The Long-Term Uninsured Were Less Likely than the Short-Term Uninsured to Gain Insurance in 2014

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Insurance coverage expansions beginning in 2014 have been associated with significant reductions in the number uninsured.¹ However, some remain uninsured even after expansions.² Coverage increases aim to reduce the financial risk associated with health care and provide access to services beneficial in protecting health. This latter goal may be particularly important for the long-term uninsured, since they have been more likely than the short-term uninsured to lack a usual source of care, a recent physician visit, and report not receiving needed care.³ They have also been least likely to receive recommended preventive services.⁴ However, the long-term uninsured could also be less likely than the short-term uninsured to enroll in health insurance since they are more likely to feel that they do not need health insurance, that it is not worth the cost, or that illnesses can be overcome without medical help.³ They may also be less familiar with the health care system and less likely to learn about options for obtaining coverage.

METHODS

Using data from the Medical Expenditure Panel Survey Household Component (MEPS-HC)⁵, a nationally representative survey of households, we assessed the probability of having insurance in at least 1 month of 2014 for a sample of US citizens aged 19–63 uninsured in December 2013 ($N = 1817$). For comparison, we analyzed 2013 coverage gains for a comparable group uninsured in December 2012 ($N = 1674$). Using information from the MEPS-

HC and the National Health Interview Survey, length-of-time uninsured was categorized following previous literature⁶: short-term uninsured (no more than 1 year); medium-term uninsured (more than 1 but less than 3 years); long-term uninsured (3 years or more); and never insured. Using logistic models, we predicted insurance take-up as a function of length-of-time uninsured controlling for factors likely to differ by length-of-time uninsured.³ These factors included age, gender, race/ethnicity, urbanicity, poverty status, education, region, marital status, self-reported health status, parental status, state Medicaid expansion status, expansion status interacted with cohort, and length-of-time uninsured interacted with cohort. Parameter estimates were converted to marginal effects defined as the mean change in the predicted probability of being insured.

RESULTS

Figure 1 shows that take-up of insurance in 2014 was higher the less time a person had been uninsured. The adjusted percent gaining insurance in 2014 was 19.9, 35.2, 44.8, and 54.9 (95% confidence intervals 9.7–30.1, 29.5–40.9, 38.5–51.1, and 48.0–61.8, respectively) for those never insured, long-term uninsured, medium-term uninsured, and short-term uninsured, respectively. Coverage gains were also greater in 2013 the less time a person had been uninsured. Compared to 2013, 2014 coverage gains were significantly larger for the intermediate-term and long-term uninsured, but not enough such that gains in coverage for these groups equaled gains for the short-term uninsured.

Figure 2 shows that in 2014, the pattern of being less likely to gain insurance the longer an adult had been previously uninsured was the case for private coverage. For public coverage, there was no clear relationship between length-of-time uninsured and take-up of insurance. (Compared to 2013, 2014 gains in private coverage were significantly larger for the intermediate-term and long-term

Fig. 1 Adjusted probability that those uninsured in December of 2012 and 2013 gain any insurance in 2013 and 2014, respectively. By length of time uninsured.

uninsured, but not enough such that gains for these groups equaled gains for the short-term uninsured.)

DISCUSSION

Previous work found that the long-term uninsured accounted for the majority of those who gained insurance in 2014.⁶ However, among those uninsured at the end of 2013, 2014 insurance take-up was lower the longer a person had been uninsured. This implies that the reason previous work⁶ found that the majority of gainers were long-

term uninsured was because they were a large group, not because they were more likely to take-up insurance. In fact, the long-term uninsured continue to be less likely to take-up private insurance compared to the short-term uninsured, although 2014 did see relatively large improvements for the medium and long-term uninsured. Further improvement in take-up of insurance, especially for the never insured, may involve assessment of whether information about private insurance options reaches them and whether they have any particular difficulty enrolling in private insurance. Finding ways to reach the long-term uninsured and ensure that they are able to access services is an important chal-

Fig. 2 Adjusted probability that those uninsured in December of 2013 gain public or private insurance in 2014. By length of time uninsured.

length if health benefits associated with being insured are to reach this group.

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Compliance with ethical standards:

Any opinions and conclusions expressed herein are those of the author(s) and do not necessarily represent the views of the Agency for Healthcare Research and Quality or the Department of Health and Human Services.

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