

Sources of Health Insurance and Characteristics of the Uninsured

Analysis of the March 1995 Current Population Survey

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Issue Brief

- This *Issue Brief* provides summary data on the insured and uninsured populations in the nation and in each state. It discusses the way health insurance protection has changed for the insured, how the states rank in health insurance protection, and the characteristics most closely related to whether or not an individual is likely to have health insurance protection. The report is based on EBRI analysis of the March 1995 supplement to the Current Population Survey (CPS) and represents 1994 data—the most recent data available.
- In 1994, there were 228.1 million nonelderly Americans in the United States, 162.2 million (71.1 percent) of whom were covered by private health insurance. Almost 146 million individuals (64 percent of the population) were covered by an employment-based plan. Over 37 million individuals (16.3 percent) were covered by publicly financed health insurance, and 28.7 million (12.6 percent) were covered by Medicaid.
- In 1994, 17.3 percent of the nonelderly population—or 39.4 million individuals—were not covered by health insurance. This appears to be a reversal of the trend between 1989 and 1993, when the percentage of the nonelderly population without health insurance increased from 16.1 percent to 18.1 percent. However, caution should be used when making comparisons between the March 1995 CPS and previous years' surveys. The March 1995 CPS utilized a more detailed set of health insurance questions. The new questions appear to have had an effect on responses concerning individual types of private coverage and the uninsured.
- Currently, Congress is considering Medicaid reform that would transform federal Medicaid funding from an open-ended entitlement to a state-administered program funded with block grants. This transformation would give states almost complete control of Medicaid dollars and would allow them to completely change their Medicaid programs. Past declines in employment-based health insurance were in large part offset by increases in Medicaid coverage. It is possible that future reductions in employment-based coverage will result in larger increases in the uninsured population as states experience increasing budgetary pressures and economic incentives to limit Medicaid eligibility and benefits.

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Introduction

The decision of public policymakers in the middle of this century to provide favor-

able tax treatment to health insurance premiums paid by employers, and many subsequent actions, have been part of a public policy objective to provide access to health care as well as protection from financial losses incurred from unexpected medical problems. This objective has been the focus of health reform discussion during the post World War II period and resulted in the creation of Medicare and Medicaid in 1965 and other initiatives by both political parties in recent years. Both political parties have stated a desire to find ways to expand access to health insurance and make it more affordable. Research provides a number of indicators of the advantages to health care consumers, and to employers who provide health insurance for their work force, of holding the uninsured population to a minimum.

In general, the availability of health insurance allows consumers to avoid unnecessary pain and suffering and improves the quality of life. Studies have shown that insured individuals have a higher probability of receiving basic health care services than uninsured individuals (Spillman, 1992). Individuals without health insurance have been shown to be more likely to delay treatment and not to seek preventive health care, postponing it until an emergency occurs, and thereby requiring a higher and more expensive level of care. This care is often provided without payment, leading to cost shifting to other payers. This cost shifting can mean higher health insurance premiums for the insured or higher taxes to finance care provided in public hospitals.

Decisions made by the young and healthy to forgo health insurance may also have adverse effects on health insurance premiums. The absence of young and healthy individuals in risk pools eliminates cross subsidies they would normally pay, raising premiums for the insured. Finally, differences in levels of health insurance

coverage among states mean different costs for those individuals who purchase insurance or have it provided by an employer. For private employers, this means that states with high levels of uninsured may be higher cost locations for workers, leading them to locate new jobs in states with high insurance coverage rates. Alternatively, total compensation may be lower in states with higher percentages of uninsured individuals because employers may not offer health insurance in relatively less competitive markets.

As long as public policy and social norms assure that health care will be provided on demand for the uninsured who need it, these issues will not change. The present congressional debate over ending Medicaid as an entitlement has not gone so far as to eliminate requirements that public hospitals provide care to those who seek it. Ending Medicaid as an entitlement could have the result of increasing the number of uninsured individuals, thereby exacerbating the problem of cost shifting.

Several factors affect the likelihood of an individual having health insurance and the source of that coverage. These factors are both demographic and employment-based and often vary by location. For example, employment and income play a dominant role in determining an individual's likelihood of having health insurance. In addition, age, gender, firm size, hours of work, and industry are all important determinants of an individual's likelihood of having coverage; however, these variables are also closely linked to employment status and income. Some of the widest variations involve factors that are not always looked at in traditional demographic assessments, such as citizenship. Forty percent of nonelderly respondents to the March 1995 Current Population Survey (CPS) indicating they were noncitizens were uninsured in 1994, compared with 16 percent of citizens. In California, where 21.9 percent of nonelderly individuals reported they were noncitizens (compared with 7.2 percent of the nation as a whole), 44.1 percent of nonelderly noncitizens were uninsured. Variations by race, ethnicity, and citizenship

are also closely linked to employment status and income.

This *Issue Brief* provides summary data on the insured and uninsured populations in the nation and in each state. It discusses the way health protection has changed for the insured, how the states rank in health insurance protection, and the characteristics most closely related to whether or not an individual is likely to have health insurance protection.

Overview

In 1994, there were 259.3 million civilian, noninstitutionalized Americans in the

population. Eighty-five percent of all Americans (220 million) and 83 percent of nonelderly Americans (188.7 million) were covered by either private or public health insurance, or both, at some point in 1994 (table 1). Seventy-one percent of the nonelderly had private insurance, 64 percent through an employment-based plan. Sixteen percent of the nonelderly had public health insurance. Nearly all of the elderly were covered by Medicare (96.5 percent) (Fronstin, 1996). In addition, 68 percent of the elderly were covered by private health insurance—in most cases as a supplement to Medicare—both individually purchased (32.6 percent) and employment based (35.4 percent) (Fronstin, 1996).

In 1994, 17.3 percent of the nonelderly population—or 39.4 million individuals—were not covered by health insurance. This is in contrast to the trend between 1989 and 1993, when the percentage of the nonelderly population without health insurance increased from 16.1 percent to 18.1 percent. However, caution should be used when making comparisons between the March 1995 CPS and previous years' surveys. The March 1995 CPS utilized a more detailed set of health insurance questions designed to take advantage of computer-assisted survey interviewing collection (CASIC) technology. The new questions appear to have had an effect on data concerning indi-

vidual types of private coverage, CHAMPUS (the Civilian Health and Medical Program of the Uniformed Services, which covers dependents of active duty and retired members of the armed forces), CHAMPVA (the Civilian Health and Medical Program of the Veterans Administration, which covers dependents of totally disabled veterans), and the uninsured. Questions about Medicare and Medicaid were not revised, making these the only data for which comparable statistics are valid over time.

Noncomparability between the March 1995 CPS and previous years' surveys has also occurred in the treatment of children's health insurance. In previous survey years, inconsistencies were found in the children's health insurance fields. The Employee Benefit Research Institute (EBRI) allocated private coverage to children with conflicting responses if they met certain conditions. This correction resulted in EBRI reporting 11.1 million children as uninsured in 1993, compared with the Census Bureau reporting 9.6 million uninsured children. In the March 1995 CPS, the questions related to children's health insurance do not contain inconsistent responses. The correction in the Census Bureau's methodology resulted in a reduction in uninsured children between 1993 and 1994, according to EBRI estimates, whereas the Census Bureau is reporting no change in the uninsured. Overall, the composition of the uninsured population has not changed significantly.

The following report is based on the March 1995 CPS. The report focuses primarily on the nonelderly population because this group receives health insurance coverage from a number of different sources, depending, for example, on income, employment status, and location. Medicare covers 96.5 percent of the elderly population, and the elderly are least likely to be employed.

Determinants of Coverage

Stable full-time workers; public-sector employees; workers em-

Table 1
Total Population and Nonelderly Americans with Selected Sources of Health Insurance, 1989–1994
Employee Benefit Research Institute Analysis of the March 1990–1995 Current Population Surveys

Source of Coverage	Total Population							Nonelderly						
	1989	1990	1991	1992	1992	1993	1994 ^a	1989	1990	1991	1992	1992	1993	1994 ^a
	(revised)							(revised)						
	(Weight based on 1980 Census) ^b			(Weight based on 1990 Census) ^b				(Weight based on 1980 Census) ^b			(Weight based on 1990 Census) ^b			
(millions)														
Total Population	243.3	246.0	248.7	251.7	254.2	256.9	259.3	213.7	215.9	218.1	220.8	223.8	226.2	228.1
Total with Private														
Health Insurance	180.4	178.9	178.4	177.5	178.1	178.0	183.5	160.4	158.3	157.7	156.6	157.5	157.7	162.2
Employer coverage	150.2	148.7	150.0	148.0	148.6	147.4	156.9	140.8	138.7	139.8	138.0	138.7	137.4	145.9
Other private coverage	30.3	30.3	28.6	29.6	29.7	31.2	26.6	19.7	19.7	18.0	18.8	19.0	20.8	16.4
Total with Public														
Health Insurance	54.5	58.1	61.2	63.2	63.6	65.8	67.4	26.2	29.2	31.7	33.4	34.3	36.3	37.2
Medicare	31.5	32.3	32.9	33.7	33.2	33.0	33.9	3.2	3.5	3.5	4.0	3.9	3.7	3.7
Medicaid	21.1	24.2	26.8	28.5	29.4	31.6	31.5	18.5	21.6	23.9	25.6	26.5	28.9	28.7
CHAMPUS/ CHAMPVA ^c	7.0	7.0	7.1	6.9	6.9	6.8	8.4	5.9	5.9	5.9	5.7	5.8	5.6	6.9
No Health Insurance	34.7	36.0	36.6	38.9	40.1	41.2	39.7	34.4	35.7	36.3	38.5	39.8	40.9	39.4
(percentage)														
Total Population	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total with Private														
Health Insurance	74.2	72.7	71.7	70.5	70.1	69.3	70.8	75.1	73.3	72.3	70.9	70.4	69.7	71.1
Employer coverage	61.8	60.4	60.3	58.8	58.5	57.4	60.5	65.9	64.2	64.1	62.5	62.0	60.8	64.0
Other private coverage	12.4	12.3	11.5	11.8	11.7	12.1	10.2	9.2	9.1	8.2	8.5	8.5	9.2	7.2
Total with Public														
Health Insurance	22.4	23.6	24.6	25.1	25.0	25.6	26.0	12.3	13.5	14.5	15.1	15.3	16.1	16.3
Medicare	12.9	13.1	13.2	13.4	13.1	12.9	13.1	1.5	1.6	1.6	1.8	1.8	1.6	1.6
Medicaid	8.7	9.8	10.8	11.3	11.6	12.3	12.2	8.7	10.0	11.0	11.6	11.8	12.8	12.6
CHAMPUS/ CHAMPVA ^c	2.9	2.8	2.9	2.7	2.7	2.6	3.3	2.8	2.7	2.7	2.6	2.6	2.5	3.0
No Health Insurance	14.3	14.6	14.7	15.4	15.8	16.1	15.3	16.1	16.5	16.6	17.4	17.8	18.1	17.3

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^aThe March 1995 Current Population Survey (CPS) questionnaire utilized a more detailed set of health insurance questions, with the new questions appearing to have an effect on individuals' types of coverage. Caution should be used in making comparisons between the March 1995 CPS and previous years' surveys.

^bThe 1989 data through the first set of 1992 data are based on 1980 Census-based population controls. The second set of 1992 data (as revised) and the 1993 and 1994 data are based on 1990 Census-based population controls. While the change in weighting has little effect on the percentage distributions, it does affect levels. Thus, by reweighting the 1992 data, these numbers may more accurately be compared with the more recent 1993 data.

^cIncludes only the retired military and members of their families provided coverage through the Civilian Health and Medical Program for the Uniformed Services and the Civilian Health and Medical Program for the Department of Veterans Affairs. Excludes active duty military personnel and members of their families.

ployed in mining, finance, insurance, and real estate industries; and individuals living in families with high income levels are most likely to be covered by private health insurance. Persons in families with income below the poverty level, especially children and single parent families, are most likely to be covered by public health insurance such as Medicaid.

The most important determinant of health insurance is employment status. Almost two-thirds of the nonelderly population have employment-based coverage. This coverage is obtained either directly

though one's employer or indirectly through an employed person in one's family.

Employers that provide access to group health insurance are often able to obtain relatively lower premiums than individuals because insurance companies can spread their risk across a larger group of people, and the average administrative costs are lower. The nature of employment, the industry, and the size of the firm often determine the cost and extent of coverage. Workers in large firms are more likely to be covered by health insurance than those in small firms. Full-year, full-time

Table 2
**Nonelderly Population with Selected Sources of Health Insurance,
 by Own Work Status and Work Status of Family Head, 1994**
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Work Status	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	228.1	162.2	145.9	75.1	70.8	16.4	37.2	28.7	39.4
Own Work Status									
Child	69.5	46.0	40.8	0.4	40.4	5.2	17.5	16.1	10.0
Family head worker	79.7	62.5	57.0	53.1	3.9	5.5	6.1	3.6	14.0
Other worker	49.3	39.5	36.6	18.4	18.1	3.0	3.1	1.5	8.4
Nonworker	29.6	14.2	11.5	3.2	8.4	2.7	10.5	7.4	7.0
Work Status of Family Head									
Full-year, full-time worker	163.4	135.2	125.9	63.5	62.4	9.3	12.6	8.0	22.4
Other worker	38.9	20.4	15.7	8.7	7.0	4.7	10.0	8.2	10.9
Nonworker	25.8	6.7	4.3	3.0	1.4	2.4	14.5	12.4	6.0
(percentage within coverage category)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Own Work Status									
Child	30.5	28.3	27.9	0.5	57.0	31.8	47.2	56.1	25.4
Family head worker	35.0	38.5	39.1	70.7	5.6	33.3	16.3	12.7	35.5
Other worker	21.6	24.4	25.1	24.5	25.6	18.0	8.3	5.4	21.3
Nonworker	13.0	8.8	7.9	4.2	11.8	16.6	28.2	25.8	17.8
Work Status of Family Head									
Full-year, full-time worker	71.6	83.3	86.3	84.5	88.2	56.5	33.9	27.9	56.9
Other worker	17.0	12.6	10.7	11.5	9.9	28.9	27.0	28.7	27.8
Nonworker	11.3	4.1	3.0	3.9	1.9	14.6	39.1	43.4	15.3
(percentage within work status categories)									
Total	100.0%	71.1%	64.0%	32.9%	31.0%	7.2%	16.3%	12.6%	17.3%
Own Work Status									
Child	100.0	66.2	58.7	0.6	58.1	7.5	25.2	23.2	14.4
Family head worker	100.0	78.4	71.5	66.6	4.9	6.9	7.6	4.6	17.5
Other worker	100.0	80.2	74.2	37.4	36.8	6.0	6.3	3.1	17.0
Nonworker	100.0	48.1	38.8	10.6	28.2	9.2	35.4	24.9	23.7
Work Status of Family Head									
Full-year, full-time worker	100.0	82.7	77.1	38.8	38.2	5.7	7.7	4.9	13.7
Other worker	100.0	52.4	40.3	22.3	18.0	12.2	25.8	21.2	28.2
Nonworker	100.0	26.0	16.7	11.5	5.3	9.3	56.2	48.2	23.4

workers are more likely to be covered than seasonal or part-time workers.

In 1994, 64 percent of the nonelderly were covered by employment-based health insurance (table 1). Workers were much more likely to be covered by employment-based health insurance than nonworkers (table 2). Seventy-three percent of workers were covered by an employment-based plan, compared with 39 percent of nonworkers. In addition, 77.1 percent of individuals in families headed by a full-year, full-time worker were covered by employment-based health insurance, compared with 40.3 percent of those in families headed by other workers, and 16.7 percent of individuals in families headed by a nonworker.

With respect to industry, workers employed in government; mining; manufacturing; transportation,

communications and utilities; finance, insurance and real estate; wholesale trade; and professional services were more likely to be covered by direct employment-based coverage, meaning coverage in their own name through their own employer, than other workers (table 3). Workers were also more likely to be covered by direct employment-based health insurance the larger the firm they were employed in. Insurers are able to charge less per capita for large employer plans because they are able to spread both risk and administrative costs over a greater number of people. Twenty-seven percent of self-employed workers and 25.9 percent of private-sector workers in firms with fewer than 10 employees were covered through a group health plan sponsored by their own employer in 1994, compared with 68.4 percent of private-sector workers in firms with 1,000 or more

Table 3
Workers Aged 18–64 with Selected Sources of Health Insurance, by Industry of Primary Employment, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Industry	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	129.0	102.0	93.6	71.5	22.1	8.4	9.2	5.2	22.4
Self-Employed	12.6	9.3	6.7	3.4	3.2	2.6	0.7	0.3	2.9
Total Wage and Salary Workers	116.4	92.7	86.9	68.1	18.8	5.8	8.5	4.9	19.5
Government	19.6	17.8	17.1	14.7	2.5	0.6	1.6	0.6	1.3
Agriculture	2.2	1.2	1.0	0.6	0.4	0.2	0.2	0.1	0.9
Mining	0.6	0.6	0.6	0.5	a	a	a	a	0.1
Construction	5.9	3.7	3.4	2.5	0.8	0.3	0.4	0.2	2.0
Manufacturing	20.4	17.4	17.0	15.1	1.9	0.5	1.0	0.6	2.6
Transportation, communications, and utilities	6.7	5.7	5.5	4.9	0.6	0.2	0.3	0.1	0.9
Wholesale	4.4	3.7	3.5	2.9	0.6	0.2	0.2	0.1	0.6
Retail	19.6	13.4	12.0	7.3	4.7	1.4	1.9	1.3	5.1
Finance, insurance, and real estate	7.0	6.3	5.9	4.8	1.1	0.3	0.4	0.2	0.7
Business and repair services	6.3	4.3	3.8	2.7	1.1	0.4	0.6	0.4	1.7
Personal services	3.8	2.2	1.9	1.1	0.7	0.3	0.5	0.4	1.3
Entertainment and recreation services	1.7	1.3	1.1	0.6	0.5	0.2	0.1	0.1	0.4
Professional services	18.0	15.3	14.3	10.4	3.9	1.0	1.3	0.8	2.1
(percentage within coverage categories)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self-Employed	9.7	9.1	7.1	4.8	14.7	31.1	7.6	5.7	13.1
Total Wage and Salary Workers	90.3	90.9	92.9	95.2	85.3	68.9	92.4	94.3	86.9
Government	15.2	17.4	18.3	20.5	11.3	7.4	17.6	10.7	5.8
Agriculture	1.7	1.2	1.0	0.9	1.6	2.9	1.9	2.5	3.9
Mining	0.5	0.6	0.6	0.7	a	a	a	a	0.3
Construction	4.6	3.6	3.6	3.6	3.8	4.0	3.9	4.5	8.9
Manufacturing	15.8	17.1	18.1	21.0	8.7	5.5	10.9	11.6	11.5
Transportation, communications and utilities	5.2	5.6	5.8	6.8	2.6	2.7	3.5	2.3	4.0
Wholesale	3.4	3.6	3.7	4.0	2.7	2.2	2.5	2.3	2.9
Retail	15.2	13.2	12.8	10.2	21.4	16.8	20.7	25.1	22.6
Finance, insurance, and real estate	5.4	6.1	6.3	6.8	4.9	4.0	3.9	3.0	2.9
Business and repair services	4.9	4.2	4.1	3.8	4.9	5.3	6.7	8.6	7.5
Personal services	2.9	2.1	2.0	1.6	3.4	3.9	5.1	7.1	5.6
Entertainment and recreation services	1.3	1.2	1.2	0.9	2.0	2.0	1.4	1.7	1.7
Professional services	14.0	15.0	15.3	14.5	17.8	12.0	14.2	14.7	9.4
(percentage within industry categories)									
Total	100.0%	79.1%	72.6%	55.4%	17.1%	6.5%	7.1%	4.0%	17.4%
Self-Employed	100.0	73.7	52.9	27.1	25.8	20.8	5.5	2.3	23.3
Total Wage and Salary Workers	100.0	79.7	74.7	58.5	16.2	5.0	7.3	4.2	16.7
Government	100.0	90.6	87.4	74.7	12.7	3.2	8.2	2.8	6.6
Agriculture	100.0	55.6	44.4	28.4	16.0	11.2	7.9	6.0	39.3
Mining	100.0	87.8	85.9	80.3	a	a	a	a	11.0
Construction	100.0	62.7	57.1	43.0	14.1	5.6	6.1	3.9	33.5
Manufacturing	100.0	85.3	83.0	73.6	9.4	2.3	4.9	2.9	12.6
Transportation, communications, and utilities	100.0	84.6	81.2	72.7	8.5	3.4	4.7	1.8	13.4
Wholesale	100.0	83.3	79.1	65.5	13.6	4.2	5.1	2.7	14.6
Retail	100.0	68.3	61.1	37.1	24.1	7.2	9.7	6.6	25.8
Finance, insurance, and real estate	100.0	89.0	84.3	68.8	15.5	4.8	5.1	2.2	9.3
Business and repair services	100.0	67.6	60.5	43.1	17.3	7.1	9.7	7.0	26.5
Personal services	100.0	57.8	49.2	29.5	19.7	8.6	12.4	9.7	33.1
Entertainment and recreation services	100.0	74.4	64.7	38.0	26.7	9.7	7.8	5.2	22.0
Professional services	100.0	84.8	79.2	57.4	21.8	5.6	7.2	4.2	11.7

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^aFewer than 50,000 respondents (weighted) in this category.

Table 4
Workers Aged 18–64 with Selected Sources of Health Insurance, by Work Status and Firm Size, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Work Status and Firm Size	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	129.0	102.0	93.6	71.5	22.1	8.4	9.2	5.2	22.4
Self-Employed	12.6	9.3	6.7	3.4	3.2	2.6	0.7	0.3	2.9
Wage and Salary Workers	116.4	92.7	86.9	68.1	18.8	5.8	8.5	4.9	19.5
Public sector	19.6	17.8	17.1	14.7	2.5	0.6	1.6	0.6	1.3
Private sector	96.8	75.0	69.8	53.5	16.3	5.2	6.9	4.3	18.2
fewer than 10	14.8	9.0	7.4	3.8	3.5	1.6	1.4	0.9	5.0
10–24	10.5	7.0	6.2	3.9	2.3	0.8	0.9	0.6	3.0
25–99	14.8	11.1	10.4	7.8	2.5	0.7	1.0	0.7	3.1
100–499	15.7	12.8	12.3	9.9	2.4	0.6	1.0	0.7	2.3
500–999	6.2	5.2	5.1	4.2	0.9	0.2	0.4	0.2	0.8
1,000 or more	34.8	29.8	28.5	23.8	4.8	1.2	2.2	1.2	4.0
(percentage within coverage categories)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self-Employed	9.7	9.1	7.1	4.8	14.7	31.1	7.6	5.7	13.1
Wage and Salary Workers	90.3	90.9	92.9	95.2	85.3	68.9	92.4	94.3	86.9
Public sector	15.2	17.4	18.3	20.5	11.3	7.4	17.6	10.7	5.8
Private sector	75.1	73.5	74.6	74.7	74.0	61.4	74.8	83.6	81.1
fewer than 10	11.5	8.8	7.9	5.4	16.0	19.1	14.8	17.4	22.2
10–24	8.1	6.9	6.6	5.4	10.4	10.0	10.0	11.3	13.2
25–99	11.5	10.9	11.1	11.0	11.4	8.9	11.5	13.5	14.1
100–499	12.2	12.6	13.1	13.9	10.7	6.6	10.8	13.3	10.4
500–999	4.8	5.1	5.4	5.9	3.9	2.0	4.1	4.3	3.4
1,000 or more	27.0	29.2	30.5	33.2	21.6	14.8	23.7	23.8	17.9
(percentage within firm size categories)									
Total	100.0%	79.1%	72.6%	55.4%	17.1%	6.5%	7.1%	4.0%	17.4%
Self-Employed	100.0	73.7	52.9	27.1	25.8	20.8	5.5	2.3	23.3
Wage and Salary Workers	100.0	79.7	74.7	58.5	16.2	5.0	7.3	4.2	16.7
Public sector	100.0	90.6	87.4	74.7	12.7	3.2	8.2	2.8	6.6
Private sector	100.0	77.4	72.1	55.2	16.9	5.3	7.1	4.5	18.8
fewer than 10	100.0	60.6	49.7	25.9	23.8	10.9	9.1	6.1	33.5
10–24	100.0	66.8	58.8	36.8	21.9	8.0	8.7	5.5	28.1
25–99	100.0	74.9	69.9	52.9	17.0	5.1	7.1	4.7	21.2
100–499	100.0	81.9	78.3	63.3	15.1	3.6	6.3	4.4	14.8
500–999	100.0	84.5	81.8	68.0	13.8	2.7	6.1	3.6	12.3
1,000 or more	100.0	85.7	82.1	68.4	13.7	3.6	6.2	3.5	11.5

Note: Details may not add to totals because individuals may receive coverage from more than one source.

employees (table 4).

Income is also related to health insurance coverage. In general, individuals with higher levels of income are more likely to be covered by private health insurance, while those with lower levels of income are more likely to be covered by a publicly sponsored plan. In 1994, 21.2 percent of families with income below \$5,000 were covered by private health insurance, compared with 91.9 percent of those in families with income of \$50,000 or more (table 5). In addition, 9.6 percent of individuals in families with income less than \$5,000 had employment-based coverage, compared

with 86.8 percent for individuals in families with income of \$50,000 or more.

Although many individuals in poor families are covered by public health plans, that coverage is far from universal. In 1994, 51.2 percent of the nonelderly with family income below the poverty line were covered by a public plan—48.3 percent by Medicaid (table 6). Other sources of public health insurance include Medicare (which primarily covers the elderly but also includes some nonelderly disabled), CHAMPUS, CHAMPVA, Veterans Administration health insurance, and the Indian Health Service.

Table 5
Nonelderly Population with Selected Sources of Health Insurance, by Family Income, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Family Income	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	228.1	162.2	145.9	75.1	70.8	16.4	37.2	28.7	39.4
Under \$5,000	12.4	2.6	1.2	0.6	0.6	1.4	5.7	5.4	4.5
\$5,000–\$9,999	16.3	3.7	2.2	1.4	0.8	1.5	9.0	8.3	4.5
\$10,000–\$14,999	16.0	5.7	4.1	2.7	1.4	1.6	5.3	4.6	5.8
\$15,000–\$19,999	15.5	8.2	6.6	4.1	2.5	1.5	3.5	2.9	4.8
\$20,000–\$29,999	30.8	21.0	18.5	10.6	7.9	2.5	4.6	3.3	6.9
\$30,000–\$39,999	29.5	23.7	21.6	11.2	10.4	2.2	2.8	1.7	4.5
\$40,000–\$49,999	25.0	21.6	20.1	10.0	10.1	1.4	1.7	0.8	2.8
\$50,000 and Over	82.5	75.8	71.7	34.5	37.2	4.2	4.4	1.6	5.6
(percentage within coverage categories)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under \$5,000	5.4	1.6	0.8	0.8	0.8	8.8	15.4	18.7	11.5
\$5,000–\$9,999	7.1	2.3	1.5	1.8	1.1	9.1	24.2	29.0	11.4
\$10,000–\$14,999	7.0	3.5	2.8	3.6	1.9	10.0	14.3	16.1	14.7
\$15,000–\$19,999	6.8	5.0	4.5	5.5	3.5	9.4	9.5	10.1	12.1
\$20,000–\$29,999	13.5	12.9	12.7	14.1	11.1	15.5	12.4	11.5	17.6
\$30,000–\$39,999	12.9	14.6	14.8	14.9	14.7	13.1	7.6	6.0	11.3
\$40,000–\$49,999	11.0	13.3	13.8	13.3	14.3	8.8	4.6	2.9	7.2
\$50,000 and Over	36.2	46.7	49.1	45.9	52.5	25.3	11.9	5.7	14.1
(percentage within income categories)									
Total	100.0%	71.1%	64.0%	32.9%	31.0%	7.2%	16.3%	12.6%	17.3%
Under \$5,000	100.0	21.2	9.6	5.0	4.6	11.6	46.2	43.3	36.7
\$5,000–\$9,999	100.0	22.5	13.3	8.5	4.8	9.2	55.3	51.0	27.7
\$10,000–\$14,999	100.0	35.8	25.5	16.9	8.6	10.3	33.1	28.8	36.1
\$15,000–\$19,999	100.0	52.5	42.6	26.7	15.9	9.9	22.8	18.6	30.8
\$20,000–\$29,999	100.0	68.1	59.9	34.4	25.5	8.3	14.9	10.7	22.5
\$30,000–\$39,999	100.0	80.3	73.1	37.8	35.3	7.3	9.6	5.8	15.1
\$40,000–\$49,999	100.0	86.1	80.4	39.9	40.5	5.8	6.9	3.4	11.3
\$50,000 and Over	100.0	91.9	86.8	41.8	45.0	5.0	5.4	2.0	6.7

Note: Details may not add to totals because individuals may receive coverage from more than one source.

The Uninsured

subsidy is received) is borne by all payers in the health care delivery system. Estimates of uncompensated care vary greatly. The American Hospital Association estimated that hospitals provided over \$13 billion in uncompensated care in 1991 (American Hospital Association, 1992). Another study estimated that the cost of health care services used by the uninsured amounted to \$35 billion in 1991 (Congressional Budget Office, 1993b).¹ Another study estimated the cost of care to uninsured individuals at \$40.6 billion in 1993 (Long and

The cost of uncompensated care (care for which no payment or government

Marquis, 1994). The uninsured may be forced to seek care in more expensive settings such as emergency rooms for ailments that could have been prevented or at least treated earlier at a lower cost.

Location

The proportion of the nonelderly population with and without health insurance varies by location. In 10 states more than 20 percent of the population was uninsured in 1994 (table 7). These states are largely concentrated in the south central and southwestern parts of the United

¹ Only \$25 billion was for uncompensated care (Personal communication based on assumptions in Congressional Budget Office, 1993a). This does not include uncompensated charges for services to insured groups. For example, some insured individuals don't pay their cost-sharing amounts.

Table 6
**Nonelderly Population with Selected Sources of Health Insurance,
 by Family Income as a Percentage of Poverty, 1994**
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Income as a Percentage of the Federal Poverty Level	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	228.1	162.2	145.9	75.1	70.8	16.4	37.2	28.7	39.4
0–99%	34.7	7.5	4.4	2.2	2.3	3.1	17.8	16.8	11.1
100%–124%	10.1	4.1	3.1	1.4	1.7	1.0	3.2	2.8	3.4
125%–149%	10.5	5.2	4.2	1.8	2.4	1.1	2.4	1.9	3.5
150%–199%	21.1	13.2	11.3	5.1	6.2	2.0	3.4	2.6	5.7
200%–399%	74.8	61.4	56.1	26.8	29.3	5.3	6.2	3.3	10.7
400% or More	76.8	70.8	66.8	37.8	29.0	4.0	4.1	1.3	5.0
(percentage within coverage categories)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
0–99%	15.2	4.7	3.0	2.9	3.2	19.0	47.9	58.5	28.1
100%–124%	4.4	2.5	2.1	1.9	2.4	5.8	8.7	9.8	8.6
125%–149%	4.6	3.2	2.9	2.4	3.3	6.5	6.5	6.6	8.9
150%–199%	9.3	8.2	7.7	6.8	8.7	12.0	9.1	8.9	14.4
200%–399%	32.8	37.8	38.5	35.7	41.4	32.3	16.7	11.4	27.2
400% or More	33.7	43.6	45.8	50.3	41.0	24.3	11.1	4.7	12.7
(percentage within poverty status categories)									
Total	100.0%	71.1%	64.0%	32.9%	31.0%	7.2%	16.3%	12.6%	17.3%
0–99%	100.0	21.7	12.8	6.2	6.6	9.0	51.2	48.3	31.9
100%–124%	100.0	40.5	30.9	14.0	16.9	9.5	32.2	27.9	33.6
125%–149%	100.0	50.0	39.8	17.3	22.6	10.1	23.0	18.2	33.2
150%–199%	100.0	62.6	53.2	24.1	29.2	9.3	16.0	12.1	26.9
200%–399%	100.0	82.0	75.0	35.9	39.1	7.1	8.3	4.4	14.3
400% or More	100.0	92.1	86.9	49.2	37.7	5.2	5.4	1.7	6.5

Note: Details may not add to totals because individuals may receive coverage from more than one source.

States. In many of these states, a smaller proportion of the population was eligible for private insurance and/or a larger proportion was eligible for publicly financed health programs than the national average. Lower average income and higher unemployment rates may all be factors contributing to this difference. In addition, many of these states have a higher concentration of racial and ethnic groups that are less likely to be covered by health insurance.

Race and Origin

While 72 percent of the nonelderly population is white, this group comprised 56 percent of the uninsured in 1994 (table 8). Individuals of Hispanic origin were more likely to be uninsured than other groups (35.5 percent). This may be due in part to the fact that three-fourths of the Hispanic population reported income of less than 200 percent of the federal poverty level. However, even at higher income levels, Hispanics were generally more

likely to be uninsured than other racial groups and were less likely to be covered by private health insurance (table 8). In addition, Hispanics were more likely to be noncitizens than whites or blacks, and noncitizens were more likely to be uninsured than citizens. Thirty-four percent of Hispanics reported being noncitizens, compared with 7.3 percent of the population as a whole. Forty percent of all nonelderly noncitizens were uninsured in 1994, compared with 15.5 percent of citizens.

At the lowest income levels, blacks were more often insured than whites, but this finding was reversed at all higher income levels. Blacks generally received publicly financed health insurance more often than other racial or ethnic groups at all income levels (table 8).

Citizenship

Citizenship is a primary factor in the likelihood of an individual having coverage and the source of that coverage (table 9). In California, for example,

Table 7
Nonelderly Population with Selected Sources of Health Insurance, by Region and State, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Region and State	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
			(millions)						
Total	228.1	162.2	145.9	75.1	70.8	16.4	37.2	28.7	39.4
New England	11.3	8.8	8.1	4.0	4.0	0.8	1.4	1.1	1.5
Maine	1.0	0.8	0.7	0.3	0.3	0.1	0.2	0.1	0.2
New Hampshire	1.0	0.8	0.7	0.4	0.4	0.1	0.1	0.1	0.1
Vermont	0.5	0.4	0.4	0.2	0.2	a	0.1	0.1	0.1
Massachusetts	5.2	4.0	3.7	1.8	1.9	0.3	0.7	0.5	0.7
Rhode Island	0.8	0.6	0.6	0.3	0.3	0.1	0.1	0.1	0.1
Connecticut	2.7	2.2	2.0	1.1	1.0	0.1	0.3	0.2	0.3
Middle Atlantic	33.0	23.9	21.7	11.0	10.7	2.2	5.0	4.3	5.2
New York	15.8	10.7	9.6	4.9	4.7	1.1	2.8	2.4	2.9
New Jersey	7.0	5.4	4.9	2.5	2.4	0.4	0.8	0.6	1.0
Pennsylvania	10.2	7.8	7.2	3.6	3.5	0.7	1.5	1.2	1.3
East North Central	38.3	29.7	27.1	13.4	13.6	2.6	5.8	4.7	4.7
Ohio	9.7	7.5	6.9	3.3	3.6	0.6	1.5	1.2	1.2
Indiana	5.3	4.2	3.7	1.9	1.8	0.5	0.7	0.6	0.6
Illinois	10.4	8.0	7.3	3.8	3.5	0.7	1.6	1.3	1.3
Michigan	8.4	6.3	5.8	2.8	3.0	0.6	1.5	1.2	1.0
Wisconsin	4.5	3.7	3.4	1.6	1.8	0.2	0.4	0.3	0.4
West North Central	15.5	12.2	10.6	5.3	5.2	1.6	2.1	1.5	1.9
Minnesota	4.0	3.3	2.8	1.4	1.4	0.4	0.5	0.4	0.4
Iowa	2.4	2.0	1.7	0.8	0.9	0.3	0.3	0.2	0.3
Missouri	4.3	3.2	3.0	1.7	1.3	0.2	0.6	0.5	0.6
North Dakota	0.5	0.4	0.3	0.2	0.2	0.1	0.1	a	0.1
South Dakota	0.6	0.5	0.4	0.2	0.2	0.1	0.1	0.1	0.1
Nebraska	1.4	1.2	1.0	0.4	0.5	0.2	0.2	0.1	0.2
Kansas	2.1	1.6	1.3	0.7	0.7	0.3	0.3	0.2	0.3
South Atlantic	39.9	28.5	25.6	13.9	11.7	2.9	6.5	4.3	6.9
Delaware	0.6	0.5	0.4	0.2	0.2	a	0.1	a	0.1
Maryland	4.4	3.4	3.0	1.6	1.4	0.4	0.5	0.4	0.6
District of Columbia	0.5	0.3	0.3	0.2	0.1	a	0.1	0.1	0.1
Virginia	5.7	4.4	4.1	2.2	1.9	0.3	0.8	0.4	0.8
West Virginia	1.5	1.0	0.9	0.5	0.5	0.1	0.3	0.2	0.3
North Carolina	5.8	4.2	3.8	2.2	1.5	0.4	1.0	0.7	0.9
South Carolina	3.3	2.4	2.2	1.2	1.0	0.2	0.5	0.3	0.5
Georgia	6.4	4.5	4.1	2.1	2.0	0.4	1.1	0.7	1.2
Florida	11.8	7.8	6.7	3.6	3.1	1.1	2.1	1.4	2.4
East South Central	14.0	9.6	8.5	4.5	4.1	1.1	3.1	2.3	2.4
Kentucky	3.3	2.3	2.1	1.1	1.0	0.2	0.7	0.5	0.6
Tennessee	4.7	3.4	2.9	1.6	1.3	0.4	1.3	1.0	0.5
Alabama	3.7	2.6	2.3	1.1	1.2	0.3	0.6	0.4	0.8
Mississippi	2.2	1.4	1.2	0.7	0.5	0.2	0.5	0.4	0.5
West South Central	25.8	16.3	14.6	7.5	7.2	1.6	4.4	3.4	6.4
Arkansas	2.1	1.4	1.3	0.7	0.6	0.1	0.4	0.2	0.4
Louisiana	3.9	2.4	2.1	1.0	1.0	0.3	0.8	0.7	0.8
Oklahoma	2.7	1.9	1.6	0.9	0.8	0.2	0.5	0.4	0.6
Texas	17.1	10.6	9.6	4.9	4.7	1.0	2.7	2.1	4.5
Mountain	13.7	9.9	8.8	4.3	4.5	1.1	1.9	1.3	2.5
Montana	0.7	0.5	0.4	0.2	0.2	0.1	0.1	0.1	0.1
Idaho	1.0	0.8	0.7	0.3	0.3	0.1	0.1	0.1	0.2
Wyoming	0.4	0.3	0.3	0.1	0.1	0.1	a	a	0.1
Colorado	3.3	2.6	2.3	1.2	1.1	0.4	0.4	0.2	0.5
New Mexico	1.5	0.8	0.8	0.4	0.4	0.1	0.3	0.3	0.4
Arizona	3.7	2.4	2.1	1.1	1.0	0.2	0.6	0.4	0.9
Utah	1.7	1.4	1.3	0.5	0.8	0.2	0.2	0.1	0.2
Nevada	1.3	1.0	1.0	0.5	0.4	0.1	0.2	0.1	0.2
Pacific	36.7	23.5	21.0	11.2	9.8	2.5	7.0	5.8	7.9
Washington	4.6	3.4	2.9	1.5	1.3	0.5	0.7	0.6	0.7
Oregon	2.8	2.1	1.8	1.0	0.8	0.2	0.5	0.4	0.4
California	27.9	17.0	15.3	8.1	7.3	1.6	5.5	4.7	6.6
Alaska	0.5	0.4	0.3	0.2	0.2	a	0.1	0.1	0.1
Hawaii	0.9	0.7	0.6	0.4	0.3	a	0.1	0.1	0.1

(continued)

Table 7 (continued)

Region and State	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(percentage within state and region categories)									
Total	100.0%	71.1%	64.0%	32.9%	31.0%	7.2%	16.3%	12.6%	17.3%
New England	100.0	77.8	71.2	35.5	35.7	6.6	12.3	9.3	13.5
Maine	100.0	73.7	64.6	31.5	33.1	9.2	15.4	10.5	15.2
New Hampshire	100.0	78.9	71.9	36.2	35.7	7.2	12.1	7.8	13.6
Vermont	100.0	81.7	72.9	35.3	37.6	a	14.3	11.2	9.6
Massachusetts	100.0	76.8	70.4	34.1	36.3	6.4	12.5	10.0	14.3
Rhode Island	100.0	77.7	69.7	34.0	35.7	8.0	13.6	10.0	13.5
Connecticut	100.0	80.1	75.1	39.8	35.2	5.1	9.8	7.7	12.2
Middle Atlantic	100.0	72.4	65.8	33.4	32.4	6.6	15.3	13.0	15.7
New York	100.0	67.8	60.9	31.1	29.8	6.9	17.5	15.3	18.3
New Jersey	100.0	76.7	70.6	35.5	35.1	6.3	11.3	9.1	14.7
Pennsylvania	100.0	76.5	70.0	35.6	34.4	6.5	14.6	12.2	12.2
East North Central	100.0	77.4	70.6	35.1	35.6	6.8	15.0	12.3	12.2
Ohio	100.0	76.6	70.6	33.7	36.9	5.9	15.2	12.2	12.5
Indiana	100.0	78.9	69.5	35.6	33.9	9.4	13.7	11.8	11.8
Illinois	100.0	76.6	69.5	36.3	33.2	7.1	15.2	12.7	12.9
Michigan	100.0	75.8	69.2	33.6	35.6	6.6	18.1	14.8	12.3
Wisconsin	100.0	82.3	77.2	37.0	40.3	5.1	9.8	7.8	9.8
West North Central	100.0	78.7	68.2	34.5	33.8	10.4	13.3	9.7	12.6
Minnesota	100.0	80.9	70.1	35.4	34.7	10.8	13.5	11.1	10.6
Iowa	100.0	82.6	69.5	32.9	36.5	13.1	10.9	7.9	11.3
Missouri	100.0	74.6	69.3	38.4	30.9	5.3	14.5	10.9	14.3
North Dakota	100.0	82.5	63.7	28.7	35.0	18.9	12.6	a	10.1
South Dakota	100.0	78.9	65.9	29.3	36.6	13.0	17.6	11.8	11.5
Nebraska	100.0	81.2	67.9	30.6	37.3	13.3	11.0	5.4	12.3
Kansas	100.0	75.4	63.2	32.0	31.2	12.2	13.5	9.2	15.5
South Atlantic	100.0	71.4	64.1	34.8	29.3	7.4	16.4	10.8	17.4
Delaware	100.0	76.3	72.6	40.9	31.6	a	15.2	a	15.6
Maryland	100.0	77.8	69.4	36.8	32.6	8.4	11.5	8.5	14.3
District of Columbia	100.0	61.5	54.8	38.4	16.4	a	26.1	23.5	18.3
Virginia	100.0	77.5	71.6	38.9	32.8	5.9	14.1	6.7	13.9
West Virginia	100.0	65.7	61.7	30.7	31.0	4.0	20.0	14.8	19.1
North Carolina	100.0	73.0	65.8	39.0	26.8	7.4	17.5	11.3	15.7
South Carolina	100.0	73.7	67.7	36.3	31.4	6.0	14.8	10.6	15.9
Georgia	100.0	70.1	64.0	33.3	30.7	6.1	17.2	11.2	18.3
Florida	100.0	66.3	56.9	30.4	26.5	9.4	17.8	12.2	20.8
East South Central	100.0	68.7	60.9	31.7	29.2	7.8	22.1	16.2	17.1
Kentucky	100.0	67.8	62.1	31.8	30.3	5.7	22.1	16.3	17.4
Tennessee	100.0	71.7	62.6	34.0	28.6	9.1	27.2	21.1	11.5
Alabama	100.0	68.7	62.0	29.8	32.2	6.7	15.3	9.4	21.9
Mississippi	100.0	63.9	53.9	30.2	23.8	10.0	22.7	17.3	20.6
West South Central	100.0	63.2	56.8	29.0	27.8	6.4	16.9	13.1	24.7
Arkansas	100.0	69.0	63.8	33.6	30.2	5.3	17.9	10.8	20.2
Louisiana	100.0	62.3	53.7	26.9	26.8	8.6	21.0	17.1	21.5
Oklahoma	100.0	67.7	59.6	31.0	28.6	8.1	16.9	13.6	21.0
Texas	100.0	61.9	56.2	28.7	27.6	5.7	15.9	12.4	26.6
Mountain	100.0	72.4	64.1	31.5	32.6	8.3	14.0	9.7	18.3
Montana	100.0	75.0	61.9	28.4	33.5	13.2	15.4	11.0	16.1
Idaho	100.0	75.3	64.8	32.4	32.4	10.5	13.8	9.6	15.6
Wyoming	100.0	76.6	62.0	28.8	33.1	14.9	a	a	17.3
Colorado	100.0	79.6	68.8	35.4	33.4	10.9	10.9	6.9	13.9
New Mexico	100.0	57.3	51.7	25.2	26.6	5.6	23.2	17.4	26.4
Arizona	100.0	64.7	58.7	30.2	28.5	6.0	16.3	12.0	23.3
Utah	100.0	82.0	73.1	27.5	45.6	8.9	8.8	5.6	12.9
Nevada	100.0	75.2	71.1	39.6	31.6	4.0	12.1	7.0	17.8
Pacific	100.0	64.0	57.3	30.5	26.8	6.7	19.1	15.8	21.5
Washington	100.0	74.0	62.6	33.9	28.7	11.4	15.7	12.6	14.6
Oregon	100.0	73.3	65.1	35.6	29.5	8.4	19.0	14.4	14.8
California	100.0	60.8	54.9	28.9	26.0	5.9	19.8	16.7	23.7
Alaska	100.0	71.1	65.4	34.5	30.9	a	22.1	14.7	15.5
Hawaii	100.0	80.0	75.9	45.5	30.4	a	15.0	9.6	11.6

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^aFewer than 50,000 respondents (weighted) in this category.

Table 8
Nonelderly Population with Selected Sources of Health Insurance, by Race and Poverty Status, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Race and Family Income as a Percentage of Poverty	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	228.1	162.2	145.9	75.1	70.8	16.4	37.2	28.7	39.4
0–99%	34.7	7.5	4.4	2.2	2.3	3.1	17.8	16.8	11.1
100–124%	10.1	4.1	3.1	1.4	1.7	1.0	3.2	2.8	3.4
125–149%	10.5	5.2	4.2	1.8	2.4	1.1	2.4	1.9	3.5
150–199%	21.1	13.2	11.3	5.1	6.2	2.0	3.4	2.6	5.7
200–399%	74.8	61.4	56.1	26.8	29.3	5.3	6.2	3.3	10.7
400% or more	76.8	70.8	66.8	37.8	29.0	4.0	4.1	1.3	5.1
White	164.1	130.1	116.6	59.8	56.8	13.5	19.5	13.2	22.1
0–99%	15.7	4.7	2.4	1.2	1.2	2.3	7.0	6.3	4.9
100%–124%	5.8	2.7	1.9	0.9	1.1	0.8	1.9	1.5	1.7
125%–149%	6.2	3.4	2.6	1.1	1.5	0.8	1.3	1.0	1.9
150%–199%	13.8	9.5	7.9	3.5	4.4	1.6	2.0	1.4	3.2
200%–399%	57.2	48.7	44.2	20.7	23.4	4.5	4.2	2.1	6.8
400% or more	65.5	61.1	57.6	32.3	25.3	3.5	3.2	0.9	3.6
Black	30.0	15.8	14.4	8.0	6.3	1.5	9.7	8.3	6.4
0–99%	9.5	1.5	1.1	0.5	0.6	0.5	6.1	5.9	2.3
100%–124%	1.8	0.6	0.5	0.3	0.3	0.1	0.6	0.5	0.6
125%–149%	2.0	1.0	0.9	0.4	0.5	0.1	0.6	0.5	0.5
150%–199%	3.3	1.9	1.7	0.9	0.9	0.2	0.8	0.6	0.8
200%–399%	8.3	6.2	5.8	3.2	2.6	0.4	1.1	0.6	1.5
400% or more	5.2	4.5	4.4	2.8	1.6	0.2	0.5	0.2	0.6
Hispanic	25.9	11.3	10.3	5.0	5.3	1.0	6.3	5.8	9.2
0–99%	8.2	1.0	0.8	0.3	0.4	0.2	4.0	3.9	3.4
100%–124%	2.2	0.6	0.6	0.2	0.3	0.1	0.6	0.6	1.0
125%–149%	2.0	0.7	0.6	0.2	0.4	0.1	0.4	0.3	1.0
150%–199%	3.4	1.5	1.4	0.6	0.8	0.1	0.5	0.5	1.5
200%–399%	6.7	4.5	4.3	2.1	2.2	0.3	0.6	0.4	1.8
400% or more	3.4	2.9	2.7	1.5	1.2	0.2	0.2	0.1	0.5
Other	8.0	5.1	4.6	2.3	2.3	0.5	1.6	1.3	1.7
0–99%	1.4	0.3	0.2	0.1	0.1	0.1	0.7	0.6	0.5
100%–124%	0.3	0.1	0.1	a	a	a	0.2	0.2	0.1
125%–149%	0.4	0.1	0.1	a	0.1	a	0.1	0.1	0.1
150%–199%	0.7	0.4	0.3	0.1	0.2	a	0.2	0.1	0.2
200%–399%	2.6	2.0	1.8	0.8	1.0	0.1	0.3	0.2	0.5
400% or more	2.7	2.2	2.1	1.2	0.9	0.2	0.2	0.1	0.4
(percentage within coverage categories)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
0–99%	15.2	4.7	3.0	2.9	3.2	19.0	47.9	58.5	28.1
100%–124%	4.4	2.5	2.1	1.9	2.4	5.8	8.7	9.8	8.6
125%–149%	4.6	3.2	2.9	2.4	3.3	6.5	6.5	6.6	8.8
150%–199%	9.3	8.2	7.7	6.8	8.7	12.0	9.1	8.9	14.4
200%–399%	32.8	37.8	38.5	35.7	41.4	32.3	16.7	11.4	27.2
400% or more	33.7	43.6	45.8	50.3	41.0	24.3	11.1	4.7	12.8
White	72.0	80.2	79.9	79.6	80.3	82.0	52.5	46.2	56.0
0–99%	6.9	2.9	1.7	1.6	1.7	13.8	18.8	22.1	12.5
100%–124%	2.5	1.7	1.3	1.2	1.5	4.6	5.0	5.4	4.3
125%–149%	2.7	2.1	1.8	1.5	2.1	5.1	3.5	3.4	4.8
150%–199%	6.0	5.8	5.4	4.7	6.1	9.7	5.3	4.8	8.0
200%–399%	25.1	30.0	30.3	27.6	33.1	27.4	11.3	7.2	17.3
400% or more	28.7	37.7	39.5	43.1	35.7	21.4	8.7	3.3	9.2

(continued)

Table 8 (continued)

Race and Family Income as a Percentage of Poverty	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
Black	13.2	9.7	9.8	10.7	8.9	8.9	26.1	29.1	16.2
0–99%	4.2	0.9	0.7	0.7	0.8	2.9	16.5	20.5	5.9
100%–124%	0.8	0.4	0.4	0.3	0.4	0.7	1.7	1.9	1.5
125%–149%	0.9	0.6	0.6	0.6	0.7	0.7	1.6	1.7	1.3
150%–199%	1.4	1.2	1.2	1.2	1.2	1.1	2.0	2.1	2.0
200%–399%	3.6	3.8	4.0	4.3	3.7	2.5	2.9	2.2	3.9
400% or more	2.3	2.8	3.0	3.7	2.2	1.0	1.4	0.6	1.5
Hispanic	11.4	6.9	7.1	6.6	7.5	5.9	17.1	20.3	23.3
0–99%	3.6	0.6	0.5	0.5	0.6	1.5	10.8	13.6	8.5
100%–124%	1.0	0.4	0.4	0.3	0.5	0.4	1.6	2.0	2.6
125%–149%	0.9	0.4	0.4	0.3	0.5	0.4	1.1	1.2	2.4
150%–199%	1.5	0.9	0.9	0.8	1.1	0.9	1.4	1.6	3.9
200%–399%	3.0	2.8	2.9	2.8	3.1	1.7	1.6	1.4	4.7
400% or more	1.5	1.8	1.9	2.0	1.7	1.0	0.6	0.4	1.2
Other	3.5	3.2	3.1	3.1	3.2	3.3	4.3	4.5	4.4
0–99%	0.6	0.2	0.1	0.1	0.1	0.8	1.8	2.2	1.2
100%–124%	0.1	0.1	0.1	a	a	a	0.4	0.5	0.2
125%–149%	0.2	0.1	0.1	a	0.1	a	0.3	0.3	0.3
150%–199%	0.3	0.2	0.2	0.2	0.2	a	0.4	0.4	0.5
200%–399%	1.1	1.2	1.3	1.1	1.4	0.8	0.8	0.6	1.3
400% or more	1.2	1.4	1.4	1.6	1.3	1.0	0.5	0.4	0.9
(percentage within race and poverty categories)									
Total	100.0%	71.1%	64.0%	32.9%	31.0%	7.2%	16.3%	12.6%	17.3%
0–99%	100.0	21.7	12.8	6.2	6.6	9.0	51.2	48.3	31.9
100%–124%	100.0	40.5	30.9	14.0	16.9	9.5	32.2	27.9	33.6
125%–149%	100.0	50.0	39.8	17.3	22.6	10.1	23.0	18.2	33.2
150%–199%	100.0	62.6	53.2	24.1	29.2	9.3	16.0	12.1	26.9
200%–399%	100.0	82.0	75.0	35.9	39.1	7.1	8.3	4.4	14.3
400% or more	100.0	92.1	86.9	49.2	37.7	5.2	5.4	1.7	6.6
White	100.0	79.2	71.0	36.4	34.6	8.2	11.9	8.1	13.5
0–99%	100.0	29.9	15.4	7.7	7.7	14.5	44.5	40.4	31.5
100%–124%	100.0	46.5	33.4	15.0	18.4	13.1	32.0	26.5	29.0
125%–149%	100.0	55.3	41.8	18.0	23.8	13.6	21.0	15.8	30.2
150%–199%	100.0	68.6	57.0	25.4	31.6	11.6	14.2	9.9	22.9
200%–399%	100.0	85.1	77.2	36.2	41.0	7.9	7.4	3.6	11.9
400% or more	100.0	93.3	88.0	49.4	38.6	5.4	4.9	1.4	5.5
Black	100.0	52.6	47.8	26.7	21.1	4.8	32.2	27.7	21.3
0–99%	100.0	16.1	11.2	5.4	5.9	5.0	64.4	61.9	24.6
100%–124%	100.0	35.8	29.4	14.4	15.0	6.4	35.1	30.9	34.1
125%–149%	100.0	50.4	44.3	21.0	23.3	6.1	30.1	24.8	26.7
150%–199%	100.0	58.3	52.7	26.5	26.2	5.6	23.2	18.5	24.4
200%–399%	100.0	75.1	70.3	38.6	31.7	5.0	13.1	7.6	18.6
400% or more	100.0	86.2	83.2	53.2	30.0	3.0	9.6	3.3	11.4
Hispanic	100.0	43.4	39.7	19.2	20.6	3.7	24.5	22.4	35.5
0–99%	100.0	12.6	9.5	4.3	5.3	3.0	49.1	47.8	41.0
100%–124%	100.0	29.3	26.2	11.1	15.1	3.0	27.9	26.1	46.6
125%–149%	100.0	34.2	30.8	11.7	19.1	3.3	20.5	17.8	49.3
150%–199%	100.0	44.2	40.0	17.0	23.0	4.2	14.7	13.3	45.0
200%–399%	100.0	67.5	63.5	30.9	32.6	4.0	8.9	5.9	27.3
400% or more	100.0	83.2	78.3	43.1	35.2	4.9	6.4	3.7	13.9
Other	100.0	64.3	57.6	29.1	28.5	6.7	20.1	16.2	21.6
0–99%	100.0	22.6	13.3	6.5	6.8	9.5	49.1	46.9	33.7
100%–124%	100.0	32.8	25.6	a	a	a	51.2	49.8	24.1
125%–149%	100.0	41.4	30.6	a	16.6	a	31.5	24.2	34.0
150%–199%	100.0	53.8	46.3	20.5	25.8	a	24.9	19.5	28.0
200%–399%	100.0	75.4	70.2	31.6	38.6	5.2	11.2	6.7	19.6
400% or more	100.0	84.3	78.3	44.3	34.0	6.1	7.4	3.8	13.8

Note: Details may not add to total because individuals may receive coverage from more than one source.

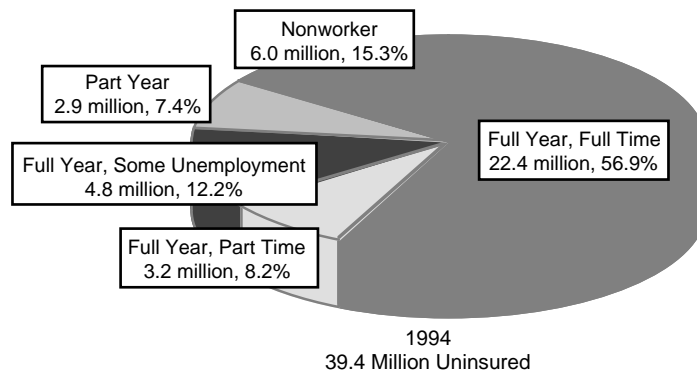
^aFewer than 50,000 respondents (weighted) in this category.

Table 9
Nonelderly Population with and without Health Insurance, by Region, State, and Citizenship Status, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Region and State	Total Population	Percentage Noncitizens	Insured			Uninsured			Percentage Uninsured	
			Total	Citizen	Noncitizen	Total	Citizen	Noncitizen	Citizen	Noncitizen
Total	228.1	7.2%	188.7	179.0	9.7	39.4	32.7	6.7	15.5%	40.8%
New England	11.3	5.6	9.8	9.3	0.5	1.5	1.4	0.1	12.9	23.5
Maine	1.0	0.9	0.9	0.9	a	0.2	0.2	a	15.1	a
New Hampshire	1.0	2.8	0.8	0.8	a	0.1	0.1	a	13.8	a
Vermont	0.5	1.6	0.5	0.5	a	0.1	a	a	9.4	a
Massachusetts	5.2	6.9	4.5	4.2	0.3	0.7	0.7	0.1	13.7	21.9
Rhode Island	0.8	7.8	0.7	0.7	0.1	0.1	0.1	a	13.1	a
Connecticut	2.7	5.9	2.4	2.3	0.1	0.3	0.3	0.1	11.0	31.8
Middle Atlantic	33.0	8.9	27.8	25.9	1.9	5.2	4.1	1.0	13.8	34.4
New York	15.8	12.7	12.9	11.6	1.3	2.9	2.2	0.7	15.8	35.5
New Jersey	7.0	10.5	6.0	5.5	0.5	1.0	0.8	0.3	12.3	34.9
Pennsylvania	10.2	2.1	9.0	8.8	0.2	1.3	1.2	0.1	12.0	23.0
East North Central	38.3	2.8	33.7	32.8	0.8	4.7	4.4	0.3	11.8	23.8
Ohio	9.7	1.0	8.5	8.4	0.1	1.2	1.2	a	12.5	a
Indiana	5.3	1.2	4.7	4.6	0.1	0.6	0.6	a	11.8	a
Illinois	10.4	6.0	9.1	8.6	0.5	1.3	1.2	0.2	12.0	27.7
Michigan	8.4	2.2	7.3	7.2	0.2	1.0	1.0	a	12.2	a
Wisconsin	4.5	2.5	4.0	3.9	0.1	0.4	0.4	a	9.2	a
West North Central	15.5	1.7	13.5	13.3	0.2	1.9	1.8	0.1	12.2	36.5
Minnesota	4.0	3.4	3.6	3.5	0.1	0.4	0.4	0.1	9.6	40.9
Iowa	2.4	0.4	2.1	2.1	a	0.3	0.3	a	11.3	a
Missouri	4.3	1.5	3.7	3.7	a	0.6	0.6	a	14.0	a
North Dakota	0.5	0.8	0.5	0.5	a	0.1	0.1	a	10.0	a
South Dakota	0.6	1.2	0.6	0.6	a	0.1	0.1	a	11.5	a
Nebraska	1.4	0.5	1.3	1.3	a	0.2	0.2	a	12.1	a
Kansas	2.1	1.9	1.8	1.7	a	0.3	0.3	a	15.0	a
South Atlantic	39.9	5.5	33.0	31.6	1.3	6.9	6.1	0.9	16.1	38.9
Delaware	0.6	3.1	0.5	0.5	a	0.1	0.1	a	15.2	a
Maryland	4.4	5.1	3.7	3.6	0.1	0.6	0.5	0.1	13.1	35.6
District of Columbia	0.5	7.5	0.4	0.4	a	0.1	0.1	a	15.8	a
Virginia	5.7	3.9	4.9	4.8	0.1	0.8	0.7	0.1	12.9	38.8
West Virginia	1.5	0.5	1.2	1.2	a	0.3	0.3	a	19.2	a
North Carolina	5.8	2.0	4.8	4.8	0.1	0.9	0.9	a	15.2	a
South Carolina	3.3	0.6	2.7	2.7	a	0.5	0.5	a	15.7	a
Georgia	6.4	3.0	5.2	5.1	0.1	1.2	1.1	0.1	18.0	31.1
Florida	11.8	11.6	9.3	8.5	0.8	2.4	1.9	0.5	18.3	40.1
East South Central	14.0	0.6	11.6	11.6	0.1	2.4	2.4	a	17.1	a
Kentucky	3.3	0.2	2.8	2.8	a	0.6	0.6	a	17.4	a
Tennessee	4.7	0.2	4.2	4.2	a	0.5	0.5	a	11.5	a
Alabama	3.7	1.2	2.9	2.9	a	0.8	0.8	a	22.1	a
Mississippi	2.2	0.7	1.8	1.8	a	0.5	0.5	a	20.4	a
West South Central	25.8	6.7	19.4	18.7	0.7	6.4	5.4	1.0	22.3	58.0
Arkansas	2.1	1.0	1.7	1.6	a	0.4	0.4	a	20.2	a
Louisiana	3.9	1.8	3.0	3.0	a	0.8	0.8	a	21.2	a
Oklahoma	2.7	2.1	2.2	2.1	a	0.6	0.6	a	20.6	a
Texas	17.1	9.3	12.5	11.9	0.6	4.5	3.6	0.9	23.2	60.0
Mountain	13.7	6.1	11.2	10.7	0.4	2.5	2.1	0.4	16.4	48.7
Montana	0.7	0.3	0.6	0.6	a	0.1	0.1	a	16.0	a
Idaho	1.0	3.4	0.9	0.8	a	0.2	0.1	a	14.4	a
Wyoming	0.4	1.4	0.4	0.4	a	0.1	0.1	a	16.7	a
Colorado	3.3	4.7	2.9	2.7	0.1	0.5	0.4	a	13.5	a
New Mexico	1.5	6.7	1.1	1.0	a	0.4	0.3	0.1	24.2	57.0
Arizona	3.7	9.9	2.8	2.7	0.1	0.9	0.6	0.2	19.0	61.8
Utah	1.7	2.5	1.5	1.5	a	0.2	0.2	a	11.9	a
Nevada	1.3	9.3	1.1	1.0	0.1	0.2	0.2	a	15.9	a
Pacific	36.7	18.0	28.8	25.1	3.7	7.9	5.0	2.9	16.6	43.7
Washington	4.6	4.6	3.9	3.8	0.1	0.7	0.6	0.1	13.5	37.1
Oregon	2.8	5.7	2.4	2.3	0.1	0.4	0.3	0.1	12.2	58.2
California	27.9	21.9	21.3	17.9	3.4	6.6	3.9	2.7	18.0	44.1
Alaska	0.5	2.6	0.4	0.4	a	0.1	0.1	a	15.4	a
Hawaii	0.9	14.0	0.8	0.7	0.1	0.1	0.1	a	10.5	a

^aFewer than 50,000 respondents (weighted) in this category.

Chart 1
Nonelderly Population without Health Insurance, by Work Status of Family Head, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



21.9 percent of nonelderly individuals reported that they were noncitizens, compared with 7.2 percent of the nation as a whole. Forty-one percent of nonelderly respondents indicating they were noncitizens were uninsured in 1994, compared with 15.5 percent for citizens. This may be due in part to the fact that a higher proportion of noncitizens than citizens were in low income families, were more likely to be nonworkers, or were more likely to work in small firms.

Employment

Eighty-five percent of the uninsured lived in families headed by workers in 1994, primarily because most people live in families headed by workers (chart 1). Fifty-seven percent of the uninsured were in families headed by full-year, full-time workers, and 8.2 percent lived in families headed by full-year, part-time workers.

Industry

The majority of uninsured workers reported their industry of primary employment as retail trade, services, or manufacturing (table 3). Workers were most likely to be uninsured if they were self-employed or working in

agriculture, construction, retail trade, or services (chart 2). Agricultural workers are generally paid low hourly wages and are often migratory. Construction workers are often employed on a contractual basis for a particular project. Because many of these workers are not consistently employed by the same employer, they are less likely to have employment-based health insurance. Retail sales and service industries often impose waiting periods prior to eligibility for benefits in part because they employ many part-time workers and experience rapid turnover. In addition, low wage industries or occupations may require that the individual contribute a higher proportion of the premium toward coverage when coverage is offered.

Firm Size

Forty-nine percent of all uninsured workers were either self-employed or working in private-sector firms with fewer than 25 employees in 1994 (table 4 and chart 3). Twenty-three percent of self-employed workers were uninsured, compared with 17.4 percent for all workers (table 4 and chart 4). Thirty-four percent of workers in private-sector firms with fewer than 10 employees were uninsured, compared with 11.5 percent of workers in

Chart 2
Percentage of Uninsured Among Workers Aged 18–64, by Industry Group, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

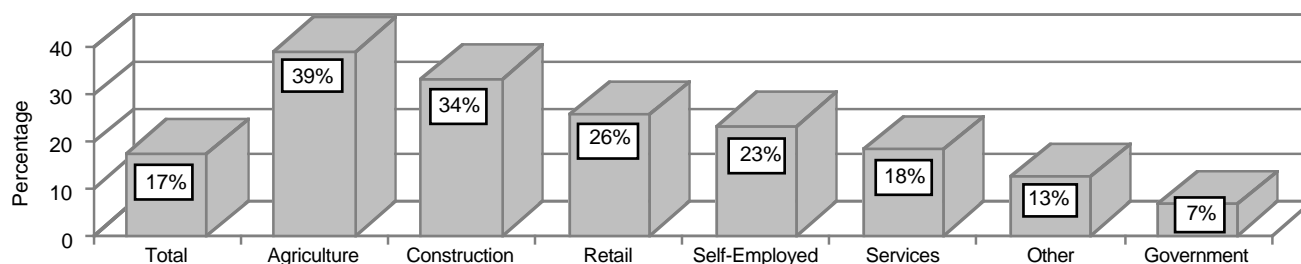
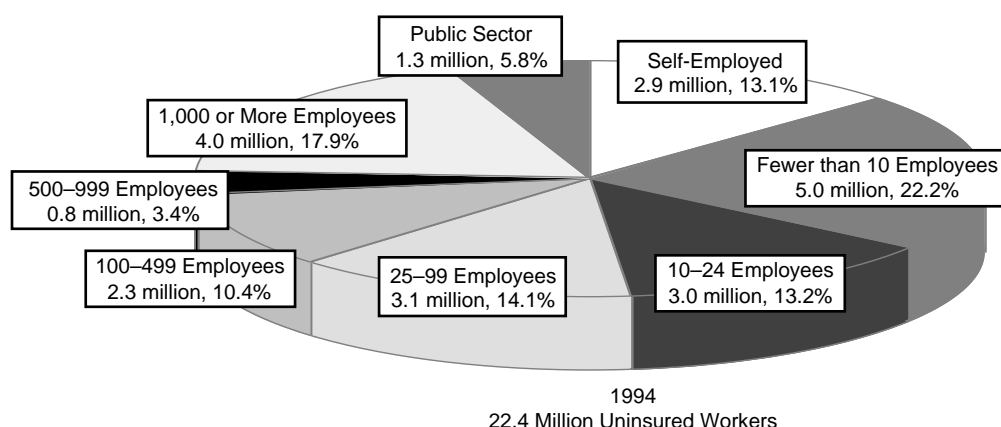


Chart 3
Workers Aged 18–64 without Health Insurance, by Firm Size, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



private-sector firms with 1,000 or more employees. Many small employers are unable to provide health insurance for their employees because of higher per capita costs due to greater risk and higher average administrative costs associated with small groups. The self-employed may also have lower rates of coverage because most self-employed are only able to deduct 25 percent of their health insurance costs for 1994, while other businesses could deduct 100 percent.²

Income

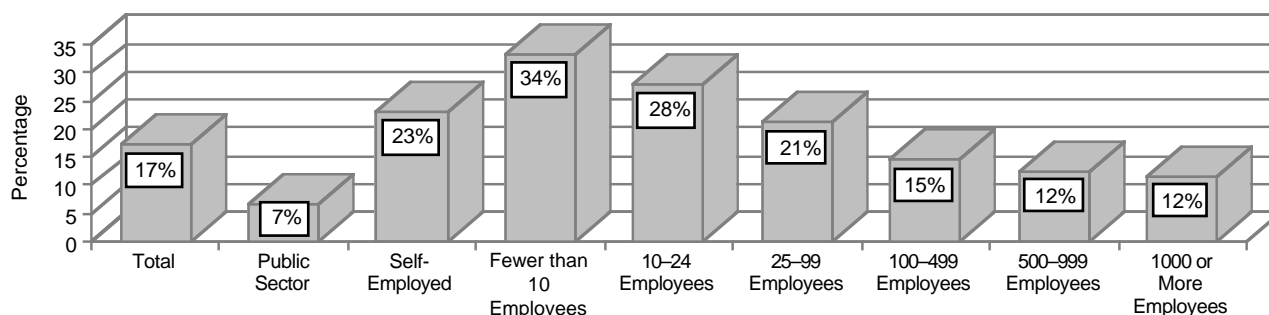
The uninsured are concentrated disproportionately in low income families. In 1994, 49.7 percent of the uninsured were in families with income under \$20,000 annually (table 5). Thirty-seven percent of individuals in families with income less than \$5,000 were uninsured, compared with 6.7 percent of those in families with income of \$50,000 or above. Generally, as income increases, the percentage of the population without health

insurance decreases, the percentage covered by private health insurance increases, and the percentage covered by publicly financed health insurance programs decreases. However, because of the impact of the Medicaid program, the percentage of uninsured among individuals with income slightly higher than the poverty line was greater than the percentage of uninsured among those below the poverty line (table 6 and chart 5).³

² The tax deduction for health costs of the self-employed is currently 30 percent and would be gradually increased to 50 percent by 2002 and thereafter under the congressional 1995 budget reconciliation package (H.R. 2491). This tax exclusion represents a revenue loss of \$988 million over seven years.

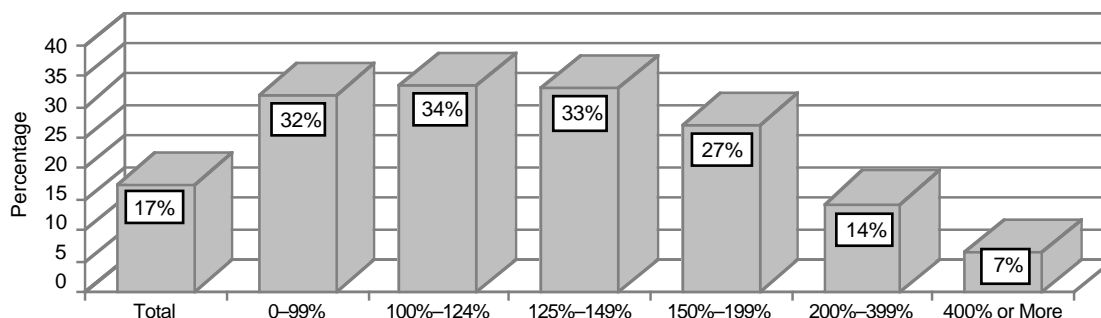
³ Medicaid eligibility levels are set by individual states and vary, for a family of three, from 16 percent of the federal poverty rate in Alabama to 72 percent of the federal poverty rate in Alaska (data are as of July 1994). The majority of states have higher income eligibility thresholds for “medically needy” persons. Starting in 1990, all states were required to provide Medicaid coverage to pregnant women and children up to age 6 if their income was less than 133 percent of the federal poverty level. In addition, states must cover children born after September 30, 1983 in families with income below the poverty level (National Governors Association, 1994). This requirement will result in most poor children under age 18 being covered by 2002.

Chart 4
Percentage Uninsured Among Workers Aged 18–64, by Firm Size, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



Note: Firm size distributions include private-sector workers only.

Chart 5
**Percentage Uninsured Among Nonelderly Population, by Family Income
as a Percentage of the Federal Poverty Level, 1994**
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



Workers with low earnings are more likely to be uninsured than workers with high earnings. Thirty percent of workers with earnings below \$10,000 were uninsured, compared with 4 percent of workers with earnings of \$50,000 or more (chart 6). Low income workers are generally employed in industries less likely to offer health insurance, may have a weaker (or temporary) attachment to the work force, and have less disposable income to allocate to the purchase of health insurance.

Family Type

Single individuals and individuals in single parent families were more likely to be uninsured than married couples either with or without children (chart 7). Married couples and two parent families may have higher income levels, and both adults may be employed, increasing their chances of receiving employment-based coverage and, if not covered through an employer, they may be better able to afford individually purchased private health insurance.

Age

Individuals aged 45-54 were less likely to be uninsured (12.9 percent), and individuals aged 21-24 were more likely to be uninsured (30.1 percent) than those in all other age groups in 1994 (chart 8). The high proportion of young adults without health insurance may occur because they are no longer covered by a family policy and may not have established themselves as permanent members of the work force, as many are still in school. Some young adults may have also lost access to Medicaid, which covered them through age 18 in some states. In addition, many in this group may think that they do not need health insurance because they are young and healthy. Finally, young workers may be ineligible for an employment-based plan because of waiting periods imposed prior to eligibility.

Education

Families whose head of household had not received any education beyond high school accounted for 66.7 percent

Chart 6
Percentage Uninsured Among Workers Aged 18-64, by Total Earnings, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

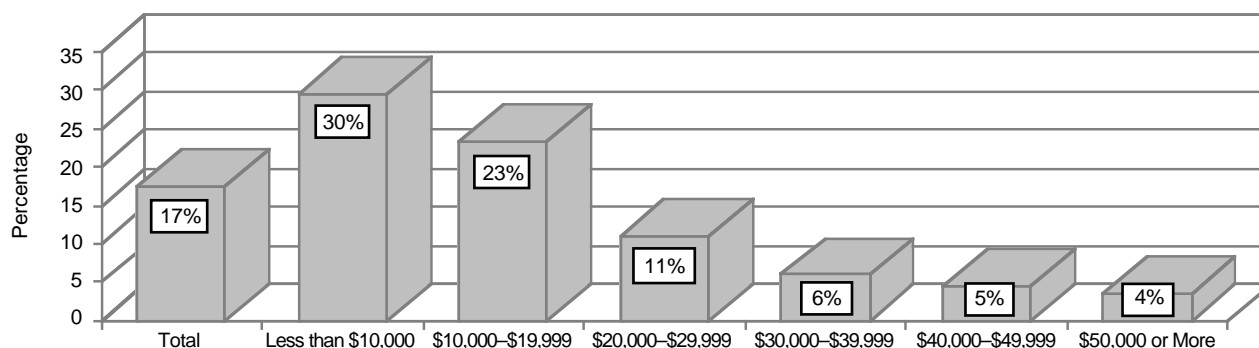
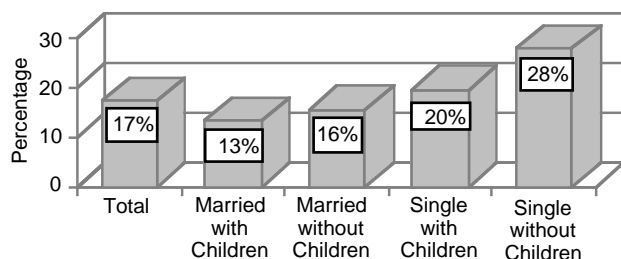


Chart 7
Percentage Uninsured Among the Nonelderly Population, by Family Type, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



of the uninsured, although they represented 48.9 percent of the total population (table 10). Less than 7 percent of individuals in families whose head of household had received a master's degree, professional degree, or doctorate degree were uninsured, compared with 38.6 percent of individuals in families whose head of household had no high school diploma (table 10). However, because education is positively correlated with income, much of this difference can also be attributed to differences in income level.

Children

Fourteen percent of all children—or 10 million children—were not covered by private health insurance and were either ineligible or did not receive publicly financed medical assistance in 1994 (table 11). Seventy percent of all uninsured children were in families with income below 200 percent of the poverty level. Seventeen percent of children whose family head did not work were uninsured (chart 9). Most uninsured children were in families whose head of household was employed year round either full time or part time with no unemployment (67 percent) (chart 10). However, children in families headed by full-year, full-time workers were much less likely to be uninsured than those whose family head worked only part time or experienced some unemployment (chart 9).

Policy Implications

The number and percentage of nonelderly Americans without health insurance is a

concern to all Americans, given the public policy objective of assuring access to care for all residents, for a number of reasons. Individuals without health insurance are less likely than insured individuals to receive basic health care services. As a result, the population's overall health status is lower and individual's overall productivity is lower. Individuals without health insurance are more likely to delay seeking treatment for illness and often seek care in a very expensive emergency room setting. Providers of health care, especially hospitals, are often not compensated for the care that they provide to uninsured individuals and usually seek to shift the cost of that care to other private and public payers of health care. However, it is becoming more difficult for health care providers to shift costs to other payers of health care as a result of the movement toward a more competitive health care market and the use of alternative forms of third party reimbursement arrangements, such as capitation, fee schedules, and discounting. To the degree that cost shifting is possible, premiums for health insurance are higher than they would otherwise be, and tax revenue is used to finance uncompensated care that is provided in public hospitals.

Currently, health care cost inflation is at its

Chart 8
Percentage Uninsured Among the Nonelderly Population, by Age, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

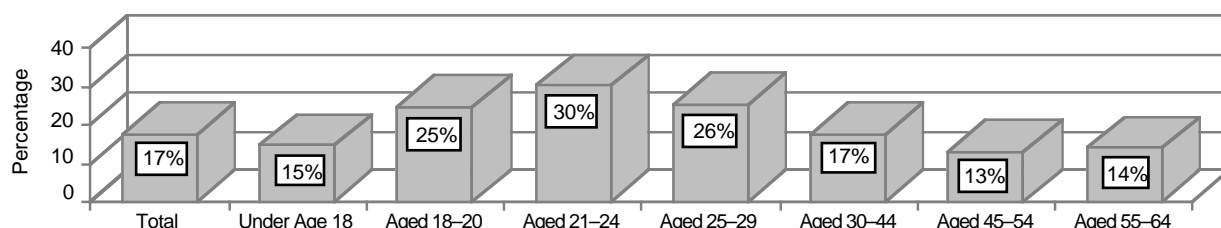


Table 10
Nonelderly Population with Selected Sources of Health Insurance, by Educational Level of Family Head, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Education Level of Family Head	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	No Health Insurance Coverage
			Total	Direct	Indirect				
(millions)									
Total	228.1	162.2	145.9	75.1	70.8	16.4	37.2	28.7	39.4
No High School	15.0	5.0	4.3	2.4	1.9	0.6	4.8	4.2	5.8
Some High School	22.9	9.4	8.1	4.4	3.7	1.3	7.9	7.2	6.7
High School Graduate	73.5	50.7	45.5	23.7	21.8	5.3	12.8	10.0	13.8
Some College	41.4	31.1	27.3	14.2	13.1	3.8	6.3	4.3	6.4
Associate Degree	17.1	13.8	12.7	6.4	6.4	1.0	2.1	1.3	2.0
Bachelor's Degree	36.9	32.7	29.9	15.2	14.7	2.8	2.2	1.2	3.3
Master's Degree	13.9	12.7	11.9	6.0	5.9	0.8	0.9	0.2	0.9
Professional School Degree	4.6	4.2	3.6	1.6	2.0	0.6	0.2	0.2	0.3
Doctorate Degree	2.9	2.7	2.5	1.2	1.3	0.2	0.1	a	0.1
(percentage within coverage categories)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No High School	6.6	3.1	3.0	3.2	2.7	3.9	12.8	14.7	14.7
Some High School	10.1	5.8	5.5	5.8	5.2	7.9	21.3	25.2	16.9
High School Graduate	32.2	31.2	31.2	31.6	30.7	32.0	34.4	34.9	35.1
Some College	18.1	19.2	18.7	18.9	18.6	23.2	16.9	15.0	16.2
Associate Degree	7.5	8.5	8.7	8.5	9.0	6.3	5.5	4.6	5.1
Bachelor's Degree	16.2	20.1	20.5	20.3	20.7	17.1	5.9	4.2	8.5
Master's Degree	6.1	7.8	8.2	8.0	8.3	4.7	2.3	0.8	2.3
Professional School Degree	2.0	2.6	2.5	2.2	2.8	3.5	0.6	0.5	0.8
Doctorate Degree	1.3	1.7	1.7	1.6	1.8	1.4	0.2	a	0.4
(percentage within educational level categories)									
Total	100.0%	71.1%	64.0%	32.9%	31.0%	7.2%	16.3%	12.6%	17.3%
No High School	100.0	33.2	29.0	16.0	13.0	4.2	31.7	28.1	38.6
Some High School	100.0	40.8	35.2	19.1	16.1	5.6	34.5	31.5	29.1
High School Graduate	100.0	69.0	61.8	32.2	29.6	7.2	17.4	13.6	18.8
Some College	100.0	75.2	66.0	34.2	31.8	9.2	15.2	10.4	15.4
Associate Degree	100.0	80.7	74.6	37.3	37.3	6.1	12.1	7.7	11.8
Bachelor's Degree	100.0	88.6	81.0	41.3	39.7	7.6	5.9	3.2	9.1
Master's Degree	100.0	91.6	86.1	43.5	42.6	5.5	6.2	1.6	6.6
Professional School Degree	100.0	91.8	79.2	35.3	43.8	12.6	5.1	3.3	6.9
Doctorate Degree	100.0	94.7	86.9	41.7	45.2	7.9	2.6	a	5.0

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^aFewer than 50,000 respondents (weighted) in this category.

lowest point in years. Previous research has shown that rising health care costs are a primary factor related to the decline in employment-based health insurance (Fronstin, Snider, and Salisbury, 1995). Between 1980 and 1993, a period of rising health care cost inflation, employees were increasingly asked to contribute toward the cost of providing health insurance. In 1980, 74 percent of full-time workers employed in medium and large private establishments had their coverage for single health insurance fully financed by their employer. By 1993, 37 percent had this coverage fully financed (U.S. Department of Labor, 1982 and 1995). In addition, in 1980, 54 percent of full-time workers employed in medium and large private establishments had their

coverage for family health insurance fully financed by their employer. By 1993, 21 percent had this coverage fully financed. The percentage of individuals covered by employment-based health insurance declined over this period in part because of increased cost-sharing responsibilities of employees that was due to rising health care costs. Currently, overall inflation is at its lowest point in years. A return to high overall inflation or health care cost inflation would likely bring about further reductions in employment-based health insurance.

Recent declines in private health insurance coverage can also be attributed to a shift from the goods producing sector, where the provision of health benefits has traditionally been high, to the service producing

Table 11
Children with Selected Sources of Health Insurance, by Poverty Level and Age, 1994
Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey

Poverty Level and Age	Total	Total Private	Employer Coverage	Other Private	Total Public	Medicaid	No Health Insurance Coverage
(millions)							
Total	69.5	46.0	40.8	5.3	17.5	16.1	10.0
Infants	3.8	2.1	1.9	0.2	1.2	1.1	0.7
Aged 1–5	20.2	12.4	11.0	1.4	6.5	6.2	2.7
Aged 6–12	26.8	18.3	16.2	2.1	6.3	5.8	3.7
Aged 13–17	18.6	13.2	11.6	1.6	3.5	3.0	2.9
0–99% of Poverty	15.7	2.9	1.7	1.2	10.2	10.0	3.5
Infants	0.9	0.1	0.1	a	0.7	0.7	0.2
Aged 1–5	5.3	0.8	0.5	0.4	3.9	3.8	0.9
Aged 6–12	6.0	1.2	0.7	0.5	3.9	3.8	1.3
Aged 13–17	3.5	0.8	0.5	0.3	1.8	1.8	1.1
100%–149% of Poverty	7.7	3.6	2.9	0.7	2.8	2.6	2.0
Infants	0.4	0.1	0.1	a	0.2	0.2	0.1
Aged 1–5	2.5	1.1	0.9	0.2	1.1	1.0	0.6
Aged 6–12	2.9	1.4	1.2	0.3	1.0	0.9	0.8
Aged 13–17	1.9	1.0	0.7	0.3	0.5	0.5	0.5
150%–199% of Poverty	7.4	4.9	4.2	0.7	1.5	1.3	1.5
Infants	0.4	0.2	0.2	a	0.1	0.1	0.1
Aged 1–5	2.1	1.3	1.2	0.2	0.6	0.5	0.4
Aged 6–12	3.0	2.1	1.8	0.3	0.5	0.4	0.6
Aged 13–17	1.9	1.3	1.0	0.3	0.3	0.3	0.4
200%–399% of Poverty	22.8	19.7	18.0	1.7	2.2	1.6	2.3
Infants	1.2	0.9	0.8	0.1	0.1	0.1	0.2
Aged 1–5	6.2	5.2	4.9	0.4	0.7	0.6	0.6
Aged 6–12	9.1	8.0	7.3	0.7	0.7	0.5	0.8
Aged 13–17	6.4	5.5	5.0	0.6	0.5	0.3	0.7
400% or More of Poverty	15.8	14.8	13.9	0.9	0.9	0.6	0.7
Infants	0.8	0.7	0.7	a	a	a	0.1
Aged 1–5	4.2	3.9	3.6	0.3	0.3	0.2	0.2
Aged 6–12	5.8	5.5	5.2	0.3	0.3	0.2	0.3
Aged 13–17	4.9	4.7	4.4	0.3	0.3	0.1	0.2
(percentage within coverage categories)							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Infants	5.4	4.6	4.7	3.8	6.8	6.8	6.7
Aged 1–5	29.1	26.9	27.1	25.7	37.2	38.3	27.2
Aged 6–12	38.6	39.8	39.8	39.4	36.1	36.3	37.3
Aged 13–17	26.8	28.7	28.4	31.1	19.9	18.6	28.8
0–99% of Poverty	22.6	6.4	4.2	23.0	58.2	62.3	35.0
Infants	1.3	0.3	0.2	a	3.8	4.0	1.9
Aged 1–5	7.6	1.8	1.1	7.3	22.1	23.7	9.3
Aged 6–12	8.6	2.6	1.7	9.7	22.0	23.6	13.0
Aged 13–17	5.0	1.6	1.2	5.2	10.4	11.0	10.8
100%–149% of Poverty	11.1	7.9	7.1	13.7	15.9	16.2	19.8
Infants	0.6	0.2	0.4	a	1.1	1.1	1.1
Aged 1–5	3.5	2.3	2.2	3.0	6.2	6.3	5.9
Aged 6–12	4.2	3.2	2.8	5.5	5.6	5.7	7.5
Aged 13–17	2.8	2.1	1.7	5.0	3.0	3.1	5.3
150%–200% of Poverty	10.6%	10.7%	10.3%	13.5%	8.5%	8.2%	15.2%
Infants	0.6	0.5	0.5	a	0.8	0.8	0.9
Aged 1–5	3.1	2.9	2.9	3.0	3.2	3.3	4.1
Aged 6–12	4.3	4.5	4.5	5.2	2.7	2.6	5.9
Aged 13–17	2.7	2.8	2.5	4.7	1.7	1.6	4.2

(continued)

Table 11 (continued)

Poverty Level and Age	Total	Total Private	Employer Coverage	Other Private	Total Public	Medicaid	No Health Insurance Coverage
(percentage within coverage categories)							
200%–399% of Poverty	32.9%	42.8%	44.1%	32.6%	12.4%	9.8%	22.7%
Infants	1.7	2.0	2.0	a	0.8	0.7	1.7
Aged 1–5	8.9	11.4	11.9	7.4	4.2	3.8	5.9
Aged 6–12	13.1	17.4	18.0	12.8	4.2	3.2	8.3
Aged 13–17	9.2	12.0	12.2	10.9	3.1	2.1	6.8
400% or More of Poverty	22.7	32.3	34.2	17.1	5.1	3.5	7.3
Infants	1.2	1.6	1.7	a	a	a	1.1
Aged 1–5	6.0	8.5	8.9	5.0	1.5	1.2	2.0
Aged 6–12	8.4	12.0	12.8	6.1	1.6	1.2	2.6
Aged 13–17	7.1	10.2	10.8	5.3	1.7	0.9	1.6
(percentage within age and poverty categories)							
Total	100.0%	66.2%	58.7%	7.6%	25.2%	23.2%	14.4%
Infants	100.0	56.4	51.3	5.3	31.5	29.0	17.8
Aged 1–5	100.0	61.1	54.5	6.7	32.2	30.4	13.4
Aged 6–12	100.0	68.1	60.5	7.8	23.6	21.8	13.9
Aged 13–17	100.0	71.0	62.2	8.8	18.7	16.1	15.5
0–99% of Poverty	100.0	18.7	11.0	7.8	65.0	63.8	22.3
Infants	100.0	13.8	8.9	a	71.4	70.5	20.7
Aged 1–5	100.0	15.9	8.6	7.3	72.8	71.7	17.4
Aged 6–12	100.0	20.3	11.8	8.6	64.5	63.5	21.8
Aged 13–17	100.0	21.6	13.9	7.9	52.2	50.5	31.0
100%–149% of Poverty	100.0	46.9	37.5	9.4	36.0	33.8	25.6
Infants	100.0	23.6	33.7	a	44.8	42.4	25.3
Aged 1–5	100.0	43.0	36.6	6.4	44.1	41.5	24.0
Aged 6–12	100.0	49.3	39.4	9.9	33.4	31.4	25.6
Aged 13–17	100.0	50.2	36.5	13.8	27.5	25.8	27.8
150%–199% of Poverty	100.0	66.5	56.9	9.6	20.1	17.9	20.5
Infants	100.0	54.3	47.9	a	33.4	31.3	22.2
Aged 1–5	100.0	62.2	55.0	7.4	26.6	24.7	19.5
Aged 6–12	100.0	70.5	61.2	9.3	16.2	14.1	19.8
Aged 13–17	100.0	67.6	54.3	13.3	16.0	13.3	22.4
200%–399% of Poverty	100.0	86.2	78.7	7.5	9.5	6.9	9.9
Infants	100.0	77.6	71.0	a	12.8	9.4	14.9
Aged 1–5	100.0	85.0	78.9	6.3	12.1	9.8	9.6
Aged 6–12	100.0	87.8	80.4	7.4	8.0	5.7	9.1
Aged 13–17	100.0	86.5	77.5	9.0	8.5	5.3	10.6
400% or More of Poverty	100.0	94.0	88.3	5.7	5.6	3.5	4.7
Infants	100.0	85.8	81.9	a	a	a	13.0
Aged 1–5	100.0	93.1	86.9	6.3	6.1	4.7	4.7
Aged 6–12	100.0	94.5	89.1	5.5	4.9	3.3	4.5
Aged 13–17	100.0	95.4	89.7	5.7	6.0	2.9	3.3

^aFewer than 50,000 respondents (weighted) in this category.

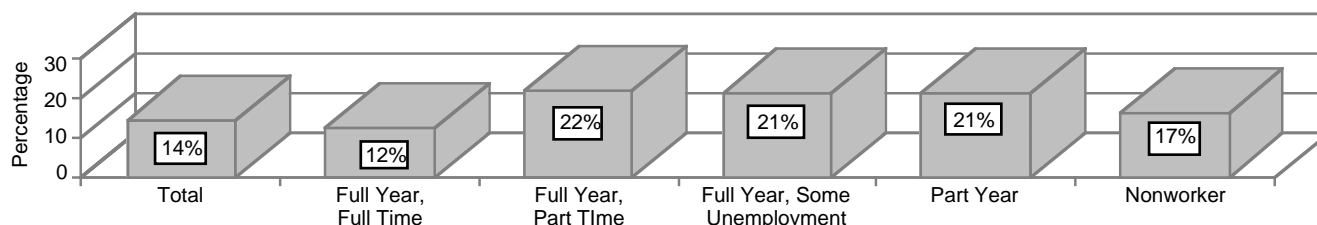
sector, where the provision of health benefits has traditionally been low. Employers have also increased the use of independent contractors and part-time workers, workers who are typically not offered employment-based health benefits.

We may also see a reduction in employment-based health benefits as we move further into the changing world of work and employee benefits. Employers have increasingly moved away from a philosophy of paternalistically looking after employees. This change

seems to have been tied to a number of factors (Salisbury, 1995b). Future changes in the employee-employer relationship, coupled with the future possibility of comprehensive tax reform that would in essence remove the tax-favored treatment of employment-based health benefits (Salisbury, 1995a), could exacerbate the problem of the uninsured.

In the past, declines in employment-based health insurance were in large part offset by increases in Medicaid coverage. Currently, Congress is considering

Chart 9
Percentage Uninsured Among Children Under Age 18, by Work Status of Family Head, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



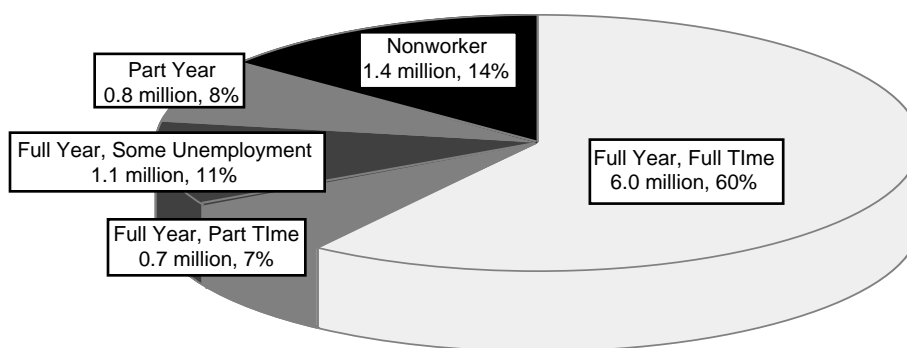
Medicaid reform that would transform federal Medicaid funding from an open-ended entitlement to a program that would provide states with block grants for its administration. This would give states almost complete control of the use of Medicaid dollars and would allow them to completely change their Medicaid programs. While some states might choose to expand Medicaid eligibility, most likely through cuts in the number of benefits offered, others might choose to cut eligibility and benefits. It is possible that future reductions in employment-based coverage will result in larger increases in the uninsured population as states experience increasing budgetary pressures and economic incentives to limit Medicaid eligibility and benefits. If public policy were to change so that there was no commitment to providing access to health care for the uninsured, future growth in the uninsured population would not have a direct impact on the cost of health care and health insurance. However, to the extent that the uninsured population did not receive health care services, the U.S. population would be relatively less healthy and worker productivity would be affected.

Conclusion

health insurance and the sources of the health insurance. The data presented in this report are not directly comparable with data from previous years, with the exception of those for Medicaid and Medicare; therefore, caution should be exercised when making comparisons across years. Additional tables and past years' reports with previous years' data are also available from EBRI-ERF (see order form at the end of this report).

As noted, individuals who choose to forgo health insurance are making an economic decision that affects not only themselves but also all consumers, providers, and payers of health care. Because of the public policy commitment to the provision of care, uninsured individuals who seek uncompensated health care ultimately shift the cost of that care onto other players in the health care arena. As a result, the issue of uninsured individuals as it relates to uncompensated care is of direct relevance to both providers and payers of health care.

Chart 10
Children Under Age 18 without Health Insurance, by the Work Status of Family Head, 1994
 Employee Benefit Research Institute Analysis of the March 1995 Current Population Survey



1994
 10.0 Million Children Under Age 18 without Health Insurance

This *Issue Brief* was written by Paul Fronstin and Edina Rheem of EBRI with assistance from the Institute's research and editorial staff.

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Reading the Tables

Most of the tables in this report are based on EBRI tabulations of the March 1995 supplement to the Current Population Survey. The data are presented in three segments. The first segment indicates the number of individuals—in millions—by selected characteristics. For example, in table 3, you would read the first line of the table as follows: There were 129.0 million workers aged 18–64 in the United States in 1994; 93.6 million of these individuals had employment-based coverage; 22.4 million of these individuals were uninsured, etc.

The second segment of the table gives the percentages within selected sources of health insurance categories. For example, you would read the "no health insurance coverage" column as follows: Of all workers aged 18–64 who were uninsured in 1994, 13.1 percent were self-employed and 86.9 percent were wage and salary workers. The main percentages in each of these columns will add up to 100 (variations are due to rounding). Thus, 13.1 plus the 86.9 add up to 100, and the sum of the wage and salary workers' industries will add up to the 86.9.

The third segment of the table gives the percentages within selected characteristics categories. For example, among self-employed workers aged 18–64 in 1994, 23.3 percent were uninsured. The percentages in each of these rows may not add to 100 because individuals may receive coverage from more than one source. Thus, if an individual receives coverage from both an employer and Medicare, he or she will show up in each of these categories, causing the total of the numbers in the row to sum to more than 100 percent.

Glossary of Terms

CHAMPUS

The Civilian Health and Medical Program of the Uniformed

Services. Provides coverage to dependents of active duty and retired members of the uniformed services. Employee Benefit Research Institute analysis of the March Current Population Survey (CPS) excludes active duty members of the uniformed services and members of their family. Therefore, persons receiving CHAMPUS in this report include only retired members of the uniformed services and members of their families.

CHAMPVA

The Civilian Health and Medical Program of the Veterans Administration. Provides coverage to dependents of totally disabled veterans who are eligible for retirement pay from a uniformed service.

Children

Individuals under age 18 whose family head is not in the armed forces.

Citizen/Noncitizen

Citizens include natives born in the United States, Puerto Rico, or U.S. outlying areas and natives born abroad of an American parent or parents. Citizens also include foreign born individuals who are U.S. citizens by naturalization. Noncitizens include foreign born individuals without U.S. citizenship. The CPS survey does not allow for determination of the legal status of noncitizens.

Direct employer coverage

Individual is covered through his or her own current or former employer or union.

Elderly population

Individuals aged 65 and over who are not in the armed forces or dependents of a member of the armed forces.

Employer coverage

Individual has coverage as either an employee (direct) or a dependent of an employee (indirect).

Family head

Refers to the family member with the highest reported income. Similarly, in families of nonworkers, the family head is the family member with the highest reported income.

Family income

Total income of all family members from all sources, including both earnings and nonlabor income.

Federal poverty rate

Federal poverty thresholds vary by family size and to a small extent by location. (Poverty guidelines are the same in the 48 contiguous states and the District of Columbia. Guidelines for Alaska and Hawaii differ and are higher than those in other states.) In 1993, family poverty guidelines were \$6,970 for one person, \$9,430 for two persons, \$11,890 for three persons, and \$14,350 for four persons. Poverty guidelines are established by the U.S. Department of Health and Human Services and are used to determine individuals' and families' eligibility for various federal and nonfederal programs.

Full-year, full-time worker

Individual worked at least 35 weeks during the year, 35 or more hours in a typical week, and spent no time looking for work during the year.

Full-year, part-time worker

Individual worked at least 35 weeks during the year, fewer than 35 hours in a typical week, and spent no time looking for work during the year.

Full-year worker, some unemployment

Individual worked or looked for work for at least 35 weeks during the year.

Hispanic

Persons of any race who are of Spanish or Latin American origin. All persons of Hispanic origin are included in this category rather than in another racial category.

Indirect coverage

Individual is covered as the dependent of an individual with direct employer coverage.

Married

Married persons over age 18 who are not separated.

Medicaid

A health care financing program for low income individuals under federal guidelines for covered services and individual state and territorial government guidelines for enrollment. The program is funded jointly by state and federal contributions.

Medicare

The federal health care financing program for aged and disabled people who are covered under the Social Security Act.

Nonelderly population

Noninstitutionalized individuals under age 65. Excludes individuals in the armed forces and members of their families.

Nonworker

Individuals aged 18 and over who neither worked nor looked for work during the year.

Other private

Individual or group coverage not offered through an individual's current or former employer or union. This category consists primarily of individually purchased private insurance.

Other worker

Individual aged 18 or over who worked or looked for work during the year and who was not a full-year, full-time worker. Unless otherwise indicated, the worker may have been unemployed during the year.

Private coverage

Both direct and indirect employer coverage as well as other private coverage.

Professional degree

Refers to postgraduate degrees such as law or medicine.

Public coverage

Coverage from Medicaid, Medicare, CHAMPUS, or other government programs.

Single

Individuals over age 18 who were separated, widowed, divorced, or never married.

Wage and salary workers

Workers aged 18–64 who were not self-employed.

Worker

Individuals aged 18–64 who worked or looked for work during the year. Unless otherwise indicated, the worker may have been unemployed at some time during the year.

The appendix for this *Issue Brief*, “Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1995 Current Population Survey,” contains tabular summaries of the Employee Benefit Research Institute’s analysis of the March 1995 supplement to the Current Population Survey.

There are four sets of tables (36 total tables) contained in the appendix.

- **The first set of tables provides characteristics of the nonelderly population (those under the age of 65) in the United States;**
- **the second set of tables provides data regarding persons or workers aged 18-64; and**
- **the third set of tables provides data regarding children (individuals under age 18).**
- **the fourth set of tables provides data regarding the elderly population (those over age 65), primary sources of health insurance, and multiple sources of coverage.**

The appendix is available for the following prices:

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