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Insurance Coverage among Women of Reproductive Age, 2017

National Update and Methods Appendix

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National Update

In 2018, we estimated changes in health insurance coverage for women of reproductive age from 2013 to 2016 and explored the characteristics of the remaining uninsured (McMorrow et al. 2018). Here, we update those national estimates for 2017. Accompanying state fact sheets focus on the remaining uninsured in 2017 and their likely eligibility for financial assistance obtaining coverage.[1]

Coverage Changes among Select Subgroups of Women of Reproductive Age, 2013–17

Our earlier analysis showed large gains in coverage for women of reproductive age from 2013 to 2016, including among women of all ages, family structures, races and ethnicities, citizenship statuses, educational attainment, employment statuses, incomes, and locations.

Between 2016 and 2017, however, the uninsurance rate remained relatively stable for all women of reproductive age, and only a few subgroups experienced significant changes in coverage (table A.1). White women, native-born citizens, women with a college degree, and those with incomes above 138 percent of the federal poverty level (FPL) saw increases in uninsurance, and Hispanic women and noncitizen women saw declines in uninsurance.

TABLE A.1

Uninsurance Rate among Select Subgroups of Women of Reproductive Age, 2013, 2016, and 2017

Percent

	2013	2016	2017
All women (ages 15–44)	**20.3**	**11.6**	**11.7**
Ages			
15–18	10.9	6.0	6.1
19–25	22.6	12.3	12.6
26–34	23.5	13.1	13.1
35–44	19.5	12.0	12.0
Race/ethnicity			
Non-Hispanic White	14.6	7.7	7.9*
Non-Hispanic Black	22.2	12.2	12.5
Hispanic	36.3	23.0	22.3*
Other non-Hispanic races	18.5	9.4	9.3
Asian/Pacific Islander	17.2	7.9	7.7
American Indian/Alaska Native	33.4	23.3	23.1
Other/multiple races	18.1	9.5	9.9
Citizenship			
Native-born	17.0	9.1	9.3*
Naturalized	21.0	10.4	10.5
Noncitizen	47.3	33.6	32.5*
Family type			
Married mother	16.7	10.6	10.7
Single mother	27.2	16.5	16.4
Married, childless	17.6	10.4	10.4
Single, childless	20.6	10.8	11.0
Education			
Less than high school education	41.4	29.2	29.1
High school diploma	29.3	18.0	18.0
Some college education	20.3	11.1	11.2
College degree	9.4	4.5	4.9*
Employment			
Employed	18.0	10.1	10.1
Unemployed	37.0	21.6	21.8
Not in labor force	26.0	16.6	16.9
Income (% FPL)			
0%–138%	31.5	18.2	18.2
139%–250%	23.7	14.3	14.9*
251%–400%	11.4	7.4	7.9*
Above 400%	4.3	2.7	3.1*
Metropolitan area residence			
Metropolitan	20.8	11.3	11.4
Nonmetropolitan	22.0	12.9	13.4
Not identifiable	20.1	12.8	12.7

Source: Authors' analysis of 2013, 2016, and 2017 American Community Survey.

Notes: FPL = federal poverty level. See methods section for more information. All estimates for 2016 and 2017 are statistically different from estimates for 2013 at $p < 0.05$.

* Denotes 2017 estimates statistically different from 2016 at $p < 0.05$.

Coverage Changes among Women of Reproductive Age in Nonexpansion States, 2013–17

Overall, uninsurance increased slightly between 2016 and 2017 among women of reproductive age in states that did not expand Medicaid under the Affordable Care Act (ACA), after a large decline between 2013 and 2016 (table A.2). Only increases in uninsurance in South Carolina and Wyoming between 2016 and 2017 were statistically significant.

TABLE A.2

Uninsurance Rate among Women of Reproductive Age in Nonexpansion States, 2013, 2016, and 2017

Percent

	2013	2016	2017
All nonexpansion states	**24.3**	**16.8**	**17.1***
Alabama	22.4	14.1	14.3
Florida	28.4	17.6	18.0
Georgia	26.2	18.3	19.0
Idaho	23.2	15.1	16.6
Kansas	19.3	12.2	11.4
Maine	15.3	9.4	11.3
Mississippi	24.6	16.6	17.3
Missouri	19.1	13.3	13.0
Nebraska	15.9	12.9	12.2
North Carolina	23.1	15.0	15.0
Oklahoma	25.8	20.1	20.2
South Carolina	23.1	13.7	15.8*
South Dakota	18.7	9.9	12.2
Tennessee	18.3	11.6	11.4
Texas	31.2	24.1	24.3
Utah	18.0	10.5	11.0
Virginia	16.9	12.0	11.9
Wisconsin	11.6	7.0	6.5
Wyoming	19.5	12.7	17.3*

Source: Authors' analysis of 2013, 2016, and 2017 American Community Survey.

Notes: See methods section for more information. All estimates for 2016 and 2017 are statistically different from 2013 at $p < 0.05$.

* Denotes 2017 estimates statistically different from 2016 at $p < 0.05$.

Coverage Changes among Women of Reproductive Age in Expansion States, 2013–17

The uninsurance rate among women of reproductive age in states that expanded Medicaid under the ACA remained relatively stable between 2016 and 2017 (table A.3). California, Louisiana, and Michigan

had significant coverage gains for women of reproductive age between 2016 and 2017, and Massachusetts and Ohio saw statistically significant declines in coverage.

TABLE A.3

Uninsurance Rate among Women of Reproductive Age in Expansion States, 2013, 2016, and 2017

Percent

	2013	2016	2017
All expansion states	**17.9**	**8.4**	**8.3**
Alaska	25.3	19.0	15.1
Arizona	23.7	12.7	12.8
Arkansas	25.0	12.2	10.7
California	23.0	9.3	8.8*
Colorado	18.6	9.1	9.7
Connecticut	11.6	6.7	7.0
District of Columbia	6.4	3.6	3.0
Delaware	13.0	6.4	7.4
Hawaii	9.8	5.1	5.3
Illinois	16.3	8.4	9.1
Indiana	19.8	11.0	11.1
Iowa	12.2	5.1	5.5
Kentucky	22.5	6.2	6.9
Louisiana	24.4	13.6	10.0*
Maryland	13.6	8.1	7.7
Massachusetts	5.0	2.5	3.1*
Michigan	15.7	6.9	6.1*
Minnesota	10.8	5.5	5.5
Montana	23.4	10.3	11.5
Nevada	28.5	14.5	14.9
New Hampshire	15.5	8.4	7.2
New Jersey	19.2	10.3	11.0
New Mexico	28.7	11.0	12.1
New York	13.9	7.5	7.1
North Dakota	13.9	10.6	10.8
Ohio	14.3	6.4	7.2*
Oregon	20.5	7.5	8.7
Pennsylvania	13.5	7.3	6.8
Rhode Island	15.5	5.3	5.9
Vermont	7.2	3.1	4.7
Washington	20.9	7.8	7.9
West Virginia	22.5	5.7	7.2

Source: Authors' analysis of 2013, 2016, and 2017 American Community Survey.

Notes: See methods section for more information. All estimates for 2016 and 2017 are statistically different from 2013 at $p < 0.05$.

* Denotes 2017 estimates statistically different from 2016 at $p < 0.05$.

Remaining Uninsured Women in 2017

Approximately 7.5 million women of reproductive age remained uninsured in 2017. Uninsured women in 2017 were less likely than uninsured women in 2016 to be Hispanic, noncitizens, single mothers, and unemployed; have less than a high school education and incomes below 138 percent of the FPL; and to live in an expansion state (table A.4).

TABLE A.4

Characteristics of the Remaining Uninsured Women of Reproductive Age, 2016–17

Percent

	2016	2017
Ages		
15–18	6.7	6.9
19–25	25.3	25.3
26–34	34.6	34.6
35–44	33.3	33.2
Race/ethnicity		
Non-Hispanic white	36.7	37.1
Non-Hispanic black	14.5	14.8
Hispanic	40.5	39.7*
Other non-Hispanic races		
Asian/Pacific Islander	4.6	4.6
American Indian/Alaska Native	1.4	1.3
Other/multiple races	2.3	2.5
Citizenship		
Native-born	65.5	66.8*
Naturalized	5.5	5.6
Noncitizen	29.1	27.6*
Family type		
Married mother	25.6	25.5
Single mother	22.6	21.7*
Married, childless	8.0	8.3
Single, childless	43.9	44.5
Education		
Less than high school education	23.5	22.0*
High school diploma	32.5	32.7
Some college education	32.3	32.2
College degree	11.6	13.0*
Employment		
Employed	57.4	57.7
Unemployed	8.8	8.1*
Not in labor force	33.8	34.2
Income (% FPL)		
0%–138%	59.9	57.0*
139%–250%	23.1	23.8*
251%–400%	11.0	12.0*
Above 400%	5.9	7.2*
Metropolitan area residence		
Metropolitan	78.8	13.0

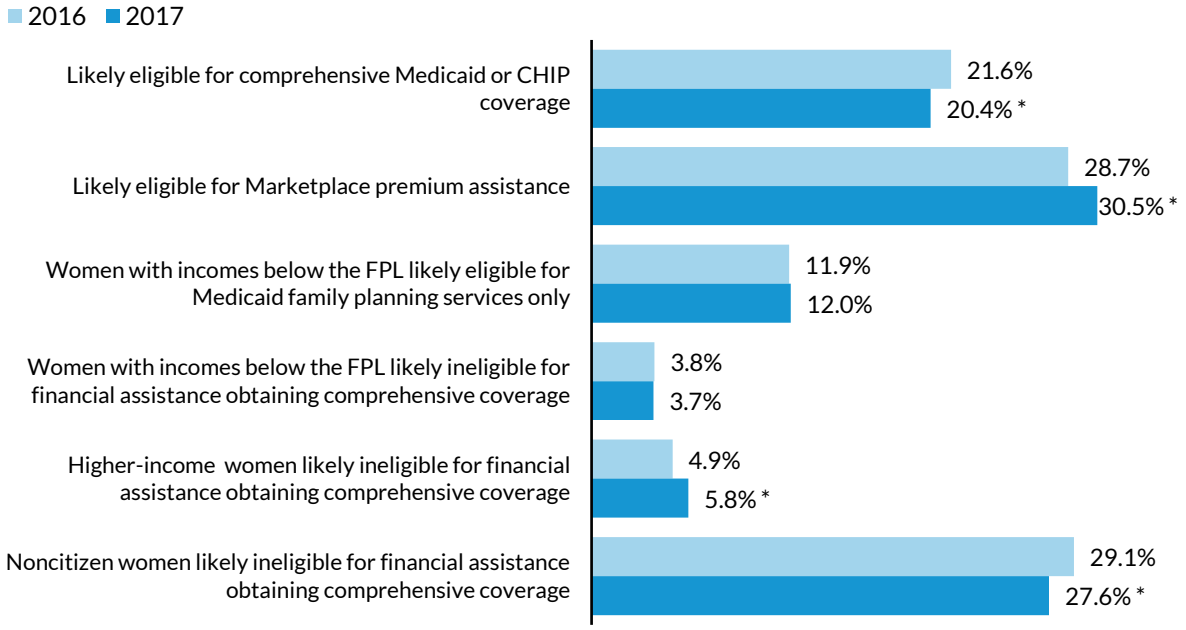
	2016	2017
Nonmetropolitan	8.0	8.1
Not identifiable	13.2	78.9
Medicaid expansion status		
Expansion	44.1	43.3*
Nonexpansion	55.9	56.7*

Source: Authors' analysis of 2016 and 2017 American Community Survey.
Notes: FPL = federal poverty level. See methods section for more information.
* Denotes 2017 estimates statistically different from 2016 at $p < 0.05$.

Consistent with the characteristics described in table A.4, uninsured women in 2017 were less likely to be eligible for Medicaid and more likely to be eligible for Marketplace coverage than uninsured women in 2016 (figure A.1).

FIGURE A.1

Potential Eligibility for Financial Assistance Obtaining Coverage among Uninsured Women of Reproductive Age, 2016–17



Source: Authors' analysis of 2016 and 2017 American Community Survey.
Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. See methods section for more information. Some uninsured women in all categories may be eligible for or enrolled in a Medicaid plan that covers family planning services only.
* Denotes 2017 estimates statistically different from 2016 at $p < 0.05$.

Among women of reproductive age who remained uninsured in 2017,

- about 20.4 percent were likely eligible for Medicaid or Children's Health Insurance Program (CHIP) coverage based on their incomes,
- about 30.5 percent were likely eligible for premium subsidies for Marketplace coverage based on their income, and
- about 49.1 percent were likely ineligible for any financial assistance obtaining comprehensive coverage, including noncitizens (27.6 percent), those with incomes above 400 percent of the FPL (5.8 percent), and those with incomes below the FPL in nonexpansion states who were likely eligible for a program covering family planning services only (12.0 percent) or likely ineligible for any financial assistance obtaining coverage (3.7 percent).

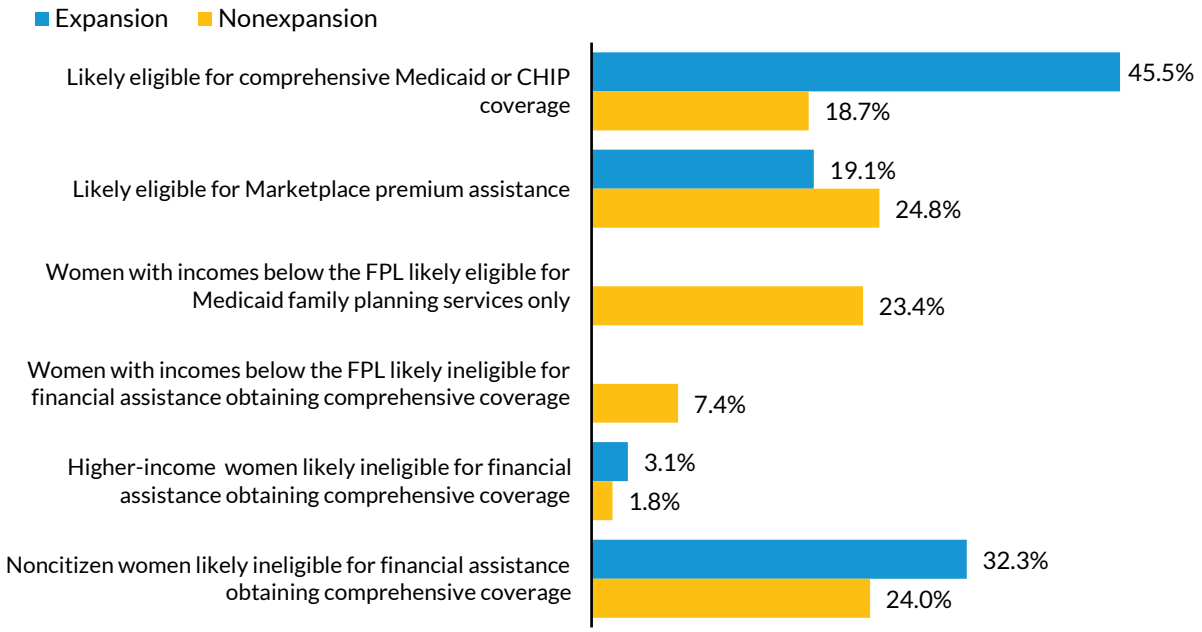
Potential eligibility for assistance obtaining coverage varies considerably depending on state Medicaid expansion status (figure 2). Of the approximately 7.5 million uninsured women in 2017, an estimated 3.2 million were in expansion states and about 4.2 million were in nonexpansion states.

- In expansion states, about 45.5 percent of uninsured women were citizens with incomes making them likely eligible for Medicaid or CHIP coverage, compared with 18.7 percent in nonexpansion states.
- About 19.1 percent of uninsured women in expansion states were citizens with incomes making them likely eligible for Marketplace premium assistance, compared with 24.8 percent in nonexpansion states
- In states that expanded Medicaid, about 35.4 percent of remaining uninsured women were likely ineligible for assistance obtaining comprehensive insurance coverage because they were noncitizens (32.3 percent) or had incomes above 400 percent of the FPL (3.1 percent).
- In nonexpansion states, about 30.8 percent of uninsured women were citizens with incomes below the FPL, including 23.4 percent who were likely eligible for family planning services only and another 7.4 percent who were likely ineligible for any financial assistance obtaining coverage. In expansion states, these women would likely be eligible for comprehensive Medicaid or CHIP coverage.

- Another 24.0 percent of uninsured women in nonexpansion states were noncitizens and 1.8 percent had incomes above 400 percent of the FPL. This left 56.6 percent of uninsured women in nonexpansion states likely ineligible for any financial assistance obtaining comprehensive coverage in 2017.

FIGURE A.2

Potential Eligibility for Financial Assistance Obtaining Coverage among Uninsured Women of Reproductive Age, by State Medicaid Expansion Status, 2017



Source: Authors' analysis of 2017 American Community Survey.
Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. See methods section for more information. Some uninsured women in all categories may be eligible for or enrolled in a Medicaid plan that covers family planning services only. All differences in estimates between expansion and nonexpansion states are statistically different at $p < 0.05$.

Looking Ahead

After strong coverage gains between 2013 and 2016, the uninsurance rate among women of reproductive age remained relatively stable in 2017. Still, some subgroups of women had high uninsurance rates, including women of color, single mothers, noncitizens, women with low incomes, women with a high school degree or less education, and those living in states that did not expand Medicaid under the ACA.

Though our estimates suggest that nearly 50 percent of uninsured women in 2017 were likely ineligible for financial assistance obtaining comprehensive coverage, this varies considerably by state. In

states that expanded Medicaid under the ACA, about 35 percent of uninsured women were likely ineligible for assistance with comprehensive coverage, compared with about 57 percent in nonexpansion states. In expansion states, most of these women were noncitizens who face extremely limited eligibility for most public programs, but in nonexpansion states, more than half of those ineligible for assistance were citizens with incomes below the FPL who would likely be eligible for Medicaid if their state expanded coverage under the ACA. Even without additional expansion efforts, opportunities for outreach and enrollment efforts exist for uninsured women in both expansion and nonexpansion states who are likely eligible for Medicaid or financial assistance with Marketplace premiums. Higher subsidies may be required, however, to help address affordability barriers to Marketplace coverage.

The accompanying state fact sheets provide additional details on the demographic subgroups of women of reproductive age with the highest uninsurance rates in every state and, in 40 states with sufficient sample size, the state-specific breakdown of potential eligibility for financial assistance among uninsured women. These fact sheets may provide state and local policymakers with the information necessary to target outreach and enrollment efforts to currently eligible but uninsured women or estimate the likely coverage gains from additional expansion efforts.

The rapidly changing health policy landscape will continue to alter the coverage options available to women of reproductive age. With both opportunities, including additional Medicaid expansions in Idaho, Maine, Nebraska, Utah, and Virginia, and challenges, including threats to the ACA and the addition of work requirements in several state Medicaid programs, monitoring the uninsurance rate for women of reproductive age will continue to be important. Moreover, with growing national attention on the issue of rising maternal mortality and ever-increasing threats to reproductive health care access, tracking women's ability to access the general and reproductive health services they need will also be critical.

Methods

Data

We use data from the 2013, 2016, and 2017 American Community Survey (ACS) to examine health insurance coverage among women of reproductive age (15 to 44). The ACS is a nationally representative survey conducted annually by the Census Bureau, and we obtained the data from the University of Minnesota Integrated Public Use Microdata Series.[2]

Measure Definitions

Our sample for all analyses includes women ages 15 to 44, except for estimates by employment or education status, which are limited to women ages 18 to 44. We generate income relative to the FPL for each woman's health insurance unit using an approach developed by the State Health Access Data Assistance Center.[3] Health insurance units capture the income used to determine eligibility for most means-tested programs better than the family definition used on the ACS. Mothers are women identified as the mother of a child ages 18 or under living in their household. Metropolitan area is defined as residing within a metropolitan statistical area. Not identifiable indicates that the respondent's sampling area straddled a metropolitan area boundary, and therefore metropolitan area status could not be reliably identified. We classify the 32 states that expanded Medicaid under the ACA by July 2016 as expansion states and all others as nonexpansion states.

The racial and ethnic categories reported here are defined differently than those in our previous analysis (McMorrow et al. 2018). Previously, we defined white, black, and Asian/Pacific Islander women as single race and non-Hispanic, but we classified women as American Indian/Alaska Native even if they also reported another race or Hispanic ethnicity. The other/multiple races category included those who reported "some other race" or multiple races, excluding American Indian/Alaska Native or Hispanic ethnicity. In this analysis, we define American Indian/Alaska Native women as those who report a single race and do not report Hispanic ethnicity, consistent with our definitions of white, black, and Asian/Pacific Islander. This change in classification reduced the size of the American Indian/Alaska Native population reported in our earlier analysis by about half, with corresponding increases in the Hispanic and multiple-race categories. This affects the 2013 and 2016 uninsurance estimates reported in this update, resulting in higher uninsurance rates for American Indian/Alaska Native women than in our earlier report. The change also has smaller effects on the uninsurance estimates for women of other/multiple races and Hispanic women. Details are presented in table A.5.

TABLE A.5

Uninsurance Rates among Women of Reproductive Age for Original and Updated Race Categories, 2013, 2016, and 2017

Percent

	Original Definition			Updated Definition		
	2013	2016	2017	2013	2016	2017
All	**20.3**	**11.6**	**11.7**	**20.3**	**11.6**	**11.7**
Non-Hispanic white	14.6	7.7	7.9	14.6	7.7	7.9
Non-Hispanic black	22.2	12.2	12.5	22.2	12.2	12.5
Hispanic	36.3	23.0	22.5	36.2	23.0	22.3
Non-Hispanic Asian/Pacific Islander	17.2	7.9	7.7	17.2	7.9	7.7
American Indian/Alaska Native	27.8	18.4	17.9	33.4*	23.3*	23.1*
Other/multiple Non-Hispanic races	16.7	8.3	8.7	18.1*	9.5*	9.9*

Source: Authors' analysis of 2013, 2016, and 2017 American Community Survey.

Note: * Denotes updated estimates statistically different from original estimates of their respective years at $p < 0.05$.

We estimate health insurance coverage at the time of the survey, and all estimates incorporate edits to account for apparent misreporting (Lynch et al. 2011). Our reported estimates of insurance coverage exclude Indian Health Service (IHS) coverage because it is not considered comprehensive. If IHS is treated as insurance coverage, the uninsurance rate is lower in at least one of our study years in Alaska, Montana, New Mexico, Oklahoma, and South Dakota. Table A.6 reports the uninsurance rates for women of reproductive age in these states when IHS is and is not counted as insurance coverage.

TABLE A.6

State Uninsurance Rates among Women of Reproductive Age, by Indian Health Service Classification, 2013, 2016, and 2017

Percent

	2013		2016		2017	
	IHS is not insurance	IHS is insurance	IHS is not insurance	IHS is insurance	IHS is not insurance	IHS is insurance
Alaska	25.3	17.3*	19.0	12.5*	15.1	9.1*
Montana	23.4	18.6*	10.3	7.8	11.5	9.3
New Mexico	28.7	25.0*	11.0	8.4*	12.1	10.0
Oklahoma	25.8	21.8*	20.1	15.6*	20.2	15.7*
South Dakota	18.7	12.9*	9.9	6.1*	12.2	8.6*

Source: Authors' analysis of 2013, 2016, and 2017 American Community Survey.

Notes: IHS = Indian Health Service.

* Denotes estimates statistically different from state uninsurance rates when IHS is not considered insurance at $p < 0.05$.

Statistical Analysis

In this analysis, we report uninsurance rates nationally and by subgroup and state for 2013, 2016, and 2017. These estimates update our prior brief (McMorrow et al. 2018) and focus on the changes in

coverage between 2016 and 2017. When examining changes in uninsurance rates over time, we used two-tailed t-tests to determine whether the estimates were statistically different from zero. All analyses used ACS person weights to account for the complex survey design.

Defining Potential Eligibility for Financial Assistance Obtaining Coverage among Uninsured Women

Using information on age, citizenship, health insurance unit income, and state Medicaid/CHIP eligibility thresholds, we classified the women who remained uninsured in 2016 and 2017 into six mutually exclusive categories based on their likely options for financial assistance obtaining coverage.

1. **Likely eligible for comprehensive Medicaid or CHIP coverage**: Citizen women who are income eligible for comprehensive Medicaid coverage based on state-specific eligibility thresholds for teenagers, parents, and other adults, including ACA Medicaid expansions to people with incomes up to 138 percent of the FPL
2. **Likely eligible for Marketplace premium assistance**: Citizen women with incomes above state-specific Medicaid eligibility thresholds (at or above 100 percent of the FPL in nonexpansion states) or at or below 400 percent of the FPL, who are income eligible for financial assistance for Marketplace coverage
3. **Women with incomes below the FPL likely eligible for Medicaid family planning services only**: Citizen women with incomes below 100 percent of the FPL in nonexpansion states who are not income eligible for comprehensive Medicaid coverage but are income eligible for a program providing family planning services in their state
4. **Women with incomes below the FPL likely ineligible for financial assistance obtaining comprehensive coverage**: Citizen women in nonexpansion states who are not eligible for Marketplace assistance because they have incomes below 100 percent of the FPL and are not income eligible for comprehensive Medicaid or more limited family planning coverage in their state
5. **Higher-income women likely ineligible for financial assistance obtaining comprehensive coverage:** Citizen women who have incomes above 400 percent of the FPL and are therefore not income eligible for Medicaid or Marketplace financial assistance, except in New York, where teenagers up to 405 percent of the FPL qualify for CHIP coverage and are therefore included in the Medicaid/CHIP-eligible category

6. **Noncitizen women likely ineligible for financial assistance obtaining comprehensive coverage:** Women who are not US citizens and therefore face extremely limited eligibility for any financial assistance obtaining health insurance coverage in most states

These categories have been updated since our previous analysis. Previously, we included teenagers as a separate category, but we now assign them to the appropriate category based on their characteristics. We collected details on eligibility thresholds for teenagers and adults as of January 1, 2018, from the Henry J. Kaiser Family Foundation (Brooks et al. 2018). Connecticut lowered its threshold for adults on January 1, 2018, so we use the level reported at the start of 2017 (Brooks et al. 2017). For teenagers, we used the highest eligibility threshold among three categories that apply to this age group: Medicaid-funded coverage for children ages 6 to 18, CHIP-funded coverage for uninsured children ages 6 to 18, or separate CHIP for uninsured children from birth to age 18. We obtained details on eligibility for state family planning programs from the Guttmacher Institute.[4] We included state-funded family planning programs in this analysis but excluded programs that only covered women losing Medicaid in the postpartum period.

State Fact Sheets

The accompanying fact sheets report 2017 uninsurance rates for women of reproductive age by age group, race/ethnicity, family structure, income relative to poverty, metropolitan residence status, and employment status. We collapse the Asian/Pacific Islander, American Indian/Alaska Native, and other/multiple race categories described above into one category. We do not report the uninsurance rate for women whose metropolitan status is not identifiable. We also do not report estimates for subgroups with a sample size smaller than 200.

We tested whether the uninsurance rate among women of reproductive age in each state was significantly different from the uninsurance rate in all other states using a two-tailed t-test. Within each state, we tested whether the uninsurance rate for each subgroup of women was significantly different from the uninsurance rate for all other women of reproductive age in the state using two-tailed t-tests. All differences reported in the fact sheet text are significant at $p < 0.05$.

For most states, we produced a two-page fact sheet that includes an analysis of potential eligibility for financial assistance obtaining coverage among the remaining uninsured. However, in states where the sample size of the remaining uninsured was smaller than 200 (the District of Columbia, Delaware, Hawaii, Maine, New Hampshire, North Dakota, Rhode Island, South Dakota, Vermont, West Virginia, and Wyoming), we did not provide estimates of potential eligibility for financial assistance among the

remaining uninsured. As noted, we treat people reporting only IHS coverage as uninsured, but this has meaningful effects on the uninsurance rate in three states in 2017. Alternate fact sheets that treat IHS as insurance coverage in Alaska, Oklahoma, and South Dakota are available from the authors upon request.

Limitations

This analysis has several limitations. First, our estimates of potential eligibility for financial assistance obtaining coverage are based only on age, income, state of residence, and citizenship status. These estimates do not factor in other pathways to Medicaid eligibility, such as disability or pregnancy status, or other eligibility restrictions for Marketplace assistance, such as access to an affordable employer plan. Moreover, we treat all noncitizen uninsured women as likely ineligible for assistance obtaining comprehensive coverage despite some state-specific programs that may be available to some of these women.

For example, California currently covers lawfully present immigrants and Deferred Action for Childhood Arrivals recipients during the five-year waiting period for federal Medicaid but does not offer coverage for undocumented immigrants.[5] Because we do not have information on documentation status, we cannot reliably identify women's eligibility for such programs. Similarly, several states use state-only funds to provide more limited coverage for income-eligible adults who are ineligible because of immigration status (District of Columbia, Massachusetts, New York, and Pennsylvania; Brooks et al. 2018). As we do with IHS, we do not treat this less comprehensive coverage as insurance in our analysis.

Second, all survey responses are subject to recall and social desirability biases and thus may contain measurement error. Finally, all analyses are descriptive and we cannot attribute any changes over time or across groups to specific policies.

Notes

[1] Accompanying state fact sheets are available at https://www.urban.org/policy-centers/health-policy-center/projects/uninsurance-among-women-reproductive-age-2017.

[2] Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, et al., "IPUMS USA: Version 8.0," accessed June 27, 2017, https://usa.ipums.org/usa/.

[3] "Using SHADAC Health Insurance Unit (HIU) and Federal Poverty Guideline (FPG) Microdata Variables," State Health Access Data Assistance Center, accessed June 27, 2019, https://www.shadac.org/publications/using-shadac-health-insurance-unit-hiu-and-federal-poverty-guideline-fpg-microdata.

[4] "Medicaid Family Planning Eligibility Expansions," Guttmacher Institute, accessed June 27, 2019, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

[5] "California Strategies: Covering California's Remaining Uninsured and Improving Affordability," Insure the Uninsured Project, June 7, 2018, http://www.itup.org/strategies-covering-remaining-uninsured/.

References

Brooks, Tricia, Karina Wagnerman, Samantha Artiga, and Elizabeth Cornachione. 2018. *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2018: Findings from a 50-State Survey*. San Francisco: Henry J. Kaiser Family Foundation.

Brooks, Tricia, Karina Wagnerman, Samantha Artiga, Elizabeth Cornachione, and Petry Ubri. 2017. *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey*. Menlo Park, CA: Henry J. Kaiser Family Foundation.

Lynch, Victoria, Genevieve M. Kenney, Jennifer Haley, and Dean M. Resnick. 2011. *Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits*. Washington, DC: US Census Bureau.

McMorrow, Stacey, Emily M. Johnston, Ruby Steedle, and Tyler W. Thomas. 2018. "Health Insurance Coverage for Women of Reproductive Age, 2013–2016." Washington, DC: Urban Institute.

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For more information on this project, see urban.org/policy-centers/health-policy-center/projects/uninsurance-among-women-reproductive-age-2017.

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