January 2009

HEALTH INSURANCE COVERAGE
IN MARYLAND

Through 2007

LETTER FROM THE CHAIRMAN

Over the past two years, Maryland has made important strides in providing health care coverage to uninsured citizens. During the 2007 Special Session, Governor Martin O'Malley proposed legislation, which was passed by the Maryland General Assembly, that will extend medical coverage to more than 100,000 uninsured Marylanders—including low-income adults and children.

The Working Families and Small Business Health Coverage Act (Act), which became effective July 1, 2008, contains two important initiatives. First, it increases the eligibility level for Medical Assistance to 116% of the Federal Poverty level (about $20,500 for a family of three). In the first year, the change will expand Maryland's Medical Assistance program to include more parents and other family members of children already insured under the program. In future years, the Act will expand Medical Assistance to adults without dependent children. The program is on target to meet the enrollment goals established by the legislation.

The Act also created the Health Insurance Partnership, which assists small businesses in purchasing health insurance for their employees. The Partnership is specifically targeted at reducing the number of uninsured individuals in Maryland by providing subsidies to low and moderate wage firms with fewer than 10 employees that have not previously been able to afford insurance. The Maryland Health Care Commission is playing a key role with Maryland's four largest private health plans in implementing this innovative insurance program. Enrollment in the Partnership began on October 1, 2008.

In 2007, the Governor signed legislation that allows dependent children up to age 25 to stay on their parents' insurance policies, requires insurers to offer employers the option to cover domestic partners and their children, and encourages health plans to create new affordable insurance products for seasonal and part-time workers. In the 2008 session, legislation was passed that will provide a means to inform parents falling below certain income thresholds that their children may be eligible for Medicaid or the Maryland Children's Health Program.

Maryland has made progress in the effort to reduce the number of uninsured people in the State. However, as this report demonstrates, we have work to do. A state as rich as Maryland cannot be satisfied that 15% of its nonelderly population is uninsured. The Commission is committed to assisting the Governor and members of the General Assembly in their efforts to further reduce the number of uninsured people in Maryland. This report, which provides timely information on the number and characteristics of Maryland's uninsured, will undoubtedly continue to inform policymakers as they work to further reduce the number of uninsured Marylanders. I am confident that working together, we will move toward that goal.

Marilyn Moon, Ph.D., Chair

Marilyn Moon, Ph.D., *Chair* | Gail R. Wilensky, Ph.D., *Vice Chair*

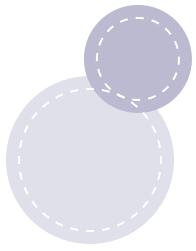Reverend Robert L. Conway | Garret A. Falcone | Tekedra McGee Jefferson, Esquire

Sharon Krumm, R.N., Ph.D. | Jeffrey D. Lucht, FSA, MAAA | Barbara Gill McLean, M.A.

Roscoe M. Moore, Jr., D.V.M., Ph.D., D.Sc. | Kurt B. Olsen, Esquire

Sylvia Ontaneda-Bernales, Esquire | Darren W. Petty | Andrew N. Pollak, M.D.

Nevins W. Todd, Jr., M.D. | Randall P. Worthington

Visit us on the web at mhcc.maryland.gov

HEALTH INSURANCE COVERAGE IN MARYLAND THROUGH 2007

A biennial report of findings by age, income, employment, race, education, and citizenship

January 2009

Maryland Health Care Commission
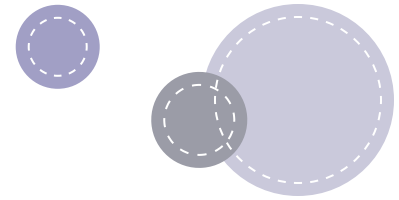
Center for Analysis and Information Services

Table of Contents

Acknowledgements

THIS REPORT CONTAINS information on the health insurance status of the nonelderly (under-age-65) population in Maryland as of 2006–2007—the most current period for which information is available. It is designed to meet the needs of those who wish to understand broad patterns and trends in the State's health insurance coverage, as well as those who require more detailed information. The analyses in this and prior coverage reports are kept similar to enable comparisons over time. A look at the content follows.

- FAQs ABOUT THESE ESTIMATES answers questions about such things as the data source, who is likely to be included in the coverage or uninsured rates, why two years are averaged together, what is meant by a Medicaid "undercount," and how to interpret information in selected figures.

- KEY COMPARISONS contains 31 figures that compare coverage rates among key populations and describe the nonelderly uninsured in considerable detail. For the sake of brevity, the accompanying text generally avoids listing the numbers displayed in the figure. Instead, this text frequently describes supplemental numbers that are useful in interpreting the information presented in the figure; values not displayed elsewhere are usually included.

- TABLES 1–4 list information on insurance coverage status by demographic characteristics, income, and employment for all nonelderly, children, adults, and adult workers.

- TABLES 5–8 compare the distribution of Maryland's nonelderly population to the distribution of the uninsured by the characteristics included in Tables 1–4.

All tables and most figures are based on two-year averages of survey data for 2006–2007; some figures are supplemented with information from prior periods, principally 2004–2005. The data for 2004–2005 and earlier years were recently revised by the Census Bureau, resulting in lower uninsured rates for these time periods than reported in previous versions of this report. (Refer to FAQs ABOUT THESE ESTIMATES/Why do the uninsured and coverage rates listed in Figures 1 and 2...?)

Overview

For 2006–2007, 15.4% of Maryland's nonelderly population was uninsured, with an average of about 760,000 nonelderly uninsured residents per year.[1] The uninsured rate for all residents, 13.8%, is lower because it includes the elderly, who are nearly all insured by Medicare. Compared to 2004–2005, the demographic composition of Maryland's uninsured is relatively unchanged, as are the coverage rates for most subgroups of the State's nonelderly population. The demographic composition of Maryland's uninsured shifted slightly by income (relatively fewer Poor), race/ethnicity (relatively more Hispanics), and employment (relatively fewer from families lacking an employed adult).

Trends in Coverage

During the period from 2000–2001 through 2006–2007, Maryland experienced a significant[2] increase in its two-year-average nonelderly uninsured rate from 2000–2001 to 2002–2003 (12.1% to 14.4%), but the rate changes in 2002–2003 to 2004–2005 (14.4% to 14.9%) and 2004–2005 to 2006–2007 (14.9% to 15.4%) are statistically insignificant.[3] However, compared to 2002–2003, the uninsured rate in 2006–2007 is significantly higher.

From 2000–2001 through 2004–2005, insurance coverage among Maryland's residents shifted out of private coverage into public coverage, which, for the nonelderly, is predominantly Medicaid. The private coverage rate fell from 83% (2000–2001) to 78% (2002–2003) to 76% (2004–2005), due to reductions in employment-based coverage. Conversely, the Medicaid rate rose in each of these time periods: from 6% to 7% to 9%. Other Public coverage (Medicare and military) also rose in 2004–2005 (from 5% to 7%). During 2004–2005, the rise in public coverage offset the decline in private coverage, leaving the uninsured rate unchanged. But in 2002–2003, the growth in Medicaid was too small to compensate for the decline in private coverage, resulting in a higher uninsured rate.

The declines in private insurance coverage among Maryland's nonelderly did not occur in all demographic groups, however. For example, the decline in 2004–2005 did not occur in adult workers or adult men, and these groups experienced no changes in their uninsured rates. In children (under age 19), the reduction in private coverage was matched by a corresponding increase in public coverage. Adult women also experienced a decline in private coverage, with the change occurring primarily in single women. The reduction in private coverage among single women paralleled increases in the percentages of single women who were low income (up to 200% of the poverty level) and nonworking.
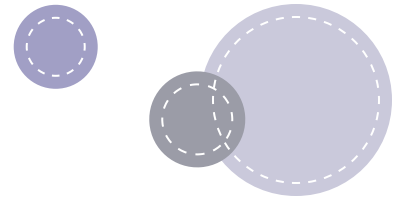
Patterns of Coverage in Demographic Groups

As is the case nationwide, young adults in Maryland, ages 19–29, have the highest rate of being uninsured of any age group, while children, as well as adults ages 45–64, have the lowest rates. Married adults are more likely to be insured than single adults, but the uninsured rate for single women is consistently lower than the rate for single men. This is due to the fact that more single women have private coverage, despite having lower average incomes than single men. This gender gap in coverage reflects different attitudes toward health insurance and possibly dissimilar access to employment-based insurance due to job choices. Among women ages 19–44 and 45–64, single women are about twice as likely to be uninsured as married women in the same age group. Adults without dependent children younger than age 19 comprise the majority (58%) of Maryland's uninsured, and most of them are single. Children are 20% of the uninsured, and young adults (single or married) are 42%.

Persons in families with low incomes—at or below 200% of the poverty level[4]—are 19% of Maryland's nonelderly but comprise 44% of the uninsured. Comparing 2004–2005 to 2006–2007, the State's uninsured are less likely to be poor—at or below the poverty level[5]—and more likely to have incomes between 301% and 400% of the poverty level.[6] These shifts are due to increases in both the uninsured rate and the share of the nonelderly at the 301%–400% income level, as well as a decline in the share of the nonelderly who are low-income.

Educational attainment of the adults in a family is a strong predictor of having insurance coverage, at least for those with incomes above 200% of the poverty level. Almost half of those in families in which the adults did not graduate from high school are uninsured, and their uninsured rate increased in 2006–2007. Maryland's non-U.S. citizen residents are also less likely to have insurance, regardless of income level, with nearly half of them lacking insurance. Although non-citizens are 9% of the State's nonelderly, they comprise 26% of the uninsured.

Among racial/ethnic groups, the uninsured rate is highest in Hispanics, regardless of income level. About half of Hispanics lack coverage, so although they are just 8% of the State's nonelderly, they comprise 24% of the uninsured, up from 19% in 2004–2005. The overall insured rate for Asians/Others does not differ from that of Whites. The insured rate for Blacks is below the rate for Whites, but when their rates are compared by income level, they differ significantly only for those with incomes above 400% of the poverty level (which may result from racial differences in the distribution of income at this level). Among the demographic group most likely to be insured—adults ages 35–64 who are married, are college graduates, have dependent children, and have incomes above 600% of the poverty level—the uninsured rates do not differ by race (Hispanics excluded).

Nine of 10 uninsured persons in Maryland live in family units[7] with at least one working adult, and 60% are working adults. Residents in non-working families comprise a smaller share of the uninsured in 2006–2007, due to a reduction in their uninsured rate. Adults working in private firms with fewer than 100 workers are 37% of adult workers but account for 62% of uninsured adult workers. Regardless of employer type, about one-third of uninsured workers have incomes at or below 200% of the poverty level. Three-fourths of adult employees in Maryland work full-year, full-time, so although they have a lower uninsured rate than employees who work less (part-time or part-year), they comprise almost two-thirds of uninsured workers. The remainder of uninsured workers is split almost equally between part-year, full-time employees and part-time workers.

Comparing Maryland to the U.S.

Maryland's nonelderly uninsured rate (15.4%) is consistently lower than the comparable national average—17.5% in 2006–2007—due to a higher rate of employment-based coverage. Maryland's employment-based coverage rate is higher primarily because the State's private sector workers—whether in firms with fewer than 100 employees or in larger firms—have a rate above the national average. Maryland also has relatively fewer adults who are unemployed and relatively more federal employees, with each group

Maryland's Medicaid rate is below the national average, mainly due to greater affluence: 52% of the State's nonelderly residents have family incomes above 400% of the poverty level, compared to 40% nationwide.
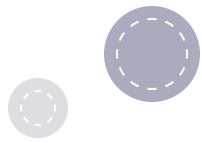
having an employment-based coverage rate (including their own and dependent coverage) above the national average for their employment category. However, compared to other states, Maryland's uninsured rate ranks in the middle group of states, although the State's median household income is among the four highest.[8]

Maryland's Medicaid rate is below the national average, mainly due to greater affluence: 52% of the State's nonelderly residents have family incomes above 400% of the poverty level, compared to 40% nationwide. Compared to national averages for 2006–2007, the State's uninsured are less likely to have family incomes at or below 200% of the poverty level (44% versus 54%) and more likely to have family incomes of 201%–400% of the poverty level (37% versus 30%). Uninsured rates in Maryland by racial/ethnic group are lower than the national averages for non-Hispanic Whites and Blacks but above the national average for Hispanics. Because the demographic composition of the State's nonelderly differs from the national average, Maryland's uninsured are twice as likely to be Black and less likely to be either White or Hispanic. Maryland's uninsured rates for immigrants (by citizenship status) are similar to the national averages, but the State's rate for native citizens is lower. Non-citizens comprise a higher share of the uninsured in Maryland than nationwide (26% versus 21%).

From 2000–2001 through 2006–2007, the changes in coverage rates observed in Maryland generally mirrored the national trends with respect to which rates rose or fell, except in 2004–2005, when the nationwide uninsured rate increased slightly while Maryland's rate was steady. National trends reflect an amalgam of changes in both coverage rates and population size, which can vary significantly across the regions of the country. For instance, in 2004–2005, the employment-based coverage rate in the Northeast region was stable, while the South posted both a decline in this rate and sufficient population growth to raise its share of the nonelderly nationwide, increasing its influence on the national average.

1   These statistics probably reflect persons who were uninsured for four or more months of the year; given that the typical (median) uninsured spell is about 5.6 months, these statistics likely capture the majority of persons who were uninsured at some point during the year. Refer to *FAQs About These Estimates/Who is included in the coverage rates?*

2   Statistical testing was done using a 90% confidence interval, which is the Census Bureau standard for the Current Population Survey.

3   The all-ages uninsured rate, like the nonelderly rate, increased significantly from 2000–2001 (10.7%) to 2002–2003 (12.8%), but was statistically stable from 2002–2003 to 2004–2005 and from 2004–2005 to 2006–2007.

4   In 2007, 200% of the poverty level for a typical family of three was $33,378.

5   In 2007, the poverty level for a typical family of three was $16,689.

6   In 2007, 300% and 400% of the poverty level for a typical family of three were $50,067 and $66,756, respectively.

7   Individuals who do not live with relatives are included as one-person "families."

8   The across-state comparisons use a three-year average, 2005–2007, for both the uninsured rate and the median household income, as recommended by the Census Bureau.
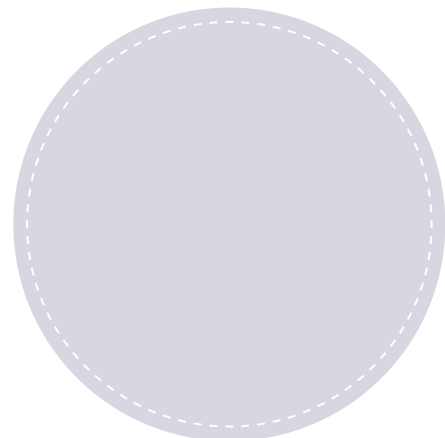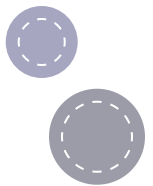
FAQs About These Estimates
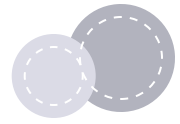
Where does the data in this report come from?

Unless otherwise noted, the data in this report come from analyses of the U.S. Census Bureau's Current Population Survey (CPS), March 2001 through March 2008 Annual Social and Economic Supplements (ASEC). The primary purpose of the CPS is to collect labor force data, but the ASEC is the main source of information on health insurance coverage in the U.S. The CPS-ASEC is designed to produce information for the U.S. as a whole and for each state; *however, it cannot produce jurisdiction level analyses for Maryland*. It is a household survey (with the sample selected from a list of households) rather than a telephone-based survey. The March 2008 CPS-ASEC includes 1,791 Maryland households containing 4,800 persons. The survey gathers information for all ages, but this report focuses on Maryland's nonelderly (under-age-65) population because nearly all of the elderly are covered by Medicare. Additional information about health insurance in the CPS-ASEC is available at **http://www.census.gov/hhes/www/hlthins/hlthins.html**.

Why do the uninsured and coverage rates listed in Figures 1 and 2 for 2004–2005 and earlier differ from the values listed in earlier coverage reports?

In March 2007, the Census Bureau revised the CPS-ASEC data for years prior to 2006 by identifying more persons with dependent coverage. These revisions lowered the uninsured rates and numbers of uninsured nationwide and in Maryland in years preceding 2006. For example, the revised uninsured rates and numbers of uninsured for Maryland in 2004–2005, as compared to the values published in the last coverage report, are as follows: a) among the nonelderly, the revised uninsured rate is 14.9%, with 730,000 uninsured, versus 15.8%, 780,000 uninsured, in the previous report; and b) among all ages, the revised uninsured rate is 13.4%, with 740,000 uninsured, versus 14.2%, 790,000 uninsured, in the previous report. In this report, all comparisons with years prior to 2006–2007 use the revised data for those time periods.

Who is included in the coverage rates?

A study by Census Bureau staff compared the CPS-ASEC rates to the duration of coverage reported in the Survey of Income Program Participation (SIPP).[1] The study found that the CPS-ASEC rate for private insurance coverage was closest to the share of persons who reported eight or more months of private coverage in the SIPP.[2,3] The share of persons with government health insurance (Medicare, Medicaid, or military) in the CPS-ASEC was comparable to those reporting six or more months of government coverage in the SIPP.[4,5]

Among Maryland's nonelderly residents with health insurance, 8% report having had more than one type of coverage during a calendar year.[6] Consequently, the total percentage of nonelderly residents who reported having had each type of coverage (shown in Figure 1) exceeds 100%. Figure 2 shows these same totals for selected types of coverage over time. To simplify discussions of coverage, in all other figures and in the tables, persons who reported multiple-coverage have been assigned to a single coverage category, making the sum of all types of coverage equal to 100%. The rules for the assignment are hierarchical and are described in the Table Endnotes under item b on page 36. Because Medicaid is assigned first, the Medicaid percentages in Figures 1 and 3 match, but the percentages for the other coverage categories are all smaller in Figure 3 than in Figure 1. The gap is especially significant for other public coverage, the majority of which is absorbed into the Medicaid and employment-based categories in Figure 3 due to the order of the hierarchy.

What does the uninsured rate represent?

The same Census Bureau study cited above found that the uninsured rates from the CPS-ASEC appear to reflect the percentage of persons who were without health insurance for four months of the year or longer. Given that the typical (median) length of an uninsured spell is about 5.6 months[7], the CPS uninsured rate likely captures the majority of residents who experienced an uninsured spell during the year. In any case, the CPS uninsured rate can be reliably used to measure *changes* in coverage over time.

What is meant by "estimated" and why are two years averaged together?

The numbers and rates generated from surveys (known as point estimates)—which are based on a sample of the population—are unlikely to be identical to the "true" values that would result from polling everyone. Estimates from good surveys, however, can be relatively close to the true population values. Just how close is a function of several factors, including the number of persons in the sample. Due to the relatively small sample sizes for most states, the Census Bureau recommends that states average two years of CPS-ASEC data to track changes over time in their uninsured rate and three years of data for cross-state comparisons. Given the imprecision in the estimates, all rates except the overall uninsured rate are rounded to the nearest percent, and the population counts are rounded to the nearest 10,000. (Due to rounding, the percentages in some figures/tables may not total 100% and the population numbers may not equal the population total.)

Even with combined years of data, small sample sizes can interfere with the calculation of rates for sub-populations within Maryland, such as rates by income level or racial/ethnic group. The point estimates constructed from small samples are imprecise, meaning they are not necessarily close to the true values. Consequently, small differences among rates for sub-populations are usually not statistically significant, and even apparently large differences cannot be assumed to be statistically significant. (Tests of statistical significance are used to determine whether the "true" numbers and rates being estimated are likely to be different, given both the value of the difference in the estimates and the sample sizes that generated the estimates.) Statistical testing was done using a 90% confidence interval, which is the Census Bureau standard for the CPS. We restricted statistical testing to just those cases with a strong possibility of being statistically significant; these cases are noted in the Key Comparisons section. The information in the Tables section did not undergo statistical testing.

What is meant by the Medicaid "undercount"?

The number of residents with Medicaid coverage in the CPS-ASEC is consistently below the administrative counts of Medicaid enrollees, both at national and state levels. In addition to the likelihood that the CPS-ASEC Medicaid numbers probably represent only those enrolled in Medicaid for the majority of the year (discussed above), administrative enrollment numbers include persons residing in institutions such as nursing homes, who are not included in the CPS-ASEC survey, and often all persons who received any type of assistance, without regard to whether that assistance would be viewed as "having health insurance" by the beneficiary.[8]

Historically, the CPS-ASEC undercount of Maryland Medicaid has been relatively larger than in other states. A study by the Department of Health and Mental Hygiene and the Center for Health Program Development and Management surveyed known Medicaid enrollees and found that the inclusion of the term "Medical Assistance" as one of the alternate program names for Maryland Medicaid (in the CPS-ASEC question regarding Medicaid coverage) improved the likelihood that respondents would identify themselves as having been enrolled in Medicaid.[9] The Census Bureau subsequently revised the relevant question in the Maryland version of the CPS-ASEC beginning with the March 2006 survey, and as a result, the undercount of Maryland Medicaid for calendar year (CY) 2005 is similar to the national average. The effect of the question change on the Medicaid rate in Maryland's nonelderly is estimated to be about a one percentage point increase in CY2005. However, the modified

question appears to have increased reporting of Medicaid in some age groups more than others, most notably young children (ages 0–9) and young adults (ages 19–29).

A multi-phased, interagency research project to explain why discrepancies exist between the CPS-ASEC estimates of enrollment in Medicaid and the number of enrollees reported in state and national administrative data is underway.[10] Headed by Michael Davern of the State Health Access Data Assistance Center, the study has linked CPS-ASEC records to Medicaid Statistical Information System (MSIS) records for persons with at least one day of "full benefit Medicaid" to predict 1) the probability that persons not coded as having Medicaid in the CPS-ASEC are found in the MSIS (false negatives), and 2) the probability that persons coded as having Medicaid in the CPS-ASEC are not found in the MSIS (false positives).[11] Preliminary results from the project estimated what the Medicaid percentages in the 2004–2005 CPS-ASEC would be if adjusted for both false negatives and false positives. Nationally, this adjusted Medicaid count was about 17% higher than the CPS-ASEC Medicaid number; for Maryland, the adjusted count was about 14% higher. The majority of those being assigned to Medicaid in these adjustments, however, reported in the CPS-ASEC having insurance other than Medicaid, most commonly another type of public insurance. Consequently, the predicted reduction in the number of uninsured is far less than the Medicaid increase. More recent analyses have produced adjusted counts for Medicaid and the uninsured in the 2006–2007 CPS-ASEC.[12] The adjusted Medicaid count is higher than the CPS-ASEC number by about 21% nationwide and by about 18% in Maryland. The predicted reduction in the CPS-ASEC uninsured count is about 30% of the Medicaid increase, amounting to about a 4% reduction in the uninsured count.

Why does statehealthfacts.org report a higher percentage of low-income Maryland residents— insured and uninsured—than this report?

Poverty level in this report relies on the Census Bureau methodology, in which a "family" is all related persons in the same household, and their combined incomes are the family income. The Census Bureau poverty level cut-off for a family is based on the number and ages of persons in the family. In contrast, the Kaiser Family Foundation (KFF) State Health Facts website uses a methodology that constructs likely health insurance units (HIUs) among related persons living together, and then determines the income reported for each HIU. The KFF methodology uses the Census Bureau poverty level cut-offs, so the poverty level for a single adult living alone is the same cut-off
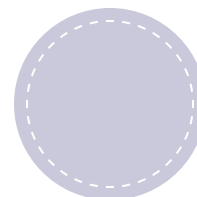
applied to a young adult living with parents. KFF estimates that 62% of Maryland's nonelderly uninsured in 2006–2007 are low-income (under 200% of the poverty level), compared to 65% of the nonelderly uninsured nationally in 2007.[13] To the extent that younger adults living with older family members are subsidized, in the form of lower expenditures for such things as rent, food, and utilities, and people living independently are not, the KFF methodology overestimates the number of persons living in low-income circumstances.

What is the difference between the uninsured rate and the distribution of the uninsured?

Some of the figures in this report (10, 14, 16, and 18–20) compare uninsured rates to the distribution of the uninsured. In these figures, the left side lists the proportion of a particular demographic group—defined by the combination of the row and column characteristics—that is uninsured (the uninsured rate for that group). The right side of the figure shows what proportion of the uninsured population comes from each demographic group (the distribution of the uninsured across the demographic groups). The purpose of presenting the information on the uninsured rate for a demographic group next to its share of the uninsured is to prevent readers from jumping to the conclusion that a group with a high uninsured rate must account for a relatively large portion of the State's uninsured. A high uninsured rate results in a large share of the uninsured only if that demographic group comprises a large portion of the nonelderly. In contrast, a large demographic group with a relatively low uninsured rate will account for a large portion of the insured due to their predominance in the population.

For example, in Figure 16, the left side of the figure shows that 64% of low-income noncitizens are uninsured. The right side of the figure shows that in spite of their very high uninsured rate, this group accounts for just 12% of Maryland's nonelderly uninsured. If you add the percentages in each row of the right side of the table, you find that citizens as a group account for 74% (32+26+16) of the nonelderly uninsured, noncitizens account for 26% (12+11+3), and the majority of uninsured noncitizens have incomes above 200% of the poverty level. In spite of having lower uninsured rates than noncitizens, citizens account for the majority of uninsured because they comprise 91% of Maryland's nonelderly (Table 1).

1   In 2007, the CPS-ASEC data for years prior to 2006 was revised to identify more persons with dependent coverage, thereby increasing the number with health insurance in each of the affected years. This study was conducted prior to the data revision and therefore slightly underestimates the number of persons reporting insurance coverage.

2   Bhandari, S. (2004). People with Health Insurance: Comparison of Estimates from Two Surveys. U.S. Census Bureau.

3   Persons with eight months or more of private coverage during the year in the SIPP accounted for 87% of those reporting any private coverage.

4   Those with six months or more of public coverage during the year in the SIPP accounted for 82% of those reporting any government coverage.

5   This study included persons of all ages for whom Medicare comprises the majority of government coverage. In the nonelderly, however, Medicaid is the predominant form of government coverage. Consequently, the CPS government coverage rate in the nonelderly may reflect a somewhat different duration of coverage in the SIPP. See endnote 7 below.

6   Among Maryland's nonelderly privately insured, about 7% report also having had some type of public insurance. About 27% of those with Medicaid report additional coverage: 17% with private insurance and 10% with other public coverage. Most (72%) of those with other public coverage (military and Medicare) cite additional coverage. Among those with military coverage, 73% also report private coverage; among those with Medicare, 40% also report private coverage and 34% also report Medicaid. Because the CPS-ASEC asks about all types of coverage over a 12-month period, the multiple-coverage types reported by some respondents could have occurred simultaneously or sequentially during the year.

7   Bhandari, S., and Mills, R. (2003). Dynamics of Economic Well-being: Health Insurance 1996–1999. U.S. Census Bureau.

8   For example, the under-age-65 Maryland Medicaid enrollees likely to report Medicaid in the CPS-ASEC would be those enrolled in Managed Care Organizations (MCOs) for most of the preceding year under the following assumptions: a) coverage benefits need to include hospitalization to qualify as "health insurance"; b) persons are likely to report health insurance only if enrolled for most of the year; and c) persons dually enrolled in Medicare and Medicaid may report only their Medicare coverage (which gives them access to more physicians). A comparison of the number reporting Medicaid in the CPS-ASEC with Maryland MCO enrollment-by-duration for CY2005 indicates that the CPS Medicaid count appears to reflect the number of MCO enrollees with seven or more months of Medicaid coverage during the year, which represents about 77% of all MCO enrollees in CY2005.

9   Eberly, T., Pohl, M., and Davis, S. (2005). The Maryland Current Population Survey Medicaid undercount study. **http://www.hilltopinstitute.org/publications/CPSSurvey_Report%20July%2025%202005.pdf**.

10   The participants include researchers from the State Health Access Data Assistance Center, the National Center for Health Statistics, the Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, the Centers for Medicare and Medicaid Services, and the U.S. Census Bureau.

11   Davern, M., Klerman, J. A., and Ziegenfuss, J. (2007). Medicaid Under-reporting in the Current Population Survey and One Approach for a Partial Correction. **http://www.sph.umn.edu/img/assets/18528/CPSMedicaid_Adj_Oct2007.pdf** *Note: the model-adjusted values in Table A-2 are incorrect.*

12   Unpublished data.

13   **http://www.statehealthfacts.kff.org/comparetable.jsp?ind=136&cat=3&sub=40&yr=85&typ=2**.

KEY COMPARISONS
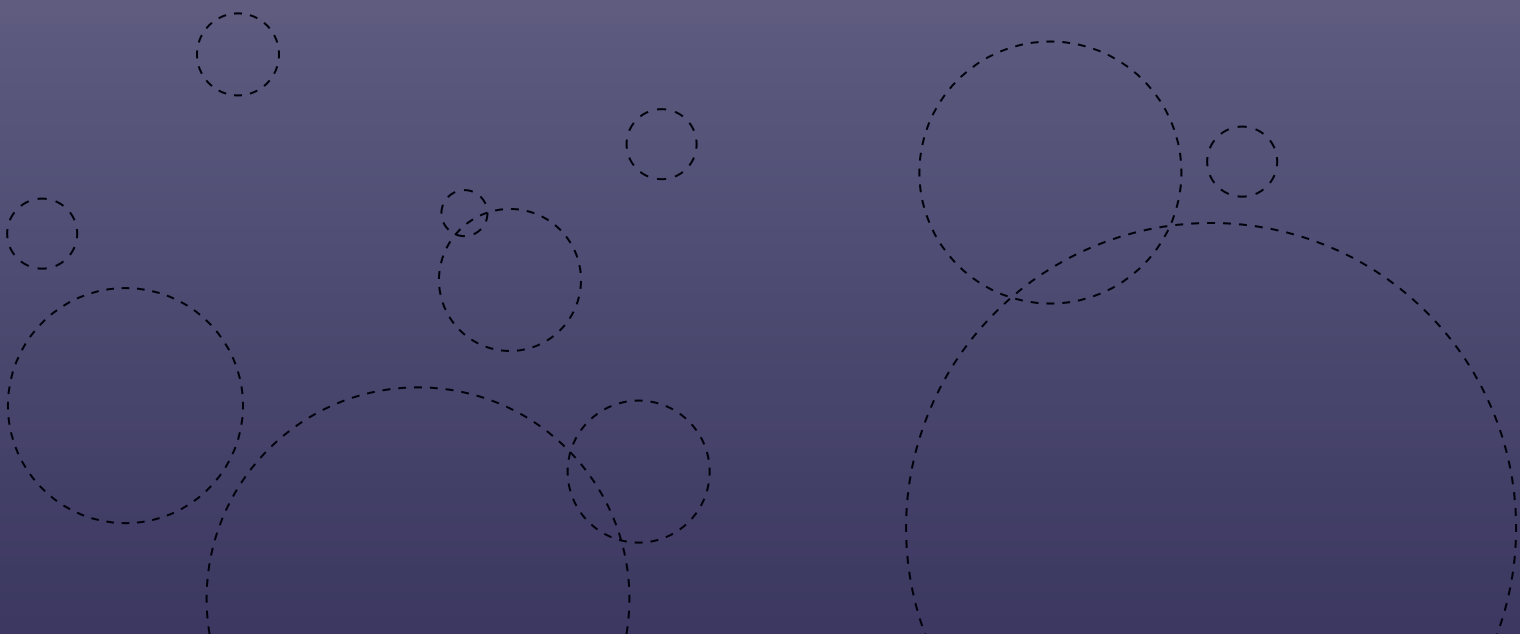
FIGURE 1: Health Insurance Coverage of the Nonelderly, 2004–2005 to 2006–2007

This analysis includes all sources of coverage reported by each person; since 8% of the nonelderly in Maryland report more than one type of coverage, the sum of coverage percents exceeds 100%. Maryland's two-year-average nonelderly uninsured rate nominally shifted from 14.9% in 2004–2005 to 15.4% in 2006–2007, but the change is not statistically significant (using a 90% confidence interval). Similarly, there were no statistically significant changes in the percentages of nonelderly residents covered by each of the insurance sources. Private insurance—including employer-sponsored and direct-purchase insurance—covers about three-fourths of Maryland's nonelderly residents (FIGURE 2), with employment-based insurance the dominant source of coverage. (The sum of employment-based and direct-purchase exceeds 75% in this figure due to persons reporting both sources. Refer to *FAQs About These Estimates/Who is included in the coverage rates?*)

Employment-based — 70%, 71%

Direct-purchase* — 7%, 7%

Medicaid — 9%, 9%

Other Public° — 7%, 6%

Uninsured — 15%, 15%

☐ 2004–2005
☐ 2006–2007

Direct-purchase includes private insurance: source unknown
°Other Public includes Medicare and military-related coverage
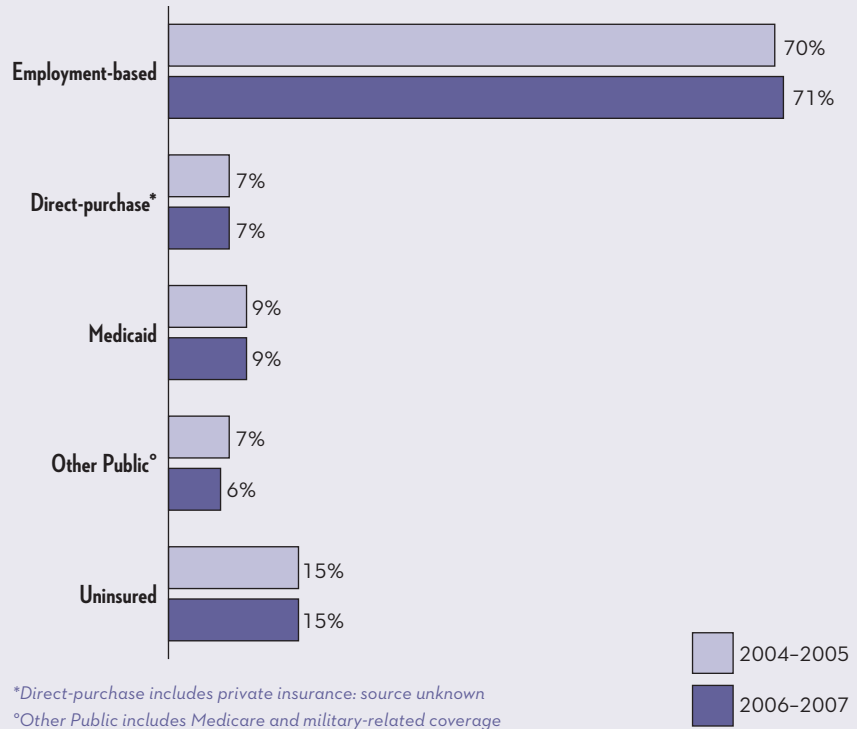
FIGURE 2: Trends in Health Insurance Coverage, 2000–2001 through 2006–2007

As in FIGURE 1, this analysis includes multiple sources of coverage. During the period 2000–2001 through 2004–2005, insurance coverage among Maryland's nonelderly residents shifted away from private coverage and into public coverage. Statistically significant declines in private coverage in 2002–2003 and 2004–2005 were driven by reductions in employment-based coverage. Conversely, the Medicaid rate rose significantly in each of these time periods. During 2002–2003, the rise in public coverage was insufficient to offset the decline in private coverage, resulting in a higher uninsured rate. But in 2004–2005, the increase in Medicaid coverage resulted in an uninsured rate statistically similar to that of 2002–2003. The Maryland trends echoed the nation over this period with respect to which rates rose or fell (data not shown). However, while Maryland's rates did not change significantly from 2004–2005 to 2005–2006, nationally the uninsured rate increased slightly due to a slight decline in employment-based coverage. (Refer to *FAQs About These Estimates/Who is included in the coverage rates?*)

Coverage Type	2000-2001	2002-2003	2004-2005	2006-2007
Private	83%	78%	76%	76%
Employment-based	78%	73%	70%	71%
Medicaid	6%	7%	9%	9%
Uninsured	12%	14%	15%	15%

FIGURE 3: Health Insurance Coverage of the Nonelderly: Maryland and United States, 2006–2007

Employment-based coverage continues to be more common in Maryland than nationwide. As a result, the State's two-year average uninsured rate is below the national average. Maryland has one of the nation's lowest poverty rates, which results in a Medicaid rate below the national average. Additionally, Maryland's rates for Direct-purchase and Other Public coverage are also statistically below the national average. (This figure, like the remaining figures and tables in this report, uses a hierarchy that limits persons with multiple coverage types to one category so that the total equals 100%; consequently, most of the percentages in this figure differ from those in FIGURES 1 AND 2. Rules for the hierarchy are in TABLE ENDNOTE B.)

Employment-based: 61% (United States), 69% (Maryland)
Direct-purchase*: 6% (United States), 5% (Maryland)
Medicaid: 14% (United States), 9% (Maryland)
Other Public°: 3% (United States), 2% (Maryland)
Uninsured: 17% (United States), 15% (Maryland)

United States
Maryland

*Direct-purchase includes private insurance: source unknown
°Other Public includes Medicare and military-related coverage
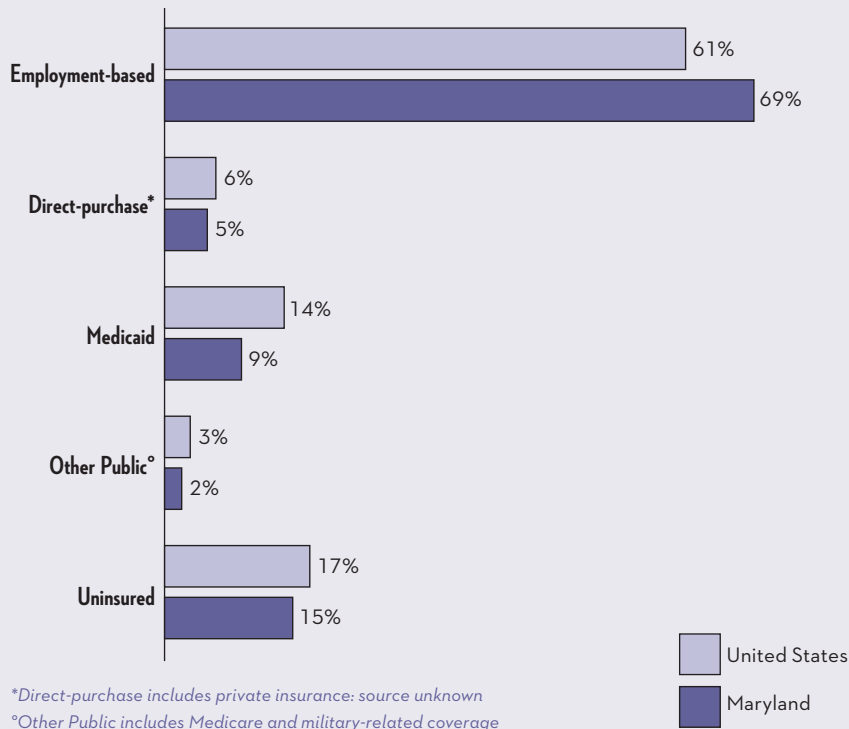
FIGURE 4: Changes in the Number and Percent of Uninsured Children and Nonelderly Adults, 2004–2005 to 2006–2007

The two-year average uninsured rates for adults and children, along with the numbers of uninsured adults and children, were statistically similar in 2004–2005 and 2006–2007. (The apparent increase in the rate and number of uninsured children was not statistically significant using a 90% confidence interval.) The 2006–2007 uninsured rate among children, 10%, is below the State average, so children are underrepresented in the uninsured: They comprise 20% of the uninsured but are 30% of the nonelderly population (TABLE 5). Nonelderly adults, with an uninsured rate of 17%, are overrepresented in the uninsured at 80% versus their 70% share of the nonelderly.

Children–Total: 130,000 (9%) (2004–2005), 150,000 (10%) (2006–2007)
Adults–Total: 600,000 (17%) (2004–2005), 610,000 (17%) (2006–2007)

2004–2005
2006–2007
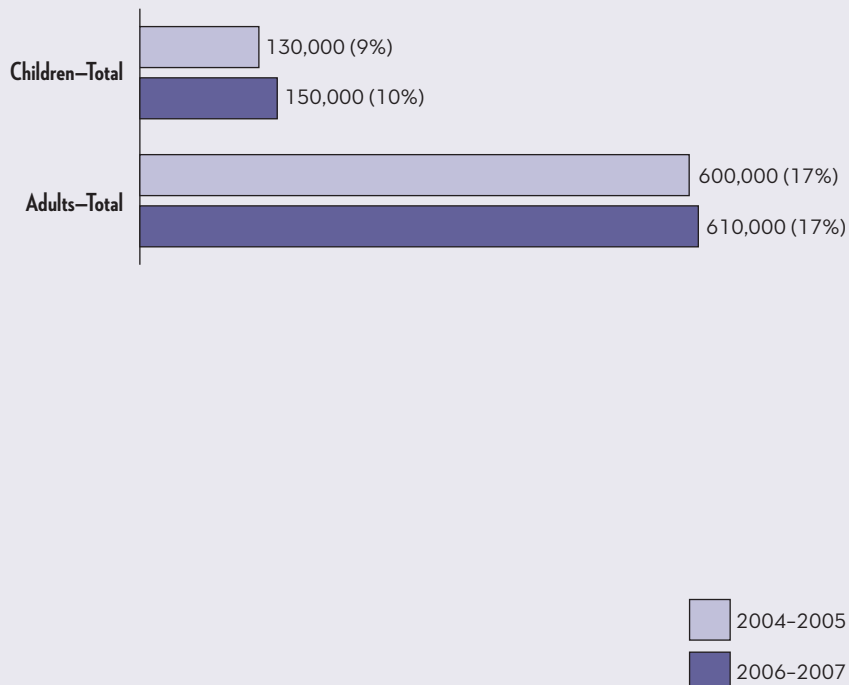
FIGURE 5: Health Insurance Coverage of the Nonelderly by Age, 2006–2007

As is the case nationwide, young adults, ages 19–29, in Maryland have the highest risk of being uninsured of any age group, mainly due to their level of employment-based coverage, which is significantly lower than all other age groups. All children, as well as adults ages 45–64, have statistically similar uninsured rates, but children are more likely to rely on Medicaid & Other Public coverage and less likely to have employment-based coverage. From 2004–2005 to 2006–2007, there were no significant changes in the coverage rates for any age group.

	0-9	10-18	19-29	30-44	45-54	55-64
Uninsured	10%	10%	30%	17%	12%	8%
Medicaid & Other Public	23%	17%		6%	7%	10%
Direct-purchase	3%	5%	7%	4%	4%	4%
Employment-based	63%	68%	56%	73%	77%	78%

Legend:
- Uninsured
- Medicaid & Other Public
- Direct-purchase
- Employment-based

(Note: the 19-29 column shows 7% and 7% segments)

FIGURE 6: Health Insurance Coverage of Nonelderly Adults by Marital Status and Gender, 2006–2007

Compared to single adults, married adults are more likely to be insured, probably because they tend to be older, with higher incomes and—if both spouses have jobs—increased access to employment-based insurance. Among single adults, the uninsured rate varies by gender, with females more likely to be insured (regardless of age) due to a higher rate of private insurance; their Medicaid rates, however, are statistically similar. Single females have lower family incomes than single males, so the observed female-male gap in private insurance is not income-related. This gap reflects different attitudes toward health insurance and possibly dissimilar access to employment-based insurance due to job choices.

	Married Adult	Single Female Adult	Single Male Adult
Uninsured	11%	22%	30%
Medicaid & Other Public	4%	12%	10%
Private	85%	67%	60%

Legend:
- Uninsured
- Medicaid & Other Public
- Private
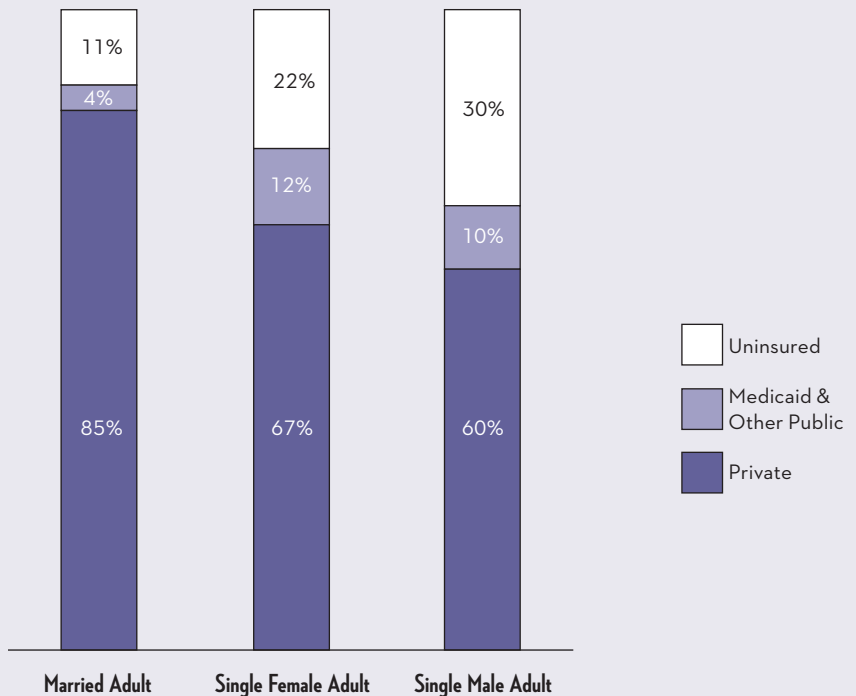
FIGURE 7: Health Insurance Coverage of Nonelderly Adult Females by Marital Status and Age, 2006–2007

Among nonelderly women, ages 19–44 and 45–64, single women are about twice as likely to be uninsured as married women in the same age group, due to their lower rates of private insurance coverage. This gap in private insurance coverage reflects the advantage that being married confers, regarding access to and affordability of private coverage among women. The rates of private coverage do not differ significantly by age group among single women or among married women. However, the rate for Medicaid and Other Public coverage is higher among older single women than among younger single women, with older single women having the highest rate of public coverage among nonelderly adult women.

Marital Status and Age	Private	Medicaid & Other Public	Uninsured
Married 19–44	83%	4%	13%
Married 45–64	89%	5%	6%
Single 19–44	65%	10%	25%
Single 45–64	69%	16%	15%

FIGURE 8: The Nonelderly Uninsured by Children/Parent Status, 2006–2007

Adults without dependent children younger than age 19 comprise the majority (58%) of Maryland's uninsured, and most of them are single. Single, non-parent adults are over-represented among the uninsured. They are 27% of the nonelderly but account for 44% of the uninsured. Single parents are also over-represented among the uninsured, being 5% of the nonelderly but comprising 9% of the uninsured.

Single Parents: 9%
Married Parents: 13%
Children Living With ≤1 Parent: 12%
Children Living With 2 Parents: 8%
Married Non-parent Adults: 14%
Single Non-parent Adults: 44%
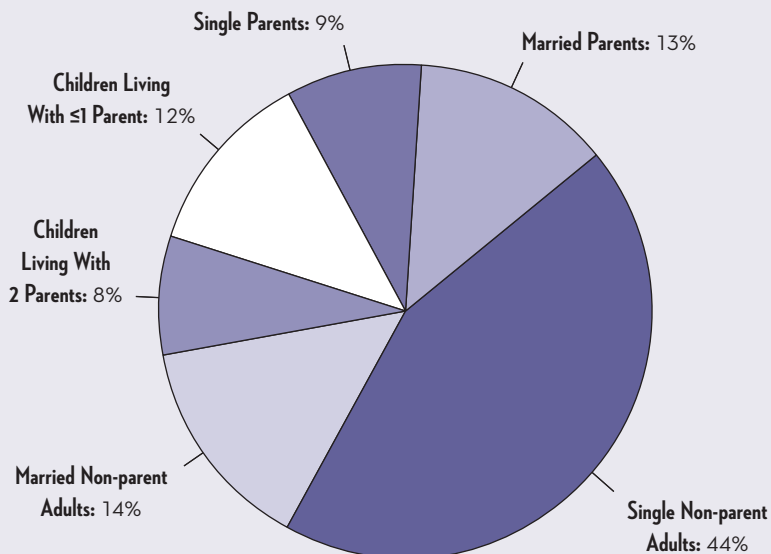
Total=760,000 uninsured

FIGURE 9: The Nonelderly Uninsured by Poverty Level, 2006–2007

Persons in families with low incomes—at or below 200% of the poverty level—form a minority (44%) of Maryland's uninsured. Comparing 2004–2005 to 2006–2007, the State's uninsured are less likely to be Poor (26% versus 21%) and more likely to have incomes between 301% and 400% of the poverty level (10% versus 16%). These shifts are due to increases in both the uninsured rate (11% to 17%) and the share of the nonelderly (13% to 15%) at the 301%–400% income level and a decline in the share of nonelderly who are low-income (23% to 19%). Compared to Maryland, the uninsured nationwide are more likely to be low-income (54%) and less likely to have incomes of 201%–400% (30%). (Refer to TABLE ENDNOTE D for information on how the poverty level is determined and poverty levels by family size. For a family of three in 2007, 200% of the poverty level is typically $33,378.)

High (601%+): 8%

High Moderate (401% to 600%): 11%

Mid Moderate (301% to 400%): 16%

Poor (≤100%): 21%

Near Poor (101% to 200%): 23%

Low Moderate (201% to 300%): 21%
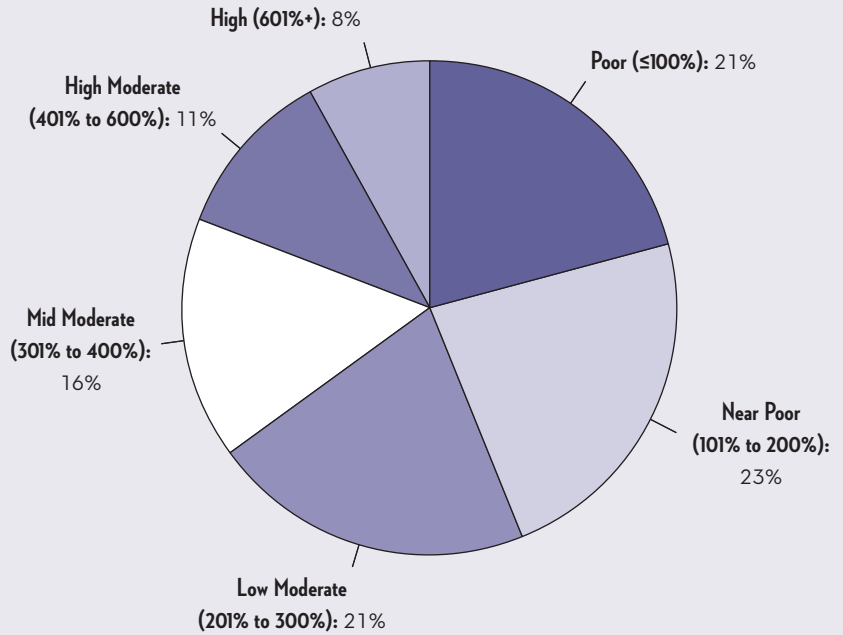
Total=760,000 uninsured

FIGURE 10: Nonelderly Uninsured Rates and Distribution by Poverty Level and Age, 2006–2007

Young adults ages 19–34 in Maryland are less likely to have health insurance than children or older adults, regardless of income (standardized as a percentage of the poverty level for that family size), so they are a larger share of the uninsured than their share of the nonelderly population: 41% versus 24% (TABLE 5). Conversely, children and older adults are less common in the uninsured than in the nonelderly population. Although the uninsured rates for these groups were stable from 2004–2005 to 2006–2007, the income-related changes cited in FIGURE 9 altered the mix of uninsured. The proportion of young adults with incomes of 201%–400% increased (12% to 17%) while the share of low-income older adults decreased (22% to 17%).

Age	Uninsured Rate			Distribution of the Uninsured*		
	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)
0–18	22%	10%	4%	11%	6%	3%
19–34	48%	34%	11%	17%	17%	8%
35–64	39%	19%	5%	17%	14%	8%

Refer to FAQs ABOUT THESE ESTIMATES/What is the difference between the uninsured rate and the distribution of the uninsured?

*Percentages may not add up to 100% due to rounding

FIGURE 11: The Nonelderly Uninsured by Children/Parent Status and Poverty Level, 2006–2007

Most (60%) of Maryland's nonelderly uninsured are non-parent adults—adults without children under age 19. The majority of uninsured non-parent adults have family incomes above 200% of the poverty level. In contrast, about half of uninsured children and parents live in families with low incomes (up to 200% of the poverty level). (Refer to TABLE ENDNOTE D for information on how the poverty level is determined, as well as poverty levels by family size. For a family of three in 2007, 200% of the poverty level is typically $33,378.)

Children: 9%

Children: 11%

Parents: 11%

Parents: 11%

Non-parent Adults: 22%

Non-parent Adults: 35%

≤200%

201%+

Total=760,000 uninsured
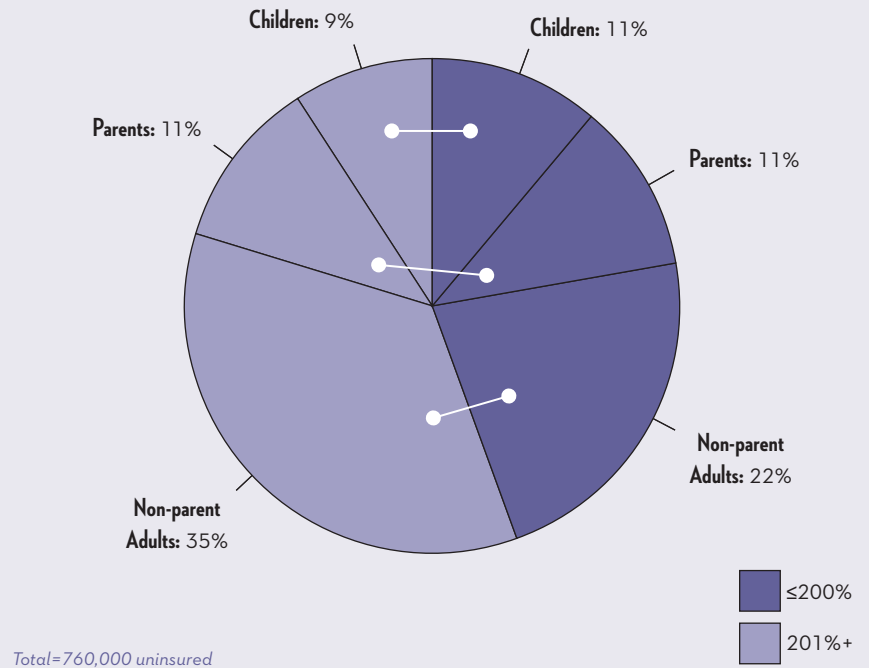
FIGURE 12: Uninsured Children by Parent Insured Status and Poverty Level, 2006–2007

Children who do not live with a parent or, to a lesser extent, who live with an uninsured parent, are disproportionately represented among uninsured children. Just 14% of children in Maryland live with an uninsured parent, but they comprise 70% of the uninsured children, while 6% of the State's children do not live with a parent, but account for 14% of uninsured children. The majority of uninsured children who live with an uninsured parent are low income (up to 200% of the poverty level).

No Parent: 14%

Parent Uninsured 201%+ of Poverty Level: 29%

Parent Insured: 16%

Parent Uninsured ≤200% of Poverty Level: 41%

Total=150,000 uninsured children
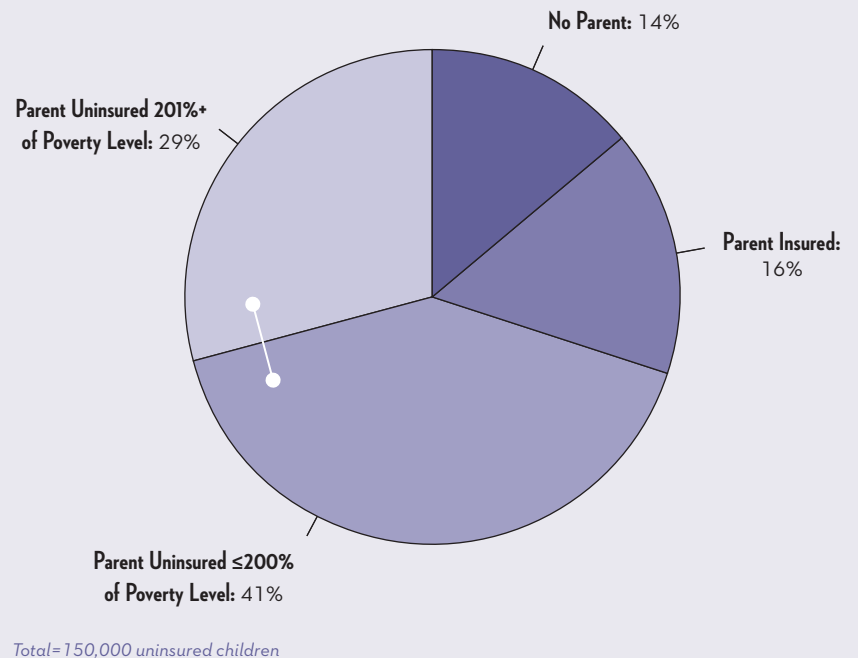
FIGURE 13: **Health Insurance Coverage of the Nonelderly by Highest Educational Level in Family, 2006–2007**

The highest educational attainment of the adults in a family is a strong predictor of having insurance coverage, specifically private insurance. Although a relatively high share (23%) of children and adults in families in which the adult(s) did not graduate from high school have public coverage, almost half (46%) are uninsured, reflecting a low rate of private coverage (31%). Their uninsured rate is up from 2004–2005 (37%), due to nominal, statistically insignificant declines in both private and public coverage. In contrast, the private coverage rate changed significantly among the high school graduate (60% to 55%) and associate degree/some college (71% to 75%) family members without (statistically) significant impact on their uninsured rates.
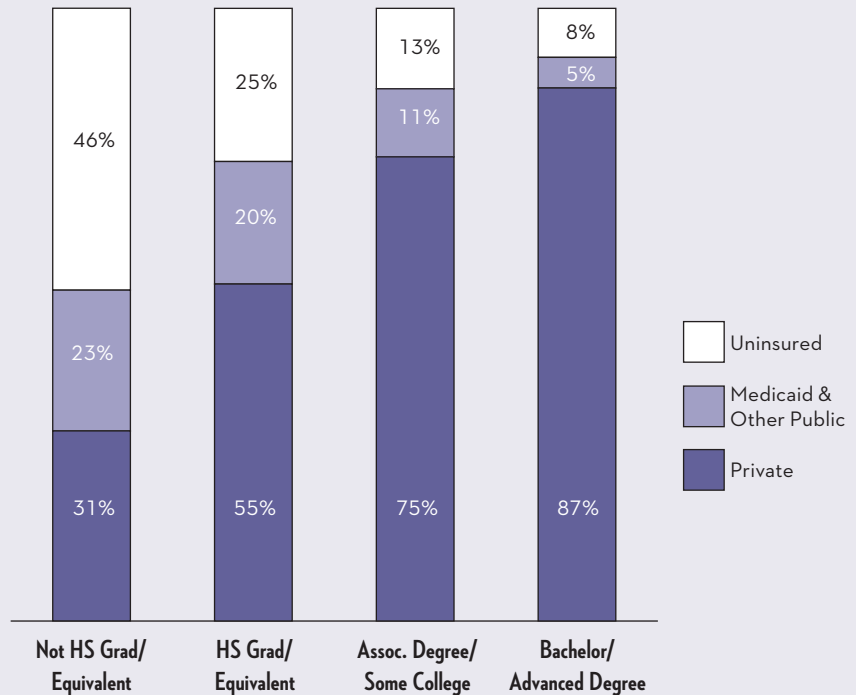
FIGURE 14: **Nonelderly Uninsured Rates and Distribution by Highest Educational Level in Family and Poverty Level, 2006–2007**

Among families with incomes above 200% of the poverty level, higher educational attainment by the adult(s) in the family appears to be associated with a greater probability of having insurance. However, the uninsured rates for those with low incomes do not differ significantly by educational attainment, except for the lower rate among the associate degree/some college group. From 2004–2005 to 2006–2007, the composition of the uninsured and the uninsured rates by educational attainment were stable, excluding a rise in the uninsured rate (from 31% to 51%) among those in families with less than a high school education and lower moderate income.

Highest Educational Attainment in Family	Uninsured Rate			Distribution of the Uninsured*		
	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)
Not HS Grad./Equivalent	46%	51%	NS°	10%	6%	2%
HS Grad./Equivalent	38%	23%	11%	20%	12%	4%
Assoc. Degree/Some College	23%	18%	5%	8%	11%	4%
Bachelor/Adv. Degree	35%	13%	4%	7%	8%	9%

Refer to FAQs About These Estimates/What is the difference between the uninsured rate and the distribution of the uninsured?

*Percentages may not add up to 100% due to rounding
°Indicates an insufficient sample size

FIGURE 15: Health Insurance Coverage of the Nonelderly by Citizenship, 2006–2007

Of Maryland's non-U.S. citizen residents, 44% do not have insurance. The uninsured rate for non-citizens is significantly higher than the rate for naturalized citizens due to significantly lower employment-based coverage. Compared to native citizens, naturalized citizens have statistically similar employment-based coverage and uninsured rates. Maryland's uninsured rates for non-citizens and naturalized citizens are similar to the national averages (data not shown). Among native citizens, however, the State's uninsured rate (12%) is below the national average (15%).
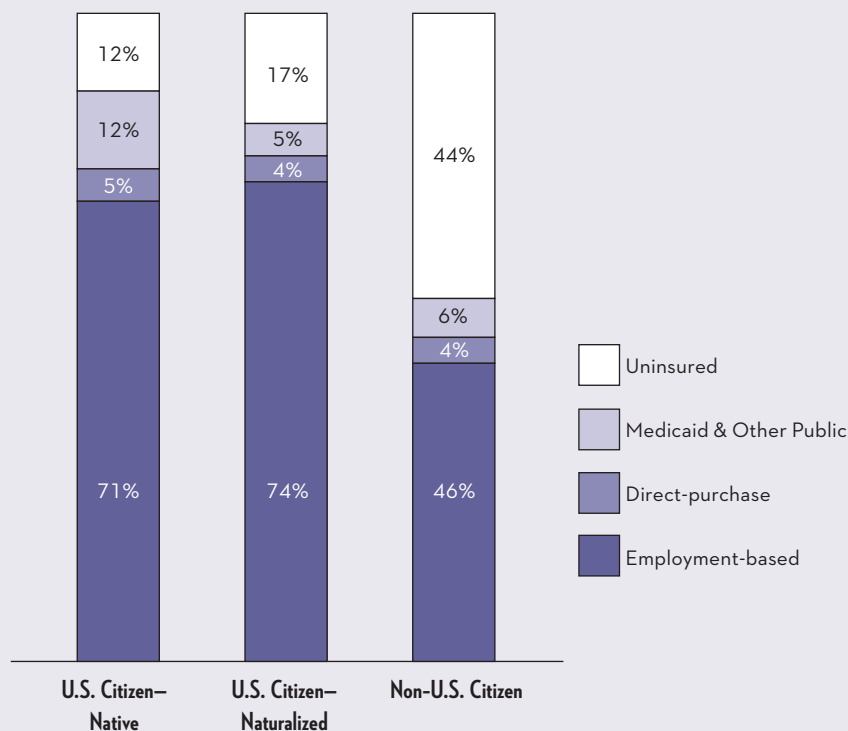
FIGURE 16: Nonelderly Uninsured Rates and Distribution by Citizenship and Poverty Level, 2006–2007

Compared to U.S. citizens in Maryland, non-citizens are significantly less likely to have health insurance. Because only certain qualified non-citizens are eligible for Medicaid, the uninsured rate for low-income non-citizens will be higher than for citizens. But their much higher uninsured rates within every income level (and regardless of length of residence in the U.S., TABLE 1) suggest that the U.S. health care system's expectation that everyone will accept the need to purchase health insurance is not universal. Non-citizens are 9% of the State's nonelderly, slightly above the national average of 8% (data not shown). But they are 26% of the State's uninsured, above the national average of 21%. Compared to 2004–2005, citizens with family incomes of 201%–400% in 2006–2007 are a larger share of the uninsured (20% to 26%)—reflecting changes discussed in FIGURE 9—while non-citizens with incomes above 400% are less common (7% to 3%), due to a lower uninsured rate (35% to 17%).

Citizenship	Uninsured Rate			Distribution of the Uninsured*		
	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)
U.S. Citizen	30%	16%	5%	32%	26%	16%
Non–U.S. Citizen	64%	50%	17%	12%	11%	3%

Refer to FAQs About These Estimates/What is the difference between the uninsured rate and the distribution of the uninsured?
Percentages may not add up to 100% due to rounding

FIGURE 17: Health Insurance Coverage of the Nonelderly by Racial/Ethnic Groups, 2006–2007

Employment-based insurance rates tend to differ by race/ethnicity. Less than half of Hispanics have employment-based coverage, resulting in the highest uninsured rate (46%). The employment-based rate for Blacks (non-Hispanic) is higher, but it lags behind the rates for non-Hispanic Whites and Asians/Others, yielding an uninsured rate higher than that of Whites but not statistically different from that of Asians/Others. Blacks are the most likely to have Medicaid coverage. Rates for Whites and Asians/Others are not significantly different except for the lower uninsured rate in Whites (note: the Asian/Others sample is relatively small). The State's uninsured rates for racial/ethnic groups differ from the national averages except for Asians/Others, with lower rates for Whites (9% versus 12%) and Blacks (18% versus 21%) and a higher rate for Hispanics (46% versus 35%).

Legend:
- Uninsured
- Medicaid & Other Public
- Direct-purchase
- Employment-based

White, Non-Hispanic: 9% (Uninsured), 8% (Medicaid & Other Public), 5% (Direct-purchase), 78% (Employment-based)
Black, Non-Hispanic: 18% (Uninsured), 18% (Medicaid & Other Public), 4% (Direct-purchase), 60% (Employment-based)
Hispanic (Any Race): 46% (Uninsured), 10% (Medicaid & Other Public), 3% (Direct-purchase), 41% (Employment-based)
Asian/Other, Non-Hispanic: 16% (Uninsured), 7% (Medicaid & Other Public), 4% (Direct-purchase), 74% (Employment-based)

FIGURE 18: Nonelderly Uninsured Rates and Distribution by Racial/Ethnic Groups and Poverty Level, 2006–2007

Some of the racial/ethnic differences in coverage patterns (FIGURE 17) are likely related to income: In Maryland, Blacks and Hispanics are more likely to be low-income than are Whites or Asians/Others. Differences in uninsured rates by race/ethnicity within income levels, however, are generally not significant. Only Hispanics have significantly higher uninsured rates than Whites, regardless of income. The uninsured rate for Blacks is significantly higher than that of Whites only at higher family income levels (401%+ of poverty level), where their rate is statistically similar to that of Hispanics. None of the rates for Whites and Asians/Others are significantly different. Hispanics and, to a lesser degree, Blacks, are disproportionately represented among the uninsured (TABLE 5), with Hispanics comprising a larger share of the uninsured in 2006–2007 than in 2004–2005 (19% to 24%).

Racial Groups	Uninsured Rate			Distribution of the Uninsured*		
	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)	Low Income (0-200%)	Lower Moderate Income (201-400%)	Higher Moderate to High Income (401%+)
White, Non-Hispanic	29%	14%	3%	13%	13%	8%
Black, Non-Hispanic	30%	18%	10%	17%	11%	8%
Hispanic (Any Race)	64%	52%	17%	11%	11%	3%
Asian/Other, Non-Hispanic	41%	19%	6%	3%	2%	1%

Refer to FAQS ABOUT THESE ESTIMATES/What is the difference between the uninsured rate and the distribution of the uninsured?
Percentages may not add up to 100% due to rounding

FIGURE 19: Nonelderly Uninsured Rates and Distribution by Racial/Ethnic Groups and Highest Educational Level in Family, 2006–2007

Educational attainment plays a part in explaining racial/ethnic differences in coverage: 60% of Hispanics live in families where adults have a high school education or less compared to 34% of Blacks, 21% of Whites, and 11% of Asians/Others. However, among persons in families with lower educational attainment, Hispanics have a higher uninsured rate than the other racial/ethnic groups, whose rates are statistically similar. Among those in families where at least one adult went to college, Hispanics are also the least likely to be insured, and Whites are more likely to be insured than Blacks or Asians/Others. Uninsured Whites and Blacks are divided about equally between the two educational levels. In contrast, 79% of uninsured Hispanics are in families where the adults have a high school education or less, and 79% of uninsured Asians/Others reside in families where at least one adult attended college.

Racial Groups	Uninsured Rate		Distribution of the Uninsured*	
	Not HS Grad./ HS Grad.	Some College/ Bachelor/ Advanced Degree	Not HS Grad./ HS Grad.	Some College/ Bachelor Advanced Degree
White, Non-Hispanic	21%	6%	16%	18%
Black, Non-Hispanic	25%	14%	17%	19%
Hispanic (Any Race)	60%	24%	19%	5%
Asian/Other, Non-Hispanic	31%	14%	1%	5%

Refer to FAQs About These Estimates/What is the difference between the uninsured rate and the distribution of the uninsured?
*Percentages may not add up to 100% due to rounding

FIGURE 20: Nonelderly Uninsured Rates and Distribution by Racial/Ethnic Groups and Citizenship, 2006–2007

Uninsured rates in Maryland are higher for non-citizens than citizens among Hispanics and Blacks, but do not differ significantly among Whites and Asians/Others. The hierarchy of uninsured rates by racial/ethnic groups is similar within citizens and non-citizens, with Hispanics having the highest rate, Blacks having a rate higher than that of Whites, and Asians/Others having rates that are statistically similar to those of both Whites and Blacks. Hispanics form a disproportionate share of uninsured non-citizens: 68% versus 43% of the State's non-citizens. Asians/Others, who comprise 21% of the State's non-citizens, are under-represented among uninsured non-citizens (11%), as are Whites (4% versus 13% of non-citizens) and Blacks (17% versus 23% of non-citizens). Maryland's non-citizen share of Hispanic residents is higher than the national average (48% versus 30%).

Racial Groups	Uninsured Rate		Distribution of the Uninsured*	
	U.S. Citizen	Non-U.S. Citizen	U.S. Citizen	Non-U.S. Citizen
White, Non-Hispanic	9%	15%	33%	1%
Black, Non-Hispanic	17%	32%	31%	4%
Hispanic (Any Race)	23%	70%	6%	18%
Asian/Other, Non-Hispanic	12%	24%	3%	3%

Refer to FAQs About These Estimates/What is the difference between the uninsured rate and the distribution of the uninsured?
*Percentages may not add up to 100% due to rounding

FIGURE 21: **Uninsured Rates and Distribution Within the Population for Married Parents, Ages 35-64, College Graduates with High Income¹ by Racial/Ethnic Groups, 2004–2007**

Racial/ethnic differences in uninsured rates for those with higher family incomes (FIGURE 18) could result from racial/ethnic differences in the distribution of income and/or other characteristics known to influence insured status, such as age, educational attainment, and citizenship. Among the demographic group most likely to have health insurance (married adults, ages 35–64, who are college graduates, who have at least one dependent child, and who have incomes above 600% of the poverty level), the uninsured rates for 2004–2007 do not vary by racial group (excluding Hispanics, due to an insufficient sample in this demographic). This demographic group accounts for 8% of all adults ages 35–64, but appears to be relatively more common among Asians/Others ages 35–64 (14%) and less common among Blacks or Hispanics.

Racial Groups	Uninsured Rate	Within Group Share of Adults Ages 35-64
White, Non-Hispanic	2%	10%
Black, Non-Hispanic	2%	5%
Hispanic (Any Race)	NS°	3%
Asian/Other, Non-Hispanic	<1%	14%
All	2%	8%

¹ More than 600% of the poverty level
°Indicates an insufficient sample size

FIGURE 22: **Health Insurance Coverage of the Nonelderly by Family Work Status: Persons Not Living with Relatives, 2006–2007**

About 14% of Maryland's nonelderly do not live with relatives; collectively, their uninsured rate is 23%. Most (84%) of this demographic group are working adults: 34% in smaller private firms (fewer than 100 employees), 32% in larger firms, and 19% in government. Compared to workers in larger private firms, government employees have statistically similar rates, while workers in smaller firms are less likely to have private coverage and more likely to be uninsured. About 16% of those not living with relatives are children or non-working adults; because of a very high Medicaid rate, their uninsured rate is not statistically different from the uninsured rate for adults working in smaller firms.

FIGURE 23: Health Insurance Coverage of the Nonelderly by Family Work Status: Persons Living with Relatives, 2006–2007

Among persons living with family members, 65% live in families with two or more working adults, 30% are in one-worker families, and 5% are in non-working families. Their collective uninsured rate is 14%. In families with at least two workers, only 16% are solely dependent on smaller private firms for employment-based insurance (compared to 34% in one-worker families), and 38% live in families with at least one government worker (versus 24% in one-worker families). Relative to one-worker families, this employment difference results in a higher private insurance rate (82% versus 67%) and lower uninsured (12% versus 17%) and Medicaid rates (6% versus 18%). (However, more than two workers in a family is not necessarily an advantage—see TABLE 1.)

Workers in Family

		Private	Medicaid & Other Public	Uninsured
	0	25%	45%	30%
1 Government Worker	1	76%	14%	10%
1+ Government Workers	2+	88%	5%	7%
1 Worker Firm Size 100+	1	70%	19%	11%
1+ Workers Firm Size 100+	2+	83%	5%	12%
1 Worker Firm Size <100	1	57%	18%	24%
2+ Workers Firm Size <100	2+	66%	8%	26%
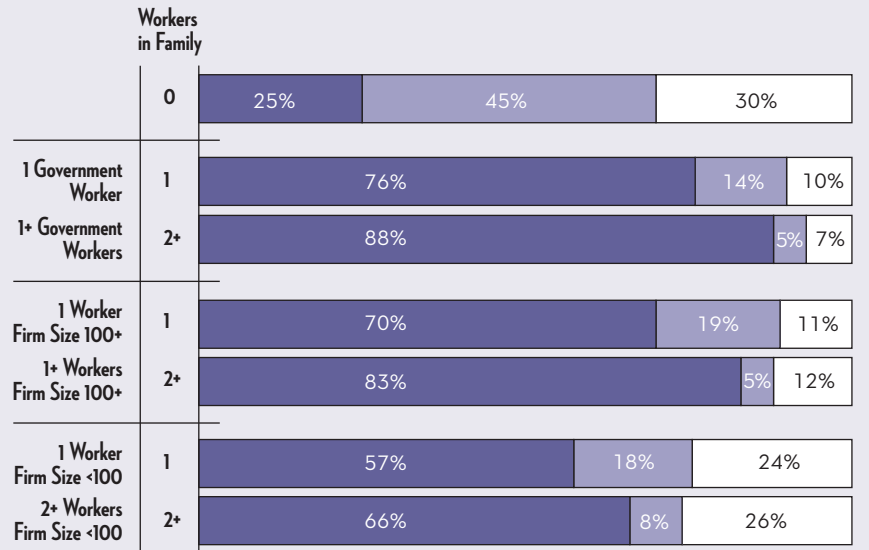
Note: Families with more than one worker are assigned to employment sectors using a hierarchy: 1) any type of government employee, 2) any type of employee for a private firm with 100+ employees, and 3) any type of employee for a small private firm

Legend: Private | Medicaid & Other Public | Uninsured

FIGURE 24: The Nonelderly Uninsured by Family Work Status, 2006–2007

Almost nine of 10 uninsured persons in Maryland live in family units with one or more adult workers, equally split between having one worker versus two or more. Nearly half of the uninsured have at least one family member working for a larger private firm or the government, with the majority in two-worker families. Among the uninsured dependent on smaller private firms for employment-based coverage, most live in one-worker families. Compared to 2004–2005, those in non-working families in 2006–2007 are less likely to be low-income—up to 200% of the poverty level—(77% versus 89%) and uninsured (30% versus 38%). As a result, they comprise a smaller share of the uninsured in 2006–2007 (18% to 12%). (Refer to TABLE ENDNOTE * for the definition of "family.")

No Workers: 12%
1 Government Worker: 5%
1+ Government Workers: 9%
1 Worker Firm Size 100+: 12%
2+ Workers Firm Size 100+: 20%
1 Worker Firm Size <100: 26%
2+ Workers Firm Size <100: 15%

Total=760,000 uninsured

Legend: 1 Worker in Family | 2+ Workers in Family
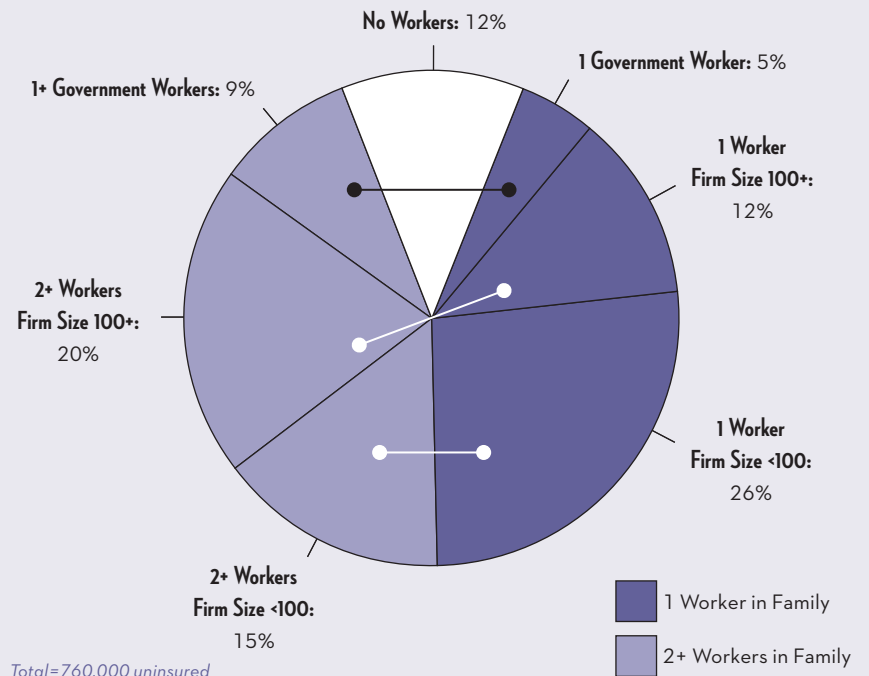
FIGURE 25: The Nonelderly Uninsured by Family Work Status and Poverty Level, 2006–2007

Nearly all (90%) of the uninsured who live in non-working families—including individuals—have incomes at or below 200% of the poverty level ($33,378 for a family of three in 2007). But 62% of the uninsured in working families have incomes above 200% of the poverty level, ranging from about 60% of those in families with workers in smaller (fewer than 100 employees) or larger private firms to 90% of those in families with a government worker.

No Workers: 1%

1+ Government Workers: 12%

No Workers: 11%

1+ Government Workers: 3%

1+ Workers Firm Size 100+: 13%

1+ Workers Firm Size 100+: 19%

1+ Workers Firm Size <100: 18%

1+ Workers Firm Size <100: 24%

≤200%

201%+

Total=760,000 uninsured
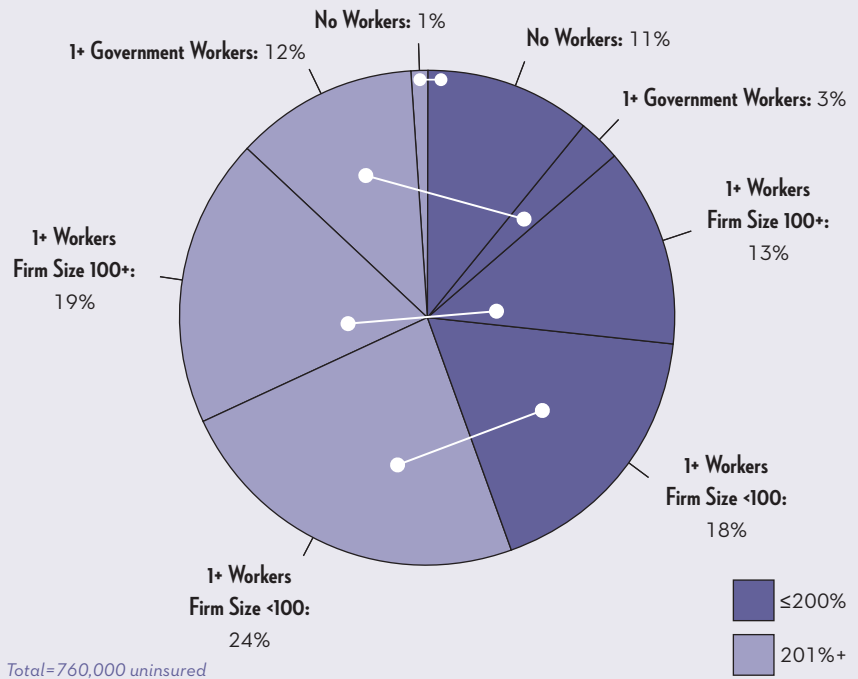
FIGURE 26: Employment-Based Coverage Among Workers Ages 19–64 by Sector and Firm Size, 2006–2007

Among adult workers in Maryland, employment-based coverage is higher among government employees. Federal government workers are the most likely to have employment-based coverage, either through their own policy or the policy of a relative, and the least likely to be uninsured (2%). State and local government employees are more likely to have employment-based coverage than are employees in the largest private firms. Among employees in private firms, the likelihood of employment-based coverage tends to increase with firm size, with statistically significant differences for the size comparisons of <10 employees to 10–24, and 10–24 employees to 25–99. The overall employment-based rate among Maryland workers (76%) is significantly higher than the national average (70%) making the uninsured rate among the State's workers (16%) better than the national rate (18%).

	Own Policy	Relative's Policy	Total
Federal Government Employees	79%	14%	93%
State and Local Government Employees	70%	18%	88%
Firm <10 Employees	27%	26%	53%
Firm 10-24 Employees	45%	19%	64%
Firm 25-99 Employees	51%	23%	74%
Firm 100-499 Employees	63%	17%	80%
Firm 500+ Employees	65%	17%	82%

Own Policy   Relative's Policy
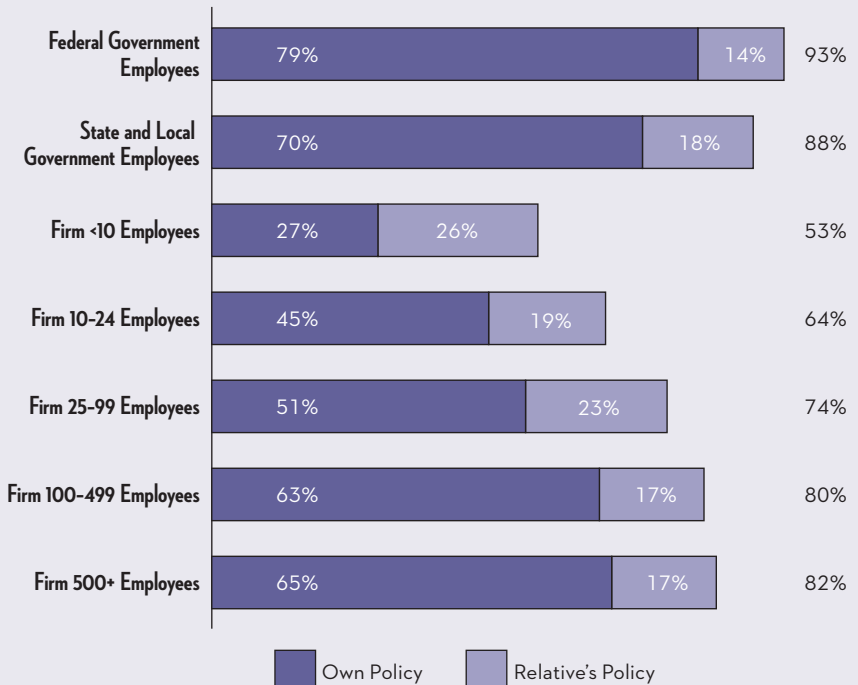
FIGURE 27: Employment Status of Adults Ages 19–64 in Maryland and United States, 2006–2007

Maryland has a higher rate of employment-based insurance than the national average among both all nonelderly (FIGURE 3) and nonelderly adults (71% versus 63%). Further analysis indicates that about half of the Maryland to U.S. employment-based coverage gap in nonelderly adults results from a higher rate of employment-based coverage among the State's private sector workers (72% versus 67%) in both firms with fewer than 100 employees (62% versus 56%) and larger firms (81% versus 78%). The remainder of the difference is due to Maryland having a) relatively fewer non-workers and private sector employees (particularly in smaller firms), who tend to have lower rates of employment-based coverage; b) a higher rate of employment-based coverage among non-workers (45% versus 36%); and c) relatively more federal employees who also have an employment-based coverage rate above the national average for federal workers (93% versus 80%).

Non-workers or Not Paid: 20% (United States), 18% (Maryland)
Private Sector Employees: 68% (United States), 64% (Maryland)
Federal Government Employees: 2% (United States), 7% (Maryland)
State and Local Government Employees: 10% (United States), 11% (Maryland)

United States
Maryland
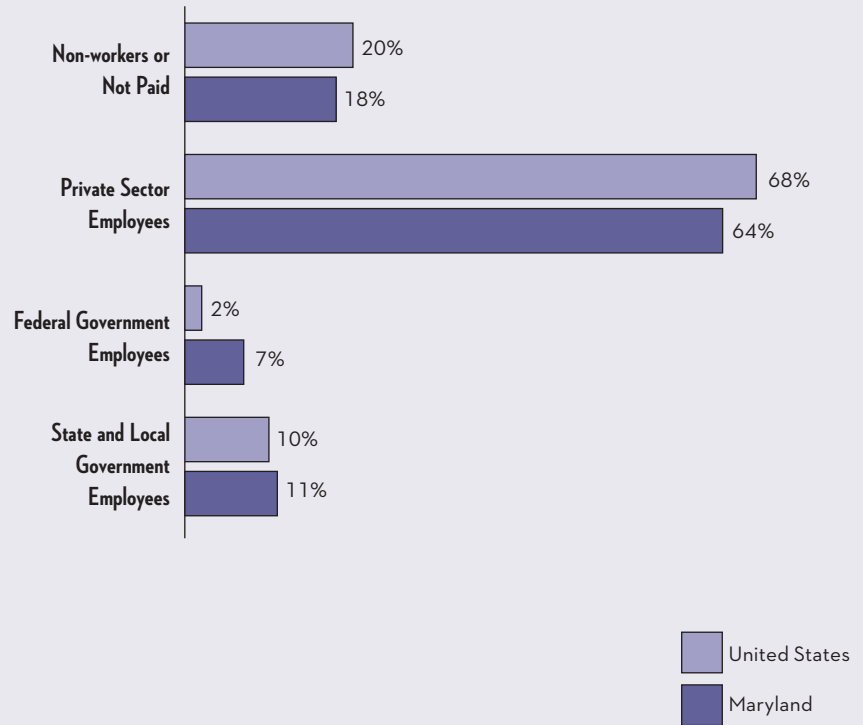
FIGURE 28: Uninsured Workers Ages 19–64 by Sector and Firm Size, 2006–2007

About 60% of Maryland's uninsured are employed adults. Those working in smaller private firms (fewer than 100 employees) are disproportionately represented among uninsured workers: 62% versus 37% of all workers. Those in larger private firms are under-represented in the uninsured: 31% versus 41% of all workers. Government employees (federal, state, or local) are 22% of adult workers in the State but account for just 7% of uninsured workers.

Government Employees: 7%
Firm 500+ Employees: 20%
Firm 100-499 Employees: 11%
Firm 25-99 Employees: 12%
Firm <10 Employees: 35%
Firm 10-24 Employees: 15%

Total=450,000 uninsured workers ages 19–64
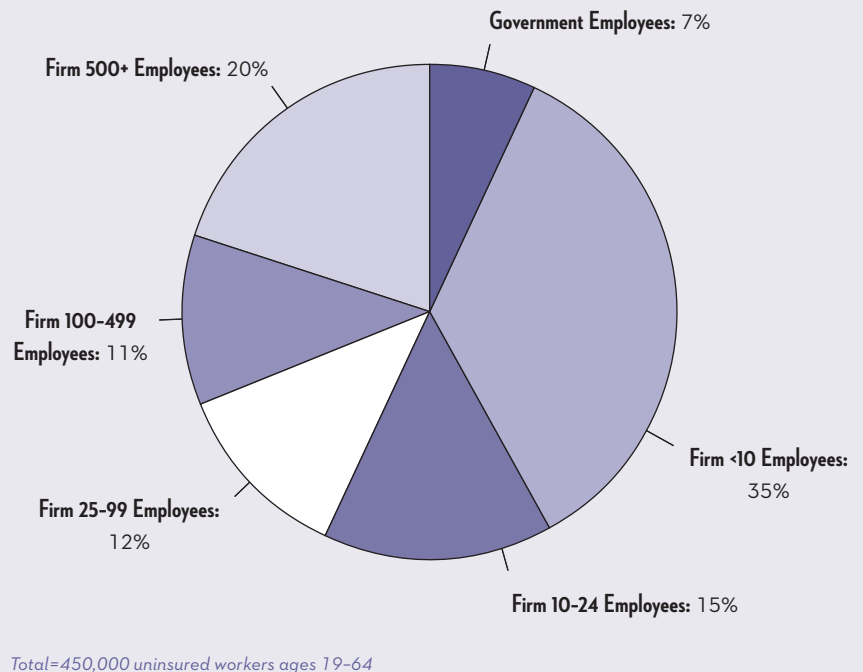
FIGURE 29: Uninsured Workers Ages 19–64 by Firm Size/Sector and Poverty Level, 2006–2007

Regardless of their employer type, about one-third of uninsured workers in Maryland have family incomes at or below 200% of the poverty level ($33,378 for a family of three in 2007). Among uninsured workers in the smallest firms—fewer than 10 employees—the low-income share appears slightly higher (38%), but is not statistically significant. The composition of uninsured workers is similar to the pattern in 2004–2005 with regard to both firm size/sector distribution and the percentage who are low-income.

Firm 100+ or Government Employees: 25%

Firm 100+ or Government Employees: 13%

Firm <10 Employees: 13%

Firm 10-99 Employees: 8%

Firm <10 Employees: 21%

Firm 10-99 Employees: 20%

≤200%

201%+

Total=450,000 uninsured workers ages 19–64
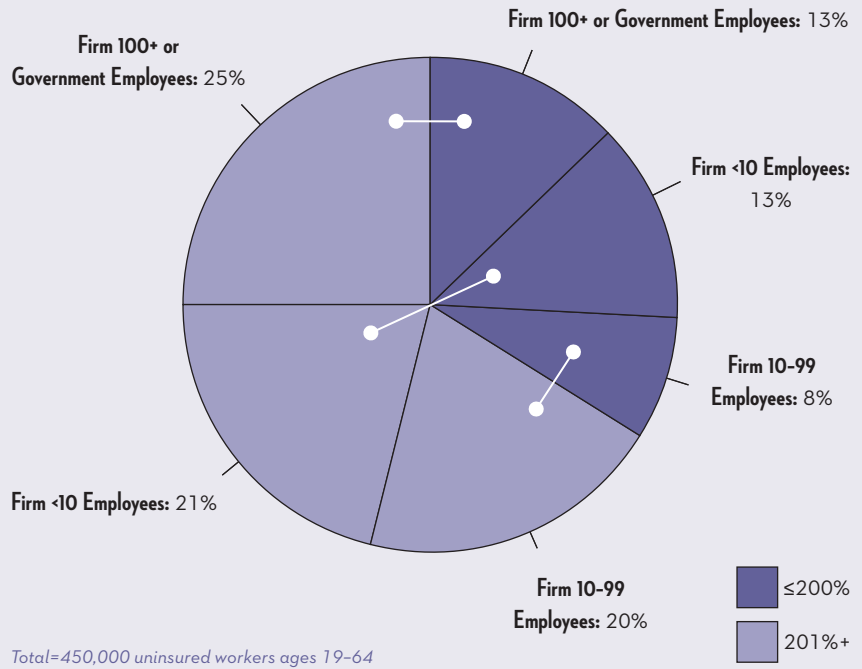
FIGURE 30: Health Insurance Coverage Among Workers Ages 19–64 by Duration of Employment, 2006–2007

Full-year (FY) full-time (FT) workers are less likely to be uninsured than other workers because employment-based coverage is highest among FYFT workers. FT workers—especially FYFT employees—are more likely to obtain employment-based coverage through their own employers than through a relative's employer. Among part-time (PT) workers, this pattern is reversed, with most obtaining employment-based coverage through a relative. PT and part-year employees, who account for about 25% of the State's nonelderly adult workers, have statistically similar rates of uninsurance and employment-based, direct-purchase, and Medicaid coverage. They are more likely than FYFT workers to have coverage through Medicaid and direct-purchase insurance.

Full-year Worker—FT: 14%, 2%, 3%, 14%, 66%

Full-year Worker—PT: 20%, 7%, 8%, 42%, 22%

Part-year Worker—FT: 24%, 7%, 8%, 21%, 40%

Part-year Worker—PT: 21%, 10%, 8%, 45%, 15%

Uninsured

Medicaid & Other Public

Direct-purchase

Employment-based: Relative's

Employment-based: Own
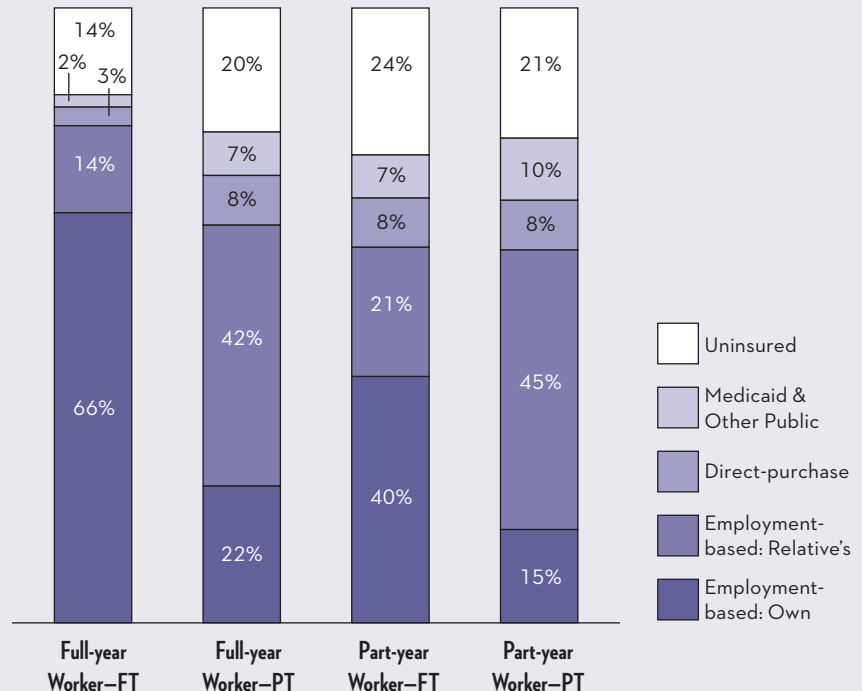
FIGURE 31: Uninsured Workers Ages 19–64 by Duration of Employment, 2006–2007

Three-fourths of adult employees in Maryland work full-year, full-time (FYFT), so it is not surprising that—in spite of a lower uninsured rate compared to employees who work less—FYFT workers comprise almost two-thirds of uninsured workers. The remainder of uninsured workers is about equally divided between part-year, full-time employees and part-time (PT) workers.

Part-year Worker—PT: 9%

Part-year Worker—FT: 16%

Full-year Worker—PT: 9%

Full-year Worker—FT: 66%
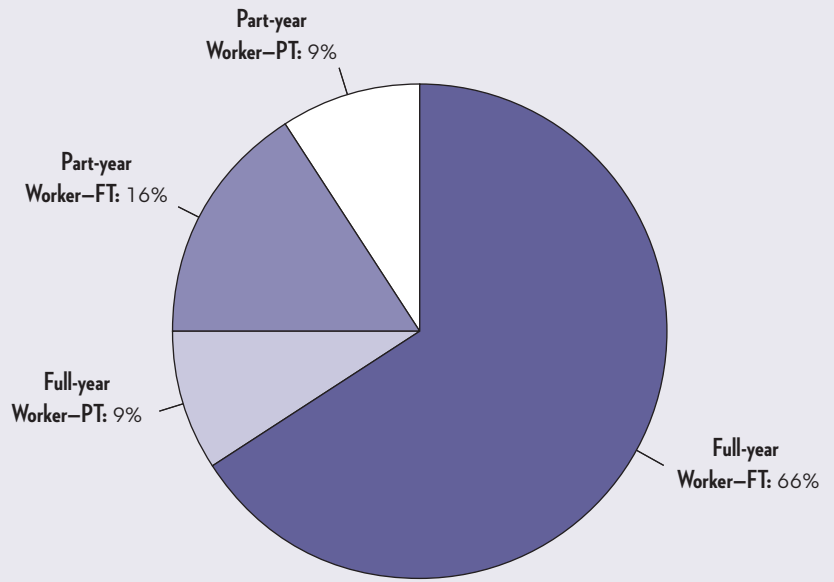
Total=450,000 uninsured workers ages 19–64

TABLES

TABLE 1: Health Insurance Coverage of the Nonelderly, 2006–2007

	Nonelderly (in Thousands*)	Percent Distribution by Coverage Type[b]			
		Employment-based	Direct-purchase	Medicaid & Other Public	Uninsured
Total Nonelderly[a]	**4,940**	**69**	**5**	**11**	**15**
Age					
Children—Total	1,460	65	4	20	10
Adults—Total	3,480	71	5	7	17
Adults 19–24	500	54	10	7	29
Adults 25–29	350	58	3	8	31
Adults 30–34	330	74	4	5	17
Adults 35–44	820	73	4	6	17
Adults 45–54	850	77	4	7	12
Adults 55–64	630	78	4	10	8
Gender					
Female	2,500	70	5	11	14
Male	2,430	68	4	11	17
Annual Family Income[c]					
Up to $30,851	860	27	5	31	37
$30,852–$60,208	1,060	64	6	12	18
$60,209–$104,546	1,370	77	5	7	12
$104,547+	1,650	87	4	3	6
Family Poverty Level[d]					
Poor (≤100%)	430	17	4	43	37
Near Poor (101% to 200%)	520	38	4	24	34
Low Moderate (201% to 300%)	700	59	5	13	23
Mid Moderate (301% to 400%)	720	69	6	8	17
High Moderate (401% to 600%)	1,110	83	5	5	8
High (601%+)	1,450	90	3	2	4
Family Work Status[e]					
3+ Full-time Adult Workers	240	71	1	4	23
2 Full-time Adult Workers	1,480	82	3	4	10
1 Full-time Adult Worker	2,440	72	5	9	15
Only Part-time Adult Worker(s)	140	41	12	23	24
Only Part-year Adult Worker(s)	330	43	8	26	23
No Adult Workers	310	21	5	44	30
Highest Educational Level of Adults in Family					
No High School Diploma	290	28	3	23	46
High School Graduate Only	1,060	50	4	20	25
Assoc. Degree/Some College	1,250	69	6	11	13
BA/BS Degree	1,180	79	5	6	10
Graduate Degree	1,160	86	4	4	6
Race/Ethnicity[f]					
White, Non-Hispanic	2,740	78	5	8	9
Black, Non-Hispanic	1,490	60	4	18	18
Hispanic (Any Race)	400	41	3	10	46
Asian/Other, Non-Hispanic	300	74	4	7	16
Citizenship					
U.S. Citizen—Native	4,240	71	5	12	12
U.S. Citizen—Naturalized	240	74	4	5	17
Non–U.S. Citizen, Resident Since Before 1996	230	49	4	6	41
Non–U.S. Citizen, Resident Since 1996 or Later	220	44	4	6	47
Health Status					
Excellent	1,790	76	5	9	11
Very Good	1,770	70	6	8	17
Good	1,030	63	4	14	19
Fair/Poor	340	44	2	31	22

TABLE 2: Health Insurance Coverage of Children, 2006–2007

	Children (in Thousands*)	Percent Distribution by Coverage Type[b]		
		Private	Medicaid & Other Public	Uninsured
Total Children[g]	**1,460**	**70**	**20**	**10**
Age				
0–6	520	67	23	10
7–12	430	68	22	10
13–18	510	73	16	11
Annual Family Income[c]				
Up to $30,851	250	20	57	23
$30,852–$60,208	310	63	24	13
$60,209–$104,546	420	80	12	8
$104,547+	470	91	4	5
Family Poverty Level[d]				
Poor (≤100%)	170	18	60	22
Near Poor (101% to 200%)	200	37	41	23
Low Moderate (201% to 300%)	240	66	23	11
Mid Moderate (301% to 400%)	230	77	13	9
High Moderate (401% to 600%)	330	90	6	4
High (601%+)	300	95	2	3
Child Status[h]				
Child With 2 Parents in Home	940	81	12	7
Child With 1 Parent in Home	440	51	33	15
Child Without Parents in Home	80	32	43	26
Family Work Status[e]				
1+ Full-time Adult Worker(s)	1,250	76	15	9
Only Part-time or Part-year Adult Worker(s)	130	37	48	15
No Adult Workers	80	21	55	24
Highest Educational Level of Adults in Family				
No High School Diploma	90	30	43	26
High School Graduate Only	340	47	36	17
Assoc. Degree/Some College	380	71	20	9
BA/BS Degree	330	81	12	7
Graduate Degree	320	91	6	4
Race/Ethnicity[f]				
White, Non-Hispanic	750	81	14	5
Black, Non-Hispanic	500	56	29	15
Hispanic (Any Race)	110	46	25	29
Asian/Other, Non-Hispanic	90	80	12	9
Citizenship				
U.S. Citizen	1,390	70	20	10
Non–U.S. Citizen	60	57	17	26
Health Status				
Excellent	750	77	16	7
Very Good	450	67	18	14
Good	230	53	35	13
Fair/Poor	20	NS*	NS*	NS*

TABLE 3: Health Insurance Coverage of Nonelderly Adults, 2006–2007

	Nonelderly (in Thousands*)	Percent Distribution by Coverage Type[b]		
		Private	Medicaid & Other Public	Uninsured
Total Nonelderly Adults[i]	**3,480**	**75**	**7**	**17**
Gender/Age				
Adult Males Total	1,690	73	7	20
M 19–34	600	64	6	30
M 35–54	790	78	6	17
M 55–64	300	81	10	9
Adult Females Total	1,790	77	8	15
F 19–34	580	71	7	22
F 35–54	880	80	7	13
F 55–64	320	82	10	8
Annual Family Income[c]				
Up to $30,851	610	37	21	42
$30,852–$60,208	750	73	6	20
$60,209–$104,546	950	82	5	13
$104,547+	1,170	91	3	6
Family Poverty Level[d]				
Poor (≤100%)	270	23	31	46
Near Poor (101% to 200%)	320	46	14	40
Low Moderate (201% to 300%)	460	63	8	30
Mid Moderate (301% to 400%)	490	74	6	20
High Moderate (401% to 600%)	770	87	4	9
High (601%+)	1,160	93	3	4
Parent Status[h]				
Married Parent	980	87	3	10
Single Parent	270	60	14	27
Married Adult, Not Parent of Child	910	83	5	12
Single Female Adult, Not Parent of Child	610	69	10	21
Single Male Adult, Not Parent of Child	720	60	10	29
Family Work Status[e]				
1+ Full-time Adult Worker(s)	2,910	81	4	15
Only Part-time or Part-year Adult Worker(s)	340	57	17	27
No Adult Workers	230	29	40	32
Highest Educational Level of Adults in Family				
No High School Diploma	200	31	15	55
High School Graduate Only	720	58	12	29
Assoc. Degree/Some College	870	77	8	15
BA/BS Degree	850	85	4	11
Graduate Degree	840	90	4	7
Race/Ethnicity[f]				
White, Non-Hispanic	1,990	83	5	11
Black, Non-Hispanic	990	68	12	20
Hispanic (Any Race)	290	43	4	52
Asian/Other, Non-Hispanic	210	76	5	19
Citizenship				
U.S. Citizen	3,090	79	8	14
Non–U.S. Citizen	390	49	4	47
Health Status				
Excellent	1,040	83	4	13
Very Good	1,320	79	4	17
Good	800	71	8	21
Fair/Poor	320	46	31	23

TABLE 4: Health Insurance Coverage of Nonelderly Adult Workers, 2006–2007

	Workers (in Thousands*)	Percent Distribution by Coverage Type[b,k]				
		Employment-based: Own	Employment-based: Relative's	Direct-purchase	Medicaid & Other Public	Uninsured
Total Nonelderly Adult Workers[j]	**2,860**	**57**	**19**	**4**	**4**	**16**
Age						
19–24	370	32	26	10	5	29
25–29	290	58	7	3	4	28
30–34	280	60	17	4	4	15
35–44	700	61	18	3	3	15
45–54	730	59	23	4	4	11
55–64	480	66	19	4	3	7
Workers' Annual Income[l]						
Up to $22,624	710	23	27	7	7	36
$22,625–$40,753	730	56	19	4	3	18
$40,754–$66,000	720	70	17	4	2	7
$66,001+	710	78	14	3	2	3
Family Poverty Level[d]						
Low (≤200%)	350	33	5	6	11	44
Low Moderate (201% to 300%)	370	50	10	6	4	30
Mid Moderate (301% to 400%)	410	57	15	5	3	20
High Moderate (401% to 600%)	680	63	21	4	2	9
High (601%+)	1,050	63	27	3	2	4
Work Status[m]						
Full-year Worker—Full-time	2,170	66	14	3	2	14
Full-year Worker—Part-time	200	22	42	8	7	20
Part-year Worker—Full-time	300	40	21	8	7	24
Part-year Worker—Part-time	200	15	45	8	10	21
Business Sector & Size (Number of Workers)						
Federal Government Employees	250	79	14	1	4	2
State & Local Government Employees	380	70	18	2	3	7
Self-employed, Firm <10 Employees	210	25	30	14	3	28
Private Firm <10 Employees	270	29	24	9	3	36
Private Firm 10–24 Employees	260	45	19	6	4	26
Private Firm 25–99 Employees	320	51	23	4	4	18
Private Firm 100–499 Employees	350	63	17	3	3	14
Private Firm 500+ Employees	830	65	17	3	4	11
Industry[n]						
Public Sector	620	74	16	1	4	5
Manufacturing, Mining	150	72	11	4	3	9
Professional Services	790	62	22	4	3	9
Agriculture, Fishing, Construction	270	35	17	7	2	39
Retail Trade, Other Services	660	38	23	5	5	28
All Others	370	61	17	6	3	13
Education						
No High School Diploma	240	29	12	3	6	50
High School Graduate Only	770	50	17	4	5	24
Assoc. Degree/Some College	760	56	23	6	4	11
BA/BS Degree	610	67	19	5	2	7
Graduate Degree	470	72	19	3	2	4
Race/Ethnicity[f]						
White, Non-Hispanic	1,670	60	23	5	3	10
Black, Non-Hispanic	770	59	14	3	6	17
Hispanic (Any Race)	250	32	9	3	3	53
Asian/Other, Non-Hispanic	160	57	21	4	3	15
Citizenship						
U.S. Citizen	2,540	60	20	4	4	12
Non–U.S. Citizen	320	35	11	4	2	47

TABLE 5: Characteristics of the Nonelderly Uninsured, 2006–2007

Total Nonelderly[a]	Nonelderly (in Thousands)* **4,940**	Nonelderly Percent **100**	Uninsured (in Thousands)* **760**	Uninsured Percent **100**	Uninsured Rate **15**
Age					
Children—Total	1,460	30	150	20	10
Adults—Total	3,480	70	610	80	17
Adults 19–24	500	10	140	19	29
Adults 25–29	350	7	110	14	31
Adults 30–34	330	7	60	7	17
Adults 35–44	820	17	140	18	17
Adults 45–54	850	17	110	14	12
Adults 55–64	630	13	50	7	8
Gender					
Female	2,500	51	350	46	14
Male	2,430	49	410	54	17
Annual Family Income[c]					
Up to $30,851	860	18	320	42	37
$30,852–$60,208	1,060	21	190	25	18
$60,209–$104,546	1,370	28	160	21	12
$104,547+	1,650	33	100	13	6
Family Poverty Level[d]					
Poor (≤100%)	430	9	160	21	37
Near Poor (101% to 200%)	520	11	180	23	34
Low Moderate (201% to 300%)	700	14	160	21	23
Mid Moderate (301% to 400%)	720	15	120	16	17
High Moderate (401% to 600%)	1,110	22	90	11	8
High (601%+)	1,450	29	60	8	4
Family Work Status[e]					
3+ Full-time Adult Workers	240	5	60	8	23
2 Full-time Adult Workers	1,480	30	150	19	10
1 Full-time Adult Worker	2,440	49	350	47	15
Only Part-time Adult Worker(s)	140	3	30	4	24
Only Part-year Adult Worker(s)	330	7	80	10	23
No Adult Workers	310	6	90	12	30
Highest Educational Level of Adults in Family					
No High School Diploma	290	6	130	18	46
High School Graduate Only	1,060	22	270	36	25
Assoc. Degree/Some College	1,250	25	170	22	13
BA/BS Degree	1,180	24	120	16	10
Graduate Degree	1,160	23	70	9	6
Race/Ethnicity[f]					
White, Non-Hispanic	2,740	56	260	34	9
Black, Non-Hispanic	1,490	30	270	36	18
Hispanic (Any Race)	400	8	180	24	46
Asian/Other, Non-Hispanic	300	6	50	6	16
Citizenship					
U.S. Citizen—Native	4,240	86	520	68	12
U.S. Citizen—Naturalized	240	5	40	5	17
Non–U.S. Citizen, Resident Since Before 1996	230	5	100	13	41
Non–U.S. Citizen, Resident Since 1996 or Later	220	4	100	14	47
Health Status					
Excellent	1,790	36	190	25	11
Very Good	1,770	36	290	38	17
Good	1,030	21	200	26	19
Fair/Poor	340	7	80	10	22

TABLE 6: Characteristics of Uninsured Children, 2006–2007

	Children (in Thousands)*	Children Percent		Uninsured (in Thousands)*	Uninsured Percent		Uninsured Rate
Total Children[g]	**1,460**	**100**		**150**	**100**		**10**
Age							
0–6	520	35		50	34		10
7–12	430	29		40	28		10
13–18	510	35		60	38		11
Annual Family Income[c]							
Up to $30,851	250	17		60	38		23
$30,852–$60,208	310	21		40	26		13
$60,209–$104,546	420	29		30	21		8
$104,547+	470	32		20	15		5
Family Poverty Level[d]							
Poor (≤100%)	170	11		40	24		22
Near Poor (101% to 200%)	200	13		40	29		23
Low Moderate (201% to 300%)	240	16		20	16		11
Mid Moderate (301% to 400%)	230	16		20	14		9
High Moderate (401% to 600%)	330	23		10	9		4
High (601%+)	300	20		10	7		3
Child Status[h]							
Child With 2 Parents in Home	940	64		60	42		7
Child With 1 Parent in Home	440	30		70	44		15
Child Without Parents in Home	80	6		20	14		26
Family Work Status[e]							
1+ Full-time Adult Worker(s)	1,250	85		110	75		9
Only Part-time or Part-year Adult Worker(s)	130	9		20	13		15
No Adult Workers	80	6		20	13		24
Highest Educational Level of Adults in Family							
No High School Diploma	90	6		20	15		26
High School Graduate Only	340	23		60	38		17
Assoc. Degree/Some College	380	26		30	23		9
BA/BS Degree	330	23		20	16		7
Graduate Degree	320	22		10	8		4
Race/Ethnicity[f]							
White, Non-Hispanic	750	51		40	25		5
Black, Non-Hispanic	500	35		70	48		15
Hispanic (Any Race)	110	8		30	22		29
Asian/Other, Non-Hispanic	90	6		10	5		9
Citizenship							
U.S. Citizen	1,390	96		140	89		10
Non–U.S. Citizen	60	4		20	11		26
Health Status							
Excellent	750	52		50	36		7
Very Good	450	31		60	42		14
Good	230	16		30	19		13
Fair/Poor	20	2		0	2		NS*

TABLE 7: Characteristics of Uninsured Nonelderly Adults, 2006–2007

	Nonelderly Adults (in Thousands)*	Nonelderly Adults Percent		Uninsured (in Thousands)*	Uninsured Percent		Uninsured Rate
Total Nonelderly Adults[i]	**3,480**	**100**		**610**	**100**		**17**
Gender/Age							
Adult Males Total	1,690	49		340	56		20
M 19–34	600	17		180	29		30
M 35–54	790	23		130	22		17
M 55–64	300	9		30	5		9
Adult Females Total	1,790	51		270	44		15
F 19–34	580	17		130	21		22
F 35–54	880	25		110	19		13
F 55–64	320	9		30	4		8
Annual Family Income[c]							
Up to $30,851	610	18		260	43		42
$30,852–$60,208	750	21		150	25		20
$60,209–$104,546	950	27		130	21		13
$104,547+	1,170	34		70	12		6
Family Poverty Level[d]							
Poor (≤100%)	270	8		120	20		46
Near Poor (101% to 200%)	320	9		130	22		40
Low Moderate (201% to 300%)	460	13		140	22		30
Mid Moderate (301% to 400%)	490	14		100	16		20
High Moderate (401% to 600%)	770	22		70	12		9
High (601%+)	1,160	33		50	8		4
Parent Status[h]							
Married Parent	980	28		100	16		10
Single Parent	270	8		70	12		27
Married Adult, Not Parent of Child	910	26		100	17		12
Single Female Adult, Not Parent of Child	610	18		130	21		21
Single Male Adult, Not Parent of Child	720	21		210	34		29
Family Work Status[e]							
1+ Full-time Adult Worker(s)	2,910	84		450	73		15
Only Part-time or Part-year Adult Worker(s)	340	10		90	15		27
No Adult Workers	230	7		70	12		32
Highest Educational Level of Adults in Family							
No High School Diploma	200	6		110	18		55
High School Graduate Only	720	21		210	35		29
Assoc. Degree/Some College	870	25		130	22		15
BA/BS Degree	850	24		100	16		11
Graduate Degree	840	24		60	9		7
Race/Ethnicity[f]							
White, Non-Hispanic	1,990	57		220	36		11
Black, Non-Hispanic	990	28		200	32		20
Hispanic (Any Race)	290	8		150	25		52
Asian/Other, Non-Hispanic	210	6		40	6		19
Citizenship							
U.S. Citizen	3,090	89		420	70		14
Non–U.S. Citizen	390	11		180	30		47
Health Status							
Excellent	1,040	30		140	23		13
Very Good	1,320	38		230	37		17
Good	800	23		170	28		21
Fair/Poor	320	9		70	12		23

TABLE 8: Characteristics of Uninsured Nonelderly Adult Workers, 2006–2007

	Workers (in Thousands)*	Workers Percent		Uninsured (in Thousands)*	Uninsured Percent		Uninsured Rate
Total Nonelderly Adult Workers[j]	**2,860**	**100**		**450**	**100**		**16**
Age							
19–24	370	13		110	23		29
25–29	290	10		80	18		28
30–34	280	10		40	9		15
35–44	700	25		110	24		15
45–54	730	25		80	17		11
55–64	480	17		40	8		7
Workers' Annual Income[l]							
Up to $22,624	710	25		250	55		36
$22,625–$40,753	730	25		130	29		18
$40,754–$66,000	720	25		50	11		7
$66,001+	710	25		20	5		3
Family Poverty Level[d]							
Low (≤200%)	350	12		150	34		44
Low Moderate (201% to 300%)	370	13		110	24		30
Mid Moderate (301% to 400%)	410	14		80	18		20
High Moderate (401% to 600%)	680	24		60	13		9
High (601%+)	1,050	37		40	10		4
Work Status[m]							
Full-year Worker—FT	2,170	76		300	66		14
Full-year Worker—PT	200	7		40	9		20
Part-year Worker—FT	300	10		70	16		24
Part-year Worker—PT	200	7		40	9		21
Business Sector & Size (Number of Workers)							
Federal Government Employees	250	9		0	1		2
State & Local Government Employees	380	13		30	6		7
Self-employed, Firm <10 Employees	210	7		60	13		28
Private Firm <10 Employees	270	10		100	22		36
Private Firm 10–24 Employees	260	9		70	15		26
Private Firm 25–99 Employees	320	11		60	12		18
Private Firm 100–499 Employees	350	12		50	11		14
Private Firm 500+ Employees	830	29		90	20		11
Industry[n]							
Public Sector	620	22		30	7		5
Manufacturing, Mining	150	5		10	3		9
Professional Services	790	27		70	15		9
Agriculture, Fishing, Construction	270	9		110	23		39
Retail Trade, Other Services	660	23		180	41		28
All Others	370	13		50	11		13
Education							
No High School Diploma	240	8		120	27		50
High School Graduate Only	770	27		190	41		24
Assoc. Degree/Some College	760	27		90	19		11
BA/BS Degree	610	21		40	9		7
Graduate Degree	470	17		20	4		4
Race/Ethnicity[f]							
White, Non-Hispanic	1,670	59		160	36		10
Black, Non-Hispanic	770	27		140	30		17
Hispanic (Any Race)	250	9		130	29		53
Asian/Other, Non-Hispanic	160	6		30	6		15
Citizenship							
U.S. Citizen	2,540	89		300	67		12
Non–U.S. Citizen	320	11		150	33		47

Table Endnotes

*All population estimates have been rounded to the nearest 10,000 to account for sampling error. Numbers may not add up to column or row totals because of rounding; "NS" indicates an insufficient sample size.

This report uses the Census Bureau's Current Population Survey definition of "family," which means all persons living together who are related by blood, marriage, or adoption. However, unlike the Census Bureau definition, individuals who do not live with relatives are included as one-person "families."

a   Nonelderly includes all persons under age 65 as of March in the following year—that is, as of March 2007 for calendar year 2006 data and as of March 2008 for calendar year 2007 data.

b   The survey inquires about all of the different types of coverage each person had during the year. Consequently, some persons report more than one type of coverage. The coverage groups used throughout this report (except for Figures 1 and 2) are created by restricting each person to a single coverage type so that the percentages add up to 100%. The coverage hierarchy used here is the same as that used in *Health Insurance Coverage in America: 2004 Data Update*, published by the Kaiser Commission on Medicaid and the Uninsured. Persons are assigned to Medicaid first, followed in order by employer-based insurance, other public coverage (Medicare and military health care), and finally, direct-purchase private insurance. Persons who report private insurance without specifying the source are included in the direct-purchase count; military health care includes TRICARE/CHAMPUS, CHAMPVA, and VA care. While the hierarchy simplifies coverage comparisons across sub-populations, the hierarchy percentage understates the total who reported each type of coverage except for Medicaid. (Refer to *FAQs ABOUT THESE ESTIMATES/ Who is included in the coverage rates?*)

c   Annual family income categories correspond to the quartiles for the distribution of family income across all families in Maryland (counting an individual who does not live with relatives as a family) in which there is at least one nonelderly person. 2006 incomes have been inflated to their equivalents in 2007 dollars using the Consumer Price Index research series using current methods (CPI-U-RS All Items): **http://www.bls.gov/cpi/cpiurs1978_2007.pdf**.

d   Family income is reported as a percentage of the poverty level of income for each family (or individual) to standardize income for differences in family size. The family poverty level income percentages (FPLs) in this report are based on the poverty level of income assigned to each family by the Census Bureau, as opposed to the poverty guidelines created by Health and Human Services (HHS) for programs such as Medicaid. The poverty level of income varies by family size, and the Census Bureau version also varies slightly by the age-mix of the family (unlike the HHS poverty levels). The Census Bureau poverty levels tend to be slightly higher than those established by HHS. The 2007 Census Bureau poverty level for a family of three ranges from $16,218–$16,705, with $16,689 being the most common value in Maryland's under-age-65 population. Similarly, the most common poverty levels for other family sizes are as follows: 1 person = $10,787; 2 persons = $13,884; 4 persons = $21,027; 5 persons = $24,744. Income ranges for the FPLs listed in the tables and figures are multiples of the poverty level. To illustrate, for the typical family of three in Maryland, the usual table ranges are:

Poor (≤100%)	=	Up to $16,689
Near Poor (101% to 200%)	=	$16,690–$33,378
Low Moderate (201% to 300%)	=	$33,379–$50,067
Mid Moderate (301% to 400%)	=	$50,068–$66,756
High Moderate (401% to 600%)	=	$66,757–$100,134
High (601%+)	=	$100,135+

The term "near poor" for incomes that are 101%–200% of the poverty level is derived from the Kaiser report (cited above) and other sources (America's 'Near Poor' Are Increasingly at Economic Risk, Experts Say; *New York Times*, May 8, 2006). But for federal agencies, the term generally describes an income that is 100%–125% of the poverty level. (Refer to *FAQs ABOUT THESE ESTIMATES/Why does statehealthfacts.org report a higher percentage of low-income Maryland residents—insured and uninsured—than this report?*)

e   Family work status looks at the employment characteristics of adults age 19 or older (including any elderly workers) in the family who received payment for working during the calendar year. Persons in the part-time/ part-year category did not have any full-year, full-time workers in their families. Part-time workers worked less than 35 hours during most of the weeks they worked; part-year workers worked fewer than 50 weeks.

f   Race/ethnicity is a mutually exclusive hierarchical variable, with the Hispanic category including all Hispanics regardless of race. Persons in the other race/ethnicity categories are all non-Hispanic. Beginning with calendar year 2002 data, persons could identify themselves in more than one racial group, whereas previously they had to choose just one. Just 1% of Maryland respondents (all ages) reported more than one racial group in the Current Population Survey. Persons who reported multiple racial categories are assigned to a single category using the following hierarchy: 1) if Hispanic, to Hispanic (Any Race); 2) if Asian/Other, to Non-Hispanic Asian/Other; and 3) if Black and White, to Non-Hispanic Black.

g   Children are under age 19 as of March in the following year—that is, as of March 2007 for calendar year 2006 data and as of March 2008 for calendar year 2007 data.

h   Children are classified according to the number of parents living in their home at the time of the survey. Parents living away from home (such as those on active military duty) are not included in the parent count. A parent is an adult (age 19+) with a child under age 19 living in the same house, or the adult spouse of a parent.

i   Nonelderly adults are ages 19–64 as of March in the following year— that is, as of March 2007 for calendar year 2006 data and as of March 2008 for calendar year 2007 data.

j   Workers are adults who held a job (of any duration) during the calendar year for which they received payment.

k   "Employer-based: own" indicates the worker obtained coverage through his/her employer; "employer-based: relative's" indicates the coverage was provided through the employer of a relative, most often a spouse.

l   Worker's annual income includes all income for the worker and is not limited to wages; it does not include income from other family members. The income categories correspond to the quartiles for the distribution of annual income across all workers, ages 19–64, in Maryland. 2006 incomes have been inflated to their equivalents in 2007 dollars using the Consumer Price Index research series using current methods (CPI-U-RS All Items): **http://www.bls.gov/cpi/cpiurs1978_2007.pdf**.

m   Full-time workers worked at least 35 hours during most of the weeks they worked; part-time workers worked fewer hours. Part-year workers were employed for fewer than 50 weeks of the year.

n   The industry breakdown for the private sector matches that used by the Agency for Healthcare Research and Quality in the Medical Expenditure Panel Survey—Insurance Component data for Maryland.

Health Insurance Publications Available on the MHCC Website

Medical Expenditure Panel Survey—Insurance Component: Maryland Sample through 2005

http://mhcc.maryland.gov/health_insurance/insurance_coverage/mepsic2005.pdf

Maryland Health Insurance Coverage in 2005–2006

http://mhcc.maryland.gov/spotlight/insurance0506.pdf

A Consumer's Guide to Getting and Keeping Health Insurance in Maryland

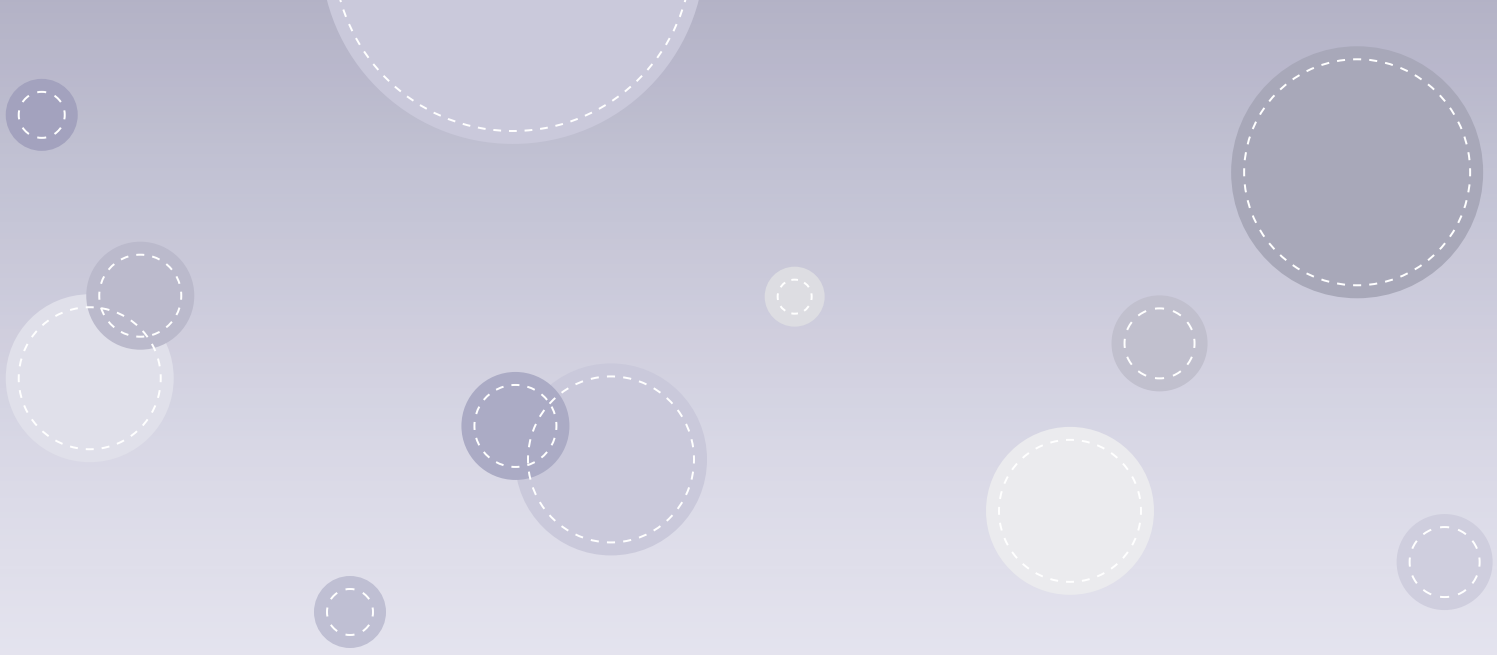http://mhcc.maryland.gov/smallgroup/consumerguide.pdf

Maryland's Comprehensive Standard Benefit Plan for Small Businesses

http://mhcc.maryland.gov/smallgroup/cshbp_brochure.htm

2008/2009 Health Plan Performance Report— Measuring the Quality of Maryland Commercial Managed Care Plans

http://mhcc.maryland.gov/hmo/performancereport2008_2009.pdf

MHCC | MARYLAND
HEALTH CARE
COMMISSION