Health insurance disparities and the Affordable Care Act: How did inequality decline?

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Abstract

In 2014, after the implementation of many provisions of the Affordable Care Act, the uninsured rate decreased by just under 3 percentage points from the previous year, and more in states that expanded Medicaid eligibility than in states that did not expand Medicaid eligibility. How did these changes affect disparities in health insurance coverage? This paper examines disparities in health insurance coverage between subgroups of working-age adults using the Current Population Survey Annual Social and Economic Supplement. Between 2013 and 2014, the uninsured rate decreased for every subgroup examined. For several characteristics, changes in the uninsured rate were greater in expansion states; for most subgroups, however, changes were not statistically different between expansion and non-expansion states. At the same time, many disparities in the uninsured rate decreased, often in parallel between expansion and non-expansion states. By decomposing changes by type of health insurance coverage, important differences by Medicaid expansion status emerge. In expansion states, comparable increases in direct-purchase and Medicaid coverage rates explained the overall change in the uninsured rate, as well as changes for most subgroups. In non-expansion states, increases in direct-purchase accounted for almost all of the total change in the uninsured rate, while the increase in employment-based coverage mattered for key groups, such as for adults in poverty.

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Health insurance coverage is an important indicator of the nation's well-being. Coverage is not evenly distributed across the population, and varies by many social and demographic characteristics. Between 2013 and 2014, the uninsured rate decreased by 2.9 percentage points overall, falling to 10.4 percent. The unprecedented decline in the uninsured rate occurred at the same time as many provisions of the Affordable Care Act (ACA) went into effect. The language in the ACA law specifically targets the reduction of health disparities (Patient Protection and Affordable Care Act, 2010). By equalizing access to care, a reduction in gaps in health insurance coverage could mitigate disparities in health more broadly. Using data from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), I examine whether disparities in health insurance coverage decreased between 2013 and 2014.

One of the major components of the ACA provisions that went into effect on January 1, 2014 was the expansion of Medicaid coverage to near-poor working-age adults. Previously, Medicaid coverage among adults under age 65 was provided based on disability status, family income, parental status, and other factors. However, working-age adults had the highest uninsured rate compared with children and seniors, and had the lowest rate of government coverage. Expanding Medicaid eligibility to this population could help to reduce the uninsured rate as well as disparities in coverage between social and demographic subgroups. However, not all states expanded Medicaid eligibility – as of January 1, 2014, only 25 states (including the District of Columbia) had expanded Medicaid, with 26 states continuing to offer little Medicaid coverage for this population.

The Medicaid expansion provision of the ACA varies over time. While more and more states have decided to expand Medicaid eligibility, it is unclear if some states may reverse these decisions, especially as states will begin to pay for some of the expansion beginning in 2016.

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Therefore, research into the effects of expanding or not expanding is particularly salient (Ayanian, Clark, & Tiperneni, 2014).

In a previous paper, I showed that inequalities in health insurance coverage in Medicaid expansion states had the potential to decrease more than those in non-expansion states for certain characteristics (Medalia & Day, 2015). Between 2013 and 2014, working-age adults living in expansion states experienced greater decreases in the uninsured rate than those living in non-expansion states (Smith & Medalia, 2015). Did inequalities in coverage also decrease more in expansion than non-expansion states? Were changes in privately purchased health insurance coverage or Medicaid coverage responsible for changes in disparities? Answering these questions can shed light on how the ACA is working to reduce disparities in health insurance coverage, and whether Medicaid expansion helps to achieve this goal.

BACKGROUND

Although the ACA was passed in 2010, it was in 2014 that the individual mandate, the introduction of exchange-based plans through the Health Insurance Marketplace or similar state-specific portals, subsidies for coverage through exchanges, and the expansion of Medicaid to near-poor adults went into effect. According to estimates from the Census Bureau's annual report on health insurance coverage, between 2013 and 2014, the uninsured rate decreased by 2.9 percentage points (Smith & Medalia, 2015), more than any other previous year-to-year change.

Changes in the uninsured rate varied by social and demographic characteristics, and in ways that were consistent with the provisions of the ACA. For example, the uninsured rate decreased more for working-age adults than for children or seniors. Among working-age adults, the uninsured rate decreased most for those with higher uninsured rates in 2013, before the ACA

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went into effect. Another factor related to changes in the uninsured rate was whether someone lived in a state that expanded Medicaid eligibility as part of the ACA. Overall, the change in the uninsured rate was greater in expansion states than in non-expansion states. This was also true for working-age adults at all income thresholds (Smith & Medalia, 2015).

In previous research, I examined the potential change in inequalities in health insurance coverage between 2013 and 2014 between expansion and non-expansion states (Medalia & Day, 2015). Despite the fact that Medicaid expansion states offered eligibility for adults up to 138 percent of the federal poverty level (FPL), we predicted that Medicaid expansion states may not have a greater reduction in inequalities than non-expansion states for many characteristics. This is partly due to the magnitude of inequalities in coverage above the poverty threshold, as well as the composition of the population in expansion and non-expansion states. However, we predicted that disparities in the uninsured rate between those working full time, year round and other labor force statuses could decrease more in expansion states than in non-expansion states, and that the coverage gap between non-Hispanic Blacks and Whites could decline more where Medicaid expanded. Other research has also indicated that the ACA may help to reduce disparities in health insurance coverage, including racial and ethnic differences (Hayes, Riley, Radley, & McCarthy, 2015; Clemans-Cope, Buettgens, & Recht, 2014; McMorrow, Long, Kenney, & Anderson, 2015). Additionally, research before the ACA was enacted suggested that expanding coverage to Hispanics and African Americans could help to reduce racial and ethnic disparities in health care (Lillie-Blanton & Hoffman, 2005).

Now that we have data on health insurance coverage in both 2013 and 2014, we can determine whether these predictions were validated. Using data from the CPS ASEC, I examine disparities in health insurance coverage by demographic characteristics and determine which

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disparities were reduced between 2013 and 2014, when many of the provisions of the ACA went into effect. Furthermore, I evaluate if Medicaid expansion states experienced more convergence in health insurance coverage than those states that did not expand Medicaid eligibility. Ultimately, I find that most disparities in health insurance coverage declined comparably in both expansion and non-expansion states. Major exceptions include the disparities in coverage between those in poverty and those with higher income, and between workers and nonworkers, which declined more in expansion states.

State decisions and the Affordable Care Act

On January 1, 2014, many provisions of the ACA went into effect, including the individual mandate, the introduction of exchange-based plans through the Health Insurance Marketplace or similar state-specific portals, subsidies for coverage through exchanges, and the expansion of Medicaid to near-poor adults. Determining whether a state expanded Medicaid eligibility is not cut and dry, and complexity in what seems like a straightforward classification comes from Medicaid eligibility levels both before and after January 1, 2014. Because this variation in Medicaid generosity is also related to which states did and did not expand Medicaid, this could impact the conclusions of my paper.

Before Medicaid expansion went into effect, among all states, there was a great deal of variation in the generosity of Medicaid eligibility for working-age adults. Disabled adults qualified for Medicaid if they received Supplemental Security Income (SSI) (Medicaid.gov, 2016). Among non-disabled adults, pregnant women were eligible for prenatal care through the Medicaid program when their family income was up to or even over 185 percent of the FPL, depending on the state of residence (Medicaid.gov, 2016). Eligibility among the remaining working-age adult population ranged from nonparents not qualifying for Medicaid in 42 states to

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qualifying up to 200 percent of the FPL in other states. Parents, while eligible for Medicaid coverage in all states, had family income requirements ranging from 10 to 206 percent of the FPL (Kaiser Family Foundation, 2013).

When the ACA was signed into law in 2010, states were given the option to expand Medicaid eligibility early. Six states, including California, Connecticut, the District of Columbia, Minnesota, New Jersey, and Washington, took advantage of this offer, which resulted in another source of variation in generosity before the main Medicaid expansion provision went into effect nationally in 2014 (Kaiser Family Foundation, 2012).

As of January 1, 2014, 25 states including the District of Columbia expanded Medicaid eligibility, and 26 states chose not to expand. Since that point in time, seven states have expanded Medicaid eligibility, two in 2014 (Michigan and New Hampshire), three in 2015 (Pennsylvania, Indiana, and Alaska), and two states in 2016 (Montana and Louisiana).[2] Additionally, one state did not expand Medicaid eligibility through the ACA, but offers Medicaid to adults up to 100 percent of the FPL (Wisconsin). In addition to timing, another difference is whether a state expanded Medicaid through a Section 1115 waiver, which allows states more flexibility in how their Medicaid programs are administered (Centers for Medicare and Medicaid Services, 2016). For example, Connecticut, the District of Columbia and Minnesota use a Section 1115 waiver to provide Medicaid above the 138 percent of the FPL threshold (Centers for Medicare and Medicaid Services, 2014), while Michigan uses the waiver to charge enrollees premiums if their family income is between 100 and 138 percent of the FPL (Kaiser Family Foundation, 2015). Additionally, many non-expansion states changed eligibility levels after January 1, 2014, especially for parents (Kaiser Family Foundation, 2013).

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[2] Louisiana's Medicaid expansion was signed into law by the governor on January 12, 2016, but the expansion has not yet gone into effect (Kaiser Family Foundation, 2015).

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Variation in generosity in Medicaid eligibility before and after January 1, 2014 could affect how much change in the uninsured rate occurred between 2013 and 2014. States with less generous Medicaid programs before 2014 may have had a larger number of individuals who could benefit from Medicaid expansion. People in states that expanded early may have gained coverage before 2013, so they would not be in universe to be new Medicaid enrollees between 2013 and 2014. Changes in Medicaid eligibility requirements in non-expansion states between 2013 and 2014 could also impact the uninsured rate in those states. The lack of change in eligibility in a couple of expansion states with already more generous Medicaid requirements may show less change in the uninsured rate in those states. Overall, many of the states with less generous Medicaid requirements were the same states that did not expand Medicaid, and many of the states with more generous Medicaid eligibility were the states that expanded early or at all.

In terms of family income relative to the FPL, adults in expansion states are eligible for different programs at different income levels than adults in non-expansion states. In non-expansion states, adults may not be eligible for any sort of government coverage, whether Medicaid or subsidies for exchange-based coverage, if they are in poverty (less than 100 percent of the FPL). In expansion states, adults are eligible for Medicaid if they have family income up to 138 percent of the FPL, and if they earn between 138 and 399 percent of the FPL, they are eligible for subsidies for premiums associated with plans through the Health Insurance Marketplace or other state-specific plan. In non-expansion states, people may be eligible for subsidies starting at 100 percent to 399 percent of the FPL.

DATA AND METHODS

The data for this paper come from the 2014 and 2015 CPS ASEC. The CPS ASEC is a survey of about 100,000 addresses conducted by the U.S. Census Bureau between February and April each year. Questions on the CPS ASEC cover topics such as labor force status, income, and health insurance during the previous calendar year. The total sample size for the 2014 CPS ASEC is 199,556 individuals, and 199,024 individuals for the 2015 CPS ASEC.[3] For this paper, the sample is restricted to adults between the ages of 19 and 64, who are most likely to be eligible for the change in Medicaid expansion status, bringing the analytical sample to 117,090 individuals in 2014, and 116,513 individuals in 2015.

In the CPS ASEC, being uninsured means having had no health insurance coverage at any time during the previous calendar year. Disparities in health insurance are measured by several social and demographic characteristics. Family income relative to the FPL is operationalized in the following way: those in poverty (family income less than 100 percent of the FPL), the low-to-middle income population (family income between 100-399 percent of the FPL), and the high-income population (family income at or above 400 percent of the FPL). Note that I focus on the population under 100 percent of the FPL as opposed to the Medicaid expansion cutoff of 138 percent of the FPL. I do this because in non-expansion states, people with family income at 100 percent of the FPL are eligible for subsidies on the Health Insurance Marketplace. However, results are comparable for those below 100 percent of the FPL and those below 138 percent of the FPL, and for those between 100 and 399 percent of the FPL and those between 138 and 399 percent of the FPL (not shown).

[3] The data from the 2014 CPS ASEC come from the full file, which combined the samples of individuals who received the traditional and redesigned income questions. When the analysis was run on the Combined Income Consistent file for the same year, conclusions were the same.

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Age is collapsed into three groups according to patterns in the uninsured rate: those aged 19 to 25, 26 to 54, and 55 to 64. Parental status refers to whether or not the person is a parent to a child under the age of 19 who lives in the same household. Labor force status is categorized as workers versus non-workers, and citizenship status is also dichotomous. Race and Hispanic origin includes the following groups: non-Hispanic Whites, non-Hispanic Blacks, and Hispanics (any race). Marital status reflects currently being married versus not married, and sex refers to males and females. Self-reported health status is grouped into three categories, including excellent or very good health, good health, or fair or poor health.

This paper defines Medicaid expansion status as those states that expanded Medicaid eligibility to all adults up to 138 percent of the FPL by January 1, 2014 (see Table 1).[4] As shown in Table 1, there were 25 states (including the District of Columbia) that expanded Medicaid eligibility, and 26 states that did not expand eligibility. Some of the states that did not expand Medicaid by January 1, 2014 may have expanded eligibility since that time, are currently under discussions as to whether they may choose to expand eligibility, or have more generous Medicaid eligibility without having officially expanded the program. For the analysis, I include these states with the non-expansion states.

In order to answer the question as to how inequalities in health insurance coverage changed between 2013 and 2014, and whether Medicaid expansion played a role, I perform the following analyses. First, I examine the demographic and social characteristics of expansion and non-expansion states in 2014 to understand how the populations may differ. Second, I examine the change in the uninsured rate by these characteristics and expansion status between 2013 and

[4] In a separate analysis (not shown), I use three alternative specifications of Medicaid expansion states: a1) states that expanded Medicaid in 2014 (27 states); a2) states that expanded Medicaid in 2014 plus Wisconsin (28 states); a3) states that expanded Medicaid by 2/1/15, excluding Wisconsin (29 states). The main conclusions from this paper do not change when using any of these alternative specifications.

2014. Third, using a Difference-in-Difference approach, I examine change in the gap in health insurance coverage between groups. Fourth, I continue the Difference-in-Difference approach to examine the change in the uninsured gap for the population only in poverty (less than 100 percent of the FPL), since this is the population most affected by the Medicaid expansion provision. In a separate analysis (not shown), I looked at adults near poverty (below 138 percent of the FPL), and results were consistent with those described for adults in poverty.

Fifth, in order to understand the mechanisms behind changes in disparities, I decompose the change in the uninsured rate into changes by type of health insurance coverage. Previous research has taken a similar decomposition approach to examining trends in the uninsured rate (Holahan, 2008). The CPS ASEC allows respondents to report more than one type of coverage during the calendar year. Therefore, health insurance types are categorized according to the following hierarchy to allow for mutually exclusive types of coverage: employment-based insurance, alone or in combination; direct purchase coverage, alone or in combination with government coverage; Medicaid, which includes coverage through the Children's Health Insurance Program (CHIP) and other state government plans, alone or in combination with Medicare and military health insurance; and Medicare and military health insurance. Employment-based insurance is grouped together with all other plan types, because it is not clear if the other plans were supplemental (and concurrent) or held at different times during the year.

All estimates have been weighted to the national level using the replicate weights method for the variances.

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FINDINGS

Demographics

In the first part of the analysis, I examine the demographic characteristics of expansion and non-expansion states to understand how the populations may differ. In 2014, the total population aged 19 to 64 in the 25 expansion states was over 97 million, compared with almost 95 million in the 26 non-expansion states (see Table 2). Overall, expansion states had adults who had higher family income, were slightly younger, more likely to be Hispanic and noncitizens, more likely to be unmarried, and in better health.

Family income relative to the FPL is important to the analysis because it determines eligibility for Medicaid and subsidized premiums and tax credits for Marketplace plans. Non-expansion states have a comparable but slightly higher percentage of the population in poverty than expansion states. Working-age adults in non-expansion states were almost 4.0 percentage points more likely to be low-to-middle income than adults in expansion states, while the reverse was true for high-income adults.

The age distribution was not notably different between expansion and non-expansion states, nor was the distribution of parents and nonparents, workers and nonworkers, and males and females. Expansion states had almost 4.0 percentage points more noncitizens and 5.5 percentage points more Hispanics, while non-expansion states had about 5.0 points more non-Hispanic Whites and over 6.0 points more non-Hispanic Blacks. Non-expansion states also had a slightly larger share of females than expansion states. Residents in expansion states were less likely to be married and slightly healthier overall.

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Uninsured Rate

Since change over time is the focus of this paper, the discussion of the results will focus on change in the uninsured rate between 2013 and 2014 (shown in Table 3). Overall, the decrease in the uninsured rate was slightly greater in expansion states than non-expansion states (4.6 and 3.8 percentage points, respectively). The uninsured rate decreased for every social and demographic subgroup examined, and in both expansion and non-expansion states. For most characteristics, the decrease in the uninsured rate between 2013 and 2014 was not statistically different between expansion and non-expansion states. However, for some groups, including those in low-to-middle-income families, adults between ages 26 and 54, nonworkers, citizens, non-Hispanic Blacks, and those in excellent and very good health, the uninsured rate declined more in expansion than in non-expansion states. None of the subgroups examined had a larger decrease in the uninsured rate in non-expansion states than in expansion states. This finding is interesting given the fact that the uninsured rate was higher in non-expansion states than in expansion states for every characteristic examined in 2013, and that in general, changes in the uninsured rate between 2013 and 2014 were associated with higher uninsured rates at baseline.

Because the Affordable Care Act increases opportunities for health insurance coverage particularly for people with lower incomes, an important finding was that the largest decrease in the uninsured rate was for adults in poverty. In expansion states, the uninsured rate for those in poverty decreased more than for any other group (about 9.0 percentage points). In non-expansion states, the decrease for adults in poverty was almost 8.0 points (not statistically different from change in expansion states). The uninsured rate decreased more for the low-to-middle-income population in expansion states than in non-expansion states (6.5 versus 4.6 percentage points, respectively). For the population with family income at or above 400 percent of the FPL, the

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uninsured rate decreased by about 1.0 percentage point in both expansion and non-expansion states.

Younger working-age adults experienced larger declines in the uninsured rate than their older counterparts in both state groups, and adults between ages 26 and 54 showed a larger change in expansion states. Nonparents experienced larger decreases in their uninsured rate than parents, and this was consistent between both expansion and non-expansion states. Between 2013 and 2014, nonworkers experienced larger decreases in the uninsured rate than workers in both state groups, but an even larger decrease in expansion states than non-expansion states.

Noncitizens had larger decreases in their uninsured rate than citizens in both state groups, but the decrease for citizens was larger in expansion states. Non-Hispanic Blacks and Hispanics showed a greater decrease in the uninsured rate between 2013 and 2014 than non-Hispanic Whites. For non-Hispanic Blacks, the decrease in their uninsured rate was larger in expansion states than in non-expansion states. Males and females experienced similar changes in the uninsured rate in both expansion and non-expansion states, despite the fact that females had an uninsured rate that was about 3.0 percentage points lower than males in 2013. Unmarried adults experienced larger changes than married adults in both state groups. In general, those reporting worse health showed a larger decrease in their uninsured rate between 2013 and 2014 compared to those in better health. Adults reporting excellent and very good health in expansion states experienced a larger decrease in their uninsured rate than their counterparts in non-expansion states.

Disparities in the uninsured rate

The main purpose of this paper is to examine changes in health insurance disparities between 2013 and 2014, and to determine if disparities declined more in expansion states than in non-

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expansion states. I found that most of the disparities in the uninsured rate decreased, and while disparities were generally greater in non-expansion states than in expansion states in both 2013 and 2014, the change in disparities was comparable between expansion and non-expansion states (Table 4). Inequalities that declined more in expansion states than non-expansion states included the gap in coverage between low-to-middle-income and high-income adults, and the gap in coverage between all workers and nonworkers. Additionally, some disparities by age declined more in non-expansion states than in expansion states. Therefore, changes in disparities in the uninsured rate were loosely related to the Medicaid expansion status of the state.

Since the Affordable Care Act increased opportunities for health insurance coverage especially for individuals with lower income, I expected the disparity in coverage between income groups to be among the most notable changes. The gap in coverage between those at the lowest and highest ends of the income spectrum narrowed substantially between 2013 and 2014, but remains at almost 18.0 percentage points in expansion states and almost 28.0 percentage points in non-expansion states. A comparable pattern was observed for the disparity in health insurance coverage between adults in poverty and low-to-middle-income adults. Despite the fact that Medicaid coverage only expanded in half of the states, these decreases in disparities changed comparably across both state groups. However, when looking at the gap in coverage between adults with low-to-middle incomes and high incomes, a different pattern emerges. While the gap in the uninsured rate between these groups declined in both state groups, it declined more in expansion states than in non-expansion states. This finding is interesting given the fact that adults with family income above the poverty threshold are eligible for similar health insurance coverage benefits associated with the Affordable Care Act.

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All of the inequalities in health insurance coverage between adults of different age groups declined in both expansion and non-expansion states between 2013 and 2014. However, in expansion states, the gap in coverage between adults aged 19 to 25 compared with adults aged 26 to 54 reversed: by 2014, the older group had a higher uninsured rate than did the younger group. Two of the age-related disparities in the uninsured rate decreased more in non-expansion states than in expansion states: the gap in coverage between 19 to 25 year olds and 26 to 54 year olds, and the gap between 26 to 54 year olds and 55 to 64 year olds.

The gap in health insurance coverage between parents and nonparents decreased by a comparable amount between 2013 and 2014, remaining slightly larger in expansion states than in non-expansion states. In both state groups, parents were more likely to have insurance than nonparents. In terms of labor force status, the disparity in the uninsured rate between nonworkers and workers decreased only in expansion states between 2013 and 2014. By 2014, the gap between workers and nonworkers was about twice as large in non-expansion states than in expansion states.

The disparity in health insurance coverage between citizens and noncitizens was one of the largest disparities examined both before and after the ACA went into effect, and the change in inequality was not statistically different between the state groups. The gaps in coverage between non-Hispanic Whites and the other race and Hispanic origin groups examined declined over the period by a comparable magnitude in both expansion and non-expansion states, while the gap in coverage between non-Hispanic Blacks and Hispanics did not change. This is due to the fact that non-Hispanic Blacks and Hispanics had parallel decreases in their uninsured rates, despite the fact that non-Hispanic Blacks had an uninsured rate that was about three-fifths that of Hispanics in 2013.

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In 2014, females still had a lower uninsured rate than males in both state groups; the gap in coverage between the sexes did not change between 2013 and 2014. The gap in health insurance coverage between married and unmarried adults decreased in both expansion and non-expansion states by a comparable amount over this time. In terms of self-reported health status, while the change in the disparity in health insurance coverage between those reporting good health and those reporting excellent or very good health was comparable between expansion and non-expansion states, the gap remained larger in non-expansion states in 2014. Between 2013 and 2014, the coverage gap between those in excellent or very good health and those in fair or poor health declined and was virtually eliminated in both expansion and non-expansion states.

Poverty Analysis

In addition to looking at all working-age adults, I performed a similar analysis on the subsample of adults in poverty to focus on whether the ACA may have affected this group differently in expansion states versus non-expansion states. While sample size was not sufficient to detect differences in the change in disparities in health insurance coverage between states that expanded Medicaid and states that did not expand Medicaid, there are several patterns worth describing (see Table 5).

In expansion states, a larger decrease in the uninsured rate among nonparents compared with parents led to an elimination of the gap in coverage between those groups by 2014. While the disparity decreased to almost null in expansion states, non-expansion states did not have a disparity in health insurance coverage by parental status in either 2013 or 2014, so there was not a change in the disparity. Due to sample size, the difference in the decrease in inequality between expansion and non-expansion states was not statistically significant, though it was over three percentage points. Sample size was also an issue with detecting differences in the change in

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inequality between expansion and non-expansion states among labor force statuses. The gap in coverage between workers and nonworkers did not change between 2013 and 2014 in expansion states, but it did decrease in non-expansion states. Finally, disparities in health insurance coverage by race and Hispanic origin appeared to change more in expansion states than in non-expansion states, though the differences were not statistically significant.

Decomposition by type of health insurance coverage

In order to better understand why the uninsured rate fell for particular groups more than others, resulting in declines in disparities across many social and demographic characteristics, I decomposed the decreases in the uninsured rate into changes by type of health insurance coverage. In order to accomplish this, I looked at changes in four mutually exclusive types of health insurance coverage between 2013 and 2014.

In expansion states, direct-purchase coverage and Medicaid played a comparable role in the overall decrease in the uninsured rate for working-age adults (Table 6). In non-expansion states, however, the increase in direct-purchase coverage accounted for almost all of the total change in health insurance coverage, while the increase in employment-based health insurance coverage mattered for key groups, such as adults in poverty. In both expansion and non-expansion states, changes in employment-based insurance and Medicare and military health insurance coverage were generally unrelated to changes in the uninsured rate. This pattern was consistent for most of the characteristics examined, with a handful of exceptions.

One exception is for adults in poverty in non-expansion states, who experienced an almost 4.0 percentage point increase in employment-based insurance between 2013 and 2014. None of the other income groups in expansion or non-expansion states experienced increases in employment-based insurance. Another exception is that in both expansion and non-expansion

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states, younger adults aged 19 to 25 experienced increases in employment-based insurance between 2013 and 2014, while other age groups did not. Together, these patterns could possibly indicate that young adults are enrolling in their parents' employment-based insurance plans in order to avoid penalties associated with the individual mandate, but more research is needed in order to determine whether this is the case.

Another notable variation from this pattern was for race and Hispanic origin groups. In expansion states, where there was generally a comparable increase in direct-purchase coverage and Medicaid, non-Hispanic Blacks and Hispanics had larger increases in direct-purchase coverage than Medicaid. In fact, non-Hispanic Blacks did not have a statistically significant increase in Medicaid coverage between 2013 and 2014 at all. Instead, non-Hispanic Blacks were one of the only groups to experience an increase in employment-based insurance coverage. In non-expansion states, where there was generally a larger increase in direct-purchase coverage than in Medicaid, non-Hispanic Whites had comparable increases in those plan types.

In addition to comparing changes in coverage types within a set of states, I also compared changes in coverage types between states. Overall, working-age adults in expansion states experienced a comparable increase in direct-purchase coverage to their counterparts in non-expansion states. However, both low-to-middle-income adults and noncitizens experienced larger increases in direct-purchase coverage in non-expansion states than in expansion states. Between 2013 and 2014, Medicaid coverage increased more for adults in expansion states than for adults in non-expansion states overall, and for almost every characteristic examined. The one exception to this finding was for high-income adults, where Medicaid increased comparably for adults in both state groups.

DISCUSSION

This paper suggests that the ACA led to a reduction in disparities in health insurance coverage among working-age adults. Between 2013 and 2014, almost all of the disparities examined decreased. A few disparities, such as the gap in the uninsured rate between those at the lowest and highest ends of the income spectrum, narrowed considerably, and others, such as the gap in the uninsured rate by health status, were eliminated.

On January 1, 2014, 25 states including the District of Columbia expanded Medicaid eligibility to low-to-middle-income working-age adults, while 26 states did not. In 2014, inequalities in health insurance coverage were greater in non-expansion states than in expansion states (with the exception of parents and nonparents). However, despite this major policy change, decreases in disparities in the uninsured rate were generally comparable in expansion states and non-expansion states. There were a handful of exceptions to this pattern: the disparities in coverage between low-to-middle-income and high-income adults and between workers and nonworkers decreased more in expansion states, while the gap in coverage between age groups decreased more in non-expansion states.

In order to understand the mechanisms behind these changes, I decomposed the shifts in the uninsured rate by changes in different types of health insurance coverage. In expansion states, direct-purchase coverage and Medicaid both played a role in decreasing inequalities, while in non-expansion states, changes in direct-purchase coverage were primarily responsible for changes in the uninsured rate. While increases in direct-purchase coverage were generally similar between expansion and non-expansion states, increases in Medicaid coverage were greater in expansion states for almost every characteristic examined. These findings suggest that in non-expansion states, possibly to comply with the individual mandate, people are enrolling in

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direct-purchase plans, such as those offered by the Health Insurance Marketplace. In Medicaid expansion states, however, there was a combination of take-up of direct-purchase plans and Medicaid.

Since eligibility for Medicaid coverage was expanded to adults near poverty in only half of the states, I hypothesized that the gap in coverage between people in poverty and those not in poverty would decrease more in Medicaid expansion states. However, findings did not support this conclusion. The gap in coverage between adults in poverty and those with low-to-middle income did not change more in expansion states. Furthermore, while the gap in coverage between those at the lowest and highest ends of the income spectrum decreased by 7.8 percentage points in expansion states, and by 6.5 percentage points in non-expansion states, the difference between expansion and non-expansion states was not statistically significant. One possible explanation is that the sample size was too small to detect a statistically significant change. However, the uninsured rate decreased by a comparable amount for adults in poverty in expansion and non-expansion states.

To better understand this finding, I decomposed changes in the uninsured rate into changes by type of health insurance coverage. In doing so, I found that the rate of employment-based insurance coverage increased by almost 4.0 percentage points among adults in poverty in non-expansion states. This large increase, together with a comparable increase in direct-purchase coverage, led to the decline in the uninsured rate. For adults in poverty in expansion states, however, changes in the uninsured rate were attributable to a combination of direct-purchase coverage and Medicaid. These findings suggest that employment-based insurance may have filled the health insurance gap for adults in poverty in non-expansion states. One possible explanation supported by the data is that younger adults, aged 19 to 25, enrolled in their parents'

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employment-based insurance plans in order to avoid penalties associated with the individual mandate. Future research should investigate this population's health insurance coverage type changes in more detail. In addition, extending the analysis presented here by performing the decomposition models of health insurance coverage by type at the individual level, which controls for many demographic and social characteristics, may also help to overcome any ambiguous findings due to sample size.

The ACA expanded coverage opportunities similarly for adults not in poverty in all states. Low-to-middle-income adults were eligible for subsidies for plans purchased through the Health Insurance Marketplace, and high-income adults could purchase these new plans but were ineligible for subsidies. However, I found that the disparity in health insurance coverage between the low-to-middle-income and high-income populations decreased more in expansion states than non-expansion states. This was attributable to a larger decrease in the uninsured rate for low-to-middle-income adults in expansion states compared with non-expansion states. Decomposition of changes in the uninsured rate by type reveals that the increase in Medicaid coverage among low-to-middle-income adults in expansion states explains this finding. Why would Medicaid coverage rates change among this population? In 2014, the Affordable Care Act provided subsidies for low-to-middle-income adults in both expansion and non-expansion states to directly-purchase health insurance coverage in the Health Insurance Marketplace. In expansion states, adults whose family incomes were below 138 percent of the FPL were also newly eligible for Medicaid coverage. However, the large increase in Medicaid coverage among low-to-middle-income adults up to 399 percent of the FPL in expansion states suggests that previously eligible but unenrolled individuals signed up for Medicaid during 2014. This "welcome-mat effect," whereby people who were previously eligible for Medicaid but not enrolled may increase

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participation eligibility was expanded to other populations, is consistent with previous research. For example, in Massachusetts, Medicaid enrolment increased by at least 16 percent among those previously eligible after the state experienced health reform in 2006 (Sonier, Boudreaux, & Blewett, 2013).

Previous research suggested that the gap in health insurance coverage between racial and Hispanic origin groups may decrease as a result of the ACA. The findings here support this research, with the exception of the disparity in coverage between Hispanics and non-Hispanic Blacks, which did not change. In terms of differences between expansion and non-expansion states, these data do not support the prediction from previous research that the gap in coverage between non-Hispanic Whites and non-Hispanic Blacks would decrease more in expansion states than in non-expansion states. One possible explanation for this finding is that the sample size of the CPS ASEC was not large enough to find statistical significance for a 1.7 percentage point difference between expansion and non-expansion states in the decrease in the disparity between non-Hispanic Whites and non-Hispanic Blacks.

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TABLES

Table 1. Medicaid Expansion Status as of January 1, 2014

State	Status	State	Status	State	Status
Alabama	Non-Expansion	**Kentucky**	**Expansion**	**North Dakota**	**Expansion**
Alaska	Non-Expansion	Louisiana	Non-Expansion	**Ohio**	**Expansion**
Arizona	**Expansion**	Maine	Non-Expansion	Oklahoma	Non-Expansion
Arkansas	**Expansion**	**Maryland**	**Expansion**	**Oregon**	**Expansion**
California	**Expansion**	**Massachusetts**	**Expansion**	Pennsylvania	Non-Expansion
Colorado	**Expansion**	Michigan	Non-Expansion	**Rhode Island**	**Expansion**
Connecticut	**Expansion**	**Minnesota**	**Expansion**	South Carolina	Non-Expansion
Delaware	**Expansion**	Mississippi	Non-Expansion	South Dakota	Non-Expansion
District of Columbia	**Expansion**	Missouri	Non-Expansion	Tennessee	Non-Expansion
Florida	Non-Expansion	Montana	Non-Expansion	Texas	Non-Expansion
Georgia	Non-Expansion	Nebraska	Non-Expansion	Utah	Non-Expansion
Hawaii	**Expansion**	**Nevada**	**Expansion**	**Vermont**	**Expansion**
Idaho	Non-Expansion	New Hampshire	Non-Expansion	Virginia	Non-Expansion
Illinois	**Expansion**	**New Jersey**	**Expansion**	**Washington**	**Expansion**
Indiana	Non-Expansion	**New Mexico**	**Expansion**	**West Virginia**	**Expansion**
Iowa	**Expansion**	**New York**	**Expansion**	Wisconsin	Non-Expansion
Kansas	Non-Expansion	North Carolina	Non-Expansion	Wyoming	Non-Expansion

Source: medicaid.gov
Note: bolded states are Medicaid expansion states.

Table 2. Demographic and social characteristics for working-age adults by Medicaid Expansion status in 2014

	Expansion States (n=25)			Non-Expansion States (n=26)			Non-Expansion - Expansion States
	Freq	Percent	SE	Freq	Percent	SE	Percent
Total (19-64)	97,075	100.00	-	94,980	100.00	-	-
Poverty Ratio							
Less than 100%	12,604	12.98	(0.25)	13,139	13.83	(0.21)	0.85 **
100 to 399%	42,473	43.75	(0.38)	44,902	47.28	(0.37)	3.52 ***
400% or more	41,998	43.26	(0.39)	36,939	38.89	(0.36)	-4.37 ***
Age							
19 to 25	15,467	15.93	(0.15)	15,041	15.84	(0.16)	-0.10
26 to 54	61,447	63.30	(0.20)	59,683	62.84	(0.20)	-0.46
55 to 64	20,161	20.77	(0.16)	20,256	21.33	(0.15)	0.56 *
Parental Status							
Parent	33,946	34.97	(0.28)	33,490	35.26	(0.29)	0.29
Not a parent	63,129	65.03	(0.28)	61,490	64.74	(0.29)	-0.29
Labor Force Status							
All workers	74,027	76.26	(0.23)	71,997	75.80	(0.24)	-0.45
Nonworkers	23,049	23.74	(0.23)	22,983	24.20	(0.24)	0.46
Citizenship							
Citizen	85,755	88.34	(0.21)	87,471	92.09	(0.20)	3.76 ***
Not a citizen	11,320	11.66	(0.21)	7,509	7.91	(0.20)	-3.76 ***
Race and Hispanic origin							
Non-Hispanic White	57,856	59.60	(0.24)	61,272	64.51	(0.24)	4.91 ***
Non-Hispanic Black	8,956	9.23	(0.09)	14,841	15.63	(0.08)	6.40 ***
Hispanic	19,260	19.84	(0.22)	13,671	14.39	(0.22)	-5.45 ***
Sex							
Male	48,032	49.48	(0.09)	46,504	48.96	(0.09)	-0.52 ***
Female	49,044	50.52	(0.09)	48,476	51.04	(0.09)	0.52 ***
Marital Status							
Married	50,742	52.27	(0.30)	50,764	53.45	(0.34)	1.18 *
Not married	46,334	47.73	(0.30)	44,216	46.55	(0.34)	-1.18 *
Health Status							
Excellent and very good	62,285	64.16	(0.38)	59,473	62.62	(0.33)	-1.54 **
Good	24,490	25.23	(0.31)	24,344	25.63	(0.29)	0.40
Fair and poor	10,382	10.72	(0.18)	11,754	12.50	(0.23)	1.77 ***

Source: 2014 and 2015 Current Population Survey Annual Social and Economic Supplements (CPS ASEC)
Note: Frequencies in thousands; * p<.05, ** p<.01, *** p<.001; Medicaid expansion status as of January 1, 2014.

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Table 3. Change in the uninsured rate for working-age adults between 2013 and 2014 by Medicaid expansion status

	Expansion States (n=25)					Non-expansion States (n=26)					Non-Expansion - Expansion
	2013		2014		2014 - 2013	2013		2014		2014 - 2013	2014 - 2013
	%	SE	%	SE	% points	%	SE	%	SE	% points	% points
Total (19-64)	16.42	(0.23)	11.85	(0.19)	-4.57 ***	20.63	(0.24)	16.82	(0.24)	-3.81 ***	0.76 +
Poverty Ratio											
Less than 100%	31.89	(0.81)	23.10	(0.75)	-8.79 ***	42.14	(0.84)	34.38	(0.70)	-7.76 ***	1.03
100 to 399%	21.40	(0.37)	14.89	(0.31)	-6.51 ***	24.73	(0.36)	20.15	(0.37)	-4.59 ***	1.92 **
400% or more	6.41	(0.23)	5.40	(0.23)	-1.01 **	7.83	(0.26)	6.53	(0.26)	-1.30 ***	-0.29
Age											
19 to 25	18.83	(0.54)	13.19	(0.50)	-5.64 ***	25.56	(0.63)	21.09	(0.64)	-4.46 ***	1.18
26 to 54	17.27	(0.27)	12.53	(0.22)	-4.75 ***	21.49	(0.28)	17.61	(0.27)	-3.88 ***	0.87 +
55 to 64	11.94	(0.40)	8.77	(0.36)	-3.16 ***	14.22	(0.41)	11.32	(0.37)	-2.91 ***	0.26
Parental Status											
Parent	13.61	(0.31)	9.85	(0.26)	-3.75 ***	18.55	(0.40)	15.49	(0.34)	-3.06 ***	0.69
Not a parent	17.90	(0.31)	12.93	(0.25)	-4.97 ***	21.80	(0.31)	17.55	(0.31)	-4.25 ***	0.72
Labor Force Status											
All workers	15.20	(0.24)	11.16	(0.20)	-4.04 ***	19.14	(0.26)	15.36	(0.27)	-3.78 ***	0.26
Nonworkers	20.24	(0.47)	14.08	(0.44)	-6.16 ***	25.38	(0.54)	21.40	(0.49)	-3.99 ***	2.17 *
Citizenship											
Citizen	14.02	(0.23)	9.63	(0.19)	-4.40 ***	18.07	(0.23)	14.64	(0.24)	-3.43 ***	0.97 *
Not a citizen	35.54	(0.92)	28.72	(0.76)	-6.82 ***	50.51	(1.26)	42.18	(1.12)	-8.33 ***	-1.51
Race and Hispanic origin											
Non-Hispanic White	12.12	(0.26)	8.54	(0.24)	-3.58 ***	15.35	(0.29)	12.40	(0.27)	-2.94 ***	0.64
Non-Hispanic Black	18.20	(0.66)	11.07	(0.51)	-7.13 ***	24.20	(0.67)	19.36	(0.62)	-4.84 ***	2.30 +
Hispanic	29.75	(0.63)	22.44	(0.54)	-7.31 ***	40.02	(0.91)	34.48	(0.77)	-5.54 ***	1.77
Sex											
Male	18.05	(0.32)	13.27	(0.25)	-4.78 ***	22.01	(0.33)	17.94	(0.32)	-4.06 ***	0.72
Female	14.82	(0.25)	10.46	(0.21)	-4.36 ***	19.30	(0.28)	15.74	(0.28)	-3.56 ***	0.80
Marital Status											
Married	11.87	(0.27)	8.63	(0.23)	-3.24 ***	14.69	(0.33)	11.92	(0.29)	-2.76 ***	0.48
Not married	21.32	(0.35)	15.38	(0.29)	-5.93 ***	27.63	(0.39)	22.44	(0.37)	-5.18 ***	0.75
Health Status											
Excellent and very good	14.78	(0.28)	10.65	(0.23)	-4.13 ***	18.32	(0.30)	15.23	(0.29)	-3.09 ***	1.04 +
Good	20.52	(0.50)	15.14	(0.43)	-5.38 ***	25.66	(0.56)	21.04	(0.47)	-4.62 ***	0.76
Fair and poor	16.66	(0.60)	11.28	(0.49)	-5.38 ***	21.50	(0.67)	16.08	(0.55)	-5.43 ***	-0.05

Source: 2014 and 2015 Current Population Survey Annual Social and Economic Supplements (CPS ASEC)
Note: + p<.1, * p<.05, ** p<.01, *** p<.001; Medicaid expansion status as of January 1, 2014.

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Table 4. Difference in the uninsured rate between groups for working-age adults between 2013 and 2014 by Medicaid expansion status

	Expansion States (n=25)			Non-Expansion States (n=26)			Non-Expansion - Expansion	
	2013	2014	2014-2013	2013	2014	2014-2013	2014	2014-2013
	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts
Poverty Ratio								
<100 - 100-399	10.49 ***	8.21 ***	-2.28 +	17.40 ***	14.23 ***	-3.17 **	6.02 ***	0.89
<100 - 400+	25.48 ***	17.70 ***	-7.78 ***	34.30 ***	27.84 ***	-6.46 ***	10.14 ***	-1.32
100-399 - 400+	14.99 ***	9.49 ***	-5.50 ***	16.90 ***	13.61 ***	-3.29 ***	4.12 ***	-2.21 **
Age								
19 to 25 - 26 to 54	1.56 **	-4.42 ***	-5.98 ***	13.03 ***	3.48 ***	-9.55 ***	7.90 ***	3.57 **
19 to 25 - 55 to 64	6.90 ***	1.87 **	-5.02 ***	16.78 ***	9.78 ***	-7.01 ***	7.90 ***	1.99
26 to 54 - 55 to 64	5.34 ***	1.21 **	-4.13 ***	12.72 ***	6.30 ***	-6.43 ***	5.09 ***	2.30 *
Parental Status								
Not a parent - Parent	4.29 ***	3.07 ***	-1.22 *	3.25 ***	2.06 ***	-1.19 +	-1.02 +	-0.02
Labor Force Status								
Non-workers - All workers	5.04 ***	2.92 ***	-2.11 **	6.24 ***	6.04 ***	-0.20	3.12 ***	-1.91 +
Nativity								
Not a citizen - Citizen	21.52 ***	19.10 ***	-2.42 *	32.44 ***	27.54 ***	-4.90 **	8.44 ***	2.48
Race and Hispanic origin								
Non-Hisp Black - Non-Hisp White	6.08 ***	2.53 ***	-3.55 ***	8.85 ***	6.95 ***	-1.90 +	4.42 ***	-1.66
Hispanic - Non-Hisp White	17.63 ***	13.90 ***	-3.73 ***	24.67 ***	22.08 ***	-2.60 *	8.17 ***	-1.13
Hispanic - Non-Hisp Black	11.55 ***	11.37 ***	-0.17	15.82 ***	15.12 ***	-0.70	3.75 **	0.53
Sex								
Male - Female	3.24 ***	2.81 ***	-0.43	2.71 ***	2.20 ***	-0.51	-0.61	0.08
Marital Status								
Not married - Married	9.45 ***	6.75 ***	-2.70 ***	12.94 ***	10.52 ***	-2.42 ***	3.77 ***	-0.28
Health Status								
Good - Excellent/very good	5.74 ***	4.49 ***	-1.25 +	7.34 ***	5.81 ***	-1.53 +	1.32 +	0.28
Fair/poor -Excellent/very good	1.88 **	0.63	-1.25	3.19 ***	0.85	-2.34 *	0.22	1.09
Good - Fair/ poor	3.86 ***	3.86 ***	0.00	4.16 ***	4.97 ***	0.81	1.11	0.81

Source: 2014 and 2015 Current Population Survey Annual Social and Economic Supplements (CPS ASEC)
Note: + p<.1, * p<.05, ** p<.01, *** p<.001; Medicaid expansion status as of January 1, 2014.

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Table 5. Difference in the uninsured rate between groups for working-age adults in poverty between 2013 and 2014 by Medicaid expansion status

	Expansion States (n=25)			Non-Expansion States (n=26)			Non-Expansion - Expansion	
	2013	2014	2014-2013	2013	2014	2014-2013	2014	2014-2013
	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts
Age								
19 to 25 - 26 to 54	-8.55 ***	-5.88 ***	2.66	-7.00 ***	-3.64 *	3.36	2.24	0.70
19 to 25 - 55 to 64	1.40	2.50	1.11	7.21 **	8.40 ***	1.19	5.89 *	0.08
26 to 54 - 55 to 64	9.94 ***	8.39 ***	-1.56	14.21 ***	12.04 ***	-2.17	3.65	0.62
Parental Status								
Not a parent - Parent	5.73 ***	0.86	-4.86 *	0.67	-0.97	-1.64	-1.83	-3.22
Labor Force Status								
Non-workers - All workers	-8.51 ***	-8.15 ***	0.36	-12.08 ***	-7.73 ***	4.35 *	0.42	4.00
Nativity								
Not a citizen - Citizen	19.59 ***	21.05 ***	1.47	29.50 ***	28.48 ***	-1.02	7.43 **	-0.45
Race and Hispanic origin								
Non-Hisp Black - Non-Hisp White	-1.13	-5.67 ***	-4.54 +	3.17 +	2.81 +	-0.35	8.48 ***	-4.18
Hispanic - Non-Hisp White	11.22 ***	13.14 ***	1.92	20.95 ***	24.45 ***	3.50	11.31 ***	1.58
Hispanic - Non-Hisp Black	12.35 ***	18.81 ***	6.45 *	17.78 ***	21.64 ***	3.86	2.83	-2.60
Sex								
Male - Female	6.81 ***	5.81 ***	-1.00	8.14 ***	6.53 ***	-1.61	0.72	0.61
Marital Status								
Not married - Married	-1.92	-2.09	-0.17	-0.48	-0.18	0.30	1.91	0.13
Health Status								
Good - Excellent/very good	-0.74	0.86	1.60	4.81 **	1.94	-2.87	1.09	1.27
Fair/poor -Excellent/very good	-13.57 ***	-10.33 ***	3.24	-13.49 ***	-12.98 ***	0.51	-2.65	-2.73
Good - Fair/ poor	12.83 ***	11.18 ***	-1.64	18.30 ***	14.92 ***	-3.38	3.73	1.74

Source: 2014 and 2015 Current Population Survey Annual Social and Economic Supplements (CPS ASEC)
Note: + p<.1, * p<.05, ** p<.01, *** p<.001; Medicaid expansion status as of January 1, 2014.

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Table 6. Change in health insurance types for working-age adults between 2013 and 2014 by Medicaid expansion status

	Expansion States (n=25)					Non-expansion States (n=26)					Direct purchase - Medicaid		Expansion - Non-expansion	
	Total	ESI	Direct purchase	Medicaid	Other gov	Total	ESI	Direct purchase	Medicaid	Other gov	Expansion States	Non-expansion States	Direct purchase	Medicaid
	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts	% pts
Total (19-64)	-4.57 ***	0.11	2.40 ***	2.22 ***	-0.16	-3.81 ***	0.61	3.08 ***	0.63 *	-0.44	0.19	2.45 ***	-0.68	1.59 ***
Poverty Ratio														
Less than 100%	-8.79 ***	-0.03	4.85 ***	4.14 ***	0.07	-7.76 ***	3.86 ***	3.49 ***	1.38	-0.56	0.71	2.12	1.36	2.77 ***
100 to 399%	-6.51 ***	0.46	2.77 ***	3.39 ***	-0.21	-4.59 ***	0.32	4.48 ***	0.51	-0.72	-0.62	3.97 ***	-1.70 **	2.88 ***
400% or more	-1.01 **	-0.93	1.33 ***	0.76 ***	-0.13	-1.30 ***	-0.36	1.23 **	0.50 ***	-0.03	0.57	0.73	0.10	0.26
Age														
19 to 25	-5.64 ***	2.01 +	1.62 *	1.65 *	0.02	-4.46 ***	2.46 *	3.05 ***	-0.18	-0.58	-0.03	3.23 ***	-1.43 *	1.84 ***
26 to 54	-4.75 ***	0.31	2.51 ***	2.17 ***	-0.16	-3.88 ***	0.19	3.13 ***	0.76 **	-0.16	0.34	2.37 **	-0.62	1.41 ***
55 to 64	-3.16 ***	-2.03	2.68 ***	2.82 ***	-0.29	-2.91 ***	0.57	2.82 ***	0.81 +	-1.30	-0.14	2.00 *	-0.14	2.01 ***
Parental Status														
Parent	-3.75 ***	0.14	2.38 ***	1.41 **	-0.11	-3.06 ***	0.02	3.05 ***	0.31	-0.24	0.97 *	2.74 ***	-0.67	1.10 ***
Not a parent	-4.97 ***	0.06	2.43 ***	2.61 ***	-0.17	-4.25 ***	1.01 +	3.07 ***	0.82 **	-0.59	-0.18	2.25 **	-0.63	1.79 ***
Labor Force Status														
All workers	-4.04 ***	-0.24	2.20 ***	2.08 ***	-0.05	-3.78 ***	0.95 +	2.92 ***	0.21	-0.24	0.12	2.71 ***	-0.72 *	1.87 ***
Non-workers	-6.16 ***	0.52	3.12 ***	3.06 ***	-0.38	-3.99 ***	0.18	3.54 ***	1.63 *	-1.23	0.06	1.91	-0.42	1.43 **
Citizenship														
Citizen	-4.40 ***	0.31	2.18 ***	2.04 ***	-0.17	-3.43 ***	0.58	2.79 ***	0.59 *	-0.46	0.14	2.20 ***	-0.61	1.45 ***
Not a citizen	-6.82 ***	-0.41	4.09 ***	3.31 ***	0.05	-8.33 ***	1.03	6.47 ***	1.07	-0.18	0.79	5.40 ***	-2.38 +	2.23 ***
Race and Hispanic origin														
Non-Hispanic White	-3.58 ***	-0.25	1.99 ***	2.13 ***	-0.27	-2.94 ***	0.12	2.46 ***	0.94 ***	-0.49	-0.14	1.52	-0.47	1.18 ***
Non-Hispanic Black	-7.13 ***	2.48 +	2.95 ***	1.67	-0.10	-4.84 ***	1.16	4.13 ***	-0.27	-0.19	1.28	4.40 ***	-1.18 +	1.94 ***
Hispanic	-7.31 ***	1.20	3.66 ***	2.20 **	0.46 +	-5.54 ***	1.51	4.23 ***	0.11	-0.28	1.46 **	4.11 ***	-0.57	2.09 ***
Sex														
Male	-4.78 ***	0.41	2.50 ***	2.15 ***	-0.25	-4.06 ***	0.78	3.07 ***	0.77 **	-0.50	0.35	2.29 **	-0.56	1.38 ***
Female	-4.36 ***	-0.20	2.30 ***	2.27 ***	-0.06	-3.56 ***	0.45	3.09 ***	0.49	-0.39	0.03	2.60 ***	-0.79	1.79 ***
Marital Status														
Married	-3.24 ***	-0.93	2.47 ***	1.81 ***	-0.09	-2.76 ***	-0.12	2.99 ***	0.33	-0.38	0.66 +	2.67 ***	-0.53	1.48 ***
Not married	-5.93 ***	1.08	2.34 ***	2.73 ***	-0.23	-5.18 ***	1.71 **	3.18 ***	0.88 *	-0.50	-0.39	2.31 **	-0.84	1.86 ***
Health Status														
Excellent and very good	-4.13 ***	0.39	2.13 ***	1.64 ***	-0.07	-3.09 ***	0.15	2.95 ***	0.50 *	-0.43	0.49	2.45 ***	-0.82	1.14 ***
Good	-5.38 ***	-1.30	3.00 ***	4.29 ***	-0.70	-4.62 ***	0.93	3.23 ***	2.60 **	-1.43	-1.29	0.63	-0.24	1.69 *
Fair and poor	-5.38 ***	-0.07	2.85 ***	2.86 ***	-0.13	-5.43 ***	0.43	3.30 ***	0.67	0.31	-0.01	2.63 ***	-0.45	2.19 ***

Source: 2014 and 2015 Current Population Survey Annual Social and Economic Supplements (CPS ASEC)

Note: + p<.1, * p<.05, ** p<.01, *** p<.001; Medicaid expansion status as of January 1, 2014.

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