The Uninsured in America, 1996–2008: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65

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Introduction

Estimates of the health insurance status of the U.S. civilian noninstitutionalized population are critical to policymakers and others concerned with access to medical care and the cost and quality of that care. Health insurance helps people get timely access to medical care and protects them against the risk of expensive and unanticipated medical events. Compared to people with health care coverage, uninsured people are less likely to visit a doctor, have a usual source of medical care, receive preventive services, or have a recommended test or prescription filled.1

Timely and reliable estimates of the population’s health insurance status are essential to evaluate the costs and expected impact of public policy interventions in this area, such as efforts to expand coverage or to alter the way in which private and public insurance is financed.

The Household Component of the Medical Expenditure Panel Survey (MEPS-HC) conducted since 1996, provides critical information for evaluating trends in the health insurance status of the population. This Statistical Brief presents estimates on the uninsured in America under age 65 for calendar years 1996 through 2007, as well as the first half of 2008. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

The MEPS-HC collects data that can be used to produce estimates of the uninsured for three different periods within a calendar year: at any time during the year, throughout the first half of the year, and for the entire year2. In 2007, the latest year for which all three measures are available, 26.9 percent of the population under age 65 (non-elderly) was uninsured at some point during the year, 20.6 percent was uninsured throughout the first half of the year, and 15.2 percent was uninsured for the entire year2.

The number of non-elderly individuals (under age 65) uninsured for the full year2 increased from 31.6 million in 1996 to 39.9 million in 2007.

From 1996 to 2007, the percentage of children under age 18 uninsured all year2 decreased from 9.8 percent to 7.9 percent.

The number and percentage of children (under age 18) covered by public only insurance increased between 1996 and 2007 from 15.5 million to 24.7 million and from 21.7 percent to 33.4 percent.

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uninsured throughout the first half of the year, and 15.2 percent was uninsured for the entire year (figure 1). The estimate of number of people uninsured varied substantially depending on the time period being considered. In 2007, 70.7 million non-elderly individuals were uninsured at some point during the year, 53.5 million were uninsured throughout the first half of the year, and 39.9 million were uninsured all year (figure 2).

A comparison of estimates across the time period 1996 to 2007 shows that the percentage of the population uninsured at some point during the year declined from 27.7 percent in 1996 to 25.0 percent in 1999, and then rose back to approximately the 1996 level between 1999 and 2007 (figure 1). The number of non-elderly individuals uninsured for the full year increased from 31.6 million in 1996 to 39.9 million in 2007 (figure 2).

For the first half of 2008, the most recent MEPS-HC estimates available, 22.0 percent of the non-elderly population (57.4 million people) was uninsured (figures 1 and 2).

From 1996 to 2007, the percentage and number of children (under age 18) who were uninsured declined. The percentage of children who were uninsured the entire year declined by 1.9 percentage points, from 9.8 percent to 7.9 percent (figure 3). Concurrently, the percentage and number of children covered only by public insurance increased 11.7 percentage points (from 21.7 percent to 33.4 percent, as shown in figure 3) and by 9.2 million (from 15.5 million to 24.7 million, as shown in figure 4). The percentage of children with private insurance declined between 1996 and 2007 by 9 percentage points, from 67.7 percent to 58.7 percent (figure 3); and the number of children with private insurance declined by 5 million, from 48.4 million to 43.4 million (figure 4).

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: 1996–2007 Full Year Consolidated Data Files (HC-012, HC-020, HC-028, HC-038, HC-050, HC-060, HC-070, HC-079, HC-089, HC-097, HC-105) and the 2007 Full Year Population Characteristics Data File (HC-107). Point-in-time estimates for years 1996–2008 were derived from data files HC-001, HC-005, HC-009, HC-013, HC-022, HC-034, HC-053, HC-064, HC-075, HC-084, HC-093, HC-101, and from HC-109 (July 2009) for the first half of 2008.

Definitions

Uninsured
People who did not have insurance coverage at any time during the survey year were classified as uninsured for the full year. People who did not have coverage during the period from January of the survey year through the time of their first interview in that year were classified as uninsured throughout the first half of the year. (Interviews were typically conducted from February to June.) People who lacked coverage for at least one month during the year were classified in the any time in year category. People who were covered only by noncomprehensive State-specific programs (e.g., The Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were considered to be uninsured.

Public only coverage
People were considered to have public only health insurance coverage if they were not covered by private insurance and they were covered by Medicare, Medicaid, TRICARE, or other public hospital and physician coverage.

Private coverage
Private health insurance coverage was defined as nonpublic insurance that provided coverage for hospital and physician care (including Medigap coverage).

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is
cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301) 427-1656 or visit the MEPS Web site at http://www.meps.ahrq.gov/.

References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:


Suggested Citation


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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepspd@ahrq.gov or send a letter to the address below:

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Figure 1. MEPS, 1996–2008: Percentage uninsured, under age 65


Figure 2. MEPS, 1996–2008: Number of uninsured, under age 65

Figure 3. MEPS, 1996–2007: Percentage of children under age 18

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2007 Full-Year Files

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Figure 4. MEPS, 1996–2007: Number of children under age 18

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2007 Full-Year Files