

PROGNOSIS WORSENS FOR WORKERS' HEALTH CARE

Fourth consecutive year of decline in employer-provided insurance coverage

by Elise Gould

The number of people without health insurance grew significantly for the fourth year in a row. Nearly 46 million Americans were uninsured in 2004—up six million since 2000. The rate of those without insurance for the whole year has grown 1.5 percentage points during this period, from 14.2% in 2000 to 15.7% in 2004.

What the overall uninsured numbers mask, however, is a distinct shift from insurance coverage through the private sector to insurance coverage through the public sector, particularly for children. The safety net health programs—Medicaid and the State Children's Health Insurance Program (SCHIP)—have kept millions of families insured when their employment-based benefits were lost.

The percent of people with employer-provided health insurance also fell for the fourth year in a row. Nearly 3.7 million fewer people had employer-provided insurance in 2004 than in 2000. However, that decline in the number of people with employer-provided insurance does not take into account population growth. As many as 11 million more people would have had employer-provided health insurance in 2004 if the coverage rate had remained at the 2000 level. The rate during this period declined from 63.6% to 59.8% (a 3.8 percentage-point drop). At the same time, the Medicaid rolls (including SCHIP) have increased by nearly eight million, with a coverage increase of 2.3 percentage points.

This phenomenon of replacing employer-provided health insurance with public-sector health coverage begs the question: is this a positive way to meet the United States' health care challenges? On a positive note, this trend demonstrates that the safety net is working for a small share of the population. Workers and their families at the low end of the income distribution have limited if any access to employer-provided insurance. During a weak labor market, millions of workers lose their jobs or are forced to take jobs without benefits and lose their already tenuous connection to the employer-provided health insurance system. Medicaid and SCHIP have saved millions from financial ruin or untreated illness.

On the down side, the government did not pick up coverage for everybody who lost insurance. Current public insurance programs are particularly strong at covering children, the elderly, and people with disabilities, but many Americans have been left out, including many in the middle class who lost coverage at a time when such workers already face the challenges of a weak labor market and stagnant wages. While most children were able to make up their losses in employer health coverage through the public system, many prime-age working adults were left stranded by the drop in coverage and fell into the ranks of the uninsured. Middle-income Americans between the ages of 25 and 54 were 26.7% more likely to be uninsured in 2004 than in 2000.

The employer market has been the primary method of obtaining health insurance in this country. Its strength lies in the effective sharing of risk among individuals. Unfortunately, market pressures are exacerbating the problem. During periods of weak labor demand, workers do not have the bargaining power to bid up their wages or benefits. During a period of simultaneous weak bargaining power and rising health costs, employers demand that workers pay for higher premiums or pay more out-of-pocket for their care. Furthermore, by pushing workers out of the employer system and into the public one, employers are shifting the cost of insuring their workers onto taxpayers.

While some employers have transferred the responsibility of insuring their employees onto the public system (or have simply let these workers drop into the ranks of the uninsured), some local governments have begun to adopt a "pay-or-play"* strategy to keep employers accountable to their workers' needs.¹ However, these helpful policies currently exist only in very select areas at the local level. On the federal level, policies are actually making such accountability measures harder. Sweeping cuts in the tax benefits of employer-provided health insurance are being considered by President Bush's tax advisory commission,² changes that could substantially destabilize an already weakened health insurance system.

To add insult to injury, Congress appears poised to cut Medicaid and other related safety net programs by \$35 billion.³ Policy measures that cut holes in the safety net even as employer-provided coverage is declining will be detrimental to the health care of this country. Limited access to affordable health insurance markets will cause the number of uninsured to rise, leading to inadequate access to health care. More people will continue to fall through the cracks if the employer-system is weakened without a sufficient replacement.

This report's central findings regarding health insurance coverage include:

* A measure that requires businesses to provide health insurance to its workers, or pay into a government fund that will do it for them. For further discussion, see the N.Y.C. Health Care Security Act website: <http://nyhealthcaresecurity.org/news.html>

- The number of uninsured Americans rose by over six million, from 39.8 million in 2000 to 45.8 million in 2004. This increase was due primarily to the precipitous decline in employer-provided health coverage for workers and their families.
- The downward trend in the rate of employer-provided health insurance continued from 2003 to 2004, during a period in which the economy created 1.5 million jobs—either many of these new jobs did not include health coverage or existing jobs shed coverage during the year (or both).
- Jobholders experienced a significant decline in health insurance coverage from 2000 to 2004. In 2000, 58.9% of workers had employer-provided coverage, whereas only 55.9% of workers had coverage in 2004.
- No category of workers was insulated from loss of coverage. Even full-time, full-year workers and workers with a college degree experienced declines in coverage between 2000 and 2004. Full-time, full-year workers' coverage rates fell by 2.3 percentage points and college graduates' coverage rates fell by 2.8 percentage points.
- Workers among the bottom 20% of hourly wage earners were the least likely to have employer coverage; 24.4% of the bottom quintile were covered compared to 77.5% for workers in the highest wage quintile.
- Children experienced the sharpest declines in employer-provided health insurance coverage. In 2000, 65.6% of children had employer-provided coverage, whereas in 2004 only 60.8% did, a fall of nearly five percentage points. Fortunately, existing government insurance (i.e., Medicaid and State Children's Health Insurance Programs) increased coverage to children by six percentage points, enough to offset the sharp decline in employer coverage for this group.
- Unlike the trend with children, the fall in employer-provided coverage for prime-age working adults was not accompanied by a sufficient increase in public coverage.
- The decline in employer coverage was pervasive and felt throughout the country. When comparing the 1999-2000 and 2003-04 periods, Maryland, Maine, Missouri, North Carolina, and Wisconsin all experienced losses in coverage rates in excess of 6.0 percentage points. Not a single state experienced a statistically significant *increase* in coverage.

Declines in overall employer-provided coverage

About 3.7 million people—including workers, their spouses, and their children—lost employer-provided health insurance between 2000 and 2004. The percent with employer-provided health insurance fell from 63.6% in 2000 to 59.8% in 2004, a decline of 3.8 percentage points.

As shown in **Table 1**, these declines in coverage occurred across all lines: by age, sex, race, education, and family income level. Some people, however, were more hurt than others by the declines. Those with only a high school education and those in the second-to-lowest family income quintile were

TABLE 1
Employer-provided health insurance, total population, 2000-04

	Health insurance coverage (%)					Percentage-point change
	2000	2001	2002	2003	2004	2000-04
Total population	63.6%	62.6%	61.3%	60.4%	59.8%	-3.8
Age						
0-17	65.6%	63.9%	63.0%	61.1%	60.8%	-4.8
18-24	52.8	50.4	48.9	48.3	46.4	-6.4
25-54	72.5	71.2	69.3	67.9	67.4	-5.1
55-64	66.7	67.7	67.5	68.1	67.3	0.6
65 +	33.6	34.5	33.8	35.2	35.5	1.9
Gender						
Male	64.9%	63.8%	62.2%	61.2%	60.3%	-4.6
Female	62.4	61.4	60.4	59.5	59.4	-3.0
Race						
White (non-Hisp.)	69.2%	68.4%	67.3%	66.3%	65.7%	-3.5
Black	53.6	53.3	50.8	50.1	49.9	-3.7
Hispanic	44.0	42.6	42.4	41.5	41.1	-2.9
Other	61.4	58.2	58.3	58.1	58.7	-2.7
Education*						
Less than high school	34.9%	33.4%	32.5%	31.4%	30.9%	-4.0
High school	60.9	59.1	57.2	55.9	55.3	-5.6
Some college	69.9	68.9	67.3	66.0	65.0	-4.9
College	80.1	79.9	78.4	77.2	77.5	-2.6
Post-college	84.4	84.3	83.0	82.2	82.2	-2.2
Family income, by quintile						
Lowest 20%	24.3%	22.5%	21.4%	20.3%	20.7%	-3.6
Second	54.6	52.5	50.1	49.0	47.6	-7.0
Middle	71.4	71.6	70.1	69.2	67.9	-3.5
Fourth	82.5	81.3	80.6	79.7	79.1	-3.4
Highest 20%	85.7	85.2	84.5	84.0	83.8	-1.8

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

Source: Author's analysis of the March Current Population Survey, 2001-05.

the hardest hit in the last four years. High school graduates were not only less likely than college graduates to have employer-provided insurance (55.3% vs. 77.5%), but they experienced much greater declines (5.6 vs. 2.6 percentage-point drops). (In this analysis, children under 18 are assigned the education level of their family head.)

Health insurance coverage rates were also dramatically different by age and by race and ethnicity. Children under 18, adults 18-24 years old, and adults 25-54 years old experienced significant declines in employer-provided health coverage of 4.8, 6.4, and 5.1 percentage points, respectively. The rise in

employer-provided coverage for older Americans may be attributed to their increased employment-to-population ratios during this period. In 2004, 65.7% of whites had employer-provided coverage as compared to 49.9% of blacks and 41.1% of Hispanics.

The lowest rates of employer-provided coverage occurred within families with the lowest incomes. Only about one in five individuals in families in the bottom 20% of earners had employer-provided health insurance, whereas more than four in five individuals in families at the highest 20% of earners had such coverage. Individuals in families in the second quintile, those with approximately \$20,000-38,000 in yearly income, saw the largest declines in coverage. Their coverage rates fell 7.0 percentage points, from 54.6% in 2000 to 47.6% in 2004. While over half of the individuals in these families had coverage in 2000, fewer than half had coverage by 2004.

Declining coverage for workers

The percent of workers with employer-provided health insurance coverage fell from 2003 to 2004, continuing the uninterrupted decline that began in 2000. As shown in **Table 2**, 55.9% of workers who worked at least 20 hours per week and 26 weeks per year received employer-provided health insurance from their own employer, down from 56.4% the year before and down a total of 2.9 percentage points since 2000.

The loss of coverage was greater for men than women, as the coverage rate for working men with employer-provided insurance fell 4.4 percentage points compared to 1.1 points for women workers. Working men, however, still had higher coverage rates than women in 2004 (58.7% vs. 52.5%).

Only 52.5% of workers with a high school education were covered in 2004, whereas 68.5% of college-educated workers had employer-provided health coverage. This disparity reflects the fact that higher-skilled workers are likely to have higher-quality jobs that offer health benefits. That said, even college graduates have not been insulated from the decline in employer-provided health insurance. Nonetheless, workers with only a high school education still fared worse than those with a college degree (a decline of 3.7 vs. 2.8 percentage points).

Workers earning lower hourly wages are significantly less likely to have employer-provided health coverage than those earning higher wages. In 2004, workers in the highest wage quintile were more than three times as likely to have employer-provided health insurance than workers in the lowest quintile (77.5% vs. 24.4%). The decline in employer-provided health insurance from 2000 to 2004 pervaded the entire wage scale, but the number of insured workers with wages in the second quintile (20-40%) fell the most (a drop of 4.9 percentage points). This vulnerable population is likely to have income too high to qualify for public insurance.

Both white collar and blue collar workers experienced declines in coverage, but blue collar workers are insured at lower rates (54.9% vs. 62.4%) and experienced a greater drop (4.1 vs. 2.6 percentage points). Even workers who worked full time and year round had significant declines in coverage between 2000 and 2004. In 2000, 66.2% of full-time, full-year workers had coverage. By 2004, coverage for this group had declined 2.3 percentage points to 63.9%.

TABLE 2
Workers* receiving employer-provided health insurance coverage, 2000-04**

	Health insurance coverage (%)					Percentage-point change
	2000	2001	2002	2003	2004	2000-04
All workers*	58.9%	58.2%	57.3%	56.4%	55.9%	-2.9
Gender						
Male	63.2%	62.0%	61.1%	59.7%	58.7%	-4.4
Female	53.6	53.5	52.8	52.3	52.5	-1.1
Race						
White (non-Hispanic)	62.7%	62.1%	61.2%	60.3%	59.8%	-3.0
Black	55.4	55.7	54.4	54.3	54.1	-1.3
Hispanic	41.8	40.5	41.0	39.3	39.7	-2.0
Other	58.1	56.7	57.4	56.5	56.7	-1.3
Education						
High school	56.2%	55.1%	53.6%	52.9%	52.5%	-3.7
College	71.3	71.8	70.4	68.8	68.5	-2.8
Wage quintiles						
Lowest 20%	27.4%	26.3%	26.6%	24.9%	24.4%	-2.9
Second	50.9	49.2	48.8	46.9	46.0	-4.9
Middle	63.9	64.1	62.7	62.0	61.5	-2.3
Fourth	73.7	73.5	72.1	71.1	70.6	-3.0
Highest 20%	79.9	78.2	78.5	77.8	77.5	-2.4
Worker types						
White collar	65.0%	64.4%	63.1%	62.4%	62.4%	-2.6
Blue collar	59.0	58.1	57.1	56.4	54.9	-4.1
Full time, year round	66.2%	65.8%	65.8	64.7%	63.9%	-2.3

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

** In order to qualify as employer-provided insurance coverage, workers had to receive health insurance through their own job with an employer who paid at least part of the insurance premiums.

Source: Author's analysis of the March Current Population Survey, 2001-05.

Coverage rates in 2004 differ dramatically by the worker's major industrial sector. As shown in **Table 3**, the agricultural, arts, and other services industries display the lowest rates—all below 40%—of providing health insurance to their workers. On the other side, mining, manufacturing, and the information sectors all have significantly higher-than-average rates (all above 70%) of insurance coverage. The remaining six major industrial classifications fall within the mid-range. (Accurate comparisons cannot be traced back to 2000 as the sectoral categories changed in 2002.)

Declining coverage for children

Employer-provided coverage fell further for children than for any other age group (see **Table 4**). While

TABLE 3
Share of private-sector workers receiving employer-provided health insurance coverage, by industry, 2004

	Health insurance coverage (%)
All workers*	55.9%
Industry	
Agriculture, forestry, fishing, and hunting	26.0%
Arts, entertainment, recreation, accommodation, and food services	30.5
Construction	42.5
Educational, health, and social services	60.1
Financial, insurance, real estate, and rental and leasing	65.2
Information	70.2
Manufacturing	71.8
Mining	79.0
Other services (except public administration)	39.2
Professional, scientific, management, admin., and waste man. serv.	55.8
Transportation and utilities	66.9
Wholesale and retail trade	52.8

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

** In order to qualify as employer-provided insurance coverage, workers had to receive health insurance through their own job with an employer who paid at least part of the insurance premiums.

Source: Author's analysis of the March Current Population Survey, 2001-05.

overall employer coverage fell from 63.6% to 59.8%, the decline in employer-provided insurance that covered children fell from 65.6% to 60.8%, a drop of 4.8 percentage points. Ranking children by their family's income is particularly revealing of the unequal distribution of employer-provided health care (**Figure A**). Only 18.2% of children in the lowest income quintile were found to have employer-provided health insurance, compared with 87.4% of the children in the highest income quintile. In other words, children whose family incomes were in the top 20% were nearly five times more likely to have employer-provided health insurance than children in the lowest 20% of family income. This disparity has only been exacerbated over the past four years: the drop in coverage for those in the lowest income quintile was over four times that for children in the highest quintile. The group hurt the worst, however, was children in the second lowest quintile; their coverage rates declined by 8.5 percentage points, from 54.3% to 45.8%.

The last set of numbers in Table 4 assign each child the education level of their family head. Children with parents of lower education attainment fare much worse than those with college or advanced degrees. Only about 56.4% of children with high-school-educated parents have employer-provided health insurance as compared to 83.1% of children with college-educated parents. The declines in coverage from 2000 to 2004 were much worse for the former group as well.

TABLE 4
Children under age 18 covered by parent's employer-provided health insurance, 2000-04

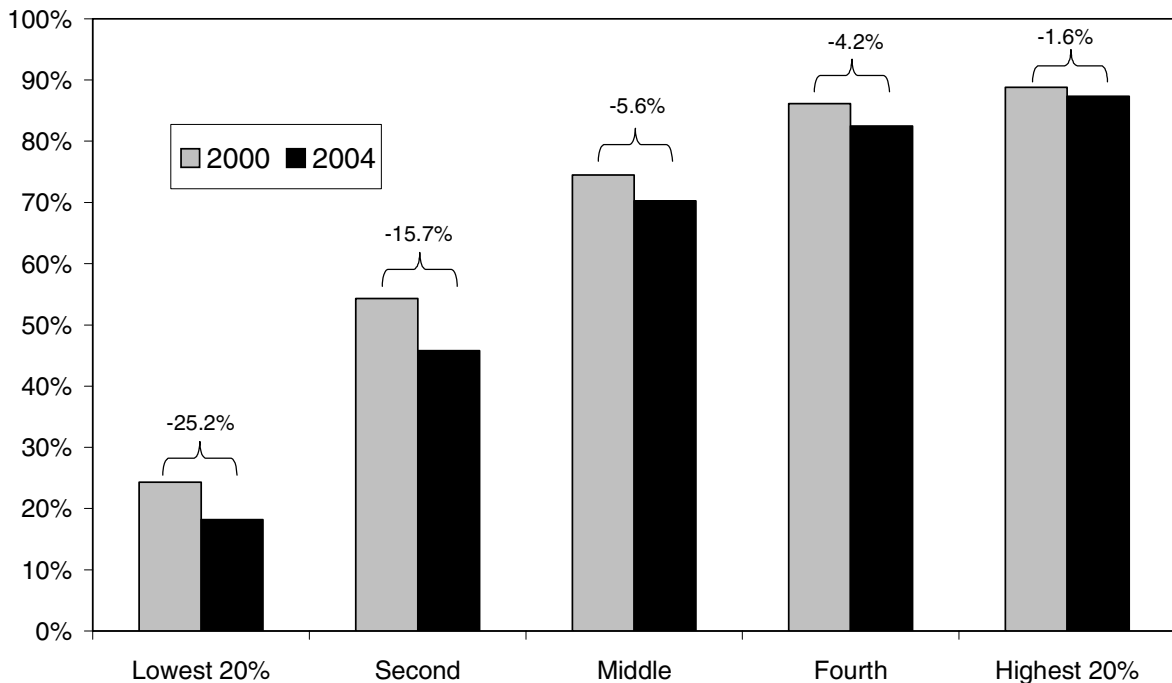
	Employer-provided health insurance coverage (%)					Percentage-point change
	2000	2001	2002	2003	2004	2000-04
All under 18	65.6%	63.9%	63.0%	61.1%	60.8%	-4.8
Race						
White (non-Hisp.)	76.0%	74.5%	73.8%	72.3%	71.5%	-4.5
Black	50.8	50.6	48.4	45.2	45.7	-5.0
Hispanic	42.4	41.0	40.2	39.5	39.9	-2.5
Other	64.2	58.6	60.8	59.1	61.3	-2.9
Education of family head						
Less than high school	34.0%	30.8%	29.8%	28.1%	27.5%	-6.5
High school	63.3	60.2	58.4	56.2	56.4	-6.9
Some college	73.5	71.5	69.9	67.7	66.9	-6.6
College	85.8	85.7	85.1	83.1	83.1	-2.7
Post-college	87.6	88.1	87.3	87.1	86.7	-0.9
Family income, by quintile						
Lowest 20%	24.3%	22.0%	20.7%	18.5%	18.2%	-6.1
Second	54.3	51.0	49.2	45.7	45.8	-8.5
Middle	74.5	74.0	72.7	71.4	70.3	-4.2
Fourth	86.1	84.3	84.5	83.1	82.5	-3.6
Highest 20%	88.8	88.3	88.1	86.9	87.4	-1.4

Source: Author's analysis of the March Current Population Survey, 2001-05.

In many ways, children fared the worst of any group in terms of employer-provided health coverage, but the strength of government programs aimed at children kept many from falling into the ranks of the uninsured. As shown in **Figure B**, growth in enrollment in both Medicaid and SCHIP increased the percent of children covered from 20.9% to 26.9%. Overall, 4.8 million more children were covered by these programs in 2004 than in 2000. This increase more than compensated for the 2.5 million decline of employer coverage among American youth, who experienced a slight decline in the number of uninsured during this period.

Coverage of prime-age working Americans

Medicaid and SCHIP provided little help for Americans between the ages of 25 and 54. Those in the middle income quintile (with annual income of about \$45,000-\$67,000) experienced declines in employer-provided coverage from 80.6% in 2000 to 75.8%, a drop of 4.8 percentage points (see **Table 5**). During the same period, people in this age/income grouping increased their Medicaid coverage from 1.3% to 2.0%, an increase of only 0.7 percentage points. Therefore, unlike the phenomenon that occurred for children, the decline in employer-provided health insurance left middle-income adults much

FIGURE A**Employer-provided health coverage for children, by family income quintile, 2000-04**

Source: Author's analysis of the March Current Population Survey, 2001-05.

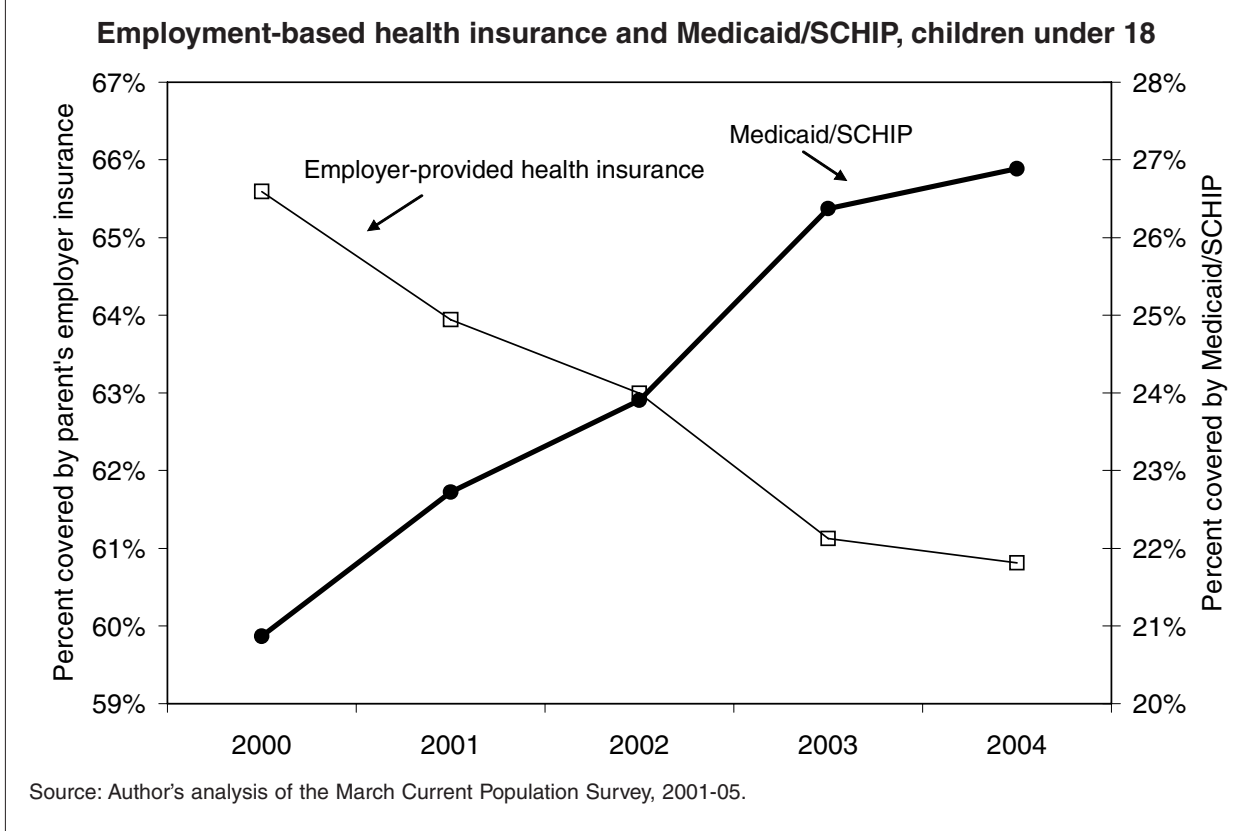
more vulnerable (see **Figure C**). The share of these adults that became uninsured increased 3.5 percentage points, from 13.2% in 2000 to 16.7% in 2004.

Even those adults in the lowest income quintile did not offset their declines in employer-provided coverage with comparable increases in public insurance. The lowest quintile experienced a decline in employer coverage of 9.1 percentage points in the past four years, whereas the increase in Medicaid coverage was only 3.8 percentage points. While this public coverage did enable some to remain covered by some sort of health insurance, many more fell into the ranks of the uninsured.

Coverage by state

While the majority of states experienced significant declines in employer-provided coverage between the 1999-2000 and 2003-04 periods, the level and extent of coverage loss varied by state, as shown in **Table 6**. The states with the highest employer-provided coverage rates in the merged 2003-04 years were New Hampshire (72.7%), Minnesota (69.5%), and Delaware (68.4%). The lowest coverage rates were found in New Mexico (49.6%), Montana (50.7%), and Arkansas (51.1%). Maryland, Maine, Missouri, North Carolina, and Wisconsin all experienced losses in coverage rates in excess of 6.0 percentage points.

FIGURE B



Among the working population, the average loss in employer-provided coverage was 2.7 percentage points between the 1999-2000 and 2003-04 periods. As shown in **Table 7**, some states fared better than others. Workers in nine states experienced significant declines in coverage during this period. The sharpest rate decline was in Virginia, with a 6.7 percentage-point decline in coverage. The next largest declines were in Indiana, Massachusetts, and New Jersey, all with 5.6 percentage-point declines.

Conclusion

Social insurance is intended to insulate people from negative shocks such as job loss, illness, or natural disaster. Public insurance is intended to provide a safety net to people who have limited access to private insurance markets. Clearly, there are many Americans who fall through the growing crack between employer-provided coverage and government health programs. A universal system, one that provides a minimum standard of care to everyone, would provide Americans with access to the type of health care appropriate for the most prosperous nation in the world. Taking insurance out of the job market and into the public sector has the potential to provide a stronger safety net, particularly during times of weak labor growth. This can lead more Americans to have steadier insurance access and increase their ability to secure regular medical care.

TABLE 5
Source of health insurance coverage for individuals 25-54 years old,
by family income, 2000-04

Insurance coverage type (by family income quintile)	2000	2001	2002	2003	2004	<u>Percentage- point change</u>
						2000-04
Employer-provided coverage						
Lowest 20%	34.1%	30.5%	28.7%	26.0%	25.0%	-9.1
Second	67.6	66.8	63.7	62.2	60.3	-7.3
Middle	80.6	79.6	78.2	76.7	75.8	-4.8
Fourth	86.9	85.2	84.7	83.7	83.6	-3.3
Highest 20%	88.0	87.7	86.5	85.8	86.2	-1.8
Medicaid coverage						
Lowest 20%	16.0%	17.0%	17.4%	18.8%	19.8%	3.8
Second	3.3	3.8	4.0	4.2	5.1	1.8
Middle	1.3	1.2	1.7	2.0	2.0	0.7
Fourth	0.6	0.6	0.6	0.6	0.9	0.2
Highest 20%	0.3	0.5	0.5	0.4	0.6	0.2
Uninsured						
Lowest 20%	41.6%	43.6%	45.4%	46.5%	46.5%	4.9
Second	22.7	23.2	26.0	27.2	28.0	5.3
Middle	13.2	13.8	14.8	15.8	16.7	3.5
Fourth	8.5	10.2	9.7	10.8	10.3	1.8
Highest 20%	7.5	7.8	8.5	8.6	8.3	0.8

Source: Author's analysis of the March Current Population Survey, 2001-05.

Unfortunately, the day when Americans might see universal health care in the United States seems a distant one. To make matters worse, Congress and President Bush are attempting to weaken both the government safety net and the employer system. A recent congressional budget resolution calls for substantial cuts to Medicaid, and President Bush's tax reform panel is apparently proposing a cap on the employer income deduction for health insurance benefits, diminishing incentives for providing insurance in the workplace. At the same time, states are facing fiscal difficulties that may cause them to cut publicly provided health benefits even deeper.

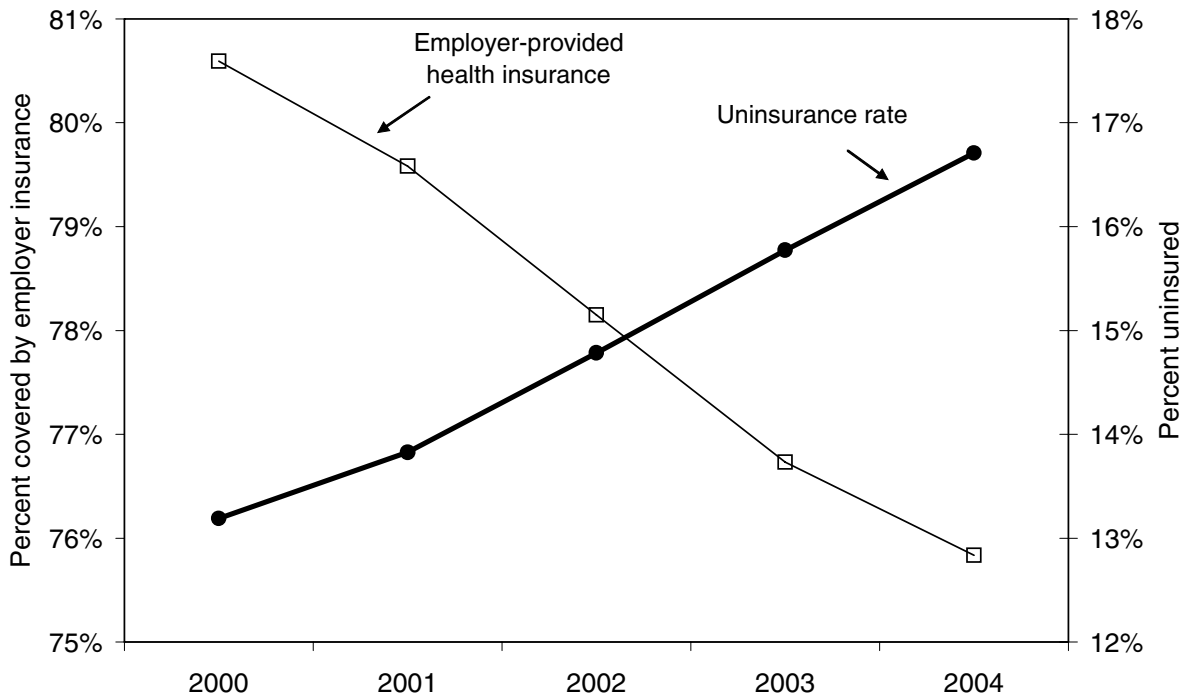
From 2000 to 2004, this country saw a substantial rise in the number of uninsured. A continued decline in those with employer-provided health insurance along with a weakening of the health insurance safety net will undoubtedly cause more and more Americans to lose coverage and therefore access to adequate health care.

—October 2005

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FIGURE C

Rates of middle-income adults (25-54 years old) who are either uninsured or are receiving employment-based health insurance



Source: Author's analysis of the March Current Population Survey, 2001-05.

Endnotes

1. Mead, Julia C. 2005. "Suffolk requires big stores to help with health care." *The New York Times*, September 28.
2. Rosenbaum, David E. 2005. "Tax panel says popular breaks should be cut." *The New York Times*, October 12, page A1.
3. Taylor, Andrew. 2005. "Budget battles to center on long-term cuts." *Washington Post*, September 27.

TABLE 6
Employer-provided* health insurance coverage for the total population in each state,
1999-2000 to 2003-04

State	Health insurance coverage (%)		Percentage-point change	Total coverage 2003-04 (in 1,000s)	Coverage losses since 2000** (in 1,000s)
	1999-2000	2003-04			
Alaska	60.0%	57.0%	-3.0	369	20
Alabama	63.2	60.2	-2.9	2,692	131
Arkansas	56.7	51.1	-5.6	1,381	152
Arizona	58.0	53.7	-4.2	3,048	240
California	57.3	54.2	-3.1	19,300	1,114
Colorado	66.3	61.9	-4.4	2,787	198
Connecticut	72.0	68.1	-3.9	2,353	136
District of Columbia	59.7	58.6	-1.2	322	6
Delaware	70.5	68.4	-2.1	563	17
Florida	56.1	53.6	-2.5	9,220	434
Georgia	63.1	61.2	-1.9	5,290	164
Hawaii	70.1	68.0	-2.2	851	27
Iowa	69.8	65.1	-4.7	1,896	138
Idaho	62.4	58.4	-4.1	798	56
Illinois	67.7	64.8	-2.9	8,176	367
Indiana	70.8	64.9	-5.9	3,986	364
Kansas	64.4	63.3	-1.1	1,695	29
Kentucky	63.8	59.0	-4.8	2,413	197
Louisiana	56.2	53.4	-2.7	2,364	121
Massachusetts	67.2	65.9	-1.3	4,198	80
Maryland	73.6	67.0	-6.6	3,702	364
Maine	64.3	58.2	-6.1	750	78
Michigan	72.1	68.2	-3.9	6,787	387
Minnesota	71.9	69.5	-2.4	3,545	121
Missouri	69.8	62.8	-7.0	3,528	394
Mississippi	58.0	52.3	-5.7	1,496	164
Montana	54.8	50.7	-4.0	463	37
North Carolina	63.5	56.8	-6.7	4,739	559
North Dakota	59.1	59.5	0.5	374	-3
Nebraska	62.8	61.5	-1.3	1,063	22
New Hampshire	72.4	72.7	0.3	930	-4
New Jersey	70.6	68.2	-2.4	5,879	206
New Mexico	51.0	49.6	-1.4	936	27
Nevada	63.4	61.9	-1.4	1,437	33
New York	60.2	60.3	0.1	11,463	-26
Ohio	70.9	68.1	-2.8	7,665	314
Oklahoma	56.6	54.0	-2.6	1,857	91
Oregon	63.4	58.9	-4.5	2,106	162
Pennsylvania	68.9	64.9	-4.1	7,890	494
Rhode Island	68.0	63.6	-4.4	671	46
South Carolina	64.2	58.9	-5.3	2,411	218
South Dakota	60.2	56.7	-3.5	426	26
Tennessee	61.8	56.3	-5.5	3,310	325
Texas	57.2	52.8	-4.5	11,661	985
Utah	72.3	67.1	-5.2	1,593	123
Virginia	66.8	64.7	-2.1	4,780	154
Vermont	62.5	60.8	-1.7	373	11
Washington	62.3	60.3	-2.0	3,683	121
Wisconsin	71.9	65.4	-6.5	3,564	355
West Virginia	60.9	56.6	-4.3	1,013	77
Wyoming	60.7	58.0	-2.7	286	13

* Employer-provided health insurance coverage in this table refers to individuals having coverage through their current or previous employer or as a spouse or dependent on someone else's plan. In addition, having this employer-provided coverage does not imply that the employer has contributed toward that plan's premium; the employer's contribution could be as high as 100% or as low as 0%.

** This is calculated by taking the increase in percentage not covered multiplied by the 2004 population.

Source: Author's analysis of the March Current Population Survey, 2000-05.

TABLE 7
Workers* receiving employer-provided health insurance coverage,**
by state, 1999-2000 to 2003-04

State	Health insurance coverage (%)		Percentage-point change	Total coverage 2003-04 (in 1,000s)	Coverage losses since 2000* (in 1,000s)
	1999-2000	2003-04			
Alaska	54.1%	52.9%	-1.2	92	2
Alabama	59.9	56.2	-3.7	796	52
Arkansas	56.9	50.8	-6.1	425	51
Arizona	53.3	54.3	1.0	962	-17
California	55.8	53.6	-2.2	6,032	246
Colorado	59.1	55.7	-3.5	870	55
Connecticut	64.3	61.6	-2.8	717	32
District of Columbia	62.6	63.2	0.6	109	-1
Delaware	63.9	60.7	-3.2	179	9
Florida	52.9	51.9	-0.9	2,869	52
Georgia	58.9	57.0	-1.9	1,683	56
Hawaii	70.5	70.2	-0.3	273	1
Iowa	61.2	57.8	-3.4	587	35
Idaho	54.3	53.7	-0.5	229	2
Illinois	61.0	59.9	-1.1	2,576	49
Indiana	64.0	58.5	-5.6	1,296	123
Kansas	60.9	60.0	-0.8	511	7
Kentucky	57.8	59.1	1.3	747	-16
Louisiana	51.2	53.5	2.3	686	-29
Massachusetts	62.5	56.9	-5.6	1,301	127
Maryland	62.4	57.2	-5.2	1,008	91
Maine	60.0	57.8	-2.3	243	10
Michigan	63.4	60.4	-3.0	2,005	101
Minnesota	63.2	62.9	-0.3	1,209	5
Missouri	65.5	60.3	-5.3	1,142	100
Mississippi	54.8	52.4	-2.3	431	19
Montana	49.9	48.4	-1.5	128	4
North Carolina	59.7	55.2	-4.5	1,504	123
North Dakota	55.0	54.3	-0.7	109	1
Nebraska	57.4	56.7	-0.7	335	4
New Hampshire	60.9	61.0	0.0	295	0
New Jersey	63.2	57.5	-5.6	1,657	162
New Mexico	48.7	43.3	-5.4	226	28
Nevada	62.5	61.5	-1.0	519	9
New York	55.3	54.8	-0.5	3,229	28
Ohio	63.2	58.9	-4.2	2,357	169
Oklahoma	53.3	50.2	-3.1	515	32
Oregon	62.2	56.8	-5.4	670	63
Pennsylvania	64.8	61.4	-3.4	2,538	140
Rhode Island	59.8	55.8	-4.1	208	15
South Carolina	57.5	56.3	-1.3	711	16
South Dakota	54.9	54.6	-0.4	136	1
Tennessee	56.5	57.7	1.2	1,096	-23
Texas	55.0	50.4	-4.6	3,601	326
Utah	55.2	52.6	-2.7	395	20
Virginia	62.5	55.8	-6.7	1,362	163
Vermont	55.8	54.7	-1.0	114	2
Washington	61.4	60.1	-1.3	1,217	25
Wisconsin	59.9	57.4	-2.5	1,144	49
West Virginia	54.2	51.5	-2.8	256	14
Wyoming	54.2	50.6	-3.6	76	5

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

** In order to qualify as employer-provided insurance coverage, workers had to receive health insurance through their own job with an employer who paid at least part of the insurance premiums.

** This is calculated by taking the increase in percentage not covered multiplied by the 2004 population.

Source: Author's analysis of the March Current Population Survey, 2000-05.