

U.S. Health Reform—Monitoring and Impact

# Changes in Health Insurance Coverage 2013–2016: Medicaid Expansion States Lead the Way

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

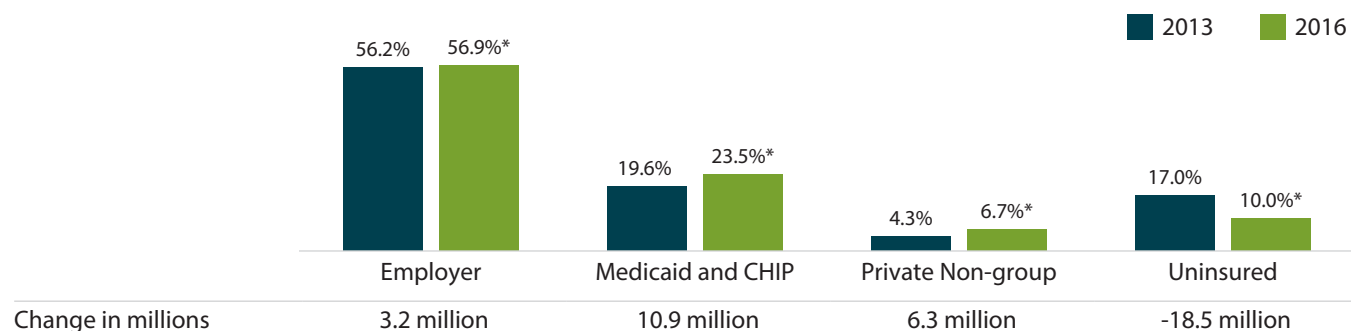
## EXECUTIVE SUMMARY

The primary health insurance coverage reforms of the Affordable Care Act (ACA) began to take effect on January 1, 2014. Between 2013 and 2016, the most recent year of American Community Survey (ACS) data available, the share of nonelderly Americans aged 0 to 64 without health insurance fell from 17.0 percent to 10.0 percent, meaning 18.5 million more Americans with health insurance coverage during the first three years of ACA implementation. Virtually all of these gains are attributable to the ACA, as uninsurance had been predicted to be stable over this period without the ACA.<sup>1</sup> Moreover, there were secular declines in employer-sponsored insurance between 2000 and 2013.<sup>2</sup> Holding demographic, socioeconomic, and region characteristics constant, we

would still expect to see a 6.9 percentage point reduction in the uninsured between 2013 and 2016, suggesting that the ACA, not economic improvement, was responsible for coverage gains.

The changes in coverage types between 2013 and 2016 also reflect the primary coverage expansions of the ACA, which included an expansion of Medicaid eligibility in 31 states and the District of Columbia as of July 1, 2016, and availability of subsidized coverage through the health insurance marketplaces. Of the 18.5 million person increase in coverage, 10.9 million more people had Medicaid coverage and 6.3 million more people had private non-group coverage (such

**Executive Summary Figure 1: Share of Nonelderly (0-64) by Coverage Type, 2013-2016**

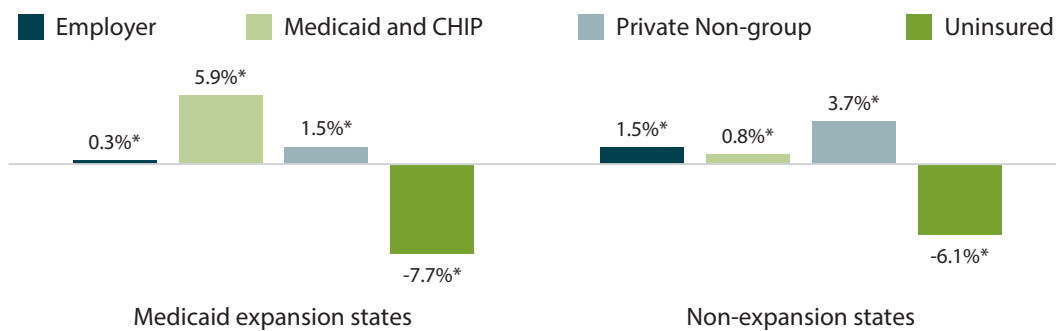


Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

\* Estimate is significantly different from estimate for 2013 at the 0.05 level.

## Executive Summary Figure 2: Percentage Point Changes in Health Insurance Coverage by State Medicaid Expansion Status, 2013-2016



Change in population	0.3 million	2.1 million
Change in uninsured	-12.6 million	-5.9 million
Share uninsured in 2016	7.6 percent	13.7 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 3.

\* Percentage point change is statistically significant at the 5 percent level.

as that offered through the marketplaces). In addition, 3.2 million more nonelderly Americans had employer-sponsored insurance in 2016 compared to 2013, reflecting the growth in the size of the workforce (5.9 million) as the recovery from the Great Recession continued, and potentially increased take-up of employer-sponsored insurance due to the individual mandate.

Medicaid expansion states saw larger reductions in the uninsured rate under the ACA than non-expansion states, mainly through gains in Medicaid coverage. Between 2013 and 2016, the uninsured rate fell by more than half in Medicaid expansion states (15.3 percent to 7.6 percent), meaning 12.6 million more nonelderly Americans had coverage in those states. Of those 12.6 million additional people with coverage, 9.7 million more had Medicaid coverage. Non-expansion states had less dramatic but still large reductions in the uninsured rate, which fell from 19.8 percent to 13.7 percent (a 31 percent decline), largely through gains in private non-group coverage and employer-sponsored insurance.

Coverage gains between 2013 and 2016 were spread broadly across demographic groups, with all age groups, racial and ethnic groups, education levels, income groups, and workers' industry

types we studied gaining coverage. Across all demographic groups, coverage gains were largest for people with incomes below 138 percent of the federal poverty level, the group targeted by the ACA Medicaid expansion. Other groups with large decreases in uninsurance were Hispanic nonelderly, young adults aged 19 to 25, and adults with a high school education or less. Finally, adults working in industries that are traditionally less likely to offer employer-sponsored insurance, such as retail and construction, also had large gains in coverage, not through gains in employer-sponsored coverage, but through Medicaid and private non-group insurance.

Overall, coverage gains were significant and broadly distributed. While Medicaid expansion states fared particularly well in reducing their uninsured rates, non-expansion states still saw significant gains in coverage through private sources. Coverage patterns before and after the ACA differed significantly by demographics, income, region, and state Medicaid expansion status, however. This means that the changes in policy that will adversely affect the availability and cost of coverage in the marketplaces implemented beginning in early 2017 by the current administration will not have uniform effects by demographic groups or across the country and may be particularly adverse in non-expansion states with large gains in private non-group coverage.

# INTRODUCTION

Between 2013 and 2016, the effects of the Great Recession subsided, and the economy improved. Gross Domestic Product (GDP) grew from \$15.6 trillion to \$16.7 trillion,<sup>3</sup> and the unemployment rate fell from 7.4 percent to 4.9 percent.<sup>4</sup> These economic improvements were also reflected in household incomes, with the median household income increasing from \$55,214 in 2013 to \$59,039 in 2016.<sup>5</sup> Poverty rates also declined over this period, from 14.5 percent in 2013 to 12.7 percent in 2016.<sup>6</sup> These improvements in national and household economic circumstances would be expected to reduce uninsurance on their own to some extent.<sup>7</sup> In addition, the major health insurance reforms of the Affordable Care Act (ACA) went into effect on January 1, 2014, broadly increasing access to coverage. The ACA's key coverage expansions include guaranteed issue and modified community rating in the non-group and small group health insurance markets, minimum standards for private insurance plans, subsidies to

purchase private non-group health insurance in new health insurance marketplaces, expansion of Medicaid eligibility to childless adults with incomes up to 138 percent of the Federal Poverty Level (FPL) in 31 states and the District of Columbia as of July 1, 2016,<sup>8</sup> and an individual mandate requiring most Americans to have health insurance coverage.

Studies using a variety of data sources have shown significant reductions in uninsurance under the ACA, as well as decreasing racial and ethnic disparities in uninsurance.<sup>9</sup> For example, the National Health Interview Survey found a 6.2 percentage point reduction in the uninsured rate for nonelderly Americans between 2013 and 2016, from 16.6 percent to 10.4 percent.<sup>10</sup> This study uses the American Community Survey (ACS) to expand on prior analyses by exploring changes in coverage type between 2013 and 2016 overall and for key demographic and income subgroups.

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## DATA AND METHODS

This study uses data from the 2013 and 2016 American Community Survey (ACS) Integrated Public Use Microdata Sample (IPUMS) files created by the Minnesota Population Center.<sup>11</sup> The ACS is conducted annually by the U.S. Census Bureau through the mail with in-person follow-up for non-respondents. The ACS has the largest sample size of any survey collecting health insurance information, sampling approximately 3 million Americans per year. The health insurance questions are point-in-time and the survey is mailed throughout the year, so our estimates represent an average level of coverage for 2013 and 2016.

We focus our analyses on the civilian, noninstitutionalized, nonelderly population aged 0 to 64, as this population was the most likely to be affected by the ACA coverage expansions (almost all legal U.S. residents age 65 and over have insurance coverage through the Medicare program). The family structures and corresponding income estimates presented in this brief are based on Health Insurance Units (HIUs), which represent household or family units that are typically eligible to purchase health insurance together. The HIUs used in this brief were developed by State Health Data Access Data Assistance Center and made available through the IPUMS.<sup>12</sup> Incomes for HIUs are compared to the appropriate Federal Poverty Level (FPL) for each year, which is the income standard used to determine eligibility for Medicaid and health insurance marketplace subsidies.

Our estimates of coverage type reflect several adjustments to health insurance coverage as reported on the ACS. First, the Urban Institute has developed a series of health insurance coverage edits for the ACS to correct for known inaccuracies in survey-based estimates of health insurance coverage.<sup>13</sup> In particular, research has found that the ACS data over-represent private non-group coverage relative to other surveys and underrepresent Medicaid and Children's Health Insurance Program (CHIP) coverage among children relative to administrative data.<sup>14</sup> These logical coverage edits reassign coverage types for respondents when other information collected in the ACS, such as receipt of Supplemental Nutrition Assistance Program or other public assistance, implies that a respondent's coverage has likely been misclassified.<sup>15</sup>

Second, respondents are able to select multiple health insurance coverage types in the ACS. We assigned respondents to a single coverage type based on the following hierarchy: employer-sponsored insurance (ESI); Medicaid or CHIP; Medicare, Veteran's Affairs (VA), or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS, or military coverage); private non-group; and uninsured. Those respondents who reported only Indian Health Service coverage are considered uninsured. This brief does not show estimates for Medicare, CHAMPUS, and VA coverage, as such coverage changes little for the nonelderly population from

year to year. Approximately 3.0 percent of the nonelderly had Medicare, CHAMPUS, or VA coverage in 2016, up 0.2 percentage points from 2013.

Unless otherwise noted, the figures shown in this brief provide percentage-point changes in health insurance coverage between 2013 and 2016. Because all respondents have been assigned a single coverage type, percentage-point changes among all coverage types within a given demographic or income group add up to zero. However, because Medicare and CHAMPUS are not shown, the percentage-point changes 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.

This brief first reviews changes in demographics and HIU income between 2013 and 2016, then assesses changes in health insurance coverage over that period. For the nonelderly population overall, we present both unadjusted changes in insurance coverage and coverage changes adjusted for changes in income and demographics over the 2013 to 2016 time period. The latter estimates better represent the changes in coverage likely attributable to the ACA coverage expansions. Finally, we explore changes in coverage for specific subgroups, including income, state Medicaid expansion status, age, race and ethnicity, education, work status, industry type, and region.

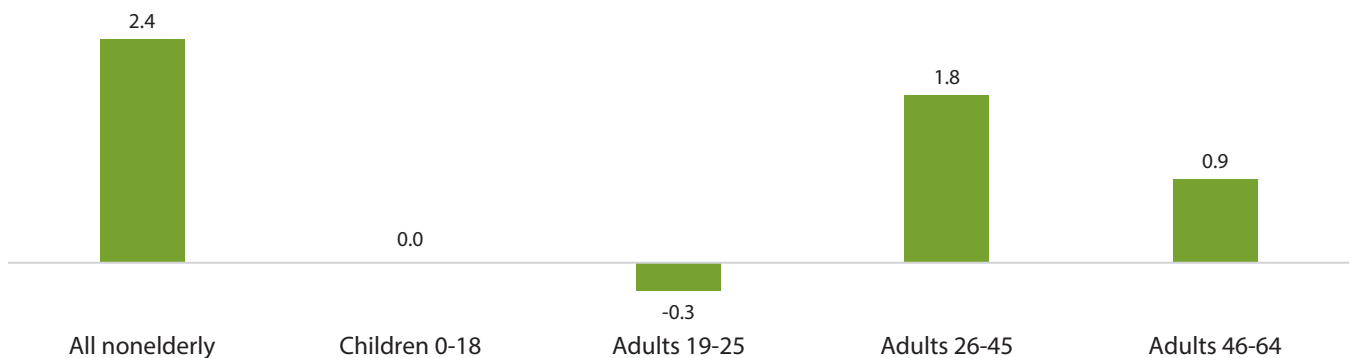
## RESULTS

### Demographic and Income Trends, 2013-2016

Between 2013 and 2016, the nonelderly population in the U.S. grew by 2.4 million people (Figure 1 and Table 1). There were a roughly equal number of children in 2013 and 2016 (77 million), but 2.4 million more adults aged 19 to 64 (Figure 1 and Table 1). In addition, as the economy improved, the share of the nonelderly population with HIU incomes below

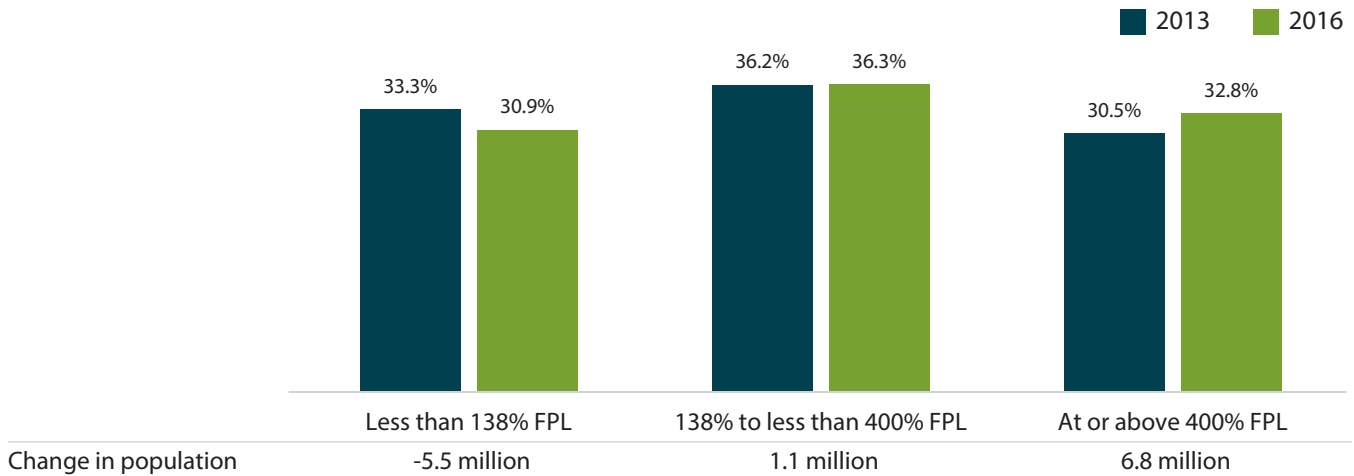
138 percent of the FPL fell from 33.3 percent to 30.9 percent, a reduction of 5.4 million people (Figure 2 and Table 1). Similarly, the share of the nonelderly population with incomes at or above 400 percent of the FPL grew from 30.5 percent to 32.8 percent, an increase of 6.8 million people. These income gains correspond to increases in employment, with 5.9 million more nonelderly adults in the workforce in 2016 than in 2013.

**Figure 1: Changes in Millions of Nonelderly (0-64) People by Age Group, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

**Figure 2: Share of the Nonelderly Population by Income Group, 2013 and 2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center.<sup>8</sup>

In addition to income and employment changes, the nonelderly population also became more diverse and more highly educated over the 2013 to 2016 period, continuing longstanding trends. In 2013, 59.9 percent of the nonelderly population was white, non-Hispanic, compared to 58.3 percent in 2016 (Table 1). In addition, 3.8 million more adults aged 25 to 64 had finished college in 2016 compared to 2013 (Table 1).

Finally, population growth was not evenly distributed across regions between 2013 and 2016. The population in the South grew by 2.0 million people and the population in the West grew by 1.1 million people over this period, compared to small population declines in both the Midwest and the Northeast (-0.4 and -0.3 million, respectively) (Table 1). These regional differences in growth are also reflected in population growth

by Medicaid expansion status.<sup>16</sup> Medicaid non-expansion states, which are concentrated in the South, grew by 2.1 million people between 2013 and 2016, compared to 0.3 million people for Medicaid expansion states (Table 1).

All of these changes could have effects on health insurance coverage separate from the ACA coverage expansions, though not all point in the same direction. Greater employment would, in general, mean a higher share of people with access to ESI (although many workers are not offered employer-based insurance), and income increases would also likely mean better access to coverage. In contrast, concentration of population growth in the South likely reduces the effects of the ACA because Medicaid non-expansion states are concentrated in the South.

**Table 1: Changes in Nonelderly Population Characteristics between 2013 and 2016**

	2013		2016		Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	Millions	Percent	Millions	Percent		
<b>Age</b>						
Children 0-18	77.0	29.2%	77.0	28.9%	-0.3%	0.0
Adults 19-25	28.7	10.9%	28.4	10.7%	-0.2%	-0.3
Adults 26-44	80.9	30.6%	82.7	31.0%	0.4%	1.8
Adults 45-64	77.6	29.4%	78.5	29.4%	0.1%	0.9
<b>Race and ethnicity</b>						
White, non-Hispanic	158.3	59.9%	155.5	58.3%	-1.6%	-2.7
Black, non-Hispanic	33.3	12.6%	33.8	12.7%	0.0%	0.4
Other, non-Hispanic	23.0	8.7%	24.9	9.4%	0.7%	2.0
Hispanic	49.6	18.8%	52.4	19.6%	0.9%	2.7
<b>Income</b>						
Below 138% of FPL	87.9	33.3%	82.4	30.9%	-2.3%	-5.5
138 to less than 400% of FPL	95.7	36.2%	96.8	36.3%	0.1%	1.1
At or above 400% of FPL	80.6	30.5%	87.4	32.8%	2.3%	6.8
<b>Region</b>						
Northeast	46.1	17.4%	45.8	17.2%	-0.3%	-0.3
Midwest	56.3	21.3%	55.9	21.0%	-0.3%	-0.4
South	98.8	37.4%	100.8	37.8%	0.4%	2.0
West	63.0	23.8%	64.1	24.0%	0.2%	1.1
<b>State Medicaid expansion status as of July 1, 2018</b>						
State expanded Medicaid	163.2	61.8%	163.5	61.3%	-0.5%	0.3
State did not expand Medicaid	101.0	38.2%	103.1	38.7%	0.5%	2.1
<b>Education level among adults (18-64)</b>						
High school degree or less	87.1	45.6%	86.0	44.5%	-1.1%	-1.1
Some college	49.5	25.9%	49.2	25.4%	-0.5%	3.8
Finished college	54.3	28.4%	58.2	30.1%	1.6%	3.8

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

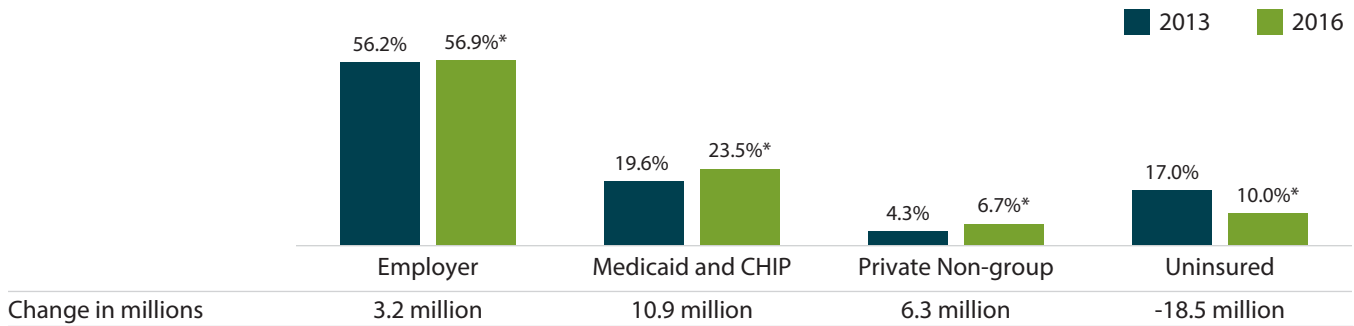
Notes: FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center.<sup>8</sup>

**Changes in Coverage, 2013-2016**

Over the 2013 to 2016 period, uninsurance fell 7.1 percentage points, from 17.0 percent to 10.0 percent, meaning 18.5 million more nonelderly people had health insurance coverage (Figure 3). Of these, 10.9 million more had Medicaid

coverage, 6.3 million more had private non-group coverage, and 3.2 million more had ESI. This pattern of coverage changes is consistent with the targeting of the ACA coverage expansions, which focused on broadening access to Medicaid and private non-group coverage.

**Figure 3: Share of Nonelderly (0-64) by Coverage Type, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

\* Estimate is significantly different from estimate for 2013 at the 0.05 level.

Increases in ESI coverage appear to be driven by a larger number of workers and in the share of nonelderly with incomes at or above 400 percent of the FPL rather than a higher share of workers being offered or taking-up coverage. The share of nonelderly with ESI increased only 0.7 percentage points between 2013 and 2016, but the growth in the nonelderly population and the employed population led to a 3.2 million person increase in the number of nonelderly with ESI (Figure 3).

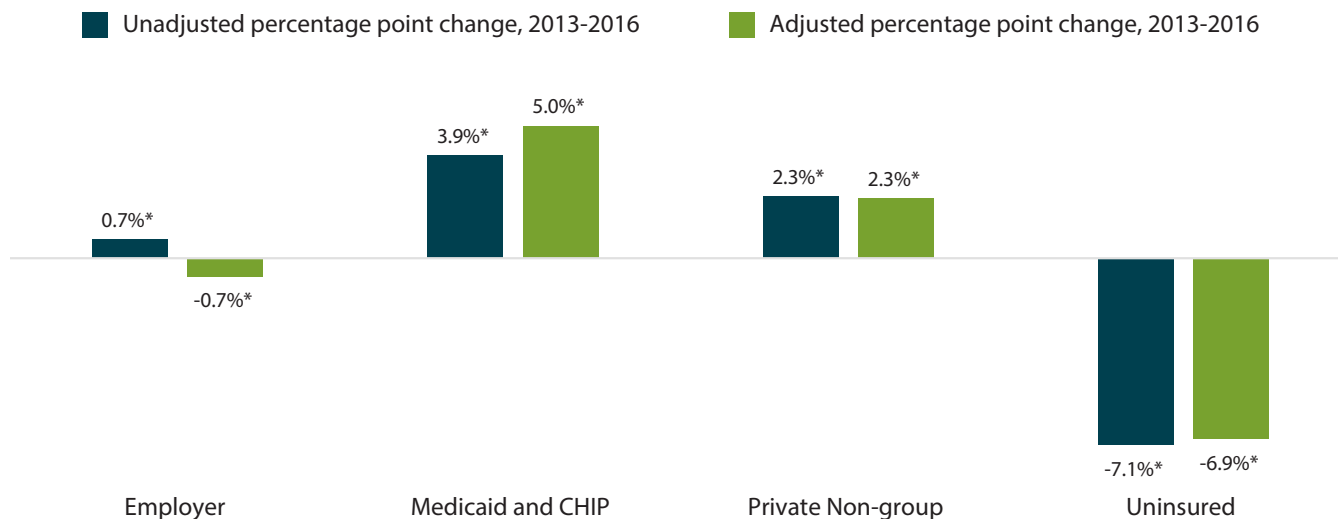
After adjusting for changes in age, race and ethnicity, income, education, employment, and region over the 2013-2016 period, we estimate that uninsurance would have fallen 6.9 percentage points holding these factors constant (Figure 4), compared to the observed decline of 7.1 percentage points. This implies that nearly all of the gains in coverage between 2013 and 2016 were unrelated to changes in demographic and socioeconomic characteristics over that time period, suggesting that the ACA was responsible for these coverage gains. We also estimate that Medicaid coverage would have increased 5.0 percentage points if these characteristics had remained constant, which is larger than the observed 3.9 percentage point increase in

Medicaid coverage. The lower observed Medicaid coverage increases reflect higher incomes and a decreasing share of the population below 138 percent of the FPL, which is the income eligibility threshold for childless adult coverage in Medicaid expansion states. Similarly, holding age, race and ethnicity, income, education, employment, and region constant over the 2013-2016 period, we would have expected ESI coverage to decrease by 0.7 percentage points, rather than the 0.7 percentage point increase we observe. Prior to ACA implementation, ESI declines were the norm over the 2000-2013 period,<sup>17</sup> but changes in incomes and employment between 2013 and 2016, combined with the individual mandate to purchase coverage, allowed more nonelderly to gain ESI coverage.

Our adjusted estimates are in keeping with our unadjusted findings, which suggested that coverage gains were primarily driven by increases in Medicaid and private non-group coverage. In addition, a prior study that found that survey-based estimates of coverage changes under the ACA likely underestimate, rather than overestimate, the true effects of the ACA given pre-2013 trends in coverage.<sup>18</sup> We therefore present the rest of our results without these adjustments.



**Figure 4: Percentage Point Changes in Health Insurance Coverage among Nonelderly (0-64) People Adjusted for Changes in Demographic, Socioeconomic, and Region Characteristics, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children’s Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

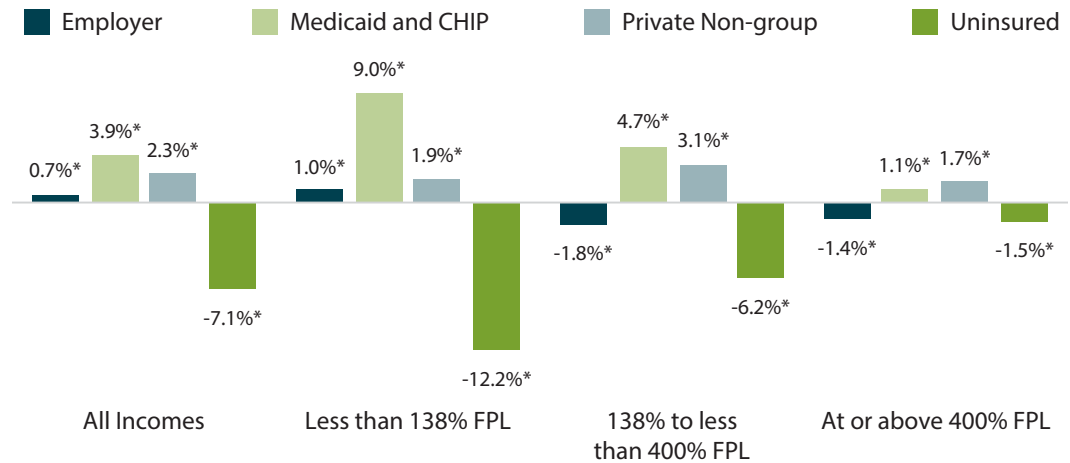
\*Estimate is significantly different from 0 at the 5 percent level.

### Changes in Coverage by Age and Income

Most of the coverage gains between 2013 and 2016 were concentrated among nonelderly people with incomes below 138 percent of the FPL, those targeted by the ACA Medicaid expansion. For this group, the uninsured rate fell from 28.7 percent in 2013 to 16.5 percent in 2016, meaning 11.6 million more low-income people had coverage (Figure 5). This income group saw significant

gains in Medicaid coverage (a 9.0 percentage point increase or 5.1 million people) and non-group coverage (a 1.9 percentage point increase or 1.4 million people). While this group also saw a modest increase in the share with ESI (1.0 percentage point), the overall size of the population with incomes below 138 percent of the FPL shrank by 5.5 million people, leaving 0.4 million fewer people with ESI in 2016 than in 2013 (Table 2).

**Figure 5: Percentage Point Changes in Health Insurance Coverage by Income, 2013-2016**



Change in population	2.4 million	-5.5 million	1.1 million	6.8 million
Change in uninsured	-18.5 million	-11.6 million	-5.9 million	-1.1 million
Share uninsured in 2016	10.0 percent	16.5 percent	10.8 percent	2.8 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 1.

\* Percentage point change is statistically significant at the 5 percent level.

Reductions in uninsurance were smaller for the second (138 percent to 400 percent FPL) income group, those who were targeted by health insurance marketplace subsidies under the ACA. Uninsurance fell by 6.2 percentage points for nonelderly people with these moderate incomes, driven by gains in Medicaid (4.7 percentage points) and private non-group coverage (3.1 percentage points). Health insurance unit income measured using the ACS does not exactly match Medicaid eligibility requirements,<sup>19</sup> which may explain why we observe significant Medicaid coverage gains for those with incomes between 138 percent and 400 percent of the FPL. Those with incomes above 400 percent of FPL experienced the smallest coverage changes, with a 1.5 percentage point reduction in their already-low

uninsured rate (4.3 to 2.8 percent), a 1.7 percentage point increase in private non-group coverage, and a 1.1 percentage point increase in Medicaid and CHIP coverage. Both the 138 to 400 and the over 400 percent FPL income groups had declines in the share of nonelderly with ESI (1.8 percentage points and 1.4 percentage points, respectively), continuing a longstanding trend of declining ESI.<sup>20</sup> However, the number of nonelderly people with ESI in the highest income group grew by 4.7 million, driven by increases in the size of the higher-income population. This led to an overall 0.7 percentage point increase in the share of nonelderly with ESI between 2013 and 2016 as the share of nonelderly people with incomes at or above 400 percent of the FPL grew (Table 2).

**Table 2: Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income, 2013 to 2016**

	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
All Incomes	264.2		266.6			2.4 *
Employer	148.4	56.2%	151.7	56.9%	0.7% *	3.2 *
Medicaid and CHIP	51.9	19.6%	62.7	23.5%	3.9% *	10.9 *
CHAMPUS/Medicare	7.5	2.8%	7.9	3.0%	0.1% *	0.4 *
Private Non-group	11.4	4.3%	17.8	6.7%	2.3% *	6.3 *
Uninsured	45.0	17.0%	26.5	10.0%	-7.1% *	-18.5 *
Below 138% of FPL	87.9		82.4			-5.5 *
Employer	19.2	21.9%	18.8	22.9%	1.0% *	-0.4 *
Medicaid and CHIP	37.7	42.9%	42.8	51.9%	9.0% *	5.1 *
CHAMPUS/Medicare	3.3	3.8%	3.4	4.1%	0.3% *	0.0
Private Non-group	2.4	2.7%	3.8	4.6%	1.9% *	1.4 *
Uninsured	25.2	28.7%	13.6	16.5%	-12.2% *	-11.6 *
138% to less than 400% of FPL	95.7		96.8			1.1 *
Employer	59.3	62.0%	58.3	60.2%	-1.8% *	-1.0 *
Medicaid and CHIP	12.7	13.3%	17.4	18.0%	4.7% *	4.7 *
CHAMPUS/Medicare	2.7	2.9%	3.0	3.0%	0.2% *	0.2 *
Private Non-group	4.6	4.8%	7.7	7.9%	3.1% *	3.1 *
Uninsured	16.4	17.1%	10.5	10.8%	-6.2% *	-5.9 *
At or above 400% of FPL	80.6		87.4			6.8 *
Employer	69.9	86.7%	74.6	85.3%	-1.4% *	4.7 *
Medicaid and CHIP	1.4	1.8%	2.5	2.9%	1.1% *	1.1 *
CHAMPUS/Medicare	1.4	1.7%	1.6	1.8%	0.1% *	0.2 *
Private Non-group	4.4	5.5%	6.3	7.2%	1.7% *	1.8 *
Uninsured	3.5	4.3%	2.4	2.8%	-1.5% *	-1.1 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

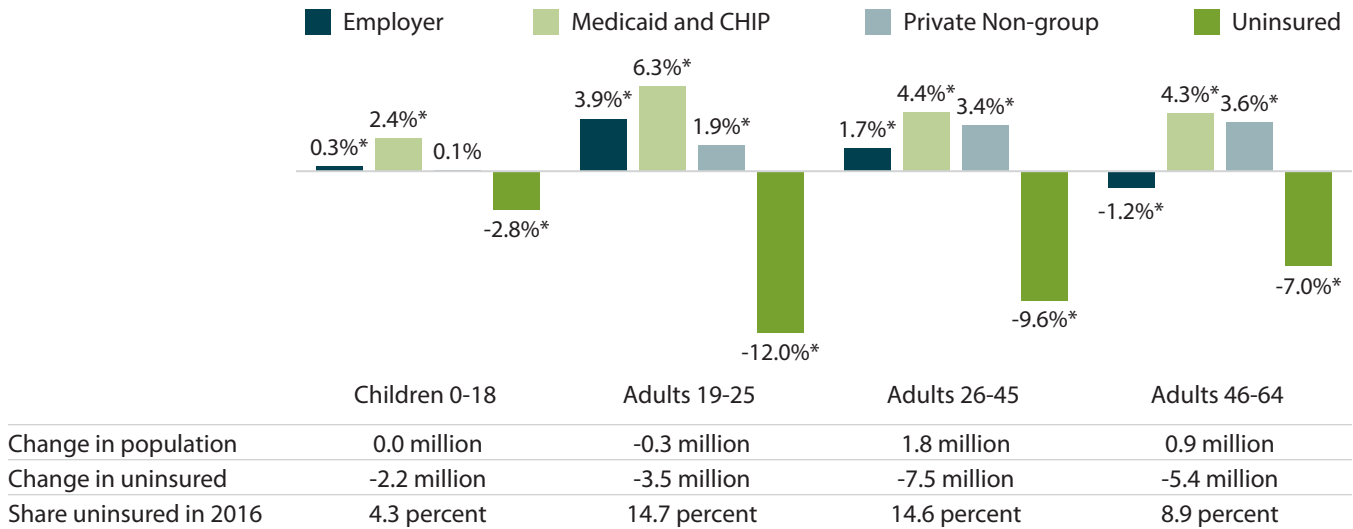
For complete estimates, see Appendix Table 1.

\* Percentage point change is statistically significant at the 5 percent level.

While children experienced some coverage gains between 2013 and 2016, they were not as dramatic as coverage gains for adults. For example, the uninsured rate for children fell 2.8 percentage points between 2013 and 2016, compared to 12.0 percentage points for young adults (19 to 25), 9.6 percentage points for adults aged 26 to 45, and 7.0 percent

for adults aged 46 to 64 (Figure 6). Young adults were more likely than children or older adults to gain ESI over this period (3.9 percentage points), reflecting the ACA's dependent coverage provision. In addition, young adults had the largest percentage point gains in Medicaid coverage of any age group, reflecting their lower incomes, on average.

**Figure 6: Percentage Point Changes in Health Insurance Coverage by Age Group, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 2.

\* Percentage point change is statistically significant at the 5 percent level.

### Changes in Coverage by Medicaid Expansion

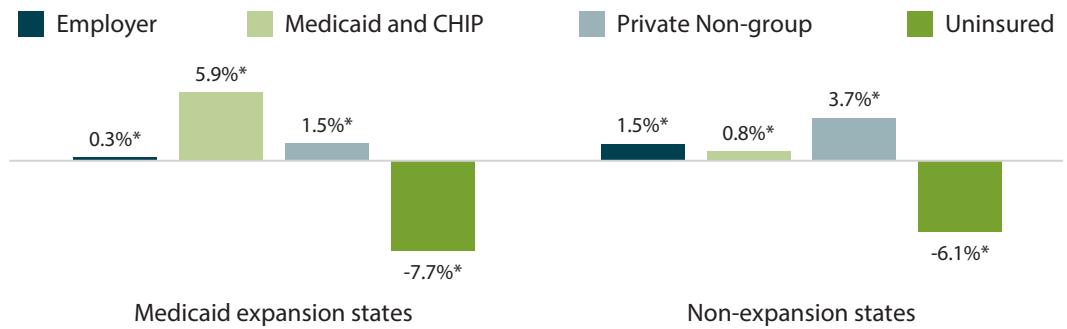
In 2016 there were an additional 12.6 million insured people living in Medicaid expansion states, 68.6 percent of the 18.5 million additional insured nationwide. Between 2013 and 2016, the uninsured rate in Medicaid expansion states fell by half, from 15.3 percent to 7.6 percent (Figure 7). This reduction in uninsurance was driven by gains in Medicaid coverage in these states, with 9.7 million more people having Medicaid coverage (a 5.9 percentage point increase) and 2.4 million more people with private non-group coverage (a 1.5 percentage point increase).

Coverage gains in non-expansion states were less dramatic but still large, with the uninsured rate falling from 19.8 percent to 13.7 percent. In non-expansion states, coverage gains were driven by private non-group coverage rather than Medicaid coverage. Between 2013 and 2016, Medicaid coverage grew by 0.8 percentage points in non-expansion states compared to 5.9 percentage points in Medicaid expansion states. However, private non-group coverage grew 3.7 percentage points in non-expansion states and ESI grew 1.5 percentage points, partially making up for the lack of significant expansion in Medicaid coverage.

Patterns of coverage changes in expansion and non-expansion states were particularly different for nonelderly with incomes below 138 percent FPL, the target population

for the Medicaid expansion (Figure 8). In expansion states, the uninsured rate for low-income nonelderly people fell by more than half, from 26.2 percent to 12.0 percent, and the Medicaid coverage rate increased by 13.8 percentage points (Figure 9). In non-expansion states, in contrast, the uninsured rate fell from 32.3 percent to 23.1 percent, private non-group coverage increased 4.6 percentage points, ESI increased by 2.2 percentage points, and Medicaid coverage increased by 2.1 percentage points (Figure 8 and 9). As shown in Figure 9, these differences in coverage gains for nonelderly with incomes below 138 percent of the FPL exacerbated pre-ACA differences in insurance coverage between Medicaid expansion states and non-expansion states. In particular, in 2013, 32.3 percent of low-income nonelderly people in non-expansion states were uninsured, compared to only 26.2 percent uninsured in expansion states – a gap of 6.1 percentage points; by 2016, that gap had grown to 11.1 percentage points. This was due, in part, to much higher Medicaid coverage in Medicaid expansion states, a difference that grew significantly after the ACA was implemented. In 2013, 45.2 percent of low-income nonelderly people in Medicaid expansion states had Medicaid coverage, compared to 39.6 percent of low-income nonelderly in non-expansion states. By 2016, 58.9 percent of low-income nonelderly had Medicaid coverage in expansion states, compared to 41.7 percent in non-expansion states.

**Figure 7: Percentage Point Changes in Health Insurance Coverage by State Medicaid Expansion Status, 2013-2016**



Change in population	0.3 million	2.1 million
Change in uninsured	-12.6 million	-5.9 million
Share uninsured in 2016	7.6 percent	13.7 percent

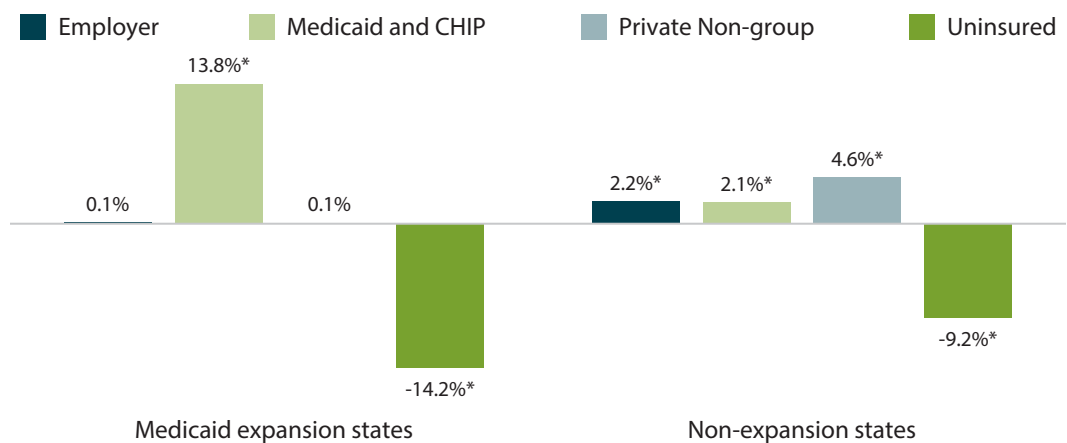
Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 3.

\* Percentage point change is statistically significant at the 5 percent level.

**Figure 8: Percentage Point Changes in Health Insurance Coverage among Nonelderly with Incomes Below 138 Percent of the Federal Poverty Level by State Medicaid Expansion Status, 2013-2016**



Change in population	-3.6 million	-1.8 million
Change in uninsured	-7.9 million	-3.7 million
Share uninsured in 2016	12.0 percent	23.1 percent

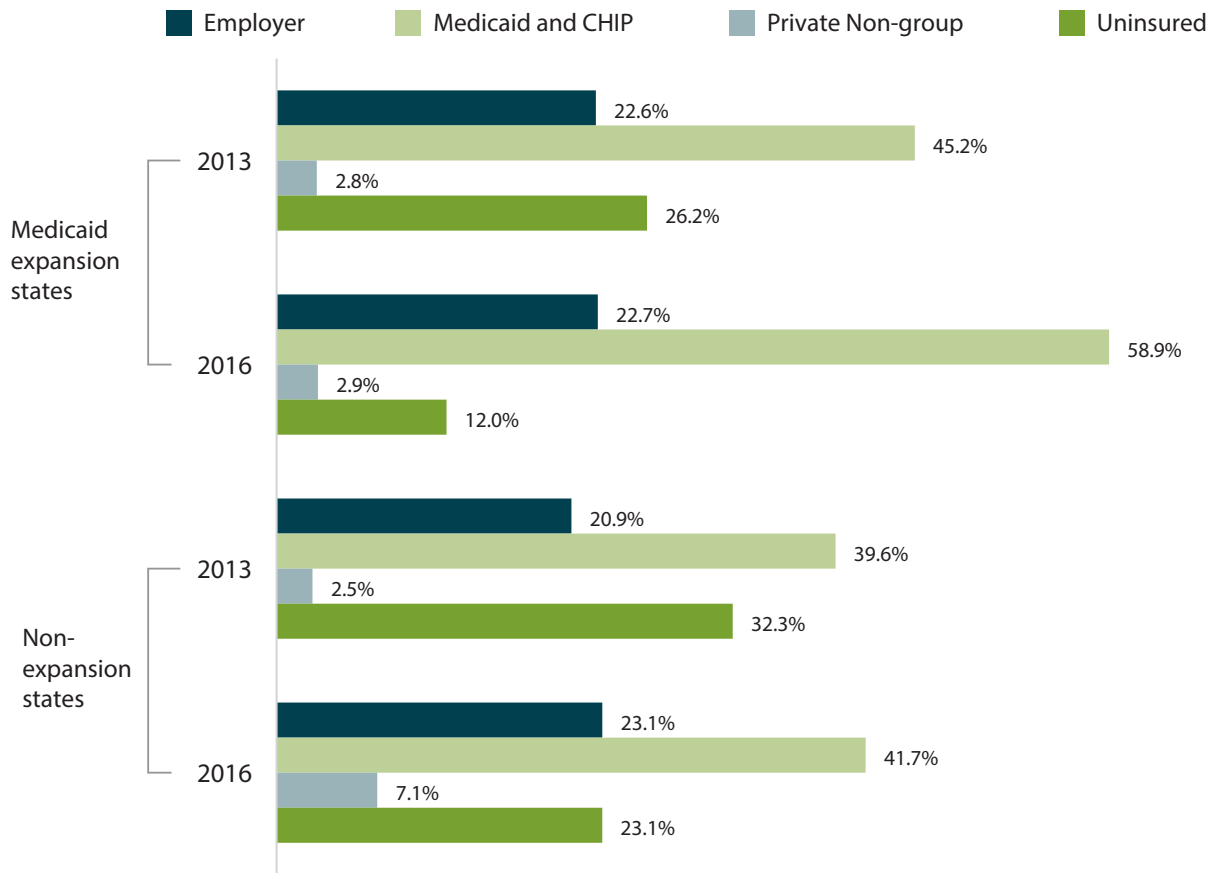
Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 3.

\* Percentage point change is statistically significant at the 5 percent level.

**Figure 9: Shares of Nonelderly with Incomes Below 138 Percent of the Federal Poverty Level with Each Coverage Type in 2013 and 2016, by State Medicaid Expansion Status**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children’s Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 3.

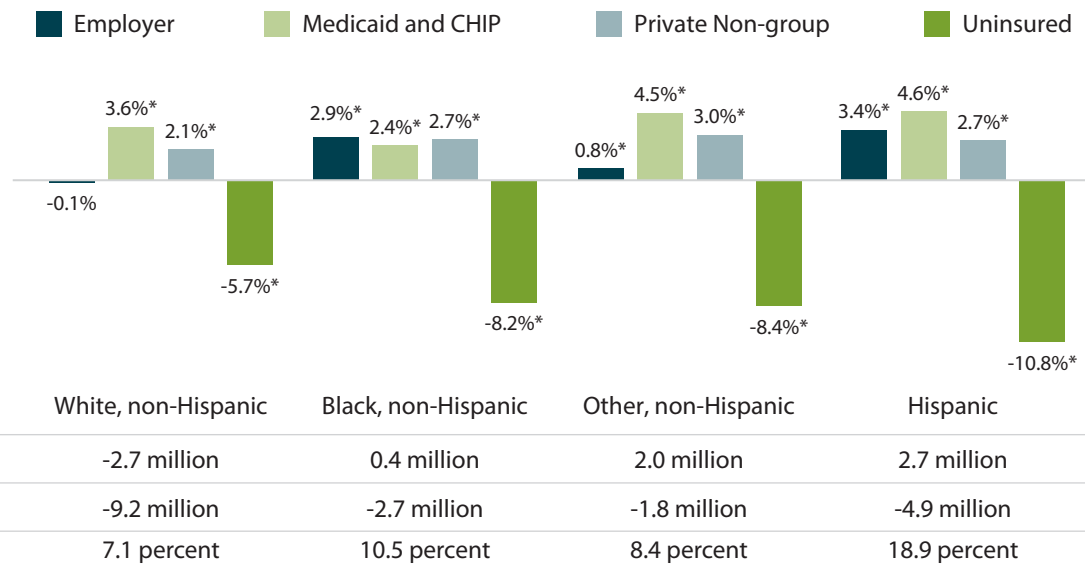
\* Percentage point change is statistically significant at the 5 percent level.

### Changes in Coverage by Race and Ethnicity

In 2016, all racial and ethnic groups had lower uninsured rates than in 2013, and racial and ethnic gaps in uninsurance narrowed overall. The uninsured rate for non-Hispanic white nonelderly fell 5.7 percentage points, compared to 8.2 percentage points for non-Hispanic black nonelderly, 10.8 percentage points for Hispanic nonelderly, and 8.4 percentage points for other or multiple races (Figure 10). Progress closing racial and ethnic gaps in uninsurance was not

consistent across income groups, however, likely due in part to state Medicaid expansion choices. Among nonelderly with incomes below 138 percent of the FPL, non-Hispanic white nonelderly had a higher uninsured rate than non-Hispanic black nonelderly in 2013 (26.1 percent compared to 24.8 percent), but this pattern reversed by 2016 (13.8 percent uninsured compared to 14.4 percent uninsured) because coverage gains among non-Hispanic white nonelderly were larger than those among non-Hispanic black nonelderly (Figure 11).

**Figure 10: Percentage Point Changes in Health Insurance Coverage by Race and Ethnicity, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children’s Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

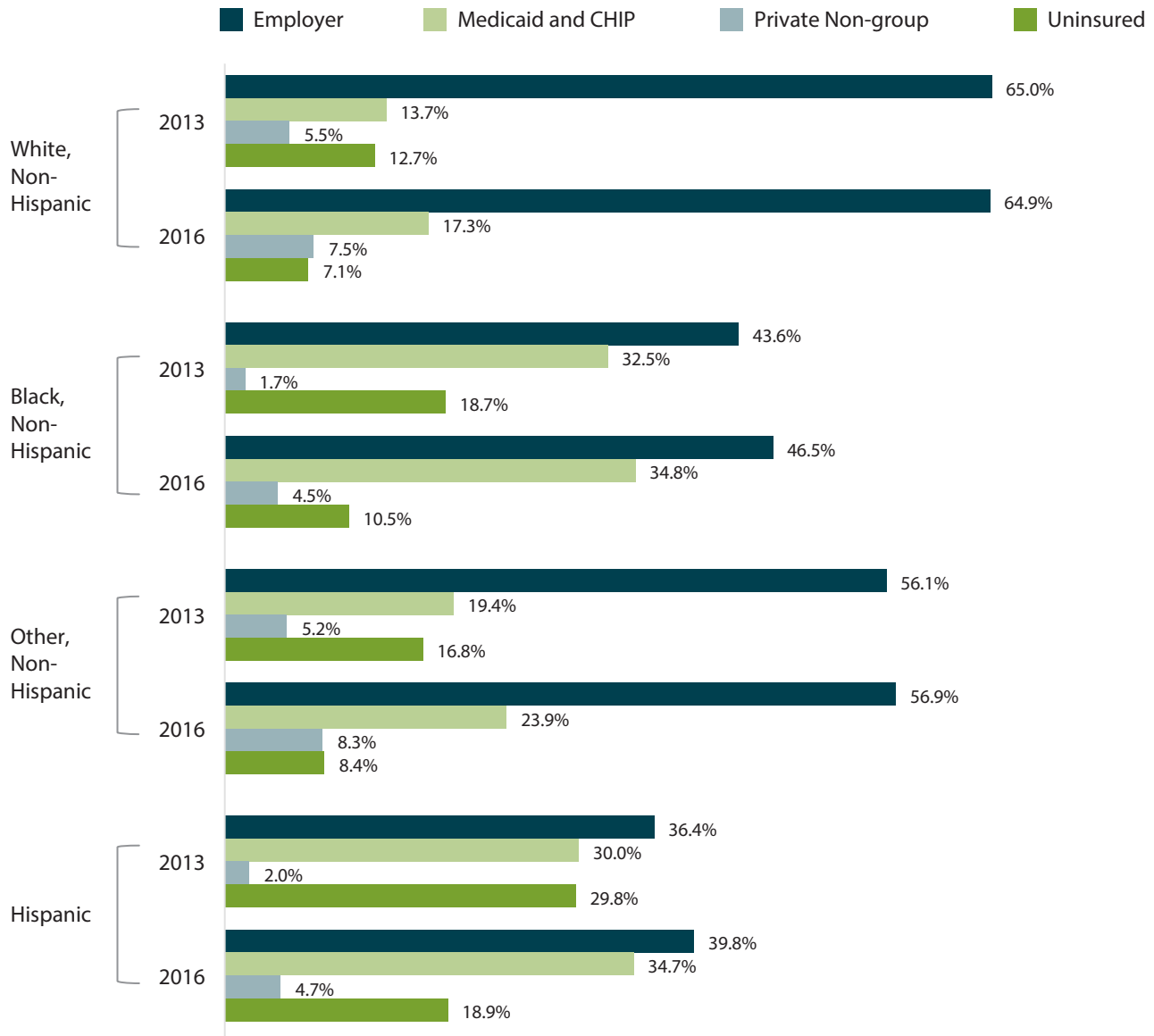
For complete estimates, see Appendix Table 4.

\* Percentage point change is statistically significant at the 5 percent level.

Coverage gains between 2013 and 2016 came through different means among racial and ethnic groups, likely due to a variety of factors including age differences, income disparities, and differences in state Medicaid expansion choices and other coverage policies. For example, the 8.2 percentage point reduction in the uninsured rate for non-Hispanic black nonelderly was driven by relatively equally-sized gains in ESI (2.9 percentage points), private non-group coverage (2.7 percentage points),

and Medicaid coverage (2.4 percentage points) (Figure 10). In contrast, the 5.7 percentage point reduction in the uninsured rate for non-Hispanic white nonelderly was driven by gains in Medicaid coverage (3.6 percentage points). Hispanic nonelderly saw the largest percentage point gains in ESI (3.4 percentage points), but still were far less likely than non-Hispanic white nonelderly to be covered by ESI in 2016 (39.8 percent compared to 64.9 percent) (Figure 11).

**Figure 11: Shares of Nonelderly with Each Coverage Type in 2013 and 2016, by Race and Ethnicity**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 4.

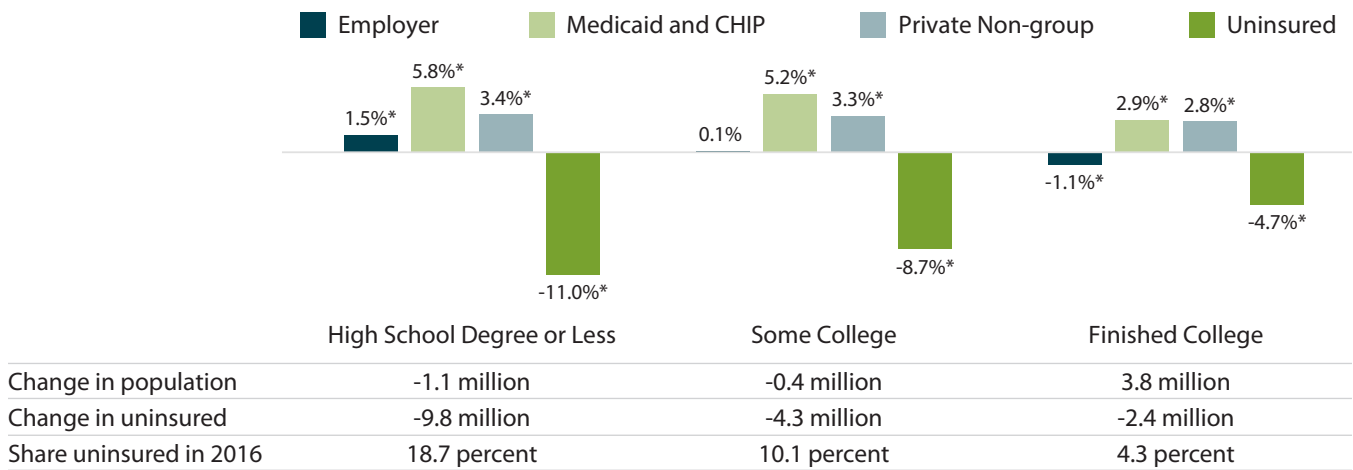
### Changes in Coverage by Education

Between 2013 and 2016, the uninsured rate fell for adults aged 18 to 64 with all levels of education, and gaps in uninsurance by education level narrowed. Over this period, uninsurance fell 11.0 percentage points for adults with a high school degree or less, compared to 8.7 percentage points for adults with some college, and 4.7 percentage points for adults who finished college (Figure 12).

All education groups saw gains in Medicaid coverage between 2013 and 2016, ranging from 5.8 percentage points for adults with a high school degree or less to 2.9 percentage points for adults who finished college (Figure 12). However, only adults with a high school degree or less saw ESI gains over this period (1.5 percentage points), while ESI coverage fell by 1.1 percentage points for adults who finished college.



**Figure 12: Percentage Point Changes in Health Insurance Coverage among Adults (18-64) by Education Level, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 5.

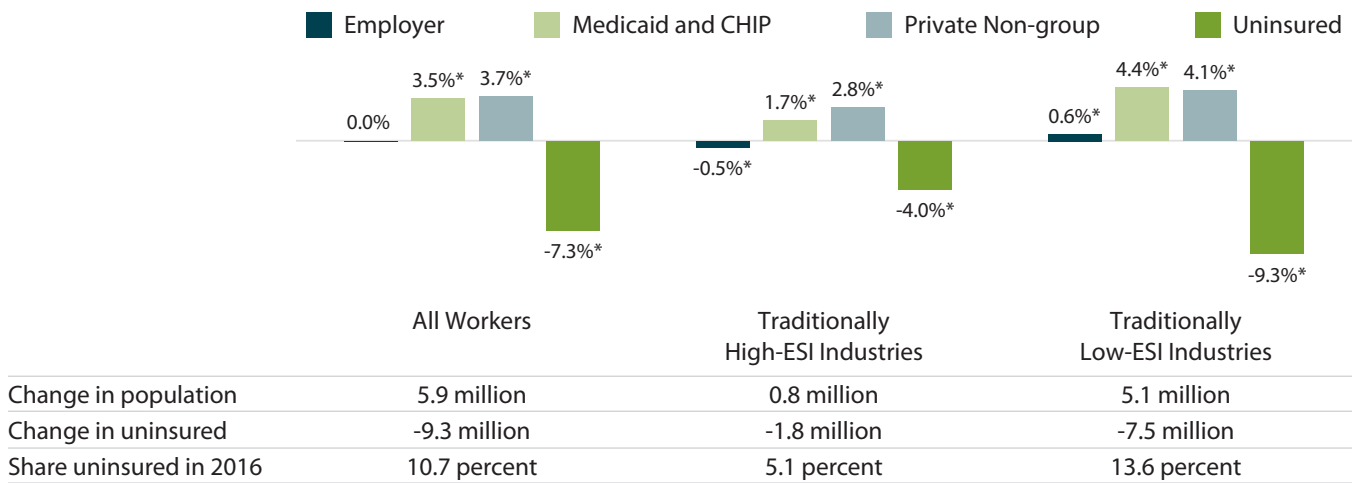
\* Percentage point change is statistically significant at the 5 percent level.

### Changes in Coverage among Workers, by Industry

The working adult population grew by 5.9 million people between 2013 and 2016, likely due in part to continued economic recovery after the recession (Figure 13). Among working adults aged 18 to 64, the uninsured rate fell from 18.0 percent in 2013 to 10.7 percent in 2016, or 9.3 million fewer uninsured working adults. These coverage gains were driven by gains in private non-group coverage (an increase of 3.7 percentage points) and Medicaid (an increase of 3.5 percentage points) (Figure 13). Gains in coverage were particularly large among low-income workers, who saw their uninsured rate fall from 40.1 percent to 23.0 percent, primarily due to increases in Medicaid coverage (an increase of 12.4 percentage points) (Figure 14). However, low-income workers were still approximately eight times more likely to be uninsured than workers with incomes at or above 400 percent of the FPL in 2016 (23.0 percent compared to 2.9 percent uninsured).

Across all income groups, gains in coverage were concentrated among workers in traditionally low-ESI industries, such as agriculture, construction, and retail.<sup>21</sup> An additional 7.5 million workers in traditionally low-ESI industries had coverage in 2016 compared to 2013, representing a 9.3 percentage point reduction in the uninsured rate for this group (Figure 13), and amounting to more than 80 percent of the increase in coverage across all workers. Most of these coverage gains were through Medicaid (4.4 percentage points) and private non-group coverage (4.1 percentage points), rather than through increases in the share with ESI coverage (0.6 percentage points). However, in 2016, workers in traditionally low-ESI industries were still far more likely to be uninsured than those in traditionally high-ESI industries (13.6 percent compared to 5.1 percent), and types of coverage differed by industry type. For example, Medicaid coverage increased by 4.4 percentage points among workers in low-ESI industries between 2013 and 2016, compared to 1.7 percentage points among workers in high-ESI industries.

**Figure 13: Percentage Point Changes in Health Insurance Coverage among Workers (18-64) by Industry, 2013-2016**



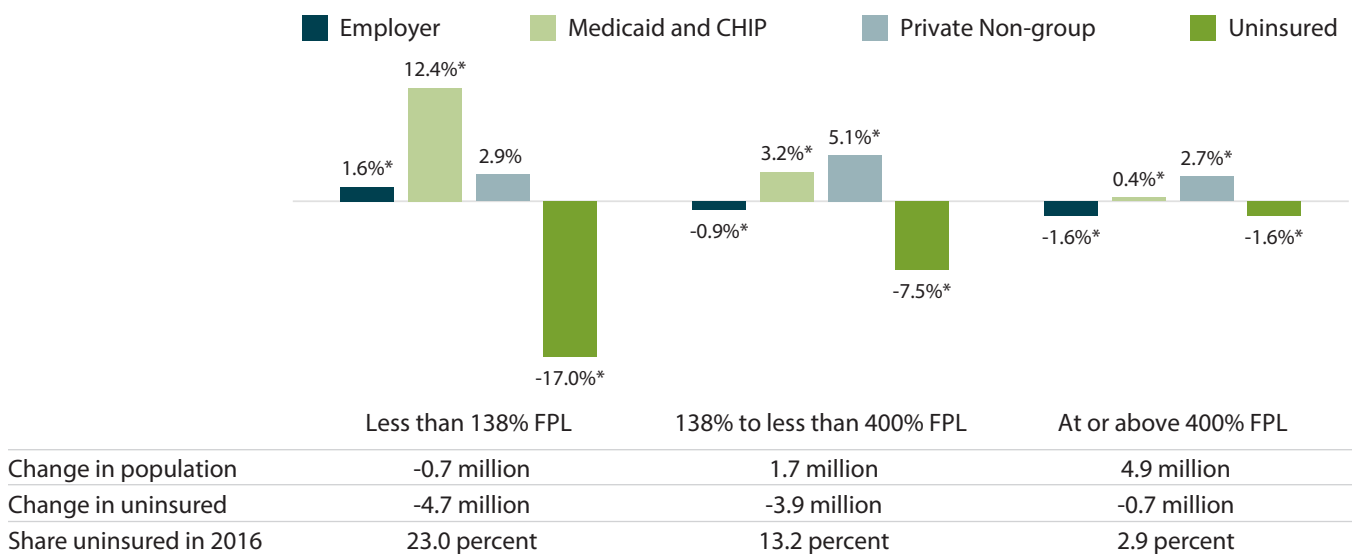
Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al. 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. High-ESI industries are those with ESI coverage rates of more than 80 percent in 2012. They consist primarily of finance, manufacturing, information, and communications firms. 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.

For complete estimates, see Appendix Table 6.

\* Percentage point change is statistically significant at the 5 percent level.

**Figure 14: Percentage Point Changes in Health Insurance Coverage among Workers (18-64) by Health Insurance Unit Income, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al. 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.

For complete estimates, see Appendix Table 6.

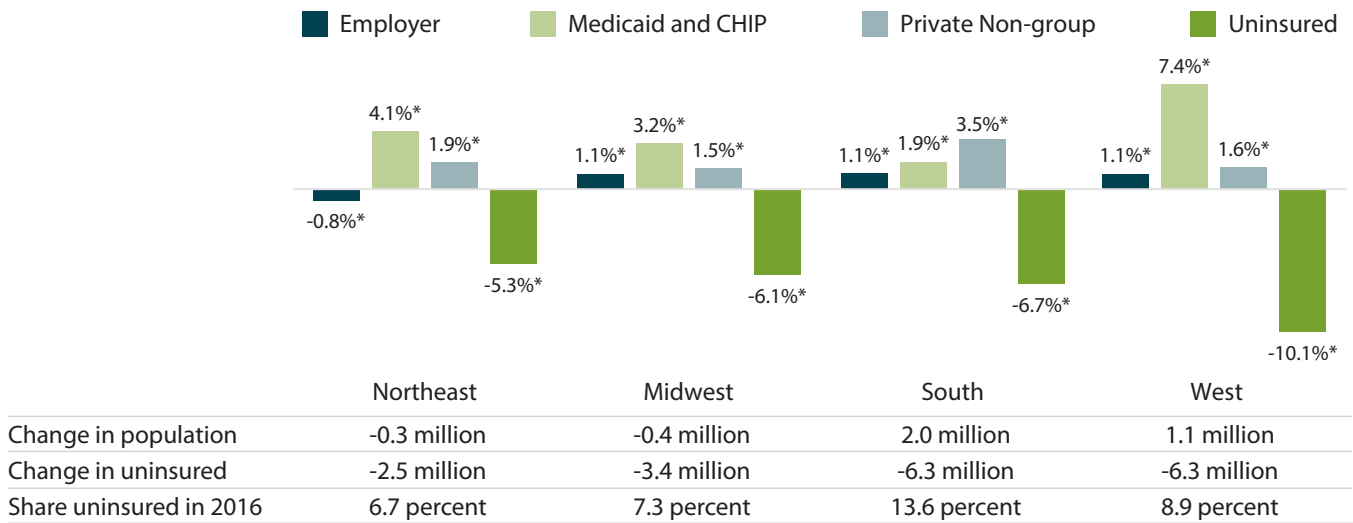
\* Percentage point change is statistically significant at the 5 percent level.

### Changes in Coverage by Region

Between 2013 and 2016, changes in uninsured rates were not uniform across regions. The West had the largest drop in the uninsured rate of any region over this period, falling 10.1 percentage points (from 19.0 percent to 8.9 percent) (Figure 15). The uninsured rate in the Northeast fell only 5.3 percentage points over this period, from the already-low 12.0 percent to 6.7 percent. The Midwest and South had moderate reductions in uninsured rates of 6.1 percentage points and 6.7 percentage points, respectively.

As of 2016, the uninsured rate in the South was more than twice as high as that in the Northeast (13.6 percent compared to 6.7 percent) (Figure 15). Non-expansion states are concentrated in the South, which is reflected in lower Medicaid coverage gains in that region (1.9 percentage points), higher private non-group coverage gains (3.6 percentage points), and a higher uninsured rate than other regions.

**Figure 15: Percentage Point Changes in Health Insurance Coverage by Region, 2013-2016**



Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup> 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.

For complete estimates, see Appendix Table 7.

\* Percentage point change is statistically significant at the 5 percent level.

# CONCLUSIONS

Between 2013 and 2016, as the major coverage provisions of the ACA were implemented, uninsurance among the nonelderly fell dramatically, from 17.0 percent to 10.0 percent. This reduction in the uninsured rate was virtually all attributable to the ACA, as uninsurance has been predicted to be stable over this period without the ACA.<sup>22</sup> In addition, secular declines in employer-sponsored insurance were observed between 2000 and 2013.<sup>23</sup> Holding demographic, socioeconomic, and region characteristics constant, we would still expect to see a 6.9 percentage point reduction in the uninsured between 2013 and 2016, suggesting that the ACA, not economic improvement, was responsible for coverage gains. In addition, a majority of the coverage gains between 2013 and 2016 came through Medicaid and private non-group coverage, the two centerpieces of the ACA's coverage expansions. In addition, 3.2 million nonelderly Americans gained employer-sponsored insurance between 2013 and 2016, reflecting the growth in the size of the workforce (5.9 million) as the recovery from the Great Recession continued.

The coverage gains during ACA implementation were broadly distributed. All age groups, racial and ethnic groups,

education levels, income groups, and workers' industry types we studied had lower uninsured rates in 2016 than in 2013, and these gains were largest for people with incomes below 138 percent of the FPL, the targets of the ACA Medicaid eligibility expansion. While Medicaid expansion states fared particularly well in reducing their uninsured rates, non-expansion states still saw significant gains in coverage through private sources.

Our study does not reflect recent changes to the marketplaces and the repeal of the individual mandate to purchase coverage. Some evidence suggests that uninsurance increased between 2016 and 2018, perhaps due to these changes in policy.<sup>24</sup> Because coverage patterns differ across the country and by demographic groups, changes in policy affecting the availability and affordability of coverage in the marketplaces will not have uniform effects on uninsurance. Coverage through private non-group sources such as the marketplaces has been particularly important in reducing the uninsured rate in non-expansion states, so policies detrimental to the functioning of these markets could further widen the gap in insurance coverage by state Medicaid expansion status.

# APPENDIX

**Appendix Table 1. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income, 2013 to 2016**

	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
All Incomes	264.2		266.6			2.4 *
Employer	148.4	56.2%	151.7	56.9%	0.7% *	3.2 *
Medicaid and CHIP	51.9	19.6%	62.7	23.5%	3.9% *	10.9 *
CHAMPUS/Medicare	7.5	2.8%	7.9	3.0%	0.1% *	0.4 *
Private Non-group	11.4	4.3%	17.8	6.7%	2.3% *	6.3 *
Uninsured	45.0	17.0%	26.5	10.0%	-7.1% *	-18.5 *
Below 138% of FPL	87.9		82.4			-5.5 *
Employer	19.2	21.9%	18.8	22.9%	1.0% *	-0.4 *
Medicaid and CHIP	37.7	42.9%	42.8	51.9%	9.0% *	5.1 *
CHAMPUS/Medicare	3.3	3.8%	3.4	4.1%	0.3% *	0.0
Private Non-group	2.4	2.7%	3.8	4.6%	1.9% *	1.4 *
Uninsured	25.2	28.7%	13.6	16.5%	-12.2% *	-11.6 *
138% to less than 400% of FPL	95.7		96.8			1.1 *
Employer	59.3	62.0%	58.3	60.2%	-1.8% *	-1.0 *
Medicaid and CHIP	12.7	13.3%	17.4	18.0%	4.7% *	4.7 *
CHAMPUS/Medicare	2.7	2.9%	3.0	3.0%	0.2% *	0.2 *
Private Non-group	4.6	4.8%	7.7	7.9%	3.1% *	3.1 *
Uninsured	16.4	17.1%	10.5	10.8%	-6.2% *	-5.9 *
At or above 400% of FPL	80.6		87.4			6.8 *
Employer	69.9	86.7%	74.6	85.3%	-1.4% *	4.7 *
Medicaid and CHIP	1.4	1.8%	2.5	2.9%	1.1% *	1.1 *
CHAMPUS/Medicare	1.4	1.7%	1.6	1.8%	0.1% *	0.2 *
Private Non-group	4.4	5.5%	6.3	7.2%	1.7% *	1.8 *
Uninsured	3.5	4.3%	2.4	2.8%	-1.5% *	-1.1 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2013 to 2016**

	Children 0-18					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	36.3	47.2%	36.6	47.5%	0.3% *	0.3 *
Medicaid and CHIP	31.6	41.0%	33.5	43.5%	2.4% *	1.9 *
CHAMPUS/Medicare	1.3	1.7%	1.3	1.7%	0.0%	0.0
Private Non-group	2.3	2.9%	2.3	3.0%	0.1%	0.0
Uninsured	5.5	7.1%	3.3	4.3%	-2.8% *	-2.2 *
<b>Below 138% of FPL</b>						
Employer	3.1	10.7%	2.7	10.4%	-0.3% *	-0.3 *
Medicaid and CHIP	22.1	77.5%	21.3	81.2%	3.7% *	-0.7 *
CHAMPUS/Medicare	0.7	2.4%	0.6	2.3%	-0.1%	-0.1 *
Private Non-group	0.1	0.2%	0.2	0.7%	0.5% *	0.1 *
Uninsured	2.6	9.2%	1.4	5.4%	-3.8% *	-1.2 *
<b>138% to less than 400% of FPL</b>						
Employer	16.8	57.3%	15.8	53.6%	-3.7% *	-1.0 *
Medicaid and CHIP	8.8	29.9%	10.8	36.7%	6.7% *	2.1 *
CHAMPUS/Medicare	0.4	1.5%	0.5	1.6%	0.1%	0.0
Private Non-group	0.9	3.2%	0.9	3.0%	-0.2% *	0.0 *
Uninsured	2.4	8.0%	1.5	5.1%	-2.9% *	-0.8 *
<b>At or above 400% of FPL</b>						
Employer	16.5	85.6%	18.0	85.0%	-0.6% *	1.6 *
Medicaid and CHIP	0.8	4.0%	1.3	6.3%	2.3% *	0.6 *
CHAMPUS/Medicare	0.2	1.1%	0.2	1.2%	0.0%	0.0 *
Private Non-group	1.3	6.7%	1.2	5.9%	-0.9% *	0.0 *
Uninsured	0.5	2.6%	0.4	1.7%	-0.8% *	-0.1 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2013 to 2016 (continued)**

	Adults 19-25					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	15.0	52.2%	15.9	56.0%	3.9% *	0.9 *
Medicaid and CHIP	3.6	12.5%	5.3	18.8%	6.3% *	1.7 *
CHAMPUS/Medicare	0.6	2.0%	0.5	1.9%	-0.1% *	0.0 *
Private Non-group	1.9	6.7%	2.4	8.6%	1.9% *	0.5 *
Uninsured	7.7	26.7%	4.2	14.7%	-12.0% *	-3.5 *
<b>Below 138% of FPL</b>						
Employer	9.0	45.6%	8.8	48.5%	2.9% *	-0.2 *
Medicaid and CHIP	3.2	16.1%	4.5	25.1%	9.0% *	1.4 *
CHAMPUS/Medicare	0.4	2.0%	0.3	1.9%	0.0%	0.0 *
Private Non-group	1.4	7.2%	1.5	8.4%	1.2% *	0.1 *
Uninsured	5.7	29.0%	2.9	16.0%	-13.0% *	-2.8 *
<b>138% to less than 400% of FPL</b>						
Employer	4.9	63.9%	5.8	66.7%	2.8% *	0.9 *
Medicaid and CHIP	0.4	5.1%	0.8	8.7%	3.6% *	0.4 *
CHAMPUS/Medicare	0.2	2.1%	0.2	1.9%	-0.2% *	0.0
Private Non-group	0.4	5.5%	0.8	9.1%	3.6% *	0.4 *
Uninsured	1.8	23.4%	1.2	13.6%	-9.8% *	-0.6 *
<b>At or above 400% of FPL</b>						
Employer	1.1	81.9%	1.4	82.3%	0.4%	0.3 *
Medicaid and CHIP	0.0	1.7%	0.0	2.8%	1.1% *	0.0 *
CHAMPUS/Medicare	0.0	1.7%	0.0	1.4%	-0.3%	0.0
Private Non-group	0.1	4.7%	0.1	7.3%	2.7% *	0.1 *
Uninsured	0.1	10.0%	0.1	6.1%	-3.9% *	0.0 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2013 to 2016 (continued)**

	Adults 26-45					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	47.7	59.0%	50.1	60.6%	1.7% *	2.4 *
Medicaid and CHIP	9.1	11.3%	12.9	15.6%	4.4% *	3.8 *
CHAMPUS/Medicare	1.6	2.0%	1.8	2.1%	0.1% *	0.2 *
Private Non-group	2.9	3.6%	5.8	7.0%	3.4% *	2.9 *
Uninsured	19.5	24.1%	12.0	14.6%	-9.6% *	-7.5 *
<b>Below 138% of FPL</b>						
Employer	4.0	17.5%	4.3	20.0%	2.5% *	0.3 *
Medicaid and CHIP	7.0	31.0%	9.3	43.5%	12.5% *	2.2 *
CHAMPUS/Medicare	0.7	3.2%	0.7	3.4%	0.2% *	0.0
Private Non-group	0.3	1.5%	1.0	4.8%	3.3% *	0.7 *
Uninsured	10.6	46.8%	6.0	28.2%	-18.5% *	-4.6 *
<b>138% to less than 400% of FPL</b>						
Employer	21.3	65.0%	21.5	64.6%	-0.4% *	0.2 *
Medicaid and CHIP	1.9	5.7%	3.2	9.5%	3.8% *	1.3 *
CHAMPUS/Medicare	0.6	1.9%	0.7	2.1%	0.2% *	0.1 *
Private Non-group	1.5	4.6%	2.9	8.8%	4.2% *	1.4 *
Uninsured	7.5	22.9%	5.0	15.0%	-7.8% *	-2.5 *
<b>At or above 400% of FPL</b>						
Employer	22.4	88.1%	24.3	86.8%	-1.4% *	1.9 *
Medicaid and CHIP	0.2	0.9%	0.5	1.8%	0.9% *	0.3 *
CHAMPUS/Medicare	0.3	1.0%	0.3	1.2%	0.2% *	0.1 *
Private Non-group	1.1	4.3%	1.8	6.6%	2.3% *	0.7 *
Uninsured	1.4	5.6%	1.0	3.7%	-1.9% *	-0.4 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.



**Appendix Table 2. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Age Group, 2013 to 2016 (continued)**

	Adults 46-64					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	49.4	63.7%	49.0	62.5%	-1.2% *	-0.4 *
Medicaid and CHIP	7.5	9.7%	11.0	14.0%	4.3% *	3.4 *
CHAMPUS/Medicare	3.9	5.1%	4.3	5.4%	0.3% *	0.3 *
Private Non-group	4.3	5.5%	7.2	9.2%	3.6% *	2.9 *
Uninsured	12.4	15.9%	7.0	8.9%	-7.0% *	-5.4 *
<b>Below 138% of FPL</b>						
Employer	3.2	19.0%	3.1	18.3%	-0.7% *	-0.2 *
Medicaid and CHIP	5.4	32.0%	7.7	45.8%	13.8% *	2.2 *
CHAMPUS/Medicare	1.5	9.1%	1.7	9.9%	0.8% *	0.1 *
Private Non-group	0.6	3.3%	1.1	6.4%	3.1% *	0.5 *
Uninsured	6.2	36.7%	3.3	19.6%	-17.1% *	-3.0 *
<b>138% to less than 400% of FPL</b>						
Employer	16.3	62.8%	15.1	59.9%	-2.9% *	-1.1 *
Medicaid and CHIP	1.7	6.5%	2.6	10.5%	3.9% *	0.9 *
CHAMPUS/Medicare	1.5	5.8%	1.6	6.4%	0.6% *	0.1 *
Private Non-group	1.7	6.7%	3.1	12.1%	5.4% *	1.3 *
Uninsured	4.7	18.1%	2.8	11.0%	-7.1% *	-1.9 *
<b>At or above 400% of FPL</b>						
Employer	29.9	86.4%	30.8	84.6%	-1.8% *	0.9 *
Medicaid and CHIP	0.4	1.2%	0.7	1.8%	0.7% *	0.3 *
CHAMPUS/Medicare	0.9	2.5%	1.0	2.7%	0.1% *	0.1 *
Private Non-group	2.0	5.8%	3.1	8.4%	2.6% *	1.1 *
Uninsured	1.4	4.1%	0.9	2.6%	-1.6% *	-0.5 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 3. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and State Medicaid Expansion Status, 2013 to 2016**

	Medicaid Expansion States					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	94.5	57.9%	95.1	58.2%	0.3% *	0.6 *
Medicaid and CHIP	33.0	20.2%	42.7	26.1%	5.9% *	9.7 *
CHAMPUS/Medicare	3.7	2.3%	3.9	2.4%	0.1% *	0.2 *
Private Non-group	7.0	4.3%	9.4	5.8%	1.5% *	2.4 *
Uninsured	25.0	15.3%	12.4	7.6%	-7.7% *	-12.6 *
<b>Below 138% of FPL</b>						
Employer	11.9	22.6%	11.1	22.7%	0.1% *	-0.8 *
Medicaid and CHIP	23.8	45.2%	28.9	58.9%	13.8% *	5.1 *
CHAMPUS/Medicare	1.7	3.2%	1.7	3.4%	0.2% *	0.0
Private Non-group	1.5	2.8%	1.4	2.9%	0.1% *	-0.1 *
Uninsured	13.8	26.2%	5.9	12.0%	-14.2% *	-7.9 *
<b>138% to less than 400% of FPL</b>						
Employer	36.1	62.7%	34.6	60.3%	-2.5% *	-1.5 *
Medicaid and CHIP	8.3	14.4%	12.0	20.9%	6.5% *	3.7 *
CHAMPUS/Medicare	1.4	2.4%	1.5	2.6%	0.2% *	0.1 *
Private Non-group	2.7	4.7%	4.2	7.2%	2.6% *	1.5 *
Uninsured	9.1	15.8%	5.2	9.0%	-6.8% *	-3.9 *
<b>At or above 400% of FPL</b>						
Employer	46.5	87.7%	49.4	86.5%	-1.2% *	2.9 *
Medicaid and CHIP	1.0	1.8%	1.8	3.2%	1.3% *	0.8 *
CHAMPUS/Medicare	0.6	1.2%	0.7	1.3%	0.1% *	0.1 *
Private Non-group	2.8	5.3%	3.9	6.7%	1.4% *	1.0 *
Uninsured	2.1	3.9%	1.3	2.3%	-1.7% *	-0.8 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 3. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and State Medicaid Expansion Status, 2013 to 2016 (continued)**

	Non-Expansion States					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	53.9	53.4%	56.6	54.9%	1.5% *	2.6 *
Medicaid and CHIP	18.8	18.7%	20.1	19.5%	0.8% *	1.2 *
CHAMPUS/Medicare	3.8	3.7%	4.0	3.9%	0.1% *	0.2 *
Private Non-group	4.4	4.4%	8.3	8.1%	3.7% *	3.9 *
Uninsured	20.0	19.8%	14.1	13.7%	-6.1% *	-5.9 *
<b>Below 138% of FPL</b>						
Employer	7.4	20.9%	7.7	23.1%	2.2% *	0.4 *
Medicaid and CHIP	14.0	39.6%	13.9	41.7%	2.1% *	0.0
CHAMPUS/Medicare	1.7	4.7%	1.7	5.1%	0.3% *	0.0
Private Non-group	0.9	2.5%	2.4	7.1%	4.6% *	1.5 *
Uninsured	11.4	32.3%	7.7	23.1%	-9.2% *	-3.7 *
<b>138% to less than 400% of FPL</b>						
Employer	23.2	60.8%	23.7	60.1%	-0.7% *	0.5 *
Medicaid and CHIP	4.4	11.7%	5.4	13.7%	2.1% *	1.0 *
CHAMPUS/Medicare	1.4	3.6%	1.5	3.7%	0.2% *	0.1 *
Private Non-group	1.9	5.0%	3.5	8.9%	3.9% *	1.6 *
Uninsured	7.2	19.0%	5.3	13.5%	-5.5% *	-1.9 *
<b>At or above 400% of FPL</b>						
Employer	23.4	84.8%	25.2	83.2%	-1.6% *	1.8 *
Medicaid and CHIP	0.4	1.6%	0.7	2.4%	0.8% *	0.3 *
CHAMPUS/Medicare	0.7	2.7%	0.8	2.7%	0.1%	0.1 *
Private Non-group	1.6	5.9%	2.4	8.0%	2.1% *	0.8 *
Uninsured	1.4	5.1%	1.1	3.7%	-1.3% *	-0.3 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 4. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2013 to 2016**

	White Only (Non-Hispanic)					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	102.9	65.0%	100.9	64.9%	-0.1%	-2.0 *
Medicaid and CHIP	21.7	13.7%	26.9	17.3%	3.6% *	5.2 *
CHAMPUS/Medicare	4.9	3.1%	5.0	3.2%	0.2% *	0.2 *
Private Non-group	8.6	5.5%	11.7	7.5%	2.1% *	3.1 *
Uninsured	20.1	12.7%	11.0	7.1%	-5.7% *	-9.2 *
<b>Below 138% of FPL</b>						
Employer	11.2	28.1%	10.3	28.0%	0.0%	-0.9 *
Medicaid and CHIP	14.6	36.7%	17.3	47.2%	10.6% *	2.7 *
CHAMPUS/Medicare	2.1	5.2%	2.0	5.5%	0.3% *	-0.1 *
Private Non-group	1.6	4.0%	2.0	5.5%	1.4% *	0.4 *
Uninsured	10.4	26.1%	5.1	13.8%	-12.3% *	-5.4 *
<b>138% to less than 400% of FPL</b>						
Employer	38.8	67.0%	35.8	64.8%	-2.2% *	-3.0 *
Medicaid and CHIP	6.2	10.7%	8.0	14.5%	3.8% *	1.8 *
CHAMPUS/Medicare	1.9	3.2%	2.0	3.5%	0.4% *	0.1 *
Private Non-group	3.5	6.0%	5.0	9.0%	3.0% *	1.5 *
Uninsured	7.7	13.2%	4.5	8.2%	-5.0% *	-3.1 *
<b>At or above 400% of FPL</b>						
Employer	52.9	87.7%	54.9	86.2%	-1.4% *	2.0 *
Medicaid and CHIP	0.8	1.4%	1.5	2.4%	1.0% *	0.7 *
CHAMPUS/Medicare	1.0	1.6%	1.1	1.7%	0.1% *	0.1 *
Private Non-group	3.6	5.9%	4.7	7.4%	1.6% *	1.2 *
Uninsured	2.1	3.4%	1.4	2.2%	-1.2% *	-0.7 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 4. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2013 to 2016 (continued)**

	Black Only (Non-Hispanic)					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	14.5	43.6%	15.7	46.5%	2.9% *	1.2 *
Medicaid and CHIP	10.8	32.5%	11.8	34.8%	2.4% *	0.9 *
CHAMPUS/Medicare	1.2	3.5%	1.2	3.7%	0.2% *	0.1 *
Private Non-group	0.6	1.7%	1.5	4.5%	2.7% *	0.9 *
Uninsured	6.2	18.7%	3.6	10.5%	-8.2% *	-2.7 *
<b>Below 138% of FPL</b>						
Employer	2.9	17.6%	3.1	20.0%	2.5% *	0.2 *
Medicaid and CHIP	8.7	53.1%	8.9	58.5%	5.4% *	0.3 *
CHAMPUS/Medicare	0.6	3.5%	0.6	3.8%	0.4% *	0.0
Private Non-group	0.2	1.1%	0.5	3.2%	2.1% *	0.3 *
Uninsured	4.1	24.8%	2.2	14.4%	-10.3% *	-1.8 *
<b>138% to less than 400% of FPL</b>						
Employer	6.9	60.8%	7.5	61.1%	0.2%	0.5 *
Medicaid and CHIP	2.0	17.1%	2.5	20.6%	3.5% *	0.6 *
CHAMPUS/Medicare	0.4	3.6%	0.4	3.5%	-0.2%	0.0
Private Non-group	0.2	2.2%	0.7	5.6%	3.4% *	0.4 *
Uninsured	1.9	16.2%	1.1	9.2%	-7.0% *	-0.7 *
<b>At or above 400% of FPL</b>						
Employer	4.7	84.6%	5.2	82.8%	-1.7% *	0.4 *
Medicaid and CHIP	0.2	3.4%	0.3	4.7%	1.2% *	0.1 *
CHAMPUS/Medicare	0.2	3.3%	0.2	3.6%	0.3% *	0.0 *
Private Non-group	0.1	2.5%	0.3	5.3%	2.7% *	0.2 *
Uninsured	0.3	6.1%	0.2	3.6%	-2.5% *	-0.1 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 4. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2013 to 2016 (continued)**

	Hispanic					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	18.1	36.4%	20.8	39.8%	3.4% *	2.8 *
Medicaid and CHIP	14.9	30.0%	18.2	34.7%	4.6% *	3.2 *
CHAMPUS/Medicare	0.9	1.7%	1.0	1.9%	0.2% *	0.1 *
Private Non-group	1.0	2.0%	2.5	4.7%	2.7% *	1.4 *
Uninsured	14.8	29.8%	9.9	18.9%	-10.8% *	-4.9 *
<b>Below 138% of FPL</b>						
Employer	3.4	14.4%	3.7	16.4%	2.0% *	0.3 *
Medicaid and CHIP	11.2	46.9%	12.5	55.2%	8.3% *	1.3 *
CHAMPUS/Medicare	0.4	1.9%	0.5	2.2%	0.3% *	0.0 *
Private Non-group	0.3	1.1%	0.7	3.1%	2.0% *	0.4 *
Uninsured	8.5	35.8%	5.2	23.2%	-12.7% *	-3.3 *
<b>138% to less than 400% of FPL</b>						
Employer	9.1	48.1%	10.4	48.8%	0.6% *	1.3 *
Medicaid and CHIP	3.5	18.5%	5.2	24.5%	6.0% *	1.7 *
CHAMPUS/Medicare	0.3	1.6%	0.4	1.7%	0.1%	0.1 *
Private Non-group	0.5	2.4%	1.2	5.7%	3.3% *	0.8 *
Uninsured	5.5	29.3%	4.1	19.3%	-10.0% *	-1.4 *
<b>At or above 400% of FPL</b>						
Employer	5.6	80.8%	6.7	80.3%	-0.5%	1.2 *
Medicaid and CHIP	0.2	3.3%	0.4	5.0%	1.7% *	0.2 *
CHAMPUS/Medicare	0.1	1.6%	0.1	1.6%	0.1%	0.0 *
Private Non-group	0.3	4.3%	0.5	6.4%	2.2% *	0.2 *
Uninsured	0.7	10.0%	0.6	6.6%	-3.4% *	-0.1 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 4. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Race and Ethnicity, 2013 to 2016 (continued)**

	Other or Multiple Races (Non-Hispanic)					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	12.9	56.1%	14.2	56.9%	0.8% *	1.3 *
Medicaid and CHIP	4.5	19.4%	6.0	23.9%	4.5% *	1.5 *
CHAMPUS/Medicare	0.6	2.4%	0.6	2.5%	0.0%	0.1 *
Private Non-group	1.2	5.2%	2.1	8.3%	3.0% *	0.9 *
Uninsured	3.9	16.8%	2.1	8.4%	-8.4% *	-1.8 *
<b>Below 138% of FPL</b>						
Employer	1.7	22.4%	1.8	22.9%	0.5%	0.1 *
Medicaid and CHIP	3.2	41.6%	4.0	51.6%	10.0% *	0.8 *
CHAMPUS/Medicare	0.3	3.4%	0.3	3.5%	0.1%	0.0
Private Non-group	0.3	4.4%	0.6	8.0%	3.6% *	0.3 *
Uninsured	2.2	28.2%	1.1	14.0%	-14.2% *	-1.1 *
<b>138% to less than 400% of FPL</b>						
Employer	4.5	59.9%	4.7	57.7%	-2.2% *	0.2 *
Medicaid and CHIP	1.1	14.7%	1.7	20.6%	5.9% *	0.6 *
CHAMPUS/Medicare	0.2	2.5%	0.2	2.7%	0.2%	0.0 *
Private Non-group	0.4	5.5%	0.8	9.7%	4.2% *	0.4 *
Uninsured	1.3	17.5%	0.8	9.3%	-8.1% *	-0.6 *
<b>At or above 400% of FPL</b>						
Employer	6.7	85.8%	7.8	85.3%	-0.4%	1.1 *
Medicaid and CHIP	0.2	2.0%	0.3	3.1%	1.1% *	0.1 *
CHAMPUS/Medicare	0.1	1.4%	0.1	1.4%	0.0%	0.0 *
Private Non-group	0.5	5.8%	0.7	7.3%	1.5% *	0.2 *
Uninsured	0.4	5.0%	0.3	2.8%	-2.2% *	-0.1 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 5. Changes in Health Insurance Coverage Among Adults 18-64 by Health Insurance Unit Income and Age Group, 2013 to 2016**

	High School Degree or Less					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	39.9	45.8%	40.7	47.3%	1.5% *	0.8 *
Medicaid and CHIP	15.3	17.6%	20.1	23.4%	5.8% *	4.8 *
CHAMPUS/Medicare	3.1	3.5%	3.3	3.8%	0.3% *	0.2 *
Private Non-group	3.0	3.4%	5.9	6.8%	3.4% *	2.9 *
Uninsured	25.9	29.7%	16.0	18.7%	-11.0% *	-9.8 *
<b>Below 138% of FPL</b>						
Employer	7.3	19.7%	7.6	21.8%	2.1% *	0.3 *
Medicaid and CHIP	12.1	32.5%	15.1	43.5%	11.0% *	3.0 *
CHAMPUS/Medicare	1.6	4.2%	1.7	4.8%	0.6% *	0.1 *
Private Non-group	0.8	2.2%	1.6	4.6%	2.4% *	0.8 *
Uninsured	15.4	41.4%	8.8	25.4%	-16.1% *	-6.6 *
<b>138% to less than 400% of FPL</b>						
Employer	19.3	57.4%	19.4	57.0%	-0.4% *	0.1
Medicaid and CHIP	2.8	8.5%	4.4	12.9%	4.4% *	1.5 *
CHAMPUS/Medicare	1.1	3.4%	1.2	3.6%	0.2% *	0.1 *
Private Non-group	1.4	4.0%	2.9	8.5%	4.5% *	1.5 *
Uninsured	9.0	26.7%	6.2	18.1%	-8.6% *	-2.8 *
<b>At or above 400% of FPL</b>						
Employer	13.2	81.5%	13.7	79.9%	-1.6% *	0.5 *
Medicaid and CHIP	0.4	2.4%	0.6	3.6%	1.2% *	0.2 *
CHAMPUS/Medicare	0.4	2.2%	0.4	2.3%	0.2% *	0.0 *
Private Non-group	0.8	5.0%	1.4	8.0%	3.0% *	0.6 *
Uninsured	1.5	9.0%	1.1	6.2%	-2.8% *	-0.4 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.



**Appendix Table 5. Changes in Health Insurance Coverage Among Adults 18-64 by Health Insurance Unit Income and Age Group, 2013 to 2016 (continued)**

	Some College					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	31.0	62.6%	30.8	62.7%	0.1%	-0.2
Medicaid and CHIP	4.6	9.3%	7.1	14.5%	5.2% *	2.5 *
CHAMPUS/Medicare	2.0	3.9%	2.0	4.1%	0.1% *	0.0
Private Non-group	2.6	5.3%	4.2	8.6%	3.3% *	1.6 *
Uninsured	9.3	18.8%	5.0	10.1%	-8.7% *	-4.3 *
<b>Below 138% of FPL</b>						
Employer	6.3	38.2%	6.0	38.6%	0.4%	-0.3 *
Medicaid and CHIP	3.4	20.4%	5.1	32.6%	12.2% *	1.7 *
CHAMPUS/Medicare	0.8	4.8%	0.8	4.9%	0.1%	0.0
Private Non-group	0.9	5.7%	1.2	8.0%	2.3% *	0.3 *
Uninsured	5.1	31.0%	2.5	16.0%	-15.0% *	-2.7 *
<b>138% to less than 400% of FPL</b>						
Employer	12.6	66.7%	12.5	65.8%	-1.0%	-0.1 *
Medicaid and CHIP	1.1	5.6%	1.8	9.4%	3.8% *	0.7 *
CHAMPUS/Medicare	0.8	4.2%	0.8	4.4%	0.3%	0.1
Private Non-group	1.0	5.3%	1.9	9.9%	4.6% *	0.9 *
Uninsured	3.4	18.2%	2.0	10.5%	-7.6% *	-1.4 *
<b>At or above 400% of FPL</b>						
Employer	12.1	85.9%	12.3	84.3%	-1.6% *	0.3 *
Medicaid and CHIP	0.2	1.2%	0.3	2.0%	0.8% *	0.1 *
CHAMPUS/Medicare	0.4	2.6%	0.4	2.7%	0.1%	0.0 *
Private Non-group	0.7	4.9%	1.1	7.5%	2.7% *	0.4 *
Uninsured	0.8	5.4%	0.5	3.4%	-2.0% *	-0.3 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 5. Changes in Health Insurance Coverage Among Adults 18-64 by Health Insurance Unit Income and Age Group, 2013 to 2016 (continued)**

	Finished College					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	43.0	79.3%	45.4	78.1%	-1.1% *	2.4 *
Medicaid and CHIP	1.5	2.8%	3.3	5.7%	2.9% *	1.8 *
CHAMPUS/Medicare	1.2	2.1%	1.3	2.3%	0.2% *	0.2 *
Private Non-group	3.7	6.8%	5.5	9.5%	2.8% *	1.9 *
Uninsured	4.9	9.0%	2.5	4.3%	-4.7% *	-2.4 *
<b>Below 138% of FPL</b>						
Employer	2.7	39.8%	2.7	39.0%	-0.8% *	0.0
Medicaid and CHIP	0.9	13.6%	2.0	29.4%	15.7% *	1.1 *
CHAMPUS/Medicare	0.3	4.6%	0.3	4.9%	0.3% *	0.0 *
Private Non-group	0.6	8.8%	0.8	11.9%	3.2% *	0.2 *
Uninsured	2.3	33.2%	1.0	14.7%	-18.4% *	-1.3 *
<b>138% to less than 400% of FPL</b>						
Employer	11.3	74.1%	11.3	72.0%	-2.1% *	0.0
Medicaid and CHIP	0.4	2.9%	0.9	5.8%	2.9% *	0.5 *
CHAMPUS/Medicare	0.4	2.5%	0.4	2.8%	0.3% *	0.1 *
Private Non-group	1.3	8.7%	2.1	13.2%	4.4% *	0.7 *
Uninsured	1.8	11.8%	1.0	6.2%	-5.6% *	-0.8 *
<b>At or above 400% of FPL</b>						
Employer	29.0	90.1%	31.4	88.5%	-1.6% *	2.4 *
Medicaid and CHIP	0.2	0.5%	0.4	1.0%	0.6% *	0.2 *
CHAMPUS/Medicare	0.5	1.4%	0.5	1.5%	0.1% *	0.1 *
Private Non-group	1.7	5.4%	2.6	7.4%	2.0% *	0.9 *
Uninsured	0.8	2.6%	0.5	1.5%	-1.1% *	-0.3 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 6. Changes in Health Insurance Coverage Among Workers by Health Insurance Unit Income and Industry Type, 2013 to 2016**

	All Workers, 18-64					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	95.3	70.3%	99.5	70.4%	0.0%	4.2 *
Medicaid and CHIP	7.1	5.3%	12.4	8.8%	3.5% *	5.3 *
CHAMPUS/Medicare	2.2	1.6%	2.4	1.7%	0.1% *	0.2 *
Private Non-group	6.4	4.7%	11.9	8.4%	3.7% *	5.5 *
Uninsured	24.4	18.0%	15.2	10.7%	-7.3% *	-9.3 *
<b>Below 138% of FPL</b>						
Employer	10.0	37.4%	10.1	39.0%	1.6% *	0.1 *
Medicaid and CHIP	4.4	16.5%	7.5	28.9%	12.4% *	3.1 *
CHAMPUS/Medicare	0.5	1.9%	0.5	2.1%	0.1% *	0.0
Private Non-group	1.1	4.0%	1.8	7.0%	2.9% *	0.7 *
Uninsured	10.7	40.1%	6.0	23.0%	-17.0% *	-4.7 *
<b>138% to less than 400% of FPL</b>						
Employer	37.2	68.1%	37.8	67.2%	-0.9% *	0.7 *
Medicaid and CHIP	2.4	4.3%	4.2	7.5%	3.2% *	1.9 *
CHAMPUS/Medicare	0.9	1.7%	1.0	1.9%	0.1% *	0.1 *
Private Non-group	2.8	5.1%	5.7	10.2%	5.1% *	2.9 *
Uninsured	11.3	20.7%	7.4	13.2%	-7.5% *	-3.9 *
<b>At or above 400% of FPL</b>						
Employer	48.1	88.7%	51.5	87.1%	-1.6% *	3.4 *
Medicaid and CHIP	0.4	0.7%	0.6	1.1%	0.4% *	0.3 *
CHAMPUS/Medicare	0.8	1.4%	0.9	1.5%	0.0%	0.1 *
Private Non-group	2.5	4.7%	4.4	7.4%	2.7% *	1.8 *
Uninsured	2.5	4.5%	1.7	2.9%	-1.6% *	-0.7 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 6. Changes in Health Insurance Coverage Among Workers by Health Insurance Unit Income and Industry Type, 2013 to 2016 (continued)**

	Workers in High-ESI Industries					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	39.5	83.4%	40.0	82.9%	-0.5% *	0.4 *
Medicaid and CHIP	1.3	2.7%	2.1	4.4%	1.7% *	0.8 *
CHAMPUS/Medicare	0.8	1.7%	0.8	1.7%	0.0%	0.0
Private Non-group	1.5	3.1%	2.8	5.8%	2.8% *	1.4 *
Uninsured	4.3	9.1%	2.5	5.1%	-4.0% *	-1.8 *
<b>Below 138% of FPL</b>						
Employer	2.5	48.8%	2.4	50.0%	1.2% *	-0.1 *
Medicaid and CHIP	0.7	13.5%	1.2	24.4%	10.9% *	0.5 *
CHAMPUS/Medicare	0.1	2.1%	0.1	2.3%	0.2%	0.0
Private Non-group	0.2	4.4%	0.3	7.1%	2.7% *	0.1 *
Uninsured	1.6	31.1%	0.8	16.2%	-14.9% *	-0.8 *
<b>138% to less than 400% of FPL</b>						
Employer	14.6	80.4%	14.1	79.6%	-0.8% *	-0.5 *
Medicaid and CHIP	0.5	2.7%	0.8	4.3%	1.6% *	0.3 *
CHAMPUS/Medicare	0.3	1.9%	0.3	1.9%	0.0%	0.0
Private Non-group	0.6	3.4%	1.3	7.1%	3.7% *	0.6 *
Uninsured	2.1	11.6%	1.3	7.1%	-4.5% *	-0.8 *
<b>At or above 400% of FPL</b>						
Employer	22.4	93.1%	23.4	91.5%	-1.6% *	1.0 *
Medicaid and CHIP	0.1	0.4%	0.2	0.7%	0.2% *	0.1 *
CHAMPUS/Medicare	0.4	1.5%	0.4	1.5%	0.0%	0.0 *
Private Non-group	0.6	2.5%	1.2	4.7%	2.2% *	0.6 *
Uninsured	0.6	2.5%	0.4	1.6%	-0.9% *	-0.2 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 6. Changes in Health Insurance Coverage Among Workers by Health Insurance Unit Income and Industry Type, 2013 to 2016 (continued)**

	Workers in Low-ESI Industries					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	55.7	63.3%	59.5	63.9%	0.6% *	3.8 *
Medicaid and CHIP	5.8	6.6%	10.3	11.0%	4.4% *	4.4 *
CHAMPUS/Medicare	1.4	1.6%	1.6	1.7%	0.1% *	0.2 *
Private Non-group	5.0	5.6%	9.1	9.8%	4.1% *	4.1 *
Uninsured	20.1	22.9%	12.7	13.6%	-9.3% *	-7.5 *
<b>Below 138% of FPL</b>						
Employer	7.5	34.7%	7.7	36.5%	1.7% *	0.2 *
Medicaid and CHIP	3.7	17.3%	6.3	30.0%	12.7% *	2.6 *
CHAMPUS/Medicare	0.4	1.9%	0.4	2.0%	0.1%	0.0
Private Non-group	0.8	3.9%	1.5	6.9%	3.0% *	0.6 *
Uninsured	9.1	42.2%	5.2	24.6%	-17.6% *	-3.9 *
<b>138% to less than 400% of FPL</b>						
Employer	22.6	62.0%	23.7	61.5%	-0.5% *	1.2 *
Medicaid and CHIP	1.9	5.1%	3.5	9.0%	3.9% *	1.6 *
CHAMPUS/Medicare	0.6	1.6%	0.7	1.8%	0.2% *	0.1 *
Private Non-group	2.2	6.0%	4.5	11.6%	5.6% *	2.3 *
Uninsured	9.2	25.2%	6.2	16.0%	-9.2% *	-3.0 *
<b>At or above 400% of FPL</b>						
Employer	25.7	85.2%	28.1	83.8%	-1.4% *	2.4 *
Medicaid and CHIP	0.3	0.8%	0.5	1.4%	0.6% *	0.2 *
CHAMPUS/Medicare	0.4	1.4%	0.5	1.4%	0.1%	0.1 *
Private Non-group	1.9	6.4%	3.2	9.4%	3.0% *	1.2 *
Uninsured	1.9	6.2%	1.3	3.9%	-2.3% *	-0.5 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 7. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2013 to 2016**

	Northeast					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	28.5	61.9%	27.9	61.1%	-0.8% *	-0.6 *
Medicaid and CHIP	9.6	20.9%	11.4	25.0%	4.1% *	1.8 *
CHAMPUS/Medicare	0.8	1.7%	0.8	1.7%	0.1% *	0.0
Private Non-group	1.7	3.6%	2.5	5.5%	1.9% *	0.9 *
Uninsured	5.5	12.0%	3.1	6.7%	-5.3% *	-2.5 *
<b>Below 138% of FPL</b>						
Employer	3.3	24.6%	3.0	23.9%	-0.7% *	-0.3 *
Medicaid and CHIP	6.6	49.3%	7.5	59.4%	10.1% *	0.9 *
CHAMPUS/Medicare	0.3	2.4%	0.3	2.7%	0.2% *	0.0
Private Non-group	0.4	2.7%	0.4	3.3%	0.6% *	0.1 *
Uninsured	2.8	21.0%	1.4	10.8%	-10.2% *	-1.5 *
<b>138% to less than 400% of FPL</b>						
Employer	9.9	63.6%	9.0	59.9%	-3.6% *	-0.9 *
Medicaid and CHIP	2.6	16.9%	3.3	22.2%	5.4% *	0.7 *
CHAMPUS/Medicare	0.3	2.0%	0.3	2.0%	0.0%	0.0
Private Non-group	0.6	3.9%	1.1	7.1%	3.2% *	0.5 *
Uninsured	2.1	13.6%	1.3	8.7%	-5.0% *	-0.8 *
<b>At or above 400% of FPL</b>						
Employer	15.3	89.8%	15.9	88.1%	-1.7% *	0.6 *
Medicaid and CHIP	0.3	2.0%	0.6	3.1%	1.1% *	0.2 *
CHAMPUS/Medicare	0.1	0.7%	0.2	0.8%	0.1% *	0.0 *
Private Non-group	0.7	4.1%	1.0	5.7%	1.7% *	0.3 *
Uninsured	0.6	3.4%	0.4	2.2%	-1.2% *	-0.2 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 7. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2013 to 2016 (continued)**

	Midwest					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	34.4	61.0%	34.7	62.1%	1.1% *	0.4 *
Medicaid and CHIP	10.7	19.0%	12.4	22.3%	3.2% *	1.7 *
CHAMPUS/Medicare	1.2	2.1%	1.3	2.4%	0.2% *	0.1 *
Private Non-group	2.5	4.4%	3.3	5.9%	1.5% *	0.8 *
Uninsured	7.5	13.4%	4.1	7.3%	-6.1% *	-3.4 *
<b>Below 138% of FPL</b>						
Employer	4.1	23.7%	3.9	24.8%	1.1% *	-0.2 *
Medicaid and CHIP	7.8	45.4%	8.6	55.2%	9.8% *	0.8 *
CHAMPUS/Medicare	0.5	3.0%	0.5	3.4%	0.4% *	0.0
Private Non-group	0.5	3.1%	0.6	3.8%	0.7% *	0.1 *
Uninsured	4.2	24.8%	2.0	12.8%	-12.0% *	-2.2 *
<b>138% to less than 400% of FPL</b>						
Employer	14.7	67.8%	14.2	66.2%	-1.5% *	-0.5 *
Medicaid and CHIP	2.7	12.4%	3.4	15.9%	3.5% *	0.7 *
CHAMPUS/Medicare	0.5	2.2%	0.6	2.7%	0.4% *	0.1 *
Private Non-group	1.0	4.8%	1.5	7.1%	2.3% *	0.5 *
Uninsured	2.8	12.8%	1.7	8.1%	-4.7% *	-1.0 *
<b>At or above 400% of FPL</b>						
Employer	15.7	89.1%	16.7	88.3%	-0.8% *	1.0 *
Medicaid and CHIP	0.3	1.5%	0.4	2.2%	0.7% *	0.2 *
CHAMPUS/Medicare	0.2	1.1%	0.2	1.2%	0.1% *	0.0 *
Private Non-group	0.9	5.3%	1.2	6.3%	1.0% *	0.3 *
Uninsured	0.5	3.0%	0.4	2.0%	-1.0% *	-0.2 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

**Appendix Table 7. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2013 to 2016 (continued)**

	South					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	51.8	52.4%	54.0	53.5%	1.1% *	2.2 *
Medicaid and CHIP	19.1	19.4%	21.5	21.3%	1.9% *	2.3 *
CHAMPUS/Medicare	3.8	3.9%	4.0	4.0%	0.1% *	0.2 *
Private Non-group	4.1	4.1%	7.7	7.6%	3.5% *	3.6 *
Uninsured	20.0	20.3%	13.7	13.6%	-6.7% *	-6.3 *
<b>Below 138% of FPL</b>						
Employer	7.2	20.3%	7.5	22.0%	1.7% *	0.3 *
Medicaid and CHIP	14.2	40.2%	15.1	44.5%	4.3% *	0.9 *
CHAMPUS/Medicare	1.7	4.8%	1.8	5.2%	0.3% *	0.0
Private Non-group	0.8	2.3%	2.1	6.3%	4.0% *	1.3 *
Uninsured	11.4	32.3%	7.5	22.0%	-10.3% *	-4.0 *
<b>138% to less than 400% of FPL</b>						
Employer	21.6	59.6%	21.9	58.8%	-0.9% *	0.3 *
Medicaid and CHIP	4.4	12.2%	5.6	15.0%	2.8% *	1.2 *
CHAMPUS/Medicare	1.4	3.7%	1.4	3.9%	0.1% *	0.1 *
Private Non-group	1.7	4.7%	3.2	8.7%	3.9% *	1.5 *
Uninsured	7.1	19.7%	5.1	13.7%	-6.0% *	-2.0 *
<b>At or above 400% of FPL</b>						
Employer	23.0	84.6%	24.7	83.0%	-1.6% *	1.6 *
Medicaid and CHIP	0.5	1.7%	0.8	2.6%	0.9% *	0.3 *
CHAMPUS/Medicare	0.7	2.7%	0.8	2.8%	0.1%	0.1 *
Private Non-group	1.5	5.6%	2.3	7.8%	2.2% *	0.8 *
Uninsured	1.4	5.3%	1.1	3.7%	-1.6% *	-0.3 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.



**Appendix Table 7. Changes in Health Insurance Coverage Among the Nonelderly by Health Insurance Unit Income and Region, 2013 to 2016 (continued)**

	West					
	Coverage Distribution within Income Category				Percentage Point Change 2013-2016	Change in Millions of People 2013-2016
	2013		2016			
	Millions	Percent	Millions	Percent		
<b>All Incomes</b>						
Employer	33.7	53.6%	35.0	54.6%	1.1% *	1.3 *
Medicaid and CHIP	12.4	19.7%	17.4	27.2%	7.4% *	5.0 *
CHAMPUS/Medicare	1.7	2.7%	1.7	2.7%	0.0%	0.0
Private Non-group	3.2	5.1%	4.2	6.6%	1.6% *	1.1 *
Uninsured	11.9	19.0%	5.7	8.9%	-10.1% *	-6.3 *
<b>Below 138% of FPL</b>						
Employer	4.7	21.5%	4.5	22.2%	0.7% *	-0.2 *
Medicaid and CHIP	9.1	41.4%	11.6	57.1%	15.7% *	2.5 *
CHAMPUS/Medicare	0.8	3.6%	0.7	3.6%	0.1%	0.0 *
Private Non-group	0.7	3.1%	0.7	3.4%	0.3% *	0.0
Uninsured	6.7	30.5%	2.8	13.7%	-16.9% *	-3.9 *
<b>138% to less than 400% of FPL</b>						
Employer	13.1	58.9%	13.2	57.1%	-1.8% *	0.1
Medicaid and CHIP	3.0	13.5%	5.1	21.9%	8.4% *	2.1 *
CHAMPUS/Medicare	0.6	2.7%	0.6	2.8%	0.1%	0.0 *
Private Non-group	1.2	5.5%	1.8	7.9%	2.5% *	0.6 *
Uninsured	4.3	19.4%	2.4	10.2%	-9.2% *	-2.0 *
<b>At or above 400% of FPL</b>						
Employer	15.9	84.6%	17.3	83.6%	-1.0% *	1.4 *
Medicaid and CHIP	0.3	1.8%	0.8	3.7%	1.9% *	0.4 *
CHAMPUS/Medicare	0.3	1.7%	0.4	1.7%	0.0%	0.0 *
Private Non-group	1.3	6.9%	1.7	8.3%	1.4% *	0.4 *
Uninsured	0.9	5.0%	0.6	2.7%	-2.3% *	-0.4 *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2016 using the Integrated Public Use Microdata Series.<sup>7</sup>

Notes: CHIP = Children's Health Insurance Program. FPL = federal poverty level. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center<sup>8</sup> and include adjustments for misreporting of health insurance coverage on the American Community Survey developed by Victoria Lynch et al.<sup>9</sup>

\* Change is statistically significant at the 5 percent level.

# ENDNOTES

1. 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.
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17. Between 2008 and 2013, ESI coverage fell 4.4 percentage points; see Skopec, L, J Holahan, and M McGrath. 2015. "Health Insurance Coverage in 2013: Gains in Public Coverage Continue to Offset Loss of Private Insurance." Washington, DC: Kaiser Family Foundation. <https://www.kff.org/uninsured/issue-brief/health-insurance-coverage-in-2013-gains-in-public-coverage-continue-to-offset-loss-of-private-insurance>. Also, between 2000 and 2010, ESI coverage steadily eroded; see Blavin, F, J Holahan, G Kenney, and V Chen. 2012. "A Decade of Coverage Losses: Implications for the Affordable Care Act." Washington, DC: Urban Institute. <http://www.urban.org/research/publication/decade-coverage-losses-implicationsaffordable-care-act>.
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