

Demographics

Distribution of population (projected) (%), 2010 — AARP Public Policy Institute analysis using data from (1) U.S. Department of Commerce, Bureau of the Census, Population Division, Interim State Population Projections, 2005, “Interim State Projections of Population for Five-Year Age Groups and Selected Age Groups by Sex: July 1, 2004 to 2030.” Retrieved from the World Wide Web: <http://www.census.gov/population/projections>; and (2) U. S. Department of Commerce, Bureau of the Census, International Programs Center, International Data Base (IDB), “Mid-Year Population by Age and Sex,” July 2005 (for Commonwealth of Puerto Rico and U.S. Virgin Islands data). Retrieved from the World Wide Web: <http://www.census.gov/ipc/www/idb/>. EXPLANATION: Refers to the percentage of the total projected U.S. population age 50-64, age 65-84, and age 85 and older residing in each state and territory in 2010.

Rural population (% of total), 2009 — AARP Public Policy Institute analysis using data from U.S. Department of Agriculture, Economic Research Service, "State Fact Sheets," 2010. Retrieved from the World Wide Web: <http://www.ers.usda.gov>. EXPLANATION: Refers to the percentage of the estimated state population residing in nonmetropolitan areas in 2009. As defined by the OMB, metropolitan areas are counties with a core urbanized area of at least 50,000 people and a total population of over 100,000 people. A county lying outside of a metropolitan area is counted as part of the metropolitan area if at least 25 percent of its total population commutes into the core metropolitan area. The commuting distance is a proxy for the significance of the economic tie that the surrounding county has to the core area.

Per capita personal income (average), 2008 — U. S. Department of Commerce, Bureau of Economic Analysis, Regional Accounts Data, “Annual State Personal Income.” Retrieved from the World Wide Web: <http://www.bea.doc.gov/bea/regional/spi>. EXPLANATION: Refers to average annual per capita personal income from all sources (i.e., government and nongovernment) in 2008. Per capita personal income equals total personal income in a state divided by that state’s midyear population.

Family income (median), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the annual income earned by families (and related subfamilies) in 2009 from all sources. For each state, half of the families had higher incomes and half of the families had lower incomes than the median.

Distribution of persons age 50-64 by family income (%), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized persons age 50-64 with family (and related subfamily) income below 133 percent of poverty, and between 134 and 400 percent of poverty in 2008. In calendar year 2008, the federal poverty threshold for a family of four was \$21,200. As part of the recently-passed health reform legislation, persons with household (family) income below 400 percent of poverty will be eligible for health insurance premium and cost-sharing assistance.

Health Expenditures and Financing

Medicaid federal matching funds (%), FY2010 — U.S. Department of Health and Human Services, “Federal Register,” Volume 75, Number 83, April 30, 2010. Retrieved from the World Wide Web: http://www.archives.gov/federal_register/index.html. EXPLANATION: Refers to the share of expenditures for medical services under federally approved Medicaid plans (Title

XIX) that will be paid with federal funds from October 1, 2009, through September 30, 2010. FY 2010 FMAPs are estimates and reflect additional federal Medicaid funding available for the second quarter (January 1, 2010 through March 31, 2010) of nine quarters under the American Recovery and Reinvestment Act of 2009. Federal payments to the Commonwealth of Puerto Rico and the U.S. territories are limited by statute to maximum annual dollar amounts.

Medicaid payments by category of enrollee (% of total Medicaid spending), FY2007 — Kaiser Family Foundation, “Distribution of Medicaid Payments by Enrollment Group (in millions), FY2007,” 2010. Estimates from the Urban Institute and Kaiser Commission on Medicaid and the Uninsured based on data from Medicaid Statistical Information System and CMS-64 reports from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, 2010. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>. EXPLANATION: Refers to Medicaid payments made in FY2007. “Child” generally refers to enrollees age 17 and younger. “Adult” generally refers to enrollees age 18 to 64. However, some people under age 18 may have been classified as “adults” and some people age 18 and older may have been classified as “children” depending on why they qualified for the program and each state’s practices. “Elderly” refers to all enrollees age 65 and older. “Disabled” includes enrollees age 64 and under who were reported as eligible for Medicaid due to a disability. Spending includes both state and federal Medicaid payments. The payment amounts from the source data reflect payments for services during federal fiscal year 2007, based on date of payment.

Total Medicaid expenditures as percent of total state spending, FY2008 — National Association of State Budget Officers, The Reforming States Group, and the Milbank Memorial Fund, “2008 State Expenditure Report,” Table 29, “Medicaid Expenditures as a Percent of Total Expenditures, Fiscal 2008” Fall 2009. EXPLANATION: Refers to total Medicaid spending (federal and state funds) as a percentage of total state expenditures in FY2008. Total state expenditures consist of state general funds, other state funds, and federal funds spent on elementary and secondary education, higher education, public assistance, Medicaid, corrections, transportation, and other services.

State-only Medicaid expenditures as percent of state-only spending, FY2008 — AARP Public Policy Institute analysis using data from the National Association of State Budget Officers, The Reforming States Group, and the Milbank Memorial Fund, “2008 State Expenditure Report,” Table 1, “Total State Expenditures—Capital Inclusive (\$ in Millions),” and Table 28, “Medicaid Expenditures (\$ in Millions),” Fall 2009. EXPLANATION: Refers to state-funded Medicaid expenditures as a percentage of FY2008 state-funded budgets. Data do not include the federal portion of Medicaid spending, but do include funds from county/city government.

Total Medicare program payments (in millions), 2008 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table 3.5: Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence: Calendar Year 2008,” 2009 Medicare & Medicaid Statistical Supplement, 2009. EXPLANATION: Refers to Medicare program payments made for all Medicare beneficiaries in 2008. Medicare program payments represent unadjusted amounts paid for covered services incurred during a calendar year under Medicare fee-for-service only and exclude payments for managed care services. Program payments differ from benefit payments, which reflect estimates of interim and retroactive adjustments made to institutional providers as well as payments for managed care.

Medicare spending per enrollee (average), 2008 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table 3.5: Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence: Calendar Year 2008,” 2009 Medicare & Medicaid Statistical Supplement, 2009. EXPLANATION: Refers to the average Medicare program payment per Medicare beneficiary in 2008. Medicare program

payments represent unadjusted amounts paid for covered services incurred during a calendar year under Medicare fee-for-service only and exclude payments for managed care services. Program payments differ from benefit payments, which reflect estimates of interim and retroactive adjustments made to institutional providers as well as payments for managed care.

Average monthly Medicare Advantage payment rate, 2009 — Kaiser Family Foundation, “Average Monthly Payment Rates (Weighted), 2009,” 2010. Estimates based on data from Mathematica Policy Research, Inc. analysis of CMS Geographic Service Area Files. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>. EXPLANATION: Refers to the average benchmark payment rate used to determine what Medicare pays Medicare Advantage plans to provide Part A and B benefits to their enrollees in 2009. The payment rate is weighted by Medicare Advantage enrollees in health maintenance organizations, local preferred provider organizations, private fee-for-service plans, and provider-sponsored organizations from the March 2009 Monthly MA Enrollment by State/County/Contract file. Medicare Advantage payment rates do not reflect actual payments to Medicare Advantage plans, which are adjusted based on health status, age, gender, working status, Medicaid eligibility, and institutionalized status of each Medicare enrollee. Data exclude health care prepayment plans and program of all-inclusive care for the elderly plans.

Average total premium (employer and employee) for single coverage at private employer, 2008 — U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends, 2008 Medical Expenditure Panel Survey: Insurance Component, Table II.C.1. Retrieved from the World Wide Web: <http://www.meps.ahrq.gov>. EXPLANATION: Refers to the average total (employer and employee share) insurance premium amount per enrolled employee at private employers offering coverage in 2008. MEPS is a series of national probability surveys conducted by AHRQ on the financing and utilization of medical care in the United States.

Average total premium (employer and employee) for family coverage at private employer, 2008 — U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends, 2008 Medical Expenditure Panel Survey: Insurance Component, Table II.D.1. Retrieved from the World Wide Web: <http://www.meps.ahrq.gov>. EXPLANATION: Refers to the average total (employer and employee share) insurance premium amount for family coverage at private employers offering coverage in 2008. MEPS is a series of national probability surveys conducted by AHRQ on the financing and utilization of medical care in the United States.

Health Status

Adults age 50+ in poor or fair general health (%), 2009 — AARP Public Policy Institute analysis using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 50 and older who reported their general health to be poor or fair in 2009. “General” health tends to reflect physical, rather than mental, health. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 18+ with a self-care limitation (in 1,000s), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, 2008 American Community Survey. EXPLANATION: Refers to the percentage of noninstitutionalized persons age 18 and older in 2008 who reported having a physical, mental or emotional condition lasting 6

months or more that made it difficult for them to dress, bathe, or get around inside the home. The U.S. total includes the Commonwealth of Puerto Rico.

High blood pressure prevalence among adults age 50+ (%), 2009 — AARP Public Policy Institute analysis using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 50 and older who reported that they had ever been told by a doctor, nurse or other health professional that they had high blood pressure in 2009. Percentages do not include women reporting gestational hypertension. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 50+ who are overweight or obese (%), 2009 — AARP Public Policy Institute analysis using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of all noninstitutionalized adults age 50 and older in 2009 whose Body Mass Index (BMI) was over 25.0. According to the CDC, a BMI between 25.0 and 29.9 is considered overweight, and BMI of 30.0 or more is considered obese. BMI is calculated as weight in kilograms divided by height in meters squared. Figures presented may underestimate the prevalence of overweight among adults because people tend to underreport their weight. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 50+ with diabetes (%), 2009 — AARP Public Policy Institute analysis using data from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 50 and older who reported that they had ever been told by a doctor that they had diabetes in 2009. Percentages do not include women reporting gestational diabetes. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 50+ who currently smoke cigarettes (%), 2009 — AARP Public Policy Institute analysis using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 50+ who reported currently smoking cigarettes in 2009. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 50+ whose mental health was not good for >1 week in month (%), 2009 — AARP Public Policy Institute analysis using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 50 and older who reported that their mental health was not good for at least 8 days during the past 30 days in 2009. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Utilization and Quality of Services

Adults age 50+ who did not visit a doctor due to cost (%), 2009 — AARP Public Policy Institute analysis using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of all noninstitutionalized adults age 50 and older in 2009 who reported that there was a time during the past 12 months when they needed to see a doctor but did not because of the cost. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adult immunization (%), 2009 — AARP Public Policy Institute analysis using data from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 65 and older who reported that they had ever received a pneumonia shot and the percentage of noninstitutionalized adults age 50 and older who reported receiving a flu shot in the past 12 months. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Women age 50+ receiving a mammogram (%), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized women age 50 and older in 2008 who reported receiving at least one screening or diagnostic mammography service in the past 12 months. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 50+ receiving a colonoscopy or sigmoidoscopy (%), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System. EXPLANATION: Refers to the percentage of noninstitutionalized adults age 50 and older in 2008 who reported ever having a colonoscopy or sigmoidoscopy and also reported having a colonoscopy or sigmoidoscopy within the past 10 years. The U.S. total is the median of states, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

Adults age 50+ receiving recommended screening and preventive care (%), 2006 — D. McCarthy, S.K.H. How, C. Schoen, J.C. Cantor, and D. Belloff on behalf of the Commonwealth Fund Commission on a High Performance Health System, “The Commonwealth Fund State Scorecard, 2009,” The Commonwealth Fund, October 2009. EXPLANATION: Percent of adults age 50 and older who have received: sigmoidoscopy or colonoscopy in the last ten years or a fecal occult blood test in the last two years; a mammogram in the last two years (women only); a pap smear in the last three years (women only); and a flu shot in the past year and a pneumonia vaccine ever (age 65 and older only). N/A = data not available.

At-risk adults who visited a doctor for a routine checkup in the past two years (%), 2007 — D. McCarthy, S.K.H. How, C. Schoen, J.C. Cantor, and D. Belloff on behalf of the Commonwealth Fund Commission on a High Performance Health System, “The Commonwealth Fund State Scorecard, 2009,” The Commonwealth Fund, October 2009. EXPLANATION: Refers to the percent of adults age 50 and older, or in fair or poor health, or ever told they have diabetes

or pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma who visited a doctor in the past two years.

Number of retail prescriptions filled per person by age (average), 2008 — Kaiser Family Foundation, “Retail Prescription Drugs Filled at Pharmacies (Annual per Capita by Age), 2008,” 2010. Estimates based on data from Vector One™: National from Verispan, L.L.C.: Special data request, 2009 and U.S. Census Bureau, Selected Age Groups by States and Puerto Rico: July 1, 2008. Retrieved from the World Wide Web: <http://www.statehealthfacts.kff.org>. EXPLANATION: Refers to the average number of all products filled with a prescription and dispensed in retail pharmacies, including new prescriptions and refills of both brand name and generic drugs, by persons age 19 to 64 and persons age 65 and older, in 2008. The Vector One™: National collects data from a panel of retail pharmacies, third party payers, and data providers. Retail pharmacies included independent pharmacies, chain pharmacies, food stores, and mass merchandisers found in 814 defined regional zones. These data exclude prescriptions filled by mail order. US totals include prescriptions filled in pharmacies for persons whose residence is unknown.

Medicare home health users (% of beneficiaries), 2008 — AARP Public Policy Institute analysis using data from (1) U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table VII.14a, Medicare Home Health Agency Utilization: Calendar Year 2008,” 2009 Data Compendium, December 2009; and (2) U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table VII.3, Medicare Enrollment by State: 2008,” 2009 Data Compendium, December 2009. EXPLANATION: Refers to the percentage of Medicare beneficiaries in traditional (fee-for-service) Medicare who used home health services in 2008. Provider based data are derived from bills for services performed in 2008 and recorded in CMS central records as of June 2009.

Medicare home health visits per person served (average), 2008 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table VII.14a, Medicare Home Health Agency Utilization: Calendar Year 2008,” 2009 Data Compendium, December 2009. EXPLANATION: Refers to the average number of Medicare home health visits received per traditional (fee-for-service) Medicare beneficiary who used home health services in 2008. Provider based data are derived from bills for services performed in 2008 and recorded in CMS central records as of June 2009. The U.S. total includes the Commonwealth of Puerto Rico and the U.S. Virgin Islands.

Medicare

Medicare beneficiaries, 2008 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Office of Research, Development, and Information, 2009 Data Compendium, December 2009. Number in 1,000s is an AARP Public Policy Institute calculation based on data from “Table VII.3: Medicare Enrollment by State, 2008.” Percent of population is based on data from “Table VII.4: Medicare Enrollment as a Percent of Resident Population by State, 2008.” EXPLANATION: Refers to the total number of beneficiaries (in 1,000s) enrolled in the Medicare program as of 2008 and the total number of beneficiaries enrolled in the Medicare program as of 2008 as a percentage of total state population as of July 1, 2008.

Disabled Medicare beneficiaries under age 65 (% of beneficiaries), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table 2.8: Medicare Enrollment: Hospital Insurance and/or Supplementary Medical Insurance for Aged and Disabled Enrollees and Total Resident Population by State of Residence as of July 1, 2008,” 2009 Medicare & Medicaid Statistical

Supplement, 2009. EXPLANATION: Refers to the percentage of Medicare beneficiaries, enrolled as of July 1, 2008, who were under age 65 and qualified for Medicare by receiving Social Security Disability Insurance (SSDI) cash payments for at least two years, or having end-stage renal disease (ESRD), or being diagnosed with amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's Disease.

Medicare beneficiaries with full or partial Medicaid (%), 2005 — Kaiser Family Foundation, "Dual Eligibles as a Percent of Total Medicare Enrollees, 2005," 2010. Calculations based on data from (1) U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services Statistics: Medicare State Enrollment, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services; and (2) Urban Institute estimates based on data from the Medicaid Statistical Information System. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>. EXPLANATION: Refers to the percentage of noninstitutionalized Medicare beneficiaries of all ages who also had full or partial Medicaid coverage during 2005. Medicare beneficiaries with full Medicaid coverage qualify for full Medicaid benefits, including long-term care provided both in institutions and in the community as well as prescription drugs. For this group, Medicaid may also pay Medicare premiums and cost sharing. Medicare beneficiaries with partial Medicaid coverage are not eligible for full Medicaid benefits but may receive assistance with some or all of their Medicare premiums and cost sharing. Dual eligibles data are for FY2005 and Medicare enrollment data are as of July 2005.

Private supplemental coverage among Medicare beneficiaries age 65+ (%), 2008 — AARP Public Policy Institute analysis using data from the U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized Medicare beneficiaries age 65 and over who had employer-provided (retirement or other) health insurance at any time during 2008 and the percentage of noninstitutionalized Medicare beneficiaries age 65 and over who had privately purchased individual supplemental coverage (e.g., Medigap) at any time during 2008. Employer-sponsored coverage and individually purchased coverage does not preclude the possibility of coverage from another source at some time during the year.

Medicare beneficiaries paying income-related Part B premium, 2008 — Social Security Administration and Internal Revenue Service, "2008 IRMAA Beneficiaries by State Based on IRS Match," 12/10/2007. Retrieved from the World Wide Web: <http://www.ssa.gov/legislation/IRMAABstate2008.pdf>. EXPLANATION: Refers to high-income Medicare beneficiaries that paid increased Part B premiums in 2008. Historically, the government has paid approximately 75 percent of the Part B premium and the beneficiary paid the remaining 25 percent. However, starting in January 2007, beneficiaries enrolled in Medicare Part B with incomes above a set threshold were required to pay a higher percentage of their total Part B premium costs. This increase was phased in from 2007 to 2009. In 2008, single Medicare beneficiaries making more than \$82,000 per year and married Medicare beneficiaries making more than \$164,000 per year were required to pay this higher premium. U.S. total includes the Commonwealth of Puerto Rico and the U.S. Virgin Islands. Data excludes 1,551 beneficiaries for which zip codes were not available.

Enrollment of Medicare beneficiaries in MA plans (%), 2010 — Avalere Health LLC, "MA Impact Analysis," 2010 (unpublished table). Data were drawn from the Avalere Health LLC MA Impact database. EXPLANATION: Refers to the percentage of total Medicare beneficiaries in each state who were enrolled in Medicare Advantage plans as of March 2010. "<1" = less than one percent enrollment.

Medicare beneficiaries with creditable prescription drug coverage (%), 2010 — AARP Public Policy Institute calculations using data from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Total Medicare Beneficiaries with Drug

Coverage by Stand-alone PDP, Medicare Advantage, RDS, and Creditable Coverage by State, as of February 16, 2010,” 2010. Retrieved from the World Wide Web: http://www.cms.gov/PrescriptionDrugCovGenIn/01_Overview.asp. EXPLANATION: Refers to the percentage of total Medicare beneficiaries who had creditable prescription drug coverage as of February 16, 2010. Creditable drug coverage is defined as drug coverage that meets or exceeds the actuarial value of the standard Part D benefit. Excludes approximately 1.4 million beneficiaries with coverage for whom data are currently not available at the state level. U.S. total includes the U.S. territories and beneficiaries whose address information is being updated.

Medicare Part D enrollees receiving the low-income subsidy (in 1,000s), 2010 — AARP Public Policy Institute calculations using data from U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “LIS by State, as of February 16, 2010,” 2010. Retrieved from the World Wide Web: http://www.cms.gov/PrescriptionDrugCovGenIn/01_Overview.asp. EXPLANATION: Refers to the number of Medicare beneficiaries who were receiving the low-income subsidy as of February 2010. Medicare beneficiaries with income below 150% of poverty (\$16,245/individual; \$21,855/couple in 2009, which will remain in effect until at least May 31, 2010) and limited resources (\$12,510/individual; \$25,010/couple) are eligible for additional premium and cost-sharing assistance for prescriptions drugs under Part D of the Medicare program. U.S. total includes the U.S. territories and beneficiaries whose address information is being updated. “<1” = less than 1,000 enrollees.

Non-low income Medicare Part D enrollees who hit the coverage gap (%), 2007 — J. Hoadley, E. Hargrave, J. Cubanski, and T. Neumann, “The Medicare Part D Coverage Gap: Costs and Consequences in 2007,” Kaiser Family Foundation, August 2008. EXPLANATION: Refers to the percentage of Medicare Part D enrollees that did not receive the Part D low-income subsidy, filled at least one prescription, and fell into the Medicare Part D coverage gap in 2007. The Medicare Part D coverage gap, also known as the doughnut hole, is the period when enrollees are responsible for 100 percent of their prescription drug costs.

Medicaid

Medicaid enrollment by category of enrollee (% of total Medicaid enrollees), FY2007 — Kaiser Family Foundation, “Distribution of Medicaid Enrollees by Enrollment Group, FY2007,” 2010. Estimates from the Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on data from Medicaid Statistical Information System reports from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, 2010. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>. EXPLANATION: Refers to the distribution of persons enrolled in Medicaid for any length of time during FY2007 based on their eligibility category. These individuals may not have actually used any services during this period, but they were reported as enrolled in the program and were eligible to receive services in at least one month. “Child” generally refers to enrollees age 17 and younger. “Adult” generally refers to enrollees age 18 to 64. However, some people under age 18 may have been classified as “adults” and some people age 18 and older may have been classified as “children” depending on why they qualified for the program and each state’s practices. “Elderly” refers to all enrollees age 65 and older. “Disabled” refers to enrollees age 64 and under who were reported as eligible for Medicaid due to a disability. The enrollment estimates differ slightly from similar estimates posted by Centers for Medicare and Medicaid Services because adjustments to the data have been made for several states where some individuals appeared to be categorized incorrectly. Figures may not sum due to rounding.

Persons under age 65 in poverty with Medicaid (% under age 65 in poverty), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the percentage of all noninstitutionalized persons under age 65 with family (and related subfamily) income at or below 100 percent of the federal poverty threshold in 2008 who reported being covered by Medicaid during 2008.

Medicaid enrollment in managed care plans (%), as of December 2008 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Medicaid Managed Care Enrollment as of December 31, 2008." Retrieved from the World Wide Web: http://www2.cms.gov/MedicaidDataSourcesGenInfo/05_MdManCrPenRateandExpEnrll.asp.

EXPLANATION: Refers to the percentage of Medicaid beneficiaries enrolled in Medicaid managed care plans as of December 31, 2008. The Medicaid enrollment data reflect unduplicated counts and include individuals in state health reform plans that expand eligibility beyond traditional Medicaid eligibility standards. The managed care enrollment data reflect unduplicated counts and include enrollees receiving comprehensive benefits and limited benefits. The U.S. total includes the Commonwealth of Puerto Rico and the U.S. Virgin Islands.

Access to Care

Distribution of persons under age 65 by type of health coverage (%), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized individuals under age 65 by primary source of health insurance in 2008. Individuals with more than one source of coverage during the year were assigned to a single source according to the order of the categories listed below.

- *Uninsured*, i.e., not covered by private health insurance (employer or other) and did not receive publicly financed health coverage (Medicaid or other) at any time during the year.
- An *employer*, as either a current/former employee or a dependent of a current/former employee.
- Some *other private* source of coverage not offered through a person's current or former employer or union. This category includes both group and individually-purchased coverage but consists primarily of individually-purchased insurance.
- *Medicaid*.
- Some *other public* program other than Medicaid, such as Medicare or CHAMPUS (Civilian Health and Medical Program of the Uniformed Services).

Number of uninsured adults age 50-64, 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2008 March Supplement. EXPLANATION: Refers to the number of noninstitutionalized persons between the ages of 50 and 64 who reported having no type of health insurance coverage (public or private) throughout 2008.

Uninsured adults age 50-64 (%), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2008 March Supplement. EXPLANATION: Refers to noninstitutionalized persons between the ages of 50 and 64 who reported having no type of health insurance coverage (public or private) throughout 2008 as a percentage of all persons between the ages of 50 and 64.

Private employers that offer health insurance (%), 2008 — U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends, 2008 Medical Expenditure Panel Survey: Insurance Component, Table II.A.2.

Retrieved from the World Wide Web: <http://www.meps.ahrq.gov>. EXPLANATION: Refers to percentage of private employers that offered health insurance to their employees in 2008. MEPS is a series of national probability surveys conducted by AHRQ on the financing and utilization of medical care in the United States.

Private employers with fewer than 50 employees that offer health insurance (%), 2008 — U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends, 2008 Medical Expenditure Panel Survey: Insurance Component, Table II.A.2. Retrieved from the World Wide Web: <http://www.meps.ahrq.gov>. EXPLANATION: Refers to percentage of private employers with fewer than 50 employees that offered health insurance to their employees in 2008. MEPS is a series of national probability surveys conducted by AHRQ on the financing and utilization of medical care in the United States.

Medicare-certified home health agencies, 2010 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Home Health Care Facilities,” April 15, 2010. Retrieved from the World Wide Web: <http://data.medicare.gov>. EXPLANATION: Refers to the number of Medicare-certified home health agencies reported as of April 15, 2010. The U.S. total includes the Commonwealth of Puerto Rico and the U.S. Virgin Islands.

Providers who accept Medicare fee as full payment (% of providers), 2009 — U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, “Table VII.20: Medicare Part B Participating Physicians and Other Practitioners by State,” 2009 Data Compendium, December 2009. EXPLANATION: Refers to the percentage of physicians and other health care suppliers submitting Medicare claims as of January 2009 that are enrolled in the Medicare participating physician and supplier program. This program requires that physicians and suppliers agree to accept the Medicare fee as the total amount they will bill for Medicare-covered services (i.e., “accept assignment”), thereby restricting the patient’s financial exposure to Medicare-approved coinsurance amounts only.

Hospital beds (per 1,000 population), 2007 — Kaiser Family Foundation, “Hospital Beds per 1,000 Population, 2007,” 2010. Estimates are based on data from: (1) Health Forum LLC, an affiliate of the American Hospital Association, 2008 AHA Annual Survey, special data request, March 2010; (2) U.S. Census Bureau, Annual Population Estimates by State, July 1, 2008 Population. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>. EXPLANATION: Refers to the number of beds, cribs and pediatric bassinets that were regularly maintained for inpatient use by registered community (nonfederal, short-term, general and other special) hospitals in 2007. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.

Number of nurse practitioners, 2009 — Kaiser Family Foundation, “Total Nurse Practitioners, 2009,” 2010. Estimates are based on data from the Pearson Report 2010, The American Journal for Nurse Practitioners, March 2010. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>. EXPLANATION: Refers to the number of nurse practitioners in 2009 as reported by each state’s board of nursing.

Primary care physicians (per 100,000 population), 2008 — AARP Public Policy Institute analysis using data from: (1) Kaiser Family Foundation, “Nonfederal Primary Care Physicians, 2008,” 2010. Estimates are based on data from the American Medical Association, Physicians Professional Data, Special Data Request, 2008. Retrieved from the World Wide Web: <http://www.statehealthfacts.org>; and (2) U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the number of licensed, nonfederal primary care physicians who reported being engaged in patient care as of

December 2008 per 100,000 population. Nonfederal physicians are not employed by the federal government and includes allopathic physicians and osteopathic physicians.

Population underserved by primary care physicians (%), 2010 — AARP Public Policy Institute analysis using data from U.S. Department of Health and Human Services, Health Resources and Services Administration, “Health Professional Shortage Areas: State Population and HPSA Designation Population Statistics” (as of May 27, 2010), HRSA Geospatial Data Warehouse. Retrieved from the World Wide Web: <http://datawarehouse.hrsa.gov/quickaccessreports.aspx>. EXPLANATION: Refers to the percentage of the state population considered to be underserved by primary care physicians as of May 27, 2010. "Underserved," as defined by HRSA, refers to a population-to-practitioner ratio greater than 2,000:1. “Practitioners” are defined as all non-federal doctors of medicine and doctors of osteopathy providing direct patient care who practice principally in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology. The U.S. total includes the Commonwealth of Puerto Rico and the U.S. Virgin Islands.

Uninsured persons with family income at or below 138% of poverty, 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized persons under age 65 with family (and related subfamily) income at or below 138 percent of the federal poverty level. In calendar year 2008, the federal poverty threshold for a family of four was \$21,200. The recently-passed health reform legislation creates a national floor of 133 percent of the federal poverty level for Medicaid eligibility. However, the new law also eliminates the historical income disregards for these new groups and establishes a new across-the-board 5 percent disregard, effectively raising the income eligibility threshold to 138 percent of the federal poverty level.

Uninsured persons by race/ethnicity (%), 2008 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey 2009 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized white and minority/ethnic persons under age 65 who reported having no type of health insurance coverage (public or private) throughout 2008. Persons who defined their racial origin as White only were categorized as White. Persons who defined their racial origin as Black, American Indian or Asian/Pacific Islander or defined their ethnicity as Hispanic (of any race) were categorized as minority/ethnic.