



## Health Insurance Coverage of the Near Elderly

Niall Brennan

As part of the shift to more incremental efforts to expand health insurance coverage, several recent proposals have focused on the 55- to 64-year-old population. Under President Clinton's newest Medicare reform proposal, announced as part of the 2001 budget, two categories of individuals could buy into Medicare: (1) 62- to 64-year-olds who do not have access to employer-provided coverage, either as workers or retirees, and who are not eligible for Medicaid and (2) 55- to 61-year-olds who lose their insurance due to job loss (Office of Management and Budget 2000). Other proposals to extend coverage to this age group have recommended using the Federal Employees Health Benefits Program (FEHBP) and extending the tax deductibility of individually purchased health insurance (Moon and Loprest 1999).

These proposals stem primarily from concern that, due to the increased likelihood of health problems among 55- to 64-year-olds compared with younger groups, alternative health insurance options may be either unavailable or prohibitively expensive (General Accounting Office 1998). While the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires guaranteed issue in the individual health insurance market, it does not limit the amount insurers can charge for such coverage, so premium levels can exceed the financial resources of all but the wealthiest individuals.

Despite this growing concern, relatively little is known about how insurance coverage relates to access and utilization of health care services for this population. Most studies related to a Medicare buy-in have focused on participation levels of potential eligibles (American Academy of

Actuaries 1998; Moon and Loprest 1999). Some studies have examined the health insurance coverage of Americans at midlife, but these studies either do not focus specifically on those between 55 and 64 years of age (Johnson and Crystal 1997, forthcoming) or are based on data from the mid-1980s (Jensen 1992). This brief provides a recent look at health insurance coverage among 55- to 64-year-olds and examines the link between health insurance coverage and health care access and utilization for the low-income near elderly. This approach reveals not only how the uninsured fare relative to the insured but also how type of insurance affects beneficiary health care access and utilization.

### The National Survey of America's Families

The 1997 National Survey of America's Families (NSAF) is a national household survey that provides information on over 100,000 adults and children representing the civilian population under age 65 (Dean Brick et al. 1999). The NSAF oversamples the low-income population (those with incomes below 200 percent of the federal poverty level [FPL]) and the population in 13 selected states<sup>1</sup> in order to generate both reliable state- and national-level estimates. Detailed information on health insurance coverage is available on one sampled adult and up to two sampled children in each household. Respondents were asked about their current and past year's health insurance coverage. Overall information on health insurance coverage and health care access and utilization was collected on 56,278 adults.<sup>2</sup> For the purposes of this analysis, a subset of 7,511

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adults ages 55 to 64 was selected in order to examine in more detail their health insurance coverage, access to care, and utilization of health care services.

## Results

Table 1 presents the health insurance coverage of nonelderly adults in 1997 according to age and income.<sup>3</sup> Individuals of all incomes ages 55 to 64 had the lowest rate of uninsurance, 9.5 percent, compared with 13.4 percent for those ages 35 to 54 and 23.7 percent for those ages 18 to 34.<sup>4</sup> This lower rate of uninsurance is primarily driven by higher rates of employer-sponsored, privately purchased nongroup, and Medicare coverage, particularly when compared with adults ages 18 to 34.<sup>5</sup> In particular, individuals ages 55 to 64 were more likely to have private nongroup coverage: 9.3 percent of this age group reported private nongroup coverage, compared with lower percentages in younger groups.

Health insurance coverage for low-income (below 200 percent of the FPL) adults exhibits a similar pattern, although the underlying rates of public coverage and uninsurance are higher. In 1997, low-income 55- to 64-year-olds had a substantial uninsurance rate of 23.4 percent, but it was significantly lower than the 35.1 percent reported for those ages 35 to 54 and the 41.8 percent reported for those ages 18 to 34.

Among the near elderly, there are significant differences in health insurance coverage by gender. As shown in table 1, males were significantly more likely to report employer-provided coverage and Medicare, given their stronger ties to the workforce, while females were significantly more likely to have private nongroup and Medicaid coverage.<sup>6</sup> These differences are most striking among low-income 55- to 64-year-olds, where 17.5 percent of females were covered by Medicaid, compared with 12.3 percent of males. Conversely, 11.9 percent of males were

TABLE 1: Health Insurance Coverage and Health Status of Nonelderly Adults, by Age and Income, 1997

	Total (millions)	Employer <sup>a</sup> (%)	Nongroup <sup>b</sup> (%)	Medicaid <sup>c</sup> (%)	Medicare (%)	Uninsured (%)
<b>All Incomes</b>	162.8	71.1	5.8	5.1	1.1	17.0
Ages 18–34	64.9	64.2***	5.4***	6.4***	0.4***	23.7***
Ages 35–54	76.6	76.4***	5.1***	4.0***	1.1***	13.4***
Ages 55–64	21.3	72.8	9.3	5.0	3.5	9.5
Male	10.2	76.6	7.6	3.4	4.3	8.1
Female	11.1	69.2***	10.7***	6.5***	2.7***	10.8***
<b>&lt; 200% FPL</b>	47.9	38.3	7.3	15.0	2.5	36.8
Ages 18–34	23.3	35.9**	6.7***	15.1	0.6***	41.8***
Ages 35–54	18.3	40.7	6.2***	14.8	3.2***	35.1***
Ages 55–64	6.2	40.5	12.9	15.4	8.0	23.4
Male	2.5	43.4	9.4	12.3	11.9	23.1
Female	3.8	38.5	15.2***	17.5**	5.3***	23.5
<b>&gt; 200% FPL</b>	114.9	84.7	5.1	0.9	0.5	8.8
Ages 18–34	41.6	80.0**	4.7***	1.4**	0.3***	13.6***
Ages 35–54	58.3	87.6	4.8***	0.6	0.5***	6.6***
Ages 55–64	15.1	86.2	7.8	0.7	1.6	3.8
Male	7.7	87.4	7.1	0.5	1.8	3.3
Female	7.4	84.9**	8.5	0.9	1.4	4.3

Source: Urban Institute tabulations from the 1997 National Survey of America's Families (NSAF).

Notes: Due to rounding, numbers may not add to totals given and percentages may not add to 100.

a. Includes both employer-sponsored coverage and CHAMPUS, VA, and Tricare coverage.

b. Includes privately purchased coverage in addition to coverage that could not be classified.

c. Includes individuals enrolled in Medicaid or separate state programs and those dually eligible for Medicaid and Medicare.

\*\*\* Indicates statistically significant difference from the 55- to 64-year age group at the 0.01 level.

\*\* Indicates statistically significant difference from the 55- to 64-year age group at the 0.05 level.

+++ Indicates statistically significant difference from males at the 0.01 level.

++ Indicates statistically significant difference from males at the 0.05 level.

covered by Medicare, compared with 5.3 percent of females.

However, while 55- to 64-year-olds were more likely to have health insurance coverage than other age groups, they were also significantly more likely to report being in fair or poor health or having a disability that limits work. Figure 1 shows that 21 percent of all 55- to 64-year-olds reported being in fair or poor health, compared with 14 percent of 35- to 54-year-olds and 8 percent of 18- to 34-year-olds. This older population was also significantly more likely to report a limiting condition than younger age groups.

Figure 1 also illustrates differences in health status among the uninsured population of each age cohort. Among the uninsured, differences across age groups become even more pronounced: uninsured 55- to 64-year-olds were more than three times more likely to report being in fair or poor health and more than four times more likely to report a limiting condition than 18- to 34-year-olds. Given their poorer overall health status, it is likely that uninsured 55- to 64-year-olds are subject to greater health risks as a result of not having insurance coverage.

### Variation across States

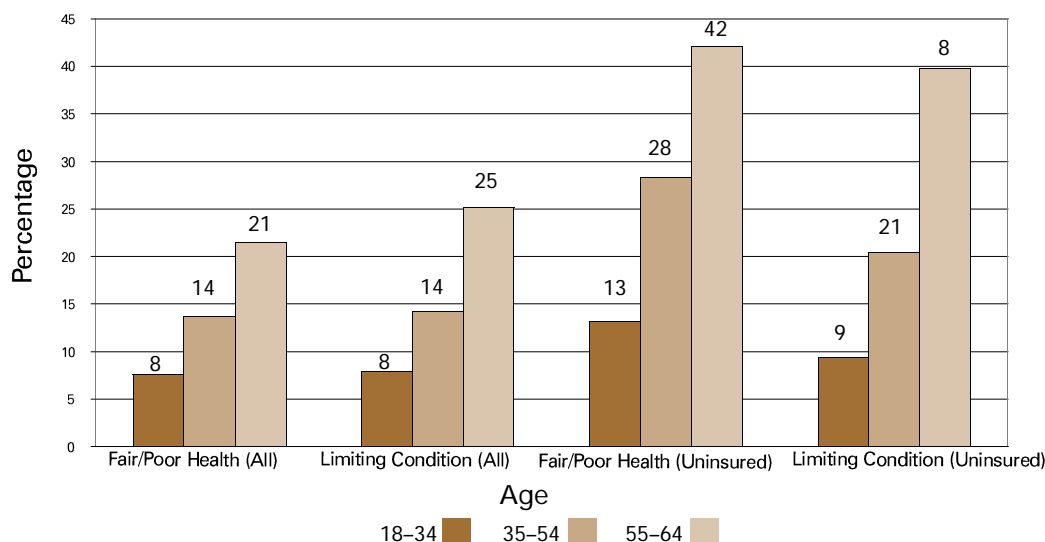
Table 2 details the health insurance coverage of those ages 55 to 64 for each of the 13 states that were oversampled as part of the NSAF. Considerable variation exists

by state in the proportion of this age group who were uninsured, from a low of 5 percent in Michigan, Minnesota, and Wisconsin to a high of 26 percent in Texas. Generally, differences in uninsurance rates among states can be explained by levels of employer, rather than public, coverage. The three states with the lowest uninsurance rates—Michigan, Minnesota and Wisconsin—also reported the three highest rates of employer coverage. Conversely, Texas and Florida, the states with the two highest uninsurance rates in this age group, reported the second- and third- lowest rates of employer coverage respectively. Interestingly, the uninsurance rate of 12 percent in Mississippi was not significantly higher than the national average of 10 percent, even though only 59 percent of 55- to 64-year-olds reported employer coverage. This is a result of higher-than-average rates of Medicaid and Medicare coverage in the state, which likely derive from the fact that Mississippi had the highest proportion of 55- to 64-year-olds living in households with incomes below 100 percent of the FPL and the highest proportion of those reporting a limiting disability (data not shown), both of which are related to eligibility for Medicare and Medicaid.

*While the near elderly are uninsured at lower rates than other age groups, they are also more likely to be in fair or poor health or report limiting health conditions than other nonelderly age groups.*

### Health Care Access and Utilization

FIGURE 1: Health Status of Nonelderly Adults by Age and Insurance Status, 1997



Source: Urban Institute tabulations from the 1997 National Survey of America's Families (NSAF).

Note: All percentage estimates are significantly different from the 55- to 64-year age group at the 0.01 level.

TABLE 2: Health Insurance Coverage of Near-Elderly Adults (Ages 55–64), by State, 1997

	Total (millions)	Employer <sup>a</sup> (%)	Nongroup <sup>b</sup> (%)	Medicaid <sup>c</sup> (%)	Medicare (%)	Uninsured (%)
All 50 States	21.3	72.8	9.3	5.0	3.5	9.5
Alabama	0.4	72.9	6.8	7.2	4.5	8.7
California	2.2	68.6	8.9	6.5	5.3	10.9
Colorado	0.3	71.8	15.6***	3.3*	2.9	6.4**
Florida	1.2	63.6***	12.6	4.3	4.5	15.0**
Massachusetts	0.5	78.7**	6.9	4.3	2.7	7.5
Michigan	0.8	80.5***	6.0**	4.9	3.8	4.9***
Minnesota	0.4	79.2***	9.3	5.7	0.9***	5.0***
Mississippi	0.2	58.7***	11.6	9.9***	8.0***	11.9
New Jersey	0.7	77.4**	8.8	3.9	1.7***	8.1
New York	1.5	71.8	11.4	4.7	3.2	8.8
Texas	1.5	60.2***	6.8	5.4	1.7**	26.0***
Washington	0.4	72.3	11.6	5.6	3.4	7.1
Wisconsin	0.4	80.0***	10.6	2.2***	2.3	4.9***
Rest of U.S.	10.9	75.3	9.1	4.8	3.4	7.4

Source: Urban Institute tabulations from the 1997 National Survey of America's Families (NSAF).

Notes: Due to rounding, numbers may not add to totals given and percentages may not add to 100.

a. Includes both employer-sponsored coverage and CHAMPUS, VA, and Tricare coverage.

b. Includes privately purchased coverage in addition to coverage that could not be classified.

c. Includes individuals enrolled in Medicaid or separate state programs and those dually eligible for Medicaid and Medicare.

\*\*\* Indicates state is statistically significantly different from the rest of the United States at the 0.01 level.

\*\* Indicates state is statistically significantly different from the rest of the United States at the 0.05 level.

\* Indicates state is statistically significantly different from the rest of the United States at the 0.10 level.

The remainder of the analysis focuses on 55- to 64-year-olds residing in households with incomes below 200 percent of the FPL, as these individuals represent more than 70 percent of the uninsured in this age group. Table 3 presents data on several common measures of access and utilization by health insurance coverage for the low-income near-elderly population. The data show differentials in health care access and utilization among those with different types of insurance coverage and the uninsured, enabling the comparison of the uninsured with those with other types of insurance coverage. In order to account for the influence of factors other than health insurance coverage, regression-adjusted estimates are presented for each outcome variable that control for gender, race, marital status, health status, presence of a limiting condition, educational attainment, and work status.

### Access

The top half of table 3 presents information on unmet needs, lack of a usual source of care, and overall confidence and

satisfaction in both access to care and quality of care delivered. The uninsured fared the worst on all of these measures. However, on certain measures, low-income 55- to 64-year-olds with certain types of insurance fared as poorly as the uninsured.

A regular source of health care is often considered vital in ensuring adequate provision of basic health care services. Those lacking a usual source of care may not receive services when needed, leading to missed diagnoses, untreated conditions, and adverse health outcomes. The impact of health insurance coverage is clear: almost one-third of uninsured low-income 55- to 64-year-olds in 1997 lacked a usual source of care, compared with 11 percent of those with employer coverage, 15 percent of those with nongroup coverage, 11 percent of those covered under Medicare, and 14 percent of those covered under Medicaid.

Similarly, those with insurance, be it employer, nongroup, Medicaid, or Medicare, were significantly less likely than the uninsured to report any unmet

**TABLE 3: Access to and Utilization of Health Care by Low-Income Near-Elderly Adults (Ages 55–64), by Insurance Status, 1997**

	Employer <sup>a</sup> (%)	Nongroup <sup>b</sup> (%)	Medicaid <sup>c</sup> (%)	Medicare (%)	Uninsured (%)
<b>Access</b>					
No Usual Source of Care	10.7***	14.7**	13.9***	11.1***	31.5
Unmet Medical Need	7.4***	6.5***	8.2**	5.8***	19.5
Unmet Dental Need	10.0***	18.0	15.5	12.3	19.7
Unmet Prescription Drug Need	6.6**	5.6**	3.1***	10.4	12.6
Not Confident in Ability to Access Care	13.9***	21.5	7.0***	17.1*	31.4
Not Satisfied with Quality of Care Received	11.2**	11.2	8.8**	4.6***	19.8
<b>Utilization</b>					
Any Hospital Visit	15.2	16.1	27.0**	12.5	14.0
Any ER Visit	23.1	22.1	35.9**	20.9	22.9
Any Doctor Visit	80.3***	73.6*	76.5**	70.8	62.3
Any Dental Visit	49.8***	52.7***	36.9	49.0**	33.0
Any Pap Smear (women only)	47.8**	56.4**	39.4	36.7	34.1
Any Breast Exam (women only)	55.6**	62.0**	67.0***	60.9**	39.1

Source: Urban Institute tabulations from the 1997 National Survey of America's Families (NSAF).

Notes: Regression-adjusted estimates control for gender, race, marital status, health status, presence of a limiting condition, educational attainment, and work status. Percentages may not add to 100 due to rounding.

a. Includes both employer-sponsored coverage and CHAMPUS, VA, and Tricare coverage.

b. Includes privately purchased coverage in addition to coverage that could not be classified.

c. Includes individuals enrolled in Medicaid or separate state programs and those dually eligible for Medicaid and Medicare.

\*\*\* Indicates statistically significant difference from the uninsured at the 0.01 level.

\*\* Indicates statistically significant difference from the uninsured at the 0.05 level.

\* Indicates statistically significant difference from the uninsured at the 0.10 level.

medical or surgical needs. Twenty percent of uninsured low-income 55- to 64-year-olds reported unmet medical need, compared with 6 percent of those covered by Medicare, 7 percent of those with employer and nongroup coverage, and 8 percent of those covered by Medicaid. Only the low-income near elderly with employer coverage reported significantly lower levels of unmet dental need than the uninsured (10 percent versus 20 percent), indicative of the lack of a dental care benefit in Medicare and the fact that dental care exists only as an optional benefit in Medicaid, a program in which participation by dentists is often low. Similarly, many plans purchased in the nongroup market may not provide dental benefits.

Because of the poorer health status of 55- to 64-year-olds, access to prescription drugs is of considerable importance to this population. Given that some level of prescription drug coverage is a standard feature of most benefit packages, we found generally low levels of unmet prescription drug need among the low-income near elderly with employer, nongroup, and

Medicaid coverage. However, those covered by Medicare reported levels of unmet prescription drug need similar to those of the uninsured, indicative of the lack of a prescription drug benefit in Medicare.

Uninsured 55- to 64-year-olds also fared more poorly than those covered under employer-provided insurance, Medicaid, or Medicare when asked to rate their confidence in their ability to obtain needed medical care and their satisfaction with the quality of care received in the 12 months preceding the survey.<sup>7</sup> Thirty-one percent of the uninsured lacked confidence in their ability to access needed care, compared with 17 percent of those covered by Medicare, 7 percent of those covered by Medicaid, and 14 percent of those covered by employer plans. Similarly, 20 percent of the uninsured expressed dissatisfaction with the quality of health care received, compared with 5 percent of those covered by Medicare, 9 percent of those covered by Medicaid, and 11 percent of those covered by employer plans.

### Utilization

The bottom half of table 3 presents information on the proportion of low-income 55- to 64-year-olds with any hospital, emergency room (ER), doctor, or dental visit. In addition, information is presented on two common measures of preventive care for women—annual breast examinations and Pap smears.

A low rate of hospitalization could be viewed either as less need or unmet need for hospital-related procedures. Among the low-income near elderly, the privately insured and the uninsured have significantly lower rates of hospitalization than those covered by Medicaid. Twenty-seven percent of those covered by Medicaid reported at least one hospital visit, compared with 15 percent of those with employer-provided coverage, 16 percent of those with nongroup coverage, 13 percent of those with Medicare, and 14 percent of the uninsured. Such a low hospitalization rate for the uninsured could explain the higher levels of unmet medical and surgical need they also reported. Conversely, the higher rates of hospitalization for those covered by Medicaid reflect their greater health care needs, despite the attempt in this analysis to control for health status.

When the proportion of low-income 55- to 64-year-olds with any emergency room visit is examined, the pattern of the uninsured having lower utilization rates than Medicaid beneficiaries continues. Those covered by Medicaid were significantly more likely than the uninsured to have had an ER visit in the 12 months prior to the survey. More than one-third of those covered by Medicaid reported an ER visit, compared with 23 percent of the uninsured. Again, the greater health care needs of the Medicaid population, coupled with traditionally high rates of ER usage among Medicaid beneficiaries due to problems in accessing primary care, could be factors in such a large difference.

Uninsured low-income 55- to 64-year-olds were much less likely to have had a doctor visit in the 12 months preceding the survey than those with insurance coverage. Sixty-two percent of the uninsured reported at least one doctor visit in the preceding year, well below the numbers for adults with private or Medicaid coverage (between 74 percent and 80 percent, respectively). While Medicare beneficiaries were more likely than the uninsured

to report having had a doctor visit in the 12 months preceding the survey, this difference was not statistically significant.

The last two rows of table 3 focus on levels of preventive care among women. Low-income near-elderly women reported low rates of Pap smears in the previous year regardless of insurance status. Approximately one-third of low-income women covered by Medicare or Medicaid or who were uninsured reported having had a Pap smear test in the preceding 12 months. Even among those with employer-provided or nongroup coverage, only 48 percent and 56 percent of women, respectively, received a Pap smear.<sup>8</sup> Thirty-nine percent of low-income uninsured women reported receiving a breast exam during those 12 months. This was significantly lower than rates among those with employer-provided, nongroup, Medicaid, or Medicare coverage, for whom, on average, almost 60 percent reported having had a breast exam.

### Discussion

These results provide a timely glimpse of the population of 55- to 64-year-olds as policymakers debate the merits of allowing certain subgroups of this population to buy into the Medicare program or to obtain insurance in other ways. While the near elderly are uninsured at lower rates than other age groups, they are also more likely to be in fair or poor health or to report limiting health conditions than other nonelderly age groups. There is also substantial variation in the health insurance coverage of 55- to 64-year-olds by state.

Examining measures of health care access and utilization for low-income 55- to 64-year-olds according to insurance status yields several results of interest. In most cases, the evidence is clear that having any type of health insurance increases access to and utilization of health care services. Moreover, although Medicare beneficiaries generally had better access and higher utilization than the uninsured, they fared no better on services not covered by Medicare, such as prescription drugs and dental care. In sum, recent policy initiatives to provide health care for the uninsured have focused on children rather than adults, but the unin-

*In most cases, the evidence is clear that having any type of health insurance results in increased access to and utilization of health care services.*

sured population ages 55 to 64 has relatively high health care needs and substantial unmet needs that may need to be addressed soon.

## Endnotes

1. The 13 selected states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin.
2. The household response rate for the NSAF is 70 percent (Brick et al. 1999). Responses to the interviews are weighted to reflect the design features of the sample, including the oversampling of low-income households in 13 states, and contain adjustments for nonresponse and undercoverage. Variance estimates are computed using a replication method that adjusts for the survey's complex design. Flores-Cervantes, Brick, and DiGaetano (1999) describe this method and its application to the NSAF in detail. Data are imputed for health insurance, income, and other variables with missing values. Imputed values account for 1.3 percent or less of all observations for health insurance (Dipko et al. 1999).
3. Information is presented on coverage for each individual as of 1997. Health insurance information is presented as a hierarchy; therefore, in cases where individuals had employer-provided and some other form of coverage, they were classified as having employer-provided coverage in the hierarchy. Similarly, those with Medicaid and other forms of coverage (excepting employer-provided coverage) were classified as having Medicaid coverage.
4. Rates of uninsurance were somewhat lower on the 1997 NSAF than the CPS due to the presence of a question on the NSAF confirming insurance coverage on an individual basis. For more information, see Rajan, Zuckerman, and Brennan (forthcoming).
5. The private nongroup classification contains some responses that could not be assigned to a particular health insurance category. For example, certain individuals, when questioned, volunteered that their health insurance coverage was through a Blue Cross and Blue Shield plan, without specifying whether this was employer-provided, privately purchased, Medicaid, or Medicare coverage. However, the incidence of such cases was small, occurring in less than 0.5 percent of all cases.
6. The higher proportion of 55- to 64-year-old males covered by Medicare relates to the fact that Medicare eligibility is directly tied to Social Security eligibility and, by association, the work history of the beneficiary or of a family member.
7. Respondents were asked to use a five-point scale to rate their confidence that family members could get care if they needed it: extremely confident, very confident, somewhat confident, not too confident, or not confident at all. Similarly, respondents were asked to rate their satisfaction with the quality of medical care received in the 12 months prior to the survey as very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied. Respondents are classified as not confident if they reported being "not too confident" or "not confident at all" and not satisfied if they reported being "somewhat dissatisfied" or "very dissatisfied."

8. Pap smear exams are a covered benefit under Medicare but can only be administered once every three years.

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## About the Author



**Niall Brennan** is a research associate in the Health Policy Center of the Urban Institute, where he currently focuses on issues related to health insurance coverage. His recent research has examined state variations in health insurance coverage, the efficacy of programs for low-income Medicare beneficiaries, and the effects of Medicaid managed care programs on health care access and use.

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This series presents findings from the National Survey of America's Families (NSAF). First administered in 1997, the NSAF is a survey of 44,461 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information about the survey is available at the Urban Institute Web site:  
<http://www.urban.org>.

The NSAF is part of ***Assessing the New Federalism***, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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