U.S. Health Reform—Monitoring and Impact

A Typology for Analyzing Coverage Gains by State: 2013–2017

September 2019

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Robert Wood Johnson Foundation

Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform to help states, researchers and policymakers learn from the process as it unfolds. Reports that have been prepared as part of this ongoing project can be found at **www.rwjf.org** and **www.healthpolicycenter.org**.

INTRODUCTION

In September 2018, we released a paper, ***Changes in Health Insurance Coverage 2013–2016: Medicaid Expansion States Lead the Way***, that provided national data on changes in coverage from the year immediately preceding the Affordable Care Act's (ACA's) main coverage reforms.[1] We simultaneously released fact sheets on coverage changes for each of the 50 states and the District of Columbia. In this brief, we summarize the state variation in coverage changes using a typology that groups states according to their pre-ACA uninsurance levels and their subsequent policy decisions around Medicaid expansion and efforts to encourage marketplace enrollment. Data from 2017 are now available, and we use them here to examine changes in coverage between 2013 and 2017. This incorporates the 2013–16 period of expanding coverage resulting from the ACA's Medicaid expansion, income-related tax credits, and individual mandate. It also includes the small decline in coverage that occurred between 2016 and 2017.[2]

One change that is important for understanding the context of our analysis is that employer-sponsored insurance rose slightly over this four-year period, increasing by 1 to 3 percentage points in almost every state. As shown elsewhere, employer-sponsored insurance has stayed relatively stable under the ACA because of the federal tax benefits associated with it and employers' use of the benefits to compete for labor.[2] The improving economy also likely contributed to the uptick. There were a few exceptions where employer-sponsored insurance fell (generally by small amounts) between 2013 and 2017 (e.g., in Alaska, Connecticut, Kentucky, Louisiana, Massachusetts, Pennsylvania, New York, Rhode Island, Vermont, West Virginia, and Wyoming).

We find that state variations in 2013–17 coverage changes can be effectively summarized by dividing states into five groups: (1) states with high coverage levels before the ACA that expanded Medicaid eligibility in 2014, (2) states that had high uninsurance rates and expanded Medicaid under the ACA, (3) states that expanded Medicaid but had somewhat lower uninsurance rates before the ACA, (4) states that did not expand Medicaid but had strong marketplace enrollment, and (5) states that had neither a Medicaid expansion nor robust levels of marketplace enrollment. Not all states fall easily into these categories but most do.

We find the following:

- Group 1 states had high coverage levels before the ACA. Each expanded Medicaid and experienced increased marketplace enrollment. They averaged a 4.1 percentage-point reduction in the uninsured, the smallest reduction of the five groups, because their uninsurance rates were already low.
- Group 2 states had high uninsurance rates before the ACA. They expanded Medicaid and generally experienced large increases in marketplace enrollment. Mostly because of the Medicaid expansion, these states' uninsurance rates dropped substantially, by an average of 10.4 percentage points.
- Group 3 states also expanded Medicaid but began with lower uninsurance rates before the ACA. They had smaller percentage-point reductions in the uninsured, averaging 6.2 percentage points across states.
- Group 4 states had high uninsurance rates, like Group 2. They did not expand Medicaid but had relatively robust marketplace enrollment. Because of increased

marketplace enrollment, the group's uninsurance rate fell by 6.4 percentage points.

- Group 5 states also had high uninsurance rates before the ACA. They did not expand Medicaid and had much smaller marketplace enrollment and thus a smaller impact on the uninsured, at 5.0 percentage points. Both Groups 4 and 5 benefitted from enrollment of those who were previously Medicaid eligible but unenrolled and marketplace enrollment of those with incomes between 100 percent and 138 percent of the federal poverty level (FPL).

DATA AND METHODS

This study uses data from the 2013 and 2017 American Community Survey (ACS) Integrated Public Use Microdata Series files created by the Minnesota Population Center. The U.S. Census Bureau conducts the ACS annually through the mail with in-person follow-up for nonrespondents. The ACS has the largest sample size of any survey collecting health insurance information, sampling approximately 3 million Americans per year, allowing for state-level estimates. The health insurance questions are point in time and the survey is mailed throughout the year, so our estimates represent an average coverage level for 2013 and 2017.

We focus our analyses on the civilian, noninstitutionalized, nonelderly population from birth to age 64, because this population was most likely to be affected by the ACA coverage expansions (almost all legal U.S. residents ages 65 and over have insurance coverage through the Medicare program). The family structures and corresponding income estimates presented here are based on health insurance units (HIUs), developed by the Urban Institute, which represent household or family units typically eligible to purchase health insurance together. Incomes for health insurance units are compared with the appropriate FPL for each year, which is the income standard used to determine eligibility for Medicaid and health insurance marketplace subsidies.

Our estimates of coverage types reflect several adjustments to health insurance coverage as reported on the ACS. First, the Urban Institute has developed a series of health insurance coverage edits for the ACS to correct for known inaccuracies in survey-based estimates of health insurance coverage. In particular, research has found that the ACS data overrepresent private nongroup coverage relative to other surveys and underrepresent Medicaid and Children's Health Insurance Program (CHIP) coverage among children relative to administrative data.

Second, respondents can select multiple health insurance coverage types in the ACS. We assigned respondents to a single coverage type based on the following hierarchy: employer-sponsored; Medicaid or CHIP; Medicare, Veterans Affairs, or Civilian Health and Medical Program of the Uniformed Services; private nongroup; and uninsured. Respondents who reported only Indian Health Service coverage are considered uninsured.

Unless otherwise noted, the figures shown in this brief provide percentage-point changes in health insurance coverage between 2013 and 2017. Because all respondents have been assigned a single coverage type, percentage-point changes among all coverage types within a given demographic or income group add up to zero.

RESULTS

Characterization of the State Groups. Table 1 shows the distribution of insurance coverage, 2013 per capita income, and the percentage of marketplace subsidy–eligible individuals who enroll for each state and each of the five state groups. Group 1 consists of states with the lowest uninsurance rates in 2013: Delaware, the District of Columbia, Hawaii, Iowa, Maryland, Massachusetts, Minnesota, Vermont, and Wisconsin. Their low uninsurance rates were primarily attributable to high rates of employer-sponsored insurance (64.8 percent across the nine states). Because of broad eligibility rules, these states also had relatively high rates of Medicaid and CHIP coverage in 2013 (19.3 percent across the group). Group 1 had the highest per capita income of any of the five groups in 2013. All these states, except Wisconsin, increased Medicaid eligibility up to 138 percent of FPL in 2014. Wisconsin expanded Medicaid eligibility for childless adults to 100 percent of FPL at the same time, forgoing the higher federal matching rate for full expansions while reducing eligibility for

parents to 100 percent of FPL (moving most of those losing Medicaid eligibility into marketplace coverage).

Group 2 is made up of states with high pre-ACA uninsurance rates that expanded Medicaid eligibility under the ACA: Alaska, Arizona, Arkansas, California, Colorado, Kentucky, Louisiana, Montana, Nevada, New Mexico, Oregon, Washington, and West Virginia (Louisiana and Montana expanded Medicaid in 2016). Group 2's high pre-ACA uninsurance rates mostly owed to low rates of employer-sponsored insurance. In addition, most of these states have lower per capita incomes than the Group 1 states, a difference that played out in modestly higher pre-ACA Medicaid/CHIP enrollment rates (20.5 percent compared with 19.3 percent).

Group 3 states were Connecticut, Illinois, Indiana, Michigan, New Hampshire, New Jersey, New York, North Dakota, Ohio, Pennsylvania, and Rhode Island. They differ from Group 2 states because they had lower pre-ACA uninsurance rates (though not as low as Group 1 states), largely because they tended to have higher per capita incomes and higher rates of employer-sponsored insurance. All these states expanded Medicaid eligibility under the ACA, with the latest expanding in early 2015.

Group 4 states were Florida, Georgia, Idaho, Maine, Missouri, Nebraska, North Carolina, and Virginia. Group 5 states were Alabama, Kansas, Mississippi, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wyoming. None of the states in Groups 4 or 5 expanded Medicaid eligibility under the ACA by 2017. The main difference between Groups 4 and 5 is that Group 4 states had higher marketplace enrollment than the national average among their subsidy-eligible population while states in Group 5 had enrollment rates below the national average (Table 1). Maine and Virginia expanded Medicaid in January 2019 and Idaho, Nebraska, and Utah voters passed expansion ballot initiatives in 2018, but none of these states have yet implemented Medicaid expansion. Both groups had higher overall rates of uninsurance in 2013 than Groups 1 and 3, but those rates varied considerably by state. The states with low employer-sponsored coverage rates tended to have the highest uninsurance rates because their Medicaid eligibility requirements were not generous enough to compensate. Within these state groups, higher Medicaid enrollment rates in 2013 occurred in states with large low-income populations, not because the states had broad eligibility standards. On average, states in these two groups have lower per capita incomes than states in the other groups.

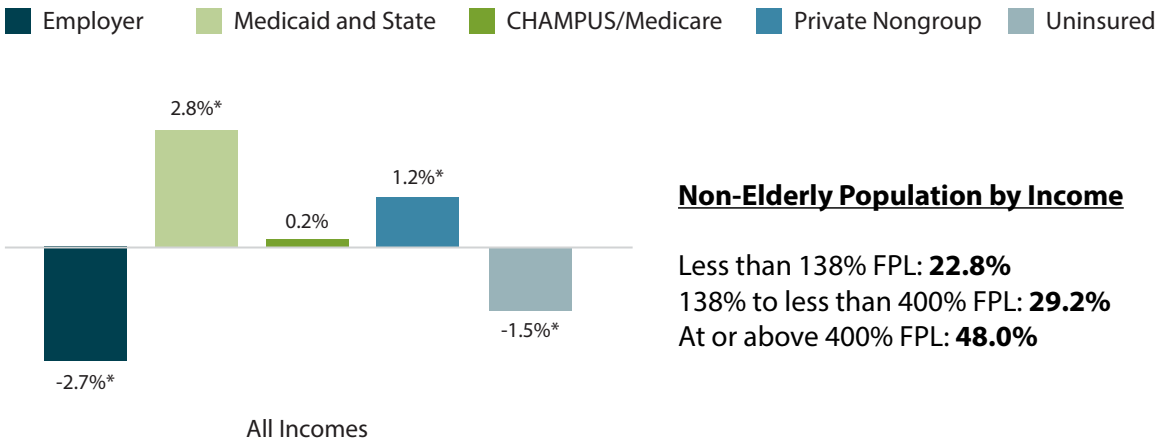
Changes in Insurance Coverage Rates, 2013 to 2017. Table 2 shows changes in insurance coverage of each type between 2013 and 2017 by state and state group. Figures 1 through 5 highlight central findings for an example state from each group.

Group 1. High pre-ACA coverage levels plus Medicaid eligibility expansion. These states had high coverage levels and low uninsurance rates in 2013 (less than 12 percent across the group), and each expanded Medicaid eligibility in 2014, allowing for further increases in coverage.[3] Because these are generally high-income states, many of which had higher-than-average Medicaid eligibility levels before the ACA, they had smaller-than-average shares of their populations with incomes below 138 percent of FPL, and, consequently, the impact of the ACA Medicaid expansion tended to be smaller in this group than in other expansion states. Uninsurance rates for this group fell by 4.1 percentage points between 2013 and 2017. Massachusetts had a pre-ACA uninsurance rate of 4.8 percent in 2013, the lowest rate in the country, because of its own reforms legislated in 2006. Still, Massachusetts expanded Medicaid eligibility further in 2014 and its marketplace enrollment was close to the national average. However, these had limited effects because almost half of Massachusetts's nonelderly population has incomes above 400 percent of FPL (Figure 1). As a result, the Massachusetts uninsurance rate fell by 1.5 percentage points over the four years, to 3.3 percent in 2017. Their percentage-point coverage gain was among the lowest in the country because they began with the most coverage. Delaware, the District of Columbia, Hawaii, Iowa, Maryland, Minnesota, and Vermont all had small percentage-point increases in Medicaid and/or nongroup coverage. Table 2 shows that Medicaid coverage in Wisconsin remained essentially unchanged over this period, increasing for childless adults and decreasing for parents. Nongroup coverage in Wisconsin increased by 1.8 percentage points, employer coverage increased by 3.0 percentage points, and the uninsurance rate fell by 4.8 percentage points.

Overall, uninsurance rates declined significantly under the ACA for every state in the group. The decrease for Group 1 was smaller than for the other groups, despite expanding Medicaid eligibility, because these states had the most coverage before the ACA.

Group 2. Medicaid expansion states with large pre-ACA uninsured populations. These states each had high uninsurance rates in 2013, over 16 percent of their total nonelderly population and 19.2 percent, on average, across the group. Since implementation of the ACA's coverage reforms, the uninsurance rate across the group fell by 10.4 percentage points. For example, California's nonelderly uninsurance rate fell from 19.8 percent to 8.2 percent, a decrease of 11.6 percentage points (Figure 2). California's Medicaid enrollment increased by 7.7 percentage points and its nongroup coverage increased by 1.4 percentage points. In

Figure 1: Percentage-Point Changes in Insurance Coverage by Income in Massachusetts, 2013 to 2017



Non-Elderly Population by Income

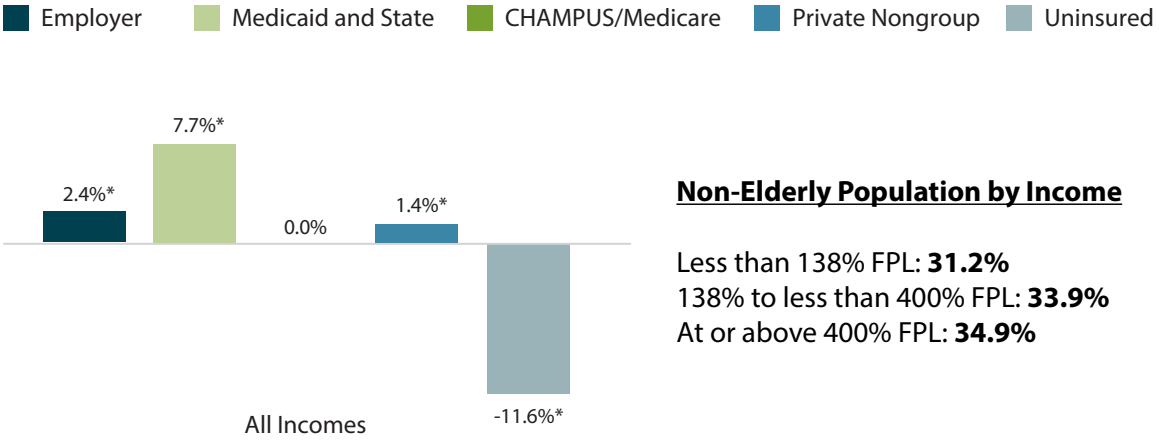
Less than 138% FPL: **22.8%**
138% to less than 400% FPL: **29.2%**
At or above 400% FPL: **48.0%**

Source: Urban Institute analysis of American Community Survey data from 2013 and 2017 using the Integrated Public Use Microdata Series.
Notes: FPL = federal poverty level.
* Change is statistically significant at the 5 percent level.

contrast to Massachusetts, California's nonelderly population is lower income: only 34.9 percent of the state's nonelderly population has incomes above 400 percent of FPL. Over the same period, Nevada's uninsurance rate fell from 23.5 percent to 12.8 percent, West Virginia's fell from 16.4 percent to 7.0 percent, Arizona's fell from 20.6 percent to 11.8 percent, Louisiana's fell from 19.4 percent to 9.7 percent, and Arkansas's fell from 19.2 percent to 9.5 percent. Alaska was an exception, having a much smaller decrease in uninsurance than others in the group because a large drop in employer-sponsored insurance offset much of its sizable Medicaid expansion. All but one state (Arizona, at 5.1 percent) experienced increases in their Medicaid population of 6 percentage points or more. Nongroup coverage increased significantly in most states in this group.

Each state in Group 2 had significant uninsured populations before the ACA and took advantage of the law's Medicaid

Figure 2: Percentage-Point Changes in Insurance Coverage by Income in California, 2013 to 2017



Non-Elderly Population by Income

Less than 138% FPL: **31.2%**
138% to less than 400% FPL: **33.9%**
At or above 400% FPL: **34.9%**

Source: Urban Institute analysis of American Community Survey data from 2013 and 2017 using the Integrated Public Use Microdata Series.
Notes: FPL = federal poverty level.
* Change is statistically significant at the 5 percent level.

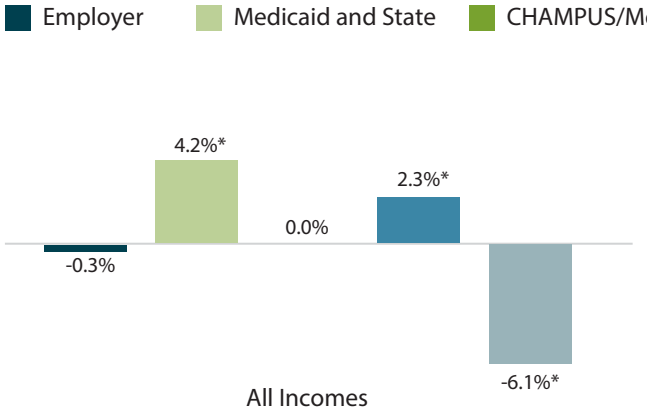
expansion to substantially reduce those numbers. Two of the states with the largest coverage gains, Oregon and California, were also particularly effective at enrolling their subsidy-eligible population in marketplace coverage.

Group 3. Medicaid expansion states with smaller pre-ACA uninsured populations. Many of the 11 states in this group have large populations. With one exception, these states increased their Medicaid enrollment by 3 to 5 percentage points (Rhode Island), and all but one state in the group (North Dakota) significantly increased the shares of their populations in nongroup insurance. As a result, the uninsurance rate across the group dropped by over 6 percentage points, and most states' uninsurance rates fell by 5 to 7 percentage points. Rhode Island was the major exception, increasing Medicaid/CHIP coverage by 7.5 percentage points and reducing its uninsurance rate by 8.8 percentage points.

New York is a prominent example in this group, having reduced its uninsurance rate from 12.8 percent in 2013 to 6.7 percent in 2017, a drop of 6.1 percentage points (Figure 3). This was driven by a 4.2 percentage-point increase in Medicaid coverage under the Medicaid expansion and a 2.3 percentage-point increase in nongroup coverage. New York is one of two states in the country (Minnesota is the other) that took the ACA option of implementing a basic health program (called the Essential Plan in New York). Enrollment rates in the Essential Plan, which provides lower premiums and out-of-pocket costs than marketplace coverage for eligible people with incomes below 200 percent of FPL, has been a significant factor in the state's coverage gains.

Group 3 states, like their Group 2 counterparts, took advantage of the ACA's Medicaid expansion, and many of these states had high marketplace enrollment rates that led to

Figure 3: Percentage-Point Changes in Insurance Coverage by Income in New York, 2013 to 2017



Non-Elderly Population by Income

Less than 138% FPL: **29.9%**
138% to less than 400% FPL: **32.2%**
At or above 400% FPL: **37.9%**

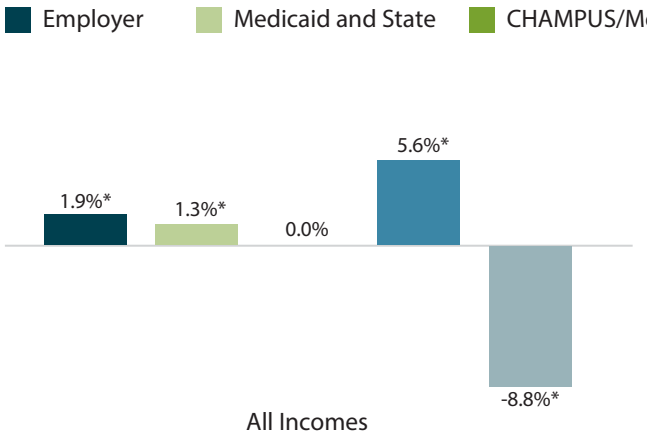
Source: Urban Institute analysis of American Community Survey data from 2013 and 2017 using the Integrated Public Use Microdata Series.
Notes: FPL = federal poverty level.
* Change is statistically significant at the 5 percent level.

additional coverage gains. Consequently, each state reduced the uninsured share of its population significantly, though the decreases were smaller than for Group 2 because Group 3 states' 2013 uninsurance rates were lower. Overall, their 2017 uninsurance rates were lower than those of Group 2 but higher than those of Group 1.

Group 4. No Medicaid expansion but high marketplace enrollment rates. A small group of states that did not expand Medicaid experienced fairly robust enrollment increases in the nongroup market under the ACA (3.8 percentage points on average).[4] All eight states in this group had marketplace enrollment rates for their subsidy-eligible populations above the national average.

As a result, Group 4 states reduced their uninsurance rates by an average of 6.4 percentage points, commensurate with the average for Group 3 states that all expanded Medicaid. However, Group 4 states' uninsurance rates were generally higher than those in the Group 3 states in 2013 and remained so in 2017. For example, in Florida, the share of the nonelderly population with Medicaid coverage increased by only 1.3 percentage points between 2013 and 2017 because of increased enrollment among those already eligible for the program before the ACA. However, the share of the state's population in nongroup coverage jumped by 5.6 percentage points, the largest increase in the country (Figure 4). As a result, the share of the uninsured nonelderly population in

Figure 4: Percentage-Point Changes in Insurance Coverage by Income in Florida, 2013 to 2017



Non-Elderly Population by Income

Less than 138% FPL: **32.8%**
138% to less than 400% FPL: **39.8%**
At or above 400% FPL: **27.4%**

Source: Urban Institute analysis of American Community Survey data from 2013 and 2017 using the Integrated Public Use Microdata Series.
Notes: FPL = federal poverty level.
* Change is statistically significant at the 5 percent level.

Florida fell by 8.8 percentage points; this was among the largest declines in the country.

Similarly, marketplace enrollment by subsidized individuals increased and uninsurance rates dropped by over 5 percentage points in Georgia, Idaho, and North Carolina. Maine was an exception because its large decrease in Medicaid coverage was offset by increased employer-sponsored insurance, diminishing the impact of the large increase in nongroup coverage on reducing the state's uninsured.

Group 4 states did not take advantage of the ACA's Medicaid expansion, leaving them with higher 2017 uninsurance rates than the national average. However, nongroup coverage increased more in these states than in others, and many of these states had among the highest marketplace enrollment in the country.[5] These increases in nongroup coverage, also driven by the ACA, allowed Group 4 states to significantly reduce their uninsurance rates between 2013 and 2017.

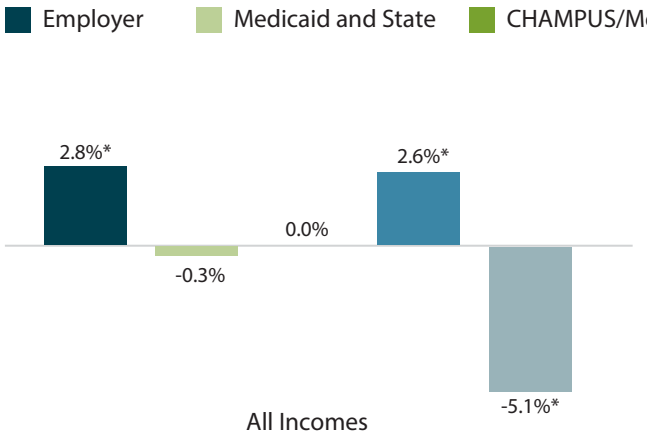
Group 5. No Medicaid expansion, low marketplace enrollment rates. These states did not expand Medicaid, nor did they have robust marketplace enrollment. The share of these states' populations enrolled in Medicaid/CHIP increased or decreased by small amounts, and most experienced small increases in nongroup coverage. As a result, their uninsurance rates fell by only 5.0 percentage points on average, despite many of their 2013 uninsurance rates being among the highest in the country. Texas had almost no change in Medicaid enrollment, but the share of the state's nonelderly population in nongroup coverage increased by 2.6 percentage points (Figure 5). The 5.1 percentage-point reduction in the Texas uninsurance rate came from both increased nongroup coverage and a 2.8 percentage-point increase in employer-sponsored insurance.

The typical Group 5 state continued to have a higher uninsurance rate than the typical state in the other groups after four years of the ACA's coverage reforms. Group 5 states made fewer coverage gains than Group 4, which also did not expanded Medicaid. The Medicaid gap in Groups 4 and 5 states limited possible coverage gains in those states, but the low marketplace participation in Group 5 states left their post-ACA coverage rates much lower than those of group 4.

DISCUSSION

The state typology developed here highlights states' different circumstances both before the ACA and four years after implementation. States that already had high coverage levels before the ACA and expanded Medicaid made additional progress, but their percentage-point advances tended to be smaller than other states' because they began the reform process in a better position. States with high uninsurance rates in 2013 that expanded Medicaid eligibility also made

Figure 5: Percentage-Point Changes in Insurance Coverage by Income in Texas, 2013 to 2017



Non-Elderly Population by Income

Less than 138% FPL: **31.9%**
138% to less than 400% FPL: **37.2%**
At or above 400% FPL: **31.0%**

Source: Urban Institute analysis of American Community Survey data from 2013 and 2017 using the Integrated Public Use Microdata Series.
Notes: FPL = federal poverty level.
* Change is statistically significant at the 5 percent level.

significant progress covering previously uninsured residents. Two of these states, California and Oregon, also had notably high marketplace enrollment rates among their subsidy-eligible populations, another important factor in achieving coverage gains there.

Some states did not expand Medicaid but had high marketplace enrollment rates among their subsidy-eligible populations, which also significantly reduced their initially high uninsurance rates. Many remaining states, those that did not expand Medicaid and did not have robust subsidized marketplace enrollment, experienced much smaller reductions in their uninsurance rates and are left with very high uninsurance rates today.

States with the highest uninsurance rates after four years of the ACA's coverage reforms include Florida, Georgia, Idaho, Oklahoma, Mississippi, North Carolina, South Carolina, Texas, and Wyoming. These states have large low-income populations, and coverage in these states would increase significantly if they expanded Medicaid eligibility. Several of these states, including Texas, Mississippi, and Wyoming, could experience additional coverage gains with greater support for marketplace enrollment. A central intent of the ACA was to provide financial assistance and coverage opportunities to those with incomes below 400 percent of FPL. Given low levels of support for the law and its components in many states with large low-income populations, assistance remains left on the table and many people in these states remain uninsured.

Table 1: Coverage Rates in 2013, by State and State Policy

State (Expansion Status)	Rate in 2013						
	Uninsured	Employer Insurance	Medicaid and State Insurance	CHAMPUS/ Medicare	Private Nongroup Insurance	Per Capita Income in 2013[a]	Percent of Subsidy Eligibles Who Enroll in Marketplaces
Group 1							
Delaware (E)	11.9%	60.1%	22.7%	2.7%	2.5%	$44,209	33.0%
District of Columbia (E)	7.7%	58.1%	28.3%	1.6%	4.2%	$68,249	15.2%
Hawaii (E)	8.5%	62.6%	18.1%	7.7%	3.2%	$44,995	11.3%
Iowa (E)	10.6%	63.7%	19.0%	1.7%	5.1%	$43,496	25.8%
Maryland (E)	11.9%	64.5%	16.5%	3.1%	4.0%	$52,792	36.9%
Massachusetts (E)	4.8%	67.6%	22.2%	1.1%	4.2%	$57,418	38.9%
Minnesota (E)	9.8%	65.9%	16.7%	1.5%	6.1%	$47,695	20.0%
Vermont (E)	8.5%	57.2%	28.4%	2.2%	3.7%	$45,831	56.2%
Wisconsin (N)	10.8%	64.1%	19.0%	1.9%	4.2%	$43,079	53.7%
Group average weighted by state population	9.3%	64.8%	19.3%	2.2%	4.5%	$49,702	35.0%
Group 2							
Alaska (E)	20.1%	56.6%	14.4%	6.1%	2.8%	$52,259	25.1%
Arizona (E)	20.6%	50.6%	21.1%	2.9%	4.8%	$36,664	24.4%
Arkansas (E)	19.2%	49.1%	23.1%	4.6%	4.0%	$35,995	28.9%
California (E)	19.8%	51.6%	21.5%	1.9%	5.2%	$49,173	58.6%
Colorado (E)	16.2%	57.4%	15.7%	4.1%	6.7%	$47,308	21.0%
Kentucky (E)	16.9%	55.9%	19.9%	4.0%	3.2%	$35,882	21.1%
Louisiana (E)	19.4%	50.4%	23.2%	3.1%	4.0%	$40,714	22.8%
Montana (E)	20.1%	52.5%	18.0%	3.6%	5.8%	$40,187	26.6%
Nevada (E)	23.5%	56.1%	13.6%	3.5%	3.3%	$39,440	27.7%
New Mexico (E)	22.4%	42.7%	27.3%	4.3%	3.3%	$35,204	24.0%
Oregon (E)	17.8%	55.8%	19.0%	2.5%	4.9%	$39,964	44.0%
Washington (E)	16.5%	57.8%	17.3%	3.7%	4.7%	$48,237	31.6%
West Virginia (E)	16.4%	55.7%	22.2%	3.8%	1.9%	$34,979	27.5%
Group average weighted by state population	19.2%	52.8%	20.5%	2.8%	4.8%	$44,739	41.9%
Group 3							
Connecticut (E)	11.1%	63.4%	19.2%	1.9%	4.4%	$63,637	40.2%
Illinois (E)	14.6%	59.4%	20.4%	1.5%	4.1%	$47,160	39.4%
Indiana (E)	16.3%	59.8%	18.3%	2.0%	3.7%	$39,517	27.2%
Michigan (E)	13.2%	59.1%	21.4%	1.9%	4.4%	$39,328	38.2%
New Hampshire (E)	12.8%	67.1%	13.9%	2.2%	4.0%	$51,501	34.3%

New Jersey (E)	15.6%	64.2%	15.3%	1.5%	3.3%	$55,679	42.6%
New York (E)	12.8%	57.8%	24.8%	1.5%	3.1%	$54,845	20.8%
North Dakota (E)	12.3%	66.3%	10.2%	3.3%	7.9%	$53,765	30.1%
Ohio (E)	12.9%	61.5%	19.8%	2.1%	3.6%	$41,187	22.0%
Pennsylvania (E)	11.9%	63.6%	18.5%	1.9%	4.1%	$46,341	36.6%
Rhode Island (E)	14.2%	61.3%	18.7%	2.2%	3.6%	$46,332	42.8%
Group average weighted by state population	13.5%	60.7%	20.2%	1.8%	3.8%	$48,147	31.8%
Group 4							
Florida (N)	24.7%	47.0%	19.3%	3.7%	5.3%	$40,582	64.1%
Georgia (N)	21.3%	52.4%	18.6%	3.9%	3.9%	$37,404	42.6%
Idaho (N)	18.9%	53.7%	17.9%	3.1%	6.4%	$36,167	44.1%
Maine (N)	13.8%	55.4%	23.8%	3.5%	3.5%	$40,148	54.0%
Missouri (N)	15.5%	58.9%	18.0%	3.3%	4.3%	$40,152	41.7%
Nebraska (N)	12.7%	62.8%	14.7%	3.0%	6.8%	$46,419	47.0%
North Carolina (N)	18.5%	52.1%	19.9%	4.5%	5.0%	$38,078	49.9%
Virginia (N)	14.3%	61.8%	13.0%	6.6%	4.3%	$48,666	40.3%
Group average weighted by state population	19.9%	53.0%	18.1%	4.2%	4.8%	$40,770	51.1%
Group 5							
Alabama (N)	16.5%	53.8%	21.3%	4.4%	4.0%	$36,067	37.4%
Kansas (N)	14.6%	61.0%	15.2%	4.0%	5.1%	$45,826	30.7%
Mississippi (N)	19.8%	47.4%	25.3%	4.3%	3.3%	$33,851	26.6%
Oklahoma (N)	20.4%	51.9%	20.5%	3.7%	3.5%	$43,082	29.8%
South Carolina (N)	18.7%	53.0%	20.5%	4.4%	3.4%	$35,665	35.4%
South Dakota (N)	14.8%	57.5%	16.4%	3.4%	8.0%	$45,092	23.0%
Tennessee (N)	16.5%	53.3%	21.7%	4.0%	4.5%	$39,549	29.6%
Texas (N)	24.6%	50.4%	18.5%	2.9%	3.6%	$43,821	37.2%
Utah (N)	15.1%	64.1%	13.0%	2.1%	5.8%	$36,764	29.6%
Wyoming (N)	15.2%	64.6%	11.7%	3.9%	4.7%	$53,082	28.8%
Group average weighted by state population	20.7%	52.7%	19.2%	3.5%	4.0%	$41,263	34.1%
National average weighted by state population	17.0%	56.2%	19.6%	2.8%	4.3%	$44,819	38.7%

Source: Urban Institute analysis of American Community Survey data from 2013 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. (E) indicates expansion, (N) indicates no expansion as of July 2016.

[a] Per capita income data from FRED database (https://fred.stlouisfed.org/release/tables?rid=151&eid=257197).

Table 2: Percentage-Point Change in Coverage Rates from 2013 to 2017, by State and State Group

State (Expansion Status)	Uninsurance Rate in 2013	Uninsurance Rate in 2017	Change in Health Insurance Coverage between 2013 and 2017									
			Uninsured		Employer Insurance		Medicaid and State Insurance		CHAMPUS/ Medicare Insurance		Private Nongroup Insurance	
Group 1												
Delaware (E)	11.9%	6.6%	-5.4%	***	4.2%	***	-1.4%		0.6%		2.1%	***
District of Columbia (E)	7.7%	4.2%	-3.5%	***	1.3%		0.4%		0.5%		1.4%	**
Hawaii (E)	8.5%	4.4%	-4.0%	***	1.2%		2.6%	***	-0.8%	*	1.1%	***
Iowa (E)	10.6%	5.2%	-5.4%	***	2.0%	***	2.3%	***	0.1%		1.0%	***
Maryland (E)	11.9%	7.0%	-5.0%	***	0.0%		3.6%	***	0.0%		1.3%	***
Massachusetts (E)	4.8%	3.3%	-1.5%	***	-2.7%	***	2.8%	***	0.2%	*	1.2%	***
Minnesota (E)	9.8%	5.2%	-4.7%	***	1.2%	**	3.5%	***	0.4%	***	-0.5%	*
Vermont (E)	8.5%	5.1%	-3.4%	***	-0.3%		2.3%		0.1%		1.2%	**
Wisconsin (N)	10.8%	6.0%	-4.8%	***	3.0%	***	0.1%		-0.2%		1.8%	***
Group average weighted by state population	**9.3%**	**5.2%**	**-4.1%**		**0.6%**		**2.3%**		**0.1%**		**1.1%**	
Group 2												
Alaska (E)	20.1%	15.2%	-4.9%	***	-6.6%	***	9.2%	***	2.2%	**	0.0%	
Arizona (E)	20.6%	11.8%	-8.7%	***	3.1%	***	5.1%	***	0.1%		0.4%	**
Arkansas (E)	19.2%	9.5%	-9.7%	***	0.7%		7.8%	***	-0.4%		1.7%	***
California (E)	19.8%	8.2%	-11.6%	***	2.4%	***	7.7%	***	0.0%		1.4%	***
Colorado (E)	16.2%	8.6%	-7.6%	***	1.1%	**	6.8%	***	-0.5%	***	0.3%	
Kentucky (E)	16.9%	6.4%	-10.5%	***	-1.0%		10.8%	***	-0.1%		0.7%	***
Louisiana (E)	19.4%	9.7%	-9.7%	***	-0.1%		8.7%	***	0.3%		0.8%	***
Montana (E)	20.1%	10.6%	-9.5%	***	0.2%		6.7%	***	0.1%		2.4%	***
Nevada (E)	23.5%	12.8%	-10.7%	***	1.0%		8.5%	***	-0.3%		1.5%	***
New Mexico (E)	22.4%	10.6%	-11.8%	***	0.7%		10.5%	***	-0.3%		0.9%	***
Oregon (E)	17.8%	8.1%	-9.7%	***	0.6%		8.0%	***	-0.2%		1.4%	***
Washington (E)	16.5%	7.0%	-9.6%	***	2.5%	***	6.5%	***	-0.3%	**	0.9%	***
West Virginia (E)	16.4%	7.0%	-9.5%	***	-2.7%	***	10.6%	***	0.1%		1.5%	***
Group average weighted by state population	**19.2%**	**8.7%**	**-10.4%**		**1.6%**		**7.7%**		**-0.1%**		**1.1%**	
Group 3												
Connecticut (E)	11.1%	6.6%	-4.5%	***	-0.2%		3.5%	***	-0.1%		1.3%	***
Illinois (E)	14.6%	7.8%	-6.7%	***	2.1%	***	3.2%	***	0.3%	***	1.2%	***
Indiana (E)	16.3%	9.7%	-6.5%	***	1.8%	***	3.6%	***	0.3%	***	0.8%	***

Michigan (E)	13.2%	6.0%	-7.2%	***	2.2%	***	4.5%	***	0.0%		0.5%	***
New Hampshire (E)	12.8%	6.7%	-6.2%	***	1.2%		3.2%	***	0.5%	*	1.3%	***
New Jersey (E)	15.6%	8.8%	-6.8%	***	0.7%	*	4.1%	***	0.2%	*	1.7%	***
New York (E)	12.8%	6.7%	-6.1%	***	-0.3%		4.2%	***	0.0%		2.3%	***
North Dakota (E)	12.3%	8.7%	-3.5%	***	0.4%		3.6%	***	-0.6%		0.1%	
Ohio (E)	12.9%	6.9%	-6.1%	***	0.1%		5.0%	***	0.4%	***	0.6%	***
Pennsylvania (E)	11.9%	6.5%	-5.3%	***	-0.8%	**	4.4%	***	0.5%	***	1.2%	***
Rhode Island (E)	14.2%	5.3%	-8.8%	***	-0.5%		7.5%	***	-0.1%		2.0%	***
Group average weighted by state population	13.5%	7.2%	-6.2%		0.6%		4.2%		0.2%		1.3%	
Group 4												
Florida (N)	24.7%	15.9%	-8.8%	***	1.9%	***	1.3%	***	0.0%		5.6%	***
Georgia (N)	21.3%	15.2%	-6.0%	***	3.0%	***	0.1%		0.0%		2.9%	***
Idaho (N)	18.9%	12.8%	-6.2%	***	1.3%		1.8%	**	0.1%		2.9%	***
Maine (N)	13.8%	9.8%	-4.1%	***	4.7%	***	-4.6%	***	-0.3%		4.3%	***
Missouri (N)	15.5%	10.7%	-4.8%	***	1.8%	***	-0.4%		0.4%	**	3.0%	***
Nebraska (N)	12.7%	10.1%	-2.6%	***	1.4%		-0.5%		0.2%		1.5%	***
North Carolina (N)	18.5%	12.7%	-5.8%	***	2.6%	***	0.3%		0.3%	*	2.7%	***
Virginia (N)	14.3%	10.3%	-4.0%	***	0.2%		0.5%	*	0.4%	**	3.0%	***
Group average weighted by state population	19.9%	13.6%	-6.4%		2.0%		0.5%		0.2%		3.8%	
Group 5												
Alabama (N)	16.5%	11.4%	-5.1%	***	0.7%		1.4%	***	0.5%	**	2.5%	***
Kansas (N)	14.6%	10.0%	-4.7%	***	2.3%	***	0.4%		0.1%		2.0%	***
Mississippi (N)	19.8%	14.3%	-5.5%	***	2.5%	***	-0.1%		0.0%		3.0%	***
Oklahoma (N)	20.4%	16.2%	-4.3%	***	0.6%		0.1%		0.9%	***	2.7%	***
South Carolina (N)	18.7%	13.4%	-5.3%	***	1.4%	**	0.4%		0.2%		3.3%	***
South Dakota (N)	14.8%	10.7%	-4.1%	***	4.5%	***	-1.7%	*	-0.4%		1.6%	**
Tennessee (N)	16.5%	11.1%	-5.4%	***	2.9%	***	0.8%	**	-0.2%		1.9%	***
Texas (N)	24.6%	19.4%	-5.1%	***	2.8%	***	-0.3%	*	0.0%		2.6%	***
Utah (N)	15.1%	10.2%	-5.0%	***	2.4%	***	0.4%		-0.1%		2.2%	***
Wyoming (N)	15.2%	14.7%	-0.5%		-3.7%	**	2.4%	**	-0.4%		2.3%	***
Group average weighted by state population	19.3%	14.3%	-5.0%		2.1%		0.1%		0.2%		2.6%	

Source: Urban Institute analysis of American Community Survey data from 2013 and 2017 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. (E) indicates expansion, (N) indicates no expansion as of July 2016.

*/**/*** 2017 estimate differs significantly from the 2013 estimate at the 0.10/0.05/0.01 level.

ENDNOTES

1. Skopec L, Holahan J, Elmendorf C. Changes in Health Insurance Coverage 2013–2016: Medicaid Expansion States Lead the Way. Washington: Urban Institute; 2018. https://www.urban.org/research/publication/changes-health-insurance-coverage-2013-2016-medicaid-expansion-states-lead-way. Published September 11, 2018. Accessed June 18, 2019.
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4. As noted earlier, Wisconsin expanded eligibility for childless adults up to 100 percent of FPL and cut eligibility for parents down to 100 percent of FPL. All other states in the group expanded eligibility up to 138 percent of FPL under the ACA.
5. Maine and Virginia both expanded Medicaid eligibility in January 2019.
6. Urban Institute Health Insurance Policy Simulation Model, 2017.

About the Authors and Acknowledgments

John Holahan is an Institute Fellow, Caroline Elmendorf is a Research Assistant, Linda Blumberg is an Institute Fellow, and Laura Skopec is a Senior Research Associate in the Urban Institute's Health Policy Center.

The authors are grateful for the editorial assistance provided by Rachel Kenney.

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