurance that they could get care if needed.¹⁴

- **Pennsylvania young adults are concerned about their ability to afford and access care, now and in the future.**
 - Following national trends, Philadelphia young adults in the Healthcare.gov study cited access to preventive/primary care and peace of mind as their top reasons for getting insurance.¹⁵ A recent analysis by Altarum Value Hub also found that

ⁱⁱ This means that roughly 370,000 adults ages 18–39 in Pennsylvania lack health insurance.

Pennsylvania young adults are more worried than any other group about affording health care in the future, as shown below.¹⁶



**Data source: Altarum Value Hub, PA Affordability Brief (Forthcoming Analysis, 2021)*

→ **Across political affiliations, young adults support a government solution to health insurance and health care.**

- A 2020 national poll of young adults (ages 18–29) found that 72% wanted greater government action on health care, including 85% of Democrats, 70% of independents or unaffiliated voters, and 55% of Republicans.¹⁷ Additionally, many young adults support a government-run health insurance option: 69% of young adults (ages 15–34) desire a national health plan or single-payer system.¹⁸

→ **Pennsylvania young adults believe that the government should prioritize lowering health care costs.**

- Over one third of young adults ages 18–24 and nearly half of young adults ages 25–34 believe the government’s top priority should be lowering health care costs, including prescription drug costs. However, compared to national trends, fewer young adults support a Medicare-for-All/single-payer system, including 29% and 22% of young adults ages 18–24 and 25–34, respectively.¹⁹

→ **The COVID-19 pandemic has worsened uninsurance among young adults, who have been hit hardest by job loss.**

- In a national survey of 3,000 individuals who sought care in the last year, nearly one third of young adults reported that COVID-19 negatively impacted their health insurance. Thirty-three percent of Gen-Zers (born 1995 or later) and 29% of millennials (born 1980–1994) said the pandemic affected their coverage, compared to only 12% of baby boomers and 18% of Gen-Xers, respectively.²⁰

- **Pennsylvania young adults have also experienced high rates of job and coverage loss.**
 - Prior to the pandemic, 66% of 18 to 25-year-olds and 67% of 26 to 34-year-olds in Pennsylvania had coverage through their employer.²¹ However, Pennsylvania young adults have had the second-highest rate of unemployment claims in the state, reaching a high of 24% in May 2020.²² This loss of income (and potential loss of health insurance for those with job-based coverage), has exacerbated uninsurance among the state’s young adults.

- **The protections under the ACA remain critical to keeping young adults covered.**
 - Between 2010 and 2017, hundreds of thousands of Pennsylvania young adults enrolled in new, subsidized coverage options on the health insurance marketplace (“Pennie”) or gained Medicaid following the state’s expansion of Medicaid eligibility.^{23,iii} Approximately 89,000 young adults also gained coverage through the ACA’s dependent coverage provision, which allows children to stay on their parents’ insurance until age 26.^{24,iv}

- **Despite progress, some young adults have fallen through the cracks of current policies.**
 - Medicaid expansion is limited to adults with income up to 138% of the Federal Poverty Level (FPL, or \$17,774 for a family of 1 in 2021), while marketplace subsidies are limited to adults with income between 100% and 400% FPL (\$12,880 to \$51,520 for a family of 1 in 2021).^{25,26}
 - Over one million U.S. adults also fall into the “family glitch,” meaning that they have an offer of “affordable” health insurance from their employer and cannot qualify for marketplace subsidies. However, in reality, they may make too little to afford their employer coverage.^{27,v} Nationally, approximately half of the individuals in the family glitch are between 18 and 26 years old.²⁸

- **Some young adults lack awareness about coverage options and financial assistance.**
 - During the first year of the ACA marketplace, roughly 30% of enrollees were young adults. However, half of these enrollees waited until the last month of enrollment to sign up, partly due to a lack of information about coverage options.²⁹ The 2014 survey of U.S. young adults also found that although subsidies were important to young adults’ coverage decisions, nearly half did not know subsidies were available.³⁰

ⁱⁱⁱ As of September 2020, an estimated 800,000 Pennsylvanians have gained coverage through Medicaid expansion.

^{iv} Pennsylvania had a dependent coverage provision prior to the ACA that allows children to remain on their parents’ insurance until age 30; however, eligibility is more restricted than under the ACA’s dependent coverage provision. For more information, see [2009 SB 189](#).

^v Due to the subsidy structure for marketplace coverage, if one individual in the family is offered “affordable” employer health insurance (equal to or less than 9.83% of their income), then the entire family is ineligible for subsidies. However, the threshold only applies to the *employee’s* contributions to coverage rather than the *family’s* and does not consider that covering the entire family on the employer plan may be unaffordable. For more information, see Rubin et al., “[Universal Health Coverage for Children: Current Barriers and Paths Forward](#).”

- Consumers' awareness of coverage options and financial assistance has improved since the early years of the ACA. However, a recent poll shows that approximately 60% of Americans are unaware that they are eligible for health insurance subsidies under the American Rescue Plan.³¹ Devoting resources to consumer education will be critical to ensuring that young adults are aware of their new coverage options and financial assistance under the Rescue Plan.³²

→ **Some young adults face other obstacles to accessing health care and coverage, such as immigration status.**

- Eligibility for Medicaid and marketplace coverage (including financial assistance) varies depending on immigration status. However, a recent rise of anti-immigrant sentiment has affected health care enrollment and health care use, leading some individuals to remain uninsured and primarily rely on the safety-net for care.^{33,34,vi}

Young adult health insurance—nationally and in Pennsylvania—increased substantially under the ACA. However, fundamental barriers remain to getting all young adults covered, including tackling costs, filling in the gaps left by employer coverage and marketplace subsidy eligibility, and ensuring young adults are aware of their coverage options and possible financial assistance. These issues require long-term, sustainable solutions. Understanding how young adults view and experience their health insurance is an important first step, and the goal of the next section of this report.

III. Methodology

Sampling and Data Collection

I used a mixed methods approach to examine Pennsylvania young adults' views of and experiences with health insurance. In collaboration with PHAN, I administered an online survey to 16,000 members of their grassroots network, which includes adults of all ages and insurance types in Pennsylvania and surrounding states. The anonymous survey included 21 questions that assessed respondents' current health insurance status; how they use their health insurance and their views towards health insurance; their experience with health insurance enrollment and care-seeking; and several demographic questions. I received 274 responses, for a less than 1% response rate.

The final sample included 155 respondents. I excluded respondents who lived outside of Pennsylvania, were not between the ages of 18 and 39, or did not indicate their residence or age. The sample is a *convenience sample*, meaning that it reflects only individuals in PHAN's grassroots network who were willing to complete the survey and met the eligibility requirements.

^{vi} A more detailed analysis of coverage eligibility by immigration status is beyond the scope of this project. For more information, see: [Community Legal Services of Philadelphia](#).

To gain a more nuanced understanding of young adults' experiences with insurance, I also conducted semi-structured interviews with 8 survey respondents. I chose 8 interviewees randomly among the survey respondents who indicated they would be interested in talking further and provided their contact information on a separate form. All 8 interviewees accepted and completed interviews.

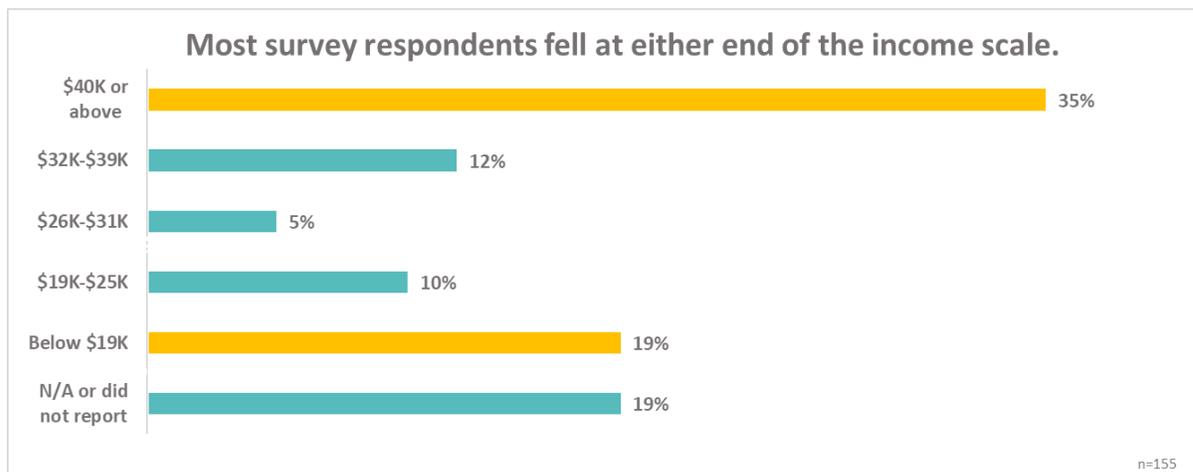
Sample Demographics

→ Most respondents identified as White and female.^{vii}

- Seventy-one percent of respondents identified as White, compared to only 17% as Black or African American; 6% as Hispanic or Latino; 4% as Asian; and 6% as other (or did not report).^{viii} Eighty percent identified as female, while only 18% identified as male and 2% as non-binary. Most respondents (49%) were between ages 35 and 39, while only 11% were between ages 18 and 25.

→ Respondents were highly educated and fell at either end of the income scale.

- Sixty-five percent of respondents had completed college or graduate school. As shown in the figure below, 19% of respondents made less than \$19,000 a year, while 35% made \$40,000 or more a year.^{ix}



^{vii} Interviewees had a similar demographic profile: 75% identified as White and 90% as female. Half had completed graduate school and made \$40,000 or more a year.

^{viii} The breakdown largely mirrors the demographic makeup of Pennsylvania: 82% White, 12% Black or African American, 8% Hispanic or Latino, 4% Asian, and 0.4% American Indian and Alaska Native. For more information, see the [PA Census](#).

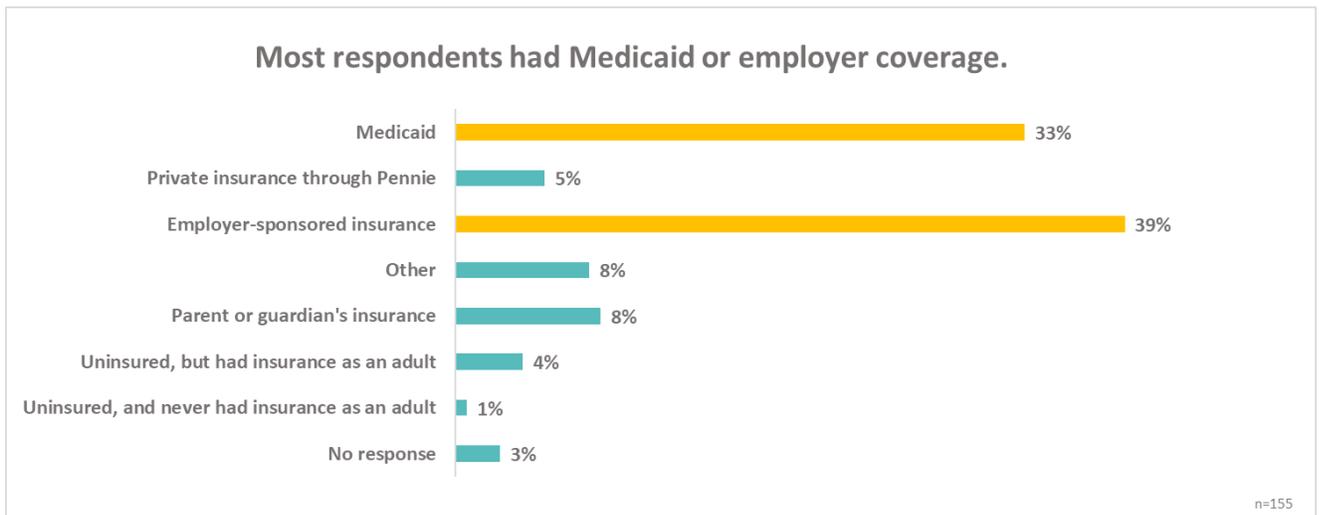
^{ix} Adults with income up to 138% of the Federal Poverty Level (FPL, or \$17,774 for a family of 1 in 2021) are eligible for Medicaid coverage. Marketplace subsidies (prior to the American Rescue Plan) were limited to individuals with income up to 400% FPL (\$51,520 for a family of 1 in 2021). I chose these cutoffs because they capture individuals who may be eligible for Medicaid or marketplace subsidies, as well as individuals who could benefit from the expanded subsidies under the Rescue Plan. For more information on subsidy eligibility under the Rescue Plan, see the [Kaiser Family Foundation](#).

→ **Most respondents were employed and worked full-time.**

- Seventy four percent of survey respondents were currently employed. Sixty six percent worked full-time (i.e., more than 35 hours per week) and 26% worked part-time (i.e., 35 hours per week or less). Only 8% were self-employed, worked as a freelance or contract worker, or had another type of employment arrangement.^x

→ **Respondents were more likely to receive coverage through Medicaid or their employer than any other source.^{xi}**

- Only 5% of respondents had coverage through the state marketplace (Pennie), while 12% were uninsured. Of the 8% of respondents with “other” insurance, most had COBRA coverage^{xii} or were on their spouse’s employer plan. Respondents who previously had insurance and were now uninsured (8%) received their prior coverage through TRICARE, their employer, the marketplace, or a parent or guardian.



Since my sample is not representative of the larger Pennsylvania population of young adults, I intend for my results to be descriptive and to provide background information that can inform PHAN’s future work on this issue. I will describe my results in the next section.

^x On average, 15 respondents of the 155 skipped each demographic question. Significantly more respondents (49) skipped the type of employment question, so these trends only reflect 69% of the total sample.

^{xi} Most interviewees had employer coverage; only one interviewee had Medicaid coverage and one was uninsured. However, nearly every interviewee describing churning between coverage types (employer, marketplace, Medicaid, and CHIP) or experiencing periods of uninsurance.

^{xii} Coverage under [COBRA](#) (or Consolidated Omnibus Budget Reconciliation Act) allows employees and/or their families to continue receiving employer-sponsored health insurance after an employee loses or leaves their job, or in the case of other life events. COBRA beneficiaries typically must pay their entire premium (which their employer previously subsidized).

IV. Key Findings & Framework

This section describes Pennsylvania young adults' views of and experiences with health insurance. My findings provide a new framework for Pennsylvania policymakers to understand young adult coverage. I have organized the framework around five key themes that emerged from my surveys and interviews:

- 1) Young adults highly value health insurance for the access to care, financial protection, and peace of mind it provides.
- 2) Young adults do not think health insurance is affordable based on their income.
- 3) Cost and complexity impact some young adults' decisions to drop their coverage or seek other options.
- 4) Young adults believe the government should have a large role in health insurance.
- 5) The COVID-19 pandemic has changed some young adults' views of health insurance.

Throughout my findings, I use "young adults" to describe the respondents who participated in the survey, which was a limited sample of young adults. I also highlight information from my semi-structured interviews, which included a subset of the survey respondents.

Key Finding #1: Young adults highly value health insurance for the access to care, financial protection, and peace of mind it provides.

"I want to be able to go to a doctor and not worry about it. I don't want to be assessing my finances for the month [to go to] a doctor's appointment or an urgent care visit, or if something is going to cost 'this much,' that means going without something else."

—PA Young Adult

→ Access to health insurance is important to young adults.

- In contrast to the young invincibles assumption, nearly all young adults "agreed" or "strongly agreed" that health insurance is a necessity (93%) and important for peace of mind (94%).
- Young adults characterized health insurance as "really important," "protective," or never wanting to "[go] without it indefinitely." One young adult noted that they "would never feel comfortable being uninsured...in this day and age" and having health insurance during a pandemic was "not even a question."

- **Young adults view health insurance as both essential for regular care and as a safety net for emergencies.**
 - Nearly every interviewee felt that health insurance provided important access to preventive and emergency care. One young adult described *“wanting continuous coverage for ongoing things, but definitely [a] safety net...in terms of a car accident or random cancer diagnosis.”*
 - Others valued health insurance not only because it provides a path to care, but also to medical expertise. One young adult saw health insurance *“as a backup thing, just in case there's anything that I need to get checked out...but also if I have questions about something, I'm not trying to figure things out on my own or through Google.”*

- **Medical care is a high priority for young adults, even when compared to other high-priority budget items.**
 - When asked to rank medical care’s importance relative to other budget items, 75% of young adults indicated that medical care was a top priority, compared to only 25% who believed it was a low priority. As shown below, young adults were willing to make room in their budget for medical care, ranking it above transportation, childcare, clothing, and education in terms of importance.
 - Similarly, one uninsured young adult characterized health insurance as a *“secondary necessity,”* noting that they *“always consider food, [their] ability to get to work, and where [they] live as primaries”* and health insurance as *“secondary to actual living expenses.”*

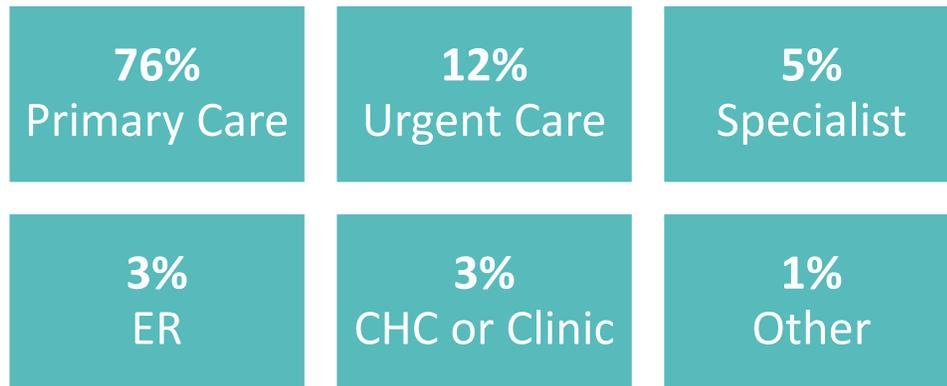
**Young Adults’ “High-Priority” Budget Items:
Most Important to Least Important**

- 1) Housing (rent/mortgage) – average ranking: 1.3
- 2) Food – average ranking: 2.4
- 3) Utilities and other bills – average ranking: 3.2
- 4) **Medical Care – average ranking: 3.3**
- 5) Transportation (car payments/public transit) – average ranking: 3.8
- 6) Childcare – average ranking: 3.9
- 7) Clothing – average ranking: 4.3
- 8) Education/student loans – average ranking: 6.0

→ **Most young adults visit primary care when they need care, but over half believe health insurance is solely important for emergencies.**

- Seventy-six percent of young adults typically see a primary care doctor when they need care, followed by 12% who go to urgent care. Only 3% of young adults visit the emergency room, contradicting a common assumption that young adults primarily rely on urgent or emergency care for treatment.³⁵
- However, 58% of young adults still “agreed” or “strongly agreed” that health insurance is only important for medical emergencies, suggesting a disconnect between how young adults are using their health insurance (i.e., for primary care) and how they view health insurance’s role (i.e., for emergencies). Forty-two percent of young adults “disagreed” or “strongly disagreed” with that statement.

PA Young Adults’ Usual Source of Care



→ **Overall, young adults view access to health insurance and medical care as critical for peace of mind and reassurance that they will be protected—financially and physically.**

- One young adult described not wanting to “worry” about their monthly budget if they needed to see a doctor: *“If I’m sick, I want to be able to go to a doctor and not worry about it. I don’t want to be assessing my finances for the month [to go to] a doctor’s appointment or an urgent care visit, or if something is going to cost ‘this much,’ that means going without something else...for my health and my spouse’s.”*

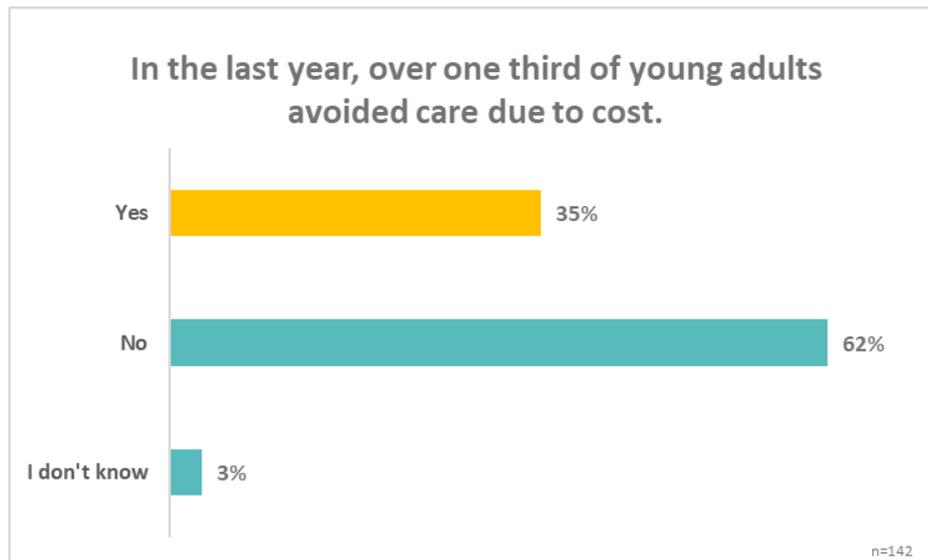
Key Finding #2: Young adults do not think health insurance is affordable based on their income.

*"[Health insurance is affordable] if it is something that **a person living off a full-time, minimum wage job could pay for**...and the answer to that right now is absolutely not."*

—PA Young Adult

→ Nearly all young adults believe that health insurance is expensive, and many have skipped or delayed care due to cost.

- Ninety-three percent of young adults “agreed” or “strongly agreed” that health insurance is expensive, while only 7% “disagreed” or “strongly disagreed” with that statement. Additionally, over one third of young adults reported that they avoided care due to cost in the last year.



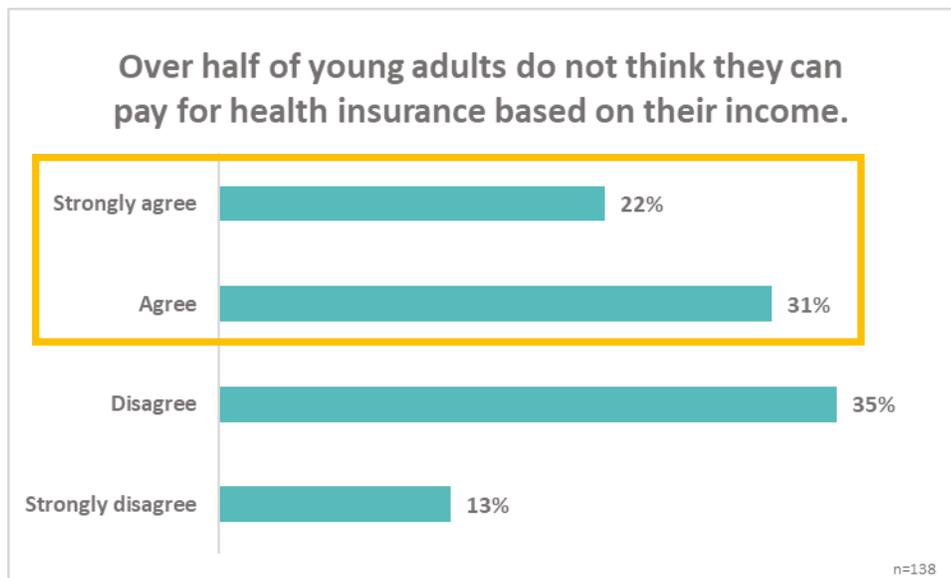
→ Young adults evaluate health insurance affordability in relation to their income.

- For many young adults, health insurance was “affordable” if a person could pay for regular care based on their wages. One young adult described affordable coverage as *“being able to pay a pretty minimal amount of money regularly to get preventive [services], regular check-ups, and bloodwork...and then also some specialty care [if needed], like if you have an injury and need physical therapy or mental health care.”*

- Similarly, another young adult defined affordability based on whether someone making minimum wage could pay for coverage: *“The minimum wage is \$7.25 an hour...[health insurance is affordable] if it is something that a person living off of a full-time, minimum wage job could pay for. And the answer to that right now is absolutely not.”*

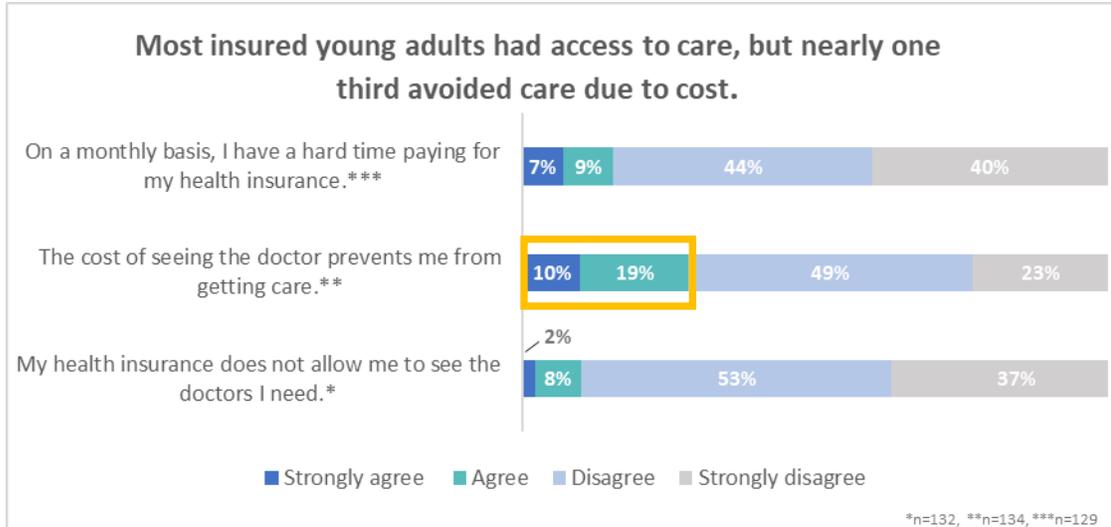
→ **Over half of young adults do not think that health insurance is affordable based on how much they earn.**

- Many young adults are stretching their budgets for health insurance, even if they do not feel the financial impact when paying their copays at the site of care. Although most insured young adults were not concerned about costs in the abstract, 52% of all young adults “disagreed” or “strongly disagreed” that they could pay for health insurance based on their income.



→ **Most insured young adults are not concerned about accessing care, but nearly one third avoided care due to cost.**

- As shown below, most insured young adults did not struggle to pay their monthly premium (84%) and they believed their insurance allowed them to access needed care (90%). However, 29% avoided seeing a doctor due to cost, suggesting that health insurance provides inadequate financial protection for nearly one third of insured young adults.



→ **While insured young adults do not struggle to pay their copays at the point of care, many are facing high out-of-pocket costs and surprise medical bills.**

- Young adults described having to pay out-of-pocket for specialists and diagnostic tests. One young adult noted that although their coverage helped them to see their primary care doctor, *“the cost to see specialists and the co-pays for tests like MRI, CT scan and even blood work is too high,”* resulting in *“bills [they] can't pay right now.”*
- Young adults also described a lack of transparency around cost. One young adult suggested that *“copays are so overrated because you get surprise bills. [I was] just released from [the] hospital and I was told that a doctor can state 2 types of stays in the hospital, but I paid my \$100 copay and I had no idea what I was being charged for because I was admitted for a few days.”*
- Some insured young adults skipped care to prevent surprise medical bills, even with underlying health conditions: *“I'm so worried about incurring unexpected and uncovered expenses that I don't actually use my very good [employer] coverage to full advantage, and can never get an answer ahead of time about if something is going to be covered...I [ignore] outstanding health issues because the unknown of additional debt is far more daunting than just learning to live with the health issues.”*

→ **Young adults reported different affordability concerns across coverage types.^{xiii}**

- Those with marketplace coverage were more likely to report struggling to pay their monthly premium than young adults with other types of coverage. As a young adult who previously had marketplace coverage described, *“anybody can go on*

^{xiii} I analyzed the variance between different coverage groups and the results were not statistically significant. This means that the differences I report here based on coverage type may only appear in the sample and may not be generalizable to the full population.

Healthcare.gov and Pennie and find plans pretty easily, but then if every plan is \$500 a month....that's not really affordable or accessible."

- By contrast, young adults with employer and Medicaid coverage were least likely to have a hard time paying their monthly premium or to receive a large bill when they saw the doctor. However, young adults with Medicaid had difficulty accessing quality specialists, particularly dentists: *"I have Medicaid for myself and my son...I end up having to pay out of pocket to see dentists who do not accept Medicaid because it is so hard to find dentists who accept [it] and even harder to find any who accept it and provide appropriate care."*
 - Overall, individuals on their parent or guardian's coverage or with other types of coverage (such as COBRA or through their spouse's employer) were most likely to report that cost prevented them from going to the doctor. Five young adults specifically described struggling to pay for COBRA coverage, characterizing it as *"ridiculously expensive," "insanely expensive," or "out of control."*
- **To protect themselves from unexpected costs, young adults spend significant time and effort navigating coverage options.**
- Across coverage types, young adults spent considerable time searching for plans based on their expected health care use. A previous marketplace enrollee described using a complex, burdensome process to understand their potential costs: *"I didn't want to have to pay a lot if something happens, so I didn't want a high deductible...I [broke it] down as to what I could afford, how good the insurance was at that affordability level...how much will it cost out-of-pocket if [things] happen to me. Then I looked at cost of product over time versus usage. [For example], what it would cost if I spent four days in a hospital or what if I had to go on a non-generic drug."*
 - Even young adults with experience in the health care industry had trouble navigating plans and understanding their costs under different medical scenarios: *"Even though I work in health care, I'm still going through everything in detail and crunching numbers. People without my background or education, I don't know how they do it. This past year, it was more complicated because we were trying to have a baby, so we know we're going to use a lot of health care, and we initially enrolled in a fancier, higher-per-month [plan] for that reason."*

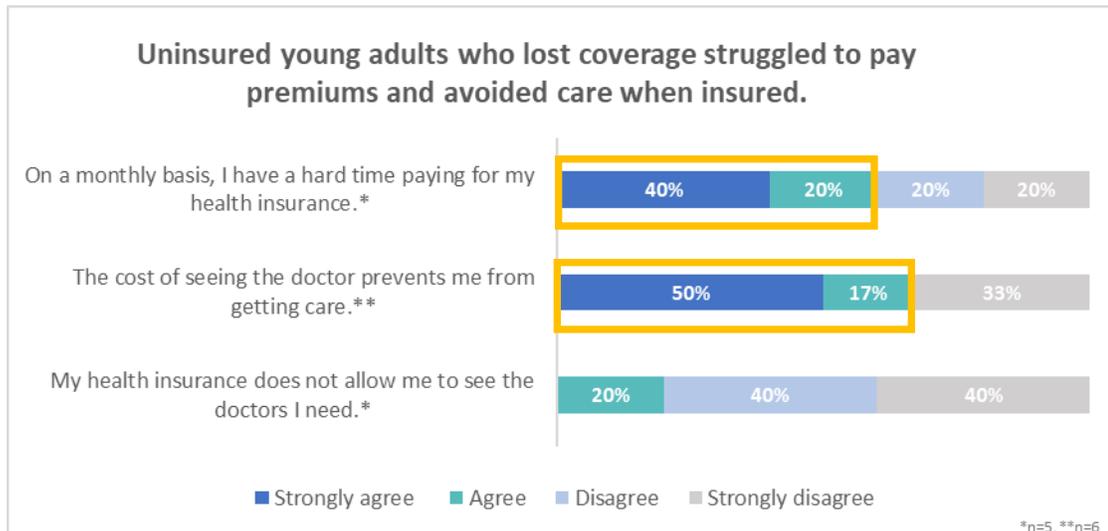
Key Finding #3: Cost and complexity impact some young adults' decisions to drop their coverage or seek other options.

“No one should go bankrupt for voluntarily or involuntarily seeking medical care.”

—PA Young Adult

→ **Cost influences some young adults' decisions to drop their coverage.**

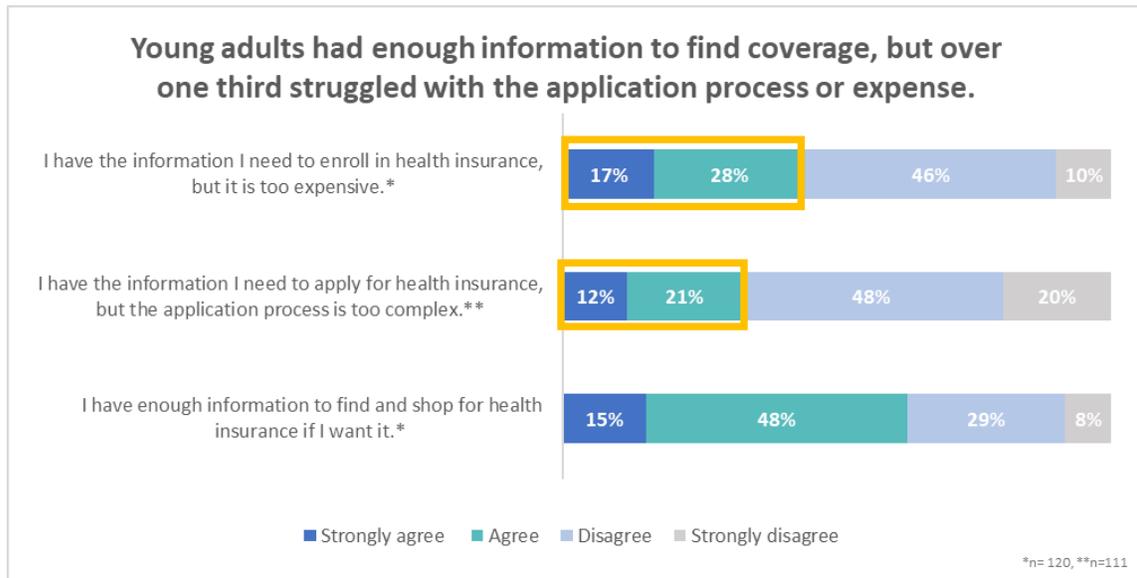
- Uninsured young adults who dropped their health insurance reported that when insured, they struggled to pay their premiums (60%) and often avoided care due to cost (67%). However, most reported that their previous coverage gave them access to the doctors they needed (80%).



→ **The complexity of enrollment impacts young adults' coverage options and choices.**

- One young adult who was uninsured lost their coverage during Pennsylvania's transition to a state-based marketplace. Once they received the necessary information to verify their eligibility for financial assistance, it was too late to enroll: *“[My employer's offerings] are junk. I don't have [insurance] now because when PA switched to Pennie, I had to re-identify myself, even though they had grabbed all my information from the marketplace. They needed three pay stubs...which I don't keep. By the time I got them, it was already the end of the enrollment period.”*

- **Most young adults did not face obstacles shopping for or enrolling in coverage, but some struggled with the application process or expense.**
 - Over 60% of young adults “agreed” or “strongly agreed” that they had the necessary information to browse for coverage. However, over one third reported that the application process was too complex (33%) and nearly half believed that coverage was too expensive (45%).



- **Young adults with marketplace coverage were most likely to report having enough information to shop for coverage and least likely to report struggling with the application.^{xiv}**
 - By contrast, young adults who were uninsured or enrolled in Medicaid were most likely to report that they had enough information to enroll in coverage, but it was too expensive.
- **After enrollment, young adults had difficulty navigating their insurance and often experienced gaps in coverage.**
 - A young adult who previously had marketplace coverage described struggling to change to their employer plan: *“While [the marketplace] has a somewhat streamlined enrollment process...anything after that, [you need] to call the customer service line. The lack of information provided to those individuals and the constraints they have...is tough. I thought I successfully cancelled my [marketplace] plan when I got my employer insurance, and then I received multiple bills asking for \$1500 back.”*
 - Another young adult described churning between multiple coverage types throughout their twenties as they changed jobs and enrolled in school: *“I had health*

^{xiv} Note: Young adults with coverage through Pennie made up only 8% of the sample. To confirm this finding, a future study could examine a broader sample of young adults on the marketplace.

insurance through my parents [until] I was 26...I'm glad that worked out because I was moving from job to job and didn't have guaranteed insurance. [After that], I had Medicaid, and then there was a gap until I became employed full-time. [Then] I was an evening student and I switched jobs, and I was uninsured until I got a new job. I left my job after school and there was [another] gap...so I did apply for Medicaid."

→ **Nearly one third of young adults faced other barriers to coverage.**

- Twenty-nine percent of respondents “agreed” or “strongly agreed” that they faced obstacles to coverage beyond affordability, lack of information, or complexity of the application process.

Key Finding #4: Young adults believe the government should have a large role in health insurance.

*“Health insurance needs to be run by the government, just like Medicare and Medicaid...**in the last five years...I've been on five different plans.** I have to navigate all these different systems, figure out the prices [and] what makes sense. It would just be so much easier if the government had a mainframe for [prices].”*

—PA Young Adult

→ **Young adults overwhelmingly favor universal health coverage and believe the government should play a role in health insurance.**

- As shown below, young adults most commonly reported that the government should provide health insurance for everyone (77%), followed by providing additional financial assistance to help people pay for coverage (61%). Only 2% of respondents felt that the government should not play a role in health insurance.

What Role Should The Government Have in Health Insurance? *Young Adults' Views*



→ Young adults support different types of government intervention.

- Some young adults specifically advocated for a Medicare-For-All system: *“Medicare for all now!”* or *“the government should provide healthcare to everyone (single payer system).”* Others supported a public option: *“I fully support a public option for healthcare insurance”* or *“I fully support a nationalized Public Option for healthcare insurance.”*
- One young adult suggested that the government should provide a basic plan for everyone, and then individuals can elect to add additional coverage: *“I think [the government should cover] the basics that Medicaid covers, for everyone. And then, if people did want to add on...then they can have the choice to pay for that. But I think everyone should be able to have basic health care that does include dental and vision as well, because that's...often left out.”*

→ Although many young adults have employer coverage, some believe that employers should have little to no role in insurance.

- As shown below, young adults still see a role for employers in health insurance and believe that employers should provide a low-cost coverage option (60%). However, young adults also commonly reported that employers should have little to no role in coverage (27%).
- Some young adults suggested that *“health insurance should not be tied to employment”* or that *“employers shouldn't have to provide health insurance because the government should provide it all.”* One young adult recommended that employers *“help pay for health insurance but should not pick the plan.”*

What Role Should Employers Have in Health Insurance? Young Adults' Views



→ Young adults are dissatisfied with their employer coverage.

- Several young adults described feeling “trapped” in their employer plan due to health needs, as one young adult described: *“My employer's health insurance offerings are bad; my partner's are okay. Our health needs are a primary reason why my partner stays at this job which is not a good environment. Healthcare should have nothing to do with your employer or employment status.”*
- Others described critical gaps in their employer coverage while switching jobs: *“I work full time as a contract worker on a W2. [I switched jobs], which left me with no insurance for about a month and a half in the midst of a pandemic and a personal mental health crisis. Health insurance should not be tied to employment!”*

→ Many young adults believe that a government-sponsored option would not only improve affordability, but also eliminate unexpected gaps in coverage and provide peace of mind.

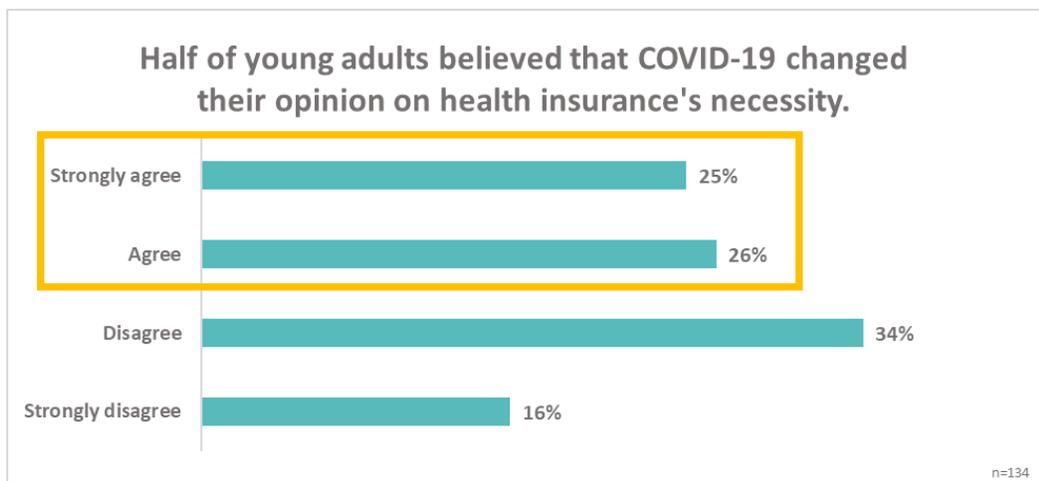
- A young adult who had a chronic condition described: *“I currently have [public coverage]...I have had lots of anxiety around making sure I have health coverage over the last few years. I have felt this with private insurance, Medicare, Medicaid, and Medigap. Having ‘Medicare for all’ would make things so much better.”*
- Similarly, another young adult with a chronic condition highlighted the importance of having continuous, affordable coverage: *“I am lucky to work in a place where health insurance is affordable, but I've been without insurance before with asthma and know how scary it can be to not have access to what you need. Wouldn't it be nice if we had health care for everyone? One less thing to worry about.”*

- **Other young adults believe that additional help from the government in health insurance is unrealistic.**
 - One young adult suggested that they *“would love for [health insurance] to be free of cost and available for every American, but there is no system EVER created that...could accommodate the expenses.”* Similarly, another young adult called for a total “revamp,” noting that *“the health insurance system is...not about actually helping people take care of themselves, yet it is a necessity. Help from the government would be nice, but honestly the whole system needs to be revamped.”*

- **To streamline processes, improve prices, and eliminate unpredictable costs, most young adults want a government-run health insurance option that is available and accessible to everyone.**
 - As one young adult described, *“[health insurance] needs to be run by the government, just like Medicare and Medicaid...in the last five years...I've been on five different plans. I have to navigate all these different systems, figure out the prices [and] what makes sense. It would just be so much easier if the government had a mainframe for [prices].”*

Key Finding #5: The COVID-19 pandemic has changed some young adults' views of health insurance.

- **The COVID-19 pandemic has impacted some young adults' views about health insurance.**
 - As shown below, approximately half of young adults “agreed” or “strongly agreed” that COVID-19 has impacted whether they see health insurance as a necessity, while half “disagreed” or “strongly disagreed.”



- **Some young adults have skipped care because they lost their health insurance during the pandemic.**
 - Thirteen percent reported that they lost their coverage during the pandemic, while 86% have maintained it. One young adult noted that they skipped care due to COBRA's high costs: *"I lost my job (pandemic related) and my employer is covering a few months of COBRA. There was a gap in my coverage and I had to cancel appointments because I was worried about paying the specialist copay."*
 - Another young adult who was uninsured noted that the pandemic disincentivized them from seeking care, so uninsurance was not a problem at this time: *"To be honest with COVID going on, I haven't wanted to seek a doctor, because I've had no issues yet [and] I don't want to burden that system. If this was a normal year, I go for a checkup once a year, unless there's some other problem."*
- **Young adults who lost their health insurance are unsure how to navigate the new coverage options under the American Rescue Plan.**
 - One young adult was specifically confused about the changes to COBRA: *"I'm not sure if I qualify for free COBRA that was part of the COVID relief bill. I'm confused and overwhelmed and I'm not even sure who to ask."*
- **For some young adults, the pandemic has highlighted gaps in our health insurance system, including the relationship among coverage, employment, and mental health.**
 - One young adult noted that the current health insurance system is *"not sustainable...especially right now in the middle of a pandemic, [with] so many people on unemployment who are probably not being covered by any health insurance."*
 - Others highlighted the pandemic's strain on young adults' well-being and disparities in mental health coverage: *"I know that the pandemic has been very stressful for a lot of people...a lot of people aren't working. My therapist has had a spike in people seeking help, so I think in the year 2021, it's time for all health plans to include mental health coverage."*

These findings reflect the distinct health and economic landscape of this time, including the early weeks of the Biden administration's Rescue Plan. In the next section, I will discuss the Rescue Plan's potential impact on young adult health insurance.

V. Impact of the American Rescue Plan Act on Young Adult Health Insurance

On March 11, 2021, President Biden enacted the American Rescue Plan of 2021 (H.R. 1319)—a \$1.9 trillion economic stimulus package for COVID-19 relief.³⁶ The Rescue Plan creates new options for individuals to find and enroll in affordable health insurance.³⁷ The reforms will likely improve coverage for young adults nationally and in Pennsylvania, particularly those who are uninsured, receive marketplace coverage, or have lost their employer coverage. In this section, I outline the American Rescue Plan’s potential impacts on young adult coverage, before considering additional policy options to reduce young adult uninsurance in Pennsylvania.

Before Rescue Plan	After Rescue Plan	Impact on Young Adults
Under the ACA, adults with annual income between 100 and 400% FPL (\$13,000 to \$52,000) can receive subsidies^{xv} to help them purchase coverage on the health insurance marketplace. ^{38,39}	The Rescue Plan extends subsidy eligibility to individuals with income above 400% FPL and makes subsidies more generous for 2021 and 2022. The federal government will pay a larger percentage of recipients’ monthly premiums, based on a sliding income scale: those with a lower income (100-150% FPL) will be eligible for zero-premium plans, while those with a higher income (400% FPL and above) will pay no more than 8.5% of income towards their premium. ⁴⁰	Pennsylvania young adults will have more affordable coverage options on the marketplace, including some zero-premium plans. National estimates suggest that a 27-year-old with annual income of \$55,000 in the second-lowest cost silver plan ^{xvi} will see their monthly premium decrease by over half, from \$927 to \$390. Similarly, a 27-year-old with income of \$19,000 in the same plan will see their monthly premium decrease from \$62 to \$0.
COBRA beneficiaries typically must pay their entire premium, which their employer previously subsidized. COBRA allows employees and/or their families to continue receiving employer coverage after	From April 1, 2021 to September 30, 2021, the federal government will cover 100% of COBRA premium costs for individuals who involuntarily lose their jobs or have their hours reduced. ⁴²	Subsidized COBRA can provide continuous coverage for young adults who have lost their jobs during the pandemic. Importantly, the provision also applies to those who are eligible for COBRA but have not yet enrolled, as well as those who

^{xv} Subsidies include both cost-sharing reduction payments (CSRs), or extra payments that can be used to lower deductibles, cost-sharing and co-insurance, and advanced premium tax credits (APTCs), which are tax credits that consumers can use to lower the cost of their monthly health insurance premium. For a detailed explanation, see [guidance](#) from the Department of Health and Human Services.

^{xvi} The second-lowest cost silver plan on the exchange, or “benchmark” plan, is used to calculate premium tax credit eligibility. For a detailed explanation, see [guidance](#) from the Department of Health and Human Services.

<p>certain life events that may result in loss of coverage.⁴¹</p>		<p>discontinued COBRA coverage but remain eligible.⁴³</p>
<p>Receipt of unemployment benefits was not connected to subsidy eligibility for marketplace coverage.</p>	<p>Adults who receive unemployment benefits at any time in 2021 are eligible for subsidized marketplace coverage. Not only can they enroll in zero-premium plans, but they can also receive extra subsidy payments (known as cost-sharing reduction payments) to lower their out-of-pocket costs.⁴⁴ The bill also extends unemployment benefits to workers in industries that primarily attract young adults, including the gig economy/freelance and independent contractors.⁴⁵</p>	<p>These provisions provide financial stability to young adults who are unemployed and likely uninsured, enabling them to search for or enroll in health insurance. They also incentivize young adults receiving unemployment benefits to enroll in marketplace coverage by providing zero-premium plans with additional subsidies.⁴⁶</p>

Pennsylvania began implementing many of the Rescue Plan provisions starting April 1, 2021. Additionally, due to the COVID-19 crisis, the state reopened Pennie for a special enrollment period on February 1 and will keep it open until May 15.^{47,xvii} The Rescue Plan makes important progress towards reducing uninsurance for young adults nationally and in Pennsylvania. However, many of the reforms are time-limited, ending this year or in 2022. In the next section, I will recommend several long-term, more permanent solutions to close the coverage gap.

VI. Policy Recommendations

Pennsylvania legislators, regulators, and consumer groups have an opportunity to improve coverage for the state’s young adults. In this section, I outline four categories of recommendations to address young adult uninsurance: affordable, quality coverage; patient protections; social determinants of health and health equity; and implementation of the American Rescue Plan Act. The recommendations are targeted to Pennsylvania and federal policymakers (legislators and regulators), as well as advocacy and consumer groups working with young adults and other uninsured Pennsylvanians.

^{xvii} Before the special enrollment period, Pennsylvania saw a sharp increase in the number of shoppers buying subsidized marketplace coverage. For more information, see the [Erie Times](#).

Affordable, Quality Coverage

→ **Medicaid Buy-In/Public Option:** Pennsylvania policymakers should consider establishing a **Medicaid buy-in program or public option** for the adult population.

- **What Would It Do?** To address accessibility and affordability issues, most young adults favored a government-sponsored health insurance option. Like Pennsylvania's CHIP buy-in program^{xviii} for children, a **Medicaid buy-in program** would allow adults who do not qualify for Medicaid to purchase coverage at a pre-determined rate.^{48,49} The program would not require federal approval to implement. While Pennsylvania's CHIP buy-in program requires families to purchase coverage at the full cost of their monthly premium, lawmakers could consider offering subsidies for Medicaid buy-in enrollees on a sliding income scale, to encourage uptake.

Alternatively, Pennsylvania could offer a **state-run public option** on the individual and small group marketplace, similar to proposals other states are considering. For instance, Colorado proposes to create a standardized public plan for all insurers to offer on the marketplace with rate-setting targets, while Connecticut proposes to offer a public option on the marketplace subsidized by a health insurer tax.^{50,51,52} A subsidized health insurance option can generate savings to the state budget over time by reducing Pennsylvanians' uncompensated care costs and supporting sustained employment.^{53,54}

Pennsylvania could also consider offering a more targeted **employer-sponsored public option**, in which employees could purchase a public plan and their employer would subsidize the cost (just like they would an employer plan). This would allow employees to keep their coverage if they changed or lost their job; however, this option would likely require federal action.⁵⁵

- **How Would It Help Young Adults?** Medicaid buy-in or a public option can fill existing gaps in coverage for the young adult population. It offers an important option for young adults whose employers do not provide coverage or who cannot afford their employer coverage. Similarly, it provides a coverage option for young adults in the family glitch who cannot afford their employer coverage but do not qualify for marketplace subsidies. Unless zero-premium COBRA coverage extends beyond September 2021, Medicaid buy-in can also offer a more affordable choice than traditional COBRA for young adults who lose or are in-between jobs.

^{xviii} For more information on Pennsylvania's Children's Health Insurance Program buy-in option, see [Health Affairs](#).

- **Reinsurance:** Pennsylvania should fully implement its reinsurance program to lower costs and encourage more young adults to enroll in coverage through Pennie.
- **What Would It Do?** Young adults on the marketplace were most likely to report struggling to pay their monthly premium. In July 2020, the Centers for Medicare and Medicaid Services (CMS) approved Pennsylvania’s application for a reinsurance program, which would help insurance companies cover high-cost enrollees on the marketplace. For the current plan year, Pennsylvania will use a mix of federal and state funds to reimburse insurers for 60% of claims between \$60,000 and \$100,000.⁵⁶ The waiver approval period is 2021-2025. States such as New Jersey, Wisconsin, Alaska, and Minnesota have implemented similar programs.^{57,58}
 - **How Would It Help Young Adults?** Reimbursing insurers for high-cost enrollees will lower premiums for the entire risk pool and could encourage more young adults to enroll in marketplace coverage. Attracting even more healthy, young adults to the marketplace will further lower costs for everyone. Additionally, since some young adults may enroll on the marketplace for the first time under the Rescue Plan, continued implementation of the reinsurance program will be important to stabilizing costs and keeping young adults enrolled after the Plan’s coverage provisions expire in 2021 and 2022.

Protecting Patients

- **Surprise Medical Bills** Pennsylvania policymakers should incorporate and enforce the protections in the federal “No Surprises Act” to ensure that consumers have clear, current, and consumer-friendly information about their providers, networks, and potential costs.⁵⁹
- **What Would This Do?** Many young adults struggled with surprise medical bills and unexpected health care costs. Surprise bills often occur when a consumer unknowingly receives care from a provider or at a location that is not included in their health plan network. Congress passed the No Surprises Act in December 2020 to address surprise bills and implement other consumer price protections. The bill takes effect in 2022 and includes several major provisions:
 - a ban on surprise bills for out-of-network (OON) emergency care and OON providers who provide non-emergency care at an in-network facility;^{xixxx}
 - a ban on surprise bills for OON providers (i.e., patients can only be charged in-network rates);

^{xix} An “in-network” provider or facility has a contract with your health plan and covers services at a negotiated discount; an “out-of-network” provider or facility does not. For more information, see [Independence Blue Cross](#) or [Healthinsurance.org](#).

^{xx} Note: providers cannot charge patients for out-of-network emergency services or any services from an in-network provider at an out-of-network hospital beyond in-network cost-sharing rates.

- a requirement that health plans provide patients with an explanation of benefits before they receive services (if requested);
 - a requirement that plans maintain updated, accurate provider directories;
 - and a requirement that plans notify enrollees currently receiving care when their provider or facility leaves the network (the plan must cover that provider or facility for 90 days at the in-network rate).
- **How Would It Help Young Adults?** The success of the No Surprises Act will depend on state implementation and enforcement, but it provides an important road map for Pennsylvania to begin addressing surprise bills for all Pennsylvanians. In particular, the state will have to develop monitoring and enforcement mechanisms for providers and plans. Pennsylvania policymakers will also have to decide how to implement dispute resolution when a provider and plan cannot reach an agreed payment amount for an OON service. Nine states have already adopted different approaches to independent dispute resolution (IDR), in which the insurer and OON provider each submit an amount to a neutral arbiter who decides the final payment.

Social Determinants of Health & Health Equity

- **Self-Sufficiency Standard:** Pennsylvania policymakers should consider integrating the Self-Sufficiency Standard into determinations around subsidy eligibility, rather than solely calculating eligibility based on a percentage of federal poverty, which does not consider consumers' specific budget needs or geography.^{xxi}
- **What Would It Do?** Young adults did not think of their health care costs in a vacuum, but in relation to their income and other basic needs. Since 1997, Pennsylvania has had a "Self-Sufficiency Standard" to determine whether households have enough income to afford necessities (e.g., housing and food) based on the real cost of living.^{60,xxii} While the Standard incorporates health care costs, it has not been used to determine eligibility for health care subsidies or to help consumers consider health care costs in relation to their income.

Additionally, Pennsylvania could develop a consumer-facing tool based off the Self-Sufficiency Standard that helps consumers understand how much income they need to afford necessities, including health care. For instance, Connecticut's Self-Sufficiency Standard allows consumers to see how much income they need to pay for housing, transportation, childcare, and health care using a relative standard (i.e., "sufficient income") rather than an absolute standard (i.e., the Federal Poverty Level). The tool is based off a standard first developed in Washington State and is similar to a "Living Wage Calculator," which shows the minimum amount of money a person must earn to support themselves and their family.^{61,62}

^{xxi} For more information on the Self-Sufficiency Standard vs. the Federal Poverty Level, see the [University of Washington](#).

- **How Would It Help Young Adults?** Young adults struggled to afford health insurance based on their income and other budget needs. Using the Self-Sufficiency Standard to help determine subsidy eligibility and health care costs can provide a more realistic evaluation of potential costs. This evaluation can help young adults better afford coverage based on their wages, competing necessities, and the real cost of living.⁶³
- **Value-Based Payment:** Pennsylvania should adopt value-based payment (VBP) models that lower costs by explicitly addressing the social determinants and health equity goals, particularly for the Medicaid population.
- **What Would It Do?** Value-based payment (VBP) models financially reward providers for achieving positive health outcomes and lowering costs among high-risk populations, such as individuals experiencing homelessness, behavioral health issues, or unemployment. Several states have adopted Medicare-like, “accountable care” models for Medicaid, in which provider payments are based on achieving health equity goals for the population it serves.⁶⁴ For instance, Massachusetts adjusts payments to Medicaid Accountable Care Organizations (ACOs) based on Medicaid enrollees’ housing stability and “neighborhood stress” scores, while Minnesota’s payments to Medicaid ACOs incorporate risk factors such as poverty, homelessness, mental illness, and substance use disorder.⁶⁵
 - **How Would It Help Young Adults?** Young adults in Pennsylvania do not have equitable access to coverage and care. In this report, young adults with Medicaid were most likely to report that coverage was too expensive. However, many costs may be driven by factors outside of the health care system.⁶⁶ Pennsylvania’s Managed Care Organizations (MCOs) are already working with community organizations to coordinate care and address social risk factors for the Medicaid population. However, establishing Medicaid ACOs could accelerate this work by explicitly tying provider incentives to health equity, which could lower costs and improve access for young adults in the Medicaid program.

Implementation of The American Rescue Plan Act

- **Consumer Education & “Easy Enrollment”:** Consumer organizations and Pennsylvania regulators must educate young adults about opportunities for coverage and financial assistance under the American Rescue Plan. Regulators should also consider implementing an “Easy Enrollment Program,” in which consumers can disclose their household size and income from their tax return to the state. The health insurance marketplace (Pennie) can then contact them about enrolling in coverage and their eligibility for subsidies.⁶⁷
- **What Would It Do?** As described earlier in this report, the Rescue Plan creates new pathways to affordable marketplace coverage or COBRA coverage, particularly for

young adults who have lost their job and/or health insurance during the COVID-19 pandemic. Similarly, Easy Enrollment (a form of “passive enrollment”) can connect more individuals to coverage faster.

- **How Would It Help Young Adults?** It is critical to ensure that young adults are aware of new coverage options, potential financial assistance, and how to enroll in coverage. A program like Easy Enrollment—which states like Maryland have implemented for their marketplace—will further streamline enrollment and help identify young adults who are eligible for new or subsidized coverage under the Rescue Plan.⁶⁸

VII. Limitations and Recommendations for Future Research

Limitations

Self-Report Bias

- Interview participants may have been susceptible to self-report bias, meaning that they answered questions in certain ways to present themselves in a favorable light. This limits how confident we can be in the results and their generalizability.

Sample Size & Strategy

- The survey analysis was limited to a small sample of 155 young adults within PHAN’s grassroots network. These individuals likely have a more informed understanding of health insurance through their connection to PHAN and may be more interested in sharing their views than other young adults in PA.
- Additionally, the sample mostly included individuals who identified as white, female, mid-to-higher-income, and mid-to-late 30s, who were employed and highly educated. This does not represent all young adults in the state.

Generalizability - Population

- Due to the sampling strategy, these findings cannot be generalized to all young adults in Pennsylvania.
- There is little published literature on young adult health insurance in Pennsylvania. Some of the literature in this report extrapolates based on national trends that are not specific to Pennsylvania.
- Previous studies define “young adults” using different age parameters, limiting generalizability of their results to this report.

Generalizability - Context

- The health insurance landscape is rapidly evolving due to COVID-19, the Rescue Plan, and the state's special enrollment period. This report presents findings and recommendations as of May 2021, acknowledging that they may shift based on the changing policy environment.
- I conducted this research during the second year of a global pandemic and the first year of Pennsylvania’s transition from Healthcare.gov to a state-based marketplace. Both factors may have impacted respondents' decisions or views concerning their coverage.

Recommendations for Future Research

- **Future research should include a representative, statewide sample of Pennsylvania young adults to understand their views of and experiences with their health insurance.**
 - The results of this report can be considered a pilot and can be used to formulate the basis of a larger, more representative study. A larger, random sample would increase how confident we can be in the results and the generalizability of the findings to the broader population of Pennsylvania young adults.
 - In an earlier iteration of this project, I sought to incorporate several questions on young adult health insurance coverage in a Pennsylvania omnibus survey. This approach could be reconsidered for future projects.

- **This project could be repeated after the COVID-19 pandemic and implementation of the American Rescue Plan.**
 - This project took place during the COVID-19 pandemic and early implementation of the Rescue Plan. Some findings and recommendations reflect the unique health and economic landscape of this time and may not be generalizable to other contexts. Young adult health insurance may change as Pennsylvania implements the Rescue Plan and the country recovers from COVID-19.
 - Future researchers could repeat a similar analysis after the pandemic and implementation of the Rescue Plan or future COVID-19 relief packages. The report's recommendations may need to be adapted as the policy and economic environments shift.

- **This project could be repeated several years into the implementation of Pennsylvania's new state-based marketplace, Pennie.**
 - This project took place during the first year of Pennie and does not capture a broad view of young adults on the marketplace (who made up only 8% of survey respondents). However, young adult enrollment and experience with marketplace coverage will likely shift as Pennsylvania fully transitions to the state-based marketplace.

IX. The Young “Invincibles” Assumption: A Missed Opportunity

“My father looked at me on his death bed and said, ‘At least I no longer have to worry about losing my health insurance and not being able to get my medications.’”

—PA Young Adult

This report demonstrates that believing the young invincibles assumption misses a critical opportunity to cover a population that wants health insurance. Pennsylvania young adults highly value health coverage, including the peace of mind and financial protection it provides. Many young adults also have a usual source of care, but struggle with out-of-pocket costs, access to specialists, and surprise medical bills. In contrast to the young invincibles assumption, young adults are dropping coverage or remaining uninsured because coverage is too expensive relative to their income, *not* because they do not want or need it.

At the same time, there is no one solution to addressing the coverage gap for young adults and all Pennsylvanians. Achieving universal health coverage across the state will likely require a combination of approaches, and different populations may have different needs. For instance, young adults with Medicaid coverage may benefit from innovative payment models that address housing, transportation, or other social determinants of health, whereas young adults with employer coverage may benefit from an employer-sponsored public option.

In the immediate future, the Rescue Plan provides a natural experiment for coverage reforms, including zero-premium marketplace or COBRA coverage. The success or failure of these policies should inform future coverage decisions in Pennsylvania and nationally. However, Pennsylvania young adults across coverage types overwhelmingly favor a universal, government-sponsored health insurance option, which policymakers should consider in future reforms.

As the quote above highlights, gaps in coverage will follow young adults to the end of their lives if policymakers do not take swift action to address young adult health insurance. Today’s generation of young adults should not have to worry about health insurance on their death beds, and losing one’s health insurance should not be the “silver lining” of death. For this reason and many others, Pennsylvania young adults urgently need high-quality, affordable, and equitable health insurance.

Appendix A: Health Insurance Survey

Health Insurance Survey

Start of Block: Default Question Block

Introduction You are being asked to participate in a survey about health insurance coverage. The purpose of the survey is to understand your experience with and views towards health insurance. The results will inform a report on health insurance among Pennsylvania's young adults for the Pennsylvania Health Access Network (PHAN), in collaboration with the University of Pennsylvania.

Participation is voluntary. **All responses are anonymous. If you'd like to be entered into a raffle to receive one of three \$50 Amazon gift cards, you will be directed to a separate page to provide your contact information.**

The survey will take approximately 10 minutes to complete. You are agreeing to participate by completing the pages that follow.

Thank you in advance for your time and insight!

Page Break

Intro question 1 Are you between the ages of 18 and 39?

- Yes (4)
- No (5)

Skip To: End of survey If Are you between the ages of 18 and 39? = No

Intro question 2 Do you live in Pennsylvania?

- Yes (1)
- No (2)

Skip To: End of survey If Do you live in Pennsylvania? = No

Q1 What is your current health insurance? (Choose one)

- I purchase my own health insurance through Pennie. (67)
 - I get health insurance through my employer. (68)
 - I receive free health insurance/medical assistance with an access card. (73)
 - I am on my parent or guardian's health insurance. (69)
 - I do not have health insurance, but I previously had insurance during my adult life (age 18 or older) (70)
 - I do not have health insurance, and I have never had insurance as an adult (age 18 or older) (71)
 - Other type of insurance (72) _____
-

Display This Question:

If What is your current health insurance? (Choose one) = I do not have health insurance, but I previously had insurance during my adult life (age 18 or older)

Q1A What was your previous health insurance? (Choose one)

- I purchased my own health insurance through Pennie. (1)
 - I got health insurance through my employer. (2)
 - I received free health insurance/medical assistance with an access card. (6)
 - I was on my parent or guardian's health insurance. (3)
 - Other type of insurance (4) _____
 - I don't know. (5)
-

Q2 As a child (under 18), did you have health insurance?

- Yes (1)
 - No (2)
 - I don't know. (3)
-

Q3 Have you ever gone without health insurance as an adult (18 or older)?

- Yes (1)
 - No (2)
 - I don't know. (3)
-

Page Break

Display This Question:

If What is your current health insurance? (Choose one) = I purchase my own health insurance through Pennie.

Or What is your current health insurance? (Choose one) = I get health insurance through my employer.

Or What is your current health insurance? (Choose one) = I am on my parent or guardian's health insurance.

Or What is your current health insurance? (Choose one) = I receive free health insurance/medical assistance with an access card.

Or What is your current health insurance? (Choose one) = Other type of insurance

Q4 Please rate the extent to which you agree or disagree with the following, based on your current health insurance coverage.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	Don't know/Not sure (5)
On a monthly basis, I have a hard time paying for my health insurance. (1)	<input type="radio"/>				
My health insurance allows me to see the doctors I need. (2)	<input type="radio"/>				
When I see the doctor, I usually receive a large bill. (6)	<input type="radio"/>				
I go to the doctor a lot. (4)	<input type="radio"/>				
The cost of seeing the doctor prevents me from getting care. (5)	<input type="radio"/>				



Display This Question:
If What is your current health insurance? (Choose one) = I do not have health insurance, but I previously had insurance during my adult life (age 18 or older)

Q5 Please rate the extent to which you agree or disagree with the following, based on your previous health insurance coverage.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	Don't know/Not sure (5)
On a monthly basis, I have a hard time paying for my health insurance. (1)	<input type="radio"/>				
My health insurance allows me to see the doctors I need. (2)	<input type="radio"/>				
When I see the doctor, I usually receive a large bill. (3)	<input type="radio"/>				
I go to the doctor a lot. (5)	<input type="radio"/>				
The cost of seeing the doctor prevents me from getting care. (4)	<input type="radio"/>				

Q6 Please rate the extent to which you agree or disagree with the following.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	Don't know/Not sure (5)
Health insurance is a necessity for me. (5)	<input type="radio"/>				
Having health insurance is important for my peace of mind. (1)	<input type="radio"/>				
I only have health insurance because I'm worried about medical emergencies. (2)	<input type="radio"/>				
The pandemic has changed my perspective on how necessary health insurance is. (4)	<input type="radio"/>				
Health insurance is expensive. (6)	<input type="radio"/>				

Q7 Did you lose health insurance coverage during the COVID-19 pandemic?

- Yes (1)
- No (2)
- I don't know. (3)

Page Break

Q8 Please rate the extent to which you agree or disagree with the following.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	Don't know/Not sure (5)
Based on the income I earn, I can pay for health insurance if I want it. (1)	<input type="radio"/>				
I have enough information to find and shop for health insurance if I want it. (3)	<input type="radio"/>				
I have the information I need to enroll in health insurance, but it is too expensive. (6)	<input type="radio"/>				
I have the information I need to apply for health insurance, but the application process is too complex. (4)	<input type="radio"/>				
I face other barriers to enrolling in health insurance. (8)	<input type="radio"/>				

Q9 Are you currently employed?

- Yes (1)
- No (2)

Display This Question:

If Are you currently employed? = Yes

Q9A What is your employment status?

- Freelance/contract worker (1)
- Self-employed (2)
- Work part-time (i.e., 35 hours per week or less) (3)
- Work full-time (i.e., more than 35 hours per week) (4)
- Other (5) _____

Display This Question:

If Are you currently employed? = Yes

Q9B Does your employer offer health insurance?

- Yes (1)
- No (2)
- I don't know / does not apply. (3)

Page Break _____



Q10 Please rank the following budget items in terms of their importance to you. (Please click and drag the items).

High priority	Low priority	Does not apply
<input type="text"/> Housing (rent/mortgage) (1)	<input type="text"/> Housing (rent/mortgage) (1)	<input type="text"/> Housing (rent/mortgage) (1)
<input type="text"/> Food (2)	<input type="text"/> Food (2)	<input type="text"/> Food (2)
<input type="text"/> Clothing (3)	<input type="text"/> Clothing (3)	<input type="text"/> Clothing (3)
<input type="text"/> Medical care (self) (4)	<input type="text"/> Medical care (self) (4)	<input type="text"/> Medical care (self) (4)
<input type="text"/> Transportation (car payments/public transit) (5)	<input type="text"/> Transportation (car payments/public transit) (5)	<input type="text"/> Transportation (car payments/public transit) (5)
<input type="text"/> Utilities/other bills (6)	<input type="text"/> Utilities/other bills (6)	<input type="text"/> Utilities/other bills (6)
<input type="text"/> Child care (7)	<input type="text"/> Child care (7)	<input type="text"/> Child care (7)
<input type="text"/> Education/student loans (8)	<input type="text"/> Education/student loans (8)	<input type="text"/> Education/student loans (8)
<input type="text"/> Other (please describe) (9)	<input type="text"/> Other (please describe) (9)	<input type="text"/> Other (please describe) (9)

Page Break

Q11 In the last year, I have delayed or skipped medical care due to cost.

- Yes (1)
 - No (2)
 - I don't know. (3)
-

Q12 When you need medical care, where do you usually go?

- My primary care doctor (1)
 - A community health center or clinic (2)
 - A specialist (3)
 - Urgent care (4)
 - Emergency room (5)
 - Other (6) _____
-

Page Break _____

Q13 What should the government's role be in providing health insurance? (Choose all that apply)

- The government should provide additional financial assistance to help people pay for health insurance. (1)
 - The government should make it easier to enroll in health insurance. (2)
 - The government should provide health insurance for everyone. (3)
 - The government should have little to no role in people's health insurance. (4)
 - The government's role should not change (i.e., status quo). (6)
 - Other (5) _____
-

Q14 What should an employer's role be in providing health insurance? (Choose all the apply)

- Employers should provide additional financial assistance to help people pay for health insurance. (1)
 - Employers should make it easier to enroll in health insurance. (2)
 - Employers should provide a low-cost health insurance option for all employees. (3)
 - Employers should have little to no role in health insurance. (4)
 - Employers' roles should not change (i.e., status quo). (5)
 - Other (6) _____
-

Page Break _____

Q15 How many individuals are you financially responsible for in your household (including yourself)?

- 0 (2)
 - 1 (myself) (3)
 - 2 (myself and one other person) (4)
 - 3 or more (myself and two or more people) (5)
-

Q16 What is your age?

- 18-23 (1)
 - 24-29 (2)
 - 30-34 (3)
 - 35-39 (4)
-

Page Break

Q17 What is your yearly income?

- Below \$19,000 (1)
 - \$19,000-\$25,000 (2)
 - \$26,000-\$31,000 (3)
 - \$32,000-\$39,000 (4)
 - \$40,000 or above (7)
 - Does not apply / prefer not to say (5)
-

Page Break

Q18 What is your highest level of education?

- Some high school (1)
 - High school (2)
 - Some college (3)
 - College (4)
 - Graduate or professional school (5)
 - Does not apply / prefer not to say (6)
-

Q19 What is your gender?

- Male (1)
 - Female (2)
 - Non-binary (3)
 - Prefer not to say (4)
-

Q20 What is your race/ethnicity?

- White (1)
 - Black or African American (2)
 - Native American or Alaska Native (3)
 - Asian (4)
 - Hawaiian or Pacific Islander (5)
 - Hispanic or Latino (6)
 - Other (7) _____
 - Prefer not to say (8)
-

Page Break

Q21 Is there anything else you would like to share about your experience with health insurance or why you do not have health insurance?

Page Break

End of survey

Thank you for completing the survey! Please click the bottom right arrow to submit your survey

response.

If you'd like to be entered into a raffle to win a \$50 Amazon gift card, please provide your information on [this form](#), which is not connected to your survey and will open in a new window.

Display This Question:

If Are you between the ages of 18 and 39? = No

Or Do you live in Pennsylvania? = No

End of survey Thank you for your response! You are not eligible to complete the survey. **Please click the bottom right arrow to end the survey.**

End of Block: Default Question Block

Appendix B: Interview Protocol and Consent Form

INTERVIEW PROTOCOL

Uninsurance and Pennsylvania's Young Adults: A Shared Framework for Understanding

OPENING SCRIPT

Background/Purpose

- I will introduce myself, my affiliation with Fels, my collaboration with PHAN, and the project purpose.
- I will explain that this interview will ask about their experience with and views towards health insurance.
- I will explain that their feedback will be used to help PHAN understand and advocate for policies at the state level to improve access and affordability of health insurance in Pennsylvania.

Participant Info

- I will assure participants that all their results will be kept confidential. Neither PHAN nor I will identify specific names or other sensitive info in the write-up of results.

Structure for Conversation

- I will share that the interview will last about 35-40 minutes and I have questions to guide the conversation, but I also want to encourage them to share thoughts outside of our questions.

QUESTIONS [Note: questions to be adapted if interviewee is uninsured]

Section 1: Background

I know this is a busy time, and I appreciate you joining today. To start off, I would love to learn a little bit about you and what brought you here.

- How did you become connected to PHAN?
- What do you do in your daily life?
 - Work?
 - School?
 - Caregiver?
 - In transition?
 - Other?

Section 2: Views Towards Health Insurance

Now let's talk more specifically about your experience with health insurance.

- **What do you see as the purpose or role of health insurance in your life or in your family's life?** (Alternate wording: What does having health insurance mean to you?)
 - Access to medical care?
 - Protect against catastrophe/emergency?

- Every-day necessity?
- **What do you think of your health insurance coverage?**
 - What kind of coverage do you have?
 - What do you like/dislike about your coverage?
 - *e.g., Cost? Benefits? Subsidy generosity (if applicable)?*
 - If you could change something about your coverage, what would it be?
- **How important is health insurance to you?**
 - How important is it compared to other budgetary needs or personal priorities in your life? (*e.g., food? clothing? housing? family responsibilities? etc.*)
- **What does “affordability” mean to you?**
 - How do you define affordable health insurance?

Section 3A: Experience with Health Insurance

I'd like to discuss your experience enrolling in health insurance and using your health insurance.

- **Please tell me about your experience enrolling in health insurance.**
 - How easy/difficult was it to enroll in coverage?
 - Why was it important to you to enroll?
- **How did you choose among your coverage options?**
 - How did you make your decision?
 - What aspects of coverage/factors were most important to you?
- **Please tell me about your experience accessing medical care with your insurance.**
 - How often do you seek care? Where do you typically go?
 - Do you have access to the providers you need?
- **Please tell me about your experiences paying for care with your insurance.**
 - How easy/hard is it to pay your monthly premium, deductible, etc.?
 - Do you ever have to pay out of your own pocket for care?

[If interviewee is uninsured]: **Section 4: Decision to Un-enroll in Health Insurance Coverage**

Now that we've talked about your experience with coverage, let's talk about why you decided to end your coverage.

- **Tell me about your experience un-enrolling from health insurance.**
 - Why did you decide to end your health insurance coverage?
 - How did you make the decision?
 - *What factors influenced your decision? (e.g., COVID-19 pandemic, job change, wages, family needs, etc.)*

Section 5: Overall

We've talked about a lot of different things today. I just have a couple overall questions about your experience and views towards health insurance coverage.

- If you could be President for the day and design our health insurance system, what would it look like?
- Is there anything else you'd like to share that we didn't already discuss?

Consent for Participation in Interview Research – Young Adult Health Insurance Project

I volunteer to participate in a research project conducted by the University of Pennsylvania and the Pennsylvania Health Access Network. I understand that the project is designed to gather information about young adults' experiences and views towards health insurance.

1. My participation in this project is voluntary. I understand that I will receive a gift card for my participation. I may withdraw and discontinue participation at any time without penalty.
2. I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.
3. Participation involves being interviewed by 1 researcher from the University of Pennsylvania. The interview will last approximately 30 minutes. Notes will be written during the interview. An audio recording of the interview will be made for transcription purposes only. If I don't want to be recorded, I will not be able to participate in the study.
4. I understand that the researcher will not identify me by name in any reports using information from this interview, and that my confidentiality as a participant in this study will remain secure.
5. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

My Signature: _____

My Signature Date _____

My Printed Name _____

For further information, please contact: Meggie McCarthy-Alfano, Candidate for Master of Public Administration at the University of Pennsylvania (mcalfano1@gmail.com).

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