

# **Making the Case for State Healthcare Affordability:** *New York State Focus*



**Step Two Policy Project**

**January 2024**

# Acknowledgements



manatt

The **Peterson-Milbank Program for Sustainable Health Care Costs**, in partnership with **Manatt Health** and **Burness**, developed a suite of Data Analytic Resources to provide states with direction on how healthcare data resources may be accessed, integrated, and analyzed in conjunction with benchmarking data to strengthen market insight and support policy action. The [Data Analytic Resources](#) and more information on the [Peterson-Milbank Program for Sustainable Health Care](#) are available on Milbank.org.

Step Two Policy Project has utilized this framework and accompanying publicly-available data to customize these slides to focus on New York State. We plan to add slides to reflect additional data, as available, and update existing slides as data are refreshed annually.

# Executive Summaries

# Executive Summary: The National Picture

Rising healthcare costs are straining state budgets, burdening businesses, and forcing families to choose between going to the doctor and putting food on the table.

Over the last two decades, *national healthcare spending* has **nearly tripled**, growing faster than national income.



*National healthcare spending* now comprises almost **one out of every five dollars** of our country's gross domestic product (GDP).



CMS projects that national healthcare spending will only continue to outpace GDP growth over the next decade.

# Executive Summary: Healthcare Affordability in New York

*Healthcare for the average New Yorker costs **\$14,007** annually.*

**Hospital care comprised 39%** of all personal healthcare spending in 2020 in New York.

*Premiums and deductibles represent **38.5% of household wages** in New York.*

Since 2000, New York's per person healthcare expenditures have **almost tripled**.

Spending on hospital care services in New York has grown **nearly five and a half times**, since 2000.

Health insurance **premiums** for New York families are **rising faster than earnings**.

# Executive Summary: Impacts on New Yorkers

High healthcare costs are keeping New Yorkers from getting the care they need and pushing them into debt.

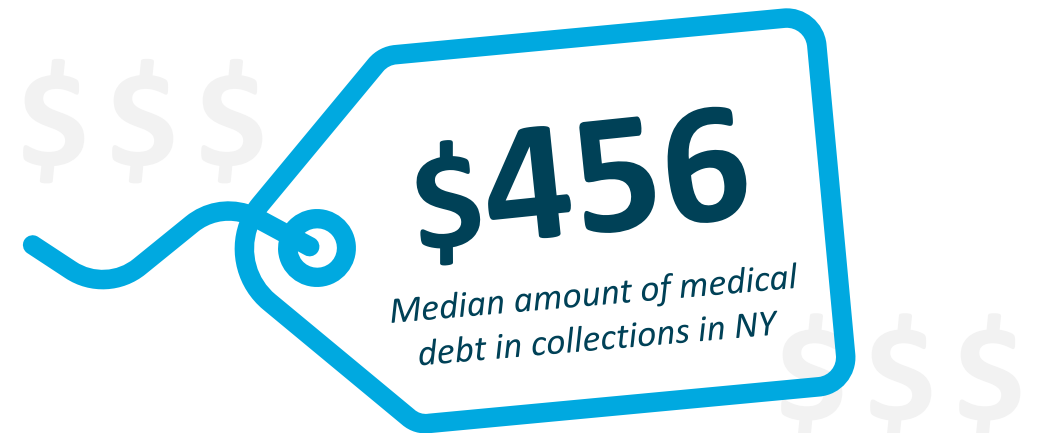
**1 in 10 New Yorkers** face financial barriers to care.



**1 in 7 Hispanic residents** face financial barriers to care.



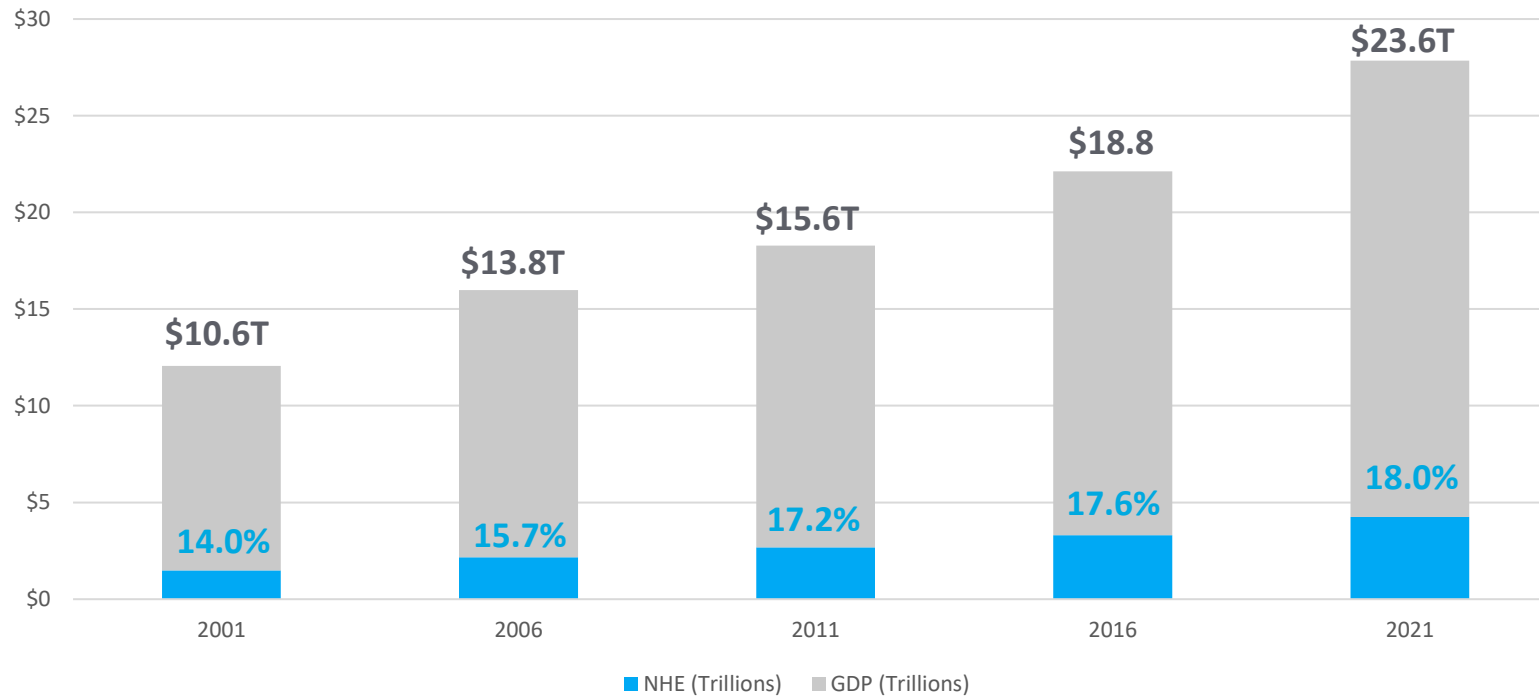
High healthcare costs are increasingly contributing to healthcare-driven debt. In New York, individuals that have medical debt in collections owe a median amount of **\$456**.



# National Healthcare and Affordability Trends

Over the last two decades, national healthcare spending has nearly tripled, growing faster than national income to comprise almost \$1 out of every \$5 of our country's gross domestic product.

National Health Expenditures as % of GDP (2001–2021)



**Takeaways:**

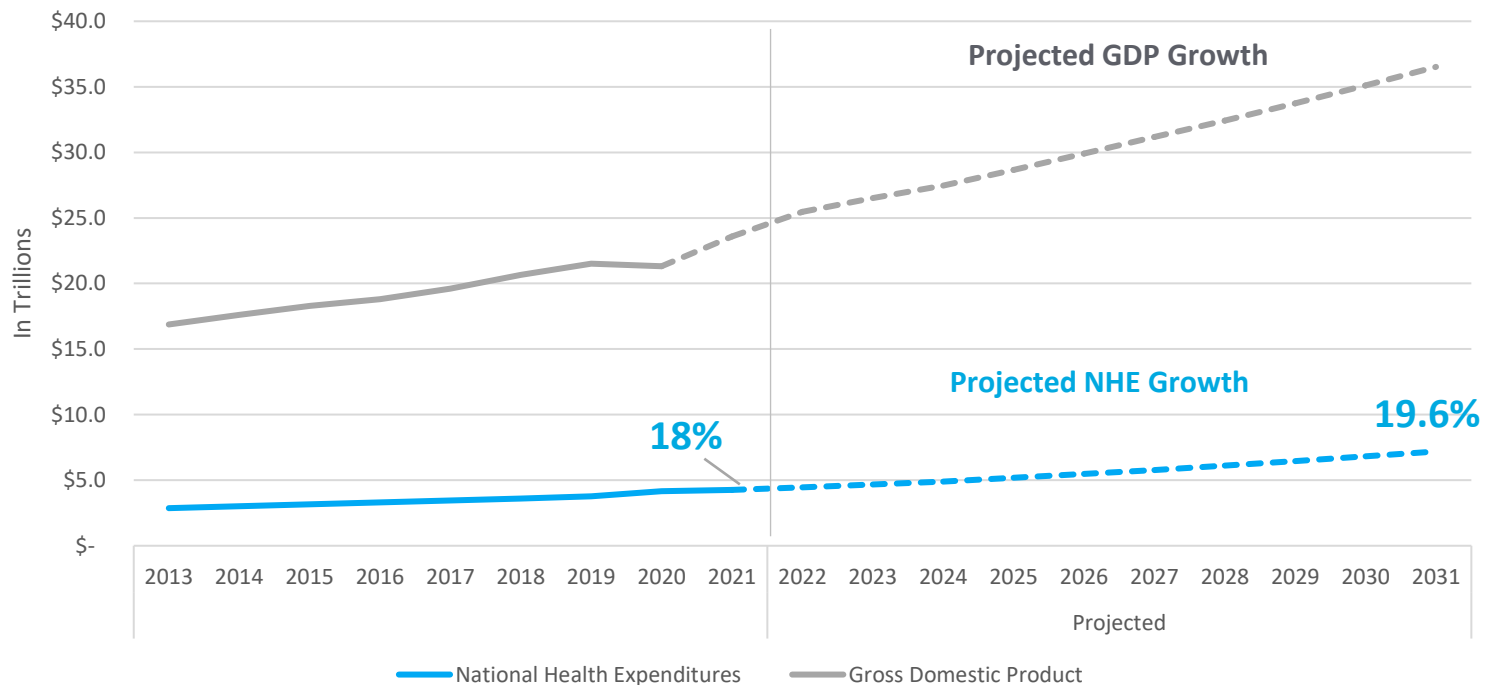
- National health expenditures (NHE) represent annual healthcare spending in the US across public and private funding sources and various sponsors (businesses, households, governments).
- Over the last two decades, NHE has nearly tripled. In 2001, NHE totaled approximately \$1.5 trillion, growing to nearly \$4.3 trillion dollars by 2021.
- Average annual growth in NHE (3.8%) has outpaced GDP growth (1.3%) over the same period.
- In 2021, NHE represented 18% of the nation's GDP.

**Data Source(s):** Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available at: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected>. Accessed July 31, 2023. Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28, 2023. Available at: <https://www.bea.gov/itable/national-gdp-and-personal-income>. Accessed October 2, 2023. See Data Inventory Source #F3 (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information. See Appendix for research notes.



# National healthcare spending is projected to continue to outpace GDP growth.

Historical and Projected National Health Expenditures (NHE) and Gross Domestic Product (GDP) Over Time (2013–2031)

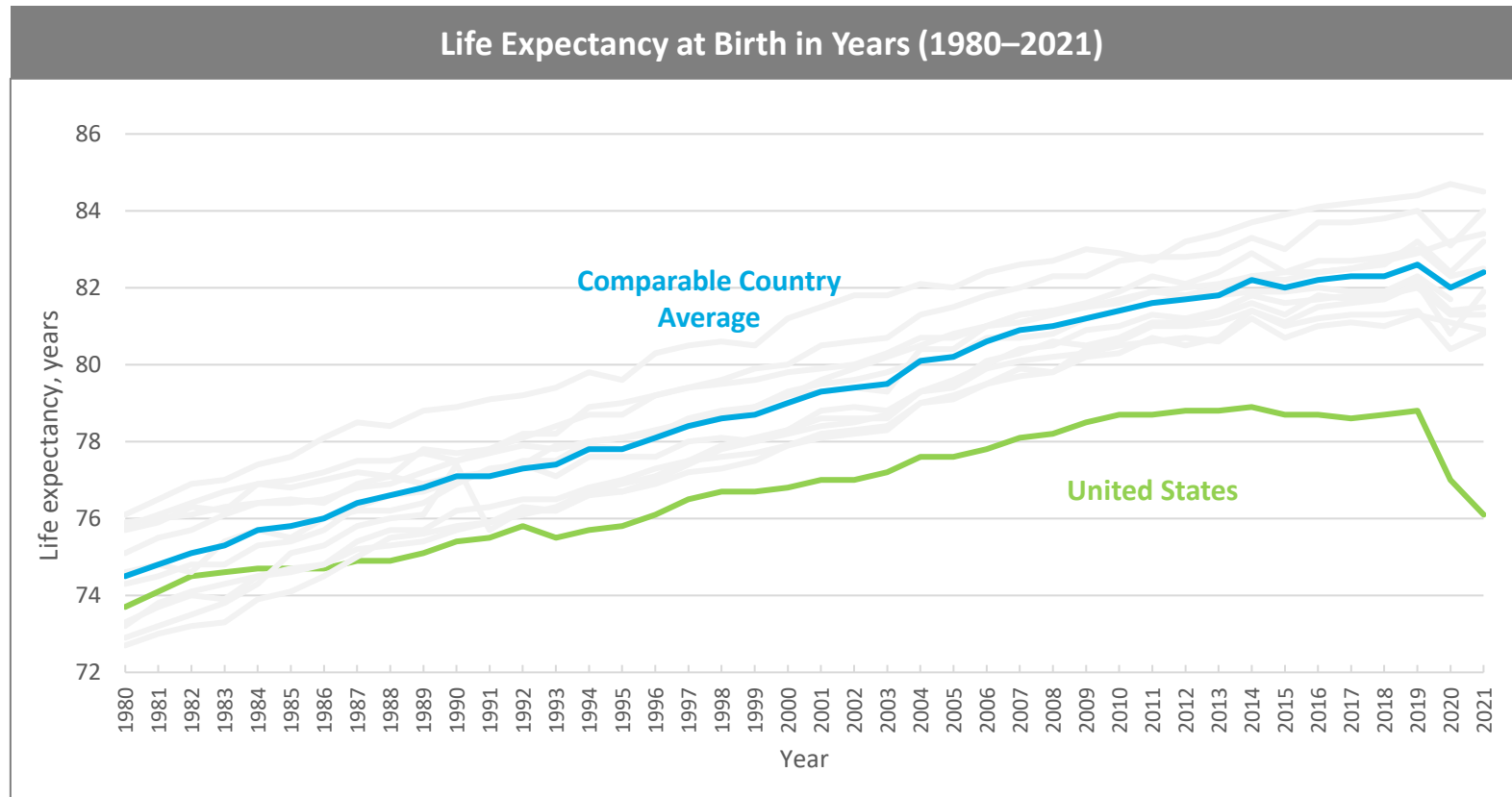


### Takeaways:

- The Centers for Medicare and Medicaid Services (CMS) projects that NHE will grow from \$4.3 trillion to \$7.2 trillion over the next decade, outpacing GDP growth to comprise a greater share of our national income (increasing from 18% in 2021 to 19.6% in 2031).
- NHE growth will partially be driven by higher Medicare enrollment and hospital spending levels. Hospital spending growth is projected to outpace spending on physician and clinical services and prescription drugs (5.8%, 5.3%, and 4.6%, respectively).
- Government spending is projected to comprise almost half of all national healthcare spending by 2031 (49%), up from 46% in 2019 and comparable to pandemic-level spending in 2021.

**Data Source(s):** Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available at: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected>. Accessed July 31, 2023. Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28, 2023. Available at: <https://www.bea.gov/itable/national-gdp-and-personal-income>. Accessed October 2, 2023. See Data Inventory Source #F3 (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information. See Appendix for research notes.

Despite spending twice as much on health, the US has lower life expectancy than comparable nations, and this gap worsened during the COVID-19 pandemic.



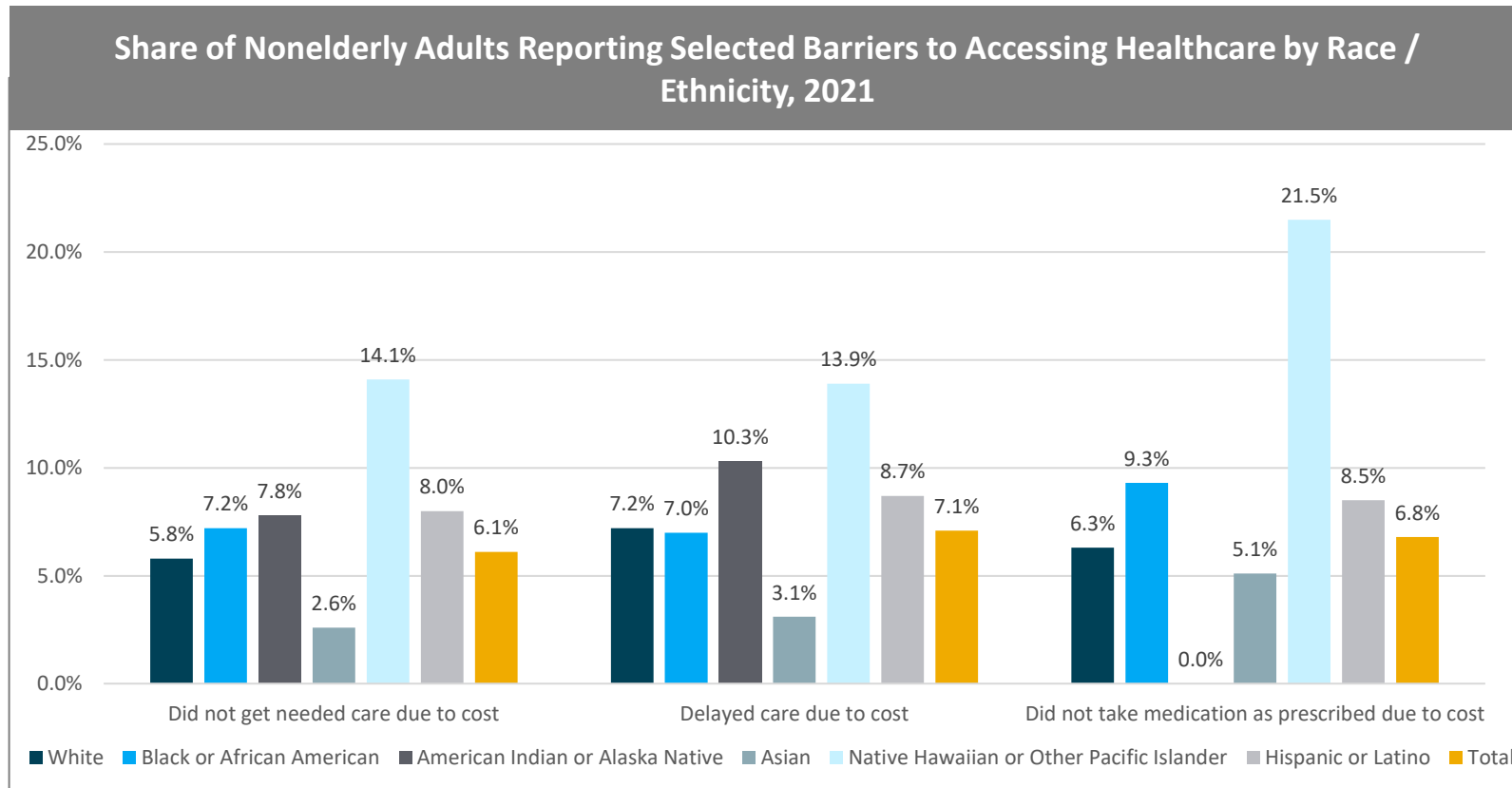
#### Takeaways:

- The US spent nearly \$13,000 per person on healthcare in 2021, more than twice the level of comparable countries (\$6,125). *(Data not shown.)*
- Despite our higher rate of healthcare spending, life expectancy at birth in the US continues to lag that of peer countries (76.1 years vs. 82.4 years) for both men and women.
- Life expectancy in most countries decreased between 2019 and 2021 due to the COVID-19 pandemic, but the decrease in life expectancy in the US was far more acute than that experienced in peer countries (-2.7 years vs. -0.2 years).

**Note:** Dollars are adjusted for purchasing power parity (PPP)

**Data Source(s):** [Peterson-KFF Health System Tracker. How does U.S. life expectancy compare to other countries?](#) Accessed July 31, 2023. See also: Peterson-KFF Health System Tracker. [How does health spending in the U.S. compare to other countries?](#) Accessed August 17, 2023. See Appendix for research notes.

## Cost-related barriers to care vary widely by race and ethnicity.



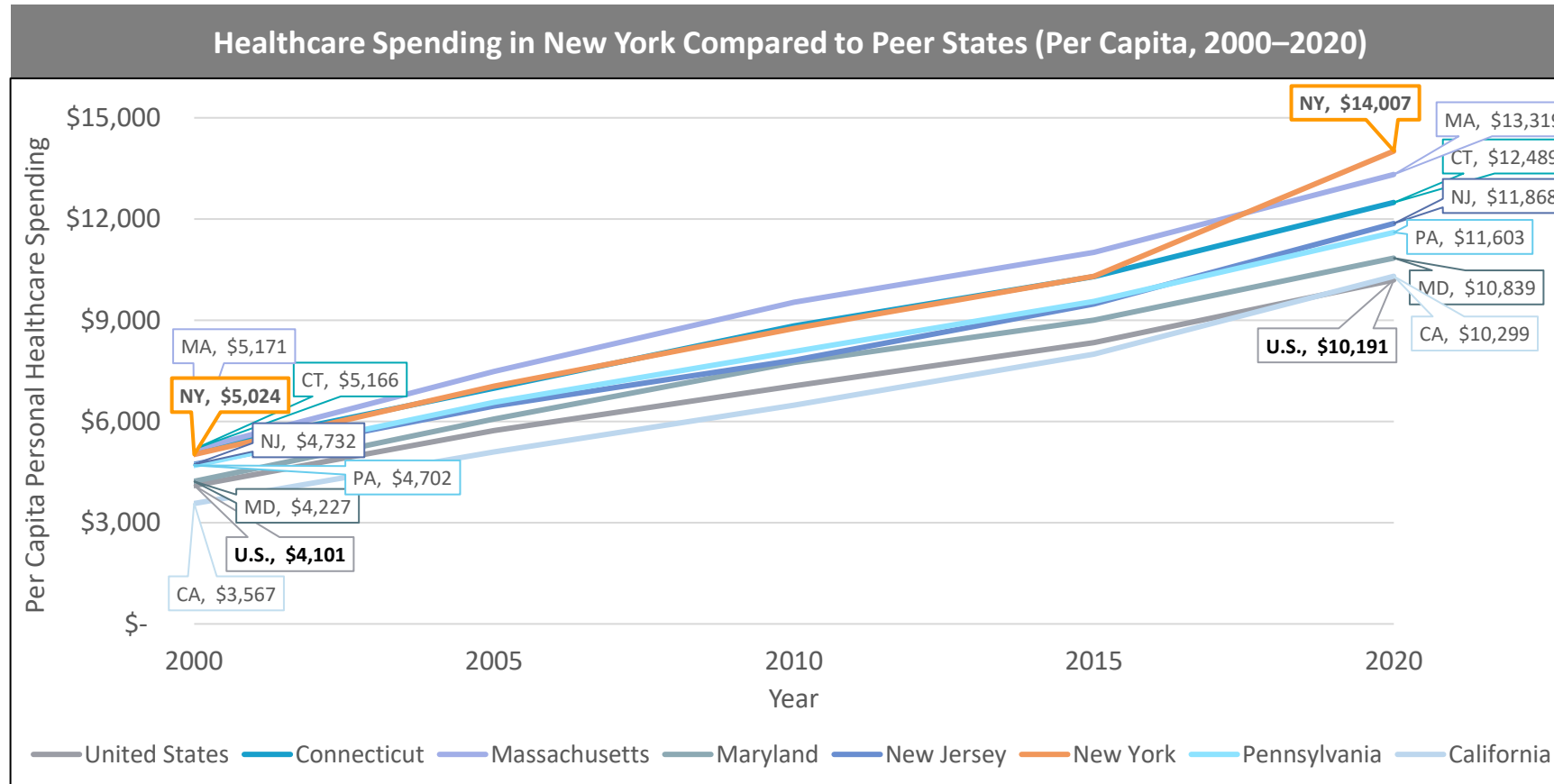
### Takeaways:

- In 2021, the share of Black adults (7.2%), American Indians/Alaskan Natives (AI/ANs, 7.8%), Native Hawaiians and Other Pacific Islanders (NHOPIs, 14.1%), and Hispanic adults (8%) who reported going without needed care due to cost in 2021 was higher than the share of white adults (5.8%) who reported the same barrier.
- Similarly, the share of Black adults (9.3%), NHOPIs (21.5%), and Hispanics (8.5%) who reported not taking medication as prescribed due to cost was higher than the share of white adults (6.3%) and Asian adults (5.1%).

**Data Source(s):** National Center for Health Statistics. Percentage of adults aged 18 and over who did not get needed medical care due to cost in the past 12 months, US, 2021; Percentage of adults aged 18 and over who delayed getting medical care due to cost in past 12 months, US, 2021; and Percentage of adults aged 18 and over who did not take medication as prescribed to save money in the past 12 months, US, 2021. National Health Interview Survey. Available at: [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html). Accessed August 28, 2023. See Appendix for research notes.

# New York State Healthcare and Affordability Trends

Since 2000, New York's healthcare expenditures have more than doubled, to nearly \$14,007 per person in 2020.

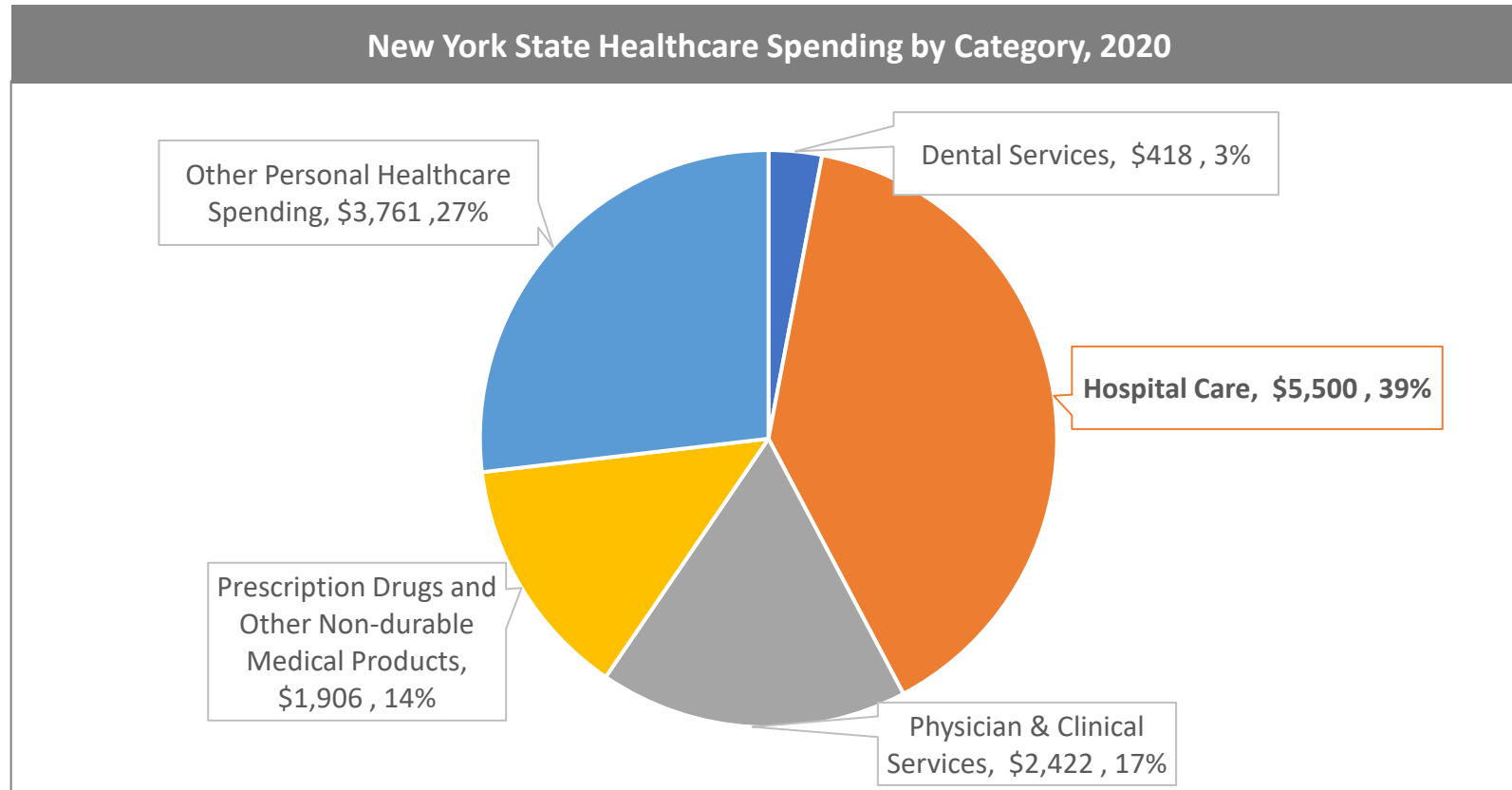


#### Takeaways:

- In 2020, Americans spent nearly \$10,200 on healthcare per person — more than doubling over the previous two decades (+149%).
- New York residents have had a similar experience, with **per capita healthcare spending growing by 179%** during the previous two decades (from \$5,024 in 2000 to \$14,007 in 2020).
- New York's total growth in per capita healthcare spending was greater than that of peer states MA (158%), MD (156%), NJ (151%), PA (147%), and CT (142%), and lower than only CA (189%).

**Data Source(s):** Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. [National Health Expenditure Data: Health Expenditures by State of Residence, 1991-2020](#), Accessed June 22, 2023. These datasets are in five-year increments. See Data Inventory Source #F3 (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information. See Appendix for research notes.

In 2020, hospital care comprised 39% of per capita personal healthcare spending in New York.



#### Takeaways:

- Hospital care comprised the greatest proportion of New Yorkers' personal healthcare spending in 2020 (39 percent). Hospital care comprises all services provided by hospitals to patients, including room and board, ancillary charges, services of resident physicians, drugs administered in the hospital, and any other services billed by hospitals.
- Other Personal Healthcare\* comprised 27 percent of per capita personal healthcare spending in New York in 2020.
- Physician and clinical services comprised 17 percent of per capita personal healthcare spending in New York in 2020.

**Data Source(s):** Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. [National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020](#). Accessed July 31, 2023. See Data Inventory Source #F3 (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts [SHEA]) for full information. See Appendix for research notes.

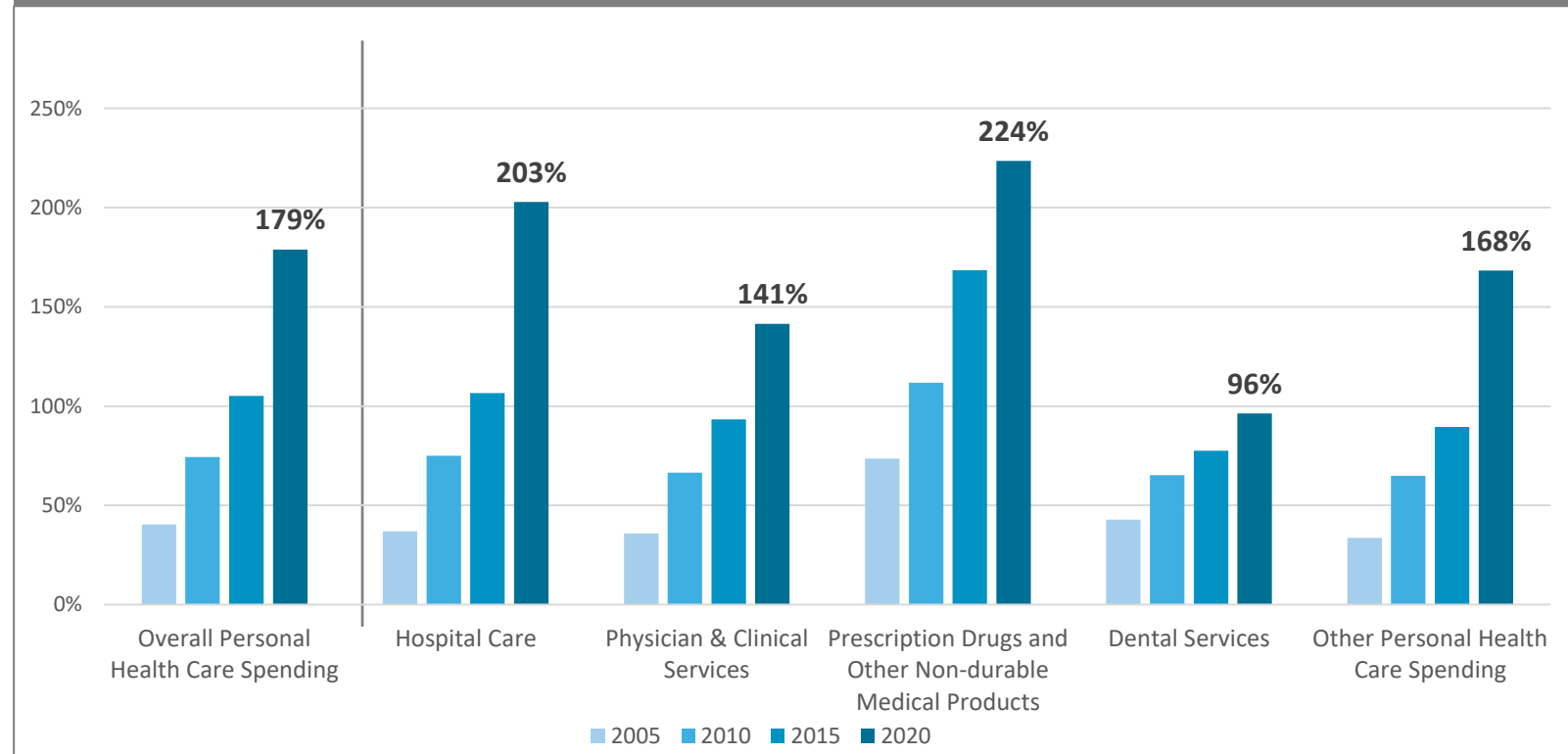
[Other Personal Healthcare](#) expenditures are for medical services that are generally delivered by providers in non-traditional settings such as schools, community centers, and the workplace, as well as by ambulance providers and residential mental health and substance abuse facilities.

## Spending has grown across service categories in New York since 2000.

### Takeaways:

- Healthcare spending growth in New York varied by service category over the past two decades.
- Prescription Drug (adjusted for rebates) spending grew the most (+224%) over the 20-year period.
- In addition to consuming the largest share of personal healthcare spending in New York from 2000 to 2020, Hospital Care grew the second-greatest, by nearly five and a half times (+203%) over the period.
- Physician & Clinical Services, which includes services provided by medical professionals in healthcare establishments, more than doubled (+141%) in the same period.
- Other Personal Healthcare\* spending grew nearly five times (+168%) from 2000-2020.

Cumulative Spending Growth by Healthcare Service Category in New York State, 2000–2020



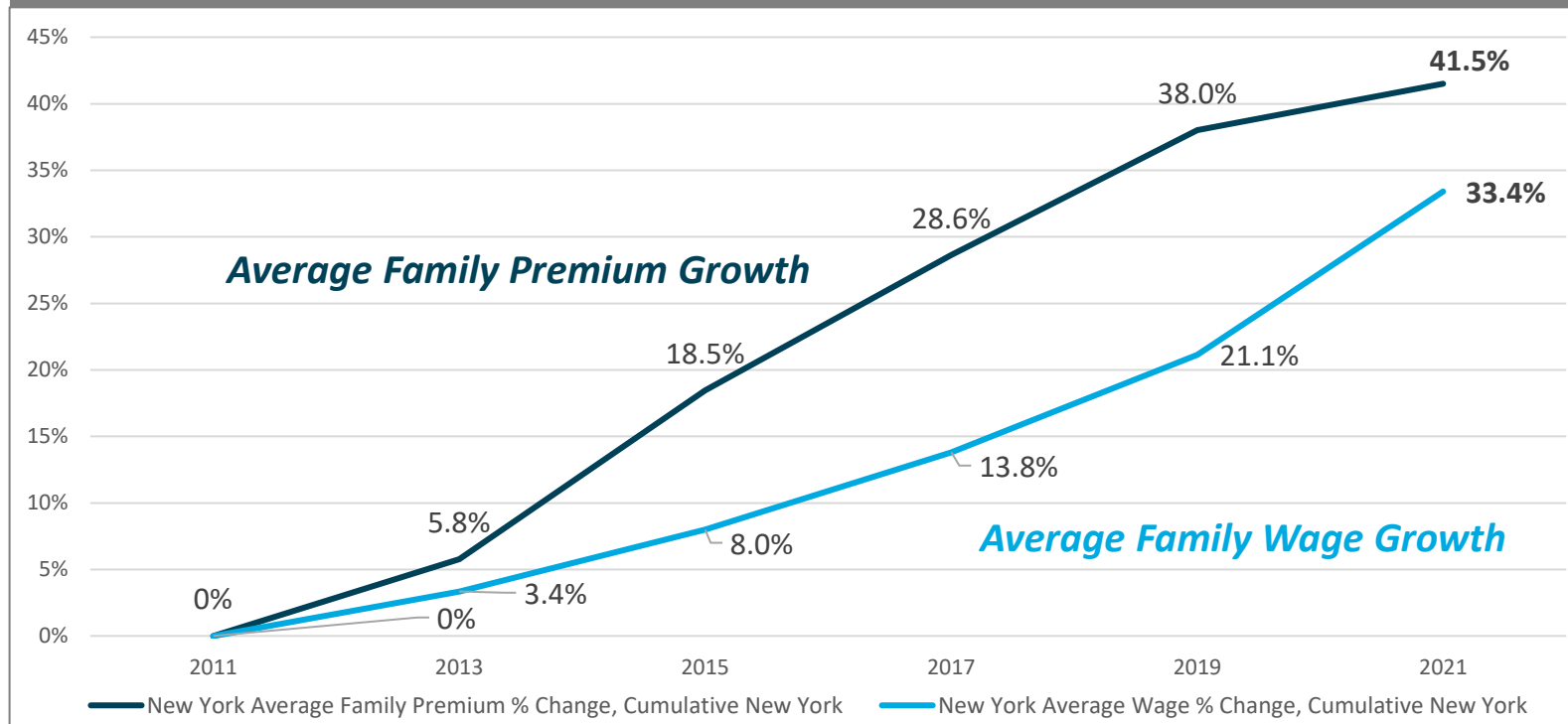
**Note:** Estimates of prescription drug spending includes retail sales of products that are available only by prescription. Prescription drug estimates are adjusted to account for manufacturers' rebates that reduce insurers' net payments for drugs.

**Data Source(s):** Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. [National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020](#). Accessed July 31, 2023. See Data Inventory Source #F3 (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts [SHEA]) for full information. See Appendix for research notes.

- [Other Personal Healthcare](#) expenditures are for medical services that are generally delivered by providers in non-traditional settings such as schools, community centers, and the workplace, as well as by ambulance providers and residential mental health and substance abuse facilities.

## Health insurance premiums for New York families continue to rise faster than earnings.

Cumulative Average Family Premiums and Wage Growth in New York State, 2011 - 2021



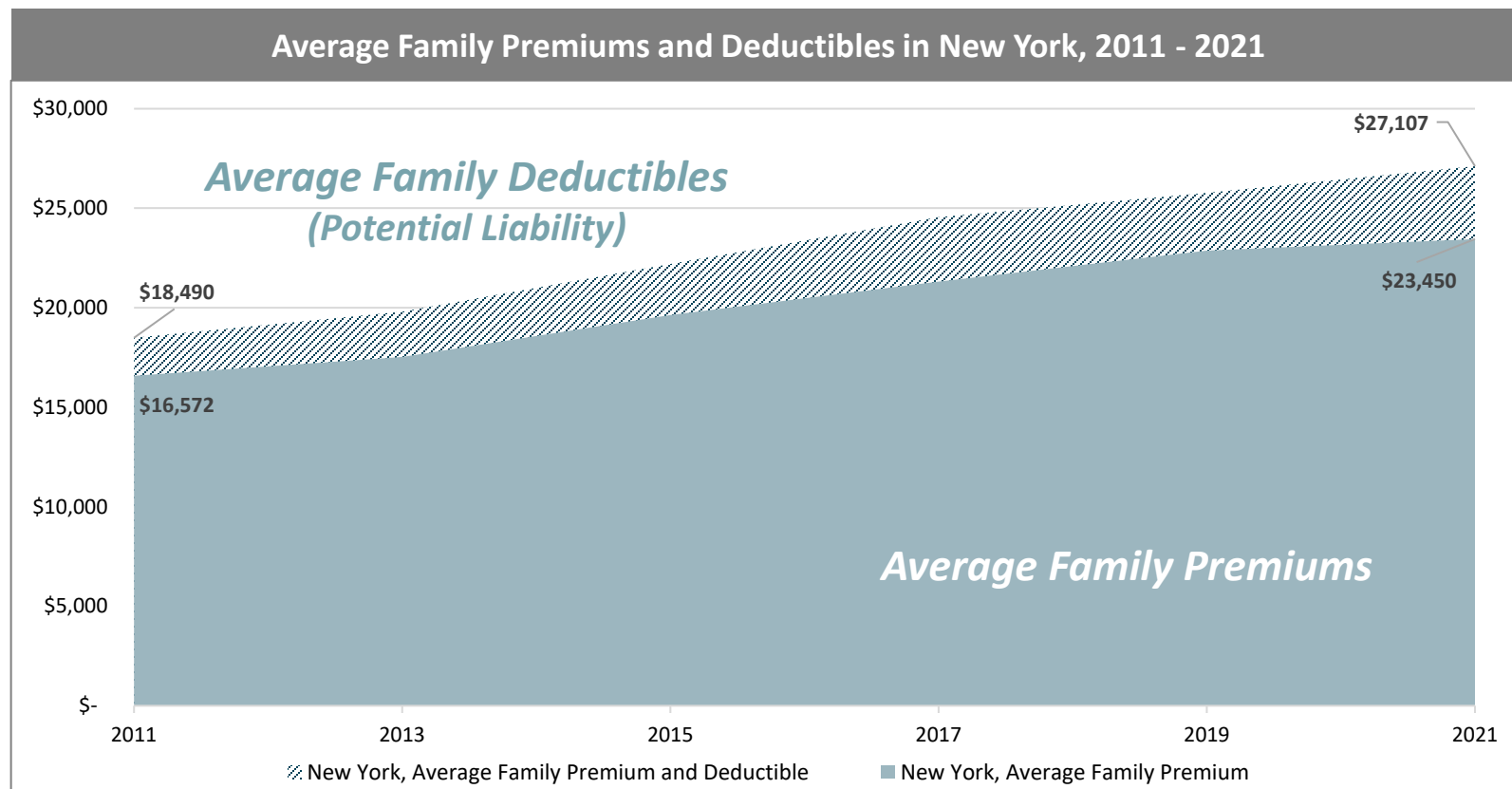
### Takeaways:

- A health insurance premium is the amount policyholders pay for health insurance coverage monthly. Premiums must be paid by policyholders regardless of whether they visit a doctor or use any other healthcare service.
- From 2011 to 2021, average family health insurance premiums in New York grew faster than average wages (41.5% and 33.4%, respectively).
- Average family health insurance premiums rose from \$16,572 in 2011 to \$23,450 in 2021.

**Data Source(s):** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. [Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\)](#). See Data Inventory Sources #F9 (MEPS-IC) and #F11 (OEWS Estimates) for full information. Accessed July 31, 2023. See Appendix for research notes.



Families in New York are paying more in premiums but getting less coverage as the size of their deductibles grow.

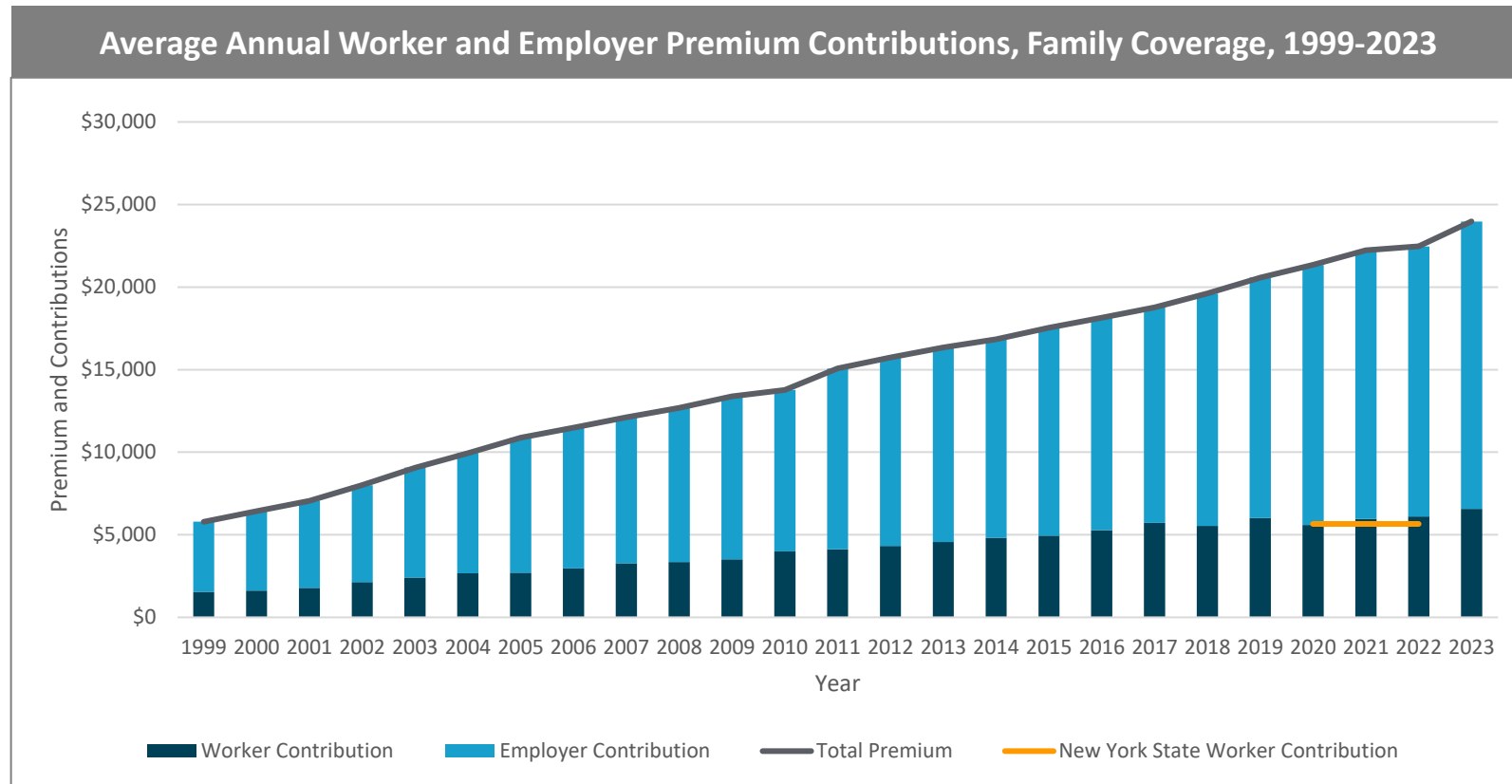


#### Takeaways:

- Deductibles are the amount individuals and families are responsible for paying for covered healthcare services before their health insurance begins to cover service costs.
- Over the 10 years from 2011 to 2021, deductibles in New York grew from \$1,918 to over \$3,657, an increase of 97%, compounding the effect of healthcare premium growth on the healthcare costs and liabilities facing New York families.

**Data Source(s):** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. [Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\)](#). Accessed July 31, 2023. See Data Inventory Sources #F9 (MEPS-IC) and #F11 (OEWS Estimates) for full information. See Appendix for research notes.

## Premium growth is still affecting employees directly, as workers' contributions to their premiums have risen.



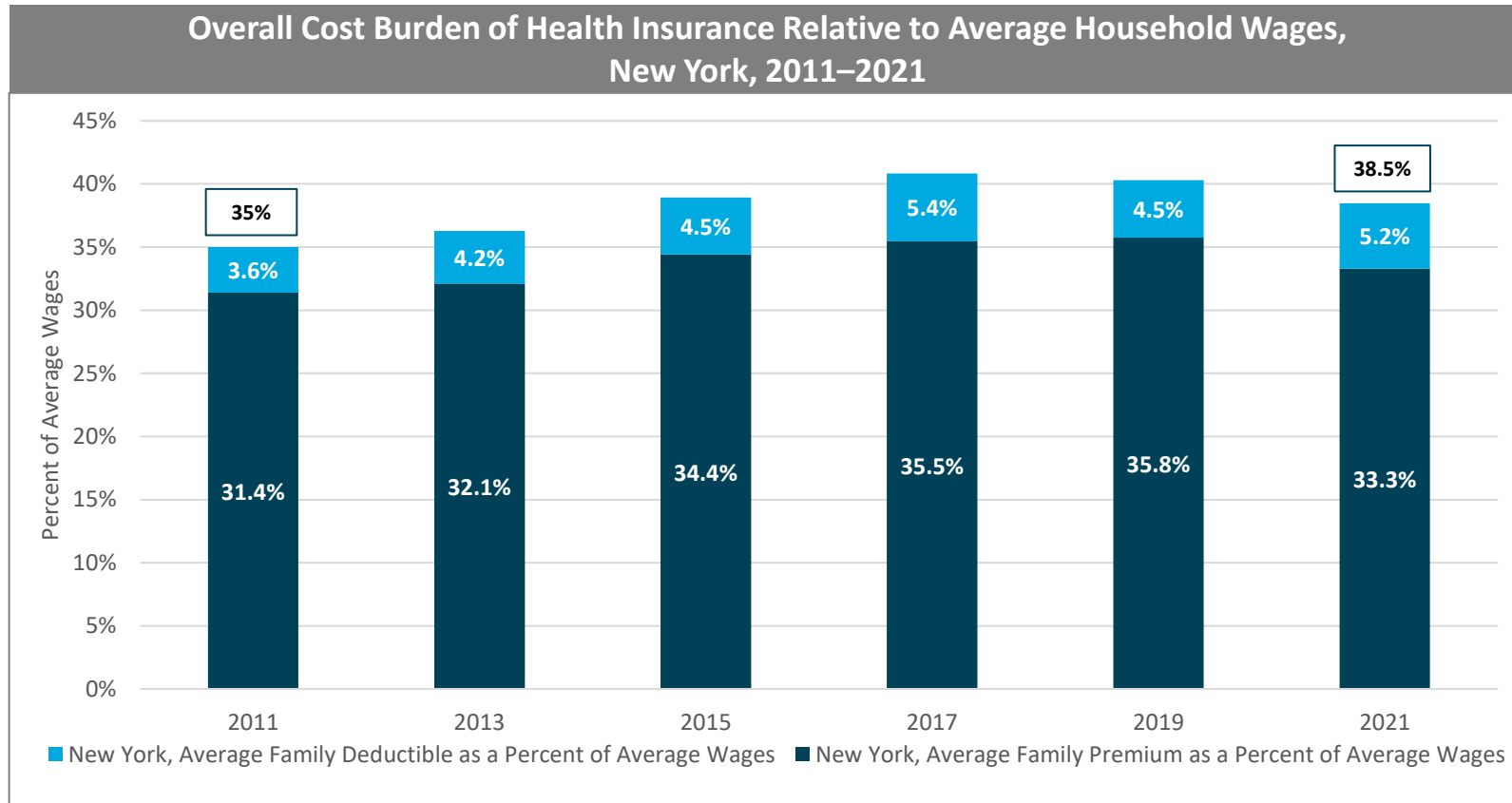
### Takeaways:

- While premiums have grown significantly, employers typically subsidize the majority of premium expense. Though the graph at left is nation-wide, the yellow bar represents the three-year average (2020-2022) New York State worker contribution of \$5,655, which is close to national averages.
- Still, as data from the Kaiser Family Foundation's annual Employer Health Benefit survey show, average worker contributions grew 326% from 1999 to 2023.
  - Workers' annual contributions grew 19% just in the last five years (2018-2023), surpassing \$6K for the first time in 2022.

**Source:** Kaiser Family Foundation. *2023 Employer Health Benefits Survey: Data from the annual KFF Employer Health Benefit Survey.* Accessed January 8, 2023.

**New York State Data Source:** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. *Medical Expenditure Panel Survey (MEPS) Insurance Component (IC).* Accessed July 31, 2023. "Average total employee contribution (in dollars) per enrolled employee for family coverage at private-sector establishments that offer health insurance by total, total, United States, 2020-2022, 3-year average." Available: <https://datatools.ahrq.gov/meps-ic/?tab=private-sector-state&dash=26> Accessed January 16, 2024.

In New York, the cost burden of health insurance spending on premiums and deductibles has increased over the past 10 years.

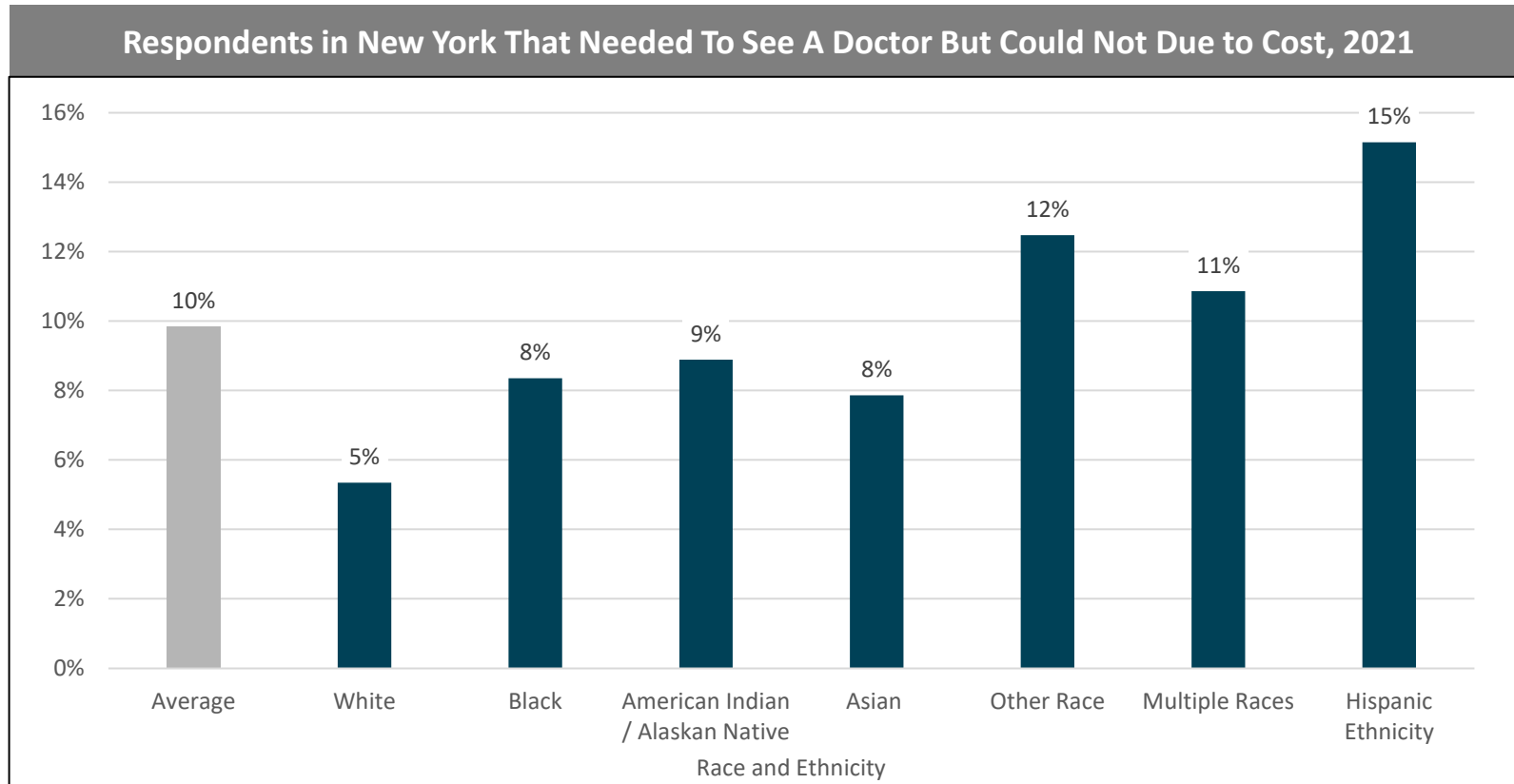


**Takeaways:**

- From 2011 to 2021, average premiums and deductibles as a share of average wages in New York grew from 35% to 38.5%, demonstrating the increasing cost burden of health insurance spending on New York families.
- In 2021, average family premiums and deductibles totaled \$27,107. Average family wages were approximately \$70,460 in New York.

**Data Source(s):** Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. [Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\)](#). Accessed July 31, 2023. See Data Inventory Sources #F9 (MEPS-IC) and #F11 (OEWS Estimates) for full information. See Appendix for research notes.

## One in 10 New York residents face financial barriers to healthcare.



### Takeaways:

- In 2021, 15% of Hispanic nonelderly adults in New York reported that they could not see a doctor when they needed to due to cost, three times the rate of white New Yorkers (5%).
- Nonelderly adults who are Black or Asian (8%), American Indian/Alaskan Native (AI/AN, 9%), Multiple races (11%), or of another race (12%) also reported higher financial barriers to care access than white individuals (5%).

**Data Source(s):** Behavioral Risk Factor Surveillance System (BRFSS), 2021. Values included include weighted proportion of individuals in each race / ethnicity category who responded “Yes” to the question “Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?” BRFSS treats race and ethnicity as mutually exclusive categories. Accessed August 27, 2023. See Appendix for research notes.

High healthcare costs are contributing to increasing levels of healthcare-driven debt.

### Share of New Yorkers with Medical Debt in Collections, 2022

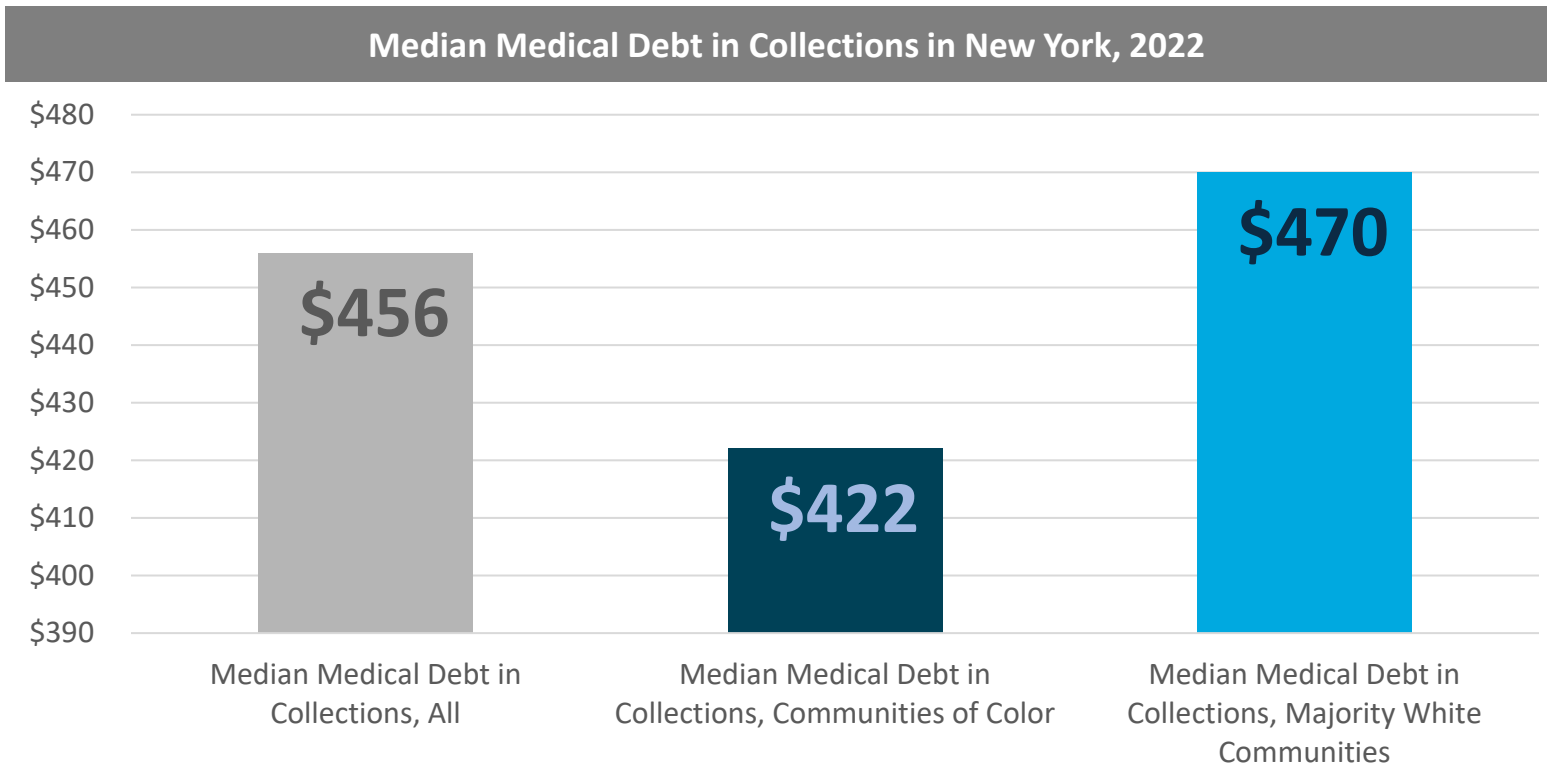
**1** in every **17** individuals  
 in New York  
 has some amount of **medical debt**  
 in collections.

#### Takeaways:

- "Medical debt" is a balance an individual may owe for healthcare services after the payment due date. Medical debt can appear on credit reports, lower credit scores, or go to collections (*as shown*). For some, medical debt can lead to bankruptcy, home foreclosures, or evictions.
- Nationally, almost 1 in 8 individuals (12%) has some amount of medical debt in collections. Rates of medical debt are higher in communities of color (18%) than in majority-white communities (11%).
- In New York, 1 in 17 individuals has some amount of medical debt in collections (6%).
- In contrast to national trends, rates of medical debt in collections in New York are slightly higher in majority-white communities (6%), than in communities of color (5%).

**Data Source(s):** The Urban Institute. [Debt in America: Interactive Map](#). Accessed July 31, 2023. See also: KFF. [Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills](#). See Appendix for research notes.

In New York individuals that have medical debt in collections owe a median of \$456.



**Takeaways:**

- Most adults with healthcare debt report that the bills that led to their debt were from a one-time or short-term medical expense, which is often unexpected. As deductibles continue to grow, they can leave households more vulnerable to these unexpected and increasingly large medical bills.
- Nationally, individuals who have medical debt in collections owe a median of \$677. New Yorkers with medical debt in collections owe a median amount of \$456.
- In contrast to national trends, median medical debt amounts in collections are higher for majority-white communities in New York (\$470) than communities of color in New York (\$422).

**Data Source(s):** The Urban Institute. [Debt in America: Interactive Map](#). Accessed July 31, 2023. See also: KFF, [Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills](#). See Appendix for research notes.

# Data & Sources

# Data & Sources

## Slides 8-9

### Slide 8: National Health Expenditures as a Percent of GDP Over Time (2001–2021) and

### Slide 9: Historical and Projected National Health Expenditures (NHE) and Gross Domestic Product (GDP), 2013–2031

- Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available here: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected>. Accessed July 31, 2023.
  - Downloaded file: NHE Historical and Projections - Data (ZIP).
  - Downloaded file: NHE Projections - Tables (ZIP) / National Health Expenditures and Selected Economic Indicators, Levels and Annual Percent Change: Calendar Years 2013–2031
  - Additional data source information is available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence>
  - Related links: National Health Expenditure Projections, 2022–31: Growth To Stabilize Once The COVID-19 Public Health Emergency Ends, Health Affairs. June 14, 2023. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2023.00403>. Accessed July 31, 2023.
  - See also: **Data Inventory Source #F3** (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA) for full information
- Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28, 2023. Available at: <https://www.bea.gov/itable/national-gdp-and-personal-income>. Accessed October 2, 2023.
  - Downloaded file: Table 1.1.5 Gross Domestic Product



# Slides 10-11

### **Slide 10: Life Expectancy at Birth in Years (1980–2021)**

- Peterson-KFF Health System Tracker. How does U.S. life expectancy compare to other countries? December 6, 2022. Available at: <https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/>. Accessed July 31, 2023.
  - Comparable countries include: Australia, Austria, Belgium, Canada (except for 2021), France, Germany, Japan, the Netherlands, Sweden, Switzerland, and the U.K. See Methods section of "How does U.S. life expectancy compare to other countries?"
  - Data from KFF analysis of CDC, OECD, Japanese Ministry of Health, Labour, and Welfare, Australian Bureau of Statistics, and UK Office for Health Improvement and Disparities data

### **Slide 11: Share of Nonelderly Adults Reporting Selected Barriers to Accessing Healthcare by Race / Ethnicity, 2021**

- National Center for Health Statistics. Percentage of adults aged 18 and over who did not get needed medical care due to cost in the past 12 months, US, 2021; Percentage of adults aged 18 and over who delayed getting medical care due to cost in past 12 months, US, 2021; and, Percentage of adults aged 18 and over who did not take medication as prescribed to save money in the past 12 months, US, 2021. National Health Interview Survey. Available at: [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html). Accessed August 28, 2023.

# Slides 13-14

### **Slide 13: Healthcare Spending in New York Compared to Peer States (Per Capita, 2000–2020)**

- Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence>. Accessed June 22, 2023.
  - Downloaded file: Health expenditures by state of residence (ZIP), Table 11: Total All Payers Per Capita State Estimates by State of Residence (1991-2020) - Personal Health Care (Millions of Dollars).
- See also: **Data Inventory Source #F3** (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts [SHEA]) for full information

### **Slide 14: New York State Healthcare Spending by Category, 2020**

- Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991–2020. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence>. Accessed June 22, 2023.
- Downloaded file: US\_PER\_CAPITA20
  - Data is presented aggregate per capita, per year, in USD. All AAPG values had to be re-calculated via RRI given the revised time frame of the data (2000 - 2020). New category, "Other Personal Healthcare Spending (\$), Consolidated" combines Durable Medical Products, Home Health Care, Other Health, Residential and Personal Care, Other Professional Services into one category. New category, "Overall Personal Healthcare Spending (\$), Calculated" sums Dental Services, Hospital Care, Physician & Clinical Services, Prescription Drugs and Other Non-Durable Medical Products, and Other Personal Healthcare Spending (\$), Consolidated. Manatt analysis of category as a percentage of total personal healthcare spending for 2020.
- See also: Quick Definitions for National Health Expenditure Accounts (NHEA) Categories. Available here: <https://www.cms.gov/files/document/quick-definitions-national-health-expenditures-accounts-nhea-categories.pdf>. Accessed August 17, 2023.
- See also: **Data Inventory Source #F3** (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information

# Slide 15

### **Slide 15: Percent Annual Growth (Cumulative) by Healthcare Service Category in New York State, 2000–2020**

- Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991–2020. Available here: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence>. Accessed June 22, 2023.
- Downloaded file: US\_PER\_CAPITA20
  - Categories are same as described above.
  - Manatt analysis of annual percent (cumulative) growth, 2000–2020, by healthcare service category.
  - Estimates of prescription drug spending includes retail sales of products that are available only by a prescription. Prescription drug estimates are adjusted to account for manufacturers’ rebates that reduce insurers’ net payments for drugs.
- See also: National Health Expenditure Accounts: Methodology Paper, 2021. Available at: <https://www.cms.gov/files/document/definitions-sources-and-methods.pdf>. Accessed August 21, 2023.
- See also: **Data Inventory Source #F3** (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

# Slide 16

### **Slide 16: Cumulative Annual Percent Growth in Average Family Premiums and Wages in New York State from 2011–2021**

- Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC). Available here: <https://datatools.ahrq.gov/meps-ic/?tab=private-sector-state&dash=26>.
  - Average Total Family Premiums and Deductibles (in Dollars) per Enrolled Employee at Private-Sector Establishments That Offer Health Insurance, United States, 2011–2021. This dataset compiles MEPS-IC Average Total Family Premium and Deductible Amounts (in Dollars) Per Enrolled Employee at Private-Sector Establishments that Offer Health Insurance by Total, United States, for Years 2021, 2019, 2017, 2015, 2013, and 2011.
  - Note: 2007 data were not collected for the Insurance Component.
  - Note: In the original datasets, a column for "Measure Names" included Std. Error, 95% CI Upper, 95% CI Lower, and Estimate for each corresponding Measure Value (average total family premium for employees per year). For purposes of this Databook, only data from the "Estimate" Measure Name column is provided.
  - Note: In the original datasets, columns for "Group Level," "Reliability" and "Suppressed" were provided but either uniform in data ("Total") or blank. These columns were removed for purposes of this Databook.
  - Note: \$ difference calculated; Percent increase calculated; Estimated Annual % Growth calculated using RRI function in Excel.
  - See also: **Data Inventory Source #F9** (MEPS-IC) for full information
- Bureau of Labor Statistics. Occupational Employment and Wage Statistics (OEWS) Survey Data. Available here: <https://www.bls.gov/oes/tables.htm>
  - Downloaded State XLSX Files
  - Data pulled from columns "Area Name" and "A\_MEAN" (mean annual wage) for respective years for All Occupations.
  - Estimated Annual % Growth calculated using RRI function in Excel.
  - See also: **Data Inventory Source #F11** (Occupational Employment and Wage (OEWS) Estimates ) for full information.

# Slide 17

### **Slide 17: Average Family Premiums and Deductibles in New York State, 2011–2021**

- Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC). Available at: <https://datatools.ahrq.gov/meps-ic/?tab=private-sector-state&dash=26>.
  - Average Total Family Premiums and Deductibles (in Dollars) per Enrolled Employee at Private-Sector Establishments That Offer Health Insurance, United States, 2011–2021. This dataset compiles MEPS-IC Average Total Family Premium and Deductible Amounts (in Dollars) Per Enrolled Employee at Private-Sector Establishments that Offer Health Insurance by Total, United States, for Years 2021, 2019, 2017, 2015, 2013, and 2011.
  - Note: 2007 data were not collected for the Insurance Component.
  - Note: In the original datasets, a column for "Measure Names" included Std. Error, 95% CI Upper, 95% CI Lower, and Estimate for each corresponding Measure Value (average total family premium for employees per year). For purposes of this Databook, only data from the "Estimate" Measure Name column is provided.
  - Note: In the original datasets, columns for "Group Level," "Reliability" and "Suppressed" were provided but either uniform in data ("Total") or blank. These columns were removed for purposes of this Databook.
  - Note: \$ difference calculated; Percent increase calculated; Estimated Annual % Growth calculated using RRI function in Excel.
  - See also: **Data Inventory Source #F9** (MEPS-IC) for full information
- Bureau of Labor Statistics. Occupational Employment and Wage Statistics (OEWS) Survey Data. Available here: <https://www.bls.gov/oes/tables.htm>
  - Downloaded State XLSX Files.
  - Data pulled from columns "Area Name" and "A\_MEAN" (mean annual wage) for respective years for All Occupations.
  - Estimated Annual % Growth calculated using RRI function in Excel.
  - See also: **Data Inventory Source #F11** (Occupational Employment and Wage (OEWS) Estimates ) for full information.

# Data & Sources

## Slides 20–21

### **Slide 20: Respondents in New York State That Needed To See A Doctor But Could Not Because Of Cost, 2021**

- Behavioral Risk Factor Surveillance System (BRFSS), 2021. Values included include weighted proportion of individuals in each race / ethnicity category who responded “Yes” to the question “Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?” Accessed August 27, 2023.
  - Data were analyzed in SAS Enterprise Guide version 8.3 using “Proc SurveyFreq” to account for the weighted nature of the BRFSS data
  - BRFSS treats race / ethnicity as mutually exclusive categories
  - The BRFSS race / ethnicity categories for “Native Hawaiian / Pacific Islander” and “Other” were collapsed into a single “Other” category to mitigate data gaps at the state level due to low counts for these categories in some states.
  - US totals exclude data from the territories (e.g., Guam, Puerto Rico, and Virgin Islands).
- See also: Information about the BRFSS is available at <http://www.cdc.gov/brfss/index.html>.

### **Slide 21: Share of New York Residents with Medical Debt in Collections Compared to National Estimates, 2022**

- The Urban Institute. Debt in America: Interactive Map. Last updated June 23, 2022. Available at: <https://apps.urban.org/features/debt-interactive-map/?type=medical&variable=medcoll>. Accessed July 31, 2023.
  - Downloaded file: Debt in America: State-Level Medical Debt. Available at: <https://datacatalog.urban.org/dataset/debt-america-2022>.
- See also: KFF. Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills. June 16, 2022. Available at: <https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>. Accessed August 17, 2023.
- See also: Peterson-KFF Health System Tracker: The burden of medical debt in the United States. March 10, 2022. Available at: [https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20more%20than%20\\$250%20in%20medical%20debt,%20by%20demographic,%202019](https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20more%20than%20$250%20in%20medical%20debt,%20by%20demographic,%202019). Accessed August 21, 2023.

# Slide 22

### **Slide 22: Median Medical Debt in Collections in New York State and Nationally, 2022**

- The Urban Institute. Debt in America: Interactive Map. Last updated June 23, 2022. Available here: <https://apps.urban.org/features/debt-interactive-map/?type=medical&variable=medcoll>. Accessed July 31, 2023.
  - Downloaded file: Debt in America: State-Level Medical Debt. Available here: <https://datacatalog.urban.org/dataset/debt-america-2022>.
- See also: KFF. Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills. June 16, 2022. Available at: <https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>. Accessed August 17, 2023.
- See also: Peterson-KFF Health System Tracker: The burden of medical debt in the United States. March 10, 2022. Available at: [https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20more%20than%20\\$250%20in%20medical%20debt,%20by%20demographic,%202019](https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20more%20than%20$250%20in%20medical%20debt,%20by%20demographic,%202019). Accessed August 21, 2023.