UNINSURED ADULTS IN MAINE, 2013 AND 2014: RATE STAYS STEADY AND BARRIERS TO HEALTH CARE CONTINUE

Beginning in January 2014, the federal Patient Protection and Affordable Care Act (ACA) has provided subsidized private health insurance coverage to individuals with incomes between 138% and 400% of the federal poverty level (FPL) through state- or federal-run health insurance "Marketplaces." In addition, states have the option to expand Medicaid coverage to all non-elderly adults earning less than 138% FPL, an option that Maine has chosen not to exercise at this time.

This brief reports Maine's Behavioral Risk Factor Surveillance System (BRFSS) data for the years 2013 and 2014 that examined uninsured rates, characteristics of the uninsured and health care access among Maine adults ages 18-64. BRFSS is Maine's longest running and largest survey used to monitor population health statistics over time for a wide range of topics including chronic disease prevalence, health behaviors, and health care access. In 2013 and 2014, the full BRFSS samples for Maine were 8,097 and 9,137 respectively for a total of 17,234 respondents who completed interviews over the combined two years.
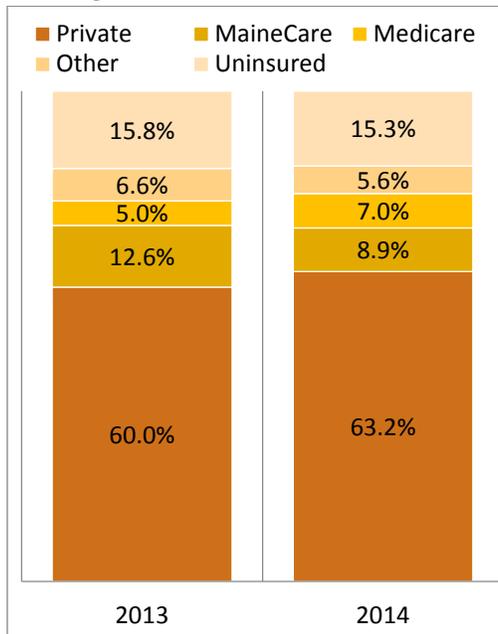
For comparisons of insurance coverage rates, the data are presented separately for each year. In comparing access for insured versus uninsured adult populations, we pooled 2013 and 2014 data where possible to ensure sufficient sample for these sub-analyses. As noted in the findings, some access questions were asked only in 2014. More detail on how insurance coverage is measured using BRFSS is available in the *Methods Note* at the end of this brief.

FINDINGS

➢ **No significant change in adult uninsured rate**

Between 2013 and the implementation of the ACA in 2014, there was no statistical difference in Maine's uninsured rate for adults aged 18-64 (see Figure 1). In 2013, the estimated uninsured rate was 15.8% (CI: 14.4-17.2) and the uninsured rate dipped slightly to 15.3% in 2014 (CI: 13.6-17.0). The confidence intervals overlap substantially, meaning that the small difference may be the result of random chance in who was surveyed rather than a real difference in Maine's uninsured rate.

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Figure 1: Health Insurance Coverage among Adults 18-64 in 2013 and 2014

Legend: Private, MaineCare, Medicare, Other, Uninsured

2013:
- Uninsured: 15.8%
- Other: 6.6%
- Medicare: 5.0%
- MaineCare: 12.6%
- Private: 60.0%

2014:
- Uninsured: 15.3%
- Other: 5.6%
- Medicare: 7.0%
- MaineCare: 8.9%
- Private: 63.2%

Source: 2013 and 2014 Maine Behavioral Risk Factor Surveillance System
Note: Other insurance includes TRICARE, Indian Health Service, and other/unknown coverage

➢ **Sources of health insurance coverage shifted**

Although the adult uninsured rate did not change between 2013 and 2014, the overall distribution of health insurance coverage across categories, and within some categories differed significantly. Estimates of the privately insured increased from 60.0% (CI: 52.3-61.8) in 2013 to 63.2% (CI: 61.0-65.3) in 2014. Because these confidence intervals overlap slightly, we can't be statistically certain of this increase. However, estimates of MaineCare (Maine's Medicaid program) coverage in the adult population showed a statistically significantly decline in 2014 compared to 2013, dropping from 12.6% (CI: 11.3-13.8) to 8.9% (CI: 7.6-10.3). During the same time, Medicare coverage rates for the non-elderly adults in Maine rose from 5.0% (CI: 4.2-5.8) to 7.0% (CI: 5.9-8.1).

The decline in MaineCare coverage corresponds to eligibility changes that were implemented by the State during 2013 for low-income parents, as well as the expiration of Maine's Medicaid waiver covering childless adults living below the poverty level on December 31, 2013. Prior to 2013, parents of children enrolled in MaineCare were eligible for coverage with incomes up to 200% of the federal poverty level. This eligibility was rolled back to 138% FPL for parents, while eligibility for childless adults was eliminated with the expiration of the waiver.

The increase in Medicare coverage for this non-elderly population may mean that some adults who lost MaineCare coverage were sufficiently ill to qualify for disability status under Medicare.

➢ **The income distribution of the uninsured shifted**

Compared to their distribution in the general population, uninsured adults tended to be more concentrated in households with lower incomes in both 2013 and 2014, particularly those earning less than $25,000 per year. While about 27% of all Maine adults ages 18 – 64 had incomes less than $25,000 in both years, 49% of the uninsured fell into this income group in 2013 and 57% in 2014 (see Figure 2). In 2014, there was a statistically significant shift in this income distribution such that the proportion of uninsured adults in households earning $15,000-$24,999 grew by 50% (26.3% in 2013 versus 39.0% in 2014).

Figure 2: Household Income among Uninsured Adults in Maine, 2013 and 2014

Household Income	2013 All Adults < 65	2013 Uninsured	2014 All Adults < 65	2014 Uninsured
Less than $15,000	11.2	22.7 (18.1-27.3)	10.3	17.7 (12.6-22.7)
$15,000 - $24,999	15.8	**26.3 (22.0-30.6)**	17.2	**39.0 (32.6-45.3)**
$25,000 - $34,999	11.2	17.9 (14.0-21.9)	10.3	13.4 (9.1-17.6)
$35,000 - $49,999	16.7	16.3 (12.6-20.1)	17.0	14.5 (10.0-19.1)
$50,000 or more	45.0	16.8 (13.0-20.5)	45.2	15.5 (10.9-20.0)

Source: 2013 and 2014 Maine Behavioral Risk Factor Surveillance System
Note: Confidence intervals are provided in parenthesis following point estimates of uninsured.

Given that the poverty threshold for a single adult in 2014 was $11,670, a single adult in the $15,000 to $24,999 income tier would fall somewhere between 129% and 214% FPL. A couple in this income tier would fall between 105% and 159% FPL and a family of three between 76% and 126% FPL. Maine's average household size is 2.3 persons,[1] suggesting that this large increase in the proportion of uninsured that falls into this tier reflects individuals with incomes of around 100% FPL to less than 200% FPL. These individuals could be eligible for coverage under Medicaid expansion or qualify for subsidies on the Marketplace.[2]

> **Men, young adults, those with lower education, and rural residents are at higher risk of being uninsured**

Compared to women, men are significantly more likely to be uninsured (19% versus 12%), while younger adults are at greater risk of being uninsured than their older counterparts (see Figure 3). For example, 22% of 25-34 year olds lack coverage compared to only 12% of those aged 55-64. This probably reflects a combination of lower incomes among those with fewer years in the work force, as well as higher demand for insurance among older adults because health care needs tend to increase with age.

Uninsured rates vary dramatically and significantly based on individuals' educational status, ranging from only 6% among those with a college degree or more to 30% among those without a high school diploma—a five-fold difference. Living in more remote geographic areas of Maine also significantly increases the risk of being without health insurance coverage. Uninsured rates for residents of urban and large rural communities are about 13%, compared to approximately 20% for those in small or isolated rural communities. Probably due to small numbers of racial and ethnic minorities (in Maine and its BRFSS sample), race/ethnicity is not a statistically significant predictor of being uninsured. However, the fact that uninsured point estimates are higher for minority groups, and the confidence

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[1] http://quickfacts.census.gov/qfd/states/23000.html
[2] The BRFSS collects income information from respondents in ranges, rather than absolute amounts, and household size is not available for individuals responding via cell phones. As a result, it is not possible to completely identify uninsured individuals' eligibility for subsidized Marketplace coverage or Medicaid. Adults under 100% of the Federal Poverty Level are not eligible for Marketplace subsidies.

intervals only narrowly overlap, suggests that this population may be at risk although the data do not demonstrate this with 95% certainty.

Figure 3: Uninsured Rates among Maine Adults (18-64), by Characteristic in 2013 and 2014

| Characteristic	Uninsured Rate	Confidence Interval
Gender*		
Men	18.87	17.1-20.6
Women	12.29	11.0-13.6
Age*		
18 - 24	17.14	13.3-21.0
25 - 34	22.22	19.0-25.5
35 - 44	13.94	11.5-16.4
45 - 54	14.61	12.6-16.6
55 - 64	12.12	10.6-13.6
Education*		
Less than high school diploma	29.69	23.7-35.6
High school diploma or GED	20.73	18.7-22.8
Some college	13.5	11.7-15.3
Bachelor's degree or higher	6.04	5.0-7.1
Residence*		
Urban	12.91	10.9-14.9
Large Rural	12.85	11.2-14.5
Small Rural	19.87	17.5-22.2
Isolated Rural	20.49	15.8-25.2
Race/Ethnicity		
White, non-Hispanic	15.08	14.0-16.2
Hispanic or not white	21.06	15.7-26.5

Source: 2013 and 2014 Maine Behavioral Risk Factor Surveillance System
Note: Rural-urban residence is defined based on Rural Urban Commuting Area (RUCA) codes: (http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx).

> ### Most lacked coverage for more than a year

Uninsured individuals who responded to the BRFSS survey were asked when they had last been covered by health insurance. For just over one-quarter of the uninsured (28%), their current lack of health insurance was less than a year in duration (Figure 4). Roughly another quarter had health insurance within the past one to three years, while nearly 40% had been without coverage for more than three years. Twelve percent of the uninsured reported never having health insurance coverage.

Figure 4: Time since an Uninsured Maine Adult Last Had Health Insurance (2014)
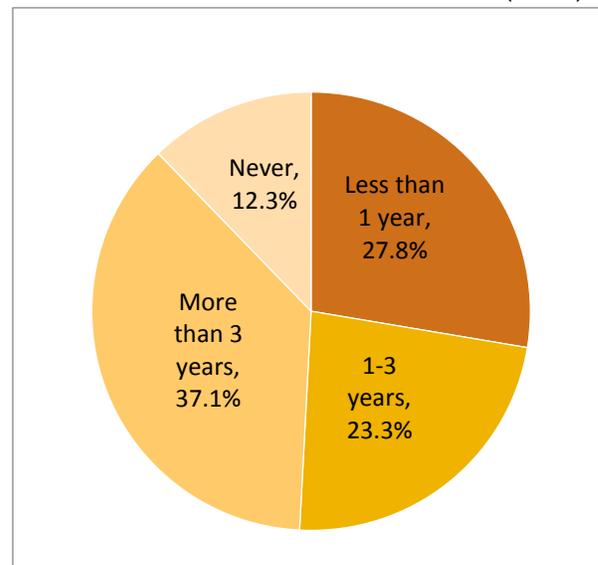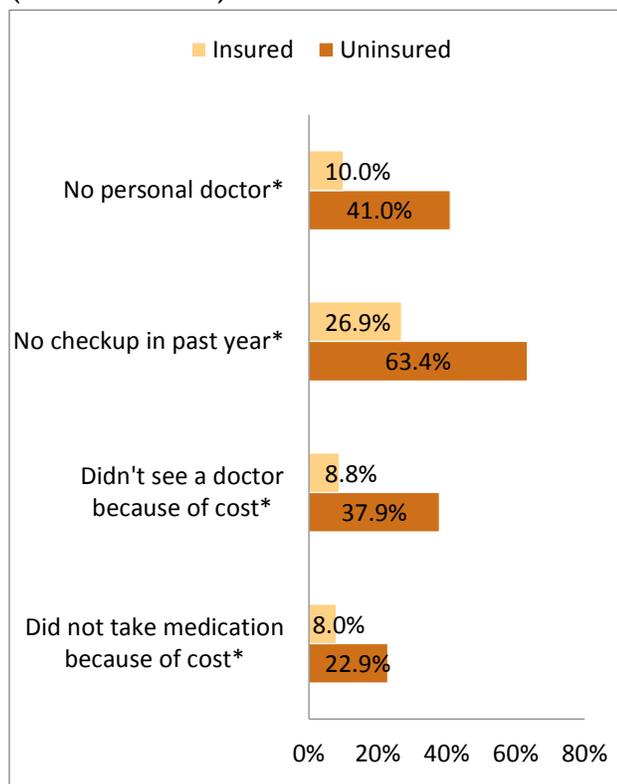

Source: 2014 Maine Behavioral Risk Factor Surveillance System

> ### Substantial barriers in access to health care services

Health insurance coverage plays an important role in ensuring access to routine health care and a regular health care provider. As shown in Figure 5, the uninsured are four times as likely to have no personal doctor compared to individuals

with some type of health insurance (41% versus 10%). They are also more than twice as likely to have gone without a checkup in the past year (63% versus 27%). Almost 40% of the uninsured don't see a doctor for needed care because of the cost compared to only 9% of the insured, while 23% needed a medication and were not able to take it because of cost (versus 8% of those with insurance coverage).

Figure 5: Health Care Access Problems among Maine Adults by Insurance Status (2013 and 2014)

Source: 2013 and 2014 Maine Behavioral Risk Factor Surveillance System
Note: Delayed medication question was only available in 2014; all other questions are for the combined years 2013 and 2014.

METHODS NOTE

The BRFSS collects data through a series of rolling monthly telephone surveys, meaning that a roughly equal number of participants are surveyed during each month of the calendar year. This methodology contrasts with other surveys used to estimate insurance coverage such as the March Supplement of the Current Population Survey (CPS), which is fielded in March each year, and the Health Reform Monitoring Survey (HRMS), which for Maine is conducted over a single quarter each year. As a result of these timing differences, the BRFSS should produce a somewhat higher estimate of the uninsured than the other surveys, because it will pick up individuals uninsured in any given month of the year, rather than at one specific point in time. Other differences in the estimate will be driven by differences in the way that questions are asked in each survey.

Individuals are categorized as uninsured based on a series of two questions in the BRFSS. First, individuals are asked whether they have any health insurance coverage; those responding 'no' are identified as uninsured. In a follow-up question, individuals who state they have coverage are asked their primary source of health insurance, with options that include private insurance, Medicaid, Medicare, other public sources such as TRICARE and Indian Health Services, or none. Respondents who originally said they had health insurance, but later responded "none" to this second question, were classified among the uninsured.

Because the BRFSS uses a complex sampling strategy, all analyses for this brief use sample weights to correct for stratification and known sampling errors. The statistical testing and confidence intervals produced by these analyses account for the BRFSS' complex design. All differences reported in this brief are statistically significant at the p. < .05 level unless otherwise noted. Ninety-five percent (95%) confidence intervals for some estimates are presented in text as (CI:).