

medicaid and the uninsured

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Are Immigrants Responsible for Most of the Growth of the Uninsured?

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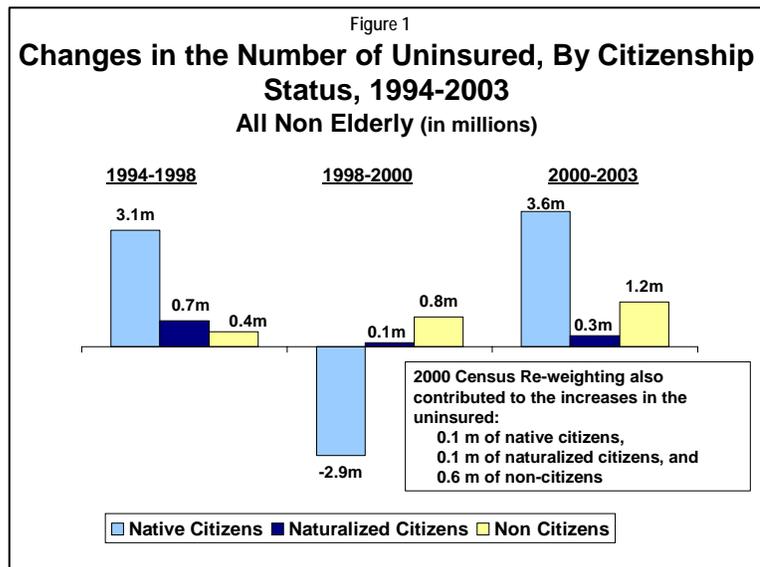
Executive Summary

The number of uninsured Americans has increased over the last decade, driven by alternating periods of declining employer-sponsored insurance and public coverage. An issue that is often raised is whether immigration has also been a major contributor to the increasing number of uninsured. The number of non-citizens has been increasing in the United States and their uninsurance rates are very high – well over 40%.

Some in the health policy community have suggested that immigration is a major factor behind recent increases in the uninsured population. This analysis is intended to address the extent to which immigrants are the driving force behind the increasing uninsured population.

In this analysis, we examine changes in coverage over the 1994 to 2003 period. We decompose the 1994-2003 years into three separate periods to reflect distinct differences in the strength of the economy and the level of immigration: 1994-1998, 1998-2000, and 2000-2003. These periods are also not confounded by major changes made in the survey that do not allow a simple trend analysis spanning the year 2000 (the Census Bureau's Current Population Survey).

1994-1998 Between 1994 and 1998, the U.S. economy was growing strongly and the rate of employer-sponsored insurance increased as labor markets tightened. When the federal government enacted welfare reform legislation in 1996, Medicaid rolls fell – both because of the tightening of welfare caseloads as well as because of the improving economy. It was not the intent of the federal legislation to reduce Medicaid enrollment; but this in fact did occur and as a result, the number of uninsured increased for both native citizens and non-citizens. The increased number of uninsured was much greater among the native citizens compared to non-citizens: 3.1 million vs. 0.4 million (Figure 1).



1998-2000. From June 1998 to 2000, the economy strengthened even more and labor markets became even tighter. As a result, employer-sponsored insurance increased and the number of uninsured declined. This decline in uninsurance was predominately among native citizens, and did not affect non-citizens. The uninsured rate of native citizens fell and the number of uninsured native citizens fell by 2.9 million. At the same time the number of non-citizens without coverage increased by 0.8 million, primarily because of a large increase in the non-citizen population (which grew by 2.1 million, presumably because of the strong demand for labor) who are much less likely to have health coverage.

2000-2003. Between 2000 and 2003, the economy entered a period of recession followed by slow economic growth. The unemployment rate increased as the labor market softened. The rate of employer-sponsored insurance began to fall and the uninsured rate once again began to increase. The number of the uninsured increased substantially among native citizens, with the number of uninsured increasing by 3.6 million. Non-citizens were also affected with an increase in the number of uninsured by 1.2 million.

If we combine the data from 1998 to 2003, we find that almost two-thirds of the increase of uninsured was among non-citizens (and somewhat more if we include the effects of re-weighting as detailed in the body of this report). But this result is largely driven by the reduction in the number of uninsured native citizens between 1998 and 2000. This period seems an aberration because of extremely rapid economic growth and very tight labor markets, which disproportionately improved health coverage for native citizens. In contrast, the results from 1994-1998 period and from 2000-2003 period indicate that the growth in the uninsured is largely among native citizens.

Because there are so many more native citizens than non-citizens, it is not surprising that they “bear the brunt” of most economic changes including changes in insurance. Immigration trends are not responsible, in large part, for the increase in the numbers of uninsured in this country. Indeed, non-citizens would have to fare dramatically worse than native citizens in terms of changes in health coverage rates to affect the overall numbers of uninsured.

Introduction

The number of uninsured Americans has increased over the last decade. The number of uninsured non-elderly increased by 4.2 million between 1994 and 1998, because the increase in employer-sponsored coverage was more than offset by a decline in Medicaid and state-sponsored insurance. The number of uninsured declined between 1998 and 2000 by 2.1 million because there were increases in the number of people with public coverage, along with the continuing growth in the number of people with employer-sponsored insurance. Between 2000 and 2003, the uninsured increased again by 5.1 million because of the decline in employer-sponsored insurance due to the economic slowdown and rising healthcare costs. This decline was only partially offset by increases in Medicaid and state-sponsored insurance, including the State Children's Health Insurance Program (SCHIP), and thus the number of uninsured increased.

An issue that is often raised is whether immigration has also been a major contributor to the increasing number of uninsured. The number of non-citizens has been increasing in the United States and their uninsurance rates are very high – well over 40%. This issue is important because if the growth of the uninsured is largely due to immigration, it may be seen as a much less serious problem for the average American, i.e., native citizen. After all, immigrants enter the United States freely seeking a better economic life. They are made substantially better off by coming to the United States, even without health insurance, than they would have been had they stayed in their country of origin. Thus, the issue is whether it should be of concern for American policymakers if growth in the uninsured is attributable to immigration.

In previous work, we analyzed the contribution of the increase in immigration to the number of uninsured between 1994 and 1998. While the share of non-citizens who were uninsured increased during this period, the size of the non-citizen population was increasing slowly. The result was that of the increase of 4.2 million in the number of uninsured between 1994 and 1998, 2.7 million or 64% was due to declining coverage among native citizens. Only 0.7 million, or 17% of the newly uninsured were non-citizens. The remainder occurred among naturalized citizens. The number of recent immigrants (less than five years) without coverage actually declined by 100,000.¹

In this paper, we examine changes in coverage over a longer period, 1994-2003. A recent report by the Employee Benefits Research Institute (EBRI) found that the number of uninsured immigrants increased from 6.9 million in 1994 to 11.6 million in 2003.² It concluded that immigrants accounted for 59% of the increase in the uninsured population from 1994 to 2003. EBRI agreed with our previous report that had found that immigration had relatively little impact on the growth of the uninsured population between 1994 and 1998. But the report concluded that after 1998, the picture had changed. It found that from 1998 to 2003, native citizens accounted for 14% of the growth of the uninsured while non-citizens accounted for 86%.

¹ Data presented for 1994-1998 in previous work is not directly comparable to the 1994-1998 data presented in this brief. Earlier data defines immigration status based on the citizenship status of the head and spouse of the family. That is, a child born in the United States to non-citizen parents would be considered a non-citizen. The data presented in this brief is based on person-level immigration status. Because native-born family members of non-citizen families are counted as native-born citizens in this brief, the uninsurance rate is slightly higher than when defining immigration status on the family level.

² Fronstein, Paul "The Impact of Immigration on Health Insurance Coverage in the United States." EBRI Notes, June 2005, Vol 26, No 6.

In this report, we demonstrate that depending on which years are grouped, the analysis produces substantially different conclusions. We decompose the 1994-2003 years into three separate periods to reflect differences in the strength of the economy and the level of immigration, and that are not confounded by the major changes made in the Current Population Survey (CPS) in 2001.

Methods

In this brief, we use data from 1995, 1999, 2001 Annual Demographic Survey and 2004 Annual Social and Economic (ASEC) Supplements (formerly called the March supplements) to the Current Population Survey (CPS) to analyze trends within three time periods: 1994-1998, 1998-2000, and 2000-2003. Analysis of simple time trends from 1994-2003 using these data are confounded by many of the changes made to the survey during this period. These are described in the separate text box below.

To summarize, the CPS was re-weighted based on the 2000 Census results with re-weighted data available on the March 2000 survey. This had the effect of increasing the native citizen population by 0.5 million, having no effect on the number of naturalized citizens, and increasing the number of non-citizens by 1.5 million. The re-weighting, in itself, also had an effect on estimates of the number of uninsured, both for native and non-citizens. There were also changes in the way survey questions were asked in the March 2000 survey that had the effect of reducing the number of uninsured in all population groups. These changes, unlike the re-weighting, should be factored out in any analysis because they represent a one-time “shift” in coverage responses and do not reflect actual changes in coverage.

In March 2000, a verification question was introduced to help improve the reliability of CPS uninsurance estimates. The verification question asks respondents who report that they do not have any type of health insurance coverage to verify whether they are, in fact, uninsured. The verification question has been shown to reduce the number of uninsured in the CPS by about 8 percent.³ Although unverified health insurance data remain available, verified data is typically used to generate CPS uninsurance estimates from the March 2000 supplement and onwards. Verified and unverified data cannot be used together to create a single, continuous time trend.

In March 2001, the Census Bureau increased the sample size of the CPS to improve the precision of state estimates of low-income uninsured children, and SCHIP was added as a possible response to CPS health insurance questions. The effect of these changes on the time series examined in this paper are likely to be minimal as they are targeted at state level estimates and we are examining national level estimates.

In addition to these changes, Census 2000 weights were introduced on the 2001 March Supplement. While CPS demographic variables reflect the population composition during the survey year, health insurance and income data reflect the previous data year’s composition. Because we are examining health insurance trends in this paper, we refer to time series by the previous data year instead of survey year, that is, the 2001 March Supplement provides data for 2000.

Each of the time periods we examined in this paper represents a single, continuous time series, but differences exist between them. Data from 1994-1998 and 1998-2000 are unverified and weighted to Census 1990 weights. Data from 2000-2003 are verified, use the expanded sample, and are re-weighted to Census 2000 weights. It is important to note that the 2000 data used in the 1998-2000 time series are not comparable to the 2000 data used in the 2000-2003

time series.³ In this report, we show changes between 1998 and 2003 only for purposes of comparing changes in coverage with the EBRI data. We do discuss the effect of changes in survey design and census re-weighting.

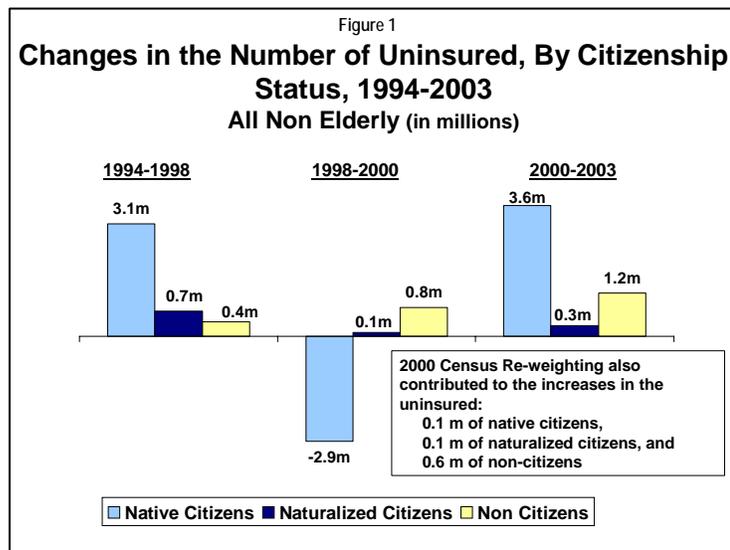
We present data for three citizenship groups: native citizens, naturalized citizens and non-citizens. Distinguishing between immigrants who have become naturalized citizens and immigrants who are non-citizens is important. Non-citizens include those immigrants who have been in the country for five years or less, and may not be eligible for Medicaid or other state programs as a result of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) legislation. The legislation eliminated federal matching funds to states for coverage of immigrants residing in the country for less than 6 years. In contrast, immigrants who have become naturalized citizens have full rights of citizenship, including access to public programs. Therefore, while we present data on naturalized citizens, we do not focus much on these results. Rather we contrast the changes in coverage for native citizens with those for non-citizens.

Results

Tables 1 thru 3 (as well as Figures 1 through 3) provide data on changes in insurance coverage for native citizens, naturalized citizens, and non-citizens for three periods: 1994-1998, 1998-2000, and 2000-2003. As indicated above, data for 2000-2003 are not strictly comparable with previous years because of survey design changes. Table 1 and Figure 1 provide data for all the non-elderly, *i.e.*, adults and children combined.

1994-1998. Between 1994 and 1998, the share of native citizens with employer-sponsored insurance increased by 1.6 percentage points. They experienced a decline in Medicaid coverage and in other forms of coverage, which more than offset the increase in employer coverage. As a result, uninsured rates increased by 0.9%, which meant that 3.1 million more native citizens were without insurance. Part of this is due to an increase of 7.1 million in the number of native citizens.

Non-citizens also saw an increase in employer-sponsored insurance because of the strong economy. However, they also had an even sharper decline in Medicaid coverage, presumably because of the more limited access to Medicaid because of welfare reform legislation. The percentage point decline in Medicaid coverage for non-citizens was substantially greater than for native citizens, 5.0



³ The Census Bureau released two 2001 March supplements to the CPS: one contains expanded data and is weighted to Census 2000 weights, and the other contains non-expanded sample data and is weighted to Census 1990 weights.

percentage points versus 1.4 percentage points. The result was that the uninsured rate for non-citizens increased by 2.8 percentage points. However, since the number of non-citizens was virtually unchanged, there was an increase of only 400,000 uninsured non-citizens. Thus during 1994-1998 period, there was a far greater increase in the number of uninsured among native citizens than among non-citizens – 3.1 million vs. 400,000. There was also an increase of 700,000 uninsured naturalized citizens.

1998-2000. Between 1998 and 2000, the economy strengthened even further, resulting in an increase in employer-sponsored insurance among both native citizens and non-citizens. The decline in Medicaid ceased as states began to implement federal requirements that kept those losing welfare from losing access to Medicaid. The effect of the increase in employer-sponsored insurance combined with the stabilization of Medicaid enrollment was a decline of uninsurance rates for each group (the decline in uninsurance rates for non-citizens is not statistically sufficient). Because of the decline of the uninsured rate among native citizens, the number without health insurance fell by 2.9 million. For non-citizens, the decline in uninsured rates was offset by the growth in the population of non-citizens of 2.1 million, resulting in an increase of 0.8 million uninsured non-citizens. Thus, during this period, only non-citizens experienced an increase in the number of uninsured.

2000-2003. Between 2000 and 2003, the economy weakened considerably and health care costs increased sharply, resulting in a decline in the rate of employer-sponsored insurance. The rate of employer-sponsored insurance among native citizens fell by 3.8 percentage points. This was offset to some extent by increases in Medicaid, but its net effect was to increase the uninsured rate by 1.3 percentage points. This increase, combined with the growth in number of native citizens of 5.6 million, meant an increase in the number of uninsured of 3.6 million.

Among non-citizens, there was also a sharp decline in employer-sponsored insurance, 5.7 percentage points. Some of this was offset by an increase in Medicaid. The net effect was an increase in the uninsured rate by 3.9 percentage points and an increase in the number of uninsured non-citizens of 1.2 million. Over the 2000-2003 period, the number of newly uninsured native citizens was three times greater than number of newly uninsured non-citizens.

It is also true that if one looked at the 1998-2003 period as a whole, ignoring the effects of re-weighting, the number of uninsured native citizens grew by only 700,000 while the number of uninsured non-citizens increased by 2.0 million. This result was wholly driven by the increased rate of employer-sponsored insurance that occurred during 1998-2000, which led to a reduction in the number of uninsured native citizens. The results reflected a very strong period of economic growth, which affected native citizens more than non-citizens. These patterns were completely at odds with those before 1998 and after 2000, during which the growth in the uninsured was overwhelmingly among native citizens.

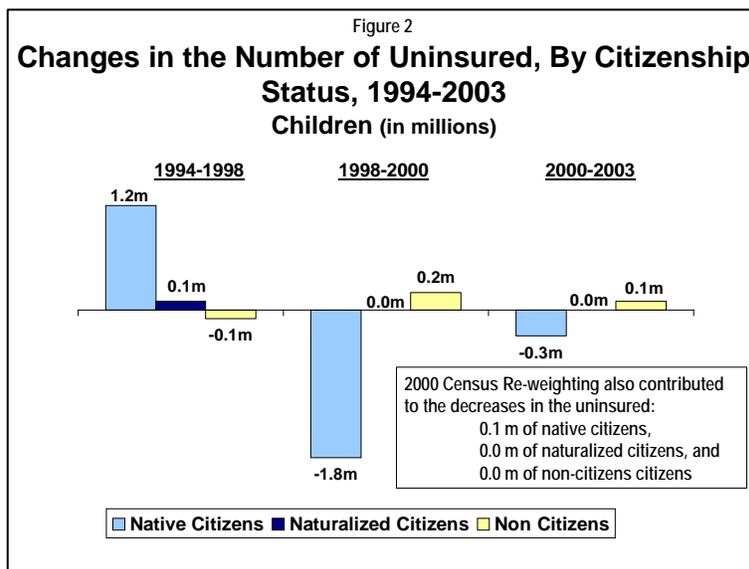
The re-weighting of the CPS samples (for 2000–2003) had the effect of increasing the number of uninsured native citizens by 0.1 million, naturalized citizens by 0.1 million and non-citizens by 0.6 million. The effect of re-weighting, given that it affects the data for 2000, is to increase the share of the growth in the uninsured attributable to non-citizens. But this does not

change the basic conclusion that most of the growth in the uninsured, other than 1998-2000, has been among native citizens.

Children

The results for children shown in Table 2 and Figure 2 differ slightly from the picture described above. Among native citizens, there was an increase in employer-sponsored insurance for native children between 1994 and 1998, but this was more than offset by reductions in Medicaid and by other forms of private coverage. The result was an increase in the uninsured rate of 1.2 percentage points, or 1.2 million children. Non-citizen children gained employer-sponsored insurance but had much greater losses in Medicaid coverage. As a result, their uninsured rate increased by 3.4 percentage points (not significant). The number of non-citizen children declined slightly and thus the number of non-citizens without insurance declined by 100,000.

In the 1998-2000 period, there was an increase of employer-sponsored insurance as well as an increase in enrollment in Medicaid and the State Children’s Health Insurance Program (SCHIP). The net result was a decline in the number of uninsured children (2.4 percentage points) or 1.8 million children. Among non-citizens, there was also a decline in employer-sponsored insurance offset to some degree by an increase in Medicaid and other state-sponsored insurance. The uninsured rate declined by 2.5% percentage points, but the increase in the population of non-citizen children meant an increase of 200,000 in the number of uninsured non-citizen children.

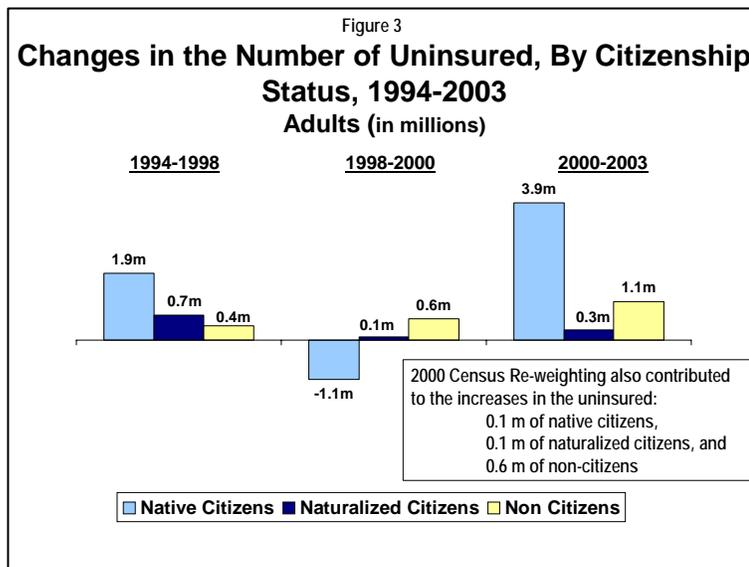


Between 2000 and 2003, the decline of employer-sponsored insurance was more than offset by an increase in Medicaid and SCHIP. Thus, the uninsured rate of native citizen children fell by 0.6 percentage points and the number of uninsured children fell by 300,000. Among non-citizens there was also a decline in employer-sponsored insurance, somewhat offset by the increase in Medicaid. The net result was an increase of 100,000 non-citizens without insurance.

Thus, between 1998 and 2003, the number of native citizen children who were uninsured declined by 2.1 million and the number of uninsured non-citizens increased by 300,000. Thus, one can clearly draw a conclusion here that any increase in the number of uninsured children was among non-citizens.

Adults

Among adults, the effects (Table 3 and Figure 3) were closer to those described for the non-elderly population as a whole. Between 1994 and 1998, there was an increase of employer-sponsored insurance among native citizens, which was offset by a decline in other forms of coverage. The uninsured rate as a result increased by 0.8 percentage points and the number of uninsured native citizens increased by 1.9 million. Similar patterns occurred between both naturalized citizens and non-citizens, with the uninsured rates increasing by 3.8 percentage points and 2.6 percentage points respectively. The number of non-citizens without coverage increased by 400,000 and the number of naturalized citizens by 700,000. The bottom line was that there was a much larger increase in the number of native citizens than non-citizens without coverage.



Between 1998 and 2000, there was an increase in employer-sponsored insurance among both native citizens and non-citizens. There was also a reduction in Medicaid and other state coverage to partially offset the growth in employer coverage. However, the net effect was a decline in the uninsurance rate for native citizen adults by 0.9 percentage points and the number of uninsured declined by 1.1 million. The reduction in the uninsurance rate for non-citizens was much less (however, not statistically significant) which, when combined with the growth in the population of non-citizens, meant that there was an overall increase in the number of uninsured non-citizen adults of 0.6 million.

Between 2000 and 2003, the rates for employer-sponsored insurance declined for both native citizens and non-citizens. In both cases, there was a partial offsetting increase in Medicaid and state coverage. But for both groups, there was an increase in the uninsurance rate. The uninsurance rate for native citizens increased by 2.2 percentage points, resulting in an increase of 3.9 million native citizen adults without coverage. The uninsurance rate for non-citizen adults increased by 4.1 percentage points, resulting in 1.1 million more non-citizen adults without coverage. Thus, the increase in the number of uninsured over the 2000-2003 period was overwhelmingly among native citizens.

Conclusions

Non-citizens have much higher uninsurance rates than native citizens. For example, in 2003 the uninsurance rate for non-citizens was 47.1 versus 14.9 percent for native citizens. The number of uninsured non-citizens has also been increasing, even in the midst of strong economic times. Immigrants experienced larger percentage point declines in Medicaid than did native citizens and larger increases in uninsurance rates. However, while the growth in the number of uninsured non-citizens increased consistently throughout the 1994-2003 period, there are simply too few non-citizens to dominate the overall trends.

Among native citizens, there were large increases in the number of uninsured between 1994 and 1998 and again between 2000 and 2003. But between 1998 and 2000, native citizens fared very well because of the strong economy. Incomes grew and health insurance coverage expanded. The number of uninsured native citizens fell by 2.9 million. Because of a large increase in the number of non-citizens in these few years, coupled with their high uninsured rate, the number of uninsured non-citizens increased by 0.8 million. This means that if we combine the 1998-2000 period with the period after (2000-2003), it would lead to the conclusion that the growth in the number of uninsured was largely among immigrants (an increase of 2.0 million for non citizens vs. 0.7 million for native citizens). However, we conclude that the 1998-2000 period was an aberration and the periods both before and after 1998-2000 suggest that native citizens account for most of those losing coverage.

Table 1**Health Insurance Coverage, United States, 1994-2003
Nonelderly by Citizenship and
Health Insurance Unit Income**

	Native Citizens			Naturalized Citizens			Non-Citizens					
	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			
	1994	1998	1994-1998	1994	1998	1994-1998	1994	1998	1994-1998			
1994-1998	1994	1998	1994-1998	1994	1998	1994-1998	1994	1998	1994-1998			
All Nonelderly (millions of people)	208.2	215.2	7.1^a	5.9	7.9	2.0^a	15.7	15.6	-0.2			
Employer	66.2%	67.7%	1.6% *	8.0 ^a	66.4%	62.2%	-4.2% *	1.0	38.2%	41.3%	3.1% *	0.4 ^a
Medicaid and State	10.2%	8.8%	-1.4% *	-2.3 ^a	3.7%	5.1%	1.4% *	0.2	13.4%	8.4%	-5.0% *	-0.8 ^a
CHAMPUS/Medicare	2.5%	2.1%	-0.3% *	-0.6 ^a	3.3%	2.6%	-0.7%	0.0	1.3%	1.0%	-0.4% #	-0.1 ^a
Private Non-Group	5.7%	5.0%	-0.7% *	-1.2 ^a	7.3%	6.5%	-0.8%	0.1	4.8%	4.3%	-0.5%	-0.1
Uninsured	15.4%	16.3%	0.9% *	3.1 ^a	19.2%	23.5%	4.3% *	0.7	42.3%	45.1%	2.8% *	0.4 ^b
1998-2000	1998	2000	1998-2000	1998	2000	1998-2000	1998	2000	1998-2000			
All Nonelderly (millions of people)	215.2	216.1	0.9^a	7.9	9.0	1.1^a	15.6	17.6	2.1^a			
Employer	67.7%	69.4%	1.6% *	4.2 ^a	62.2%	65.3%	3.0% *	1.0	41.3%	43.5%	2.2% *	1.2 ^a
Medicaid and State	8.8%	8.8%	0.0%	0.1	5.1%	5.4%	0.3%	0.1	8.4%	8.0%	-0.4%	0.1
CHAMPUS/Medicare	2.1%	2.0%	-0.1% #	-0.2	2.6%	2.1%	-0.5%	0.0	1.0%	0.8%	-0.2%	0.0
Private Non-Group	5.0%	4.9%	-0.1%	-0.2	6.5%	6.2%	-0.4%	0.0	4.3%	3.6%	-0.7% *	0.0
Uninsured	16.3%	14.9%	-1.4% *	-2.9 ^a	23.5%	21.1%	-2.4% *	0.1	45.1%	44.2%	-0.9%	0.8 ^a
2000-2003	2000	2003	2000-2003	2000	2003	2000-2003	2000	2003	2000-2003			
All Nonelderly (millions of people)	216.6	222.2	5.6^a	9.4	10.5	1.0^a	19.1	20.0	1.0^a			
Employer	69.9%	66.1%	-3.8% *	-4.5 ^a	66.8%	64.7%	-2.1% #	0.5	44.2%	38.5%	-5.7% *	-0.7 ^a
Medicaid and State	9.1%	11.2%	2.1% *	5.2 ^a	5.0%	5.9%	0.9%	0.1	7.8%	9.6%	1.8% *	0.4 ^a
CHAMPUS/Medicare	2.2%	2.4%	0.1% *	0.5 ^a	2.1%	2.2%	0.1%	0.0	0.9%	0.9%	0.0%	0.0
Private Non-Group	5.1%	5.4%	0.3% *	0.9 ^a	6.0%	6.1%	0.1%	0.1	3.8%	3.9%	0.1%	0.0
Uninsured	13.6%	14.9%	1.3% *	3.6 ^a	20.2%	21.2%	1.0%	0.3	43.2%	47.1%	3.9% *	1.2 ^a

Source: Urban Institute, 2005. Based on data from the Annual Social and Demographic Supplement to the Current Population Survey, 1995, 1999, 2001, 2004.

Notes: Excludes persons aged 65 and older and those in the Armed Forces. Data from 1994-1998 and 1998-2000 contains unverified health insurance data and Census 1990 weights. Data from 2000-2003 contains verified health insurance data and Census 2000 weights.

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

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

^a Indicates change in numbers of people is statistically significant (at the 95% confidence level).

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

Table 2

**Health Insurance Coverage, United States, 1994-2003
Children, 0-18, by Citizenship and
Health Insurance Unit Income**

	Native Citizens				Naturalized Citizens				Non-Citizens			
	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
	1994	1998		1994-1998	1994	1998		1994-1998	1994	1998		1994-1998
1994-1998	1994	1998		1994-1998	1994	1998		1994-1998	1994	1998		1994-1998
All Children (millions of people)	70.9	73.3		2.4^a	0.3	0.4		0.1^a	2.7	2.3		-0.4^a
Employer	61.7%	64.2%	2.5% *	3.3 ^a	66.7%	51.0%	-15.6% *	0.0	29.1%	34.2%	5.1% *	0.0
Medicaid and State	18.3%	15.7%	-2.6% *	-1.5 ^a	8.9%	9.8%	0.9%	0.0	25.5%	17.6%	-7.9% *	-0.3 ^a
CHAMPUS/Medicare	2.0%	1.5%	-0.5% *	-0.3 ^a	4.8%	0.0%	-4.8% *	0.0	0.7%	1.0%	0.3%	0.0
Private Non-Group	4.5%	4.0%	-0.6% *	-0.3 ^a	3.9%	9.3%	5.4% #	0.0	3.7%	2.9%	-0.8%	0.0
Uninsured	13.4%	14.6%	1.2% *	1.2 ^a	15.7%	29.8%	14.2% *	0.1	41.1%	44.4%	3.4%	-0.1
1998-2000	1998	2000		1998-2000	1998	2000		1998-2000	1998	2000		1998-2000
All Children (millions of people)	73.3	73.3		0.0	0.4	0.4		0.1	2.3	2.9		0.5^a
Employer	64.2%	66.2%	2.0% *	1.5 ^a	51.0%	68.6%	17.5% *	0.1	34.2%	37.3%	3.1%	0.3 ^a
Medicaid and State	15.7%	16.4%	0.7% *	0.5 ^a	9.8%	12.5%	2.7%	0.0	17.6%	18.5%	0.9%	0.1 ^a
CHAMPUS/Medicare	1.5%	1.5%	0.0%	0.0	0.0%	0.0%	0.0%	0.0	1.0%	0.3%	-0.7% #	0.0
Private Non-Group	4.0%	3.8%	-0.2%	-0.2	9.3%	4.1%	-5.2% #	0.0	2.9%	2.0%	-0.9%	0.0
Uninsured	14.6%	12.2%	-2.4% *	-1.8 ^a	29.8%	14.8%	-15.1% *	0.0	44.4%	41.9%	-2.5%	0.2 ^a
2000-2003	2000	2003		2000-2003	2000	2003		2000-2003	2000	2003		2000-2003
All Children (millions of people)	72.8	74.1		1.3^a	0.5	0.5		0.0	3.0	2.9		0.0
Employer	66.4%	62.2%	-4.2% *	-2.3 ^a	67.8%	61.7%	-6.2%	0.0	39.1%	31.8%	-7.3% *	-0.2
Medicaid and State	16.7%	21.5%	4.8% *	3.8 ^a	9.8%	15.7%	5.9%	0.0	18.1%	23.2%	5.1% *	0.1
CHAMPUS/Medicare	1.8%	1.3%	-0.5% *	-0.3 ^a	0.2%	1.1%	0.9%	0.0	0.8%	0.4%	-0.4%	0.0
Private Non-Group	3.9%	4.4%	0.4% *	0.4 ^a	3.4%	7.6%	4.2%	0.0	2.7%	2.9%	0.2%	0.0
Uninsured	11.2%	10.6%	-0.6% *	-0.3	18.8%	14.0%	-4.8%	0.0	39.2%	41.6%	2.4%	0.1

Source: Urban Institute, 2005. Based on data from the Annual Social and Demographic Supplement to the Current Population Survey, 1995, 1999, 2001, 2004.

Notes: Excludes persons aged 65 and older and those in the Armed Forces. Data from 1994-1998 and 1998-2000 contains unverified health insurance data and Census 1990 weights. Data from 2000-2003 contains verified health insurance data and Census 2000 weights.

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- # Indicates change in percent of people is statistically significant (at the 90% confidence level).
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Table 3
**Health Insurance Coverage, United States, 1994-2003
 Adults, 19-64, by Citizenship and
 Health Insurance Unit Income**

	Native Citizens				Naturalized Citizens				Non-Citizens			
	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					
1994-1998	1994	1998	1994-1998	1994	1998	1994-1998	1994	1998	1994-1998			
All Adults (millions of people)	137.2	141.9	4.7^a	5.6	7.5	1.9^a	13.0	13.2	0.2			
Employer	68.4%	69.5%	1.1% *	66.4%	62.7%	-3.6% *	40.1%	42.6%	2.5% *			
Medicaid and State	6.1%	5.3%	-0.8% *	3.5%	4.9%	1.4% *	10.9%	6.7%	-4.1% *			
CHAMPUS/Medicare	2.7%	2.5%	-0.3% *	3.3%	2.8%	-0.5% *	1.5%	1.0%	-0.5% *			
Private Non-Group	6.4%	5.6%	-0.8% *	7.5%	6.4%	-1.1% *	5.0%	4.5%	-0.4% *			
Uninsured	16.3%	17.2%	0.8% *	19.4%	23.2%	3.8% *	42.6%	45.2%	2.6% *			
1998-2000	1998	2000	1998-2000	1998	2000	1998-2000	1998	2000	1998-2000			
All Adults (millions of people)	141.9	142.8	0.9^b	7.5	8.6	1.1^a	13.2	14.7	1.5^a			
Employer	69.5%	71.0%	1.5% *	62.7%	65.1%	2.3% #	42.6%	44.7%	2.1% *			
Medicaid and State	5.3%	4.9%	-0.3% *	4.9%	5.0%	0.2%	6.7%	5.9%	-0.8% #			
CHAMPUS/Medicare	2.5%	2.3%	-0.2% #	2.8%	2.2%	-0.6%	1.0%	0.8%	-0.1%			
Private Non-Group	5.6%	5.5%	-0.1%	6.4%	6.3%	-0.1%	4.5%	3.9%	-0.6%			
Uninsured	17.2%	16.3%	-0.9% *	23.2%	21.4%	-1.8%	45.2%	44.7%	-0.5%			
2000-2003	2000	2003	2000-2003	2000	2003	2000-2003	2000	2003	2000-2003			
All Adults (millions of people)	143.7	148.1	4.3^a	9.0	9.9	1.0^a	16.1	17.1	1.0^a			
Employer	71.7%	68.1%	-3.6% *	66.7%	64.9%	-1.9%	45.2%	39.7%	-5.5% *			
Medicaid and State	5.3%	6.0%	0.8% *	4.7%	5.4%	0.7%	5.9%	7.2%	1.3% *			
CHAMPUS/Medicare	2.5%	2.9%	0.5% *	2.2%	2.2%	0.1%	0.9%	1.0%	0.1%			
Private Non-Group	5.8%	5.9%	0.2%	6.1%	6.0%	-0.1%	4.0%	4.1%	0.0%			
Uninsured	14.8%	17.0%	2.2% *	20.2%	21.5%	1.3%	43.9%	48.0%	4.1% *			

Source: Urban Institute, 2005. Based on data from the Annual Social and Demographic Supplement to the Current Population Survey, 1995, 1999, 2001, 2004.

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