People who do not have health insurance often seek health care services later and receive less care than people who do have coverage. Most federal and state initiatives aimed at improving access to care have focused on extending insurance coverage. These programs have been developed with the recognition that, although most adults between the ages of 18 and 64 are enrolled in private health insurance plans, coverage is less likely to be provided by certain types of firms and to low-wage workers. Moreover, not all states are equally ambitious in their attempts to fill gaps in private coverage. As a result, health insurance coverage of nonelderly adults varies widely across the nation.

To document the extent of this variation, nonelderly adults were asked a series of questions about their health insurance coverage at the time of the survey, including whether it was private or public. The rates of unemployment reported here are lower than those commonly reported, based on the Census Bureau’s Current Population Survey (CPS), because of differences in the questions asked (see Appendix).

Nationally, 17 percent of nonelderly adults lacked health insurance coverage. In families with low incomes (below 200 percent of the federal poverty level), 37 percent of adults were uninsured. In contrast, 9 percent of adults with higher family incomes were uninsured, a statistically significant difference.

Private health insurance was important in both income groups, even though their rates of coverage differed significantly: 88 percent of higher-income adults and 44 percent of low-income adults had such insurance. Public insurance programs, in contrast, covered only 20 percent of low-income adults and 3 percent of adults with higher incomes, a statistically significant difference.
Health Insurance Coverage of Nonelderly Adults, by State, 1997

Patterns of insurance coverage varied widely across the 13 states surveyed. Among all nonelderly adults, the uninsurance rate ranged from 9 percent in Minnesota to 27 percent in Texas. Almost all of the disparity between these two states resulted from differences in private health insurance coverage. In fact, the five states with the highest rates of private coverage—Massachusetts, Michigan, Minnesota, New Jersey, and Wisconsin—also had the lowest rates of uninsurance. At the other extreme, the four states with the lowest rates of private coverage—California, Florida, Mississippi, and Texas—had the highest uninsurance rates. Only one state—Washington—had a lower uninsurance rate than the national average without a higher-than-average private coverage rate.

The differences in insurance coverage of low-income adults highlight the health policy choices made in several states. Private coverage of low-income adults was below the national average in California and New York, and Texas. However, New York’s coverage of 27 percent of low-income adults through public insurance produced an uninsurance rate of 35 percent, which was comparable to the national average of 37 percent. California’s 22 percent public coverage and Texas’s 14 percent did not offset the deficiencies in private coverage. Consequently, both states had higher-than-average uninsurance rates for low-income adults—43 percent in California and 50 percent in Texas.

Wisconsin and Colorado offer an additional perspective on the role of private insurance in determining the uninsurance rate of low-income adults. Although each of these states covered only 14 percent of low-income adults through public programs, private coverage in each was above the national average. As a result, Wisconsin’s 28 percent uninsurance rate was below the national average and Colorado’s 38 percent was comparable to it.