

ACA Implementation—Monitoring and Tracking

Health Insurance Coverage in 2014: Significant Progress, but Gaps Remain

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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 the Patient Protection and Affordable Care Act of 2010 (ACA). The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform to help states, researchers and policymakers learn from the process as it unfolds. Reports that have been prepared as part of this ongoing project can be found at www.rwjf.org and www.healthpolicycenter.org. The quantitative component of the project is producing analyses of the effects of the ACA on coverage, health expenditures, affordability, access and premiums in the states and nationally.

INTRODUCTION

Between 2013 and 2014, the economy continued to improve as the effects of the Great Recession subsided. Unemployment fell from 7.4 percent in 2013 to 6.2 percent in 2014,¹ and the gross domestic product continued to grow, from \$15.6 trillion in 2013 to \$16.0 trillion in 2014.² In addition to these economic improvements, which might be expected to improve the uninsured rate, the primary health insurance coverage reforms of the Affordable Care Act (ACA) went into effect on January 1, 2014. These reforms included guaranteed issue and modified community rating for nongroup and small group private insurance, the availability of subsidies to purchase private nongroup insurance through the health insurance marketplaces, Medicaid expansion in 25 states as of January 1, 2014 (27 states as of December 31, 2014),³ the individual mandate requiring most Americans to purchase health insurance or face a tax penalty, and a host of health insurance benefit package reforms. The ACA was widely expected to lead

to millions of Americans gaining health insurance coverage in 2014.⁴ We note that earlier expansions, particularly the expansion of eligibility for dependent coverage for children up to age 26, already had resulted in increases in coverage for that age group by 2013.⁵

Studies using a variety of data sources, including the National Health Interview Survey (NHIS), the Current Population Survey (CPS), and the Health Reform Monitoring Survey, have shown significant gains in health insurance coverage between 2013 and 2014, as well as between 2014 and 2015 (Table 1).^{6,7,8,9} Prior studies have also shown some evidence of decreasing racial and ethnic coverage disparities under the ACA.¹⁰ Finally, two studies that used different approaches to estimate the effects of the ACA or of specific ACA policies on coverage changes both concluded that ACA coverage provisions were responsible for most of the reduction in uninsurance between 2013 and 2014.^{11,12}

Table 1. Changes in Health Insurance Coverage Between 2013 and 2014 and Between 2014 and 2015, by Data Source

Data Source	Sponsor	2013 to 2014 Uninsured rate change for nonelderly		2014 to 2015 Uninsured rate change for nonelderly		Total change in million, 2013 to 2015
		Percentage-point change	Change in millions	Percentage-point change	Change in millions	
American Community Survey	U.S. Census Bureau	-3.6	-9.4 million		NA	NA
Current Population Survey	U.S. Census Bureau	-3.3	-8.8 million	-3.4	NA*	NA
National Health Interview Survey	National Center for Health Statistics	-3.3	-8.6 million	-2.8	-7.3 million	-15.9 million
Health Reform Monitoring Survey ⁺	Urban Institute	-4.9	-9.7 million	-2.3	-4.6 million	-14.3 million
Counterfactual Estimates [^]	Urban Institute		NA			-16.9 million

Source:

Cohen, RA, and ME Martinez. 2015. "Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2014." Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201506.pdf>

Cohen, RA, ME Martinez, and EP Zammitti. 2016. "Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2015." Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf>

Karpman, M, and SK Long. 2015. "QuickTake: Taking Stock: Gains in Health Insurance Coverage Under the ACA Continue as of September 2015, but Many Remain Uninsured." Washington, DC: Urban Institute. <http://hrms.urban.org/quicktakes/Gains-in-Health-Insurance-Coverage-under-the-ACA-Continue-as-of-September-2015-but-Many-Remain-Uninsured.html>

Long, SK, M Karpman, GM Kenney, D Wissoker, N Anderson, and S Zuckerman. 2015. "QuickTake: Taking Stock: Health Insurance Coverage Under the ACA as of December 2014." Washington, DC: Urban Institute. <http://hrms.urban.org/quicktakes/Health-Insurance-Coverage-under-the-ACA-as-of-December-2014.html>

National Health Interview Survey Early Release Program. 2015. "Comparison of the Prevalence of Uninsured Persons From the National Health Interview Survey and the Current Population Survey, 2014 and 2015." Hyattsville, MD: National Center for Health Statistics. https://www.cdc.gov/nchs/data/nhis/health_insurance/NCHS_CPS_Comparison092015.pdf

Smith, JC, and C Medalia. 2015. "Health Insurance Coverage in the United States: 2014." Washington, DC: U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf>

Blumberg, LJ, B Garrett, and J Holahan. 2016. "Estimating the Counterfactual: How Many Uninsured Adults Would There Be Today Without the ACA?" Inquiry 53: 1–13.

Notes:

* The 2014 to 2015 Current Population Survey estimates are based on point-in-time coverage in March 2014 and March 2015. The 2013 to 2014 Current Population Survey estimates are based on data for the calendar years 2013 and 2014. The break in trend for the Current Population Survey was between calendar year 2012 and calendar year 2013, which translates to the March 2013 and March 2014 surveys. Data on the March point-in-time estimates published by the Census Bureau did not include total population sizes.

+ Health Reform Monitoring Survey data are measured from September 2013 through December 2014 and from September 2013 through September 2015. Health Reform Monitoring Survey data are for nonelderly adults only; all other surveys are for all nonelderly (including children).

[^] Counterfactual estimates show the reductions in uninsurance due to the Affordable Care Act by estimating the number of people who would have been uninsured in 2015 without the Affordable Care Act and comparing those estimates to the actual number uninsured in 2015 by using the Current Population Survey and the Health Reform Monitoring Survey.

NA = not available.

Using the ACS, we find that the uninsured rate for the nonelderly (ages 0 to 64) fell 3.6 percentage points between 2013 and 2014, meaning 9.4 million fewer nonelderly Americans were uninsured. Although some of this reduction may have been due to continued economic recovery, the uninsured rate had fallen only 0.9 percentage points over the entire 2010 to 2013 period, suggesting much of the reduction seen between 2013 and 2014 was due to the ACA. In addition, as would be expected given the reforms of the ACA, we estimate that most of the gains in coverage were through Medicaid (2.3 percentage points, 6.4 million nonelderly) and private nongroup coverage (1.7 percentage points, 4.7 million

nonelderly). The reduction in the share of the nonelderly uninsured was larger in the 27 states that chose to expand their Medicaid programs (4.2 percentage points) during 2014 than in the 24 states that did not (2.8 percentage points).

The gains in coverage were driven primarily by gains for nonelderly adults, who were targeted by the coverage expansions under the ACA. The uninsured rate for nonelderly adults (ages 19 to 64) fell by 4.6 percentage points, meaning 8.4 million more with coverage, and the uninsured rate for children fell 1.2 percentage points (from its already low level of 7.0 percent), meaning 900,000 more children with coverage.¹³

These differences were driven by larger increases in private nongroup coverage for adults than for children (2.2 percentage points and 0.5 percentage points, respectively). These gains helped offset losses of employer-sponsored insurance (ESI) for both groups, though children saw larger ESI losses than nonelderly adults (1.5 percentage points and 0.3 percentage points, respectively). In 2014, adults were still nearly three times as likely to be uninsured as children (16.5 percent and 5.8 percent, respectively).

In contrast to gains in Medicaid and private nongroup coverage, ESI declined by 0.6 percentage points, or 1 million nonelderly, between 2013 and 2014. The trend of ESI declines predates the implementation of the ACA, and the 2013 to 2014 decline is smaller than annual declines seen during the Great Recession.¹⁴ The nonelderly with incomes at or below 138 percent of the federal poverty level (FPL) were the only income group for which the share with ESI coverage increased between 2013 and 2014, growing by 0.5 percentage points, or 0.6 million.

DATA AND METHODS

All estimates in this brief are based on data from the American Community Survey (ACS) using the ACS Integrated Public Use Microdata Sample (IPUMS) files created by the Minnesota Population Center.¹⁵ The ACS, an annual survey conducted by the U.S. Census Bureau, is designed to be representative at the state and national levels. The ACS contains data on income, health insurance, demographics, work status, and industry sufficient to allow analyses of differences in insurance coverage patterns across population subgroups. It is the largest of the federal surveys that provides data on health insurance coverage, with a sample size of 3.1 million Americans in the 2014 IPUMS. ACS data are collected throughout the year through a mail-based survey with telephone and in-person follow-up for nonrespondents. The insurance questions are point-in-time, meaning estimates from the ACS are best thought of as an average level of coverage for 2014. The 2014 ACS IPUMS files were released in November 2015.

This brief uses the ACS because its large sample size allows for analysis of insurance coverage changes within subgroups and states. In addition, the CPS changed its insurance coverage and income questions between March 2013 and March 2014, creating a break in trend for that survey that limits the ability to compare insurance coverage by income over time.

The family structures and corresponding income estimates presented in this brief are based on State Health Access Data Assistance Center (SHADAC) health insurance units (HIUs), which are publicly available via the IPUMS files.¹⁶ HIUs are groups of individuals who are likely to be considered part of the same family when applying for insurance coverage. HIUs are generally smaller than Census-reported families or households, and their income is generally lower than the Census estimates of family-based income.¹⁷ We note that HIUs and corresponding income measures developed by SHADAC do not exactly match eligibility standards for Medicaid and the marketplaces.

Therefore, changes in the uninsured and in coverage type by income do not precisely match eligibility thresholds, and the results presented in this paper should not be used to estimate program participation by eligibles or the eligibility of the remaining uninsured.

The Urban Institute has developed a series of logical coverage edits to the ACS designed to correct for known inaccuracies in survey-based estimates of health insurance coverage.¹⁸ In particular, research has found that the ACS data overrepresent private nongroup coverage relative to other surveys and underrepresent Medicaid and Children's Health Insurance Program (CHIP) coverage among children relative to administrative data.¹⁹ 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.²⁰ These coverage edits were updated in 2014 to reflect the changing coverage landscape under the ACA. Sensitivity analyses show that these coverage edits do not substantially change estimates of percentage-point changes in coverage rates between 2013 and 2014.

Finally, in the ACS, respondents are able to select multiple health insurance coverage types. Throughout this brief, respondents are assigned a single coverage type according to the following hierarchy: ESI, Medicaid or CHIP, Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS; military), private nongroup, and uninsured. Those respondents with only Indian Health Service coverage are considered uninsured. This brief does not show estimates for Medicare and CHAMPUS coverage, as such coverage changes little for the nonelderly population from year to year. Approximately 3.0 percent of nonelderly adults were primarily

covered by Medicare or CHAMPUS in 2014, up 0.1 percentage points from 2013.

Unless otherwise noted, the figures shown in this brief provide percentage-point changes in health insurance coverage between 2013 and 2014. Because all respondents have been assigned a single coverage type, percentage-point changes among all coverage types within a given demographic group add up to zero. However, because Medicare and CHAMPUS are not shown, the percentage-point changes shown in each figure will not add precisely to zero for all groups. Full tables, including Medicare and CHAMPUS coverage, are available in the Appendix.

Review of 2010 Through 2013 Trend

As described in our prior brief,²¹ between 2010 and 2013, as the economy began recovering from the Great Recession, unemployment rates declined from 9.6 percent to 7.4 percent, and the gross domestic product grew from \$14.8 trillion to \$15.7 trillion. However, the only income group experiencing net population growth between 2010 and 2013 was the group with family incomes at or below 138 percent of FPL, and median household income did not recover significantly over that period. People with family incomes at or below 138 percent of FPL experienced the largest growth in the uninsured rate during the recession, and they also had the largest declines in uninsurance during the recovery between 2010 and 2013. Overall, the uninsured rate for all nonelderly declined 0.9 percentage points between 2010 and 2013, primarily due to increases in Medicaid and CHIP coverage among those with low incomes. The long-standing decline in ESI coverage rates,²²

which had accelerated during the Great Recession,²³ began to slow. However, ESI coverage still declined 0.5 percentage points between 2010 and 2013, led by declines among those with incomes above 138 percent of FPL.

Among nonelderly adults, the uninsured rate increased by 2.0 percentage points during the Great Recession (2008 to 2010) and then declined 1.0 percentage points between 2010 and 2013. Nearly all of the decline in uninsured nonelderly adults was among young adults ages 19 to 25, in part likely due to early expansion of parental coverage under the ACA.²⁴ Children, in contrast, had a 1.2 percentage-point decline in uninsurance from 2008 to 2010 and a further 1.0 percentage-point decline in uninsurance from 2010 to 2013. Although children were more likely than adults to lose ESI coverage during the Great Recession, far more generous Medicaid and CHIP eligibility for children than for adults more than made up for ESI losses throughout the 2008 to 2013 period.

Demographic Trends

Between 2013 and 2014, the U.S. nonelderly population grew by 1.2 million. The population with family income²⁵ at or below 138 percent of FPL grew by 0.6 million nonelderly, and the population with family income at or above 400 percent of FPL grew by 1.4 million nonelderly. Only the middle-income group, with family incomes between 138 percent and 400 percent of FPL, shrank, and it did so by 0.8 million nonelderly (not statistically significant) (Figure 1). This finding continues the trend seen during the Great Recession and recovery of a shrinking middle-income group.²⁶

Figure 1. Percentage-Point Changes in Income Distribution of the Nonelderly Between 2013 and 2014



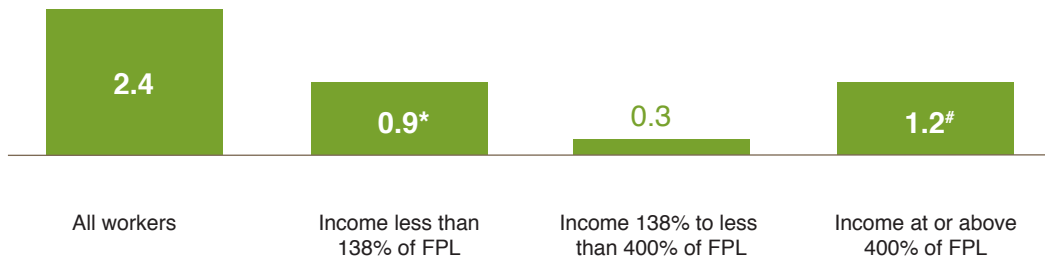
Source: Urban Institute analysis of the American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

Figure 2. Percentage-Point Change in Income Distribution of Nonelderly Adult Workers Between 2013 and 2014



Source: Urban Institute analysis of the American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Nonelderly adults are ages 19 to 64. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

Like the income and work status trends, the trend in population aging continued between 2013 and 2014. In total, there were 100,000 fewer children ages 0 to 18 in 2014 than in 2013, but 1.1 million more adults ages 26 to 64 (see Figure 4 below).²⁷ The population also continued to become less white, with all racial and ethnic groups growing and the white non-Hispanic population shrinking by 300,000 (see Figure 8 below). Finally, the trend of population growth in the South and West and population stagnation in the Northeast and Midwest continued (see Figure 11 below).²⁸

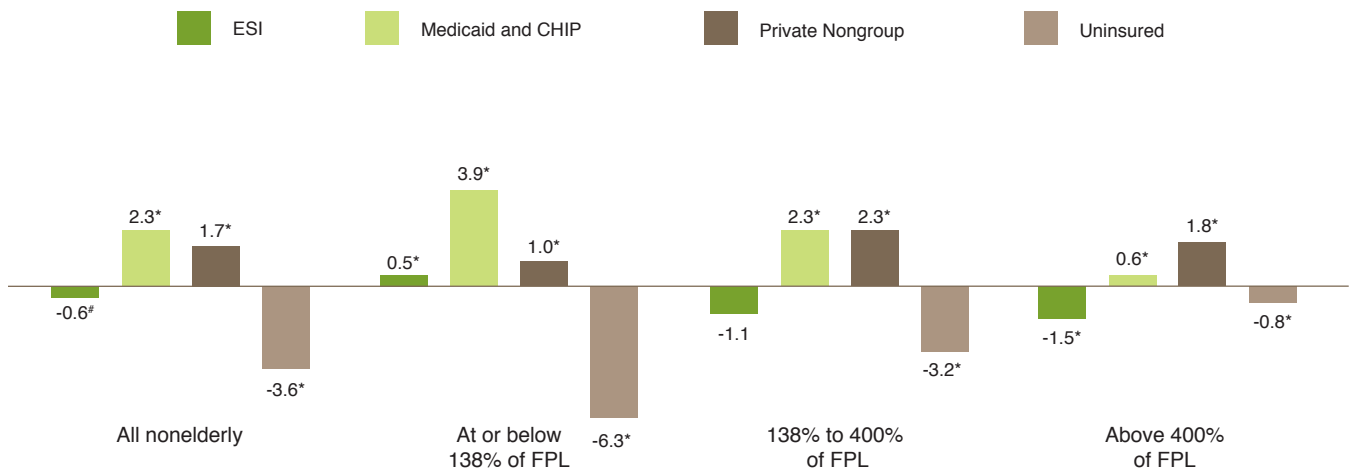
These demographic trends, as well as the continued economic recovery, have important implications for health insurance coverage. For example, states that did not expand their Medicaid programs tend to be concentrated in the South, so continued population expansion in that region could exacerbate already high uninsured rates among low-income populations nationally. It is beyond the scope of this brief to separately quantify the effects of demographic and economic trends from the effects of the ACA, but we note that these trends are largely consistent with the demographic and economic trends over the 2010 to 2013 period, during which the uninsured rate fell by 0.9 percentage points.²⁹

Changes in Insurance Coverage by Age and Income

The uninsured rate fell by 3.6 percentage points, from 16.9 percent to 13.4 percent, between 2013 and 2014, and the

number of uninsured nonelderly Americans fell by 9.4 million (Table 2). As shown in Figure 3, the gains in health insurance coverage were driven by increases in Medicaid and CHIP coverage (2.3 percentage points) and private nongroup coverage (1.7 percentage points), both of which were expanded by the ACA. The changes in uninsured rates by income also reflect the ACA's coverage expansions. All income groups saw coverage increases between 2013 and 2014, but those groups with incomes at or below 138 percent of FPL saw larger reductions in the uninsured rate than those with incomes above 400 percent of FPL (6.3 percentage points and 0.8 percentage points, respectively). The gains in coverage for those with incomes at or below 138 percent of FPL were driven by large increases in Medicaid and CHIP coverage (3.9 percentage points). Overall, ESI coverage declined by 0.6 percentage points between 2013 and 2014, continuing a longstanding trend that predates the passage and implementation of the ACA. However, between 2013 and 2014, ESI coverage increased by 0.5 percentage point among those with incomes at or below 138 percent of FPL while declining for those with higher incomes. Some early evidence from the Health Reform Monitoring Survey suggests that offer rates by employers may have increased for low-income workers, but this evidence cannot be verified in the ACS due to a lack of data on employer coverage offers.³⁰

Figure 3. Percentage-Point Changes in Health Insurance Coverage by Income, 2013 to 2014



	All nonelderly	At or below 138% of FPL	138% to 400% of FPL	Above 400% FPL
Change in population	1.2 million	0.6 million *	-0.8 million	1.4 million #
Change in uninsured	-9.4 million *	-5.6 million *	-3.2 million *	-0.6 million *
Share uninsured in 2014	13.4 percent	21.9 percent	13.7 percent	3.5 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHIP = the Children's Health Insurance Program. ESI = employer-sponsored insurance. FPL = the federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Age and Health Insurance Unit Income, 2013 to 2014

	Nonelderly					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	267.8		269.0			1.2
Employer	151.7	56.6%	150.7	56.0%	-0.6% #	-1.0 ^a
Medicaid and State	51.8	19.3%	58.2	21.6%	2.3% *	6.4 ^a
CHAMPUS/Medicare	7.6	2.8%	8.0	3.0%	0.1% *	0.4 ^a
Private Nongroup	11.4	4.3%	16.1	6.0%	1.7% *	4.7 ^a
Uninsured	45.4	16.9%	36.0	13.4%	-3.6% *	-9.4 ^a
At or Below 138% of FPL	90.7		91.4			0.6^a
Employer	21.1	23.3%	21.7	23.8%	0.5% *	0.6 ^a
Medicaid and State	38.3	42.2%	42.1	46.1%	3.9% *	3.8 ^a
CHAMPUS/Medicare	2.8	3.1%	3.6	4.0%	0.9% *	0.8 ^a
Private Nongroup	3.0	3.3%	3.9	4.3%	1.0% *	0.9 ^a
Uninsured	25.6	28.2%	20.0	21.9%	-6.3% *	-5.6 ^a
138 - 400% of FPL	96.9		96.1			0.8
Employer	60.8	62.7%	59.3	61.7%	-1.1%	-1.6 ^a
Medicaid and State	12.2	12.6%	14.2	14.8%	2.3% *	2.1 ^a
CHAMPUS/Medicare	3.2	3.3%	2.9	3.0%	-0.2% *	-0.3 ^a
Private Nongroup	4.4	4.5%	6.5	6.8%	2.3% *	2.1 ^a
Uninsured	16.4	16.9%	13.2	13.7%	-3.2% *	-3.2 ^a
Above 400% of FPL	80.1		81.5			1.4^b
Employer	69.7	87.0%	69.7	85.5%	-1.5% *	0.0
Medicaid and State	1.4	1.7%	1.9	2.3%	0.6% *	0.5 ^a
CHAMPUS/Medicare	1.6	2.0%	1.5	1.8%	-0.2% *	-0.1 ^a
Private Nongroup	4.0	5.0%	5.6	6.9%	1.8% *	1.6 ^a
Uninsured	3.4	4.3%	2.9	3.5%	-0.8% *	-0.6 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

* Change in percentage of people is statistically significant at the 95 percent confidence level.

Change in percentage of people is statistically significant at the 90 percent confidence level.

a Change in numbers of people is statistically significant at the 95 percent confidence level.

b Change in numbers of people is statistically significant at the 90 percent confidence level.

Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Age and Health Insurance Unit Income, 2013 to 2014, Continued

	Adults, 19-64					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	189.9		191.1			1.2
Employer	113.4	59.7%	113.7	59.5%	-0.3%	0.2
Medicaid and State	20.8	10.9%	25.5	13.3%	2.4% *	4.7 ^a
CHAMPUS/Medicare	6.2	3.3%	6.7	3.5%	0.2% *	0.5 ^a
Private Nongroup	9.5	5.0%	13.8	7.2%	2.2% *	0.0 ^a
Uninsured	40.0	21.0%	31.5	16.5%	-4.6% *	-8.4 ^a
At or Below 138% of FPL	61.8		62.3			0.6 ^a
Employer	17.4	28.2%	18.1	29.0%	0.8%	0.7 ^a
Medicaid and State	16.2	26.1%	19.8	31.8%	5.6% *	3.6 ^a
CHAMPUS/Medicare	2.5	4.1%	3.0	4.8%	0.7% *	0.5 ^a
Private Nongroup	2.7	4.4%	3.6	5.8%	1.4% *	0.0 ^a
Uninsured	23.0	37.2%	17.8	28.6%	-8.6% *	-5.1 ^a
138 - 400% of FPL	67.2		66.8			-0.4
Employer	43.0	64.0%	42.6	63.7%	-0.3%	-0.4 ^a
Medicaid and State	4.0	5.9%	4.8	7.2%	1.3% *	0.8 ^a
CHAMPUS/Medicare	2.4	3.6%	2.5	3.7%	0.1% #	0.0
Private Nongroup	3.7	5.5%	5.7	8.5%	3.0% *	0.0 ^a
Uninsured	14.0	20.9%	11.2	16.8%	-4.1% *	-2.8 ^a
Above 400% of FPL	61.0		62.0			1.0
Employer	53.0	86.9%	53.0	85.4%	-1.5% *	0.0
Medicaid and State	0.6	1.1%	0.9	1.4%	0.3% *	0.2 ^a
CHAMPUS/Medicare	1.2	2.0%	1.2	2.0%	0.0%	0.0
Private Nongroup	3.1	5.1%	4.5	7.2%	2.1% *	0.0 ^a
Uninsured	3.0	4.8%	2.5	4.0%	-0.9% *	-0.5 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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^a Change in numbers of people is statistically significant at the 95 percent confidence level.

^b Change in numbers of people is statistically significant at the 90 percent confidence level.

Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Age and Health Insurance Unit Income, 2013 to 2014, Continued

	Children, 0-18					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	77.9		77.8			-0.1
Employer	38.2	49.1%	37.0	47.6%	-1.5% *	-1.2 ^a
Medicaid and State	31.0	39.8%	32.8	42.1%	2.3% *	1.7 ^a
CHAMPUS/Medicare	1.4	1.8%	1.3	1.7%	-0.1% *	-0.1 ^a
Private Nongroup	1.9	2.4%	2.2	2.9%	0.5% *	0.0 ^a
Uninsured	5.4	7.0%	4.5	5.8%	-1.2% *	-0.9 ^a
At or Below 138% of FPL	29.0		29.0			0.1
Employer	3.7	12.8%	3.6	12.5%	-0.3%	-0.1
Medicaid and State	22.1	76.3%	22.3	76.8%	0.4% #	0.2
CHAMPUS/Medicare	0.3	1.0%	0.6	2.2%	1.2% *	0.3 ^a
Private Nongroup	0.3	0.9%	0.3	1.1%	0.1% *	0.0 ^a
Uninsured	2.6	9.0%	2.2	7.5%	-1.5% *	-0.4 ^a
138 - 400% of FPL	29.8		29.3			-0.5^a
Employer	17.8	59.8%	16.7	57.0%	-2.9% *	-1.1 ^a
Medicaid and State	8.2	27.5%	9.4	32.1%	4.6% *	1.2 ^a
CHAMPUS/Medicare	0.7	2.5%	0.4	1.5%	-1.0% *	-0.3 ^a
Private Nongroup	0.7	2.3%	0.8	2.9%	0.5% *	0.0 ^a
Uninsured	2.3	7.9%	1.9	6.6%	-1.3% *	-0.4 ^a
Above 400% of FPL	19.1		19.5			0.3^a
Employer	16.7	87.2%	16.7	85.7%	-1.5% *	0.0
Medicaid and State	0.7	3.8%	1.1	5.4%	1.7% *	0.3 ^a
CHAMPUS/Medicare	0.4	1.9%	0.2	1.1%	-0.7% *	-0.1 ^a
Private Nongroup	0.9	4.6%	1.1	5.6%	1.0% *	0.0 ^a
Uninsured	0.5	2.6%	0.4	2.1%	-0.4% *	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

* Change in percentage of people is statistically significant at the 95 percent confidence level.

Change in percentage of people is statistically significant at the 90 percent confidence level.

^a Change in numbers of people is statistically significant at the 95 percent confidence level.

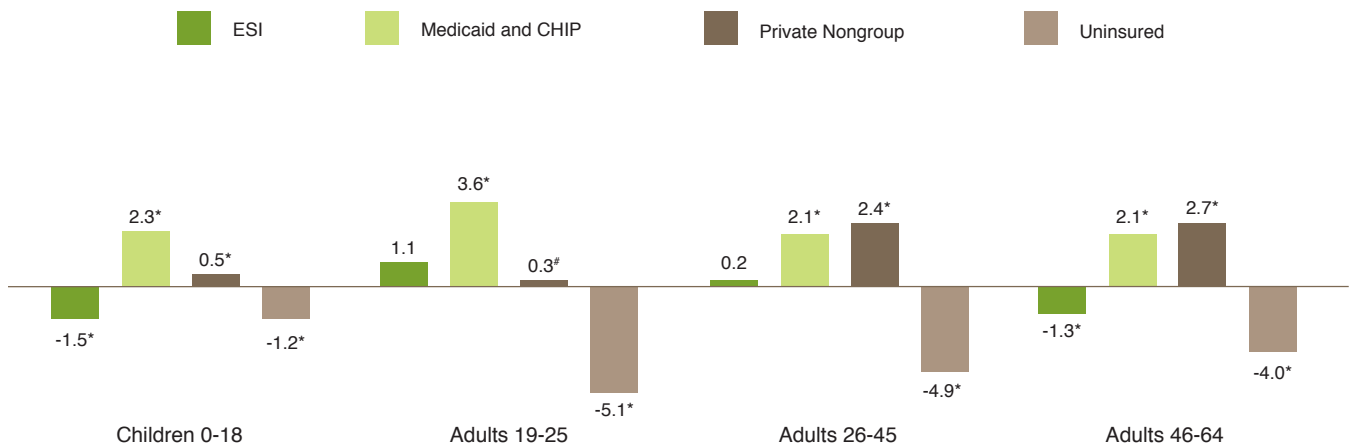
^b Change in numbers of people is statistically significant at the 90 percent confidence level.

Reductions in the uninsured rate between 2013 and 2014 were also seen across all age groups. Nonelderly adults saw larger reductions in the uninsured rate than children (4.6 percentage points and 1.2 percentage points, respectively) (Figure 4), but children continued to have a far lower uninsured rate than adults (5.8 percent compared to 16.5 percent) (Table 2). Despite having increased access to parental coverage since 2010, young adults ages 19 to 25 continued to experience the largest percentage-point coverage gains of any age group, with a 5.1 percentage-point decrease in the uninsured rate compared to

4.9 percentage points for 26- to 56-year-olds and 4.0 percentage points for 46- to 64-year-olds.

In contrast to older adults, young adults ages 19 to 25 had larger gains in Medicaid and CHIP coverage (3.6 percentage points) and smaller gains in private nongroup coverage (0.3 percentage points) (Figure 4). This difference is largely due to income distribution, as young adults tend to have lower incomes (Appendix Table 1) and therefore are more likely to qualify for Medicaid than older adults.

Figure 4. Percentage-Point Changes in Health Insurance Coverage by Age, 2013 to 2014



	Children 0-18	Adults 19-25	Adults 26-45	Adults 46-64
Change in population	-0.1 million	0.1 million	0.8 million	0.3 million *
Change in uninsured	-0.9 million *	-1.6 million *	-3.8 million *	-3.1 million *
Share uninsured in 2014	5.8 percent	20.4 percent	19.3 percent	12.0 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHIP = the Children's Health Insurance Program. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because such coverage changes little year to year among the nonelderly.

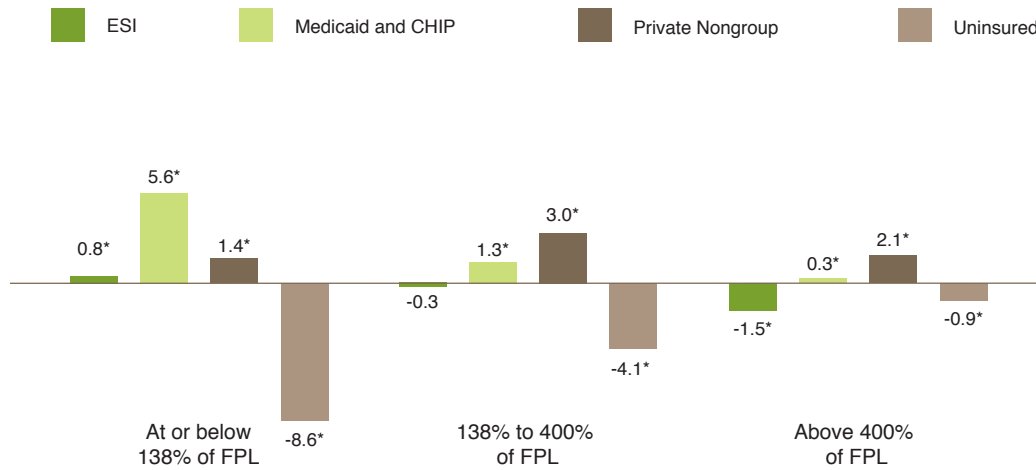
* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

Changes in coverage for nonelderly adults were not even across the income spectrum. Nonelderly adults with incomes at or below 138 percent of FPL saw an 8.6 percentage-point decrease in the uninsured rate compared to a 0.9 percentage-point decrease among those with incomes at or above 400 percent of FPL (Figure 5). In addition, although children showed Medicaid and CHIP gains at all income levels (Table 2),

nonelderly adult Medicaid gains were largely concentrated in the group with incomes at or below 138 percent of FPL (Figure 5). This difference, in part, reflects differing eligibility standards between children and adults, as CHIP eligibility is significantly more generous than the new adult eligibility under the ACA in most states, and CHIP is available nationwide.

Figure 5. Percentage-Point Changes in Health Insurance Coverage Among Nonelderly Adults by Income, 2013 to 2014



	At or below 138% of FPL	138% to 400% of FPL	Above 400% of FPL
Change in population	0.6 million *	-0.4 million	1.02 million
Change in uninsured	-5.1 million *	-2.8 million *	-0.5 million *
Share uninsured in 2014	28.6 percent	16.8 percent	4.0 percent

Source: Urban Institute analysis of the American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

Changes in Insurance Coverage by State Medicaid Expansion Status

In 2013, the 27 states that ultimately expanded Medicaid eligibility in 2014³¹ were home to just over half of the nonelderly population (143.6 million of 267.8 million, or 53.6 percent) and had an overall uninsured rate of 15.3 percent, below the 18.8 percent in nonexpansion states (Table 3). In

2014, driven by Medicaid gains, this gap in the uninsured rate between expansion and nonexpansion states grew from 3.5 percentage points to 4.9 percentage points (16.0 percent in nonexpansion states, 11.1 percent in expansion states). Of the 9.4 million Americans gaining coverage between 2013 and 2014, 5.9 million of them, or nearly two-thirds, lived in the 27 Medicaid expansion states.

Table 3. Changes in Health Insurance Coverage Among the Nonelderly by State Medicaid Expansion Status and Income, 2013 to 2014

	Nonelderly, Expansion States					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	143.6		144.0			0.5
Employer	83.3	58.0%	82.6	57.3%	-0.7% *	-0.7 ^a
Medicaid and State	28.8	20.1%	34.5	23.9%	3.8% *	5.6 ^a
CHAMPUS/Medicare	3.2	2.3%	3.4	2.4%	0.1% *	0.2 ^a
Private Nongroup	6.2	4.3%	7.5	5.2%	0.9% *	1.3 ^a
Uninsured	22.0	15.3%	16.0	11.1%	-4.2% *	-5.9 ^a
At or Below 138% of FPL	47.4		47.5			0.1
Employer	11.3	23.7%	11.4	24.0%	0.3% #	0.2 ^a
Medicaid and State	21.1	44.5%	24.6	51.9%	7.3% *	3.5 ^a
CHAMPUS/Medicare	1.2	2.6%	1.6	3.3%	0.7% *	0.3 ^a
Private Nongroup	1.6	3.4%	1.4	2.9%	-0.6% *	-0.3 ^a
Uninsured	12.2	25.7%	8.5	17.9%	-7.7% *	-3.7 ^a
138 - 400% of FPL	49.9		49.5			-0.5
Employer	31.4	62.9%	30.4	61.5%	-1.3% *	-1.0 ^a
Medicaid and State	6.9	13.8%	8.6	17.4%	3.5% *	1.7 ^a
CHAMPUS/Medicare	1.4	2.7%	1.3	2.6%	-0.2% *	-0.1 ^a
Private Nongroup	2.3	4.6%	3.1	6.3%	1.8% *	0.9 ^a
Uninsured	8.0	16.0%	6.0	12.2%	-3.8% *	-1.9 ^a
Above 400% of FPL	46.3		47.1			0.8^a
Employer	40.7	87.9%	40.7	86.5%	-1.4% *	0.1
Medicaid and State	0.8	1.8%	1.2	2.6%	0.8% *	0.4 ^a
CHAMPUS/Medicare	0.7	1.4%	0.6	1.3%	-0.1% *	-0.1 ^a
Private Nongroup	2.3	4.9%	3.0	6.4%	1.5% *	0.8 ^a
Uninsured	1.8	3.9%	1.5	3.1%	-0.8% *	-0.3 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

* Change in percentage of people is statistically significant at the 95 percent confidence level.

Change in percentage of people is statistically significant at the 90 percent confidence level.

^a Change in numbers of people is statistically significant at the 95 percent confidence level.

^b Change in numbers of people is statistically significant at the 90 percent confidence level.

Table 3. Changes in Health Insurance Coverage Among the Nonelderly by State Medicaid Expansion Status and Income, 2013 to 2014, Continued

	Nonelderly, Non-Expansion States					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	124.2		124.9			0.7
Employer	68.3	55.0%	68.1	54.5%	-0.5%	-0.3
Medicaid and State	23.0	18.5%	23.8	19.0%	0.5% *	0.8 ^a
CHAMPUS/Medicare	4.3	3.5%	4.6	3.7%	0.2% *	0.2 ^a
Private Nongroup	5.2	4.2%	8.5	6.8%	2.6% *	3.3 ^a
Uninsured	23.4	18.8%	20.0	16.0%	-2.8% *	-3.4 ^a
At or Below 138% of FPL	43.3		43.9			0.5 ^a
Employer	9.9	22.8%	10.3	23.5%	0.7% *	0.4 ^a
Medicaid and State	17.1	39.6%	17.4	39.7%	0.2%	0.3 ^a
CHAMPUS/Medicare	1.6	3.7%	2.1	4.7%	1.1% *	0.5 ^a
Private Nongroup	1.4	3.1%	2.6	5.9%	2.7% *	1.2 ^a
Uninsured	13.4	30.9%	11.5	26.2%	-4.7% *	-1.9 ^a
138 - 400% of FPL	47.0		46.7			-0.4
Employer	29.4	62.6%	28.8	61.8%	-0.8%	-0.6 ^a
Medicaid and State	5.3	11.2%	5.6	12.1%	0.9% *	0.4 ^a
CHAMPUS/Medicare	1.8	3.9%	1.7	3.6%	-0.3% *	-0.2 ^a
Private Nongroup	2.1	4.5%	3.4	7.3%	2.8% *	1.3 ^a
Uninsured	8.4	17.8%	7.1	15.2%	-2.6% *	-1.3 ^a
Above 400% of FPL	33.9		34.4			0.5
Employer	29.0	85.7%	28.9	84.1%	-1.6% *	-0.1
Medicaid and State	0.5	1.6%	0.7	2.0%	0.4% *	0.2 ^a
CHAMPUS/Medicare	0.9	2.8%	0.8	2.5%	-0.3% *	-0.1 ^a
Private Nongroup	1.7	5.1%	2.6	7.4%	2.3% *	0.8 ^a
Uninsured	1.6	4.8%	1.4	4.0%	-0.8% *	-0.2 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

* Change in percentage of people is statistically significant at the 95 percent confidence level.

Change in percentage of people is statistically significant at the 90 percent confidence level.

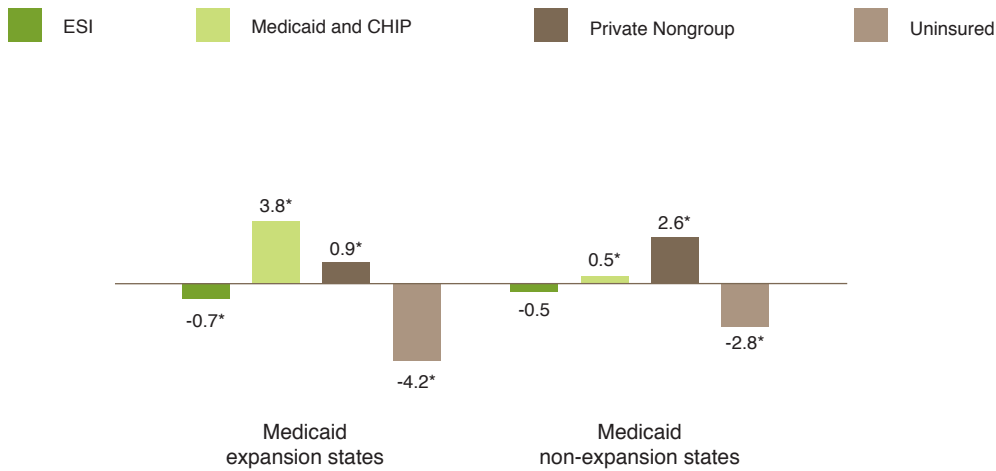
^a Change in numbers of people is statistically significant at the 95 percent confidence level.

^b Change in numbers of people is statistically significant at the 90 percent confidence level.

As expected, the changes in coverage patterns also varied between expansion and nonexpansion states. In nonexpansion states, nonelderly adults with incomes between 100 percent and 138 percent of FPL were eligible for subsidized marketplace coverage, but they were not generally eligible for Medicaid; the reverse was true in Medicaid expansion states. The higher gains

in coverage in expansion states were driven almost entirely by gains in Medicaid coverage (3.8 percentage points in expansion states, 0.5 percentage points in nonexpansion states) (Figure 6). In contrast, nonexpansion states saw far larger gains in nongroup coverage among the nonelderly (2.6 percentage points compared to 0.9 percentage points for expansion states).³²

Figure 6. Percentage-Point Changes in Health Insurance Coverage for Nonelderly by State Medicaid Expansion Status, 2013 to 2014



	Medicaid expansion states	Non-expansion states
Change in population	0.5 million	0.7 million
Change in uninsured	-5.9 million *	-3.4 million *
Share uninsured in 2014	11.1 percent	16.0 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through CHAMPUS and Medicare is not shown because such coverage changes little year to year among the nonelderly.

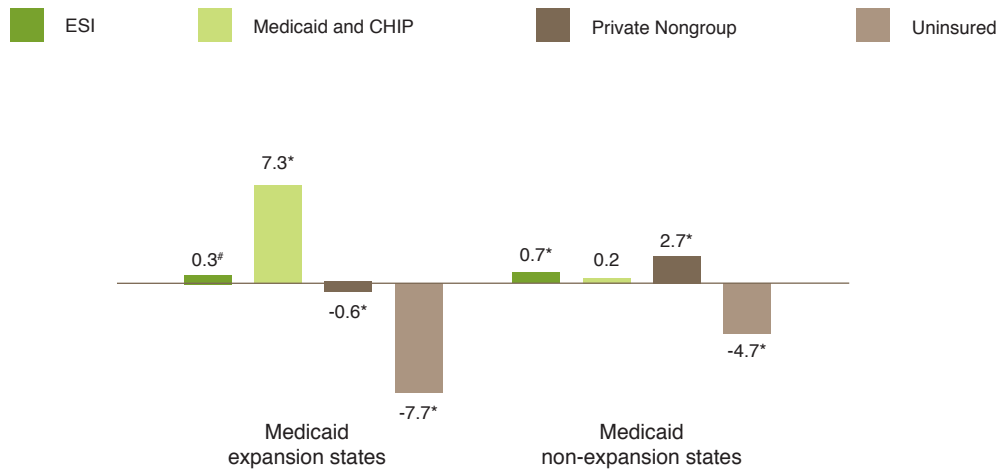
* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

As shown in Figure 7, differences in coverage gains between expansion and nonexpansion states were particularly stark for the nonelderly with incomes at or below 138 percent of FPL, who experienced a 7.7 percentage-point reduction in the uninsured rate in expansion states and only a 4.7 percentage-point reduction in nonexpansion states. As with the nonelderly overall, these differences in coverage gains exacerbated the already existing gap between expansion and nonexpansion states. Within this income group, 26.2 percent were uninsured in 2014 in nonexpansion states, compared to 17.9 percent

in expansion states (Table 3). The coverage type distribution in this income group also diverged between expansion and nonexpansion states in 2014. As of 2014, 51.9 percent of this income group was on Medicaid in expansion states, compared to 39.7 percent in nonexpansion states (Table 3). There was no statistically significant change in Medicaid coverage in nonexpansion states between 2013 and 2014. The uninsured rate declined in nonexpansion states among this income group, however, largely due to gains in private nongroup coverage and modest gains in ESI coverage.

Figure 7. Percentage-Point Changes in Health Insurance Coverage for Nonelderly With Incomes At or Below 138 Percent of the FPL by State Medicaid Expansion Status, 2013 to 2014



	Medicaid expansion states	Medicaid Non-expansion states
Change in population	0.1 million	0.5 million *
Change in uninsured	-3.7 million *	-1.9 million *
Share uninsured in 2014	17.9 percent	26.2 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through CHAMPUS and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

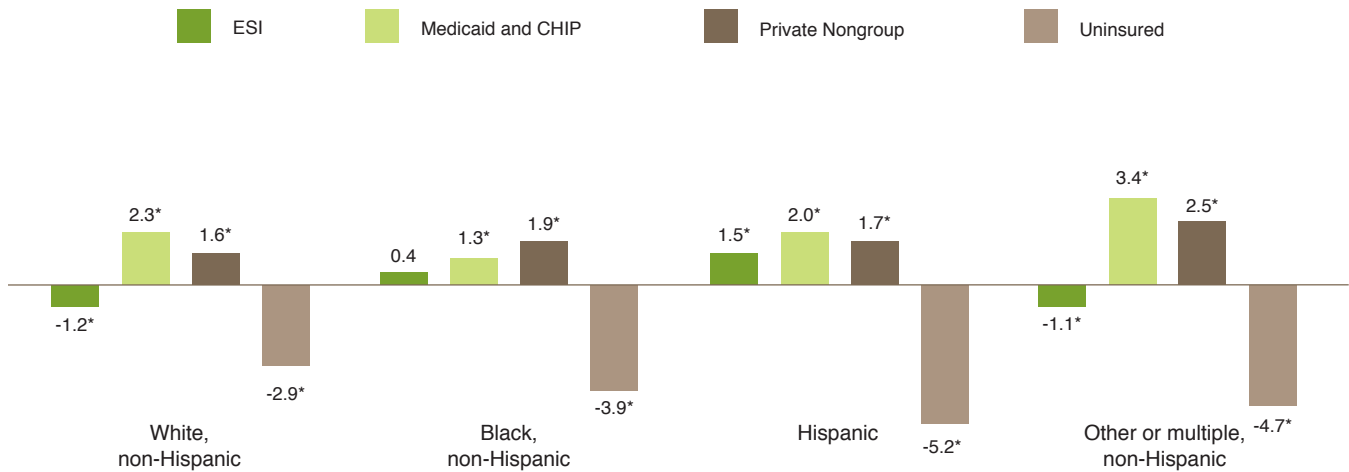
Change is statistically significant at the 10 percent level.

Changes in Insurance Coverage by Race and Ethnicity

Reductions in uninsurance between 2013 and 2014 were seen across all racial and ethnic groups (Figure 8). Non-Hispanic whites saw the smallest percentage-point reduction in the

uninsured rate, but they still had the lowest uninsured rate of any racial or ethnic group. As of 2014, only 9.8 percent of non-Hispanic whites were uninsured, compared to 14.8 percent of non-Hispanic blacks, 24.4 percent of Hispanics, and 11.9 percent of those reporting other or multiple races.

Figure 8. Percentage-Point Changes in Health Insurance Coverage by Race and Ethnicity, 2013 to 2014



	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other or multiple, non-Hispanic
Change in population	-0.9 million	0.3 million	1.1 million *	0.7 million *
Change in uninsured	-4.7 million *	-1.3 million *	-2.3 million *	-1.0 million *
Share uninsured in 2014	9.8 percent	14.8 percent	24.4 percent	11.9 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through CHAMPUS and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

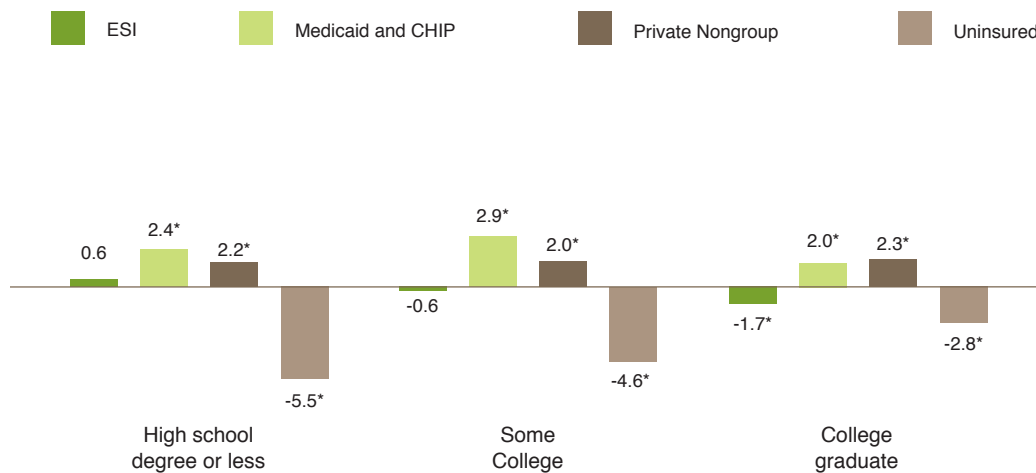
Change is statistically significant at the 10 percent level.

Among those respondents with incomes at or below 138 percent of FPL, non-Hispanic whites had larger reductions in the uninsured rate than non-Hispanic blacks and Hispanics (-6.7 percentage points, -5.0 percentage points, and -5.9 percentage points, respectively) (Appendix Table 2). In addition, among this low-income group, non-Hispanic whites had larger gains in Medicaid coverage than non-Hispanic blacks and Hispanics (4.9 percentage points, 1.7 percentage points, and 3.1 percentage points, respectively), though non-Hispanic whites still had lower levels of Medicaid coverage in 2014 (40.6 percent, 54.2 percent, and 49.8 percent, respectively) (Appendix Table 2). In Medicaid expansion states non-Hispanic whites saw an increase in their Medicaid coverage rate of 9.6 percentage points, compared to 4.0 percentage for non-Hispanic blacks and 5.3 percentage points for Hispanics (data not shown).

Changes in Insurance Coverage by Education

Between 2013 and 2014, reductions in uninsurance were greater for nonelderly adults with a high school degree or less than for those with more education (Figure 9). However, people with a high school degree or less tended to be lower income than those with more education, with 43.9 percent of those with a high school degree or less having family incomes at or below 138 percent of FPL, compared to 12.9 percent of those who finished college (Appendix Table 3). Consequently, those with lower education were more likely to be able to take advantage of the ACA's Medicaid expansion. Coverage gains among those with incomes at or below 138 percent of FPL drove much of the difference in overall coverage gains by education.

Figure 9. Percentage-Point Changes in Health Insurance Coverage by Education, 2013 to 2014



	High school degree or less	Some college	College graduate
Change in population	-0.1 million	0.1 million	1.2 million #
Change in uninsured	-4.7 million *	-2.3 million *	-1.4 million *
Share uninsured in 2014	24.6 percent	14.0 percent	6.3 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through CHAMPUS and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

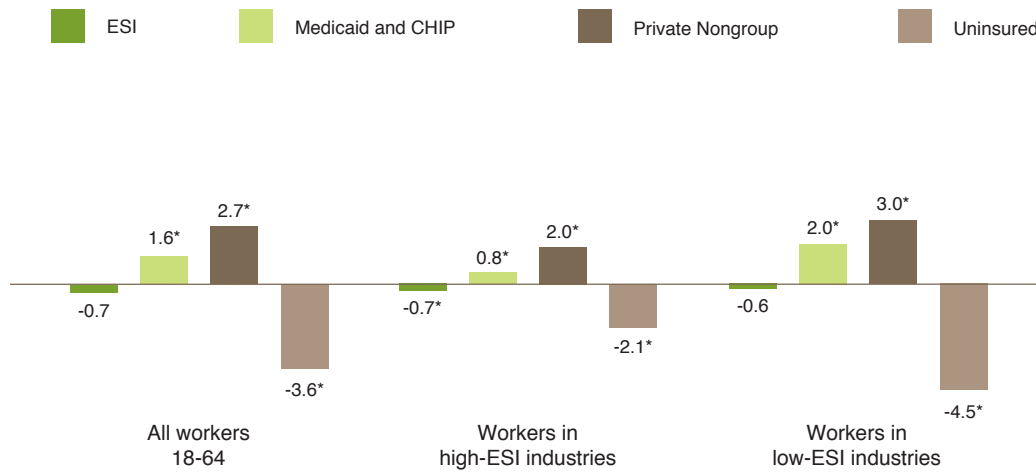
Change is statistically significant at the 10 percent level.

Within the low-income group, those with a high school degree or less experienced smaller reductions (7.9 percentage points) in the uninsured rate than those with more education (8.2 percentage points for those with some college, 12.5 percentage points for those who finished college), even though adults with a high school degree or less have higher uninsured rates (33.6 percent, 21.4 percent, and 21.0 percent, respectively, in 2014) (Appendix Table 3). This finding appears to be primarily due to smaller Medicaid coverage gains among low-income adults with a high school degree or less (4.3 percentage points) than among low-income adults with more education (6.7 percentage points for those with some college, 10.0 percentage points for those who finished college) (Appendix Table 3). About 600,000 adults with a high school degree or less and income at or below 138 percent of FPL gained ESI coverage between 2013 and 2014 (Appendix Table 3). In contrast, ESI coverage rates declined among those who finished college across all income groups.

Changes in Insurance Coverage by Industry

There were 2.4 million more workers ages 18 to 64 in 2014 than in 2013, likely due, in part, to continued economic recovery. Most of the growth in the workforce was in historically low-ESI industries such as retail, construction, and agriculture (2.0 million, compared to 400,000 for high-ESI industries) (Figure 10).³³ Among workers, 4.6 million fewer were uninsured in 2014 than in 2013, meaning a 3.6 percentage-point drop in the uninsured rate for this group. Most of the reduction in uninsurance occurred among workers in historically low-ESI industries. However, although narrower than in 2013, there was still a significant gap in the uninsured rate between workers in low- and high-ESI industries in 2014 (18.1 percent and 7.0 percent, respectively) (Figure 10), driven by a continued gap in ESI coverage rates that was largely unchanged from 2013 to 2014 (62.6 percent and 82.5 percent, respectively) (Appendix Table 4).

Figure 10. Percentage-Point Changes in Health Insurance Coverage Among Workers Ages 18 to 64 by Industry, 2013 to 2014



	All workers 18-64	Workers in high-ESI industries	Workers in low-ESI industries
Change in population	2.4 million	0.4 million *	2.0 million
Change in uninsured	-4.6 million *	-1.0 million *	-3.7 million *
Share uninsured in 2014	14.3 percent	7.0 percent	18.1 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through CHAMPUS and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

Change is statistically significant at the 10 percent level.

Workers with incomes at or below 138 percent of FPL in both low- and high-ESI industries showed particularly large reductions in the uninsured rate (8.6 percentage points overall). These gains were primarily through increased Medicaid coverage (5.7 percentage points) and increased private nongroup coverage (1.8 percentage points) (Appendix Table 4). Higher-income workers also saw coverage gains through private nongroup coverage, with larger gains among those in low-ESI industries (Appendix Table 4). In general, coverage gains for workers were larger in Medicaid expansion states, driven by much larger gains for low-income workers than in nonexpansion states (a 10.4 percentage-point reduction in the uninsured rate in expansion states compared to a 6.6 percentage point reduction in nonexpansion states) (data not shown).

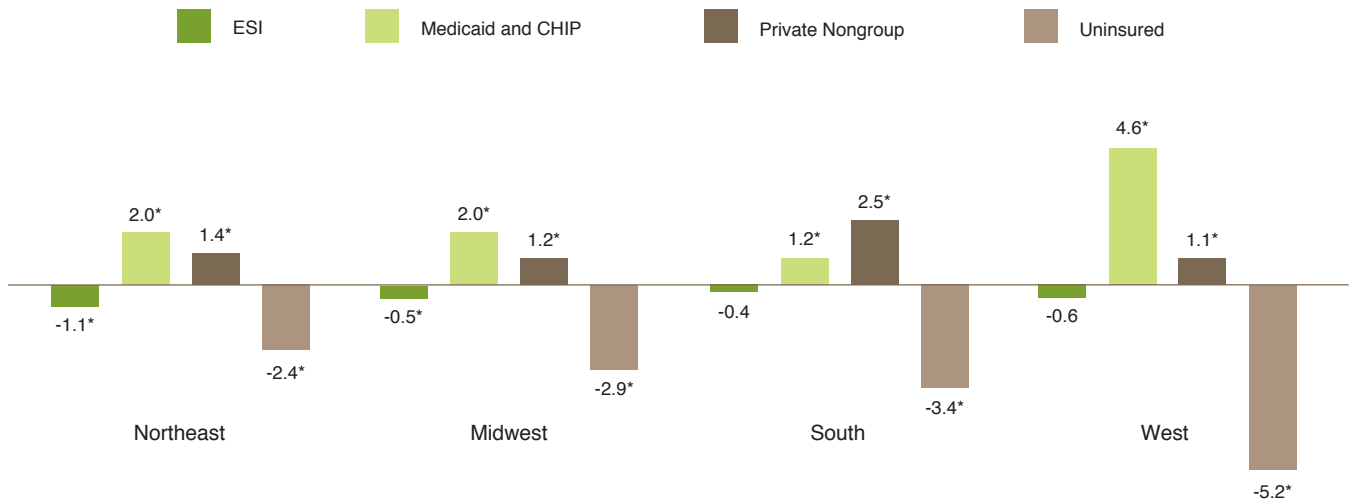
Between 2013 and 2014, the share of workers with ESI fell 0.7 percentage points (not statistically significant) (Figure 10), but growth in the size of the workforce led to a net gain of 700,000

workers with ESI between 2013 and 2014 (Appendix Table 4). Despite continued decreases in ESI coverage rates, a trend that preceded the ACA, workers of all income groups saw reductions in the uninsured rate through growth in Medicaid and/or private nongroup coverage.

Changes in Insurance Coverage by Region

All regions saw reductions in the uninsured rate across all income groups between 2013 and 2014 (Figure 11 and Appendix Table 5). However, regional differences in uninsurance and coverage patterns persist and were likely exacerbated by Medicaid expansion decisions. Nonexpansion states tended to be concentrated in the South, which continued to have a far higher uninsured rate (16.8 percent) than all other regions in 2014. In addition, the balance between Medicaid and private nongroup coverage gains, as well as the extent of ESI losses, varied across the regions, producing diverging coverage patterns.

Figure 11. Percentage-Point Changes in Health Insurance Coverage by Region, 2013 to 2014



	Northeast	Midwest	South	West
Change in population	0.0 million	-0.1 million *	0.7 million	0.5 million
Change in uninsured	-1.1 million *	-1.7 million *	-3.3 million *	-3.3 million *
Share uninsured in 2014	9.5 percent	10.4 percent	16.8 percent	13.7 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

Coverage through CHAMPUS and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

Only the South and West experienced net population growth between 2013 and 2014. These two growing regions diverged significantly on coverage changes, however. In 2013, the South had an uninsured rate of 20.2 percent and the West had an uninsured rate of 18.9 percent, both far higher than the Northeast (11.9 percent) or Midwest (13.3 percent) (Appendix Table 5). In 2014, however, the South continued to lag behind in its uninsured rate (16.8 percent), but the West gained significant ground (13.7 percent, compared to 10.4 percent for the Midwest and 9.5 percent for the Northeast) (Figure 11).

The gains in the West were driven by large increases in Medicaid coverage and smaller, but significant, gains in private nongroup coverage. Of the 10 states with the largest percentage-point reductions in the uninsured rate between 2013 and 2014, six were in the West (data not shown). California alone accounted

for 1.9 million fewer uninsured out of a total of 3.3 million fewer uninsured in the West as a whole (data not shown). In addition, the West saw a much larger increase in Medicaid coverage for low-income populations than all other regions, increasing the Medicaid coverage rate by 8.3 percentage points among those with incomes at or below 138 percent of FPL, compared to 4.2 percentage points in the Midwest, 3.6 percentage points in the Northeast, and 1.2 percentage points in the South (Appendix Table 5). In contrast, the South saw the largest gains in private nongroup coverage (2.4 percentage points, or 2.6 million nonelderly), and it was the only region to have net gains in the number of low-income nonelderly covered by private nongroup insurance (a 900,000 increase, compared to no change for the Northeast and Midwest and a 100,000 decrease for the West) (Appendix Table 5).

CONCLUSION

Between 2013 and 2014, during the first year of implementation of the ACA's main coverage provisions, uninsured rates fell as millions of Americans gained Medicaid or nongroup coverage. These gains more than compensated for modest ESI losses, and they were spread across all the socioeconomic and demographic groups and subgroups studied. Differentials in the uninsured rate by age, race and ethnicity, income, education, and industry type narrowed, though large gaps remained.

Despite this significant progress, the gap in the uninsured rate between expansion and nonexpansion states widened as expansion states saw far larger gains in coverage through Medicaid. Nonexpansion states had larger increases in nongroup coverage (likely due to somewhat broader eligibility for marketplace financial assistance), but this increase was not enough to make up for Medicaid growth in expansion states, particularly for low-income adults. This pattern also drove the increasing uninsured rate gap between the South and the rest of the country. Demographic trends—such as population growth in nonexpansion states and the South, apparent growth of the low-income population, and shrinking of the middle-income population—may be barriers to further reductions in coverage disparities by race and ethnicity, income, and education.

The patterns of coverage gains point to a potential role for outreach and education. Percentage-point reductions in the

uninsured rate were smaller for low-income adults with a high school degree or less than for those with more education, despite having higher uninsured rates in 2013. Although some of this difference may be due to eligibility for Medicaid and the marketplaces, some may be due to knowledge of eligibility and the literacy and numeracy skills needed to complete applications and select health plans.³⁴ In addition, percentage-point reductions in the uninsured rate and gains in Medicaid coverage were larger for non-Hispanic whites with incomes at or below 138 percent of FPL than for non-Hispanic blacks at that income level, even in Medicaid expansion states.

Other data sources, including the NHIS, CPS, and the Health Reform Monitoring Survey, show continued reduction in uninsured rates and increases in Medicaid and private nongroup coverage between 2014 and 2015. NHIS, which offers the most complete national data for 2015 to date, showed that 7.4 million Americans gained coverage between 2014 and 2015 and that the 2015 uninsured rate fell to 9.1 percent. When 2015 ACS data are released in fall 2016, we expect to see a similar overall pattern, but we will be able to use the very large sample size of the ACS to look at trends in coverage from 2008 to 2015 for small subgroups, as well as by state, which is not possible with other data sources. In addition, the ACS will allow us to see the effects of delayed Medicaid expansion, as several states expanded their programs in 2015.

APPENDIX:

Appendix Table 1. Changes in Health Insurance Coverage for Nonelderly Adults by Age and Income, 2013 to 2014

	All Adults, 19-64					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	189.9		191.1			1.2
Employer	113.4	59.7%	113.7	59.5%	-0.3%	0.2
Medicaid and State	20.8	10.9%	25.5	13.3%	2.4% *	4.7 ^a
CHAMPUS/Medicare	6.2	3.3%	6.7	3.5%	0.2% *	0.5 ^a
Private Nongroup	9.5	5.0%	13.8	7.2%	2.2% *	4.3 ^a
Uninsured	40.0	21.0%	31.5	16.5%	-4.6% *	-8.4 ^a
At or Below 138% of FPL	61.8		62.3			0.6^a
Employer	17.4	28.2%	18.1	29.0%	0.8% *	0.7 ^a
Medicaid and State	16.2	26.1%	19.8	31.8%	5.6% *	3.6 ^a
CHAMPUS/Medicare	2.5	4.1%	3.0	4.8%	0.7% *	0.5 ^a
Private Nongroup	2.7	4.4%	3.6	5.8%	1.4% *	0.9 ^a
Uninsured	23.0	37.2%	17.8	28.6%	-8.6% *	-5.1 ^a
138 - 400% of FPL	67.2		66.8			-0.4
Employer	43.0	64.0%	42.6	63.7%	-0.3%	-0.4 ^a
Medicaid and State	4.0	5.9%	4.8	7.2%	1.3% *	0.8 ^a
CHAMPUS/Medicare	2.4	3.6%	2.5	3.7%	0.1% #	0.0
Private Nongroup	3.7	5.5%	5.7	8.5%	3.0% *	2.0 ^a
Uninsured	14.0	20.9%	11.2	16.8%	-4.1% *	-2.8 ^a
Above 400% of FPL	61.0		62.0			1.0
Employer	53.0	86.9%	53.0	85.4%	-1.5% *	0.0
Medicaid and State	0.6	1.1%	0.9	1.4%	0.3% *	0.2 ^a
CHAMPUS/Medicare	1.2	2.0%	1.2	2.0%	0.0%	0.0
Private Nongroup	3.1	5.1%	4.5	7.2%	2.1% *	1.4 ^a
Uninsured	3.0	4.8%	2.5	4.0%	-0.9% *	-0.5 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 1. Changes in Health Insurance Coverage for Nonelderly Adults by Age and Income, 2013 to 2014, Continued

	All Adults, 19-25					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	30.7		30.8			0.1
Employer	16.3	53.0%	16.7	54.1%	1.1%	0.4 ^a
Medicaid and State	3.7	12.1%	4.8	15.7%	3.6%*	1.1 ^a
CHAMPUS/Medicare	0.6	2.0%	0.6	2.1%	0.1%	0.0
Private Nongroup	2.3	7.5%	2.4	7.8%	0.3%#	0.1 ^a
Uninsured	7.8	25.5%	6.3	20.4%	-5.1%*	-1.6 ^a
At or Below 138% of FPL	21.5		21.5			0.0
Employer	10.2	47.4%	10.4	48.1%	0.7%	0.2 ^a
Medicaid and State	3.3	15.2%	4.3	20.1%	4.8%*	1.0 ^a
CHAMPUS/Medicare	0.4	1.7%	0.4	2.1%	0.3%*	0.1 ^a
Private Nongroup	1.8	8.3%	1.7	7.9%	-0.5%*	-0.1 ^a
Uninsured	5.9	27.4%	4.7	21.9%	-5.4%*	-1.2 ^a
138 - 400% of FPL	7.9		7.9			0.0
Employer	5.0	63.6%	5.2	65.5%	1.9%	0.2 ^a
Medicaid and State	0.4	5.0%	0.5	6.2%	1.1%*	0.1 ^a
CHAMPUS/Medicare	0.2	2.7%	0.2	2.2%	-0.5%*	0.0 ^a
Private Nongroup	0.4	5.6%	0.6	7.8%	2.2%*	0.2 ^a
Uninsured	1.8	23.1%	1.4	18.4%	-4.7%*	-0.4 ^a
Above 400% of FPL	1.3		1.4			0.1
Employer	1.1	81.4%	1.1	81.9%	0.5%	0.1 ^a
Medicaid and State	0.0	1.7%	0.0	1.9%	0.3%	0.0 ^a
CHAMPUS/Medicare	0.0	2.4%	0.0	1.5%	-0.9%*	0.0 ^a
Private Nongroup	0.1	4.8%	0.1	6.9%	2.2%*	0.0 ^a
Uninsured	0.1	9.8%	0.1	7.7%	-2.1%*	0.0 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 1. Changes in Health Insurance Coverage for Nonelderly Adults by Age and Income, 2013 to 2014, Continued

	All Adults, 26-45					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	81.3		82.0			0.8
Employer	47.7	58.7%	48.3	58.9%	0.2%	0.6 ^a
Medicaid and State	9.3	11.4%	11.1	13.6%	2.1%*	1.8 ^a
CHAMPUS/Medicare	1.6	2.0%	1.7	2.1%	0.1%*	0.1 ^a
Private Nongroup	2.9	3.6%	5.0	6.1%	2.4%*	2.0 ^a
Uninsured	19.7	24.2%	15.9	19.3%	-4.9%*	-3.8 ^a
At or Below 138% of FPL	22.8		23.1			0.3^a
Employer	4.0	17.4%	4.4	19.0%	1.7%*	0.4 ^a
Medicaid and State	7.2	31.5%	8.5	36.8%	5.3%*	1.3 ^a
CHAMPUS/Medicare	0.6	2.5%	0.8	3.4%	0.8%*	0.2 ^a
Private Nongroup	0.4	1.5%	1.0	4.1%	2.6%*	0.6 ^a
Uninsured	10.7	47.0%	8.5	36.7%	-10.3%*	-2.3 ^a
138 - 400% of FPL	33.2		33.1			-0.1
Employer	21.5	65.0%	21.5	65.0%	0.0%	0.0
Medicaid and State	1.9	5.6%	2.3	6.9%	1.3%*	0.4 ^a
CHAMPUS/Medicare	0.7	2.2%	0.7	2.0%	-0.2%*	-0.1 ^a
Private Nongroup	1.5	4.5%	2.4	7.4%	2.8%*	0.9 ^a
Uninsured	7.5	22.7%	6.2	18.7%	-4.0%*	-1.3 ^a
Above 400% of FPL	25.3		25.8			0.5
Employer	22.2	87.9%	22.4	86.8%	-1.1%	0.2 ^a
Medicaid and State	0.2	0.9%	0.3	1.3%	0.4%*	0.1 ^b
CHAMPUS/Medicare	0.3	1.3%	0.3	1.2%	-0.1%*	0.0 ^a
Private Nongroup	1.1	4.3%	1.6	6.1%	1.8%*	0.5 ^a
Uninsured	1.4	5.6%	1.2	4.6%	-0.9%*	-0.2 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 1. Changes in Health Insurance Coverage for Nonelderly Adults by Age and Income, 2013 to 2014, Continued

	All Adults, 46-64					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	78.0		78.3			0.3^a
Employer	49.5	63.4%	48.7	62.1%	-1.3% *	-0.8 ^a
Medicaid and State	7.8	10.0%	9.5	12.1%	2.1% *	1.7 ^a
CHAMPUS/Medicare	4.0	5.1%	4.3	5.5%	0.4% *	0.4 ^a
Private Nongroup	4.3	5.5%	6.4	8.2%	2.7% *	2.1 ^a
Uninsured	12.5	16.0%	9.4	12.0%	-4.0% *	-3.1 ^a
At or Below 138% of FPL	17.4		17.7			0.3^a
Employer	3.3	18.7%	3.3	18.8%	0.1%	0.1 ^a
Medicaid and State	5.7	32.6%	7.0	39.4%	6.9% *	1.3 ^a
CHAMPUS/Medicare	1.6	9.0%	1.8	10.0%	1.0% *	0.2 ^a
Private Nongroup	0.6	3.3%	1.0	5.5%	2.3% *	0.4 ^a
Uninsured	6.3	36.5%	4.6	26.3%	-10.2% *	-1.7 ^a
138 - 400% of FPL	26.2		25.8			-0.3^a
Employer	16.5	63.0%	15.9	61.5%	-1.4% *	-0.6 ^a
Medicaid and State	1.7	6.6%	2.0	7.9%	1.3% *	0.3 ^a
CHAMPUS/Medicare	1.5	5.8%	1.7	6.4%	0.6% *	0.1 ^a
Private Nongroup	1.7	6.7%	2.7	10.3%	3.6% *	0.9 ^a
Uninsured	4.7	18.0%	3.6	13.9%	-4.1% *	-1.1 ^a
Above 400% of FPL	34.4		34.8			0.4^a
Employer	29.7	86.4%	29.5	84.6%	-1.8% *	-0.3 ^a
Medicaid and State	0.4	1.1%	0.5	1.4%	0.3% *	0.1 ^a
CHAMPUS/Medicare	0.9	2.6%	0.9	2.6%	0.0%	0.0
Private Nongroup	2.0	5.8%	2.8	8.1%	2.3% *	0.8 ^a
Uninsured	1.4	4.1%	1.2	3.3%	-0.8% *	-0.3 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Race and Ethnicity and Income, 2013 to 2014

	White Only (Non-Hispanic)					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	160.5		159.6			-0.9
Employer	105.2	65.5%	102.7	64.3%	-1.2% *	-2.5 ^a
Medicaid and State	21.5	13.4%	25.1	15.7%	2.3% *	3.6 ^a
CHAMPUS/Medicare	5.0	3.1%	5.2	3.3%	0.2% *	0.3 ^a
Private Nongroup	8.6	5.3%	11.0	6.9%	1.6% *	2.5 ^a
Uninsured	20.3	12.6%	15.6	9.8%	-2.9% *	-4.7 ^a
At or Below 138% of FPL	41.7		41.7			0.0
Employer	12.5	30.1%	12.5	30.0%	0.0%	0.0
Medicaid and State	14.9	35.7%	16.9	40.6%	4.9% *	2.1 ^a
CHAMPUS/Medicare	1.7	4.1%	2.2	5.3%	1.2% *	0.5 ^a
Private Nongroup	2.0	4.7%	2.2	5.3%	0.6% *	0.3 ^a
Uninsured	10.6	25.4%	7.8	18.7%	-6.7% *	-2.8 ^a
138 - 400% of FPL	58.8		57.3			-1.5 ^a
Employer	39.9	67.8%	37.9	66.1%	-1.7% *	-2.0 ^a
Medicaid and State	5.8	9.9%	6.9	12.1%	2.2% *	1.1 ^a
CHAMPUS/Medicare	2.1	3.6%	2.0	3.1%	-0.2% *	-0.2 ^a
Private Nongroup	3.3	5.7%	4.5	7.8%	2.1% *	1.1 ^a
Uninsured	7.7	13.0%	6.0	10.5%	-2.5% *	-1.6 ^a
Above 400% of FPL	60.0		60.6			0.5
Employer	52.8	88.0%	52.2	86.3%	-1.7% *	-0.5 ^a
Medicaid and State	0.8	1.4%	1.2	2.0%	0.7% *	0.4 ^a
CHAMPUS/Medicare	1.1	1.9%	1.0	1.7%	-0.2% *	-0.1 ^a
Private Nongroup	3.3	5.4%	4.3	7.2%	1.7% *	1.1 ^a
Uninsured	2.0	3.4%	1.7	2.9%	-0.5% *	-0.3 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Race and Ethnicity and Income, 2013 to 2014, Continued

	Black Only (Non-Hispanic)					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	33.9		34.2			0.3
Employer	14.8	43.7%	15.1	44.1%	0.4%	0.3 ^a
Medicaid and State	11.0	32.3%	11.5	33.7%	1.3%*	0.6 ^a
CHAMPUS/Medicare	1.2	3.5%	1.3	3.8%	0.2%*	0.1 ^a
Private Nongroup	0.6	1.7%	1.3	3.7%	1.9%*	0.7 ^a
Uninsured	6.4	18.7%	5.1	14.8%	-3.9%*	-1.3 ^a
At or Below 138% of FPL	16.9		17.0			0.1
Employer	3.1	18.3%	3.3	19.6%	1.4%*	0.3 ^a
Medicaid and State	8.9	52.4%	9.2	54.2%	1.7%*	0.4 ^a
CHAMPUS/Medicare	0.5	3.2%	0.6	3.8%	0.6%*	0.1 ^a
Private Nongroup	0.2	1.5%	0.5	2.8%	1.3%*	0.2 ^a
Uninsured	4.2	24.7%	3.3	19.6%	-5.0%*	-0.8 ^a
138 - 400% of FPL	11.5		11.6			0.1
Employer	7.0	61.2%	7.0	60.8%	-0.5%	0.0
Medicaid and State	1.9	16.7%	2.1	18.3%	1.6%*	0.2 ^a
CHAMPUS/Medicare	0.5	3.9%	0.4	3.8%	-0.1%	0.0
Private Nongroup	0.2	2.0%	0.5	4.6%	2.6%*	0.3 ^a
Uninsured	1.9	16.2%	1.5	12.6%	-3.6%*	-0.4 ^a
Above 400% of FPL	5.6		5.6			0.1
Employer	4.7	84.6%	4.7	83.5%	-1.2%	0.0
Medicaid and State	0.2	3.4%	0.2	3.3%	-0.1%	0.0
CHAMPUS/Medicare	0.2	3.7%	0.2	3.6%	-0.1%	0.0
Private Nongroup	0.1	2.2%	0.3	4.6%	2.5%*	0.1 ^a
Uninsured	0.3	6.1%	0.6	5.0%	-1.2%*	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Race and Ethnicity and Income, 2013 to 2014, Continued

	Hispanic					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	50.0		51.1			1.1^a
Employer	18.4	36.9%	19.6	38.3%	1.5% *	1.1 ^a
Medicaid and State	14.9	29.8%	16.2	31.8%	2.0% *	1.3 ^a
CHAMPUS/Medicare	0.9	1.7%	0.9	1.8%	0.0%	0.0
Private Nongroup	1.0	2.0%	1.9	3.7%	1.7% *	0.9 ^a
Uninsured	14.8	29.7%	12.5	24.4%	-5.2% *	-2.3 ^a
At or Below 138% of FPL	24.2		24.3			0.2
Employer	3.6	14.9%	3.9	16.2%	1.3% *	0.3 ^a
Medicaid and State	11.3	46.7%	12.1	49.8%	3.1% *	0.8 ^a
CHAMPUS/Medicare	0.4	1.5%	0.5	1.9%	0.5% *	0.1 ^a
Private Nongroup	0.3	1.3%	0.6	2.4%	1.1% *	0.3 ^a
Uninsured	8.6	35.6%	7.2	29.7%	-5.9% *	-1.4 ^a
138 - 400% of FPL	19.0		19.5			0.5^a
Employer	9.3	48.9%	9.8	50.2%	1.3% *	0.5 ^a
Medicaid and State	3.4	17.8%	3.8	19.6%	1.8% *	0.4 ^a
CHAMPUS/Medicare	0.4	2.0%	0.3	1.7%	-0.3% *	0.0 ^a
Private Nongroup	0.4	2.2%	0.9	4.5%	2.3% *	0.5 ^a
Uninsured	5.5	29.2%	4.7	24.0%	5.2% *	0.9 ^a
Above 400% of FPL	6.8		7.2			0.4^a
Employer	5.5	81.3%	5.9	80.8%	-0.5% *	0.3 ^a
Medicaid and State	0.2	3.2%	0.3	4.0%	0.8% *	0.1 ^a
CHAMPUS/Medicare	0.1	2.0%	0.1	1.5%	-0.5% *	0.0 ^a
Private Nongroup	0.2	3.6%	0.4	5.8%	2.1% *	0.2 ^a
Uninsured	0.7	9.9%	0.6	7.9%	-1.9% *	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Race and Ethnicity and Income, 2013 to 2014, Continued

	Other					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	22.8		23.5			0.7
Employer	12.9	56.8%	13.1	55.6%	-1.1% *	0.1 ^a
Medicaid and State	4.3	18.8%	5.2	22.2%	3.4% *	0.9 ^a
CHAMPUS/Medicare	0.6	2.5%	0.6	2.5%	0.0%	0.0
Private Nongroup	1.2	5.4%	1.8	7.8%	2.5% *	0.6 ^a
Uninsured	3.8	16.6%	2.8	11.9%	-4.7% *	-1.0 ^a
At or Below 138% of FPL	7.8		8.0			0.3^a
Employer	1.9	23.9%	1.9	23.1%	-0.8% *	0.0
Medicaid and State	3.1	40.2%	3.7	45.9%	5.7% *	0.6 ^a
CHAMPUS/Medicare	0.2	2.6%	0.3	3.4%	0.8% *	0.1 ^a
Private Nongroup	0.4	5.7%	0.6	7.9%	2.2% *	0.2 ^a
Uninsured	2.1	27.6%	1.6	19.7%	-7.9% *	-0.6 ^a
138 - 400% of FPL	7.4		7.5			0.2
Employer	4.5	60.9%	4.5	59.0%	-1.8% *	0.0
Medicaid and State	1.0	13.7%	1.3	17.4%	3.7% *	0.3 ^a
CHAMPUS/Medicare	0.2	3.1%	0.2	2.5%	-0.6% *	0.0 ^a
Private Nongroup	0.4	5.3%	0.6	8.6%	3.3% *	0.3 ^a
Uninsured	1.3	17.1%	0.9	12.5%	-4.6% *	-0.3 ^a
Above 400% of FPL	7.6	7.6	7.9	7.9		0.3^a
Employer	6.6	86.3%	6.8	85.4%	-0.9% #	0.2 ^a
Medicaid and State	0.1	2.0%	0.2	2.7%	0.7% *	0.1 ^a
CHAMPUS/Medicare	0.1	1.7%	0.1	1.5%	-0.2% *	0.0 ^b
Private Nongroup	0.4	5.1%	0.6	7.1%	2.0% *	0.2 ^a
Uninsured	0.4	4.9%	0.3	3.4%	-1.5% *	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 3. Changes in Health Insurance Coverage Among the Nonelderly by Education and Income, 2013 to 2014

	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	84.8		84.7			-0.1
Employer	38.6	45.5%	39.0	46.0%	0.6%	0.4 ^a
Medicaid and State	14.6	17.2%	16.6	19.6%	2.4%*	2.0 ^a
CHAMPUS/Medicare	3.1	3.6%	3.4	4.0%	0.4%*	0.3 ^a
Private Nongroup	3.0	3.5%	4.8	5.7%	2.2%*	1.9 ^a
Uninsured	25.6	30.2%	20.9	24.6%	-5.5%*	-4.7 ^a
At or Below 138% of FPL	37.1		37.2			0.1
Employer	7.5	20.2%	8.1	21.8%	1.6%*	0.6 ^a
Medicaid and State	11.8	31.7%	13.4	36.0%	4.3%*	1.6 ^a
CHAMPUS/Medicare	1.5	4.1%	1.8	4.8%	0.6%*	0.2 ^a
Private Nongroup	0.9	2.5%	1.4	3.9%	1.4%*	0.5 ^a
Uninsured	15.4	41.5%	12.5	33.6%	-7.9%*	-2.9 ^a
138 - 400% of FPL	32.6		32.2			-0.4
Employer	18.8	57.6%	18.6	57.9%	0.2%	-0.1 ^b
Medicaid and State	2.5	7.7%	2.9	8.8%	1.2%*	0.4 ^a
CHAMPUS/Medicare	1.2	3.6%	1.2	3.8%	0.2%*	0.1 ^a
Private Nongroup	1.3	4.1%	2.3	7.1%	3.0%*	1.0 ^a
Uninsured	8.8	27.0%	7.2	22.4%	-4.6%*	-1.6 ^a
Above 400% of FPL	15.1		15.3			0.2
Employer	12.3	81.4%	12.2	80.2%	-1.2%*	0.0
Medicaid and State	0.3	2.2%	0.4	2.4%	0.2%*	0.0 ^a
CHAMPUS/Medicare	0.4	2.3%	0.4	2.3%	0.0%	0.0
Private Nongroup	0.7	4.9%	1.1	7.3%	2.4%*	0.4 ^a
Uninsured	1.4	9.2%	1.2	7.8%	-1.4%*	-0.2 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 3. Changes in Health Insurance Coverage Among the Nonelderly by Education and Income, 2013 to 2014, Continued

	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	50.7		50.8			0.1
Employer	31.8	62.7%	31.5	62.1%	-0.6%	-0.2 ^a
Medicaid and State	4.6	9.2%	6.1	12.1%	2.9%*	1.5 ^a
CHAMPUS/Medicare	2.0	3.9%	2.1	4.1%	0.2%*	0.1 ^a
Private Nongroup	2.9	5.6%	3.9	7.7%	2.0%*	1.0 ^a
Uninsured	9.4	18.6%	7.1	14.0%	-4.6%*	-2.3 ^a
At or Below 138% of FPL	17.8		17.9			0.1
Employer	7.2	40.3%	7.2	40.0%	-0.3%	0.0
Medicaid and State	3.4	19.4%	4.7	26.1%	6.7%*	1.2 ^a
CHAMPUS/Medicare	0.7	4.1%	0.9	5.0%	0.8%*	0.2 ^a
Private Nongroup	1.2	6.6%	1.4	7.6%	1.0%*	0.2 ^a
Uninsured	5.3	29.6%	3.8	21.4%	-8.2%*	-1.4 ^a
138 - 400% of FPL	19.0		18.9			-0.1
Employer	12.7	66.8%	12.6	66.5%	-0.2%	-0.1 ^a
Medicaid and State	1.0	5.5%	1.3	6.7%	1.2%*	0.2 ^a
CHAMPUS/Medicare	0.8	4.5%	0.8	4.3%	-0.1%	0.0
Private Nongroup	1.0	5.3%	1.6	8.3%	3.0%*	0.6 ^a
Uninsured	3.4	18.0%	2.7	14.1%	-3.8%*	-0.8 ^a
Above 400% of FPL	13.9		14.0			0.1
Employer	11.9	85.7%	11.8	84.4%	-1.3%	-0.1
Medicaid and State	0.2	1.2%	0.2	1.5%	0.3%*	0.0 ^a
CHAMPUS/Medicare	0.4	2.8%	0.4	2.8%	-0.1%	0.0
Private Nongroup	0.7	4.9%	1.0	7.0%	2.1%*	0.3 ^a
Uninsured	0.7	5.4%	0.6	4.3%	-1.0%*	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 3. Changes in Health Insurance Coverage Among the Nonelderly by Education and Income, 2013 to 2014, Continued

	Finished college					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	54.5		55.7			1.2^a
Employer	43.1	79.2%	43.1	77.4%	-1.7% *	0.0
Medicaid and State	1.6	2.9%	2.7	4.9%	2.0% *	1.2 ^a
CHAMPUS/Medicare	1.2	2.1%	1.3	2.3%	0.1% *	0.1 ^a
Private Nongroup	3.7	6.8%	5.1	9.1%	2.3% *	1.4 ^a
Uninsured	4.9	9.1%	3.5	6.3%	-2.8% *	-1.4 ^a
At or Below 138% of FPL	6.9		7.2			0.3^a
Employer	2.8	40.0%	2.8	39.0%	-0.9% *	0.1 ^a
Medicaid and State	1.0	13.9%	1.7	23.9%	10.0% *	0.8 ^a
CHAMPUS/Medicare	0.2	3.6%	0.3	4.6%	1.0% *	0.1 ^a
Private Nongroup	0.6	9.0%	0.8	11.4%	2.4% *	0.2 ^a
Uninsured	2.3	33.5%	1.5	21.0%	-12.5% *	-0.8 ^a
138 - 400% of FPL	15.5		15.7			0.1
Employer	11.5	74.1%	11.4	72.5%	-1.7% #	-0.2 ^a
Medicaid and State	0.4	2.9%	0.7	4.5%	1.6% *	0.3 ^a
CHAMPUS/Medicare	0.4	2.7%	0.4	2.8%	0.1%	0.0
Private Nongroup	1.3	8.7%	1.8	11.8%	3.1% *	0.5 ^a
Uninsured	1.8	11.7%	1.3	8.5%	-3.1% *	-0.5 ^a
Above 400% of FPL	32.0		32.8			0.7^a
Employer	28.8	90.0%	28.9	88.3%	-1.7% *	0.1
Medicaid and State	0.2	0.5%	0.3	0.9%	0.4% *	0.1 ^a
CHAMPUS/Medicare	0.5	1.6%	0.5	1.5%	-0.1%	0.0
Private Nongroup	1.7	5.4%	2.4	7.3%	2.0% *	0.7 ^a
Uninsured	0.8	2.6%	0.7	2.0%	-0.5% *	-0.2 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 4. Changes in Health Insurance Coverage Among Workers Ages 18 to 64 by Industry and Income, 2013 to 2014

	All workers, age 18-64					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	138.0		140.4			2.4
Employer	96.8	70.2%	97.5	69.5%	-0.7%	0.7 ^a
Medicaid and State	7.6	5.5%	10.0	7.1%	1.6%*	2.4 ^a
CHAMPUS/Medicare	2.3	1.6%	2.4	1.7%	0.1%*	0.1 ^a
Private Nongroup	6.6	4.8%	10.4	7.4%	2.7%*	3.8 ^a
Uninsured	24.7	17.9%	20.1	14.3%	-3.6%*	-4.6 ^a
At or Below 138% of FPL	27.9		28.8			0.9^a
Employer	10.7	38.1%	11.2	38.9%	0.8%#	0.6 ^a
Medicaid and State	4.7	16.8%	6.5	22.5%	5.7%*	1.8 ^a
CHAMPUS/Medicare	0.5	1.7%	0.6	2.1%	0.4%*	0.1 ^a
Private Nongroup	1.2	4.4%	1.8	6.2%	1.8%*	0.6 ^a
Uninsured	10.9	38.9%	8.8	30.3%	-8.6%*	-2.1 ^a
138 - 400% of FPL	55.6		55.9			0.3
Employer	38.0	68.2%	37.9	67.7%	-0.5%	-0.1
Medicaid and State	2.2	4.5%	3.1	5.5%	1.0%*	0.6 ^a
CHAMPUS/Medicare	1.0	1.7%	1.0	1.8%	0.1%*	0.0
Private Nongroup	2.8	5.1%	4.8	8.5%	3.4%*	1.9 ^a
Uninsured	11.4	20.4%	9.2	16.5%	-3.9%*	-2.1 ^a
Above 400% of FPL	54.4		55.6			1.2^b
Employer	48.2	88.6%	48.4	87.1%	-1.5%#	0.2
Medicaid and State	0.4	0.7%	0.4	0.7%	0.1%*	0.0 ^a
CHAMPUS/Medicare	0.8	1.5%	0.8	1.4%	-0.1%*	0.0
Private Nongroup	2.5	4.6%	3.9	7.0%	2.3%*	1.3 ^a
Uninsured	2.4	4.5%	2.1	3.7%	-0.8%*	-0.4 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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1 High-ESI industries are those with ESI coverage rates of more than 80 percent in 2012 and consist primarily of finance, manufacturing, information, and communications firms.

2 Low-ESI industries had ESI coverage rates of less than 80 percent in 2012 and consist primarily of agriculture, construction, and wholesale and retail trade.

Appendix Table 4. Changes in Health Insurance Coverage Among Workers Ages 18 to 64 by Industry and Income, 2013 to 2014, Continued

	Workers in high-ESI industries					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	48.0		48.4			0.4^a
Employer	39.9	83.2%	39.9	82.5%	-0.7% *	0.0
Medicaid and State	1.3	2.8%	1.8	3.6%	0.8% *	0.4 ^a
CHAMPUS/Medicare	0.8	1.7%	0.8	1.7%	0.0%	0.0
Private Nongroup	1.5	3.2%	2.5	5.2%	2.0% *	1.0 ^a
Uninsured	4.4	9.1%	3.4	7.0%	-2.1% *	-1.0 ^a
At or Below 138% of FPL	5.6		5.8			0.2^a
Employer	2.8	50.3%	2.9	51.1%	0.7% #	0.1 ^a
Medicaid and State	0.7	13.1%	1.1	18.7%	5.6% *	0.3 ^a
CHAMPUS/Medicare	0.1	1.8%	0.1	2.2%	0.4% *	0.0 ^a
Private Nongroup	0.3	5.4%	0.4	6.7%	1.3% *	0.1 ^a
Uninsured	1.6	29.4%	1.2	21.4%	-8.0% *	-0.4 ^a
138 - 400% of FPL	18.4		18.2			-0.2^a
Employer	14.8	80.5%	14.6	80.1%	-0.4% *	-0.2 ^a
Medicaid and State	0.5	2.8%	0.6	3.1%	0.3% *	0.1 ^a
CHAMPUS/Medicare	0.3	1.8%	0.3	1.9%	0.0%	0.0
Private Nongroup	0.6	3.4%	1.1	5.9%	2.6% *	0.5 ^a
Uninsured	2.1	11.5%	1.6	9.0%	-2.5% *	-0.5 ^a
Above 400% of FPL	24.0		24.4			0.4^a
Employer	22.3	93.0%	22.4	91.8%	-1.2% *	0.1
Medicaid and State	0.1	0.4%	0.1	0.5%	0.0%	0.0
CHAMPUS/Medicare	0.4	1.6%	0.3	1.4%	-0.1% *	0.0 ^a
Private Nongroup	0.6	2.5%	1.0	4.3%	1.7% *	0.4 ^a
Uninsured	0.6	2.5%	0.5	2.1%	-0.4% *	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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1 High-ESI industries are those with ESI coverage rates of more than 80 percent in 2012 and consist primarily of finance, manufacturing, information, and communications firms.

2 Low-ESI industries had ESI coverage rates of less than 80 percent in 2012 and consist primarily of agriculture, construction, and wholesale and retail trade.

Appendix Table 4. Changes in Health Insurance Coverage Among Workers Ages 18 to 64 by Industry and Income, 2013 to 2014, Continued

	Workers in low-ESI industries					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	90.0		92.0			2.0
Employer	56.9	63.2%	57.6	62.6%	-0.6%	0.7 ^a
Medicaid and State	6.2	6.9%	8.2	8.9%	2.0%*	2.0 ^a
CHAMPUS/Medicare	1.5	1.6%	1.6	1.7%	0.1%*	0.1 ^a
Private Nongroup	5.1	5.6%	7.9	8.6%	3.0%*	2.9 ^a
Uninsured	20.3	22.6%	16.7	18.1%	-4.5%*	-3.7 ^a
At or Below 138% of FPL	22.3		23.1			0.7^a
Employer	7.8	35.1%	8.3	35.9%	0.8%#	0.4 ^a
Medicaid and State	4.0	17.7%	5.4	23.4%	5.7%*	1.4 ^a
CHAMPUS/Medicare	0.4	1.7%	0.5	2.1%	0.4%*	0.1 ^a
Private Nongroup	0.9	4.2%	1.4	6.1%	1.9%*	0.5 ^a
Uninsured	9.2	41.3%	7.5	32.6%	-8.8%*	-1.7 ^a
138 - 400% of FPL	37.2		37.7			0.5
Employer	23.1	62.2%	23.3	61.7%	-0.4%	0.1
Medicaid and State	2.0	5.3%	2.5	6.6%	1.3%*	0.5 ^a
CHAMPUS/Medicare	0.6	1.7%	0.7	1.8%	0.1%*	0.0
Private Nongroup	2.2	5.9%	3.7	9.8%	3.8%*	1.5 ^a
Uninsured	9.3	24.9%	7.6	20.1%	-4.7%*	-1.7 ^a
Above 400% of FPL	30.4		31.2			0.8
Employer	25.9	85.2%	26.0	83.5%	-1.7%	0.1
Medicaid and State	0.3	0.9%	0.3	1.0%	0.1%*	0.0 ^a
CHAMPUS/Medicare	0.5	1.5%	0.4	1.4%	0.1%	0.0
Private Nongroup	1.9	6.3%	2.8	9.1%	2.8%*	0.9 ^a
Uninsured	1.9	6.1%	1.6	5.0%	-1.0%*	-0.3 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

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2 Low-ESI industries had ESI coverage rates of less than 80 percent in 2012 and consist primarily of agriculture, construction, and wholesale and retail trade.

Appendix Table 5. Changes in Health Insurance Coverage Among the Nonelderly by Region and Income, 2013 to 2014

	Northeast					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	47.1		47.1			0.0
Employer	29.3	62.2%	28.7	61.0%	-1.1% *	-0.5 ^a
Medicaid and State	9.7	20.5%	10.6	22.5%	2.0% *	0.9 ^a
CHAMPUS/Medicare	0.8	1.7%	0.8	1.8%	0.1% *	0.1 ^a
Private Nongroup	1.8	3.8%	2.4	5.2%	1.4% *	0.0 ^a
Uninsured	5.6	11.9%	4.5	9.5%	-2.4% *	-1.1 ^a
At or Below 138% of FPL	14.4		14.3			0.0
Employer	3.8	26.7%	3.8	26.2%	-0.5%	-0.1 ^b
Medicaid and State	6.8	47.5%	7.3	51.1%	3.6% *	0.5 ^a
CHAMPUS/Medicare	0.3	2.2%	0.4	2.6%	0.5% *	0.1 ^a
Private Nongroup	0.5	3.7%	0.6	4.3%	0.6% *	0.0 ^a
Uninsured	2.9	20.0%	2.3	15.7%	-4.3% *	-0.6 ^a
138 - 400% of FPL	15.7		15.4			-0.2^a
Employer	10.1	64.5%	9.6	62.4%	-2.1% *	-0.5 ^a
Medicaid and State	2.5	15.9%	2.9	18.5%	2.6% *	0.4 ^a
CHAMPUS/Medicare	0.3	2.1%	0.3	2.1%	0.0%	0.0
Private Nongroup	0.6	4.0%	0.9	5.9%	2.0% *	0.0 ^a
Uninsured	2.1	13.5%	1.7	11.1%	-2.4% *	-0.4 ^a
Above 400% of FPL	17.0		17.3			0.3^a
Employer	15.3	90.1%	15.3	88.7%	-1.4% *	0.0
Medicaid and State	0.3	2.0%	0.4	2.4%	0.5% *	0.1 ^a
CHAMPUS/Medicare	0.1	0.8%	0.1	0.8%	0.0%	0.0
Private Nongroup	0.6	3.7%	0.9	5.2%	1.5% *	0.0 ^a
Uninsured	0.6	3.4%	0.5	2.9%	-0.5% *	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 5. Changes in Health Insurance Coverage Among the Nonelderly by Region and Income, 2013 to 2014, Continued

	Midwest					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	57.2		57.1			-0.1
Employer	35.2	61.5%	34.8	61.0%	-0.5% *	-0.3 ^a
Medicaid and State	10.7	18.7%	11.8	20.7%	2.0% *	1.1 ^a
CHAMPUS/Medicare	1.2	2.1%	1.4	2.4%	0.3% *	0.2 ^a
Private Nongroup	2.5	4.4%	3.2	5.6%	1.2% *	0.7 ^a
Uninsured	7.6	13.3%	5.9	10.4%	-2.9% *	-1.7 ^a
At or Below 138% of FPL	17.9		17.7			-0.1
Employer	4.5	25.4%	4.6	26.2%	0.8% *	0.1 ^b
Medicaid and State	7.9	44.2%	8.6	48.4%	4.2% *	0.7 ^a
CHAMPUS/Medicare	0.5	2.7%	0.6	3.4%	0.7% *	0.1 ^a
Private Nongroup	0.6	3.6%	0.7	3.7%	0.1%	0.0
Uninsured	4.3	24.1%	3.3	18.4%	-5.8% *	-1.1 ^a
138 - 400% of FPL	21.9		21.7			-0.2
Employer	15.0	68.7%	14.6	67.4%	-1.3% *	-0.4 ^a
Medicaid and State	2.6	11.7%	2.9	13.4%	1.7% *	0.3 ^a
CHAMPUS/Medicare	0.5	2.4%	0.6	2.6%	0.2% *	0.0 ^a
Private Nongroup	1.0	4.6%	1.4	6.4%	1.8% *	0.4 ^a
Uninsured	2.8	12.7%	2.2	10.3%	-2.4% *	-0.5 ^a
Above 400% of FPL	17.4		17.6			0.3 ^b
Employer	15.6	89.5%	15.5	88.1%	-1.4% *	0.0
Medicaid and State	0.2	1.4%	0.3	1.8%	0.4% *	0.1 ^a
CHAMPUS/Medicare	0.2	1.2%	0.2	1.2%	0.0%	0.0
Private Nongroup	0.8	4.9%	1.1	6.5%	1.6% *	0.3 ^a
Uninsured	0.5	3.0%	0.4	2.4%	-0.6% *	-0.1 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 5. Changes in Health Insurance Coverage Among the Nonelderly by Region and Income, 2013 to 2014, Continued

	South					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	100.0		100.7			0.7
Employer	52.9	52.9%	52.9	52.5%	-0.4%	0.0
Medicaid and State	19.1	19.1%	20.4	20.2%	1.2% *	1.3 ^a
CHAMPUS/Medicare	3.9	3.9%	4.0	4.0%	0.1% *	0.1 ^a
Private Nongroup	3.9	3.9%	6.5	6.5%	2.5% *	2.6 ^a
Uninsured	20.2	20.2%	16.9	16.8%	-3.4% *	-3.3 ^a
At or Below 138% of FPL	36.2		36.8			0.6 ^a
Employer	7.8	21.5%	8.2	22.3%	0.8% *	0.4 ^a
Medicaid and State	14.4	39.7%	15.0	40.9%	1.2% *	0.7 ^a
CHAMPUS/Medicare	1.4	3.9%	1.9	5.0%	1.1% *	0.4 ^a
Private Nongroup	1.0	2.8%	1.9	5.2%	2.4% *	0.9 ^a
Uninsured	11.6	32.1%	9.7	26.5%	5.6% *	1.9 ^a
138 - 400% of FPL	36.7		36.4			-0.3
Employer	22.1	60.3%	21.7	59.7%	-0.6%	-0.4 ^a
Medicaid and State	4.3	11.6%	4.7	13.0%	1.4% *	0.5 ^a
CHAMPUS/Medicare	1.6	4.3%	1.4	3.9%	-0.4% *	-0.2 ^a
Private Nongroup	1.6	4.3%	2.6	7.1%	2.8% *	1.0 ^a
Uninsured	7.1	19.5%	5.9	16.3%	-3.2% *	-1.2 ^a
Above 400% of FPL	27.1		27.5			0.4
Employer	23.0	84.9%	22.9	83.4%	-1.5%	0.0
Medicaid and State	0.5	1.7%	0.6	2.2%	0.5% *	0.1 ^a
CHAMPUS/Medicare	0.9	3.2%	0.8	2.8%	-0.4% *	-0.1 ^a
Private Nongroup	1.4	5.0%	2.0	7.3%	2.3% *	0.7 ^a
Uninsured	1.4	5.2%	1.2	4.3%	-0.9% *	-0.2 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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Appendix Table 5. Changes in Health Insurance Coverage Among the Nonelderly by Region and Income, 2013 to 2014, Continued

	West					
	Coverage Distribution within Income Category				Percentage Point Change	Change in Millions of People
	2013		2014		2013-14	2013-14
	millions		millions			
All Incomes	63.6		64.1			0.5
Employer	34.3	54.0%	34.2	53.4%	-0.6%	-0.1
Medicaid and State	12.4	19.5%	15.4	24.1%	4.6% *	3.1 ^a
CHAMPUS/Medicare	1.7	2.7%	1.8	2.8%	0.1%	0.1
Private Nongroup	3.2	5.0%	3.9	6.1%	1.1% *	0.7 ^a
Uninsured	12.0	18.9%	8.8	13.7%	-5.2% *	-3.3 ^a
At or Below 138% of FPL	22.3		22.5			0.2 ^b
Employer	4.9	22.2%	5.1	22.7%	0.5% *	0.2 ^a
Medicaid and State	9.2	41.2%	11.1	49.5%	8.3% *	2.0 ^a
CHAMPUS/Medicare	0.6	2.7%	0.8	3.6%	0.8% *	0.2 ^a
Private Nongroup	0.8	3.6%	0.7	3.2%	-0.4% *	-0.1 ^a
Uninsured	6.8	30.3%	4.7	21.1%	-9.2% *	-2.0 ^a
138 - 400% of FPL	22.6		22.5			-0.1
Employer	13.5	59.7%	13.3	58.8%	-0.8%	-0.3 ^a
Medicaid and State	2.9	12.6%	3.7	16.5%	3.9% *	0.9 ^a
CHAMPUS/Medicare	0.7	3.3%	0.6	2.8%	-0.5% *	-0.1 ^a
Private Nongroup	1.2	6.2%	1.6	7.3%	2.1% *	0.5 ^a
Uninsured	4.3	19.2%	3.3	14.5%	-4.6% *	-1.1 ^a
Above 400% of FPL	18.7		19.1			0.4 ^b
Employer	15.9	84.9%	15.9	83.3%	-1.6% *	0.0
Medicaid and State	0.3	1.8%	0.6	3.0%	1.2% *	0.2 ^a
CHAMPUS/Medicare	0.4	2.0%	0.3	1.8%	-0.2% *	0.0 ^a
Private Nongroup	1.2	6.3%	1.5	8.0%	1.7% *	0.3 ^a
Uninsured	0.9	4.9%	0.7	3.9%	-1.0% *	-0.2 ^a

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHAMPUS = Civilian Health and Medical Program of the Uniformed Services. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 16 and 17) and include adjustments for misreporting of health insurance coverage on the American Community Survey (see footnote 18).

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32. Among the nonelderly with incomes at or below 100 percent of FPL, who were not expected to gain new Medicaid or marketplace eligibility in nonexpansion states, the uninsured rate fell 8.2 percentage points in expansion states and 4.9 percentage points in nonexpansion states. Most of the gain in nonexpansion states was in employer coverage (2.6 percentage points) or nongroup coverage (2.5 percentage points), and gains in expansion states were primarily through Medicaid (6.0 percentage points) and some ESI (1.9 percentage points) (data not shown).
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