ACA Implementation—Monitoring and Tracking

Deteriorating Health Insurance Coverage from 2000 to 2010: Coverage Takes the Biggest Hit in the South and Midwest

August 2012

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INTRODUCTION

The Congressional Budget Office projects that full implementation of the Patient Protection and Affordable Care Act (ACA) will lead to substantial increases in health insurance coverage across the United States, as individuals gain subsidized coverage through Medicaid and newly created health insurance exchanges, beginning in 2014. Even with full implementation, however, the effects of the ACA are expected to vary across regions of the country due to pre-reform differences across states: enrollment in the exchanges will depend on state income distributions and current employer-sponsored insurance (ESI) eligibility rates, while new Medicaid enrollment will vary across states due to differences in current Medicaid eligibility thresholds for adults (Buettgens et al. 2011).

This brief compares changes in health insurance coverage from 2000 to 2010 across regions in the United States. By focusing on coverage trends among the nonelderly in the Midwest, Northeast, South and West, this analysis expands on a prior brief that documented declines in coverage nationally among various sub-populations that are targeted by the ACA (Blavin et al. 2012). We examine trends for children, parents, and adults without dependent children by income within regions, using the "ACA-relevant" income measure—modified-adjusted gross income (MAGI)—to categorize individuals: those below 138 percent of the federal poverty level (FPL) who could become newly eligible for Medicaid, individuals with income between 138 and 400 percent of FPL who could become eligible for subsidies in the newly established health insurance exchanges, and individuals at or above 400 percent of FPL.

The next section provides some additional background information on the key policy changes associated with the ACA that will affect insurance coverage and reviews the recent literature related to coverage trends. Subsequent sections describe the data and methods, key results, and conclusions. We find that ESI and overall coverage rates were lowest in the South and West in both 2000 and 2010. Across all regions, there were declines in ESI among all nonelderly groups and increases in uninsurance rates for adults (those without dependent children and parents), with larger percentage point changes occurring in the South and Midwest. In contrast, due to gains in Medicaid/CHIP coverage, children in the South and West experienced declines in the uninsurance rate, while the rate remained constant in the Midwest and Northeast. These patterns persist across all income groups, with more pronounced deterioration in coverage among those with income below 400 percent of FPL.

BACKGROUND

Under the recent Supreme Court ruling, Medicaid eligibility can be expanded at state option to 138 percent of FPL for all nonelderly citizens, with federal matching rates of 100 percent for 2014 through 2016.[1] The law also calls for the establishment of health insurance exchanges. The exchanges will be organized markets within states where individuals and small businesses can purchase health insurance coverage that is subject to new regulations intended to promote greater transparency and competition in the market for health insurance.[2] Low- and moderate-income individuals and families not eligible for Medicaid coverage with incomes up to 400 percent of FPL will also be eligible for federal subsidies to purchase coverage in the exchanges, if they do not have access to an affordable offer of employer-sponsored insurance coverage. Specifically, those with incomes below 138 percent of FPL pay no more than 2 percent of their income for exchange-based coverage, with a sliding scale reaching 9.5 percent of income for those with incomes between 300 and 400 percent of FPL. Employees of firms that offer coverage are ineligible for subsidies in the exchange, unless the actuarial value of the employer's plan is less than 60 percent or if the employee's share of the single premium exceeds 9.5 percent of income. With these new options in place, most individuals will be required to obtain a minimum level of coverage or pay a penalty.[3]

Blavin et al. (2011) found that over the past decade nationally, there was a notable deterioration in ESI among adults without dependent children, parents, and children, as well as an increase in uninsurance rates for adults without dependent children and for parents. Medicaid and CHIP were particularly effective at reducing the number of uninsured children, even during the recent economic downturn, but due to more restrictive eligibility for adults than children, they have not prevented increases in the number of uninsured adults. These trends have persisted across both periods of recession and recovery and among all income groups, with more pronounced

deterioration among those with income below 400 percent of FPL who will be most affected by key coverage provisions of the ACA.

Several other studies have explored trends in health insurance coverage. Holahan and Chen (2011) looked at recent changes in the health insurance distribution and examined economic trends over the past decade to assess how they correlate with changes in health insurance coverage. Overall, they found that the 2007–10 period included large reductions in employment and incomes that had a major impact on coverage: nearly 10 million Americans lost ESI and the number of uninsured increased by 5.7 million, with the most noticeable growth in uninsurance among residents of the Midwest and South. In June 2011, the University of Minnesota's State Health Access Data Assistance Center (SHADAC) released a state-by-state analysis of data from the Current Population Survey (CPS) and Medical Expenditure Panel Survey that documents the decline in ESI coverage over the past decade. Overall, the report finds that the percentage of the nonelderly population with ESI declined from 69 percent in 1999/2000 to 61 percent in 2008/2009, with considerable variation across states. The authors attribute the decline in ESI to changes in employment levels and the distribution of employment by firm size, declines in the percent of employers that offer health insurance, and declines in the percent of eligible-employees that take-up health insurance offers.

Finally, existing cross-sectional differences in coverage rates across states—due to a host of factors, including variation in demographic and family characteristics, individual employment characteristics, local labor market characteristics, income, and Medicaid/CHIP policy (Chen and Zuckerman 2003; LoSasso and Buchmueller 2004)—make it likely that ACA implementation will have different implications across regions. For instance, according to pooled cross-sections of the 2009–10 Annual Social and Economic (ASEC) Supplement CPS, rates of ESI coverage among the nonelderly population range from 72 percent in New Hampshire and 69 percent in Connecticut to 45 percent in New Mexico and 46 percent in Mississippi. In Vermont and the District of Columbia, 25 percent of the nonelderly have Medicaid/CHIP, compared with 10 percent or fewer in five states (New Hampshire, Nevada, Utah, Virginia and North Dakota). Overall, Texas (27 percent), Florida (25 percent), and New Mexico (24 percent) have the highest uninsurance rates among the nonelderly in the United States, whereas Massachusetts (6 percent), Hawaii (9 percent), and Minnesota (10 percent) have the lowest uninsurance rates (Urban Institute and Kaiser Commission on Medicaid and the Uninsured 2011).

DATA AND METHODS

This brief uses the 2000 and 2010 cross-sections of the ASEC Supplement to the CPS.[4] The CPS collects monthly employment statistics as well as information on the demographic status of the population, including health insurance coverage and region of residency. The CPS is a large cross-sectional survey that samples the entire civilian non-institutionalized population. The 2010 CPS has a sample size of 95,958 households (204,983 individuals) and is one of the most frequently cited national surveys on health insurance of Americans. The strengths and weaknesses of this data source have been addressed elsewhere (Blavin et al. 2012; Kenney et al. 2006; DeNavas-Walt et al. 2007).

This study divides states into census-defined regions.[5] The Northeast (Region 1) comprises nine states in total, including three states in the Mid-Atlantic (New York, New Jersey, Pennsylvania), and six states in New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont). The Midwest (Region 2) consists of 12 states in the East North Central (Illinois, Indiana, Michigan, Ohio, and Wisconsin) and West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota) sections of the United States. The South (Region 3) comprises a total of 16 states and the District of Columbia: nine in the South Atlantic (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia), four states in the East South Central (Alabama, Kentucky, Mississippi and Tennessee), and four states in the West South Central (Arkansas, Louisiana, Oklahoma and Texas). Finally, the West (Region 4) includes the eight Mountain states (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming) and the five Pacific states (Alaska, California, Hawaii, Oregon and Washington).

In this brief, we focus on three income groups: those under 138 percent of FPL ("ACA Medicaid eligibles"), those between 138 percent and 400 percent of FPL ("potential subsidy eligibles"), and those above 400 percent of FPL. These poverty thresholds adjust for family

size and inflation and are based on eligibility cutoffs for the Medicaid expansion and exchange subsidies under the ACA. We also use income relative to poverty based on the MAGI concept to be consistent with provisions of the ACA, which will be used to determine Medicaid and exchange subsidy eligibility across the nation.[6] To construct an adjusted version of MAGI on the CPS, appropriate to the ACA, we deduct public assistance income, supplemental security income, child support, veteran benefits, worker's compensation, and child care expenses from total income. In contrast to the standard definition of MAGI, we do not deduct social security benefits from total income in order to be consistent with the most recent legislation (Centers for Medicare & Medicaid Services 2012).

The health insurance unit (HIU) is the unit of analysis for determining income group. A health insurance unit includes members of the nuclear family who can be covered under one health insurance policy: the policyholder, spouse, all children under age 19, and children under age 23 who are full-time students.[7]

All of the 2000 to 2010 differences in percentage points and cross-sectional differences across regions are statistically significant at the 5 percent level unless otherwise noted. We calculate standard errors using generalized variance estimates created from generalized variance parameters. This method provides a smoothing effect on standard error estimates across time (U.S. Census Bureau 2010).

RESULTS

This section first analyzes shifts in population and the income distribution over the last decade to highlight the dynamics at play across regions during the period of analysis. The remaining sections analyze differences in coverage across regions and over time.

Population and income shifts over the past decade

The nonelderly population in the South and West—areas with the lowest rates of ESI and overall coverage in 2000 and 2010 (Table 1)—increased substantially from 2000 to 2010. The nonelderly population grew by 13.5 percent or by 11.8 million people in the South and by 11.6 percent or 6.6 million people in the West. In contrast, the nonelderly population grew by less than 3 percent in the Northeast and Midwest.

Table 1 also shows that large numbers of people have moved into the lower end of the income distribution over the past decade in all regions. The number of nonelderly people with incomes below 138 percent of FPL increased by 24 percent (2.6 million), 42 percent (4.9 million), 43 percent (10.4 million), and 33 percent (5.2 million) in the Northeast, Midwest, South, and West, respectively. Table 1 also shows that over the past decade, the number of individuals in the higher income groups decreased in the Northeast and Midwest and increased modestly in the South and West.[8]

National coverage changes

From 2000 to 2010, the proportion of the nonelderly population covered by ESI decreased by 10.6 percentage points (from 69.3 percent to 58.7 percent), the proportion covered by Medicaid grew by 6.0 percentage points (from 8.4 percent to 14.4 percent), and the proportion uninsured increased by 3.7 percentage points (from 14.8 percent to 18.5 percent, as shown in Table 2). These changes represent a 13.6 million decline in the number of nonelderly with ESI, an increase of 17.6 million covered with Medicaid/CHIP, and an increase of 12.9 million uninsured. There were also small increases in private non-group coverage and other federal insurance over the decade.

Regional variation in coverage

Table 2 shows that the South and West have lower ESI and overall coverage rates compared to the Northeast and Midwest. In 2010, approximately 55 percent of the nonelderly population in the West and South were covered by ESI, compared to over 63 percent in the Northeast and Midwest. Medicaid coverage rates varied slightly across regions, ranging from 14 percent in the Midwest and South to 15 percent in the Northeast and West.[9] Overall, in 2010, over 20 percent of the nonelderly population in the South and West were uninsured, compared to 14 percent in the Northeast and 15 percent in the Midwest.

Table 2 also highlights changes in ESI, Medicaid/CHIP, and overall coverage over the decade across the four regions. From 2000 to 2010, the Midwest and South experienced the largest percentage point declines in ESI (11 and 12 percentage points, respectively), whereas the Northeast and West experienced declines of 8 and 9 percentage points, respectively. Given these differential changes over the period, the Northeast passed the

Midwest to have the highest ESI rate of the four regions in 2010, and the disparity in ESI rates between the South and Northeast increased. Similarly, the West had the lowest and the South had the second lowest ESI rate in 2000, but the decline in ESI in the South was substantial enough to put the West and South at virtually the same level in 2010. Medicaid/CHIP coverage rates increased by between 5 and 7 percentage points across all regions, with the largest relative increase occurring in the Midwest. Overall coverage declined by over 4 percentage points in the South and Midwest, compared with declines of approximately 2 percentage points in the Northeast and the West. In light of these changes, the Northeast had the lowest and the South had the highest uninsurance rates in 2010, compared to the Midwest having the lowest and the West having the highest uninsurance rates in 2000. However, because the Midwest had had both the highest ESI and overall coverage rates among all regions in 2000, coverage rates in the Midwest remained high relative to the South and West, and comparable to the Northeast in 2010.

Regional coverage changes by income group

Tables 3, 4 and 5 show that in any given year and region, higher income individuals are more likely to have ESI, less likely to have Medicaid/CHIP, and less likely to be uninsured compared to those in lower income groups. The coverage distributions and trends across regions by income group are also consistent with the results shown in Table 2. For instance, across all income groups in 2010, the nonelderly in the South and West were less likely to have ESI and more likely to be uninsured, relative to the nonelderly in the Midwest and Northeast. In addition, the nonelderly in the South and Midwest experience the largest declines in coverage within each income groups over the decade relative to the other regions.

Table 3 highlights that the low-income nonelderly in South had the lowest ESI rate (21 percent), lowest Medicaid rate (32 percent), and highest uninsurance rate (35 percent) among all regions in 2010. Along with the Midwest, the low-income population in the South experienced the largest percentage point decline in ESI and the largest percentage point increase in uninsurance from 2000 to 2010.

ESI declined by 8 to 10 percentage points across all regions among the nonelderly with incomes between 138 and 400 percent of the FPL, with the largest declines occurring in the South and Midwest (Table 4). Medicaid rates increased by 4.6 to 6.1 percentage points in the Northeast, Midwest, and West but by only 3.5 percentage points in the South. Overall, the share of the "potential subsidy-eligible" group without coverage increased by 4 and 5 percentage points in the Midwest and South, respectively, compared to 2 percentage points in the Northeast and West. These trends mirror those among the lower-income group, but those in the subsidy-eligible income range experienced higher percentage point increases in uninsurance over the decade, potentially due to this income group having more limited access to public coverage relative to the lowest income group.

The highest income group also experienced declines in ESI and overall coverage (Table 5). The highest income group was hit the hardest in the South, with a 4 percentage point decline in ESI and 2 percentage point increase in uninsurance. Compared to the other income groups, the coverage distribution among those with incomes above 400 percent of FPL remained relatively stable, though the overall pattern of coverage changes for the higher-income population echoed what was found among the lower-income groups.

Coverage changes among children, parents, and adults without dependent children

Across all regions, children are less likely to be uninsured and more likely to have Medicaid/CHIP, relative to adults. Adults without dependent children are less likely to have ESI and Medicaid coverage and to have higher overall rates of uninsurance compared to parents. The coverage distributions and trends across regions by group are also consistent with the overall results shown in Table 2.

ESI rates among children declined by over 12 percentage points in the Midwest and South, compared to 9 percentage points in the Northeast and 10 percentage points in the West (Table 6). However, the declines in ESI were more than offset by increases in Medicaid/CHIP coverage; children in the Midwest and South experienced 14 percentage point increases in Medicaid/CHIP, compared to 9 percentage points in the Northeast and 11 percentage points in the West. Overall, from 2000 to 2010, the gap in uninsurance among children in the South and West relative to Northeast and Midwest narrowed, as the uninsurance rate declined by 2 percentage points in the South (from 14 to 12 percent) and the West (from 13 to 11 percent) and remained constant in the Midwest and Northeast.

Over the decade, parents in the South and West experienced the largest declines in ESI and the parents in

the South experienced the smallest increase in Medicaid; as a consequence, parents in the South experienced the larger increases in uninsurance than parents in other regions. From 2000 to 2010, ESI among parents declined by over 10 percentage points in the South and Midwest (Table 7). The percentage of parents covered by Medicaid doubled in the Northeast (6 to 12 percent) and Midwest (5 to 11 percent), while Medicaid rates among parents in the South and West increased by 74 percent (4 to 7 percent) and 51 percent (7 to 11 percent), respectively. Overall coverage among parents in the South declined by 7 percentage points, compared to declines of 5 or fewer percentage points in all other regions.

The share of adults without dependent children covered by ESI declined by over 10 percentage points in the South and Midwest, compared to smaller declines of 7 to 8 percentage point declines in the West and Northeast (Table 8). Adults without dependent children in all regions experienced comparable, yet modest, 2 to 4 percentage point increases in Medicaid/CHIP coverage over the decade. From 2000 to 2010, the uninsurance rate among this group increased by 7 percentage points in the South (20 to 27 percent) and Midwest (14 to 21 percent), 3 percentage points in the Northeast (16 to 19 percent), and 4 percentage points in the West (22 to 26 percent).

DISCUSSION

This brief highlights the differences in coverage rates across regions—where the South and West have higher uninsurance rates relative to the Midwest and Northeast—and shows how overall coverage was hardest hit over the last decade in the South and Midwest. From 2000 to 2010, across all regions, there were notable declines in ESI among all nonelderly groups and increases in uninsurance rates for adults without dependent children and parents. While the West had the lowest ESI and highest uninsurance rates in 2000, coverage in the South deteriorated at a higher rate, leaving the South with the highest uninsurance rate in 2010. The Midwest experienced comparable percentage point declines in coverage as the South, but started off at a substantially higher base of ESI coverage in 2000. In contrast, the Northeast had the highest ESI and overall coverage rates in 2010 and the second highest rate of coverage in 2000 just behind the Midwest. These patterns persist within each income group, with more pronounced deterioration among those with income below 400 percent of FPL—those who have the most to gain through key provisions of the ACA. Large numbers of people have also moved into lower income groups over the decade, with greater increases at the lower end of the income distribution (below 138 percent of FPL), where individuals are less likely to have ESI and are more likely to be uninsured.

It appears that Medicaid and CHIP have been particularly effective at reducing the number of uninsured children and narrowing regional differences in uninsured rates for children; from 2000 to 2010, children in the South and West experienced declines in the uninsurance rate of around 2 percentage points, while the rate remained constant in the Midwest and Northeast. However, the uninsurance rates among children in the South and West still remain 3.5 to 4.8 percentage points higher than the uninsurance rates in the Midwest and Northeast.

Regions and states will start to fully implement the ACA from different starting points with different prior trends. As such, the legislation will likely have differential coverage effects geographically. Holding all else constant, states in regions, most notably the South and West, with large low-income (< 138 percent of FPL) populations, low Medicaid eligibility thresholds, and high uninsurance rates are likely to experience larger enrollment gains through the new Medicaid expansion. However, with the recent Supreme Court ruling, the Medicaid expansion to those with incomes below 138 percent of FPL is essentially optional. Several states, primarily in the South, have suggested that they will not implement the Medicaid expansion despite the very high federal contributions. Thus, many states in the South with the highest uninsured rates in the country, as well as higher growth in uninsurance over the last decade, may fall even further behind the other regions.

Similarly, enrollment and subsidies in the nongroup health insurance exchanges will likely depend on current employer-sponsored insurance eligibility as well as the state income distribution. We find that over one-third of the nonelderly population within each region has HIU income between 138 and 400 percent of FPL, but that ESI rates among this income group are lowest in the South and West, increasing the numbers likely to benefit from exchanges. However, there has also been resistance in many states, particularly in the South and West, to adopting exchanges. This means that the federal government will attempt to operate the exchanges either on their own or in partnership with states. But to the extent the federal government has difficulty establishing

exchanges in what is potentially a large number of states, some states with high uninsurance rates among their middle-income population may not see coverage benefits under the Affordable Care Act.

In summary, implementation of the ACA would result in the greatest gains of coverage among residents in regions with the lowest coverage rates in 2010—the South and the West of the United States. However, failure to implement the Medicaid expansion and slow progress in implementing exchanges would mean that the benefits of the ACA would not be felt in these regions as intended.

ENDNOTES

1. Foreign-born individuals in this income category with less than five years legal residence will be eligible for exchange-based subsidies instead of Medicaid until five years of legal residence has been reached.

2. The non-exchange, nongroup and small-group markets are also subject to many of these new regulations.

3. Exemptions will be granted for the incarcerated, American Indians, financial hardship, religious objections, those without coverage for less than three months, undocumented immigrants, and those with incomes below the tax filing threshold.

4. All estimates are based on the Census's revised imputation methodology. In 2011, the Census Bureau revised the health coverage imputation methodology for those who did not respond to health insurance questions. The revisions address the differences between the way that health insurance coverage is collected in the CPS and the way it is imputed. For example, previously, dependent coverage assignments were limited only to the policyholder's spouse and/or children. The revisions now allow all members in the household to be assigned dependent coverage, thus they increase in the imputed number of dependents with coverage more accurately reflects individual reporting.

5. For ease of comparison, we used regions instead of census-defined divisions. We found that that the main trend results did not vary substantively between the divisions within each region.

6. For the current Medicaid-eligible population, rules for counting income and resources vary from state to state and from group to group.

7. The ACA expanded dependent coverage to individuals up to age 26 and therefore changed the definition of a private HIU. However, we did not use this new definition because it was not implemented until September 2010 and a comparable definition was not in place during the beginning of the decade. Children are defined as any person 18 years of age or younger. Parents are identified as those over 18 who have their own children in their HIU. Adults without dependent children are everyone else.

8. The number of individuals in the higher income groups as a percent of the nonelderly population decreased in all regions.

9. Private nongroup and other federal coverage also varied slightly across regions, with the West (7 percent) having the highest rate of nongroup coverage and the South (4 percent) having the highest rate of other federal coverage.

TABLE 1: Nonelderly Population by Income Group and Region—2000 vs. 2010

	2000		2010		Change		
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point	Percent
Overall	**245.1**		**266.0**		**20.9**		**8.5%**
<138% FPL	62.4	25.5%	85.5	32.2%	**23.1**	7%	37.0%*
138-400% FPL	96.4	39.4%	95.6	35.9%	**-0.8**	-3%	-0.9%*
400%+ FPL	862.0	35.2%	84.8	31.9%	**-1.4**	-3%	-1.6%*
Northeast	**45.9**		**47.1**		**1.2**		**2.7%**
<138% FPL	10.6	23.0%	13.1	27.9%	**2.6**	5%	24.4%*
138-400% FPL	17.2	37.6%	16.1	34.1%	**-1.2**	-4%	-6.9%*
400%+ FPL	18.1	39.4%	17.9	38.0%	**-0.2**	-1%	-0.8%*
Midwest	**55.9**		**57.3**		**1.4**		**2.5%**
<138% FPL	11.6	20.8%	165.0	28.9%	**4.9**	8%	42.1%*
138-400% FPL	22.7	40.6%	21.8	38.1%	**-0.9**	-2%	-3.8%*
400%+ FPL	21.6	38.6%	18.9	33.0%	**-2.7**	-6%	-12.3%*
South	**86.8**		**98.5**		**11.8**		**13.5%**
<138% FPL	24.3	28.0%	34.7	35.2%	**10.4**	7%	42.8%*
138-400% FPL	34.9	40.2%	35.2	35.7%	**0.3**	-4%	1.0%*
400%+ FPL	27.6	31.8%	28.6	29.0%	**1.0**	-3%	3.6%*
West	**566.0**		**63.1**		**6.6**		**11.6%**
<138% FPL	160.0	28.2%	21.2	33.6%	**5.2**	5%	32.8%*
138-400% FPL	21.6	38.2%	22.5	35.6%	**0.9**	-3%	4.1%*
400%+ FPL	19.0	33.6%	19.4	30.8%	**0.4**	-3%	2.3%*

Source: Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates change in percent of people is statistically significant at the 95% confidence level.*

TABLE 2: **Health Insurance Distribution of Nonelderly Population, Overall and by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Overall	**245.1**		**266.0**		**20.9**	
ESI Coverage	169.8	69.3%	156.2	58.7%	**-13.6**	-10.6%*
Medicaid/CHIP	20.7	8.4%	38.3	14.4%	**17.6**	6.0%*
Other Federal	5.5	2.2%	7.6	2.9%	**22.0**	0.6%*
Non-Group	12.9	5.3%	14.8	5.6%	**19.0**	0.3%*
Uninsured	36.3	14.8%	49.1	18.5%	**12.9**	3.7%*
Northeast	**45.9**		**47.1**		**1.2**	
ESI Coverage	33.3	72.7%	30.3	64.3%	**-3.1**	-8.5%*
Medicaid/CHIP	4.2	9.2%	71.0	15.0%	**2.8**	5.8%*
Other Federal	0.7	1.6%	0.8	1.7%	**1.0**	0.1%
Non-Group	20.0	4.4%	23.0	4.9%	**3.0**	0.5%*
Uninsured	55.0	12.1%	6.6	14.1%	**1.1**	2.0%*
Midwest	**55.9**		**57.3**		**1.4**	
ESI Coverage	42.2	75.5%	36.3	63.4%	**-5.9**	-12.1%*
Medicaid/CHIP	3.7	6.7%	7.9	13.7%	**4.1**	7.1%*
Other Federal	0.9	1.7%	1.4	2.4%	**0.4**	0.7%*
Non-Group	31.0	5.6%	3.3	5.7%	**0.1**	0.0%
Uninsured	5.9	10.6%	8.5	14.8%	**26.0**	4.3%*
South	**86.8**		**98.5**		**11.8**	
ESI Coverage	57.8	66.7%	54.6	55.4%	**-3.2**	-11.2%*
Medicaid/CHIP	7.2	8.3%	13.9	14.1%	**6.7**	5.8%*
Other Federal	2.6	3.0%	3.8	3.8%	**1.1**	0.8%*
Non-Group	4.3	5.0%	5.0	5.0%	**0.6**	0.0%
Uninsured	14.8	17.0%	21.3	21.7%	**6.6**	4.6%*
West	**566.0**		**63.1**		**6.6**	
ESI Coverage	36.4	64.4%	35.1	55.6%	**-1.4**	-8.8%*
Medicaid/CHIP	5.5	9.8%	9.5	15.0%	**39.0**	5.2%*
Other Federal	1.2	2.0%	1.7	2.6%	**0.5**	0.6%*
Non-Group	3.4	6.0%	4.3	6.7%	**0.9**	0.7%*
Uninsured	10.0	17.7%	12.6	20.0%	**26.0**	2.3%*

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates percentage change is statistically significant at the 95% confidence level.*

TABLE 3: **Health Insurance Distribution of Individuals with Family Income ≤ 138 Percent of FPL, by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Northeast	**10.6**		**13.1**		**2.6**	
ESI Coverage	3.3	31.7%	3.2	24.2%	**-2.0**	-7.4%*
Medicaid/CHIP	3.4	32.4%	5.2	39.8%	**1.8**	7.4%*
Other Federal	5.0	5.1%	6.0	4.5%	**1.0**	-0.6%
Non-Group	0.7	6.6%	0.8	5.9%	**0.1**	-0.7%
Uninsured	2.6	24.2%	3.4	25.5%	**0.8**	1.3%
Midwest	**11.6**		**165.0**		**4.9**	
ESI Coverage	4.0	34.2%	3.8	23.1%	**-0.2**	-11.1%*
Medicaid/CHIP	3.0	26.1%	6.0	36.6%	**3.0**	10.4%*
Other Federal	0.6	5.6%	0.9	5.4%	**0.2**	-0.2%
Non-Group	1.0	8.4%	1.1	6.7%	**0.1**	-1.7%*
Uninsured	3.0	25.6%	4.7	28.3%	**17.0**	2.6%*
South	**24.3**		**34.7**		**10.4**	
ESI Coverage	7.1	29.4%	7.2	20.9%	**0.1**	-8.5%*
Medicaid/CHIP	5.9	24.3%	11.2	32.4%	**5.4**	8.1%*
Other Federal	1.9	7.8%	2.4	6.9%	**0.5**	-0.8%
Non-Group	15.0	6.0%	1.7	4.9%	**0.3**	-1.1%*
Uninsured	7.9	32.6%	12.1	34.9%	**4.2**	2.3%*
West	**160.0**		**21.2**		**5.2**	
ESI Coverage	4.4	27.6%	4.4	20.8%	**0.0**	-6.8%*
Medicaid/CHIP	4.5	27.9%	7.2	33.9%	**2.7**	6.0%*
Other Federal	0.8	5.0%	1.2	5.5%	**0.4**	0.5%
Non-Group	1.0	6.5%	13.0	6.3%	**0.3**	-0.2%
Uninsured	5.3	33.1%	7.1	33.5%	**1.8**	0.4%

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates percentage change is statistically significant at the 95% confidence level.*

TABLE 4: **Health Insurance Distribution of Individuals with Family Income Between 139 and 400 Percent of FPL, by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Northeast	**17.2**		**16.1**		**-1.2**	
ESI Coverage	13.3	76.9%	10.9	67.6%	**-2.4**	-9.4%*
Medicaid/CHIP	0.7	4.2%	1.6	10.2%	**9.0**	6.1%*
Other Federal	0.1	0.8%	0.2	0.9%	**0.0**	0.2%
Non-Group	0.8	4.6%	0.9	5.6%	**0.1**	1.0%*
Uninsured	2.3	13.5%	2.5	15.6%	**2.0**	2.1%*
Midwest	**22.7**		**21.8**		**-0.9**	
ESI Coverage	18.3	80.4%	15.5	71.1%	**-2.7**	-9.4%*
Medicaid/CHIP	0.6	2.8%	1.6	7.4%	**1.0**	4.6%*
Other Federal	0.2	0.8%	0.3	1.6%	**0.2**	0.7%*
Non-Group	1.3	5.8%	1.3	6.0%	**-0.0**	0.2%
Uninsured	2.3	10.1%	31.0	14.0%	**0.8**	3.9%*
South	**34.9**		**35.2**		**0.3**	
ESI Coverage	25.8	73.8%	22.6	64.3%	**-3.1**	-9.6%*
Medicaid/CHIP	12.0	3.3%	2.4	6.8%	**1.2**	3.5%*
Other Federal	0.5	1.5%	0.8	2.4%	**0.3**	0.9%*
Non-Group	1.8	5.1%	1.9	5.3%	**0.1**	0.1%
Uninsured	57.0	16.2%	7.5	21.2%	**1.8**	5.0%*
West	**21.6**		**22.5**		**0.9**	
ESI Coverage	15.1	70.0%	13.9	62.0%	**-1.2**	-8.0%*
Medicaid/CHIP	1.0	4.6%	2.1	9.2%	**1.1**	4.6%*
Other Federal	3.0	1.2%	0.3	1.5%	**0.1**	0.3%
Non-Group	1.4	6.3%	1.6	7.3%	**0.3**	1.0%*
Uninsured	3.9	17.9%	45.0	20.0%	**0.6**	2.1%*

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates percentage change is statistically significant at the 95% confidence level.*

** Indicates change in percent of people is statistically significant (at the 95% confidence level).*

TABLE 5: **Health Insurance Distribution of Individuals with Family Income ≥ 400 Percent of FPL, by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Northeast	**18.1**		**17.9**		**-0.2**	
ESI Coverage	16.7	92.7%	16.2	90.6%	**-5.0**	-2.1%*
Medicaid/CHIP	0.1	0.5%	0.2	1.1%	**0.1**	0.6%*
Other Federal	0.1	0.3%	0.1	0.4%	**0.0**	0.1%
Non-Group	0.5	2.9%	0.6	3.5%	**0.1**	0.6%*
Uninsured	0.7	3.6%	0.8	4.4%	**0.1**	0.8%*
Midwest	**21.6**		**18.9**		**-2.7**	
ESI Coverage	200.0	92.5%	17.0	89.7%	**-3.0**	-2.8%*
Medicaid/CHIP	0.1	0.2%	0.2	1.1%	**0.2**	0.9%*
Other Federal	0.1	0.4%	0.1	0.7%	**0.0**	0.3%*
Non-Group	0.8	3.9%	0.8	4.5%	**-0.0**	0.5%
Uninsured	0.6	2.9%	0.8	4.1%	**0.2**	1.2%*
South	**27.6**		**28.6**		**1.0**	
ESI Coverage	24.9	90.4%	24.7	86.4%	**-0.2**	-4.0%*
Medicaid/CHIP	0.1	0.5%	0.2	0.8%	**0.1**	0.3%*
Other Federal	0.2	0.9%	0.5	1.8%	**0.3**	0.9%*
Non-Group	1.1	4.0%	1.4	4.9%	**0.3**	0.9%*
Uninsured	1.2	4.4%	1.8	6.2%	**0.6**	1.8%*
West	**19.0**		**19.4**		**0.4**	
ESI Coverage	16.9	89.1%	16.7	86.2%	**-0.2**	-3.0%*
Medicaid/CHIP	0.1	0.4%	0.2	1.1%	**0.1**	0.6%*
Other Federal	0.1	0.6%	0.2	0.9%	**1.0**	0.4%*
Non-Group	1.0	5.2%	1.3	6.6%	**0.3**	1.3%*
Uninsured	0.9	4.7%	1.0	5.3%	**0.2**	0.7%#

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates percentage change is statistically significant at the 95% confidence level.*

 # Indicates change in percent of people is statistically significant at the 90% confidence level.

TABLE 6: **Health Insurance Distribution of Children (0-18 years old) by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Northeast	**13.4**		**13.2**		**-0.2**	
ESI Coverage	9.5	71.3%	8.2	62.5%	**-1.3**	-8.8%*
Medicaid/CHIP	2.3	17.5%	3.5	26.5%	**12.0**	9.0%*
Other Federal	0.1	0.7%	0.1	0.4%	**-0.0**	-0.3%*
Non-Group	0.4	3.3%	0.4	3.1%	**-0.0**	-0.2%
Uninsured	1.0	7.2%	1.0	7.5%	**0.0**	0.3%
Midwest	**17.0**		**17.0**		**-0.1**	
ESI Coverage	12.6	74.2%	10.4	61.1%	**-2.3**	-13.2%*
Medicaid/CHIP	2.2	12.9%	4.5	26.7%	**23.0**	13.8%*
Other Federal	1.0	0.9%	0.1	0.9%	**00.0**	0.0%
Non-Group	0.8	4.6%	0.7	4.2%	**-0.1**	-0.4%
Uninsured	1.3	7.4%	1.2	7.2%	**-0.0**	-0.2%
South	**27.5**		**29.8**		**2.3**	
ESI Coverage	17.3	62.9%	15.0	50.4%	**-2.3**	-12.4%*
Medicaid/CHIP	4.6	16.8%	9.3	31.2%	**4.7**	14.4%*
Other Federal	0.7	2.6%	0.7	2.4%	**0.0**	-0.2%
Non-Group	1.1	3.9%	1.1	3.9%	**0.1**	-0.1%
Uninsured	3.8	13.8%	3.6	12.0%	**-0.2**	-1.7%*
West	**18.4**		**19.4**		**0.9**	
ESI Coverage	114.0	61.8%	10.0	51.6%	**-1.4**	-10.2%*
Medicaid/CHIP	3.5	18.8%	5.8	29.8%	**2.3**	11.0%*
Other Federal	0.4	1.9%	4.0	1.9%	**0.0**	0.0%
Non-Group	0.8	4.2%	1.1	5.6%	**0.3**	1.4%*
Uninsured	2.5	13.4%	2.2	11.1%	**-0.3**	-2.2%*

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates percentage change is statistically significant at the 95% confidence level.*

TABLE 7: **Health Insurance Distribution of Adults with Dependent Children, by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Northeast	**12.3**		**11.3**		**-1.0**	
ESI Coverage	9.8	79.4%	8.2	72.5%	**-16.0**	-6.9%*
Medicaid/CHIP	0.7	6.0%	1.3	11.8%	**0.6**	5.8%*
Other Federal	0.1	0.8%	0.1	0.6%	**-0.0**	-0.2%
Non-Group	0.4	3.5%	0.4	3.7%	**-0.0**	0.2%
Uninsured	1.3	10.3%	1.3	11.4%	**0.0**	1.1%#
Midwest	**15.3**		**14.3**		**-1.0**	
ESI Coverage	12.5	81.7%	10.0	69.9%	**-25.0**	-11.8%*
Medicaid/CHIP	7.0	4.5%	1.6	11.1%	**0.9**	6.6%*
Other Federal	0.1	0.7%	0.2	1.1%	**1.0**	0.4%*
Non-Group	0.6	4.2%	0.6	4.3%	**-0.0**	0.1%
Uninsured	1.4	8.9%	1.9	13.6%	**0.6**	4.7%*
South	**22.9**		**23.4**		**0.6**	
ESI Coverage	16.7	73.2%	14.6	62.4%	**-2.1**	-10.8%*
Medicaid/CHIP	10.0	4.2%	17.0	7.3%	**7.0**	3.1%*
Other Federal	0.4	1.9%	0.7	2.8%	**0.2**	0.9%*
Non-Group	0.9	4.0%	0.9	4.0%	**0.0**	-0.0%
Uninsured	3.8	16.7%	5.5	23.5%	**1.7**	6.8%*
West	**15.2**		**15.5**		**0.3**	
ESI Coverage	10.8	70.6%	9.5	61.2%	**-1.2**	-9.4%*
Medicaid/CHIP	1.1	7.0%	1.7	10.6%	**0.6**	3.6%*
Other Federal	0.2	1.4%	0.2	1.6%	**0.0**	0.1%
Non-Group	0.7	4.3%	0.9	6.0%	**0.3**	1.7%*
Uninsured	2.5	16.6%	3.2	20.6%	**0.7**	4.0%*

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

Note: The data excludes persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP underreporting. Income relative to poverty is calculated using modified adjusted gross income.

** Indicates percentage change is statistically significant at the 95% confidence level.*

 # Indicates change in percent of people is statistically significant at the 90% confidence level.

TABLE 8: **Health Insurance Distribution of Adults without Dependent Children, by Region—2000 vs. 2010**

	2000		2010		Difference	
	N (millions)	%	N (millions)	%	N (millions)	Percentage Point
Northeast	**20.2**		**22.6**		**2.5**	
ESI Coverage	14.1	69.6%	13.9	61.2%	**-0.2**	-8.4%*
Medicaid/CHIP	12.0	5.7%	2.3	9.9%	**1.1**	4.2%*
Other Federal	0.5	2.7%	0.7	3.1%	**0.2**	0.4%
Non-Group	1.1	5.6%	1.5	6.5%	**3.0**	0.9%*
Uninsured	3.3	16.3%	4.4	19.2%	**1.1**	2.9%*
Midwest	**23.6**		**26.0**		**2.5**	
ESI Coverage	17.0	72.4%	16.0	61.3%	**-1.1**	-11.1%*
Medicaid/CHIP	0.8	3.5%	18.0	6.7%	**9.0**	3.2%*
Other Federal	0.7	2.8%	1.1	4.1%	**0.4**	1.2%*
Non-Group	1.7	7.3%	1.9	7.4%	**0.2**	0.1%
Uninsured	33.0	13.9%	5.3	20.5%	**2.1**	6.6%*
South	**36.4**		**45.3**		**8.9**	
ESI Coverage	23.8	65.4%	24.9	55.1%	**1.1**	-10.4%*
Medicaid/CHIP	1.6	4.4%	2.8	6.3%	**1.2**	1.9%*
Other Federal	1.5	4.1%	24.0	5.3%	**0.9**	1.2%*
Non-Group	2.3	6.4%	2.9	6.4%	**5.0**	-0.1%
Uninsured	7.2	19.7%	122.0	27.0%	**5.1**	7.3%*
West	**22.9**		**28.2**		**5.3**	
ESI Coverage	14.3	62.5%	15.6	55.2%	**1.3**	-7.2%*
Medicaid/CHIP	1.0	4.4%	20.0	7.3%	**1.1**	2.9%*
Other Federal	0.6	2.5%	1.1	3.7%	**0.5**	1.2%*
Non-Group	2.0	8.6%	2.2	8.0%	**0.3**	-0.6%
Uninsured	5.0	22.0%	7.3	25.8%	**2.2**	3.8%*

Urban Institute, 2012. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys

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