

U.S. Health Reform—Monitoring and Impact

# Health Insurance Coverage Declined for Nonelderly Americans between 2017 and 2018, Leaving Nonexpansion States Further Behind

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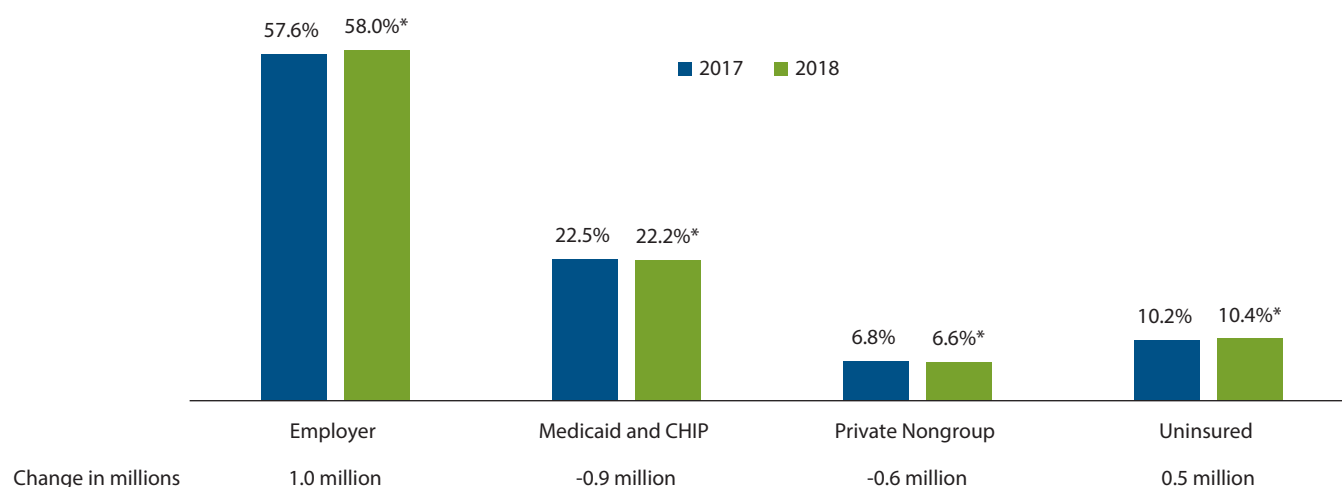
With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. The project began in May 2011 and will take place over several years. The Urban Institute will document 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](http://www.rwjf.org) and [www.healthpolicycenter.org](http://www.healthpolicycenter.org).

## EXECUTIVE SUMMARY

The primary health insurance coverage reforms of the Affordable Care Act took (ACA) effect on January 1, 2014. Between 2013 and 2016, the uninsurance rate for nonelderly Americans from birth to age 64 fell every year,<sup>1</sup> and 18.5 million more Americans had health insurance coverage in 2016 than in 2013.<sup>2</sup> However, between 2016 and 2017, uninsurance increased by 0.2 percentage points.<sup>3</sup> Using the American Community Survey, we find that uninsurance increased by an additional 0.2 percentage

points between 2017 and 2018, meaning 500,000 more uninsured Americans (Figure ES 1). This increase in uninsurance occurred despite a strong economy and accompanying increases in incomes and employer-sponsored insurance (ESI) coverage. Recent research suggests that employer-sponsored coverage will decline during the COVID-19 recession, perhaps leaving millions more uninsured.<sup>4</sup> This paper serves as a baseline for future measurement of coverage losses during COVID-19.

### Executive Summary Figure 1: Insurance Status of Nonelderly Americans, by Coverage Type, 2017–18



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Estimates are for nonelderly people, birth to 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\*Percentage-point change is statistically significant at the 10 percent level.

The increasing uninsurance rate between 2017 and 2018 was driven by losses of private nongroup coverage,<sup>5</sup> such as that purchased in the health insurance marketplaces, and decreases in Medicaid and the Children's Health Insurance Program (CHIP) coverage (0.2 percentage points for private nongroup, 0.3 percentage points for Medicaid and CHIP; Figure ES 1). These trends are expected to reverse in 2020 during the COVID-19 recession. A recent report estimates that, during 2020, 25 to 43 million nonelderly will lose ESI coverage, 12 to 21 million will gain Medicaid coverage, 6 to 10 million will gain private non-group coverage, and 7 to 12 million will become uninsured.<sup>6</sup>

Overall, coverage losses were larger in the 19 states that did not expand Medicaid eligibility under the ACA by July 1, 2018 (Figure ES 2). Between 2017 and 2018, uninsurance did not increase significantly in Medicaid expansion states but increased by 0.3 percentage points in nonexpansion states. Though both expansion and nonexpansion states saw similar increases in ESI and decreases in Medicaid and CHIP and private nongroup coverage over this period, the percentage-point decline in private nongroup coverage in nonexpansion states was two-and-a-half times that in expansion states (-0.3 percentage points versus -0.1 percentage points), precipitating larger coverage losses. This continues the trend from 2016 to 2017, when nonexpansion states saw larger coverage losses than expansion states.<sup>3</sup> These states are also expected to have larger coverage losses due to the COVID-19 recession than Medicaid expansion states.<sup>7</sup>

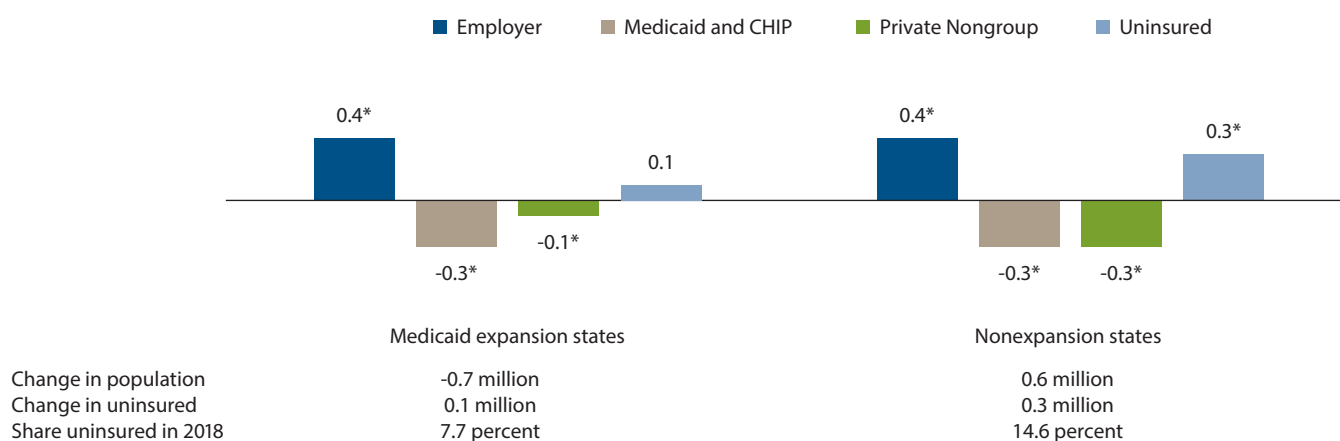
As with coverage losses between 2016 and 2017, the increasing uninsurance rate in nonexpansion states between 2017 and 2018 may reflect their greater exposure to

market and policy changes in the marketplace and private nongroup coverage. In nonexpansion states, ESI coverage was less common prior to the ACA, and nonelderly people with incomes between 100 percent and 138 percent of the federal poverty level are eligible for marketplace subsidies to purchase private nongroup coverage, rather than Medicaid and CHIP coverage. Taken together, this means coverage gains in nonexpansion states between 2013 and 2016 relied more on the availability, affordability, and marketing of private nongroup coverage than coverage gains in Medicaid expansion states. For the 2018 plan year, the Department of Health and Human Services limited marketplace open enrollment to 45 days, half as long as the 2017 open enrollment period of 92 days, and cut outreach and enrollment funds. In addition, in October 2017, the federal government stopped paying health insurers to provide cost-sharing subsidies to their low-income enrollees, increasing premiums for silver plans, particularly for those receiving little or no subsidy.<sup>8</sup>

In 2019, additional policies went into effect that could further erode private nongroup coverage, including increased availability of short-term, limited-duration policies (which varied by state) and repeal of the national individual mandate to purchase coverage.<sup>9</sup>

Finally, the job losses associated with the COVID-19 pandemic are likely to hit nonexpansion states particularly hard, as those leaving ESI have fewer coverage options than in Medicaid expansion states. Many nonelderly adults with incomes below 100 percent of the FPL are not eligible for Medicaid or marketplace subsidies, meaning those losing jobs in those states are particularly vulnerable to becoming uninsured.<sup>10</sup>

## Executive Summary Figure 2: Percentage-Point Changes in Health Insurance Coverage, by State Medicaid Expansion Status, 2017–2018



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Estimates are for nonelderly people, birth to 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\* Percentage-point change is statistically significant at the 10 percent level.

# INTRODUCTION

The primary health insurance reforms of the Affordable Care Act (ACA) took effect on January 1, 2014, broadly increasing access to coverage. The ACA's key coverage expansions include guaranteed issue and modified community rating in the non-group and small-group health insurance markets,<sup>11,12</sup> minimum standards for private insurance plans, subsidies to purchase private nongroup health insurance in new health insurance marketplaces, expansion of Medicaid eligibility to people with incomes up to 138 percent of the federal poverty level (FPL) in 31 states and the District of Columbia as of July 1, 2018,<sup>13</sup> and an individual mandate requiring most Americans to have health insurance coverage or pay a penalty.

Every year between 2013 and 2016, the uninsurance rate among nonelderly Americans (birth to age 64) fell. Various surveys show declining uninsurance rates during this period, and evidence suggest these changes are attributable to

the ACA.<sup>1,2,14,15</sup> These coverage gains affected Americans across age groups, races and ethnicities, education levels, incomes, work industries, and regions.<sup>2</sup> However, insurance coverage peaked in 2016, and has since declined between 2016 and 2017 and between 2017 and 2018.<sup>1,2,16</sup> Increases in the uninsured rate between 2016 and 2018 occurred despite improvements in gross domestic product and lower unemployment rates, as well as an increase in the number of Americans participating in the labor market.

This study explores coverage losses between 2017 and 2018 in more depth than prior studies, focusing on changes in insurance coverage types by demographic groups, incomes, and regions. In addition, we examine coverage trends over the 2009 to 2018 period by income, age, and state Medicaid expansion status.

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## DATA AND METHODS

This study uses data from the 2009 through 2018 American Community Survey (ACS) Integrated Public Use Microdata Series files created by the Minnesota Population Center.<sup>17</sup> 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, approximately 3 million Americans per year, of any survey collecting health insurance information. 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 2017 and 2018.

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 both pre- and post- ACA). 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 HIUs are compared with the appropriate FPL for each year, which is the income standard used to determine eligibility for Medicaid and the Children's Health Insurance Program (CHIP), as well as health insurance marketplace subsidies. However, the HIU family structure and the annual income estimates reported on the ACS do not directly correspond to Medicaid, CHIP, and marketplace eligibility standards.

Our estimates of coverage type reflect several adjustments to health insurance coverage as reported on the ACS. First, the Urban Institute has developed health insurance coverage edits for the ACS to correct for known inaccuracies in survey-based estimates of health insurance coverage.<sup>18,19</sup> In particular, research has found that the ACS data overrepresent private nongroup coverage relative to other surveys and underrepresent Medicaid and CHIP coverage among children relative to administrative data.<sup>20,21,22</sup> These logical coverage edits reassign coverage types for respondents when other information collected in the ACS, such as receipt of Supplemental Nutrition Assistance Program or other public assistance, implies that a respondent's coverage has likely been misclassified.<sup>11,12</sup>

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 insurance (ESI); Medicaid or CHIP; Medicare, Veterans Affairs, or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); private nongroup; and uninsured. Respondents who reported only Indian Health Service coverage are considered uninsured. This brief does not show estimates for Medicare, CHAMPUS, and Veterans Affairs coverage because such coverage changes little for the nonelderly population from year to year; approximately 2.9 percent of the nonelderly had one of these coverage types in 2018, down 0.1 percentage points from 2017.

Unless otherwise noted, figures in this brief provide percentage-point changes in health insurance coverage between 2017 and 2018. 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. However, because Medicare and CHAMPUS are not shown, the percentage-point changes in each figure will not add precisely to zero for all groups. Full tables, including Medicare and CHAMPUS coverage, are available in the Appendix.

This brief first reviews changes in demographics and HIU income between 2017 and 2018, then assesses changes in health insurance coverage over that period. We also consider how these changes fit into trends in coverage changes over the last decade, particularly in the context of the ACA. We explore changes in coverage nationally and for specific characteristics, including age, income, state Medicaid expansion status, race and ethnicity, education, work status, industry type, and region.

## RESULTS

### Demographic Trends

Between 2017 and 2018, the economy improved, reflecting a consistent trend in economic improvement since ACA implementation. Gross domestic product grew from \$19.5 trillion to \$20.6 trillion,<sup>23</sup> and the unemployment rate fell from 4.4 to 3.9 percent as the labor market expanded.<sup>24</sup> In addition, the poverty rate declined over this period, from 12.3 percent in 2017 to 11.8 percent in 2018, though median household incomes did not change significantly.<sup>25</sup> These improvements in national and household economic circumstances alone would be expected to somewhat reduce uninsurance, because more families gained employment and insurance benefits via those jobs.<sup>26,27</sup>

Between 2017 and 2018, the U.S. nonelderly population was steady (Figure 1). Reflecting the strong economy, the population with family incomes below 138 percent of the FPL fell by 2.4 million while the population with incomes at or above 400 percent of the FPL grew by 2.1 million. In addition, there were 1.4 million more adult workers in 2018 than in 2017, also reflecting a strong economy and job market (Appendix Table 4).

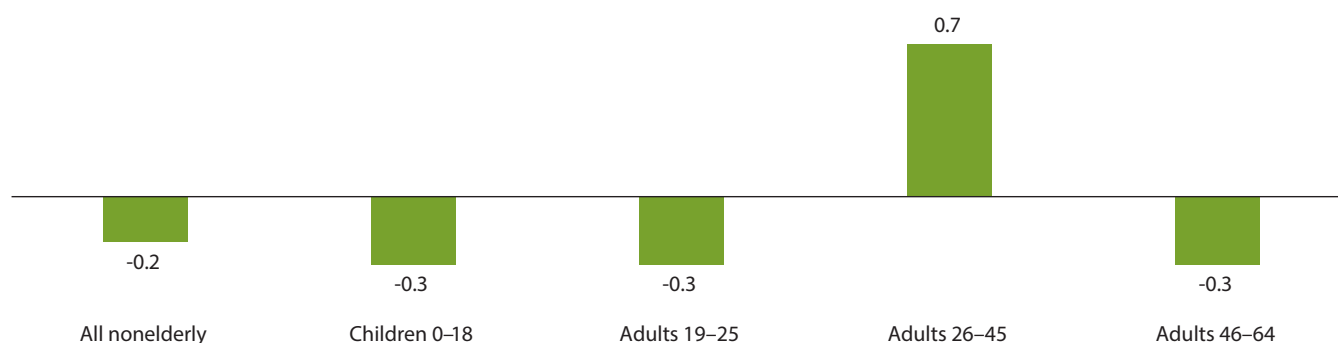
No states newly expanded Medicaid between July 1, 2017 and July 1, 2018. In addition, only the South region saw statistically significant population growth between 2017 and 2018 (Appendix Table 5), similar to trends from 2013 to 2017.<sup>2</sup> Additionally, more of the population growth over this period occurred in states that did not expand Medicaid eligibility under the ACA (0.5 million) than in states that expanded Medicaid (-0.7 million; Table 2).

These demographic changes could affect health insurance coverage types and uninsurance. For example, in general, increasing incomes decrease uninsurance, and population migration to the South and nonexpansion states increases uninsurance. In the following sections, we explore the impacts of these and other demographic changes in depth.

### Trends in Coverage, 2009 to 2018

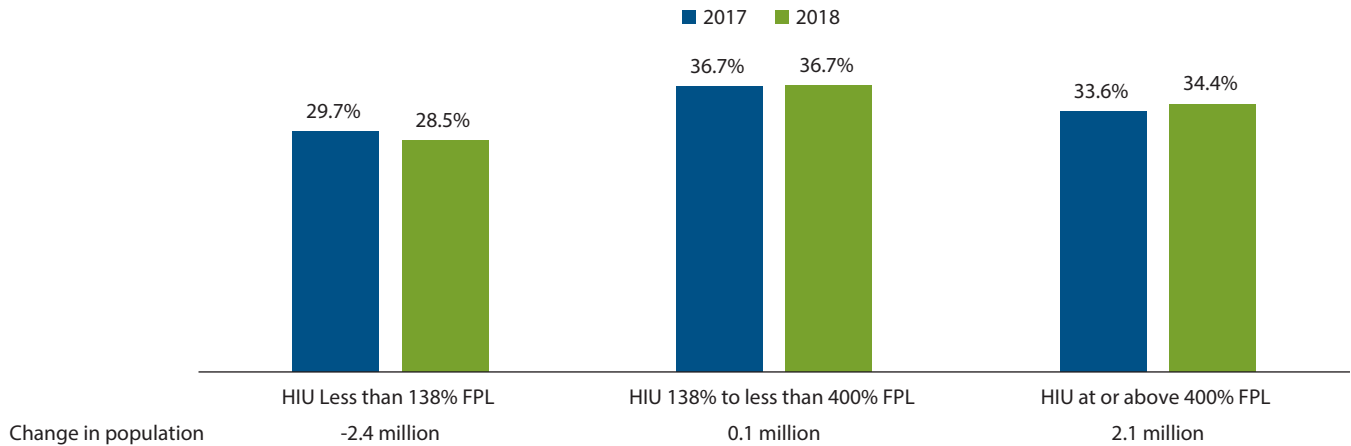
Changes in coverage over the 2009 to 2018 period during ACA implementation will serve as a baseline for measuring coverage changes under COVID-19. The COVID-19 recession is expected to dramatically reduce ESI coverage rates, with some of those losing ESI gaining coverage through Medicaid, CHIP, or private nongroup and some becoming uninsured.<sup>28</sup>

**Figure 1: Changes in Millions of Nonelderly People, by Age Group, 2017–18**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

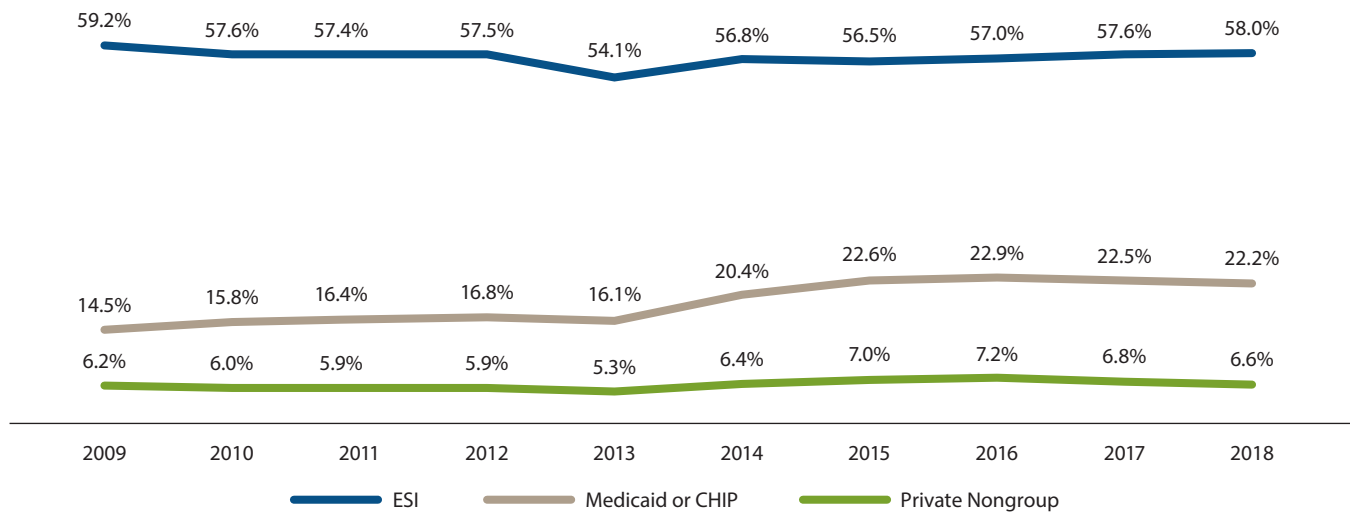
**Figure 2: Income Distribution among the Nonelderly Population, 2017 and 2018**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the Urban Institute. Estimates are for nonelderly people, birth to age 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011).

**Figure 3: Changes in Health Insurance Coverage for Nonelderly Americans, 2009-2018**



Source: Urban Institute analysis of American Community Survey data from 2009 to 2018 using the Integrated Public Use Microdata Series.

Notes: Estimates are for nonelderly people, birth to age 64. Estimates include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011).

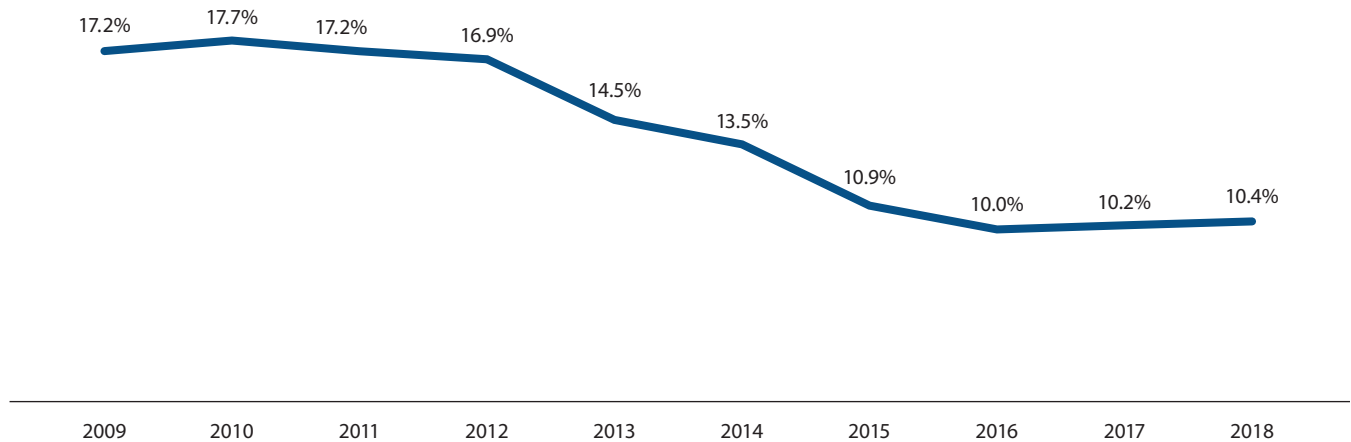
As the health insurance reforms of the ACA were enacted, the share of the nonelderly with Medicaid or CHIP coverage grew, peaking in 2016 at 22.9 percent (Figure 3). Between 2016 and 2018, Medicaid and CHIP coverage fell approximately 0.4 percentage points per year, ending at 22.2 percent in 2018. Private nongroup coverage followed a similar pattern, peaking at 7.2 percent of nonelderly adults in 2016, and falling back to 6.6 percent by 2018.

ESI coverage was less directly affected by the ACA, but the share of the nonelderly with ESI still grew between 2013 and 2018 (Figure 3). ESI coverage fell from 59.2 percent in 2009

to 54.1 percent in 2013 as the economic effects of the Great Recession continued to reverberate, but it recovered between 2013 to 2018, increasing to 58 percent by 2018.

The trends in uninsurance over the 2009 to 2018 period were a mirror image of the trends in Medicaid or CHIP and private nongroup coverage. Between 2010 and 2016, the nonelderly uninsurance rate declined each year, reaching a low of 10.0 percent in 2016 (Figure 4). However, uninsurance climbed 0.2 percentage points per year in 2017 and 2018, reaching 10.4 percent in 2018.

**Figure 4: Changes in Uninsurance for Nonelderly Americans, 2009–18**



Source: Urban Institute analysis of American Community Survey data from 2009 to 2018 using the Integrated Public Use Microdata Series.

Notes: Estimates are for nonelderly people, birth to age 64. Estimates include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011).

Increases in uninsurance between 2016 and 2018 were concentrated in nonexpansion states (Figure 5). In these states, coverage gains between 2013 and 2016 were concentrated in the private nongroup market, both on and off the marketplaces, making these states more vulnerable to policy uncertainty in the marketplaces, cuts to outreach and enrollment funding, and changes to open enrollment deadlines.

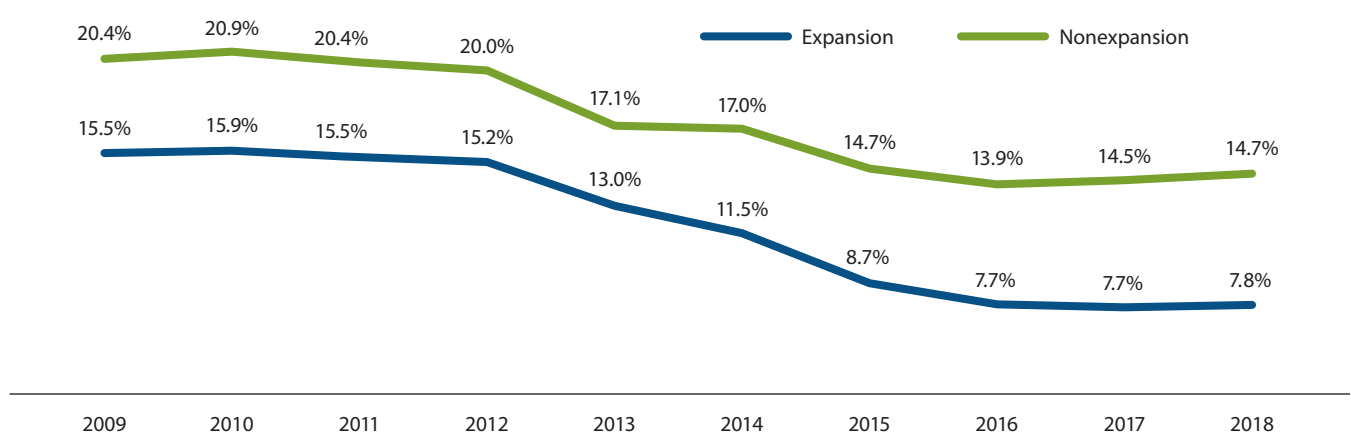
In addition, while all income groups saw increases in uninsurance between 2016 and 2018, these increases were largest among those with incomes above 138 percent of the FPL. Nonelderly Americans with incomes above 138 percent of the FPL are more likely than lower-income Americans to purchase coverage in the health insurance marketplaces

(for those between 138 and 400 percent of the FPL) or the private nongroup market outside of the marketplaces (for those over 400 percent of the FPL) (Figure 6). Therefore, these two income groups were also more vulnerable to policy uncertainty surrounding the health insurance marketplaces.

#### Changes in Coverage by Age and Income, 2017–2018

In 2018, 10.4 percent of the nonelderly were uninsured, compared with 10.2 percent in 2017, equivalent to 500,000 more uninsured Americans (Figure 7 and Table 1). Though ESI increased by 0.4 percentage points between 2017 and 2018, reflecting increased numbers of workers and higher incomes, Medicaid and CHIP coverage fell 0.3 percentage points and private nongroup coverage fell by 0.2 percentage points.

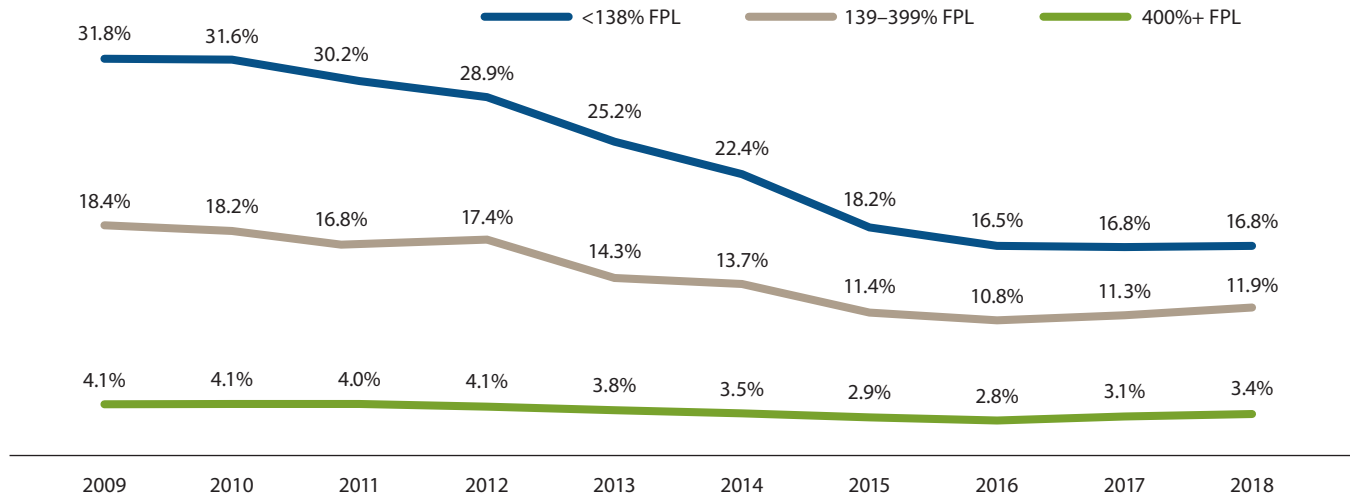
**Figure 5: Changes in Uninsurance for Nonelderly Americans, by State Expansion Status, 2009–18**



Source: Urban Institute analysis of American Community Survey data from 2009 to 2018 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the Urban Institute. Estimates are for nonelderly people, birth to age 64. Estimates include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011).

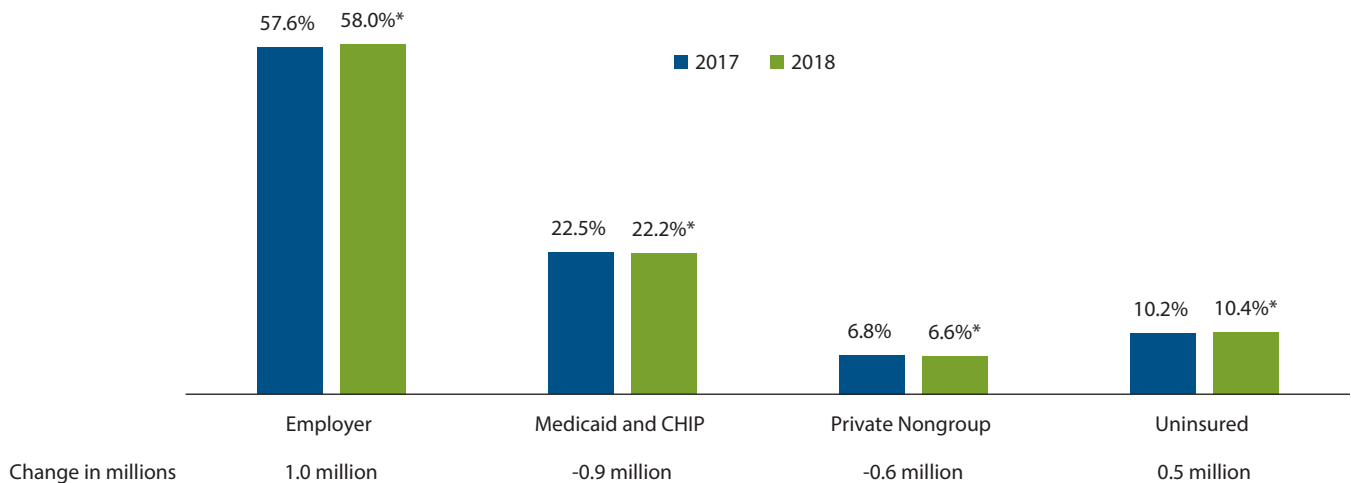
**Figure 6: Changes in Uninsurance for Nonelderly Americans, by Income, 2009–18**



Source: Urban Institute analysis of American Community Survey data from 2009 to 2018 using the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the Urban Institute. Estimates are for nonelderly people, birth to age 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011).

**Figure 7: Insurance Status of Nonelderly Americans, by Coverage Type, 2017–18**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Estimates are for adults aged 18 to 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\* Percentage-point change is statistically significant at the 10 percent level.



**Table 1: Changes in Health Insurance Coverage among the Nonelderly, by Health Insurance Unit Income, 2017–2018**

	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	267.6	100.0%	267.5	100.0%	-0.2	0.0
Employer	154.1	57.6%	155.2	58.0%	1.0	0.4 ***
Medicaid and CHIP	60.2	22.5%	59.3	22.2%	-0.9	-0.3 ***
CHAMPUS/Medicare	7.9	2.9%	7.6	2.9%	-0.2 **	-0.1 ***
Private Nongroup	18.2	6.8%	17.6	6.6%	-0.6 ***	-0.2 ***
Uninsured	27.3	10.2%	27.8	10.4%	0.5 ***	0.2 ***
HIU less than 138% FPL	79.5	29.7%	77.0	28.8%	-2.4 *	-0.9
Employer	18.3	23.1%	17.9	23.2%	-0.5	0.1
Medicaid and CHIP	40.8	51.3%	39.6	51.4%	-1.2 **	0.0
CHAMPUS/Medicare	3.3	4.1%	3.1	4.0%	-0.2 ***	-0.1 ***
Private Nongroup	3.7	4.6%	3.6	4.6%	-0.1 **	0.0
Uninsured	13.4	16.8%	12.9	16.8%	-0.4 *	0.0
HIU 138 to less than 400% FPL	98.1	36.7%	98.3	36.7%	0.1	0.1
Employer	58.9	60.0%	58.4	59.4%	-0.4	-0.5 ***
Medicaid and CHIP	17.3	17.7%	17.7	18.0%	0.3 *	0.3 **
CHAMPUS/Medicare	3.0	3.0%	2.9	2.9%	-0.1	-0.1 **
Private Nongroup	7.9	8.0%	7.6	7.7%	-0.3 **	-0.3 ***
Uninsured	11.1	11.3%	11.7	11.9%	0.6 ***	0.6 ***
HIU at or above 400% FPL	90.0	33.6%	92.1	34.4%	2.1 ***	0.8
Employer	76.9	85.5%	78.9	85.6%	1.9 ***	0.1
Medicaid and CHIP	2.0	2.3%	2.0	2.2%	0.0	0.0
CHAMPUS/Medicare	1.6	1.8%	1.7	1.8%	0.1 **	0.0
Private Nongroup	6.6	7.4%	6.4	7.0%	-0.2 ***	-0.4 ***
Uninsured	2.8	3.1%	3.1	3.4%	0.3 ***	0.3 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

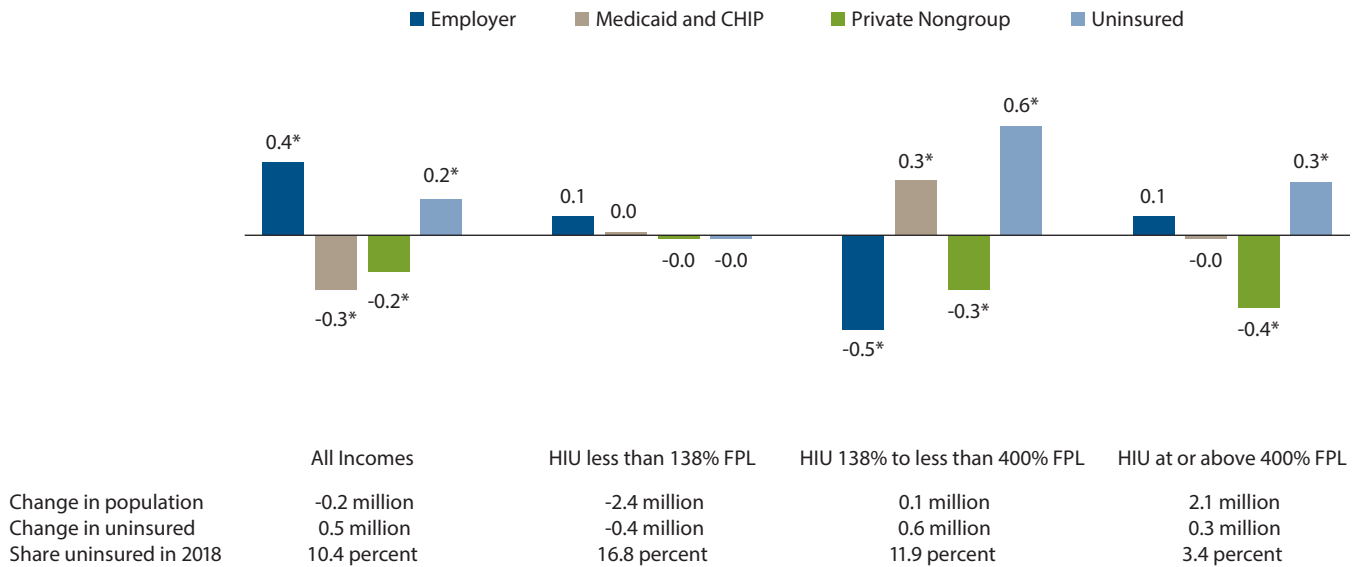
Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health insurance unit. Estimates reflect income for the health insurance unit, developed by Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey, developed by Lynch and colleagues (2011).

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

Changes in coverage by income reflect both demographic shifts in income over time and changes in the availability and take-up of coverage options within income groups. For example, the nonelderly with incomes at or below 138 percent of the FPL had a stable uninsured rate of 16.8 percent in both 2017 and 2018, but the number uninsured fell by 400,000 because fewer Americans fell into that income group in 2018 than in 2017 (Figure 8 and Table 1). Both Medicaid and private nongroup coverage were stable for this income group.

In contrast, the nonelderly with incomes between 138 percent and 400 percent of the FPL experienced the largest coverage losses between 2017 and 2018; their uninsurance rate increased by 0.6 percentage points, from 11.3 to 11.9 percent, with 600,000 more uninsured. These losses were driven by both decreases in ESI (-0.5 percentage points) and private nongroup coverage (-0.3 percentage points). This income group gained Medicaid coverage (0.3 percentage points), unlike those with lower incomes, however.<sup>29</sup> The losses of ESI

**Figure 8: Percentage-Point Changes in Health Insurance Coverage, by Income, 2017–18**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates are for nonelderly people, birth to 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\* Percentage-point change is statistically significant at the 10 percent level.

and increases in Medicaid coverage among this income group could reflect both availability and take-up of these coverage types and nonelderly Americans moving up the income scale from below 138 percent of the FPL to 138 to 399 percent of the FPL. The nonelderly who had incomes below 138 percent of the FPL in 2017 but between 138 and 399 percent of the FPL in 2018 may have moved into the middle income group less likely to have ESI and more likely to be uninsured or have Medicaid or CHIP coverage, altering the coverage distribution of the middle income group.

The highest income group (at or above 400 percent of the FPL) also saw a 0.3 percentage-point increase in its uninsurance rate between 2017 and 2018 (3.1 percent to 3.4 percent), driven by losses of private nongroup coverage (-0.4 percentage points) (Figure 8).

The uninsurance rate for children was stable between 2017 and 2018, increasing from 4.7 to 4.8 percent, not a statistically significant change (Figure 9). Medicaid and CHIP coverage decreased by 0.3 percentage points among children between 2017 and 2018, and private non-group coverage decreased by 0.1 percentage points, but these losses of coverage were offset by a 0.4 percentage point increase in ESI.

The uninsurance rate for young adults (ages 19 to 25) was also stable between 2017 and 2018, increasing 0.1 percentage points, not a statistically significant change (Figure 9; Appendix Table 1). In contrast, adults ages 26 to 45 saw a

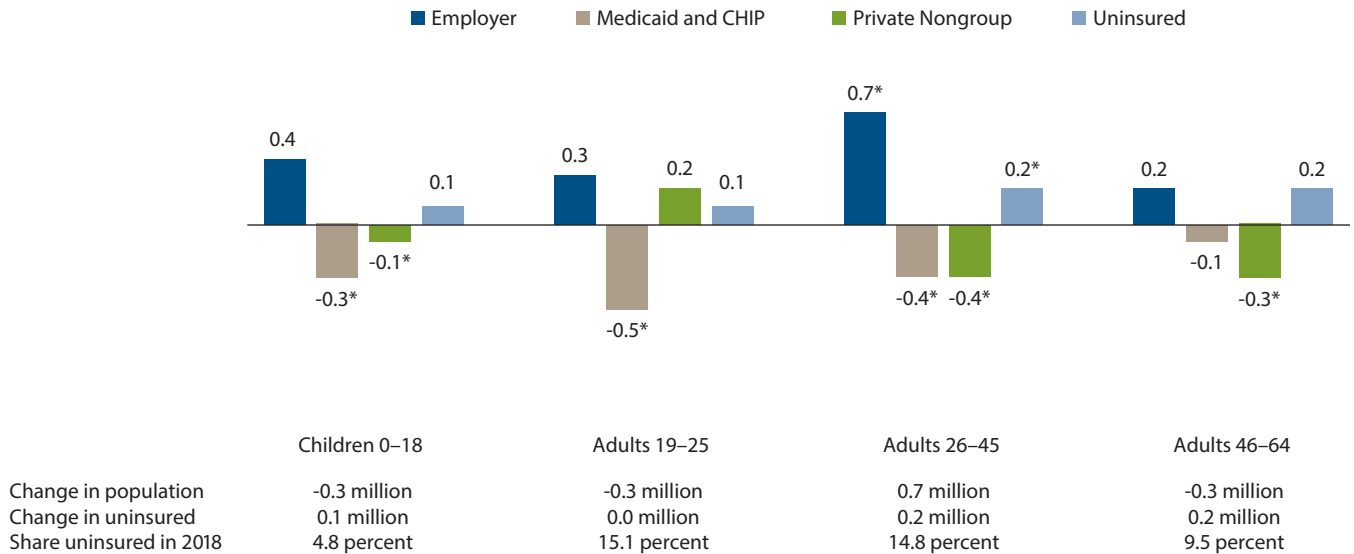
0.2 percentage point increase in uninsurance, despite a 0.7 percentage point increase in ESI coverage. Adults in this age group were 0.4 percentage points less likely to have Medicaid or CHIP coverage and 0.4 percentage points less likely to have private non-group coverage in 2018 than in 2017. Finally, there was not a statistically significant change in uninsurance for adults aged 46 to 64 between 2017 and 2018, though private non-group coverage did fall 0.3 percentage points.

#### Changes in Coverage by State Medicaid Expansion Status

The uninsurance rate remained stable in Medicaid expansion states between 2017 and 2018 (Figure 10), increasing by 0.1 percentage points, not a statistically significant change. However, uninsurance increased 0.4 percentage points among those with family incomes between 138 and 399 percent of the FPL, and 0.2 percentage points among those with family incomes at or above 400 percent of the FPL (Table 2). Overall, Medicaid and CHIP coverage declined 0.3 percentage points in Medicaid expansion states between 2017 and 2018 and private non-group coverage declined 0.1 percentage points, but these losses were offset by a 0.4 percentage point increase in ESI. Losses of private non-group insurance were concentrated among those with family incomes above 138 percent of the FPL (0.3 percentage points) (Table 2).

The uninsurance rate increased from 14.3 percent to 14.6 percent in nonexpansion states between 2017 and 2018, which translates into 400,000 more uninsured nonelderly people (Figure 10). Coverage losses were concentrated among

**Figure 9: Percentage-Point Changes in Health Insurance Coverage, by Age Group, 2017–18**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

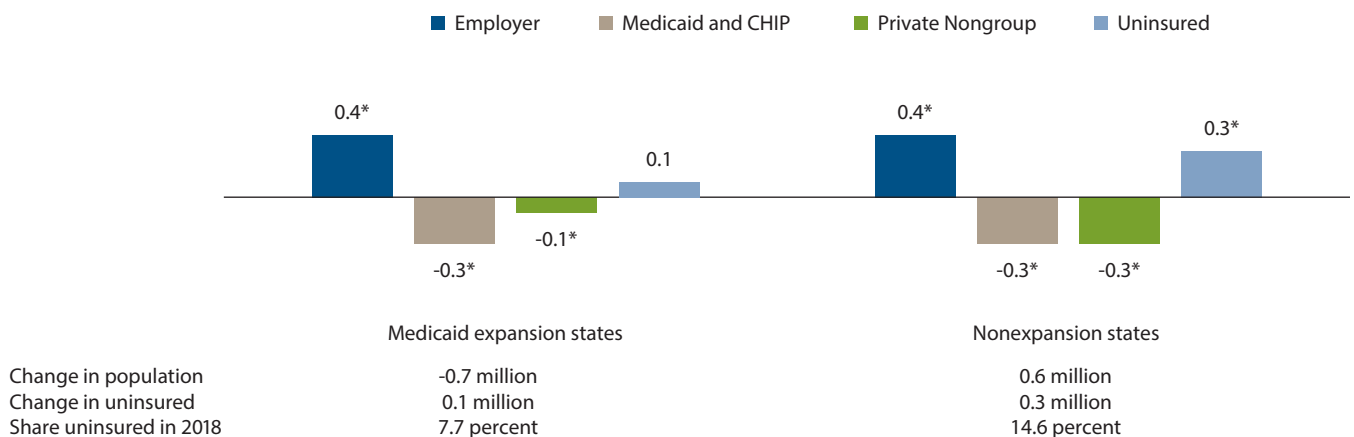
Notes: CHIP = Children's Health Insurance Program. Estimates are for nonelderly people, birth to age 64. Estimates include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\* Percentage-point change is statistically significant at the 10 percent level.

those with family incomes between 138 and 399 percent of the FPL (0.7 percentage point increase in uninsurance) and those with family incomes at or above 400 percent of the FPL (0.5 percentage point increase in uninsurance) (Table 2). These coverage losses among higher-income groups were driven by losses of private non-group coverage (-0.3 percentage points for incomes between 138 and 399 percent FPL, -0.7 percentage points for incomes at or above 400 percent FPL).

Coverage patterns in expansion and nonexpansion states differed in both 2017 and 2018, particularly for Medicaid and CHIP and private nongroup coverage (Table 2). In expansion states, 24.7 percent of the nonelderly had Medicaid and CHIP coverage in 2018, compared with 18.2 percent in nonexpansion states. In contrast, 7.6 percent of the nonelderly in nonexpansion states had private nongroup coverage in 2018, compared with 5.9 percent of those in expansion states.

**Figure 10: Percentage-Point Changes in Health Insurance Coverage, by State Medicaid Expansion Status, 2017–2018**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Estimates are for nonelderly people, birth to 64. Estimates include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\* Percentage-point change is statistically significant at the 10 percent level.

**Table 2: Changes in Health Insurance Coverage, by State Medicaid Expansion Status and Health Insurance Unit Income, 2017-2018**

	State Expanded Medicaid by July 2017					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	163.8	100.0%	163.0	100.0%	-0.7	0.0
Employer	96.4	58.9%	96.7	59.3%	0.3	0.4 ***
Medicaid and CHIP	41.0	25.1%	40.3	24.7%	-0.7	-0.3 **
CHAMPUS/Medicare	3.9	2.4%	3.7	2.3%	-0.1 **	-0.1 **
Private Nongroup	10.0	6.1%	9.7	5.9%	-0.3 ***	-0.1 **
Uninsured	12.5	7.6%	12.5	7.7%	0.1	0.1
HIU less than 138% FPL	49.0	28.8%	47.3	27.9%	-1.8	-0.9
Employer	11.3	23.0%	10.9	23.1%	-0.4	0.1
Medicaid and CHIP	28.5	58.1%	27.5	58.2%	-1.0	0.1
CHAMPUS/Medicare	1.7	3.5%	1.6	3.4%	-0.1 ***	-0.2 **
Private Nongroup	1.6	3.2%	1.5	3.2%	0.0	0.0
Uninsured	6.0	12.1%	5.7	12.1%	-0.2	-0.1
HIU 138 to less than 400% FPL	60.5	35.6%	60.3	35.6%	-0.2	0.0
Employer	36.5	60.3%	35.9	59.6%	-0.5	-0.7 ***
Medicaid and CHIP	12.3	20.4%	12.6	20.9%	0.3 *	0.6 ***
CHAMPUS/Medicare	1.6	2.6%	1.5	2.5%	0.0	-0.1
Private Nongroup	4.5	7.5%	4.4	7.2%	-0.2 **	-0.3 ***
Uninsured	5.6	9.3%	5.9	9.7%	0.2 ***	0.4 ***
HIU at or above 400% FPL	60.4	35.5%	61.7	36.4%	1.3 ***	0.9
Employer	52.2	86.4%	53.3	86.5%	1.2 ***	0.1
Medicaid and CHIP	1.5	2.6%	1.5	2.5%	0.0	-0.1
CHAMPUS/Medicare	0.8	1.3%	0.9	1.4%	0.1 **	0.1 *
Private Nongroup	4.3	7.1%	4.2	6.9%	-0.1	-0.3 ***
Uninsured	1.6	2.6%	1.7	2.7%	0.1 ***	0.2 ***
All Incomes	103.9	100.0%	104.4	100.0%	0.6 **	0.0
Employer	57.7	55.5%	58.4	55.9%	0.7 ***	0.4 **
Medicaid and CHIP	19.1	18.4%	19.0	18.2%	-0.2	-0.3 **
CHAMPUS/Medicare	4.0	3.8%	3.9	3.7%	-0.1	-0.1 **
Private Nongroup	8.2	7.9%	7.9	7.6%	-0.3 ***	-0.3 ***
Uninsured	14.8	14.3%	15.2	14.6%	0.4 ***	0.3 ***

*table continued*

**Table 2: Changes in Health Insurance Coverage, by State Medicaid Expansion Status and Health Insurance Unit Income, 2017-2018, *continued***

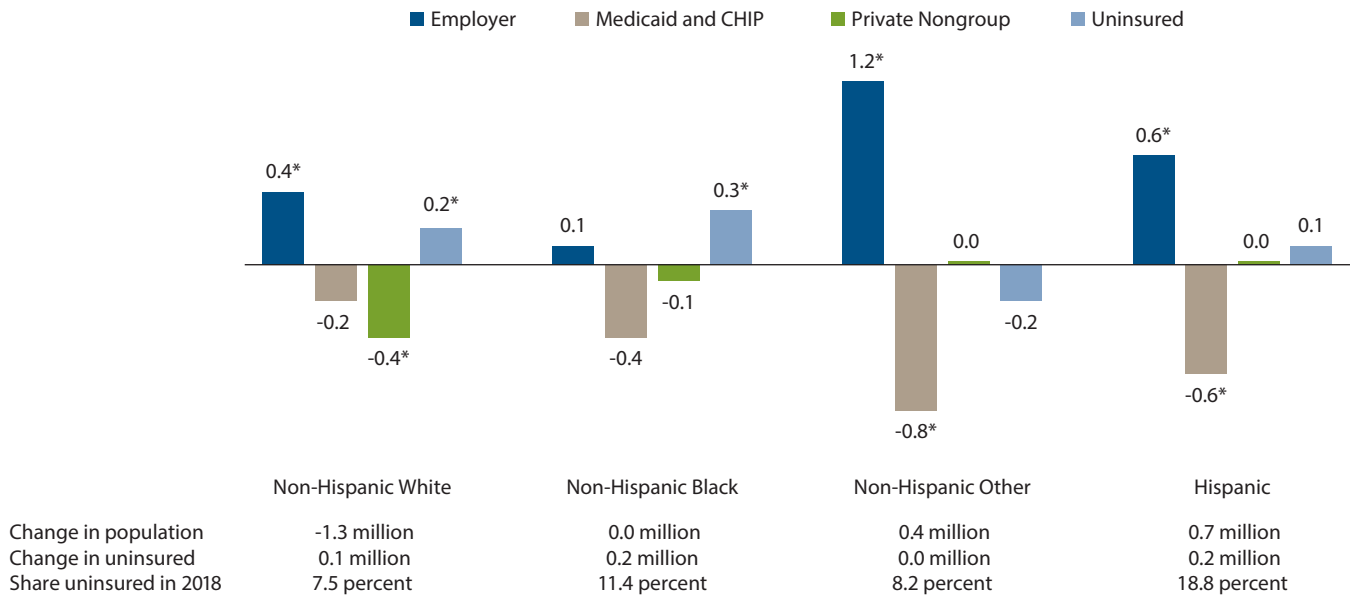
	State Did Not Expand Medicaid by July 2017					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
HIU less than 138% FPL	30.5	31.2%	29.8	30.3%	-0.7 **	-0.9
Employer	7.0	23.1%	6.9	23.3%	-0.1	0.2
Medicaid and CHIP	12.3	40.5%	12.1	40.5%	-0.3 ***	0.0
CHAMPUS/Medicare	1.6	5.1%	1.5	5.0%	-0.1 *	-0.1
Private Nongroup	2.1	6.9%	2.0	6.9%	-0.1 *	-0.1
Uninsured	7.4	24.3%	7.2	24.3%	-0.2 **	0.0
HIU 138 to less than 400% FPL	37.6	38.5%	38.0	38.7%	0.4 **	0.2
Employer	22.4	59.5%	22.5	59.2%	0.1	-0.3
Medicaid and CHIP	5.0	13.3%	5.0	13.3%	0.0	0.0
CHAMPUS/Medicare	1.4	3.7%	1.4	3.6%	0.0	-0.1
Private Nongroup	3.3	8.9%	3.3	8.6%	-0.1 *	-0.3 **
Uninsured	5.5	14.6%	5.8	15.3%	0.3 ***	0.7 ***
HIU at or above 400% FPL	29.6	30.3%	30.5	31.0%	0.8 ***	0.7
Employer	24.7	83.5%	25.5	83.8%	0.8 ***	0.3
Medicaid and CHIP	0.5	1.6%	0.5	1.7%	0.0	0.0
CHAMPUS/Medicare	0.8	2.8%	0.8	2.7%	0.0	-0.1
Private Nongroup	2.3	7.9%	2.2	7.2%	-0.1 ***	-0.7 ***
Uninsured	1.2	4.2%	1.4	4.7%	0.2 ***	0.5 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health unit income. Estimates are for nonelderly people, birth to age 64. Estimates reflect income for the health insurance unit, developed by the Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011).

\*/\*\*/\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

**Figure 11: Percentage-Point Changes in Health Insurance Coverage, by Race/Ethnicity, 2017–18**



Source: Urban Institute analysis of American Community Survey data from 2017 and 2018 using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Estimates are for nonelderly people, birth to 64. Estimates include adjustments for misreported health insurance coverage on the American Community Survey developed by Lynch and colleagues (2011). Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because it changes little year to year among the nonelderly.

\* Percentage-point change is statistically significant at the 10 percent level or better.

Therefore, the nonelderly in nonexpansion states were more exposed to policy changes affecting the individual market than the nonelderly in expansion states, partially owing to lower ESI coverage in nonexpansion states and greater reliance on private nongroup coverage among those who would be eligible for Medicaid in Medicaid expansion states (e.g. adults with incomes below 138 percent of the FPL).

### Changes in Coverage by Race and Ethnicity

Increases in uninsurance between 2017 and 2018 were concentrated among the non-Hispanic white nonelderly (0.2 percentage points) and non-Hispanic black nonelderly (0.3 percentage points) (Figure 11). Among Hispanic nonelderly, uninsurance was stable between 2017 and 2018, except for those with family incomes between 138 and 399 percent of the FPL, who saw a 0.8 percentage point increase in uninsurance (Appendix Table 2). Despite coverage losses, the non-Hispanic white nonelderly still have the lowest uninsurance rate of any racial or ethnic group (7.5 percent in 2018), and the Hispanic nonelderly have the highest uninsurance rate (18.8 percent; Figure 11).

### Changes in Coverage by Education, Work Status, Industry, and Region

Adults ages 18 to 64 experienced increased uninsurance across all education levels, with the largest percentage-point increase among those who had some college education (0.4 percentage points; Appendix Table 3). Across all education

groups, coverage losses were concentrated among those with family incomes above 138 percent of the FPL (Appendix Table 3).

There were 1.4 million more adult workers ages 18 to 64 in 2018 than in 2017, but the uninsurance rate for workers increased from 10.9 percent to 11.2 percent, meaning 500,000 more uninsured workers (Appendix Table 4). ESI coverage was stable over this period, but private nongroup coverage fell by 0.3 percentage points, or 300,000 workers. Coverage losses were spread across both traditionally high- and low-ESI industries, with a 0.1 percentage point increase in uninsurance among workers in high-ESI industries and a 0.3 percentage points increase in uninsurance among workers in low-ESI industries (Appendix Table 4).

Across all industries, increasing uninsurance was concentrated among workers with incomes above 138 percent of the FPL (Figure 13). In addition, workers with incomes between 138 and 399 percent of the FPL had a 0.5 percentage point decline in ESI coverage. There were no statistically significant changes in coverage types or uninsurance for workers with incomes below 138 percent of the FPL.

Coverage changes between 2017 and 2018 also varied by region. The Midwest and South had statistically significant increases in the nonelderly uninsurance rate between 2017 and 2018, while there was no statistically significant change

in the Northeast or West (Appendix Table 5). In the Midwest, coverage losses were driven by losses of Medicaid and CHIP and private nongroup coverage (-0.4 percentage points each), while the South's coverage losses were driven by declining

private nongroup coverage (-0.3 percentage points). The South had the highest uninsurance rate of all regions in 2018, at 14.3 percent (Appendix Table 5).

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## DISCUSSION

Between 2017 and 2018, the uninsurance rate increased slightly, the second consecutive year of uninsurance increases, this following a period of annual declines 2014 through 2016.<sup>3</sup> Overall, 500,000 more Americans were uninsured in 2018 than in 2017. This increase occurred despite a strong economy with increasing numbers of workers and rising incomes. ESI coverage increased by 0.4 percentage points, or 1 million Americans, over this period, but those increases did not offset losses of other coverage types.

Losses of Medicaid and CHIP and private nongroup coverage increased uninsurance rates. Medicaid and CHIP coverage losses likely reflect increasing incomes and more workers, as well as fewer new Medicaid expansion states than in prior years (no new states expanded Medicaid coverage over this period). Private nongroup coverage losses may reflect various factors, including reduced outreach and enrollment funding for marketplaces,<sup>30</sup> a shorter open enrollment period,<sup>31</sup> policy uncertainty and confusion due to Congressional efforts to repeal the ACA, insurer market exits,<sup>32</sup> and higher premiums in the nonsubsidized nongroup markets because of the loss of cost sharing reduction payments to insurers.<sup>33</sup>

As in the 2016 to 2017 period, uninsurance rate increases between 2017 and 2018 were concentrated in nonexpansion states. Coverage changes in nonexpansion states may reflect their greater exposure to market uncertainty and limited outreach in the marketplaces and unsubsidized private nongroup market. In nonexpansion states, nonelderly people

with incomes between 100 percent and 138 percent of the FPL are eligible for marketplace subsidies to purchase private nongroup coverage, rather than Medicaid and CHIP coverage, so coverage gains in these states between 2013 and 2016 relied more on the availability, affordability, and marketing of private nongroup coverage than coverage gains in Medicaid expansion states. In addition, a larger portion of the nonelderly with incomes above 400 percent of the FPL had private non-group coverage in non-expansion states in 2017 and 2018 than in expansion states, suggesting greater reliance on non-group coverage in nonexpansion states across the income spectrum. Nonexpansion states were therefore more exposed to the large premium increases for unsubsidized enrollees<sup>23</sup> that accompanied the Trump Administration's decision to stop cost-sharing reduction payments to insurers in October 2017 for the 2018 plan year,<sup>34,35</sup> and to the shortening of the marketplace open enrollment period.<sup>26</sup>

Because the nonelderly in nonexpansion states rely more on the marketplaces for coverage, we may see further erosion of coverage in 2019 as the availability of short-term, limited-duration insurance policies expanded<sup>36</sup> and the tax penalty for failure to purchase health insurance was eliminated.<sup>37</sup> In 2020, the job loss associated with the COVID-19 pandemic is likely to hit nonexpansion states particularly hard,<sup>38</sup> as those losing ESI have fewer avenues for maintaining coverage than in Medicaid expansion states.



**Appendix Table 1: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2017 to 2018**

	Children 0-18					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	77.1	100.0%	76.8	100.0%	-0.3	0.0
Employer	37.3	48.3%	37.4	48.7%	0.1	0.4
Medicaid and CHIP	32.3	41.9%	32.0	41.6%	-0.4 **	-0.3 *
CHAMPUS/Medicare	1.3	1.7%	1.3	1.6%	0.0	0.0
Private Nongroup	2.6	3.4%	2.5	3.3%	-0.1 **	-0.1 *
Uninsured	3.6	4.7%	3.7	4.8%	0.1	0.1
HIU less than 138% FPL	25.2	32.6%	24.6	32.0%	-0.6 ***	-0.7
Employer	2.7	10.9%	2.7	10.9%	0.0	0.1
Medicaid and CHIP	20.1	80.1%	19.7	80.0%	-0.5 ***	-0.1
CHAMPUS/Medicare	0.6	2.4%	0.6	2.3%	0.0 *	-0.1
Private Nongroup	0.2	0.7%	0.2	0.7%	0.0	0.0
Uninsured	1.5	6.0%	1.5	6.0%	0.0	0.0
HIU 138 to less than 400% FPL	30.2	39.1%	30.1	39.1%	-0.1	0.0
Employer	16.0	53.0%	15.7	52.3%	-0.3 *	-0.7 **
Medicaid and CHIP	11.1	36.8%	11.2	37.3%	0.1	0.5
CHAMPUS/Medicare	0.4	1.5%	0.4	1.5%	0.0	0.0
Private Nongroup	1.0	3.3%	1.0	3.2%	0.0	-0.1
Uninsured	1.7	5.5%	1.7	5.8%	0.1 *	0.3 **
HIU at or above 400% FPL	21.8	28.2%	22.2	28.9%	0.4 ***	0.6
Employer	18.5	85.2%	19.0	85.6%	0.4 ***	0.4
Medicaid and CHIP	1.1	4.9%	1.1	4.9%	0.0	0.0
CHAMPUS/Medicare	0.3	1.2%	0.3	1.2%	0.0	0.0
Private Nongroup	1.5	6.7%	1.4	6.2%	-0.1 ***	-0.6 ***
Uninsured	0.4	2.0%	0.5	2.1%	0.0	0.1

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*



**Appendix Table 1: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2017 to 2018, *continued***

	Adults 19-25					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	28.2	100.0%	27.9	100.0%	-0.3	0.0
Employer	16.0	56.7%	15.9	57.0%	-0.1	0.3
Medicaid and CHIP	5.1	18.2%	5.0	17.8%	-0.2	-0.5 **
CHAMPUS/Medicare	0.6	2.0%	0.5	1.9%	0.0	-0.1
Private Nongroup	2.3	8.1%	2.3	8.3%	0.0	0.2
Uninsured	4.2	15.0%	4.2	15.1%	0.0	0.1
HIU less than 138% FPL	17.5	61.9%	16.8	60.1%	-0.7	-1.8
Employer	8.5	48.8%	8.2	49.1%	-0.3	0.3
Medicaid and CHIP	4.3	24.8%	4.1	24.3%	-0.2	-0.4 **
CHAMPUS/Medicare	0.4	2.0%	0.3	1.9%	0.0	-0.1
Private Nongroup	1.4	8.0%	1.4	8.3%	0.0	0.3
Uninsured	2.9	16.4%	2.7	16.3%	-0.1 *	-0.1
HIU 138 to less than 400% FPL	9.0	31.8%	9.1	32.8%	0.2	1.0
Employer	6.0	66.9%	6.0	66.0%	0.0	-0.9 ***
Medicaid and CHIP	0.8	8.6%	0.8	9.0%	0.1 *	0.4
CHAMPUS/Medicare	0.2	1.9%	0.2	1.8%	0.0	-0.1
Private Nongroup	0.8	8.6%	0.8	8.6%	0.0	0.0
Uninsured	1.3	14.0%	1.3	14.6%	0.1 ***	0.6 **
HIU at or above 400% FPL	1.8	6.3%	2.0	7.1%	0.2 ***	0.8
Employer	1.5	82.9%	1.6	82.0%	0.1 ***	-0.9
Medicaid and CHIP	0.0	2.7%	0.0	2.5%	0.0	-0.2
CHAMPUS/Medicare	0.0	1.6%	0.0	1.5%	0.0	-0.1
Private Nongroup	0.1	6.8%	0.1	7.2%	0.0 ***	0.4
Uninsured	0.1	6.0%	0.1	6.9%	0.0 **	0.8

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 1: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2017 to 2018, *continued***

	Adults 26-44					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	83.4	100.0%	84.1	100.0%	0.7	0.0
Employer	51.3	61.5%	52.3	62.1%	1.0 ***	0.7 ***
Medicaid and CHIP	12.4	14.9%	12.2	14.5%	-0.2	-0.4 **
CHAMPUS/Medicare	1.8	2.1%	1.7	2.0%	-0.1	-0.1 **
Private Nongroup	5.8	6.9%	5.5	6.6%	-0.3 ***	-0.4 ***
Uninsured	12.2	14.6%	12.4	14.8%	0.2 ***	0.2 **
HIU less than 138% FPL	20.6	24.7%	20.0	23.8%	-0.6 *	-0.9
Employer	4.2	20.3%	4.1	20.7%	0.0	0.4 **
Medicaid and CHIP	9.0	43.5%	8.6	43.2%	-0.3 *	-0.2
CHAMPUS/Medicare	0.7	3.5%	0.6	3.2%	-0.1 **	-0.2 ***
Private Nongroup	1.0	4.8%	0.9	4.7%	-0.1 *	-0.1
Uninsured	5.8	28.0%	5.6	28.2%	-0.1 *	0.2
HIU 138 to less than 400% FPL	33.8	40.5%	34.1	40.6%	0.3	0.0
Employer	21.9	64.7%	21.9	64.3%	0.1	-0.4 *
Medicaid and CHIP	3.0	9.0%	3.1	9.2%	0.1 **	0.2 *
CHAMPUS/Medicare	0.7	2.1%	0.7	2.0%	0.0	0.0
Private Nongroup	3.0	8.7%	2.8	8.3%	-0.1 **	-0.4 ***
Uninsured	5.3	15.5%	5.5	16.2%	0.3 ***	0.6 ***
HIU at or above 400% FPL	29.0	34.7%	30.0	35.7%	1.0 ***	0.9
Employer	25.2	87.0%	26.2	87.2%	1.0 ***	0.3 *
Medicaid and CHIP	0.4	1.4%	0.4	1.3%	0.0	-0.1
CHAMPUS/Medicare	0.4	1.2%	0.4	1.2%	0.0 *	0.0
Private Nongroup	1.9	6.4%	1.8	6.0%	-0.1 ***	-0.4 ***
Uninsured	1.2	4.0%	1.3	4.2%	0.1 ***	0.2 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 1: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2017 to 2018, *continued***

	Adults 45-64					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	78.9	100.0%	78.6	100.0%	-0.3	0.0
Employer	49.6	62.8%	49.6	63.1%	0.0	0.2
Medicaid and CHIP	10.3	13.1%	10.2	13.0%	-0.1	-0.1
CHAMPUS/Medicare	4.2	5.4%	4.1	5.3%	-0.1	-0.1 **
Private Nongroup	7.5	9.5%	7.2	9.2%	-0.2 ***	-0.3 ***
Uninsured	7.3	9.2%	7.4	9.5%	0.2	0.2 *
HIU less than 138% FPL	16.2	20.6%	15.7	20.0%	-0.5	-0.6
Employer	2.9	17.8%	2.8	17.8%	-0.1 **	0.0
Medicaid and CHIP	7.4	45.4%	7.2	45.8%	-0.2	0.4
CHAMPUS/Medicare	1.6	9.9%	1.5	9.9%	-0.1 **	-0.1
Private Nongroup	1.1	6.9%	1.1	6.8%	-0.1 *	-0.1
Uninsured	3.2	19.9%	3.1	19.8%	-0.1	-0.1
HIU 138 to less than 400% FPL	25.2	31.9%	24.9	31.7%	-0.2	-0.2
Employer	15.0	59.5%	14.7	59.0%	-0.3 *	-0.5 **
Medicaid and CHIP	2.4	9.6%	2.5	10.0%	0.1	0.4 **
CHAMPUS/Medicare	1.6	6.5%	1.6	6.3%	-0.1 *	-0.2 **
Private Nongroup	3.2	12.6%	3.0	12.2%	-0.1 **	-0.4 ***
Uninsured	3.0	11.7%	3.1	12.4%	0.1 ***	0.7***
HIU at or above 400% FPL	37.5	47.5%	38.0	48.3%	0.5 ***	0.8
Employer	31.7	84.6%	32.1	84.5%	0.4 ***	-0.1
Medicaid and CHIP	0.5	1.3%	0.5	1.3%	0.0	0.0
CHAMPUS/Medicare	1.0	2.6%	1.0	2.7%	0.0 *	0.0
Private Nongroup	3.2	8.5%	3.1	8.2%	-0.1	-0.3 **
Uninsured	1.1	2.9%	1.2	3.3%	0.1 ***	0.3 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health insurance unit. Estimates reflect income for the health insurance unit, developed by Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey, developed by Lynch and colleagues (2011).

\*/\*\*/\*\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

**Appendix Table 2: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2017 to 2018**

	White Only (Non-Hispanic)					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	154.4	100.0%	153.1	100.0%	-1.3	0.0
Employer	101.3	65.6%	101.1	66.1%	-0.2	0.4 ***
Medicaid and CHIP	24.8	16.1%	24.3	15.9%	-0.5	-0.2
CHAMPUS/Medicare	5.0	3.2%	4.9	3.2%	-0.1 *	-0.1 **
Private Nongroup	11.9	7.7%	11.3	7.4%	-0.6 ***	-0.4 ***
Uninsured	11.3	7.3%	11.5	7.5%	0.2 *	0.2 ***
HIU less than 138% FPL	35.0	22.7%	33.6	22.0%	-1.4	-0.7
Employer	9.9	28.1%	9.5	28.3%	-0.3	0.2
Medicaid and CHIP	16.3	46.4%	15.6	46.4%	-0.6	0.0
CHAMPUS/Medicare	2.0	5.6%	1.8	5.4%	-0.1 ***	-0.2
Private Nongroup	2.0	5.6%	1.9	5.5%	-0.1 **	-0.1
Uninsured	5.0	14.2%	4.8	14.3%	-0.2 *	0.1
HIU 138 to less than 400% FPL	54.7	35.4%	54.0	35.3%	-0.7	-0.1
Employer	35.5	64.9%	34.9	64.5%	-0.6	-0.4 **
Medicaid and CHIP	7.5	13.7%	7.6	14.1%	0.1	0.4 ***
CHAMPUS/Medicare	1.9	3.5%	1.9	3.5%	0.0	0.0
Private Nongroup	5.0	9.2%	4.7	8.7%	-0.3 ***	-0.4 ***
Uninsured	4.8	8.7%	4.9	9.1%	0.2 ***	0.4 ***
HIU at or above 400% FPL	64.7	41.9%	65.5	42.8%	0.8 ***	0.9
Employer	56.0	86.6%	56.8	86.7%	0.8 ***	0.2
Medicaid and CHIP	1.1	1.6%	1.1	1.6%	0.0	0.0
CHAMPUS/Medicare	1.1	1.7%	1.1	1.7%	0.0 *	0.0
Private Nongroup	4.9	7.6%	4.7	7.2%	-0.2 ***	-0.4 ***
Uninsured	1.6	2.5%	1.8	2.7%	0.2 ***	0.2 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 2: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2017 to 2018, *continued***

	Black Only (Non-Hispanic)					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	33.9	100.0%	34.0	100.0%	0.0	0.0
Employer	16.0	47.1%	16.0	47.2%	0.1	0.1
Medicaid and CHIP	11.6	34.1%	11.4	33.6%	-0.1	-0.4
CHAMPUS/Medicare	1.2	3.5%	1.2	3.6%	0.0	0.0
Private Nongroup	1.5	4.3%	1.4	4.2%	0.0	-0.1
Uninsured	3.7	11.0%	3.9	11.4%	0.1 **	0.3 *
HIU less than 138% FPL	15.0	44.1%	14.5	42.8%	-0.4 *	-1.3
Employer	3.0	20.1%	2.9	19.9%	-0.1	-0.2
Medicaid and CHIP	8.7	58.2%	8.4	58.1%	-0.3 **	-0.1
CHAMPUS/Medicare	0.6	3.7%	0.5	3.8%	0.0	0.1
Private Nongroup	0.5	3.0%	0.4	3.0%	0.0	-0.1
Uninsured	2.2	15.0%	2.2	15.3%	0.0	0.3
HIU 138 to less than 400% FPL	12.5	37.0%	12.7	37.5%	0.2 *	0.5
Employer	7.6	60.6%	7.6	59.7%	0.0	-0.9 *
Medicaid and CHIP	2.6	20.6%	2.7	21.2%	0.1 **	0.6
CHAMPUS/Medicare	0.4	3.4%	0.4	3.4%	0.0	0.0
Private Nongroup	0.7	5.5%	0.7	5.1%	0.0	-0.3 *
Uninsured	1.3	10.0%	1.3	10.6%	0.1 ***	0.6 **
HIU at or above 400% FPL	6.4	18.9%	6.7	19.7%	0.3 ***	0.8
Employer	5.4	83.7%	5.5	82.8%	0.2 ***	-0.9
Medicaid and CHIP	0.3	4.2%	0.3	4.2%	0.0	0.1
CHAMPUS/Medicare	0.2	3.5%	0.2	3.5%	0.0	0.0
Private Nongroup	0.3	4.9%	0.3	5.1%	0.0 *	0.2
Uninsured	0.2	3.8%	0.3	4.5%	0.1 ***	0.7 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 2: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2017 to 2018, *continued***

	Hispanic					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	53.6	100.0%	54.3	100.0%	0.7 ***	0.0
Employer	21.9	40.9%	22.5	41.5%	0.6 ***	0.6 **
Medicaid and CHIP	17.9	33.4%	17.8	32.8%	-0.1	-0.6 ***
CHAMPUS/Medicare	1.0	1.9%	1.0	1.8%	0.0	-0.1 *
Private Nongroup	2.7	5.1%	2.8	5.1%	0.0	0.0
Uninsured	10.0	18.7%	10.2	18.8%	0.2 **	0.1
HIU less than 138% FPL	21.8	40.7%	21.4	39.4%	-0.4	-1.3
Employer	3.6	16.7%	3.6	17.0%	0.0	0.3
Medicaid and CHIP	11.9	54.5%	11.7	54.8%	-0.2	0.3
CHAMPUS/Medicare	0.5	2.3%	0.4	2.1%	0.0	-0.2
Private Nongroup	0.7	3.4%	0.7	3.3%	0.0 *	-0.1
Uninsured	5.0	23.1%	4.9	22.8%	-0.2 *	-0.3
HIU 138 to less than 400% FPL	22.5	42.1%	23.1	42.5%	0.5 ***	0.4
Employer	10.9	48.6%	11.1	48.1%	0.1	-0.5
Medicaid and CHIP	5.6	24.6%	5.6	24.4%	0.1	-0.2
CHAMPUS/Medicare	0.4	1.7%	0.4	1.6%	0.0	-0.2 **
Private Nongroup	1.4	6.0%	1.4	6.0%	0.0	0.0
Uninsured	4.3	19.1%	4.6	19.9%	0.3 ***	0.8 ***
HIU at or above 400% FPL	9.2	17.2%	9.8	18.1%	0.6 ***	0.9
Employer	7.3	79.3%	7.8	79.5%	0.5 ***	0.2
Medicaid and CHIP	0.4	4.8%	0.5	4.6%	0.0	-0.2
CHAMPUS/Medicare	0.2	1.7%	0.2	1.8%	0.0 **	0.2
Private Nongroup	0.6	6.8%	0.7	6.7%	0.0	-0.1
Uninsured	0.7	7.4%	0.7	7.4%	0.0	-0.1

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 2: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2017 to 2018, *continued***

	Other or Multiple Races (Non-Hispanic)					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	25.8	100.0%	26.1	100.0%	0.4 ***	0.0
Employer	14.9	57.9%	15.4	59.1%	0.5 ***	1.2 ***
Medicaid and CHIP	5.9	22.9%	5.8	22.1%	-0.1	-0.8 ***
CHAMPUS/Medicare	0.6	2.4%	0.6	2.3%	0.0 **	-0.2 **
Private Nongroup	2.2	8.3%	2.2	8.4%	0.0	0.0
Uninsured	2.2	8.5%	2.2	8.2%	0.0	-0.2
HIU less than 138% FPL	7.7	29.8%	7.5	28.6%	-0.2 **	-1.2
Employer	1.8	23.8%	1.8	24.1%	0.0	0.3
Medicaid and CHIP	3.9	51.3%	3.8	50.8%	-0.2 **	-0.5
CHAMPUS/Medicare	0.3	3.5%	0.3	3.4%	0.0	-0.1
Private Nongroup	0.5	7.0%	0.6	7.9%	0.1 ***	0.9 ***
Uninsured	1.1	14.4%	1.0	13.8%	-0.1 ***	-0.6
HIU 138 to less than 400% FPL	8.4	32.5%	8.5	32.5%	0.1	0.0
Employer	4.8	57.4%	4.9	57.6%	0.1	0.1
Medicaid and CHIP	1.7	20.3%	1.7	20.4%	0.0	0.1
CHAMPUS/Medicare	0.2	2.6%	0.2	2.4%	0.0	-0.2
Private Nongroup	0.8	10.0%	0.8	10.0%	0.0	0.0
Uninsured	0.8	9.7%	0.8	9.6%	0.0	-0.1
HIU at or above 400% FPL	9.7	37.7%	10.2	38.9%	0.5 ***	1.2
Employer	8.3	85.2%	8.7	86.0%	0.5 ***	0.7 **
Medicaid and CHIP	0.3	2.6%	0.2	2.4%	0.0	-0.2
CHAMPUS/Medicare	0.1	1.4%	0.1	1.3%	0.0	-0.1 *
Private Nongroup	0.8	8.0%	0.7	7.3%	0.0 *	-0.7 ***
Uninsured	0.3	2.7%	0.3	3.0%	0.0 ***	0.3 **

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health insurance unit. Estimates reflect income for the health insurance unit, developed by Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey, developed by Lynch and colleagues (2011).

\*/\*\*/\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

**Appendix Table 3: Changes in Health Insurance Coverage Among Adults 18–64 by Health Insurance Unit Income and Education Level, 2017 to 2018**

	High School Degree or Less					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	82.0	100.0%	81.5	100.0%	-0.5	0.0
Employer	39.0	47.6%	39.1	48.0%	0.1	0.4 ***
Medicaid and CHIP	18.1	22.1%	17.9	21.9%	-0.3	-0.2
CHAMPUS/Medicare	3.2	3.9%	3.0	3.7%	-0.2 **	-0.2 ***
Private Nongroup	5.8	7.1%	5.6	6.8%	-0.2 **	-0.2 ***
Uninsured	15.8	19.3%	15.9	19.5%	0.1	0.2 **
HIU less than 138% FPL	32.5	39.6%	31.2	38.3%	-1.2	-1.3
Employer	7.1	22.0%	6.9	22.2%	-0.2	0.2
Medicaid and CHIP	13.9	42.7%	13.4	42.9%	-0.5	0.2
CHAMPUS/Medicare	1.6	4.9%	1.5	4.7%	-0.1 **	-0.2 **
Private Nongroup	1.5	4.6%	1.4	4.5%	-0.1 **	-0.1
Uninsured	8.4	25.8%	8.0	25.7%	-0.3 *	-0.1
HIU 138 to less than 400% FPL	33.1	40.4%	33.4	41.0%	0.3	0.6
Employer	18.9	57.1%	18.9	56.5%	0.0	-0.6 ***
Medicaid and CHIP	3.8	11.5%	4.0	11.9%	0.2 ***	0.4 ***
CHAMPUS/Medicare	1.2	3.7%	1.2	3.5%	-0.1 ***	-0.2 ***
Private Nongroup	2.9	8.9%	2.8	8.5%	-0.1 *	-0.4 ***
Uninsured	6.2	18.8%	6.6	19.6%	0.3 ***	0.8 ***
HIU at or above 400% FPL	16.4	20.0%	16.8	20.7%	0.5 ***	0.7
Employer	13.0	79.3%	13.3	79.2%	0.4 ***	-0.1
Medicaid and CHIP	0.5	3.0%	0.5	2.9%	0.0	0.0
CHAMPUS/Medicare	0.4	2.3%	0.4	2.4%	0.0	0.0
Private Nongroup	1.3	8.2%	1.3	7.9%	0.0	-0.3 *
Uninsured	1.2	7.2%	1.3	7.6%	0.1 ***	0.5 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*



**Appendix Table 3: Changes in Health Insurance Coverage Among Adults 18-64 by Health Insurance Unit Income and Education Level, 2017 to 2018, *continued***

	Some College					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	48.9	100.0%	48.1	100.0%	-0.8	0.0
Employer	30.9	63.3%	30.4	63.3%	-0.5	0.0
Medicaid and CHIP	6.7	13.7%	6.5	13.4%	-0.2	-0.2
CHAMPUS/Medicare	2.0	4.1%	1.9	4.0%	-0.1	-0.1
Private Nongroup	4.2	8.5%	4.0	8.3%	-0.1 ***	-0.2
Uninsured	5.1	10.4%	5.2	10.8%	0.1 ***	0.4 ***
HIU less than 138% FPL	14.9	30.5%	14.3	29.7%	-0.6	-0.8
Employer	5.7	38.4%	5.5	38.5%	-0.2	0.0
Medicaid and CHIP	4.8	32.4%	4.6	32.1%	-0.2	-0.3
CHAMPUS/Medicare	0.8	5.1%	0.7	4.9%	-0.1 **	-0.2 **
Private Nongroup	1.2	8.0%	1.1	8.0%	0.0 **	0.1
Uninsured	2.4	16.1%	2.4	16.6%	0.0	0.4 *
HIU 138 to less than 400% FPL	19.0	38.8%	18.8	39.1%	-0.2	0.3
Employer	12.6	66.2%	12.4	65.7%	-0.2	-0.5 *
Medicaid and CHIP	1.6	8.5%	1.7	8.8%	0.0	0.3
CHAMPUS/Medicare	0.8	4.3%	0.8	4.3%	0.0	0.0
Private Nongroup	1.9	9.8%	1.8	9.4%	-0.1 **	-0.3 **
Uninsured	2.1	11.2%	2.2	11.7%	0.1 **	0.5 ***
HIU at or above 400% FPL	15.0	30.6%	15.0	31.1%	0.0	0.5
Employer	12.6	84.5%	12.6	84.2%	-0.1	-0.3 *
Medicaid and CHIP	0.2	1.6%	0.2	1.5%	0.0	-0.1
CHAMPUS/Medicare	0.4	2.8%	0.4	2.9%	0.0	0.0
Private Nongroup	1.1	7.5%	1.1	7.3%	0.0	-0.2
Uninsured	0.6	3.7%	0.6	4.2%	0.1 ***	0.5 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 3: Changes in Health Insurance Coverage Among Adults 18–64 by Health Insurance Unit Income and Education Level, 2017 to 2018, *continued***

	Finished College					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	59.7	100.0%	61.1	100.0%	1.4 ***	0.0
Employer	46.9	78.5%	48.2	78.8%	1.3 ***	0.3
Medicaid and CHIP	3.0	5.1%	3.0	4.9%	0.0	-0.1
CHAMPUS/Medicare	1.4	2.3%	1.4	2.3%	0.0 *	0.0
Private Nongroup	5.6	9.4%	5.5	9.0%	-0.1 **	-0.4 ***
Uninsured	2.8	4.7%	3.0	4.9%	0.2 ***	0.2 **
HIU less than 138% FPL	6.9	11.6%	6.9	11.3%	0.0	-0.2
Employer	2.7	39.4%	2.7	39.7%	0.0	0.3
Medicaid and CHIP	2.0	28.4%	1.9	27.9%	0.0	-0.5
CHAMPUS/Medicare	0.3	4.7%	0.3	4.9%	0.0	0.2
Private Nongroup	0.8	11.9%	0.8	12.0%	0.0	0.1
Uninsured	1.1	15.5%	1.1	15.5%	0.0	-0.1
HIU 138 to less than 400% FPL	15.9	26.7%	16.0	26.2%	0.1	-0.4
Employer	11.4	71.7%	11.5	71.7%	0.1	-0.1
Medicaid and CHIP	0.8	5.1%	0.8	5.2%	0.0	0.1
CHAMPUS/Medicare	0.5	2.9%	0.5	2.9%	0.0	0.0
Private Nongroup	2.1	13.2%	2.0	12.8%	-0.1 *	-0.4 ***
Uninsured	1.1	7.0%	1.2	7.5%	0.1 ***	0.4 ***
HIU at or above 400% FPL	36.9	61.8%	38.2	62.5%	1.3 ***	0.7
Employer	32.7	88.8%	33.9	89.0%	1.2 ***	0.2 *
Medicaid and CHIP	0.2	0.7%	0.2	0.6%	0.0	0.0
CHAMPUS/Medicare	0.6	1.5%	0.6	1.6%	0.0 **	0.0
Private Nongroup	2.7	7.3%	2.6	6.9%	-0.1 **	-0.4 ***
Uninsured	0.6	1.7%	0.7	1.9%	0.1 ***	0.2 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health insurance unit. Estimates reflect income for the health insurance unit, developed by Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey, developed by Lynch and colleagues (2011).

\*/\*\*/\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

**Appendix Table 4: Changes in Health Insurance Coverage Among Adults 18–64 by Health Insurance Unit Income and Industry Type, 2017 to 2018**

	All Workers, 18-64					
	Coverage Distribution within Income Category				Change in Millions of People 2017-18	Percentage-Point Change 2017-18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	141.8	100.0%	143.2	100.0%	1.4	0.0
Employer	100.6	70.9%	101.9	71.2%	1.3 **	0.2 *
Medicaid and CHIP	11.9	8.4%	11.8	8.2%	-0.1	-0.1
CHAMPUS/Medicare	2.5	1.7%	2.5	1.7%	0.0	0.0
Private Nongroup	11.4	8.0%	11.0	7.7%	-0.3 ***	-0.3 ***
Uninsured	15.5	10.9%	16.0	11.2%	0.5 ***	0.2 ***
HIU less than 138% FPL	24.6	17.4%	23.7	16.5%	-0.9	-0.8
Employer	9.7	39.3%	9.4	39.5%	-0.3	0.2
Medicaid and CHIP	7.1	28.7%	6.7	28.4%	-0.3	-0.3
CHAMPUS/Medicare	0.5	2.1%	0.5	2.0%	0.0	-0.1
Private Nongroup	1.7	6.8%	1.6	6.7%	-0.1 *	-0.1
Uninsured	5.7	23.2%	5.5	23.4%	-0.2 *	0.2
HIU 138 to less than 400% FPL	56.5	39.8%	57.0	39.8%	0.5	0.0
Employer	38.0	67.2%	38.1	66.7%	0.1	-0.5 ***
Medicaid and CHIP	4.2	7.3%	4.4	7.7%	0.2 ***	0.4 ***
CHAMPUS/Medicare	1.1	1.9%	1.0	1.8%	0.0	-0.1 *
Private Nongroup	5.5	9.6%	5.3	9.3%	-0.1	-0.3 ***
Uninsured	7.8	13.9%	8.2	14.4%	0.4 ***	0.6 ***
HIU at or above 400% FPL	60.7	42.8%	62.5	43.6%	1.8 ***	0.8
Employer	53.0	87.3%	54.5	87.2%	1.6 ***	0.0
Medicaid and CHIP	0.7	1.1%	0.7	1.1%	0.0	0.0
CHAMPUS/Medicare	0.9	1.5%	0.9	1.5%	0.0 **	0.0
Private Nongroup	4.2	7.0%	4.1	6.6%	-0.1 *	-0.3 ***
Uninsured	2.0	3.2%	2.2	3.6%	0.3 ***	0.4 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 4: Changes in Health Insurance Coverage Among Adults 18–64 by Health Insurance Unit Income and Industry Type, 2017 to 2018, *continued***

	Workers in High-ESI Industries					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	48.7	100.0%	48.9	100.0%	0.2	0.0
Employer	40.6	83.3%	40.8	83.3%	0.2	0.1
Medicaid and CHIP	2.1	4.2%	2.0	4.2%	0.0	-0.1
CHAMPUS/Medicare	0.8	1.7%	0.8	1.7%	0.0	0.0
Private Nongroup	2.7	5.5%	2.6	5.4%	0.0	-0.1
Uninsured	2.6	5.3%	2.7	5.4%	0.1 **	0.1 ***
HIU less than 138% FPL	4.7	9.7%	4.5	9.3%	-0.2	-0.4
Employer	2.4	50.4%	2.3	50.8%	-0.1	0.4
Medicaid and CHIP	1.1	23.9%	1.1	23.6%	-0.1	-0.3
CHAMPUS/Medicare	0.1	2.2%	0.1	2.2%	0.0	0.1
Private Nongroup	0.3	7.1%	0.3	7.1%	0.0	0.0
Uninsured	0.8	16.5%	0.7	16.3%	0.0	-0.1
HIU 138 to less than 400% FPL	17.7	36.3%	17.6	35.9%	-0.1	-0.4
Employer	14.1	79.5%	13.9	79.1%	-0.2	-0.4 *
Medicaid and CHIP	0.8	4.3%	0.8	4.6%	0.0	0.2
CHAMPUS/Medicare	0.3	1.9%	0.3	1.8%	0.0	-0.1
Private Nongroup	1.2	6.6%	1.1	6.5%	0.0	-0.1
Uninsured	1.3	7.6%	1.4	7.9%	0.0 **	0.3 ***
HIU at or above 400% FPL	26.3	53.9%	26.8	54.8%	0.5 ***	0.9
Employer	24.1	91.7%	24.6	91.6%	0.5 ***	-0.1
Medicaid and CHIP	0.2	0.6%	0.2	0.6%	0.0	0.0
CHAMPUS/Medicare	0.4	1.5%	0.4	1.5%	0.0	0.0
Private Nongroup	1.2	4.4%	1.2	4.3%	0.0	-0.1
Uninsured	0.5	1.7%	0.5	2.0%	0.1 ***	0.2 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 4: Changes in Health Insurance Coverage Among Adults 18–64 by Health Insurance Unit Income and Industry Type, 2017 to 2018, *continued***

	Workers in Low-ESI Industries					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	93.1	100.0%	94.3	100.0%	1.2	0.0
Employer	60.1	64.5%	61.2	64.9%	1.1 ***	0.4 ***
Medicaid and CHIP	9.8	10.5%	9.7	10.3%	-0.1	-0.2
CHAMPUS/Medicare	1.6	1.8%	1.6	1.7%	0.0	0.0
Private Nongroup	8.7	9.3%	8.4	8.9%	-0.3 ***	-0.4 ***
Uninsured	12.9	13.9%	13.3	14.2%	0.4 ***	0.3 ***
HIU less than 138% FPL	19.9	21.4%	19.2	20.3%	-0.7	-1.1
Employer	7.3	36.6%	7.1	36.9%	-0.2	0.2
Medicaid and CHIP	5.9	29.8%	5.7	29.5%	-0.3	-0.3
CHAMPUS/Medicare	0.4	2.1%	0.4	2.0%	0.0 **	-0.1 **
Private Nongroup	1.3	6.7%	1.3	6.6%	-0.1 *	-0.1
Uninsured	4.9	24.8%	4.8	25.0%	-0.1	0.2
HIU 138 to less than 400% FPL	38.8	41.7%	39.5	41.9%	0.6 **	0.2
Employer	23.9	61.6%	24.2	61.2%	0.2	-0.4 **
Medicaid and CHIP	3.4	8.7%	3.6	9.1%	0.2 ***	0.4 ***
CHAMPUS/Medicare	0.7	1.9%	0.7	1.8%	0.0	-0.1
Private Nongroup	4.3	11.0%	4.2	10.5%	-0.1	-0.5 ***
Uninsured	6.5	16.7%	6.8	17.3%	0.3 ***	0.6 ***
HIU at or above 400% FPL	34.4	36.9%	35.7	37.8%	1.3 ***	0.9
Employer	28.8	83.8%	29.9	83.9%	1.1 ***	0.1
Medicaid and CHIP	0.5	1.4%	0.5	1.4%	0.0	0.0
CHAMPUS/Medicare	0.5	1.5%	0.5	1.5%	0.0 **	0.0
Private Nongroup	3.1	8.9%	3.0	8.4%	-0.1 **	-0.6 ***
Uninsured	1.5	4.4%	1.7	4.8%	0.2 ***	0.4 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

Notes: ESI = employer-sponsored insurance. FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health insurance unit. Estimates reflect income for the health insurance unit, developed by Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey, developed by Lynch and colleagues (2011).

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

**Appendix Table 5: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2017 to 2018**

	Northeast					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	45.7	100.0%	45.2	100.0%	-0.5	0.0
Employer	28.1	61.6%	28.0	62.0%	-0.1	0.5
Medicaid and CHIP	11.0	24.1%	10.8	24.0%	-0.2	-0.1
CHAMPUS/Medicare	0.8	1.8%	0.8	1.7%	-0.1	-0.1 **
Private Nongroup	2.7	5.9%	2.7	5.9%	0.0	0.0
Uninsured	3.0	6.6%	2.9	6.4%	-0.1	-0.2
HIU less than 138% FPL	12.2	26.6%	11.6	25.7%	-0.6	-1.0
Employer	2.9	24.1%	2.8	24.1%	-0.1	0.0
Medicaid and CHIP	7.2	58.9%	6.9	59.5%	-0.3	0.6
CHAMPUS/Medicare	0.4	2.9%	0.3	2.6%	-0.1 **	-0.3 ***
Private Nongroup	0.4	3.4%	0.4	3.7%	0.0	0.2 *
Uninsured	1.3	10.6%	1.2	10.1%	-0.1	-0.5
HIU 138 to less than 400% FPL	15.1	33.0%	14.8	32.8%	-0.3	-0.2
Employer	9.0	59.4%	8.7	58.7%	-0.3	-0.7 **
Medicaid and CHIP	3.4	22.2%	3.4	23.1%	0.1	0.9 ***
CHAMPUS/Medicare	0.3	2.1%	0.3	2.0%	0.0	-0.1
Private Nongroup	1.2	7.7%	1.1	7.6%	0.0	-0.1
Uninsured	1.3	8.5%	1.3	8.6%	0.0	0.1
HIU at or above 400% FPL	18.4	40.3%	18.7	41.5%	0.3	1.2
Employer	16.2	88.1%	16.5	88.2%	0.3	0.1
Medicaid and CHIP	0.5	2.7%	0.5	2.7%	0.0	-0.1
CHAMPUS/Medicare	0.1	0.8%	0.2	0.9%	0.0 ***	0.1 **
Private Nongroup	1.1	6.0%	1.1	5.9%	0.0	-0.1
Uninsured	0.4	2.4%	0.4	2.3%	0.0	-0.1

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 5: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2017 to 2018, *continued***

	Midwest					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	55.8	100.0%	55.7	100.0%	-0.2	0.0
Employer	35.1	62.8%	35.2	63.3%	0.2	0.5 **
Medicaid and CHIP	11.8	21.2%	11.6	20.8%	-0.3	-0.4 **
CHAMPUS/Medicare	1.3	2.3%	1.3	2.3%	0.0	0.0
Private Nongroup	3.4	6.1%	3.2	5.7%	-0.2 ***	-0.4 ***
Uninsured	4.2	7.6%	4.4	7.9%	0.2 ***	0.4 ***
HIU less than 138% FPL	15.0	26.9%	14.6	26.2%	-0.4	-0.7
Employer	3.8	25.3%	3.7	25.4%	-0.1	0.2
Medicaid and CHIP	8.2	54.3%	7.9	54.1%	-0.3 *	-0.3
CHAMPUS/Medicare	0.5	3.5%	0.5	3.3%	0.0 **	-0.1
Private Nongroup	0.6	3.8%	0.5	3.7%	0.0	-0.1
Uninsured	2.0	13.2%	2.0	13.5%	0.0	0.3
HIU 138 to less than 400% FPL	21.6	38.7%	21.5	38.7%	-0.1	0.0
Employer	14.3	66.1%	14.2	66.1%	-0.1	0.0
Medicaid and CHIP	3.4	15.6%	3.4	15.7%	0.0	0.1
CHAMPUS/Medicare	0.5	2.5%	0.5	2.5%	0.0	0.0
Private Nongroup	1.6	7.2%	1.4	6.7%	-0.1 ***	-0.5 ***
Uninsured	1.9	8.6%	1.9	9.0%	0.1 ***	0.4 **
HIU at or above 400% FPL	19.2	34.4%	19.5	35.1%	0.4 ***	0.7
Employer	17.0	88.6%	17.3	88.6%	0.3 ***	0.0
Medicaid and CHIP	0.3	1.6%	0.3	1.6%	0.0	-0.1
CHAMPUS/Medicare	0.2	1.2%	0.2	1.3%	0.0	0.0
Private Nongroup	1.3	6.6%	1.2	6.0%	-0.1 ***	-0.5 ***
Uninsured	0.4	2.0%	0.5	2.6%	0.1 ***	0.5 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*

**Appendix Table 5: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2017 to 2018, *continued***

	South					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	101.6	100.0%	102.0	100.0%	0.4 *	0.0
Employer	55.0	54.2%	55.5	54.5%	0.5 ***	0.3 *
Medicaid and CHIP	20.7	20.4%	20.6	20.2%	-0.1	-0.2
CHAMPUS/Medicare	4.0	4.0%	3.9	3.9%	-0.1 *	-0.1 **
Private Nongroup	7.6	7.5%	7.3	7.2%	-0.3 ***	-0.3 ***
Uninsured	14.3	14.1%	14.6	14.3%	0.3 *	0.3 *
HIU less than 138% FPL	33.0	32.5%	32.3	31.6%	-0.7 ***	-0.8
Employer	7.3	22.1%	7.1	22.1%	-0.2 *	0.0
Medicaid and CHIP	14.5	44.0%	14.2	44.1%	-0.3 **	0.1
CHAMPUS/Medicare	1.7	5.2%	1.6	5.0%	-0.1 **	-0.1
Private Nongroup	2.0	6.1%	1.9	6.0%	-0.1 ***	-0.1
Uninsured	7.5	22.7%	7.3	22.8%	-0.1 **	0.1
HIU 138 to less than 400% FPL	37.9	37.3%	38.3	37.6%	0.4 **	0.2
Employer	22.2	58.5%	22.1	57.8%	0.0	-0.7 **
Medicaid and CHIP	5.6	14.7%	5.8	15.0%	0.2 **	0.3
CHAMPUS/Medicare	1.4	3.8%	1.4	3.7%	0.0	-0.1
Private Nongroup	3.2	8.5%	3.2	8.3%	-0.1	-0.2 **
Uninsured	5.5	14.5%	5.8	15.2%	0.3 ***	0.7 ***
HIU at or above 400% FPL	30.7	30.2%	31.4	30.8%	0.7 ***	0.6
Employer	25.6	83.4%	26.3	83.6%	0.7 ***	0.2
Medicaid and CHIP	0.6	1.9%	0.6	1.9%	0.0	0.0
CHAMPUS/Medicare	0.9	2.9%	0.9	2.8%	0.0	0.0
Private Nongroup	2.3	7.7%	2.2	7.1%	-0.1 ***	-0.6 ***
Uninsured	1.3	4.2%	1.4	4.6%	0.1 ***	0.3 ***

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

\*/\*\*/\*\*\*/ Change is statistically significant at the 0.1/0.05/0.01 level.

*table continued*



**Appendix Table 5: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2017 to 2018, *continued***

	West					
	Coverage Distribution within Income Category				Change in Millions of People 2017–18	Percentage-Point Change 2017–18
	2017		2018			
	Millions	Percent	Millions	Percent		
All Incomes	64.5	100.0%	64.7	100.0%	0.1	0.0
Employer	35.9	55.6%	36.4	56.2%	0.5 ***	0.6 ***
Medicaid and CHIP	16.6	25.7%	16.3	25.2%	-0.3 **	-0.5 ***
CHAMPUS/Medicare	1.7	2.6%	1.7	2.6%	0.0	-0.1
Private Nongroup	4.6	7.1%	4.5	6.9%	-0.1	-0.1
Uninsured	5.8	8.9%	5.9	9.1%	0.1	0.1
HIU less than 138% FPL	19.3	29.9%	18.6	28.7%	-0.7 **	-1.2
Employer	4.3	22.4%	4.2	22.8%	-0.1	0.3
Medicaid and CHIP	10.9	56.7%	10.5	56.7%	-0.4 **	0.0
CHAMPUS/Medicare	0.7	3.7%	0.7	3.6%	0.0 **	-0.1
Private Nongroup	0.7	3.6%	0.7	3.7%	0.0	0.1
Uninsured	2.6	13.5%	2.5	13.2%	-0.2 *	-0.3
HIU 138 to less than 400% FPL	23.5	36.5%	23.6	36.6%	0.1	0.1
Employer	13.4	57.1%	13.4	56.5%	-0.1	-0.6 **
Medicaid and CHIP	5.0	21.4%	5.1	21.7%	0.1	0.3
CHAMPUS/Medicare	0.6	2.7%	0.6	2.6%	0.0	-0.1
Private Nongroup	1.9	8.2%	1.9	8.0%	0.0	-0.2
Uninsured	2.5	10.6%	2.7	11.3%	0.2 ***	0.7 ***
HIU at or above 400% FPL	21.7	33.7%	22.4	34.7%	0.7 ***	1.0
Employer	18.1	83.5%	18.8	83.6%	0.6 ***	0.2
Medicaid and CHIP	0.6	2.9%	0.6	2.8%	0.0	-0.1
CHAMPUS/Medicare	0.4	1.7%	0.4	1.7%	0.0 *	0.1
Private Nongroup	1.9	8.9%	1.9	8.5%	0.0	-0.4 **
Uninsured	0.7	3.1%	0.7	3.3%	0.1 ***	0.2 **

Source: Urban Institute analysis of American Community Survey data from 2017 and 2018, using the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. HIU = health insurance unit. Estimates reflect income for the health insurance unit, developed by Urban Institute, and include adjustments for misreported health insurance coverage on the American Community Survey, developed by Lynch and colleagues (2011).

\*/\*\*/\*\* Change is statistically significant at the 0.1/0.05/0.01 level.

# ENDNOTES

- Berchick E.R., Hood E, Barnett J.C. *Health Insurance Coverage in the United States: 2017, Current Population Reports*. <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>. Washington: U.S. Census Bureau; 2018. Published September 2018. Accessed June 15, 2020.
- Skopec L., Holahan J., Elembdorf C. *Changes in Health Insurance Coverage 2013–2016: Medicaid Expansion States Lead the Way*. <https://www.urban.org/research/publication/changes-health-insurance-coverage-2013-2016-medicaid-expansion-states-lead-way>. Washington: Urban Institute; 2018. Published September 11, 2018. Accessed June 15, 2020.
- Skopec L., Holahan J., Elembdorf C. *Health Insurance Coverage Declined For Nonelderly Americans between 2016 and 2017, Primarily in States That Did Not Expand Medicaid*. <https://www.urban.org/research/publication/health-insurance-coverage-declined-nonelderly-americans-between-2016-and-2017-primarily-states-did-not-expand-medicaid>. Washington: Urban Institute; 2019. Published August 15, 2019. Accessed June 15, 2020.
- Blumberg, L.J., Simpson M., Holahan J. Buettgens M., Pan C., *Potential Eligibility for Medicaid, CHIP, and Marketplace Subsidies among Workers Losing Jobs in Industries Vulnerable to High Levels of COVID-19-Related Unemployment*. <https://www.urban.org/research/publication/potential-eligibility-medicaid-chip-and-marketplace-subsidies-among-workers-losing-jobs-industries-vulnerable-high-levels-covid-19-related-unemployment>.
- The American Community Survey allows respondents to select their insurance type, including “insurance purchased directly from an insurance company (by this person or another family member).” See the American Community Survey questionnaire, available at <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2017/quest17.pdf>. Accessed June 15, 2020.
- Garrett, B., Gangopadhyaya A., *How the COVID-19 Recession Could Affect Health Insurance Coverage*. [https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage_0.pdf) Washington: Urban Institute; 2020. Accessed June 15, 2020.
- Garrett, B., Gangopadhyaya A., *How the COVID-19 Recession Could Affect Health Insurance Coverage*. [https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage_0.pdf) Washington: Urban Institute; 2020. Published May 2020. Accessed June 15, 2020., Blumberg, L.J., Simpson M., Holahan J. Buettgens M., Pan C., *Potential Eligibility for Medicaid, CHIP, and Marketplace Subsidies among Workers Losing Jobs in Industries Vulnerable to High Levels of COVID-19-Related Unemployment*. <https://www.urban.org/research/publication/potential-eligibility-medicaid-chip-and-marketplace-subsidies-among-workers-losing-jobs-industries-vulnerable-high-levels-covid-19-related-unemployment> Washington: Urban Institute; 2020. Published April 24, 2020. Accessed June 15, 2020.
- Kamal R., Semanskee A., Long M., Claxton G., Levitt L. *How the Loss of Cost-Sharing Subsidy Payments is Affecting 2018 Premiums*. <https://www.kff.org/health-reform/issue-brief/how-the-loss-of-cost-sharing-subsidy-payments-is-affecting-2018-premiums>. San Francisco: Henry J. Kaiser Family Foundation; 2017. Published October 27, 2017. Accessed June 15, 2020.
- Six states enacted state-level mandates to purchase insurance coverage, including California, the District of Columbia, Massachusetts, New Jersey, Rhode Island, and Vermont.
- Blumberg, L.J., Simpson M., Holahan J. Buettgens M., Pan C., *Potential Eligibility for Medicaid, CHIP, and Marketplace Subsidies Among Workers Losing Jobs in Industries Vulnerable to High Levels of COVID-19-Related Unemployment*. <https://www.urban.org/research/publication/potential-eligibility-medicaid-chip-and-marketplace-subsidies-among-workers-losing-jobs-industries-vulnerable-high-levels-covid-19-related-unemployment> Washington: Urban Institute; 2020. Published April 24, 2020. Accessed June 15, 2020.
- For a definition of guaranteed issue, see <https://www.healthcare.gov/glossary/guaranteed-issue>. Accessed June 15, 2020.
- For a definition of community rating, see <https://www.healthcare.gov/glossary/community-rating>. Accessed June 15, 2020.
- Medicaid expansion status was determined as of July 1, 2017. Medicaid expansion states are Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, the District of Columbia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia. The nonexpansion states are Alabama, Florida, Georgia, Idaho, Kansas, Maine, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.
- Cohen R.A., Terlizzi E.P., Martinez M.E.. *Health insurance coverage: Early Release of Estimates From the National Health Interview Survey, 2018*. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>. Hyattsville, MD: National Center for Health Statistics; 2019. Published May 2019. Accessed June 15, 2020.
- Long S.K., Bart L., Karpman M., Shartz A., Zuckerman S. Sustained Gains in Coverage, Access, and Affordability under the ACA: A 2017 update. *Health Affairs*. 2017;36(9): 1656–62. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0798>. Bethesda, MD: Health Affairs; 2017. Published September 2017. Accessed June 15, 2020.
- Skopec L. *Losses of Private Nongroup Health Insurance a Key Driver behind 2017 Increases in Uninsurance*. [https://www.urban.org/sites/default/files/publication/99059/losses\\_of\\_private\\_non-group\\_health\\_insurance\\_a\\_key\\_5.pdf](https://www.urban.org/sites/default/files/publication/99059/losses_of_private_non-group_health_insurance_a_key_5.pdf) Washington: Urban Institute; 2018. Published September 2018. Accessed June 15, 2020.
- Ruggles S, Genadek K, Goeken R, Grover J, Sobek M. Integrated Public Use Microdata Series: Version 7.0 [dataset]. <https://doi.org/10.18128/D010.V7.0>. University of Minnesota website. Accessed June 15, 2020.
- Lynch V., Kenney G.M., Haley J., Resnick D. Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits. <https://www.census.gov/content/dam/Census/library/working-papers/2011/demo/improving-the-validity-of-the-medicaid-chip-estimates-on-the-acs.pdf>. Washington: U.S. Census Bureau; 2011. Published September 27, 2011. Accessed June 15, 2020.
- See also Haley J, Lynch V, Kenney GM. *The Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model*. <https://www.urban.org/sites/default/files/publication/22431/413069-the-urban-institute-health-policy-center-s-medicaid-chip-eligibility-simulation-model.pdf>. Washington: Urban Institute; 2014. Published March 2014. Accessed June 15, 2020.
- Pascale J. *Measurement Error in Health Insurance Reporting*. *Inquiry*. 2008;45(4): 422–37.
- Pascale J., Rodean J., Leeman J., et al. *Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons from Massachusetts*. *Inquiry*. 2013;50(2): 106–23.
- Call K., Davern M.E., Klerman J.A., Lynch V. *Comparing Errors in Medicaid Reporting Across Surveys: Evidence to Date*. *Health Services Research*. 2013;48(2 Pt 1): 652–64.
- National Income and Product Accounts. Bureau of Economic Analysis website. <https://apps.bea.gov/iTable/iTable.cfm?reqid=19&step=2#reqid=19&step=2&isuri=1&1921=survey>. Accessed June 15, 2020.
- Labor Force Statistics from the Current Population: Employment Status of the Civilian Noninstitutionalized Population, 1948 to Date. Bureau of Labor Statistics website. <https://www.bls.gov/cps/cpsaat01.htm>. Updated January 18, 2019. Accessed June 15, 2020.
- Semega J.L., Kollar A., Creamer J., and Mohanty, A. *Income and Poverty in the United States: 2018, Current Population Reports*. <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf> Washington: US Census Bureau; 2019. Published September 2019. Accessed June 15, 2020.
- Holahan J., Garrett A.B. *Rising Unemployment, Medicaid and the Uninsured*. <https://www.kff.org/other/issue-brief/rising-unemployment-medicaid-and-the-uninsured> San Francisco: Kaiser Family Foundation; 2009. Accessed June 15, 2020.
- Blumberg L.J., Garrett B., Holahan J. *Estimating the Counterfactual: How Many Uninsured Adults Would There Be today Without the ACA?* *Inquiry*. 2016; 53: 1–13.
- Garrett, B., Gangopadhyaya A., *How the COVID-19 Recession Could Affect Health Insurance Coverage*. [https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage_0.pdf) Washington: Urban Institute; 2020. Published May 2020. Accessed June 15, 2020., Blumberg, L.J., Simpson M., Holahan J. Buettgens M., Pan C., *Potential Eligibility for Medicaid, CHIP, and Marketplace Subsidies among Workers Losing Jobs in Industries Vulnerable to High Levels of COVID-19-Related Unemployment*. <https://www.urban.org/research/publication/potential-eligibility-medicaid-chip-and-marketplace-subsidies-among-workers-losing-jobs-industries-vulnerable-high-levels-covid-19-related-unemployment> Washington: Urban Institute; 2020. Published April 24, 2020. Accessed June 15, 2020.
- Health insurance unit income does not directly match Medicaid eligibility standards, and Medicaid eligibility is based on monthly, not annual, income. In addition, children with incomes above 138 percent of the FPL are often eligible for Medicaid and CHIP.

30. Seervai S. *Cuts to the ACA's Outreach Budget Will Make It Harder for People to Enroll*. Commonwealth Fund website. <https://www.commonwealthfund.org/publications/other-publication/2017/oct/cuts-acas-outreach-budget-will-make-it-harder-people-enroll>. New York: Commonwealth Fund; 2017. Published October 11, 2017. Accessed June 15, 2020.
31. Center on Health Insurance Reform blog. (2017). *Lots of Changes for 2018 Marketplace Enrollment Mean Confusion for Consumers*. <http://chirblog.org/lots-changes-2018-marketplace-enrollment-mean-confusion-consumers>. Accessed June 15, 2020.
32. To the Point blog. (2018). *Insurer Participation in ACA Marketplaces: Federal Uncertainty Triggers Diverging Business Strategies*. <https://www.commonwealthfund.org/blog/2018/insurer-participation-aca-marketplaces-federal-uncertainty-triggers-diverging-business>. Accessed June 15, 2020.
33. Holahan J., Blumberg L.J., Wengle E. *Changes in Marketplace Premiums, 2017 to 2018*. [https://www.urban.org/sites/default/files/publication/97371/changes\\_in\\_marketplace\\_premiums\\_2017\\_to\\_2018\\_1.pdf](https://www.urban.org/sites/default/files/publication/97371/changes_in_marketplace_premiums_2017_to_2018_1.pdf). Washington: Urban Institute; 2018. Published March 2018. Accessed June 15, 2020.
34. Kamal R., Semanskee A., Long M., Claxton G., Levitt L. *How the Loss of Cost-Sharing Subsidy Payments is Affecting 2018 Premiums*. <https://www.kff.org/health-reform/issue-brief/how-the-loss-of-cost-sharing-subsidy-payments-is-affecting-2018-premiums>. San Francisco: Henry J. Kaiser Family Foundation; 2017. Published October 27, 2017. Accessed June 15, 2020.
35. Congressional Budget Office. *The Effects of Terminating Payments for Cost-Sharing Reductions*. <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53009-costsharingreductions.pdf>. Washington: Congressional Budget Office; 2017. Published August 2017. Accessed June 15, 2020.
36. Blumberg L.J., Buettgens M., Wang R. *Updated Estimates of the Potential Impact of Short-Term, Limited-Duration Policies*. <https://www.urban.org/research/publication/updated-estimates-potential-impact-short-term-limited-duration-policies>. Washington: Urban Institute; 2018. Published August 16, 2018. Accessed June 15, 2020.
37. Congressional Budget Office. *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2018 to 2028*. <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53826-healthinsurancecoverage.pdf>. Washington: Congressional Budget Office; 2018. Published May 2018. Accessed June 15, 2020.
38. Garrett, B., Gangopadhyaya A., *How the COVID-19 Recession Could Affect Health Insurance Coverage*. [https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage_0.pdf). Washington: Urban Institute; 2020. Published May 2020. Accessed June 15, 2020., Blumberg, L.J., Simpson M., Holahan J. Buettgens M., Pan C., *Potential Eligibility for Medicaid, CHIP, and Marketplace Subsidies among Workers Losing Jobs in Industries Vulnerable to High Levels of COVID-19-Related Unemployment*. <https://www.urban.org/research/publication/potential-eligibility-medicaid-chip-and-marketplace-subsidies-among-workers-losing-jobs-industries-vulnerable-high-levels-covid-19-related-unemployment>. Washington: Urban Institute; 2020. Published April 24, 2020. Accessed June 15, 2020.

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