

medicaid and the uninsured

December 2011

Changes in Health Insurance Coverage in the Great Recession, 2007-2010

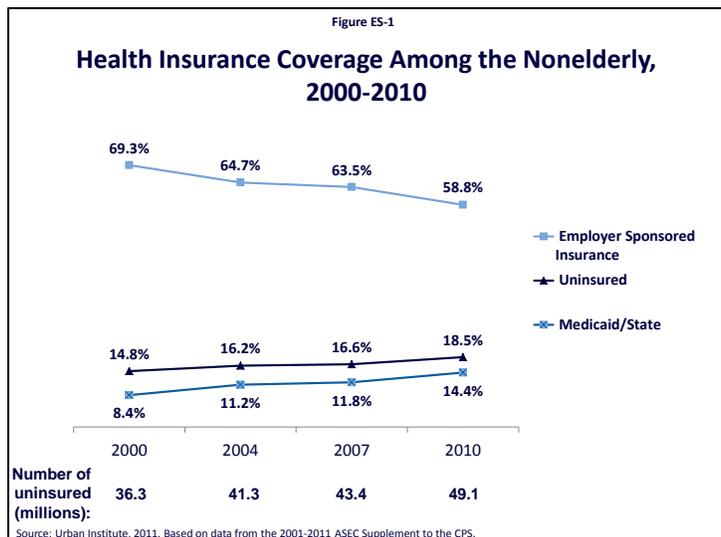
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Executive Summary

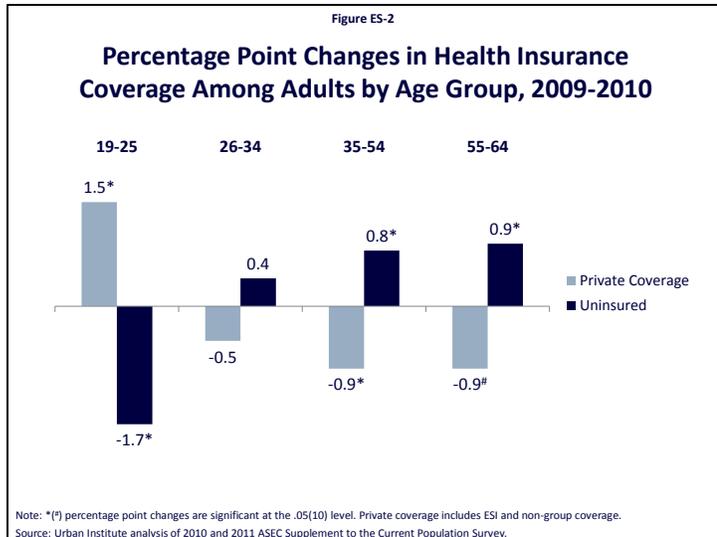
The number of uninsured nonelderly Americans reached over 49 million in 2010, an increase of nearly a million people since 2009. This increase continues a trend of rising uninsurance over the past decade (see Figure ES-1). Among the nonelderly, rates of employer-sponsored coverage have declined from 2000 to 2010. While public coverage through Medicaid or the Children's Health Insurance Program (CHIP) has filled in some of the gap in coverage, rising throughout the decade, it has not offset all of the loss in private coverage. As a result, both the number and share of the population without health coverage have grown since 2000.

Changes in health insurance coverage largely reflect economic conditions. Over the past decade, the United States has experienced an economic recession from 2000 to 2004, a modest recovery between 2004 and 2007, and then decline into a deep recession in 2007. During periods of recession—particularly the Great Recession that began in 2007—unemployment rose, more people were living in families without a full-time worker, and real personal income fell. As a result, the number and share of people who are low-income has grown. Trends in coverage follow these economic indicators: the number of uninsured grew substantially during the first recession of the decade (increasing 5.0 million from 2000 to 2004), increased more slowly during the brief recovery (growing by 2.1 million from 2004 to 2007), then again rose significantly during the Great Recession (rising by 5.7 million since 2007). Between 2009 and 2010, economic conditions stabilized but remained poor; as a result, the number of uninsured remained high.

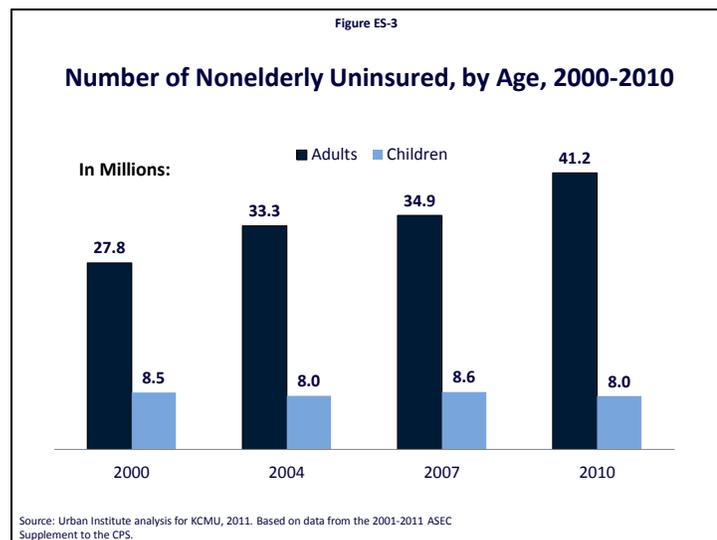
The loss of coverage during economic downturns is linked to declines in employer-sponsored coverage. When people lose their jobs, they frequently lose their employer-sponsored coverage. In the Great Recession, the decline in employer-sponsored coverage was particularly acute. This decline reflected growth in the ranks of non-workers or part-time (versus full-time workers), though there was a small decline in employer-sponsored coverage for those working full time.



One exception to recent trends in private coverage is coverage for young adults (ages 19-25). Between 2009 and 2010, this group had an increase in private coverage, while all other age groups experienced a decline in private coverage (see Figure ES-2). The improvement in coverage for those ages 19 to 25 is most likely due to the provision of the Affordable Care Act that allowed young adults to stay on their parents' insurance coverage as of September 2010.



Medicaid and CHIP partially offset losses in private coverage, primarily through increased enrollment of children. In fact, the uninsured rate among children has declined slightly in recent years due to increased enrollment in Medicaid and CHIP (see Figure ES-3). In contrast, small increases in Medicaid among adults, while preventing the number of uninsured from being higher, did not offset losses of private coverage. All of the increase in the uninsured over the past decade is among adults. Within adults, the rise in the uninsured is concentrated among those who are low-income (less than 200% of poverty), the ranks of whom grew significantly during the Great Recession. Under provisions in the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA), states were required to maintain eligibility levels for Medicaid and CHIP. This requirement likely helped reduce the ranks of the uninsured. However, because adults are less likely than children to be eligible for Medicaid, they are more likely to fall through the safety net of public coverage and be uninsured.



Patterns of insurance coverage are similar across groups of all race/ethnicity, citizens and non-citizens, and all geographic areas. However, in recent years, much of the increase in the number of uninsured has been among whites, a large number of whom lost jobs and fell into lower-income groups where they were less likely to have insurance coverage. Similarly, because native citizens account for the majority of Americans, most of those losing coverage in the Great Recession are native citizens (versus immigrants).

The U.S economy remains weak, resulting in loss of jobs and corresponding loss of employer-sponsored health coverage. The impact of this recession has been mitigated to some degree because of Medicaid provisions of ARRA and ACA. The full implementation of the ACA will end the link between the ESI and the uninsured by expanding Medicaid and providing tax credits in exchanges. Those losing jobs or changing to lower-wage employment will have many more options in future recessions than they do today.

Introduction

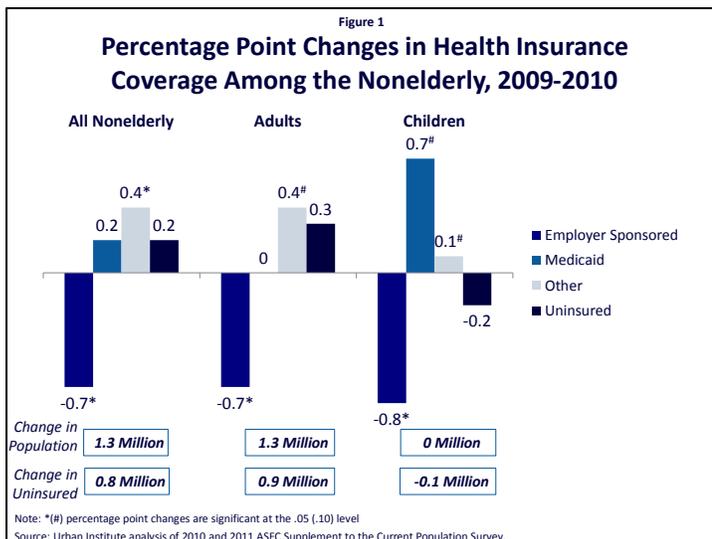
The number of uninsured nonelderly Americans reached over 49 million in 2010, an increase of nearly a million people since 2009. Being uninsured has serious consequences for one's ability to access health services: compared to those with coverage, the uninsured are more likely to miss recommended preventive care, encounter more barriers in accessing medical care when they are sick, and face serious financial consequences when they do use services. While the Affordable Care Act (ACA) includes several provisions to expand health insurance coverage, most of these provisions do not go into effect until 2014. Further, not all uninsured will gain coverage even when ACA is fully implemented. Understanding recent trends in coverage can remind the public why we needed health reform and can help policymakers plan for ACA implementation.

This paper summarizes the changes in health insurance coverage in 2010 that were reported by Bureau of Census on September 13, 2011. Our analysis focuses on the nonelderly population (children and adults up to age 65), as nearly all of the elderly are covered by Medicare. We first review changes over the past year. We then briefly review changes in economic conditions and in health insurance coverage over the entire decade. Last, we focus in detail on changes in health insurance coverage that have occurred during the Great Recession. While the recession officially ended on June 2009,¹ the unemployment rate has remained high, the poverty rate continues to increase and median household income has continued to decline. Thus we regard the impact of the Great Recession to have continued over the 2007-2010 period.

Recent Trends: Changes in Health Insurance Coverage from 2009 to 2010

In the past year (2010), the unemployment rate reached 9.6 percent, up from 9.3 percent in 2009. Thus, the unemployment rate remained at a very high level. The continuing weak economy led to a decline in the rate of employer sponsored insurance (ESI) (See Table 1 and Figure 1).

For the non-elderly overall, the rate of ESI fell by 0.7 percentage points while the rate of Medicaid enrollment was essentially unchanged. There were also small increases in coverage through other public programs such as Medicare and through the private non-group market. The small increases in coverage outside the workplace offset the drop in employer coverage, and the uninsured rate remained essentially unchanged. Primarily because of population growth, the number of nonelderly uninsured increased by 0.8 million.

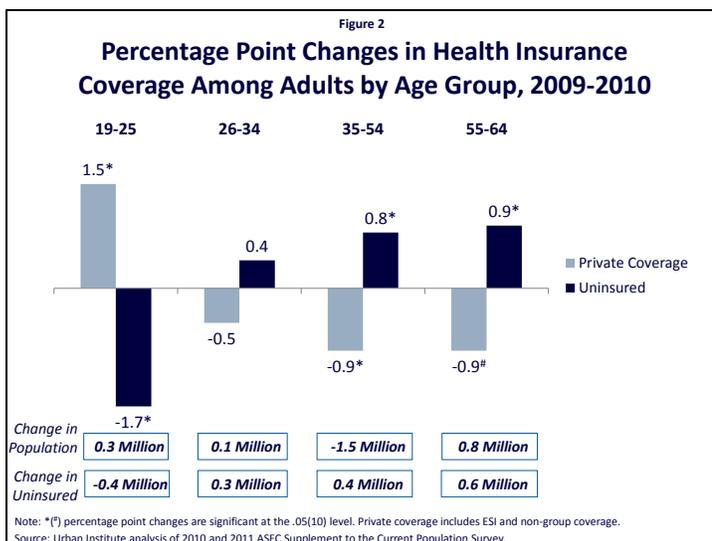


¹ Business Cycle Dating Committee, National Bureau of Economic Research, Sept 20, 2010. www.nber.org/cycles/sept2010.html

For children, the share covered by ESI declined by 0.8 percentage points, Medicaid increased by 0.7 percentage points, and the uninsurance rate was basically unchanged (down 0.2 percentage points), as was the number of uninsured children (down 0.1 million).

For adults, ESI fell by 0.7 percentage points, Medicaid was mostly unchanged, increasing by less than 0.1 percentage points (0.1 million), and the uninsured rate increased by 0.3 percentage points (not significant). The number of uninsured adults increased by 0.9 million, primarily because of population growth.

The major exception to this picture is the young adult population between 19 and 25 years of age. This group experienced an increase in ESI of 0.5 percentage points (not significant), and private non-group coverage increased by 0.9 percentage points. Overall, private insurance increased by 1.5 percentage points. The result was a decline in the uninsurance rate in this age group of 1.7 percentage points, or 400,000 young adults (Figure 2). This increase in private coverage and decline in the uninsured did not occur for any other age group. In particular, for the two oldest groups (ages 35 to 64), private coverage fell and uninsurance increased. Interestingly, both low-income (below 200 percent of poverty) and higher-income (above 200 percent of poverty) young adults had a decline in uninsurance in 2010. Among low-income young adults, employer coverage increased by 2.8 percentage points leading to a decline in the uninsured rate of 2.9 percentage points (data not shown). Among higher-income young adults, employer coverage was substantially unchanged, but non-group coverage increased by 1.6 percentage points, leading to a 1.2 percentage point drop in the uninsured rate. The most likely explanation is the provisions of the Affordable Care Act (ACA) that allow children to stay on parent’s coverage as of September 2010. Further support for this explanation comes from data for the previous year, 2009, when the age 19-25 group lost private coverage at similar rates as other age groups.

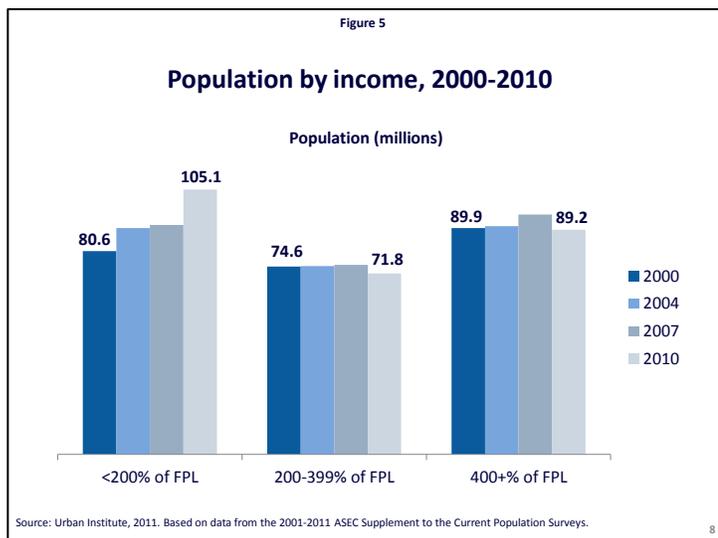
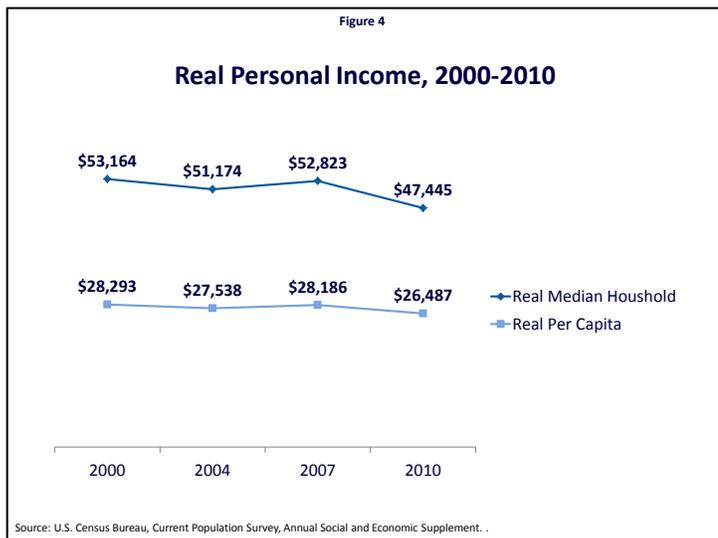
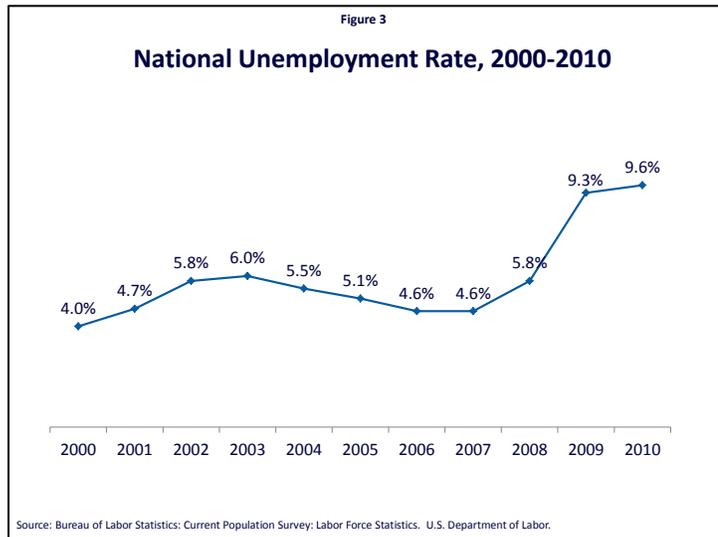


Medicaid and CHIP were responsible for offsetting the decline in ESI for children. The percentage of the population on Medicaid was essentially unchanged for adults; this kept the number of uninsured adults from rising by more than it most likely would have. The trends in Medicaid coverage undoubtedly reflect the policies in the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA) that have prohibited states from dropping Medicaid eligibility. This has contributed to fiscal strain at the state level but has succeeded in keeping the number of uninsured adults from increasing more than it otherwise would have.

The Past Decade: Changes in Health Insurance Coverage from 2000 to 2010

The impact of the economy on health insurance coverage is even more evident when looking over a longer period of time. In the past decade, the nation experienced an economic recession that lasted from 2000 to 2004, a modest recovery between 2004 and 2007, and then decline into a deep recession in 2007. The changing economy is seen clearly in Figures 3 and 4. The unemployment rate increased in the recession in the early part of the decade (2000-2004), then declined through 2007, and then increased in 2008 and rose sharply in 2009 and 2010 (see Figure 3). A similar picture is shown for real median household income and real per capita income (Figure 4): both declined in the first recession of the decade, then increased between 2004 and 2007, and then dropped sharply in the last three years.

The economic conditions over the past decade, as well as demographic trends, shifted the income distribution of the U.S. population. As shown in Table 2 and Figure 5, all of the net increase in the U.S. population over the past decade was among those with incomes lower than 200 percent of the federal poverty level (FPL). In 2000, 32.9 percent of Americans had income below 200 percent of the FPL. By 2010, the percentage of the population with incomes under 200 percent of the FPL was 39.5. The percent of the population in the middle income group and in the higher income group fell 3.4 and 3.2 percentage points, respectively, over the same period. The number of people below 200% of the FPL increased from 80.6 million to 105.1 million, accounting for all of the net population growth.



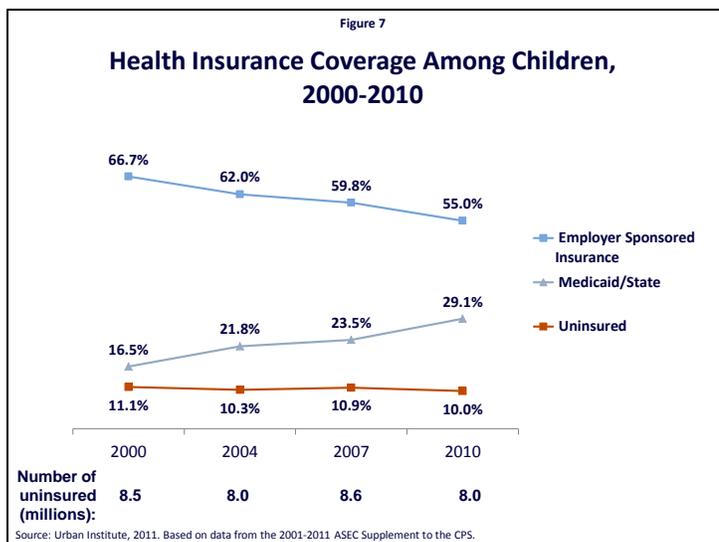
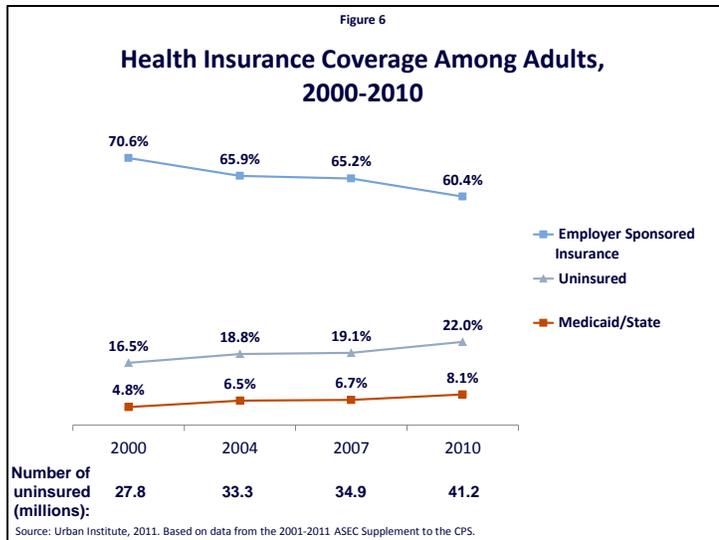
The changes in insurance coverage generally follow the pattern of the economy (Table 3 and Figures 6 and 7). During the recession at the beginning of the decade (2000-2004), the share of the population with employer sponsored insurance fell by 4.7 percentage points for both adults and children. This decline was partially offset by expansion of Medicaid and CHIP, particularly for children. Because of the latter, the uninsured rate and number of uninsured among children actually fell (by 0.8 percentage points and 500,000, respectively). In contrast, the uninsured rate among adults increased from 16.5 percent in 2000 to 18.8 percent in 2004. The number of uninsured adults increased by 5.5 million, accounting for all of the increase in the number of uninsured between 2000 and 2004.

During the middle period of the decade in which the economy improved, there continued to be a decline in the ESI, Medicaid increases were small, and as a result, the number of uninsured people continued to increase, though mostly for adults. The number of adult uninsured increased by 1.6 million and children by 0.6 million.

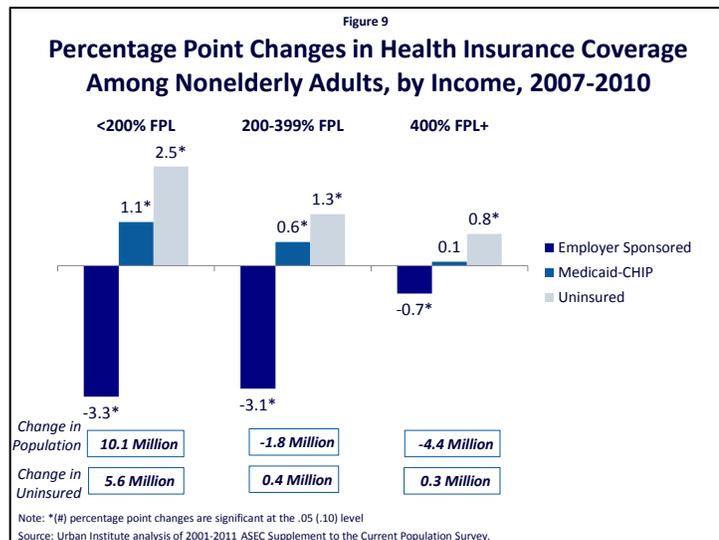
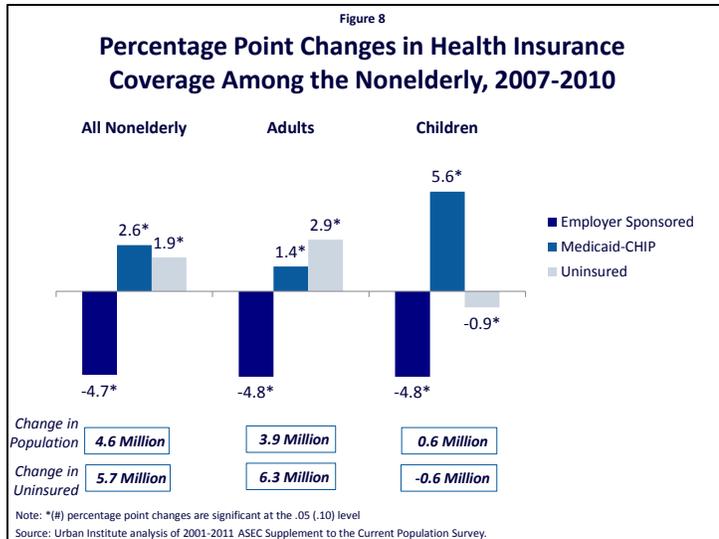
After 2007, the economy entered into the Great Recession. There was a substantial decline in ESI, Medicaid expansion did not offset all of this decline, particularly for adults, and the number of non-elderly uninsured increased by 5.7 million, from 43.4 million in 2007 to 49.1 million in 2010. All of the increase in the number of uninsured was among adults; the number of uninsured children actually fell. The former increased by 6.3 million, the latter fell by 0.6 million.

The Great Recession: Changes in Health Insurance Coverage from 2007-2010

As stated above, the number of uninsured non-elderly has increased by 5.7 million since the recession began in 2007 (See Table 4). The rate of employer-sponsored insurance fell from 63.5 to 58.8 percent. Medicaid coverage increased from 11.8 to 14.4 percent, partially offsetting the drop in the ESI. The uninsured rate increased from 16.6 to 18.5 percent. All of the increase in the number of uninsured was among adults (see Figure 8). The percent of adults with ESI fell by about 4.8 percentage points and the share of population on Medicaid increased by 1.4 percentage points, not enough to offset the decline in the ESI. Overall, the share of the adult population that was uninsured increased from 19.1 to 22.0 percent, an increase of 6.3 million.



Almost all of the increase in the number of uninsured adults was among those with incomes below 200 percent of the FPL (Table 4 and Figure 9). The number of adults below 200% FPL increased sharply—by 10.1 million people. The rate of ESI for low income adults, already low in 2007 (30.2 percent), fell to 26.9 percent in 2010. Medicaid increased by about 1.1 percentage points and the uninsured rate increased by 2.5 percentage points from 39.0 percent to 41.5 percent. The number of uninsured increased by 5.6 million low-income adults, both because of the increased size of the low-income adult population and the increased uninsurance rate. The number of adults in the two highest income groups (200-399% FPL and 400% FPL+) fell by 1.8 and 4.4 million respectively. For both the middle income and highest income adults there was a decline in ESI of 3.1 and 0.7 percentage points respectively while changes to other forms of coverage were relatively minor. The uninsured rate increased for both the middle and high income groups and the number of people without health insurance increased by 400,000 and 300,000 respectively.



Children across all income groups fared far better. Overall, the rate of employer sponsored insurance fell by 4.8 percentage points, as it did for adults, but the increase in Medicaid was even greater, 5.6 percentage points. The result was the decline in the uninsurance rate from 10.9 to 10.0 percent. The number of uninsured children fell by 600,000.

Like adults and the population overall, the net change in the child population between 2007 and 2010 saw a shift to the lowest income group. The number of children living in families with incomes below 200% of the FPL increased by 3.9 million. The number of children in the two higher income groups fell, each by 1.6 million people. The rate of ESI for low income children fell by 3.6 percentage points but was more than offset by a six percentage point increase in the share on Medicaid and CHIP. The uninsured rate fell by 2.4 percentage points, resulting in reduction of 200,000. There was also a reduction in the number of uninsured middle-income children, primarily because Medicaid and CHIP coverage extends into this income group.

Family Work Status

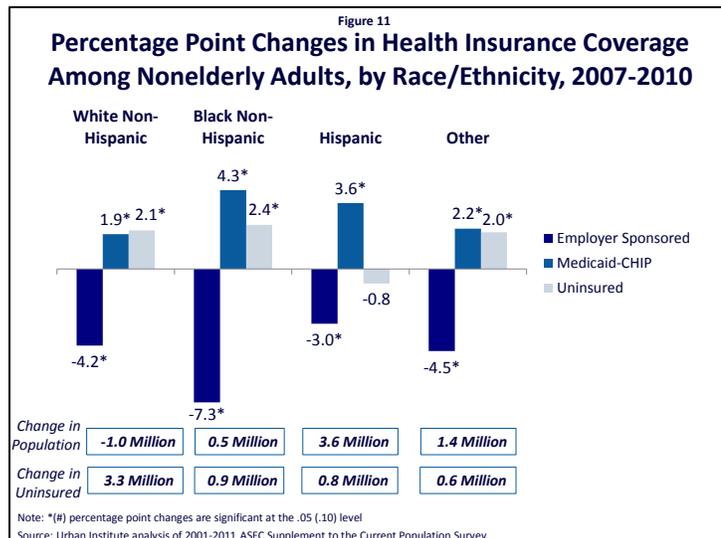
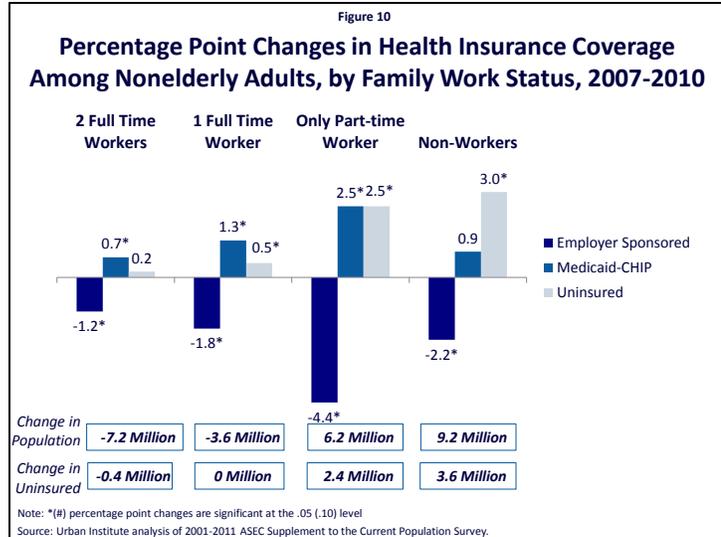
Table 5 and Figure 10 show changes in health insurance coverage by family work status. From 2007 to 2010, the number of people living in households with one and two full time worker fell by 3.6 and 7.2 million respectively. There was a large increase in the number of families with only a part-time worker (6.2 million) and an even larger increase in the number of families with no worker (9.2 million). The rates of ESI fell within each group. A somewhat smaller percentage of families in one or two full-time worker households had ESI coverage in 2010

than in 2007. This decline was partially offset by an increase in Medicaid and state coverage. The decline in the number of workers also helped offset the lower ESI rates and thus there was little change in the number of uninsured within one and two full-time worker households.

The biggest increase in the uninsured rates was among those with only a part time worker or with no worker. Both experienced declines in ESI, both saw increases in the rate of Medicaid and state coverage, but the latter were not sufficient to offset the reductions in ESI. As a result, the uninsured rate for those living in the household with only a part-time worker increased from 28.4 to 30.9 percent. Overall, there was an increase in the number of uninsured living in households with part-time workers of 2.4 million. Similarly, there was a decline in ESI for those in families with no worker and a small increase in Medicaid coverage. For those in families with no worker, the uninsured rate increased from 26.4 percent to 29.4 percent, which resulted in an increase of 3.6 million uninsured living in households with no workers. The net effect then is that all of the increase in the number of uninsured was among those living in families with only a part-time or no worker. This occurred both because of the overall increase in the uninsured rate, but also because the large increase in the number of people living in such families.

Race and Ethnicity

Table 6 shows changes in coverage by race and ethnicity. Whites account by far for the largest number losing insurance in the past three years. Large numbers of whites lost jobs and fell into lower-income groups where they were less likely to have private coverage and more likely to be uninsured. The number of whites with incomes below 200 percent of FPL increased by 6.1 million while the numbers in the two highest-income groups fell by 2.5 and 4.6 million respectively. Whites were much less likely to have ESI in 2010 than in 2007



(71.3 percent in 2007 and 67.1 percent in 2010) (Figure 11). Whites saw some increase in Medicaid and state coverage, but an increase in the uninsured rate from 11.7 percent to 13.8 percent. There was an increase of 3.3 million newly uninsured white Americans, an increase of about 15 percent.

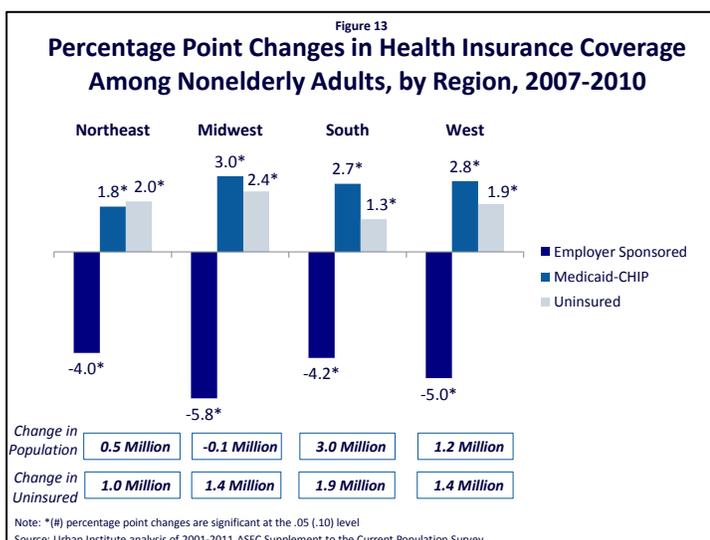
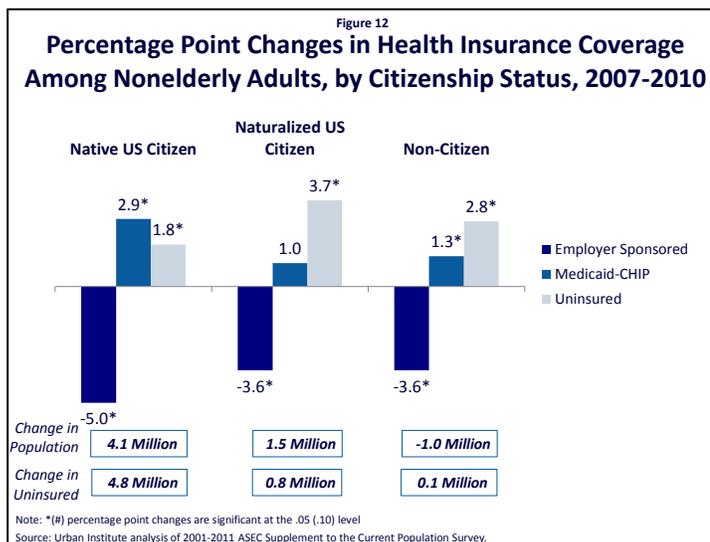
Black, Hispanic, and other Americans also experienced a similar pattern: the rate of ESI declined, Medicaid and state coverage increased, and their uninsured rates increased. Among blacks, the uninsured rate increases were large, and the number of uninsured increased by 900,000. The ESI rate for blacks fell from 52.7 percent to 45.4 percent. Medicaid enrollment grew but the uninsured rate increased from 19.9 percent to 22.3 percent. The increase in the number of uninsured was also large among Hispanics, largely because this group experienced a large population increase. Blacks and Hispanics did not see as sharp a reduction in their incomes as did whites, largely because larger proportions of blacks and Hispanics have historically already had low incomes. Hispanics had a smaller drop in ESI which was more than offset by increases in Medicaid and CHIP. The uninsurance rate among Hispanics actually fell slightly but is still quite high at 32.1 percent.

Citizenship Status

Table 7 and Figure 12 look at changes in coverage by citizenship status. There was a large decline in the shares of native U.S. citizens, naturalized U.S. citizens, and non-citizens having ESI. Each citizenship group benefited from an increase in Medicaid and state coverage, and each group experienced an increase in their uninsurance rates. The uninsured rate for native U.S. citizens increased from 13.9 to 15.7 percent. Since most respondents are native U.S. citizens, this group accounted for the overwhelming number of those losing health insurance: an additional 4.8 million out of the 5.7 million uninsured were native citizens. Non-citizens had very high uninsured rates which increased from 44.3 percent in 2007 to 47.1 percent in 2010. During the recession however, the number of non-citizens declined. Thus, while there is an increase in the uninsured rate, the number of non-citizens contributed relatively little to the increase of the number of uninsured Americans.

Geographical Regions

The increases in the uninsured were fairly consistent across regions (Table 8 and Figure 13). Though baseline (2007) coverage rates varied across region (with the Northeast and Midwest having higher rates of ESI than the South and



West), the changes were similar across geographic region. Each region had statistically significant declines in ESI of between 4 and 6 percentage points. Each region experienced statistically significant increases in Medicaid and state coverage, and all regions saw increases in the uninsurance rates. All regions saw reductions in the size of their middle- and higher-income populations and an increase in the size of their low-income population. This contributed to the increase in the number of uninsured in each region. Overall, the increase in the number of uninsured ranged between 1.0 million in the Northeast to 1.9 million in the South.

Conclusion

In the past year, the economy remained weak; the unemployment rate remained above 9.0 percent; and real household incomes and real per capita incomes declined. The rate of employer-sponsored insurance (ESI) fell by 0.7 percentage points, continuing a decade-long decline in the rate of employer-sponsored insurance. Medicaid enrollment increased for children, more than offsetting the decline in ESI among children, and held steady for adults. As a result, there was an increase in the number of uninsured adults but not children. The fact that Medicaid enrollment did not decline despite state budget pressures probably reflects the maintenance of eligibility (MOE) requirements of the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA). This kept the number of uninsured from increasing as much as it otherwise might have. Young adults seem to have benefited from the health reform provisions of the Affordable Care Act introduced in 2010: young adults saw gains in private coverage and a lower uninsured rate, while other age groups actually saw declines in private coverage and higher uninsured rates.

Employer-sponsored insurance fell throughout the last decade. It declined during the recession in the beginning of the decade, continued to fall slightly during the modest recovery that occurred between 2004 and 2007, and again declined significantly since the most recent recession began.

In the current recession, we have seen sharp declines—almost 5 percentage points—in the rates of ESI. Medicaid expanded somewhat for adults, but to a much larger extent among children. The Medicaid expansions more than offset the ESI decline for children, but not for adults. As a result, the number of uninsured adults increased by 6.3 million, while the number of uninsured children declined by 600,000 despite the recession.

For those retaining attachment to the workforce during the recession, there were small declines in employer coverage. The bulk of the increase in the uninsured was among those with part-time or no workers in the household, the ranks of whom expanded greatly. Most of the increases in the number of uninsured have been among white Americans and native citizens. All regions were affected by recent changes in coverage.

The impact of this recession has been mitigated to some degree because of Medicaid provisions of ARRA and ACA. If we had not seen the increase in Medicaid that we did, the number of uninsured would have been considerably higher. The full implementation of the ACA will end the link between the ESI and the uninsured by expanding Medicaid and providing tax credits in exchanges. Those losing jobs or changing to lower-wage employment will have many more options in future recessions than they do today.

Method Notes

The data for this report is based on Urban Institute analysis of the Census Bureau's March Supplement to the Current Population Survey (the CPS Annual Social and Economic Supplement or ASEC). The CPS supplement is the primary source of annual health insurance coverage information in the United States.

There is debate over whether the CPS is measuring the number of uninsured for an entire year (as intended) or whether responses more closely reflect the number of uninsured at a point-in-time. In this paper, we assume that the CPS is essentially a measurement of point-in-time coverage, primarily because the number of uninsured in the CPS has historically been significantly closer to point-in-time estimates and well above the full year estimates of other surveys. While there is also a concern that the CPS understates Medicaid/CHIP enrollment and thus, possibly overstates the number of uninsured²³, none of the estimates presented here have been adjusted to take into account possible underreporting of Medicaid/CHIP coverage. However, it is unlikely that the size of the Medicaid undercount varies substantially over time.

We use the health insurance unit (HIU) as the unit of analysis for determining family-level income. A HIU includes members of the nuclear family who can be covered under one health insurance policy (i.e., policyholder, spouse, children who are under age 19 and full-time students under age 23). Use of HIUs in determining family-level income leads to results that differ from those obtained when household income is used because the latter includes the income of all relatives and unrelated individuals living together. The income of the HIU more accurately reflects the income available to individuals when purchasing private insurance or determining eligibility for public programs. We look at changes in coverage dividing the population into three groups divided by percent of the federal poverty level (FPL). The FPL's are useful because they adjust for both inflation and family size.

In 2011, the Census Bureau revised its health coverage imputation methodology for those who did not respond to health insurance questions. The revisions address the differences between the way that health insurance coverage is collected in the CPS ASEC and the way it is imputed in two major ways. Previously, dependent coverage assignments were limited only to the policyholder's spouse and/or children. The revisions now allow all members in the household to be assigned dependent coverage, thus the increase in the imputed number of dependents with coverage more accurately reflects individual reporting. These revisions were reflected in the calendar year 2010 CPS ASEC data, and revised extracts were released for 1999 to 2009 data years allowing a methodologically consistent trend to be examined from 1999 to 2010. Overall, the new editing process led to a 0.6 percentage point decrease in the number of uninsured in 2009.

² Davern M, Klerman JA, Ziegenfuss J, Lynch V, Baugh D, Greenberg G. A partially corrected estimate of Medicaid enrollment and uninsurance: results from an imputational model developed off linked survey and administrative data. *J Econ Soc Meas*. 2009; 34(4):219-40.

³ Call KT, Davidson G, Sommers AS, Feldman R, Farseth P, Rockwood T. Uncovering the missing Medicaid cases and assessing their bias for estimates of the uninsured. *Inquiry* Winter 2001/2002;38(4): 396-408.

Table 1: Health Insurance Coverage of Nonelderly by Age and Poverty Levels, 2009 vs. 2010

	NONELDERLY					ADULTS, 19-64					CHILDREN, 0-18				
	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People
	2009		2010			2009		2010			2009		2010		
	(millions)		(millions)		(millions)		(millions)		(millions)		(millions)		(millions)		
All Incomes (millions of people)	264.7	264.7	266.0	266.0	1.3^a	185.4	185.4	186.7	186.7	1.3^a	79.3	79.3	79.3	79.3	0.0
Employer	157.5	59.5%	156.4	58.8% *	-1.2 ^b	113.2	61.1%	112.7	60.4% *	-0.5	44.3	55.8%	43.6	55.0% *	-0.7
Medicaid/SCHIP	37.6	14.2%	38.3	14.4%	0.6	15.1	8.1%	15.2	8.1%	0.1	22.5	28.4%	23.1	29.1% #	0.6 ^b
Medicare/TRICARE/Other federal	7.1	2.7%	7.6	2.9% *	0.5 ^a	6.0	3.2%	6.3	3.4%	0.3 ^b	1.2	1.5%	1.3	1.6% #	0.2 ^b
Private Nongroup	14.1	5.3%	14.7	5.5% #	0.6 ^a	10.8	5.8%	11.4	6.1% #	0.5 ^a	3.3	4.1%	3.3	4.2%	0.0
Uninsured	48.3	18.3%	49.1	18.5%	0.8 ^b	40.3	21.7%	41.2	22.0%	0.9 ^a	8.1	10.2%	8.0	10.0%	-0.1
Less than 200% of FPL	102.0	102.0	105.1	105.1	3.1^a	65.3	65.3	67.6	67.6	2.4^a	36.7	36.7	37.5	37.5	0.8^b
Employer	26.6	26.1%	27.9	26.5%	1.3 ^a	17.0	26.1%	18.2	26.9% #	1.1 ^a	9.6	26.1%	9.7	26.0%	0.1
Medicaid/SCHIP	32.6	32.0%	33.3	31.7%	0.7 ^b	12.9	19.8%	13.2	19.5%	0.3	19.7	53.7%	20.1	53.7%	0.4
Medicare/TRICARE/Other federal	3.7	3.6%	3.9	3.7%	0.2 ^b	3.2	4.9%	3.3	4.9%	0.1	0.5	1.5%	0.6	1.7%	0.1 ^b
Private Nongroup	5.8	5.7%	6.1	5.8%	0.2	4.7	7.2%	4.9	7.2%	0.2	1.1	3.0%	1.2	3.1%	0.0
Uninsured	33.2	32.6%	33.9	32.2%	0.7 ^b	27.4	42.0%	28.1	41.5%	0.6 ^b	5.8	15.7%	5.8	15.5%	0.1
200 to 399% of FPL	72.3	72.3	71.8	71.8	-0.5	50.7	50.7	50.6	50.6	-0.1	21.6	21.6	21.2	21.2	-0.4
Employer	51.8	71.6%	50.8	70.7% *	-1.0 ^a	35.6	70.4%	35.0	69.3% *	-0.6	16.1	74.6%	15.7	74.1%	-0.4
Medicaid/SCHIP	4.0	5.6%	4.0	5.6%	0.0	1.7	3.3%	1.5	3.0%	-0.1	2.4	11.0%	2.5	11.8%	0.1
Medicare/TRICARE/Other federal	2.0	2.7%	2.1	3.0% #	0.2 ^b	1.6	3.2%	1.7	3.4%	0.1	0.4	1.7%	0.4	1.9%	0.1
Private Nongroup	4.0	5.5%	4.2	5.9% #	0.2	2.8	5.6%	3.2	6.3% *	0.3 ^a	1.2	5.3%	1.0	4.9%	-0.1
Uninsured	10.5	14.5%	10.6	14.8%	0.1	8.9	17.6%	9.1	18.0%	0.2	1.6	7.3%	1.5	7.2%	0.0
400% of FPL and above	90.5	90.5	89.2	89.2	-1.3^a	69.5	69.5	68.5	68.5	-1.0^b	21.0	21.0	20.6	20.6	-0.4
Employer	79.1	87.4%	77.7	87.2%	-1.4 ^a	60.5	87.1%	59.5	86.8%	-1.0 ^a	18.6	88.5%	18.2	88.2%	-0.4
Medicaid/SCHIP	1.0	1.1%	0.9	1.0%	0.0	0.5	0.8%	0.5	0.7%	-0.1	0.4	2.1%	0.5	2.2%	0.0
Medicare/TRICARE/Other federal	1.5	1.6%	1.5	1.7%	0.1	1.2	1.7%	1.3	1.8%	0.0	0.3	1.2%	0.3	1.3%	0.0
Private Nongroup	4.3	4.7%	4.4	4.9%	0.1	3.3	4.7%	3.3	4.8%	0.0	1.0	4.8%	1.1	5.4% #	0.1
Uninsured	4.6	5.1%	4.6	5.2%	0.0	3.9	5.7%	4.0	5.9%	0.1	0.7	3.4%	0.6	2.9% #	-0.1 ^b

Source: Urban Institute, 2011. Based on data from the 2010 and 2011 ASEC Supplement to the Current Population Survey.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

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**Table 2: Changes in Family Income, 2000-2010
(Nonelderly)**

	2000		2004		2007		2010	
	(millions)		(millions)		(millions)		(millions)	
Nonelderly (millions of people)	245.1		255.1		261.4		266.0	
<200% of FPL	80.6	32.9%	89.8	35.2%	91.0	34.8%	105.1	39.5%
200-399% of FPL	74.6	30.4%	74.6	29.3%	75.2	28.8%	71.8	27.0%
400+% of FPL	89.9	36.7%	90.6	35.5%	95.2	36.4%	89.2	33.5%

Source: Urban Institute, 2011. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: Excludes persons aged 65 and older and those in the Armed Forces.

Family income is counted by health insurance unit (HIU), which includes members of the nuclear family who can be covered under one health insurance policy (policyholder, spouse, children under age 19 and full-time students under age 23).

This corresponds to the family unit used for determining eligibility for public coverage as well as for the purchase of private insurance.

Table 3: Health Insurance Coverage of Nonelderly by Age and Year, 2000-2010

	2000	2004	CHANGE 2000-04		2007	CHANGE 2004-07		2010	CHANGE 2007-10	
			(millions)			(millions)			(millions)	
Nonelderly										
(millions of people)	245.1	255.1		10.0 ^a	261.4		6.3 ^a	266.0		4.6 ^a
Employer	69.3%	64.7%	-4.3%*	-5.0 ^a	63.5%	-1.1%*	1.2 ^b	58.8%	-4.8%*	-9.8 ^a
Medicaid/SCHIP	8.4%	11.2%	2.4%*	7.8 ^a	11.8%	0.6%*	2.2 ^a	14.4%	2.6%*	7.5 ^a
Uninsured	14.8%	16.2%	1.3%*	5.0 ^a	16.6%	0.3%*	2.1 ^a	18.5%	1.9%*	5.7 ^a
Adults, 19-64										
(millions of people)	168.8	177.3		8.5 ^a	182.8		5.5 ^a	186.7		3.9 ^a
Employer	70.6%	65.9%	-4.7%*	-2.3 ^a	65.2%	-0.7%*	2.3 ^a	60.4%	-4.8%*	-6.4 ^a
Medicaid/SCHIP	4.8%	6.5%	1.7%*	3.5 ^a	6.7%	0.2%	0.7 ^a	8.1%	1.4%*	2.9 ^a
Uninsured	16.5%	18.8%	2.3%*	5.5 ^a	19.1%	0.3%	1.6 ^a	22.0%	3.0%*	6.3 ^a
Children, 0-18										
(millions of people)	76.3	77.8		1.4 ^a	78.6		0.9	79.3		0.6
Employer	66.7%	62.0%	-4.7%*	-2.7 ^a	59.8%	-2.2%*	-1.2 ^a	55.0%	-4.8%*	-3.4 ^a
Medicaid/SCHIP	16.5%	21.8%	5.3%*	4.3 ^a	23.5%	1.7%*	1.5 ^a	29.1%	5.6%*	4.6 ^a
Uninsured	11.1%	10.3%	-0.8%*	-0.5 ^a	10.9%	0.6%*	0.6 ^a	10.0%	-0.9%*	-0.6 ^a

Source: Urban Institute, 2011. Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: Excludes persons aged 65 and older and those in the Armed Forces.

Family income is counted by health insurance unit (HIU), which includes members of the nuclear family who can be covered under one health insurance policy (policyholder, spouse, children under age 19 and full-time students under age 23).

This corresponds to the family unit used for determining eligibility for public coverage as well as for the purchase of private insurance.

Numbers do not add to the total and percentages may not add to 100% as private non-group and other federal coverages are not listed.

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^b Indicates change in numbers of people is statistically significant (at the 90% confidence level).

Table 4: Health Insurance Coverage of Nonelderly by Age and Poverty Levels, 2007 vs. 2010

	NONELDERLY					ADULTS, 19-64					CHILDREN, 0-18				
			Coverage		Change in Millions of People			Coverage		Change in Millions of People			Coverage		Change in Millions of People
	Distribution within		Income Category			Distribution within		Income Category			Distribution within		Income Category		
	2007	2010	2007	2010	2007-10	2007	2010	2007	2010	2007-10	2007	2010	2007	2010	2007-10
All Incomes	(millions)	(millions)			(millions)	(millions)			(millions)	(millions)					
(millions of people)	261.4	261.4	266.0	266.0	4.6 ^a	182.8	182.8	186.7	186.7	3.9 ^a	78.6	78.6	79.3	79.3	0.6
Employer	166.1	63.5%	156.4	58.8% *	-9.8 ^a	119.1	65.2%	112.7	60.4% *	-6.4 ^a	47.0	59.8%	43.6	55.0% *	-3.4 ^a
Medicaid/SCHIP	30.7	11.8%	38.3	14.4% *	7.5 ^a	12.3	6.7%	15.2	8.1% *	2.9 ^a	18.5	23.5%	23.1	29.1% *	4.6 ^a
Medicare/TRICARE/Other federal	6.6	2.5%	7.6	2.9% *	1.0 ^a	5.5	3.0%	6.3	3.4% *	0.8 ^a	1.1	1.4%	1.3	1.6% *	0.2 ^a
Private Nongroup	14.5	5.6%	14.7	5.5%	0.2	11.0	6.0%	11.4	6.1%	0.3	3.5	4.4%	3.3	4.2%	-0.2
Uninsured	43.4	16.6%	49.1	18.5% *	5.7 ^a	34.9	19.1%	41.2	22.0% *	6.3 ^a	8.6	10.9%	8.0	10.0% *	-0.6 ^a
Less than 200% of FPL	91.0	91.0	105.1	105.1	14.0 ^a	57.5	57.5	67.6	67.6	10.1 ^a	33.6	33.6	37.5	37.5	3.9 ^a
Employer	27.3	30.0%	27.9	26.5% *	0.6	17.4	30.2%	18.2	26.9% *	0.8 ^a	9.9	29.6%	9.7	26.0% *	-0.2
Medicaid/SCHIP	26.6	29.2%	33.3	31.7% *	6.7 ^a	10.6	18.4%	13.2	19.5% *	2.6 ^a	16.0	47.7%	20.1	53.7% *	4.1 ^a
Medicare/TRICARE/Other federal	3.3	3.7%	3.9	3.7%	0.6 ^a	2.9	5.0%	3.3	4.9%	0.4 ^a	0.5	1.4%	0.6	1.7% *	0.2 ^a
Private Nongroup	5.3	5.9%	6.1	5.8%	0.7 ^a	4.2	7.3%	4.9	7.2%	0.7 ^a	1.1	3.4%	1.2	3.1%	0.0
Uninsured	28.5	31.2%	33.9	32.2% *	5.4 ^a	22.4	39.0%	28.1	41.5% *	5.6 ^a	6.0	17.9%	5.8	15.5% *	-0.2
200 to 399% of FPL	75.2	75.2	71.8	71.8	-3.4 ^a	52.3	52.3	50.6	50.6	-1.8 ^a	22.8	22.8	21.2	21.2	-1.6 ^a
Employer	55.2	73.4%	50.8	70.7% *	-4.4 ^a	37.9	72.4%	35.0	69.3% *	-2.8 ^a	17.3	75.7%	15.7	74.1% *	-1.6 ^a
Medicaid/SCHIP	3.4	4.5%	4.0	5.6% *	0.6 ^a	1.3	2.4%	1.5	3.0% *	0.3 ^a	2.1	9.4%	2.5	11.8% *	0.4 ^a
Medicare/TRICARE/Other federal	1.8	2.4%	2.1	3.0% *	0.3 ^a	1.4	2.7%	1.7	3.4% *	0.3 ^a	0.4	1.7%	0.4	1.9%	0.0
Private Nongroup	4.2	5.6%	4.2	5.9%	0.0	3.0	5.8%	3.2	6.3% #	0.1	1.2	5.2%	1.0	4.9%	-0.1 ^b
Uninsured	10.6	14.0%	10.6	14.8% *	0.1	8.7	16.7%	9.1	18.0% *	0.4 ^b	1.8	8.0%	1.5	7.2% *	-0.3 ^a
400% of FPL and above	95.2	95.2	89.2	89.2	-6.0 ^a	73.0	73.0	68.5	68.5	-4.4 ^a	22.2	22.2	20.6	20.6	-1.6 ^a
Employer	83.6	87.9%	77.7	87.2% *	-5.9 ^a	63.8	87.5%	59.5	86.8% *	-4.3 ^a	19.8	89.1%	18.2	88.2% #	-1.6 ^a
Medicaid/SCHIP	0.8	0.8%	0.9	1.0% *	0.2 ^a	0.4	0.6%	0.5	0.7%	0.0	0.3	1.5%	0.5	2.2% *	0.1 ^a
Medicare/TRICARE/Other federal	1.5	1.5%	1.5	1.7% #	0.0	1.2	1.6%	1.3	1.8%	0.1	0.3	1.2%	0.3	1.3%	0.0
Private Nongroup	4.9	5.2%	4.4	4.9%	-0.5 ^a	3.8	5.2%	3.3	4.8% *	-0.5 ^a	1.1	5.1%	1.1	5.4%	0.0
Uninsured	4.4	4.6%	4.6	5.2% *	0.2	3.7	5.1%	4.0	5.9% *	0.3 ^a	0.7	3.2%	0.6	2.9%	-0.1 ^a

Source: Urban Institute, 2011. Based on data from the 2008 and 2011 ASEC Supplement to the Current Population Survey.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

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^b Indicates change in numbers of people is statistically significant (at the 90% confidence level).

Table 5: Health Insurance Coverage of Nonelderly by Family Work Status and Poverty Level, 2007 vs. 2010

	2 Full Time Workers					1 Full Time Worker					Only Part-time Workers					Non-workers				
			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People
	2007	2010	2007	2010		2007	2010	2007	2010		2007	2010	2007	2010		2007	2010	2007	2010	
All Incomes	(millions)	(millions)				(millions)	(millions)				(millions)	(millions)				(millions)	(millions)			
(millions of people)	72.9	72.9	65.7	65.7	-7.2^a	139.6	139.6	136.0	136.0	-3.6^a	18.6	18.6	24.9	24.9	6.2^a	30.2	30.2	39.5	39.5	9.2^a
Employer	62.0	85.0%	55.1	83.8% *	-6.9 ^a	91.9	65.8%	87.0	64.0% *	-4.8 ^a	6.3	33.9%	7.3	29.5% *	1.0 ^a	6.0	19.7%	6.9	17.5% *	1.0 ^a
Medicaid and State	2.2	3.1%	2.5	3.8% *	0.2 ^a	12.9	9.3%	14.4	10.6% *	1.5 ^a	4.3	23.2%	6.4	25.7% *	2.1 ^a	11.3	37.2%	15.0	38.1%	3.8 ^a
CHAMPUS/Medicare	0.8	1.1%	0.8	1.3%	0.0	2.2	1.5%	2.3	1.7% *	0.2 ^b	0.6	3.0%	0.8	3.3%	0.3 ^a	3.1	10.2%	3.6	9.1% *	0.5 ^a
Private Nongroup	2.5	3.4%	2.3	3.5%	-0.2	7.9	5.6%	7.4	5.4%	-0.5 ^a	2.1	11.5%	2.6	10.5% *	0.5 ^a	2.0	6.6%	2.3	5.9% *	0.4 ^a
Uninsured	5.4	7.4%	5.0	7.6%	-0.4 ^a	24.8	17.8%	24.8	18.3% *	0.0	5.3	28.4%	7.7	30.9% *	2.4 ^a	8.0	26.4%	11.6	29.4% *	3.6 ^a
Less than 200% of FPL	5.3	5.3	5.0	5.0	-0.3^b	45.6	45.6	45.6	45.6	0.0	13.5	13.5	19.3	19.3	5.8^a	26.6	26.6	35.2	35.2	8.6^a
Employer	2.3	44.0%	2.1	42.4%	-0.2 ^b	17.4	38.2%	16.3	35.8% *	-1.1 ^a	3.4	25.6%	4.4	22.6% *	0.9 ^a	4.1	15.4%	5.1	14.5% #	1.0 ^a
Medicaid and State	1.2	23.1%	1.3	25.0%	0.0	10.5	23.0%	11.5	25.2% *	1.0 ^a	4.0	29.4%	6.0	31.0% #	2.0 ^a	10.9	41.0%	14.6	41.5%	3.7 ^a
CHAMPUS/Medicare	0.1	1.0%	0.1	1.5%	0.0	0.6	1.4%	0.7	1.6%	0.1	0.3	2.3%	0.5	2.6%	0.2 ^a	2.4	8.8%	2.6	7.5% *	0.3 ^a
Private Nongroup	0.2	2.9%	0.2	3.6%	0.0	2.3	5.0%	2.2	4.9%	0.0	1.3	9.8%	1.8	9.1%	0.4 ^a	1.6	6.1%	1.9	5.4% *	0.3 ^a
Uninsured	1.5	29.1%	1.4	27.5%	-0.2 ^b	14.8	32.5%	14.9	32.6%	0.0	4.4	32.9%	6.7	34.8% *	2.3 ^a	7.6	28.7%	10.9	31.1% *	3.3 ^a
200 to 399% of FPL	20.4	20.4	18.2	18.2	-2.2^a	49.3	49.3	47.0	47.0	-2.2^a	3.2	3.2	3.6	3.6	0.4^a	2.3	2.3	3.0	3.0	0.6^a
Employer	16.4	80.2%	14.1	77.7% *	-2.2 ^a	36.2	73.3%	33.9	72.0% *	-2.3 ^a	1.6	49.9%	1.6	46.2% #	0.1	1.1	46.0%	1.1	37.6% *	0.0
Medicaid and State	0.8	3.8%	0.9	5.2% *	0.2 ^a	2.1	4.2%	2.4	5.1% *	0.3 ^a	0.3	9.5%	0.4	9.8%	0.1	0.3	11.1%	0.4	12.2%	0.1 ^a
CHAMPUS/Medicare	0.2	1.2%	0.3	1.5% #	0.0	0.9	1.8%	0.9	2.0%	0.0	0.2	5.1%	0.2	6.5%	0.1 ^a	0.5	22.7%	0.7	24.0%	0.2 ^a
Private Nongroup	0.8	3.8%	0.8	4.3%	0.0	2.8	5.6%	2.6	5.5%	-0.2	0.5	14.6%	0.5	15.1%	0.1	0.2	9.9%	0.3	10.1%	0.1 ^b
Uninsured	2.2	11.0%	2.1	11.3%	-0.2 ^b	7.4	15.0%	7.3	15.5%	-0.1	0.7	20.9%	0.8	22.3%	0.1 ^a	0.2	10.4%	0.5	16.1% *	0.2 ^a
400% of FPL and above	47.2	47.2	42.5	42.5	-4.7^a	44.7	44.7	43.4	43.4	-1.3^a	2.0	2.0	2.0	2.0	0.0	1.3	1.3	1.3	1.3	0.0
Employer	43.3	91.7%	38.8	91.3%	-4.5 ^a	38.3	85.6%	36.9	85.0%	-1.4 ^a	1.3	65.2%	1.3	66.7%	0.0	0.8	59.8%	0.7	53.1% *	-0.1 ^a
Medicaid and State	0.2	0.5%	0.3	0.6% #	0.0	0.4	0.9%	0.5	1.2% *	0.2 ^a	0.1	2.9%	0.1	3.9%	0.0	0.1	6.6%	0.0	3.5% *	0.0 ^a
CHAMPUS/Medicare	0.5	1.1%	0.5	1.1%	-0.1	0.6	1.4%	0.7	1.6%	0.1	0.1	4.0%	0.1	4.1%	0.0	0.2	15.8%	0.2	18.6%	0.0
Private Nongroup	1.6	3.3%	1.4	3.2%	-0.2 ^a	2.9	6.4%	2.6	5.9% #	-0.3 ^a	0.4	18.1%	0.3	15.9%	0.0	0.1	11.0%	0.1	11.3%	0.0
Uninsured	1.6	3.3%	1.6	3.7%	0.0	2.5	5.7%	2.7	6.2% *	0.1	0.2	9.7%	0.2	9.4%	0.0	0.1	6.8%	0.2	13.5% *	0.1 ^a

Source: Urban Institute, 2011. Based on data from the 2008 and 2011 ASEC Supplement to the Current Population Survey.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

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^b Indicates change in numbers of people is statistically significant (at the 90% confidence level).

Table 6: Health Insurance Coverage of Nonelderly by Race and Ethnicity and Poverty Level, 2007 vs. 2010

	WHITE ONLY (NON-HISPANIC)					BLACK ONLY (NON-HISPANIC)					HISPANIC					OTHER				
	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People
	2007		2010			2007		2010			2007		2010			2007		2010		
	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)		
All Incomes (millions of people)	166.7	166.7	165.7	165.7	-1.0	33.2	33.2	33.7	33.7	0.5	43.4	43.4	47.0	47.0	3.6^a	18.2	18.2	19.5	19.5	1.4^a
Employer	118.9	71.3%	111.2	67.1% *	-7.7 ^a	17.5	52.7%	15.3	45.4% *	-2.2 ^a	18.3	42.2%	18.5	39.2% *	0.2	11.4	62.8%	11.4	58.3% *	0.0
Medicaid and State	12.7	7.6%	15.7	9.5% *	3.0 ^a	7.0	21.0%	8.5	25.3% *	1.5 ^a	8.8	20.3%	11.3	23.9% *	2.4 ^a	2.2	12.2%	2.8	14.4% *	0.6 ^a
CHAMPUS/Medicare	4.4	2.7%	5.0	3.0% *	0.6 ^a	1.1	3.4%	1.3	3.7%	0.1	0.6	1.5%	0.9	1.9% *	0.2 ^a	0.4	2.3%	0.4	2.2%	0.0
Private Nongroup	11.2	6.7%	11.1	6.7%	-0.1	1.0	3.0%	1.1	3.3%	0.1	1.3	3.1%	1.3	2.8%	0.0	1.0	5.7%	1.2	6.1%	0.2 ^b
Uninsured	19.4	11.7%	22.8	13.8% *	3.3 ^a	6.6	19.9%	7.5	22.3% *	0.9 ^a	14.3	32.9%	15.1	32.1%	0.8 ^a	3.1	17.0%	3.7	19.0% *	0.6 ^a
Less than 200% of FPL	42.4	42.4	48.5	48.5	6.1^a	17.7	17.7	19.6	19.6	2.0^a	24.6	24.6	29.2	29.2	4.6^a	6.3	6.3	7.7	7.7	1.4^a
Employer	14.9	35.1%	15.0	31.0% *	0.1	5.2	29.6%	4.6	23.5% *	-0.6 ^a	5.3	21.5%	6.1	20.9%	0.8 ^a	1.9	30.1%	2.1	27.7%	0.2 ^b
Medicaid and State	10.5	24.8%	12.9	26.6% *	2.4 ^a	6.4	36.3%	7.8	39.7% *	1.4 ^a	7.8	31.7%	10.1	34.7% *	2.3 ^a	1.8	29.2%	2.5	31.9% #	0.6 ^a
CHAMPUS/Medicare	2.1	4.9%	2.4	4.9%	0.3 ^a	0.7	3.8%	0.7	3.8%	0.1	0.4	1.6%	0.6	2.0%	0.2 ^a	0.2	3.1%	0.2	3.0%	0.0
Private Nongroup	3.7	8.8%	4.1	8.5%	0.4 ^a	0.5	3.0%	0.7	3.6% #	0.2 ^a	0.7	2.7%	0.7	2.4%	0.0	0.4	6.8%	0.5	6.7%	0.1
Uninsured	11.2	26.4%	14.1	29.0% *	2.9 ^a	4.8	27.4%	5.8	29.4% *	0.9 ^a	10.5	42.5%	11.7	39.9% *	1.2 ^a	1.9	30.8%	2.4	30.8%	0.4 ^a
200 to 399% of FPL	49.6	49.6	47.1	47.1	-2.5^a	8.7	8.7	8.4	8.4	-0.3^a	12.0	12.0	11.4	11.4	-0.7^a	4.9	4.9	4.9	4.9	0.1
Employer	37.7	76.2%	34.6	73.4% *	-3.2 ^a	6.5	74.0%	5.9	70.5% *	-0.5 ^a	7.5	62.3%	6.9	61.1%	-0.6 ^a	3.5	71.3%	3.3	67.6% *	-0.1
Medicaid and State	1.7	3.5%	2.1	4.5% *	0.4 ^a	0.5	5.7%	0.6	7.4% *	0.1 ^b	0.9	7.5%	1.0	8.7% #	0.1	0.3	5.5%	0.3	6.1%	0.0
CHAMPUS/Medicare	1.3	2.5%	1.5	3.2% *	0.3 ^a	0.3	3.1%	0.3	3.5%	0.0	0.2	1.4%	0.2	1.9%	0.0	0.1	2.7%	0.1	2.3%	0.0
Private Nongroup	3.3	6.7%	3.2	6.8%	-0.1	0.2	2.6%	0.3	3.0%	0.0	0.4	3.4%	0.4	3.6%	0.0	0.3	6.0%	0.3	6.7%	0.0
Uninsured	5.5	11.1%	5.6	12.0% *	0.1	1.3	14.6%	1.3	15.6%	0.0	3.1	25.5%	2.8	24.7%	-0.3 ^b	0.7	14.6%	0.9	17.4% #	0.1 ^b
400% of FPL and above	74.7	74.7	70.1	70.1	-4.6^a	6.8	6.8	5.7	5.7	-1.1^a	6.7	6.7	6.4	6.4	-0.3^b	7.0	7.0	6.9	6.9	0.0
Employer	66.3	88.7%	61.6	87.8% *	-4.7 ^a	5.8	85.6%	4.8	84.4%	-1.0 ^a	5.5	81.9%	5.4	83.6%	-0.1	6.0	86.5%	5.9	85.6%	-0.1
Medicaid and State	0.5	0.6%	0.6	0.9% *	0.2 ^a	0.1	1.0%	0.1	1.9% *	0.0	0.1	1.8%	0.1	1.9%	0.0	0.1	1.6%	0.1	1.0% #	0.0 ^b
CHAMPUS/Medicare	1.1	1.5%	1.1	1.6%	0.0	0.2	2.7%	0.2	3.7%	0.0	0.1	1.2%	0.1	1.6%	0.0	0.1	1.3%	0.1	1.4%	0.0
Private Nongroup	4.1	5.5%	3.7	5.3%	-0.4 ^a	0.2	3.4%	0.1	2.4% #	-0.1 ^a	0.3	3.9%	0.2	3.2%	-0.1	0.3	4.5%	0.3	5.0%	0.0
Uninsured	2.7	3.7%	3.1	4.4% *	0.3 ^a	0.5	7.2%	0.4	7.7%	-0.1	0.7	11.1%	0.6	9.6%	-0.1 ^b	0.4	6.1%	0.5	7.0%	0.1

Source: Urban Institute, 2011. Based on data from the 2008 and 2011 ASEC Supplement to the Current Population Survey.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

* Indicates change in percent of people is statistically significant (at the 95% confidence level).

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Table 7: Health Insurance Coverage of Nonelderly by Citizenship and Poverty Level, 2007 vs. 2010

	US Citizen--Native					US Citizen--Naturalized					Non-Citizen				
			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People
	2007	2007	2010	2010		2007	2007	2010	2010		2007	2007	2010	2010	
All Incomes (millions of people)	228.6	228.6	232.7	232.7	4.1^a	11.9	11.9	13.4	13.4	1.5^a	20.9	20.9	19.9	19.9	-1.0^a
Employer	150.3	65.7%	141.2	60.7% *	-9.1 ^a	7.5	63.3%	8.0	59.7% *	0.4 ^b	8.3	39.8%	7.2	36.2% *	-1.1 ^a
Medicaid and State	27.7	12.1%	34.8	15.0% *	7.2 ^a	0.9	7.3%	1.1	8.3%	0.2 ^a	2.2	10.5%	2.3	11.8% *	0.1
CHAMPUS/Medicare	6.2	2.7%	7.1	3.0% *	0.9 ^a	0.3	2.2%	0.3	2.1%	0.0	0.2	0.9%	0.3	1.3% *	0.1 ^b
Private Nongroup	12.8	5.6%	13.2	5.7%	0.4	0.8	6.5%	0.8	5.6%	0.0	0.9	4.4%	0.7	3.7% *	-0.2 ^a
Uninsured	31.7	13.9%	36.5	15.7% *	4.8 ^a	2.5	20.6%	3.2	24.3% *	0.8 ^a	9.3	44.3%	9.4	47.1% *	0.1

Source: Urban Institute, 2011. Based on data from the 2008 and 2011 ASEC Supplement to the Current Population Survey.

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Table 8: Health Insurance Coverage of Nonelderly by Region and Poverty Level, 2007 vs. 2010

	NORTHEAST					MIDWEST					SOUTH					WEST				
	2007		2010		2007-10	2007		2010		2007-10	2007		2010		2007-10	2007		2010		2007-10
	(millions)		(millions)			(millions)		(millions)			(millions)		(millions)			(millions)		(millions)		
All Incomes (millions of people)	46.6	46.6	47.1	47.1	0.5 ^a	57.4	57.4	57.3	57.3	-0.1	95.5	95.5	98.5	98.5	3.0 ^a	61.9	61.9	63.1	63.1	1.2 ^a
Employer	31.8	68.3%	30.3	64.3% *	-1.5 ^a	39.7	69.2%	36.3	63.4% *	-3.4 ^a	57.1	59.7%	54.7	55.5% *	-2.4 ^a	37.5	60.6%	35.1	55.6% *	-2.4 ^a
Medicaid and State	6.1	13.2%	7.1	15.0% *	1.0 ^a	6.1	10.7%	7.9	13.7% *	1.7 ^a	10.9	11.4%	13.9	14.1% *	3.0 ^a	7.6	12.2%	9.5	15.0% *	1.9 ^a
CHAMPUS/Medicare	0.7	1.5%	0.8	1.7% #	0.1 ^b	1.3	2.3%	1.4	2.4%	0.1	3.3	3.5%	3.8	3.8% *	0.4 ^a	1.3	2.1%	1.7	2.6% *	0.4 ^a
Private Nongroup	2.3	5.0%	2.3	4.9%	0.0	3.1	5.4%	3.2	5.7%	0.1	4.8	5.0%	4.9	5.0%	0.1	4.3	7.0%	4.2	6.7%	-0.1
Uninsured	5.6	12.1%	6.6	14.1% *	1.0 ^a	7.1	12.4%	8.5	14.8% *	1.4 ^a	19.5	20.4%	21.3	21.7% *	1.9 ^a	11.2	18.1%	12.6	20.0% *	1.4 ^a

Source: Urban Institute, 2011. Based on data from the 2008 and 2011 ASEC Supplement to the Current Population Survey

Note: Excludes persons aged 65 and older and those in the Armed Forces.

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