How many Americans are uninsured?
How many Americans are uninsured?

- The number of uninsured continues to grow--- 44 million Americans were uninsured in 1998. (Figure 1)

- Erosion of employer-based coverage was offset in part by Medicaid expansions in the 1990s; in today’s robust economy, employer-based coverage has stabilized, but Medicaid coverage is now declining. (Figure 2 and Figure 3)
Figure 1
Growth in the Number of Uninsured Americans, 1988-1998

Data: Current Population Surveys (March).

Percentage of Employment-Based Coverage:
- 1989: 65.9%
- 1990: 63.0%
- 1991: 63.6%
- 1992: 62.0%
- 1993: 60.5%

Percentage of Uninsured:
- 1989: 16.2%
- 1990: 16.7%
- 1991: 16.7%
- 1992: 17.5%
- 1993: 18.2%

Percentage of Medicaid:
- 1989: 7.0%
- 1990: 8.1%
- 1991: 8.8%
- 1992: 9.1%
- 1993: 10.1%

Source: Urban Institute, 1999; unpublished Data: CPS, March 1990-1994

63.6% 63.8% 64.0% 64.2% 64.9%

17.1% 17.4% 17.7% 18.3% 18.4%

10.4% 11.0% 12.1% 12.5% 12.5%

0%

20%

40%

60%

80%


Employment-Based

Uninsured

Medicaid

SOURCE: Urban Institute, 1999; unpublished
DATA: CPS, March 1995-1999
Who are the uninsured?
Who are the uninsured?

• 18% of nonelderly Americans under age 65 are uninsured---over half have incomes below 200% of poverty, or $32,900 for a family of four in 1998. (Figure 4)

• Low-income Americans have the greatest risk of being without insurance; one in three poor Americans are uninsured. (Figure 5)

• Over half (56%) of the uninsured have low-incomes (below $32,900 for a family of four in 1998) (Figure 6), yet 3 out of 4 of America’s uninsured live in families with one or more full-time workers. (Figure 7)

• Nearly half of the 44 million uninsured are racial or ethnic minorities--over a third of Hispanics and nearly a quarter of blacks and Native Americans are uninsured. (Figure 8)
Insurance Coverage of the Non-Elderly Population, 1998

Total = 239 million

Private/Other 71.2%
Uninsured 18.4%
Medicaid 10.4%

Children
Adults with Children
19% 9%
Adults without Children
Children
18% 19%
Adults with Children
Adults without Children
19% 19%

SOURCE: Urban Institute, 1999; unpublished
Health Insurance Coverage by Poverty Level, 1998

U.S. Total
- Private/Other: 71%
- Medicaid: 10%
- Uninsured: 18%

Poor (<100% FPL)
- Private/Other: 23%
- Medicaid: 36%
- Uninsured: 31%

Near Poor (100-199% FPL)
- Private/Other: 52%
- Medicaid: 17%
- Uninsured: 31%

Moderate (200-299% FPL)
- Private/Other: 75%
- Medicaid: 6%
- Uninsured: 19%

High (300%+ FPL)
- Private/Other: 89%
- Medicaid: 2%
- Uninsured: 9%

Note: The federal poverty level for a family of three in 1998 was $13,650.
SOURCE: Urban Institute, 1999; unpublished
The Nonelderly Uninsured, by Poverty Level, 1998

Distribution by Poverty Level

- <100%: 27%
- 100-199%: 29%
- 200-299%: 17%
- 300%+: 27%

Total = 44 Million

Note: The 1998 federal poverty level for a family of 3 was $13,650


Risk of Being Uninsured

- <100%: 36%
- 100-199%: 31%
- 200-299%: 19%
- 300%+: 9%

National Average: 18%

Figure 6
The Nonelderly Uninsured, by Family Work Status, 1998

Distribution by Family Work Status

- Only Part-Time: 10%
- No Workers: 16%
- 2 or More Full-Time: 19%
- Only 1 Full-Time: 55%

Total = 44 Million

Risk of Being Uninsured

- Only Part-Time: 31%
- No Workers: 30%
- Only 1 Full-Time: 19%
- 2+ Full-Time: 11%

National Average: 18%

SOURCE: Urban Institute, 1999; unpublished
The Nonelderly Uninsured, by Race/Ethnicity, 1998

Distribution by Race/Ethnicity

- White (non-Hispanic): 52%
- Hispanic: 25%
- Black (non-Hispanic): 17%
- Native American: 1%
- Asian/S. Pac. Islander: 5%

44 Million

Risk of Being Uninsured

- Hispanic: 37%
- Native American: 24%
- Black (non-Hispanic): 24%
- Asian/S. Pac. Isl.: 22%
- White (non-Hispanic): 14%

National Average: 18%
Why don’t they have health insurance?
Why don’t they have health insurance?

- The cost of insurance (often in excess of $5000 a year for a nongroup family policy) is a major contributor to the lack of insurance. (Figure 9)
- Even when offered coverage in the workplace, workers bear a substantial share (on average, one quarter) of the premium. (Figure 10)
- Low-wage workers are less likely to be offered coverage in the workplace than higher-wage workers-- 45% are not offered insurance vs. 4% for higher-wage workers. (Figure 11)
- Where one works is also a factor in coverage; small firms are less likely to offer coverage to employers than large firms. (Figure 12)
- The nature of employment also matters; construction and agricultural workers are less likely to be insured than government and white-collar employees. (Figure 13)
- Residence matters because states have different economies affecting insurance coverage; in 11 states, more than 20% of the nonelderly population is uninsured. (Figure 14)
- Medicaid provides a limited safety net for working adults, but low-income eligibility levels leave adults working at minimum wage ineligible in 32 states. (Figure 15)
Figure 9
Primary Reason for Not Having Health Insurance, 2000

Percent of Uninsured Reporting This as “Most Important Reason” Why They are Uninsured

- Too Expensive: 47%
- Job Doesn’t Offer Benefits: 15%
- Between Jobs/Unemployed: 15%
- Unable to Get/Refused Coverage: 5%
- No dependent coverage available: 3%
- Don’t Know How to Get Coverage: 3%
- Don’t Need It: 3%
- Doubt it Would be Sold to Them: 1%


1977: $1,584
   - Employee Share: $312

1988: $2,688
   - Employee Share: $528

1998: $4,092
   - Employee Share: $1,092

Figure 11

Access to Employer-Based Health Coverage, for Low and High Wage Workers, 1996

<table>
<thead>
<tr>
<th></th>
<th>Low-Wage Workers (Wage &lt;$7 per hour)</th>
<th>High-Wage Workers (Wage &gt; $15 per hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Coverage</td>
<td>45%</td>
<td>90%</td>
</tr>
<tr>
<td>Have Coverage</td>
<td>42%</td>
<td>6%</td>
</tr>
<tr>
<td>Declined Coverage</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Not Offered Coverage</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Note: Workers offered coverage from own or family member’s employer.
Percent of Businesses Offering Health Benefits by Size, 1999

- **All Large Firms (200+ Workers)**: 99%
- **All Small Firms (3-199 Workers)**: 60%
- **3-9 Workers**: 55%
- **10-24 Workers**: 72%
- **25-49 Workers**: 86%
- **50-199 Workers**: 92%

DATA: 1999 Annual Employer Health Benefits Survey
Figure 13
The Risk of Being Uninsured for Workers by Industry, 1998

Agriculture: 37%
Construction: 32%
Personal/Entertainment: 27%
Business/Repair Services: 25%
Retail/Wholesale: 24%
Transport./Comm./Utilities: 15%
Professional Services: 12%
Mining/Manufacturing: 11%
Finance/Ins./Real Est.: 11%
Government: 7%

Note: Percentages may not total to 100 due to rounding.
Figure 14
Percent of Nonelderly Population with No Health Insurance by State, 1996-1998

National Average = 18%

- <14% (13 states)
- 14-17% (17 states)
- 18-20% (9 states and DC)
- 18-20% (9 states and DC)
- >20% (11 states)

SOURCE: Urban Institute, 1999; unpublished
Parents Working Full-Time for Minimum Wage Income-Ineligible for Medicaid in Most States

NOTE: Based on a family of 3 with one wage earner, working full-time for the federal minimum wage ($5.15/hour, or about $10,700/year).


Figure 15

Map showing states eligible and not eligible for Medicaid under the given income scenario.

Legend:
- Pink: Not eligible for Medicaid (32 states)
- Green: Eligible for Medicaid (19 states, including DC)
What difference does health insurance make?
What difference does health insurance make?

• Uninsured adults are more likely than those with insurance to delay or forego needed health services. (Figure 16)

• The uninsured are less likely to have a usual source for routine care, and when they do, are less likely to use an office-based provider than the insured. (Figure 17)

• Lack of coverage also places financial burdens on the uninsured—17% have to significantly change their lives to pay medical bills. (Figure 18)

• The uninsured receive less care than the insured— for example, uninsured children are less likely than the insured to receive care for treatable conditions (Figure 19), and uninsured pregnant women are less likely to receive recommended prenatal care. (Figure 20)

• When a person gains health insurance after being uninsured, their access to care improves. (Figure 21)

• Poor access to care has serious health consequences for the uninsured. The uninsured are more likely to be diagnosed at a more advanced stage of cancer than the insured (Figure 22), and uninsured women are more likely to die from breast cancer than insured women. (Figure 23)
Problems with Access to Care in the Past Year Among Nonelderly Adults, by Health Insurance Status, 2000

- Postponed Care Due to Costs: 39% (Uninsured), 10% (Insured)
- Needed But Didn’t Get Care: 25% (Uninsured), 5% (Insured)
- Didn’t Fill a Prescription due to Costs: 30% (Uninsured), 12% (Insured)

Note: Percent reporting problem during the year before the survey.
SOURCE: NewsHour with Jim Lehrer/Kaiser Family Foundation National Survey on the Uninsured, March 2000
Figure 17

Usual Sources of Health Care for the Nonelderly by Insurance Status, 1996

Uninsured
- No Usual Source of Care: 38%
- Office-Based: 52%
- Hospital Outpatient Dept. or Clinic: 9%
- Emergency Room: 1%

Public Insurance Only
- No Usual Source of Care: 13%
- Office-Based: 71%
- Hospital Outpatient Dept. or Clinic: 14%
- Emergency Room: 1%

Private
- No Usual Source of Care: 14%
- Office-Based: 77%
- Hospital Outpatient Dept. or Clinic: 8%

DATA: Medical Expenditures Panel Survey
Figure 18
Percent of Nonelderly Adults with Problems Paying Medical Bills by Insurance Status, 2000

Problem Paying Medical Bills in Past Year
- 39% (Uninsured)
- 18% (Insured)

Medical Bills Had Major Impact on Family
- 27% (Uninsured)
- 7% (Insured)

Ever Contacted by Bill Collector for Unpaid Medical Bills
- 39% (Uninsured)
- 27% (Insured)

SOURCE: NewsHour with Jim Lehrer/Kaiser Family Foundation National Survey on the Uninsured, March 2000
Chances of Uninsured Children NOT Receiving Medical Care When Sick Compared to Insured Children, 1987

Adjusted Odds Ratio of NO Treatment,* Uninsured/Insured

- **1.70** for Sore Throat
- **1.80** for Acute Earache
- **2.10** for Recurring Ear Infection
- **1.70** for Ashtma

Ratios > 1.0 indicate uninsured more likely than insured NOT to be treated

*Ratios were adjusted for the effects of age, sex, family size, race/ethnicity, income, region, and urban/rural residence.


Data: National Medical Expenditures Survey 1987
Figure 20

Prenatal Care by Health Insurance Status

- Initiated Prenatal Care after First Trimester: 57% Uninsured, 34% Privately Insured
- Less than 80% of Recommended Visits: 16% Uninsured, 6% Privately Insured
- Refused Care When Looking for Prenatal Provider: 15% Uninsured, 2% Privately Insured
- Financial Problems Paying for Prenatal Care: 16% Uninsured, 16% Privately Insured
- Examined by Different Person at Each Visit: 31% Uninsured, 8% Privately Insured


DATA: Random sample of 149 recently delivered women from 6 Minneapolis hospitals in 1988.
Effects of Gaining Health Insurance on Access to Care, 1995-1997

Note: Coverage (either Medicaid or private) may have been gained in either 1996 or 1997. For those who did not gain coverage, the second measure was in 1996, or if missing, 1997.

SOURCE: J. Kasper, unpublished data, 1999
DATA: Kaiser Survey of Family Health Experiences
Diagnosis of Late-Stage Cancer, Uninsured Compared to Privately Insured, 1994

Adjusted Ratios of Late-Stage Cancer (Uninsured/Insured)

Colorectal Cancer  Melanoma  Breast Cancer  Prostate Cancer

1.7  2.6  1.4  1.5

Equal chance of late-stage cancer

Notes: Privately insured all had commercial indemnity plans. Differences adjusted for age, race, sex, marital status (when appropriate), education, income and comorbidity.
Stage of Breast Cancer at Time of Diagnosis by Insurance Status

Distribution of Women with Breast Cancer by Disease Stage at Time of Diagnosis

- Local: 44% Uninsured, 54% Privately Insured
- Regional: 43% Uninsured, 38% Privately Insured
- Distant: 12% Uninsured, 7% Privately Insured

Stages of Disease

Relative Risk of Death from Breast Cancer by Age and Insurance Status

- Age 35-49: Ratios > 1.0 indicate uninsured more likely than insured to die from breast cancer
  - uninsured: 1.6
  - insured: 1.4
- Age 50-64

Note: Distant stage is most advanced disease.

* Adjusted for age, race, marital status, income, and number of co-existing diagnoses.

How do different proposals target the uninsured population?
How do different proposals target the uninsured population?

(Figure 24)

- FOCUSING ON LOW-INCOME CHILDREN
  - Many proposals start by focusing on covering low-income children (18% of the uninsured population).

- FOCUSING ON LOW-INCOME ADULTS
  - Proposals to extend coverage to low-income adults with children target 19% of the uninsured.
  - Extending coverage to low-income childless couples and single adults would cover an additional 19% of the uninsured population.

- FOCUSING ON MODEST- AND HIGHER-INCOME CHILDREN & ADULTS
  - Proposals that cover children regardless of income would cover an additional 9% of the uninsured population.
  - By including modest- and higher-income adults in the target population, proposals would extend coverage to the final 35% of the uninsured.
The Uninsured Population, 1998

- Low-Income* Children: 18%
- Other Children: 9%
- Low-Income* Adults with Children: 19%
- Low-Income* Adults without Children: 19%
- Other Adults: 35%

44 million

* Low-income is defined as below 200% FPL., or $32,900 for a family of four in 1998.

SOURCE: Urban Institute, 1999; unpublished