



One- Two Punch

Unemployed and
Uninsured

Families USA

One-Two Punch: Unemployed and Uninsured

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Introduction

The economic downturn that began in 2007 has had a profound effect on families across the nation. Millions of working Americans have lost their jobs, and, with each passing month, that number grows. For many, the loss of a job also means the loss of health coverage. This one-two punch deals a painful blow to the economic security of American families, leaving them at risk of shouldering the high cost of care on their own should illness strike.

According to data recently released by the Census Bureau, some 46.3 million people lacked health coverage in 2008.¹ However, the economy has changed a great deal since 2008: Unemployment continued to rise through the first eight months of 2009, even as recovery efforts worked to reverse this trend. And, as unemployment rises, the proportion of uninsured working-age Americans grows.²

Thus, given the substantial increase in unemployment between 2008 and today, the latest Census Bureau data, which reflect the insurance status of Americans in 2008, underestimate the number of people who are uninsured today. To get a clearer picture of the current crisis of the uninsured, a more in-depth look at the link between unemployment and uninsurance is needed. In this report, Families USA provides a state-by-state analysis of the likely magnitude of the increase in uninsured working-age adults in 2009 due to rising unemployment.

Key Findings

Given the close link between unemployment and uninsurance, and given the marked increase in the unemployment rate between 2008 and 2009, we estimate that the number of uninsured working-age adults (19-64) today is substantially higher than the Census Bureau's 2008 estimate.

- In 2008, the national unemployment rate ranged from 4.8 percent to 7.2 percent and averaged 5.8 percent. It reached a high of 9.7 percent in August 2009, averaging 8.9 percent for the first eight months of the year (see Table 1).

Table 1. Monthly Unemployment in the United States, 2008 and 2009

	2008		January-August 2009	
	Unemployment Rate	Number Unemployed	Unemployment Rate	Number Unemployed
Low	4.8%	7,423,000	7.6%	11,616,000
High	7.2%	11,108,000	9.7%	14,928,000
Average	5.8%	8,961,000	8.9%	13,700,000

Note: During 2008, the unemployment rate was at its lowest in February and at its highest in December. During 2009, the unemployment rate was at its lowest in January and at its highest in August.

Source: Families USA calculations based on Bureau of Labor Statistics data.

- The following five states had the largest increases in average unemployment rates from 2008 to 2009: Oregon (from 6.4 percent to 11.6 percent unemployment, a 5.2 percentage point increase), Michigan (from 8.4 percent to 13.6 percent, a 5.1 percentage point increase), South Carolina (from 6.9 percent to 11.4 percent, a 4.5 percentage point increase), Nevada (from 6.7 percent to 11.2 percent, a 4.5 percentage point increase), and North Carolina (from 6.3 percent to 10.7 percent, a 4.4 percentage point increase) (see Table 2 on page 3).
- As a result of growing unemployment, we project that 4.0 million more working-age adults are uninsured in 2009 than in 2008 (see Table 3 on pages 4-5).
- Every state has been affected by rising uninsurance among working-age adults. States with higher unemployment rates have suffered greater percentage losses in health coverage (see Table 2 on page 3 and Table 4 on pages 6-7).
- The following five states have suffered the largest percentage point increase in working-age uninsured adults: Oregon (from 22.0 percent of working-age adults to 25.1 percent, a 3.1 percentage point increase), Michigan (from 15.7 to 18.7 percent, a 3.0 percentage point increase), South Carolina (from 20.7 to 23.4 percent, a 2.7 percentage point increase), Nevada (from 22.1 to 24.8 percent, a 2.7 percentage point increase), and North Carolina (from 21.4 to 24.0 percent, a 2.6 percentage point increase) (see Table 4 on pages 6-7).
- The following five states have suffered the largest numerical losses in health coverage among working-age adults: California (661,600), Texas (396,900), Florida (297,600), New York (253,100), and North Carolina (184,700) (see Table 3 on pages 4-5).

This report focuses on the link between unemployment and uninsurance among working-age adults because studies indicate that uninsurance among children remains relatively stable as unemployment rises, due to the availability of public coverage for children through Medicaid and the Children's Health Insurance Program (CHIP).³ Given the rapid rise in uninsurance among working-age adults, however, the *total* number of uninsured today likely exceeds 50 million.

Methodology

Families USA based its analysis on a model created by economists at The Urban Institute that evaluates the link between rising unemployment and coverage losses among working-age adults. This model found that, for every percentage point increase in the seasonally adjusted unemployment rate, the percentage of uninsured working-age adults grows by 0.59 percentage points.⁴ Families USA applied this factor to the average state-level unemployment increase from 2008 to 2009 (through August), using the existing data for working-age uninsured adults at the state level. It is important to note that state-level unemployment data include only those people who were actively searching for work in the last four weeks. "Discouraged workers," who have given up searching for a job and have dropped out of the labor force, are not included in the unemployment data. A more detailed methodology is available upon request.

Table 2. Unemployment Rate, by State

State	Average Unemployment Rate, 2008	Average Unemployment Rate, January-August 2009	Percentage Point Increase In Average Unemployment, 2008 to 2009
Alabama	5.0%	9.3%	4.3
Alaska	6.6%	8.2%	1.5
Arizona	5.5%	8.1%	2.6
Arkansas	5.1%	6.8%	1.7
California	7.2%	11.3%	4.0
Colorado	4.9%	7.4%	2.5
Connecticut	5.7%	7.8%	2.0
Delaware	4.8%	7.7%	3.0
District of Columbia	7.0%	10.3%	3.3
Florida	6.2%	10.0%	3.9
Georgia	6.2%	9.5%	3.3
Hawaii	4.0%	6.9%	3.0
Idaho	4.9%	7.6%	2.8
Illinois	6.5%	9.5%	3.0
Indiana	5.9%	10.1%	4.2
Iowa	4.1%	5.7%	1.5
Kansas	4.4%	6.6%	2.2
Kentucky	6.5%	10.2%	3.7
Louisiana	4.6%	6.4%	1.8
Maine	5.4%	8.2%	2.8
Maryland	4.4%	7.0%	2.6
Massachusetts	5.3%	8.2%	2.9
Michigan	8.4%	13.6%	5.1
Minnesota	5.5%	8.0%	2.6
Mississippi	6.9%	9.3%	2.4
Missouri	6.1%	8.8%	2.7
Montana	4.5%	6.2%	1.8
Nebraska	3.3%	4.7%	1.4
Nevada	6.7%	11.2%	4.5
New Hampshire	3.8%	6.3%	2.5
New Jersey	5.5%	8.7%	3.2
New Mexico	4.2%	6.3%	2.1
New York	5.4%	8.1%	2.7
North Carolina	6.3%	10.7%	4.4
North Dakota	3.2%	4.2%	1.1
Ohio	6.5%	10.3%	3.7
Oklahoma	3.8%	6.1%	2.3
Oregon	6.4%	11.6%	5.2
Pennsylvania	5.4%	8.0%	2.6
Rhode Island	7.8%	11.6%	3.7
South Carolina	6.9%	11.4%	4.5
South Dakota	3.0%	4.8%	1.8
Tennessee	6.4%	10.0%	3.6
Texas	4.9%	7.1%	2.2
Utah	3.4%	5.4%	2.0
Vermont	4.8%	7.1%	2.3
Virginia	4.0%	6.7%	2.7
Washington	5.3%	8.9%	3.5
West Virginia	4.3%	7.7%	3.4
Wisconsin	4.7%	8.5%	3.7
Wyoming	3.1%	5.1%	2.0
United States	5.8%	8.9%	3.1

Source: Families USA calculations based on Bureau of Labor Statistics data.

Table 3. Uninsured Working-Age (19-64) Adults, by State

State	Uninsured Adults				Projected Increase In Uninsured Due To Unemployment* *
	2006-2008*		Projected 2009		
	Average Annual Number	Average Annual Percent	Number	Percent	
Alabama	512,800	18.4%	595,700	20.9%	82,900
Alaska	97,000	22.6%	102,200	23.5%	5,200
Arizona	944,000	24.3%	1,068,500	25.9%	124,500
Arkansas	422,900	24.8%	451,200	25.8%	28,300
California	5,447,200	24.3%	6,108,800	26.7%	661,600
Colorado	621,700	20.0%	679,200	21.5%	57,500
Connecticut	275,600	12.9%	303,800	14.1%	28,100
Delaware	75,200	14.3%	84,100	16.1%	8,800
District of Columbia	50,200	12.6%	60,800	14.5%	10,700
Florida	2,834,900	26.3%	3,132,500	28.6%	297,600
Georgia	1,337,800	22.3%	1,483,200	24.3%	145,400
Hawaii	81,300	10.6%	93,400	12.4%	12,100
Idaho	173,800	19.9%	195,300	21.5%	21,500
Illinois	1,416,900	17.9%	1,577,500	19.6%	160,500
Indiana	624,600	16.3%	711,400	18.8%	86,800
Iowa	245,100	13.5%	269,300	14.4%	24,100
Kansas	266,200	16.2%	293,200	17.5%	27,000
Kentucky	521,000	20.1%	590,000	22.3%	69,000
Louisiana	688,300	27.1%	730,900	28.2%	42,600
Maine	106,900	13.1%	120,100	14.7%	13,200
Maryland	595,700	17.1%	652,000	18.6%	56,400
Massachusetts	***	***	***	***	***
Michigan	951,400	15.7%	1,128,300	18.7%	176,900
Minnesota	352,600	11.0%	398,300	12.5%	45,700
Mississippi	419,800	24.3%	436,400	25.7%	16,600
Missouri	607,300	17.1%	672,300	18.7%	65,000
Montana	123,800	21.0%	134,700	22.0%	10,800
Nebraska	170,600	15.7%	181,100	16.5%	10,600
Nevada	345,300	22.1%	407,100	24.8%	61,800

Table 3. Uninsured Working-Age (19-64) Adults, by State

State	Uninsured Adults				Projected Increase In Uninsured Due To Unemployment**
	2006-2008*		Projected 2009		
	Average Annual Number	Average Annual Percent	Number	Percent	
New Hampshire	119,700	14.4%	132,800	15.9%	13,100
New Jersey	997,600	18.9%	1,097,100	20.8%	99,500
New Mexico	355,000	30.2%	383,300	31.4%	28,300
New York	2,190,700	18.4%	2,443,700	20.0%	253,100
North Carolina	1,199,900	21.4%	1,384,600	24.0%	184,700
North Dakota	56,400	14.6%	59,700	15.2%	3,300
Ohio	1,043,500	15.0%	1,201,800	17.2%	158,300
Oklahoma	480,300	23.0%	505,400	24.3%	25,100
Oregon	520,800	22.0%	605,000	25.1%	84,200
Pennsylvania	963,700	12.8%	1,062,200	14.3%	98,500
Rhode Island	89,300	13.5%	102,500	15.7%	13,200
South Carolina	550,000	20.7%	638,900	23.4%	88,900
South Dakota	70,200	15.1%	76,900	16.1%	6,800
Tennessee	737,900	20.0%	846,900	22.1%	108,900
Texas	4,367,500	30.9%	4,764,400	32.2%	396,900
Utah	273,300	17.6%	313,500	18.8%	40,200
Vermont	52,900	13.4%	56,800	14.8%	3,900
Virginia	824,900	17.1%	920,400	18.7%	95,500
Washington	635,700	15.5%	736,300	17.6%	100,600
West Virginia	227,800	20.2%	244,700	22.2%	16,900
Wisconsin	409,400	12.0%	486,700	14.2%	77,300
Wyoming	60,000	18.8%	65,200	20.0%	5,100
United States	36,909,000	20.1%	40,949,000	21.9%	4,040,000

* Because the presentation of state-level CPS data requires a multi-year merge of data to produce reliable estimates, the data presented here include the average annual uninsured number and rate across the three-year period 2006-2008.

** Numbers do not add due to rounding.

*** Data for Massachusetts are not reportable because state-level data on the uninsured do not fully reflect changes in coverage under the Massachusetts health reform law, implementation of which began in 2006.

Source: Families USA estimates based on U.S. Census Bureau Community Population Survey (CPS) data. A more detailed statement of methodology is available on request.

Table 4. Effect of Rising Unemployment on Insurance Status of Working-Age (19-64) Adults, by State

State	Uninsured Adults			State Rank
	Average Annual Percentage, 2006-2008 ¹	Projected Percentage, 2009	Percentage Point Increase Due to Unemployment	
Alabama	18.4%	20.9%	2.5	6
Alaska	22.6%	23.5%	0.9	48
Arizona	24.3%	25.9%	1.6	28
Arkansas	24.8%	25.8%	1.0	46
California	24.3%	26.7%	2.4	8
Colorado	20.0%	21.5%	1.5	32
Connecticut	12.9%	14.1%	1.2	40
Delaware	14.3%	16.1%	1.8	21
District of Columbia	12.6%	14.5%	1.9	18
Florida	26.3%	28.6%	2.3	9
Georgia	22.3%	24.3%	2.0	17
Hawaii	10.6%	12.4%	1.8	20
Idaho	19.9%	21.5%	1.6	23
Illinois	17.9%	19.6%	1.7	22
Indiana	16.3%	18.8%	2.5	7
Iowa	13.5%	14.4%	0.9	47
Kansas	16.2%	17.5%	1.3	37
Kentucky	20.1%	22.3%	2.2	12
Louisiana	27.1%	28.2%	1.1	43
Maine	13.1%	14.7%	1.6	24
Maryland	17.1%	18.6%	1.5	30
Massachusetts	**	**	**	**
Michigan	15.7%	18.7%	3.0	2
Minnesota	11.0%	12.5%	1.5	31
Mississippi	24.3%	25.7%	1.4	34
Missouri	17.1%	18.7%	1.6	26
Montana	21.0%	22.0%	1.0	45
Nebraska	15.7%	16.5%	0.8	49
Nevada	22.1%	24.8%	2.7	4

Table 4. Effect of Rising Unemployment on Insurance Status of Working-Age (19-64) Adults, by State

State	Uninsured Adults			State Rank
	Average Annual Percentage, 2006-2008*	Projected Percentage, 2009	Percentage Point Increase Due to Unemployment	
New Hampshire	14.4%	15.9%	1.5	33
New Jersey	18.9%	20.8%	1.9	19
New Mexico	30.2%	31.4%	1.2	39
New York	18.4%	20.0%	1.6	27
North Carolina	21.4%	24.0%	2.6	5
North Dakota	14.6%	15.2%	0.6	50
Ohio	15.0%	17.2%	2.2	11
Oklahoma	23.0%	24.3%	1.3	36
Oregon	22.0%	25.1%	3.1	1
Pennsylvania	12.8%	14.3%	1.5	29
Rhode Island	13.5%	15.7%	2.2	10
South Carolina	20.7%	23.4%	2.7	3
South Dakota	15.1%	16.1%	1.0	44
Tennessee	20.0%	22.1%	2.1	14
Texas	30.9%	32.2%	1.3	38
Utah	17.6%	18.8%	1.2	42
Vermont	13.4%	14.8%	1.4	35
Virginia	17.1%	18.7%	1.6	25
Washington	15.5%	17.6%	2.1	15
West Virginia	20.2%	22.2%	2.0	16
Wisconsin	12.0%	14.2%	2.2	13
Wyoming	18.8%	20.0%	1.2	41
United States	20.1%	21.9%	1.8	

* Because the presentation of state-level CPS data requires a multi-year merge of data to produce reliable estimates, the data presented here include the average rate across the three-year period 2006-2008.

** Data for Massachusetts are not reportable because state-level data on the uninsured do not fully reflect changes in coverage under the Massachusetts health reform law, implementation of which began in 2006.

Source: Families USA estimates based on U.S. Census Bureau Community Population Survey (CPS) data. A more detailed statement of methodology is available on request.

Discussion

Rising Unemployment and Losses in Health Coverage

Most Americans get their coverage through the workplace: 61.9 percent of those under the age of 65 currently receive coverage through their jobs or through the job of a family member.⁵ In addition to covering the greatest number of Americans, job-based health coverage provides many advantages over individually purchased coverage for the average consumer. For example, insurers must provide coverage to all individuals in a firm, regardless of health status. Further, individuals in job-based group plans cannot be charged higher premiums because of pre-existing conditions or health status. In the private individual health insurance market in most states, on the other hand, insurers are free to charge people with pre-existing conditions high premiums or to deny them coverage entirely.⁶

Job-based coverage is also preferable because employers contribute substantially to the cost, making coverage more affordable to their workers. In 2009, employers covered an average of 83 percent of the premium for single coverage and 73 percent of the premium for family coverage.⁷ In addition, job-based coverage usually offers more benefits and better financial protection than private individual market coverage. Those with individual coverage are nearly four times as likely as those with job-based coverage to have a deductible greater than \$1,000 (39 percent versus 11 percent).⁸

The current recession has put the job-based coverage of millions at risk. For many, losing a job means losing the coverage that their employer provides. While the safety net of public health insurance programs, including Medicaid and the Children's Health Insurance Program (CHIP), provides coverage to some who lose their job-based coverage, current eligibility rules limit who qualifies for coverage based on income and family status. In most states, for example, a child is eligible for Medicaid or CHIP if that child's family income is at or below 200 percent of the federal poverty level (\$36,620 for a family of three in 2009). However, the eligibility levels are much lower for parents than they are for children. The median income eligibility level among the 50 states for working parents is 67 percent of the federal poverty level—only \$12,268 in annual income for a family of three in 2009.⁹ Even worse, in 42 states, Medicaid is simply not available for adults without dependent children unless those adults are permanently disabled.¹⁰

Because of these eligibility rules, Medicaid and CHIP act as a highly effective safety net for *children* during economic downturns but do not work nearly as well for *adults*. As unemployment rises, Medicaid and CHIP enrollment increase substantially for children (rising by 0.79 percentage points for each percentage point increase in the unemployment rate), while it rises much less for adults (only 0.20 percentage points for each percentage point increase in the unemployment rate).¹¹ As a result, adults are much more likely to become uninsured. For each percentage point increase in the unemployment rate, adult uninsurance rises by 0.59 percentage points, while the rate of uninsurance among children remains statistically unchanged.¹²

Tough Times, Tough Choices

Faced with the loss of job-based health coverage, those who lose their jobs and don't qualify for public health coverage must make a tough decision: They can pay the high cost of health premiums out of pocket or go without coverage entirely. Those who are eligible for COBRA continuation coverage under federal law, or those who qualify for extended health coverage through state-established mini-COBRA statutes, may be able to keep their job-based health coverage. However, COBRA premiums are often unaffordable. For this reason, the American Recovery and Reinvestment Act (ARRA), enacted in February of this year, provides temporary assistance to recently laid-off workers to help pay for COBRA premiums or other continuation coverage (see "COBRA Premium Assistance" on page 11).

While the ARRA subsidy has increased the number of workers who are continuing their coverage, fewer than four in 10 eligible workers chose to continue their coverage through COBRA, even with the subsidy.¹³ For many, even the cost of subsidized COBRA coverage is too high. With the COBRA subsidy, for example, the average family would have to pay nearly \$400 in premiums per month.¹⁴ This means that health premiums alone would consume more than 30 percent of the average family's monthly unemployment insurance payment.¹⁵ Still more individuals do not qualify for either COBRA continuation coverage or the ARRA subsidy. For example, workers in firms with fewer than 20 employees in states such as Michigan and Indiana that do not have mini-COBRA laws are unable to continue their coverage and do not qualify for the ARRA subsidy.¹⁶ Other workers left companies that went out of business and/or stopped offering a health insurance plan, and they do not qualify for COBRA or the ARRA subsidy.

For those who do not qualify for COBRA or who cannot afford to continue their job-based coverage, few options are left. Some attempt to purchase coverage on their own through the individual market, but most find that affordable plans simply aren't available. One recent study found that nearly three out of four people (73 percent) who sought coverage in the individual market during the last three years did not end up purchasing a plan, most often because premiums were unaffordable.¹⁷ The majority, left with nowhere to turn, go without coverage.

Why Insurance Matters

Under the best of circumstances, going without health coverage is risky. For people who are already suffering from the loss of a job and the income that it brought, going without coverage may be catastrophic, both physically and financially. Uninsured people are less likely to get the care that they need when they need it, and they are more likely to delay seeking care for as long as possible.¹⁸ As a result, the uninsured tend to be sicker when they seek care and are more likely to be diagnosed with diseases—like cancer—at a later stage.¹⁹

While an unexpected health problem often deals the first blow, paying for this care may pack an even more lethal punch, especially in light of the tight finances that unemployment often brings. Medical bills can pile up quickly for the uninsured, and the financial consequences can be devastating. For example, people who were uninsured at any time during 2007 were nearly twice as likely as those who were insured all year to have problems with medical bills or medical debt (61 percent versus 33 percent).²⁰ To pay off their debt, those without insurance may use up all of their savings, charge credit cards, or take out a loan or mortgage on their home. When these resources are gone, people with medical debt may face problems paying for food, heat, clothing, and other basic necessities.²¹ Far too often, the effects associated with medical debt are disastrous.

Conclusion

Tough economic times force us to confront harsh realities, but American families deserve stable, affordable coverage that they can rely on when they need it most. The results of our analysis are clear: Far too often in our current health care system, the loss of a job results in the loss of health coverage. With a reformed health care system, American workers will not have to face the devastating one-two punch of losing their jobs and then their health insurance. By ensuring that everyone has access to high-quality, affordable coverage regardless of employment status, health reform will bring peace of mind and stability to all American families, and the economy will be stronger because of it.

COBRA Premium Assistance

Under the American Recovery and Reinvestment Act (ARRA), eligible unemployed workers receive a premium subsidy that covers 65 percent of the total premiums to continue the health coverage that they had through their jobs (COBRA coverage). Although COBRA coverage generally lasts for 18 months, unemployed workers can receive this subsidy for a maximum of nine months. Following the end of the nine-month period, workers must pay the full cost of premiums plus a 2 percent administrative fee to continue their coverage.

People are eligible for premium assistance if they were (or are) laid off between September 1, 2008, and December 31, 2009; have annual income during this tax year that does not exceed \$145,000 for individuals and \$290,000 for families; have a right to continued health coverage under COBRA or another law; and are not eligible for coverage under another group plan (such as through a spouse's employer) or for Medicare.

While the COBRA premium assistance that was extended through the ARRA provides substantial help to unemployed workers, the following changes would help improve and extend its effect:

- First, the subsidy is available only to those who lose their jobs through the end of 2009. Extending the availability of the subsidy into 2010 would assist workers who lose their jobs as a result of the lingering effects of the recession.
- Second, the subsidy is available for only nine months, while COBRA continuation coverage is available for at least 18 months. In this tight economy, where obtaining a job quickly can be a great challenge, extending the eligibility period for premium assistance from nine to 18 months would provide great relief to many workers.
- Third, a number of people lost insurance when their employers cut their hours to part-time rather than laying them off entirely; extending COBRA subsidies to these people would be helpful.
- Fourth, increasing the amount of the subsidy from 65 percent of the premium to a higher percentage would greatly assist those who cannot afford to extend their coverage.

Endnotes

¹ Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, *Income, Poverty, and Health Insurance Coverage in the United States: 2008* (Washington: U.S. Census Bureau, September 2009).

² John Holahan and A. Bowen Garrett, *Rising Unemployment, Medicaid, and the Uninsured* (Washington: Kaiser Family Foundation, January 2009). See also John Cawley and Kosali L. Simon, "The Impact of Macroeconomic Conditions on the Health Insurance Coverage of Americans," *National Bureau of Economic Research, Frontiers of Health Policy Research* 6 (January 2003): 87-114; Cecil G. Sheps Center for Health Services Research, University of North Carolina and North Carolina Institute of Medicine, *Updating Uninsured Estimates for Current Economic Conditions: State Specific Estimates* (Chapel Hill, NC: Sheps Center for Health Services Research, March 2009).

³ John Holahan and A. Bowen Garrett, op. cit.

⁴ Ibid.

⁵ Data are from the U.S. Census Bureau, Current Population Survey, 2008.

⁶ Kaiser Family Foundation, *How Private Health Coverage Works: A Primer, 2008 Update* (Washington: Kaiser Family Foundation, April 2008).

⁷ Kaiser Family Foundation/HRET, *Employer Health Benefits: 2009 Annual Survey* (Washington: Kaiser Family Foundation, September 2009).

⁸ Michelle M. Doty, Sarah R. Collins, Jennifer L. Nicholson, and Sheila D. Rustgi, *Failure to Protect: Why the Individual Insurance Market Is Not a Viable Option for Most U.S. Families* (New York: The Commonwealth Fund, July 2009).

⁹ Data on file with Families USA.

¹⁰ A list of states that provide Medicaid coverage to adults without dependent children and to those who do not qualify for disability-related coverage is on file with Families USA.

¹¹ John Holahan and A. Bowen Garrett, op. cit.

¹² Ibid.

¹³ Hewitt Associates, *COBRA Enrollments Spiked in Most Industries Experiencing Mass Layoffs, August 18, 2009*, available online at <http://www.hewittassociates.com/Intl/NA/en-US/AboutHewitt/Newsroom/PressReleaseDetail.aspx?cid=7133>.

¹⁴ Families USA calculations based on premium data from Kaiser Family Foundation/HRET, op. cit. The average family premium for job-based coverage was \$12,680 in 2008 and rose to \$13,375 in 2009. Under COBRA, workers who continue coverage must pay the full premium plus a 2 percent administrative charge. The ARRA subsidy covers 65 percent of the 102 percent COBRA fee.

¹⁵ Families USA calculations based on the average monthly unemployment insurance income of \$1,278 for a family. See Cheryl Fish-Parcham and Claire McAndrew, *Squeezed: Caught between Unemployment Benefits and Health Care Costs* (Washington: Families USA, January 2009).

¹⁶ Families USA, *States Act to Help People Laid Off from Small Firms: More Needs to Be Done* (Washington: Families USA, April 2009).

¹⁷ Michelle M. Doty, Sarah R. Collins, Jennifer L. Nicholson, and Sheila D. Rustgi, op. cit.

¹⁸ Kaiser Commission on Medicaid and the Uninsured, *The Uninsured: A Primer, Key Facts about Americans without Health Insurance* (Washington: Kaiser Family Foundation, October 2008).

¹⁹ Cathy J. Bradley, David Neumark, Lisa M. Shickle, and Nicholas Farrell, "Differences in Breast Cancer Diagnosis and Treatment: Experiences of Insured and Uninsured Patients in a Safety Net Setting," *Inquiry* 45, no. 3 (Fall 2008): 323-339; Michael Halpern, John Bian, Elizabeth Ward, Nicole Schrag, and Amy Chen, "Insurance Status and Stage of Cancer at Diagnosis among Women with Breast Cancer," *Cancer* 110, no. 2 (June 11, 2007): 403-411.

²⁰ Sara R. Collins, Jennifer L. Kriss, Michelle M. Doty, and Sheila D. Rustgi, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families* (New York: The Commonwealth Fund, August 2008).

²¹ Ibid.; Peter J. Cunningham, *Trade-Offs Getting Tougher: Problems Paying Medical Bills Increase for U.S. Families, 2003-2007* (Washington: Center for Studying Health System Change, September 2008).

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