

Sources of Health Insurance and Characteristics of the Uninsured

Analysis of the March 1996 Current Population Survey

EBRI
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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 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. The report is based on Employee Benefit Research Institute analysis of the March 1996 supplement to the Current Population Survey (CPS) and represents the most recent data available.
- In 1995, there were 231.9 million civilian, nonelderly Americans in the United States, 163.9 million (70.7 percent) of whom were covered by private health insurance. Almost 148 million individuals (63.8 percent) were covered by an employment-based plan. Over 38.4 million individuals (16.6 percent) were covered by publicly financed health insurance, and 29 million (12.5 percent) were covered by Medicaid.
- In 1995, 17.4 percent of the nonelderly population, or 40.3 million individuals, were not covered by health insurance. This is an increase from 39.4 million, or 17.1 percent, in 1994. In general, the percentage of the population without health insurance has been increasing. In 1988, 15.2 percent of the U.S. population was uninsured.
- The 104th Congress passed the Health Insurance Portability and Accountability Act of 1996 in the interest of making health care more portable and affordable. Additional legislation was passed addressing mental health benefits and maternity length of stay. These bills will do little to decrease the size of the uninsured population. They include provisions for group-to-group portability, group-to-individual portability, an increase in the self-employed health deduction, medical savings accounts, mental health parity, and minimum length-of-stay requirements for childbirth. These provisions in large part benefit individuals who already have health insurance. They do not directly address the larger problem of its affordability.
- Data from the Survey of Income and Program Participation indicate that 50.7 million individuals lacked health insurance coverage for at least one month during calendar year 1992. Approximately 43 percent were uninsured between one and four months. The median spell without health insurance was six months. These data would seem to indicate that even though many individuals may lose health insurance during any given month, the majority are uninsured for a short period of time.

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Introduction

The decision of public policy-makers in the middle part of this century to provide favorable 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 of both political parties in recent years. The 104th Congress passed a number of health care bills with the goal of expanding access to health insurance and making it more affordable. Research provides a number of indicators of the advantages, to health care consumers and to employers who offer employment-based health insurance to 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 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, which increases the pressure to shift costs to other payers. 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 individuals who purchase insurance and those who obtain it through 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 care, these issues will not change. The recent congressional debate over ending Medicaid as an entitlement has not gone so far as to eliminate the requirement that public hospitals provide care to those who seek it. However, ending Medicaid as an entitlement could increase the number of uninsured individuals, thereby increasing cost-shifting pressures.

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 type of work 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 considered in traditional demographic assessments, such as citizenship. Forty-three percent of nonelderly respondents to the March 1996 Current Population Survey (CPS) indicating they were not U.S. citizens were uninsured in 1995, compared with 16 percent of citizens. In California, where 19.7 percent of nonelderly individuals reported they were noncitizens (compared with 6.7 percent of the

nation as a whole), 44.3 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 uses data from the March 1996 CPS, conducted by the U.S. Bureau of the Census. The *Issue Brief* 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 1995, there were 231.9 million civilian, noninstitutionalized Americans under age 65 in the population.

Eighty-three percent of these Americans (191.6 million) were covered by either private or public health insurance, or both, at some point in 1995 (table 1). Seventy-one percent of the nonelderly had private insurance, 64 percent through an employment-based plan. Seventeen percent of the nonelderly had public health insurance.

In 1995, 17.4 percent of the nonelderly population—or 40.3 million individuals—were not covered by health insurance. This is an increase from 39.4 million, or 17.1 percent, in 1994. In general, the percentage of the nonelderly population without health insurance has been increasing. In 1988, 15.2 percent of the U.S. population was uninsured. However, year-to-year changes are generally small and in many cases statistically insignificant (meaning within the range of the margin of error). Nevertheless, it is the general upward trend in the uninsured that is most significant.

Starting with the March 1995 CPS, the U.S. Bureau of the Census 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 individual 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. Overall, the uninsured were not statistically affected by the change in the questionnaire.

In order to compare the March 1995 and March 1996 CPS with earlier years, data from 1987 through 1994 have been revised to reflect what appears to be a reallocation of private coverage. A comparison of the raw estimates of insurance coverage from the March 1994 CPS and the March 1995 CPS indicates that, while the percentage of individuals reporting coverage from a private source did not significantly change, the distribution of types of private health insurance coverage did significantly change, with individuals more likely to report having employment-based coverage and less likely to report having private coverage purchased directly from an insurance company (other private coverage). As a result, the data presented in table 1 are not consistent with previously published data on sources of health insurance coverage, including previous Employee Benefit Research Institute publications.¹

¹ Data in this publication are not consistent with data presented in previous Employee Benefit Research Institute (EBRI) publications because of a change in EBRI's methodology concerning children's health insurance. In the March 1988 CPS through the March 1994 CPS, inconsistencies were found in the way children's health insurance was reported. In the past, EBRI allocated private coverage to children with conflicting responses if they met certain conditions. This correction resulted in EBRI reporting approximately 1.5 million additional uninsured children than the Census Bureau reported. Starting with the March 1995 CPS, the children's health insurance fields do not contain inconsistent responses. The removal of the inconsistency necessitated a change in EBRI's methodology concerning children's health

Table 1
NONELDERLY AMERICANS WITH SELECTED SOURCES OF HEALTH INSURANCE COVERAGE, 1988-1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH CURRENT POPULATION SURVEYS 1989-1996

Source of Coverage	1988	1989	1990	1991	1992	1992 (revised)	1993	1994 ^a	1995
(Weight based on 1980 Census)b					(Weight based on 1990 Census)b				
(millions)									
Total Population	213.8	215.7	217.8	220.0	222.5	225.5	228.0	229.9	231.9
Total Private	160.1	161.4	159.3	158.6	157.7	158.6	159.9	162.8	163.9
Employer coverage	148.6	148.9	146.8	146.7	144.7	145.4	144.6	146.3	147.9
own name	70.8	71.3	70.4	70.3	68.9	69.0	72.2	75.2	75.9
dependent coverage	77.8	77.6	76.4	76.3	75.8	76.4	72.4	71.1	72.1
Other private coverage	11.7	12.6	12.6	12.0	13.1	13.3	15.4	16.4	16.0
Total Public	28.1	28.1	31.1	33.6	35.1	36.0	38.1	38.9	38.4
Medicare	3.2	3.2	3.5	3.5	4.0	3.9	3.7	3.7	4.1
Medicaid	18.3	18.6	21.7	24.0	25.6	26.5	29.0	28.7	29.0
CHAMPUS/CHAMPVA ^c	8.1	7.8	7.8	7.8	7.4	7.5	7.4	8.7	7.4
No Health Insurance	32.4	33.1	34.4	35.2	37.1	38.3	39.3	39.4	40.3
(percentage)									
Total Population	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Private	74.9	74.8	73.1	72.1	70.9	70.3	70.1	70.8	70.7
Employer coverage	69.5	69.0	67.4	66.7	65.0	64.5	63.4	63.6	63.8
own name	33.1	33.1	32.3	32.0	31.0	30.6	31.7	32.7	32.7
dependent coverage	36.4	36.0	35.1	34.7	34.0	33.9	31.8	30.9	31.1
Other private coverage	5.5	5.8	5.8	5.5	5.9	5.9	6.7	7.1	6.9
Total Public	13.2	13.0	14.3	15.3	15.8	16.0	16.7	16.9	16.6
Medicare	1.5	1.5	1.6	1.6	1.8	1.7	1.6	1.6	1.8
Medicaid	8.5	8.6	9.9	10.9	11.5	11.8	12.7	12.5	12.5
CHAMPUS/CHAMPVA ^c	3.8	3.6	3.6	3.5	3.3	3.3	3.3	3.8	3.2
No Health Insurance	15.2	15.3	15.8	16.0	16.7	17.0	17.3	17.1	17.4

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

^aThe March 1995 Current Population Survey (CPS) and subsequent surveys utilized a more detailed set of health insurance questions, with the new questions appearing to have an effect on individual types of coverage. Data from 1989 through 1993 have been revised for purposes of comparability.

^bThe 1988 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 1993-1995 data are based on 1990 Census-based population controls.

^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.

The remainder of this *Issue Brief* is based on the March 1996 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. A future *Issue Brief* will examine trends in health insurance coverage as well as the implications of proposals that would increase the Medicare eligibility age on health insurance coverage.

insurance coverage. As a result, the trend line presented in this Issue Brief has been revised to account for the change in EBRI's methodology in accounting for children's health insurance coverage. However, some researchers believe that the number of uninsured children is higher when taking into account past inconsistencies in the answers for children.

Determinants of Coverage

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

Table 2
**NONELDERLY POPULATION WITH SELECTED SOURCES OF HEALTH INSURANCE,
 BY OWN WORK STATUS AND WORK STATUS OF FAMILY HEAD, 1995**
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Work Status	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	231.9	163.9	147.9	75.9	72.1	16.0	38.4	29.0	40.3
Own Work Status									
Child	71.1	47.0	41.7	0.4	41.2	5.4	18.8	16.5	9.8
Family head worker	76.5	59.6	54.4	48.2	6.2	5.2	5.4	3.5	13.7
Other worker	54.1	43.1	40.2	23.9	16.2	2.9	3.6	1.7	9.3
Nonworker	30.1	14.1	11.7	3.2	8.4	2.5	10.6	7.3	7.5
Work Status of Family Head									
Full-time, full-year worker	152.6	124.9	115.9	59.0	56.9	8.9	12.4	7.5	21.2
Full-year, part-time worker	12.9	8.4	6.7	3.4	3.3	1.8	2.1	1.7	2.9
Full-year, some unemployment	16.8	9.7	8.7	4.4	4.2	1.1	3.8	3.3	4.4
Part-year	12.3	6.4	5.1	2.7	2.4	1.3	3.7	3.2	3.0
Nonworker	37.3	14.4	11.5	6.3	5.2	2.9	16.4	13.4	8.7
(percentage with 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	30.7	28.7	28.2	0.6	57.2	33.5	48.9	56.9	24.3
Family head worker	33.0	36.4	36.8	63.6	8.6	32.5	14.2	12.2	34.0
Other worker	23.3	26.3	27.2	31.6	22.5	18.5	9.3	5.8	23.0
Nonworker	13.0	8.6	7.9	4.3	11.7	15.5	27.7	25.2	18.7
Work Status of Family Head									
Full-time, full-year worker	65.8	76.2	78.4	77.8	79.0	56.1	32.4	25.7	52.7
Full-year, part-time worker	5.6	5.2	4.5	4.4	4.6	11.0	5.4	5.7	7.3
Full-year, some unemployment	7.2	5.9	5.9	5.8	5.9	6.8	9.8	11.3	10.9
Part-year	5.3	3.9	3.5	3.6	3.3	8.0	9.7	11.1	7.5
Nonworker	16.1	8.8	7.8	8.4	7.2	18.2	42.7	46.2	21.6
(percentage with work status category)									
Total	100.0%	70.7%	63.8%	32.7%	31.1%	6.9%	16.6%	12.5%	17.4%
Own Work Status									
Child	100.0	66.1	58.6	0.6	58.0	7.5	26.4	23.2	13.8
Family head worker	100.0	77.9	71.1	63.0	8.1	6.8	7.1	4.6	17.9
Other worker	100.0	79.7	74.2	44.3	30.0	5.4	6.6	3.1	17.2
Nonworker	100.0	47.0	38.8	10.8	28.0	8.2	35.3	24.3	25.0
Work Status of Family Head									
Full-time, full-year worker	100.0	81.8	76.0	38.7	37.3	5.9	8.1	4.9	13.9
Full-year, part-time worker	100.0	65.5	51.9	26.1	25.8	13.6	16.0	12.9	22.7
Full-year, some unemployment	100.0	58.1	51.6	26.4	25.2	6.5	22.4	19.5	26.2
Part-year	100.0	51.9	41.5	22.0	19.5	10.4	30.3	26.1	24.7
Nonworker	100.0	38.7	31.0	17.0	13.9	7.8	44.0	36.0	23.4

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

the nonelderly population have employment-based coverage. This coverage can be obtained either directly through one's employer/union or through a previous employer or indirectly through an employed person in one's family. In this report, individuals who receive coverage directly from their employer/union or through a previous employer are categorized as having coverage in their own name. Individuals who receive employment-based coverage indirectly are categorized as having dependent coverage.

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. However, examination of premium levels across firms usually shows that premiums in larger firms are higher than premiums in smaller firms. Large firms tend to have higher premiums because they typically offer enhanced health benefit packages relative to small firms. The

Table 3

WORKERS AGED 18-64 WITH SELECTED SOURCES OF HEALTH INSURANCE, BY INDUSTRY OF PRIMARY EMPLOYMENT, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Industry	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	130.6	102.7	94.6	72.2	22.4	8.1	9.0	5.2	23.0
Self-Employed	12.0	8.7	6.1	3.0	3.0	2.6	0.6	0.3	3.0
Total Wage and Salary Workers	118.6	94.0	88.5	69.1	19.4	5.5	8.4	4.9	19.9
Government	19.1	17.1	16.5	13.9	2.6	0.6	1.6	0.6	1.4
Agriculture	2.6	1.5	1.1	0.7	0.4	0.3	0.2	0.2	0.9
Mining	0.6	0.5	0.5	0.5	a	a	a	a	0.1
Construction	6.1	4.0	3.7	2.8	0.8	0.3	0.3	0.2	1.9
Manufacturing	20.6	17.4	17.0	15.1	1.9	0.4	1.0	0.6	2.7
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	0.7
Retail	20.4	13.7	12.3	7.7	4.7	1.3	2.1	1.4	5.3
Finance, insurance, and real estate	7.1	6.3	6.1	4.9	1.2	0.2	0.3	0.2	0.6
Business and repair services	6.7	4.5	4.1	3.0	1.1	0.4	0.6	0.4	1.8
Personal services	3.8	2.2	1.9	1.2	0.7	0.3	0.5	0.4	1.2
Entertainment and recreation services	1.8	1.3	1.2	0.7	0.4	0.2	0.1	0.1	0.4
Professional services	18.8	16.1	15.0	10.8	4.2	1.0	1.1	0.7	2.2
(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	9.2	8.5	6.4	4.2	13.6	31.9	6.5	5.1	13.1
Total Wage and Salary Workers	90.8	91.5	93.6	95.8	86.4	68.1	93.5	94.9	86.9
Government	14.6	16.7	17.5	19.3	11.6	7.1	17.9	10.9	5.9
Agriculture	2.0	1.4	1.2	1.0	1.9	4.2	2.6	3.4	4.0
Mining	0.4	0.5	0.5	0.6	a	a	a	a	0.2
Construction	4.7	3.9	3.9	3.9	3.7	3.7	3.6	4.1	8.3
Manufacturing	15.8	17.0	18.0	20.9	8.4	5.4	11.6	12.3	11.9
Transportation, communications, and utilities	5.1	5.6	5.8	6.7	2.9	2.6	2.9	2.3	3.9
Wholesale	3.4	3.6	3.7	4.0	2.7	2.3	1.8	1.8	2.9
Retail	15.6	13.3	13.0	10.6	20.9	16.2	23.0	27.2	23.1
Finance, insurance, and real estate	5.4	6.2	6.5	6.8	5.3	2.9	3.6	3.3	2.6
Business and repair services	5.1	4.4	4.4	4.2	4.8	4.8	6.9	8.0	7.8
Personal services	2.9	2.2	2.0	1.6	3.3	3.9	5.2	6.9	5.2
Entertainment and recreation services	1.4	1.3	1.2	1.0	1.8	2.1	1.4	1.5	1.6
Professional services	14.4	15.6	15.9	14.9	18.9	12.8	12.8	12.9	9.4
(percentage within industry categories)									
Total	100.0%	78.6%	72.4%	55.3%	17.2%	6.2%	6.9%	4.0%	17.6%
Self-Employed	100.0	72.3	50.7	25.4	25.3	21.6	4.9	2.2	25.1
Total Wage and Salary Workers	100.0	79.3	74.6	58.3	16.3	4.7	7.1	4.2	16.8
Government	100.0	89.7	86.7	73.0	13.7	3.0	8.4	3.0	7.1
Agriculture	100.0	57.4	44.1	27.8	16.3	13.4	9.1	6.9	36.4
Mining	100.0	87.9	85.8	80.7	a	a	a	a	9.9
Construction	100.0	65.3	60.3	46.6	13.7	5.0	5.3	3.6	31.3
Manufacturing	100.0	84.5	82.4	73.3	9.1	2.1	5.1	3.1	13.2
Transportation, communications, and utilities	100.0	85.1	81.9	72.4	9.5	3.2	3.9	1.8	13.3
Wholesale	100.0	83.0	78.8	65.2	13.7	4.2	3.7	2.1	15.2
Retail	100.0	67.1	60.7	37.6	23.0	6.5	10.2	7.0	26.0
Finance, insurance, and real estate	100.0	89.4	86.1	69.5	16.7	3.3	4.5	2.4	8.3
Business and repair services	100.0	67.2	61.4	45.3	16.1	5.8	9.2	6.2	26.7
Personal services	100.0	58.7	50.3	30.6	19.8	8.3	12.4	9.5	31.5
Entertainment and recreation services	100.0	75.0	65.1	42.0	23.1	9.8	7.0	4.3	20.3
Professional services	100.0	85.4	79.9	57.3	22.6	5.6	6.1	3.6	11.5

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.

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

In 1995, 63.8 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). 72.6 percent of workers were covered by an employment-based plan, compared with 31 percent of nonworkers. In addition, 76.0 percent of individuals in families headed by a full-year, full-time worker were covered by employment-based health insurance, compared with 51.9 percent of those in families headed by full-year, part-time workers, 51.6 percent of those in families headed by full-year workers with some unemployment, 41.5 percent of those whose family head worked part year, and 31.0 percent of individuals in families headed by a nonworker.

With respect to industry, workers employed in mining; manufacturing; the public sector; transportation, communications, and utilities; finance; real estate; insurance; wholesale trade; and professional services were more likely to have employment-based coverage in their own name than other workers (table 3). The larger the firms in which workers were employed the more likely they were to have employment-based coverage in their own name. Twenty-five percent of self-employed workers and 25.8 percent of private-sector workers in firms with fewer than 10 employees were covered through a group health plan sponsored by their own employer/union or former employer in 1995, compared with 68.5 percent of private-sector workers in firms with 1,000 or more employees (table 4).

Health insurance coverage is also related to income. In general, individuals with higher income levels are more likely to be covered by private health insurance, while those with lower income levels are more likely to be covered by a publicly sponsored plan. In

1995, 18.9 percent of families with income below \$5,000 were covered by private health insurance, compared with 91.3 percent of those in families with income of \$50,000 or more (table 5). In addition, 9.4 percent of individuals in families with income under \$5,000 had employment-based coverage, compared with 86.3 percent of 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 1995, 50.7 percent of the nonelderly with family income below the poverty line were covered by a public plan—48.0 percent by Medicaid (table 6). However, many low income individuals may be eligible for Medicaid coverage even though they do not report coverage. Other sources of public health insurance include Medicare (which primarily covers the elderly but also includes some nonelderly disabled individuals), CHAMPUS, CHAMPVA, Veterans Administration health insurance, and the Indian Health Service.

The Uninsured

The cost of uncompensated care (care for which no payment or government 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 services used by the uninsured amounted to \$35 billion in 1991 (Congressional Budget Office, 1993b).² Another study estimated the cost of care for uninsured individuals at \$40.6 billion in 1993 (Long and Marquis, 1994). The

² 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 4
WORKERS AGED 18-64 WITH SELECTED SOURCES OF HEALTH INSURANCE, BY FIRM SIZE, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Firm Size	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	130.6	102.7	94.6	72.2	22.4	8.1	9.0	5.2	23.0
Self-Employed	12.0	8.7	6.1	3.0	3.0	2.6	0.6	0.3	3.0
Total Wage and Salary Workers	118.6	94.0	88.5	69.1	19.4	5.5	8.4	4.9	19.9
Public sector	19.1	17.1	16.5	13.9	2.6	0.6	1.6	0.6	1.4
Private sector	99.5	76.9	71.9	55.2	16.8	5.0	6.8	4.4	18.6
fewer than 10	15.4	9.4	7.8	4.0	3.8	1.6	1.4	1.0	5.0
10–24	11.3	7.7	6.9	4.4	2.5	0.8	0.8	0.5	3.1
25–99	15.4	11.6	10.9	8.4	2.6	0.7	1.1	0.7	3.1
100–499	15.7	12.8	12.3	10.0	2.2	0.5	0.9	0.5	2.4
500–999	6.4	5.4	5.1	4.2	0.9	0.2	0.4	0.3	0.8
1,000 or more	35.3	30.1	29.0	24.2	4.8	1.1	2.3	1.3	4.1
(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	9.2	8.5	6.4	4.2	13.6	31.9	6.5	5.1	13.1
Total Wage and Salary Workers	90.8	91.5	93.6	95.8	86.4	68.1	93.5	94.9	86.9
Public sector	14.6	16.7	17.5	19.3	11.6	7.1	17.9	10.9	5.9
Private sector	76.2	74.9	76.1	76.5	74.8	61.0	75.6	84.0	81.0
fewer than 10	11.8	9.1	8.2	5.5	16.9	20.0	15.2	18.5	21.9
10–24	8.7	7.5	7.3	6.1	11.1	9.5	9.2	10.5	13.6
25–99	11.8	11.3	11.5	11.6	11.4	8.8	11.7	13.0	13.6
100–499	12.0	12.5	13.0	13.9	10.0	6.1	9.7	10.5	10.4
500–999	4.9	5.2	5.4	5.8	4.1	2.9	4.8	5.7	3.6
1,000 or more	27.0	29.3	30.6	33.5	21.2	13.7	25.0	25.8	17.8
(percentage within firm size categories)									
Total	100.0%	78.6%	72.4%	55.3%	17.2%	6.2%	6.9%	4.0%	17.6%
Self-Employed	100.0	72.3	50.7	25.4	25.3	21.6	4.9	2.2	25.1
Total Wage and Salary Workers	100.0	79.3	74.6	58.3	16.3	4.7	7.1	4.2	16.8
Public sector	100.0	89.7	86.7	73.0	13.7	3.0	8.4	3.0	7.1
Private sector	100.0	77.3	72.3	55.5	16.8	5.0	6.8	4.4	18.7
fewer than 10	100.0	60.9	50.3	25.8	24.5	10.6	8.9	6.3	32.7
10–24	100.0	67.6	60.8	38.8	22.0	6.8	7.3	4.8	27.6
25–99	100.0	75.7	71.0	54.4	16.6	4.7	6.9	4.4	20.3
100–499	100.0	81.7	78.5	64.2	14.4	3.2	5.6	3.5	15.3
500–999	100.0	83.4	79.8	65.4	14.4	3.6	6.7	4.6	13.0
1,000 or more	100.0	85.2	82.0	68.5	13.5	3.2	6.4	3.8	11.6

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

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.³

Location

The proportion of the nonelderly population with and without health insurance varies by location. In 11 states,

20 percent or more of the population was uninsured in 1995 (table 7). These states are in large part concentrated in the south central and southwestern parts of the United 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.

³ *Uncompensated hospital care may or may not be compensated for in the form of cost shifting. For more information on cost shifting, see EBRI's forthcoming Issue Brief, "The Demise of Hospital Cost Shifting."*

Table 5
NONELDERLY POPULATION WITH SELECTED SOURCES OF HEALTH INSURANCE, BY FAMILY INCOME, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Family Income	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	231.9	163.9	147.9	75.9	72.1	16.0	38.4	29.0	40.3
Under \$5,000	12.0	2.3	1.1	0.6	0.6	1.1	5.5	5.2	4.6
\$5,000–\$9,999	14.3	2.9	1.7	1.1	0.6	1.2	7.8	7.3	4.3
\$10,000–\$14,999	15.3	5.5	4.0	2.6	1.4	1.4	5.5	4.8	5.2
\$15,000–\$19,999	15.9	7.9	6.4	4.0	2.4	1.5	4.2	3.4	4.7
\$20,000–\$29,999	31.3	20.3	17.5	10.2	7.3	2.8	5.3	3.8	7.6
\$30,000–\$39,999	29.5	22.9	20.9	10.9	10.0	2.0	3.1	1.8	4.9
\$40,000–\$49,999	25.9	22.2	20.7	10.3	10.5	1.5	2.0	1.0	2.9
\$50,000 and Over	87.5	79.9	75.5	36.3	39.2	4.4	4.9	1.7	6.1
(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	5.2	1.4	0.8	0.7	0.8	7.2	14.4	17.9	11.5
\$5,000–\$9,999	6.2	1.8	1.1	1.4	0.8	7.7	20.4	25.1	10.6
\$10,000–\$14,999	6.6	3.3	2.7	3.4	1.9	9.1	14.4	16.6	12.9
\$15,000–\$19,999	6.9	4.8	4.3	5.2	3.4	9.6	10.9	11.8	11.8
\$20,000–\$29,999	13.5	12.4	11.8	13.4	10.2	17.4	13.8	12.9	19.0
\$30,000–\$39,999	12.7	14.0	14.2	14.4	13.9	12.4	8.1	6.1	12.1
\$40,000–\$49,999	11.2	13.6	14.0	13.5	14.5	9.3	5.2	3.6	7.1
\$50,000 and Over	37.7	48.7	51.0	47.8	54.5	27.4	12.8	6.0	15.1
(percentage within family income categories)									
Total	100.0%	70.7%	63.8%	32.7%	31.1%	6.9%	16.6%	12.5%	17.4%
Under \$5,000	100.0	18.9	9.4	4.7	4.7	9.5	45.9	43.1	38.5
\$5,000–\$9,999	100.0	20.4	11.8	7.6	4.2	8.6	54.5	50.7	29.9
\$10,000–\$14,999	100.0	35.6	26.1	17.0	9.1	9.5	36.0	31.5	33.8
\$15,000–\$19,999	100.0	49.9	40.3	24.9	15.4	9.6	26.3	21.5	29.8
\$20,000–\$29,999	100.0	64.7	55.8	32.4	23.4	8.8	16.9	12.0	24.4
\$30,000–\$39,999	100.0	77.7	71.0	37.1	33.9	6.7	10.6	6.0	16.6
\$40,000–\$49,999	100.0	85.7	80.0	39.6	40.4	5.7	7.7	4.0	11.0
\$50,000 and Over	100.0	91.3	86.3	41.5	44.9	5.0	5.6	2.0	6.9

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

The percentage of the population without any form of health insurance coverage also varies by metropolitan region. In fact, 18.2 percent of the population residing in Consolidated Metropolitan Statistical Areas (CMSAs) was uninsured in 1995, compared with 17.4 percent overall (table 8). The Houston-Galveston-Brazoria, TX, CMSA had the highest percentage uninsured among CMSAs at 30 percent, followed by 27 percent uninsured in Los Angeles-Riverside-Orange County, CA; 25.5 percent in Miami-Fort Lauderdale, FL; and 22.4 percent in Dallas-Forth Worth, TX. This compares with 10.4 percent uninsured in both the Detroit-Ann Arbor, MI, CMSA and the Milwaukee-Racine, WI, CMSA.

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, 19.7 percent of nonelderly individuals reported that they were noncitizens, compared with 6.7 percent of the nation as a whole. Forty-three percent of nonelderly respondents indicating they were noncitizens were uninsured in 1995, compared with 15.6 percent of 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.

Table 6
NONELDERLY POPULATION WITH SELECTED SOURCES OF HEALTH INSURANCE, BY RACE AND POVERTY STATUS, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Race and Percentage of Poverty Level	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	231.9	163.9	147.9	75.9	72.1	16.0	38.4	29.0	40.3
0–99%	33.6	7.0	4.3	2.0	2.3	2.7	17.0	16.2	11.1
100%–124%	10.0	3.9	2.9	1.2	1.7	1.0	3.5	2.9	3.3
125%–149%	10.7	5.3	4.2	1.8	2.4	1.1	2.6	2.1	3.5
150%–199%	22.0	13.5	11.7	5.3	6.4	1.8	3.9	2.8	6.0
200%–399%	77.5	62.5	57.2	27.3	29.8	5.3	7.2	3.8	11.2
400% or more	78.0	71.6	67.6	38.2	29.4	4.0	4.1	1.3	5.2
White	163.6	129.7	116.7	59.8	56.9	13.0	19.6	12.7	21.9
0–99%	14.3	4.2	2.3	1.1	1.2	1.8	6.1	5.5	4.8
100%–124%	5.2	2.3	1.6	0.7	0.9	0.7	1.7	1.3	1.6
125%–149%	5.9	3.4	2.5	1.1	1.4	0.9	1.4	1.1	1.6
150%–199%	13.8	9.3	7.9	3.5	4.4	1.4	2.3	1.5	3.2
200%–399%	58.2	49.0	44.3	20.7	23.6	4.6	4.9	2.4	6.9
400% or more	66.1	61.5	58.0	32.6	25.3	3.5	3.3	0.9	3.8
Black	30.5	15.7	14.3	7.9	6.4	1.4	9.8	8.4	6.8
0–99%	9.1	1.4	0.9	0.4	0.5	0.5	5.9	5.6	2.2
100%–124%	2.1	0.8	0.6	0.3	0.3	0.1	1.0	0.8	0.6
125%–149%	1.9	0.9	0.8	0.3	0.4	0.1	0.5	0.4	0.6
150%–199%	3.4	1.9	1.7	0.9	0.8	0.2	0.7	0.6	1.0
200%–399%	8.9	6.4	6.1	3.3	2.7	0.3	1.2	0.8	1.7
400% or more	5.1	4.3	4.2	2.6	1.6	0.1	0.4	0.2	0.7
Hispanic	26.9	11.7	10.8	5.3	5.6	0.8	6.6	6.0	9.4
0–99%	8.3	0.9	0.7	0.3	0.4	0.2	4.0	3.9	3.5
100%–124%	2.2	0.7	0.6	0.2	0.4	0.1	0.7	0.6	0.9
125%–149%	2.4	0.8	0.8	0.3	0.4	0.1	0.6	0.5	1.1
150%–199%	3.7	1.8	1.6	0.7	0.9	0.1	0.6	0.5	1.6
200%–399%	7.1	4.8	4.6	2.3	2.3	0.2	0.6	0.4	1.9
400% or more	3.2	2.7	2.6	1.5	1.1	0.1	0.2	0.1	0.4
Other	10.8	6.9	6.1	2.9	3.2	0.8	2.4	1.9	2.2
0–99%	1.9	0.5	0.3	0.1	0.2	0.2	1.1	1.0	0.5
100%–124%	0.5	0.2	0.1	0.0	0.1	0.1	0.2	0.2	0.2
125%–149%	0.5	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2
150%–199%	1.0	0.6	0.5	0.2	0.3	0.1	0.3	0.2	0.3
200%–399%	3.3	2.4	2.2	1.0	1.2	0.1	0.4	0.3	0.7
400% or more	3.6	3.1	2.9	1.5	1.4	0.3	0.3	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%	14.5	4.3	2.9	2.6	3.2	16.9	44.4	55.6	27.6
100%–124%	4.3	2.4	2.0	1.6	2.3	6.2	9.1	10.0	8.1
125%–149%	4.6	3.3	2.8	2.4	3.3	7.1	6.8	7.2	8.7
150%–199%	9.5	8.2	7.9	7.0	8.9	11.3	10.3	9.5	14.9
200%–399%	33.4	38.1	38.7	36.0	41.4	33.4	18.7	13.2	27.7
400% or more	33.7	43.7	45.7	50.4	40.8	25.2	10.8	4.5	13.0
White	70.6	79.1	78.9	78.9	78.9	81.2	51.0	43.8	54.3
0–99%	6.2	2.5	1.6	1.5	1.7	11.5	15.8	19.1	12.0
100%–124%	2.2	1.4	1.1	0.9	1.3	4.5	4.3	4.5	3.9
125%–149%	2.6	2.1	1.7	1.5	2.0	5.4	3.6	3.6	4.0
150%–199%	6.0	5.7	5.4	4.6	6.1	8.8	5.9	5.1	7.9
200%–399%	25.1	29.9	30.0	27.4	32.7	29.0	12.8	8.2	17.0
400% or more	28.5	37.5	39.2	43.0	35.2	22.0	8.5	3.2	9.4
Black	13.2	9.6	9.7	10.4	8.9	8.6	25.5	29.0	16.9
0–99%	3.9	0.9	0.6	0.6	0.7	3.0	15.3	19.4	5.6
100%–124%	0.9	0.5	0.4	0.4	0.5	0.9	2.5	2.8	1.4
125%–149%	0.8	0.5	0.5	0.4	0.6	0.8	1.4	1.5	1.5
150%–199%	1.5	1.1	1.2	1.1	1.2	1.1	1.9	1.9	2.5
200%–399%	3.8	3.9	4.1	4.4	3.8	2.1	3.2	2.7	4.3
400% or more	2.2	2.6	2.9	3.4	2.3	0.7	1.1	0.6	1.6

(continued)

Table 6 (continued)

Race and Poverty Level	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(percentage within coverage categories)									
Hispanic	11.6%	7.1%	7.3%	6.9%	7.7%	5.2%	17.3%	20.8%	23.4%
0-99%	3.6	0.6	0.5	0.4	0.6	1.2	10.5	13.5	8.8
100%-124%	0.9	0.4	0.4	0.3	0.5	0.4	1.7	2.1	2.3
125%-149%	1.0	0.5	0.5	0.4	0.6	0.5	1.5	1.8	2.7
150%-199%	1.6	1.1	1.1	0.9	1.3	0.9	1.6	1.7	3.9
200%-399%	3.0	2.9	3.1	3.0	3.2	1.3	1.6	1.4	4.7
400% or more	1.4	1.6	1.7	1.9	1.5	0.8	0.5	0.3	1.0
Other	4.6	4.2	4.1	3.8	4.4	5.0	6.2	6.5	5.4
0-99%	0.8	0.3	0.2	0.1	0.3	1.1	2.8	3.5	1.2
100%-124%	0.2	0.1	0.1	0.1	0.1	0.4	0.5	0.6	0.5
125%-149%	0.2	0.1	0.1	0.1	0.1	0.4	0.3	0.3	0.4
150%-199%	0.4	0.3	0.3	0.3	0.4	0.6	0.8	0.7	0.7
200%-399%	1.4	1.4	1.5	1.3	1.7	0.9	1.1	0.9	1.7
400% or more	1.5	1.9	1.9	2.0	1.9	1.6	0.7	0.4	0.9
(percentage within race and poverty categories)									
Total	100.0%	70.7%	63.8%	32.7%	31.1%	6.9%	16.6%	12.5%	17.4%
0-99%	100.0	20.8	12.8	5.9	6.9	8.0	50.7	48.0	33.0
100%-124%	100.0	39.0	29.1	12.3	16.8	9.9	34.7	28.8	32.5
125%-149%	100.0	49.8	39.2	17.1	22.1	10.5	24.3	19.6	32.6
150%-199%	100.0	61.4	53.2	24.0	29.2	8.2	17.9	12.6	27.3
200%-399%	100.0	80.7	73.8	35.3	38.5	6.9	9.3	4.9	14.4
400% or more	100.0	91.8	86.7	49.0	37.7	5.1	5.3	1.7	6.7
White	100.0	79.2	71.3	36.6	34.8	7.9	12.0	7.8	13.4
0-99%	100.0	29.2	16.4	7.9	8.5	12.8	42.5	38.8	33.7
100%-124%	100.0	44.7	30.9	13.3	17.7	13.7	31.8	25.2	30.4
125%-149%	100.0	57.2	42.8	18.8	24.0	14.4	23.3	17.8	27.2
150%-199%	100.0	67.4	57.3	25.5	31.8	10.2	16.5	10.8	22.9
200%-399%	100.0	84.1	76.1	35.6	40.5	8.0	8.4	4.1	11.8
400% or more	100.0	93.0	87.6	49.3	38.3	5.3	5.0	1.4	5.8
Black	100.0	51.3	46.8	25.8	21.1	4.5	32.0	27.6	22.4
0-99%	100.0	15.6	10.2	4.8	5.5	5.3	64.7	62.2	24.7
100%-124%	100.0	35.5	28.7	13.2	15.5	6.8	45.0	37.6	26.0
125%-149%	100.0	46.6	39.9	17.7	22.2	6.6	27.6	22.8	32.3
150%-199%	100.0	55.0	50.0	25.4	24.6	5.0	21.7	16.3	29.6
200%-399%	100.0	72.1	68.3	37.8	30.5	3.8	14.0	8.8	19.7
400% or more	100.0	85.0	82.8	50.9	31.9	2.2	8.4	3.6	12.7
Hispanic	100.0	43.3	40.2	19.5	20.7	3.1	24.6	22.4	35.0
0-99%	100.0	11.2	8.9	3.8	5.1	2.3	48.2	47.2	42.4
100%-124%	100.0	30.5	27.3	10.0	17.2	3.2	30.8	28.0	42.9
125%-149%	100.0	35.0	31.5	13.1	18.4	3.5	23.6	21.1	45.0
150%-199%	100.0	46.9	43.1	18.1	25.0	3.7	16.1	13.6	41.6
200%-399%	100.0	67.7	64.7	32.0	32.7	3.0	8.5	5.7	26.7
400% or more	100.0	83.9	79.8	45.7	34.1	4.1	5.4	2.4	13.1
Other	100.0	63.8	56.4	27.1	29.4	7.3	22.2	17.4	20.3
0-99%	100.0	24.0	14.5	5.0	9.5	9.5	55.1	53.4	25.9
100%-124%	100.0	31.7	20.5	8.4	12.1	11.2	38.0	33.0	37.9
125%-149%	100.0	44.9	31.5	14.3	17.1	13.4	27.3	21.2	37.7
150%-199%	100.0	54.9	45.7	20.5	25.2	9.2	31.2	20.3	26.2
200%-399%	100.0	71.7	67.4	30.0	37.4	4.3	12.9	7.9	20.8
400% or more	100.0	87.5	80.4	42.5	37.9	7.1	7.5	3.2	10.4

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

Table 7
NONELDERLY POPULATION WITH SELECTED SOURCES OF HEALTH INSURANCE, BY REGION AND STATE, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Region and State	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
			(millions)						
Total	231.9	163.9	147.9	75.9	72.1	16.0	38.4	29.0	40.3
New England	11.6	9.1	8.3	4.1	4.2	0.8	1.5	1.1	1.4
Maine	1.1	0.8	0.7	0.4	0.4	0.1	0.1	0.1	0.2
New Hampshire	1.0	0.8	0.8	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	5.3	4.2	3.8	1.9	1.9	0.3	0.7	0.6	0.7
Rhode Island	0.8	0.6	0.5	0.3	0.3	0.1	0.1	0.1	0.1
Connecticut	2.8	2.3	2.1	1.0	1.1	0.2	0.3	0.3	0.3
Middle Atlantic	33.1	24.1	22.2	11.3	10.9	1.9	5.0	4.3	5.0
New York	16.0	10.9	10.0	5.2	4.9	0.8	2.8	2.5	2.7
New Jersey	6.8	5.2	4.8	2.5	2.3	0.4	0.6	0.5	1.1
Pennsylvania	10.3	8.0	7.3	3.6	3.7	0.7	1.5	1.3	1.2
East North Central	38.3	29.9	27.7	13.7	13.9	2.2	5.5	4.5	4.6
Ohio	9.8	7.4	6.9	3.3	3.6	0.5	1.4	1.1	1.3
Indiana	4.9	3.9	3.5	1.9	1.7	0.4	0.5	0.4	0.7
Illinois	10.4	7.9	7.3	3.9	3.4	0.6	1.7	1.4	1.3
Michigan	8.4	6.7	6.3	2.9	3.3	0.4	1.2	1.0	0.9
Wisconsin	4.8	3.9	3.6	1.8	1.9	0.3	0.7	0.6	0.4
West North Central	16.0	12.5	10.7	5.3	5.4	1.8	2.2	1.5	2.0
Minnesota	4.1	3.4	2.9	1.4	1.5	0.5	0.6	0.5	0.4
Iowa	2.5	2.0	1.7	0.8	0.9	0.3	0.2	0.2	0.3
Missouri	4.5	3.4	3.0	1.6	1.4	0.4	0.6	0.4	0.8
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	0.1
Kansas	2.2	1.6	1.4	0.7	0.7	0.2	0.4	0.2	0.3
South Atlantic	40.5	27.9	25.0	13.7	11.4	2.9	7.1	4.6	7.5
Delaware	0.6	0.5	0.4	0.2	0.2	a	0.1	0.1	0.1
Maryland	4.5	3.3	3.1	1.5	1.6	0.2	0.6	0.4	0.8
District of Columbia	0.5	0.3	0.3	0.2	0.1	a	0.1	0.1	0.1
Virginia	5.6	4.1	3.6	2.0	1.6	0.5	1.0	0.5	0.9
West Virginia	1.5	1.0	0.9	0.4	0.5	0.1	0.3	0.3	0.3
North Carolina	6.0	4.3	3.9	2.3	1.5	0.4	1.1	0.7	1.0
South Carolina	3.3	2.3	2.1	1.2	0.9	0.2	0.8	0.5	0.5
Georgia	6.5	4.4	4.1	2.1	2.0	0.3	1.0	0.7	1.3
Florida	11.9	7.8	6.7	3.7	3.0	1.1	2.1	1.4	2.6
East South Central	14.4	9.8	8.8	4.5	4.2	1.1	3.0	2.2	2.5
Kentucky	3.4	2.3	2.1	1.1	1.0	0.2	0.7	0.4	0.6
Tennessee	4.9	3.3	3.0	1.6	1.4	0.3	1.1	0.9	0.8
Alabama	3.8	2.7	2.4	1.2	1.2	0.4	0.6	0.5	0.6
Mississippi	2.4	1.5	1.3	0.7	0.6	0.1	0.5	0.4	0.5
West South Central	25.8	16.0	14.3	7.3	7.0	1.7	4.3	3.2	6.5
Arkansas	2.2	1.5	1.3	0.7	0.7	0.1	0.4	0.3	0.5
Louisiana	3.8	2.3	1.9	1.0	0.9	0.3	0.8	0.6	0.9
Oklahoma	2.8	1.8	1.5	0.8	0.8	0.2	0.5	0.4	0.6
Texas	17.0	10.5	9.6	4.9	4.7	0.9	2.5	1.9	4.6
Mountain	14.3	10.0	8.8	4.4	4.4	1.2	2.3	1.5	2.8
Montana	0.7	0.5	0.4	0.2	0.2	0.1	0.2	0.1	0.1
Idaho	1.0	0.8	0.6	0.3	0.3	0.1	0.2	0.1	0.2
Wyoming	0.4	0.3	0.3	0.1	0.1	a	0.1	a	0.1
Colorado	3.5	2.7	2.4	1.2	1.2	0.3	0.4	0.2	0.6
New Mexico	1.6	0.8	0.7	0.4	0.4	0.1	0.4	0.3	0.5
Arizona	3.8	2.4	2.1	1.1	1.0	0.3	0.8	0.5	0.9
Utah	1.8	1.5	1.3	0.5	0.8	0.2	0.2	0.1	0.2
Nevada	1.4	1.0	0.9	0.5	0.4	0.1	0.2	0.1	0.3
Pacific	38.1	24.6	22.1	11.5	10.6	2.5	7.5	6.0	7.8
Washington	4.9	3.6	3.2	1.7	1.4	0.4	1.0	0.7	0.7
Oregon	2.9	2.1	1.9	1.0	0.9	0.2	0.5	0.4	0.4
California	28.7	17.7	15.9	8.2	7.8	1.7	5.6	4.6	6.5
Alaska	0.6	0.4	0.4	0.2	0.2	a	0.2	0.1	0.1
Hawaii	1.0	0.8	0.7	0.4	0.3	0.1	0.3	0.2	0.1

(continued)

Table 7 (continued)

Region and State	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(percentage within region and state categories)									
Region and State	100.0%	70.7%	63.8%	32.7%	31.1%	6.9%	16.6%	12.5%	17.4%
New England	100.0	78.7	71.8	35.8	36.0	6.9	12.7	9.8	12.4
Maine	100.0	76.2	67.5	34.4	33.2	8.7	12.1	8.1	15.5
New Hampshire	100.0	81.3	74.9	35.7	39.2	6.4	10.6	7.2	11.4
Vermont	100.0	75.4	68.1	33.0	35.0	a	16.2	14.0	14.6
Massachusetts	100.0	77.9	71.5	36.5	35.0	6.4	13.2	10.5	12.5
Rhode Island	100.0	75.9	68.5	33.2	35.3	7.4	12.3	9.0	15.4
Connecticut	100.0	81.8	74.8	36.3	38.4	7.0	12.2	9.5	10.1
Middle Atlantic	100.0	72.8	66.9	34.0	32.9	5.9	15.0	13.0	15.2
New York	100.0	68.1	62.8	32.4	30.4	5.3	17.5	15.7	17.2
New Jersey	100.0	76.7	70.5	36.2	34.3	6.2	9.4	7.5	16.2
Pennsylvania	100.0	77.6	71.0	35.2	35.8	6.6	14.8	12.4	11.6
East North Central	100.0	78.0	72.2	35.9	36.4	5.8	14.4	11.7	12.1
Ohio	100.0	75.9	70.4	33.4	37.0	5.5	14.6	11.7	13.5
Indiana	100.0	79.9	72.3	38.0	34.3	7.6	10.3	7.7	14.6
Illinois	100.0	76.3	70.5	37.5	33.1	5.8	16.2	13.3	12.4
Michigan	100.0	79.1	74.5	35.0	39.6	4.5	14.3	12.1	11.0
Wisconsin	100.0	82.0	75.6	36.8	38.8	6.4	14.0	12.0	8.1
West North Central	100.0	78.4	67.4	33.3	34.0	11.0	13.7	9.6	12.7
Minnesota	100.0	82.1	71.1	34.9	36.1	11.0	13.8	12.0	9.0
Iowa	100.0	80.8	67.3	32.5	34.8	13.5	9.3	8.2	12.8
Missouri	100.0	75.4	65.9	34.8	31.2	9.4	12.4	8.1	16.7
North Dakota	100.0	81.4	62.5	28.9	33.6	18.9	14.5	a	9.5
South Dakota	100.0	78.3	64.3	32.0	32.4	14.0	20.2	13.7	10.8
Nebraska	100.0	80.4	68.8	30.6	38.1	11.6	14.2	8.0	10.4
Kansas	100.0	72.7	64.5	31.6	33.0	8.2	18.9	9.8	14.4
South Atlantic	100.0	68.9	61.8	33.7	28.1	7.1	17.5	11.4	18.6
Delaware	100.0	75.3	70.2	36.7	33.4	a	12.3	9.3	17.2
Maryland	100.0	72.8	68.2	33.5	34.7	4.6	13.3	8.9	17.3
District of Columbia	100.0	60.8	54.8	39.9	14.9	a	25.5	22.0	19.4
Virginia	100.0	73.5	64.7	35.9	28.8	8.8	18.2	8.2	15.3
West Virginia	100.0	65.9	60.8	29.7	31.2	5.1	21.6	16.8	18.3
North Carolina	100.0	71.0	64.0	38.5	25.5	6.9	17.7	11.6	16.5
South Carolina	100.0	68.5	61.7	34.4	27.3	6.8	22.5	14.8	16.0
Georgia	100.0	68.2	63.3	32.9	30.4	4.9	15.8	11.3	20.0
Florida	100.0	65.2	56.1	30.7	25.4	9.1	17.7	11.6	21.8
East South Central	100.0	68.3	61.0	31.5	29.5	7.3	20.7	15.2	17.4
Kentucky	100.0	68.3	62.4	31.5	30.9	5.9	20.2	13.0	16.9
Tennessee	100.0	68.1	60.9	32.6	28.3	7.2	23.6	17.5	16.6
Alabama	100.0	72.9	63.1	31.0	32.0	9.9	17.0	12.8	15.7
Mississippi	100.0	61.5	55.9	30.1	25.8	5.6	21.8	17.2	22.4
West South Central	100.0	62.1	55.7	28.5	27.2	6.5	16.8	12.6	25.4
Arkansas	100.0	66.6	60.3	30.0	30.2	6.3	19.4	12.4	20.6
Louisiana	100.0	59.3	50.2	26.1	24.1	9.1	21.8	17.0	23.0
Oklahoma	100.0	63.7	55.3	27.7	27.6	8.4	19.7	13.6	22.3
Texas	100.0	61.9	56.4	28.9	27.4	5.6	14.8	11.5	27.0
Mountain	100.0	70.0	61.9	30.6	31.2	8.2	16.4	10.8	19.5
Montana	100.0	69.9	56.7	27.6	29.1	13.3	22.7	17.7	14.9
Idaho	100.0	74.5	63.2	30.8	32.4	11.3	16.2	12.5	15.9
Wyoming	100.0	72.2	60.8	29.7	31.1	a	15.7	a	17.7
Colorado	100.0	78.1	68.9	34.6	34.3	9.2	11.6	5.3	16.0
New Mexico	100.0	50.6	45.6	21.7	23.9	5.0	26.1	20.1	28.4
Arizona	100.0	63.3	56.6	29.6	27.0	6.8	20.2	12.9	23.5
Utah	100.0	80.7	71.7	28.7	43.0	9.1	10.5	7.1	13.0
Nevada	100.0	72.5	66.8	38.3	28.4	5.7	11.7	8.1	21.2
Pacific	100.0	64.6	58.0	30.2	27.8	6.5	19.8	15.8	20.4
Washington	100.0	74.2	65.0	35.6	29.4	9.2	19.5	13.8	13.8
Oregon	100.0	73.9	67.1	35.9	31.2	6.8	18.6	15.4	13.9
California	100.0	61.6	55.5	28.5	27.1	6.0	19.4	16.2	22.7
Alaska	100.0	69.7	63.7	31.7	32.0	a	33.5	19.7	13.3
Hawaii	100.0	73.8	66.3	37.3	29.0	7.5	26.7	15.0	10.2

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 LIVING IN CONSOLIDATED METROPOLITAN STATISTICAL AREAS (CMSAs)
 WITH SELECTED SOURCES OF HEALTH INSURANCE, BY CMSA,^a 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY**

CMSA	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	92.0	64.9	59.5	30.8	28.7	5.4	13.4	11.0	16.7
Boston-Worcester-Lawrence, MA-NH-ME-CT	4.9	3.8	3.5	1.8	1.7	0.3	0.6	0.5	0.6
Chicago-Gary-Kenosha, IL-IN-WI	7.5	5.6	5.3	2.9	2.4	0.4	1.1	0.9	1.0
Cincinnati-Hamilton, OH-KY-IN	1.5	1.3	1.2	0.6	0.6	0.1	0.1	b	0.2
Cleveland-Akron, OH	2.7	2.0	1.9	0.9	1.0	0.1	0.3	0.3	0.4
Dallas-Fort Worth, TX	4.1	3.0	2.8	1.5	1.3	0.2	0.4	0.2	0.9
Denver-Boulder-Greeley, CO	2.2	1.7	1.6	0.8	0.8	0.2	0.2	0.1	0.3
Detroit-Ann Arbor-Flint, MI	4.9	3.8	3.6	1.7	1.9	0.2	0.8	0.7	0.5
Houston-Galveston-Brazoria, TX	4.0	2.3	2.2	1.1	1.0	0.1	0.6	0.5	1.2
Los Angeles-Riverside- Orange County, CA	14.2	8.2	7.4	3.8	3.6	0.8	2.6	2.3	3.8
Miami-Fort Lauderdale, FL	3.1	2.0	1.7	0.9	0.8	0.3	0.4	0.3	0.8
Milwaukee-Racine, WI	1.8	1.4	1.3	0.7	0.7	0.1	0.3	0.3	0.2
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	17.4	12.0	11.0	5.8	5.2	1.0	2.6	2.3	3.2
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD	5.3	3.9	3.6	1.8	1.7	0.4	0.8	0.7	0.8
Portland-Salem, OR-WA	1.8	1.4	1.3	0.7	0.6	0.1	0.2	0.2	0.2
Sacramento-Yolo, CA	1.5	1.0	0.9	0.4	0.5	0.1	0.3	0.3	0.2
San Francisco-Oakland-San Jose, CA	5.7	4.4	4.0	2.1	1.9	0.4	0.6	0.4	0.8
Seattle-Tacoma-Bremerton, WA	3.0	2.3	2.0	1.2	0.8	0.3	0.6	0.3	0.3
Washington-Baltimore, DC-MD-VA-WV	6.3	4.6	4.3	2.2	2.0	0.3	1.0	0.6	1.0
(percentage within CMSA categories)									
Total	100.0%	70.6%	64.7%	33.5%	31.2%	5.9%	14.6%	11.9%	18.2%
Boston-Worcester-Lawrence, MA-NH-ME-CT	100.0	78.6	73.0	37.1	35.9	5.6	12.4	9.9	12.3
Chicago-Gary-Kenosha, IL-IN-WI	100.0	75.3	70.4	38.5	31.9	5.0	14.5	12.2	13.9
Cincinnati-Hamilton, OH-KY-IN	100.0	83.1	75.7	36.2	39.5	7.4	5.1	b	13.3
Cleveland-Akron, OH	100.0	75.4	71.0	33.9	37.1	4.4	12.5	11.6	15.0
Dallas-Fort Worth, TX	100.0	73.4	67.4	35.4	32.1	6.0	8.6	5.5	22.4
Denver-Boulder-Greeley, CO	100.0	79.3	72.3	37.4	34.9	7.0	8.9	4.7	15.9
Detroit-Ann Arbor-Flint, MI	100.0	77.6	73.5	34.5	39.0	4.1	16.4	14.1	10.4
Houston-Galveston-Brazoria, TX	100.0	57.3	54.0	28.7	25.3	3.3	15.2	12.8	30.0
Los Angeles-Riverside-Orange County, CA	100.0	57.5	51.8	26.5	25.3	5.7	18.1	16.1	27.0
Miami-Fort Lauderdale, FL	100.0	64.0	53.9	28.5	25.4	10.1	13.0	10.2	25.5
Milwaukee-Racine, WI	100.0	77.1	73.2	35.6	37.6	3.9	16.2	14.7	10.4
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	100.0	69.0	63.1	33.2	29.9	5.9	14.9	13.3	18.2
Philadelphia-Wilmington-Atlantic City,PA-NJ-DE-MD	100.0	73.4	66.9	34.5	32.4	6.6	14.7	12.4	15.0
Portland-Salem, OR-WA	100.0	79.2	74.0	39.8	34.2	5.2	11.2	9.2	13.6
Sacramento-Yolo, CA	100.0	67.6	61.6	29.1	32.4	6.0	22.4	18.6	15.4
San Francisco-Oakland-San Jose, CA	100.0	77.8	70.5	36.7	33.9	7.3	10.8	7.6	14.5
Seattle-Tacoma-Bremerton, WA	100.0	77.8	68.1	39.3	28.7	9.8	18.8	11.8	11.3
Washington-Baltimore, DC-MD-VA-WV	100.0	72.6	67.2	35.1	32.1	5.4	15.3	9.7	16.4

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

^aThe specific metropolitan identifiers on this file are based on the Office of Management and Budget's June 30, 1993 definitions.

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

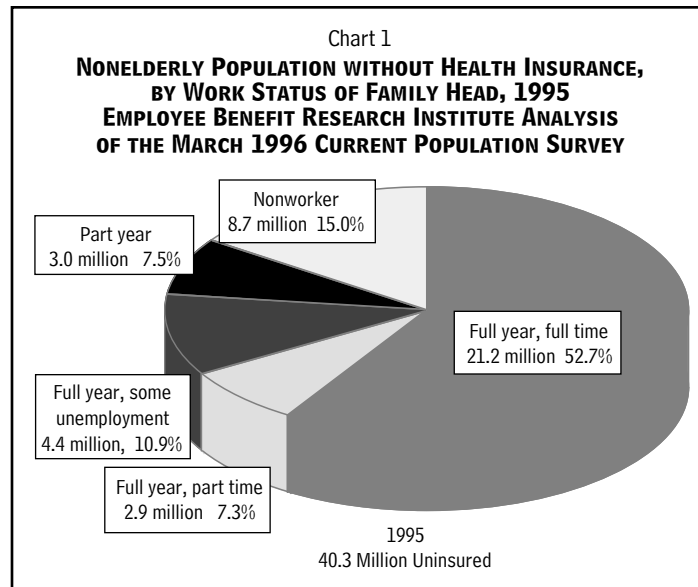
Table 9
NONELDERLY POPULATION WITH AND WITHOUT HEALTH INSURANCE, BY REGION, STATE, AND CITIZENSHIP, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Region and State	Total Population	Percentage Noncitizens	Insured			Uninsured			Percentage Uninsured	
			Total	Citizen	Noncitizen	Total	Citizen	Noncitizen	Citizen	Noncitizen
	(millions)			(millions)			(millions)			
Total	231.9	6.7%	191.6	182.6	9.0	40.3	33.7	6.6	15.6%	42.5%
New England	11.6	5.2	10.1	9.6	0.5	1.4	1.3	0.1	11.9	21.2
Maine	1.1	a	0.9	0.9	a	0.2	0.2	a	15.5	a
New Hampshire	1.0	a	0.9	0.9	a	0.1	0.1	a	11.3	a
Vermont	0.5	a	0.5	0.4	a	0.1	0.1	a	14.7	a
Massachusetts	5.3	6.1	4.7	4.4	0.3	0.7	0.6	0.1	12.2	17.1
Rhode Island	0.8	a	0.7	0.6	a	0.1	0.1	a	13.3	a
Connecticut	2.8	6.5	2.5	2.4	0.1	0.3	0.2	a	9.2	a
Middle Atlantic	33.1	8.4	28.0	26.4	1.7	5.0	3.9	1.1	13.0	40.3
New York	16.0	11.9	13.2	12.2	1.1	2.7	1.9	0.8	13.6	44.1
New Jersey	6.8	9.6	5.7	5.3	0.4	1.1	0.9	0.2	14.2	34.5
Pennsylvania	10.3	1.9	9.1	8.9	0.2	1.2	1.1	a	11.4	a
East North Central	38.3	2.9	33.7	32.9	0.8	4.6	4.3	0.3	11.5	31.4
Ohio	9.8	0.9	8.5	8.4	0.1	1.3	1.3	a	13.4	a
Indiana	4.9	a	4.2	4.2	a	0.7	0.7	a	14.6	a
Illinois	10.4	6.3	9.1	8.7	0.4	1.3	1.1	0.2	10.9	34.1
Michigan	8.4	2.7	7.5	7.3	0.2	0.9	0.9	0.1	10.7	23.7
Wisconsin	4.8	2.2	4.4	4.4	0.1	0.4	0.4	a	7.5	a
West North Central	16.0	2.1	13.9	13.7	0.2	2.0	1.9	0.1	12.4	27.5
Minnesota	4.1	3.2	3.8	3.7	0.1	0.4	0.3	a	8.5	a
Iowa	2.5	a	2.2	2.2	a	0.3	0.3	a	12.6	a
Missouri	4.5	1.8	3.8	3.7	0.1	0.8	0.7	a	16.3	a
North Dakota	0.5	a	0.5	0.5	a	0.1	0.1	a	9.2	a
South Dakota	0.6	a	0.6	0.5	a	0.1	0.1	a	10.8	a
Nebraska	1.4	a	1.3	1.3	a	0.1	0.1	a	10.4	a
Kansas	2.2	2.7	1.9	1.8	a	0.3	0.3	a	14.2	a
South Atlantic	40.5	5.2	33.0	31.7	1.3	7.5	6.7	0.8	17.5	38.9
Delaware	0.6	a	0.5	0.5	a	0.1	0.1	a	16.0	a
Maryland	4.5	5.4	3.8	3.6	0.2	0.8	0.7	0.1	16.6	29.9
District of Columbia	0.5	a	0.4	0.4	a	0.1	0.1	a	18.9	a
Virginia	5.6	3.9	4.7	4.6	0.1	0.9	0.8	0.1	14.6	33.3
West Virginia	1.5	a	1.2	1.2	a	0.3	0.3	a	18.2	a
North Carolina	6.0	2.0	5.0	5.0	0.1	1.0	0.9	0.1	15.8	51.2
South Carolina	3.3	a	2.8	2.8	a	0.5	0.5	a	15.9	a
Georgia	6.5	1.8	5.2	5.1	0.1	1.3	1.2	a	19.6	a
Florida	11.9	11.3	9.3	8.5	0.8	2.6	2.1	0.5	19.5	40.0
East South Central	14.4	0.8	11.9	11.8	0.1	2.5	2.5	a	17.2	a
Kentucky	3.4	a	2.8	2.8	a	0.6	0.6	a	17.0	a
Tennessee	4.9	a	4.1	4.1	a	0.8	0.8	a	16.2	a
Alabama	3.8	a	3.2	3.2	a	0.6	0.6	a	15.5	a
Mississippi	2.4	a	1.8	1.8	a	0.5	0.5	a	22.2	a
West South Central	25.8	6.3	19.2	18.6	0.7	6.5	5.6	1.0	23.1	59.2
Arkansas	2.2	a	1.7	1.7	a	0.5	0.4	a	20.3	a
Louisiana	3.8	a	2.9	2.9	a	0.9	0.9	a	22.7	a
Oklahoma	2.8	a	2.1	2.1	a	0.6	0.6	a	21.9	a
Texas	17.0	8.9	12.4	11.8	0.6	4.6	3.7	0.9	23.8	59.9
Mountain	14.3	5.8	11.5	11.1	0.4	2.8	2.4	0.4	17.5	51.5
Montana	0.7	a	0.6	0.6	a	0.1	0.1	a	14.8	a
Idaho	1.0	a	0.9	0.8	a	0.2	0.1	a	15.3	a
Wyoming	0.4	a	0.4	0.4	a	0.1	0.1	a	17.2	a
Colorado	3.5	4.3	2.9	2.9	0.1	0.6	0.5	0.1	14.7	44.5
New Mexico	1.6	7.1	1.2	1.1	a	0.5	0.4	0.1	25.9	61.7
Arizona	3.8	8.1	2.9	2.7	0.1	0.9	0.7	0.2	20.9	53.2
Utah	1.8	4.2	1.6	1.5	a	0.2	0.2	a	11.2	a
Nevada	1.4	9.5	1.1	1.0	0.1	0.3	0.2	0.1	17.9	53.2
Pacific	38.1	16.1	30.3	26.8	3.4	7.8	5.1	2.7	15.9	44.0
Washington	4.9	4.4	4.2	4.1	0.1	0.7	0.6	0.1	12.1	49.8
Oregon	2.9	5.5	2.5	2.4	0.1	0.4	0.3	0.1	12.1	45.4
California	28.7	19.7	22.2	19.0	3.1	6.5	4.0	2.5	17.4	44.3
Alaska	0.6	a	0.5	0.5	a	0.1	0.1	a	13.4	a
Hawaii	1.0	9.2	0.9	0.8	0.1	0.1	0.1	a	10.0	a

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

Employment

Eighty-five percent of the uninsured lived in families headed by workers in 1995, primarily because most people live in families headed by workers (chart 1). Fifty-three percent of the uninsured were in families headed by full-year, full-time workers, and 7.3 percent lived in families headed by full-year, part-time workers.



benefits, in part because they employ many part-time workers and experience rapid turnover. In addition, low wage industries or occupations

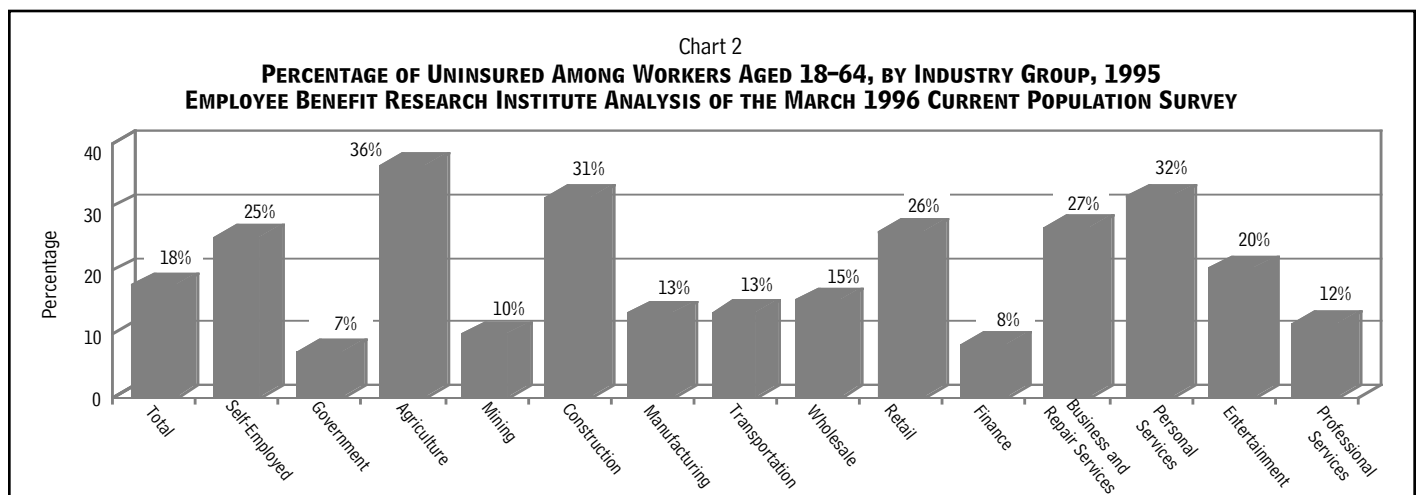
may require that the individual contribute a higher proportion of the premium toward coverage when coverage is offered.

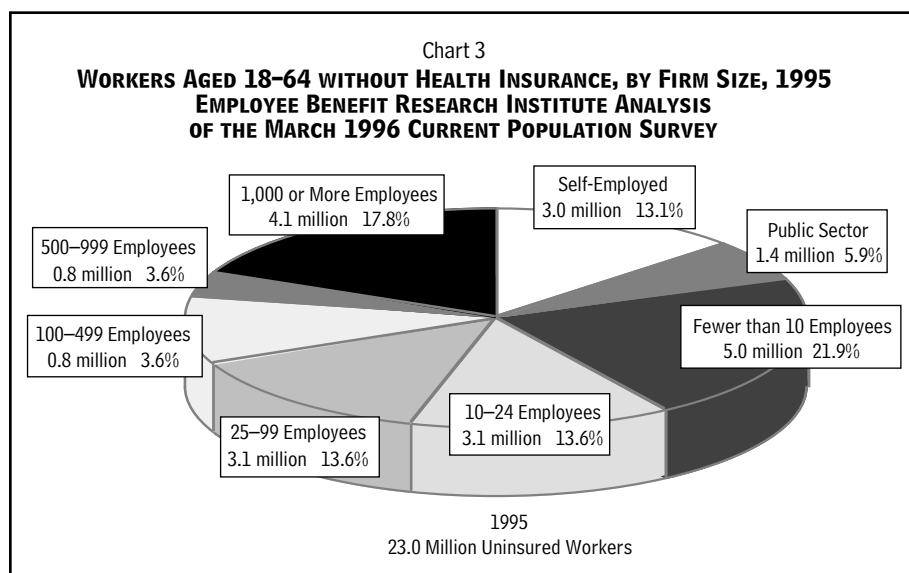
Industry

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, personal services or business 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

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 1995 (table 4 and chart 3). Twenty-five percent of self-employed workers were uninsured, compared with 17.6 percent for all workers (table 4 and chart 4). Thirty-three percent of workers in private-sector firms with fewer than 10 employees were uninsured, compared with 11.6 percent of workers in 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 30 percent of their health insurance costs for 1995, while other businesses could deduct 100 percent.⁴

Income

The uninsured are concentrated disproportionately in low income families. In 1995, 46.8 percent of the uninsured were in families with income under \$20,000 annually (table 5). Thirty-nine percent of individuals in families with income under \$5,000 were uninsured, compared with 6.9 percent of those in families with income of \$50,000 or more. 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 (table 6 and chart 5).⁵

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 4.7 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.

⁴ The Health Insurance Portability and Accountability Act of 1996 provides for a phased-in increase of the current 30 percent deduction for self-employed health insurance costs. The deduction is increased to 40 percent for taxable years beginning in 1997; 45 percent in 1998 through 2002; 50 percent in 2003; 60 percent in 2004; 70 percent in 2005; and 80 percent in 2006 and thereafter.

⁵ 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, 1996). This requirement will result in most poor children under age 18 being covered by 2002.

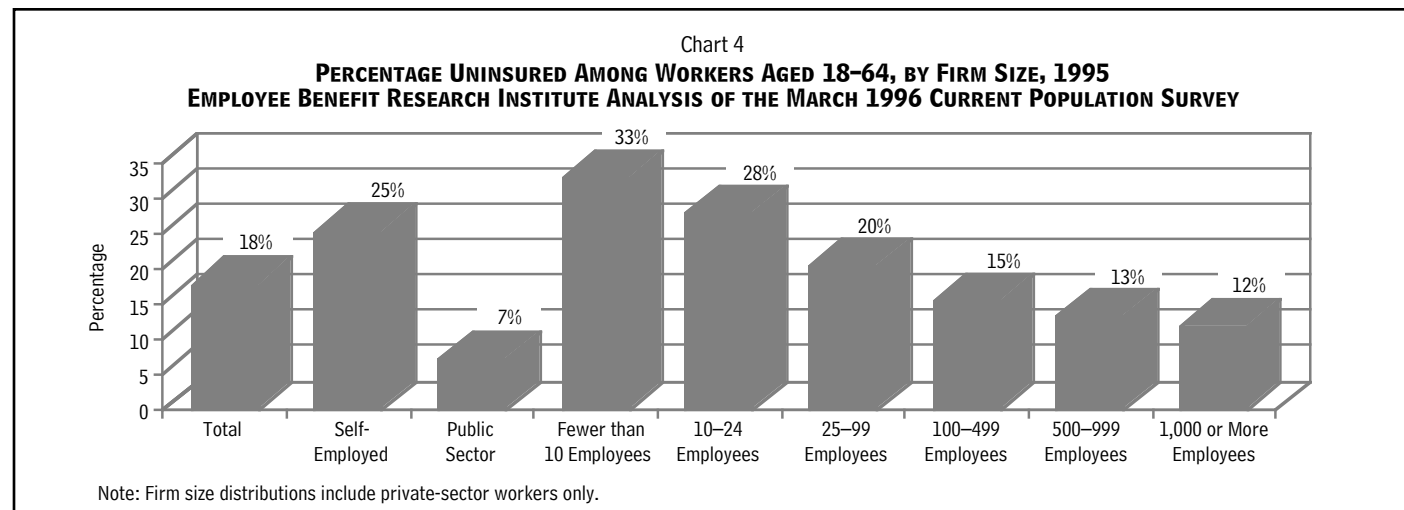


Chart 5
PERCENTAGE UNINSURED AMONG NONELDERLY POPULATION, BY FAMILY INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL, 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

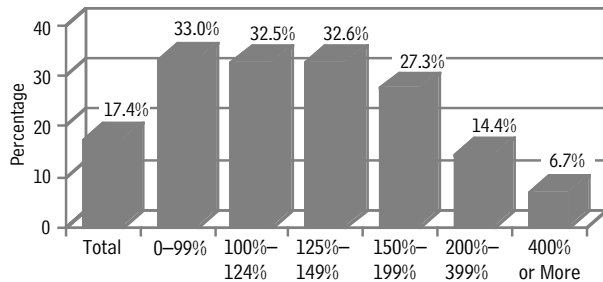
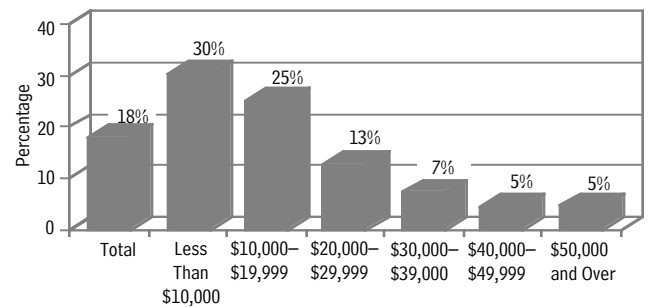


Chart 6
PERCENTAGE UNINSURED AMONG WORKERS AGED 18-64, BY TOTAL EARNINGS, 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY



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 (13.3 percent), and individuals aged 21-24 were more likely to be uninsured (32.3 percent) than those in all other age groups in 1995 (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 Medic-

aid, 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.

Race and Origin

While 71 percent of the nonelderly population is white, this group comprised 54.3 percent of the uninsured 1995 (table 6). Individuals of Hispanic origin were more likely to be uninsured than other groups (35.0 percent). This may be due in part to the fact that 61 percent 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 6). In addition, Hispanics were more likely to be noncitizens than whites or blacks, and noncitizens were more likely to be uninsured than citizens.

Chart 7
PERCENTAGE UNINSURED AMONG THE NONELDERLY POPULATION, BY FAMILY TYPE, 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

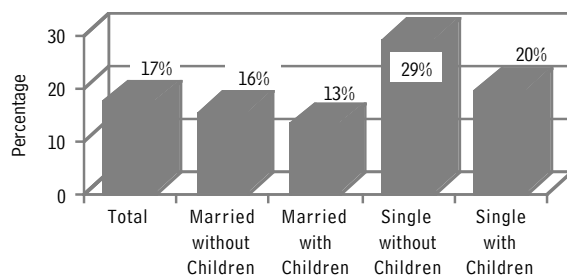


Chart 8
PERCENTAGE UNINSURED AMONG THE NONELDERLY POPULATION, BY AGE, 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

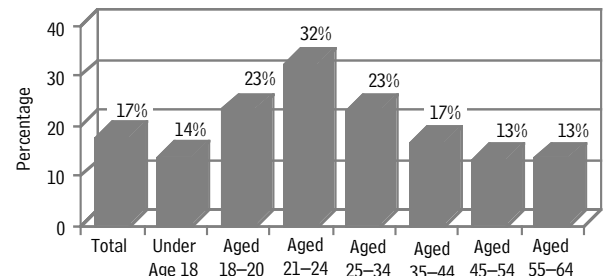


Table 10
CHILDREN WITH SELECTED SOURCES OF HEALTH INSURANCE, BY POVERTY LEVEL AND AGE, 1995
EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

Poverty Level and Age	Total	Total Private	Employer Coverage	Other Private	Total Public	Medicaid	Uninsured
(millions)							
Total	71.1	47.0	41.7	5.4	18.8	16.5	9.8
Infants	3.9	2.1	1.9	0.2	1.4	1.3	0.7
1-5	20.5	12.6	11.3	1.3	6.6	5.9	2.6
6-12	27.5	18.6	16.4	2.1	6.9	6.1	3.8
13-17	19.3	13.7	11.9	1.8	3.9	3.2	2.8
0-99% of Poverty	15.2	2.9	1.8	1.1	10.0	9.8	3.3
Infants	1.0	0.1	0.1	a	0.7	0.7	0.2
1-5	5.0	0.8	0.5	0.3	3.7	3.6	0.9
6-12	5.9	1.2	0.7	0.5	3.8	3.7	1.3
13-17	3.4	0.8	0.5	0.3	1.8	1.7	1.0
100%-149% of Poverty	8.1	3.8	2.9	0.9	3.1	2.8	2.0
Infants	0.4	0.1	0.1	a	0.2	0.2	0.1
1-5	2.3	1.0	0.8	0.2	1.1	1.0	0.5
6-12	3.1	1.5	1.2	0.3	1.1	1.0	0.8
13-17	2.2	1.1	0.8	0.3	0.7	0.6	0.5
150%-199% of Poverty	7.8	5.1	4.3	0.7	1.9	1.5	1.6
Infants	0.4	0.2	0.2	a	0.1	0.1	0.1
1-5	2.3	1.4	1.2	0.2	0.7	0.6	0.4
6-12	3.1	2.2	1.8	0.3	0.7	0.5	0.6
13-17	2.0	1.3	1.1	0.2	0.4	0.3	0.4
200%-399% of Poverty	24.1	20.4	18.6	1.7	2.8	1.9	2.2
Infants	1.2	0.9	0.9	a	0.2	0.2	0.2
1-5	6.8	5.6	5.2	0.4	0.9	0.6	0.6
6-12	9.5	8.2	7.5	0.7	1.0	0.7	0.8
13-17	6.6	5.7	5.0	0.6	0.7	0.5	0.6
400% or More of Poverty	15.9	14.9	14.0	0.9	1.0	0.5	0.7
Infants	0.9	0.7	0.7	a	0.1	a	0.1
1-5	4.1	3.8	3.6	0.2	0.3	0.1	0.2
6-12	5.9	5.6	5.2	0.3	0.4	0.2	0.2
13-17	5.1	4.8	4.5	0.3	0.3	0.2	0.2
(percentage within coverage categories)							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Infants	5.5	4.5	4.7	2.9	7.3	7.7	6.7
1-5	28.8	26.8	27.2	23.6	35.0	35.9	26.5
6-12	38.7	39.5	39.5	40.0	36.9	36.8	38.4
13-17	27.1	29.2	28.7	33.4	20.8	19.6	28.4
0-99% of Poverty	21.4	6.1	4.3	19.9	53.3	59.2	33.9
Infants	1.4	0.2	0.2	a	4.0	4.4	1.7
1-5	7.1	1.7	1.2	5.3	19.6	21.8	8.8
6-12	8.3	2.5	1.8	8.6	20.2	22.4	13.3
13-17	4.7	1.7	1.2	5.6	9.6	10.5	10.1
100%-149% of Poverty	11.3	8.1	7.0	16.9	16.3	16.8	19.9
Infants	0.6	0.3	0.3	a	1.2	1.3	1.3
1-5	3.3	2.2	1.9	4.1	5.7	6.0	5.1
6-12	4.4	3.2	2.8	6.5	5.7	5.8	8.1
13-17	3.1	2.4	2.0	5.9	3.6	3.6	5.4
150%-199% of Poverty	11.0	10.8	10.4	13.8	10.0	9.1	16.4
Infants	0.6	0.5	0.5	a	0.8	0.8	1.1
1-5	3.2	3.0	2.9	3.2	3.6	3.3	4.4
6-12	4.4	4.6	4.4	5.7	3.5	3.2	6.5
13-17	2.8	2.8	2.6	4.3	2.1	1.8	4.4
200%-399% of Poverty	33.9	43.4	44.7	32.7	15.1	11.7	22.5
Infants	1.7	2.0	2.1	a	1.0	0.9	1.7
1-5	9.5	12.0	12.6	7.0	4.7	3.8	6.4
6-12	13.4	17.4	17.9	13.0	5.6	4.1	8.2
13-17	9.3	12.0	12.1	11.7	3.8	2.8	6.2

(continued)

Table 10 (continued)

Poverty Level and Age	Total	Total Private	Employer Coverage	Other Private	Total Public	Medicaid	Uninsured
(percentage within coverage categories)							
400% or More of Poverty	22.4%	31.7%	33.6%	16.7%	5.3%	3.3%	7.3%
Infants	1.2	1.5	1.6	a	0.3	a	1.0
1–5	5.7	8.0	8.6	4.0	1.3	0.9	1.8
6–12	8.2	11.8	12.5	6.2	1.9	1.2	2.2
13–17	7.2	10.3	10.8	6.0	1.8	0.9	2.2
(percentage within age and poverty categories)							
Total	100.0%	66.1%	58.6%	7.5%	26.4%	23.2%	13.8%
Infants	100.0	53.8	49.7	4.0	35.1	32.6	16.7
1–5	100.0	61.6	55.4	6.2	32.1	29.0	12.7
6–12	100.0	67.5	59.7	7.8	25.1	22.1	13.7
13–17	100.0	71.3	62.0	9.3	20.2	16.8	14.4
0–99% of Poverty	100.0	18.7	11.7	7.0	65.5	64.1	21.8
Infants	100.0	10.0	7.3	a	76.8	75.5	16.7
1–5	100.0	15.5	9.9	5.6	72.8	71.5	17.2
6–12	100.0	20.3	12.5	7.8	64.3	62.9	22.2
13–17	100.0	23.3	14.4	8.9	53.4	51.9	29.6
100%–149% of Poverty	100.0	47.3	36.2	11.2	38.0	34.4	24.2
Infants	100.0	28.9	24.2	a	51.0	47.4	28.2
1–5	100.0	44.3	34.9	9.4	46.4	43.0	21.4
6–12	100.0	48.8	37.7	11.1	34.6	31.0	25.7
13–17	100.0	52.3	37.8	14.5	31.0	27.4	24.4
150%–199% of Poverty	100.0	65.0	55.5	9.4	23.9	19.2	20.5
Infants	100.0	54.3	47.2	a	34.6	31.1	24.7
1–5	100.0	60.9	53.4	7.6	29.9	24.2	18.8
6–12	100.0	68.5	58.7	9.8	20.9	16.6	20.4
13–17	100.0	66.4	54.8	11.6	19.7	15.0	21.8
200%–399% of Poverty	100.0	84.5	77.3	7.3	11.8	8.0	9.1
Infants	100.0	76.3	72.2	a	15.8	12.6	13.2
1–5	100.0	83.2	77.6	5.6	13.2	9.4	9.3
6–12	100.0	85.8	78.4	7.3	11.0	7.2	8.4
13–17	100.0	85.6	76.1	9.4	10.7	6.9	9.2
400% or More of Poverty	100.0	93.6	88.0	5.6	6.3	3.4	4.5
Infants	100.0	83.8	80.2	a	7.6	a	11.7
1–5	100.0	93.2	88.0	5.2	6.2	3.5	4.4
6–12	100.0	94.8	89.1	5.7	6.0	3.5	3.7
13–17	100.0	94.1	87.9	6.2	6.5	3.0	4.3

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.

Thirty-one percent of Hispanics reported being noncitizens, compared with 6.7 percent of the population as a whole. Forty-three percent of all nonelderly noncitizens were uninsured in 1995, compared with 15.6 percent of citizens (table 9).

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 6).

Children

Fourteen percent of all children—or 9.8 million chil-

dren—were not covered by private health insurance and were either ineligible or did not receive publicly financed medical assistance in 1995 (table 10). 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 was employed year round either full-time or part-time with no unemployment (63.4 percent) (chart 10). However, children in families headed by full-year, full-time workers were less likely to be uninsured than those whose family head worked part time or experienced some unemployment (chart 9).

Chart 9
PERCENTAGE UNINSURED AMONG CHILDREN UNDER AGE 18, BY WORK STATUS OF THE FAMILY HEAD, 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY

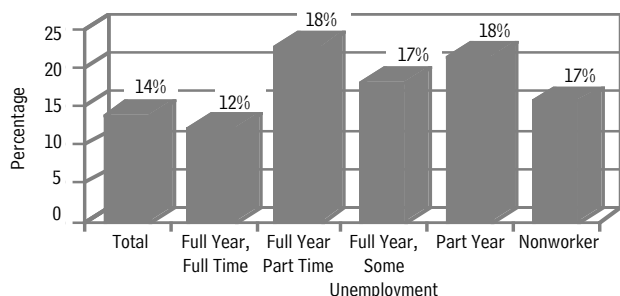
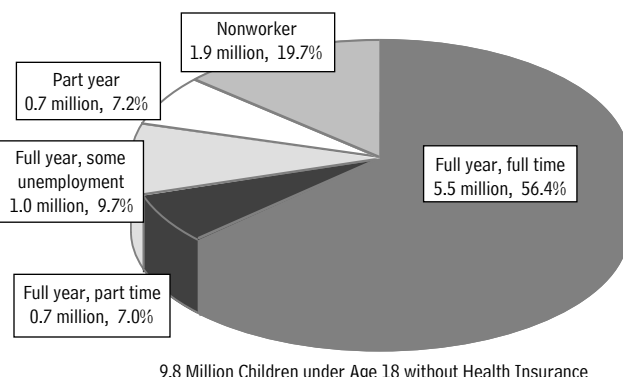


Chart 10
CHILDREN UNDER AGE 18 WITHOUT HEALTH INSURANCE, BY WORK STATUS OF THE FAMILY HEAD, 1995
 EMPLOYEE BENEFIT RESEARCH INSTITUTE ANALYSIS OF THE MARCH 1996 CURRENT POPULATION SURVEY



Policy Implications

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

Americans for a number of reasons, given the public policy objective of assuring access to care for all residents. Individuals without health insurance are less likely to receive basic health care services than insured individuals. As a result, the overall health status of the population is lower, and individuals' 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 uncompensated for the care that they provide to uninsured individuals and may seek to shift the cost of that care to other private and public health care payers. However, it is becoming more difficult for health care providers to shift costs to other payers 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 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 (U.S. Department of Labor, 1982 and 1995). By 1993, 37 percent had this coverage fully financed. 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 employees' increased cost-sharing responsibilities that resulted from rising health care costs. 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 sector, where the provision of health benefits has traditionally been low. Previous research has found that between 10 percent and 15 percent of the decline in employment-based coverage can be attributed to a shift away from the goods-producing sector (Fronstin and Snider, forthcoming). In addition, employers have also increased the use of independent contractors and part-time 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, 1996). 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 increase the number of the uninsured.

The 104th Congress passed a number of health reform bills. Proponents hope that these bills will help decrease the size of the uninsured population, but they may in fact increase the number of uninsured. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions on group-to-group portability, the self-employed health deduction, and medical savings accounts (MSAs). Group-to-group portability prohibits a health plan from applying preexisting condition limits for periods greater than 12 months (18 months for late enrollees). In addition, health plans must take into account an individual's prior health insurance coverage when applying any preexisting condition limit. Under this provision, a health plan must reduce the duration of its preexisting condition limit by one month for every month of prior coverage, so long as the individual was not without health insurance coverage for longer than 63 days. This provision is unlikely to affect the number of individuals without health insurance. Some individuals remain with their current employer because they fear losing health benefits if they change jobs, or fear that a preexisting condition will not be covered under a new health plan, a condition known as "job-lock." While the HIPAA may reduce job lock, it will probably not decrease the number of individuals without health insurance coverage because an individual must have already had health insurance to benefit from this provision.

As mentioned previously, the HIPAA provides a phased-in increase of the current 30 percent deduction for self-employed health insurance costs. However, this

provision may do little to increase health insurance coverage. Assume that the health insurance premium for a self-employed individual is \$3,000 per year. If the self-employed were able to deduct 80 percent of this expense (as they would be able to in the year 2006), tax savings would amount to \$672 per year for an individual in the 28 percent tax bracket. Under current tax law, this individual would already be saving \$252 due to the 30 percent deduction. As a result, the additional savings from the 80 percent deduction is \$420. The question is whether an additional \$420 in tax savings is large enough to encourage self-employed individuals to buy health insurance. Many self-employed individuals do not purchase health insurance because they must pay a relatively higher premium than is paid by larger firms for an equivalent health plan.

The HIPAA provides for a MSA demonstration including up to 750,000 individuals, but this demonstration may do little to increase the number of individuals with employment-based health insurance coverage. While the act limits the number of MSAs eligible for tax-preferred treatment to 750,000, the total number is determined over a four-year period. If the Internal Revenue Service determines that the number of MSAs exceeds 375,000 as of April 30, 1997, no additional MSAs will be given tax-preferred status. As a result, the limit may be exceeded in mid-1997 with already existing MSAs. In addition, premium savings from high deductible health plans could be small relative to the level of the deductible. The American Academy of Actuaries (1995) has shown that, as the deductible becomes larger, premium savings as a percentage of the deductible that would be available to fund the MSA become smaller. As a result, low income individuals may find that the high deductible health plan continues to be unaffordable.

In the closing days of the 104th Congress, two health plan design mandates were attached to the VA-HUD appropriations bill. The mental health parity provision stipulates that group health plans apply parity to annual limits for mental health and nonmental health benefits. While this provision does not require health

plans to offer mental health benefits and is not expected to raise health insurance premiums more than one-half of 1 percent (U.S. Congressional Budget Office, 1996), any increase in health insurance premiums may have the effect of eroding employment-based health insurance and increasing the number of Americans without health insurance coverage. However, a provision was included in the bill to exempt any health plan whose premium increases more than 1 percent.

Mandated minimum lengths of stay for childbirth are also provided for in the bill. Women will be allowed to remain in the hospital at least 48 hours after normal childbirths and 96 hours following cesarean sections. This provision is expected to increase health insurance premiums and may contribute to the declining rate of employment-based health insurance.

The current interest among policymakers and other parties in expanding health insurance coverage for children will likely resurface during the next Congress. It is feared that, as employment-based coverage for dependents continues to erode, the number of uninsured children will start to increase despite expansions in Medicaid that were designed to cover—by the year 2002—all children under age 19 in families with income below 133 percent of the poverty level. While there is an interest in expanding coverage for children, finding a solution that is acceptable to all interested parties presents a great challenge. However, the number of uninsured children may not be as large as it appears. The U.S. General Accounting Office (1996) determined that at least 30 percent of uninsured children are eligible for Medicaid. The report suggests that parents may not enroll their children in Medicaid for various reasons. Besides not knowing that one's child could be eligible for Medicaid, it is also difficult for a low income family to enroll in the program. If all Medicaid eligible children were enrolled in the program, almost 3 million fewer children would be uninsured, resulting in 9.6 percent of children being uninsured.

Conclusion

This *Issue Brief* has provided a summary of the characteristics of people with and without health insur-

ance, and the sources of health insurance, from the March 1996 supplement to the CPS. The data presented in this report are not directly comparable with the data in EBRI publications from previous years, with the exception of the data on 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). An *Issue Brief* on trends in health insurance coverage will be published in early 1997 to provide a consistent historical analysis.

Data from the March CPS do not allow researchers to determine the length of time that an individual is insured or uninsured. The Survey of Income and Program Participation (SIPP), another survey conducted by the U.S. Bureau of the Census, allows longitudinal analysis of the uninsured. Tabulations of the SIPP indicate that 18.1 million individuals were uninsured during all of calendar year 1992, the most recent year for which data are published (Bennefield, 1995). The survey also found that 50.7 million individuals lacked insurance for at least one month during calendar year 1992, with approximately 43 percent being uninsured between one month and four months. Approximately 15 percent were uninsured for 5 months to 8 months, and 8 percent were uninsured for 9 months to 12 months. The median spell without health insurance was 6 months. These data would seem to indicate that even though many individuals may lose health insurance during any given month, the majority are uninsured for a short period of time.

As noted, individuals who choose to forgo health insurance are making an economic decision that not only

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affects themselves but also affects all consumers, providers, and payers of health care. Because of our 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.

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Reading the Tables

Most of the tables in this report are based on EBRI tabulations of the March 1996 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 130.6 million workers aged 18–64 in the United States in 1995; 94.6 million of these individuals had employment-based coverage; 23.8 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 1995, 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 1995, 25.1 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.

Dependent coverage

Individual is covered as the dependent of an individual with employer coverage in his or her own name.

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).

Employer coverage in own name

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

Family head

Refers to the family member defined by the Census Bureau as the reference person of a family.

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.

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.

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