CoverThe Uninsured Week MAY 1-7 2006

Shifting Ground:
Changes in Employer-Sponsored Health Insurance

May 2006

This is a compilation report prepared for the Robert Wood Johnson Foundation by the State Health Access Data Assistance Center, University of Minnesota, using data from the Medical Expenditure Panel Survey-Insurance Component and by The Urban Institute using data from the National Health Interview Survey.

Embargoed until May 4, 2006 – 1:30 p.m.

Shifting Ground: Changes in Employer-Sponsored Health Insurance

This report is being released in conjunction with *Cover the Uninsured Week*, the largest mobilization in history to promote health coverage for all Americans. This nonpartisan effort is being led by Presidents Gerald Ford and Jimmy Carter and is endorsed by 10 former U.S. Secretaries of Health and Human Services and U.S. Surgeons General, appointed by both Republican and Democratic presidents.

An estimated 2,500 public events will take place nationwide during the *Week* in every state and the District of Columbia. Activities are designed to encourage people to express their concern by instantly contacting a member of Congress through the campaign Web site, www.CoverTheUninsured.org. Event organizers will help enroll eligible adults and children in low-cost or free coverage programs, provide basic care and medical screenings, focus on the efforts of large and small businesses to provide health coverage, galvanize students on college campuses and engage various faith communities in speaking out about the need for solutions.

In addition to RWJF, organizations sponsoring *Cover the Uninsured Week* include the U.S. Chamber of Commerce, AFL-CIO, Healthcare Leadership Council, AARP, United Way of America, American Medical Association, National Medical Association, American Nurses Association, Families USA, Blue Cross and Blue Shield Association, America's Health Insurance Plans, American Hospital Association, Federation of American Hospitals, Catholic Health Association of the United States, Service Employees International Union, National Alliance for Hispanic Health, The California Endowment and W.K. Kellogg Foundation.

The Robert Wood Johnson Foundation (RWJF) commissioned the State Health Access Data Assistance Center (SHADAC), located at the University of Minnesota School of Public Health to develop a comprehensive state-by-state analysis and report on employees' access to and acceptance of employer-sponsored health insurance.

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org.

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The University of Minnesota's State Health Access Data Assistance Center (SHADAC) helps state monitor rates of health insurance coverage and understand factors associated with uninsurance. SHADAC provides targeted policy analysis and technical assistance to states that are conducting their own health insurance surveys and/or using data from national surveys. Information is available at www.shadac.org.

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The Urban Institute is a nonpartisan economic and social policy research organization. The Institute's Health Policy Center examines the individual and collective consequences of having no health insurance and assesses how the health care market and government policy affect how much care costs, who pays the bills and who lacks access to care. Information is available at www.urban.org.

The Urban Institute
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SHADAC: State by State Analysis of Employer-Sponsored Coverage

Shifting Ground: Changes in Employer-Sponsored Health Insurance

The U.S. health care system is based on employer-sponsored coverage with over 90 percent of privately insured individuals receiving coverage from their own or a family member's employer (U.S. Census Bureau 2005). In this report, we use data from an ongoing federal survey of employers to examine trends in employer-sponsored health insurance coverage and take-up rates across all 50 states and the District of Columbia. We use trend data from 1998 to 2003 on employer-sponsored health insurance offer and take-up rates from the federal Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) to provide national and state level detail not available from other data sources. MEPS-IC data are collected and distributed by the Agency for Healthcare Research and Quality (AHRQ).[1]

The MEPS-IC is a valuable data source to provide ongoing monitoring of employer-sponsored health coverage at both the state and national level. National estimates are available for all years. Prior to 2003, extra sampling to produce representative estimates for states was provided to smaller states on a rotating basis; therefore, state estimates for 10 states and the District of Columbia are not available for each year. Beginning in 2003, representative estimates are provided for all states. This report presents the change from 1998 to 2003 for the 40 states that had representative estimates in both 1998 and 2003.

[1] *Special thanks are due to AHRQ, who provided us with many helpful suggestions in working with the MEPS-IC data.*

Findings

From 1998 to 2003, 25 states and the country as a whole experienced a decrease in the percent of eligible private-sector employees enrolled in health insurance coverage at establishments that offer coverage. During this timeframe, there was also a significant increase in health insurance premium costs for individual plans in all states observable in both time periods and the nation as whole.

Our analysis shows that the percent of private-sector employees in establishments that offer insurance coverage has not changed in most of the states or the country as a whole from 1998-2003.[2]

The percent of the premium contributed by the employee for individual plans[3] did not change at the national level (with a modest change in a few states). Premium costs have increased significantly, and both employers and employees are paying more for health insurance coverage. Even though the percentage paid by each has not changed dramatically, the amount of money paid to cover the employee contribution has increased significantly.

The percent of employees working in private-sector establishments that offer health insurance who are eligible for the benefit has remained stable from 1998-2003.

[2] More recent trend data for the country as a whole shows some decline in the percent of employers with three or more employees who are offering coverage in 2005 compared to 2000 (Kaiser Family Foundation 2005). Unfortunately, this data does not have state detail, and is therefore not used in this analysis.

[3] In 2001, the MEPS-IC began reporting employee-plus one coverage and family coverage as different types of coverage. As this distinction was not made prior to 2000, it is impossible to document changes in premiums and take-up of family plans (AHRQ 2005b).

Discussion

The MEPS-IC survey on employer health insurance coverage is an important tool to understanding the macro as well as micro trends in employer-sponsored insurance. Since the role of employers offering health insurance coverage is the foundation of the U.S. health care system, the trends in offer and take-up rates will be critical to monitor over time at the state level.

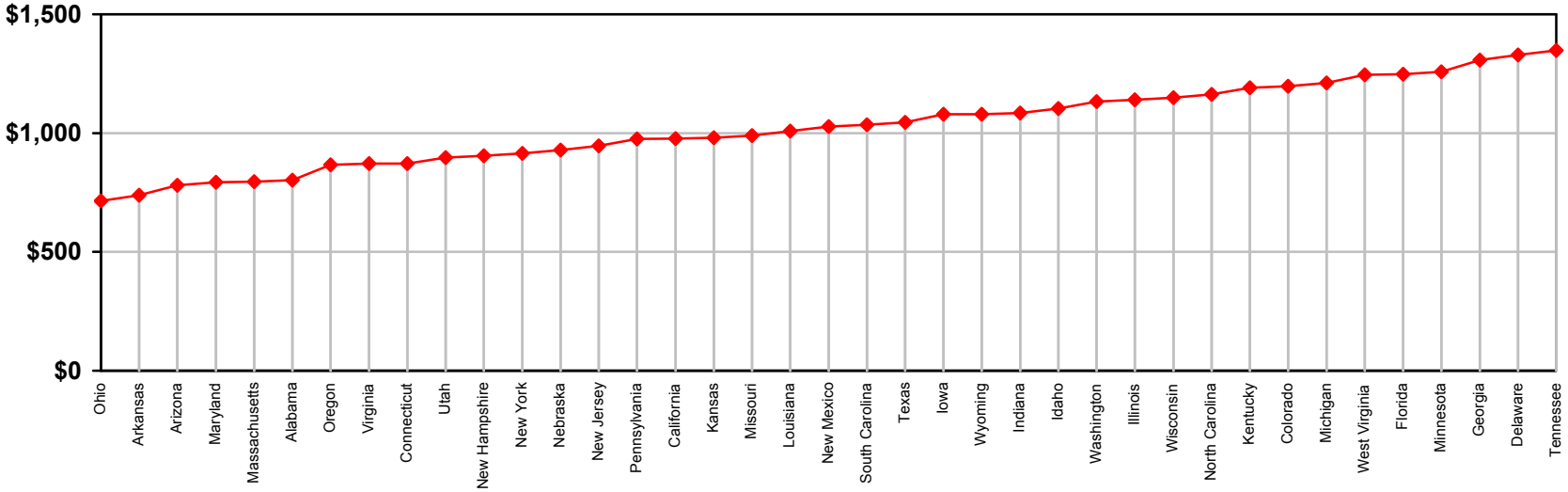
Our key findings are not dissimilar to the Kaiser Family Foundation/HRET employer health benefits annual survey findings over the same period for the country as a whole; however, the MEPS-IC data provide much richer detail at the state level on employer coverage.

A significant drop in employer-sponsored coverage can have significant impact on public programs, such as Medicaid and SCHIP, as well as state and local safety net providers that provide the services to the uninsured. These latter are largely supported by state and local resources or voluntary efforts by providers. The latest increase in the number of adults without health insurance accompanied by a drop in enrollment in employer-based insurance, when offered, raises concerns about the continued role of employers in providing health insurance coverage. Our analysis shows that they continue to play a significant role, but the increasing premium costs should raise additional concerns, and efforts to constrain costs should be considered to ease the burden of coverage and access. Specific employer sizes and states may show impact earlier than others, as premium costs have been shown to vary by employer size and by state (Sommers and Keach 2005; Branscome 2004).

Charts & Tables

Average premium levels for individual coverage are rising.

Figure 1: Average Total Premium for Individual Coverage Per Enrolled Employee at Private-Sector Establishments that Offer Health Insurance, Change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 5 in Appendix A for details.

Source: Agency for Healthcare Research and Quality. Average total individual premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and state (Table II.C.1), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 04, 2006)

- The national increase in individual premiums from 1998 to 2003 is $1,027 (from $2,454 in 1998 to $3,481 in 2003).
- Among states with estimates for this period, all experienced significant increases in premium rates for individual coverage.
- The state increases in premiums range from $715 in Ohio to $1,348 in Tennessee.

Table 1: Average Total Single Premium (in Dollars) Per Enrolled Employee at Private-Sector Establishments that Offer Health Insurance: United States, 1998 to 2003

State	1998 Adjusted to Inflation[b]		2003		Change from inflation adjusted 1998 to 2003		
	Amount	Std. Error	Amount	Std. Error	Change		%Change[a]
United States	2,454	19.21	3,481	10.92	1,027	***	41.87
Alabama	2,354	119.82	3,156	58.81	802	**	34.05
Arizona	2,428	148.46	3,209	72.94	781	**	32.19
Arkansas	2,389	89.53	3,127	96.06	738	**	30.88
California	2,316	81.95	3,293	55.19	977	**	42.19
Colorado	2,448	181.88	3,645	166.27	1,197	**	48.90
Connecticut	2,805	123.41	3,676	113.06	871	**	31.07
Delaware	2,525	106.11	3,854	183.86	1,329	**	52.65
Florida	2,344	64.50	3,592	99.23	1,248	**	53.23
Georgia	2,316	109.19	3,624	84.17	1,308	**	56.48
Idaho	2,227	77.55	3,331	139.45	1,104	**	49.59
Illinois	2,552	78.77	3,692	101.5	1,140	**	44.68
Indiana	2,408	115.74	3,493	123.43	1,085	**	45.03
Iowa	2,191	66.61	3,270	89.67	1,079	**	49.27
Kansas	2,420	62.07	3,401	81.71	981	**	40.55
Kentucky	2,246	55.51	3,437	126.05	1,191	**	53.03
Louisiana	2,309	63.53	3,317	137.61	1,008	**	43.65
Maryland	2,634	74.06	3,427	89.83	793	**	30.10
Massachusetts	2,700	61.72	3,496	82.99	796	**	29.50
Michigan	2,460	78.97	3,671	110.73	1,211	**	49.21
Minnesota	2,421	87.49	3,679	133.21	1,258	**	51.97
Missouri	2,316	83.38	3,305	77.97	989	**	42.71
Nebraska	2,578	223.53	3,506	140.08	928	***	36.01
New Hampshire	2,659	60.58	3,563	90.32	904	**	34.00
New Jersey	2,868	127.34	3,814	179.07	946	**	32.99
New Mexico	2,334	117.57	3,361	77.68	1,027	**	44.00
New York	2,677	92.92	3,592	80.88	915	**	34.18
North Carolina	2,248	73.68	3,411	118.3	1,163	**	51.72
Ohio	2,701	143.34	3,416	105.28	715	**	26.48
Oklahoma	2,423	61.39	3,285	92.6	862	**	35.57
Oregon	2,495	111.18	3,362	89.87	867	**	34.73
Pennsylvania	2,473	83.38	3,449	93.76	976	**	39.48
South Carolina	2,336	24.54	3,371	119.68	1,035	**	44.29
Tennessee	2,249	62.91	3,597	104	1,348	***	59.92
Texas	2,355	43.80	3,400	73.59	1,045	***	44.35
Utah	2,455	52.21	3,352	200.57	897	**	36.55
Virginia	2,451	119.55	3,322	101.5	871	**	35.52
Washington	2,387	29.01	3,520	94.27	1,133	**	47.46
West Virginia	2,564	125.51	3,809	117.41	1,245	**	48.55
Wisconsin	2,600	88.20	3,749	115.42	1,149	**	44.17
Wyoming	2,626	123.15	3,706	207.32	1,080	**	41.11
	1997 Adj. to Inflation^[b]		**2003**		**Change from 1997 to 2003**		
Alaska	2,931	248.85	4,011	263.87	1,080	*	36.83
District of Columbia	2,813	51.57	3,740	79.32	927	**	32.93
Hawaii	2,317	51.49	3,020	86.04	703	**	30.33
Maine	2,349	82.64	3,852	97.53	1,503	***	63.96
Mississippi	2,159	89.30	3,305	98.4	1,146	**	53.08
Nevada	2,448	132.80	3,578	151.66	1,130	**	46.17
Rhode Island	2,583	58.00	3,725	78.33	1,142	***	44.21
	1999 Adj. to Inflation^[b]		**2003**		**Change from 1999 to 2003**		
Montana	3,346	64.83	3,506	145.05	802	**	29.65
Vermont	2,471	63.21	3,596	107.35	866	**	31.72
	2000 Adj. to Inflation^[b]		**2003**		**Change from 2000 to 2003**		
North Dakota	2,450	81.64	2,999	68.52	411	*	15.89
South Dakota	2,738	63.11	3,361	130.41	468		16.19

* p<0.05; **p<0.01; ***p<0.001

a. Percent change calculated as (2003 figure-1998 figure/1998 figure)

b. Adjustment for inflation performed by SHADAC. Both the estimate and standard error for earlier years are multiplied by the Consumer Price Index-Urban (CPI-U). Statistical testing also performed by SHADAC.

^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.

Source: Agency for Healthcare Research and Quality. *Average total single premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and state* (Table II.C.1), years 1996-2003: 1996 (Revised March 2000), 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2002 (July 2004), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 10, 2006)

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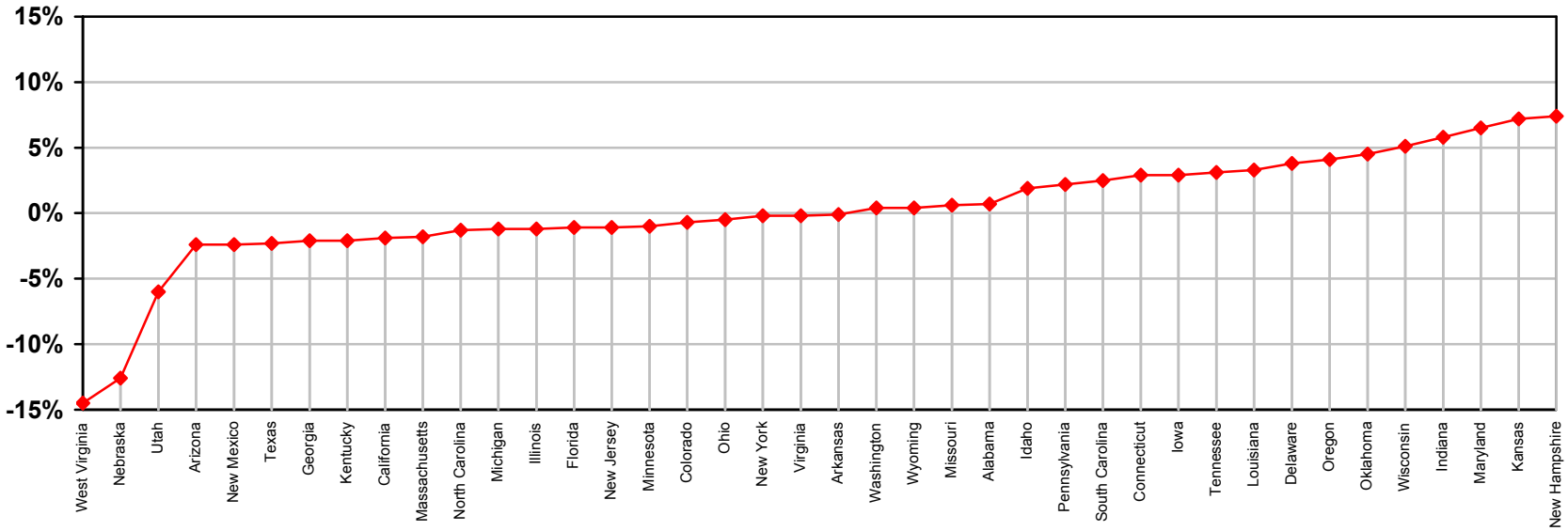
Percent of premium paid by employee for individual coverage in the nation has not changed significantly, but several states experienced an increase.

Figure 2: Percent of total premiums contributed by employees enrolled in individual coverage at private-sector establishments that offer health insurance, change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 6 in Appendix A for details.

Source: Agency for Healthcare Research and Quality. Percent of total premiums contributed by employees enrolled in individual coverage at private-sector establishments that offer health insurance by firm size and state (Table II.C.3), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 04, 2006)

- The average percentage of the premium paid by the employee for individual coverage remained stable in the United States (at approximately 17.5%).
- Six states saw an increase in the percentage of premium paid by the employee (Oregon, Wisconsin, Indiana, Maryland, Kansas and New Hampshire).
- Only West Virginia experienced a significant decline (14.5%).

Table 2: Percent of Total Premiums Contributed by Employees Enrolled in Single Coverage at Private-Sector Establishments that Offer Health Insurance: United States, 1998 to 2003

State	1998		2003		Change from 1998 to 2003	
	Percent	Std. Error	Percent	Std. Error		
United States	17.6%	0.27%	17.4%	0.33%	-0.2%	
Alabama	19.5%	2.15%	20.2%	1.35%	0.7%	
Arizona	19.9%	2.30%	17.5%	1.16%	-2.4%	
Arkansas	20.7%	1.59%	20.6%	1.32%	-0.1%	
California	16.3%	1.03%	14.4%	0.77%	-1.9%	
Colorado	16.6%	1.28%	15.9%	2.12%	-0.7%	
Connecticut	18.6%	1.81%	21.5%	1.07%	2.9%	
Delaware	14.6%	1.70%	18.4%	1.92%	3.8%	
Florida	22.0%	1.01%	20.9%	1.23%	-1.1%	
Georgia	21.4%	2.06%	19.3%	1.58%	-2.1%	
Idaho	14.3%	1.56%	16.2%	1.54%	1.9%	
Illinois	18.1%	1.87%	16.9%	2.03%	-1.2%	
Indiana	15.2%	1.58%	21.0%	1.92%	5.8%	*
Iowa	17.9%	1.04%	20.8%	1.54%	2.9%	
Kansas	15.9%	2.05%	23.1%	1.58%	7.2%	**
Kentucky	22.1%	2.33%	20.0%	1.65%	-2.1%	
Louisiana	15.8%	1.73%	19.1%	1.27%	3.3%	
Maryland	16.6%	1.56%	23.1%	2.12%	6.5%	*
Massachusetts	22.2%	1.34%	20.4%	1.68%	-1.8%	
Michigan	15.9%	1.93%	14.7%	1.12%	-1.2%	
Minnesota	17.4%	1.53%	16.4%	1.06%	-1.0%	
Missouri	16.7%	1.96%	17.3%	1.10%	0.6%	
Nebraska	37.6%	7.63%	25.0%	1.26%	-12.6%	
New Hampshire	13.7%	3.25%	21.1%	1.14%	7.4%	*
New Jersey	17.1%	2.45%	16.0%	1.07%	-1.1%	
New Mexico	20.0%	2.29%	17.6%	1.15%	-2.4%	
New York	17.6%	1.30%	17.4%	0.90%	-0.2%	
North Carolina	17.1%	1.58%	15.8%	0.97%	-1.3%	
Ohio	17.4%	1.81%	16.9%	1.25%	-0.5%	
Oklahoma	14.5%	1.30%	19.0%	2.02%	4.5%	
Oregon	8.9%	0.61%	13.0%	1.66%	4.1%	*
Pennsylvania	13.2%	0.75%	15.4%	0.91%	2.2%	
South Carolina	17.3%	1.75%	19.8%	0.99%	2.5%	
Tennessee	18.0%	2.78%	21.1%	1.40%	3.1%	
Texas	18.4%	0.95%	16.1%	0.75%	-2.3%	
Utah	25.0%	3.16%	19.0%	2.36%	-6.0%	
Virginia	19.3%	1.21%	19.1%	1.15%	-0.2%	
Washington	10.5%	0.79%	10.9%	1.07%	0.4%	
West Virginia	28.6%	4.20%	14.1%	1.82%	-14.5%	**
Wisconsin	17.0%	2.06%	22.1%	1.49%	5.1%	*
Wyoming	15.1%	1.48%	15.5%	1.82%	0.4%	
	1997^		2003		Change from 1997 to 2003	
Alaska	9.50%	1.84%	10.8%	1.54%	1.30%	
District of Columbia	13.60%	1.13%	19.0%	1.32%	5.40%	**
Hawaii	6.20%	0.76%	8.3%	1.05%	2.10%	
Maine	18.40%	1.91%	18.1%	1.38%	-0.30%	
Mississippi	14.40%	1.74%	15.2%	2.03%	0.80%	
Nevada	10.10%	1.36%	13.3%	1.36%	3.20%	
Rhode Island	16.00%	1.35%	22.0%	0.85%	6.00%	***
	1999^		2003		Change from 1999 to 2003	
Montana	15.5%	1.52%	13.5%	1.42%	-2.0%	
Vermont	18.8%	3.42%	18.2%	1.43%	-0.6%	
	2000^		2003		Change from 2000 to 2003	
North Dakota	15.8%	1.31%	19.0%	2.09%	3.2%	
South Dakota	18.4%	1.74%	22.9%	1.71%	4.5%	

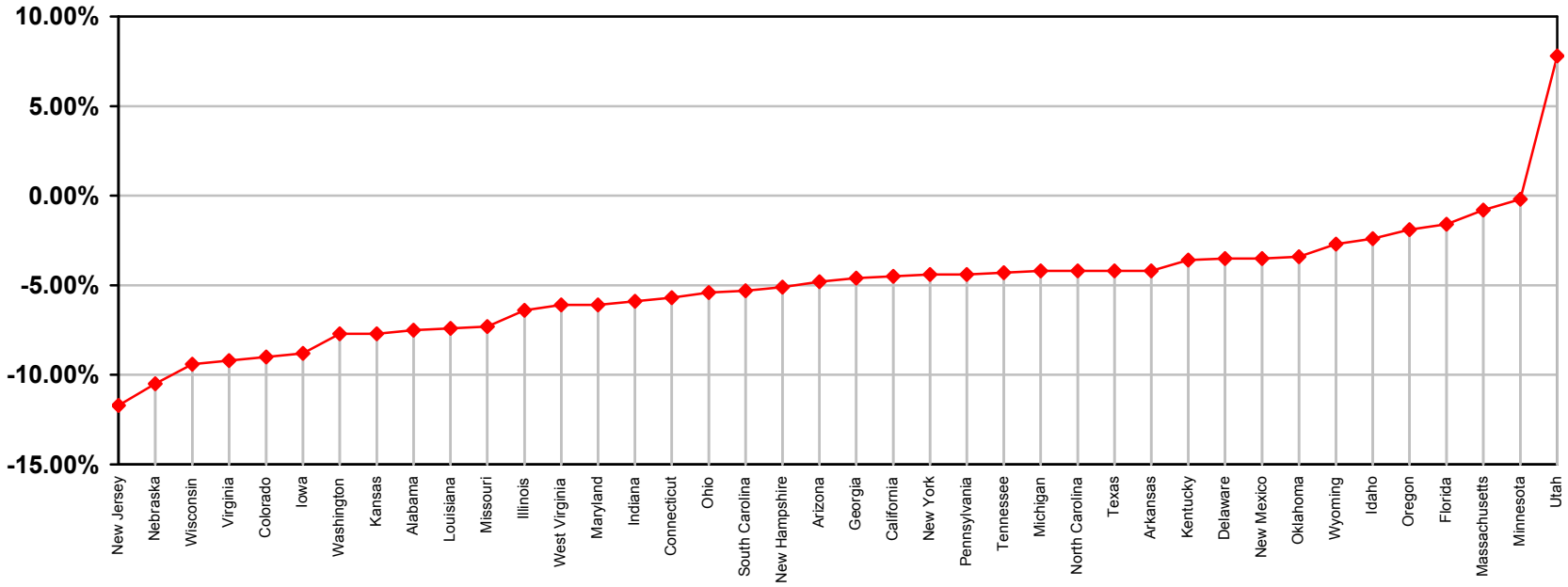
* p<0.05; **p<0.01; ***p<0.001

^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.

Source: Agency for Healthcare Research and Quality. *Percent of total premiums contributed by employees enrolled in single coverage at private-sector establishments that offer health insurance by firm size and state* (Table II.C.3), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 04, 2006)

Percent of eligible private-sector employees enrolled in health insurance has declined in many states.

Figure 3: Percent of Eligible Private-Sector Employees Who are Enrolled in Health Insurance at Establishments that Offer Health Insurance, Change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 1 in Appendix A for details.

Source: Percent of private-sector employees eligible for health insurance that are enrolled in health insurance at establishments that offer health insurance by firm size and state (Table II.B.2.a.1), years 1997-2003: 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (April 24, 2006)

- The percent of eligible private-sector employees who enroll in health insurance has declined from 85.3 percent in 1998 to 80.3 percent in 2003.
- Twenty-five of 40 states experienced a significant decline in the percent of eligible private-sector employees who enroll in health insurance coverage from 1998 to 2003.

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Table 3: Percent of Private-Sector Employees Who are Enrolled in Health Insurance at Establishments that Offer Health Insurance: United States, 1998 to 2003

State	1998		2003		Change from 1998 to 2003	
	Percent	Std. Error	Percent	Std. Error		
United States	66.2%	0.40%	63.0%	0.35%	-3.20%	***
Alabama	68.6%	3.10%	58.4%	2.89%	-10.20%	*
Arizona	61.0%	2.25%	60.6%	2.17%	-0.40%	
Arkansas	64.9%	2.92%	59.8%	2.43%	-5.10%	
California	66.6%	1.42%	66.4%	1.22%	-0.20%	
Colorado	62.0%	2.20%	58.7%	1.84%	-3.30%	
Connecticut	65.8%	1.81%	63.0%	1.95%	-2.80%	
Delaware	63.7%	3.15%	64.8%	3.16%	1.10%	
Florida	59.8%	2.88%	64.8%	2.44%	5.00%	
Georgia	71.2%	2.20%	63.0%	2.89%	-8.20%	*
Idaho	61.5%	2.64%	63.2%	2.05%	1.70%	
Illinois	69.8%	1.81%	65.6%	2.61%	-4.20%	
Indiana	69.4%	1.50%	64.2%	2.42%	-5.20%	
Iowa	66.5%	1.45%	60.9%	3.01%	-5.60%	
Kansas	68.1%	1.27%	61.7%	2.43%	-6.40%	*
Kentucky	63.6%	2.28%	62.8%	2.60%	-0.80%	
Louisiana	61.6%	3.13%	59.1%	2.81%	-2.50%	
Maryland	64.4%	2.07%	60.3%	1.90%	-4.10%	
Massachusetts	60.9%	2.15%	59.2%	2.40%	-1.70%	
Michigan	70.1%	2.19%	63.5%	2.02%	-6.60%	*
Minnesota	61.3%	2.35%	62.8%	1.00%	1.50%	
Missouri	67.4%	2.60%	62.0%	2.59%	-5.40%	
Nebraska	65.7%	2.36%	54.2%	1.77%	-11.50%	***
New Hampshire	67.8%	2.98%	61.3%	1.31%	-6.50%	*
New Jersey	68.1%	3.35%	59.3%	3.06%	-8.80%	
New Mexico	58.6%	2.80%	57.1%	2.81%	-1.50%	
New York	63.0%	1.27%	63.5%	2.03%	0.50%	
North Carolina	70.4%	2.39%	65.8%	2.22%	-4.60%	
Ohio	68.9%	1.26%	62.7%	2.37%	-6.20%	*
Oklahoma	63.3%	2.58%	63.4%	2.75%	0.10%	
Oregon	70.7%	2.20%	70.4%	2.79%	-0.30%	
Pennsylvania	68.1%	1.48%	60.9%	2.02%	-7.20%	**
South Carolina	72.3%	2.64%	65.4%	2.00%	-6.90%	*
Tennessee	67.2%	3.37%	64.7%	1.89%	-2.50%	
Texas	66.2%	0.68%	63.6%	2.22%	-2.60%	
Utah	51.4%	2.97%	55.4%	3.45%	4.00%	
Virginia	62.7%	1.99%	60.5%	2.04%	-2.20%	
Washington	71.6%	2.31%	63.3%	2.46%	-8.30%	*
West Virginia	68.6%	3.47%	66.9%	2.90%	-1.70%	
Wisconsin	64.4%	2.34%	58.6%	1.44%	-5.80%	*
Wyoming	61.9%	2.89%	67.3%	3.19%	5.40%	
	1997^		**2003**		**Change from 1997 to 2003**	
Alaska	63.40%	3.44%	62.30%	3.49%	-1.10%	
District of Columbia	69.50%	2.24%	69.40%	2.56%	-0.10%	
Hawaii	71.30%	2.53%	68.90%	2.22%	-2.40%	
Maine	61.50%	3.23%	60.70%	2.49%	-0.80%	
Mississippi	71.20%	3.14%	62.50%	2.63%	-8.70%	
Nevada	62.70%	2.65%	61.60%	2.73%	-1.10%	
Rhode Island	65.70%	2.32%	62.00%	2.59%	-3.70%	
	1999^		**2003**		**Change from 1999 to 2003**	
Montana	60.2%	1.63%	59.8%	4.05%	-0.4%	
Vermont	60.3%	2.45%	56.5%	2.66%	-3.8%	
	2000^		**2003**		**Change from 2000 to 2003**	
North Dakota	63.0%	1.94%	57.7%	2.85%	-5.3%	
South Dakota	58.3%	3.41%	59.7%	1.99%	1.4%	

* p<0.05; **p<0.01; ***p<0.001

^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.

Source: Agency for Healthcare Research and Quality. *Percent of private-sector employees that are enrolled in health insurance at establishments that offer health insurance by firm size and state* (Table II.B.2.b), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 10, 2006)

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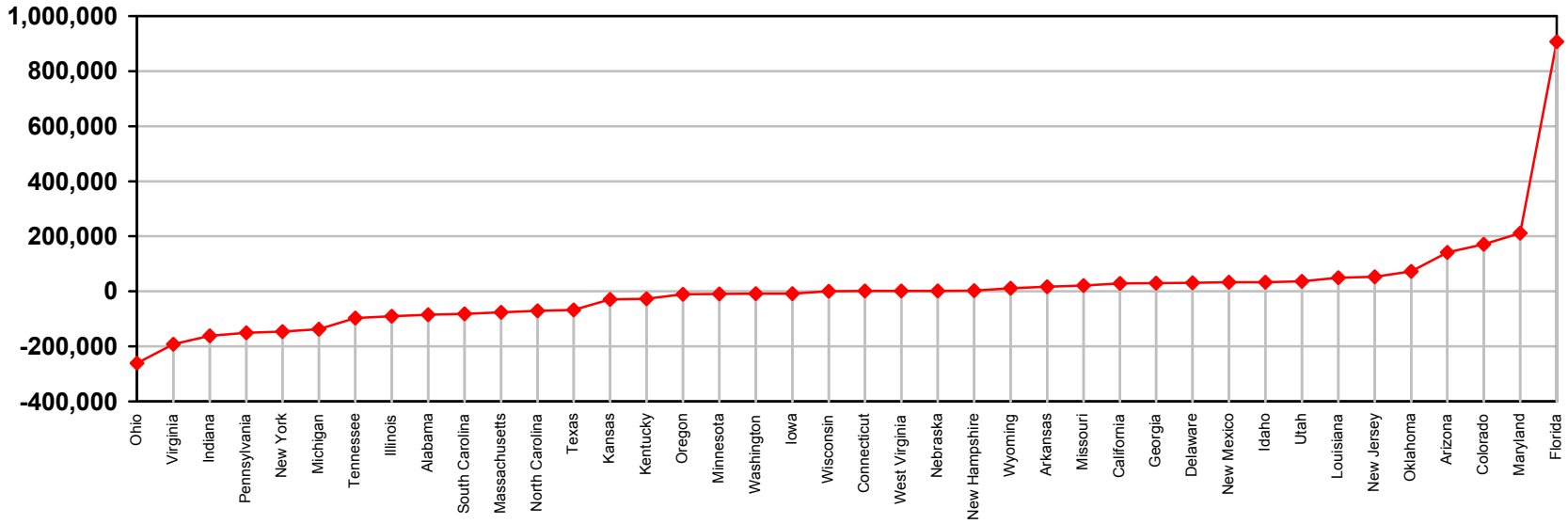
Number of employees in private-sector establishments remains unchanged in most of the country.

Figure 4: Number of Employees in Private-Sector Establishments, Change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 1 in Appendix A for details.

Source: Agency for Healthcare Research and Quality. Number of private-sector employees by firm size and state (Table II.B.1), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (February 01, 2006)

- The number of employees in private-sector establishments did not significantly increase in any state for which we have data or the nation as a whole from 1998 to 2003, even though the population in the country grew by 21 million people over this period (U.S. Census Bureau 1998, 2003).

Table 4: Number of Employees in Private Sector Establishments: United States, 1998 to 2003

State	1998 Number	1998 Std. Error	2003 Number	2003 Std. Error	Change from 1998 to 2003
United States	110,575,764	1,378,821	110,876,535	1,560,672	300,771
Alabama	1,603,461	160,559	1,518,494	95,733	-84,967
Arizona	1,785,283	154,237	1,926,539	94,424	141,256
Arkansas	940,298	36,647	957,152	76,163	16,854
California	12,466,620	594,711	12,494,957	598,749	28,337
Colorado	1,715,736	206,238	1,886,378	181,410	170,642
Connecticut	1,524,108	160,046	1,525,053	108,911	945
Delaware	359,071	49,105	390,199	45,624	31,128
Florida	5,831,822	189,332	6,738,682	531,036	906,860
Georgia	3,270,721	250,499	3,300,157	254,738	29,436
Idaho	447,649	62,803	480,720	44,244	33,071
Illinois	5,305,065	462,865	5,214,814	445,297	-90,251
Indiana	2,576,677	152,287	2,414,718	174,245	-161,959
Iowa	1,225,773	60,648	1,217,696	76,878	-8,077
Kansas	1,069,047	49,179	1,040,218	57,567	-28,829
Kentucky	1,429,645	90,245	1,402,868	107,516	-26,777
Louisiana	1,491,682	99,629	1,541,670	102,615	49,988
Maryland	1,879,435	105,113	2,090,390	117,750	210,955
Massachusetts	3,005,523	113,731	2,929,360	229,209	-76,163
Michigan	4,144,942	231,516	4,006,941	247,230	-138,001
Minnesota	2,376,401	183,496	2,366,453	155,018	-9,948
Missouri	2,285,749	193,920	2,306,662	229,587	20,913
Nebraska	784,106	26,107	785,863	41,304	1,757
New Hampshire	532,868	69,828	535,590	34,477	2,722
New Jersey	3,551,845	145,219	3,605,044	260,118	53,199
New Mexico	523,249	36,130	555,969	33,802	32,720
New York	7,282,483	450,178	7,136,088	378,229	-146,395
North Carolina	3,311,571	371,519	3,241,080	138,799	-70,491
Ohio	4,852,123	219,538	4,591,485	266,867	-260,638
Oklahoma	1,135,898	76,340	1,208,704	90,582	72,806
Oregon	1,349,822	110,405	1,339,168	64,952	-10,654
Pennsylvania	5,082,962	297,166	4,932,291	228,379	-150,671
South Carolina	1,499,978	76,070	1,418,430	96,477	-81,548
Tennessee	2,261,402	306,629	2,164,434	176,555	-96,968
Texas	7,906,546	443,502	7,838,737	354,162	-67,809
Utah	833,698	113,290	869,870	77,550	36,172
Virginia	2,824,101	219,619	2,631,379	236,429	-192,722
Washington	2,150,516	171,427	2,141,961	99,962	-8,555
West Virginia	543,060	50,376	544,237	31,053	1,177
Wisconsin	2,393,411	128,653	2,393,849	229,621	438
Wyoming	162,341	10,175	173,651	14,043	11,310
	1997^		**2003**		**Change from 1997 to 2003**
Alaska	180,787	9,600	224,512	18,382	-1,275,466
District of Columbia	404,642	57,604	417,308	30,166	-1,844,094
Hawaii	422,873	24,963	435,868	25,406	-7,470,678
Maine	443,882	49,028	501,004	33,077	-332,694
Mississippi	855,963	57,678	909,309	34,600	-1,914,792
Nevada	759,384	44,600	974,509	48,202	-1,176,007
Rhode Island	399,548	47,143	410,606	22,451	-132,454
	1999^		**2003**		**Change from 1999 to 2003**
Montana	293,110	24,908	326,806	14,987	33,696
Vermont	245,459	17,882	249,048	19,356	3,589
	2000^		**2003**		**Change from 2000 to 2003**
North Dakota	251,569	9,243	270,330	22,398	18,761 ***
South Dakota	305,550	16,192	299,284	23,496	-6,266 ***

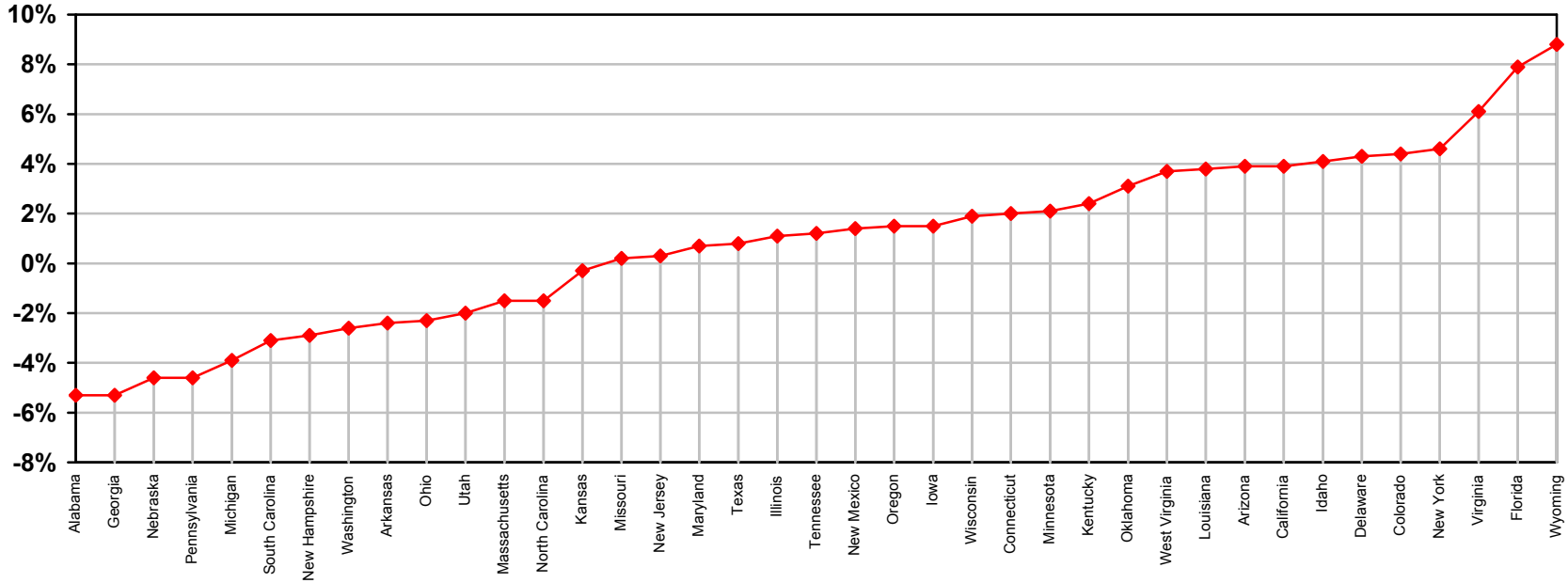
* p<0.05; **p<0.01; ***p<0.001

^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.

Source: Agency for Healthcare Research and Quality. *Number of private-sector employees by firm size and state* (Table II.B.1), years 1999-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (February 01, 2006)

Change in the percent of private-sector employees eligible for health insurance at establishments that offer coverage varies by state.

Figure 5: Percent of Private-Sector Employees Eligible for Health Insurance at Establishments that Offer Health Insurance, Change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 3 in Appendix A for details.

Source: Agency for Healthcare Research and Quality. Percent of private-sector employees enrolled in a health insurance plan that take family coverage by firm size and state (Table II.D.4), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 10, 2006)

- In most states, and in the nation as a whole, the percent of employees at establishments that offer health insurance that are eligible for the benefit has remained stable from 1998 to 2003.
- The number significantly increased in California (3.9%), Florida (7.9%) and Wyoming (8.8%), with more employees working at establishments that offer health insurance in 2003.
- Pennsylvania is the only state to see a significant decrease (4.6%) from 1998 to 2003.

Table 5: Percent of Private-Sector Employees Eligible for Health Insurance at Establishments that Offer Health Insurance: United States, 1998 to 2003

State	1998		2003		Change from 1998 to 2003
	Percent	Std. Error	Percent	Std. Error	
United States	77.6%	0.39%	78.5%	0.51%	0.9%
Alabama	81.8%	2.47%	76.5%	2.84%	-5.3%
Arizona	72.9%	2.40%	76.8%	1.33%	3.9%
Arkansas	78.7%	1.95%	76.3%	2.00%	-2.4%
California	76.8%	1.02%	80.7%	0.99%	3.9% **
Colorado	73.9%	1.97%	78.3%	2.34%	4.4%
Connecticut	77.5%	1.79%	79.5%	2.24%	2.0%
Delaware	73.1%	2.79%	77.4%	2.40%	4.3%
Florida	74.1%	2.05%	82.0%	2.02%	7.9% **
Georgia	83.0%	2.24%	77.7%	2.42%	-5.3%
Idaho	71.9%	2.19%	76.0%	2.22%	4.1%
Illinois	79.2%	1.57%	80.3%	2.00%	1.1%
Indiana	80.5%	1.89%	79.9%	1.77%	-0.6%
Iowa	77.1%	1.93%	78.6%	2.47%	1.5%
Kansas	79.4%	1.55%	79.1%	2.93%	-0.3%
Kentucky	75.1%	2.29%	77.5%	2.37%	2.4%
Louisiana	74.4%	2.85%	78.2%	2.21%	3.8%
Maryland	78.1%	1.87%	78.8%	1.79%	0.7%
Massachusetts	76.4%	1.62%	74.9%	2.25%	-1.5%
Michigan	81.1%	1.76%	77.2%	2.39%	-3.9%
Minnesota	75.8%	2.64%	77.9%	1.97%	2.1%
Missouri	76.3%	2.22%	76.5%	3.01%	0.2%
Nebraska	75.9%	2.11%	71.3%	2.41%	-4.6%
New Hampshire	81.5%	2.37%	78.6%	1.82%	-2.9%
New Jersey	77.4%	3.22%	77.7%	2.66%	0.3%
New Mexico	73.3%	2.95%	74.7%	2.26%	1.4%
New York	74.8%	1.47%	79.4%	2.11%	4.6%
North Carolina	80.5%	1.94%	79.0%	2.18%	-1.5%
Ohio	80.7%	1.25%	78.4%	2.02%	-2.3%
Oklahoma	73.2%	2.84%	76.3%	2.90%	3.1%
Oregon	80.5%	2.09%	82.0%	2.72%	1.5%
Pennsylvania	80.2%	1.29%	75.6%	1.44%	-4.6% *
South Carolina	81.2%	2.78%	78.1%	2.03%	-3.1%
Tennessee	80.0%	2.60%	81.2%	1.72%	1.2%
Texas	76.4%	0.48%	77.2%	2.45%	0.8%
Utah	71.5%	2.50%	69.5%	3.15%	-2.0%
Virginia	73.3%	2.69%	79.4%	2.39%	6.1%
Washington	79.7%	1.99%	77.1%	1.97%	-2.6%
West Virginia	77.8%	2.54%	81.5%	2.76%	3.7%
Wisconsin	76.8%	2.20%	78.7%	1.61%	1.9%
Wyoming	71.9%	2.36%	80.7%	2.54%	8.8% *
	1997^		2003		Change from 1997 to 2003
Alaska	76.50%	2.36%	72.40%	3.27%	-4.10%
District of Columbia	86.40%	1.72%	82.70%	1.77%	-3.70%
Hawaii	83.70%	1.71%	80.20%	1.72%	-3.50%
Maine	77.00%	2.44%	79.70%	2.22%	2.70%
Mississippi	82.90%	2.01%	75.80%	2.89%	-7.10% *
Nevada	73.40%	2.73%	75.40%	2.10%	2.00%
Rhode Island	83.40%	1.95%	76.30%	2.63%	-7.10% *
	1999^		2003		Change from 1999 to 2003
Montana	74.90%	1.54%	71.80%	4.33%	-3.1%
Vermont	78.30%	2.05%	77.00%	2.95%	-1.3%
	2000^		2003		Change from 2000 to 2003
North Dakota	76.80%	1.90%	73.10%	2.56%	-3.7%
South Dakota	74.10%	2.59%	75.30%	2.26%	1.2%

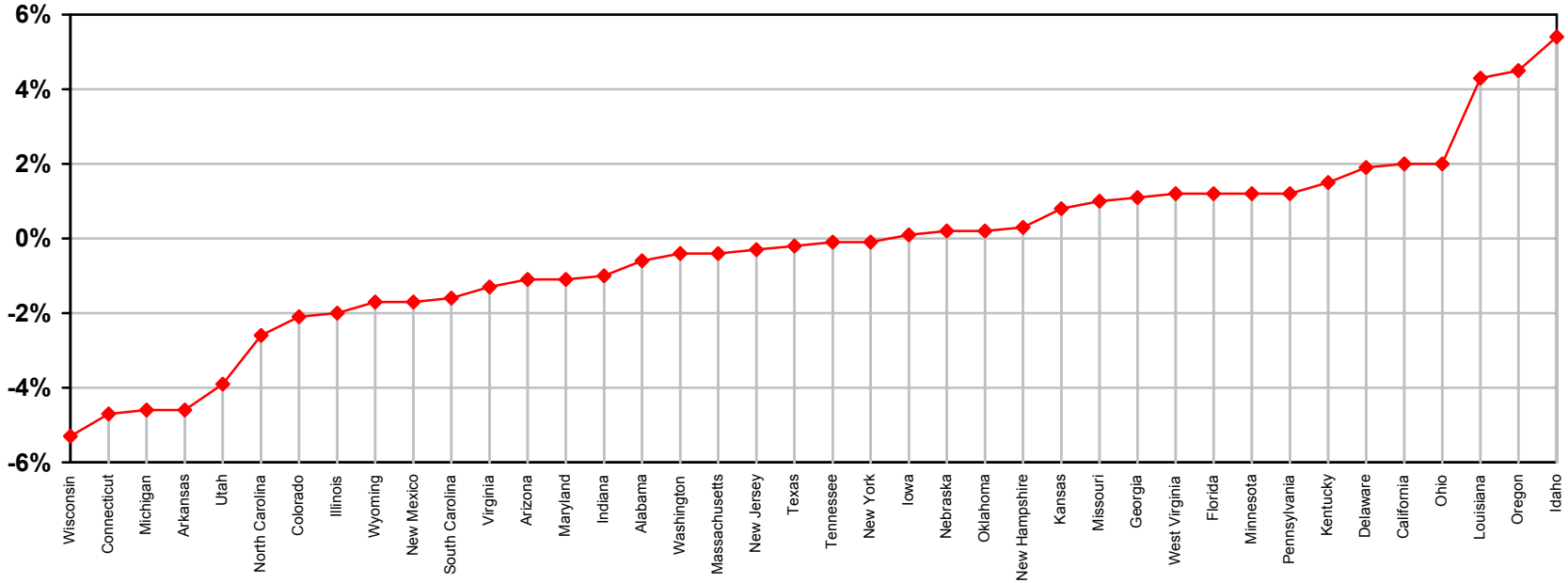
* p<0.05; **p<0.01; ***p<0.001

^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.

Source: Agency for Healthcare Research and Quality. *Percent of private-sector employees eligible for health insurance at establishments that offer health insurance by firm size and state* (Table II.B.2.a), years 1996-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 10, 2006)

Percent of employees in private-sector establishments that offer health insurance has not changed significantly.

Figure 6: Percent of Private-Sector Employees in Establishments that Offer Health Insurance, Change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 2 in Appendix A for details.

Source: Agency for Healthcare Research and Quality. Percent of private-sector employees in establishments that offer health insurance by firm size and state (Table II.B.2), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 12, 2006)

- The percent of private-sector employees in establishments that offer insurance coverage remained unchanged. The estimated level was nearly 87 percent in both 1998 and 2003.
- Most states did not see any significant change from 1998 to 2003.
- Only Wisconsin experienced a significant decline in the percent of private-sector employees working for establishments that offer health insurance.

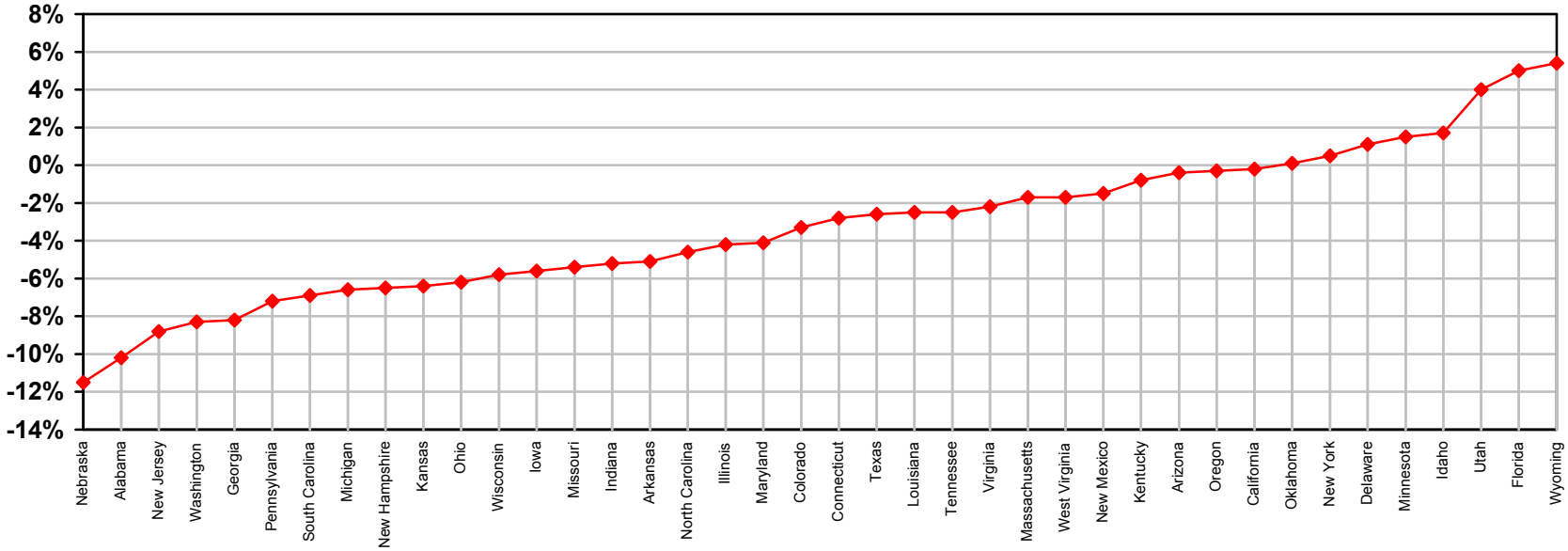
Table 6: Percent of Private-Sector Employees in Establishments that Offer Health Insurance: United States, 1998 to 2003

State	1998		2003		Change from 1998 to 2003
	Percent	Std. Error	Percent	Std. Error	
United States	87.0%	0.27%	86.8%	0.48%	-0.2%
Alabama	89.1%	1.40%	88.5%	1.19%	-0.6%
Arizona	87.3%	0.84%	86.2%	1.53%	-1.1%
Arkansas	85.2%	1.56%	80.6%	1.90%	-4.6%
California	83.6%	2.49%	85.6%	1.20%	2.0%
Colorado	88.0%	1.53%	85.9%	1.18%	-2.1%
Connecticut	91.0%	0.90%	86.3%	2.83%	-4.7%
Delaware	89.1%	2.03%	91.0%	1.42%	1.9%
Florida	84.5%	1.84%	85.7%	2.22%	1.2%
Georgia	86.9%	1.96%	88.0%	1.18%	1.1%
Idaho	77.6%	2.98%	83.0%	1.84%	5.4%
Illinois	88.8%	0.95%	86.8%	2.03%	-2.0%
Indiana	87.1%	1.69%	86.1%	1.49%	-1.0%
Iowa	85.8%	1.24%	85.9%	1.84%	0.1%
Kansas	84.9%	2.11%	85.7%	1.30%	0.8%
Kentucky	85.3%	1.69%	86.8%	2.04%	1.5%
Louisiana	80.4%	2.36%	84.7%	1.56%	4.3%
Maryland	89.9%	1.76%	88.8%	1.66%	-1.1%
Massachusetts	91.7%	0.75%	91.3%	1.13%	-0.4%
Michigan	90.8%	0.57%	86.2%	3.56%	-4.6%
Minnesota	87.3%	1.89%	88.5%	2.09%	1.2%
Missouri	87.2%	1.95%	88.2%	0.97%	1.0%
Nebraska	82.1%	2.35%	82.3%	2.01%	0.2%
New Hampshire	91.0%	1.53%	91.3%	1.32%	0.3%
New Jersey	89.2%	2.57%	88.9%	1.26%	-0.3%
New Mexico	80.4%	2.16%	78.7%	2.57%	-1.7%
New York	89.4%	1.01%	89.3%	0.69%	-0.1%
North Carolina	89.2%	1.64%	86.6%	0.77%	-2.6%
Ohio	87.3%	1.92%	89.3%	0.87%	2.0%
Oklahoma	82.2%	1.54%	82.4%	3.13%	0.2%
Oregon	83.1%	2.01%	87.6%	1.32%	4.5%
Pennsylvania	90.5%	0.51%	91.7%	1.00%	1.2%
South Carolina	87.1%	1.90%	85.5%	1.32%	-1.6%
Tennessee	86.9%	1.30%	86.8%	1.54%	-0.1%
Texas	85.6%	1.01%	85.4%	1.06%	-0.2%
Utah	87.9%	1.39%	84.0%	2.54%	-3.9%
Virginia	87.3%	2.03%	86.0%	1.89%	-1.3%
Washington	85.3%	1.65%	84.9%	1.98%	-0.4%
West Virginia	83.2%	2.35%	84.4%	1.81%	1.2%
Wisconsin	90.3%	1.09%	85.0%	2.09%	-5.3% *
Wyoming	73.8%	1.76%	72.1%	2.55%	-1.7%
	1997^		**2003**		**Change from 1997 to 2003**
Alaska	80.40%	1.92%	79.8%	1.75%	-0.60%
District of Columbia	94.20%	1.78%	96.7%	0.35%	2.50%
Hawaii	97.30%	0.44%	97.7%	0.43%	0.40%
Maine	80.40%	1.92%	77.8%	2.18%	-2.60%
Mississippi	91.70%	2.37%	82.2%	1.98%	-9.50%
Nevada	88.20%	1.95%	88.7%	1.43%	0.50%
Rhode Island	88.50%	1.55%	90.6%	0.85%	2.10%
	1999^		**2003**		**Change from 1999 to 2003**
Montana	75.9%	2.37%	73.6%	2.27%	-2.3%
Vermont	87.4%	2.07%	86.0%	1.86%	-1.4%
	2000^		**2003**		**Change from 2000 to 2003**
North Dakota	80.6%	2.36%	81.1%	1.39%	0.5%
South Dakota	79.2%	1.43%	81.2%	1.82%	2.0%

* p<0.05; **p<0.01; ***p<0.001
^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.
Source: Agency for Healthcare Research and Quality. *Percent of private-sector employees in establishments that offer health insurance by firm size and state* (Table II.B.2), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 12, 2006)

The percent of private-sector employees enrolled in employer coverage at establishments that offer it decreased in nationally and in several states.

Figure 7: Percent of Private-Sector Employees Who are Enrolled in Health Insurance at Establishments that Offer Health Insurance, Change from 1998 to 2003[1]



1 State level estimates are not available for all states in 1998. See Table 4 in Appendix A for details.

Source: Agency for Healthcare Research and Quality. Percent of private-sector employees that are enrolled in health insurance at establishments that offer health insurance by firm size and state (Table II.B.2.b), years 1998-2003: 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (January 10, 2006)

- For the nation as a whole, the percent of employees enrolled in health insurance among people who work for private-sector employers that offer coverage decreased (3.2%).
- Eleven states (Nebraska, Alabama, Washington, Georgia, Pennsylvania, South Carolina, Michigan, New Hampshire, Kansas, Ohio and Wisconsin) experienced a significant decrease in the percent of private-sector employees enrolled in health insurance coverage at establishments that offer coverage.
- In Nebraska and Alabama, the estimated decline was over 10 percent (11.5% and 10.2%, respectively).

Table 7: Percent of Private-Sector Employees that are Eligible and Enrolled in Health Insurance at Establishments that Offer Health Insurance : United States, 1998 to 2003

State	1998		2003		Change from 1998 to 2003	
	Percent	Std. Error	Percent	Std. Error		
United States	85.30%	0.20%	80.30%	0.32%	-5.00%	***
Alabama	83.80%	1.81%	76.30%	2.77%	-7.50%	*
Arizona	83.70%	2.05%	78.90%	2.01%	-4.80%	
Arkansas	82.50%	2.58%	78.30%	2.61%	-4.20%	
California	86.70%	1.26%	82.20%	0.95%	-4.50%	**
Colorado	83.90%	1.74%	74.90%	2.42%	-9.00%	**
Connecticut	84.90%	1.20%	79.20%	1.43%	-5.70%	**
Delaware	87.20%	1.92%	83.70%	2.13%	-3.50%	
Florida	80.70%	2.32%	79.10%	2.67%	-1.60%	
Georgia	85.70%	1.68%	81.10%	2.22%	-4.60%	
Idaho	85.60%	1.78%	83.20%	1.49%	-2.40%	
Illinois	88.10%	1.16%	81.70%	2.03%	-6.40%	**
Indiana	86.20%	0.83%	80.30%	2.24%	-5.90%	*
Iowa	86.30%	1.08%	77.50%	2.09%	-8.80%	***
Kansas	85.70%	1.41%	78.00%	2.06%	-7.70%	**
Kentucky	84.70%	1.16%	81.10%	1.52%	-3.60%	
Louisiana	82.90%	1.46%	75.50%	3.25%	-7.40%	*
Maryland	82.60%	0.99%	76.50%	1.98%	-6.10%	**
Massachusetts	79.80%	1.66%	79.00%	2.32%	-0.80%	
Michigan	86.50%	1.29%	82.30%	1.59%	-4.20%	*
Minnesota	80.80%	2.22%	80.60%	1.56%	-0.20%	
Missouri	88.40%	1.74%	81.10%	1.64%	-7.30%	**
Nebraska	86.60%	1.30%	76.10%	1.74%	-10.50%	***
New Hampshire	83.20%	1.91%	78.10%	1.41%	-5.10%	*
New Jersey	87.90%	1.21%	76.20%	2.15%	-11.70%	***
New Mexico	80.00%	1.13%	76.50%	2.22%	-3.50%	
New York	84.30%	1.16%	79.90%	1.04%	-4.40%	**
North Carolina	87.40%	1.26%	83.20%	1.31%	-4.20%	*
Ohio	85.40%	0.79%	80.00%	2.02%	-5.40%	*
Oklahoma	86.40%	1.78%	83.00%	1.39%	-3.40%	
Oregon	87.80%	1.59%	85.90%	1.82%	-1.90%	
Pennsylvania	84.90%	0.82%	80.50%	1.39%	-4.40%	**
South Carolina	89.10%	1.44%	83.80%	1.13%	-5.30%	**
Tennessee	84.00%	2.65%	79.70%	2.38%	-4.30%	
Texas	86.60%	1.15%	82.40%	0.94%	-4.20%	**
Utah	71.90%	3.69%	79.70%	2.23%	7.80%	
Virginia	85.50%	1.45%	76.30%	1.77%	-9.20%	***
Washington	89.80%	1.03%	82.10%	2.83%	-7.70%	*
West Virginia	88.20%	1.88%	82.10%	1.73%	-6.10%	*
Wisconsin	83.90%	1.18%	74.50%	1.75%	-9.40%	***
Wyoming	86.00%	2.51%	83.30%	2.11%	-2.70%	
	1997^		**2003**		**Change from 1997 to 2003**	
Alaska	82.90%	4.05%	86.00%	1.97%	3.10%	
District of Columbia	80.40%	2.01%	83.90%	1.68%	3.50%	
Hawaii	85.20%	1.82%	86.00%	1.20%	0.80%	
Maine	79.90%	2.35%	76.20%	2.58%	-3.70%	
Mississippi	85.80%	2.46%	82.50%	1.45%	-3.30%	
Nevada	85.40%	1.73%	81.70%	1.91%	-3.70%	
Rhode Island	78.80%	1.80%	81.20%	1.06%	2.40%	
	1999^		**2003**		**Change from 1999 to 2003**	
Montana	80.30%	1.86%	83.20%	2.08%	2.90%	
Vermont	77.10%	1.98%	73.40%	2.78%	-3.70%	
	2000^		**2003**		**Change from 2000 to 2003**	
North Dakota	82.10%	1.51%	78.80%	2.37%	-3.30%	
South Dakota	78.70%	2.88%	79.30%	1.26%	0.60%	

* p<0.05; **p<0.01; ***p<0.001

^Prior to 2003, national estimates were available for all years; for smaller states, extra sampling to produce state representative estimates was provided on a rotating basis. Therefore, on average, state estimates for eleven states are not available for each year.

Source: Percent of private-sector employees eligible for health insurance that are enrolled in health insurance at establishments that offer health insurance by firm size and state (Table II.B.2.a.1), years 1997-2003: 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2003 (July 2005). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.asp> (April 24, 2006)

Appendix A: Methods & References

Methods

The Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) is a state representative survey of public and private employers in the U.S. sponsored by the Agency for Healthcare Research and Quality. (AHRQ 2005b) "The objectives of the MEPS-IC survey are to describe the current employer-provided health insurance system, to examine factors which influence employee choice of health insurance plans, to monitor changes in the health insurance system, to provide data for modeling federal health care policies and to measure state and national levels of health insurance spending for the National Health Accounts." (AHRQ 2005a)

The MEPS-IC is a cross-sectional survey conducted annually. The reference period for questions on the survey is the previous calendar year. Surveys are conducted by telephone and mail. The survey sample is drawn randomly from local and state government employers and private sector establishments with at least one employee that are listed in the Business Register (maintained by the U.S. Census Bureau and derived from administrative records) or the Census of Governments. The Business Register is updated annually and the Census of Governments is updated every five years. From 1996 to 2002, the sample is allocated by state, sector (public/ private) and employer size. Sequential stratified sampling was performed, with public and private establishments sampled in separate strata. The sample design also imposed restrictions in the list sample on the number of establishments sampled per firm (to reduce the burden on firms). Data were sorted by industry categories using Standard Industrial Classification (SIC) until 2000, and thereafter North American Industrial Classification System (NAICS). Beginning in survey year 2003, the stratification and allocation for the private-sector sample was improved, and the restrictions on establishments within a firm were decreased. (ARHQ 2005b)

National estimates are available for all MEPS-IC years. From 1996-2002, state representation is dependent upon state size and funding for the survey. After 2003, the MEPS-IC sample size was increased so that each state and the District of Columbia is represented in the data. (AHRQ 2005b)

The national sample size for private establishments in the MEPS-IC ranges from 27,000 in 1996 (Sommers 1999) to approximately 44,000 establishments in 2003. The response rate for the MEPS-IC averages 78 percent from 1996 to 2002. (Sommers 2004)

References

AHRQ 2005a: Readme File for MEPS IC: Employer-Sponsored Health Insurance Data. Rockville MD: Agency for Healthcare Research and Quality, July 2005. (Accessed March 30, 2006). Available at: http://www.meps.ahrq.gov/Data_Pub/Questionnaires/questic/readmeic.htm

AHRQ 2005b.Technical Notes. Rockville MD: Agency for Healthcare Research and Quality, July 2005. (Accessed March 30, 2006). Available at: http://www.meps.ahrq.gov/mepsdata/ic/2003/technote.htm

Branscome, J.M. State Differences in the Cost of Job-Related Health Insurance, 2002. Statistical Brief #51. Rockville MD: Agency for Healthcare Research and Quality, July 2004. Available at: http://www.meps.ahrq.gov/papers/st51/stat51.htm

Kaiser Family Foundation and HRET. 2005. Employer Health Benefits 2005 Annual Survey. Publication #7315. Menlo Park CA: The Henry J. Kaiser Family Foundation. Available at: http://www.kff.org/insurance/7315/upload/7315.pdf

Sommers, J. 1999. List sample design of the 1996 Medical Expenditure Panel Survey Insurance Component. MEPS Methodology Report No. 6. AHCPR Pub. No. 99-0037. Rockville MD: Agency for Health Care Policy and Research, 1999.

Sommers, J. 2004. Enrollment Rates for Employer-Sponsored Health Insurance in the Private Sector between 1999 and 2002. Statistical Brief #49. Rockville MD: Agency for Healthcare Research and Quality, July 2004. Available at: http://www.meps.ahrq.gov/papers/st49/stat49.htm

Sommers, J. and R. Keach. 2005. Employer-Sponsored Health Insurance Costs, Offer Rates, and Take-Up Rates for Small Employers in the Private Sector, by Industry Classification, 2000 and 2003. Statistical Brief #98. Rockville MD: Agency for Healthcare Research and Quality, September 2005. Available at: http://www.meps.ahrq.gov/papers/st98/stat98.pdf

U.S. Census Bureau. 1998. Population estimates. U.S. Census Bureau, Population Division, July 1, 1998. (Accessed April 6, 2006)Available at: http://www.census.gov/popest/archives/1990s/nat-total.txt

U.S. Census Bureau. 2003. Population estimates. U.S. Census Bureau, Population Division, July 1, 2003. (Accessed April 6, 2006)Available at: http://www.census.gov/popest/states/NST-EST2003-ann-est.html

U.S. Census Bureau. 2005 Historical Health Insurance Tables. Table HI-I. U.S. Census Bureau, Housing and Household Economic Statistics Division, last revised August 30, 2005. (Accessed April 6, 2006). Available at: http://www.census.gov/hhes/www/hlthins/historic/index.html

The Urban Institute: Why Do People Lack Health Insurance?

Why Do People Lack Health Insurance?

Currently, 46 million people or nearly one in five nonelderly adults and children lack health insurance in the United States, an increase of 6 million since 2000.[i] The recent rise in uninsurance has been attributed to a number of factors, including rising health care costs, the economic downturn, an erosion of employer-based insurance, and public program cutbacks.[ii] Developing effective strategies for reducing uninsurance requires understanding why people lack insurance coverage. This brief looks at the reasons people report being uninsured overall and by key population subgroups (defined by age, race/ethnicity, health status, and family and employment characteristics). We also examine how those reasons have changed over time.

Key Findings

The high cost of health insurance matters for uninsured non-elderly adults and children, whether old or young, healthy or disabled, with high incomes or well below the poverty line. Further, the importance of high costs as a reason for being uninsured has risen rapidly, growing steadily for both non-elderly adults and children.

Although cost is an important issue for all population subgroups studied, cost concerns were most prevalent among Hispanic individuals, non-citizens and those likely to face the highest costs for coverage in the non-group market—the near-elderly and disabled adults. Over time, however, the importance of high insurance costs for adults and children in families with access to employer-sponsored insurance (ESI) coverage also has grown, likely reflecting the rising costs of ESI.

If policymakers want to increase insurance coverage, they will need to address the fact that many of the uninsured view the cost of the coverage options available to them as "too high." Lowering the cost of coverage (for example, by expanding eligibility for public insurance or providing subsidies for private insurance coverage) and/or raising the cost of being uninsured (for example, by imposing penalties for those who do not purchase coverage), could reduce the perceived high cost of coverage relative to being uninsured.

Data and Methods

This analysis uses data from the National Health Interview Survey (NHIS), an annual cross-sectional survey of the civilian, non-institutionalized U.S. population. The NHIS is sponsored by the U.S. Centers for Disease Control and Prevention. Each year, the NHIS collects detailed information on the health conditions, health status, and insurance coverage of a nationally representative sample of households in all 50 states and the District of Columbia.

Our primary focus is the subset of non-elderly adults (age 19 to 64) and children (age 0 to 18) who are identified as uninsured at the time of the survey. These adults and the respondent for the child (generally the child's parent) were asked why they do not have health insurance: "Which of these are reasons [you/subject name] stopped being covered or [do/does] not have health insurance?" They were then read a list of potential reasons and allowed to select up to five different reasons. They were also asked if there were any other reasons for not having coverage. For most uninsured adults (77 percent) and children (84 percent), a single reason was cited for not having coverage. For simplicity in reporting, we collapsed the potential reasons into the following categories:[iii]

- Cost is too high;
- Lost job or changed employers;
- Self-employed; employer does not offer coverage or is not eligible for ESI coverage;[iv]
- Lost eligibility for Medicaid;
- Became ineligible for coverage because of age or because left school;
- Never had or have no need for insurance;
- Other reasons;[v] and
- Don't know or refused.

To ensure adequate sample size for the analysis of changes over time and among population subgroups, we combine data from the 1998 and 1999 surveys, and the 2003 and 2004 surveys. Henceforth, for simplicity we refer to the 1998/1999 combined sample as 1999; likewise, we refer to the 2003/2004 sample as 2004. The analysis was conducted using SAS 9.1 and Stata 9, and all estimates and standard errors have been adjusted to account for income imputations and the complex survey design of the NHIS.[vi]

Data and Methods

Our total sample comprises 331,536 observations, including 226,378 nonelderly adults and 105,158 children. Of these, roughly 18 percent of nonelderly adults and 12 percent of children were uninsured in 1999.[vii] By 2004, the uninsurance rate had risen to over 19 percent for nonelderly adults and had fallen to 9 percent for children. The latter reflects the growth of the State Children's Health Insurance Program (SCHIP) and increased Medicaid enrollment for children over the period. We have a sample of 24,093 uninsured non-elderly adults and 5,375 uninsured children for 2004. In 1999, the comparable numbers were 22,409 and 7,706 respectively.

Results: Who Are the Uninsured?

Consistent with other research, our samples of uninsured adults and children are quite diverse, encompassing all ages, races/ethnicities, educational levels, family types, and incomes (Table 1). However, some members of the population are more likely to be uninsured than others:

- Among non-elderly adults, younger adults between age 19 and 34 are significantly more likely to be uninsured than older adults.

- Among children, older children age 7 to 18 are more likely to be uninsured; however, the uninsurance rate for these children is much less than that of adults age 19 to 34 (not shown in table).

- Compared to their insured counterparts, both uninsured non-elderly adults and uninsured children are more likely to be Hispanic and to be non-citizens. The latter fact likely reflects that many non-citizens are employed in low-wage jobs without health benefits and are ineligible for public coverage in most states.[viii]

- The majority of non-elderly adults and nearly all children are in good or better health; however, uninsured adults are more likely to report fair or poor health than their insured counterparts (11 vs. 9 percent).

When we look at the family circumstances of the insured and uninsured, we find large and significant differences for both non-elderly adults and children (Table 2). Most notably:

- While nearly all uninsured adults and children have at least one worker in their family, only 16 percent of uninsured adults and 24 percent of uninsured children have a worker with an ESI offer in their family (though many of those offers may not include coverage for dependents).[ix]

- Both uninsured adults and children are much more likely to be low-income than their insured counterparts. Among uninsured non-elderly adults, nearly 60 percent have family incomes below 200 percent of the federal poverty level (FPL), as do nearly 70 percent of uninsured children. Although uninsured, most of these low-income children are likely eligible for public coverage via Medicaid or SCHIP.

Why Do They Report that They are Uninsured?

Virtually everyone in our sample wanted insurance coverage: less than 3 percent of uninsured non-elderly adults and uninsured children had never had insurance or had no need for insurance (Figure 1). For those who wanted coverage, high health insurance costs and job-related issues (largely a lost job, a change in employment, or the lack of access to ESI) were by far the most common reasons reported for being uninsured in 2004. The high cost of insurance was reported for more than half of all uninsured non-elderly adults and uninsured children as a reason for their uninsurance. Job-related reasons were the second most common explanation for uninsurance for both uninsured adults (41 percent) and children (31 percent). To the extent that job-related issues are an indirect reporting of cost (in that the individual does not have access to ESI coverage and so can only purchase coverage in the non-group market), health insurance costs were a factor for the majority of the uninsured adults (79 percent) and uninsured children (74 percent).

Looking more closely at the job-related reasons for being uninsured (Table 3), we find that:

- Frictional uninsurance, or lack of coverage due to a job loss or change of jobs, was cited as a reason for uninsurance for about one-quarter of uninsured adults and children.

- Lack of access to ESI (either because of no ESI offer or because of ineligibility for the employer's policy) was reported by nearly 16 percent of adults and for 8 percent of children.

- Job-related reasons were much higher for adults and children who had been uninsured for less than one year (data not shown). For this group, job-related reasons were cited by nearly half (49 percent) of non-elderly adults and for 42 percent of uninsured children.

For uninsured adults, the third most common reason for uninsurance was ineligibility for coverage due to age or a change in student status. Although reported by less than 10 percent of nonelderly adults overall, among adults age 19 to 24 – who are most likely to be affected by age and student limitations on a parent's ESI policy – the share reporting this reason rose to 29 percent, making it the second-highest category behind high cost (44 percent) for this age group (data not shown). In contrast, for uninsured children, the third most common reason for uninsurance was lost eligibility for public coverage, which was cited for 17 percent of all uninsured children. As noted earlier, many of the uninsured children are likely eligible for public coverage through Medicaid or SCHIP.

Who is Most Affected by the High Cost of Coverage?

In 2004, the high cost of health insurance was the dominant reason for being uninsured across population subgroups defined by age, race/ethnicity, health status, family structure, employment and income (Table 4).

- High cost as a reason for being uninsured was particularly prevalent among older adults and older children, Hispanic individuals, non-citizens and those who had been uninsured for longer periods of time.

- High cost was a factor for individuals in families with workers who did not have an ESI offer (58 percent), as well as those in working families with an ESI offer (55 percent).

- Married couples were more likely to report high cost as a reason for being uninsured, likely reflecting the higher cost of family coverage.

- The share reporting high cost as a factor increased with the likely costs of obtaining insurance coverage, rising for those without access to ESI coverage, particularly for those who would likely face high costs in the non-group market – persons with a disability and near-elderly adults (not shown in table).

Have High Health Insurance Costs Become More of a Problem Over Time?

Given the rapid increase in health insurance costs over the past five years, it should come as no surprise that the share of the uninsured reporting high costs as a reason for being uninsured has also increased rapidly (Table 4). Between 1999 and 2004, the share reporting high costs rose by 8 percentage points among uninsured adults (from 46 to 54 percent) and by over 6 percentage points (from 46 to 53 percent) for uninsured children. Further, the increase in the importance of high costs as a reason for being uninsured grew over time for nearly every population subgroup examined.

- Among uninsured adults, the most rapid increases in the importance of high costs were found for Hispanic individuals, non-citizens and individuals in families with a full-time worker with an ESI offer. Thus, access to ESI did not protect adults from the impacts of high costs.

- Among uninsured children, the share reporting high costs grew fastest among Hispanic children, children in families without workers, and low-income children (those with family income below 100 percent of the FPL). As noted above, many in the last group are likely to be eligible for public coverage.

How Have the Other Reasons for Uninsurance Changed Over Time?

Unlike the increase in the share of uninsured adults and uninsured children who were uninsured because of the high costs of coverage, the importance of other key reasons for being uninsured changed little, with few exceptions, between 1999 and 2004, either for the overall uninsured population or for key population subgroups (Table 3). One key exception was among uninsured non-elderly adults, for whom lack of access to ESI became more of an issue over time. A key exception for children was in the share reporting lost eligibility for public coverage as a reason for being uninsured. That share dropped by 3 percentage points between 1999 and 2004 to about 17 percent – which, as indicated above, likely reflects the expansion of SCHIP and increased focus on retention over this period.

Discussion

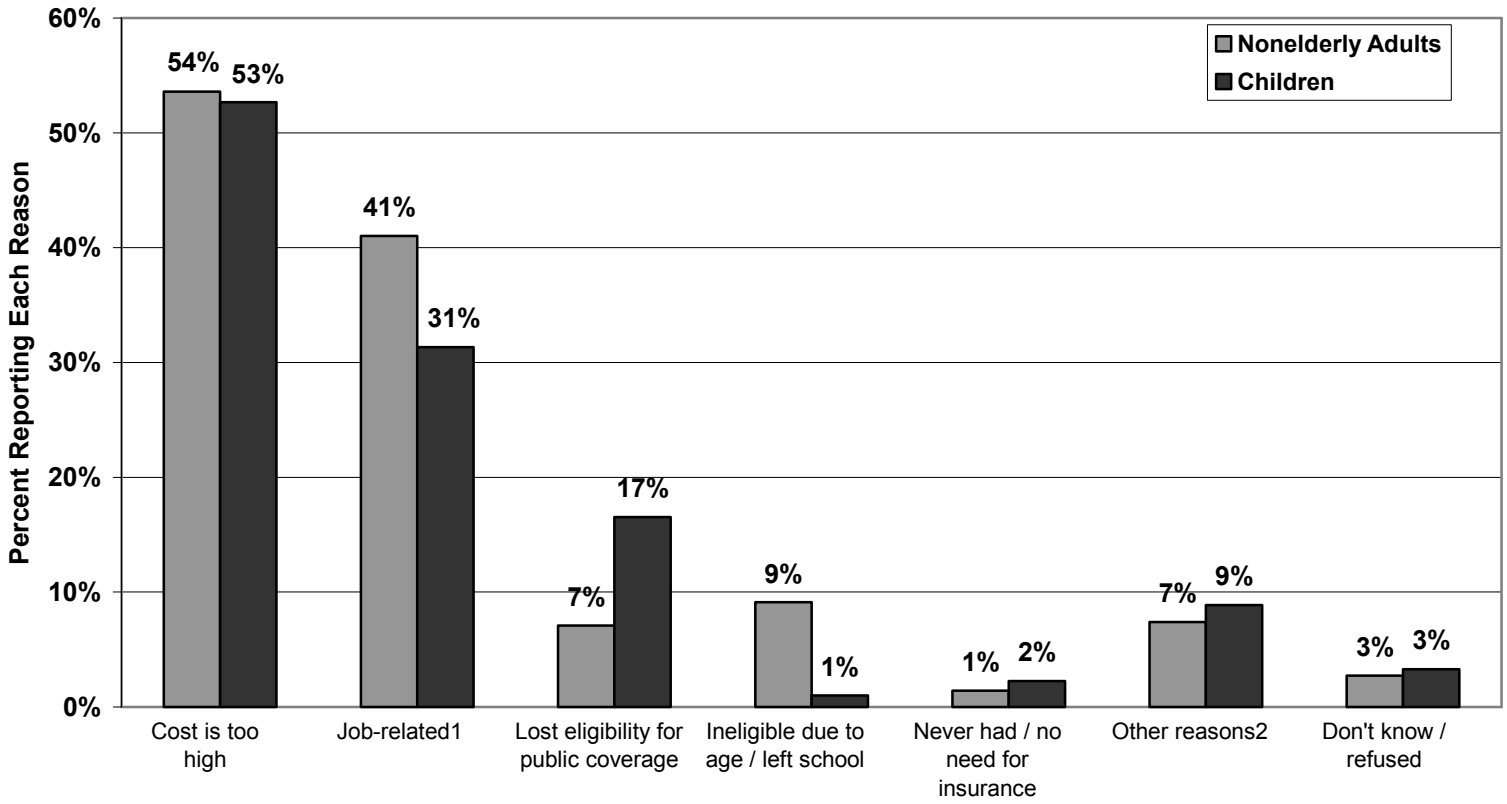
Less than 3 percent of the uninsured reported that they did not need insurance coverage. For the remaining uninsured adults and children, the cost of insurance coverage was the most frequently cited reason for why they lacked coverage. As might be expected, cost concerns were most prevalent among those more likely to face high medical costs (disabled and near-elderly adults), for populations without access to employer-based insurance, and for populations typically ineligible for public programs (childless adults and non-citizens). Further, many of the other reasons for being uninsured are implicitly linked to the cost of obtaining coverage. That is, when an individual reports that they are uninsured because of being self-employed, because their employer does not offer ESI overage or because they lost Medicaid eligibility, their response reflects an implicit assessment of the cost of purchasing coverage in the non-group market. Consequently, in this broader sense, 'high costs' are an issue for virtually all uninsured adults and children – whether old or young, healthy or disabled – with high incomes or well below the poverty line.

Equally important, however, is our finding that over time, the share of the uninsured reporting high costs increased substantially, while the other reasons for uninsurance remained stable. This upward trend is particularly noteworthy given that many of the largest increases in those reporting high costs as a reason for being uninsured occurred in higher-income families and in households with an ESI offer. These findings suggest that access to ESI may provide less protection than it once did for working families and individuals.

Taken together, our results point to the important relationship between health care costs and insurance coverage in the United States. Policy options aimed at reducing the number of uninsured must address the fact that many of the uninsured view the cost of the coverage options that are available to them as 'too high.'

Charts & Tables

Figure 1. Reasons for Uninsurance among Uninsured Nonelderly Adults and Children, 2003/2004



Source: Urban Institute analysis of the 1998, 1999, 2003, and 2004 National Health Interview Survey (NHIS).
Notes: Reasons are not mutually exclusive; nonelderly adults are age 19–64; children are age 0–18.
1 Job-related reasons include lost job or changed employers, self-employed, employer doesn't offer / not eligible for ESI.
2 Other reasons include moved, got married or divorced, insurance company refused coverage, and other nonspecified reasons.

Table 1. Comparison of Individual Characteristics of Non-Elderly Adults and Children by Insurance Status, 2003/2004

Individual characteristic	Nonelderly Adults			Children		
	Percent of insured	Percent of uninsured	Difference	Percent of insured	Percent of uninsured	Difference
Total	100	100	-	100	100	-
Age						
0–6	-	-	-	38.5	33.2	-5.3 ***
7–18	-	-	-	61.5	66.8	5.3 ***
19–24	13.5	24.3	10.9 ***	-	-	-
25–34	20.0	28.9	8.9 ***	-	-	-
35–54	49.2	37.8	-11.3 ***	-	-	-
55–64	17.4	8.9	-8.4 ***	-	-	-
Sex						
Female	52.2	45.3	-6.8 ***	48.8	49.5	0.7
Male	47.8	54.7	6.8 ***	51.2	50.5	-0.7
Race/ethnicity						
White, non-Hispanic	74.3	50.1	-24.3 ***	62.9	41.0	-22.0 ***
Black, non-Hispanic	11.2	13.9	2.7 ***	15.8	12.8	-3.0 ***
Other, non-Hispanic	4.8	4.7	-0.1 ***	4.7	4.6	0.0
Hispanic	9.6	31.3	21.7 ***	16.6	41.6	24.9 ***
Citizenship status						
U.S. citizen	93.8	73.7	-20.1 ***	97.8	81.8	-16.0 ***
Not a citizen	6.2	26.3	20.1 ***	2.2	18.2	16.0 ***
Health and disability status						
Fair or poor health	8.7	11.0	2.3 ***	1.7	2.0	0.3
Work limitation	8.7	7.1	-1.6 ***	-	-	-
Sample size	87,371	24,093	-	45,448	5,375	-

Source: Urban Institute analysis of the 1998, 1999, 2003 and 2004 National Health Interview Survey (NHIS)
Notes: Non-elderly adults are age 19–64; children are age 0–18.
* (**) (***) Significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

Table 2. Comparison of Family Characteristics of Non-Elderly Adults and Children by Insurance Status, 2003/2004

Family characteristic	Nonelderly Adults				Children			
	Percent of insured	Percent of uninsured	Difference		Percent of insured	Percent of uninsured	Difference	
Family structure								
Single adult with children	7.8	13.2	5.4	***	26.8	31.2	4.4	***
Single adult without children	27.0	43.9	16.9	***	-	-	-	
Married adults with children	36.7	27.9	-8.8	***	73.2	68.8	-4.5	***
Married adults without children	28.5	15.1	-13.5	***	-	-	-	
Education								
Self, spouse, or parent has high school diploma	91.4	73.6	-17.7	***	89.3	72.7	-16.6	***
Employment status								
No workers in family	9.5	15.5	6.0	***	8.9	14.0	5.1	***
Part-time / other[1] worker in family	12.7	25.2	12.5	***	12.0	18.2	6.2	***
Full-time worker without offer[2] in family	8.1	43.1	35.0	***	12.5	44.3	31.8	***
Full-time worker with offer in family	69.6	16.2	-53.5	***	66.6	23.5	-43.1	***
Family income								
Less than 100% FPL	10.4	30.7	20.3	***	18.0	35.3	17.3	***
100–200% FPL	12.8	31.5	18.8	***	19.3	33.4	14.1	***
200–300% FPL	14.6	17.7	3.1	***	16.6	16.4	-0.2	
Over 300% FPL	62.2	20.1	-42.1	***	46.1	15.0	-31.2	***
Sample Size	87,371	24,093	-		45,448	5,375	-	

Source: Urban Institute analysis of the 1998, 1999, 2003 and 2004 National Health Interview Survey (NHIS).

Notes: Non-elderly adults are age 19–64; children are age 0–18.

* (**) (***) Significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

[1] Other worker category includes workers for whom no full-/part-time information is available.

[2] For workers who report an ESI offer, no follow up question asks whether the employer policy also covers spouses and children. Therefore, the offer estimates reported here likely overstate the availability of ESI, particularly for children.

Table 3. Percent Reporting Different Reasons for Uninsurance Among Uninsured Non-Elderly Adults and Children, 1998–2004

Reason for uninsurance[1]	Nonelderly Adults			Children		
	2003/2004 (%)	Change from 1998/1999		2003/2004 (%)	Change from 1998/1999	
Cost is too high	53.6	7.7	***	52.7	6.4	***
Job-related	41.0	1.0		31.3	0.2	
Lost job / changed jobs	26.7	0.0		24.7	-0.3	
Self-employed	0.4	-0.1		0.1	-0.2	*
Employer doesn't offer / not eligible for ESI	15.5	1.2	**	7.9	1.1	
Lost eligibility for public coverage	7.1	-1.1		16.5	-2.9	***
Ineligible due to age / left school	9.1	-0.2		1.0	-0.2	
Never had insurance / no need for insurance	1.4	-1.3	***	2.3	0.0	
Other reasons for uninsurance[2]	7.4	-1.5	***	8.9	-0.7	
Don't know / refused	2.7	-1.7	***	3.3	-0.5	
Sample size	24,093	-		5,375	-	

Source: Urban Institute analysis of the 1998, 1999, 2003 and 2004 National Health Interview Survey (NHIS).
Notes: Non-elderly adults are age 19–64; children are age 0–18.
* (**) (***) Significantly different from zero at the .10 (.05) (.01) level, two-tailed test.
[1] Reasons are not mutually exclusive.
[2] Other reason category includes moved, got married or divorced, insurance company refused coverage, and other nonspecified reasons.

Table 4. Prevalence of High Cost of Coverage as a Reason for Uninsurance for Non-Elderly Adults and Children, by Individual and Family Characteristics, 1998–2004

Population group	Nonelderly Adults			Children		
	2003/2004 (%)		Change from 1998/1999	2003/2004 (%)		Change from 1998/1999
Total	53.6		7.7 ***	52.7		6.4 ***
Individual characteristics						
Age						
0–6	-		-	45.9		4.4 **
7–18	-		-	56.0	^^^	7.2 ***
19–24	43.9		6.7 ***	-		-
25–34	53.0	^^^	9.2 ***	-		-
35–54	58.5	^^^	7.6 ***	-		-
55–64	61.2	^^^	4.9 ***	-		-
Sex						
Female	52.7		7.8 ***	51.9		5.4 ***
Male	54.3	^^	7.7 ***	53.4		7.5 ***
Race/Ethnicity						
White, non-Hispanic	50.7		5.6 ***	46.9		-1.2
Black, non-Hispanic	47.7	^^	6.5 ***	45.1		7.1 *
Other, non-Hispanic	54.1		8.6 ***	39.6		-0.3
Hispanic	60.8	^^^	10.3 ***	62.2	^^^	13.7 ***
Citizenship status						
U.S. citizen	50.6		6.3 ***	49.8		5.3 **
Not a citizen	61.9	^^^	10.4 ***	65.8	^^^	7.2 ***
Health and disability status						
Excellent / very good / good health	53.3		8.0 ***	52.8		6.6 ***
Fair or poor health	56.1	^^	5.6 ***	47.9		-1.3

[Table 4 continued on next page]

Family characteristics								
Parental and marital status								
Single parent family	47.6		7.9	***	47.8		8.4	***
Single nonparent	50.6		8.0	***	-		-	
Married parent family	57.7	^^^	6.4	***	54.8	^^^	4.9	**
Married nonparent family	60.0	^^^	9.7	***	-		-	
Family employment status								
No workers in family	52.1		6.9	***	51.7		11.2	***
Part-time / other[1] worker in family	46.4	^^^	5.0	***	41.9	^^	3.7	
Full-time worker without offer[2] in family	57.7	^^^	6.9	***	57.5	^	4.2	*
Full-time worker with offer in family	55.2	^^	13.4	***	52.5		8.5	***
Family income								
Less than 100% FPL	52.3		7.5	***	52.0		10.2	***
100–200% FPL	55.2		6.9	***	52.4		2.4	
200–300% FPL	54.4		7.3	***	55.1		8.0	
Over 300% FPL	52.3		9.8	***	52.2		3.5	
Duration of uninsurance[3]								
Less than one year	31.9		9.6	***	31.5		6.9	***
More than one year	61.2	^^^	5.9	***	66.3	^^^	8.8	***
Sample size	24,093				5,375			

Source: Urban Institute analysis of the 1998, 1999, 2003 and 2004 National Health Interview Survey (NHIS).
Notes: Non-elderly adults are age 19–64; children are age 0–18.

* (**) (***) Change over time significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

^ (^^) (^^^) Category is significantly different from first category in the variable group at the .10 (.05) (.01) level, two-tailed test.

[1] Other worker category includes workers for whom no full-/part-time information is available.

[2] For workers who report an ESI offer, no follow up question asks whether the employer policy also covers spouses and children. Therefore, the offer estimates reported here likely overstate the availability of ESI, particularly for children.

[3] Duration of uninsurance is unknown (or the respondent refused question) for approximately 3.7 percent of uninsured non-elderly adults and 3.5 percent of uninsured children.

Notes

i. J. Holahan and A. Cook (November 2005), "Changes in Economic Conditions and Health Insurance Coverage, 2000-2004," *Health Affairs* Web Exclusive http://content.healthaffairs.org/cgi/reprint/hlthaff.w5.498v1 (20 April, 2006).

ii. Holahan and Cook (2005); T. Gilmer and R. Kronick (April 2005), "It's the Premiums, Stupid: Projections of the Uninsured Through 2013" *Health Affairs* Web Exclusive http://content.healthaffairs.org/cgi/reprint/hlthaff.w5.143v1 (20 April, 2006); S. Long and J. Graves (January 2006), "What Happens When Public Coverage is No Longer Available?" Kaiser Family Foundation Policy Brief. http://www.kff.org/medicaid/7449.cfm (1 January 2006); The Kaiser Family Foundation and Health Research And Educational Trust (September 2005), *Employer Health Benefits Survey, 2005 Summary of Findings*, http://www.kff.org/insurance/7315/upload/7315.pdf (20 April 2006).

iii. A small subset of uninsured adults and children (1 percent of the total nonelderly sample) were not asked to provide reasons for uninsurance, in most cases because they were identified as being uninsured during data-cleaning processes after the survey was administered. We have excluded these cases from this analysis.

iv. This category includes individuals in families in which a working adult is not offered ESI, or individuals who are not eligible as a dependent under a family member's ESI policy.

v. Other reasons include married, divorced or separated, death of spouse, moved, insurance company refused coverage, and other nonspecified reasons.

vi. National Center for Health Statistics (2005), "2004 National Health Interview Survey (NHIS) Public Use Data Release: NHIS Survey Description," Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/nhis.htm; N. Schenker, et. al (January 2006). "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples," National Center for Health Statistics. http://www.cdc.gov/nchs/data/nhis/tecdoc.pdf (20 April 2006).

vii. Reported uninsurance rates are weighted percentages and therefore do not reflect percentages obtained using the raw sample numbers reported here.

viii. Kaiser Family Foundation (June 2004), "Immigrants and Health Coverage: A Primer," http://www.kff.org/uninsured/upload/Immigrants-and-Health-Coverage-A-Primer.pdf

ix. For workers who report an ESI offer, no follow-up question asks whether the employer's policy also covers spouses and dependent children. Therefore, the offer estimates reported here likely overstate the availability of ESI, particularly for children.

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