Evaluating 2012-2014 Trends in Health Insurance Coverage for All U.S. Counties

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Abstract

In 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect, aiming to increase the availability of health insurance coverage, particularly among the working-age (aged 18-64), low-to-middle income population (below 400 percent of poverty). The model-based estimates produced by the Small Area Health Insurance Estimates (SAHIE) program of the U.S. Census Bureau are vital for studying the effects of the ACA at the county level. The data are the only source for 1-year estimates of health insurance coverage for all U.S. counties. SAHIE are model-based enhancements of the American Community Survey (ACS) data, providing more information for the approximately 74 percent of U.S. counties not published in the 1-year ACS. This paper uses SAHIE to examine trends in county-level health insurance coverage rates for the working-age population by income group for 2012 through 2014.

1 Introduction

In 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect, aiming to increase the availability of health insurance coverage, particularly among the working-age (aged 18-64), low-to-middle income population (below 400 percent of poverty). One key provision is the creation of federal and state health insurance exchanges. The federal government would provide subsidies to purchase insurance through the exchanges if individual or family income were between 138 percent and 400 percent of poverty.[1] A second key provision is the option for states to expand their Medicaid eligibility to most individuals under age 65 living at or below 138 percent of poverty (U.S. Congress, 2010). Currently, 32 states and the District of Columbia (DC) have chosen to do so (Kaiser Family Foundation, KFF, 2016). During 2013 to 2014, as provisions of the ACA were being first implemented, estimates of the U.S. uninsured rate decreased, according to multiple sources, which are discussed further in Section 3.2 (Ward, Clarke, Freeman and Schiller, 2015; Smith and Medalia, 2015).

At the national level, the U.S. Census Bureau releases data from the Current Population Survey Annual Supplement (CPS ASEC) and the American Community Survey (ACS). At the state level, the Census Bureau recommends using the ACS. At the sub-state level, the ACS publishes 1-year estimates only for geographies with population size 65,000 or greater. Smaller geographies are available as ACS multi-year estimates (U.S. Census Bureau, 2008). Approximately 800 of the nation's more than 3,100 counties have a population size of 65,000 or greater (U.S. Census Bureau, 2015a). Thus, approximately 75 percent (or 2,325) of U.S counties do not have 1-year estimates of health insurance coverage. However, the ACS 1-year county-level estimates cover 85 percent of the total U.S. population. Appendix Figure 1A presents a map of the counties with published and unpublished 1-year 2014 ACS estimates.

To fill this gap in county 1-year estimates and to improve the precision of estimates for larger counties, the Census Bureau created the Small Area Health Insurance Estimates (SAHIE) program. SAHIE combines 1-year ACS estimates (both published and unpublished) with auxiliary data sources, such as administrative records, by using small area estimation methods, which are described in Sections 4.1 and 4.2. SAHIE publishes single-year health insurance coverage estimates for 3,141 U.S. counties for five age groups, six income groups, and by sex (SAHIE, 2015b). The SAHIE income groups include 0-138 percent and 138-400 percent of poverty, making SAHIE a vital source for evaluating county-level health insurance coverage at the time ACA was being implemented, including during the Medicaid expansion and creation of health insurance exchanges.

The objective of this research is to evaluate 2013-2014 changes in uninsured rate for all U.S. counties using SAHIE. This period corresponds with the implementation of ACA's major provisions. We focus on working-age

[1] In states that did not expand Medicaid programs, the income eligibility requirement to receive subsidies is between 100 and 400 percent of poverty. The analysis in this paper covers the income group 138-400 percent of poverty, as opposed to 100-400 percent of poverty.

adults, aged 18-64, since the recent policy changes likely matter most for them as compared to other groups. Studying changes in county-level uninsured rates provides insight into what was happening at a local level while ACA was being implemented. Our analysis evaluates overall county-level changes first and then evaluates by whether a state-based or federal exchange was implemented, by state Medicaid expansion status, and by metropolitan statistical area (metro area) status.[2]

2 Research Questions

We pose the following research questions:

1. Between 2013 and 2014, how did county-level uninsured rates change for the working-age population by income group? How does this compare with changes in county-level uninsured rates between 2012 and 2013?

2. Did the county-level trends above vary by state health insurance exchange type, state Medicaid expansion status, and metro status?

3 Background

This section presents background related to our research questions. We review some of the main provisions of the Affordable Care Act and their possible impact on the uninsured population. We examine recent trends in national and state-level health insurance coverage, as estimated by the ACS and other surveys. We discuss how these trends may carry through to the county level, and in Sections 4 and 5, we use SAHIE-derived measures to further this discussion. In addition, we study differences in uninsured rates among metro and non-metro areas, and we consider whether the size of these differences changed over 2013-2014 compared to over 2012-2013.

3.1 The Affordable Care Act

In March 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law, aiming to make health care more affordable and accessible for the uninsured (U.S. Congress, 2010; Assistant Secretary for Public Affairs, 2015). In 2014, provisions of the ACA went into effect that intended to provide the uninsured with state-sponsored or affordable health insurance. In all states and DC, health insurance exchanges were established. Some states implemented their own exchanges and others used the federal government's exchange run by the Department of Health and Human Services (Asst. Sec. for Public Affairs, 2015). Individuals purchasing health

[2] All direct comparisons of estimates cited in the text have been tested for significance at the 90-percent critical level, unless otherwise noted.

insurance coverage through the exchanges were eligible for government subsidies to make their plan's premiums more affordable. Subsidized health insurance coverage was available for individuals or families with incomes between 138-400 percent of poverty (Centers for Medicare and Medicaid Services, CMS, 2014). In 2014, 27 states including DC expanded Medicaid to individuals living at or below 138 percent of poverty, regardless of age and disability status (CMS, 2014). The remaining states opted out of Medicaid expansion after the Supreme Court's June 2012 ruling that states had a choice over whether to expand their Medicaid program eligibility (KFF, 2015). Since 2014, 5 additional states have decided to expand their programs (KFF, 2015). Also, in 2014, the individual mandate provision went into effect requiring that individuals purchase coverage or pay a penalty fee (Asst. Sec. for Public Affairs, 2015).

The ACA primarily affects working-age adults who were not previously eligible for government-provided health insurance. Many federal programs, such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) have historically provided health insurance coverage mostly to the elderly, children, disabled individuals, and to very low-income adults (CMS, 2015). Most working-age adults without children did not qualify for these programs. In 2009, before the ACA was signed into law, a large share, 85.2 percent (±0.1)[3], of uninsured Americans were working-age adults aged 18 to 64 (U.S. Census Bureau, 2010). Given the relevance of the policy change to working-age adults and their large share of the uninsured, we expect substantial changes in uninsured estimates for working-age adults during 2013 and 2014 while the ACA was being implemented. For these reasons, this paper focuses specifically on the working-age population.[4]

3.2 2013-2014 National and State-level Trends

Between 2013 and 2014, health insurance exchanges and Medicaid expansion were being implemented under the ACA. At the same time, the ACS estimate for the U.S. working-age uninsured rate decreased by 4.0 percentage points (±0.1), from 20.3 percent (±0.1) in 2013 to 16.3 percent (±0.1) in 2014 (All ACS estimates cited in this section are from U.S. Census Bureau, 2014; U.S. Census Bureau, 2015). Populations living in income groups that expanded under ACA exhibited the largest reductions in uninsured rate. Specifically, for the population eligible for subsidies to purchase health insurance coverage, i.e., with income between 138-400 percent of poverty, the uninsured rate decreased slightly more than for total working-age adults, by 4.6 percentage points (±0.2). Moreover, for working-age adults eligible for Medicaid, i.e., with income less than 138 percent of poverty, in most states, the U.S. uninsured rate decreased even more, by 7.3 percentage points (±0.2).

The extent of declines in the uninsured rate also varied by the way states chose to implement the ACA. Among states that ran their own health insurance exchanges, the aggregate ACS estimates of the uninsured rate for

[3] Ranges cited are margins of error for the ACS estimates due to sampling error at the 90% significance level. Margins of error for changes between ACS estimates in different years were calculated assuming zero correlation between ACS cross-year estimates.

[4] CHIP provides health insurance coverage for individuals who are 18 years of age. Our research was limited by age categories provided by SAHIE. The data provides the age group 18-64, but not aged 19-64. Therefore, we categorize the working-age population as aged 18-64.

working-age adults eligible for subsidies decreased by 6.1 percentage points (±0.2) compared with a decrease of 3.8 percentage points (±0.2) among states with federal exchanges. Among states that expanded Medicaid eligibility, the aggregate ACS estimate for the uninsured rate for working-age adults with incomes at or below 138 percent of poverty decreased by 9.3 percentage points (±0.3) compared with a decrease of 5.1 percentage points (±0.3) among non-expansion states. The data suggest that states that ran their own health insurance exchange and/or expanded their Medicaid programs had larger decreases in their uninsured rates than did other states.

From 2013 to 2014, in every state and DC the working-age ACS estimate for the uninsured rate recorded a decline that was statistically significant. The magnitude of decrease varied widely across states. States with higher uninsured rates and higher proportions of subsidy or Medicaid eligible working-age adults in 2013 had greater potential for uninsured rate reduction in 2014 than other states. In particular, the ACS estimate for Massachusetts had the smallest decrease, 0.7 percentage points (±0.3), contrasted with Kentucky, which had the largest decrease, 8.7 percentage points (±0.4). Even though Massachusetts expanded Medicaid and had a state-based exchange, the reduction in the uninsured rate was limited by the state already having one of the lowest uninsured rates in 2013, 5.2 percent (±0.4). We note that Massachusetts had implemented major health care reforms in 2006 (Sommers, Long and Baicker, 2014). In contrast, Kentucky, which also chose to expand Medicaid and operate its own health insurance exchange (The Center for Consumer Information and Insurance Oversight, 2016), had one of the highest uninsured rates in 2013, 20.7 percent (±0.3). With a larger proportion of the working-age population uninsured, this state had a larger share of population eligible for new enrollment.

Among states that did not expand Medicaid or run their own health insurance exchange, the largest decreases in the ACS estimate of uninsured rates were in Florida and Texas, decreasing 4.9 (±0.4) and 4.2 percentage points (±0.3), respectively. These are two states that have historically had higher uninsured rates relative to other states. Like Kentucky, these two states had a larger proportion of their population that became newly eligible to obtain subsidized health insurance coverage through the federally-run health insurance exchange than did other states.

3.4 County-level Trends

Previous research analyzing expectations of the local impact of ACA projected that the magnitude of change in the working-age uninsured rate would be better explained by the county's local economic and demographic characteristics than by state or national characteristics (Kenney, Huntress, Buettgens, Lynch and Resnick, 2013). For instance, groups that are known to have higher uninsured rates, such as low-income adults, minorities, and the foreign-born, are not evenly distributed across counties, potentially driving higher variation in the change in rates across counties within a state (Kenney, et.al., 2013; Holahan, 2002; Institute of Medicine, 2003; Cunningham and Ginsburg, 2001). Variation in county-level change is evident when analyzing the 817 counties with population size 65,000 or greater with published 1-year ACS estimates. Between 2013 and 2014, the ACS estimate of the uninsured rate for adults aged 18 to 64 displayed a statistically significant decrease in 55 percent (or 451) of these

817 counties, while displaying a statistically significant increase in only 3 counties. Among counties with changes, the magnitude of change in estimated uninsured rates ranged from a decrease of 16.5 percentage points (±6.9) to an increase of 5.3 percentage points (±4.7).

Using SAHIE in Section 4 below, we are able to study the remaining roughly 2,300 counties with population size less than 65,000 regarding change in their uninsured rate from 2013 to 2014. We analyze the variation in change across counties. In addition, we analyze these results by the ways in which states decided to implement the ACA.

3.5 Metro and Non-metro Trends

The definition of "metro areas" is given in Section 5.2 below. Of the roughly 2,300 counties included in SAHIE but not in the 1-year ACS data, most are outside of metro areas. Counties in non-metro areas tend to have smaller populations and more centralized local economies (Dorsky, 2000; Ormond, Wallin and Goldenson, 2000a & 2000b; Rowley, 2002; Bowers and Holmes, 2013). Local economic factors in non-metro areas, such as high seasonal employment, large agriculture sectors, lower wages, and higher proportions of self-employed individuals, are strong predictors of high uninsured rates (Dorsky, 2000; Ormond, et al., 2000a & 2000b; Rowley, 2002; Bowers and Holmes, 2013).

Given that a larger number of people live in metro areas, a larger count of uninsured also live in metro areas than in non-metro areas. However, aggregate SAHIE estimates across all non-metro counties, compared to the aggregate for all metro counties, indicate that overall uninsured rates prior to ACA implementation were higher in non-metro areas (Bowers and Holmes, 2013). But when one controls for income group, the estimates of uninsured rates for lower income groups were higher in metro counties in aggregate than in non-metro counties. Other researchers have concluded that the provisions of the ACA may narrow these differences (Karpman, Zuckerman, Kenney, and Odu, 2015).

In Sections 4 and 5 below, we aim to further confirm and analyze these conclusions by comparing estimates from 2013 and 2014 based on SAHIE county-level data.

4 Data

4.1 Small Area Health Insurance Estimates (SAHIE)

For the data analysis in this work (Sections 5 and 6), we use the published 2012 and 2013 SAHIE (SAHIE, 2015a) and a preliminary version of 2014 SAHIE, since the official 2014 SAHIE will not be published until late-spring 2016. The differences between the 2014 preliminary estimates cited here and the later published estimates, are, first, that the preliminary 2014 SAHIE did not yet switch to using more up-to-date Medicaid data sources, and, second, that the preliminary 2014 SAHIE relied on temporary imputations of some auxiliary data that were

not yet available. However, the results from this paper would not vary materially if we used the 2014 production SAHIE instead of the 2014 preliminary SAHIE.[5]

SAHIE are produced using statistical models that are generically termed small area[6] methods (Fay and Herriot, 1979; Rao, 2015). As applied in the SAHIE program, these methods combine survey data from the ACS with administrative records, such as Internal Revenue Service 1040 tax returns and the Centers for Medicare and Medicaid Services Medicaid enrollment data (SAHIE, 2015b). The models are "area-level" models, as the units of modeling are aggregate geographic areas of interest, rather than using individual survey and administrative records. Our modeling approach is similar to that of common models developed for small area estimation, but with some additional complexities. We formulate the model in a Bayesian framework and estimate posterior means and variances using Markov Chain Monte Carlo (MCMC) methods. SAHIE provides county-level estimates for five age groups, six income groups, and by sex. For this research, we focus on the following key demographic and income groups related to the ACA:

- Age: 18-64 year-olds
- Income: All Incomes, 0-138 percent of poverty, and 138-400 percent of poverty

We focus on these groups because the ACA policy changes are most relevant to working-age adults, especially those with low- to middle income, and because working-age adults comprise a large share of the uninsured. We expect there could be changes in the uninsured rates for these groups when the ACA was first implemented in 2013 and 2014.

4.2 Analytical Sample

We use SAHIE to analyze trends in health insurance coverage for 3,137 U.S. counties. The 2014 SAHIE includes data for 3,141 counties. The four counties not included in this analysis had boundary changes from 2013 to 2014, therefore we cannot compare the two years of data. Three of these counties are in Alaska's Southeast region and the other is in Virginia.

[5] Regarding the "more up-to-date Medicaid data sources," we note that the approach for the published 2014 SAHIE is to combine Center for Medicare and Medicaid Services (CMS)' detailed Medicaid Statistical Information System (MSIS) data with the timely state Medicaid and CHIP data from CMS' Performance Indicator project (Powers, et al., 2016). Upon release of 2014 SAHIE using the refined Medicaid data, an alternate version of the 2013 SAHIE will also be released in order to provide a basis of comparison of SAHIE under the new versus the prior Medicaid data methods.

[6] "Small area" is a generic term whose meaning varies by the specifics of the source data. We use the term to refer to a sub-division of the survey data, both geographically and demographically, that contains too few sample points to support a reliable estimate. In terms of the ACS data on which SAHIE is based, small area can be considered any area containing a population less than 65,000. Note that "small domain" is often used for the same concept, to highlight the demographic component of the definition.

5 Approach

5.1 County-level

For the first part of our analysis, we analyze how trends in the working-age uninsured rate differ among all counties for people in income groups affected by the ACA. We then discuss the number of counties that had statistically significant annual change in the uninsured rate by exchange type, Medicaid expansion status, and metro/non-metro areas. To determine significance of the change between two years, or the difference between two groups of counties, the SAHIE estimates of uninsured rates and their standard errors for each year or group are used to construct a credible interval for the difference with a significance level of at least 10 percent.[7] Further, to evaluate spatial variation in the magnitude of change, we display maps of the change in working-age uninsured rates between 2012-2013 and 2013-2014 by income group.

5.2 Metro/Non-Metro

For the second part of our analysis, we analyze changes in working-age adult uninsured rates by income group for Metropolitan Statistical Areas (metro areas) and non-metro areas. We analyze 2013 to 2014 trends for metro and non-metro areas by states, where estimates for these areas are constructed as aggregate SAHIE estimates of the component counties. To do this, we calculate multi-county aggregate uninsured rates for each year within each state by metro area status. The numerator of the uninsured rate for a given state is the sum of the county uninsured population for the given income group by metro status. The denominator of the uninsured rate is the county sum of the county population in the given income group by metro status. Credible intervals for these aggregate rates, and the difference in the estimated rates between areas or years, are constructed using the method cited in the previous footnote. In addition to analyzing state-level trends, we perform this analysis by Medicaid expansion status and exchange type.

To identify whether a county is metro or non-metro, we use the Office of Management and Budget (OMB) classifications. OMB defines a metro area as an area with a core population greater than 50,000. Metro areas consist of one or more counties, comprising counties containing the core urban area, and all adjacent counties that are integrated socially and economically with the urban core (See Appendix Figure 2A, U.S. Census Bureau, 2013). We will refer to counties that make up metropolitan areas as metro counties, and we will refer to the rest of the counties as non-metro counties. As of 2013, the United States had 1,167 metro and 1,975 non-metro counties.

[7] To obtain a standard error (SE) for the uninsured rate estimate for aggregates of counties, or states, first the SE of the numerator and denominator is approximated by aggregating the SEs of the individual SAHIE estimates, assuming the inter-area correlation is zero. Past research has indicated such correlation is negligible under the assumptions of the model. Next, the SE of the rate is approximated, using a stochastic Taylor series expansion of the rate function. Finally, a credible interval with minimum significance level of 10percent for the difference between two years, or two aggregate rates in the same year, is constructed by assuming a zero correlation between the two estimates. Prior research indicates inter-year correlation is strongly positive, and inter-area is negligible, for estimates similar to SAHIE. Thus, by assuming zero correlation we are over-estimating the width of the credible interval, and have reasonable assurance that the significance level can be no greater than 10 percent.

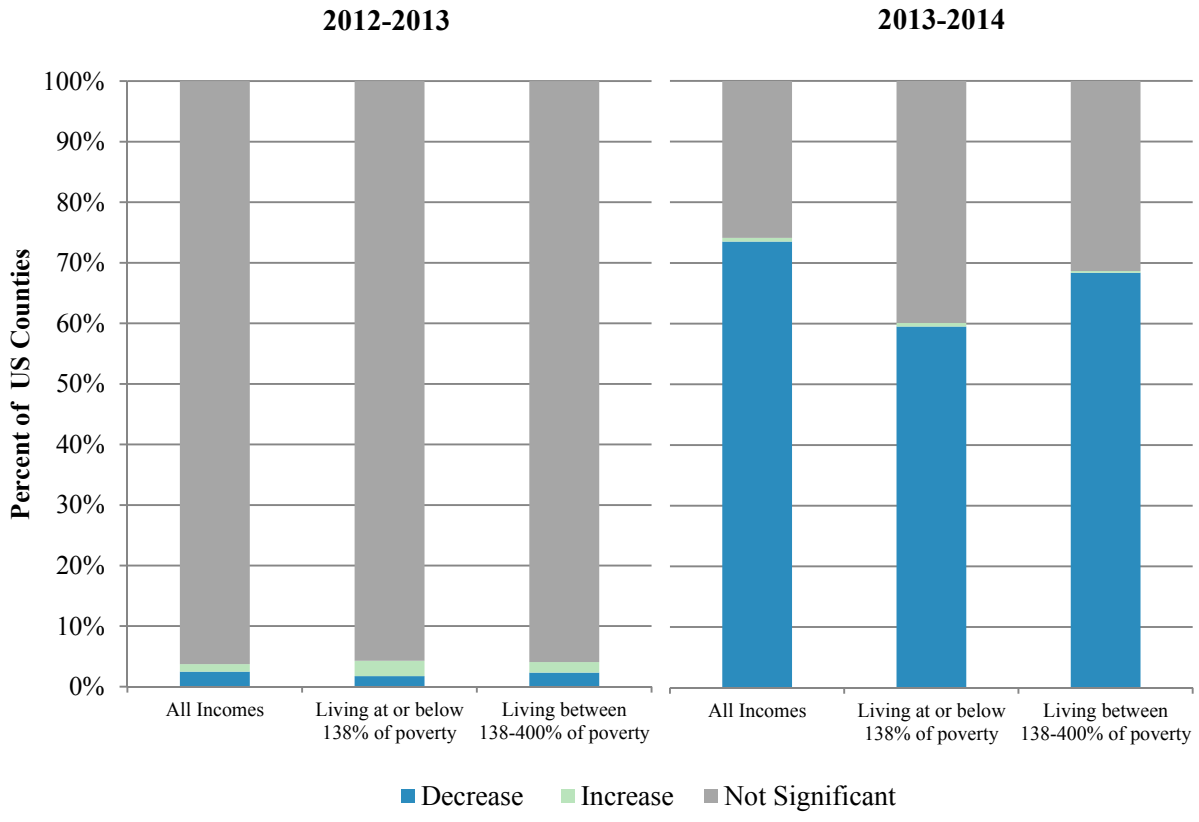
6 Results

6.1 Comparing 2012-2013 and 2013-2014

SAHIE uninsured rates for 2013-2014 displayed more statistically significant changes between years than for the period 2012-2013. Unless otherwise noted, all estimate differences reported in this section are statistically significant.

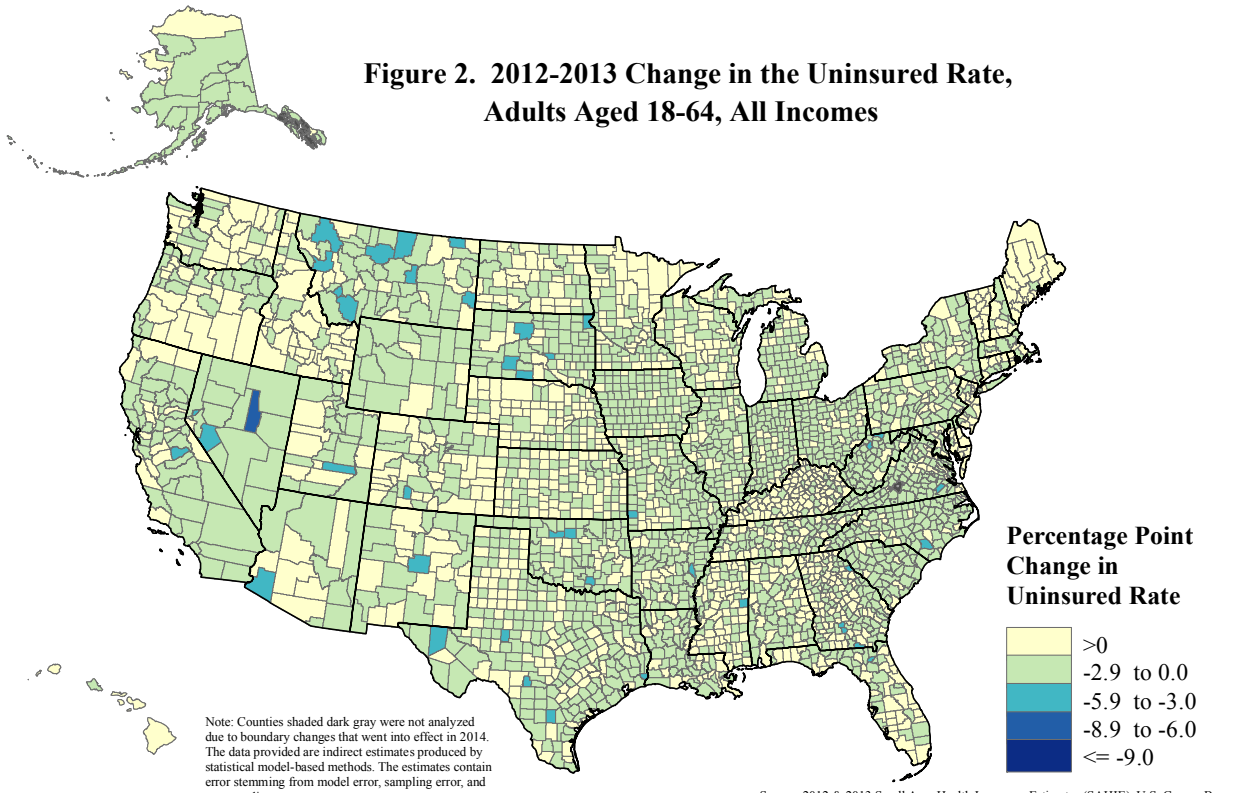
As shown in Figure 1, right panel, from 2013 to 2014, 74 percent (or 2,321) of counties had a change in the estimate of working-age uninsured rate. Of these, 2,319 counties experienced a decrease in estimated uninsured rate, and 2 counties experienced an increase. Moreover, for the working-age adults living at or below 138 percent and between 138-400 percent of poverty, the estimate changed significantly in over 60 percent of counties from 2013 to 2014. In contrast, as shown in Figure 1 (left panel) from 2012 to 2013, only 3.7 percent (or 117) of counties had significant changes in their estimates.

Figure 1. Percent of US Counties with a Statistically Significant Annual Change in their Uninsured Rate by Income Group, Adults Aged 18-64



Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

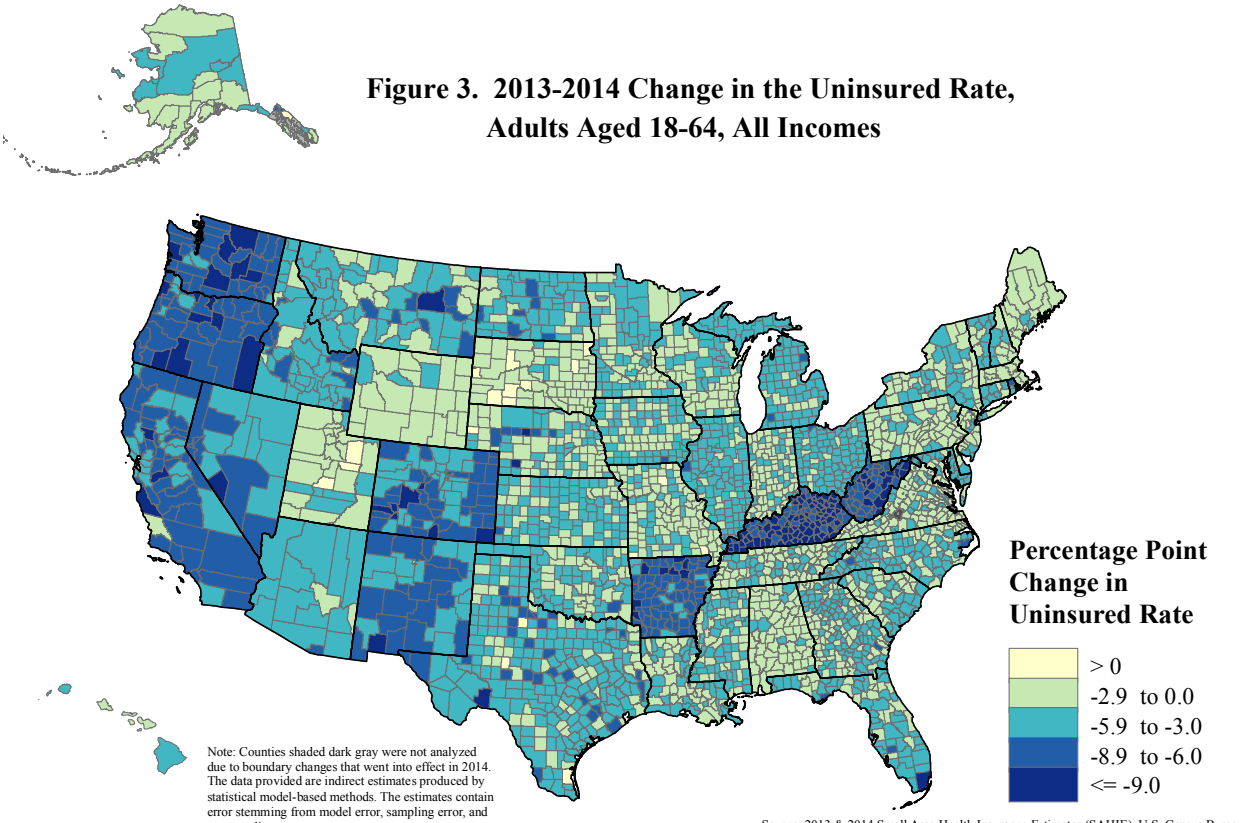
Figure 2. 2012-2013 Change in the Uninsured Rate, Adults Aged 18-64, All Incomes



Note: Counties shaded dark gray were not analyzed due to boundary changes that went into effect in 2014. The data provided are indirect estimates produced by statistical model-based methods. The estimates contain error stemming from model error, sampling error, and nonsampling error.

Source: 2012 & 2013 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

Figure 3. 2013-2014 Change in the Uninsured Rate, Adults Aged 18-64, All Incomes



Note: Counties shaded dark gray were not analyzed due to boundary changes that went into effect in 2014. The data provided are indirect estimates produced by statistical model-based methods. The estimates contain error stemming from model error, sampling error, and nonsampling error.

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

For the spatial analysis, (see Figure 2) 38.5 percent of counties had estimates of working-age uninsured rates that increased from 2012-2013 (light yellow). Among a majority of these counties, rates did not increase more than one percentage point; most of these changes were not statistically significant. The remaining 61.5 percent of counties had a decrease in their working-age uninsured rate. Most county rate estimates decreased by less than 3.0 percentage points (Figure 2, light green counties); only 2.4 percent of the counties in this category had statistically significant change.

As shown in Figure 3 (counties shaded light to dark blue), from 2013 to 2014, the working-age uninsured rate estimates decreased in 99 percent of counties; 74.6 percent of counties had a statistically significant decrease. In over 62 percent of counties, the working-age uninsured rate decreased by more than 3 percentage points. In 45.2 percent of counties, the uninsured rate decreased from between 3.0 to 5.9 percentage points; 95 percent of the counties in this range had a statistically significant decrease. In 16 percent of counties, the working-age uninsured rate decreased by more than 6 percentage points; all were statistically significant.

6.2 2013-2014 Changes by Health Insurance Exchange Type

As discussed earlier, the working-age population living between 138-400 percent of poverty is eligible for subsidies[8] to buy health insurance through the state or federal health insurance exchanges. Figure 4 is a map that shows how states chose to operate their health insurance exchanges.[9] Thirty-four states selected the federal government to run their health insurance exchange. The remaining 17 states including DC chose to run their own (KFF, 2016).

As shown in Table 1, for counties in states operating under a state-based exchange, 97 percent of counties had a decrease in uninsured rate estimates for working-age adults eligible for subsidies between 2013 and 2014. In 13 out of the 17 states that run their own exchanges, at least 95 percent of counties experienced a statistically significant decrease in the uninsured rate estimate. In contrast, for counties in states with federally-run exchanges, 61 percent of counties had a decrease. For the 34 states with federally-run exchanges, only 7 states had over 95 percent of counties with a decrease (See Appendix Table 4A).

Table 1. Percentage of Counties with a Statistically Significant Decrease in the Uninsured Rate by State Health Insurance Exchange Type, Adults Aged 18-64, living between 138-400% of Poverty, 2013-2014

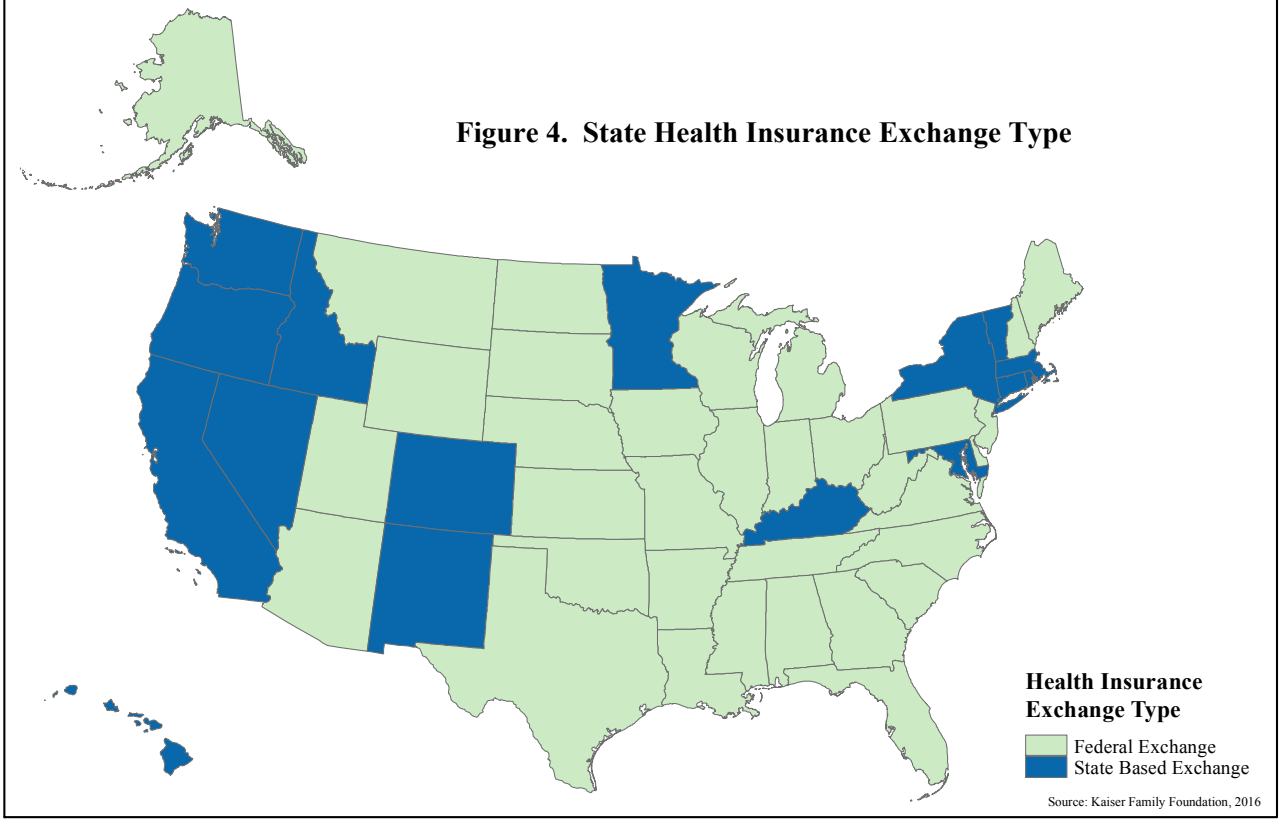
Health Insurance Exchange Type	Total Observed Counties	Counties Significant Decrease	Percent of Counties with Significant Decrease
United States	**3,137**	**2,140**	**68%**
Federal	2,507	1,529	61%
State Based	630	611	97%

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

[8] There are additional requirements for eligibility beyond income, but the proportion of additional exclusions is small.

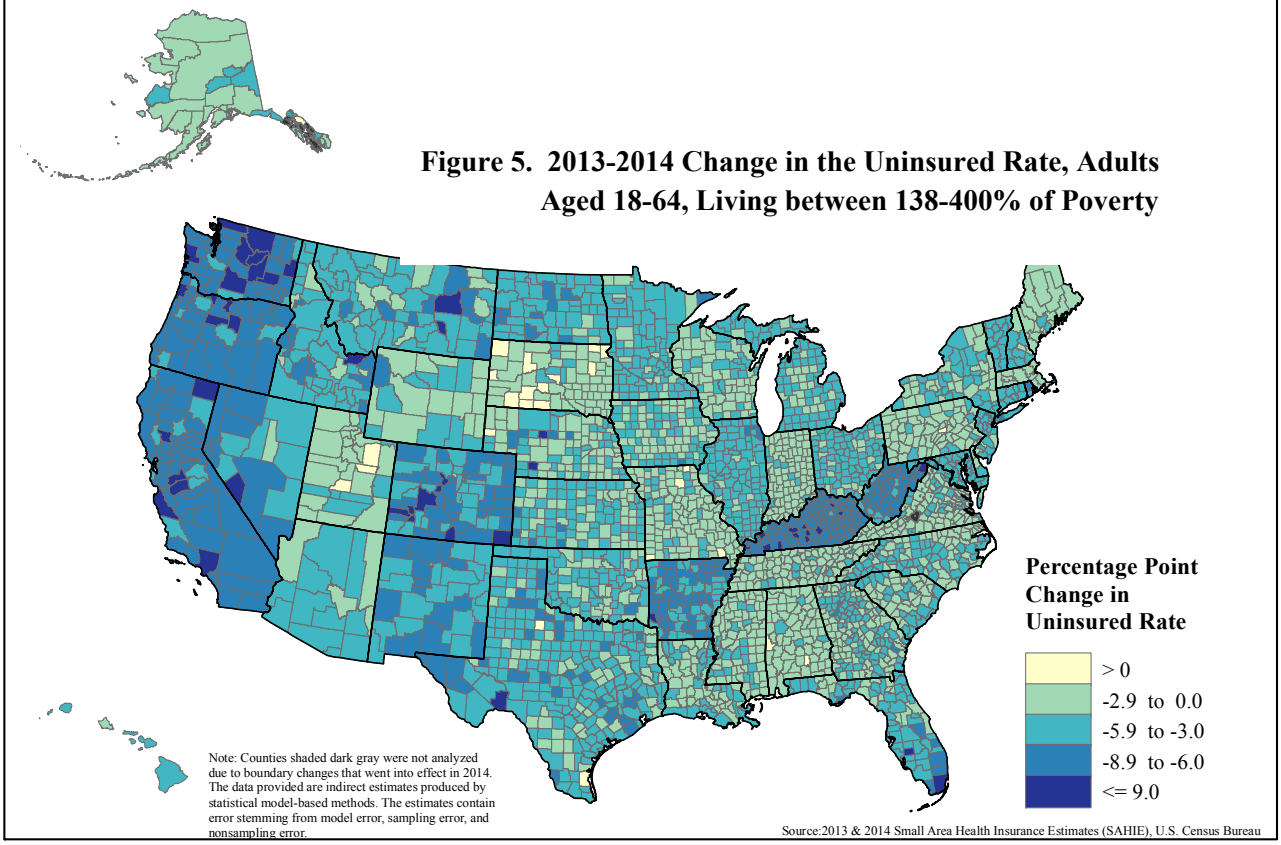
[9] Some states with state-based or federal exchanges chose to partner with the federal government to operate their exchange. We categorized a state's exchange as state-based or federal by which entity is the primary administrator (KFF, 2016).

Figure 4. State Health Insurance Exchange Type



Source: Kaiser Family Foundation, 2016

Figure 5. 2013-2014 Change in the Uninsured Rate, Adults Aged 18-64, Living between 138-400% of Poverty



Note: Counties shaded dark gray were not analyzed due to boundary changes that went into effect in 2014. The data provided are indirect estimates produced by statistical model-based methods. The estimates contain error stemming from model error, sampling error, and nonsampling error.

Source:2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

As shown in Figure 5 (light green), the SAHIE uninsured rate decreased from 0 to 2.9 percentage points in 41 percent of counties; 28 percent of the counties in this range had a statistically significant change. The additional 43 percent had a decrease between 3 and 5.9 percentage points (Figure 5, light blue counties); 95 percent of counties in this range had a statistically significant change. For the remaining 15 percent of counties with a decrease, the uninsured rate decreased by 6 percentage points or more (Figure 5, counties shaded blue and dark blue); all had a statistically significant change. Among the 630 counties operating under a state based exchange, 49 percent had a decrease in their uninsured rate over 6 percentage points. Among the 2,507 counties in states with a federally-run exchange, only 7 percent had a change in their uninsured rate of 6 percentage points or more.

6.3 2013-2014 Changes by Medicaid Expansion Status

Under the ACA, in states that expanded their Medicaid programs, working-age adults may have been eligible to enroll in Medicaid if they live at or below 138 percent of poverty. Figure 6 shows that 26 states and DC chose to expand their Medicaid programs in 2014, and 24 states did not.[10] Referring to Table 2, in expansion states, 96 percent of counties had a decrease in their SAHIE uninsured rate compared to 38 percent of counties in non-expansion states. Among the 1,877 counties with a decrease in their uninsured rate estimate, 61 percent were in expansion states. In 14 expansion states, all of the counties within the state had a decrease in the working-age SAHIE uninsured rate for the population living at or below 138 percent of poverty. Among non-expansion states, no state had a statistically significant decrease in the SAHIE uninsured rate for all counties (See Appendix Table 5A).

As shown in Figure 7, for working-age adults living at or below percent 138 percent of poverty, about 99 percent of observed counties experienced a decrease in their SAHIE uninsured rate; 60 percent of observed counties had a statistically significant decrease. Over half of counties had a decrease of 6 percentage points or more. As shown in Figure 7 (blue counties), in 29 percent of counties, the SAHIE uninsured rate decreased from 6 to 8.9 percentage points; 94 percent of the counties in this range had a statistically significant change.

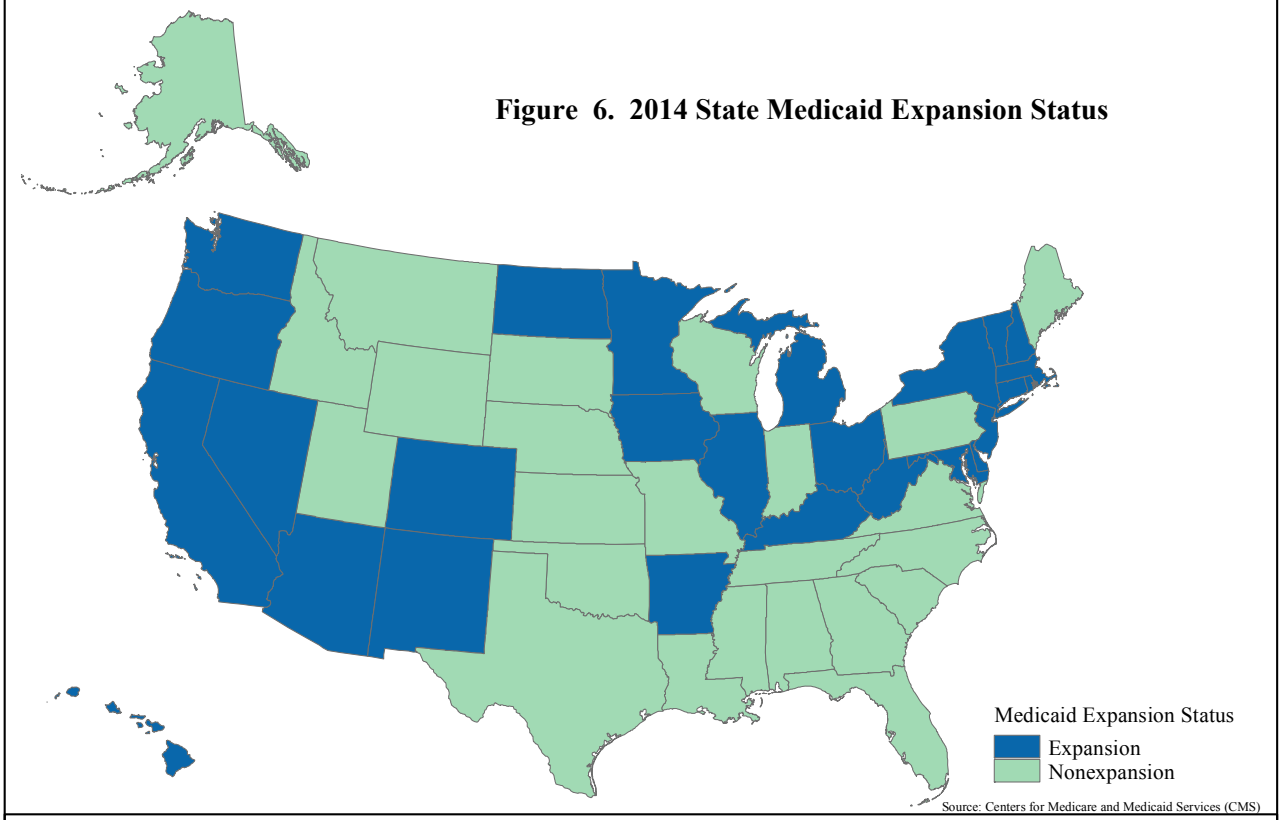
Table 2. Percentage of Counties with a Statistical Decrease in the Uninsured Rate by State Medicaid Expansion Status, Adults Aged 18-64, living at or below 138% of Poverty, 2013-2014

Medicaid Expansion Status	Total Observed Counties	Number of Counties Significant Decrease	Percent of Counties with Significant Decrease
United States	**3,137**	**1,877**	**60%**
Expansion	1,190	1,146	96%
Non-expansion	1,947	731	38%

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S Census Bureau

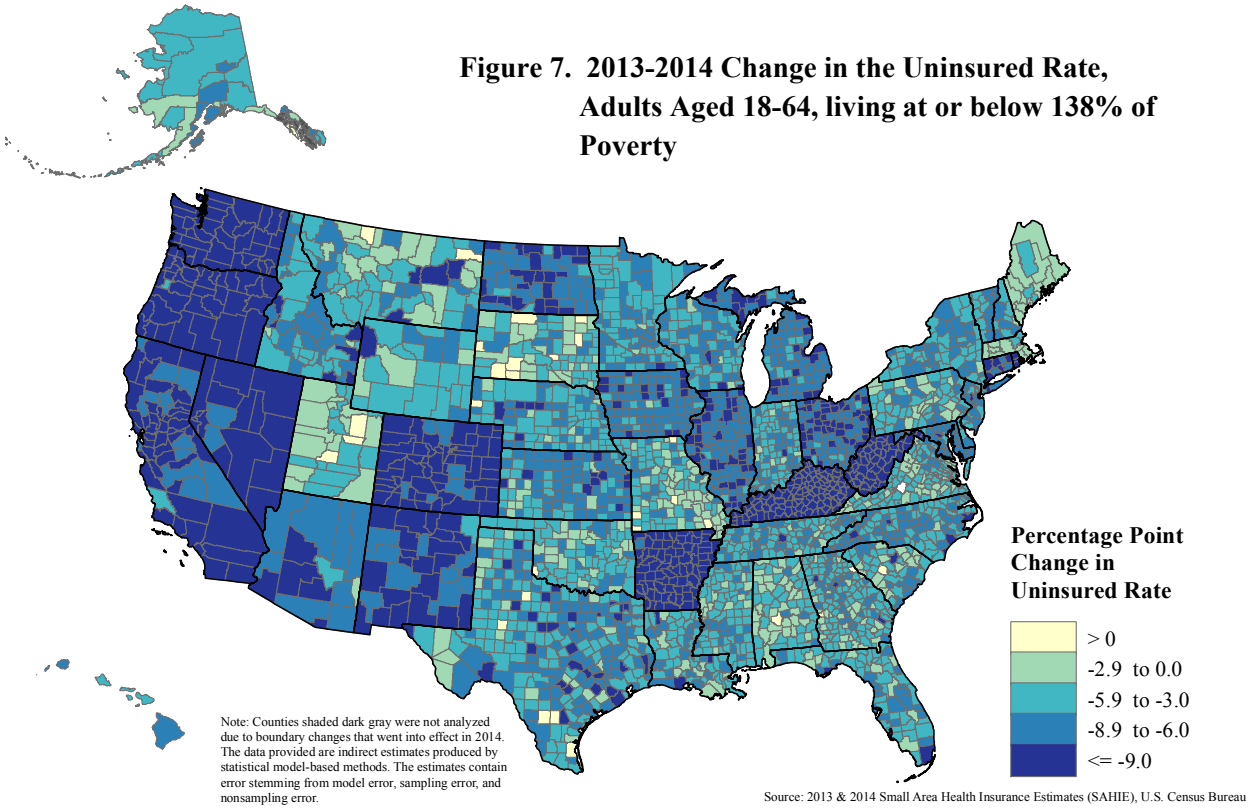
[10] Other research looking at changes in the uninsured from 2013-2014, only include the 25 states that expanded on January, 1, 2014. Our research includes the two states that expanded later in 2014, Michigan (4/14) and New Hampshire (8/14). Because SAHIE uses the ACS's point-in-time estimate for health insurance coverage, the impact of Medicaid expansion may be underestimated in counties within these states.

Figure 6. 2014 State Medicaid Expansion Status



Source: Centers for Medicare and Medicaid Services (CMS)

Figure 7. 2013-2014 Change in the Uninsured Rate, Adults Aged 18-64, living at or below 138% of Poverty



Note: Counties shaded dark gray were not analyzed due to boundary changes that went into effect in 2014. The data provided are indirect estimates produced by statistical model-based methods. The estimates contain error stemming from model error, sampling error, and nonsampling error.

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

The working-age uninsured rate estimate decreased by 9 percentage points or more in 22 percent of observed counties (Figure 7, dark blue counties); all were statistically significant. Over 51 percent of the counties within states that expanded Medicaid had a decrease in their SAHIE uninsured rate of 9 percentage points or more compared to only 4 percent in non-expansion states.

6.4 2013-2014 Changes by Metro and Non-metro Areas

We also examine changes in the county-level data by metro and non-metro area status. As shown in Table 3, below, from 2013 to 2014, 79 percent of counties in metro areas had a decrease in the SAHIE uninsured rate compared to 71 percent of counties in non-metro areas. When analyzing working-age adults by income, over half the counties had a statistically significant decrease in the uninsured rate estimate in both metro and non-metro areas (not shown).

As shown in Figure 8, when analyzing our estimates of metro and non-metro areas at the national-level, the working-age SAHIE uninsured rates decreased slightly more in metro areas. The SAHIE uninsured rate in metro areas decreased by 4.1 (±0.1) percentage points compared with 4.0 (±0.1) percentage points in non-metro areas. Non-metro areas still maintained a higher uninsured rate estimate than metro areas (See Table 6A). The gap in the working-age SAHIE uninsured rate between metro and non-metro areas remained at about 1 percentage point.

In 2014, for working-age adults living between 138-400 percent poverty, metro areas also experienced a larger decrease when compared with non-metro areas. Prior to ACA, this income group had a higher uninsured rate estimate in metro areas. After ACA, metro areas still had the higher SAHIE uninsured rate, but the gap in the uninsured rate between metro and non-metro areas was reduced by more than 1 percentage point. When breaking down results by state and federally-run run health insurance exchanges, metro areas maintained a larger decrease regardless of exchange type (See Appendix Table 7A).

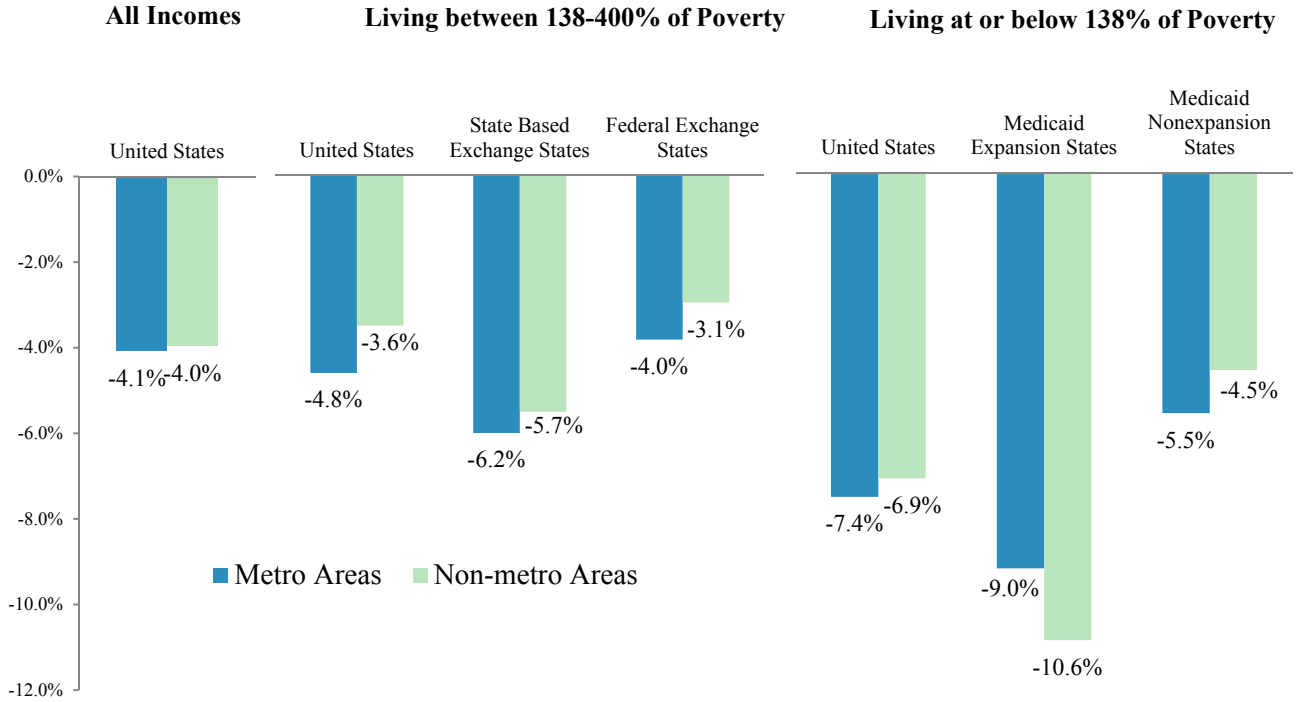
For working-age adults living at or below 138 percent of poverty, i.e., those income-eligible for Medicaid, the decrease in the SAHIE uninsured rate was slightly larger in metro areas than in non-metro areas. This held true in non-expansion states where metro areas decreased by 1 percentage point more than non-metro areas.

Table 3. Percentage of Counties with a Statistical Decrease in the Uninsured Rate by Metro Status, Adults Aged 18-64, All Incomes, 2013-2014

Metro Status	Total Observed Counties	Number of Counties Significant Decrease	Percent of Counties with Significant Decrease
United States	3,137	2,319	74%
Metro Counties	1,164	914	79%
Non-metro Counties	1,973	1,405	71%

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S Census Bureau

Figure 8. Change in Uninsured Rates, by Income by Metro Status, Adults Aged 18-64 (Percentage Points), 2013-2014



Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

Among non-expansion states, metro areas maintained the higher uninsured rate estimate in 2014, but the gap between the rates was reduced from a difference of 4.2 to 3.2 percentage points. However, when evaluating Medicaid expansion states, the opposite is true. Medicaid expansion states had a larger change in their non-metro uninsured rate estimate. The SAHIE uninsured rate for non-metro areas in expansion states decreased by 1 percentage point more than in metro areas (See Appendix Table 8A). This was the only instance in which the gap in the uninsured rate between metro and non-metro areas increased. In expansion states, the difference in estimated uninsured rates between metro and non-metro areas rose from 2.1 percentage points in 2013 to 3.7 percentage points in 2014. Metro areas maintained the larger uninsured rate.

When evaluating change between metro and non-metro SAHIE uninsured rates within states, we found that few states had a difference. Specifically, for the working-age adult population, the change in the uninsured rate estimate was larger in non-metro areas in eight states. No state had a larger change in metro areas than in non-metro areas. For example, the largest decrease occurred in Kentucky, where the non-metro uninsured rate estimate decreased by 9.9 percentage points (±0.3) compared with 8.1 percentage points (±0.5) in metro areas. Non-metro areas in Kentucky maintained the higher rate estimate, but the gap in the metro and non-metro working-age SAHIE uninsured rate was reduced from 3.1 to 1.2 percentage points. For the working-age population living in income groups impacted by the ACA, few states had a difference in cross-year change between metro and non-metro areas. However, among the states with differences in the cross-year change in the SAHIE uninsured rate, most had the larger decrease in metro areas than in non-metro areas.

7 Discussion

SAHIE data are vital for studying the effects of the Affordable Care Act (ACA) at the county level since they are the only source of 1-year uninsured estimates for all U.S. counties. They existed over 2013-2014 when ACA was being implemented, as well as during the years prior. In this work, we have highlighted some trends in the SAHIE county-level data set for 2013-2014 and 2012-2013, presenting results separately for all counties and broken out by federal versus state-based exchange states, by Medicaid expansion status, and by metro area status.

In summary, using preliminary SAHIE county-level data, we found that from 2013 to 2014, over 74 percent (or approximately 2,300) of counties had a statistically significant decrease in uninsured rate for the working-age population. In over half of these counties, the uninsured rate decreased by over 3 percentage points. These 2013-2014 declines correspond with the timing of the ACA's establishment of health insurance exchanges and the expansion of Medicaid programs. These 2013-2014 differences were most pronounced for people in low-income groups most impacted by ACA. In contrast, we found that from 2012 to 2013, before many of the ACA initiatives went into effect, only 3.7 percent of counties had a statistically significant change in their working-age uninsured rate. Overall, the 2013-2014 changes appeared to be larger and more prevalent than the 2012-2013 changes.

Further, when analyzing trends between metro and non-metro areas, we found there was not a large difference in the percentage of counties with a 2013-2014 change in the working-age uninsured rate, but the average *magnitude* of change appeared to be slightly larger in metro areas. Also, for low-income groups impacted by ACA, we found that uninsured rates decreased by more in metro areas relative to non-metro areas. Our results also varied according to how states implemented the ACA in 2014. In particular, the 2013-2014 declines in SAHIE working-age uninsured rates were more pronounced among states that chose to run their own exchanges compared with states that have federally-run exchanges. Similarly, these rate declines were more pronounced among states that chose to expand their Medicaid eligibility compared with states that chose not to. Finally, with the exception of expansion states, we found some evidence that the gap between metro and non-metro uninsured rates shrunk during 2013-2014.

Although the declines we observe in the uninsured rate among counties correlate in time with the implementation of ACA provisions, importantly, we have not studied any policy causation, and so we do not necessarily attribute causation from the ACA to the uninsured rate changes. However, since the SAHIE data uniquely captured uninsured rates at the county level during the key 2013-2014 years of policy change, the SAHIE data set exists as an important resource for evaluating changes in health insurance coverage. Related research could also analyze what demographic, economic and local policy factors tend to predict larger versus smaller changes in county-level

uninsured rates. [11] Looking ahead, future years of SAHIE will continue to capture trends in county-level uninsured rates by various characteristics.

[11] The methods and data used for SAHIE are similar to those used in SAHIE's sister program, Small Area Income and Poverty Estimates (SAIPE), http://www.census.gov/did/www/saipe/. SAIPE annually provides the only source of 1-year poverty estimates for all school districts and the only source of 1-year median income and poverty estimates for all counties. The SAIPE data set, likewise, captures local trends in income and poverty estimates across years, potentially allowing for topical causation studies at the school district and county levels.

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Appendix

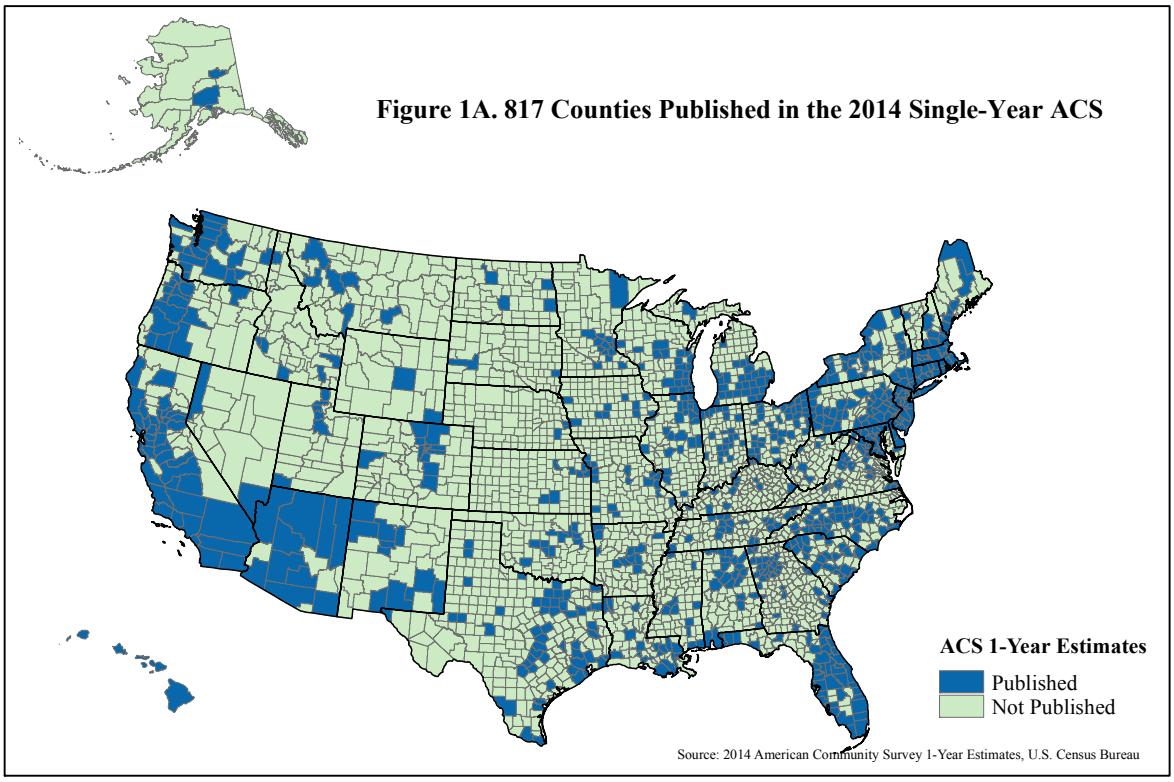
Figure 1A. 817 Counties Published in the 2014 Single-Year ACS
ACS 1-Year Estimates
Published
Not Published
Source: 2014 American Community Survey 1-Year Estimates, U.S. Census Bureau

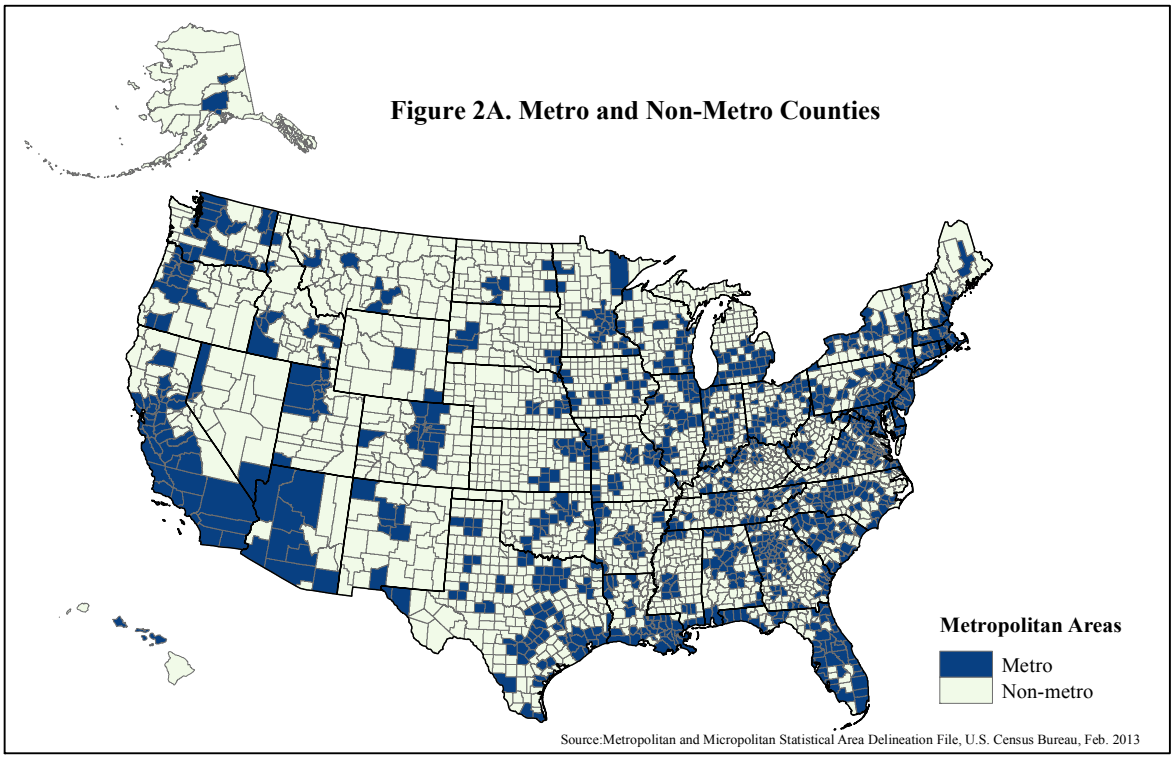
Figure 2A. Metro and Non-Metro Counties
Metropolitan Areas
Metro
Non-metro
Source:Metropolitan and Micropolitan Statistical Area Delineation File, U.S. Census Bureau, Feb. 2013

Table 1A. Percentage Point Change in the Uninsured Rate by State Exchange Type, Adults Aged 18-64, living between 138-400% of Poverty, 2013-2014

Health Insurance Exchange Type	2013 Uninsured		2014 Uninsured		Change from 2013 to 2014	
	Percent	MOE	Percent	MOE	Percentage Point Change*,[i]	MOE
United States	**23.7**	**±0.1**	**19.2**	**±0.1**	**-4.6***	**±0.2**
Federal	23.8	**±0.1**	20.0	**±0.1**	-3.8*	**±0.2**
State Based	23.5	**±0.2**	17.5	**±0.2**	-6.1*	**±0.2**

* Changes between the 2013 and 2014 estimates are statistically different from zero at the 90 percent confidence level.
[I] Both changes in federal and state based exchanges were statistically different from the US change in the uninsured rates. Change was also statistically different between federal and state exchanges.
Source: 2013 & 2014 1-year American Community Survey (ACS), U.S. Census Bureau

Table 2A. Percentage Point Change in the Uninsured Rate by State Medicaid Expansion Status, Adults Aged 18-64, living at or below 138% of Poverty, 2013-2014

Medicaid Expansion Status	2013 Uninsured		2014 Uninsured		Change from 2013 to 2014	
	Percent	MOE	Percent	MOE	Percentage Point Change*,[i]	MOE
United States	**38.9**	**±0.2**	**31.6**	**±0.2**	**-6.9***	**±0.2**
Expansion	34.9	**±0.2**	25.5	**±0.2**	-9.3*	**±0.3**
Non-expansion	43.3	**±0.3**	38.3	**±0.2**	-5.1*	**±0.3**

* Changes between the 2013 and 2014 estimates are statistically different from zero at the 90 percent confidence level.
[I] Both changes in expansion states and non-expansion states were statistically different from the US change in the uninsured rates. Change was also statistically different between expansion and non-expansion states.
Source: 2013 & 2014 1-year American Community Survey (ACS), U.S. Census Bureau

Table 3A. Percentage of Counties with a Statistical Decrease in the Uninsured Rate, by State, Adults Aged 18-64, All Incomes, 2013-2014

State	Total Observed Counties	Number of Counties Significant Decrease	Percent of Counties with Significant Decrease
United States	**3,137**	**2,319**	**74%**
Alabama	67	13	19%
Alaska	26	9	35%
Arizona	15	14	93%
Arkansas	75	75	100%
California	58	58	100%
Colorado	64	64	100%
Connect	8	8	100%
Delaware	3	3	100%
D.C.	1	1	100%
Florida	67	53	79%
Georgia	159	86	54%
Hawaii	4	4	100%
Idaho	44	38	86%
Illinois	102	102	100%
Indiana	92	57	62%
Iowa	99	98	99%
Kansas	105	86	82%
Kentucky	120	120	100%
Louisiana	64	29	45%
Maine	16	5	31%
Maryland	24	24	100%
Massachusetts	14	6	43%
Michigan	83	83	100%
Minnesota	87	87	100%
Mississippi	82	38	46%
Missouri	115	42	37%
Montana	56	38	68%
Nebraska	93	65	70%
Nevada	17	17	100%
New Hampshire	10	8	80%
New Jersey	21	21	100%
New Mexico	33	33	100%
New York	62	61	98%
North Carolina	100	80	80%
North Dakota	53	52	98%
Ohio	88	87	99%
Oklahoma	77	47	61%
Oregon	36	36	100%
Pennsylvania	67	46	69%
Rhode Island	5	5	100%
South Carolina	46	25	54%
South Dakota	66	11	17%
Tennessee	95	50	53%
Texas	254	195	77%
Utah	29	9	31%
Vermont	14	14	100%
Virginia	132	53	40%
Washington	39	39	100%
West Virginia	55	55	100%
Wisconsin	72	65	90%
Wyoming	23	4	17%

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE) , U.S. Census Bureau

Table 4A. Percentage of Counties with a Statistical Decrease in the Uninsured Rate, by Exchange Type and State, Adults, Aged 18-64, Between 138-400% of Poverty, 2013-2014

State	Total Observed Counties	Number of Counties Significant Decrease	Percent of Counties with Significant Decrease
United States	**3,137**	**2,140**	**68%**
Federal	**2,507**	**1,529**	**61%**
Alabama	67	13	19%
Alaska	26	5	19%
Arizona	15	12	80%
Arkansas	75	75	100%
Delaware	3	3	100%
Florida	67	53	79%
Georgia	159	74	47%
Illinois	102	101	99%
Indiana	92	26	28%
Iowa	99	91	92%
Kansas	105	77	73%
Louisiana	64	30	47%
Maine	16	4	25%
Michigan	83	82	99%
Mississippi	82	17	21%
Missouri	115	34	30%
Montana	56	43	77%
Nebraska	93	55	59%
New Hampshire	10	6	60%
New Jersey	21	21	100%
North Carolina	100	67	67%
North Dakota	53	52	98%
Ohio	88	84	95%
Oklahoma	77	49	64%
Pennsylvania	67	36	54%
South Carolina	46	23	50%
South Dakota	66	8	12%
Tennessee	95	32	34%
Texas	254	178	70%
Utah	29	10	34%
Virginia	132	46	35%
West Virginia	55	55	100%
Wisconsin	72	62	86%
Wyoming	23	5	22%
State Base	**630**	**611**	**97%**
California	58	58	100%
Colorado	64	63	98%
Connect	8	8	100%
D.C.	1	1	100%
Hawaii	4	4	100%
Idaho	44	38	86%
Kentucky	120	120	100%
Maryland	24	24	100%
Massachusetts	14	6	43%
Minnesota	87	87	100%
Nevada	17	16	94%
New Mexico	33	32	97%
New York	62	60	97%
Oregon	36	36	100%
Rhode Island	5	5	100%
Vermont	14	14	100%
Washington	39	39	100%

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

Table 5A. Percentage of Counties with a Statistical Decrease in the Uninsured Rate, by Expansion Status and State, Adults, Aged 18-64, Living at or below 138% of Poverty, 2013-2014

State	Total Observed Counties	Number of Counties Significant Decrease	Percent of Counties with Significant Decrease
United States	**3,137**	**1,877**	**60%**
Expansion States	**1,190**	**1,146**	**96%**
Arizona	15	14	93%
Arkansas	75	75	100%
California	58	57	98%
Colorado	64	64	100%
Connect	8	8	100%
Delaware	3	2	67%
District of Columbia	1	1	100%
Hawaii	4	4	100%
Illinois	102	101	99%
Iowa	99	98	99%
Kentucky	120	120	100%
Maryland	24	24	100%
Massachusetts	14	5	36%
Michigan	83	83	100%
Minnesota	87	78	90%
Nevada	17	17	100%
New Hampshire	10	6	60%
New Jersey	21	20	95%
New Mexico	33	32	97%
New York	62	54	87%
North Dakota	53	46	87%
Ohio	88	88	100%
Oregon	36	36	100%
Rhode Island	5	5	100%
Vermont	14	14	100%
Washington	39	39	100%
West Virginia	55	55	100%
Non-expansion	**1,947**	**731**	**38%**
Alabama	67	6	9%
Alaska	26	6	23%
Florida	67	34	51%
Georgia	159	49	31%
Idaho	44	17	39%
Indiana	92	52	57%
Kansas	105	67	64%
Louisiana	64	23	36%
Maine	16	1	6%
Mississippi	82	19	23%
Missouri	115	22	19%
Montana	56	10	18%
Nebraska	93	27	29%
North Carolina	100	71	71%
Oklahoma	77	22	29%
Pennsylvania	67	33	49%
South Carolina	46	13	28%
South Dakota	66	5	8%
Tennessee	95	53	56%
Texas	254	121	48%
Utah	29	2	7%
Virginia	132	20	15%
Wisconsin	72	56	78%
Wyoming	23	2	9%

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

Table 6A. Change in Metro and Non-Metro Area Uninsured Rates, by State, Adults Aged 18-64, 2013-2014

State	Number of Counties		2013 Uninsured Rate				2014 Uninsured Rate				2013-2014 Change Uninsured Rate (Percentage Point)			
	Non-metro	Metro	Non-metro		Metro		Non-metro		Metro		Non-metro		Metro	
			Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE	Change	MOE	Change	MOE
United States	**1,976**	**1,165**	**21.2%**	**0.1%**	**20.3%**	**0.1% ***	**17.2%**	**0.1%**	**16.3%**	**0.1% ***	**-4.0**	**0.1 ****	**-4.1**	**0.1 **†**
Alabama	38	29	22.4%	0.4%	19.5%	0.4% *	20.2%	0.4%	17.4%	0.4% *	-2.2	0.6 **	-2.0	0.5 **
Alaska	26	3	29.7%	0.6%	22.0%	0.8% *	27.5%	0.7%	19.7%	0.8% *	-2.3	0.9 **	-2.3	1.1 **
Arizona	7	8	26.0%	0.9%	23.2%	0.4% *	21.8%	0.9%	18.4%	0.4% *	-4.2	1.3 **	-4.9	0.5 **
Arkansas	55	20	25.3%	0.4%	23.3%	0.5% *	17.8%	0.3%	17.2%	0.5% *	-7.5	0.5 **	-6.1	0.7 **†
California	21	37	22.7%	0.6%	23.9%	0.2% *	16.1%	0.5%	17.3%	0.2% *	-6.6	0.7 **	-6.6	0.3 **
Colorado	47	17	23.7%	0.4%	18.1%	0.4% *	17.1%	0.4%	13.5%	0.3% *	-6.6	0.6 **	-4.6	0.5 **†
Connecticut	1	7	11.6%	1.0%	13.3%	0.4% *	8.0%	0.8%	9.7%	0.3% *	-3.5	1.3 **	-3.7	0.5 **
Delaware	-	3	.	.	13.1%	0.5%	.	.	10.8%	0.5%	.	. **	-2.4	0.7
Florida	23	44	29.4%	0.6%	28.8%	0.3% *	25.4%	0.6%	23.8%	0.3% *	-4.1	0.8 **	-4.9	0.4 **
Georgia	85	74	27.3%	0.3%	25.5%	0.3% *	24.1%	0.3%	21.8%	0.3% *	-3.2	0.4 **	-3.7	0.4 **
Hawaii	2	2	12.7%	1.0%	8.7%	0.4% *	8.4%	0.8%	6.8%	0.3% *	-4.3	1.3 **	-2.0	0.5 **†
Idaho	32	12	26.3%	0.6%	21.7%	0.7% *	21.5%	0.5%	18.0%	0.6% *	-4.8	0.8 **	-3.6	0.9 **
Illinois	62	40	15.3%	0.2%	18.9%	0.2% *	11.0%	0.2%	14.4%	0.2% *	-4.3	0.3 **	-4.5	0.3 **
Indiana	48	44	20.0%	0.3%	19.2%	0.3% *	17.3%	0.3%	16.5%	0.3% *	-2.6	0.4 **	-2.7	0.4 **
Iowa	78	21	12.6%	0.2%	11.2%	0.3% *	9.4%	0.2%	8.6%	0.3% *	-3.2	0.2 **	-2.6	0.4 **†
Kansas	86	19	19.4%	0.3%	16.6%	0.4% *	15.9%	0.3%	13.7%	0.4% *	-3.4	0.4 **	-2.9	0.6 **
Kentucky	85	35	22.6%	0.3%	19.5%	0.4% *	12.7%	0.2%	11.4%	0.3% *	-9.9	0.3 **	-8.1	0.5 **†
Louisiana	29	35	26.2%	0.5%	24.0%	0.4% *	23.1%	0.5%	21.2%	0.4% *	-3.1	0.7 **	-2.8	0.5 **
Maine	11	5	17.8%	0.5%	14.8%	0.6% *	15.7%	0.5%	13.4%	0.6% *	-2.0	0.7 **	-1.5	0.8 **
Maryland	5	19	15.9%	0.7%	14.2%	0.3% *	11.7%	0.6%	11.0%	0.3% *	-4.2	1.0 **	-3.2	0.4 **
Massachusetts	3	11	5.5%	0.5%	5.3%	0.2%	4.6%	0.4%	4.5%	0.2%	-1.0	0.7 **	-0.8	0.2 **
Michigan	57	26	17.4%	0.3%	15.8%	0.3% *	13.3%	0.2%	12.2%	0.2% *	-4.1	0.4 **	-3.6	0.4 **†
Minnesota	60	27	12.0%	0.2%	10.7%	0.3% *	8.8%	0.2%	7.7%	0.2% *	-3.2	0.3 **	-3.0	0.3 **
Mississippi	65	17	26.1%	0.4%	23.8%	0.6% *	23.1%	0.3%	20.6%	0.6% *	-3.0	0.5 **	-3.3	0.8 **
Missouri	81	34	21.5%	0.3%	17.5%	0.3% *	19.4%	0.3%	15.1%	0.3% *	-2.0	0.4 **	-2.4	0.5 **
Montana	51	5	24.5%	0.5%	21.8%	1.0% *	20.9%	0.5%	18.3%	0.9% *	-3.5	0.7 **	-3.5	1.3 **
Nebraska	80	13	16.8%	0.3%	15.5%	0.5% *	14.2%	0.3%	13.1%	0.5% *	-2.5	0.4 **	-2.5	0.7 **
Nevada	13	4	24.0%	0.8%	26.9%	0.5% *	18.2%	0.8%	20.5%	0.5% *	-5.8	1.1 **	-6.4	0.7 **
New Hampshire	7	3	17.5%	0.6%	14.6%	0.6% *	14.6%	0.6%	12.3%	0.6% *	-2.9	0.9 **	-2.3	0.8 **
New Jersey	-	21	.	.	18.6%	0.3%	.	.	15.4%	0.3%	.	. **	-3.2	0.4
New Mexico	26	7	28.5%	0.6%	26.8%	0.7% *	22.5%	0.6%	20.4%	0.6% *	-6.0	0.8 **	-6.4	1.0 **
New York	24	38	13.4%	0.3%	15.5%	0.2% *	10.3%	0.3%	12.5%	0.2% *	-3.1	0.4 **	-2.9	0.3 **
North Carolina	54	46	24.7%	0.3%	21.9%	0.3% *	21.3%	0.3%	18.2%	0.3% *	-3.5	0.5 **	-3.6	0.4 **
North Dakota	47	6	14.7%	0.4%	12.8%	0.7% *	11.1%	0.4%	9.4%	0.6% *	-3.6	0.5 **	-3.4	0.9 **
Ohio	50	38	16.7%	0.3%	15.7%	0.2% *	12.4%	0.2%	11.7%	0.2% *	-4.2	0.3 **	-4.1	0.3 **
Oklahoma	59	18	26.6%	0.4%	24.0%	0.5% *	23.7%	0.3%	20.8%	0.4% *	-3.0	0.5 **	-3.2	0.6 **
Oregon	23	13	24.0%	0.6%	20.6%	0.4% *	15.7%	0.5%	13.6%	0.4% *	-8.3	0.7 **	-7.0	0.6 **†
Pennsylvania	30	37	14.7%	0.3%	13.7%	0.2% *	12.6%	0.3%	11.8%	0.2% *	-2.1	0.4 **	-1.9	0.3 **
Rhode Island	-	5	.	.	16.5%	0.5%	.	.	10.3%	0.4%	.	. **	-6.2	0.7
South Carolina	20	26	24.7%	0.6%	22.8%	0.4% *	21.6%	0.5%	19.6%	0.4% *	-3.0	0.8 **	-3.2	0.5 **
South Dakota	58	8	16.9%	0.3%	14.3%	0.7% *	15.7%	0.3%	12.4%	0.6% *	-1.2	0.5 **	-1.9	0.9 **
Tennessee	53	42	21.8%	0.3%	19.6%	0.3% *	18.8%	0.3%	17.0%	0.3% *	-3.0	0.5 **	-2.6	0.5 **
Texas	172	82	31.7%	0.2%	30.0%	0.2% *	27.6%	0.2%	25.6%	0.2% *	-4.1	0.4 **	-4.3	0.3 **
Utah	19	10	20.7%	0.6%	18.2%	0.5% *	19.2%	0.6%	16.0%	0.4% *	-1.4	0.9 **	-2.2	0.6 **
Vermont	11	3	11.0%	0.4%	9.3%	0.7% *	7.7%	0.3%	6.6%	0.6%	-3.3	0.5 **	-2.7	0.9 **
Virginia	53	81	20.0%	0.3%	16.7%	0.2% *	17.7%	0.3%	14.4%	0.2% *	-2.3	0.4 **	-2.2	0.3 **
Washington	18	21	24.0%	0.6%	19.1%	0.3% *	16.1%	0.5%	12.4%	0.3% *	-7.9	0.8 **	-6.7	0.4 **†
West Virginia	34	21	22.1%	0.4%	20.1%	0.5% *	13.9%	0.4%	12.5%	0.4% *	-8.3	0.6 **	-7.5	0.6 **
Wisconsin	46	26	13.5%	0.2%	12.6%	0.3% *	11.0%	0.2%	9.8%	0.2% *	-2.5	0.3 **	-2.8	0.4 **
Wyoming	21	2	19.8%	0.5%	18.1%	1.1% *	17.6%	0.5%	16.0%	1.1% *	-2.1	0.7 **	-2.2	1.5 **

* Indicates the difference between metro and non-metro areas is significant at the 90 percent confidence level.
**Indicates the difference between 2013 and 2014 is significant at the 90 percent confidence level .
† Indicates that the annual difference in change is significant at the 90 percent confidence level.

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

Table 7A. Change in Metro and Non-Metro Area Uninsured Rates, by Exchange Type and State, Adults Aged 18-64, Living between 138-400% of Poverty, 2013-2014

State	Number of Counties		2013 Uninsured Rate				2014 Uninsured Rate				2013-2014 Change Uninsured Rate (Percentage Point)			
	Non-metro	Metro	Non-metro		Metro		Non-metro		Metro		Non-metro		Metro	
			Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE	Change	MOE	Change	MOE
United States	**1,976**	**1,165**	**21.0%**	**0.1%**	**24.2%**	**0.1% ***	**17.4%**	**0.1%**	**19.5%**	**0.1% ***	**-3.6**	**0.1 ****ǂ	**-4.8**	**0.1 ****ǂ
State Based Exchange	**371**	**258**	**20.5%**	**0.1%**	**23.9%**	**0.1% ***	**14.8%**	**0.1%**	**17.7%**	**0.1% ***	**-5.7**	**0.2 ****ǂ	**-6.2**	**0.2 ****ǂ
California	21	37	25.2%	0.6%	29.5%	0.3% *	18.1%	0.5%	21.3%	0.2% *	-7.1	0.8 **	-8.2	0.3 **ǂ
Colorado	47	17	27.1%	0.5%	23.3%	0.5% *	20.3%	0.5%	18.0%	0.4% *	-6.8	0.7 **	-5.3	0.6 **ǂ
Connecticut	1	7	17.3%	1.5%	20.3%	0.5% *	12.4%	1.3%	15.1%	0.5% *	-4.9	2.0 **	-5.2	0.7 **
Hawaii	2	2	13.2%	1.0%	11.2%	0.5% *	8.9%	0.9%	8.6%	0.5%	-4.3	1.3 **	-2.6	0.7 **ǂ
Idaho	32	12	26.6%	0.6%	23.4%	0.7% *	21.6%	0.5%	19.4%	0.7% *	-5.0	0.8 **	-4.0	1.0 **
Kentucky	85	35	20.0%	0.2%	20.3%	0.4%	12.3%	0.2%	12.7%	0.4%	-7.6	0.3 **	-7.6	0.6 **
Maryland	5	19	18.8%	0.8%	21.1%	0.4% *	14.0%	0.8%	16.4%	0.4% *	-4.7	1.1 **	-4.7	0.6 **
Massachusetts	3	11	7.1%	0.6%	7.9%	0.2% *	6.0%	0.6%	6.9%	0.2% *	-1.0	0.8 **	-1.0	0.3 **
Minnesota	60	27	13.9%	0.2%	14.8%	0.3% *	10.3%	0.2%	10.7%	0.3% *	-3.6	0.3 **	-4.0	0.5 **
Nevada	13	4	26.7%	0.9%	29.5%	0.6% *	20.6%	0.9%	22.8%	0.5% *	-6.1	1.3 **	-6.7	0.8 **
New Mexico	26	7	27.7%	0.6%	28.6%	0.8%	22.0%	0.6%	21.7%	0.7%	-5.7	0.9 **	-6.8	1.0 **
New York	24	38	14.6%	0.3%	20.6%	0.3% *	11.5%	0.3%	16.5%	0.3% *	-3.2	0.4 **	-4.1	0.4 **ǂ
Oregon	23	13	24.6%	0.6%	23.5%	0.5% *	16.8%	0.5%	16.2%	0.4%	-7.8	0.8 **	-7.3	0.7 **
Rhode Island	-	5	.	.	21.0%	0.7%	.	.	13.1%	0.5%	.	. **	-7.9	0.9 **
Vermont	11	3	13.3%	0.5%	12.7%	0.9%	9.5%	0.4%	8.9%	0.8%	-3.8	0.6 **	-3.8	1.2 **
Washington	18	21	25.6%	0.6%	24.0%	0.4%	17.7%	0.6%	16.1%	0.4% *	-7.9	0.8 **	-7.9	0.6 **
Federal Exchange	**1,605**	**907**	**21.1%**	**0.1%**	**24.4%**	**0.1% ***	**18.0%**	**0.1%**	**20.5%**	**0.1% ***	**-3.1**	**0.1 ****ǂ	**-4.0**	**0.1 ****ǂ
Alabama	7	8	19.7%	0.4%	19.6%	0.4%	17.7%	0.4%	17.5%	0.4% *	-2.0	0.5 **	-2.1	0.5 **ǂ
Alaska	55	20	36.2%	0.8%	31.0%	1.1%	34.3%	0.8%	28.0%	1.1% *	-1.9	1.1 **	-3.0	1.5 **
Arizona	-	3	25.2%	0.9%	25.3%	0.4%	21.6%	0.9%	20.1%	0.4%	-3.6	1.3 **	-5.2	0.6
Arkansas	62	40	22.8%	0.3%	24.0%	0.5% *	16.6%	0.3%	18.1%	0.5% *	-6.3	0.4 **	-5.9	0.7 **ǂ
Delaware	78	21	.	.	16.2%	0.7%	.	.	13.5%	0.6%	.	. **	-2.6	0.9 **
Florida	57	26	28.6%	0.6%	31.7%	0.3% *	24.5%	0.6%	26.0%	0.3%	-4.1	0.8 **	-5.6	0.4 **
Georgia	7	3	24.6%	0.3%	27.4%	0.4%	21.7%	0.3%	23.3%	0.3%	-2.9	0.4 **	-4.0	0.5 **
Illinois	-	21	16.4%	0.2%	23.9%	0.3%	12.2%	0.2%	18.3%	0.3%	-4.2	0.3 **	-5.6	0.4
Indiana	47	6	19.5%	0.3%	20.4%	0.3% *	17.5%	0.3%	17.9%	0.3% *	-2.0	0.4 **	-2.6	0.5 **
Iowa	50	38	13.5%	0.2%	13.3%	0.4% *	10.4%	0.2%	10.5%	0.4% *	-3.1	0.3 **	-2.8	0.5 **
Kansas	34	21	19.2%	0.3%	19.4%	0.5%	16.0%	0.3%	16.1%	0.5%	-3.2	0.4 **	-3.3	0.7 **
Louisiana	38	29	25.2%	0.5%	25.8%	0.4%	22.4%	0.5%	23.0%	0.4%	-2.8	0.7 **	-2.8	0.6 **
Maine	26	3	19.3%	0.6%	18.2%	0.7% *	17.1%	0.6%	16.6%	0.7% *	-2.2	0.8 **	-1.6	1.0 **
Michigan	23	44	16.9%	0.2%	17.4%	0.3% *	13.3%	0.2%	13.7%	0.3% *	-3.6	0.3 **	-3.7	0.4 **ǂ
Mississippi	85	74	23.2%	0.3%	23.4%	0.6% *	20.9%	0.3%	20.8%	0.6% *	-2.3	0.4 **	-2.7	0.8 **ǂ
Missouri	48	44	19.8%	0.3%	19.2%	0.4% *	18.0%	0.3%	16.6%	0.4%	-1.8	0.4 **	-2.5	0.5 **
Montana	86	19	26.5%	0.5%	24.9%	1.0%	22.4%	0.5%	20.8%	1.0%	-4.0	0.7 **	-4.1	1.5 **
Nebraska	29	35	17.7%	0.3%	18.1%	0.6%	15.0%	0.3%	15.2%	0.6%	-2.6	0.4 **	-2.9	0.8 **
New Hampshire	11	5	21.8%	0.7%	21.5%	0.9% *	18.8%	0.7%	18.3%	0.9%	-3.0	1.1 **	-3.2	1.2 **
New Jersey	65	17	.	.	27.5%	0.4% *	.	.	23.0%	0.4%	.	. **	-4.5	0.5 **
North Carolina	81	34	23.0%	0.3%	23.1%	0.3%	19.8%	0.3%	19.4%	0.3% *	-3.2	0.4 **	-3.7	0.4 **ǂ
North Dakota	51	5	18.9%	0.5%	16.1%	0.8% *	14.6%	0.5%	12.0%	0.7% *	-4.3	0.7 **	-4.1	1.1 **
Ohio	80	13	16.6%	0.2%	17.6%	0.3%	13.0%	0.2%	13.6%	0.2%	-3.6	0.3 **	-4.1	0.4 **
Oklahoma	54	46	26.7%	0.4%	26.4%	0.5%	23.6%	0.4%	22.7%	0.5% *	-3.1	0.5 **	-3.8	0.7 **
Pennsylvania	59	18	15.1%	0.3%	16.5%	0.2%	13.2%	0.3%	14.3%	0.2% *	-1.8	0.4 **	-2.2	0.3 **
South Carolina	30	37	22.4%	0.5%	23.7%	0.4% *	19.6%	0.5%	20.5%	0.4% *	-2.7	0.7 **	-3.3	0.6 **
South Dakota	20	26	17.4%	0.3%	16.2%	0.7% *	16.4%	0.4%	14.5%	0.8% *	-0.9	0.5 **	-1.7	1.1 **
Tennessee	58	8	19.6%	0.3%	20.4%	0.4% *	17.3%	0.3%	18.0%	0.4% *	-2.3	0.4 **	-2.4	0.5 **
Texas	53	42	31.8%	0.3%	34.1%	0.3% *	27.8%	0.3%	29.2%	0.3% *	-4.0	0.4 **	-5.0	0.4 **
Utah	172	82	22.1%	0.7%	19.9%	0.5% *	20.7%	0.7%	17.6%	0.5% *	-1.4	1.0 **	-2.3	0.7 **ǂ
Virginia	19	10	20.1%	0.3%	22.4%	0.3% *	17.9%	0.3%	19.4%	0.3% *	-2.2	0.4 **	-2.9	0.4 **
West Virginia	53	81	20.9%	0.4%	20.6%	0.5% *	14.3%	0.4%	14.1%	0.4% *	-6.6	0.5 **	-6.5	0.6 **ǂ
Wisconsin	46	26	14.4%	0.2%	15.0%	0.3% *	12.1%	0.2%	11.9%	0.3%	-2.4	0.3 **	-3.1	0.4 **ǂ
Wyoming	21	2	25.3%	0.6%	23.3%	1.4% *	22.6%	0.6%	20.5%	1.4%	-2.7	0.9 **	-2.8	1.9 **

* Indicates the difference between metro and non-metro areas is significant at the 90 percent confidence leve.
**Indicates the difference between 2013 and 2014 is significant at the 90 percent confidence level .
ǂ Indicates that the annual difference in change is significant at the 90 percent confidence level.

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau

Table 8A. Change in Metro and Non-Metro Area Uninsured Rates, by Medicaid Expansion Status and State, Adults Aged 18-64, Living at or below 138% of Poverty, 2013-2014

State	Number of Counties		2013 Uninsured Rate				2014 Uninsured Rate				2013-2014 Change Uninsured Rate (Percentage Point)			
	Non-metro	Metro	Non-metro		Metro		Non-metro		Metro		Non-metro		Metro	
			Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE	Change	MOE	Change	MOE
United States	**1,976**	**1,165**	**37.2%**	**0.1%**	**39.4%**	**0.1% ***	**30.3%**	**0.1%**	**32.0%**	**0.1% ***	**-6.9**	**0.2 ****	**-7.4**	**0.2 **†**
Expansion States	**736**	**453**	**33.3%**	**0.2%**	**35.4%**	**0.2% ***	**22.7%**	**0.2%**	**26.4%**	**0.2% ***	**-10.6**	**0.2 ****	**-9.0**	**0.3 **†**
Arizona	7	8	35.3%	1.6%	41.7%	0.9% *	28.4%	1.4%	32.7%	0.8% *	-6.9	2.1 **	-9.1	1.2 **
Arkansas	55	20	42.1%	0.7%	43.3%	1.1%	29.2%	0.6%	31.7%	1.0% *	-12.9	0.9 **	-11.6	1.5 **
California	21	37	34.2%	1.1%	41.5%	0.5% *	23.9%	0.9%	30.6%	0.4% *	-10.3	1.4 **	-10.9	0.6 **
Colorado	47	17	39.6%	0.9%	35.8%	1.0% *	27.6%	0.7%	26.0%	0.8% *	-12.0	1.1 **	-9.8	1.3 **†
Connecticut	1	7	27.6%	3.3%	28.0%	1.1%	16.9%	2.3%	19.1%	0.9%	-10.7	4.0 **	-8.9	1.5 **
Delaware	-	3	.	.	26.1%	1.5%	.	.	21.5%	1.3%	.	. **	-4.6	2.0
Hawaii	2	2	22.5%	2.3%	18.3%	1.4% *	14.5%	1.7%	14.0%	1.1%	-8.0	2.9 **	-4.4	1.8 **†
Illinois	62	40	28.6%	0.6%	38.0%	0.7% *	20.0%	0.4%	29.5%	0.6% *	-8.7	0.7 **	-8.4	0.9 **
Iowa	78	21	27.0%	0.5%	25.3%	1.0% *	19.5%	0.4%	19.0%	0.8%	-7.6	0.6 **	-6.3	1.3 **
Kentucky	85	35	38.9%	0.5%	41.4%	1.0% *	19.6%	0.4%	22.2%	0.8% *	-19.2	0.7 **	-19.2	1.3 **
Maryland	5	19	26.5%	1.6%	29.6%	0.9% *	19.9%	1.3%	23.4%	0.8% *	-6.6	2.1 **	-6.2	1.1 **
Massachusetts	3	11	9.6%	1.3%	10.9%	0.5%	7.6%	1.0%	8.9%	0.4% *	-2.0	1.7 **	-2.0	0.7 **
Michigan	57	26	31.2%	0.6%	31.1%	0.7%	23.4%	0.5%	23.9%	0.6%	-7.8	0.8 **	-7.2	0.9 **
Minnesota	60	27	22.1%	0.5%	24.2%	0.8% *	16.4%	0.4%	17.5%	0.7% *	-5.7	0.7 **	-6.6	1.1 **
Nevada	13	4	46.8%	1.8%	49.3%	1.2% *	34.7%	1.6%	36.5%	1.2%	-12.1	2.4 **	-12.7	1.7 **
New Hampshire	7	3	34.8%	1.6%	35.8%	2.0%	29.0%	1.5%	30.7%	1.9%	-5.8	2.2 **	-5.0	2.7 **
New Jersey	-	21	.	.	41.0%	0.8%	.	.	34.5%	0.7%	.	. **	-6.5	1.1
New Mexico	26	7	44.8%	1.1%	46.4%	1.5%	35.4%	1.0%	35.3%	1.3%	-9.4	1.5 **	-11.1	2.0 **
New York	24	38	23.0%	0.7%	26.1%	0.5% *	17.5%	0.6%	21.8%	0.5% *	-5.5	0.9 **	-4.4	0.7 **
North Dakota	47	6	31.8%	1.1%	26.0%	1.9% *	24.3%	0.9%	19.8%	1.6% *	-7.5	1.5 **	-6.2	2.5 **
Ohio	50	38	31.0%	0.6%	31.9%	0.6% *	22.3%	0.5%	23.2%	0.5% *	-8.7	0.7 **	-8.7	0.8 **
Oregon	23	13	37.3%	1.1%	37.9%	1.0%	23.3%	0.8%	23.9%	0.8%	-14.0	1.4 **	-14.0	1.3 **
Rhode Island	-	5	.	.	34.2%	1.5%	.	.	21.2%	1.2%	.	. **	-13.0	1.9
Vermont	11	3	18.3%	0.9%	17.9%	2.0%	12.8%	0.7%	13.2%	1.6%	-5.6	1.2 **	-4.7	2.6 **
Washington	18	21	39.0%	1.2%	39.2%	0.9%	25.4%	1.0%	24.9%	0.7%	-13.7	1.5 **	-14.3	1.1 **
West Virginia	34	21	38.7%	0.9%	38.3%	1.1%	21.4%	0.6%	20.6%	0.8%	-17.2	1.1 **	-17.7	1.4 **
Non-Expansion States	**1,240**	**712**	**39.8%**	**0.2%**	**44.0%**	**0.2% ***	**35.3%**	**0.1%**	**38.5%**	**0.2% ***	**-4.5**	**0.2 ****	**-5.5**	**0.3 **†**
Alabama	38	29	38.8%	0.8%	39.0%	0.9%	35.6%	0.7%	35.6%	0.8%	-3.2	1.1 **	-3.4	1.2 **
Alaska	26	3	49.9%	0.012	44.9%	2.1% *	45.0%	1.1%	40.3%	2.0% *	-4.9	1.7 **	-4.7	2.9 **
Florida	23	44	43.0%	1.0%	47.7%	0.6% *	38.2%	0.9%	40.9%	0.5% *	-4.8	1.3 **	-6.8	0.8 **†
Georgia	85	74	43.4%	0.6%	48.8%	0.7% *	39.3%	0.5%	43.5%	0.6% *	-4.0	0.8 **	-5.4	0.9 **†
Idaho	32	12	41.1%	1.2%	39.7%	1.5%	35.0%	1.1%	34.8%	1.4%	-6.1	1.6 **	-4.9	2.1 **
Indiana	48	44	39.1%	0.7%	39.2%	0.8%	33.5%	0.6%	33.6%	0.7%	-5.6	0.9 **	-5.5	1.1 **
Kansas	86	19	37.2%	0.8%	38.2%	1.3%	31.0%	0.7%	31.6%	1.1%	-6.2	1.0 **	-6.6	1.7 **
Louisiana	29	35	41.7%	1.0%	43.1%	0.8% *	37.1%	0.9%	38.7%	0.8% *	-4.6	1.3 **	-4.4	1.2 **
Maine	11	5	28.6%	1.1%	27.5%	1.5%	26.4%	1.0%	25.7%	1.4%	-2.2	1.5 **	-1.8	2.0
Mississippi	65	17	41.2%	0.6%	43.7%	1.2% *	36.9%	0.6%	38.1%	1.1%	-4.3	0.9 **	-5.6	1.7 **
Missouri	81	34	35.8%	0.6%	38.0%	0.9% *	32.8%	0.5%	33.3%	0.8% *	-3.0	0.8 **	-4.7	1.2 **†
Montana	51	5	42.5%	0.0106	38.4%	2.2% *	38.1%	1.0%	33.6%	2.0% *	-4.4	1.5 **	-4.8	3.0 **
Nebraska	80	13	34.8%	0.8%	35.6%	1.5%	30.4%	0.7%	31.0%	1.4%	-4.4	1.0 **	-4.6	2.1 **
North Carolina	54	46	41.3%	0.6%	44.2%	0.7% *	35.7%	0.6%	37.4%	0.6% *	-5.6	0.9 **	-6.8	0.9 **
Oklahoma	59	18	43.3%	0.7%	45.1%	1.1% *	39.6%	0.7%	40.6%	1.0%	-3.7	1.0 **	-4.5	1.5 **
Pennsylvania	30	37	28.0%	0.7%	29.5%	0.6% *	24.1%	0.6%	25.8%	0.5% *	-3.9	0.9 **	-3.7	0.8 **
South Carolina	20	26	39.0%	1.0%	42.7%	0.8% *	34.9%	0.9%	38.0%	0.8% *	-4.1	1.3 **	-4.8	1.1 **
South Dakota	58	8	32.7%	0.9%	33.9%	2.1%	30.7%	0.8%	29.5%	1.9%	-2.0	1.2 **	-4.3	2.8 **
Tennessee	53	42	36.6%	0.6%	38.6%	0.8% *	31.2%	0.6%	33.0%	0.7% *	-5.4	0.9 **	-5.6	1.1 **
Texas	172	82	51.9%	0.5%	54.4%	0.5% *	46.5%	0.4%	48.3%	0.5% *	-5.4	0.6 **	-6.0	0.8 **
Utah	19	10	38.1%	1.5%	37.3%	1.3%	36.5%	1.4%	33.9%	1.2% *	-1.6	2.0	-3.4	1.8 **
Virginia	53	81	33.3%	0.6%	38.7%	0.6% *	30.1%	0.6%	34.6%	0.6% *	-3.2	0.9 **	-4.1	0.9 **
Wisconsin	46	26	27.7%	0.6%	28.0%	0.8%	22.4%	0.5%	22.0%	0.7%	-5.3	0.8 **	-6.0	1.1 **
Wyoming	21	2	38.4%	1.4%	36.7%	2.9%	33.7%	1.3%	31.6%	2.6%	-4.7	1.9 **	-5.2	3.9 **

* Indicates the difference between metro and non-metro areas is significant at the 90 percent confidence level.
**Indicates the difference between 2013 and 2014 is significant at the 90 percent confidence level .
† Indicates that the annual difference in change is significant at the 90 percent confidence level.

Source: 2013 & 2014 Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau