Insurance and Uninsurance in the District of Columbia

Starting with the Numbers

Prepared by
Jennifer King and the State Planning Grant team

D.C. DEPARTMENT OF HEALTH

THE URBAN INSTITUTE

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The Urban Institute is a nonprofit nonpartisan policy research and educational organization established to examine the social, economic, and governance problems facing the nation. It provides information and analysis to public and private decision makers to help them address these challenges and strives to raise citizen understanding of the issues and tradeoffs in policymaking.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Office of the Director

The District of Columbia Department of Health is pleased to offer this datebook, *Insurance and Uninsurance in the District of Columbia: Starting with the Numbers.* It presents and analyzes information on the many issues surrounding health insurance—and uninsurance—in our community. This book documents our many strengths in the District. Private employers are more likely to offer health insurance here than nationally. The District government operates not only a generous Medicaid program but also health coverage under the innovative Health Care Alliance for low-income residents who are outside the federal Medicaid eligibility categories. As a result, our rate of uninsurance is lower than in much of the country. We can be proud of this fact.

But our glass is still partly empty, as this book also shows. Many hard-working residents earn too little to pay for private insurance but too much to qualify for public programs. Some others qualify for programs yet do not enroll to take advantage of the available coverage. Some residents, for example, adult men, are more likely than other groups to be uninsured. These gaps show where we need to concentrate our efforts in expanding health insurance to all DC residents

This book is a product of a collaboration between the Department's Policy, Planning and Research Administration and The Urban Institute's Health Policy Center. We believe that it shows the value of objective information on all perspectives in the important debate about how best to promote health coverage and access to services in the District. It is an example of the Department's commitment to ensure the health and well-being of the residents.

Sincerely,

Gregg A. Pane, M.D.
Director

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Preface

The District of Columbia is the urban center of the Washington Metropolitan Statistical Area (MSA). The city is bordered by Arlington County and the City of Alexandria in northern Virginia, and by Montgomery and Prince George's Counties in Maryland. In 2000, census data reported that the District had 572,059 residents, representing broad cultural and ethnic diversity. Females represented 52.9 percent while males represented 47.1 percent of the total population.

The Department of Health's mission is to promote healthy lives, prevent illness, provide equal access to quality healthcare services, and protect the safety of all in the nation's capital. A primary motivation for the Department of Health's efforts to improve access to quality healthcare services is to improve health outcomes. One of the most effective ways to improve people's health status is to make sure they have health insurance coverage. Numerous studies suggest that provision of coverage for individuals improves access to health care services and ultimately leads to improvement in health outcomes.

While the uninsurance rate in the District is lower than average for a state, and substantially lower than comparable metropolitan areas, there still remain residents who are uncovered, even among workers, particularly those with relatively low wages or in small firms. According to the most recent Current Population Survey data (2003-2004), 13.8 percent of the total population in the District is uninsured, compared with 15.7 percent in the nation as a whole.[1] If Alliance members are excluded from the uninsured, the District's rate would fall by some four percentage points.[2] Approximately 17 percent of non-elderly adults and approximately 10.4 percent of children are uninsured. Above age 65, almost 100 percent are covered by Medicare.

The District of Columbia Department of Health (DOH) received a grant from the U.S. Department of Health and Human Services (DHHS) to identify policy options for providing health care coverage to the uninsured population of the District of Columbia. In collaboration with the Urban Institute, sub-grantee, and an Advisory Panel, which consists of members of the community, health care professionals, and academicians, the DOH is working to formulate a plan to move toward full access to coverage, with an overall goal of improving health outcomes for residents of the District of Columbia.

Providing access to good health insurance coverage for all citizens is important not only to the health and well-being of the population but also to the attractiveness of the District of Columbia as a place to live and do business. Mayor Anthony Williams has shown strong commitment to improving such access. District Medicaid and the State Children's Health Insurance Program rank among the nation's highest in shares of population covered; and Mayor Williams also developed a locally funded public-private collaboration, popularly known as the Health Care Alliance, that runs a pioneering managed-care program for otherwise uninsured residents with incomes up to 200 percent of the federal poverty level. Additionally, the DC Insurance Commissioner has recently drafted a plan to create insurance access for all in a new program modeled on the Federal Employee Health Benefits Program. Legislative leaders in the Council of the District of Columbia are also exploring ways to expand coverage.

In order to design successful insurance expansion initiatives, information on how many people fall into the different subgroups of the uninsured, and which of the different reform options for private or public coverage would be most accessible or attractive to them is vital. Toward that end, this document describes the uninsured in the District of Columbia and the factors influencing insurance coverage in the city. The focus is on working-age adults since these individuals make up about 85 percent of the uninsured population in the District.

Policy, Planning, and Research Administration
Department of Health, District of Columbia
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Contents

Who Is Uninsured in the District of Columbia?

Introduction

The District of Columbia is slightly better than the nation as a whole in the percentage of its population that is uninsured, and is better insured than most comparable central urban areas. Most people have good coverage—given high labor force participation, large public-sector employment, many incomes above national averages, and a very large Medicaid program. As elsewhere, however, a substantial share of people in the District remains uncovered. For some, the barrier to coverage is the cost of the coverage that is available to them; for others, it is the lack of availability. For still others, there may be coverage that is both available and affordable, but they lack knowledge of its existence.

A growing body of research has documented many costs of uninsurance, going well beyond the most visible costs of public support for the medical-care provider safety net for the needy uninsured. Uninsurance reduces access to care. Moreover, the uninsured are often asked to pay high charges for care. They do not benefit from the discounts given to Medicaid, Medicare, and private insurance plans. The higher price only exacerbates problems of access to care. Reduced access to care is related to reduced health status and life changes, notably including ability to work, save, pay taxes, and contribute to community development.

In this report, we look first at who is uninsured and then at why they are uninsured. We then look at how much is spent on caring for the uninsured. We focus on working-age adults because they make up about 85 percent of the uninsured population in the District.

How many adults in the District lack health insurance coverage?

Anywhere from about 50,000 to 100,000 adults in the District of Columbia are uninsured. It is difficult to obtain a precise count of the uninsured, especially at the state or local level, such as the District. Surveys designed specifically to document the uninsured are conducted infrequently and often lack a significantly large sample size at the state level to make reliable estimates. Therefore, it is necessary to rely on a range of data sources, often drawn from surveys conducted for other purposes.[3]

When comparing estimates from different data sources, it is important to note differences in when the surveys were conducted, who the surveys focused on, and what types of questions were asked about insurance coverage. Table 1 shows estimates of the number of adults who lack health insurance according to four different surveys, highlighting the differences in approaches to counting the uninsured.

There are three ways surveys typically measure uninsurance:

Uninsured for the full year—Surveys such as the Census Bureau's Current Population Survey (CPS) count individuals as uninsured if they report having been without health care coverage for the full year preceding the survey. In 2002–2003, the CPS estimated that 63,514 adults ages 19 to 64 in the District lacked insurance for the full year.[4]

Uninsured at a point in time—Other surveys ask individuals whether they have health insurance at the time of the survey, a count often referred to as a "point

Table 1: Estimates of the Number of Uninsured Adults in the District of Columbia

Survey	Year	Age of population	Number of uninsured		
			Uninsured all of past year	Currently uninsured	Ever uninsured in last year
Current Population Survey[1]	2002–2003	19–64	63,514	—	—
D.C. Health Care Access Survey[2]	2003	18–64	—	13% (~50,000)	—
Behavioral Risk Factor Surveillance System[3]	1999–2000	18–64	—	45,744	75,030
Substance Abuse Prevalence Survey[3]	1999	18–64	—	55,448	102,511

Notes: When available, two years of data are pooled to increase sample size.

1. Urban Institute estimates of the Current Population Survey, 2002–2003.
2. Kaiser Family Foundation, D.C. Health Care Access Survey, 2003.
3. Nicole Lurie and Michael Stoto. "Health Insurance Status in the District of Columbia," 2002.

in time" estimate. According to the 2003 D.C. Health Care Access Survey (conducted by the Kaiser Family Foundation), 13 percent of District adults ages 18 to 64 (about 50,000 individuals) were uninsured at the time of the survey.[5] The Behavioral Risk Factor Surveillance System (BRFSS) and the Substance Abuse Prevalence Survey (conducted by the D.C. Department of Health's Addiction Prevention and Recovery Administration) also measure point in time uninsurance and produce roughly similar estimates.

Uninsured at any time in the past year—Some surveys estimate the number of individuals who lacked health insurance at any point during the year preceding the survey, regardless of their insurance status at the current time. In addition to point in time estimates, the BRFSS and the Substance Abuse Prevalence Survey also asked a series of questions designed to measure whether the respondent was uninsured at any time in the past year. These two surveys, conducted in 1999 and 2000, obtained estimates ranging from about 75,000 to 100,000 District adults who were uninsured for some period during the year preceding the survey.

Along with these differences between surveys, it is also important to note that information on the uninsured at the state level is often based on surveys with small sample sizes. Many of the estimates presented here are drawn from surveys that lack large samples but represent the best source of data on uninsured adults in the District. As a result, it is important to take confidence intervals for our estimates into account. Confidence intervals for estimates from the D.C. Health Care Access Survey are provided in the appendix.

Despite the challenges involved in estimating the number of adults who lack health insurance, the consistency of estimates from several sources suggests these data paint an accurate picture of insurance coverage in the District over time and in comparison to surrounding states and the nation as a whole. In addition, because the national surveys are repeated at regular intervals, these estimates provide a baseline against which to measure the accomplishments of any new initiatives to expand insurance coverage in the District.

How do the level and sources of insurance coverage in the District compare to neighboring states and the rest of the nation?

While the level of insurance coverage in the District is similar to that of its neighbors, Maryland and Virginia, the sources of coverage are different. Insurance coverage in all three jurisdictions is higher than in the nation as a whole.

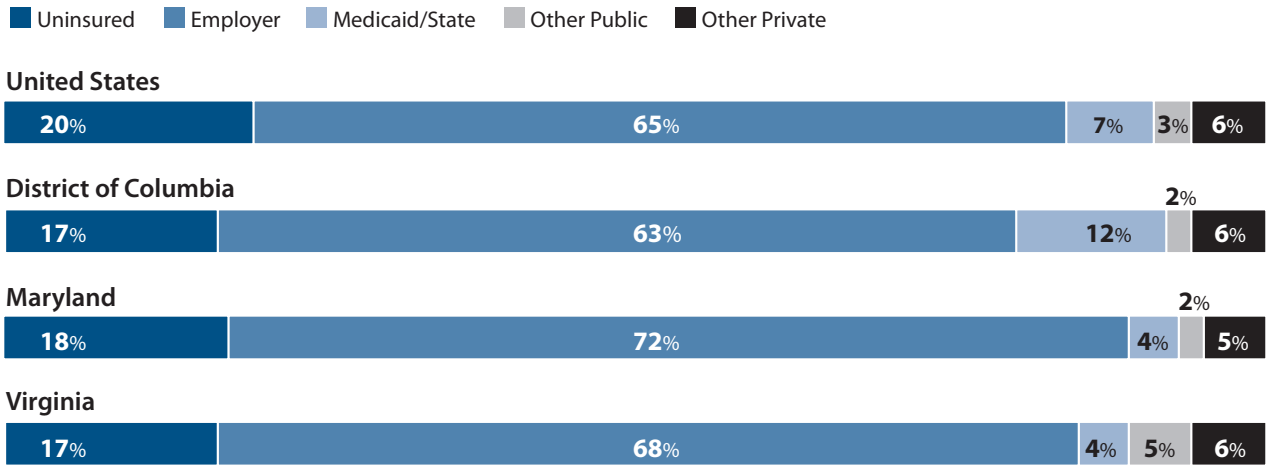
The sources of health insurance for working-age adults can be grouped into four categories: employer-sponsored insurance, Medicaid or other state insurance programs, other public programs (e.g., Medicare and military-related insurance programs), and non-group private insurance. Figure 1 shows CPS estimates of insurance coverage by category for working-age adults in the United States as a whole and in the District and its neighboring states for 2002–2003.

Employer-Sponsored Insurance—In the United States, the majority of working-age adults obtain their health care coverage through an employer, usually theirs or that of a family member. In the District, 63 percent of adults have employer-sponsored insurance (ESI), a slightly smaller share than in the nation as a whole (65 percent). Maryland and Virginia have higher rates of ESI coverage than the District, 72 percent and 68 percent, respectively. Since we presume that parts of Maryland and Virginia are in the same labor market as the District, this difference in ESI coverage warrants further attention. We discuss ESI and the local labor market in greater detail below.

Medicaid/State programs—Compared with neighboring states and the rest of the nation, a relatively large share of working-age adults in the District get their coverage through Medicaid or other state insurance programs. Medicaid and the State Children's Health Insurance Program (SCHIP), public insurance programs financed jointly by the federal and state governments, and other state-only funded insurance programs provide health care coverage for 12 percent of working-age adults in the District. By comparison, 7 percent of adults nationally and 4 percent of adults in both Maryland and Virginia get insurance through these programs. Thus, compared with other areas, the District government bears more of the burden of providing health insurance coverage to its residents than do neighboring governments, while employers bear relatively less.

The high share of District adults covered by Medicaid is due in part to the makeup of the District's population and in part to the District's relatively generous eligibility rules (discussed in greater detail below). The District is an entirely urban jurisdiction, with higher poverty rates than either the nation as a whole or the states of Maryland and Virginia, which have their relatively more affluent suburban areas to balance poorer areas.[6]

Figure 1: Insurance Status in the United States, D.C., and Neighboring States, Adults Age 19–64, 2002–2003



Data may not total 100% due to rounding.

Source: Kaiser Family Foundation, *Health Insurance Coverage in America: 2003 Data Update Highlights*, 2004. Data source: Current Population Survey, 2002–2003.

In addition to Medicaid and D.C. Healthy Families, the District's SCHIP program, the District operates the D.C. HealthCare Alliance. The Alliance, a network of hospitals, public clinics, and other providers, provides health care services to uninsured District residents below 200 percent of the FPL who are ineligible for Medicaid or D.C. Healthy Families. As of June 1, 2004, about 27,000 District residents were enrolled in the Alliance.[7] While technically not an insurance program, the Alliance serves an insurance-like function for its members.

Because the Alliance is not technically insurance, it is difficult to know how enrollees reply to survey questions about whether or not they have health insurance. For example, in the CPS estimates reported in table 1, Alliance enrollees may have reported either being uninsured or being enrolled in a state program. The D.C. Health Care Access Survey conducted by the Kaiser Family Foundation asked respondents specifically whether or not they were covered by the Alliance. According to that survey, about 4 percent of adults in the District are covered by the Alliance.[8]

Other Public Programs—Programs in the "other public" category, mostly Medicare or military-related insurance, account for a small share of insurance coverage among working-age adults in the District. Two percent of District adults are insured by these programs, as are similar shares in the nation overall and in Maryland (3 percent and 2 percent, respectively) The rate is slightly higher in Virginia at 5 percent.

Individual Private Insurance—In both the District and the nation as a whole, about 6 percent of adults purchase private insurance coverage in the non-group market. Rates of non-group coverage are similar in Maryland and Virginia (5 percent and 6 percent, respectively).

Uninsurance—Compared with adults nationwide, adults in the District fare better in insurance coverage (estimates in table 2 are from the CPS and therefore represent full-

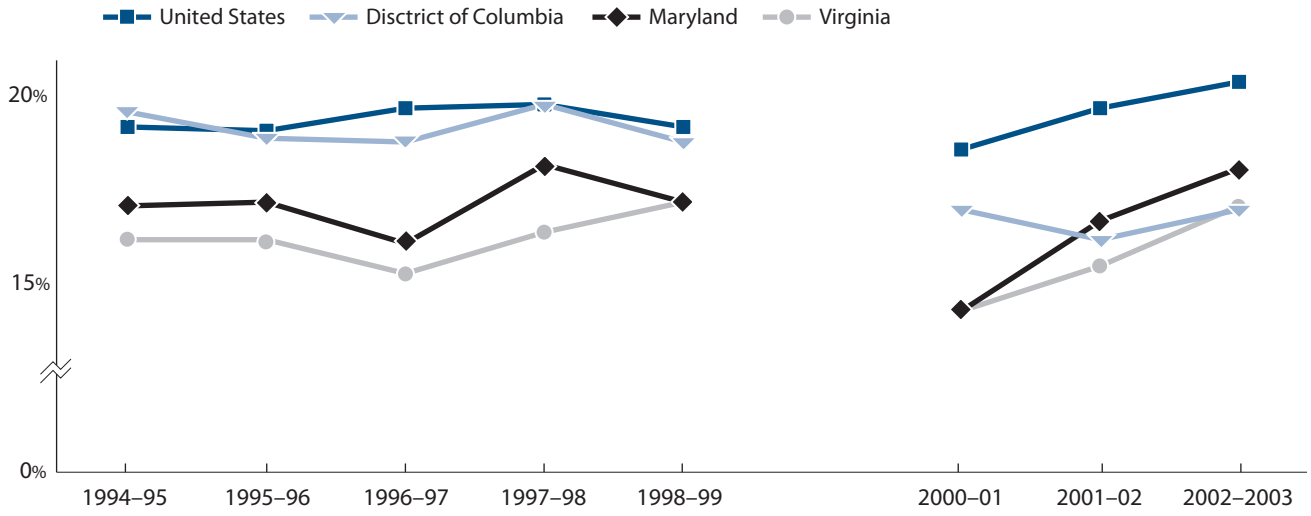
Table 2: Annual Family Income, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003

	Uninsured	All
Less than $10,000	17%*	11%
$10,000–14,999	9%	6%
$15,000–19,999	14%*	6%
$20,000–24,999	14%*	6%
$25,000–29,999	16%*	7%
$30,000–34,999	6%	5%
$35,000–39,999	1%*	7%
$40,000–49,999	9%	8%
$50,000–74,999	10%*	17%
$75,000 or more	5%*	27%
Sample Size	105	1,081

Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.

(*) Value is significantly different from all at the .10 level, two-tailed test. Calculations of income are for the 80% of respondents reporting household income.

Figure 2: Uninsurance Rates in the United States, D.C., and Neighboring States, Adults Age 19–64, 1994–1999, 2000–2003



Source: Urban Institute Calculations of the Current Population Survey (CPS).
Note: Because of changes in the CPS questionnaire, data from 1994–1999 and 2000–2003 cannot be considered a single trend.

year uninsurance). About 17 percent of adults in the District are uninsured, slightly less than the 20 percent of all U.S. residents who lack health insurance. The uninsurance rates are similar in the District, Maryland, and Virginia.

How has insurance coverage in the District varied in recent years?

In recent years, the uninsurance rate for working-age adults in the District has improved relative to the rest of the nation. Between 1994 and 1999, the District had about the same uninsurance rate as Virginia and a slightly higher uninsurance rate than Maryland and the nation as a whole (figure 2). In more recent years, however, the District and has fared slightly better than the rest of the nation. Between 2000 and 2003, the uninsurance rate in the District has hovered between 16 and 17 percent.

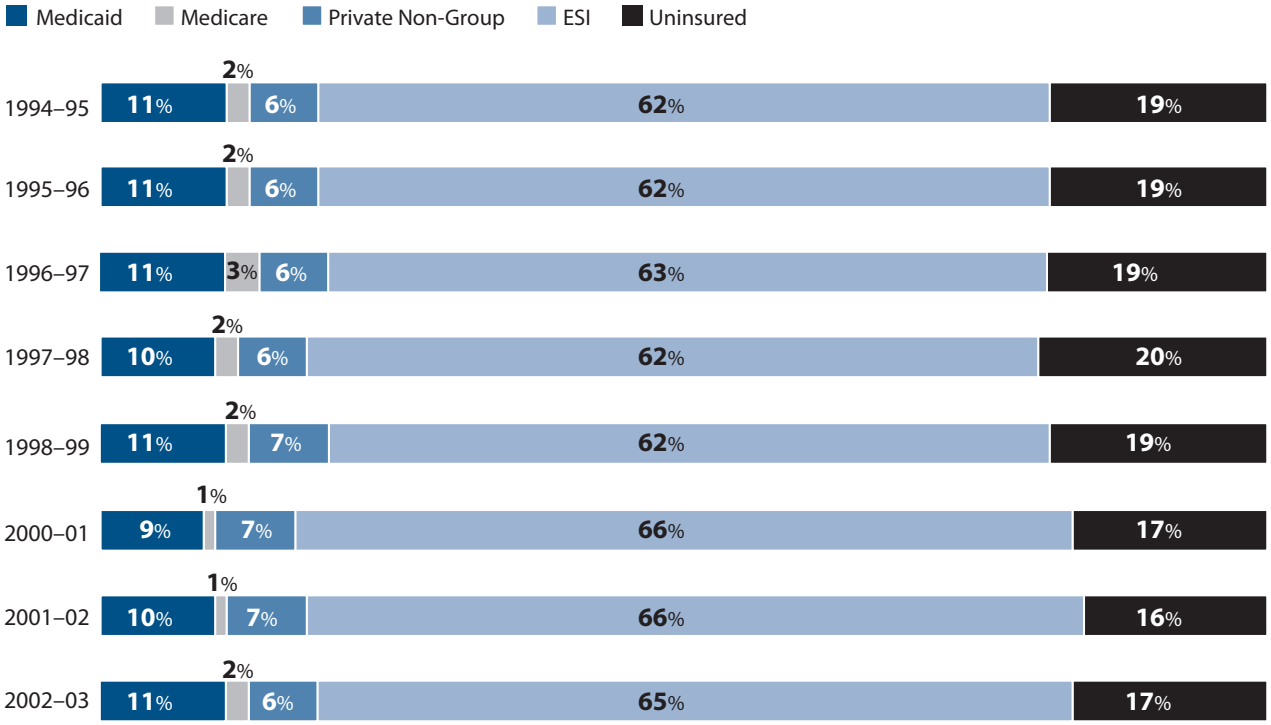
Because of changes in the CPS questionnaire in 2000, the data in figure 2 should be considered as two separate trends rather than a single trend. Prior to 2000, the CPS asked respondents whether they had various types of health insurance. Those who did not report any of these types of coverage were categorized as uninsured for the whole year. In March 2000, the Census Bureau added "verification" questions which asked the respondent who had not identified any health insurance coverage if, in fact, he or she was uninsured throughout the entire year, and if not, what kind of health insurance he or she had. Adding the new questions resulted in a decrease in the number of uninsured. Health insurance estimates that use data from the revised questionnaire cannot be compared directly with CPS estimates from earlier years

In the past few years, the nation as a whole has seen increases in uninsurance for working-age adults. A variety of economic factors affect the uninsurance rate, as do expansions and changes in public insurance programs at the state and federal levels. This recent decline in health care coverage has been attributed to the economic downturn and a drop in ESI coverage.[9] Rates of ESI coverage have fallen both because fewer adults are working and because coverage among workers has declined.[10]

In the District, uninsurance rates as well as rates of ESI coverage and other sources of coverage have been relatively stable over the past few years. Between 2000 and 2003, about two-thirds of working-age adults in the District had ESI (figure 3).

Although figure 3 appears to show a decrease in uninsurance and an increase in ESI coverage between 1999 and 2000, the data may reflect the changes in the CPS questionnaire rather than actual shifts in insurance coverage.

Figure 3: Insurance Coverage in the District of Columbia Adults Age 19–64, 1994–1999, 2000–2003



Data may not total 100% due to rounding.

Source: Urban Institute Calculations of the Current Population Survey (CPS).

Note: Because of changes in the CPS questionnaire, data from 1994–1999 and 2000–2003 cannot be considered a single trend

Who is uninsured in the District?

Uninsured adults in the District are a diverse group in many ways: race and ethnicity, income, work status, and other characteristics. The following two sections present data describing the uninsured population in two different ways. First, since the uninsurance rate in the District varies by key demographic and economic indicators, we present the uninsurance rates for different subgroups of the overall population (e.g., the share of District males who are uninsured and the share of District females who are uninsured). To better understand the diversity of uninsured adults, we also examine the composition of the uninsured population based on a range of characteristics (e.g., the share of uninsured adults in the District who are male and the share of uninsured adults in the District who are female).

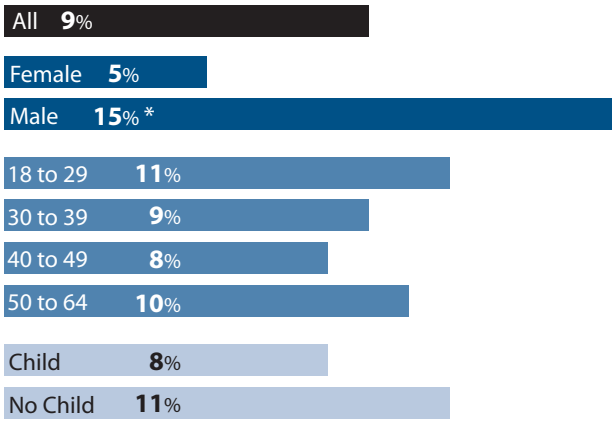
Most of the estimates in this section are based on the 2003 D.C. Health Care Access Survey. According to this survey, 9 percent of all working-age adults in the District are uninsured. The 4 percent of adults who are enrolled in the Alliance are not included in this discussion. For comparisons between the District, its neighbors, and the United States, we use estimates from the CPS.

Which groups of adults have the highest uninsurance rates in the District?

Some groups of adults in the District are disproportionately represented among the uninsured. Attitudes about health care and insurance coverage vary by population subgroup and may explain some of the differences in insurance rates. However, structural barriers in the health insurance system may be responsible for some of the disparities as well. Understanding what factors may cause these differences in coverage will be useful in designing interventions to expand coverage.

Gender—About 15 percent of adult males in the District are uninsured, compared with 5 percent of females (figure 4). This large difference may be due in part to the fact that females are more likely to be enrolled in Medicaid,[11] perhaps because of links between parental status and Medicaid eligibility.

Figure 4: Uninsurance Rates by Gender, Age, and Family Structure, Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from female at the .10 level, two-tailed test. Other differences are not statistically significant.

Age—Among working-age adults, uninsurance rates vary little with age (figure 4). Adults across all age categories are about equally likely to be uninsured.

Presence of a child in the household—In the District, 8 percent of adults in households with at least one child are uninsured, compared with 11 percent of adults in households with no children (figure 4). However, this difference is not statistically significant, a somewhat surprising finding considering parents are more likely to be eligible for public insurance programs.

Race, Nativity, and Language—Latinos in the District are much more likely to be uninsured than African Americans or whites (figure 5). About one in three Latino residents lack health insurance compared with one in ten African Americans and about one in twenty white residents in the District.

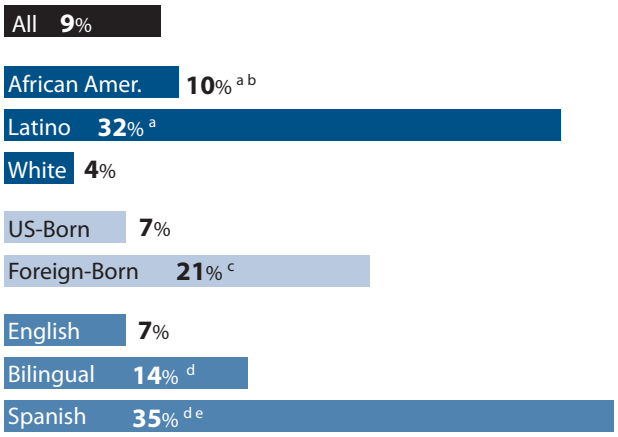
Adults who reported being born outside of the United States are more likely to be uninsured than those who are U.S.-born. About 21 percent of foreign-born District residents are uninsured. It is worth noting that this rate likely reflects the uninsurance rate for Latinos: almost all (94 percent) Latinos surveyed reported being born outside the U.S. and half (49 percent) of foreign-born adults in the District are Latino, according the D.C. Health Care Access Survey. Similarly, adults who speak Spanish as their primary language and those who are bilingual are more likely to be uninsured than adults who primarily speak English.

Uninsurance rates may vary by race, nativity, and language for several reasons in addition to differences in attitudes and expectations regarding the health care system. Non-English speakers may encounter language barriers when attempting to obtain health insurance, or they may be unaware of the options available to them because of less outreach in their language. Also, District residents who are not U.S. citizens are generally not eligible for Medicaid.

Income[12]—Poor adults (those with family incomes less than 100 percent of the federal poverty level [FPL]) and near-poor adults (those with family incomes between 100 and 200 percent of the FPL) in the District are about three times more likely to be uninsured than nonpoor adults (figure 6).[13]

Estimates from the CPS also find that adults with lower incomes have higher uninsurance rates. Figure 7 shows how uninsurance rates vary by income in the District compared with the nation as a whole and Maryland and Virginia. Across all income levels, the District has the same or lower uninsurance rate as the nation as a whole. Compared with neighboring states, the uninsurance rate in the District is

Figure 5: Uninsurance Rates by Race, Nativity, and Language, Adults Age 18–64 in the District of Columbia, 2003

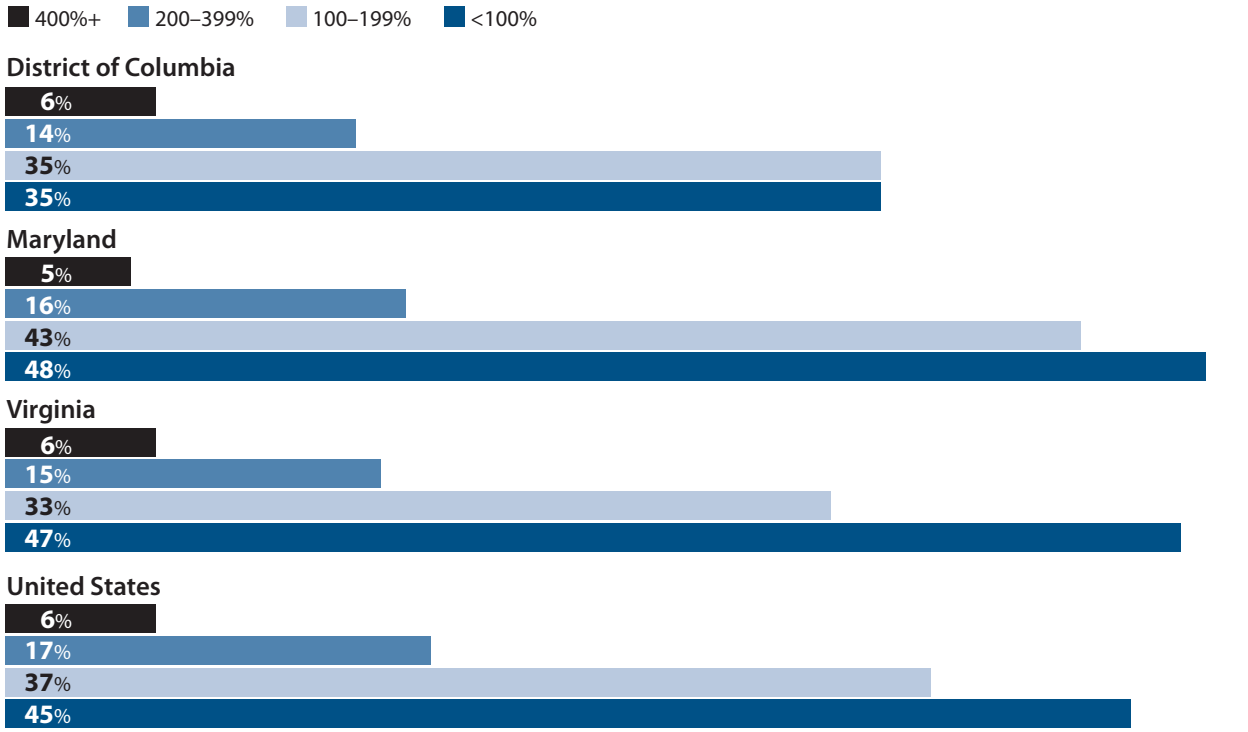


Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
Note: Significantly different from: (a) white; (b) Latino; (c) U.S.-born; (d) English; (e) bilingual at the .10 level, two-tailed test.

Figure 6: Uninsurance Rates by Income, Adults Age 18–64 in the District of Columbia, 2003

Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from nonpoor at the .10 level, two-tailed test.

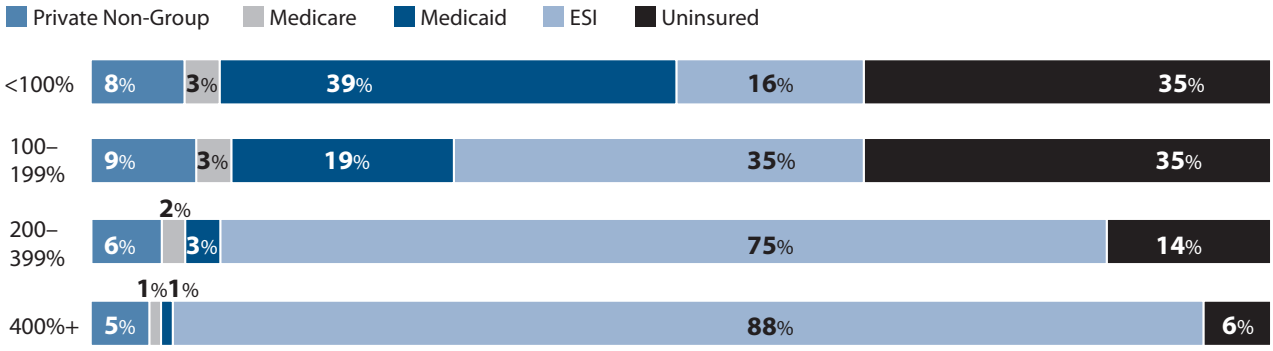
Figure 7: Uninsurance Rates by Income as Percentage of FPL, Adults Age 19–64 in the United States, D.C., and Neighboring States, 2002–2003



Data may not total 100% due to rounding.

Source: Urban Institute calculations of Current Population Survey, 2002–2003.
Note: FPL=federal poverty level.

Figure 8: Insurance Coverage by Income as a Percentage of FPL in the District of Columbia, Adults Age 19–64, 2002–2003



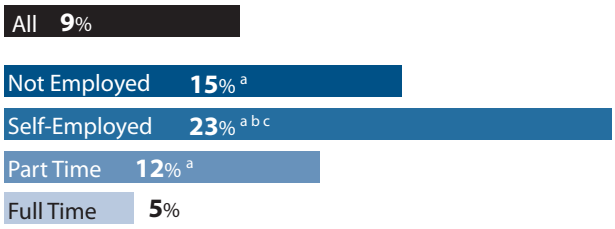
Data may not total 100% due to rounding.

Source: Urban Institute Calculations of Current Population Survey, 2002–2003.
Note: FPL=federal poverty level.

markedly lower among poor adults. Even still, large shares of poor and near-poor adults in the District are uninsured.

Just as uninsurance rates vary by income, so do sources of coverage for adults who are insured in the District (figure 8). The rate of ESI coverage declines dramatically with income, from 88 percent in the highest income group to 16 percent in the lowest. As would be expected given income-based Medicaid eligibility rules, a larger share of poor and near-poor adults are covered by Medicaid compared with adults with higher incomes. Although Medicaid coverage partly offsets the lack of ESI coverage among adults with low incomes, poor and near-poor adults are still more than twice as likely to be uninsured than nonpoor adults in the District.[14] Further work is warranted to investigate why sizable shares of low-income adults, likely eligible for public programs, remain uninsured.

Figure 9: Uninsurance Rates by Employment Status, Adults Age 18–64 in the District of Columbia, 2003

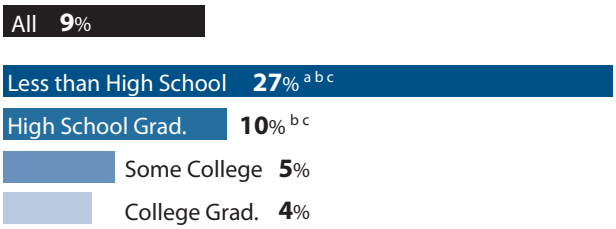


Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
Note: Significantly different from (a) full-time; (b) part-time; (c) not employed at the .10 level, two-tailed test.

Employment Status—In the District, adults who work full-time for an employer are more likely than adults of any other employment status to have health insurance (figure 9). Only 5 percent of adults working full-time are uninsured. By contrast, 23 percent of self-employed adults lack health insurance, perhaps reflecting the higher health insurance costs faced by individuals and small groups compared with larger groups.[15] Adults working part-time are also more likely to be uninsured than those working full-time: 12 percent of part-time workers are uninsured. Part-time workers are more likely to work in firms that do not offer insurance, and employers that do offer insurance often limit eligibility to full-time employees.[16] Among adults who are unemployed, 15 percent lack health insurance coverage.[17] A more detailed discussion of the labor market in the District and the surrounding metropolitan area and its implications for insurance status is provided below.

Education—Adults with lower levels of education have higher uninsurance rates in the District (figure 10). More than one-quarter of adults with less than a high school education are uninsured. Adults with a high school education have a similar uninsurance rate to the overall population (10 percent), while adults with some college or a college degree have lower uninsurance rates (5 percent and 4 percent, respectively).

Figure 10: Uninsurance Rates by Education, Adults Age 18–64 in the District of Columbia, 2003



Note: Significantly different from: (a) HS Grad; (b) some college; (c) college grad at the .10 level, two-tailed test. Source: Urban Institute calculations of DC Health Care Access Survey, 2003

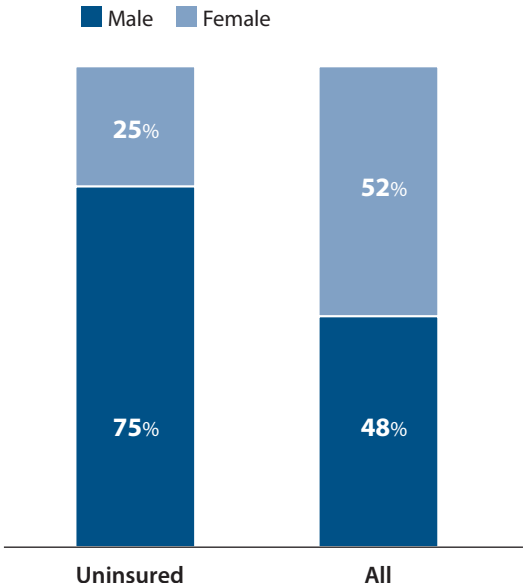
What is the composition of the District's uninsured population?

While some groups of District residents are more likely to lack health insurance than others, the problem of uninsurance is not limited to these subgroups. Uninsured adults in the District are a diverse group. The following section compares demographic and economic characteristics of uninsured adults, insured adults, and all adults in the District. As would be expected given the different uninsurance rates among the population subgroups highlighted above, the District's uninsured population differs from the insured population on a range of characteristics.

Gender—Although males account for less than half of the District's total population, three-quarters of all uninsured adults in the District are male (figure 11).

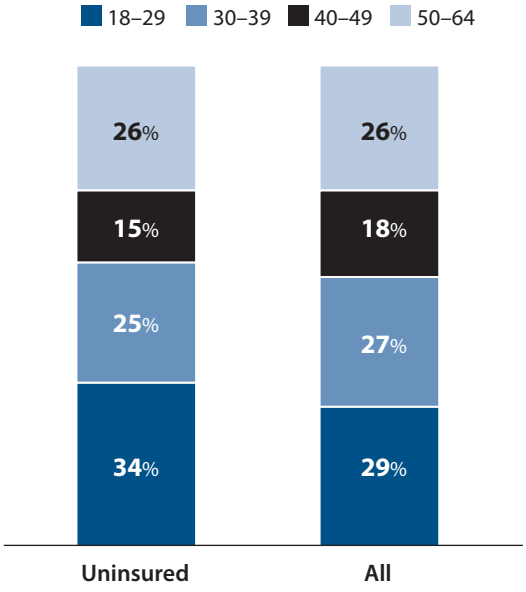
Age—As noted earlier, uninsurance rates in the District do not vary greatly by age. As a result, the age distribution of uninsured adults in the District is very similar to that in the overall population (figure 12).[18] About a quarter of the uninsured are ages 50 to 64, a group of the population that has been targeted in previous Medicaid expansions (discussed further below).

Figure 11: Gender, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



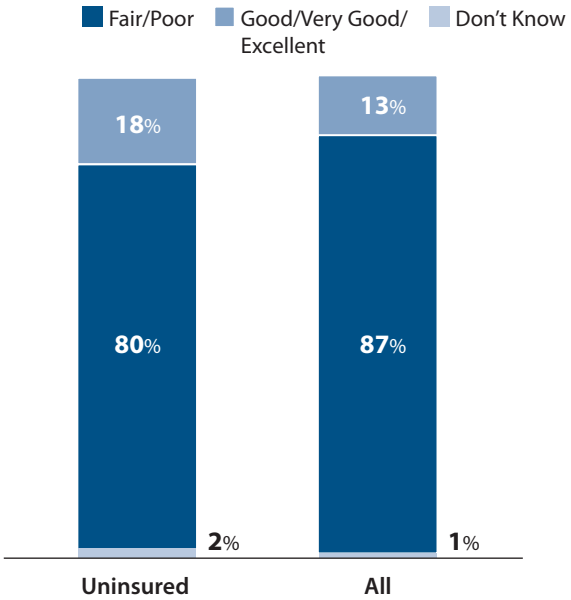
Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test. 3

Figure 12: Age, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



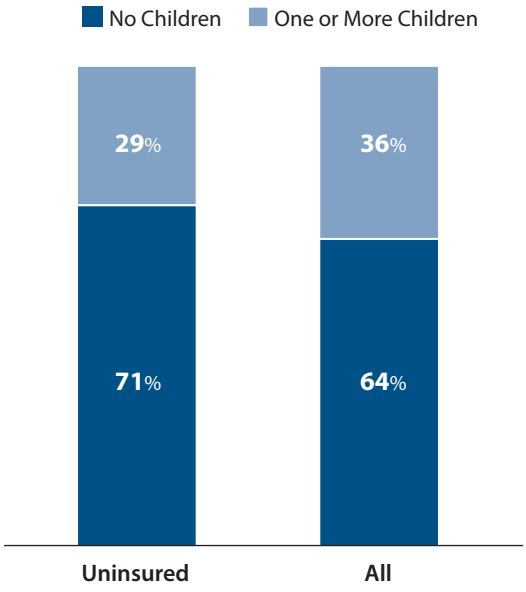
Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.

Figure 13: Health Status, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

Figure 14: Household Type, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



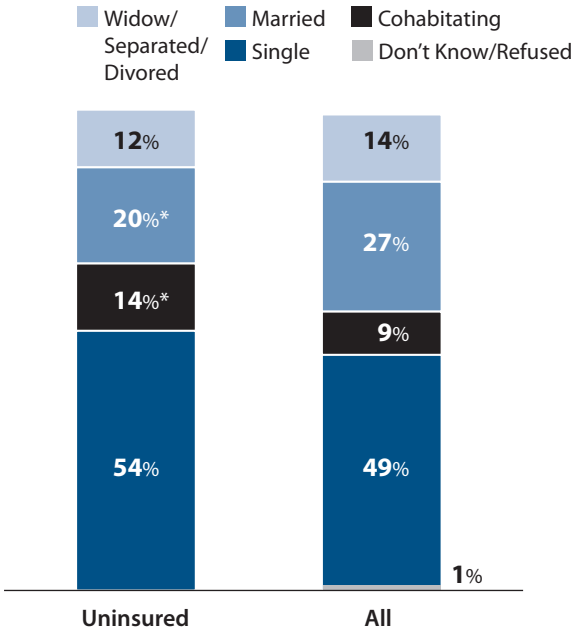
Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.

Health Status—While most uninsured adults report being in good, very good, or excellent health, adults without health insurance tend to report poorer health status than the overall District population (figure 13). Eighty percent of uninsured adults report being in good, very good, or excellent health, compared with 87 percent of District adults overall. It may be that adults with health insurance report better health status because they have better access to health care as a result of being insured. An alternative explanation may be that it is difficult for individuals in poor health to obtain health insurance or to hold a full-time job.

Household Size—Uninsured adults in the District live in a range of household types (figure 14). Similar to the insured population, 71 percent of uninsured adults are living in a household with no children.

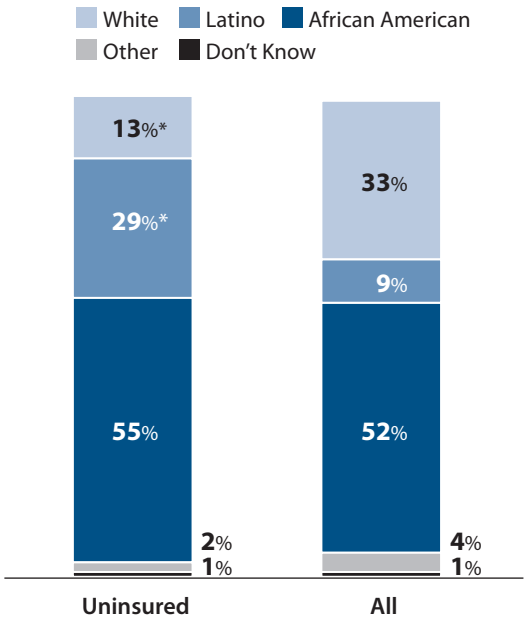
Marital Status—Compared with insured adults, adults with no health insurance in the District are more likely to be cohabitating and less likely to be married (figure 15). As in the overall population, about half of uninsured adults are single. An additional one-quarter of uninsured adults is cohabitating, widowed, separated, or divorced.

Figure 15: Marital Status, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



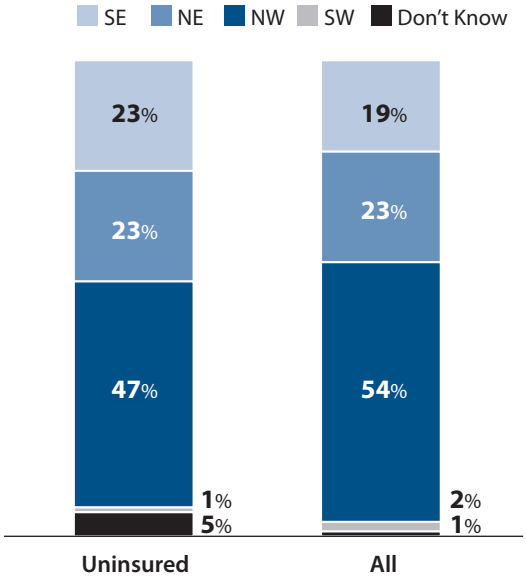
Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

Figure 17: Race and Ethnicity, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

Figure 16: Location of Residence, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003

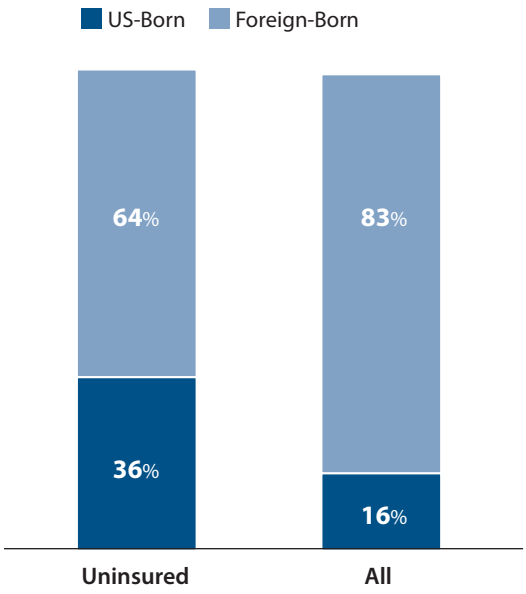


Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.

Location of Residence within the District—Uninsured adults mirror the overall population in terms distribution across the four quadrants of the District (figure 16). Almost half of uninsured adults live in Northwest, and roughly a quarter each live in Southeast and Northeast. It is not possible with the data presented here to examine uninsurance rates by smaller geographic areas like the District's wards.

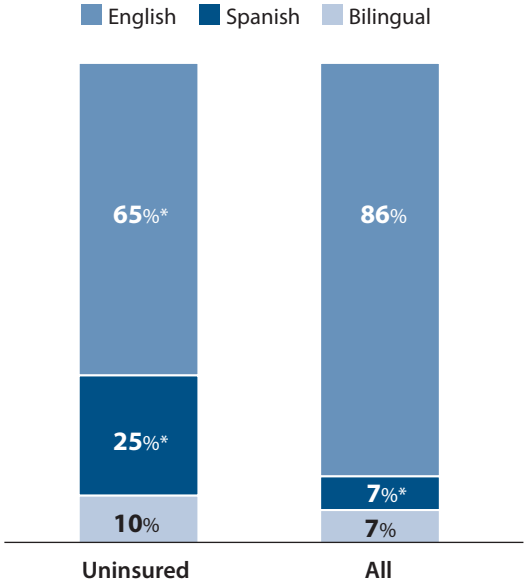
Race, Nativity, and Language—The racial makeup of the uninsured population in the District reflects the diversity of the District population overall (figure 17). The proportion of both the insured and the uninsured population that is African American is similar. However, Latinos are overrepresented in the uninsured population and whites are underrepresented. More than half of both uninsured and insured adults in the District are African American (55 percent and 52 percent, respectively). Almost 30 percent of uninsured District adults are Latino and 13 percent are white, as compared with 6 and 36 percent of the insured population, respectively.

Figure 18: Place of Birth, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



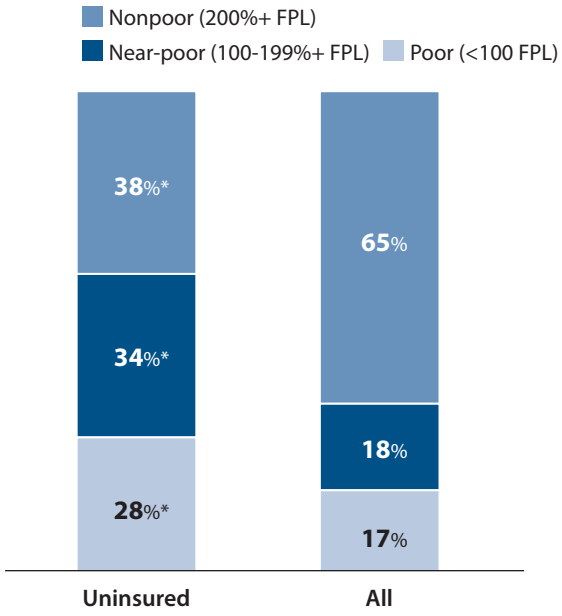
Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

Figure 19: Primary Language, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

Figure 20: Family Income, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

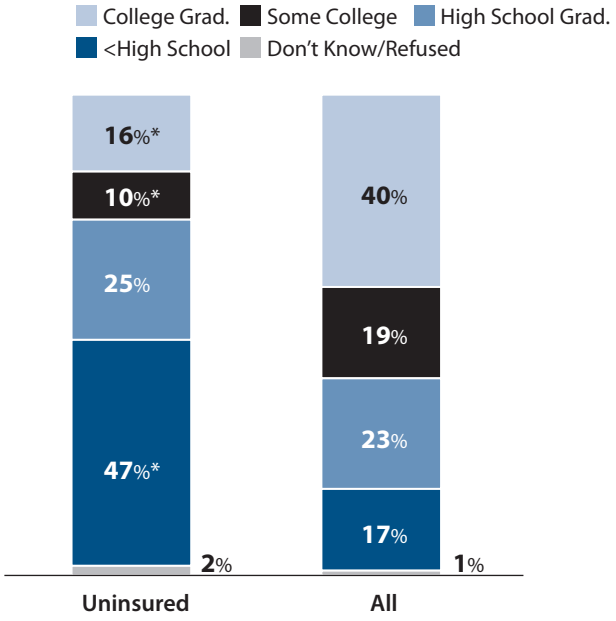
The majority of uninsured adults (64 percent) was born in the United States (figure 18). However, a sizable share of adults with no health insurance (36 percent) is foreign-born; only 16 percent of the overall adult population is foreign-born.

One-quarter of adults who lack insurance in the District speak Spanish as their primary language, compared with 7 percent of the overall population (figure 19). Three-quarters of uninsured adults in the District either speak English as their primary language or are bilingual.

Income—Uninsured adults in the District are generally poorer than insured adults (figure 20). Roughly one-third of uninsured adults in the District each fall into one of three income categories—poor, near-poor, and nonpoor. In comparison, two-thirds of the insured population is nonpoor.

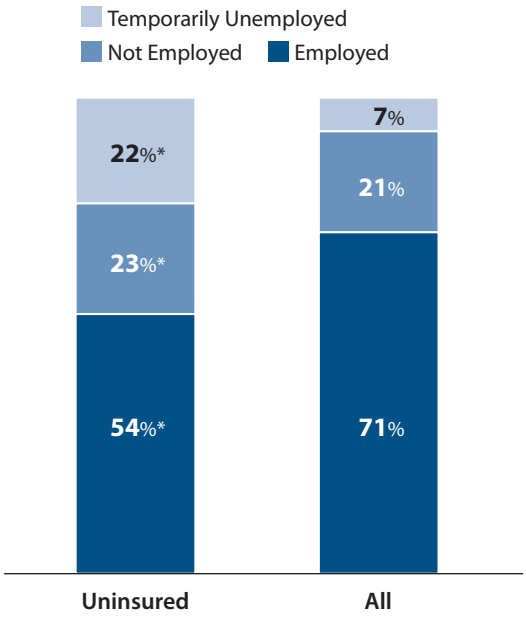
About half of adults with no health insurance coverage earn less than $25,000 a year, compared with 25 percent

Figure 21: Education, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

Figure 22: Work Status, Uninsured Adults and All Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from all at the .10 level, two-tailed test.

of insured adults (table 2). The low-income status of many uninsured adults limits the contributions they are able to make toward the purchase of health insurance, an issue likely to be central to potential health insurance expansion initiatives.

Education—Adults with no health insurance have lower levels of education than insured adults in the District (figure 21). Almost half of uninsured adults (47 percent) have less than a high school education, compared with only 14 percent of insured adults. Only 16 percent of adults with no insurance are college graduates, compared with 43 percent of insured adults. Nevertheless, uninsured adults in the District represent a range of education levels. One-quarter has a high school diploma or equivalent, and one-quarter has at least some college education.

Work Status—A common misperception is that uninsured individuals do not work; yet more than half (54 percent) of uninsured adults in the District are employed. These uninsured workers are employed in a range of situations (figure 22).

As noted above, full-time workers overall have a low uninsurance rate (5 percent). Even so, about one-third of uninsured adults reported working full-time for an employer. An additional 10 percent of uninsured adults work part-time, and 15 percent are self-employed.

Twenty-two percent of adults who lack health insurance said they were temporarily unemployed, compared with only 5 percent of insured adults in the District. It is reasonable to assume temporarily unemployed adults have some ties to the workforce. If so, more than two-thirds of uninsured adults in the District are connected to the workforce in some way, representing a possible target for expansion initiatives.

Why Are People Uninsured in the District of Columbia?

Self-reported reasons for uninsurance

As would be expected given the diverse characteristics of uninsured adults in the District, the reasons these adults lack health insurance are complex and often interrelated. The D.C. Health Care Access Survey asked uninsured individuals why they did not have health insurance, giving each respondent several reasons to choose from (table 3). One issue stands out as a clear barrier to having insurance coverage: 26 percent of the District's uninsured said the reason they lack insurance is they cannot afford it.

On the other hand, one-third of respondents felt none of the categories offered described their circumstances; their responses are represented in the "other" category. An additional 18 percent of the sample either did not know or refused to answer the question. These responses reflect the fact that the reasons for uninsurance are not straightforward.

Small shares of the uninsured population reported that they do not need insurance because they are healthy, that they tried to apply for Medicaid or Healthy Families but could not obtain insurance through these programs, or that they do not know how to get insurance. These adults represent potential targets of initiatives that emphasize outreach and education as tools to expand health insurance coverage.

Although the reasons for uninsurance are complex, examining who has access to insurance through various routes can shed light on potential ways to help make insurance coverage accessible to those who do not currently have it.

The local labor market and access to ESI in the District

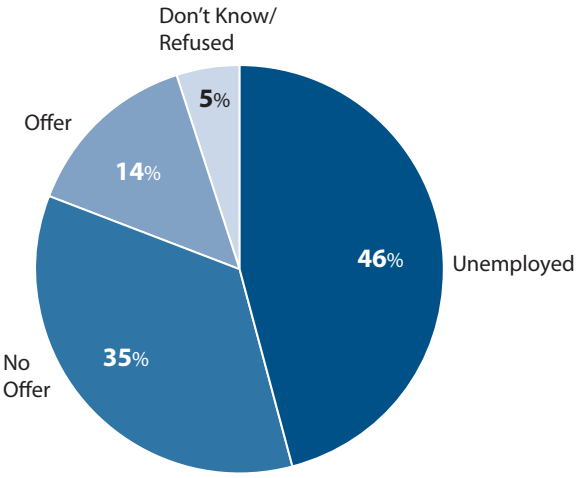
Employer-sponsored insurance is the main source of insurance coverage in the District. As noted earlier, 63 percent of working-age adults in the District have health insurance through their employer or someone else's employer. Yet, over half of uninsured adults in the District are working. Uninsured workers fall into two broad categories: those who are not offered insurance coverage by their employer and those who have access to ESI but choose not to take up the offer. The following section discusses factors related to both of these categories.

Table 3: Self-reported Reasons for Lacking Health Insurance, Uninsured Adults Age 18–64 in the District of Columbia, 2003

Cannot afford	22%
ESI available but I cannot afford it	4%
ESI not available	6%
Don't need because I am healthy	7%
Tried to apply for Medicaid/Healthy Families but could not get it	6%
Don't know how to get insurance	3%
Other	34%
Don't know/Refused	18%
Sample Size	105

Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
Note: ESI=employer-sponsored insurance.

Figure 23: Share of Adults Offered Health Insurance at Their Job, Uninsured Adults Age 18–64 in the District of Columbia, 2003

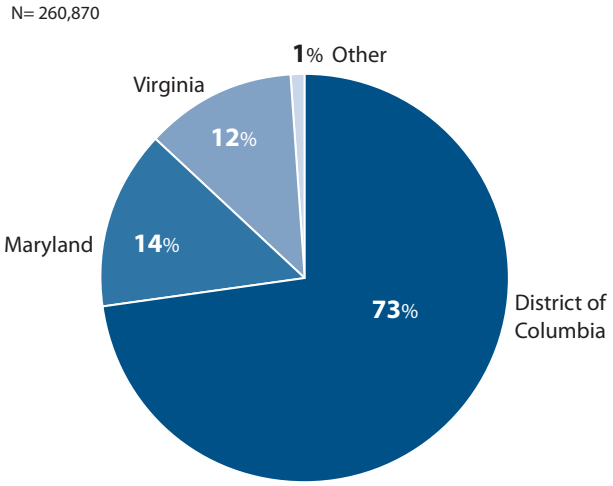


Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.

Not all workers are offered insurance coverage—Among adults who lack health insurance coverage in the District, 35 percent reported they were working but were not offered coverage at their job (figure 23).

The share of workers offered health insurance is largely a function of the local labor market. When examining

Figure 24: Place of Work, Workers Who Live in the District, 2000



Source: U.S. Census Bureau, County to County Worker Flow Files: http://www.census.gov/population/www/cen2000/commuting.html.

Table 4: Wage and Salary Employment by Industry and Place of Work, September 2004

	District of Columbia		Washington, D.C., Metropolitan Area	
	N (thousands)	%	N (thousands)	%
Total	670.7	100%	2,913.0	100%
Total Private Sector	440.5	66%	2,280.4	78%
Total Government	230.2	34%	632.6	22%
Federal Government	*192.9*	*29%*	*346.5*	*12%*
State Government	*32.5*	*5%*	*78.0*	*3%*
Local Government	*na*	*na*	*208.1*	*7%*
Public Transportation	*4.8*	*1%*	*na*	*na*

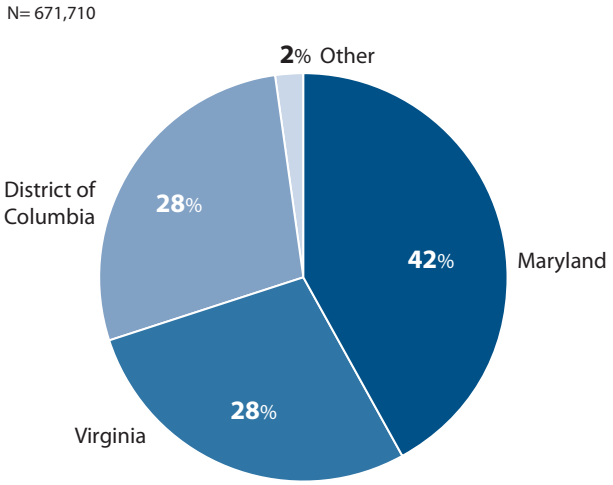
Source: D.C. Department of Employment Services Office of Labor Market Research and Information: http://www.does.dc.gov/does/frames.asp?doc=/does/lib/does/info/lmi/LMI_Tables_1.pdf.

the labor market choices of District residents, it is important to also consider employment in surrounding states. Indeed, 27 percent of District workers work at establishments outside the District (figure 24), and 72 percent of those who work in the District are not District residents (figure 25).

A key characteristic of the local labor market is the large presence of the federal, state, and local governments, all of which offer generous health insurance. Of the approximately 670,000 people employed in the District in September 2004, 29 percent worked for the federal government (table 4). An additional 6 percent of people who worked in the District worked for the state (District) government or public transportation. In the metropolitan area overall, 22 percent of workers hold federal, state (District or otherwise), or local government jobs.

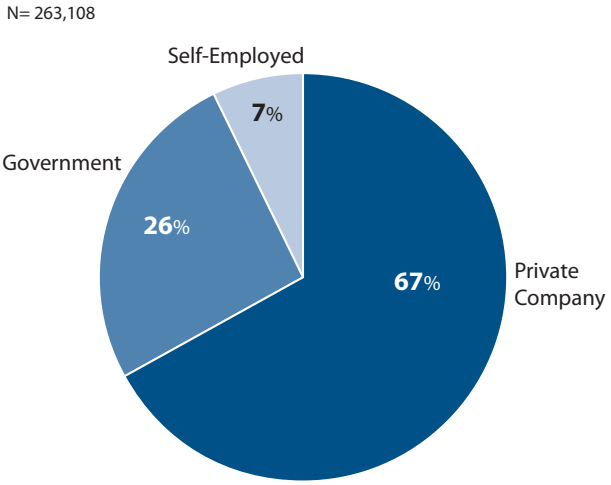
However, workers who reside outside the District hold many of the government jobs located in the District and surrounding area. While about one-third of those who work in the District have government jobs, only about one-quarter of all workers who live in the District are government employees, according to the 2000 Census (figure 26).

Figure 25: Place of Residence, Workers Who Work in the District, 2000



Source: U.S. Census Bureau, County to County Worker Flow Files: http://www.census.gov/population/www/cen2000/commuting.html.

Figure 26: Type of Workplace, Workers Who Live in the District, 2000



Source: U.S. Census Bureau. Census 2000. Table P50. Sex by Occupation for the Employed Civilian Population 16 Years and Over. Data Set: Census 2000 Summary File 3.

Among the non-postal,[19] federal civilian employees who work for the executive branch and are stationed in the District, approximately 81 percent are enrolled in the Federal Employees Health Benefits Program (FEHBP). An additional 18.4 percent are not enrolled because they are not eligible, their enrollment is pending, or they have declined coverage; the remainder are of unknown status.[20] A number of different plans are offered to federal employees; detailed information on these plans is included in the appendix.

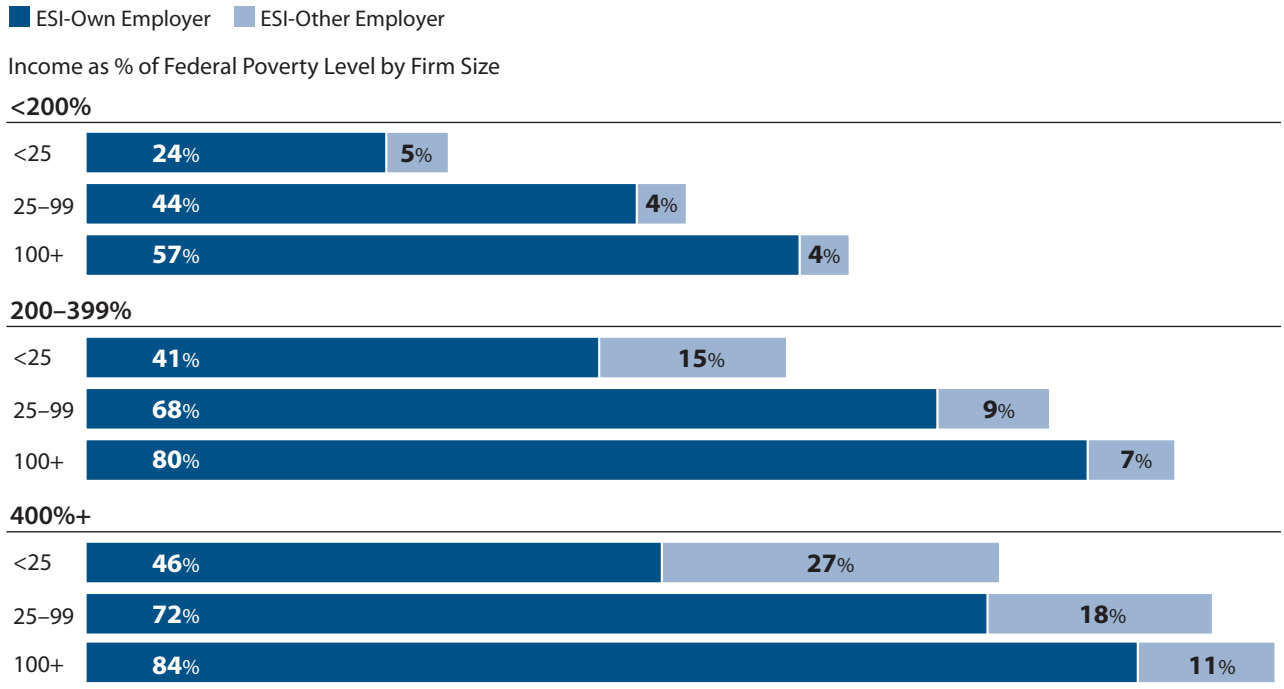
Bolstering the impact of the large federal and local governments, private-sector firms in the District, Maryland, and Virginia are more likely to offer insurance as a benefit than firms nationwide. Seventy-four percent of all private firms in the District offer insurance, as do 62 percent in both Maryland and Virginia (table 5). Two-thirds of workers who live in the District work in the private sector (figure 26) and could benefit from these high offer rates. Nonetheless, recall that fewer District adults have employer-sponsored coverage than adults in Maryland, Virginia, or the nation (figure 1).

Table 5: Share of Private-Sector Establishments that Offer Insurance in D.C., Neighboring States, and the United States, 2001

	DC	MD	VA	US
Total	74%	62%	62%	58%
Firm size				
Fewer than 50 employees	64%	48%	48%	46%
50 or more employees	97%	100%	99%	97%
Percent full-time employees				
75% or more	82%	69%	66%	65%
50–74%	65%	60%	67%	16%
Less than 50%	38%	38%	43%	20%
Percent low-wage employees				
50% or more	54%	54%	51%	32%
Less than 50%	79%	62%	62%	54%
Unknown	79%	73%	87%	13%

Source: Agency for Healthcare Research and Quality. 2001. Medical Expenditure Panel Survey—Insurance Component. Tables II.A.2 and VII.A.1.a: http://www.meps.ahrq.gov/MEPSDATA/ic/2001/Index201.htm.

Figure 27: ESI Rates Among Full-Time/Full-Year Workers in the United States, 2002



Source: Health Insurance Coverage in America: 2002 Data Update. Kaiser Commission on Medicaid and the Uninsured, Washington, DC, December 2003.

Table 6: Place of Work, Uninsured Adults and Insured Adults Age 18–64 in the District of Columbia, 2003

	Uninsured	Insured
Employed	52%	73%
Small private company (fewer than 50 employees)	*17%*	*17%*
Large private company (50 employees or more)	*14%**	*28%*
Private company, unknown size	*1%*	*1%*
Government worker	*5%**	*20%*
Self-employed	*15%**	*7%*
Unemployed	46%*	27%
Employment status unknown	2%*	0%
Sample Size	105	976

Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Value is significantly different from insured adults at the .05 level.

Although firms in the District, Maryland, and Virginia are more likely to offer insurance than firms nationwide, these offer rates are lower in firms that are smaller, have more part-time workers, and have more low-wage workers (table 5). Further, according to national data, the likelihood of being offered insurance is less for workers with low family incomes, including those employed full-time at large businesses. In the nation as a whole, just 24 percent of poor and near-poor workers who work in small firms (fewer than 25 employees) have ESI through their employer. Only 57 percent of low-income workers in larger businesses (100 employees or more), where health insurance is almost always offered, have coverage through their own employer (figure 27).

Not surprisingly, uninsured adults in the District are less likely than insured adults to be employed in the types of situations that have higher insurance offer rates (table 6). Only 14 percent of uninsured adults work in firms with more than 50 employees, compared with 28 percent of insured adults. Fifteen percent of uninsured adults in the District are self-employed and therefore may lack access to group insurance coverage. Only 7 percent of insured District adults are self-employed.

Further, 5 percent of uninsured adults reported working for the government, compared with 20 percent of insured adults. Almost all government employees are eligible to enroll in their employer's health insurance plan.[21] It is possible the cost of premiums prevents these government employees from taking up the offer of insurance. (The affordability of ESI premiums is discussed below.)

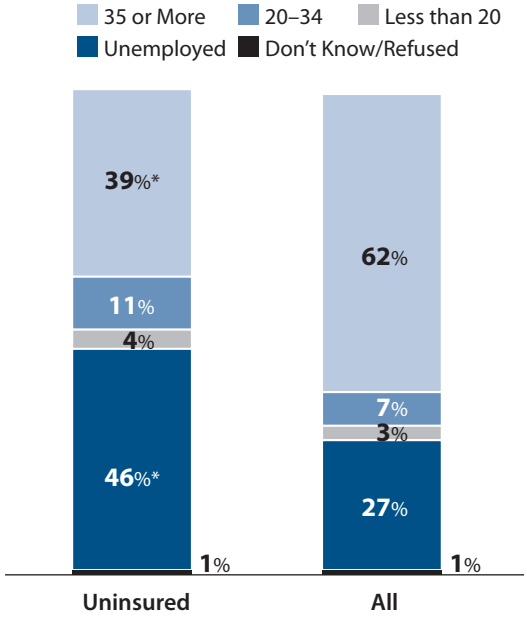
Table 7: Average Annual Cost of Employer-Sponsored Insurance in Private Firms in the District of Columbia, Neighboring States, and the United States, 2001

	DC	MD	VA	US
Single Coverage				
Employee	$507	$580	$524	$498
Employer	$2,523	$2,122	$2,364	$2,391
Share paid by employee	17%	21%	18%	17%
Family Coverage				
Employee	$2,003	$1,947	$2,178	$1,741
Employer	$6,709	$5,401	$5,640	$5,768
Share paid by employee	23%	26%	28%	23%
Employee plus 1				
Employee	$957	$1,103	$1,130	$1,070
Employer	$4,611	$4,188	$4,089	$4,393
Share paid by employee	17%	21%	22%	20%

Source: The Kaiser Family Foundation, State Health Facts Online. www.statehealthfacts.org. Data Source: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 2001 Medical Expenditure Panel Survey—Insurance Component. Tables II.C.1, II.C.2, and II.C.3: http://www.meps.ahrq.gov/MEPSDATA/ic/2001/Index201.htm.

Uninsured adults are less likely to be employed in full-time positions: 39 percent of uninsured adults report being employed full-time (more than 35 hours a week), compared with almost two-thirds of insured adults in the District (figure 28).

Figure 28: Number of Hours Worked Per Week, Uninsured Adults and Insured Adults Age 18–64 in the District of Columbia, 2003



Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
(*) Significantly different from insured at .10 level, two-tailed test.

ESI can be expensive—Fourteen percent of uninsured adults in the District reported they were offered coverage at their job but declined to take up the offer (figure 23). Insurance premiums in the nation as a whole are rising more rapidly than workers' earnings (figure 29). This high cost may force workers, especially those in low-income families, to forgo insurance coverage.

In 2001, employees at private firms in the District paid an average of about $500 per year for single coverage and $2,000 per year for family coverage (table 7). Employers contributed about $2,500 and $6,700 for single coverage and family coverage, respectively, meaning District workers paid for about 17 percent and 23 percent of their total premium costs on average.

Workers and their employers contributed roughly the same amount toward premiums in Maryland and Virginia. However, workers in Maryland and Virginia tended to pay a slightly higher share of their total premium cost than workers in the District. In most categories, workers in the District and neighboring states paid more for ESI than workers in the nation as a whole.

In 2004, on average, the annual premium paid by enrollees in the FEHB program who work in the District was slightly lower than the national average for individuals and families (table 8). Federal employees in the District paid for about 28 percent of their total premium cost.[22]

Table 8: Average Annual Premiums Paid by Federal Employees in the District of Columbia and the United States, 2004

	DC	US
Single Coverage		
Employee	$1,073	$1,115
Employer	$2,760	$2,775
Share paid by employee	28%	29%
Family Coverage		
Employee	$2,463	$2,608
Employer	$6,388	$6,418
Share paid by employee	28%	29%

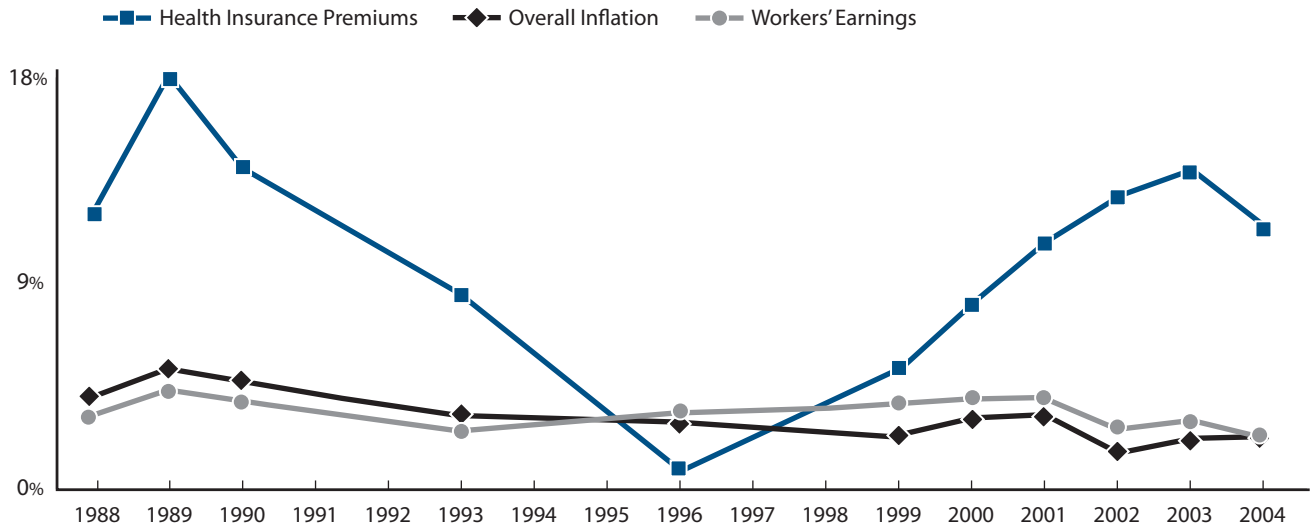
Source: State Planning Grant team communication with the United States Office of Personnel Management, Workforce Information and Planning Group. November 2004.

Note: Figures here are for non-postal, federal civilian employees who work for the executive branch.

Access to non-group private insurance in the District

For workers with no access to ESI or public insurance programs, comprehensive individual private health insurance is expensive and can be difficult to obtain, especially for individuals in less-than-perfect health.[23] The District imposes relatively few requirements on private insurers. Few benefit mandates require services or types of providers to be included, which helps hold down the price of coverage but also limits access to individual insurance. This section discusses guarantees of access to individual insurance for District residents, barriers to

Figure 29: Increases in Health Insurance Premiums Compared with Other Indicators, 1988–2004



Source: Kaiser Family Foundation. Employer Health Benefits 2004 Summary of Findings. Washington, DC, 2004.

obtaining comprehensive coverage, and the cost of non-group insurance.

***Guaranteed access to individual insurance*—**Guaranteed access to individual insurance in the District is limited. Blue Cross Blue Shield of the National Capital Area must offer at least one individual health insurance policy to all individuals in the District, although preexisting conditions may be excluded. Other insurers are free to turn down individuals who apply for coverage. Generally, there are no limits on what Blue Cross Blue Shield can charge for these guaranteed plans. Premiums can vary widely with age, gender, health status, family size, and other factors.[24]

Individuals have better access to individual coverage in the District if they are eligible for coverage under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a law designed to help people buy and keep health insurance, even when they have serious health conditions. In brief, to be HIPAA eligible, individuals must have had 18 months of continuous coverage, at least the last day of which was under a group health plan, and must not be eligible for other types of coverage. The District is a "federal fallback" state for HIPAA, simply enforcing the federal minimum requirements that insurers offer coverage on a "guaranteed-issue" basis to all job-changing applicants, without lengthy exclusion of preexisting conditions.[25]

***Barriers to comprehensive coverage*—**As in the rest of the country, District residents who are not eligible for HIPAA and are in less-than-perfect health face substantial barriers to obtaining comprehensive health insurance coverage in the individual market, if they are able to obtain coverage at all. The District imposes relatively few requirements on private insurers. There are several ways insurers can legally exclude or limit coverage for someone with a preexisting condition:[26]

- The insurer can impose an "elimination rider" that temporarily or permanently excludes coverage for a health condition, body part, or body system.
- The insurer may also impose a preexisting condition exclusion period, during which time the insurer will not pay for care related to the excluded condition(s).[27]

Even for adults in perfect health, comprehensive non-group health insurance can be difficult to obtain. Coverage for maternity care, mental health care, and prescription drugs tends to be limited under individual plans, especially when compared to benefits in typical group health plans. So, even adults who are able to obtain individual health insurance may face significant gaps in coverage.[28]

***The cost of individual insurance*—**For adults in either good or poor health, individual health insurance can be expensive, sometimes prohibitively so. Among adults in excellent health, premiums vary based on age and sex. Adults in less-than-perfect health face significantly higher charges if insurers do offer coverage for a preexisting condition.[29]

Because there are no standard benefit packages for individual health insurance plans and each applicant faces different exclusions as well as varying premiums, deductibles, and cost-sharing requirements, the average cost of individual health insurance is difficult to measure. The numbers generated by many studies reflect prices for individuals in perfect health and do not necessarily reflect the costs the average adult would face in the non-group market.

In the Atlantic region, which includes the District, Maryland, and Virginia, the average monthly premium among a sample of individual insurance policies sold through eHealthInsurance in 2003 was $148 for a single policy and $297 for a family policy (table 9).[30] For single adults and families with annual earnings equal to the poverty level (in 2003, $8,980 and $15,260 for an individual and a family of three, respectively), the average premiums in this study represent about 20 percent of total annual income. This analysis, conducted by the Kaiser Family Foundation, examined a sample of policies sold through eHealthInsurance, the single-largest source of health insurance nationally for the individual health insurance market. The averages generated by this study reflect the policies people have actually purchased and the premiums they actually pay, so they do not reflect how premiums would vary across ages and regions for a common set of benefits nor do they necessarily reflect the premiums an average adult would be charged if he tried to get coverage in the individual market.[31]

Table 9: Average Monthly Premiums by Region and Age, January–August 2003

	Single Premiums					
	Age in years					
Region	<18	18–24	25–34	35–44	45–64	Average
Atlantic	$91	$115	$132	$157	$209	$148
Mountain	$104	$99	$118	$132	$193	$135
New England/Mid-Atlantic	$171	$235	$254	$272	$299	$268
North Central	$87	$103	$111	$131	$180	$127
Pacific	$105	$108	$123	$152	$210	$143
South Central	$90	$87	$100	$125	$183	$123
Average	$97	$115	$131	$156	$210	$149

	Family Premiums					
	Age in years					
Region	<18	18–24	25–34	35–44	45–64	Average
Atlantic	$105	$199	$264	$298	$340	$297
Mountain	$224	$181	$233	$273	$290	$265
New England/Mid-Atlantic	$101	$200	$432	$475	$542	$489
North Central	$133	$169	$219	$241	$273	$241
Pacific	$116	$183	$247	$280	$324	$277
South Central	$106	$132	$190	$240	$274	$227
Average	$120	$178	$245	$281	$322	$278

Source: Kaiser Family Foundation/eHealthInsurance. Update on Individual Health Insurance. Washington, DC, 2004.
Note: The District of Columbia, Maryland, and Virginia are included in the Atlantic Region.

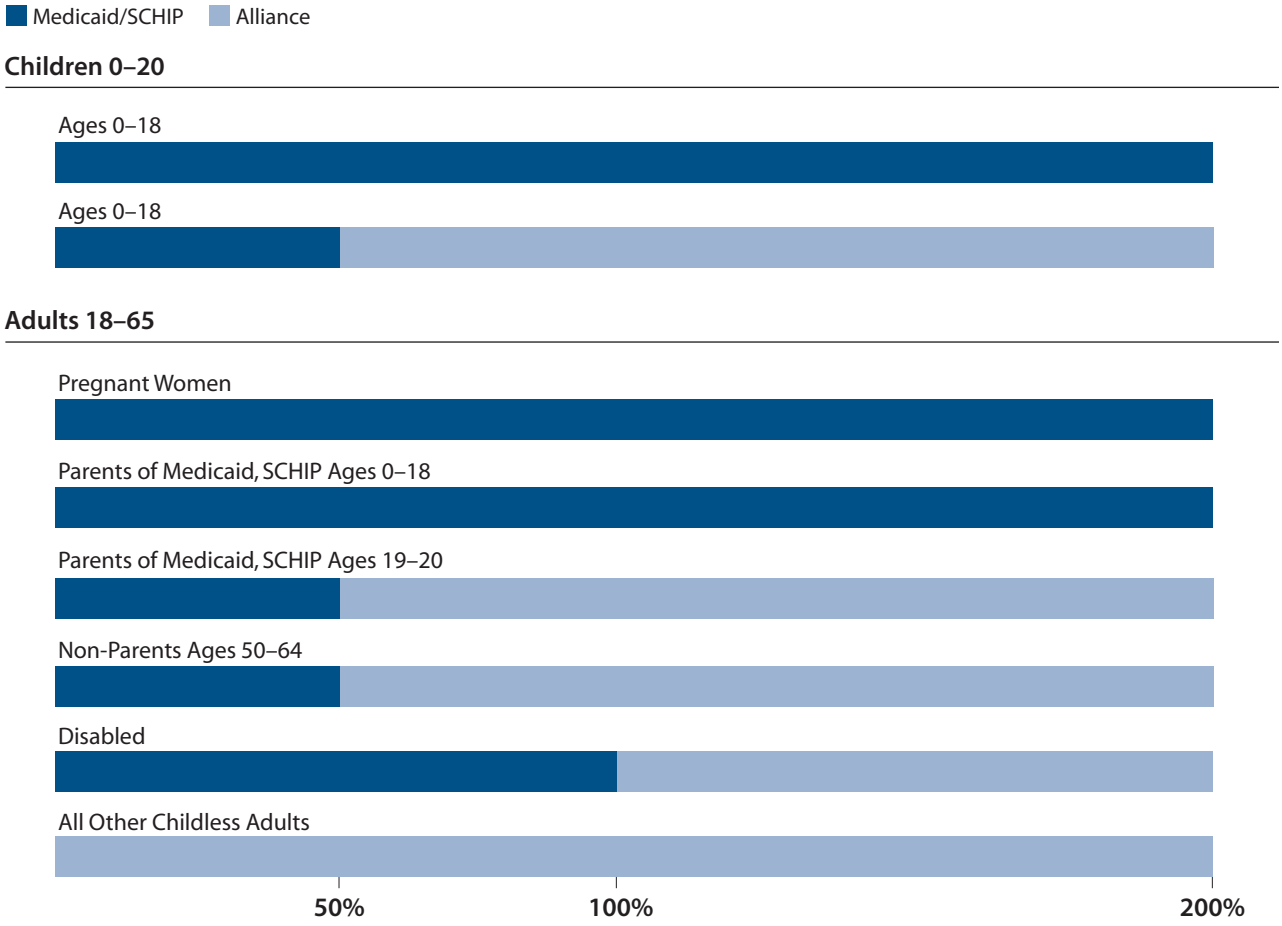
Another study estimated that annual premiums in the District for a "standard plan" in the non-group market would be $4,260 for a healthy, nonsmoking, 55-year-old woman and $1,608 for a healthy, nonsmoking, 25-year-old woman.[32] For single 25-year-old and 55-year-old women with annual earnings equal to the poverty level, these premiums represent 18 and 47 percent of their total annual incomes, respectively. This analysis, conducted by Families USA, a health care coverage advocacy organization, defined a plan as standard if it was comparable to the most popular plan offered under the 2001 Federal Employees Health Benefits Program (FEHBP). These prices were the lowest available for individuals in perfect health, so individuals with any significant health risk factors would face much higher premiums, if they could obtain a standard plan or any coverage in the individual market at all.

Who is eligible for Medicaid and the Alliance in the District?

The high share of District adults covered by Medicaid (about 12 percent) is due in part to the District's relatively generous eligibility rules: as of July 2004, only four states had Medicaid income eligibility levels for parents as high as the District's.[33]

The District Medicaid and State Children's Health Insurance Program cover pregnant women and parents with family incomes up to 200 percent of the federal poverty level (FPL), as well as children up to age 18 in families with incomes below 200 percent of FPL. In addition, childless adults ages 50 to 64 with incomes at or below 50 percent of FPL have been eligible for Medicaid under the District's Section 1115 waiver expansion since 2003 (figure 30).[34]

Figure 30: District of Columbia Public Health Coverage Program Eligibility, by Age, Income, and Assistance Category, 2004



Source: D.C. Medical Assistance Program, personal communication, 2004.

Note: FPL = federal poverty level. SCHIP = State Children's Health Insurance Program. As of July 2004, D.C. Medicaid served approximately 137,000 persons, of which 4,000 were in long-term care.

The D.C. Health Care Alliance provides health care services to uninsured District residents below 200 percent of the FPL, who are ineligible for Medicaid. The Alliance requires no premiums or co-payments for health services. Enrollment in the Alliance is theoretically limited by the overall Alliance budget; as of yet, no caps have been placed on Alliance enrollment.

About 60 percent of adults who reported they were uninsured are either poor or near-poor and thus may qualify for Medicaid or the Alliance. The 40 percent of uninsured adults with incomes above 200 percent of FPL are likely ineligible for these programs. To place these numbers in context, in 2003, 200 percent of FPL was $30,520 for a family of three and $17,960 for a single adult. For families in the District earning slightly more than these cutoff levels, the cost and limited availability of ESI and individual private insurance may leave few options for insurance coverage.

How Much Is Spent on Health Care for the Uninsured in the District of Columbia?

A substantial amount of money is currently being spent on health care services for the uninsured in the District. If a larger share of the population were insured, some of these expenditures would be unnecessary. To the extent that it were possible to capture and reallocate them, any such savings could reduce the net cost of an expansion initiative. This section presents estimates of total health care expenditures by uninsured individuals in the District derived using data from the Medical Expenditure Panel Survey in conjunction with the Current Population Survey.

How much do uninsured individuals spend on health care?

It is estimated that the nonelderly uninsured in the District spend $122.8 million annually on health care services, of which one-third ($41.6 million) is paid for out-of-pocket by uninsured individuals themselves (table 10). The average uninsured individual in the District spends an estimated $1,679 a year on health care services.

In addition to out-of-pocket payments by the uninsured, other non-insurance sources pay for 36 percent of medical spending on the uninsured. The remaining 31 percent of health care spending by the District's uninsured is care "donated" by private providers—defined here as the difference between payments actually received from uninsured patients and payments providers would expect to receive for the same services from privately insured payers.[35]

If all uninsured individuals in the District had insurance coverage, they would be expected to consume an estimated $184.0 million in health care services annually, an increase of $61.2 million per year. With insurance coverage, the amount of health care expenditures paid for out-of-pocket by the individual each year would drop substantially, from an average of $568 per person (34 percent of total expenditures) to an average of $280 per person (11 percent of total expenditures).

Table 10: Current and Predicted Medical Spending, Nonelderly Uninsured in the District of Columbia

	Per Capita	Total (millions)	%
Estimated Current Expenditures			
Out-of-Pocket	$568	$41.6	34%
Other Non-Insurance Sources[a]	598	43.8	36%
Uncompensated Care (Private Providers)	513	37.5	31%
Total Expenditures	1,679	122.8	100%
Predicted Expenditures, if Fully Insured[b]			
Out-of-Pocket	$280	$20.5	11%
Total Expenditures	2,514	184.0	100%

Source: Jack Hadley. Estimated Cost of the Uninsured in DC. Presentation to the District of Columbia Health Care Advisory Panel, July 26, 2005.
Note: Full methodology report available in the appendix.
a. Includes workers' compensation, VA, other federal, other state and local, other public, other private, and other unclassified.
b. Any insurance, private or public.

Appendix A

Detailed Tables

Table A1: Characteristics of Uninsured Adults Age 18–64 in the District of Columbia, 2003, with Confidence Intervals

	Mean	95% Confidence Intervals	
Male	75%	66%	83%
Female	25%	17%	34%
Age			
Average (years)	37.3	34.8	39.9
18 to 29	34%	25%	43%
30 to 39	25%	17%	33%
40 to 49	15%	8%	22%
50 to 64	26%	17%	34%
Race/Ethnicity			
African American	55%	46%	65%
Latino	29%	20%	38%
White	13%	6%	19%
Other	2%	-1%	6%
Don't know/Refused	1%	-1%	2%
Nativity			
Foreign-born	36%	27%	45%
U.S.-born	64%	55%	73%
Language			
Primarily speaks English	65%	55%	74%
Primarily speaks Spanish	25%	17%	33%
Bilingual	10%	4%	16%
Health status			
Good, very good, or excellent	80%	72%	87%
Fair or poor	18%	10%	25%
Don't know	2%	-1%	5%
Education			
Less than high school	47%	38%	57%
High school graduate or equivalent	25%	16%	33%
Some college	10%	4%	16%
College graduate	16%	9%	23%
Don't know/Refused	2%	-1%	5%
Marital status			
Single	54%	44%	63%
Married	20%	12%	27%
Living with a partner	14%	7%	21%
Widowed/Separated/Divorced	12%	6%	19%
Don't know/Refused	0%	0%	0%
Household size	2.84	2.51	3.17
Adults	2.09	1.87	2.32
1	31%	22%	40%
2	48%	38%	58%
3 or more	12%	13%	29%
Children	0.67	0.43	0.91
None	71%	62%	80%
One or more	29%	20%	38%

	Mean	95% Confidence Intervals	
Lives in which section of the District			
NE	23%	15%	32%
NW	47%	38%	57%
SE	23%	15%	31%
SW	1%	-1%	3%
Don't know	5%	1%	10%
Poor (less than 100% FPL)	28%	18%	37%
Near-poor (100–199% FPL)	34%	24%	44%
Nonpoor (200% FPL or above)	38%	28%	49%
Annual Family Income Category			
Less than $25,000	54%	43%	65%
$25,000 or more	46%	35%	57%
Less than $10,000	17%	9%	25%
$10,000–14,999	9%	3%	16%
$15,000–19,999	14%	7%	22%
$20,000–24,999	14%	6%	21%
$25,000–29,999	16%	8%	24%
$30,000–34,999	6%	1%	12%
$35,000–39,999	1%	-1%	2%
$40,000–49,999	9%	3%	15%
$50,000–74,999	10%	3%	16%
$75,000 or more	5%	0%	9%
Employed	54%	45%	64%
Full-time	30%	21%	39%
Part-time	10%	4%	16%
Self-employed	15%	8%	21%
Not employed	46%	36%	55%
Retired	2%	-1%	5%
Temporarily unemployed	22%	14%	31%
Full-time student	1%	-1%	3%
Homemaker	7%	2%	13%
Permanently disabled	4%	0%	7%
Other	9%	3%	14%
Don't know/Refused	0%	-1%	1%
Reasons for uninsurance			
Cannot afford	22%	14%	30%
ESI available but I cannot afford it	4%	0%	8%
ESI not available	6%	2%	11%
Don't need because I am healthy	7%	2%	12%
Tried to apply for Medicaid/Healthy Families but could not get it	6%	1%	11%
Don't know how to get insurance	3%	0%	6%
Other	34%	25%	43%
Don't know/Refused	18%	10%	25%
Sample Size	105		

Source: Urban Institute calculations of D.C. Health Care Access Survey, 2003.
Note: FPL = federal poverty level; ESI = employer-sponsored insurance.

Table A2: Insurance Coverage by Income as a Percentage of FPL, Adults Age 18–64 in the District of Columbia, 1994–1999, 2000–2003

Year	Income Level[a]	Insurance Type				
		Employer	Medicaid	Medicare	Private Non-group	Uninsured
1994–95	<100%	18%	34%	3%	6%	40%
	100–199%	41%	13%	5%	10%	31%
	200–399%	76%	2%	1%	7%	14%
	400%+	92%	0%	1%	4%	4%
1995–96	<100%	17%	37%	4%	6%	35%
	100–199%	44%	12%	4%	10%	31%
	200–399%	74%	2%	1%	7%	16%
	400%+	89%	1%	1%	3%	5%
1996–97	<100%	21%	35%	4%	5%	35%
	100–199%	49%	11%	4%	8%	28%
	200–399%	74%	2%	2%	6%	16%
	400%+	87%	1%	1%	4%	6%
1997–98	<100%	20%	34%	3%	6%	38%
	100–199%	44%	9%	4%	6%	36%
	200–399%	72%	2%	3%	8%	15%
	400%+	87%	1%	1%	5%	6%
1998–99	<100%	17%	39%	3%	8%	34%
	100–199%	42%	12%	3%	5%	38%
	200–399%	63%	4%	2%	12%	19%
	400%+	90%	1%	1%	4%	5%
2000–01	<100%	17%	33%	3%	12%	35%
	100–199%	46%	14%	2%	9%	29%
	200–399%	73%	3%	1%	7%	16%
	400%+	88%	1%	1%	4%	6%
2001–02	<100%	16%	37%	3%	11%	34%
	100–199%	40%	16%	2%	9%	33%
	200–399%	78%	2%	1%	6%	13%
	400%+	89%	1%	1%	4%	5%
2002–03	<100%	16%	39%	3%	8%	35%
	100–199%	35%	19%	3%	9%	35%
	200–399%	75%	3%	2%	6%	14%
	400%+	88%	1%	1%	5%	6%

Source: Urban Institute Estimates of the Current Population Survey, 1994–2003.

Notes: Data from 1994–99 and 2000–-03 cannot be considered a single time trend. Data from 1994–99 are based on Census 1990 weights and unverified health insurance data. Data from 2000–03 are based on Census 2000 weights and verified health insurance data.

a. Income as a percentage of the federal poverty level (FPL).

Table A3: Insurance Coverage by Income as a Percentage of FPL, Adults Age 18–64 in the United States, 1994–1999, 2000–2003

Year	Income Level[a]	Insurance Type				
		Employer	Medicaid	Medicare	Private Non-group	Uninsured
1994–95	<100%	18%	28%	4%	8%	41%
	100–199%	46%	8%	5%	8%	33%
	200–399%	77%	1%	2%	6%	14%
	400%+	89%	0%	1%	4%	5%
1995–96	<100%	17%	28%	4%	7%	45%
	100–199%	47%	8%	4%	8%	33%
	200–399%	77%	1%	2%	6%	14%
	400%+	89%	0%	1%	4%	5%
1996–97	<100%	16%	28%	4%	7%	44%
	100–199%	47%	8%	4%	8%	33%
	200–399%	77%	1%	2%	6%	14%
	400%+	88%	0%	1%	5%	5%
1997–98	<100%	17%	27%	4%	7%	45%
	100–199%	46%	8%	4%	7%	35%
	200–399%	76%	1%	2%	6%	15%
	400%+	88%	0%	1%	5%	6%
1998–99	<100%	18%	25%	4%	7%	46%
	100–199%	45%	8%	5%	8%	35%
	200–399%	75%	1%	2%	6%	16%
	400%+	88%	0%	1%	4%	7%
2000–01	<100%	18%	24%	4%	8%	47%
	100–199%	46%	8%	4%	8%	34%
	200–399%	76%	1%	2%	5%	15%
	400%+	88%	0%	1%	4%	7%
2001–02	<100%	19%	24%	5%	9%	43%
	100–199%	46%	9%	4%	8%	33%
	200–399%	76%	2%	2%	5%	15%
	400%+	89%	0%	1%	4%	6%
2002–03	<100%	19%	24%	4%	9%	44%
	100–199%	45%	10%	5%	7%	34%
	200–399%	76%	2%	2%	5%	15%
	400%+	88%	0%	1%	4%	6%

Source: Urban Institute Estimates of the Current Population Survey, 1994–2003.

Notes: Data from 1994–99 and 2000–03 cannot be considered a single time trend. Data from 1994–99 are based on Census 1990 weights and unverified health insurance data. Data from 2000–03 are based on Census 2000 weights and verified health insurance data.

a. Income as a percentage of the federal poverty level (FPL).

Table A4: Insurance Coverage by Income as a Percentage of FPL, Adults Age 18–64 in Maryland, 1994–1999, 2000–2003

Year	Income Level[a]	Insurance Type				
		Employer	Medicaid	Medicare	Private Non-group	Uninsured
1994–95	<100%	20%	24%	4%	8%	44%
	100–199%	52%	6%	3%	7%	32%
	200–399%	77%	2%	1%	5%	15%
	400%+	90%	0%	1%	4%	5%
1995–96	<100%	19%	28%	2%	5%	45%
	100–199%	46%	5%	4%	10%	36%
	200–399%	77%	1%	2%	6%	14%
	400%+	90%	0%	2%	3%	5%
1996–97	<100%	20%	24%	4%	10%	42%
	100–199%	42%	4%	2%	14%	38%
	200–399%	77%	1%	2%	6%	14%
	400%+	90%	0%	1%	4%	5%
1997–98	<100%	18%	14%	5%	9%	54%
	100–199%	40%	3%	3%	12%	42%
	200–399%	74%	2%	1%	5%	18%
	400%+	90%	0%	1%	4%	6%
1998–99	<100%	23%	16%	3%	7%	51%
	100–199%	48%	6%	4%	8%	34%
	200–399%	75%	1%	1%	4%	20%
	400%+	90%	0%	1%	3%	6%
2000–01	<100%	23%	18%	4%	8%	47%
	100–199%	54%	5%	3%	9%	29%
	200–399%	79%	1%	1%	4%	14%
	400%+	90%	0%	1%	4%	5%
2001–02	<100%	19%	19%	5%	8%	48%
	100–199%	47%	4%	2%	8%	39%
	200–399%	76%	1%	1%	6%	16%
	400%+	90%	0%	1%	3%	6%
2002–03	<100%	23%	18%	5%	6%	48%
	100–199%	43%	5%	2%	7%	43%
	200–399%	75%	1%	2%	6%	16%
	400%+	90%	0%	1%	3%	5%

Source: Urban Institute Estimates of the Current Population Survey, 1994–2003.

Notes: Data from 1994–99 and 2000–03 cannot be considered a single time trend. Data from 1994–99 are based on Census 1990 weights and unverified health insurance data. Data from 2000–03 are based on Census 2000 weights and verified health insurance data.

a. Income as a percentage of the federal poverty level (FPL).

Table A5: Insurance Coverage by Income as a Percentage of FPL, Adults Age 18–64 in Virginia, 1994–1999, 2000–2003

Year	Income Level[a]	Insurance Type				
		Employer	Medicaid	Medicare	Private Non-group	Uninsured
1994–95	<100%	18%	18%	10%	10%	44%
	100–199%	54%	3%	7%	6%	30%
	200–399%	76%	0%	5%	5%	14%
	400%+	91%	0%	3%	4%	2%
1995–96	<100%	18%	24%	9%	9%	41%
	100–199%	51%	4%	10%	8%	27%
	200–399%	78%	1%	4%	5%	13%
	400%+	89%	0%	3%	4%	4%
1996–97	<100%	20%	25%	9%	7%	39%
	100–199%	52%	5%	9%	8%	26%
	200–399%	77%	1%	3%	5%	14%
	400%+	89%	0%	3%	4%	4%
1997–98	<100%	20%	20%	9%	8%	44%
	100–199%	47%	5%	7%	9%	31%
	200–399%	75%	0%	5%	6%	14%
	400%+	88%	0%	3%	3%	6%
1998–99	<100%	18%	14%	5%	11%	51%
	100–199%	48%	4%	6%	8%	34%
	200–399%	76%	1%	6%	4%	13%
	400%+	85%	0%	4%	3%	7%
2000–01	<100%	26%	20%	9%	8%	37%
	100–199%	50%	7%	8%	6%	30%
	200–399%	77%	1%	4%	4%	14%
	400%+	88%	1%	3%	4%	4%
2001–02	<100%	25%	17%	8%	8%	42%
	100–199%	49%	7%	8%	7%	29%
	200–399%	76%	1%	3%	5%	16%
	400%+	87%	0%	3%	5%	4%
2002–03	<100%	20%	14%	8%	10%	47%
	100–199%	44%	5%	8%	10%	33%
	200–399%	75%	1%	4%	5%	15%
	400%+	85%	0%	4%	4%	6%

Source: Urban Institute Estimates of the Current Population Survey, 1994–2003.

Notes: Data from 1994–99 and 2000–03 cannot be considered a single time trend. Data from 1994–99 are based on Census 1990 weights and unverified health insurance data. Data from 2000–03 are based on Census 2000 weights and verified health insurance data.

a. Income as a percentage of the federal poverty level (FPL).

Table A6: Insurance Coverage by Work Status, Adults Age 18–64 in the District of Columbia, 1994–1999, 2000–2003

Year	Work Status	Insurance Coverage				
		Employer	Medicaid	Medicare	Private Non-group	Uninsured
1994–95	Full-time/Full-year	82%	2%	1%	3%	12%
	Full-time/Part-year	54%	10%	0%	9%	27%
	Part-time/Full-year	44%	6%	0%	18%	33%
	Part-time/Part-year	41%	9%	1%	14%	35%
	Non-worker	26%	35%	7%	5%	27%
1995–96	Full-time/Full-year	82%	1%	1%	4%	13%
	Full-time/Part-year	54%	12%	1%	7%	27%
	Part-time/Full-year	52%	7%	0%	14%	27%
	Part-time/Part-year	38%	15%	0%	18%	29%
	Non-worker	24%	37%	8%	7%	25%
1996–97	Full-time/Full-year	83%	1%	1%	3%	12%
	Full-time/Part-year	54%	10%	1%	6%	29%
	Part-time/Full-year	49%	9%	4%	6%	32%
	Part-time/Part-year	37%	16%	1%	19%	26%
	Non-worker	23%	34%	8%	8%	27%
1997–98	Full-time/Full-year	82%	1%	1%	3%	13%
	Full-time/Part-year	52%	10%	1%	12%	26%
	Part-time/Full-year	38%	11%	4%	16%	31%
	Part-time/Part-year	39%	19%	1%	14%	27%
	Non-worker	25%	31%	7%	7%	31%
1998–99	Full-time/Full-year	80%	2%	1%	4%	14%
	Full-time/Part-year	54%	9%	0%	13%	24%
	Part-time/Full-year	45%	15%	2%	13%	26%
	Part-time/Part-year	30%	24%	1%	17%	28%
	Non-worker	28%	33%	6%	7%	26%
2000–01	Full-time/Full-year	81%	2%	1%	4%	12%
	Full-time/Part-year	59%	9%	2%	8%	21%
	Part-time/Full-year	37%	14%	3%	13%	33%
	Part-time/Part-year	33%	13%	2%	24%	28%
	Non-worker	32%	28%	4%	11%	24%
2001–02	Full-time/Full-year	82%	2%	1%	4%	11%
	Full-time/Part-year	58%	9%	2%	8%	23%
	Part-time/Full-year	43%	17%	1%	8%	31%
	Part-time/Part-year	39%	15%	2%	17%	27%
	Non-worker	30%	31%	4%	11%	24%
2002–03	Full-time/Full-year	82%	3%	1%	4%	11%
	Full-time/Part-year	55%	10%	1%	9%	26%
	Part-time/Full-year	48%	16%	1%	10%	25%
	Part-time/Part-year	40%	16%	1%	13%	30%
	Non-worker	27%	33%	5%	9%	25%

Source: Urban Institute Estimates of the Current Population Survey, 1994–2003.

Notes: Data from 1994–99 and 2000–-03 cannot be considered a single time trend. Data from 1994–99 are based on Census 1990 weights and unverified health insurance data. Data from 2000–03 are based on Census 2000 weights and verified health insurance data.

Appendix B

Benefits Offered by Most Popular FEHBP* Plans

Blue Cross Blue Shield—Standard

Blue Cross and Blue Shield offers a preferred provider organization (PPO) and a non-PPO plan. Benefits are similar in the two plans (except mail-order pharmaceuticals offered under the PPO but not the non-PPO plan), but cost sharing varies. Both have a $250 annual deductible per person and $500 per family. Notable benefits include primary care and specialist office visits ($15 [PPO] or 25 percent [non-PPO] deductible); hospital inpatient room, board, and other expenses ($0 [PPO] or 30 percent [non-PPO] after $100 [PPO] or $300 [non-PPO] deductible); doctor inpatient and outpatient surgery and other inpatient services (10 percent [PPO] or 25 percent [non-PPO]); $4,000 (PPO) or $6,000 (non-PPO) catastrophic limit per person and family; pharmaceuticals (25 percent [PPO] or 45+ percent [non-PPO] for generic, brand, and non-formulary); preventive and minor restorative dental care. Benefits not offered include waived emergency room out-of-pocket costs, major restorative dental care, orthodontics, and vision benefits.

Kaiser Permanente—High

Enrollees in the Kaiser Permanente plan have no annual deductible. Notable benefits include primary office visits ($10 per visit) and specialist office visits ($20 per visit); hospital inpatient room, board, and other expenses (no charge after $100 deductible); doctor inpatient and outpatient surgery and other inpatient services (no charge); $1,750 catastrophic limit per person and $3,500 per family; pharmaceuticals ($10 generic, $20 name brand, $55 non-formulary); preventive and restorative dental care and orthodontics; vision exams, glasses, and contact lenses; waived emergency room out-of-pocket fee. Benefits not offered include preventive dental care for children.

Maryland Individual Practice Association

Major benefits under MDIPA include primary office visits ($10 per visit) and specialist office visits ($20 per visit); hospital inpatient room, board, and other expenses (no charge after $100 deductible); doctor inpatient and outpatient surgery (no charge); $1,800 catastrophic limit per person and $4,800 per family; pharmaceuticals ($8 generic, $20 brand, $35 non-formulary); preventive and restorative dental care and orthodontics; vision exams; waived emergency room out-of-pocket fee. Benefits not offered include preventive dental care for children; eyeglasses and contact lenses.

Aetna Open Access—High

Benefits under this plan include primary office visits ($15 per visit) and specialist office visits ($20 per visit); hospital inpatient room and board (no charge after deductible of $150/day for three days); doctor inpatient and outpatient surgery (no charge); $1,500 catastrophic limit per person and $3,000 per family; pharmaceuticals ($20 generic, $25 name brand, $40 non-formulary); preventive dental care, minor and major restorative dental and orthodontics; vision, exams, glasses and contact lenses; waived emergency room out-of-pocket fee. Benefits not offered include preventive dental care for children.

Table B1: Plans with Highest Enrollment in the FEHBP, June 2004

Plan Name	Plan Type	Enrollment		
		Individual	Family	Total
Blue Cross and Blue Shield Benefit Plan—Std.	fee for service	24,756	29,050	53,806
Kaiser Permanente—High	HMO	7,903	10,314	18,217
Maryland Individual Practice Association	HMO	7,386	10,061	17,447
Aetna Open Access—High	HMO	3,611	5,286	8,897

Sources: Central Personnel Data File (CPDF). June 2004. Office of Personnel Management homepage. Plan Search. Federal Employees Health Benefit Program. Search for a Plan. Accessed December 9, 2004.

* FEHBP = Federal Employee Health Benefits Program. Benefits are described for the purpose of illustration. Descriptions are not definitive. See http://www.opm.gov/insure/health/index.asp for full plan descriptions.

Endnotes

1. DeNavas-Walt, Carmen, Bernadette D. Proctor, and Cheryl Hill Lee, U.S. Census Bureau, Current Population Reports, P60-229, Income, Poverty, and Health Insurance Coverage in the United States: 2004, U.S. Government Printing Office, Washington, DC, 2005. N.B. More detailed breakdowns of these data, released in August 2005, are not available. Therefore, CPS data in the remainder of this report will use 2002-2003 data.
2. DC Health Care Access Survey, 2003, Kaiser Family Foundation.
3. Nicole Lurie and Michael Stoto. *Health Insurance Status in the District of Columbia*. Produced for the D.C. Primary Care Association, October 2002. http://www. dcpca.org/images/stories/docs/10-02RAND. DCPCAHealthInsuranceinDC.pdf.
4. To obtain sufficient sample size for estimates for the District using the CPS, it is necessary to pool two years of data.
5. As discussed further below, the D.C. Health Care Access Survey estimates that 4 percent of adults in the District are enrolled in the D.C. Health Care Alliance and 9 percent are without any coverage, for a total uninsurance rate of 13 percent.
6. In 1999, 12 percent of the U.S. population was below the poverty level, as were 12 percent of Maryland residents and 10 percent of Virginia residents. In contrast, the poverty rate in the District was 20 percent (U.S. Census Bureau, State and County QuickFacts. Accessed at: http://quickfacts.census.gov/qfd/).
7. D.C. Department of Health, Health Care Safety Net Administration. *Management Update Report* 1(2), July 2004. Accessed at: http://dchealth.dc.gov/about/pdf/manage_update_vol1_issue2final.shtm.
8. As noted previously, estimates of the number of uninsured from CPS and from the D.C. Health Care Access Survey will vary slightly since they ask questions about insurance coverage differently.
9. John Holahan and Arunabh Ghosh. *The Economic Downturn and Changes in Health Insurance Coverage, 2002–2003.* Prepared for the Kaiser Commission on Medicaid and the Uninsured, Washington, DC, 2004.
10. Ibid.
11. Lurie and Stoto. *Health Insurance Status.*
12. Calculations of income using the D.C. Health Care Access Survey omit the 20 percent of respondents who declined to report family income.
13. In 2003, the FPL was $15,260 for a family of three and $8,980 for a single adult.
14. The patterns of coverage by income level in the District, neighboring states, and the United States have been fairly constant over the past 10 years. These estimates are presented in the appendix.
15. Bowen Garret. *Employer-Sponsored Health Insurance Coverage: Sponsorship, Eligibility, and Participation Patterns in 2001.* Prepared for the Kaiser Family Foundation, Washington, DC, July 2004. Non-group insurance is discussed in greater detail later in this report
16. Ibid.
17. Estimates of the uninsured using the CPS also find higher uninsurance rates among part-time workers and nonworkers compared with adults working full-time. These estimates are presented in the appendix.
18. When making comparisons between age categories, note that categories are not of equal size.
19. While postal employees do participate in the FEHB program and in general can choose from the same health plans available to non-postal employees, a different formula is used to determine postal employees' premium share. As of December 31, 2000, there were 7,394 postal employees who worked in the District.
20. Author's communication with the United States Office of Personnel Management, Workforce Information and Planning Group. November 2004.
21. *U.S. Office of Personnel Management web site. Accessed December 14, 2004, at: http://www.opm.gov/Employment_and_Benefits/index.asp.*
22. While it appears that workers in private firms in the District pay less than federal government workers for their insurance coverage—both in terms of dollar amounts and in the share of the total cost paid by the employee—note that the data are from different years (2004 for federal employees and 2001 for private employees) and that the benefit packages are not necessarily comparable.
23. Karen Pollitz, Richard Sorian, and Kathy Thomas. *How Accessible Is Individual Health Insurance for Consumers in Less-than-Perfect Health?* Prepared for the Henry J. Kaiser Family Foundation, Washington, DC, June 2001.
24. Karen Pollitz, Mila Kofman, Eliza Bangit, Kevin Lucia, and Jennifer Hersh, *A Consumer's Guide to Getting and Keeping Health Insurance in the District of Columbia.* Georgetown University Health Policy Institute, Washington, DC, August 2004.
25. Ibid. In addition to the continuous coverage requirement, individuals must have used up any COBRA or state continuation coverage for which they were eligible, must be ineligible for Medicare, Medicaid, or a group health plan, must not have health insurance, and must apply for health insurance within 63 days of losing prior coverage.
26. Ibid.
27. Generally, there are no limits on how long such a preexisting condition exclusion period can last, and insurers have the right to investigate whether any claims filed are for preexisting conditions. In the District, pregnancy can be a preexisting condition in an individual health insurance policy.
28. Pollitz, Sorian, and Thomas. *How Accessible?*
29. Ibid.
30. The Kaiser Family Foundation/eHealthInsurance. *Update on Individual Health Insurance.* Washington, DC, August 2004.
31. Ibid. These average premiums are much lower than the total average premiums for group health insurance (table 14). This difference likely reflects the fact that individual health insurance purchasers tend to be younger than enrollees in group plans and that individual plans include less generous benefit packages.
32. Kathleen Stoll. *A 10-Foot Rope for a 40-Foot Hole: Tax Credits for the Uninsured 2002 Update.* Families USA, Washington, DC, May 2002. For more detail on plans designated as standard, consult this reference, available at http://www.familiesusa.org/site/DocServer/taxcreditsreport2002update.pdf?docID=281.
33. State Health Facts Online, http://statehealthfacts.kff.org.
34. In brief, Section 1115 waivers allow states to implement experimental, pilot, or demonstration projects under their Medicaid programs. Under the waivers, states are able to expand Medicaid eligibility to groups that would otherwise be ineligible for the program and to receive federal matching funds for the coverage of this population (Centers for Medicare and Medicaid Services. "1115 Waiver Research and Demonstration Projects." Accessed at: http://www.cms.hhs.gov/medicaid/1115/default.asp).
35. Jack Hadley. *Estimated Cost of the Uninsured in DC.* Presentation to the District of Columbia Health Care Advisory Panel, July 26, 2005. Estimates are inflated to 2005 dollar values using data on per capita growth in health expenditures.

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