

U.S. Health Reform—Monitoring and Impact

# Veterans Saw Broad Coverage Gains Between 2013 and 2015

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

## IN BRIEF

Though the Affordable Care Act (ACA) did not specifically target uninsurance among the nation's veterans, several of the law's provisions had the potential to increase veterans' coverage rates. In particular, the expansion of Medicaid to adults with incomes up to 138 percent of the federal poverty level (FPL) in over half the states, the establishment of health insurance marketplaces with new income-based subsidies, the imposition of an individual mandate, and new investments in outreach and enrollment systems expanded the health insurance options available to veterans. Our previous report showed that veterans' uninsurance levels fell after the implementation of the major coverage provisions of the ACA in 2014.<sup>1</sup> This brief uses newly available data to explore how uninsurance levels among veterans continued to change through 2015, how patterns of change varied across states and subgroups of the veteran population, and which types of coverage gains were driving the declines in uninsurance. Our main findings are as follows:

- Uninsurance among nonelderly veterans fell by nearly 40 percent during the first two years after implementation of the ACA coverage provisions, from 9.6 percent in 2013 to 5.9 percent in 2015, with an associated drop in the number of uninsured veterans from 980,000 to 552,000.
- Uninsurance also declined among veterans' spouses and children.
- Declines in uninsurance among veterans were broad-based, found in each subgroup we examined and in 27 of the 30 states we could track with precision.
- Drops in uninsurance were largest among veterans with incomes up to 138 percent of FPL and were greater in states participating in the ACA Medicaid expansion than in nonexpansion states.
- The coverage gains underlying the decline in veterans' uninsurance between 2013 and 2015 were concentrated in Medicaid and insurance through the individual market (either through privately purchased plans or marketplace coverage).
- Veterans' uninsured rates could be reduced further with increased take-up of coverage among uninsured veterans who are eligible for either Medicaid or marketplace tax credits and with adoption of the ACA Medicaid expansion in the 19 remaining nonexpansion states.

# INTRODUCTION

In 2014, the Affordable Care Act (ACA) implemented several provisions aimed at reducing uninsurance, including the expansion of Medicaid in participating states, the establishment of health insurance marketplaces with income-based subsidies, and the individual mandate. Though the nation's military veterans have access to health care through the Department of Veterans Affairs (VA), not all veterans qualify for or use VA services.<sup>2-4</sup> From 2010 to 2013, before the implementation of the major coverage provisions of the ACA, one in ten nonelderly veterans was uninsured—over 1 million people—and many reported problems accessing needed health care.<sup>5,6</sup>

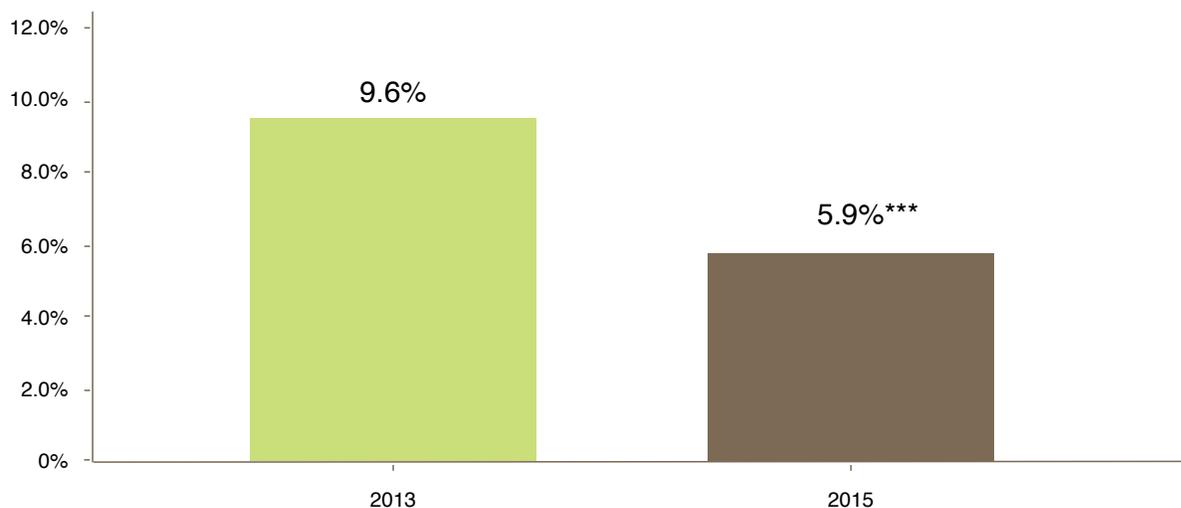
The nationwide uninsurance rate for veterans fell by about 25 percent in 2014, the first year of ACA implementation; uninsurance also fell among veterans' family members.<sup>1,7</sup> This analysis uses newly available data from the 2013–2015 American Community Survey (ACS) to examine the remaining uninsured in 2015 and subsequent changes in veterans' uninsurance levels under the ACA. In addition, we explore shifts in coverage type underlying the changes in uninsurance, using data from the 2013–2015 National Health Interview Survey (NHIS).

# FINDINGS

**Changes in Uninsurance Among Veterans and Their Family Members, 2013–2015.** According to the ACS, uninsurance rates among nonelderly veterans fell from 9.6 percent in 2013 to 5.9 percent in 2015—a nearly 40 percent decrease—during the first two years of implementation of the major coverage provisions of the ACA (Figure 1). With this 3.8 percentage point drop, the number of uninsured veterans fell from 980,000 in 2013 to 552,000 in 2015 (Table 1).<sup>8</sup>

Uninsurance fell by a similar margin among veterans' spouses (from 9.2 percent in 2013 to 5.5 percent in 2015) and children (from 4.5 percent to 2.9 percent). Overall, 5.0 percent of all veterans and their family members (an estimated 939,000 people) lacked health insurance coverage in 2015, 730,000 fewer than in 2013. Though veterans were less likely than nonveteran adults to be uninsured both before and after ACA implementation, uninsurance fell by over a third for both groups from 2013 to 2015.

**Figure 1: Uninsurance Rates Among Nonelderly Veterans, 2013 and 2015**



Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.  
Note: \*\*\* 2013–2015 change is statistically significant at the 0.01 level.

**Table 1: Uninsurance Among Nonelderly Veterans, Veterans’ Family Members, and Nonveterans, 2013–2015**

	Total number (thousands)			Number of uninsured (thousands)			Uninsurance rate		
	2013	2015	Change	2013	2015	Change	2013	2015	Percentage point change
Veterans (ages 19–64)	10,172	9,411	-761	980	552	-429	9.6%	5.9%	-3.8***
Spouses of veterans (ages 19–64)	5,030	4,497	-533	462	248	-215	9.2%	5.5%	-3.7***
Children of veterans (ages 0–18)	5,001	4,884	-117	226	140	-86	4.5%	2.9%	-1.7***
Veterans and their family members combined (ages 0–64)	20,203	18,793	-1,411	1,669	939	-730	8.3%	5.0%	-3.3***
Nonveterans (ages 19–64)	179,763	182,750	2,987	38,974	25,084	-13,891	21.7%	13.7%	-8.0***

Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Nonelderly spouses of veterans are those ages 19 to 64 who are not veterans but who live in a household with a 19- to 64-year-old veteran who is their spouse. Children of veterans live in a household with a nonelderly veteran who is their biological, adoptive, or stepparent. \*\*\* 2013–2015 change is statistically significant at the 0.01 level.

**Changes in Uninsurance Among Veterans in Select States and by State Expansion Status, 2013–2015.** Table 2 shows state-level changes in uninsurance for the 30 states with the largest numbers of veterans; together, these states are home to 88 percent of all veterans.<sup>9</sup> Between 2013 and 2015, uninsurance fell by a statistically significant margin in all but 3 of the 30 states. In 2013, state-level uninsurance rates ranged from 3.9 percent in Massachusetts to 14.8 percent in Arkansas, with uninsured rates above 10 percent in 13 of the 30 states. In 2015, uninsurance was below 10 percent in every state we assessed, ranging from 2.0 percent in Massachusetts to 9.5 percent in Louisiana. States with already low uninsurance rates in 2013, such as Maryland, Massachusetts, and Minnesota, saw smaller coverage gains, compared with states with high uninsurance rates in 2013, such as Arkansas, Florida, and Nevada, which saw declines of over 5 percentage points. As expected, larger states experienced larger absolute gains, with the number of uninsured veterans declining by over 30,000 in both Florida and Texas and by 45,000 in California.

Though veterans gained coverage in nearly every state we assessed, gains were larger on average in states that had elected to expand Medicaid under the ACA by mid-2015, with uninsurance rates falling by 4.3 percentage points in expansion states compared with 3.3 percentage points in nonexpansion states (Figure 2). Uninsurance among veterans was lower in expansion states than in nonexpansion states (9.0 versus 10.3 percent) in 2013, and the differential had widened by 2015, when uninsurance rates averaged 4.8 percent in expansion states and 7.1 percent in nonexpansion states.

**Changes in Uninsurance Among Veterans by Demographic Characteristics, 2013–2015.** Coverage gains were widespread; uninsurance rates fell between 2013 and 2015 for every subgroup of veterans we examined (Table 3). Uninsurance rates fell by over 30 percent for veterans in all age groups and eras of service and fell by almost 50 percent for some subgroups, including veterans ages 45 to 54 and those who served in the era between the Vietnam and Persian Gulf wars. Though more than one in ten black and Hispanic veterans was uninsured in 2013, their uninsurance rates had fallen to 6.5 percent and 7.1 percent, respectively, by 2015.<sup>10</sup> Differences in uninsurance levels between veterans with and without service-connected disabilities and functional limitations were reduced between 2013 and 2015. In 2013, uninsurance rates among veterans without service-connected disabilities or functional limitations (11.7 percent) were much higher than those among veterans with service-connected disabilities (2.1 percent) because the latter were more likely to be enrolled in VA coverage (data not shown). By 2015, the uninsurance rate among those without such disabilities or limitations had fallen to 7.2 percent.

Coverage gains were largest for the income groups targeted by the new coverage options under the ACA. Veterans with incomes up to 138 percent of FPL—those eligible for Medicaid in expansion states—experienced the largest percentage point drop in uninsurance of any subgroup we examined. Before ACA implementation, 21.6 percent of veterans with family incomes up to 138 percent of FPL lacked coverage, but by 2015, this had fallen more than 9 percentage points to 12.2 percent, a 43 percent decline. Uninsurance also decreased

**Table 2: Uninsurance Among Nonelderly Veterans (Ages 19 to 64) for 30 States with Largest Numbers of Veterans and by State ACA Medicaid Expansion Status, 2013–2015**

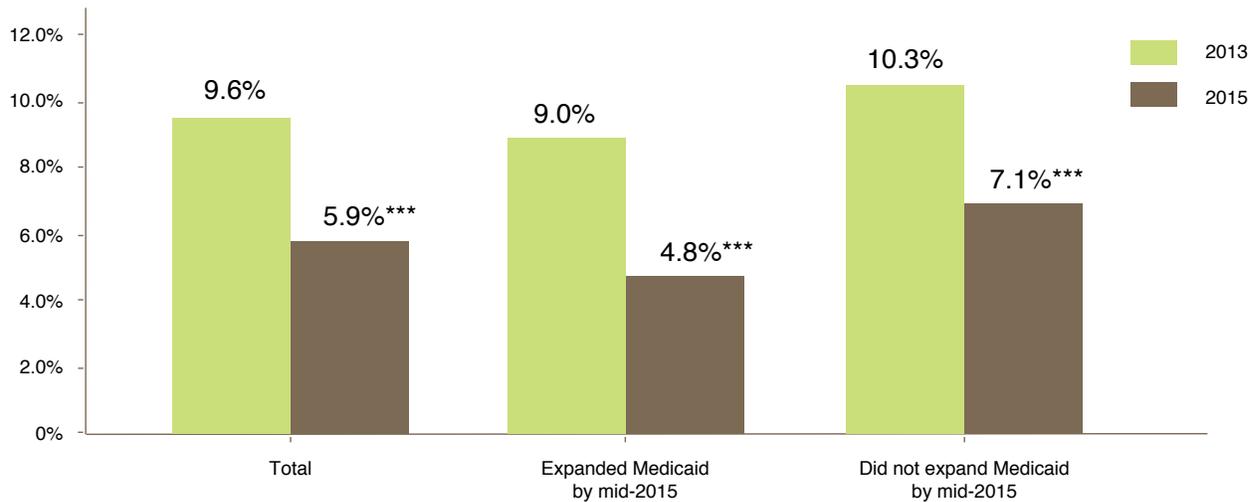
	2013		2015		Change, 2013–2015	
	Number of uninsured (thousands)	Uninsurance rate	Number of uninsured (thousands)	Uninsurance rate	Number of uninsured (thousands)	Uninsurance rate
<b>Total</b>	980	9.6%	552	5.9%	-429	-3.8%***
<b>Expanded Medicaid by mid-2015</b>	491	9.0%	234	4.8%	-257	-4.3%***
California	80	9.3%	35	4.6%	-45	-4.8%***
Pennsylvania	30	7.6%	18	5.3%	-12	-2.3%***
Ohio	36	8.9%	18	4.7%	-18	-4.2%***
Illinois	32	9.9%	16	5.7%	-16	-4.2%***
Indiana	25	11.5%	15	7.2%	-11	-4.3%***
New York	29	8.1%	14	4.3%	-15	-3.8%***
Michigan	28	9.1%	13	5.0%	-15	-4.1%***
Washington	29	9.6%	12	4.2%	-16	-5.4%***
Arizona	24	9.9%	12	5.4%	-12	-4.5%***
Colorado	18	8.2%	10	4.9%	-8	-3.3%***
Arkansas	18	14.8%	9	8.2%	-9	-6.5%***
Kentucky	16	10.3%	6	4.2%	-10	-6.0%***
Maryland	12	5.3%	6	3.0%	-6	-2.3%***
Oregon	18	12.1%	6	4.4%	-12	-7.8%***
New Jersey	14	8.9%	6	4.6%	-8	-4.3%***
Nevada	14	11.6%	6	5.4%	-8	-6.2%***
Minnesota	10	6.1%	5	3.3%	-5	-2.8%***
Massachusetts	6	3.9%	3	2.0%	-3	-1.9%**
<b>Other 11 expansion states</b>	54	9.2%	24	4.8%	-29	-4.4%***
<b>Did not expand Medicaid by mid-2015</b>	489	10.3%	318	7.1%	-172	-3.3%***
Texas	95	11.0%	61	7.2%	-34	-3.8%***
Florida	84	12.5%	49	7.4%	-35	-5.2%***
Georgia	43	11.1%	28	7.4%	-15	-3.7%***
North Carolina	43	11.3%	27	7.5%	-16	-3.8%***
Virginia	31	7.1%	19	4.3%	-12	-2.8%***
Tennessee	27	10.5%	17	7.4%	-10	-3.1%***
Missouri	22	9.4%	15	7.5%	-7	-1.9%*
Louisiana	17	12.3%	13	9.5%	-4	-2.9%*
South Carolina	18	8.7%	13	7.1%	-4	-1.7%
Alabama	21	10.1%	13	7.2%	-8	-2.9%**
Oklahoma	15	10.4%	12	8.1%	-3	-2.2%
Wisconsin	12	6.6%	8	4.9%	-3	-1.7%
<b>Other 10 nonexpansion states</b>	61	9.8%	42	7.6%	-19	-2.3%***

Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: State expansion status refers to state decisions by mid-2015.

\*/\*\*/\*\*\* 2013–2015 change is statistically significant at the 0.1/0.05/0.01 levels.

**Figure 2: Uninsurance Rates Among Nonelderly Veterans (Ages 19 to 64), by State ACA Medicaid Expansion Status, 2013-2015**



Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: State expansion status refers to state decisions by mid-2015.

\*\*\* 2013–2015 change is statistically significant at the 0.01 level.

among veterans with incomes between 138 and 400 percent of FPL—the income range targeted by marketplace subsidies under the ACA—by 4.0 percentage points, or 38 percent. Veterans with risk factors associated with lacking access to employer-sponsored insurance had among the highest levels of uninsurance before the ACA, but this group also experienced steep declines in uninsurance under the ACA. Uninsurance rates fell by more than 5 percentage points among veterans working part-time (6.4 percentage points), unemployed veterans (8.9 percentage points), veterans without high school degrees (5.5 percentage points), and unmarried veterans (6.1 percentage points).

**Characteristics of Uninsured Veterans, 2015.** Table 4 shows the share of all uninsured veterans in each of these selected subgroups in 2015. Most uninsured veterans (82.4 percent) reported having neither a service-connected disability nor a functional limitation, but about one in six reported either a service-connected disability (4.9 percent) or a functional limitation (12.6 percent), indicating a high potential need for health services. Although the majority of uninsured veterans served before September 11, 2001, about one-third (36.3 percent) had most recently served in the post-9/11 era. Despite higher uninsured rates among younger veterans, the majority of all uninsured veterans were older than age 45, with about equal shares ages 45 to 54 (26.5 percent) and 55 to 64 (25.9 percent). Reflecting general patterns among veterans, just 11.6 percent of uninsured veterans were women, and 65.7 percent

were white, 17.5 percent were black, and 10.7 percent were Hispanic.

Half of uninsured veterans worked full-time, one-third were married, and just over half had education beyond high school. However, most uninsured veterans had incomes that could make them eligible for publicly supported insurance coverage under the ACA: 41.5 percent had incomes up to 138 percent of FPL (the income range for Medicaid in expansion states), and 43.8 percent had incomes between 138 and 400 percent of FPL (the income range targeted by marketplace subsidies).

**Potential Eligibility for Publicly Supported Coverage Among Uninsured Veterans, 2015.** Figure 3 categorizes uninsured veterans by their potential eligibility for publicly supported health insurance coverage through Medicaid or subsidized marketplace coverage in 2015. An estimated 24.9 percent of uninsured veterans (137,000) qualified for Medicaid in 2015, either under pre-ACA rules or under the ACA Medicaid expansion. Another 19.9 percent had incomes up to 138 percent of FPL and lived in nonexpansion states, indicating an additional 110,000 uninsured veterans would qualify for Medicaid if their state opted into expansion. Another 40.9 percent of uninsured veterans (225,000) would be eligible for tax credits for marketplace coverage if they did not have access to affordable employer-sponsored coverage, and 14.0 percent had incomes above 400 percent of FPL and would not qualify for Medicaid or marketplace subsidies.

**Table 3: Uninsurance Rates Among Nonelderly Veterans (Ages 19 to 64), by Demographic Characteristics, 2013–2015**

	2013	2015	Percentage point change
<b>Total</b>	9.6%	5.9%	-3.8%***
<b>Service-connected disability or functional limitation status</b>			
Has a service-connected disability	2.1%	1.3%	-0.8%***
Has functional limitation but no service-connected disability	10.6%	7.0%	-3.7%***
Has neither service-connected disability nor functional limitation	11.7%	7.2%	-4.5%***
<b>Most recent era of active-duty service</b>			
September 2001 or later	10.5%	6.5%	-4.0%***
August 1990 to August 2001 (including Persian Gulf War)	9.4%	5.9%	-3.5%***
May 1975 to July 1990	11.3%	6.1%	-5.2%***
Vietnam era or earlier (February 1955 to April 1975)	6.7%	3.9%	-2.8%***
<b>Age</b>			
19–24	16.4%	11.2%	-5.2%***
25–34	14.7%	8.9%	-5.8%***
35–44	10.5%	6.6%	-3.9%***
45–54	10.1%	5.3%	-4.7%***
55–64	6.7%	4.3%	-2.5%***
<b>Sex</b>			
Male	9.8%	6.0%	-3.8%***
Female	8.3%	4.9%	-3.4%***
<b>Race/ethnicity</b>			
White	9.2%	5.5%	-3.7%***
Black	10.6%	6.5%	-4.2%***
Hispanic	11.0%	7.1%	-3.9%***
Asian/Pacific Islander	9.0%	3.7%	-5.3%***
American Indian/Alaska Native	12.2%	9.7%	-2.4%*
Other/multiple	8.9%	6.3%	-2.7%*
<b>Individual work status</b>			
Full-time worker	7.2%	4.6%	-2.6%***
Part-time worker	16.8%	10.4%	-6.4%***
Unemployed	27.5%	18.6%	-8.9%***
Not in labor force	9.6%	5.7%	-3.9%***
<b>Education</b>			
Less than a high school degree	16.9%	11.4%	-5.5%***
High school degree	13.9%	9.0%	-4.9%***
Some college	9.9%	6.0%	-3.9%***
Associate degree	7.1%	3.9%	-3.2%***
Bachelor's degree or higher	4.7%	2.7%	-2.1%***
<b>Marital status</b>			
Married	5.8%	3.3%	-2.5%***
Not married	15.7%	9.6%	-6.1%***
<b>Tax unit income (modified adjusted gross income)</b>			
Less than or equal to 138% of FPL	21.6%	12.2%	-9.3%***
Greater than 138% but no higher than 400% of FPL	10.6%	6.6%	-4.0%***
Above 400% of FPL	3.0%	2.1%	-1.0%***

Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.

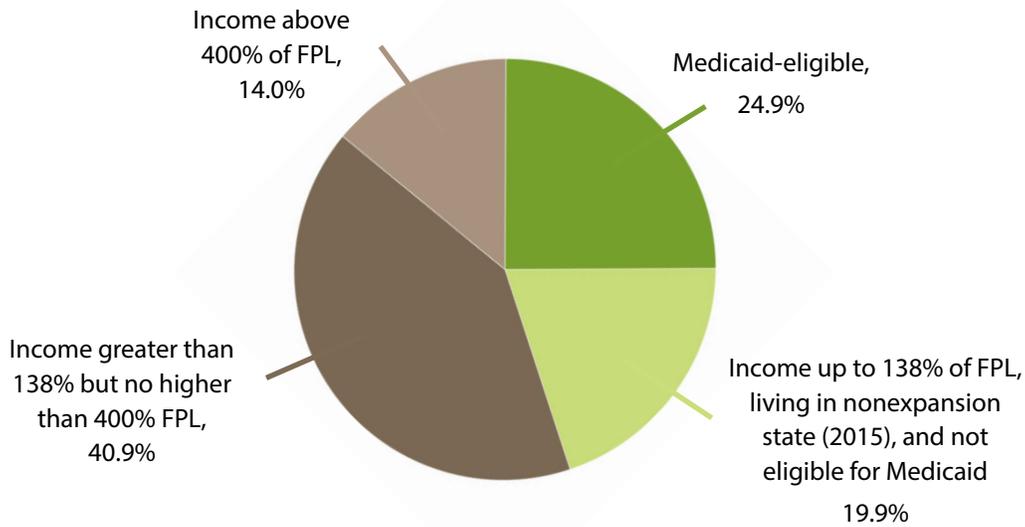
Note: \*/\*\*\* 2013–2015 change is statistically significant at the 0.1/0.01 levels.

**Table 4: Characteristics of Uninsured Nonelderly Veterans (Ages 19 to 64), 2015**

	Percent
<b>Total</b>	100.0%
<b>Service-connected disability or functional limitation status</b>	
Has a service-connected disability	4.9%
Has functional limitation but no service-connected disability	12.6%
Has neither service-connected disability nor functional limitation	82.4%
<b>Most recent era of active-duty service</b>	
September 2001 or later	36.3%
August 1990 to August 2001 (including Persian Gulf War)	24.7%
May 1975 to July 1990	30.0%
Vietnam era or earlier (February 1955 to April 1975)	9.0%
<b>Age</b>	
19–24	5.2%
25–34	22.0%
35–44	20.4%
45–54	26.5%
55–64	25.9%
<b>Sex</b>	
Male	88.4%
Female	11.6%
<b>Race/ethnicity</b>	
White	65.7%
Black	17.5%
Hispanic	10.7%
Asian/Pacific Islander	1.3%
American Indian/Alaskan Native	3.6%
Other/multiple	1.3%
<b>Individual work status</b>	
Full-time worker	51.5%
Part-time worker	13.1%
Unemployed	12.8%
Not in labor force	22.7%
<b>Education</b>	
Less than a high school degree	6.8%
High school degree	40.8%
Some college	32.3%
Associate degree	8.4%
Bachelor's degree or higher	11.7%
<b>Marital status</b>	
Married	33.1%
Not married	66.9%
<b>Tax unit income (modified adjusted gross income)</b>	
Less than or equal to 138% of FPL	41.5%
Greater than 138% but no higher than 400% FPL	43.8%
Above 400% of FPL	14.6%

Source: 2015 American Community Survey data from the Integrated Public Use Microdata Series.

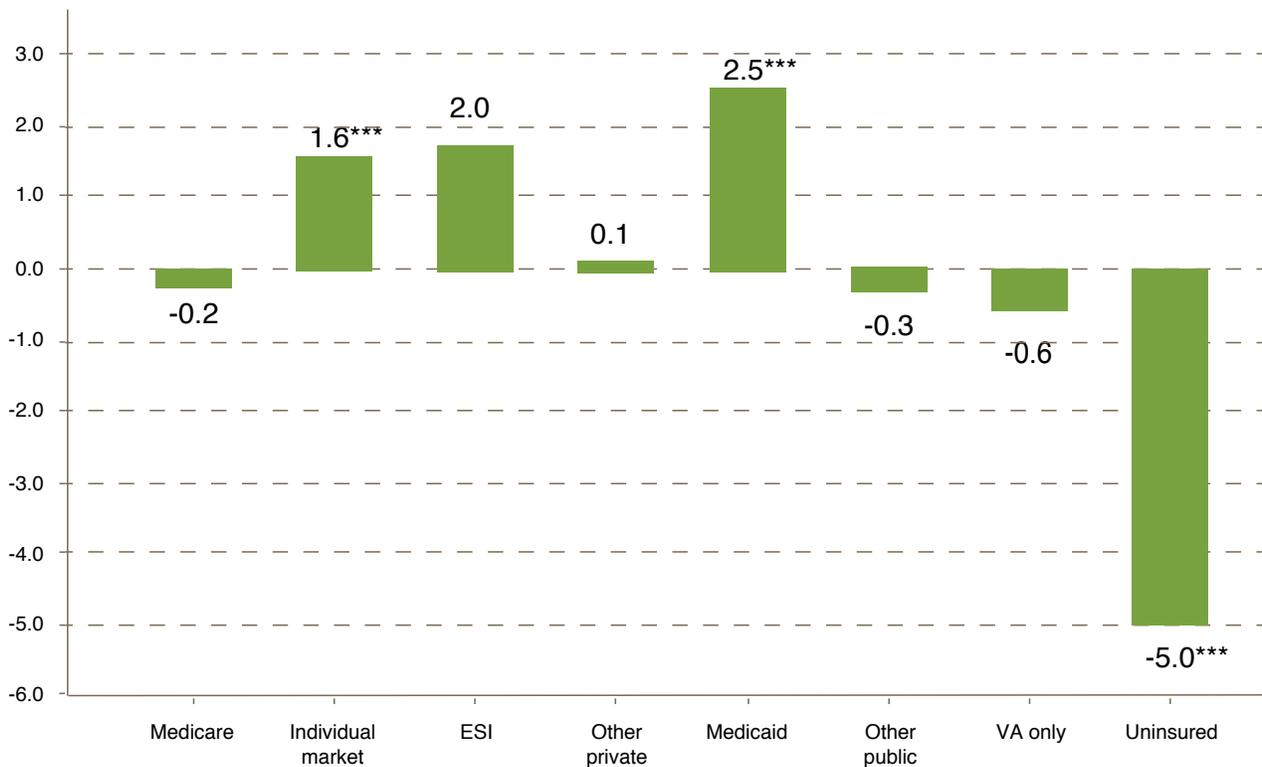
**Figure 3: Distribution of Uninsured Veterans by Income and Potential Eligibility for Medicaid or Tax Credits, 2015**



Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: State expansion status refers to state decisions by mid-2015. The 138–400% of FPL group could be eligible for tax credits for marketplace coverage if they lack access to affordable employer-sponsored coverage.

**Figure 4: Percentage Point Change in Insurance Coverage Types Among Nonelderly Veterans (Ages 19 to 64), 2013–2015**



Source: Urban Institute analysis of 2013–2015 National Health Interview Survey data.

Note: ESI = employer-sponsored insurance; VA = Veterans Affairs health care.

**Changes in Insurance Coverage Distribution of Veterans, 2013–2015.** To assess which types of coverage gains underlay the observed drop in veterans' uninsurance, we used measures of change in the National Health Interview Survey (insurance coverage is presented hierarchically) (Figure 4). Overall, the pattern of change in veterans' uninsurance using NHIS data is consistent with that using ACS data; uninsurance fell 42 percent in the NHIS, or 5.0 percentage points, between 2013 and 2015.

Two types of coverage saw statistically significant increases among veterans—Medicaid coverage increased by 2.5 percentage points, and coverage through the individual market (either through privately purchased plans or subsidized/ unsubsidized marketplace coverage) rose by 1.6 percentage points. While coverage through employer-sponsored plans appeared to grow by 2.0 percentage points, this change was not statistically significant, and changes for other coverage types, such as having VA coverage only, were likewise not statistically significant.

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## IMPLICATIONS

These data indicate that veterans experienced gains in coverage, particularly through Medicaid and the individual market, after the introduction of the major coverage provisions of the ACA. Overall, uninsurance among veterans fell by nearly 40 percent between 2013 and 2015. Statistically significant declines in uninsurance were found among all subgroups of veterans and in 27 of the 30 states we examined, with the greatest gains among veterans with the lowest incomes and those living in expansion states. These findings suggest that repeal of the ACA or particular components of the ACA (such as the Medicaid expansion) could reverse these coverage gains, increasing the number of veterans without health insurance coverage.

Coverage levels also rose among veterans' family members from 2013 to 2015. Our previous research found that veterans' coverage gains over this period were accompanied by reductions in unmet medical needs, suggesting that access to needed health care may also have improved among veterans.<sup>1</sup>

As Congress moves forward with the ACA as the “law of the land ... for the foreseeable future,”<sup>11</sup> several policy options have the

potential to increase coverage among the estimated 550,000 veterans who remained uninsured in 2015. Many uninsured veterans could qualify for publicly supported coverage; we estimate that one-quarter are eligible for Medicaid but not enrolled, and about four in ten would be eligible for subsidized marketplace coverage if they do not have access to affordable employer-sponsored coverage. In addition, a number of uninsured veterans may qualify for VA care.<sup>2</sup> Thus, policy changes to boost take-up of existing coverage options, such as strengthening integration between veterans' organizations and state and federal health agencies, could reduce the number of uninsured veterans.<sup>12</sup>

One in five uninsured veterans had a family income within the ACA Medicaid threshold but resided in one of the 22 states that had not expanded Medicaid under the ACA by 2015. Since then, three states—Alaska, Montana, and Louisiana—have adopted the expansion, and additional states appear to be considering expansion.<sup>13</sup> Participation in the ACA Medicaid expansion by additional states has the potential to reduce uninsurance among veterans even further.

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## DATA AND METHODS

**American Community Survey.** This brief primarily uses the 2013–2015 American Community Survey (ACS), an annual survey fielded by the U.S. Census Bureau; this analysis is limited to noninstitutionalized civilians.<sup>14</sup> The ACS defines veterans as those who have ever served on active duty but are no longer serving; the relevant question asks, “Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?” and then identifies those who had served “on active duty in the past, but not now.” Nonelderly spouses of veterans are those ages 19 to 64 who are not veterans but who live in a household with a 19- to 64-year-old veteran who is their

spouse. Children of veterans are those ages 18 or younger who live in a household with a 19- to 64-year-old veteran who is their biological, adoptive, or stepparent.<sup>15</sup> The annual ACS sample sizes range from 94,000 to 104,000 veterans and from 94,000 to 103,000 family members of veterans.

The ACS measures health insurance coverage status using a single question about multiple types of coverage. Drawing on approaches that have been applied to other survey data, our coverage estimates reflect microdata edits for probable misclassified coverage, primarily by reassigning individuals

reporting private nongroup coverage as having Medicaid.<sup>16,17</sup> As in our earlier research, we classify veterans as uninsured if they report neither using VA services nor having comprehensive health insurance coverage at the time of the survey (VA access is considered health insurance coverage under the ACA coverage mandate). We assess national patterns of veterans' uninsurance according to nine criteria:

1. service-related disability status (and, if a veteran had no service-related disability, whether he or she had a functional limitation<sup>18</sup>)
2. most recent era of active-duty service
3. age
4. sex
5. race/ethnicity
6. work status
7. educational attainment
8. marital status
9. the tax unit's modified adjusted gross income (the income measure used to determine eligibility for public programs such as Medicaid and marketplace subsidies)

We also group veterans in the 2015 ACS into four categories of potential eligibility for publicly supported coverage under the ACA: (1) qualifying for Medicaid in 2015, either under pre-ACA rules or under the ACA Medicaid expansion, according to the Urban Institute's American Community Survey–Health Insurance Policy Simulation Model;<sup>16</sup> (2) having income up to 138 percent of FPL and living in a nonexpansion state (i.e., the person would qualify for Medicaid if their state opted into the expansion); (3) having income between 138 and 400 percent of FPL (i.e., the person is income-eligible for marketplace subsidies if he or she does not have access to affordable employer-sponsored coverage); and (4) having income above 400 percent of FPL (i.e., the person would not qualify for Medicaid or marketplace subsidies).

**State selection and state Medicaid expansion status.**

We present ACS estimates by state Medicaid expansion status

using state decisions as of mid-2015, when 29 states (including the District of Columbia, which for ease of discussion is considered a state in this analysis) had expanded and 22 had not (three of the expansion states, Indiana, New Hampshire, and Pennsylvania, had not expanded by mid-2014 but had newly expanded by mid-2015). Sample size limitations do not allow state-specific estimates for all states. We therefore include estimates for the 30 states with the largest sample sizes of veterans; these states each have sample sizes of 1,000 or more veterans. Combined estimates for the remaining states in each expansion status group are also presented.

**National Health Interview Survey.** We also analyze national data from the 2013–2015 National Health Interview Survey (NHIS), a survey of the civilian noninstitutionalized population conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS).<sup>19</sup> Nonelderly veterans are identified as those ages 19 to 64 who "ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard." The annual NHIS sample size of nonelderly veterans ranges from 3,400 to 4,000 for the data years included in this analysis (yearly samples are too small for state-specific estimates on veterans).

As in the ACS, the uninsurance indicator in the NHIS denotes neither having comprehensive coverage nor using VA services at the time of the survey. The NHIS series on coverage types is more extensive than the single question included in the ACS and asks about multiple coverage types, including state-specific names for Medicaid and the Children's Health Insurance Program, and verifies lack of coverage. Coverage status is presented here as a hierarchy with eight mutually exclusive categories: Medicare, individual market (including marketplace and directly purchased plans), employer-sponsored insurance (including Tricare), other private, Medicaid, other public, VA care only, and uninsured.

**Analysis.** Estimates are weighted using weights provided by the U.S. Census Bureau or NCHS. Unless otherwise indicated, changes discussed here are statistically significant at the 0.10 level or lower, and estimates for 2015 are tested against the estimate for 2013.

# APPENDIX

**Appendix Table 1: Uninsurance Rates and 95% Confidence Intervals Among Nonelderly Veterans (Ages 19 to 64) for 30 States with Largest Numbers of Veterans and by State ACA Medicaid Expansion Status, 2013–2015**

	2013			2015		
	Rate	95% CI		Rate	95% CI	
<b>Total</b>	9.6%	9.4%	9.9%	5.9%	5.6%	6.1%
<b>Expanded Medicaid by mid-2015</b>	9.0%	8.7%	9.3%	4.8%	4.5%	5.0%
California	9.3%	8.5%	10.1%	4.6%	3.9%	5.2%
Ohio	8.9%	7.8%	10.1%	4.7%	3.8%	5.6%
New York	8.1%	6.8%	9.3%	4.3%	3.4%	5.2%
Pennsylvania	7.6%	6.5%	8.7%	5.3%	4.1%	6.4%
Washington	9.6%	8.2%	11.0%	4.2%	3.2%	5.2%
Illinois	9.9%	8.6%	11.2%	5.7%	4.4%	7.0%
Michigan	9.1%	7.7%	10.4%	5.0%	3.8%	6.1%
Arizona	9.9%	8.4%	11.5%	5.4%	4.2%	6.7%
Indiana	11.5%	9.6%	13.4%	7.2%	5.8%	8.7%
Colorado	8.2%	6.8%	9.6%	4.9%	3.7%	6.1%
Maryland	5.3%	4.2%	6.4%	3.0%	1.9%	4.0%
Minnesota	6.1%	4.6%	7.7%	3.3%	2.1%	4.6%
Oregon	12.1%	9.9%	14.3%	4.4%	3.1%	5.6%
Kentucky	10.3%	8.3%	12.3%	4.2%	2.7%	5.7%
New Jersey	8.9%	7.2%	10.5%	4.6%	3.1%	6.1%
Massachusetts	3.9%	2.6%	5.1%	2.0%	1.0%	3.0%
Nevada	11.6%	9.2%	14.0%	5.4%	3.5%	7.2%
Arkansas	14.8%	11.7%	17.8%	8.2%	5.6%	10.8%
<b>Other 11 expansion states</b>	9.2%	8.1%	10.2%	4.8%	3.9%	5.6%
<b>Did not expand Medicaid by mid-2015</b>	10.3%	10.0%	10.7%	7.1%	6.7%	7.4%
Texas	11.0%	10.1%	11.8%	7.2%	6.4%	8.0%
Florida	12.5%	11.4%	13.6%	7.4%	6.5%	8.2%
Virginia	7.1%	6.1%	8.2%	4.3%	3.5%	5.1%
Georgia	11.1%	9.8%	12.5%	7.4%	6.3%	8.5%
North Carolina	11.3%	9.8%	12.8%	7.5%	6.3%	8.8%
Tennessee	10.5%	8.9%	12.0%	7.4%	6.0%	8.7%
Missouri	9.4%	7.8%	11.0%	7.5%	5.8%	9.1%
South Carolina	8.7%	7.2%	10.3%	7.1%	5.4%	8.7%
Alabama	10.1%	8.3%	11.9%	7.2%	5.2%	9.1%
Wisconsin	6.6%	5.0%	8.1%	4.9%	3.1%	6.6%
Louisiana	12.3%	10.0%	14.7%	9.5%	7.3%	11.7%
Oklahoma	10.4%	8.3%	12.5%	8.1%	6.2%	10.0%
<b>Other 10 nonexpansion states</b>	9.8%	8.8%	10.9%	7.6%	6.3%	8.8%

Source: Urban Institute analysis of 2013–2015 American Community Survey data from the Integrated Public Use Microdata Series.

Notes:

CI = confidence interval.

State expansion status refers to state decisions by mid-2015.

# ENDNOTES

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8. The total number of nonelderly veterans also fell between 2013 and 2015, as veterans aged out of the 19-to-64 age group. The ACS estimates 10.2 million nonelderly veterans in 2013 and 9.4 million in 2015 (Table 1).
9. Appendix Table 1 provides 95 percent confidence intervals for the state-level uninsurance estimates.
10. By convention, the uninsurance rate for American Indian/Alaska Native veterans reflects the classification of Indian Health Service access as uninsurance; if this access were reclassified as insurance coverage, uninsurance rates among American Indian/Alaska Native veterans would be lower. For instance, the reclassified rate would change from 9.7 percent to 5.5 percent in 2015.
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18. Functional limitations are identified using questions on experiencing cognitive difficulties, trouble performing tasks outside the home, physical limitations, difficulty caring for oneself, or vision or hearing difficulties.
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