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Sources of Health Insurance Coverage: A Look at Changes Between 2013 and 2014 from the March 2014 and 2015 Current Population Survey

By Paul Fronstin, Ph.D., Employee Benefit Research Institute

## AT A GLANCE

- The percentage of nonelderly individuals in the United States with health insurance increased between 2013 and 2014. In 2014, 88 percent of individuals were covered, up from 84.6 percent in 2013.
- Twelve percent of individuals under age 65 did not have health insurance at any point in 2014, down from 15.4 percent in 2013. Just over 32 million were uninsured in 2014, down from 41.1 million in 2013.
- There was no change in the percentage of the nonelderly population with coverage through an employment-based health plan. More people were covered by employment-based coverage in 2014 than in 2013 because of population growth, but the percentage with employment-based health coverage was unchanged at 62 percent.
- The percentage of workers with employment-based health coverage increased slightly between 2013 and 2014, rising from 70.5 percent to 70.8 percent. The percentage of workers who had no health insurance coverage fell from 17.2 percent in 2013 to 13.3 percent because of an increase in the percentage with health insurance coverage purchased directly from an insurance carrier and because of an increase in Medicaid coverage.
- Among the entire population, the percentage with coverage purchased directly from an insurance carrier increased from 8.8 percent in 2013 to 12.6 percent in 2014, which represents a corresponding increase of about 10 million people with coverage purchased directly from an insurance carrier.
- Enrollment in public programs increased as well between 2013 and 2014. In 2014, 58.4 million (or 21.7 percent of the nonelderly population) were covered by Medicaid or State Children's Health Insurance Program (S-CHIP), up from 52 million (or 19.4 percent) in 2013.

Paul Fronstin is director of the Health Education and Research Program at the Employee Benefit Research Institute (EBRI). This article was written with assistance from EBRI's research and editorial staffs. Any views expressed in this report are those of the author and should not be ascribed to the officers, trustees, or other sponsors of EBRI, Employee Benefit Research Institute-Education and Research Fund (EBRI-ERF), or their staffs. Neither EBRI nor EBRI-ERF lobbies or takes positions on specific policy proposals. EBRI invites comment on this research.

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# Sources of Health Insurance Coverage: A Look at Changes Between 2013 and 2014 from the March 2014 and 2015 Current Population Survey

By Paul Fronstin, Ph.D., Employee Benefit Research Institute

#### Introduction

The data presented in this *Issue Brief* come from the March Supplement to the Current Population Survey (CPS), conducted by the Census Bureau for the Bureau of Labor Statistics (BLS). The CPS has been conducted every month for more than 50 years. The March Supplement, now known as the Annual Social and Economic Supplement (ASEC), is one of the primary sources of data on health insurance coverage of the U.S. civilian noninstitutionalized population. The questions on health insurance refer to the previous calendar year. For example, in March 2015, interviewers asked about health insurance coverage during 2014. Approximately 99,000 households, representing 199,000 individuals, were interviewed for the March 2015 Supplement.

This *Issue Brief* focuses mainly on changes in health insurance coverage between 2013 and 2014, the year before and after provisions in the Patient Protection and Affordable Care Act (PPACA) took effect to increase health insurance coverage and reduce the uninsured. The analysis focuses on the nonelderly population, workers ages 18–64, and children. Selected data from prior to 2013 are presented, but it is important to note that this data is not comparable to the more recent 2013–2014 data because of methodological changes in the way in which health insurance data is collected in the CPS. The prior data are presented in order to provide a sense of direction of prior trends.

# Summary of Findings

The percentage of nonelderly individuals in the United States with health insurance increased between 2013 and 2014. In 2014, 88 percent of individuals were covered, up from 84.6 percent in 2013 (calculated from Figure 1). The increase between 2013 and 2014 is in contrast to a downward trend that had been occurring during most years prior to the passage of PPACA. Twelve percent of individuals under age 65 did not have health insurance at any point in 2014, down from 15.4 percent in 2013. Just over 32 million were uninsured in 2014, down from 41.1 million in 2013.

Despite the overall increase in health insurance coverage, there was no change in the percentage of the nonelderly population with coverage through an employment-based health plan. More people were covered by employment-based coverage in 2014 than in 2013 because of population growth, but the percentage with employment-based health coverage was unchanged at 62 percent. However, employment-based coverage remained the dominant source of health coverage in the United States for the population under age 65.

The percentage of workers with employment-based health coverage increased slightly between 2013 and 2014, rising from 70.5 percent to 70.8 percent (Figure 5). The percentage of workers that had no health insurance coverage fell from 17.2 percent in 2013 to 13.3 percent because of an increase in the percentage with health insurance coverage purchased directly from an insurance carrier and because of an increase in Medicaid coverage. Among the entire population, the percentage with coverage purchased directly from an insurance carrier increased from 8.8 percent in 2013 to 12.6 percent in 2014, which represents a corresponding increase of about 10 million people with coverage purchased directly from an insurance carrier (Figure 1).

Enrollment in public programs increased as well. In 2014, 58.4 million (or 21.7 percent of the nonelderly population), were covered by Medicaid (the federal-state health care program for the poor and disabled) or State Children's Health Insurance Program (S-CHIP), up from 52 million (or 19.4 percent) in 2013.<sup>1</sup>

#### Conclusion

The remainder of this report provides data on sources of health insurance coverage for 2013 and 2014 for the nonelderly population, workers ages 18–64, and children. Data for 2013 and 2014 are presented by various characteristics of these populations. EBRI invites comment on additional ways to make the data more usable to our readers.

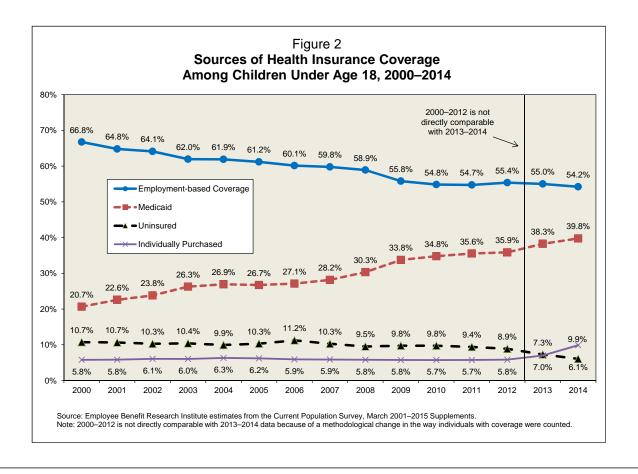
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	None	derly P	opulati	Nonelderly Population With Selected Sources of Health Insurance Coverage, 1999–2014 <sup>a</sup>	Selecte	ed Sour	ces of h	lealth II	ısuranc	e Cove	rage, 19	199-201	<b>4</b> a			
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
								(millions)	ns)							
Total	242.6	244.8	247.5	250.8	252.7	255.1	257.4	260.0	261.4	262.8	264.7	266.0	266.4	266.9	267.9	269.3
Employment-based Coverage	165.6	169.7	167.8	167.2	164.4	164.6	164.9	165.3	165.9	163.9	157.3	156.1	155.5	156.0	160.8	161.6
Own name	80.1	82.3	81.8	80.2	78.8	81.4	82.1	82.7	83.8	82.3	78.9	77.5	17.7	6.97	77.3	78.1
Dependent coverage	85.5	87.4	86.0	87.0	85.6	83.2	82.8	82.6	82.1	81.6	78.4	78.6	78.4	79.1	83.5	83.5
Individually Purchased	17.6	17.8	18.0	18.8	18.7	19.0	19.0	18.9	18.8	18.2	18.4	18.9	18.9	19.4	23.6	33.8
Public	34.3	35.0	37.0	39.3	41.9	45.1	45.5	45.6	47.8	51.2	56.1	57.5	6.69	60.2	65.5	71.5
Medicaid	24.7	25.0	27.2	29.0	31.4	34.7	34.8	35.0	36.4	39.4	44.2	45.0	46.9	47.3	52.0	58.4
Medicare	2.0	5.5	5.5	5.8	6.1	6.4	6.4	6.5	7.1	7.7	7.3	7.9	8.4	8.8	7.5	7.7
TRICARE/CHAMPVA <sup>b</sup>	6.5	9.9	9.9	8.9	6.9	7.2	7.7	7.1	7.5	7.8	8.3	8.7	9.0	9.0	8.6	9.6
No Health Insurance	37.3	36.3	37.7	39.4	41.5	41.3	42.6	44.7	43.4	44.2	48.3	49.1	47.9	47.3	41.1	32.3
								(percentage)	tage)							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Employment-based Coverage	68.2	69.3	8.79	9.99	65.1	64.5	64.1	9.89	63.5	62.4	59.4	28.7	58.4	58.5	0.09	0.09
Own name	33.0	33.6	33.1	32.0	31.2	31.9	31.9	31.8	32.0	31.3	29.8	29.1	28.9	28.8	28.8	29.0
Dependent coverage	35.2	35.7	34.7	34.7	33.9	32.6	32.2	31.8	31.4	31.0	29.6	29.6	29.4	29.6	31.2	31.0
Individually Purchased	7.3	7.3	7.3	7.5	7.4	7.5	7.4	7.3	7.2	6.9	7.0	7.1	7.1	7.3	8.8	12.6
Public	14.1	14.3	15.0	15.6	16.6	17.7	17.7	17.5	18.3	19.5	21.2	21.6	22.5	22.6	24.5	26.6
Medicaid	10.2	10.2	11.0	11.6	12.4	13.6	13.5	13.5	13.9	15.0	16.7	16.9	17.6	17.7	19.4	21.7
Medicare	2.1	2.3	2.2	2.3	2.4	2.5	2.5	2.5	2.7	2.9	2.8	3.0	3.2	3.3	2.8	2.9
TRICARE/CHAMPVA <sup>b</sup>	2.7	2.7	2.7	2.7	2.7	2.8	3.0	2.7	2.9	3.0	3.1	3.3	3.4	3.4	3.6	3.5
No Health Insurance	15.4	14.8	15.2	15.7	16.4	16.2	16.6	17.2	16.6	16.8	18.3	18.5	18.0	17.7	15.4	12.0
Source: Employee Benefit Desearch Institute actimates of the Current	lootititool	the of the	1	0 مونئوار مور	Maria Maria	טטטט איי	charge class. O 7000 dozol house action solitations	0400								

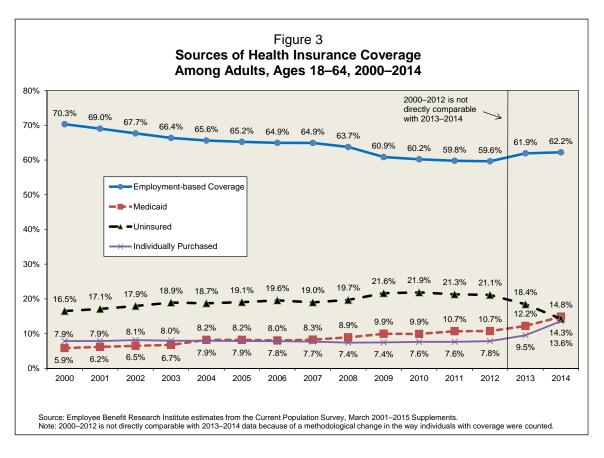
Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2000–2015 Supplements.

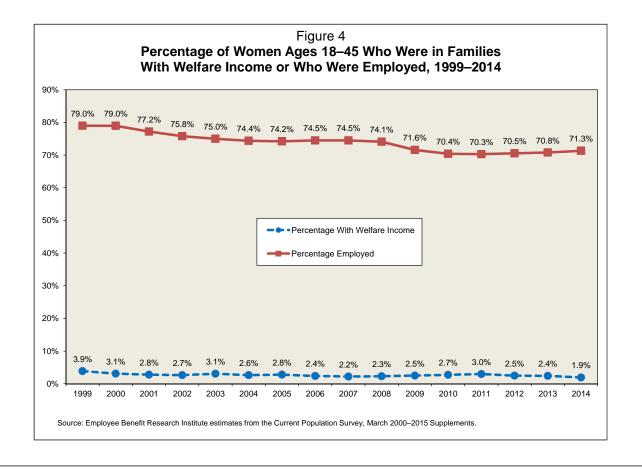
Note: Details may not add to totals because individuals may receive coverage from more than one source.

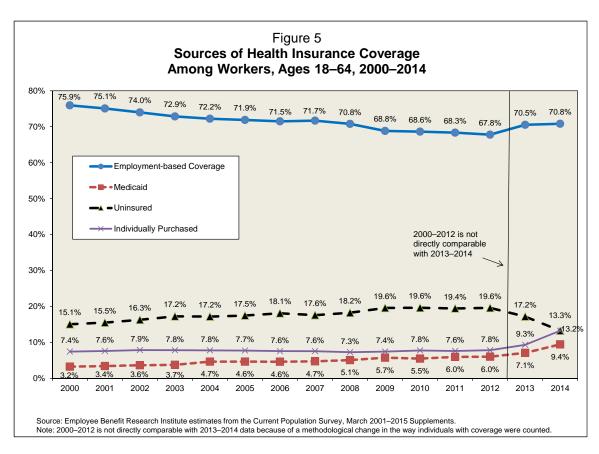
1999–2012 is not directly comparable with 2013–2014 data because of a methodological change in the way individuals with coverage were counted.

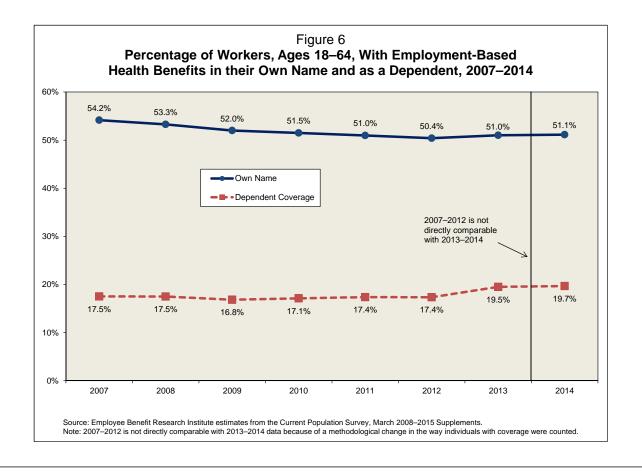
backers is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

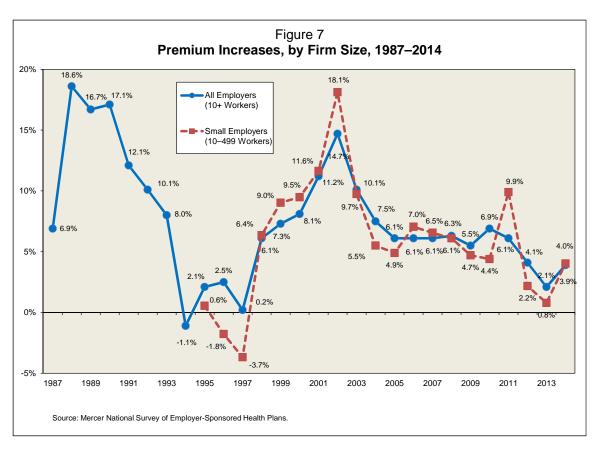


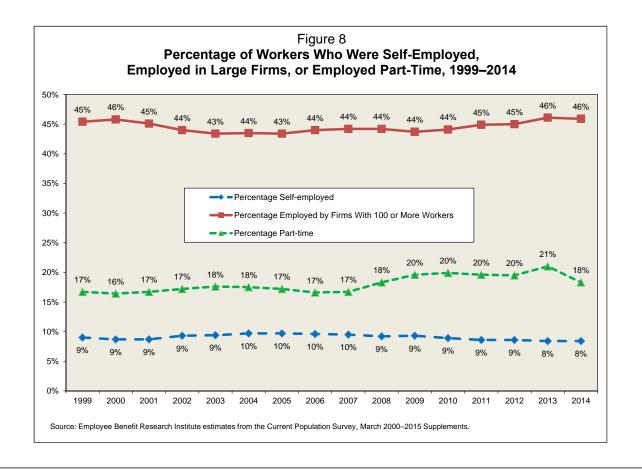


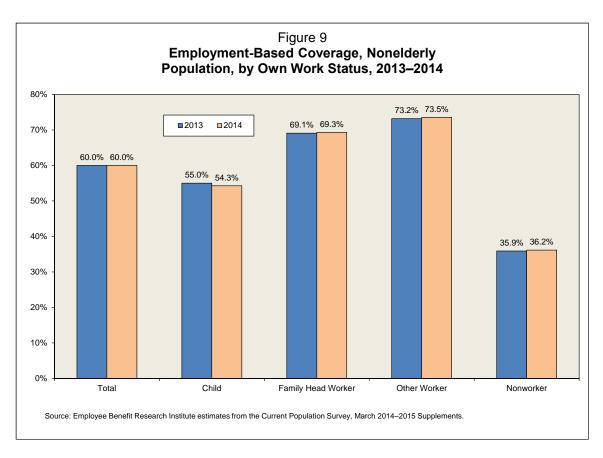


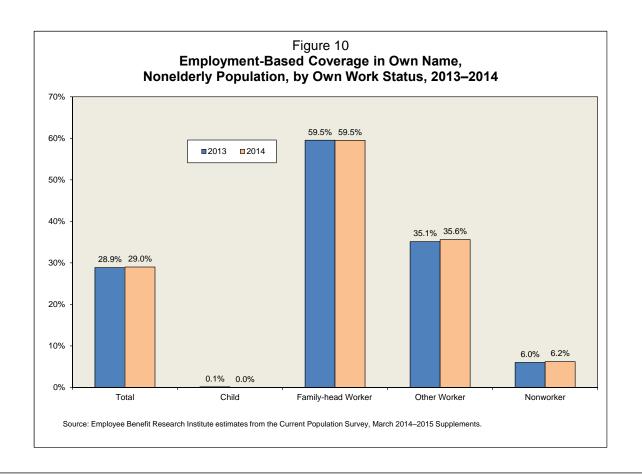


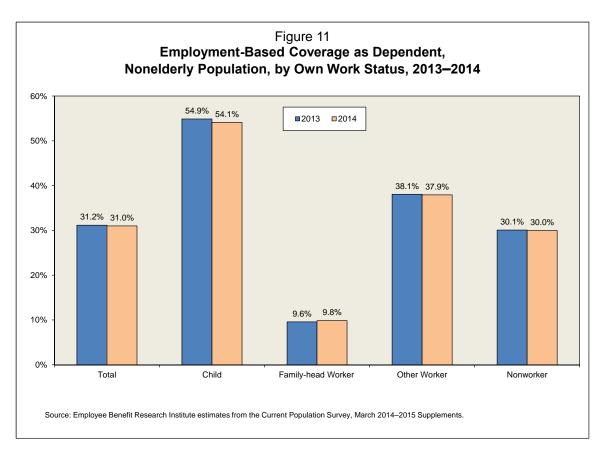


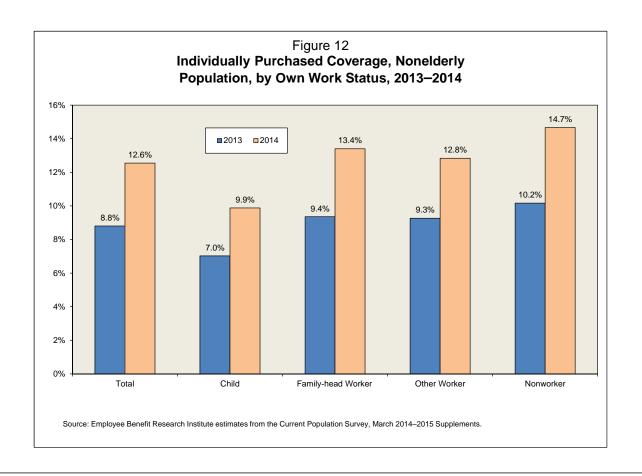


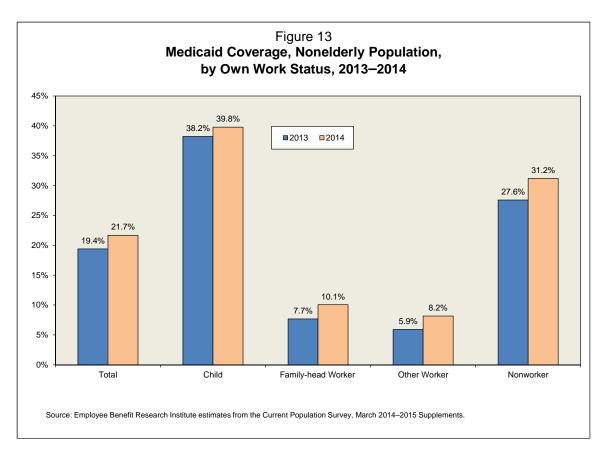


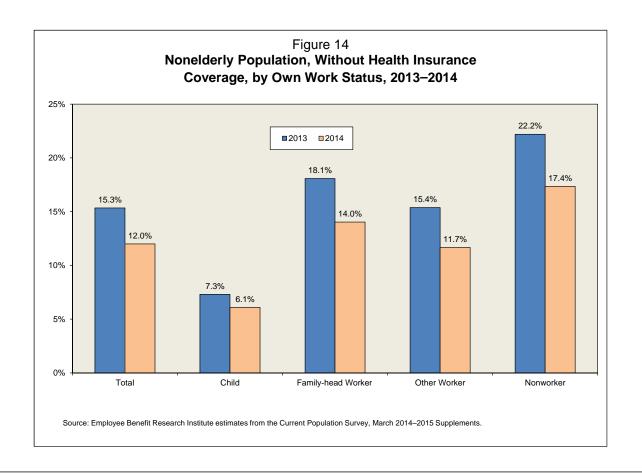


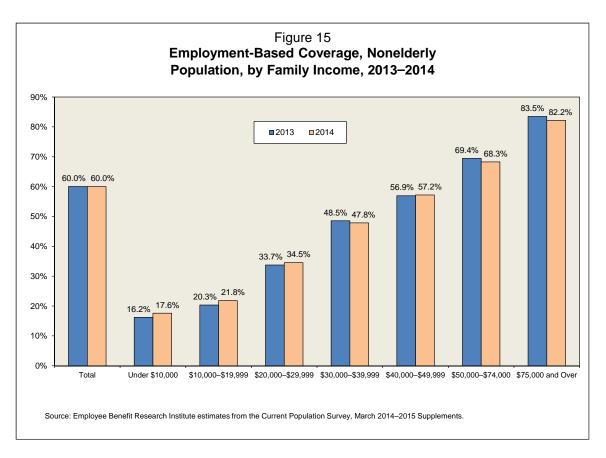


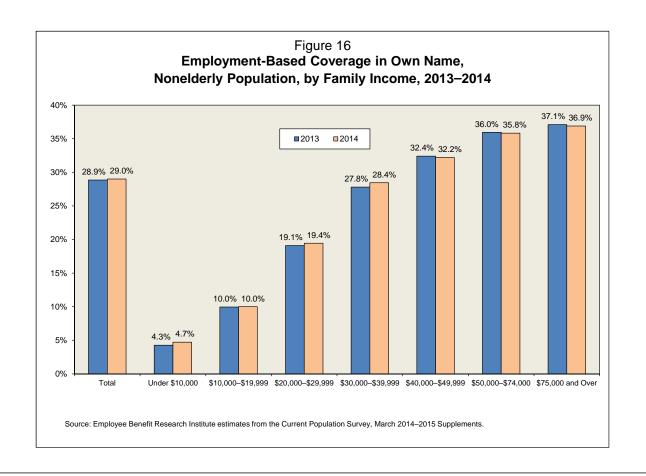


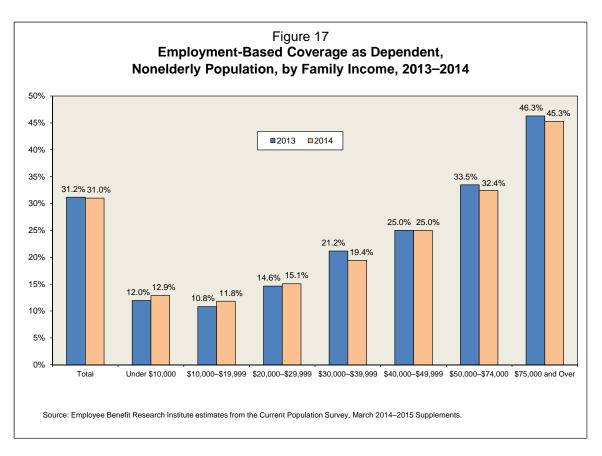


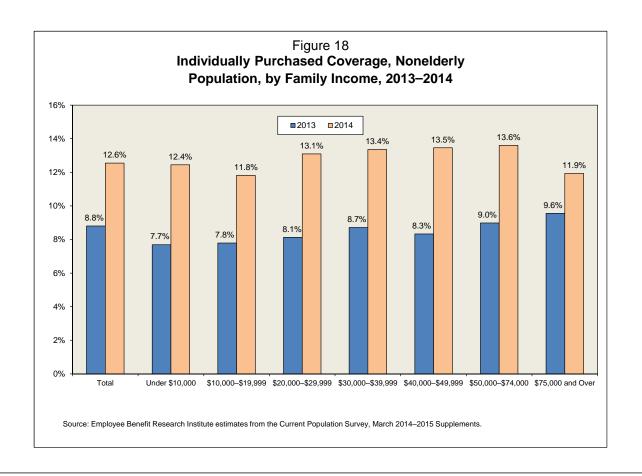


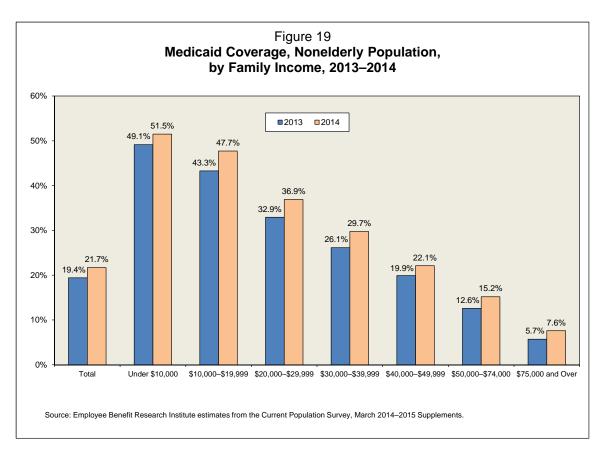


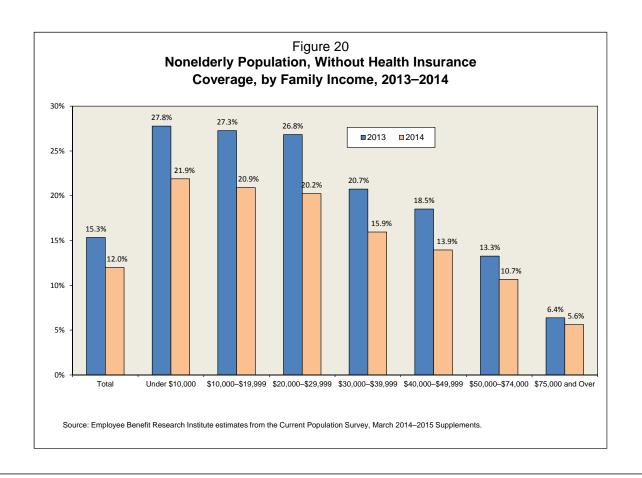


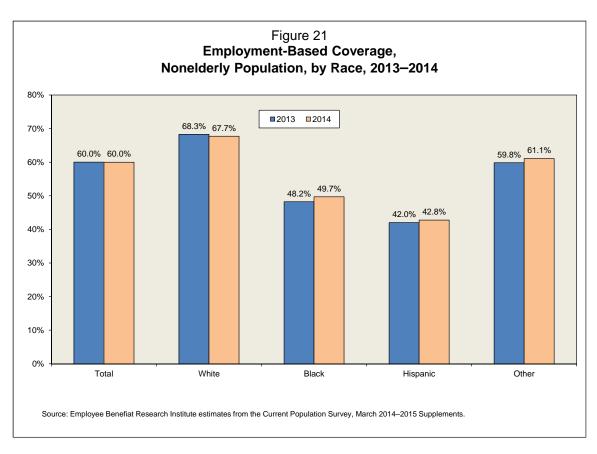


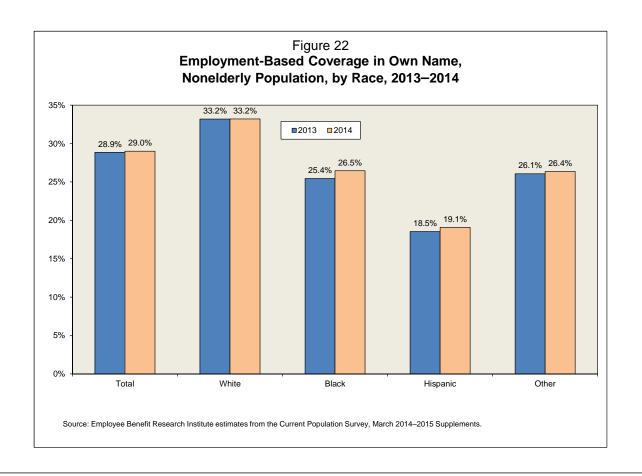


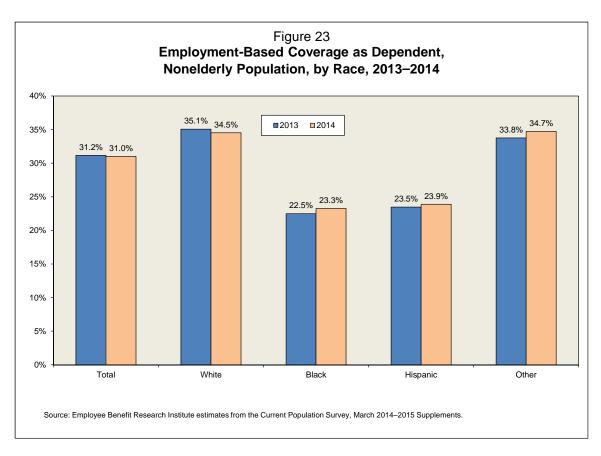


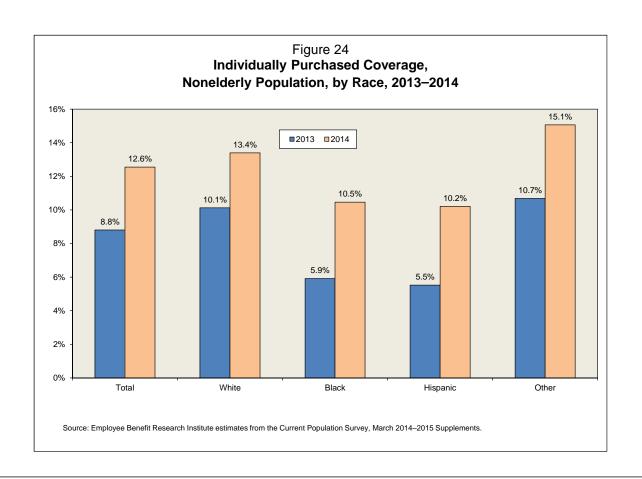


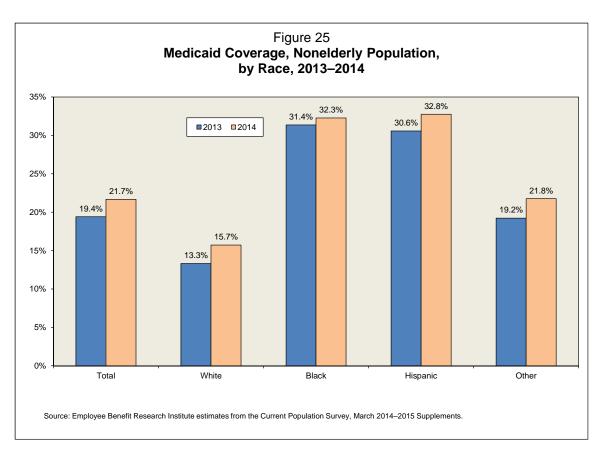


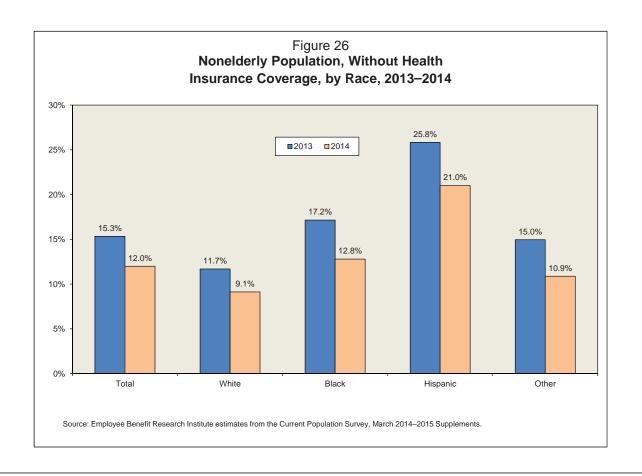


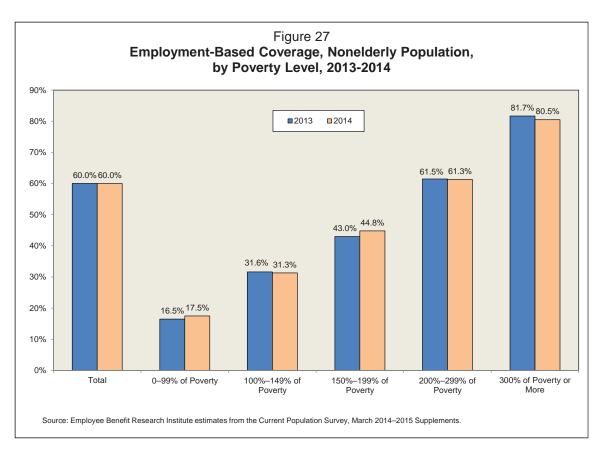


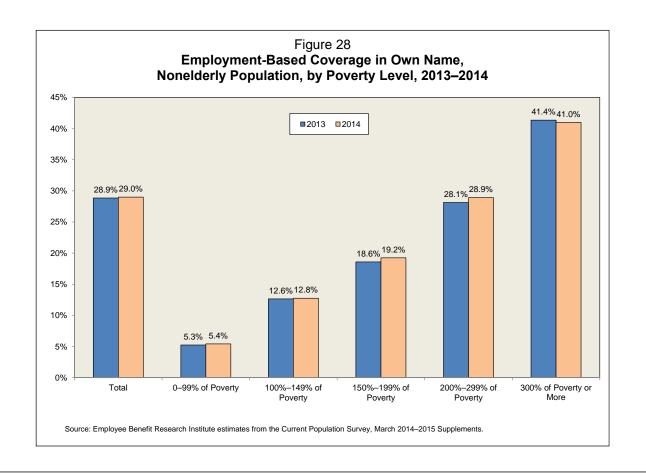


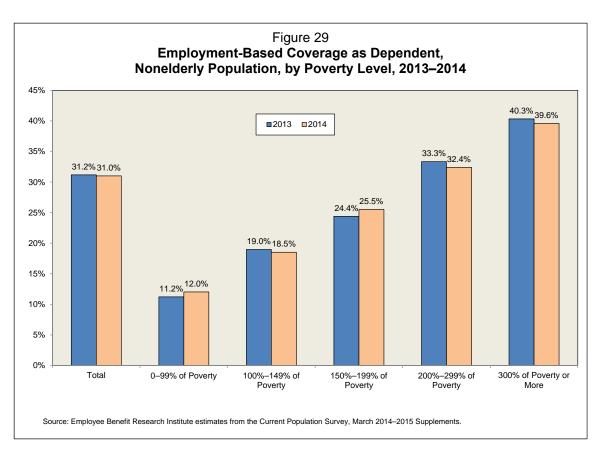


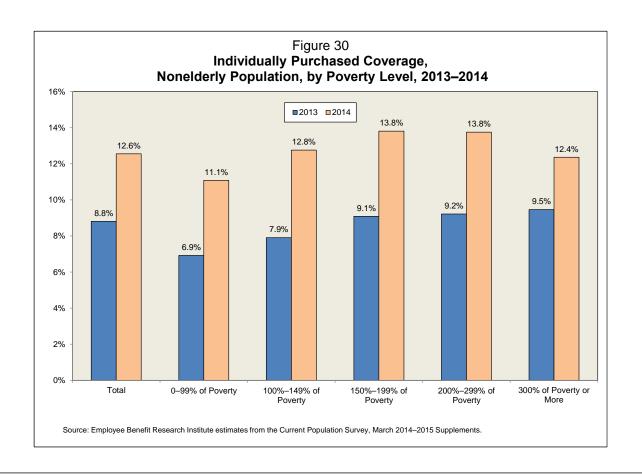


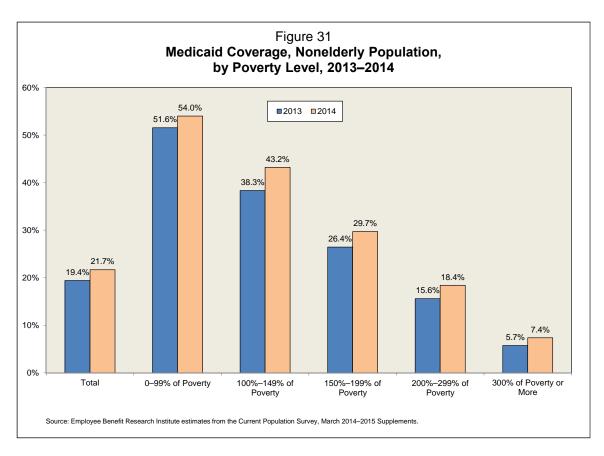


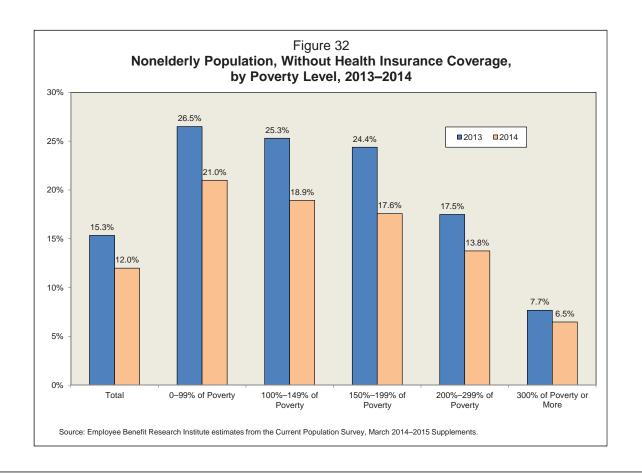


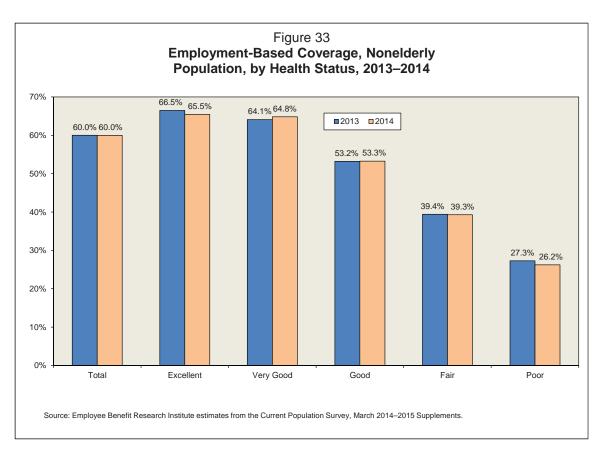


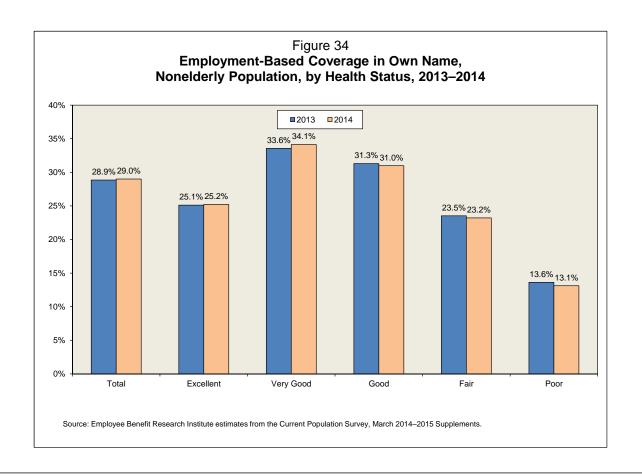


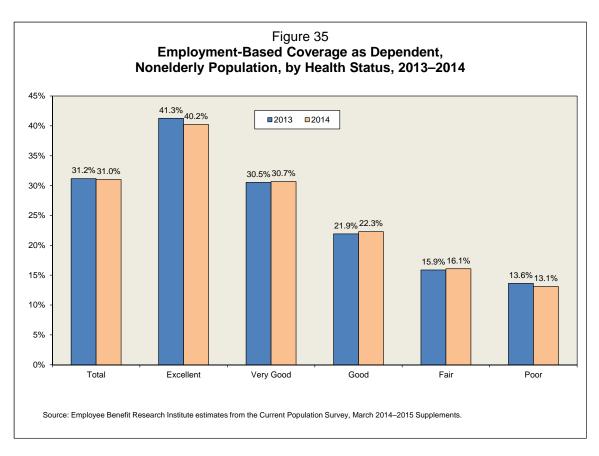


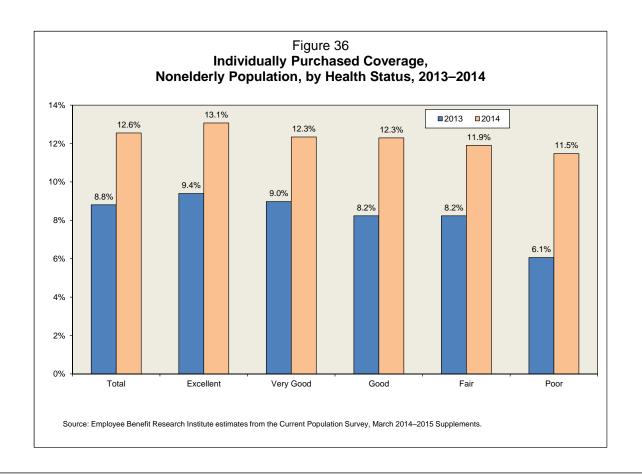


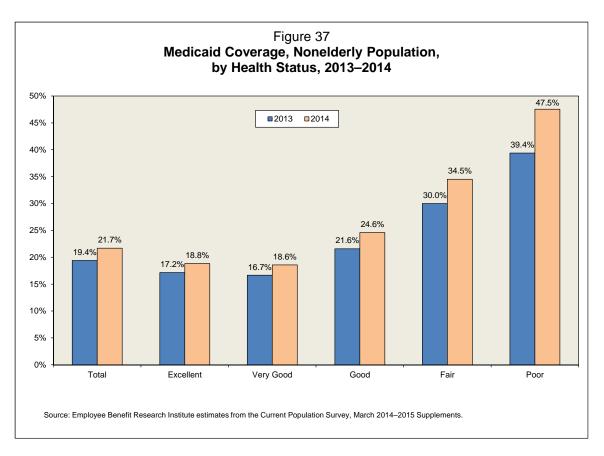


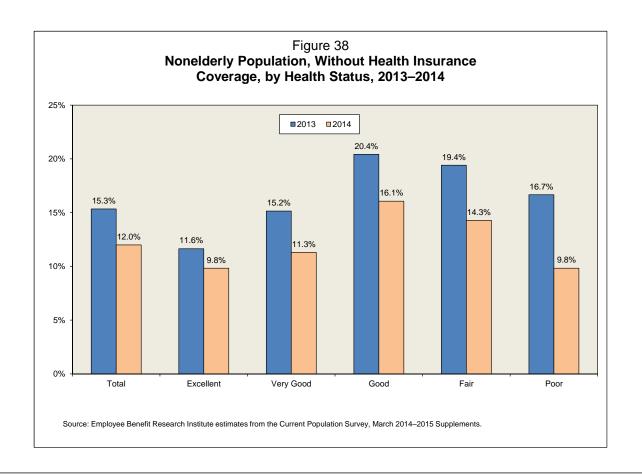


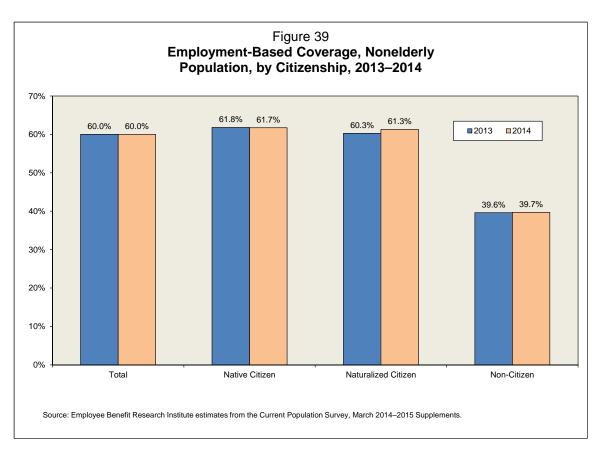


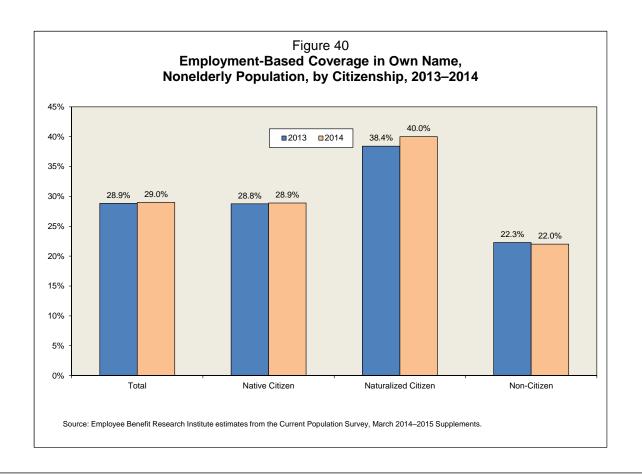


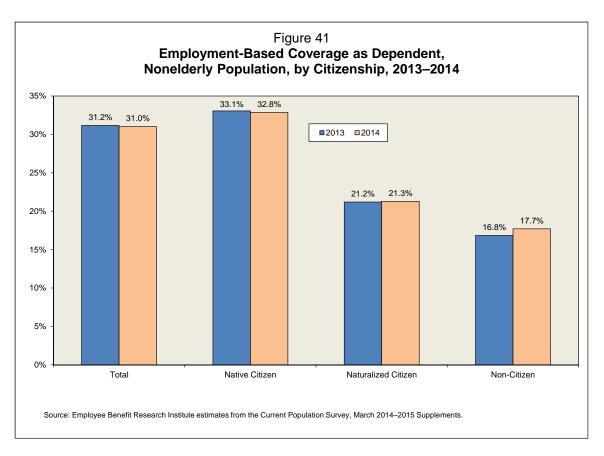


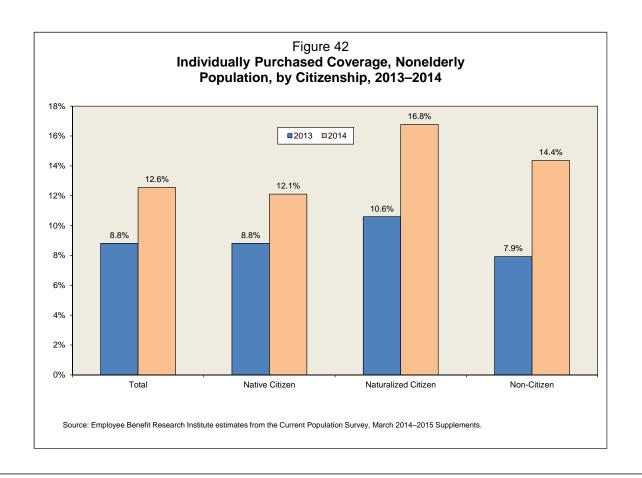


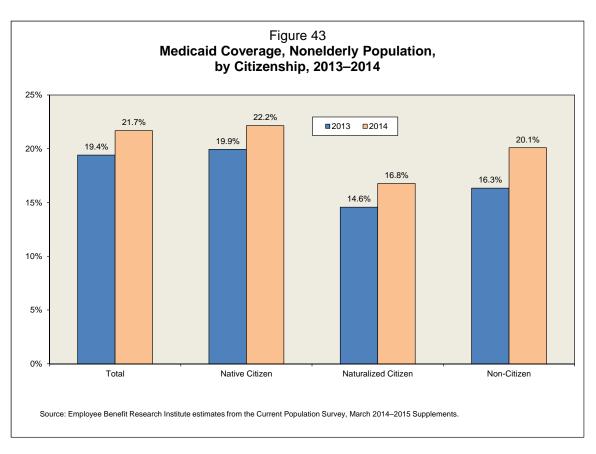


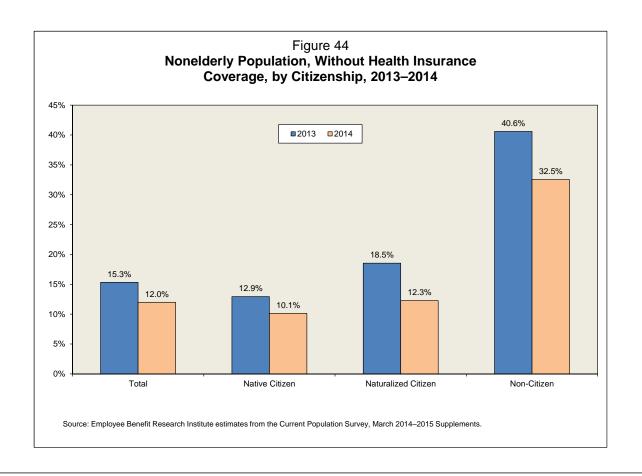


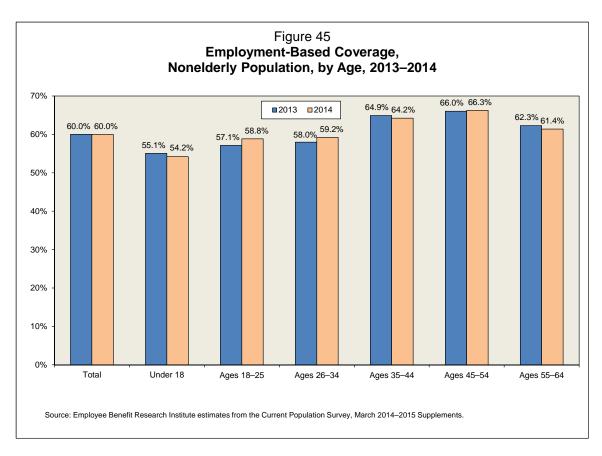


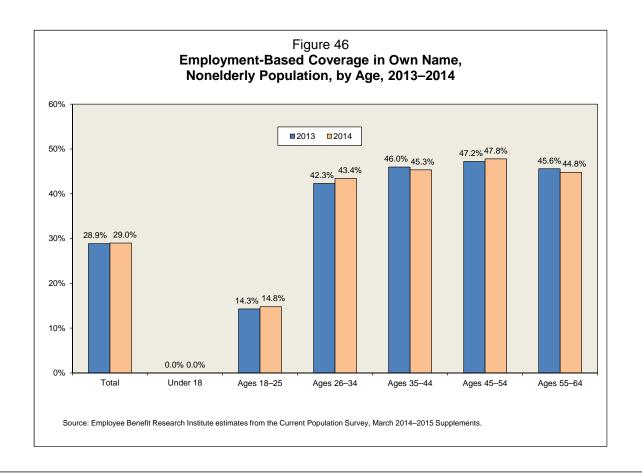


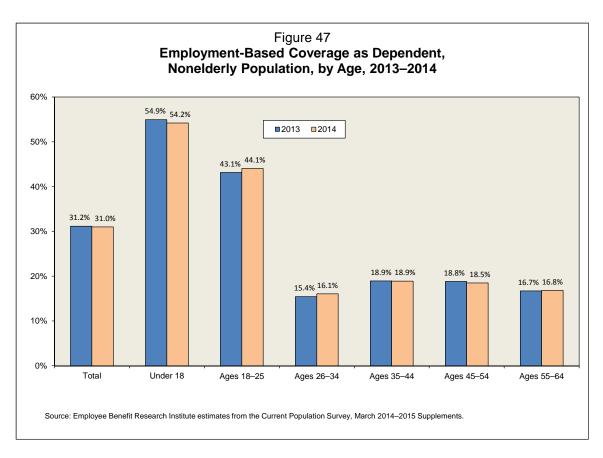


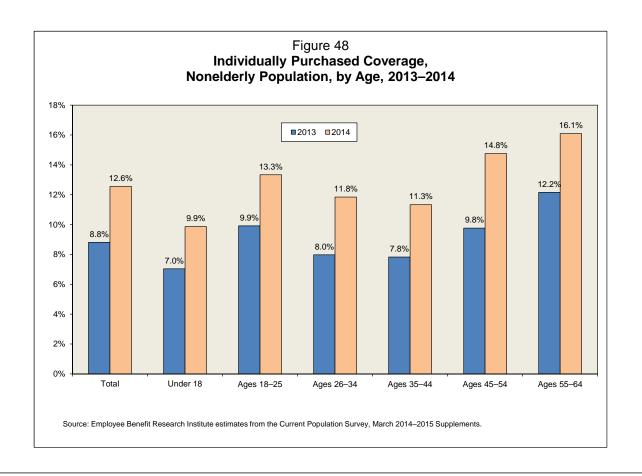


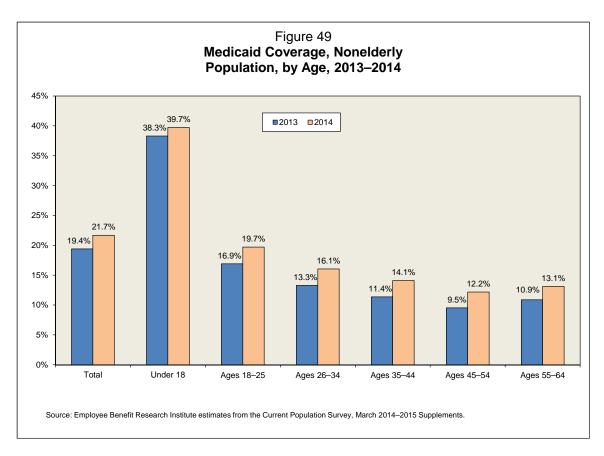


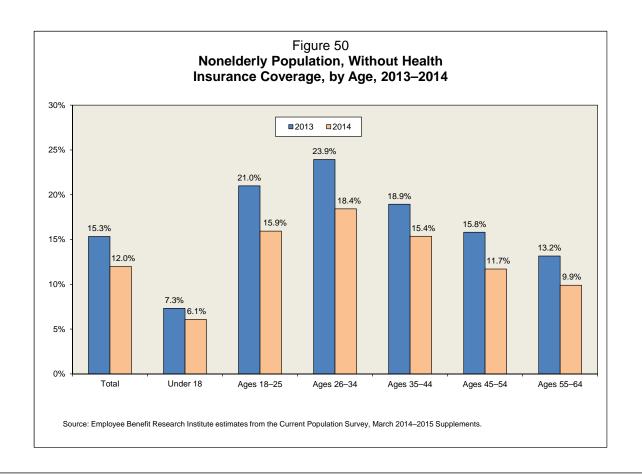


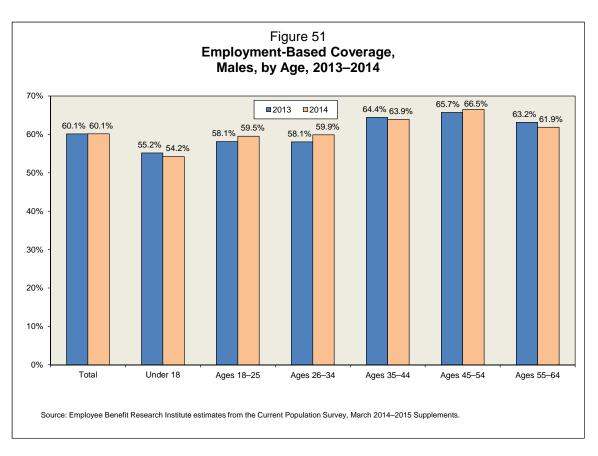


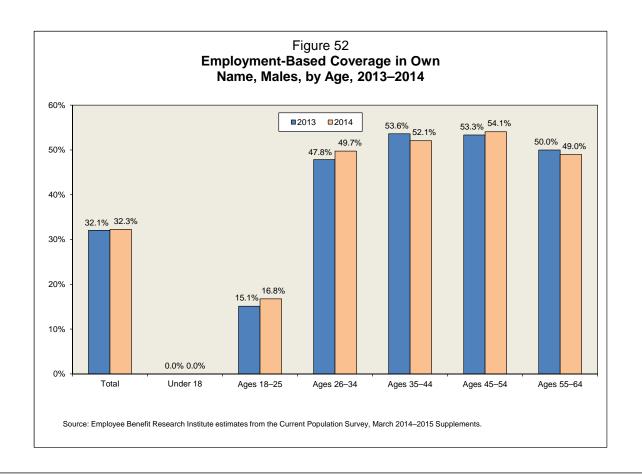


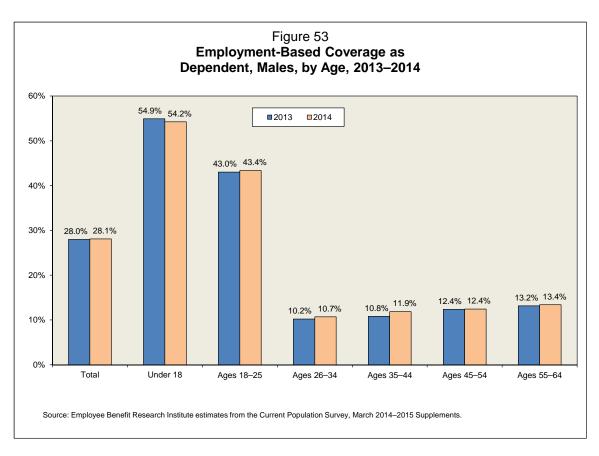


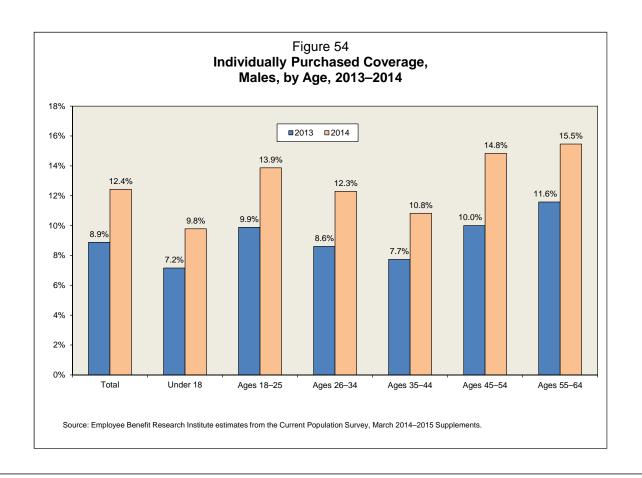


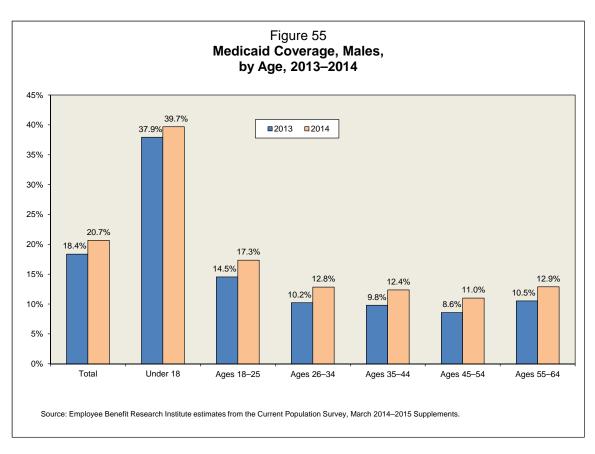


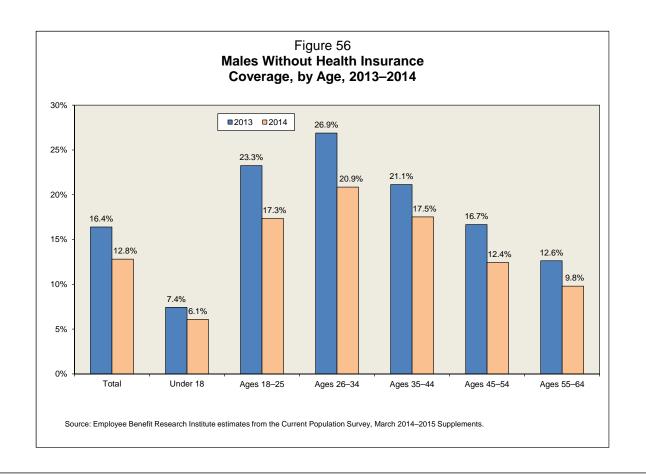


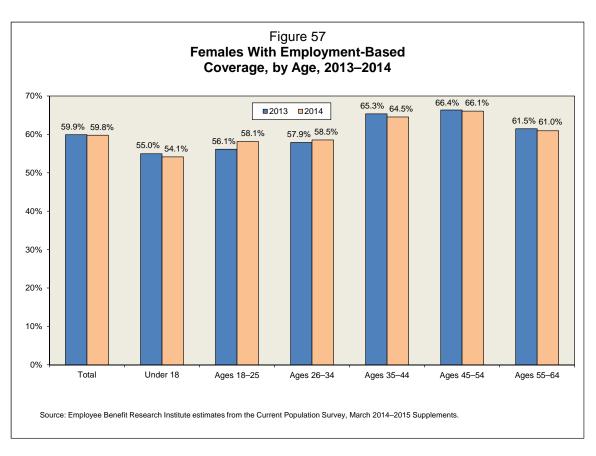


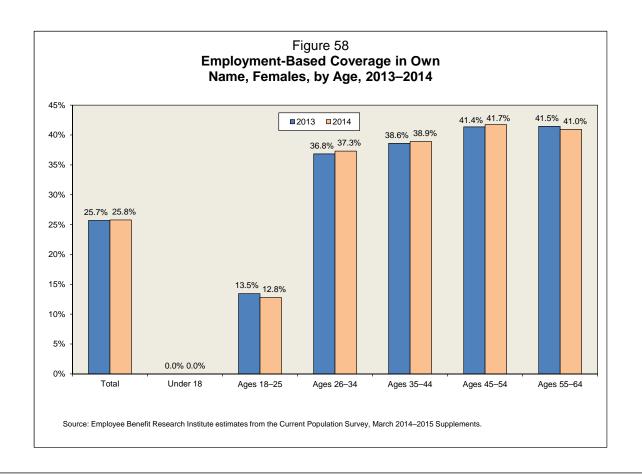


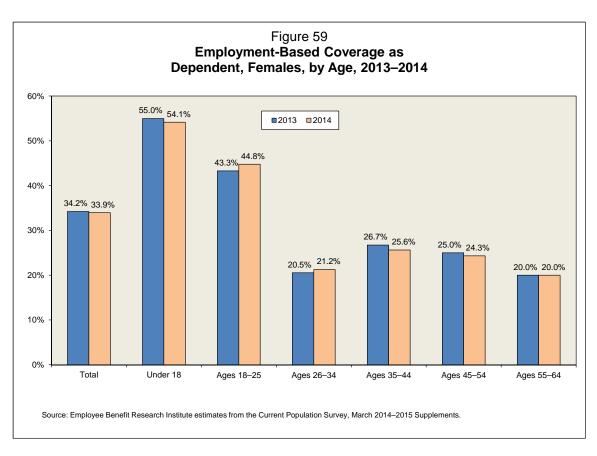


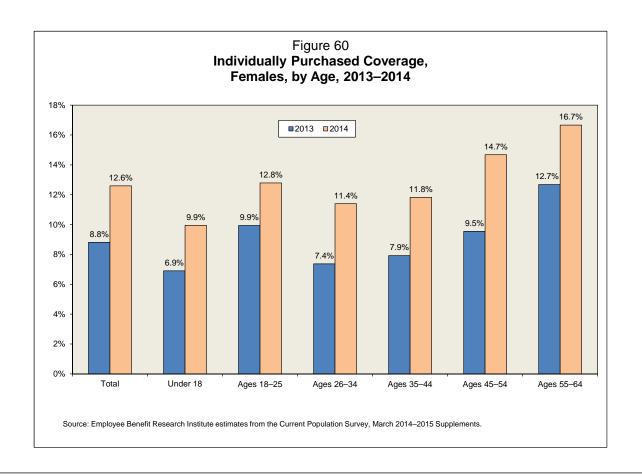


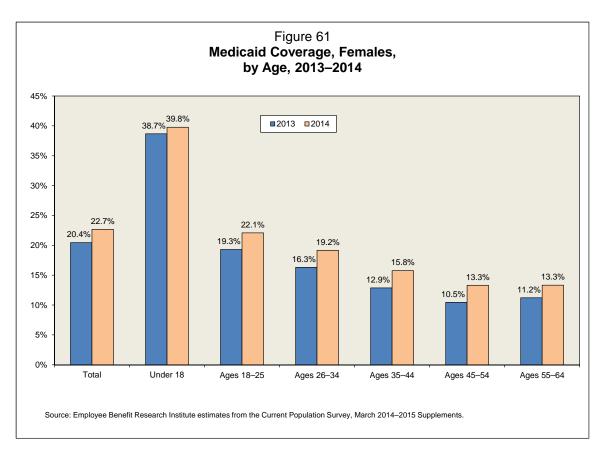


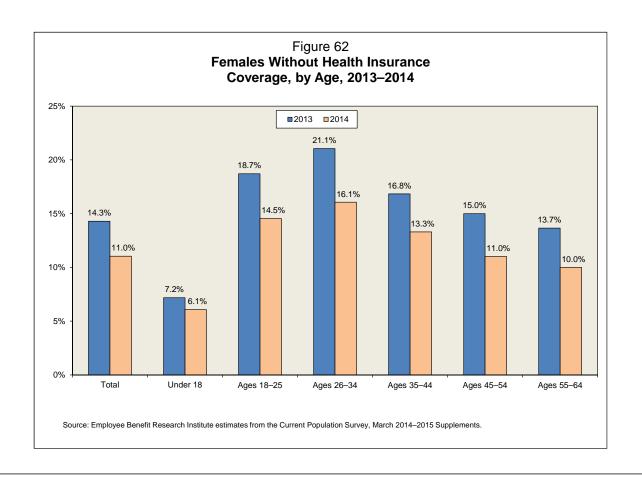


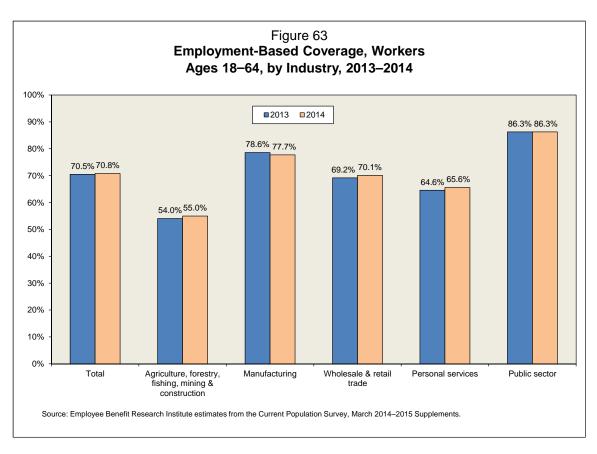


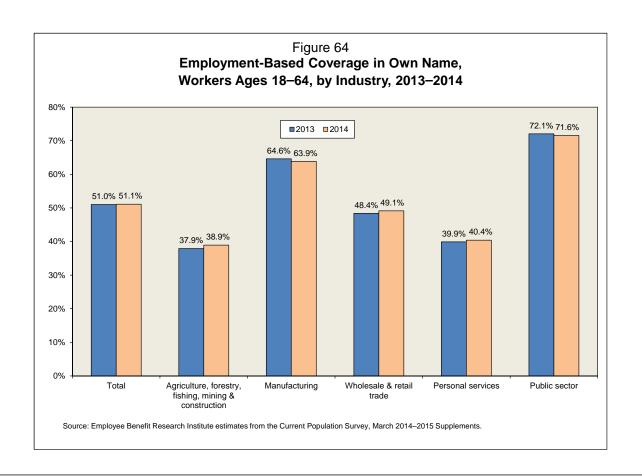


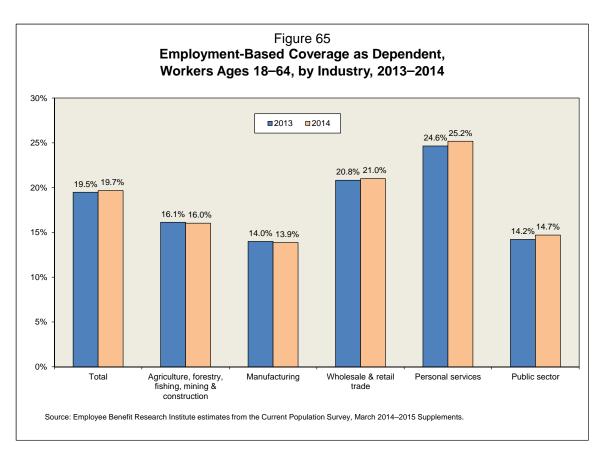


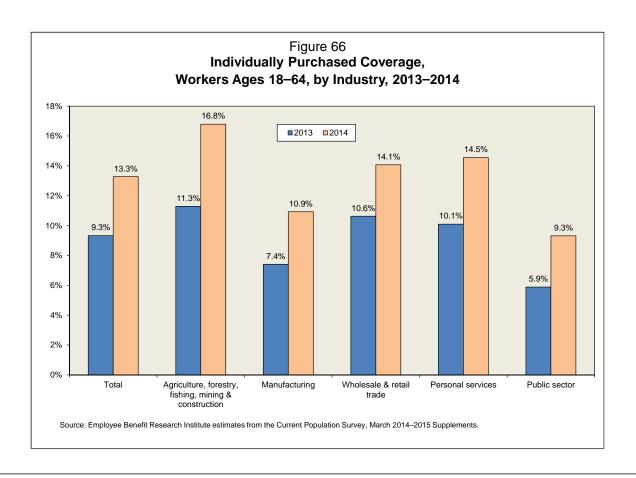


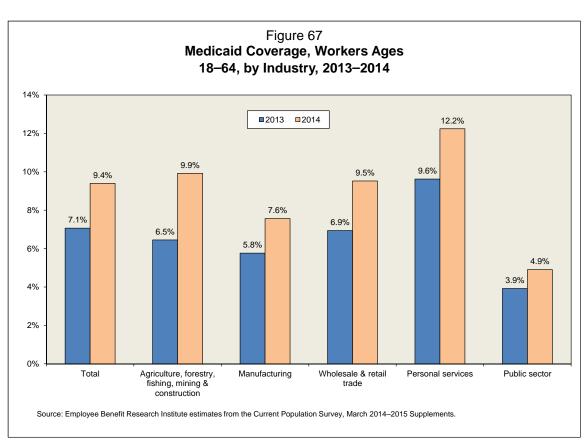


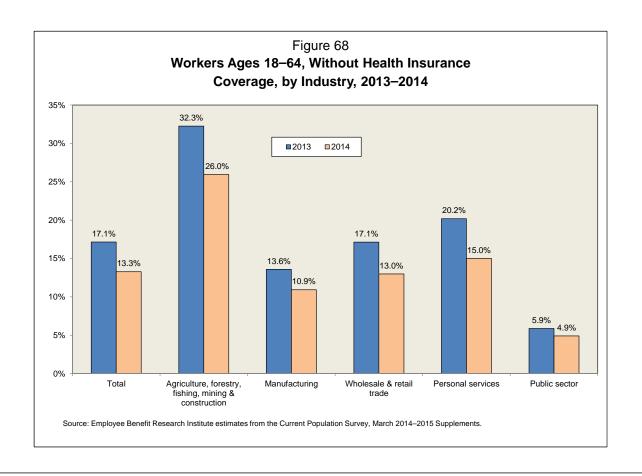


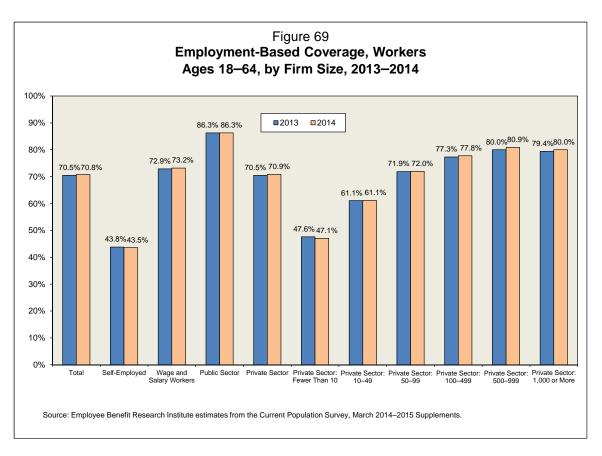


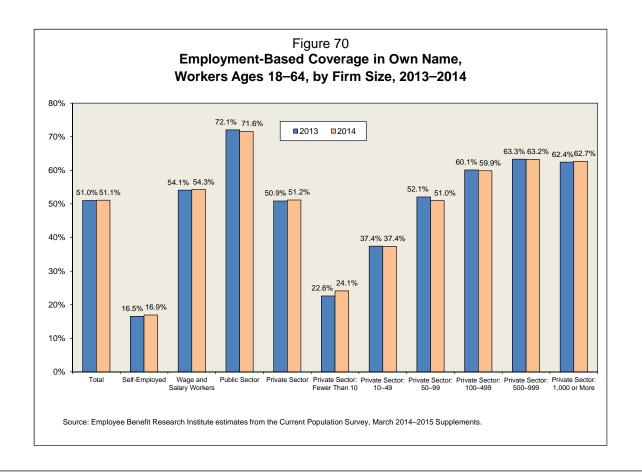


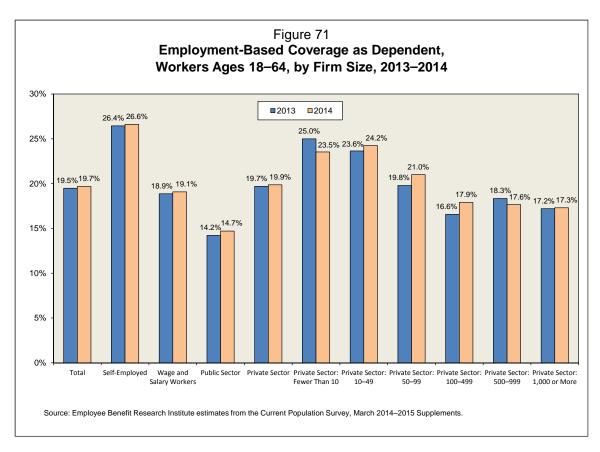


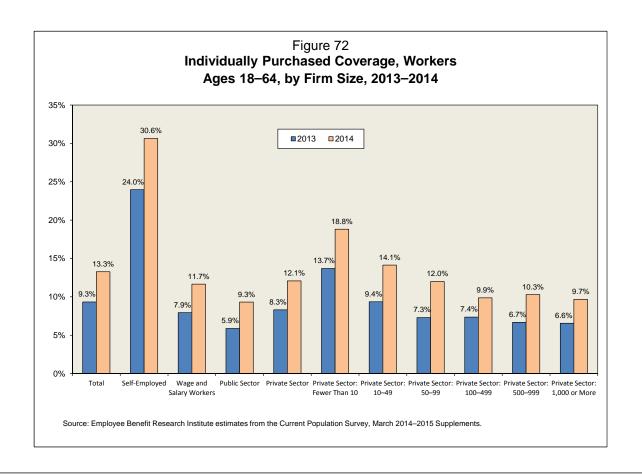


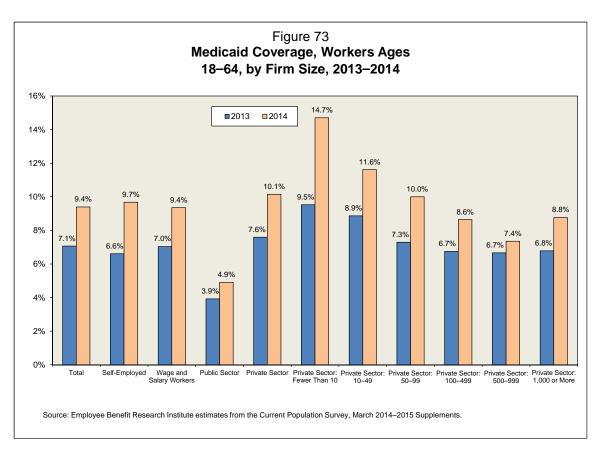


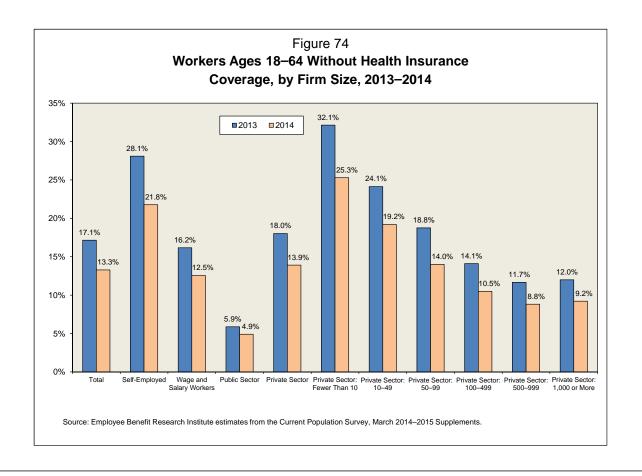


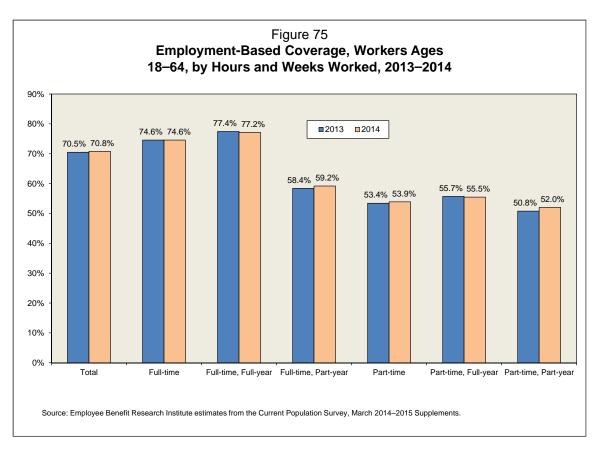


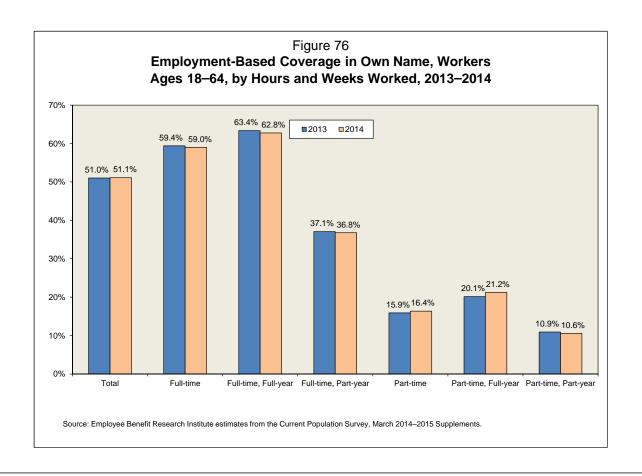


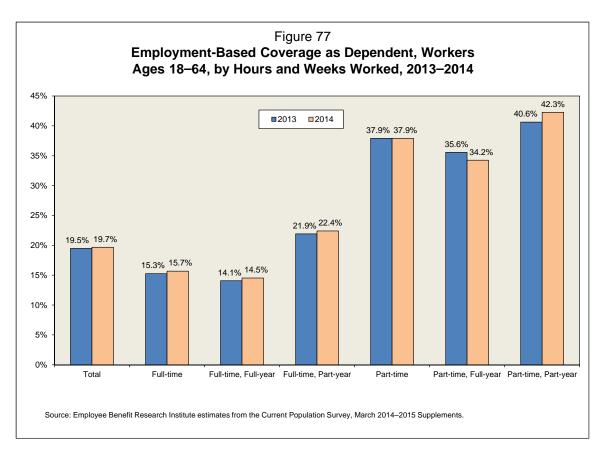


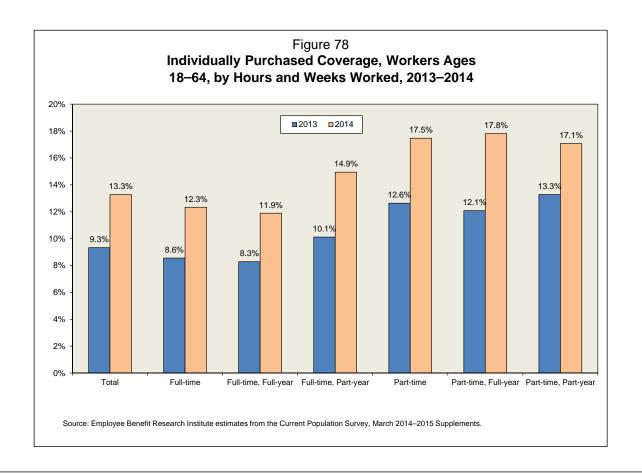


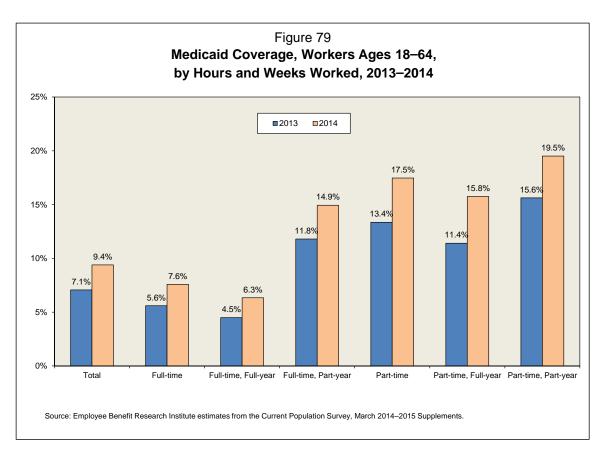


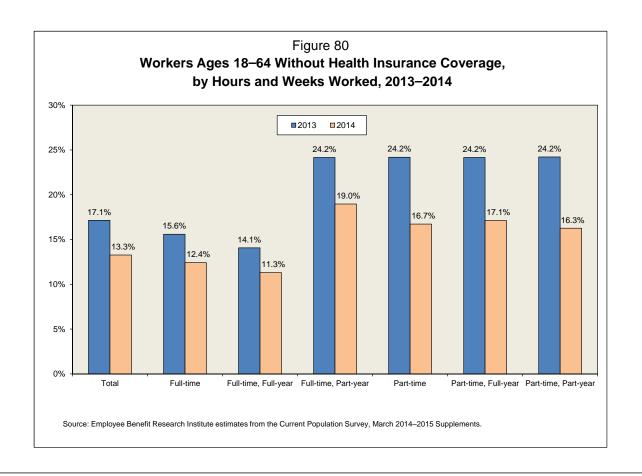


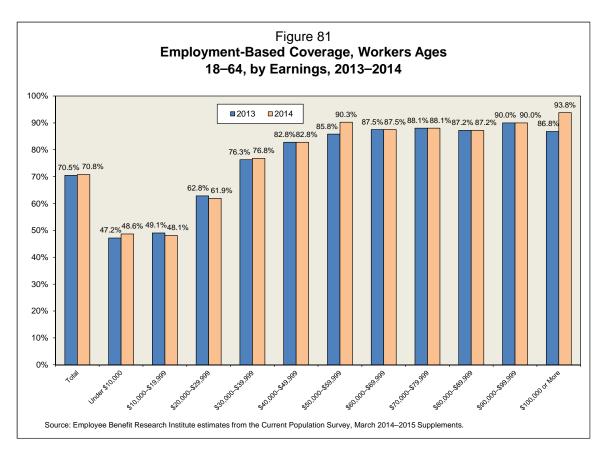


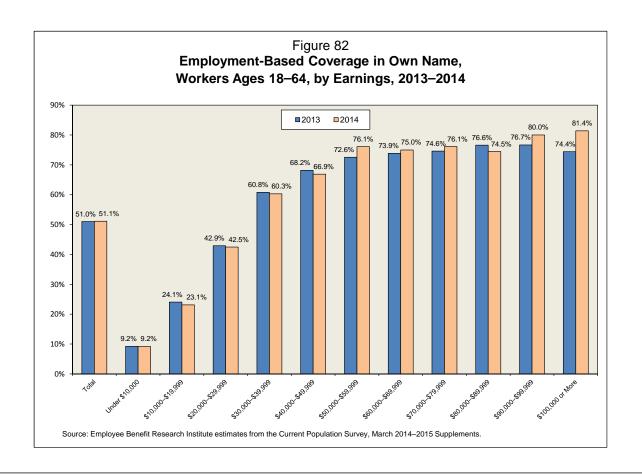


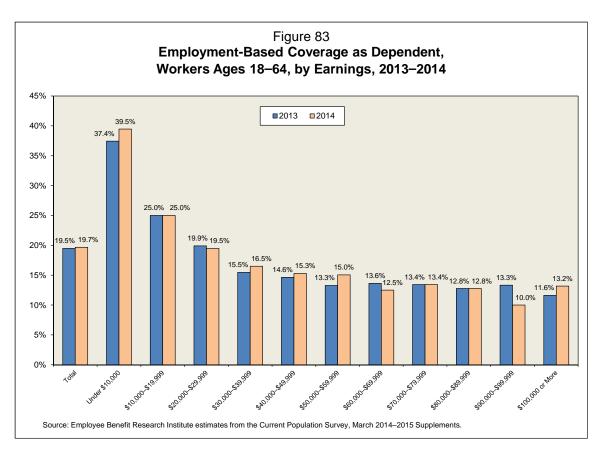


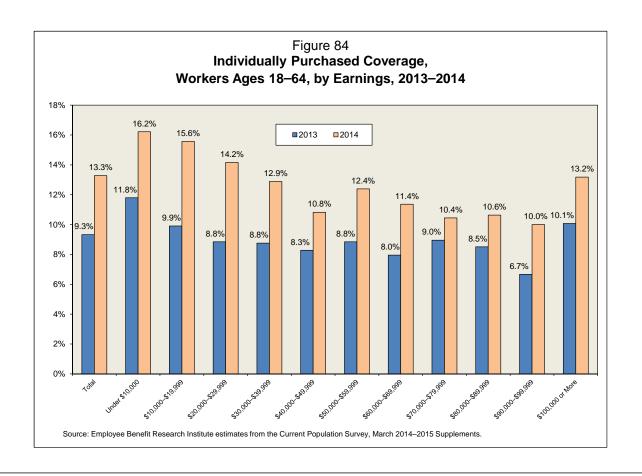


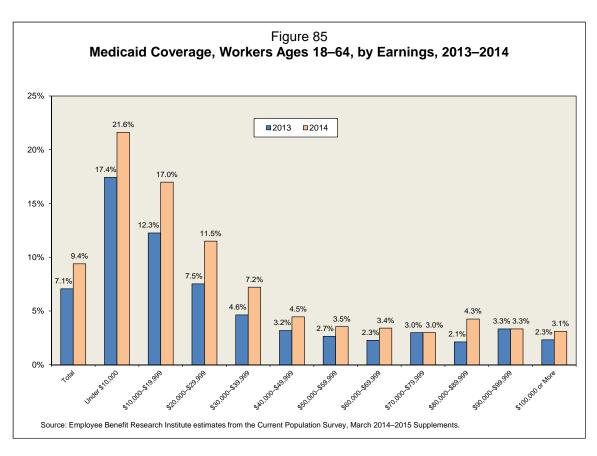


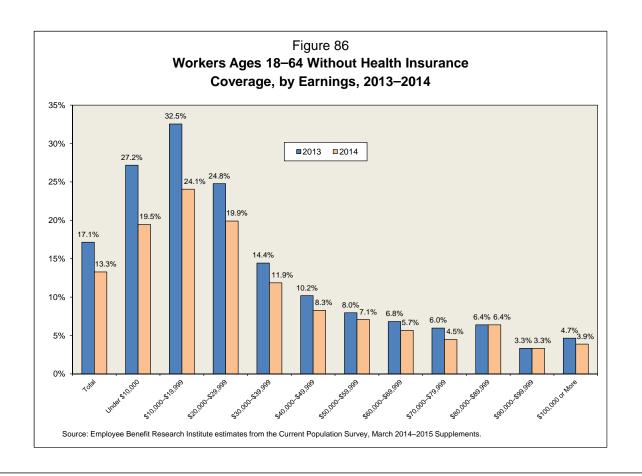


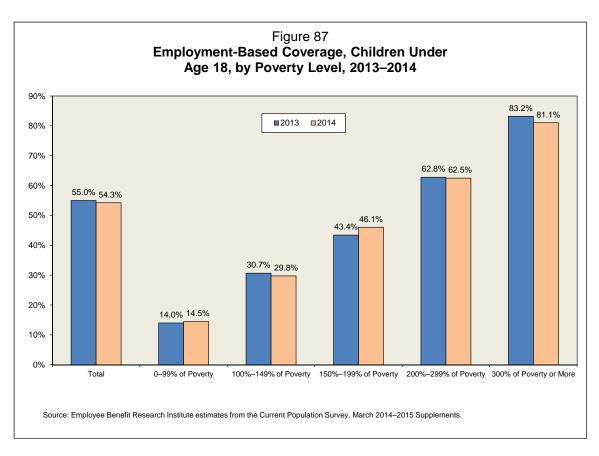


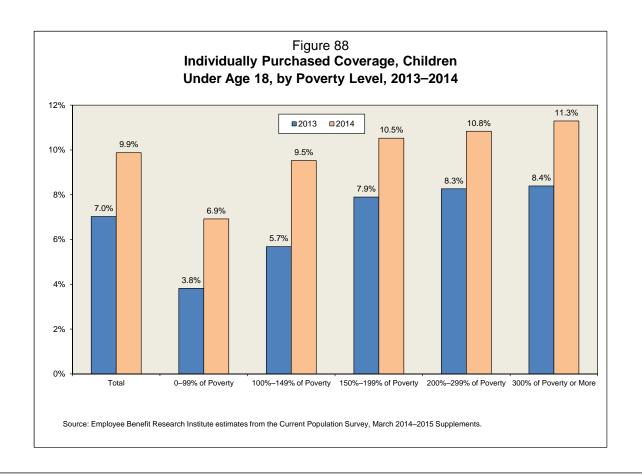


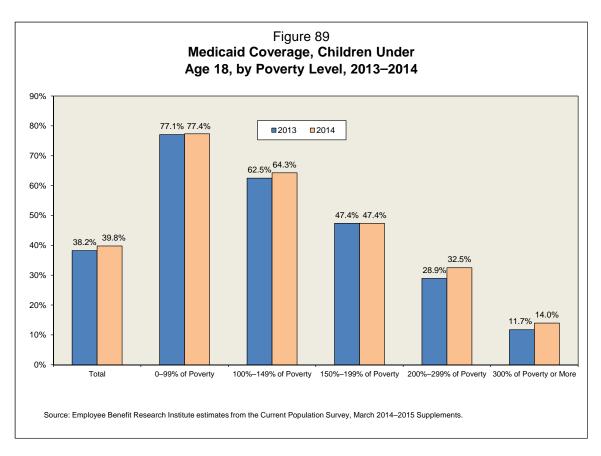


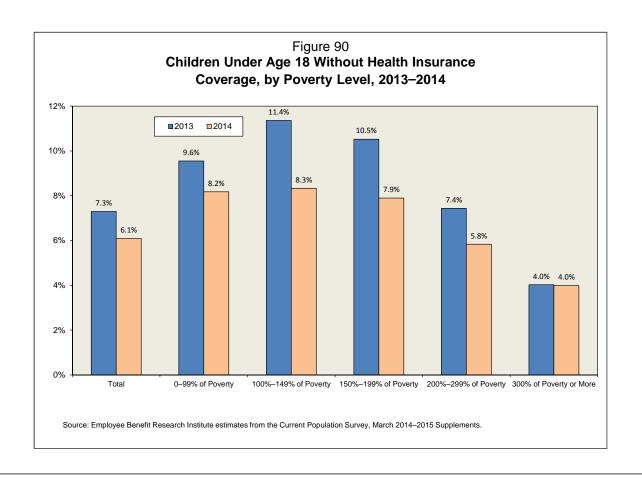


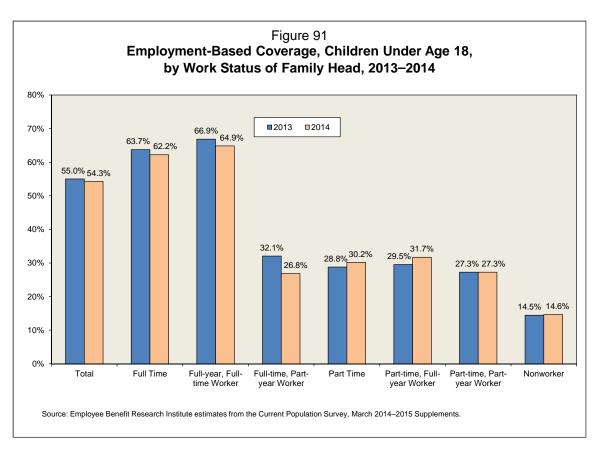


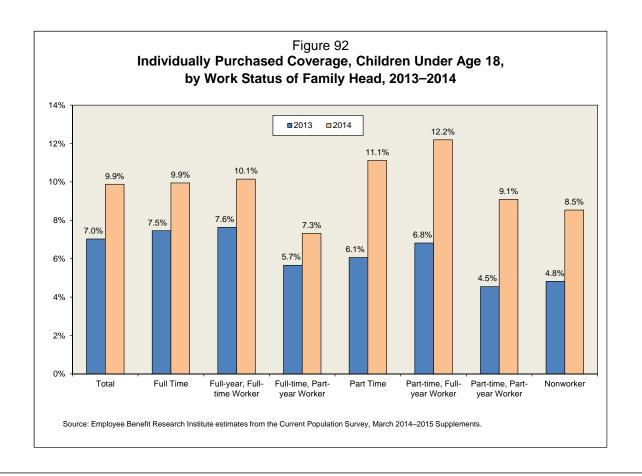


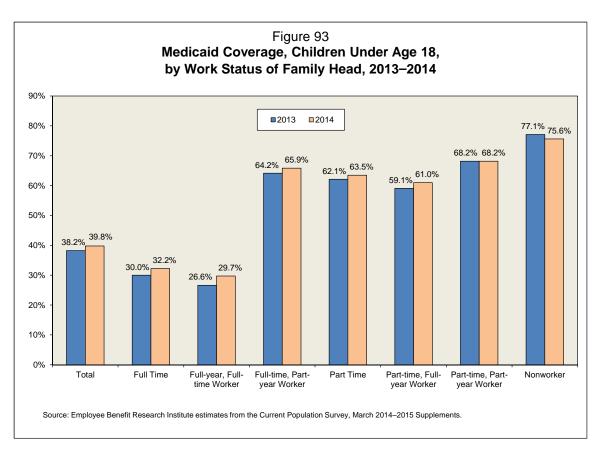


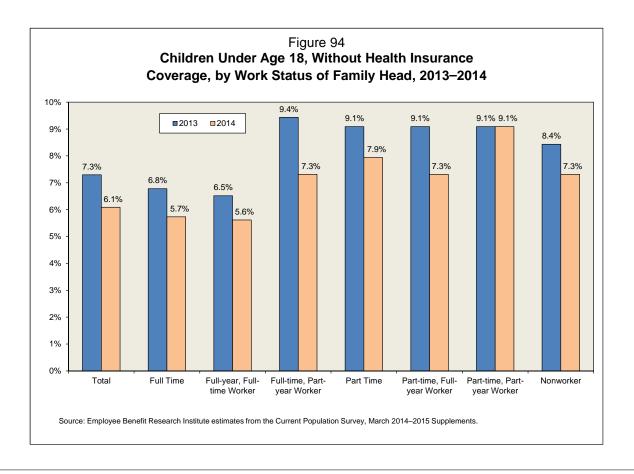












### **Endnotes**

 $<sup>^{1}</sup>$  The estimate for Medicaid also includes children enrolled in the State Children's Health Insurance Program (S-CHIP).





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