Uninsured Veterans and Family Members: Who Are They and Where Do They Live?

Timely Analysis of Immediate Health Policy Issues

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Summary

According to the 2010 American Community Survey (ACS), one in 10 of the nation's 12.5 million nonelderly veterans reports neither having health insurance coverage nor using Veterans Affairs (VA) health care. While veterans are less likely than the rest of the nonelderly population to be uninsured, there are an estimated 1.3 million uninsured veterans nationwide. Another 0.9 million veterans use VA care, but have no other health insurance coverage. An additional 0.9 million adults and children in veterans' families are uninsured. Both uninsured veterans and their family members report significantly less access to needed health care than their counterparts with insurance coverage.

Compared with insured veterans, uninsured veterans have served more recently, are younger, have lower levels of education, are less likely to be married, and are less connected to the labor force—all of which could contribute to lower access to employer-sponsored coverage. Uninsurance among veterans ranges widely across states—from under 5 percent to over 17 percent—and state variation remains even when adjusting for veterans' demographic and socioeconomic characteristics. States also vary in levels of uninsurance among veterans' family members.

The coverage provisions slated to be implemented under the Affordable Care Act (ACA) in 2014, could increase coverage among the U.S. population, including many uninsured veterans. We estimate that nearly half of uninsured veterans would qualify for expanded Medicaid coverage. Another 40 percent of uninsured veterans could potentially qualify for subsidized coverage through health insurance exchanges if they do not have access to affordable employer coverage. However, when we classify states according to how much progress they have made toward implementing exchanges, we find higher rates of uninsurance among veterans in those states that have thus far made the least progress; nearly 40 percent of uninsured veterans and their family members live in these states. To the extent that the ACA can achieve dramatic reductions in uninsurance among veterans and their family members, success will depend on aggressive ACA implementation and enrollment efforts nationwide.

Introduction

There is considerable public concern over the health and well-being of the estimated 13 million nonelderly veterans living in the United States.[1] Through the Veterans Health Administration (VHA), the Department of Veterans Affairs (VA) operates the nation's largest health system and provides health care for many veterans through a system of medical centers, clinics, and other facilities that is recognized for its commitment to providing high-quality care and that is explicitly designed to address veterans' particular health care needs.[2] However, some veterans do not use VA health care services. Eligibility is based on veteran status, service-related disabilities, income level, and other factors, and even within the groups eligible for VA care, other factors, such as their proximity to VA facilities and the cost-sharing requirements, may affect the likelihood that they seek care in the VA system.[3] Like other groups of nonelderly adults, the health insurance coverage of veterans depends heavily on whether the family has access to employer-sponsored insurance (ESI) and the costs of obtaining ESI. In addition, since the majority of states do not provide Medicaid coverage to nondisabled adults without dependent children, and most do not cover parents with incomes above the federal poverty level (FPL),[4] relatively few adults, including veterans, qualify for Medicaid.[5] Thus, gaps remain in veterans' coverage, as demonstrated in numerous prior studies.[6]

As with other groups of the uninsured,[7] uninsurance among veterans is associated with reduced access to health care and lower utilization rates, and uninsured veterans seem to fare no better than other uninsured individuals in getting needed care.[8] For example, in prior studies, uninsured veterans were substantially less likely than veterans with insurance coverage to be able to afford a doctor visit or to have had a routine medical visit in the prior year, and they were more likely to forgo care because of costs and to lack confidence that they can obtain care they need.[9] These access gaps may be particularly problematic for veterans with serious health needs: In a 2010 study, more than one in five nonelderly veterans reported being in fair or poor health.[10]

Although the Affordable Care Act (ACA), which was passed in 2010, does

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not change the VA or other military health care systems and is not targeted specifically at veterans, it includes a number of provisions aimed at increasing access to affordable coverage that could affect veterans and their families. The ACA expands Medicaid eligibility for individuals with incomes below 138 percent of the FPL and includes subsidies for coverage in newly established health insurance exchanges to those with incomes between 138 and 400 percent of the FPL who do not have access to affordable ESI coverage.[11] The ACA also includes other provisions, such as an individual requirement to have health insurance, that are expected to increase coverage. The Congressional Budget Office (CBO) projects that the ACA will expand insurance coverage for more than 30 million Americans who are currently uninsured.[12]

In this brief, we report new estimates of uninsurance among veterans and their family members from the 2010 ACS. We use the ACS because of its large sample size: The 2010 survey has a national public use sample of nearly 129,000 nonelderly veterans and state samples that range from 169 in the District of Columbia to 10,700 in California.[13] This is several times larger than the samples of nonelderly veterans available from other ongoing surveys such as the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), the National Health Interview Survey (NHIS), and the Behavioral Risk Factor Surveillance Study (BRFSS).[14] This is the first published report to provide estimates of uninsurance among nonelderly veterans and their families both nationally and at the state level and to assess the potential for the ACA to reduce their uninsurance rates. At the national level, we examine rates of uninsurance among veterans and their families, the extent to which these groups could qualify for expanded coverage under the ACA, and their access to care and health status. At the state level, we estimate uninsurance rates for veterans and their family members, examine whether state variation in veterans' uninsurance is explained by differences in the composition of veterans in different states, and assess how uninsurance varies across groups of states which are categorized according to their progress toward implementing health insurance exchanges under the ACA. We also include supplemental analysis of veterans reporting only VA coverage, since they could also be affected by the expanded coverage options available under the ACA; for example, they could choose to supplement their VA care with Medicaid enrollment.

Data and Methods

Data Source. National estimates are derived from the 2010 ACS, an annual survey fielded by the U.S. Census Bureau. State-level estimates use pooled 2009 and 2010 samples for greater precision. Additional analysis uses the 2009 and 2010 NHIS. (The appendix provides additional details on the data and methodology.)

Measurement of Health Insurance Coverage. Insurance status was measured in the ACS by asking the respondent about coverage of each individual in the household by any of the following types of health insurance or health coverage plans at the time of the survey:

a. Insurance through a current or former employer or union (of this person or another family member)

b. Insurance purchased directly from an insurance company (by this person or another family member)

c. Medicare, for people 65 and older, or people with certain disabilities

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

e. TRICARE or other military health care

f. VA (including those who have ever used or enrolled for VA health care)

g. Indian Health Service

h. Any other type of health insurance or health coverage plan—specify

We classify veterans as uninsured if they report neither using VA services nor having comprehensive health insurance coverage.[15] Although some uninsured veterans could potentially qualify for VA health services,[16] the available data do not indicate how many uninsured veterans could enroll in VA coverage or live near a VA health care facility nor why they do not report using VA care. Following conventions, veterans reporting only VA coverage are considered insured; for some analyses, we examine this group separately. (Although veterans receiving VA health care receive services through the VHA, we refer to this as VA coverage to remain consistent with the term used in the ACS questionnaire.)

Identification of Veterans and their Family Members. Nonelderly veterans are identified as those ages 19 to 64 who had ever served on active duty but are no longer serving. In addition to identifying veterans, we identified members of veterans' families. Nonelderly members of veterans' families are those ages 0 to 64 who are not veterans but who live in a household with a 19- to-64-year-old veteran who is their spouse or biological, adoptive, or stepparent.

Additional Analyses. Additional tabulations using the ACS examine the demographic and socioeconomic characteristics of veterans and their family members (including the era of veterans' service and whether they have service-connected disabilities), the states in which they reside, and the progress each state has made toward developing health insurance exchanges in preparation for ACA implementation.[17] In order to assess the potential associations between insurance coverage and health care access among veterans and their family members, we also analyzed measures of insurance coverage, access and health status from the 2009 and 2010 NHIS.

Results

Number of Uninsured Veterans and Family Members. Of the estimated 12.5 million nonelderly veterans nationwide, 1.3 million, or just over 1 in 10 (10.5

Table 1: Number and Uninsurance Rate of Nonelderly Veterans, Veterans' Nonelderly Family Members, and U.S. Nonelderly Population, 2010

	Total Number	Number Uninsured	Uninsurance Rate
Veterans	12,456,000	1,314,000	10.5%
Family Members of Veterans	12,793,000	948,000	7.4%
Veterans and Their Family Members Combined	25,249,000	2,262,000	9.0%
U.S. Total	265,146,000	47,346,000	17.9%

Notes: Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Nonelderly veterans are ages 19 to 64. Family members of veterans are defined in the appendix. Uninsurance indicates the person lacks comprehensive coverage and does not use VA health services.

percent), are uninsured and do not use VA services (Table 1).[18] The uninsurance rate of veterans is lower than among the nonelderly population as a whole (10.5 percent compared with 17.9 percent). In addition, an estimated 7.4 percent of veterans' nonelderly family members, or 948,000 other adults and children, lack insurance coverage. Combined, there are an estimated 2.3 million uninsured veterans and family members, constituting 4.8 percent of the nation's 47.3 million uninsured in 2010.[19] In addition, while a total of 2.8 million of the 12.5 million nonelderly veterans in the ACS (22.9 percent) report VA use, 883,000 use only VA care and report no other source of health insurance (Table 2).[20]

Characteristics of Uninsured Veterans. Uninsured veterans differ from insured veterans across many of the characteristics we examined (Table 2). Uninsured veterans are less likely than insured veterans to report service-related disabilities, perhaps reflecting greater eligibility for and use of VA care among those with service-connected injuries and illnesses, but fully 17.3 percent of the uninsured have either a service-related disability or a functional limitation (5.2 percent of uninsured veterans have a service-connected disability and 13.2 percent have a functional limitation).[21] Many uninsured veterans served at some point during the last two decades; more than 4 in 10 (43.4 percent) served most recently between September 2001 and 2010 (22.1 percent) or between August 1990 and August 2001 (21.2 percent). Uninsured veterans are also younger than insured veterans, on average: Almost half (45.5 percent) of uninsured veterans are below age 45, compared with just 29.5 percent of insured veterans, and the uninsurance rate, or the share of veterans in each subgroup who report neither having insurance coverage nor using VA care, is lowest among the oldest group of nonelderly veterans (6.5 percent for those ages 55 to 64) and highest among the youngest group (24.4 percent for those ages 19 to 24).

While the gender and racial distribution of insured and uninsured veterans is similar, the uninsured report lower levels of education (47.3 percent have no high school diploma or are high school graduates or equivalent, compared with 30.7 percent of insured veterans), higher levels of unemployment (23.4 percent compared with 5.7 percent), and lower rates of full-time work (39.9 percent compared with 63.0 percent), and they are less likely to be married than insured veterans (41.8 percent compared with 69.0 percent). Their lower likelihood of being full-time workers and being married likely contribute to their lack of coverage, as these attributes are characterized by lower access to ESI.

Potential Eligibility for Medicaid and Exchange Subsidies under the ACA. We also examined potential eligibility for Medicaid and subsidized coverage through health insurance exchanges under the ACA, using a definition of income that is consistent with available information on what will be used when the law is implemented: Nearly half of uninsured veterans (48.8 percent) have income levels below 138 percent of the FPL and thus would be eligible for expanded Medicaid under the ACA. This is in striking contrast to the low rates of eligibility for comprehensive Medicaid coverage under existing rules. Although more than 600,000 uninsured veterans have family incomes below 138 percent of the FPL, just one in ten (10.0 percent) uninsured veterans appear eligible for Medicaid under current law (data not shown). While this is not surprising considering the restrictive Medicaid eligibility rules for most adults, and is similar to the eligibility rate among the total nonelderly adult population, it indicates that uninsured veterans' eligibility for Medicaid will rise dramatically under the ACA.[22] Another 40.1 percent of veterans have incomes above the ACA Medicaid threshold but low enough to potentially qualify for subsidized exchange coverage provided they do not have access to an affordable ESI offer.[23]

Characteristics of Veterans with Only VA Coverage. Table 2 also examines the characteristics of those who use VA services but have no other coverage. As might be expected based on more expansive eligibility for VA services among those with service-connected disabilities, a much higher share—38.8 percent—of those with only VA coverage have such disabilities, and 33.4 percent have a functional limitation. This group has served less recently and is older than the uninsured group: 44.4 percent last served in the Vietnam era or earlier, and nearly half (49.4 percent) are ages 55 to 64. However, like uninsured veterans, their incomes are quite low: For instance, 51.9 percent have family incomes below 138 percent of the FPL and thus would likely qualify for Medicaid coverage under the ACA, which could be used to supplement their VA coverage.[24]

Table 2: Characteristics of Nonelderly Veterans, by Insurance Status, 2010

	All Veterans		Uninsured			Insured		VA Coverage Only	
	Number	Column Percentage	Number	Column Percentage	*Uninsurance Rate*	Number	Column Percentage	Number	Column Percentage
Total	**12,456,000**	**100.0%**	**1,314,000**	**100.0%**	***10.5%***	**11,142,000**	**100.0%**	**883,000**	**100.0%**
Service-Connected Disability Status									
Has a Service-Connected Disability^	2,144,000	17.2%	69,000	5.2%*	*3.2%*	2,075,000	18.6%	342,000	38.8%
No Service-Connected Disability	10,312,000	82.8%	1,245,000	94.8%*	*12.1%***	9,066,000	81.4%	541,000	61.2%
Functional Limitation									
Has Functional Limitation	2,074,000	16.6%	174,000	13.2%*	*8.4%***	1,900,000	17.1%	295,000	33.4%
Ambulatory Difficulty	1,124,000	9.0%	80,000	6.1%*	*7.1%***	1,044,000	9.4%	168,000	19.0%
Cognitive Difficulty	697,000	5.6%	62,000	4.7%*	*8.9%***	635,000	5.7%	118,000	13.4%
Independent Living Difficulty	536,000	4.3%	36,000	2.8%*	*6.8%***	500,000	4.5%	75,000	8.5%
Self-care Difficulty	335,000	2.7%	22,000	1.7%*	*6.6%***	313,000	2.8%	43,000	4.9%
Hearing Difficulty	760,000	6.1%	57,000	4.3%*	*7.5%***	703,000	6.3%	100,000	11.3%
Vision Difficulty	279,000	2.2%	31,000	2.4%	*11.1%*	248,000	2.2%	42,000	4.7%
No Functional Limitation^	10,382,000	83.4%	1,140,000	86.8%*	*11.0%*	9,242,000	82.9%	588,000	66.6%
Combined Disability/Limitation Indicator									
Has Either Service-Connected Disability or Functional Limitation^	3,481,000	27.9%	227,000	17.3%*	*6.5%*	3,254,000	29.2%	470,000	53.3%
Has Neither Service-Connected Disability nor Functional Limitation	8,975,000	72.1%	1,087,000	82.7%*	*12.1%***	7,888,000	70.8%	413,000	46.7%
Most Recent Era of Active-Duty Service									
September 2001 or Later	2,239,000	18.0%	291,000	22.1%*	*13.0%***	1,948,000	17.5%	152,000	17.3%
August 1990 to August 2001 (including Persian Gulf War)	2,455,000	19.7%	279,000	21.2%*	*11.4%***	2,176,000	19.5%	130,000	14.7%
September 1980 to July 1990	2,256,000	18.1%	306,000	23.3%*	*13.6%***	1,950,000	17.5%	122,000	13.8%
May 1975 to August 1980	1,226,000	9.8%	141,000	10.7%*	*11.5%***	1,085,000	9.7%	87,000	9.9%
Vietnam Era or Earlier (February 1955 to April 1975)^	4,280,000	34.4%	297,000	22.6%*	*6.9%*	3,983,000	35.7%	392,000	44.4%
Age									
19 to 24	329,000	2.6%	80,000	6.1%*	*24.4%***	249,000	2.2%	22,000	2.4%
25 to 34	1,377,000	11.1%	240,000	18.3%*	*17.4%***	1,138,000	10.2%	113,000	12.8%
35 to 44	2,176,000	17.5%	278,000	21.1%*	*12.8%***	1,898,000	17.0%	108,000	12.2%
45 to 54	3,291,000	26.4%	370,000	28.2%*	*11.2%***	2,921,000	26.2%	204,000	23.1%
55 to 64^	5,282,000	42.4%	346,000	26.3%*	*6.5%*	4,936,000	44.3%	436,000	49.4%
Sex									
Male^	11,137,000	89.4%	1,188,000	90.4%*	*10.7%*	9,949,000	89.3%	801,000	90.7%
Female	1,319,000	10.6%	126,000	9.6%*	*9.5%***	1,193,000	10.7%	82,000	9.3%
Race/ Ethnicity									
Hispanic	867,000	7.0%	112,000	8.5%*	*12.9%***	755,000	6.8%	63,000	7.2%
White Only^	9,308,000	74.7%	924,000	70.4%*	*9.9%*	8,384,000	75.2%	621,000	70.4%
Black Only	1,781,000	14.3%	212,000	16.1%*	*11.9%***	1,569,000	14.1%	163,000	18.4%
Asian/Pacific Islander Only	187,000	1.5%	18,000	1.4%	*9.6%*	169,000	1.5%	7,000	0.8%
American Indian/Alaskan Native Only	97,000	0.8%	21,000	1.6%*	*21.3%***	76,000	0.7%	9,000	1.0%
Other/Multiple	216,000	1.7%	27,000	2.1%	*12.6%***	189,000	1.7%	19,000	2.2%
Individual Education Status									
Less than High School	483,000	3.9%	87,000	6.6%*	*18.0%***	396,000	3.6%	52,000	5.9%
High School Graduate or Equivalent	3,564,000	28.6%	535,000	40.7%*	*15.0%***	3,030,000	27.2%	291,000	32.9%
Some College	4,000,000	32.1%	441,000	33.6%*	*11.0%***	3,559,000	31.9%	325,000	36.8%
Associate Degree	1,411,000	11.3%	111,000	8.4%*	*7.9%***	1,300,000	11.7%	97,000	11.0%
Bachelor's Degree or Greater^	2,997,000	24.1%	140,000	10.7%*	*4.7%*	2,857,000	25.6%	118,000	13.4%
Individual Work Status									
Full-Time Worker^	7,542,000	60.6%	524,000	39.9%*	*6.9%*	7,018,000	63.0%	241,000	27.3%
Part-Time Worker	1,049,000	8.4%	199,000	15.2%*	*19.0%***	850,000	7.6%	107,000	12.1%
Unemployed	938,000	7.5%	307,000	23.4%*	*32.7%***	631,000	5.7%	152,000	17.2%
Not in Labor Force	2,926,000	23.5%	284,000	21.6%*	*9.7%***	2,642,000	23.7%	382,000	43.3%
Individual Marital Status									
Married^	8,237,000	66.1%	549,000	41.8%*	*6.7%*	7,687,000	69.0%	366,000	41.4%
Not Married	4,219,000	33.9%	764,000	58.2%*	*18.1%***	3,454,000	31.0%	517,000	58.6%
Family Income (MAGI)									
0%-138% FPL	2,628,000	21.2%	632,000	48.8%*	*24.0%***	1,996,000	18.0%	449,000	51.9%
138%-399% FPL	4,532,000	36.6%	519,000	40.1%*	*11.5%***	4,013,000	36.2%	327,000	37.8%
400%+ FPL^	5,218,000	42.2%	144,000	11.1%*	*2.8%*	5,073,000	45.8%	90,000	10.4%

Notes: Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Nonelderly veterans are ages 19 to 64. Column Percentages provide the share of the Uninsured, Insured, or VA Coverage Only group that is in each subgroup; Uninsurance Rates refer to the share of each subgroup that is uninsured, i.e., lacks comprehensive coverage and does not use VA health services. While the Uninsured and Insured columns are mutually exclusive, the Insured column includes the VA Coverage Only group. (*) indicates that the insured percentage is signficantly different from the uninsured percentage at the 0.01 level. (**) indicates that the group's uninsured rate is significantly different from the reference group at the 0.10 level; (^) indicates the reference group. MAGI is modified adjusted gross income, which approximates potential eligibility for expanded Medicaid coverage or subsidized exchange coverage under the ACA. Estimates are rounded to the nearest thousand.

Table 3. Characteristics of Veterans' Nonelderly Family Members, by Insurance Status, 2010

	Uninsured			Insured	
	Number	Column Percentage	*Uninsurance Rate*	Number	Column Percentage
Total	**948,000**	**100.0%**	***7.4%***	**11,845,000**	**100.0%**
Functional Limitation					
Has Functional Limitation	99,000	10.4%*	*10.4%***	857,000	7.2%
Ambulatory Difficulty	55,000	5.8%*	*11.2%***	432,000	3.6%
Cognitive Difficulty	36,000	3.8%*	*9.3%***	357,000	3.0%
Independent Living Difficulty	27,000	2.9%*	*10.0%***	245,000	2.1%
Self-care Difficulty	14,000	1.4%	*7.8%*	159,000	1.3%
Hearing Difficulty	16,000	1.6%*	*10.1%***	139,000	1.2%
Vision Difficulty	19,000	2.0%*	*13.6%***	121,000	1.0%
No Functional Limitation^	849,000	89.6%*	*7.2%*	10,989,000	92.8%
Age					
0 to 18	290,000	30.6%*	*5.1%***	5,416,000	45.7%
19 to 24	89,000	9.4%*	*14.9%***	506,000	4.3%
25 to 34	84,000	8.9%*	*12.5%***	591,000	5.0%
35 to 44	119,000	12.5%*	*9.1%***	1,186,000	10.0%
45 to 54	185,000	19.5%*	*9.4%***	1,779,000	15.0%
55 to 64^	181,000	19.1%*	*7.1%*	2,367,000	20.0%
Sex					
Male^	218,000	23.0%*	*6.4%*	3,190,000	26.9%
Female	730,000	77.0%*	*7.8%***	8,655,000	73.1%
Race/ Ethnicity					
Hispanic	110,000	11.6%*	*8.7%***	1,152,000	9.7%
White Only^	647,000	68.3%*	*7.1%*	8,510,000	71.8%
Black Only	117,000	12.4%	*8.1%***	1,338,000	11.3%
Asian/Pacific Islander Only	23,000	2.5%	*6.4%*	344,000	2.9%
American Indian/Alaskan Native Only	19,000	2.0%*	*19.4%***	78,000	0.7%
Other/Multiple	32,000	3.3%	*7.0%*	424,000	3.6%
Family Education Status					
Less than High School	30,000	3.2%*	*23.1%***	100,000	0.8%
High School Graduate or Equivalent	244,000	25.8%*	*12.8%***	1,664,000	14.0%
Some College	367,000	38.7%*	*9.5%***	3,503,000	29.6%
Associate Degree	124,000	13.1%*	*6.6%***	1,769,000	14.9%
Bachelor's Degree or Greater^	183,000	19.3%*	*3.7%*	4,811,000	40.6%
Family Work Status					
Full-Time Worker^	572,000	60.3%*	*5.6%*	9,702,000	81.9%
Part-Time Worker	195,000	20.6%*	*13.0%***	1,306,000	11.0%
Unemployed or Not in Labor Force	181,000	19.1%*	*17.8%***	837,000	7.1%
Family Marital Status					
Married^	828,000	87.4%*	*7.1%*	10,828,000	91.4%
Not Married	119,000	12.6%*	*10.5%***	1,018,000	8.6%
Family Income (MAGI)					
0%-138% FPL	336,000	35.5%*	*18.6%***	1,471,000	12.4%
138%-399% FPL	464,000	49.0%*	*8.8%***	4,816,000	40.7%
400%+ FPL^	147,000	15.5%*	*2.6%*	5,559,000	46.9%

Notes: Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Family members of veterans are defined in the appendix. Column Percentages provide the share of the the Uninsured or Insured group that is in each subgroup; Uninsurance Rates refer to the share of each subgroup that is uninsured, i.e., lacks comprehensive coverage and does not use VA health services. (*) indicates that the insured percentage is signficantly different from the uninsured percentage at the 0.01 level. (**) indicates that the group's uninsured rate is significantly different from the reference group at the 0.10 level; (^) indicates the reference group. MAGI is modified adjusted gross income, which approximates potential eligibility for expanded Medicaid coverage or subsidized exchange coverage under the ACA. Estimates are rounded to the nearest thousand.

Characteristics of Veterans' Uninsured Family Members. As shown in Table 3, uninsured family members of veterans have higher rates of functional limitations (10.4 percent) than the insured family members of veterans (7.2 percent), the opposite pattern than among the veterans themselves. While most children of veterans are insured, nearly a third (30.6 percent) of uninsured family members are children. The uninsured in veterans' families, like the uninsured veterans themselves, are less likely to have a full-time worker in the family (60.3 percent compared with 81.9 percent). Their family incomes are also much lower than those with insurance coverage, and many veterans' uninsured family members will also be eligible for expanded Medicaid coverage under the ACA, with 35.5 percent below 138 percent of the FPL. Another 49.0 percent are between 138 and 400 percent of the FPL and could potentially qualify for subsidized exchange coverage if they do not have access to affordable ESI coverage.[25]

State Variation in Uninsurance Among Veterans and Family Members. Veterans in four states (Massachusetts, Hawaii, Vermont, and North Dakota) have uninsurance rates below 6 percent, with the lowest at 4.3 percent,[26] and veterans in another four states (Connecticut, Maryland, Virginia, and Minnesota) have uninsurance rates below 7 percent (Table 4). Meanwhile, four states (Louisiana, Oregon, Idaho and Montana) have uninsured rates for veterans over 14 percent, and another six states (Florida, Texas, Mississippi, Wyoming, Arkansas and Oklahoma) have uninsured rates over 13 percent, with the highest rate at 17.3 percent.[27] There are more than 100,000 uninsured veterans in each of three states (California, Florida, and Texas), with the highest number in Texas (130,000). The table also shows that the pattern of state variation in uninsurance rates remains similar when adjusting for the differences across states in the observed socioeconomic and demographic characteristics of veterans. For almost all of the states with significantly lower/higher uninsured rates for veterans relative to the rest of the nation, the state's uninsured rate remained significantly lower/higher when controlling for these differences, suggesting that the state variation in uninsurance among veterans is not explained by the observed differences in the characteristics of veterans in different states. A variety of factors, including Medicaid eligibility thresholds for adults, the characteristics of labor market, and the proximity of veterans to VA facilities, may contribute to variation across states in uninsurance rates among veterans.

In general, state uninsurance rates for veterans are correlated with uninsurance rates for their family members.[28] While the national uninsurance rate for veterans and their families is 9.0 percent, this varies across individual states, ranging from 3.0 percent to 15.7 percent. Of the total 2.3 million uninsured veterans and family members, more than 600,000 reside in one of three large states—California, Florida, and Texas. (Appendix Table 2 provides 95 percent confidence intervals for the state estimates of the numbers of uninsured veterans and their family members, and Appendix Table 3 provides the number and percentage with VA coverage only across states.)

Variation in Uninsurance across State Groupings. We find higher uninsurance rates among veterans and their family members in states that have taken only limited steps toward implementing exchanges under the ACA (Table 5).[29] For veterans, the uninsured rate is 12.3 percent in the group of states that have made the least progress with respect to exchange implementation, compared with 9.6 and 9.8 percent for veterans in the group of states that have made the most progress with respect to exchange implementation and those that have made moderate progress, respectively. For veterans and their family members combined, uninsurance is 10.8 percent in the states that have made the least progress, compared with 7.9 percent and 8.2 percent for the states that have made the most progress and that have made moderate progress, respectively. Overall, nearly half a million uninsured veterans (487,000)—and nearly 900,000 uninsured veterans and their family members in total (or nearly 40 percent of this population)—live in the states that have taken little or no action toward implementing health insurance exchanges.

Access to Care among Veterans and Family Members. Analysis of the 2009 and 2010 NHIS indicates that uninsurance among veterans and their family members is associated with greater access problems (Table 6). Nationally, 41.2 percent of uninsured veterans reported unmet medical needs, 39.5 percent reported unmet dental needs, and 33.7 percent reported delaying care due to cost. For all these indicators, uninsured veterans report significantly more unmet and delayed needs than their insured counterparts. Some uninsured veterans appear to have health problems: 33.0 percent have at least one chronic health condition; 15.3 percent are in fair or poor health; 15.9 percent are limited because of physical, mental, or emotional problems; and 40.1 percent reported experiencing negative feelings that interfered with their activities.[30]

Access problems were also found among veterans' uninsured family members: More than half (54.8 percent) reported unmet medical needs, 36.3 percent reported unmet dental needs, and 44.1 percent reported delaying care due to cost, significantly higher than the rates for those with insurance coverage, of whom only 12.3 percent reported unmet medical needs, 10.5 percent reported unmet dental needs, and 7.6 percent reported delaying care due to cost. Among uninsured family members of veterans, 15.5 percent are in fair or poor health and 11.6 percent are limited because of physical, mental, or emotional problems.

Discussion

In 2010, 10.5 percent of all nonelderly veterans were uninsured. While veterans are less likely than the rest of the nonelderly population to be uninsured, there are an estimated 1.3 million uninsured veterans nationwide.

Table 4. Number and Percentage without Insurance Coverage, Nonelderly Veterans and Veterans' Nonelderly Family Members, by State, 2009–2010

		Veterans				Family Members of Veterans		Veterans and Their Families	
	Exchange Implementation	Number Uninsured	Uninsurance Rate	Difference from Rest of U.S.	Adjusted Difference from Rest of U.S.	Number Uninsured	Uninsurance Rate	Number Uninsured	Uninsurance Rate
Massachusetts	*1*	9,000	4.3%*	-6.4%**	-5.7%**	3,000	1.6%*	12,000	3.0%*
Hawaii	*1*	3,000	5.1%*	-5.5%**	-5.1%**	2,000	2.8%*	5,000	3.9%*
Vermont	*1*	1,000	5.3%*	-5.3%**	-5.0%**	1,000	4.3%*	3,000	4.8%*
North Dakota	*3*	2,000	5.9%*	-4.7%**	-2.9%**	1,000	4.1%*	3,000	4.9%*
Connecticut	*1*	7,000	6.0%*	-4.7%**	-3.4%**	3,000	3.0%*	10,000	4.5%*
Maryland	*1*	18,000	6.5%*	-4.2%**	-1.4%**	8,000	2.8%*	25,000	4.6%*
Virginia	*2*	34,000	6.8%*	-3.9%**	-1.0%**	22,000	4.0%*	56,000	5.4%*
Minnesota	*2*	15,000	6.9%*	-3.7%**	-2.9%**	13,000	6.0%*	28,000	6.5%*
Wisconsin	*2*	17,000	7.1%*	-3.6%**	-3.7%**	11,000	4.5%*	29,000	5.8%*
New York	*2*	37,000	7.4%*	-3.3%**	-3.4%**	23,000	4.8%*	60,000	6.1%*
Iowa	*2*	10,000	7.9%*	-2.7%**	-2.0%**	6,000	3.8%*	16,000	5.8%*
Delaware	*2*	4,000	8.0%*	-2.6%**	-2.1%*	2,000	5.2%	6,000	6.6%*
District of Columbia	*1*	1,000	8.2%	-2.4%	-3.4%*	---	---	2,000	6.2%*
Rhode Island	*1*	3,000	8.5%	-2.1%*	-2.0%*	2,000	4.7%	5,000	6.7%*
New Jersey	*2*	19,000	8.5%*	-2.1%**	-1.3%**	11,000	4.7%*	29,000	6.6%*
Nebraska	*2*	7,000	8.5%*	-2.1%**	-0.7%	5,000	5.0%*	12,000	6.6%*
New Hampshire	*3*	5,000	8.5%*	-2.1%**	-0.3%	4,000	6.3%	10,000	7.4%*
Pennsylvania	*2*	47,000	9.2%*	-1.4%**	-1.7%**	30,000	5.5%*	77,000	7.3%*
Colorado	*1*	24,000	10.0%	-0.6%	0.4%	17,000	6.3%*	41,000	8.1%
California	*1*	108,000	10.0%*	-0.6%**	-1.1%**	71,000	6.5%*	180,000	8.2%*
Maine	*2*	7,000	10.1%	-0.5%	-0.7%	4,000	5.1%*	11,000	7.7%
Washington	*1*	37,000	10.1%	-0.5%	0.7%*	23,000	6.4%*	60,000	8.2%*
Illinois	*2*	43,000	10.1%	-0.5%	-1.0%**	25,000	5.6%*	68,000	7.8%*
Ohio	*3*	52,000	10.3%	-0.3%	-1.5%**	35,000	6.8%	87,000	8.6%
Missouri	*2*	30,000	10.5%	-0.1%	-0.5%	22,000	7.2%	52,000	8.8%
Arizona	*2*	32,000	10.6%	0.0%	-0.3%	24,000	7.9%	55,000	9.2%
Kentucky	*2*	22,000	11.0%	0.4%	0.2%	19,000	9.1%*	41,000	10.0%*
Alabama	*2*	27,000	11.0%	0.5%	1.0%*	20,000	7.7%	47,000	9.4%
Michigan	*2*	44,000	11.4%*	0.9%**	-0.8%**	29,000	7.4%	73,000	9.4%
South Dakota	*3*	4,000	11.5%	0.9%	1.7%	4,000	9.6%	8,000	10.5%
Utah	*1*	10,000	11.7%	1.1%	0.8%	10,000	8.5%	20,000	9.9%
Kansas	*3*	15,000	11.7%	1.2%	1.3%*	10,000	7.7%	25,000	9.7%
North Carolina	*2*	54,000	11.8%*	1.3%**	1.0%**	43,000	8.7%*	97,000	10.2%*
Tennessee	*2*	35,000	11.9%*	1.3%**	1.0%**	20,000	6.9%	56,000	9.3%
Indiana	*1*	33,000	12.0%*	1.4%**	0.2%	24,000	8.1%	58,000	10.0%*
Nevada	*1*	16,000	12.1%	1.6%*	0.9%	14,000	11.1%*	30,000	11.6%*
Georgia	*3*	56,000	12.2%*	1.7%**	1.6%**	42,000	8.3%*	98,000	10.2%*
West Virginia	*1*	11,000	12.4%	1.9%*	1.2%	9,000	9.4%*	20,000	10.9%*
Alaska	*3*	7,000	12.5%	1.9%	3.4%**	6,000	10.1%	13,000	11.2%
South Carolina	*3*	30,000	12.5%*	1.9%**	1.5%**	23,000	9.1%*	53,000	10.7%*
New Mexico	*2*	13,000	12.7%*	2.2%**	1.5%*	7,000	7.3%	20,000	10.1%
Florida	*3*	106,000	13.0%*	2.6%**	1.7%**	81,000	10.2%*	186,000	11.6%*
Texas	*3*	130,000	13.1%*	2.7%**	3.1%**	118,000	10.8%*	248,000	11.9%*
Mississippi	*2*	16,000	13.3%*	2.8%**	2.2%**	13,000	10.1%*	29,000	11.7%*
Wyoming	*3*	5,000	13.4%	2.8%*	4.0%**	3,000	7.6%	7,000	10.4%
Arkansas	*3*	20,000	13.6%*	3.1%**	2.3%**	17,000	11.0%*	37,000	12.3%*
Oklahoma	*3*	26,000	13.8%*	3.3%**	3.2%**	23,000	11.9%*	49,000	12.8%*
Louisiana	*3*	27,000	14.1%*	3.5%**	3.2%**	19,000	9.6%*	46,000	11.8%*
Oregon	*1*	27,000	14.3%*	3.8%**	2.5%**	18,000	9.6%*	45,000	12.0%*
Idaho	*2*	10,000	14.8%*	4.2%**	3.4%**	8,000	10.4%*	19,000	12.5%*
Montana	*3*	9,000	17.3%*	6.7%**	5.3%**	7,000	14.0%*	16,000	15.7%*

Notes: Based on the 2009 and 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Nonelderly veterans are ages 19 to 64. Family members of veterans are defined in the appendix. (*) indicates the state rate is significantly different from the national average at the 0.05 level. Exchange implementation groupings are derived from Blavin, Buettgens, and Roth (2012) and are as follows: (1) Most Progress—the 15 states that have made the greatest progress either through enacting establishment legislation or via executive order; (2) Moderate Progress—the 21 states that have expressed intent to develop an exchange, or that have received a federal establishment grant; and (3) Least Progress—the 15 states that have made the least progress, including some states that have created a study entity/planning committee and others in which legislative action was not taken or did not pass. Estimates are rounded to the nearest thousand. Adjusted differences control for socioeconomic and demographic characteristics of veterans. Uninsurance indicates the person lacks comprehensive coverage and does not use VA health services.

Table 5. Number and Percentage without Insurance Coverage, Nonelderly Veterans and Veterans' Nonelderly Family Members, According to State Progress with Respect to Exchange Implementation Under the ACA, 2010

	Veterans		Family Members of Veterans		Veterans and Their Families	
	Number Uninsured	Uninsurance Rate	Number Uninsured	Uninsurance Rate	Number Uninsured	Uninsurance Rate
United States	**1,314,000**	**10.5%**	**948,000**	**7.4%**	**2,262,000**	**9.0%**
Exchange Implementation						
Most Progress	303,000	9.6%*	197,000	6.2%*	500,000	7.9%*
Moderate Progress	524,000	9.8%*	365,000	6.6%*	889,000	8.2%*
Least Progress	487,000	12.3%*	386,000	9.4%*	873,000	10.8%*

Notes: Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Nonelderly veterans are ages 19 to 64. Family members of veterans are defined in the appendix. (*) indicates the exchange implementation group's rate is significantly different from the national average at the 0.05 level. Exchange implementation groupings are derived from Blavin, Buettgens, and Roth (2012) and are as follows: (1) Most Progress—the 15 states that have made the greatest progress either through enacting establishment legislation or via executive order; (2) Moderate Progress—the 21 states that have expressed intent to develop an exchange, or that have received a federal establishment grant; and (3) Least Progress—the 15 states that have made the least progress, including some states that have created a study entity/planning committee and others in which legislative action was not taken or did not pass. Estimates are rounded to the nearest thousand. Uninsurance indicates the person lacks comprehensive coverage and does not use VA health services.

Table 6. Unmet and Delayed Medical Needs and Health Problems, Nonelderly Veterans and Veterans' Nonelderly Family Members, by Insurance Status, 2009–2010

	Veterans		Family Members of Veterans	
	Uninsured	Insured	Uninsured	Insured
Any Unmet (nondental) Health Needs	41.2%**	12.7%	54.8%**	12.3%
Unmet Dental Needs	39.5%**	11.4%	36.3%**	10.5%
Delayed Care Due to Cost	33.7%**	8.4%	44.1%**	7.6%
Has a Chronic Condition+	33.0%**	49.1%	--	--
Is in Fair or Poor Health	15.3%	16.3%	15.5%*	7.2%
Limited Because of Physical, Mental or Emotional Problems	15.9%**	21.2%	11.6%	11.9%
Negative Feelings Interfered with Life/Activities, a Lot/Some of Last 30 Days	40.1%	34.0%	--	--

Notes: Based on the 2009 and 2010 National Health Interview Survey. Indicators for unmet needs and delayed care refer to problems in access over the past 12 months. *(**) indicates that the insured percentage is signficantly different from the uninsured percentage at the 0.05(0.01) level. (+) indicates person has one or more of the following health problems: asthma, diabetes, emphysema, heart disease or condition, hypertension, stroke, or weak/failing kidneys. Indicators for emphysema, hypertension, stroke, weak/failing kidneys, and negative feelings interfering with life/activities are not available for children, so estimates for chronic conditions and negative feelings interfering with life/activities are not shown for family members of veterans. Uninsurance indicates the person lacks comprehensive coverage and does not use VA health services.

Uninsured rates among veterans vary across states: For example, four states have uninsurance rates below six percent, and four states have uninsurance rates higher than 14 percent. This variation remained even after controlling for differences in veterans' characteristics across states. Uninsurance appears higher among veterans who live in states that have thus far done the least to implement health insurance exchanges under the ACA. A number of uninsured veterans have functional limitations, and many are experiencing difficulties getting access to needed health care. When family members of veterans are considered, the uninsured total rises to 2.3 million. In addition, another 0.9 million veterans use VA health care but have no other coverage.

We find that uninsured veterans have served more recently, are younger, are less likely to be married, have lower levels of educational attainment, and have less connection to the labor force than insured veterans, which likely constrains their access to employer-based health insurance coverage. Although under current rules, nearly all uninsured veterans and the majority of their uninsured family members do not qualify for comprehensive Medicaid coverage, increased Medicaid enrollment among the uninsured who are currently eligible would lower their uninsurance rate. Greater use of the VA system could also address some of the unmet needs among veterans.[31]

It appears that the ACA could offer new routes to health insurance coverage for veterans and their family members. Fully 48.8 percent of uninsured veterans and 35.5 percent of their uninsured family members have incomes below 138 percent of the FPL, indicating that they would likely qualify for coverage once the Medicaid expansion is implemented in January 2014. In addition, more than half of veterans reporting only VA care could qualify for Medicaid to supplement their VA care under the expansion that is slated under the ACA. Another 40.1 percent and 49.0 percent of uninsured veterans and family members, respectively, have incomes that could allow them to qualify for new subsidies for coverage through health insurance exchanges provided they do not have access to affordable ESI.

Expanded coverage among these groups will not solve every access problem. For example, the problems that uninsured veterans report with unmet dental needs are not directly addressed by the ACA. In addition, while insurance coverage is associated with increased access to care,[32] additional interventions may be needed in order to address access gaps. For example, some of the veterans who lack coverage and are experiencing access problems may have specialized

health needs or different attitudes toward health insurance coverage or public benefits relative to the veterans that currently use the VA or who have other forms of health insurance coverage. Furthermore, a number of issues will need to be addressed under ACA implementation to minimize disruptions in the health care of nonelderly veterans.[33] For instance, for those with VA coverage, "dual use" of both VA and non-VA care is common, and while this is associated with greater provider choice and can help patients find the most appropriate care to meet their particular health needs, it can result in fragmentation of care.[34] When increased coverage options become available under the ACA, targeted assistance to veterans using the VA system may be needed to help them make informed choices that do not disrupt the care they have been receiving.

As with other groups, the ACA has the potential to reduce uninsurance among veterans and their family members. Achieving access improvements will depend on timely enrollment of uninsured veterans and their family members in coverage, and on the extent to which the service delivery system can accommodate their health care needs. However, uninsurance among veterans and their family members is significantly higher in the states that have made the least progress toward implementing exchange coverage. Moreover, these states are home to nearly 40 percent of all uninsured veterans and family members. The extent to which the ACA can achieve dramatic reductions in uninsurance among veterans and their families will depend on aggressive ACA implementation and outreach efforts nationwide.

Endnotes

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2 Congressional Budget Office, *Quality Initiatives Undertaken by the Veterans Health Administration,* Publication No. 3234 (Washington, DC: Congressional Budget Office, 2009).

3 Veterans are classified into Priority Groups (1 through 8) based on compensable service-related disabilities or conditions acquired during service, their income level, and other factors; for some groups, such as those with no service-related disabilities and with higher incomes, capacity and funding restrictions can limit enrollment. Congressional Budget Office, *Potential Costs of Veterans' Health Care* (Washington, DC: Congressional Budget Office, 2010), http://www.cbo.gov/publication/21773; Kaiser Family Foundation, *Military and Veterans' Health Care: Background Brief*; Congressional Budget Office, *The Health Care System for Veterans: An Interim Report,* Publication No. 3016 (Washington, DC: Congressional Budget Office, 2007, http://www.cbo.gov/ftpdocs/88xx/doc8892/12-21-VA_Healthcare.pdf); S.V. Panangala, *Veterans Medical Care: FY 2010 Appropriations* (Washington, DC: Congressional Research Service Report for Congress, 2010), http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA513830; U.S. Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents and Survivors: Chapter 1 VA Health Care Benefits* (Washington, DC: U.S. Department of Veterans Affairs, 2011), http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp.

In addition, there appears to be low understanding among some groups of veterans of the health benefits available to them (Westat, *National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses: Final Report.* Submitted to Department of Veterans Affairs (Rockville, MD: Westat, 2010), http://www.va.gov/vetdata/docs/SurveysAndStudies/NVSSurveyFinalWeightedReport.pdf).

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9 Himmelstein et al., 2007; Jonk et al., 2005; Nelson et al., 2007.

10 Westat, 2012.

11 Kaiser Family Foundation, *Determining Income for Adults Applying for Medicaid and Exchange Coverage Subsidies: How Income Measured With a Prior Tax Return Compares to Current Income at Enrollment,* Publication No. 8168 (Menlo Park, CA: Kaiser Family Foundation, 2011).

12 Congressional Budget Office, *Updated Estimates for the Insurance Coverage Provisions of the Affordable Care Act* (Washington, DC: Congressional Budget Office, 2012), http://www.cbo.gov/sites/default/files/cbofiles/attachments/03-13-Coverage%20Estimates.pdf.

13 The 2009 ACS, which is combined with the 2010 ACS for state-level estimates, has a total of nearly 133,000 nonelderly veterans, ranging from 168 in the District of Columbia to 11,167 in California.

14 The 2010 CPS ASEC has 7,531 nonelderly veterans, the 2010 NHIS has 1,417, and the 2010 BRFSS has 25,647 (Urban Institute tabulations).

15 The Indian Health Service (IHS) is not typically counted as health insurance coverage because of limitations in the scope of available services and geographic reach of IHS facilities; thus, those indicated as only having IHS coverage were considered uninsured. See J. Turner and M. Boudreaux, "Health Insurance Coverage in the American Community Survey: A Comparison to Two Other Federal Surveys," in *Databases for Estimating Health Insurance Coverage for Children: A Workshop Summary* (Washington, DC: National Academies Press, 2010).

16 U.S. Department of Veterans Affairs, 2011.

17 For details on how states were grouped according to progress with exchange implementation, see F. Blavin, M. Buettgens, and J. Roth, *State Progress Toward Health Reform Implementation: Slower Moving States Have Much to Gain,* Timely Analysis of Immediate Health Policy Issues (Washington, DC: The Urban Institute, 2012).

18 As with other groups of the nonelderly, ESI is the most common form of coverage for veterans (62.6 percent). In addition, 15.3 percent report that they use VA facilities or have military-related coverage. The remainder have Medicaid (6.3 percent), Medicare (2.7 percent), or private nongroup coverage (2.5 percent). Similarly, the health insurance coverage of family members of veterans is most commonly ESI (70.0 percent), followed by Medicaid (11.2 percent), military coverage (8.0 percent), private nongroup coverage (2.7 percent), and Medicare (0.7 percent).

19 We also examined national estimates of uninsured veterans and their family members

using the 2009 ACS. The estimates were consistent with 2010, with 1.3 million uninsured veterans (an uninsurance rate of 10.6 percent) and 961,000 uninsured family members (an uninsurance rate of 7.3 percent).

20 This estimate is relatively close to those from other surveys; for instance, the 2010 CPS ASEC estimates there are 713,000 veterans ages 19-64 with only VA coverage, and the 2010 NHIS estimates 1,099,000 (Urban Institute tabulations).

21 These groups are mostly mutually exclusive—just 1.2 percent of uninsured veterans report both a service-related disability and a functional limitation (data not shown).

22 We find that eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage is higher for family members of veterans at 25.5 percent, due to more expansive eligibility criteria for children. Medicaid eligibility for the total nonelderly adult uninsured population is 10.9 percent, similar to the rate for nonelderly uninsured veterans. For details on how eligibility was assigned, see Kenney et al., Draft Manuscript 2012; and G. Kenney, V. Lynch, J. Haley, M. Huntress, D. Resnick, and C. Coyer, *Gains for Children: Increased Participation in Medicaid and CHIP in 2009* (Washington, DC: The Urban Institute and Robert Wood Johnson Foundation, 2011), http://www.rwjf.org/files/research/20110816coveragegainsforkidsfull.pdf.

23 This is an upper bound; data are not available to indicate how many of this group have an offer of affordable ESI and and thus would be ineligible for subsidies under the ACA.

24 An additional 37.8 percent are above the ACA's Medicaid threshold but below 400 percent of the FPL. However, although veterans receiving VA health care will be allowed to enroll in exchange coverage under the ACA, it seems this coverage may not be subsidized because of their VA enrollment, while it appears that veterans not receiving VA care may be eligible for subsidized coverage should they meet the income qualifications and affordability test. Manatt Health Solutions, *Overview and Analysis of Proposed Exchange, Medicaid and IRS Regulations Issued on August 12, 2011,* Robert Wood Johnson Foundation Issue Brief (State Health Reform Assistance Network, 2011; National Conference of State Legislatures, *American Health Benefit Exchanges* (2012), http://www.ncsl.org/issues-research/health/american-health-benefit-exchanges.aspx); "Proposed Rules: Minimum Essential Coverage: Government-Sponsored Coverage," Federal Register Vol. 76, No. 159 (17 August 2011), p. 50934.

25 The income levels of veterans' uninsured family members are higher than for uninsured veterans, because the uninsured veterans who have no nonelderly family members living with them have lower income levels, on average, than those with family members in their household.

26 While the estimated uninsurance rate for veterans in Massachusetts is the lowest at 4.3 percent, it is not significantly different from the rates for Hawaii, Vermont, or North Dakota (at the 0.05 significance level).

27 While the estimated uninsurance rate for veterans in Montana is the highest at 17.3 percent, it is not significantly different from the rates for Alaska, Mississippi, Wyoming, Arkansas, Oklahoma, Louisiana, Oregon, or Idaho (at the 0.05 significance level).

28 The correlation coefficient between state uninsurance rates for veterans and state uninsurance rates for their family members is 0.93.

29 State variation in uninsurance rates also seems to be related to states' Medicaid eligibility levels, with lower rates of uninsurance, in general, among states with more generous Medicaid eligibility thresholds (see Kenney et al., Draft Manuscript 2012, for a discussion of how eligibility rates are related to Medicaid eligibility thresholds across states).

30 Additional tabulations of the NHIS, not shown, also suggest that veterans reporting only VA use and no other coverage report more unmet or delayed medical needs than those who have VA coverage in combination with other coverage or who rely on other forms of health insurance coverage. However, they report fewer unmet or delayed needs than uninsured veterans, which is striking considering their greater reported health needs. Because these tabulations were exploratory, further analysis is needed to fully investigate access to care among those using VA services.

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32 Institute of Medicine, 2009; A. Finkelstein, S. Taubman, B. Wright, et al., *The Oregon Health Insurance Experiment: Evidence from the First Year,* NBER Working Paper Series, Working Paper 17190 (Cambridge, MA: National Bureau of Economic Research, 2011), http://www.nber.org/papers/w17190.

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34 Congressional Budget Office, 2009; S. J. Borowsky and D. C. Cowper, "Dual Use of VA and Non-VA Primary Care," *Journal of General Internal Medicine* 14(5):274-280, 1999; B. J. Kramer, R. L. Vivrette, D. E. Satter, S. Jouldijan, and L. R. McDonald, "Dual Use of Veterans Health Administration and Indian Health Service: Healthcare Provider and Patient Perspectives," *Journal of General Internal Medicine* 24(6):758-764, 2009. C. F. Liu, M. Chapko, C. L. Bryson, J. F. Burgess, J. C. Fortney, M. Perkins, N. D. Sharp, and M. L. Maciejewski, "Use of Outpatient Care in VA and Medicare among Veterans Receiving Primary Care in Community-based and Hospital Outpatient Clinics," *Health Services Research* 45(5 Part I): 1268-1286, 2010. C. F. Liu, M. Chapko, C. L. Bryson, J. F. Burgess, M. Perkins, N. D. Sharp, and M. L. Maciejewski, "Use of Outpatient Care in VA and Medicare among Disability-Eligible and Age-Eligible Veterans," *BMC Health Services Research* 12(1): 51, 2012. C. F. Liu, W. G. Manning, J. F. Burgess, C. L. Bryson, J. C. Fortney, M. Perkins, N. D. Sharp, and M. L. Maciejewski, "Reliance on VA for Outpatient Services by Medicare-eligible Veterans," *Medical Care* 49(10): 911-917, 2011.

Appendix

Data Source. National estimates are derived from the 2010 American Community Survey (ACS), an annual survey fielded by the U.S. Census Bureau. State-level estimates use pooled 2009 and 2010 samples for greater precision. We use an augmented version of the ACS prepared by the University of Minnesota Population Center, known as the Integrated Public Use Microdata Sample (IPUMS), which uses the public use sample of the ACS and contains edits for family relationships and other variables.[1] The 2010 ACS has a reported household response rate of 97.5 percent, ranging from 94.6 percent in Maryland to 99.0 percent in Indiana.[2] The survey uses an area frame that includes households with and without telephones (landline or cellular). It is a mixed-mode survey that starts with a mail-back questionnaire—for example, 52.7 percent of the civilian noninstitutionalized sample was completed by mail in the 2009 survey[3]—and is followed by telephone interviews for initial nonresponders, and further followed by in-person interviews for a subsample of remaining nonresponders.[4]

Measurement of Health Insurance Coverage. In 2008, a question was added to the ACS to ask the respondent about coverage of each individual in the household by any of the following types of health insurance or health coverage plans at the time of the survey:

a. Insurance through a current or former employer or union (of this person or another family member)

b. Insurance purchased directly from an insurance company (by this person or another family member)

c. Medicare, for people 65 and older, or people with certain disabilities

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

e. TRICARE or other military health care

f. VA (including those who have ever used or enrolled for VA health care)

g. Indian Health Service

h. Any other type of health insurance or health coverage plan—specify

Multiple types of coverage can be identified for each person, and people not identified as having coverage under categories *a* through *f* (or recoded to another category from the write-in option, category *h*) are considered uninsured.[5] We classify veterans as uninsured if they report neither using VA services nor having comprehensive health insurance coverage. Although some uninsured veterans could potentially qualify for VA health services,[6] the available data do not indicate how many uninsured veterans could enroll in VA coverage or live near a VA health care facility, nor why they do not report using VA care.

Following conventions, veterans reporting only VA coverage (i.e., reporting coverage in category *f* and no other category) are considered insured; for some analyses, we examine this group separately. (Although veterans receiving VA health care receive services through the VHA, we refer to this as VA coverage to remain consistent with the term used in the ACS questionnaire.)

Since the data are collected continuously over a 12-month period, the coverage estimates represent an average day in the calendar year. We applied a set of logical coverage edits if other information collected in the ACS implies that coverage for a sample case is misclassified; for instance, a low-income adult who does not have access to employer-sponsored insurance, is enrolled in another means-tested program, and reports private nongroup coverage but likely could not afford such coverage is reclassified as having Medicaid.[7]

Identification of Veterans and Their Family Members. The estimates presented here are based on the nonelderly civilian noninstitutionalized population.[8] Nonelderly veterans are identified as those ages 19 to 64 who had ever served in active duty but were no longer serving. Veterans were identified using the following question in the ACS:

- "Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? (Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.)" Nonelderly veterans are identified as those ages 19 to 64[9] with responses of "Yes, on active duty during the last 12 months, but not now" or "Yes, on active duty in past, but not during the last 12 months" to this question.

  Respondents were then asked two additional sets of questions about veterans' service:

  - "When did this person serve on active duty in the U.S. Armed Forces?" Respondents can indicate whether the person served in each of 11 different service periods; we categorized veterans by the most recent period for which they served and grouped the eras into five categories relevant for the nonelderly population.
  - "Does this person have a VA service-connected disability rating?" and, if yes, "What is this person's service-connected disability rating?" Veterans reported to have a service-connected disability rating of 10 percent or higher are identified as having a service-connected disability.[10]

In addition to identifying veterans, we identified members of veterans' families. Nonelderly members of veterans' families are those ages 0 to 64 who are not veterans but who live in a household with a 19- to 64-year-old veteran who is their spouse or biological, adoptive, or step-parent.[11] We therefore define "families" as the family groupings that would apply for private or public coverage together, known as the health insurance unit (HIU). Estimates for uninsured family members of veterans represent the total number of family members of veterans who are themselves without coverage (multiple family members can be connected to a

veteran; estimates represent individual family members of veterans).

Although some concerns have been raised about the wording of the veteran identification and follow-up questions on the ACS,[12] the ACS indicator seems reliable, as counts of veterans are fairly close to those derived from other sources. We performed a number of analyses to assess the reliability of the information available on the ACS. First, we compared the estimated number of veterans from the 2010 ACS to estimates derived from the National Health Interview Survey (NHIS) and the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) surveys conducted in the same year. Second, we examined the coverage patterns across all three surveys. Despite the differences in question wording when identifying veterans and other differences in the three surveys,[13,14] the national estimates are fairly comparable. We identified 12.5 million nonelderly veterans and 12.8 million nonelderly family members of veterans in the 2010 ACS. Tabulations from the 2010 NHIS and 2010 CPS ASEC generate similar counts of veterans, totaling 12.7 million in the NHIS and 11.7 million in the CPS ASEC, and of veterans' family members, totaling 14.5 million in the NHIS and 12.5 million in the CPS ASEC. The surveys also estimate fairly similar numbers of uninsured veterans and family members: The ACS identifies 1.3 million uninsured veterans and 0.9 million uninsured family members of veterans, while the 2010 NHIS and 2010 CPS ASEC each identify about 1.5 million uninsured veterans, as well as 1.1 million and 0.8 million uninsured family members of veterans, respectively.[15] Further detail on counts of veterans and their family members, and their coverage patterns, across the three surveys is shown in Appendix Table 1.[16] The fact that the ACS estimates for veterans and their family members benchmark fairly closely to those from the NHIS and the CPS ASEC raises confidence in their validity.

Other Characteristics and State Groupings. We assessed national patterns of uninsurance for veterans and their family members according to a number of personal and family characteristics (family characteristics refer to the characteristics of the HIU). For veterans, we examined service-related disability status and era of service, as described above. For veterans and their family members, we examined whether they had a functional limitation (experiencing cognitive difficulties, trouble performing tasks outside the home, physical limitations, difficulty caring for oneself, or vision or hearing difficulties), age, sex, race/ethnicity, educational attainment, work status, and marital status. The family-level variables for educational attainment, work status, and marital status used in Table 3 take the status of spouses into account for all married people, and the status of parent(s) into account for all unmarried children.[17]

We further calculated the family's modified adjusted gross income (MAGI) using an approach that approximates how income will be counted under the ACA according to the information that is currently available. To construct an adjusted version of MAGI on the ACS, appropriate to the ACA, we included income from wages, business, retirement, investments, and unemployment compensation as specified by the tax code. Because there is no information on unemployment compensation in the ACS, we imputed it based on a model developed in the CPS ASEC. We only include income for people in the tax unit and only count children's income if they are required to file a tax form. We then summed these amounts across the HIU and compared the HIU's income to poverty thresholds adjusted for family size and inflation and grouped individuals into three income categories: (1) those whose HIU income is less than or equal to 138 percent of the federal poverty level (FPL), reflecting the new Medicaid floor of 133 percent of the FPL and a standard 5 percent disregard that will apply; (2) those whose HIU income is between 138 percent and 400 percent of the FPL, the levels at which individuals without access to affordable ESI will receive tax credits for insurance purchased through a health insurance exchange, or (3) those whose HIU income is above 400 percent of the FPL.[18] We use these categories to approximate which individuals could potentially qualify for Medicaid coverage or exchange subsidies when the ACA is implemented.[19]

We also present national and state estimates of (1) the proportion and number of veterans who lack health insurance coverage; (2) the proportion and number of family members of veterans who lack health insurance coverage; and (3) the combined estimates for veterans and their family members. In addition, in order to assess the extent to which state variation in uninsurance among veterans might be due to differences in their characteristics across states, we examined how each state's uninsurance rate differed from the rate for the rest of the nation under two conditions: (1) before adjusting for differences in each state's veteran population, and (2) after adjusting for these differences (creating regression-adjusted estimates controlling for the socioeconomic and demographic characteristics of each state's veteran population).[20] (As explained above, estimates for individual states use pooled data from the 2009 and 2010 ACS for better precision.)

In addition, we assess patterns across three groups of states, which have been categorized according to how much progress they have made as of January 2011 in developing state-based health insurance exchanges in preparation for ACA implementation in 2014:[21] (1) Most Progress—the 15 states that have made the greatest progress either through enacting establishment legislation or via executive order; (2) Moderate Progress—the 21 states that have expressed intent to develop an exchange, or that have received a federal establishment grant; and (3) Least Progress—the 15 states that have made the least progress, including some states that have created a study entity/planning committee and others in which legislative action was not taken or did not pass.

Analysis of National Health Interview Survey. In order to assess

the potential associations between insurance coverage and health care access among veterans and their family members, we also analyzed measures of insurance coverage, access and health status from the 2009 and 2010 NHIS (two years of data were combined to allow adequate sample sizes of veterans, for a total sample size of 2,888 nonelderly veterans). We examined three measures of access among veterans and their family members: (1) any unmet (nondental) health needs (i.e., whether there was any time when the person needed medical care, including prescription medicines, mental health care or counseling, or eyeglasses, but did not get it because they could not afford it); (2) unmet dental needs (i.e., whether there was any time a person needed dental care, including checkups, during the past 12 months but did not get it because they could not afford it); and (3) any delay in getting needed care due to cost (i.e., whether there was any time when the person delayed medical care, not including dental care, because of worry about the cost). We also examined four measures of health problems: (1) having a chronic health condition (whether the person had been told by a doctor or other health professional that they had asthma, diabetes, emphysema, heart disease or condition, hypertension, stroke, or weak/failing kidneys); (2) being in fair or poor health (whether their self-reported health status was fair or poor, as opposed to excellent, very good, or good); (3) being limited in any way in activities because of physical, mental, or emotional problems; and (4) having negative feelings that interfered with life/activities (whether adults who, at least some of the time, have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days and said those feelings interfered with their life or activities a lot or some, as opposed to a little or not at all). Indicators for emphysema, hypertension, stroke, weak/failing kidneys, and negative feelings interfering with life/activities are not available for children, so estimates for chronic conditions and negative feelings interfering with life/activities are not shown for family members of veterans.

Analysis. All analyses were weighted, and standard errors were calculated using replicate weights that take into account the complex natures of the ACS and NHIS sample designs.

Limitations. As with all analyses of survey data, it is possible that there is measurement error in the indicators derived from the ACS that are used in our analysis. In particular, misreporting of health insurance status, veteran status, or income, which are self-reported or reported by another individual in the household, could affect the accuracy of these estimates. For example, while rates of VA coverage reported in the ACS are similar to those in the other surveys we examined, respondents' confusion regarding the wording of the VA question ("including those who have ever used or enrolled for VA health care") could affect reports of current VA use on the ACS. Other sources of potential measurement errors in our analysis relate to the identification of family members of veterans, estimates of current Medicaid eligibility, and our use of coverage edits that attempt to correct for potential misreporting of coverage on the ACS. In addition, the NHIS estimates, while suggestive of a relationship between health insurance coverage and access to care, do not provide evidence of a causal link between the two. The standard errors and confidence intervals derived for the state-level estimates based on the two year pooled ACS file may slightly overstate the standard errors compared to using a complete set of replicate weights.

Appendix Table 1. Insurance Coverage of Nonelderly Veterans and Veterans' Nonelderly Family Members, by Data Source, 2010

	Veterans						Family Members of Veterans					
	ACS		NHIS		CPS ASEC		ACS		NHIS		CPS ASEC	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total	12,456	100.0%	12,700	100.0%	11,741	100.0%	12,793	100.0%	14,500	100.0%	12,451	100.0%
Employer-Sponsored Insurance	7,800	62.6%	7,160	56.4%	7,494	63.8%	8,959	70.0%	9,480	65.4%	9,160	73.6%
Medicaid or Other Public	779	6.3%	561	4.4%	578	4.9%	1,431	11.2%	1,400	9.6%	1,001	8.0%
Medicare	341	2.7%	586	4.6%	438	3.7%	85	0.7%	209	1.4%	138	1.1%
Champus/Veterans/Military	1,912	15.3%	2,410	19.0%	1,311	11.2%	1,027	8.0%	1,500	10.4%	915	7.3%
Private Nongroup	310	2.5%	488	3.8%	428	3.6%	344	2.7%	822	5.7%	455	3.7%
Uninsured	1,314	10.5%	1,490	11.8%	1,492	12.7%	948	7.4%	1,080	7.5%	781	6.3%

Notes: Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS), 2010 National Health Interview Survey (NHIS), and 2010 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). ACS estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Numbers shown in thousands. Nonelderly veterans are ages 19 to 64. Family members of veterans are defined in the appendix. Insurance coverage is presented as a hierarchy in the order shown. Veterans are classified slightly differently on the three surveys: The ACS asks, "Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War." The CPS asks, "Did you ever serve on active duty in the U.S. Armed Forces?" The NHIS asks, "Have you/Has any family member, that is [list names], ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?"

Appendix Table 2. Number and Percentage without Insurance Coverage, Nonelderly Veterans and Veterans' Nonelderly Family Members, by State, 2009–2010

		Veterans				Family Members of Veterans				Veterans and Their Families			
	Exchange Implementation	Number Uninsured			Uninsurance Rate	Number Uninsured			Uninsurance Rate	Number Uninsured			Uninsurance Rate
			95% CI				95% CI				95% CI		
Massachusetts	1	9,000	7,000	10,000	4.3%*	3,000	2,000	4,000	1.6%*	12,000	10,000	14,000	3.0%*
Hawaii	1	3,000	2,000	5,000	5.1%*	2,000	1,000	3,000	2.8%*	5,000	4,000	7,000	3.9%*
Vermont	1	1,000	1,000	2,000	5.3%*	1,000	0,000	2,000	4.3%*	3,000	1,000	4,000	4.8%*
North Dakota	3	2,000	1,000	2,000	5.9%*	1,000	1,000	2,000	4.1%*	3,000	2,000	4,000	4.9%*
Connecticut	1	7,000	5,000	8,000	6.0%*	3,000	2,000	5,000	3.0%*	10,000	8,000	12,000	4.5%*
Maryland	1	18,000	15,000	20,000	6.5%*	8,000	6,000	9,000	2.8%*	25,000	22,000	29,000	4.6%*
Virginia	2	34,000	30,000	37,000	6.8%*	22,000	19,000	26,000	4.0%*	56,000	50,000	61,000	5.4%*
Minnesota	2	15,000	13,000	17,000	6.9%*	13,000	10,000	16,000	6.0%*	28,000	24,000	32,000	6.5%*
Wisconsin	2	17,000	15,000	20,000	7.1%*	11,000	9,000	14,000	4.5%*	29,000	25,000	33,000	5.8%*
New York	2	37,000	34,000	40,000	7.4%*	23,000	20,000	26,000	4.8%*	60,000	56,000	65,000	6.1%*
Iowa	2	10,000	9,000	12,000	7.9%*	6,000	4,000	7,000	3.8%*	16,000	13,000	19,000	5.8%*
Delaware	2	4,000	2,000	5,000	8.0%*	2,000	1,000	4,000	5.2%	6,000	4,000	8,000	6.6%*
District of Columbia	1	1,000	1,000	2,000	8.2%	---	---	---	---	2,000	1,000	2,000	6.2%*
Rhode Island	1	3,000	2,000	4,000	8.5%	2,000	1,000	3,000	4.7%	5,000	3,000	7,000	6.7%*
New Jersey	2	19,000	16,000	21,000	8.5%*	11,000	8,000	13,000	4.7%*	29,000	26,000	33,000	6.6%*
Nebraska	2	7,000	6,000	9,000	8.5%*	5,000	4,000	6,000	5.0%*	12,000	10,000	14,000	6.6%*
New Hampshire	3	5,000	4,000	7,000	8.5%*	4,000	3,000	5,000	6.3%	10,000	8,000	12,000	7.4%*
Pennsylvania	2	47,000	43,000	51,000	9.2%*	30,000	26,000	33,000	5.5%*	77,000	71,000	82,000	7.3%*
Colorado	1	24,000	22,000	27,000	10.0%	17,000	14,000	19,000	6.3%*	41,000	37,000	46,000	8.1%
California	1	108,000	102,000	114,000	10.0%*	71,000	66,000	77,000	6.5%*	180,000	169,000	190,000	8.2%*
Maine	2	7,000	6,000	9,000	10.1%	4,000	2,000	5,000	5.1%*	11,000	9,000	13,000	7.7%
Washington	1	37,000	34,000	40,000	10.1%	23,000	21,000	26,000	6.4%*	60,000	56,000	65,000	8.2%*
Illinois	2	43,000	39,000	46,000	10.1%	25,000	22,000	28,000	5.6%*	68,000	62,000	73,000	7.8%*
Ohio	3	52,000	49,000	56,000	10.3%	35,000	31,000	39,000	6.8%	87,000	81,000	93,000	8.6%
Missouri	2	30,000	27,000	34,000	10.5%	22,000	19,000	24,000	7.2%	52,000	47,000	57,000	8.8%
Arizona	2	32,000	28,000	35,000	10.6%	24,000	20,000	27,000	7.9%	55,000	50,000	60,000	9.2%
Kentucky	2	22,000	19,000	25,000	11.0%	19,000	16,000	22,000	9.1%*	41,000	37,000	45,000	10.0%*
Alabama	2	27,000	24,000	30,000	11.0%	20,000	16,000	23,000	7.7%	47,000	42,000	52,000	9.4%
Michigan	2	44,000	41,000	48,000	11.4%*	29,000	25,000	32,000	7.4%	73,000	68,000	79,000	9.4%
South Dakota	3	4,000	3,000	5,000	11.5%	4,000	2,000	6,000	9.6%	8,000	6,000	10,000	10.5%
Utah	1	10,000	8,000	12,000	11.7%	10,000	7,000	12,000	8.5%	20,000	16,000	23,000	9.9%
Kansas	3	15,000	13,000	17,000	11.7%	10,000	8,000	13,000	7.7%	25,000	21,000	29,000	9.7%
North Carolina	2	54,000	50,000	59,000	11.8%*	43,000	39,000	48,000	8.7%*	97,000	91,000	104,000	10.2%*
Tennessee	2	35,000	32,000	38,000	11.9%*	20,000	18,000	23,000	6.9%	56,000	51,000	60,000	9.3%
Indiana	1	33,000	30,000	37,000	12.0%*	24,000	21,000	27,000	8.1%	58,000	53,000	62,000	10.0%*
Nevada	1	16,000	14,000	19,000	12.1%	14,000	11,000	16,000	11.1%*	30,000	26,000	34,000	11.6%*
Georgia	3	56,000	52,000	61,000	12.2%*	42,000	37,000	47,000	8.3%*	98,000	90,000	106,000	10.2%*
West Virginia	1	11,000	9,000	13,000	12.4%	9,000	7,000	11,000	9.4%*	20,000	17,000	24,000	10.9%*
Alaska	3	7,000	5,000	8,000	12.5%	6,000	4,000	8,000	10.1%	13,000	9,000	16,000	11.2%
South Carolina	3	30,000	27,000	33,000	12.5%*	23,000	20,000	26,000	9.1%*	53,000	48,000	59,000	10.7%*
New Mexico	2	13,000	11,000	15,000	12.7%*	7,000	5,000	9,000	7.3%	20,000	17,000	23,000	10.1%
Florida	3	106,000	100,000	111,000	13.0%*	81,000	74,000	87,000	10.2%*	186,000	176,000	196,000	11.6%*
Texas	3	130,000	123,000	137,000	13.1%*	118,000	109,000	127,000	10.8%*	248,000	234,000	262,000	11.9%*
Mississippi	2	16,000	14,000	19,000	13.3%*	13,000	11,000	14,000	10.1%*	29,000	26,000	33,000	11.7%*
Wyoming	3	5,000	3,000	6,000	13.4%	3,000	2,000	4,000	7.6%	7,000	6,000	9,000	10.4%
Arkansas	3	20,000	17,000	23,000	13.6%*	17,000	14,000	19,000	11.0%*	37,000	33,000	41,000	12.3%*
Oklahoma	3	26,000	23,000	29,000	13.8%*	23,000	20,000	27,000	11.9%*	49,000	44,000	55,000	12.8%*
Louisiana	3	27,000	23,000	30,000	14.1%*	19,000	16,000	22,000	9.6%*	46,000	41,000	51,000	11.8%*
Oregon	1	27,000	24,000	30,000	14.3%*	18,000	15,000	20,000	9.6%*	45,000	40,000	49,000	12.0%*
Idaho	2	10,000	9,000	12,000	14.8%*	8,000	7,000	10,000	10.4%*	19,000	16,000	21,000	12.5%*
Montana	3	9,000	7,000	12,000	17.3%*	7,000	6,000	9,000	14.0%*	16,000	13,000	20,000	15.7%*

Notes: Based on the 2009 and 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Nonelderly veterans are ages 19 to 64. Family members of veterans are defined in the appendix. (*) indicates the state rate is significantly different from the national average at the 0.05 level. Exchange implementation groupings are derived from Blavin, Buettgens, and Roth (2012) and are as follows: (1) Most Progress—the 15 states that have made the greatest progress either through enacting establishment legislation or via executive order; (2) Moderate Progress—the 21 states that have expressed intent to develop an exchange, or that have received a federal establishment grant; and (3) Least Progress—the 15 states that have made the least progress, including some states that have created a study entity/planning committee and others in which legislative action was not taken or did not pass. Estimates are rounded to the nearest thousand. CI is confidence interval. Uninsurance indicates the person lacks comprehensive coverage and does not use VA health services.

Appendix Table 3. Number and Percentage with VA Coverage Only, Nonelderly Veterans, by State, 2009–2010

	Veterans	
	Number with VA Coverage Only	Percentage with VA Coverage Only
Delaware	1,000	2.3%*
Hawaii	2,000	2.8%*
Maryland	9,000	3.3%*
Virginia	17,000	3.4%*
Massachusetts	7,000	3.4%*
New Jersey	8,000	3.7%*
Pennsylvania	23,000	4.5%*
Connecticut	6,000	5.4%
Washington	21,000	5.6%*
Colorado	14,000	5.7%*
New York	29,000	5.7%*
Michigan	23,000	5.9%*
Alaska	3,000	5.9%
Alabama	15,000	5.9%*
Utah	5,000	6.0%
District of Columbia	1,000	6.0%
Georgia	28,000	6.2%*
Minnesota	13,000	6.2%
Rhode Island	3,000	6.3%
Iowa	8,000	6.4%
Indiana	18,000	6.5%
Illinois	28,000	6.5%
North Carolina	31,000	6.7%
New Hampshire	4,000	6.7%
North Dakota	2,000	6.9%
Kansas	9,000	6.9%
Tennessee	21,000	7.1%
South Carolina	17,000	7.1%
California	79,000	7.3%
Ohio	37,000	7.3%
Wisconsin	18,000	7.3%
Mississippi	9,000	7.4%
Missouri	22,000	7.6%
Nebraska	7,000	7.8%
Maine	6,000	8.0%
Idaho	6,000	8.2%
Texas	82,000	8.2%*
Kentucky	17,000	8.4%*
Nevada	11,000	8.4%*
Arizona	25,000	8.4%*
Florida	72,000	8.8%*
Louisiana	17,000	9.0%*
Wyoming	3,000	9.1%
West Virginia	8,000	9.2%*
Montana	5,000	9.5%*
Oklahoma	18,000	9.5%*
New Mexico	10,000	9.8%*
Vermont	3,000	10.1%
Oregon	19,000	10.1%*
South Dakota	4,000	10.5%*
Arkansas	18,000	11.7%*

Notes: Based on the 2009 and 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (see Lynch et al. 2011). Nonelderly veterans are ages 19 to 64. (*) indicates the state rate is significantly different from the national average at the 0.05 level. Estimates are rounded to the nearest thousand.

Appendix Endnotes

1 S. Ruggles, T. J. Alexander, K. Genadek, R. Goeken, M. Schroeder, and M. Sobek, *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database] (Minneapolis, MN: University of Minnesota, 2010).

2 U.S. Census Bureau, *American Community Survey: Response Rates—Data* (Washington, DC: U.S. Census Bureau, 2012), http://www.census.gov/acs/www/methodology/response_rates_data/index.php.

3 A. Mach and B. O'Hara, "Do People Really Have Multiple Health Insurance Plans? Estimates of Nongroup Health Insurance in the American Community Survey," *American Statistical Association* 2011 Proceedings (forthcoming 2012).

4 D. Griffin and T. Hughes, "Mixed Mode Data Collection in the American Community Survey" *American Association of Public Opinion Research Conference Proceedings* (Chicago, IL, May 2010).

5 The Indian Health Service (IHS) is not typically counted as health insurance coverage because of limitations in the scope of available services and geographic reach of IHS facilities; thus, those indicated as only having IHS coverage were considered uninsured. See Turner and Boudreaux 2010 (text note 15).

6 U.S. Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents and Survivors: Chapter 1 VA Health Care Benefits* (Washington, DC: U.S. Department of Veterans Affairs, 2011), http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp.

7 V. Lynch, G. M. Kenney, J. Haley, and D. M. Resnick, *Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits,* Submitted to the U.S. Census Bureau (Washington, DC: The Urban Institute, 2011), http://www.census.gov/hhes/www/hlthins/publications/Improving%20the%20Validity%20of%20the%20Medicaid-CHIP%20Estimates%20on%20the%20ACS.pdf; V. Lynch and G. Kenney, "Improving the American Community Survey for Studying Health Insurance Reform," *Proceedings of the Tenth Conference on Health Survey Research Methods, Atlanta, GA, April 2011* (Hyattsville, MD: Department of Health and Human Services, forthcoming).

8 This includes adults living in private residences, as well as college students in dorms and a small number of other adults living in group quarters, such as outpatient treatment facilities. This group comprises just 0.6 percent of veterans in our analysis. Because we did not define MAGI for these cases, they are excluded from the analysis of income levels that approximate potential ACA eligibility.

9 This question was asked about each household member age 15 or over; however, for this analysis we defined nonelderly veterans as those ages 19–64. An additional 9,000 individuals in the ACS are ages 17 or 18 and reported to be veterans; these cases were not included.

10 We used a 10 percent rating threshold because those with 0 percent ratings are included with those who have no service-connected disability in defining Priority Group status when determining eligibility for VA services (Congressional Budget Office, *Potential Costs of Veterans' Health Care* (Washington, DC: Congressional Budget Office, 2010), http://www.cbo.gov/publication/21773), and thus we thought their characteristics would be more similar to those with no reported disability. The small share (9.7 percent) of cases who indicated they had a disability but who did not respond to the question about disability rating were included with those who reported they had a disability and gave a rating of 10 percent or more. While disability ratings are used to help determine eligibility for VA services, determination of VA eligibility is beyond the scope of this report.

11 A small number of family members of veterans are identified by being the parent or sibling of a veteran between the ages of 19 and 22 who appears to be a full-time student and who lives in their household.

12 M. Hotchkiss, *2010 ACS Content Test Evaluation Report Covering Veteran Status: Final Report.* American Community Survey Research and Evaluation Program (Washington, DC: U.S. Census Bureau, 2012), http://www.census.gov/acs/www/Downloads/library/2012/2012_Hotchkiss_02.pdf.

13 K. Swartz, "Interpreting the Estimates from Four National Surveys of the Number of People without Health Insurance," *Journal of Economic and Social Measurement* 14(3):233–42,. 1986.

14 The CPS ASEC identifies veterans by asking, "Did you ever serve on active duty in the U.S. Armed Forces?" while the NHIS asks, "Have you/Has any family member, that is [list names], ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?"

15 The ACS estimate of 883,000 nonelderly veterans with VA coverage only is also relatively close to those from other surveys; for instance, the 2010 CPS ASEC estimates there are 713,000 veterans ages 19-64 with only VA coverage, and the 2010 NHIS estimates 1,099,000 (Urban Institute tabulations).

16 Insurance status is presented as a hierarchy, in the order in which the coverage types are presented in Appendix Table 1. The estimate of military coverage in the table represents those reporting only this type of coverage; veterans with other types of coverage may also utilize VA services, because many veterans obtaining VA care have other types of coverage as well (Congressional Budget Office, 2010).

17 For children under 19 years old who are either married or have a child, family work status is the status of the child and any spouse, even if the child lives with his/her parents. Similarly, for children under 19 who are married, the family educational status and family marital status indicators are defined by their own and their spouse's status.

18 As indicated above, the small number of veterans living in group quarters (0.6 percent of the veteran sample) are excluded from the analysis by income group.

19 See F. Blavin, M. Buettgens, and J. Roth, *State Progress Toward Health Reform Implementation: Slower Moving States Have Much to Gain,* Timely Analysis of Immediate Health Policy Issues (Washington, DC: The Urban Institute, 2012).

20 Characteristics included in the regression analysis are the same as those listed above, except that the regression analysis uses the HIU's income as a percentage of the FPL rather than MAGI (i.e., it is inclusive of all types of income rather than just those categories relevant for MAGI). Sensitivity analysis indicates this does not change the overall findings.

21 See Blavin et al., 2012, for more detail.

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