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EMPLOYER-SPONSORED HEALTH INSURANCE EROSION CONTINUES Unabated declines in coverage since 2000 are expected to worsen through 2009

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The share of Americans under age 65 with employment-based coverage continued to erode for the eighth year in a row from 62.9% covered in 2007 to 61.9% covered in 2008, a total fall of 6.4 percentage points since 2000. At the same time, the number of Americans under age 65 without health insurance coverage rose from 45.0 million in 2007 to 45.7 million in 2008. The number of uninsured has grown by 7.5 million since 2000. The share of the under-65 without insurance has also increased over the 2000s, from 15.5% in 2000 to 17.3% in 2008.

Employer-sponsored health insurance (ESI) remains the predominant source of coverage for Americans under 65. Increasing public insurance coverage, particularly among children, is the only reason the uninsured rate did not rise one-for-one with losses in ESI. Children saw larger declines in ESI over the 2000s, but actually experienced an increase in total coverage rates as the share with public coverage rose nearly 9 percentage points. Non-elderly adults regained about half their losses in ESI from other sources as ESI fell 6.2 percentage points and the share uninsured rose 3.1 percentage points over the 2000s. The safety net programs—Medicaid, the State Children’s Health Insurance Program (SCHIP), and Medicare—have insured millions as employment-based benefits were lost.

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No demographic or socioeconomic group has been spared from the erosion of ESI over the 2000s. Both genders and people of all ages, races, education, and income levels have suffered declines in coverage. Workers across the wage distribution, in small and large firms alike, and even those working full time and in white-collar jobs have experienced ESI losses.

The declines in coverage in 2008 can be attributed in part to the start of the recession. Unfortunately, these losses are likely only the tip of the iceberg for what is to come in 2009. The recession that began in December 2007 and took hold in 2008, worsened in 2009. Given that the economy has deteriorated significantly between 2008 and 2009, with unemployment increasing from 5.8% in 2008 to a high of 9.8% in September 2009, health insurance coverage in 2009 is bound to be worse as well.

The current recession highlights the lack of security people experience as they lose their job and, in many cases, their access to affordable health insurance. As the percent of the uninsured is expected to rise in conjunction with a slumping economy and the cost of health care continues to grow faster than inflation, policy makers concerned with increasing health coverage will no doubt continue to push for reform.

This report's central findings include:

- In 2008, 45.7 million people under 65 were uninsured, up 722,000 since 2007. The number of non-elderly uninsured Americans is over 7.5 million more than it was in 2000.
- The share of non-elderly Americans with employer-sponsored health insurance declined for the eighth year in a row, down from 62.9% in 2007 to 61.9% in 2008, dropping a total of 6.4 percentage points since 2000.
- Nearly 5 million fewer non-elderly had employer-sponsored coverage in 2008 than in 2000. As many as 17 million more people under 65 would have had ESI in 2008 if the coverage rate had remained at the 2000 level.
- Workers 18-64 years old experienced losses in job-based coverage, from 71.0% in 2007 to 70.1% in 2008.

- Uninsured workers are disproportionately young, Hispanic, lower educated, and lower income.
- Children's coverage fell 7.0 percentage points over the 2000s, and the gap in ESI access by income widened substantially over this period.
- The only reason the drop in employer-sponsored insurance did not translate into an increase in the share uninsured is that 3.4 million additional non-elderly were covered by public insurance between 2007 and 2008. A total 15 million more had public coverage in 2008 than in 2000.
- The decline in ESI coverage through the 2000s was felt across the country, with a statistically significant decline in non-elderly coverage in 42 states. No state had a statistically significant increase in coverage over this period.
- Because of the sharp rise in the unemployment rate between 2008 and 2009 and projected into 2010, the number without ESI and thus without any insurance is likely to swell this year and into next.

Overall health insurance trends

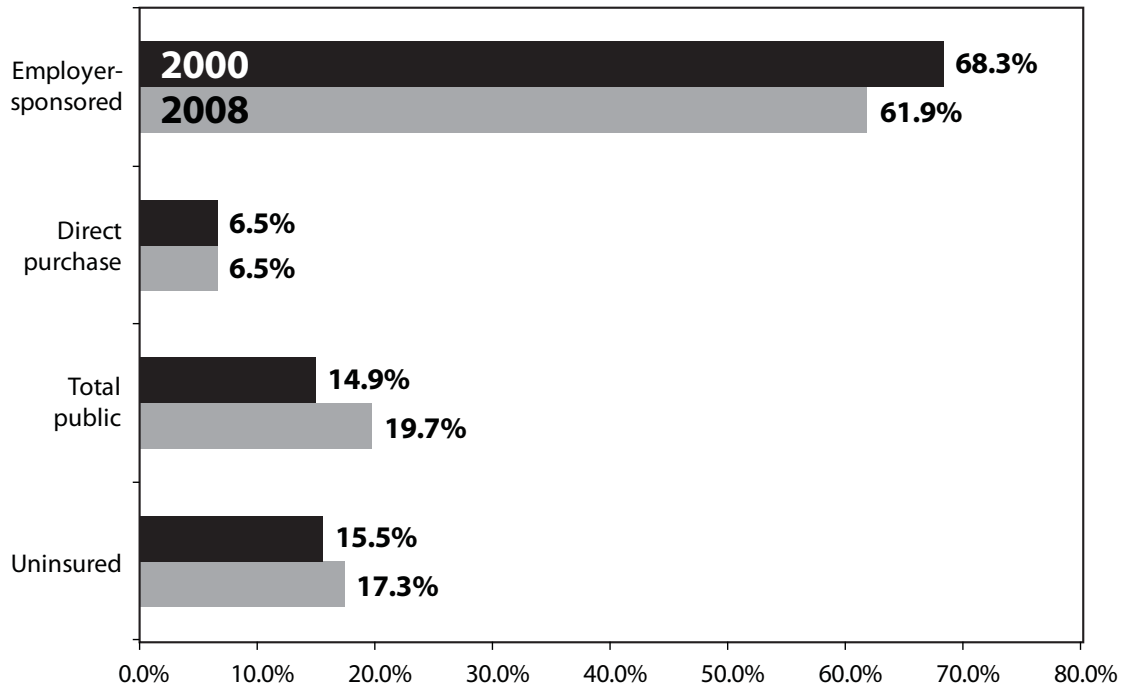
ESI remains the main form of coverage for non-elderly Americans at 61.9% (**Figure A**). However, this formerly reliable form of coverage has eroded each year since 2000, a total of 6.4 percentage points. At the same time, the uninsurance rate increased from 15.5% in 2000 to 17.3% in 2008, an increase of 1.8 percentage points. While for many Americans, a loss of ESI translates into a loss of any kind of coverage, the aggregate rates of overall coverage did not fall as much as the losses in ESI. While the data do not track individuals over time to see what happens to specific people as they lose ESI, it is clear that overall coverage rates would have fallen further had there not been increases in public coverage including Medicaid, SCHIP, and Medicare. Non-group or direct purchase insurance remained relatively flat over the entire period, failing to offset the ESI losses.

Declines in employer-sponsored coverage

Although under-65 ESI coverage losses slowed in response to economic growth, hitting a peak in 2007 after declining

FIGURE A

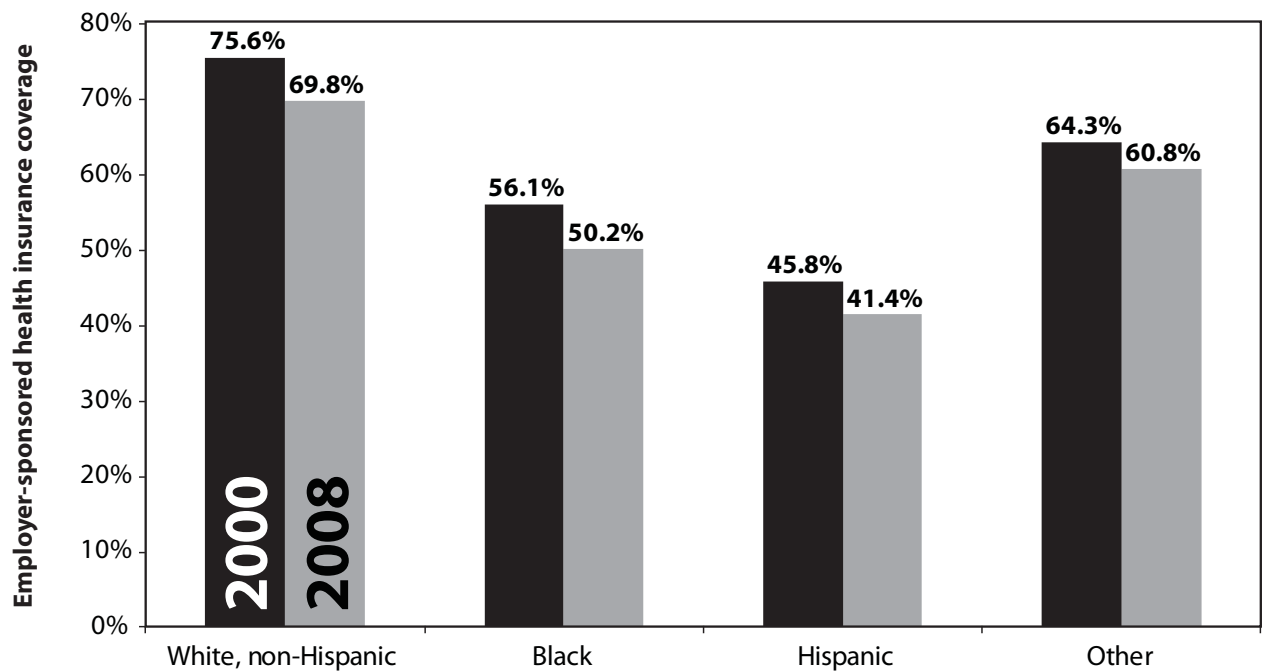
Sources of health insurance coverage, under age 65, 2000 and 2008



SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

FIGURE B

Employer-sponsored health insurance for individuals under 65 by race, 2000 and 2008



SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

TABLE 1

Employer-sponsored health insurance coverage for entire under-65 population, 2000-08

	Percentage-point change			
	2000	2007	2008	2000-08
Under 65 population	68.3%	62.9%	61.9%	-6.4
Age				
<i>0-17</i>	65.9%	59.5%	58.9%	-7.0
<i>18-24</i>	53.5	48.4	46.9	-6.6
<i>25-54</i>	72.9	66.8	65.7	-7.3
<i>55-64</i>	68.1	67.8	66.8	-1.3
Gender				
<i>Male</i>	68.2%	62.5%	61.4%	-6.9
<i>Female</i>	68.3	63.2	62.3	-6.0
Race				
<i>White, non-Hispanic</i>	75.6%	70.8%	69.8%	-5.8
<i>Black</i>	56.1	51.6	50.2	-5.9
<i>Hispanic</i>	45.8	41.4	41.4	-4.5
<i>Other</i>	64.3	61.7	60.8	-3.5
Nativity				
<i>Native</i>	70.4%	65.1%	63.9%	-6.5
<i>Foreign born</i>	52.2	47.4	47.1	-5.0
Education*				
<i>Less than high school</i>	39.0%	30.1%	29.7%	-9.3
<i>High school</i>	65.6	56.4	55.2	-10.5
<i>Some college</i>	73.3	67.0	64.8	-8.5
<i>College</i>	83.5	80.0	79.6	-3.9
<i>Post-college</i>	87.6	85.8	86.2	-1.5
Household income fifth				
<i>Lowest</i>	28.7%	21.9%	19.9%	-8.8
<i>Second</i>	61.7	53.6	50.4	-11.3
<i>Middle</i>	77.4	71.6	71.0	-6.3
<i>Fourth</i>	85.6	81.9	81.6	-4.0
<i>Highest</i>	88.4	86.4	86.4	-2.0

* Education reflects own education for individuals 18 and over and reflects family head's education for children under 18.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

significantly for six years, the declines picked up again in 2008. Coverage fell by 1 percentage point in 2008, resulting in a total loss of 6.4 percentage points over the 2000s (Table 1). Nearly 1.8 million fewer people had ESI in 2008 than in 2007; 4.8 million fewer had this coverage than in 2000. These figures undercount the extent of the erosion because they ignore population growth over the 2000s. As many as 17 million more people under 65 would have had ESI in 2008 if the coverage rate had remained at the 2000 level.

Coverage losses occurred across all age groups since 2007, with the greatest declines among young adults ages 18-24. ESI fell the most since 2000 for those under 55, with coverage for prime-working age adults declining 7.3 percentage points. Coverage declined for males and females alike and across race and ethnic classifications. As shown in Figure B, racial and ethnic disparities in coverage persist over time, with white non-Hispanics experiencing rates of ESI coverage 69% higher than Hispanics and 40% higher than blacks. ESI coverage

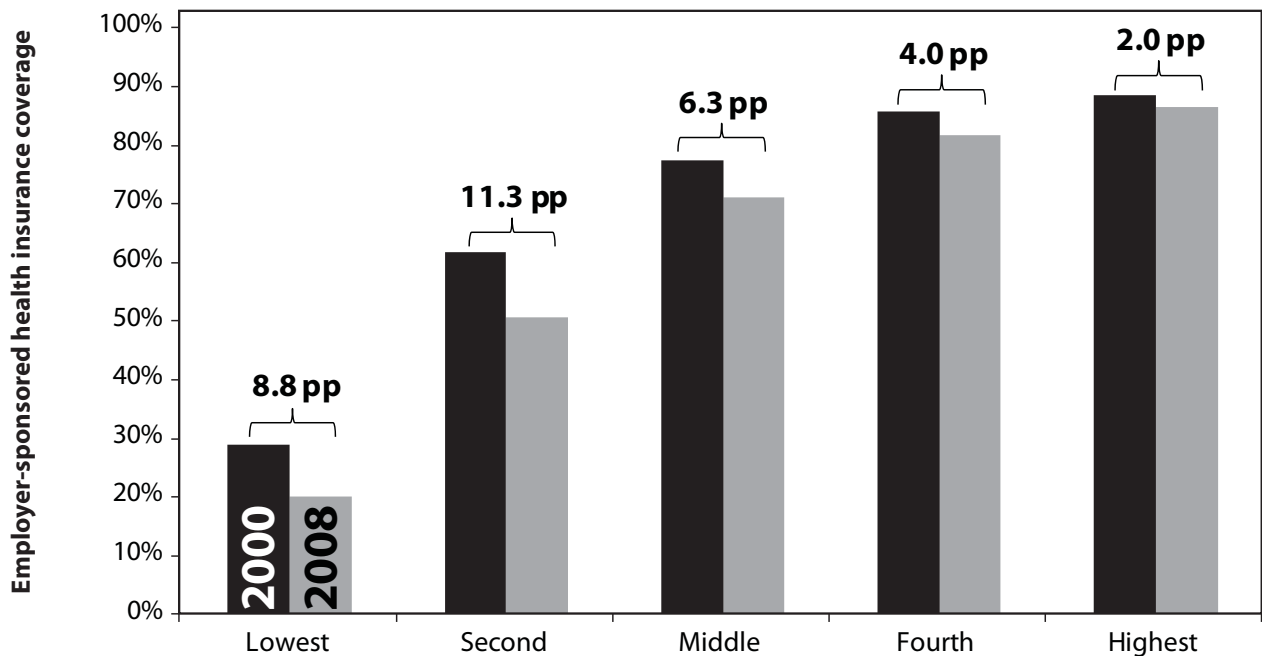
among those native born is 35% higher than that of foreign born though the native born experienced larger losses since 2007 and over the 2000s as a whole.

Educational attainment is a strong predictor of incidence of insurance, where those with advanced degrees are nearly three times more likely to have ESI than those with less than a high school education.¹ Just over half (55.2%) of high school graduates have job-based coverage compared with nearly four-fifths (79.6%) of college graduates.

Similar to education, household income is strongly associated with the likelihood of having employment-based coverage. As shown in Figure C, ESI increases with income. In 2008, just about 20% of those in the bottom income fifth have ESI compared with 86.4% of those in the top fifth. Each income group experienced losses over the 2000s, however, the declines were much greater for those at the bottom. Those in the second fifth were hit the worst since 2007, a one-year loss of 3.2 percentage points, and a total decline of 11.3 percentage points since 2000.

FIGURE C

Employer-sponsored health insurance for individuals under 65, by household income fifth (2000 and 2008)



pp = percentage points

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

Declining coverage for workers Employer-sponsored health insurance

Employer-sponsored health insurance coverage is higher among workers (18-64 years old) than the under-65 population in general at 70.1% in 2008 compared with 61.9% for the overall nonelderly (recalling that non-

workers may receive ESI as a dependent or spouse). Their declines in coverage are not as great either—0.9 percentage points from 2007 to 2008 and 4.6 percentage points since 2000 (**Table 2**). Neither trend is surprising given that ESI is found via work, so when one loses employment, they often lose the benefits that go with it (unless they keep

TABLE 2

Employer-sponsored health insurance coverage for all workers, 2000-08

	Percentage-point change			
	2000	2007	2008	2000-2008
All workers	74.8%	71.0%	70.1%	-4.6
Gender				
<i>Male</i>	73.9%	69.4%	68.4%	-5.5
<i>Female</i>	75.8	72.9	72.1	-3.7
Race				
<i>White, non-Hisp.</i>	79.6%	76.4%	75.5%	-4.1
<i>Black</i>	68.3	65.6	64.4	-4.0
<i>Hispanic</i>	53.4	50.0	49.8	-3.6
<i>Other</i>	70.6	69.5	68.8	-1.8
Nativity				
<i>Native</i>	77.4%	74.1%	73.1%	-4.3
<i>Foreign Born</i>	58.7	54.0	53.9	-4.8
Education				
<i>High school</i>	71.8%	65.5%	64.4%	-7.4
<i>College</i>	85.3	82.7	82.1	-3.2
Wage quintiles*				
<i>Lowest</i>	49.3%	45.0%	42.7%	-6.6
<i>Second</i>	69.0	62.5	61.8	-7.2
<i>Middle</i>	80.6	77.6	76.6	-4.0
<i>Fourth</i>	86.9	84.6	84.3	-2.6
<i>Highest</i>	88.6	85.9	85.8	-2.8
Work time				
<i>Full time</i>	77.6%	74.3%	74.2%	-3.3
<i>Part time</i>	60.4	54.6	51.7	-8.8

* See technical appendix for a discussion of wage quintile analysis.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

insurance as a retiree or a spouse or never had it in the first place).

While coverage did not decline for workers between 2006 and 2007 as the economy expanded, there were secular declines in coverage from peak to peak, 2000 to 2007. The declines since 2007 can be partially attributed to the start of the recession in December 2007 and partially to the overall trend in declining coverage.

Men have lower rates of coverage than women (68.4% vs. 72.1%), and have experienced larger declines over the 2000s. Similar to the overall population, large disparities exist in ESI coverage by race and ethnicity. Over three-fourths of white non-Hispanic workers are covered as compared to less than half of Hispanic workers.

College graduates have far higher rates of employment-based coverage than high school graduates, at 82.1% and 64.4%, respectively. In addition, high school graduates experienced declines more than twice as large as college graduates since 2000.

Workers earning lower hourly wages are significantly less likely to have employer-sponsored health insurance than those earning higher wages; however, even those at the high end of the wage scale experienced declines in coverage over the 2000s.² Only 42.7% of those in the lowest fifth, making less than \$9.25 an hour, had ESI compared with 85.8% of those in the top fifth, with hourly earnings above \$28.85. The largest losses since the beginning of the recession in 2007 occurred in the lowest fifth, a decline of 2.3 percentage points. Since 2000, the 2nd fifth (with hourly wages between \$9.25 and \$13.94) experienced the greatest declines, a total of 7.2 percentage points.

Nearly three-quarters of full-time workers have ESI compared with just over half of part-timers. Furthermore, part-time workers experienced a sharp decline in coverage since the start of the recession, a fall of 2.9 percentage points in one year. Since 2000, their coverage has fallen 8.8 percentage points.

An important group of workers to examine more closely are those who are significantly attached (i.e., working at least 20 hours per week and 26 weeks per year) to the private-sector labor force. **Table 3** displays coverage through their own job (not as a dependent) for these strongly attached workers from 2000 to 2008 by

selected job characteristics. After an increase in coverage in 2006 and 2007, coverage for these workers fell 0.2 percentage points in 2008. Only 55.2% of these steady workers receive health insurance from their employer, down 3.7 percentage points since 2000.

Service-sector workers are insured through their own jobs at half the rate of white-collar workers (28.2% vs. 61.8%) and experienced the largest drop in coverage of 5.7 percentage points since 2000. Workers in larger firms are more likely to receive health insurance from their own employer than workers in smaller firms. Only 32.1% of workers in small firms (less than 25 employees) had ESI compared to 58.1% in firms with 25 to 499 employees, and 66.7% in firms with greater than 500 employees.

Coverage rates in 2008 differ dramatically according to what part of the economy they were employed, but nearly all experienced declines since 2002.³ The highest rates of coverage are found in mining, manufacturing, and information, and the lowest in agriculture, arts, and other services. Previous research has shown that certain industries, such as public administration, mining, and manufacturing, are more likely to be sources of dependent coverage to workers' spouse or children whereas arts and professional services fall short (Bivens, Gould, and Hertel-Fernandez 2009). The likelihood of getting dependent coverage is higher among industries with higher rates of coverage to their workers.

Uninsured workers

Among workers, declines in ESI tend to translate into lower overall coverage rates. Uninsured workers are increasingly common in the U.S. economy at nearly 20% of the workforce. As shown in **Table 4**, uninsured workers are disproportionately young. Workers ages 18-34 make up 36.5% of the workforce yet 50.2% of the uninsured workforce. In addition, men are more likely to be uninsured than women.

Disparities among the working uninsured are stark by race and ethnicity. Whereas Hispanics make up only 14.4% of the workforce, they represent 30.4% of the uninsured workforce. A similar trend is found by nativity. Those foreign born are more than twice as likely to be uninsured compared with those who are native born.

TABLE 3

Health insurance coverage for private-sector workers* through their own job (2000-08)**

	Percentage-point change			
	2000	2007	2008	2000-08
All workers	58.9%	55.4%	55.2%	-3.7
Occupations				
<i>White collar</i>	65.0%	61.9%	61.8%	-3.1
<i>Blue collar</i>	59.0	53.9	54.1	-4.8
<i>Service</i>	33.9	29.5	28.2	-5.7
<i>Other</i>	26.7	22.2	21.8	-4.8
Firm size				
<i>24 or fewer</i>	36.2%	32.1%	32.1%	-4.1
<i>499 or fewer</i>	61.0	57.8	58.1	-2.9
<i>500 or more</i>	69.6	67.1	66.7	-2.9

Industry***	Percentage-point change			
	2002	2007	2008	2002-08
<i>Agriculture, forestry, fishing, hunting</i>	37.1%	27.1%	24.6%	-12.5
<i>Arts, entertainment, recreation, and accomodation</i>	32.5	31.9	28.7	-3.8
<i>Construction</i>	47.5	44.1	45.3	-2.2
<i>Education, health, and social services</i>	59.4	60.2	59.4	0.0
<i>Finance, insurance, and real estate and leasing</i>	65.8	65.1	66.0	0.2
<i>Information</i>	73.0	72.7	70.9	-2.1
<i>Manufacturing</i>	72.7	70.2	70.8	-1.8
<i>Mining</i>	78.4	73.9	75.7	-2.7
<i>Other services (except public administration)</i>	40.1	37.4	37.6	-2.5
<i>Professional, scientific, management, and administration</i>	57.4	56.0	56.2	-1.2
<i>Transportation and communication</i>	66.9	63.0	63.6	-3.3
<i>Wholesale and retail trade</i>	53.9	51.6	51.6	-2.2

* Private-sector, wage and salary workers, age 18-64, who worked at least 20 hours per week and 26 weeks per year.

** Worker received employer-provided health insurance through their own job and employer had to pay at least part of their insurance premiums to qualify as employer-provided insurance coverage.

*** Industry classifications changes make it impossible to compare 2008 with years earlier than 2002.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

TABLE 4

Characteristics of all workers versus uninsured workers, 2008

	All workers	Uninsured workers
Age		
<i>18-24</i>	13.6%	20.6%
<i>25-34</i>	22.9	29.6
<i>35-44</i>	23.3	22.0
<i>45-54</i>	24.4	18.4
<i>55-64</i>	15.7	9.4
Gender		
<i>Male</i>	52.9%	60.4%
<i>Female</i>	47.1	39.6
Race		
<i>White, non-Hisp.</i>	68.1%	48.6%
<i>Black</i>	11.0	14.0
<i>Hispanic</i>	14.4	30.4
<i>Other</i>	6.5	6.9
Nativity		
<i>Native</i>	84.7%	70.8%
<i>Immigrant</i>	15.3	29.2
Education		
<i>Less than H.S.</i>	9.7%	23.6%
<i>High school</i>	28.9	37.6
<i>Some College</i>	30.2	26.3
<i>College</i>	20.6	9.9
<i>Post-College</i>	10.7	2.6
Wage quintile*		
<i>Lowest</i>	20.0%	39.1%
<i>Second</i>	20.0	27.6
<i>Middle</i>	20.0	16.3
<i>Fourth</i>	20.0	9.5
<i>Highest</i>	20.0	7.4
Work time		
<i>Full time</i>	81.8%	75.3%
<i>Part time</i>	18.2	24.7

* See technical appendix for a discussion of wage quintile analysis.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

TABLE 5

Employer-sponsored health insurance coverage for children (2000-08)

	2000	2007	2008	Percentage-point change 2000-2008
All under 18	65.9%	59.5%	58.9%	-7.0
Race				
<i>White, non-Hispanic</i>	76.3%	71.0%	70.6%	-5.7
<i>Black</i>	51.3	45.6	44.3	-7.0
<i>Hispanic</i>	42.8	37.9	38.1	-4.7
<i>Other</i>	64.4	60.8	60.6	-3.8
Nativity				
<i>Native</i>	66.9%	60.3%	59.6%	-7.2
<i>Foreign born</i>	44.5	39.3	38.2	-6.3
Education of family head				
<i>Less than high school</i>	34.3%	23.1%	22.7%	-11.6
<i>High school</i>	63.5	51.9	50.7	-12.9
<i>Some college</i>	73.6	65.8	62.7	-10.9
<i>College</i>	85.9	82.0	82.5	-3.4
<i>Post-college</i>	87.7	86.2	89.0	1.3
Family income fifth				
<i>Lowest</i>	24.9%	17.4%	16.4%	-8.4
<i>Second</i>	54.6	42.1	40.4	-14.2
<i>Middle</i>	74.9	68.2	67.3	-7.6
<i>Fourth</i>	86.3	82.2	82.3	-4.0
<i>Highest</i>	89.0	87.6	88.1	-1.0

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

Lack of insurance coverage among workers falls consistently with increased educational attainment. Workers with a high school education or less represent 38.5% of the workforce yet they make up 61.2% of uninsured workers. Those with a college degree or higher represent nearly one-third of the workforce yet only one-eighth of those uninsured.

The starkest disparities occur at different points in the wage distribution. When the workforce is equally divided by wage into fifths (see technical appendix), it is clear that those at the bottom end of the distribution

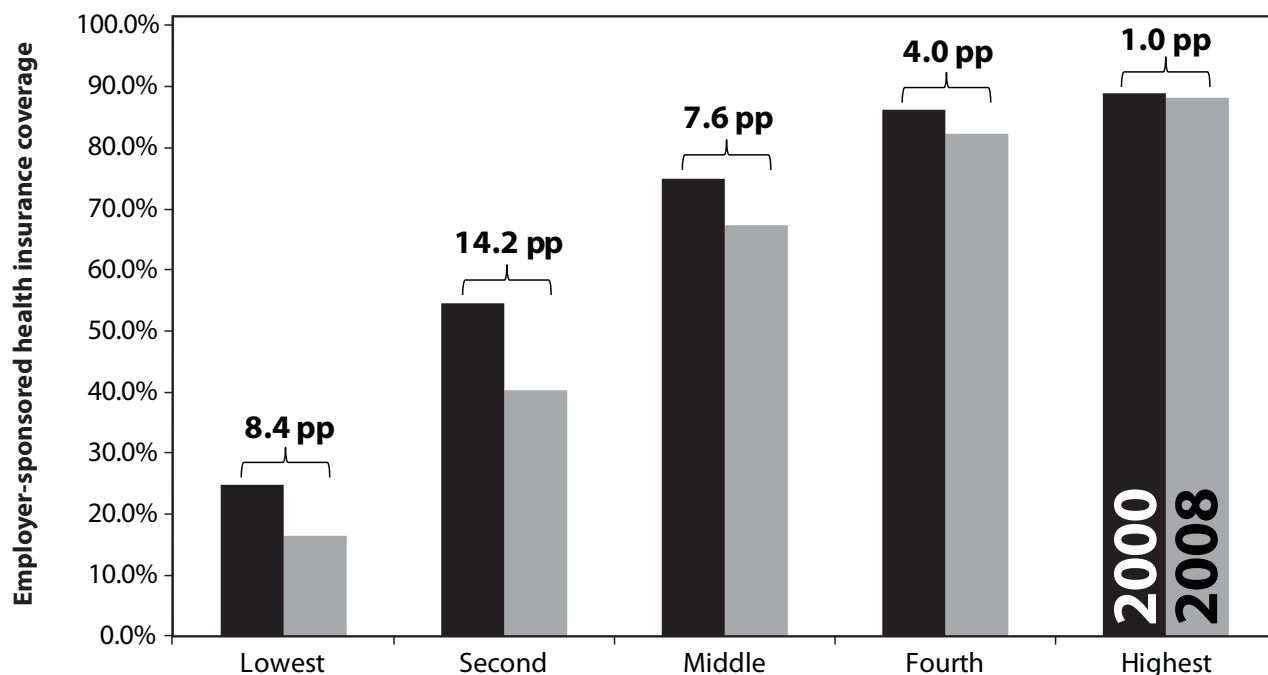
are far more likely to be uninsured than those at the top. Workers in the bottom two fifths by definition represent 40% of the workforce, but represent a full two-thirds of the uninsured. By contrast, the top two fifths, again 40% of workers, contain about 17% of the uninsured.

Declining coverage for children

Except for young adults, children under 18 have the lowest rates of ESI coverage of the under-65 U.S. population at 58.9% (Table 5). Coverage fell for kids every year since 2000 for a total of 7.0 percentage points. Nearly 4 million

FIGURE D

Children’s employer-sponsored health insurance coverage by family income fifth (2000 and 2008)



pp = percentage points

SOURCE: Author’s analysis of the March Current Population Survey, 2001-09.

fewer kids had ESI in 2008 than in 2000, without even taking into account the growth of the under-18 population throughout this period.

As with the under-65 population as a whole, there are stark disparities in coverage for kids. White non-Hispanic kids boast coverage rates as high as workers (70.6%), while coverage is far lower for Hispanics (38.1%) and blacks (44.3%). Black children experienced the largest losses since 2007 (-1.3 percentage points) and since 2000 (-7.0 percentage points). Native-born children experienced greater losses than foreign born over the 2000s, yet their coverage rates are still far higher (59.6% vs. 38.2%).

Children’s coverage is highly correlated with the education of the family head. Only about half of kids of high school educated parents have ESI compared with over 80% of kids with college educated parents.

Similarly, access to ESI is closely tied to family income (Figure D). While children across the economic spectrum experienced losses in coverage over the 2000s, disparities

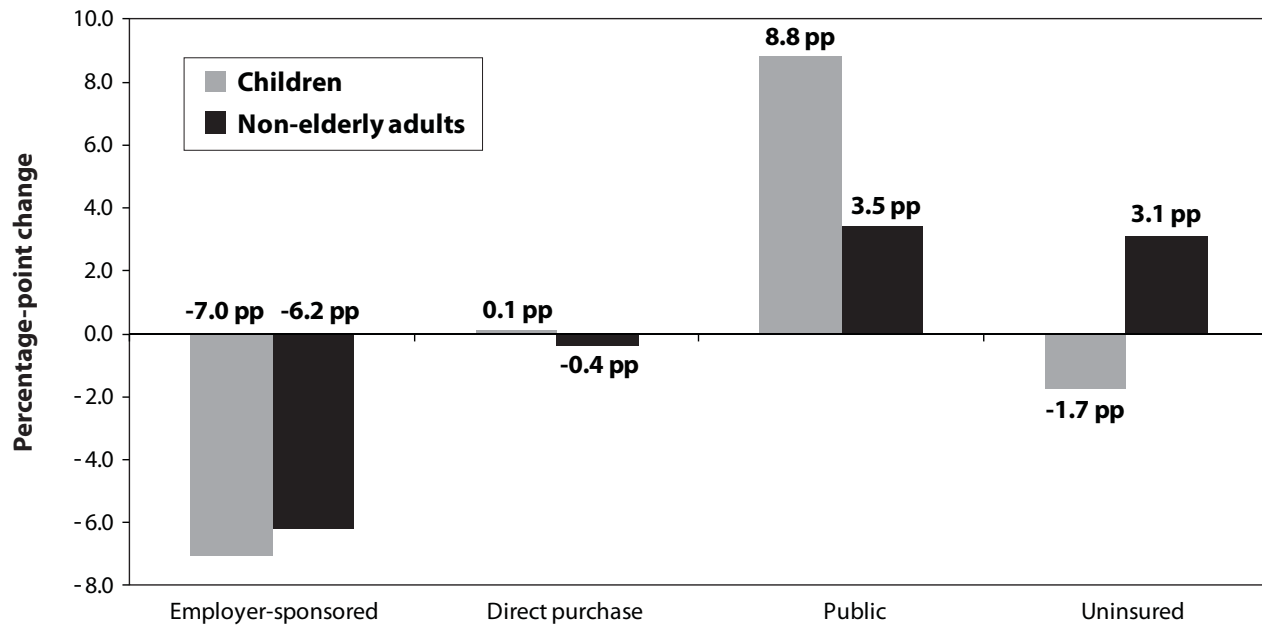
have widened. Since 2007, those in the upper two-fifths had small increases in coverage, while coverage for those in the bottom three-fifths steadily declined. The gap between the top fifth and bottom fifth grew 7.5 percentage points since 2000, while the gap between the second and fourth fifths grew by 10.2 percentage points.

Publicly provided health insurance, not private coverage, stemmed larges losses in overall coverage

While losses in ESI since 2000 were greater among children than non-elderly adults, as shown in Figure E, the percent of children without any coverage fell. The uninsured rate for children dropped 1.7 percentage points while the percent of uninsured non-elderly adults rose 3.1 percentage points from 2000 to 2008. While privately purchased, or non-group, insurance coverage was relatively flat over this period, the differences in the overall coverage rates are primarily due to differences in the incidence of public insurance for these groups.

FIGURE E

Changes in health insurance coverage, children and non-elderly adults (2000-08)



pp = percentage points

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

The percent of children with public coverage grew 8.8 percentage points since 2000 as compared to only 3.5 percentage points for the non-elderly population. While both increases served to lessen the impact of ESI losses on overall coverage, only the increase in public coverage for children was large enough to be fully offsetting. Children have greater access to public insurance through SCHIP, but eligibility to public insurance for non-elderly adults is limited to Medicaid or Medicare. Given the declining economy, it is likely that an increasing number of children became eligible for public insurance rather than public coverage replacing private coverage, a phenomenon known as crowd-out. State-level policy changes can also result in increased eligibility and therefore increased incidence. Regardless of the cause, it is clear that if not for public insurance, the overall coverage rate among children would have fallen.

ESI across the states

The non-elderly population across the country relies on ESI as their primary form of coverage, however, the

incidence of coverage varies widely from state to state. **Table 6** compares ESI coverage rates for the under-65 population across states between 2000-01 and 2007-08. (For coverage level changes across states, see **Appendix B.**) New Hampshire has the highest rate of ESI coverage at 75.4% in 2007-08. This rate is followed by Massachusetts (72.5%), Hawaii (71.5%), Minnesota (71.3%), and Connecticut (71.1%). Less than half (48.9%) of New Mexico's non-elderly population has ESI. Mississippi and Texas also have relatively low rates of coverage at 52.7% and 52.4%, respectively.

Across the country, on average, under-65 ESI coverage fell 5.3 percentage points from 2000-01 to 2007-08. The largest declines in coverage occurred in Michigan, Tennessee, Missouri, South Carolina, and North Carolina with losses of at least 8.0 percentage points over the 2000s. Forty-two states had statistically significant losses in coverage for their under-65 population, while no state had a statistically significant rise in coverage over that period.

The highest rates of ESI coverage for workers are found in Massachusetts and Hawaii, with coverage

TABLE 6

**Employer-sponsored health insurance coverage by state,
population under 65 years old, 2000-01 to 2007-08**

	2000-01	2007-08	Percentage-point change		2000-01	2007-08	Percentage-point change
Nationwide*	67.6%	62.4%	-5.3	<i>Missouri</i>	72.5%	64.3%	-8.1
<i>Alabama</i>	68.1	66.6	-1.4	<i>Montana</i>	59.2	57.8	-1.4
<i>Alaska</i>	61.9	58.2	-3.7	<i>Nebraska</i>	69.7	66.8	-2.9
<i>Arizona</i>	62.7	55.9	-6.8	<i>Nevada</i>	70.5	66.7	-3.9
<i>Arkansas</i>	61.0	54.8	-6.2	<i>New Hampshire</i>	79.1	75.4	-3.7
<i>California</i>	59.7	56.7	-3.0	<i>New Jersey</i>	75.6	68.7	-6.9
<i>Colorado</i>	70.1	63.7	-6.5	<i>New Mexico</i>	53.0	48.9	-4.1
<i>Connecticut</i>	77.1	71.1	-6.0	<i>New York</i>	64.1	62.1	-2.0
<i>Delaware</i>	76.5	68.9	-7.6	<i>North Carolina</i>	66.7	58.7	-8.0
<i>District of Columbia</i>	63.2	62.0	-1.2	<i>North Dakota</i>	66.8	66.6	-0.3
<i>Florida</i>	62.2	57.5	-4.7	<i>Ohio</i>	74.1	67.9	-6.2
<i>Georgia</i>	67.6	62.1	-5.5	<i>Oklahoma</i>	59.2	58.9	-0.3
<i>Hawaii</i>	70.7	71.5	0.8	<i>Oregon</i>	66.4	62.7	-3.7
<i>Idaho</i>	65.9	63.9	-2.0	<i>Pennsylvania</i>	75.9	69.7	-6.3
<i>Illinois</i>	70.8	66.9	-3.8	<i>Rhode Island</i>	73.9	66.9	-7.0
<i>Indiana</i>	75.7	68.5	-7.2	<i>South Carolina</i>	69.2	61.2	-8.0
<i>Iowa</i>	76.9	70.8	-6.1	<i>South Dakota</i>	69.5	64.7	-4.8
<i>Kansas</i>	70.4	64.6	-5.8	<i>Tennessee</i>	65.7	57.4	-8.4
<i>Kentucky</i>	67.9	60.1	-7.8	<i>Texas</i>	59.7	52.4	-7.3
<i>Louisiana</i>	59.9	55.5	-4.4	<i>Utah</i>	73.6	70.3	-3.3
<i>Maine</i>	69.5	63.4	-6.1	<i>Vermont</i>	70.4	67.6	-2.8
<i>Maryland</i>	77.9	70.5	-7.4	<i>Virginia</i>	72.1	66.2	-5.8
<i>Massachusetts</i>	73.3	72.5	-0.8	<i>Washington</i>	66.9	64.5	-2.4
<i>Michigan</i>	76.4	67.8	-8.6	<i>West Virginia</i>	64.3	61.6	-2.7
<i>Minnesota</i>	77.2	71.3	-5.9	<i>Wisconsin</i>	78.1	70.6	-7.4
<i>Mississippi</i>	60.4	52.7	-7.7	<i>Wyoming</i>	65.8	65.1	-0.7

* Nationwide numbers in this table should only be used to benchmark against state numbers, which require two-year merged data averages for adequate sample size for analysis. Single-year national numbers are best for national level comparisons and can be found in preceding tables.

NOTE: Bolded numbers are statistically significant at the 10% level.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

rates of 80.7% and 80.6%, respectively (Table 7). It is not surprising that Massachusetts and Hawaii have the highest ESI coverage rates, as both states have employer mandates requiring minimal insurance coverage to their workers. The lowest rate of worker coverage is in New Mexico at 57.5%, followed by Texas (61.9%) and Alaska (63.6%).

The largest declines in job-based coverage among workers occurred in Colorado, Rhode Island, South Carolina, and Tennessee, each with losses in excess of 6.3 percentage points, far above the national average of 3.9 percentage points.

Similar to the under-65 population as a whole, New Hampshire boasts the highest rates of ESI coverage for

TABLE 7

**Employer-sponsored health insurance coverage by state,
2000-01 to 2007-08, percent of all workers insured**

Health insurance coverage (%)							
	2000-01	2007-08	Percentage-point change		2000-01	2007-08	Percentage-point change
Nationwide*	74.4%	70.6%	-3.9	<i>Missouri</i>	77.8%	74.1%	-3.7
<i>Alabama</i>	77.3	77.2	-0.1	<i>Montana</i>	63.9	64.9	1.0
<i>Alaska</i>	66.9	63.6	-3.3	<i>Nebraska</i>	73.3	72.3	-1.0
<i>Arizona</i>	69.8	65.2	-4.6	<i>Nevada</i>	75.4	73.3	-2.1
<i>Arkansas</i>	70.6	65.5	-5.1	<i>New Hampshire</i>	82.2	78.9	-3.3
<i>California</i>	67.1	64.7	-2.3	<i>New Jersey</i>	80.8	75.7	-5.2
<i>Colorado</i>	75.0	68.3	-6.7	<i>New Mexico</i>	60.7	57.5	-3.2
<i>Connecticut</i>	81.3	76.8	-4.5	<i>New York</i>	72.5	71.0	-1.5
<i>Delaware</i>	81.6	75.7	-5.9	<i>North Carolina</i>	74.2	68.4	-5.8
<i>District of Columbia</i>	74.3	73.0	-1.3	<i>North Dakota</i>	71.6	69.9	-1.7
<i>Florida</i>	69.5	65.3	-4.2	<i>Ohio</i>	79.7	75.8	-3.9
<i>Georgia</i>	75.4	70.6	-4.8	<i>Oklahoma</i>	66.8	68.5	1.6
<i>Hawaii</i>	78.9	80.6	1.8	<i>Oregon</i>	71.8	69.5	-2.2
<i>Idaho</i>	70.3	68.5	-1.8	<i>Pennsylvania</i>	82.5	77.9	-4.7
<i>Illinois</i>	76.4	74.4	-2.1	<i>Rhode Island</i>	80.3	73.8	-6.5
<i>Indiana</i>	80.8	76.8	-4.0	<i>South Carolina</i>	77.5	71.0	-6.4
<i>Iowa</i>	78.8	75.9	-2.9	<i>South Dakota</i>	72.3	71.4	-0.9
<i>Kansas</i>	75.3	71.3	-4.0	<i>Tennessee</i>	74.0	67.6	-6.4
<i>Kentucky</i>	77.1	71.8	-5.3	<i>Texas</i>	67.6	61.9	-5.7
<i>Louisiana</i>	68.8	64.7	-4.2	<i>Utah</i>	76.1	74.7	-1.3
<i>Maine</i>	75.4	70.2	-5.2	<i>Vermont</i>	74.5	74.2	-0.3
<i>Maryland</i>	81.4	76.6	-4.8	<i>Virginia</i>	78.2	72.2	-5.9
<i>Massachusetts</i>	79.8	80.7	0.9	<i>Washington</i>	73.1	70.8	-2.3
<i>Michigan</i>	81.6	75.8	-5.7	<i>West Virginia</i>	74.2	71.9	-2.3
<i>Minnesota</i>	78.9	76.0	-2.9	<i>Wisconsin</i>	81.1	76.3	-4.8
<i>Mississippi</i>	71.0	67.4	-3.6	<i>Wyoming</i>	68.8	69.6	0.8

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NOTE: Bolded numbers are statistically significant at the 10% level.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

its children at 76.3% (**Table 8**). Utah and Massachusetts follow behind at 71.8% and 71.2%, respectively. At the other end of the spectrum, less than half of all children in New Mexico and Mississippi are covered by employment-based health insurance.

As with the national numbers, losses in coverage across the states are greatest among children. Seven states (South Dakota, Arkansas, Tennessee, Michigan, Missouri, Maryland, and Mississippi) experienced declines from 2000-01 to 2007-08 in excess of 10 percentage points.

TABLE 8

Employer-sponsored health insurance coverage for children under 18 by state, 2000-01 to 2007-08, percent of all children insured

Health insurance coverage (%)							
	2000-01	2007-08	Percentage-point change		2000-01	2007-08	Percentage-point change
Nationwide*	65.2%	59.2%	-6.0	<i>Missouri</i>	71.4%	61.0%	-10.4
<i>Alabama</i>	65.3	62.1	-3.2	<i>Montana</i>	58.5	55.7	-2.9
<i>Alaska</i>	58.9	56.2	-2.7	<i>Nebraska</i>	66.5	64.3	-2.3
<i>Arizona</i>	59.3	51.8	-7.5	<i>Nevada</i>	69.9	64.9	-5.0
<i>Arkansas</i>	57.5	46.3	-11.2	<i>New Hampshire</i>	79.5	76.3	-3.3
<i>California</i>	56.9	53.8	-3.1	<i>New Jersey</i>	76.2	67.1	-9.1
<i>Colorado</i>	68.5	62.8	-5.8	<i>New Mexico</i>	48.2	44.8	-3.4
<i>Connecticut</i>	77.4	70.3	-7.0	<i>New York</i>	62.0	59.5	-2.5
<i>Delaware</i>	73.9	66.4	-7.5	<i>North Carolina</i>	63.3	53.9	-9.4
<i>District of Columbia</i>	53.6	53.2	-0.5	<i>North Dakota</i>	63.1	66.2	3.1
<i>Florida</i>	58.3	55.1	-3.2	<i>Ohio</i>	72.0	65.4	-6.6
<i>Georgia</i>	65.4	58.1	-7.4	<i>Oklahoma</i>	53.6	54.0	0.3
<i>Hawaii</i>	65.5	63.2	-2.3	<i>Oregon</i>	65.0	60.7	-4.3
<i>Idaho</i>	63.9	64.3	0.5	<i>Pennsylvania</i>	74.3	67.4	-6.9
<i>Illinois</i>	69.4	65.1	-4.3	<i>Rhode Island</i>	72.2	64.6	-7.6
<i>Indiana</i>	74.2	64.2	-9.9	<i>South Carolina</i>	66.6	57.8	-8.8
<i>Iowa</i>	78.8	69.5	-9.3	<i>South Dakota</i>	71.1	59.7	-11.3
<i>Kansas</i>	68.2	59.6	-8.6	<i>Tennessee</i>	63.9	52.9	-11.0
<i>Kentucky</i>	63.2	56.6	-6.6	<i>Texas</i>	55.5	46.9	-8.7
<i>Louisiana</i>	57.5	52.4	-5.1	<i>Utah</i>	74.7	71.8	-2.9
<i>Maine</i>	67.7	61.4	-6.3	<i>Vermont</i>	71.1	64.1	-6.9
<i>Maryland</i>	78.3	68.0	-10.2	<i>Virginia</i>	69.6	65.1	-4.5
<i>Massachusetts</i>	70.6	71.2	0.7	<i>Washington</i>	64.0	62.3	-1.6
<i>Michigan</i>	76.5	65.7	-10.7	<i>West Virginia</i>	61.9	58.6	-3.3
<i>Minnesota</i>	78.0	70.2	-7.8	<i>Wisconsin</i>	79.9	70.3	-9.6
<i>Mississippi</i>	54.4	44.4	-10.0	<i>Wyoming</i>	65.9	64.1	-1.8

* Nationwide numbers in this table should only be used to benchmark against state numbers, which require two-year merged data averages for adequate sample size for analysis. Single-year national numbers are best for national level comparisons and can be found in preceding tables.

NOTE: Bolded numbers are statistically significant at the 10% level.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

Overall, 34 states had statistically significant declines in children's ESI coverage rates. No state had a statistically significant increase.

High unemployment predicts continued insurance erosion into 2009 and 2010

One of the clearest indicators of the deepening recession is the unemployment rate. In 2007, the most recent peak year, the unemployment rate was 4.6%. Average unemployment rose modestly to 5.8% in 2008. The unemployment rate this year is expected to average 9.3% and reach 10.2% in 2010 (CBO 2009). This dramatic increase in unemployment over this recession is one of the worst on record (Shierholz 2009).

While employer-sponsored health insurance remains the predominant form of health coverage for the under-65 population, when people lose their jobs, they often lose access to their health insurance. Therefore, the modest declines in ESI from 2007 to 2008 are likely to be exacerbated in the future by the sharp rise in unemployment from 2008 to 2009 and 2010. Research has shown that a 1.0 percentage-point increase in the unemployment rate is associated with a 0.9 to 1.0 percentage-point decline in the share of the under-65 population with ESI (Holahan and Garrett 2009; Cawley and Simon 2003).

The under-65 rate of employment-based coverage was 61.9% in 2008, down 1.0 percentage points from 2007. It can be expected that the ESI coverage will drop another 3.2 to 3.5 percentage points in 2009 and nearly another point in 2010. These projections suggest that by 2010, another 10 million fewer people under 65 will have their employer-sponsored health insurance.

While not one-for-one, a drop in ESI coverage is strongly associated with a rise in the number of uninsured

Americans, only lessened by increases in public coverage (particularly among children). Using an association found between unemployment and the uninsured detailed in Gruber and Levitt (2002), it is predicted that the current number of nonelderly uninsured will be at least 50 million by year end and may rise another million in 2010.

Conclusion

Employer-sponsored health insurance is increasingly failing American families. If the coverage rate had not fallen 6.4 percentage points as it did from 2000 to 2008, as many as 17 million more people under 65 would have had ESI in 2008. Public insurance, primarily in the form of Medicaid and SCHIP, has been working to counteract this trend. However, many Americans are falling through the cracks each day. Given the ailing economy, it is likely that another 10 million will lose their access to ESI, and there will be well over 50 million uninsured Americans by 2010.

Over the last several months, Congress has been working to draft legislation to help fill in the gaps and cover more of the uninsured. While bills differ in important ways from the House to the Senate, the proposals getting the most attention build on the employer system while reforming the individual market, creating a national exchange, and providing subsidies for individuals and families to purchase insurance. Dependence on an employment-based system for health insurance for the under-65 has left many people vulnerable. Adding a strong public component into a national exchange has the advantage of providing a real safety net for families who fall through the cracks with the added bonus of slowing the growth of health spending over time.

The current recession, projections of unemployment, and rising health care costs make health reform all the more important for the health and economic security of American families now and in the future.

Appendix A: Technical Notes

Clumping as discussed in this appendix refers to the grouping of multiple observations on one particular value for a variable of interest. The variable in this case is hourly wages. This section offers a methodology for creating balanced cells for use in quintile analysis.

Clumping is a function of both weighting and the simple fact that actual reported wages may sit on exactly the same value for different people. Clumping from weighting occurs when the weights are greater than one, thereby explicitly creating groupings of the weighted sample on the same value.

Clumping, outside of weighting, occurs when the same hourly wage is reported for a group of people. While clumping can occur using household income, it is far less likely as household income is a function of a variety of sources. Wages, on the other hand, have a significant likelihood of clumping particularly if hourly wages are calculated off yearly wages and average weeks. Because people may report round numbers for both their yearly wages and average weekly hours, hourly wages clump at certain values. For instance, in 2008, nearly 3% of the weighted sample had hourly wages of \$19.230769231 (rounded to 19.2308 henceforth). While it is unlikely that this value was anyone's reported hourly wage, it can be shown that a worker with yearly wages of \$40,000 who reports average weekly hours of 40 would have that precise wage. For this analysis, I do not deal with reporting error, and it is assumed that this is the true hourly wage when it is reported as such.

In and of itself, clumping is not a problem for quintile analysis, unless a clump of substantial size lands right at the break point or cut-off value between quintiles. Even

then, it can be resolved by allowing quintile sizes to differ slightly on one end or another. The convention is to attribute values less than the quintile cut-off to the lower quintile, moving the clump into the higher quintile. An argument could be made to do the opposite. Where this convention fails is when the clumped value moves—as it will over time—from one quintile to another.

For instance, the previously mentioned \$19.2308 clumping that occurs at the breakpoint between the third and fourth quintiles in 2008 falls squarely in the fourth quintile in 2006. So, while 3% of the 2006 weighted sample, or 4.5 million people, have hourly wages of \$19.2308, they are fully counted in the fourth quintile, regardless of how the quintiles are split.

The variable of interest for wage quintile analysis in this paper is percent with ESI (Table 2) and profile of the uninsured (Table 4). What makes the clumping particularly interesting for these variables is that the clumps at the quintiles do not follow a predictable pattern. My intuition would be that the percent with ESI or uninsured for a particular cut-off value would fall in between the values for the surrounding quintiles. This is not necessarily the case.

The clumps between the first and second quintiles in 2008 have lower rates of coverage than those squarely in the first or second quintiles. This points to a potential non-linearity in coverage rates through the quintile. The fact that the uninsured rates are higher at that cut-off as opposed to above or below it may be a function of eligibility for public coverage.

At times, the opposite pattern exists for cut-off values in the upper quintiles. For instance, the average ESI rate at the fourth quintile cut-off in 2008 is 86.6% where the

TABLE A 1

Third quintile ESI rates: Comparison of methodologies

	2000	2007	2008	2007-08	2000-08
<i>Assigns cut-off to higher quintile</i>	80.5%	77.3%	75.9%	-1.5	-4.7
<i>Assigns cut-off to lower quintile</i>	80.7	77.8	76.7	-1.1	-4.0
<i>Using new methodology</i>	80.6	77.6	76.6	-1.0	-4.0

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

quintile below is 84.2% and the quintile above is 85.8%. This may not be unrelated to the fact that they are clumped at round numbers; that is, salaried workers may have higher rates of coverage than workers who think of their wage in hourly terms.

Whatever the case, the point of this exercise is to smooth out the quintiles to balance their size and attribute those at the cut-offs to quintiles appropriately. One solution would be to randomly assign those at the cut-off to the neighboring quintiles until exactly 20% is reached. My approach is similar, but I assign the average value for the variable in question (i.e., ESI, uninsured) and fill out the quintile with an appropriate percent of those at the cut-off, thereby creating a new weighted average for the quintile as a whole. This provides what I believe to be a more consistent series for comparison over time.

Table A1 provides a comparison between the convention of putting the cut-off clump in the higher quintile, putting it in the lower quintile, and my weighted average method for the third quintile in 2000, 2007, and 2008.

While not particularly dramatic, choice of quintile assignment can make a nontrivial difference in yearly rates and trends.

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Appendix B: Additional State Data

TABLE B 1

Changes in employer-sponsored health insurance coverage by state for the under 65 years old population (2000-01 to 2007-08)

Health insurance coverage (#)							
	In thousands				In thousands		
	2000-01	2007-08	Change		2000-01	2007-08	Change
Nationwide*	167,175	164,004	-3,171	<i>Missouri</i>	3,538	3,255	-282
<i>Alabama</i>	2,625	2,655	30	<i>Montana</i>	454	476	22
<i>Alaska</i>	365	364	-1	<i>Nebraska</i>	1,034	1,045	10
<i>Arizona</i>	2,923	3,198	275	<i>Nevada</i>	1,313	1,519	207
<i>Arkansas</i>	1,379	1,349	-30	<i>New Hampshire</i>	850	868	18
<i>California</i>	18,465	18,434	-30	<i>New Jersey</i>	5,482	5,109	-374
<i>Colorado</i>	2,779	2,807	28	<i>New Mexico</i>	835	843	8
<i>Connecticut</i>	2,229	2,136	-93	<i>New York</i>	10,503	10,363	-140
<i>Delaware</i>	525	515	-10	<i>North Carolina</i>	4,730	4,735	5
<i>District of Columbia</i>	308	324	16	<i>North Dakota</i>	358	361	2
<i>Florida</i>	8,412	8,659	248	<i>Ohio</i>	7,218	6,718	-500
<i>Georgia</i>	5,029	5,370	341	<i>Oklahoma</i>	1,741	1,806	64
<i>Hawaii</i>	745	766	21	<i>Oregon</i>	2,027	2,071	43
<i>Idaho</i>	763	840	78	<i>Pennsylvania</i>	7,930	7,236	-694
<i>Illinois</i>	7,735	7,574	-161	<i>Rhode Island</i>	646	609	-38
<i>Indiana</i>	3,947	3,752	-195	<i>South Carolina</i>	2,412	2,331	-81
<i>Iowa</i>	1,893	1,838	-55	<i>South Dakota</i>	438	439	2
<i>Kansas</i>	1,586	1,547	-38	<i>Tennessee</i>	3,305	3,054	-251
<i>Kentucky</i>	2,392	2,211	-182	<i>Texas</i>	11,224	11,240	15
<i>Louisiana</i>	2,315	2,066	-249	<i>Utah</i>	1,528	1,743	215
<i>Maine</i>	746	702	-44	<i>Vermont</i>	374	356	-18
<i>Maryland</i>	3,623	3,456	-166	<i>Virginia</i>	4,490	4,499	9
<i>Massachusetts</i>	4,036	4,001	-35	<i>Washington</i>	3,483	3,735	253
<i>Michigan</i>	6,647	5,814	-833	<i>West Virginia</i>	961	939	-22
<i>Minnesota</i>	3,438	3,230	-208	<i>Wisconsin</i>	3,622	3,408	-214
<i>Mississippi</i>	1,490	1,340	-150	<i>Wyoming</i>	282	299	17

* Nationwide numbers in this table should only be used to benchmark against state numbers, which require two-year merged data averages for adequate sample size for analysis. Single-year national numbers are best for national-level comparisons.

NOTE: Bolded numbers are statistically significant at the 10% level.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

TABLE B 2

**Changes in employer-sponsored health insurance coverage
by state for workers (2000-01 to 2007-08)**

Health insurance coverage (#)							
	In thousands				In thousands		
	2000-01	2007-08	Change		2000-01	2007-08	Change
Nationwide*	106,055	104,847	-1,209	<i>Missouri</i>	2,291	2,147	-144
<i>Alabama</i>	1,624	1,631	7	<i>Montana</i>	295	326	31
<i>Alaska</i>	227	235	9	<i>Nebraska</i>	690	690	1
<i>Arizona</i>	1,765	1,959	194	<i>Nevada</i>	812	949	137
<i>Arkansas</i>	869	898	29	<i>New Hampshire</i>	564	579	15
<i>California</i>	11,339	11,602	262	<i>New Jersey</i>	3,514	3,195	-318
<i>Colorado</i>	1,785	1,819	34	<i>New Mexico</i>	512	528	16
<i>Connecticut</i>	1,416	1,375	-41	<i>New York</i>	6,634	6,674	40
<i>Delaware</i>	333	326	-7	<i>North Carolina</i>	3,045	3,087	43
<i>District of Columbia</i>	223	240	18	<i>North Dakota</i>	255	247	-8
<i>Florida</i>	5,361	5,562	202	<i>Ohio</i>	4,674	4,306	-368
<i>Georgia</i>	3,098	3,340	242	<i>Oklahoma</i>	1,127	1,142	15
<i>Hawaii</i>	491	510	19	<i>Oregon</i>	1,308	1,363	55
<i>Idaho</i>	469	500	31	<i>Pennsylvania</i>	5,192	4,733	-459
<i>Illinois</i>	4,921	4,795	-127	<i>Rhode Island</i>	429	404	-25
<i>Indiana</i>	2,528	2,335	-193	<i>South Carolina</i>	1,504	1,491	-13
<i>Iowa</i>	1,223	1,244	20	<i>South Dakota</i>	292	304	12
<i>Kansas</i>	1,025	1,020	-5	<i>Tennessee</i>	2,130	1,994	-136
<i>Kentucky</i>	1,540	1,422	-118	<i>Texas</i>	6,895	7,055	159
<i>Louisiana</i>	1,356	1,241	-115	<i>Utah</i>	868	989	121
<i>Maine</i>	510	480	-30	<i>Vermont</i>	257	252	-5
<i>Maryland</i>	2,246	2,202	-45	<i>Virginia</i>	2,849	2,914	65
<i>Massachusetts</i>	2,768	2,599	-168	<i>Washington</i>	2,210	2,423	213
<i>Michigan</i>	4,167	3,658	-509	<i>West Virginia</i>	602	570	-33
<i>Minnesota</i>	2,322	2,157	-165	<i>Wisconsin</i>	2,382	2,276	-106
<i>Mississippi</i>	935	866	-70	<i>Wyoming</i>	182	193	12

* Nationwide numbers in this table should only be used to benchmark against state numbers, which require two-year merged data averages for adequate sample size for analysis. Single-year national numbers are best for national-level comparisons.

NOTE: Bolded numbers are statistically significant at the 10% level.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

TABLE B3

Changes in employer-sponsored health insurance coverage for children under 18 by state for children (2000-01 to 2007-08)

Health insurance coverage (#)							
	In thousands				In thousands		
	2000-01	2007-08	Change		2000-01	2007-08	Change
Nationwide*	47,220	44,063	-3,157	<i>Missouri</i>	1,009	870	-139
<i>Alabama</i>	743	698	-45	<i>Montana</i>	131	122	-9
<i>Alaska</i>	113	103	-10	<i>Nebraska</i>	292	291	-1
<i>Arizona</i>	879	890	10	<i>Nevada</i>	398	433	35
<i>Arkansas</i>	399	331	-68	<i>New Hampshire</i>	232	226	-6
<i>California</i>	5,520	5,079	-440	<i>New Jersey</i>	1,476	1,388	-89
<i>Colorado</i>	795	761	-34	<i>New Mexico</i>	241	225	-16
<i>Connecticut</i>	637	577	-59	<i>New York</i>	2,843	2,620	-224
<i>Delaware</i>	147	139	-8	<i>North Carolina</i>	1,305	1,230	-75
<i>District of Columbia</i>	60	59	0	<i>North Dakota</i>	87	97	10
<i>Florida</i>	2,236	2,239	3	<i>Ohio</i>	1,959	1,814	-145
<i>Georgia</i>	1,489	1,468	-21	<i>Oklahoma</i>	468	493	25
<i>Hawaii</i>	200	183	-16	<i>Oregon</i>	565	529	-36
<i>Idaho</i>	242	268	26	<i>Pennsylvania</i>	2,073	1,872	-201
<i>Illinois</i>	2,163	2,075	-88	<i>Rhode Island</i>	177	153	-24
<i>Indiana</i>	1,102	1,024	-79	<i>South Carolina</i>	676	619	-57
<i>Iowa</i>	570	495	-75	<i>South Dakota</i>	131	119	-12
<i>Kansas</i>	448	422	-26	<i>Tennessee</i>	899	781	-118
<i>Kentucky</i>	632	579	-53	<i>Texas</i>	3,410	3,165	-245
<i>Louisiana</i>	710	583	-127	<i>Utah</i>	543	611	68
<i>Maine</i>	187	171	-16	<i>Vermont</i>	95	83	-12
<i>Maryland</i>	1,099	927	-172	<i>Virginia</i>	1,267	1,208	-58
<i>Massachusetts</i>	993	1,029	37	<i>Washington</i>	971	972	1
<i>Michigan</i>	1,878	1,577	-301	<i>West Virginia</i>	242	229	-14
<i>Minnesota</i>	933	870	-63	<i>Wisconsin</i>	1,046	936	-110
<i>Mississippi</i>	426	347	-79	<i>Wyoming</i>	82	83	2

* Nationwide numbers in this table should only be used to benchmark against state numbers, which require two-year merged data averages for adequate sample size for analysis. Single-year national numbers are best for national-level comparisons.

NOTE: Bolded numbers are statistically significant at the 10% level.

SOURCE: Author's analysis of the March Current Population Survey, 2001-09.

Endnotes

1. The results under the education heading assign each child the education level of their family head, as children under 18 rarely complete their education by that time.
2. See the Technical Appendix for a discussion of wage quintile analysis and balancing fifths.
3. Changes in industry classification make it impossible to compare 2008 with years earlier than 2002.

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