

New Estimates of Offer and Take-up of Employer-Sponsored Insurance

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Abstract: This analysis uses new questions in the Current Population Survey Annual Social and Economic Supplement to examine rates of offer and take-up of employer-sponsored health insurance over early 2014 and early 2015, as well as reasons reported for why individuals did not enroll. We find increases in offer and eligible rates of 0.5 and 0.9 percentage points, respectively, and a decrease in the take-up rate of 1.5 percentage points, while the coverage rate remained stable. We further find an increase in the proportion of workers covered by another plan and decreases in the proportions eligible for coverage but having a pre-existing condition, employed as contract or temporary employees not allowed in the plan, and who have not yet worked for an employer long enough.

Keywords: Health Insurance, Employer-sponsored Health Insurance, Patient Protection and Affordable Care Act

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1 Introduction

Employer-sponsored health insurance is the single largest source of health insurance coverage in the United States, covering 55.7 percent of the population in 2014 (Smith & Medalia, 2015).

Given the expanded options and incentives introduced by the Patient Protection and Affordable Care Act (ACA), there has been extensive debate as to how the ACA would affect the offer and take-up of employer-sponsored insurance.

There are many provisions of the ACA that could affect the offer and take-up of employer-sponsored insurance in different ways, changing incentives for workers as well as firms. For workers, the introduction of exchanges and subsidies, as well as the expansion of Medicaid eligibility, provide increased availability of coverage outside of employment. However, the individual mandate, which went into effect in 2014, may boost demand for employer-sponsored insurance coverage. Several ACA provisions affecting firms were also implemented to increase availability of and eligibility for employer-sponsored insurance and to raise the quality of that insurance. In particular, in 2015, under the Employer Shared Responsibility Provision of the ACA, penalties apply to firms with 100 or more full-time equivalent employees who do not provide adequate and affordable coverage to their full-time workers. However, many incentives for firms to provide coverage did not change - in particular, the preferential tax treatment of employer-sponsored insurance.

The major sources of data on employer-sponsored coverage offer and take-up are collected at the employer level. The Kaiser Family Foundation/Health Research and Educational Trust Employer Health Benefits Survey collects data on offer and take-up of private firms and nonfederal government employers. In addition, the Medical Expenditure Panel Survey Insurance

Component collects these data on private and public sector employers. These data are valuable, but reflect information on employers' provision of coverage and not the extent to which employees are affected by their employers' provision of coverage. This is a potentially important distinction because employer surveys may not reflect the actual experiences of employees and the effects on their own coverage and that of their families. In particular, economic conditions may affect the number and size of firms in addition to the provision of employer-sponsored health benefits, which may result in disparate findings from employer and employee surveys. Further, an employee survey can provide a more complete picture of how employees respond to changes in the provision of employer-sponsored insurance, and in turn, how this affects their health insurance coverage and potentially more far-reaching outcomes.

There are not many sources of employee-level data on employer-sponsored coverage offer and take-up. Some topical household-level surveys, such as the Survey of Income and Program Participation, have historically asked questions on employer-sponsored coverage offer and take-up, but analyses using these datasets are limited by small sample sizes and are often not available on a regular or timely basis. In a larger household-level survey, questions on offer and take-up were asked by the Bureau of Labor Statistics in the Current Population Survey (CPS) Contingent Worker Supplement, fielded in February of 1995, 1997, 1999, 2001, and 2005. However, these questions have not been collected by the Bureau of Labor Statistics since 2005, and there is no plan for them to collect these data in the future.

This paper's analysis uses newly introduced questions in the 2014-2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC), modeled on those previously asked in the CPS Contingent Worker Supplement, to examine whether workers were offered insurance by their employers and whether they took that insurance if it was offered over early

2014 and early 2015. In particular, we consider how changes in offer and take-up are related to changes in employment using our employee-level data. The analysis period includes the end of the first open enrollment period for the health insurance marketplaces in early 2014 and the beginning of the implementation of the Employer Shared Responsibility Provision in 2015. The new questions in the CPS ASEC are particularly valuable for future research since the CPS ASEC is conducted annually and released in a timely manner, is large enough to be used to produce state-level estimates, and includes a wealth of other individual-level demographic and employment-related information. This is especially beneficial for future research related to the ACA since implementation of key provisions of the reform, such as Medicaid expansion and insurance exchanges, vary across states.

2 New Contribution

This is the first analysis of the offer and take-up of employer-sponsored insurance at the employee-level over 2014-2015 taking advantage of newly-introduced questions in the CPS ASEC. While other analyses have examined early effects of the ACA on the offer and take-up of employer-sponsored insurance using the Health Reform Monitoring Survey (HRMS) (Blavin, Shartzter, Long, & Holahan, 2015a; 2015b), the data used in this analysis are considerably larger and include more detailed information on the source of coverage as well as additional individual- and family-level data. As a result, we are able to look at the types of coverage an employee takes when they do not take offered employer-sponsored coverage, as well as differences in offer and take-up related to changes in employment.

3 Data

The analysis sample consists of the 2014 and 2015 CPS ASEC, a nationally representative survey of the civilian non-institutionalized population living in the United States.¹ The CPS ASEC is mostly administered in March, with some respondents interviewed in February and April. We limit our main analysis to the employed population, defined as individuals in the labor force universe who report working in the last two weeks and who are not self-employed. Our sample of the employed population includes 81,471 individuals in 2014 and 81,601 in 2015. We also perform a supplementary analysis after longitudinally linking the two years of data. Our longitudinally-linked sample includes 18,899 individuals who appeared in both years of data and were employed in at least one of the years. In all analyses, the data are weighted to be population-representative using Fay's replicate weights and corresponding replicate weighting methods.

This analysis examines individuals who took up or were offered employer-sponsored insurance through their own employer as of the time of interview.² Employer-sponsored insurance includes insurance offered through a current or former employer or union. While information on insurance coverage and type of coverage has been available in the CPS ASEC since 1981, questions on employer-sponsored insurance offer, eligibility, and take-up were first introduced in the 2014 survey. Questions on offer, eligibility, and take-up reflect current coverage at the time of interview only and accordingly can be used to produce point-in-time estimates, but not estimates covering the previous calendar year.

Our analysis first examines the offer rate, eligible rate, and coverage rate of employer-sponsored insurance for the employed population, as well as the take-up rate of employer-sponsored

insurance for those who were eligible for coverage. The offer, eligible, and coverage rates are defined as the proportions of the employed population who reported that their employer offered health insurance coverage to at least some of its employees, who reported being eligible for offered coverage, and who reported taking offered coverage, respectively. The take-up rate is defined as the proportion of eligible individuals who took up offered coverage.

Next, we explore the channels that may affect the offer and take-up of employer-sponsored insurance. For employed individuals whose employers offered coverage but who were not enrolled in this coverage, we examine the reasons why they did not take the coverage or were ineligible. Reasons for not taking insurance when eligible include: “Covered by another plan,” “Traded health insurance for higher pay,” “Too expensive,” “Don't need health insurance,” “Have a pre-existing condition,” and “Other.” Reasons for not taking insurance due to ineligibility include: “Don't work enough hours per week or weeks per year,” “Contract or temporary employees not allowed in plan,” “Haven't yet worked for this employer long enough to be covered,” “Have a pre-existing condition,” and “Other.” Individuals can provide multiple reasons. The “other” categories include reasons related to why eligible individuals did not take offered coverage (for example, the quality of coverage) and reasons why individuals were ineligible for offered coverage (for example, missing the enrollment window or age restrictions).

Survey respondents are asked whether they are eligible for coverage and then asked the reason(s) they did not take insurance for which they were eligible or the reason(s) they were ineligible. Since there may be some confusion as to the distinction between being offered coverage and being eligible for coverage, respondents reporting that they are eligible can select responses related to ineligibility and respondents reporting that they are ineligible can select responses related to not taking insurance for which they are eligible. To this end, reasons why the

individual did not take the offered insurance also include responses of “Haven't yet worked for employer long enough” and “Contract or temporary employees not allowed in plan.” Reasons why the individual was not eligible also include the response, “Too expensive.” When respondents provide reasons that are incompatible with their eligibility report, we re-categorize whether a respondent is eligible for coverage based on the reason reported.³ We re-categorize both the reason from eligibility to take-up or vice versa, as well as the eligibility variable. If a person gives multiple reasons and one reason is inconsistent with the eligibility response, we keep the reason(s) consistent with the eligibility response and drop the inconsistent reason(s).⁴

A useful feature of the CPS ASEC is that, as part of the repeated interviews of CPS rotation groups, data for some individuals can be longitudinally linked across survey years. Since examining all employed individuals masks differential effects for individuals remaining employed as compared to entering or leaving employment, we next longitudinally link the data to examine changes in offer and take-up rates for those who maintained employment over the analysis period and for those who entered employed as compared to those who exited employment. We include all individuals present in both 2014 and 2015 survey data who were employed at the time of either interview and for whom responses to employer-sponsored insurance coverage, offer, and take-up questions were not imputed, and reports of sex and age were consistent.⁵ This is a particular benefit of the individual-level CPS ASEC data as compared to employer-level surveys.

4 Results

We first examine the offer, eligible, and coverage rates for all employed individuals, as well as the take-up rate for eligible individuals, presented in Table 1.⁶ We find increases in offer and

eligible rates of 0.5 and 0.9 percentage points, respectively and a decrease in the take-up rate of 1.5 percentage points, while the coverage rate remained stable. The results suggest that while the offer of and eligibility for employer-sponsored coverage have been expanded, workers are less inclined to take the offered coverage.

Over our analysis period, we may expect to see differences in the offer of and eligibility for employer-sponsored coverage by firm size since penalties associated with the Employer Shared Responsibility Provision of the ACA applied to firms with 100 or more full-time equivalent employees who do not provide adequate and affordable coverage to their full-time workers beginning in 2015. Considering results by firm size, we compare results for firms with fewer than 100 employees and those with 100 or more employees in Table 1. For workers at firms with less than 100 employees, we see an increase in the eligible rate of 0.8 percentage points and a decrease in the take-up rate of 1.5 percentage points. For workers at firms with at least 100 employees, we see results consistent with those for all employed individuals, including increases in offer and eligible rates of 0.7 and 1.0 percentage points, respectively, and a decrease in the coverage rate of 1.6 percentage points. Across both firm size groups, coverage rates remained stable. While the magnitudes are greater for larger firms, results across firm size groups are not significantly different.

We may also expect to see differences in the offer of and eligibility for employer-sponsored coverage by employee age reflecting the lower insured rates of younger workers, as well as the ACA young adult provision, which mandated coverage by parents' private health insurance plans for young adults under the age of 26. Considering results by age, we compare results for workers age 15-25, 26-45, and 46 or older, subsequently in Table 1. We see an increase in the offer rate for 15-25-year-olds only and in eligibility rates for both 15-25- and 26-45-year-olds.

Across all age groups, we see significant decreases in take-up rates, with the largest magnitude for the youngest age group, and no significant differences in coverage rates. These results suggest that while employers' expanded offer and eligibility may affect younger workers more, the lack of effect on coverage is not differentially affecting workers of particular ages.

To jointly consider how changes in different firm and individual characteristics might have affected changes in offer and take-up, we next estimate a sequential logit regression modeling first the likelihood of having an employer who offers coverage, then the likelihood of being eligible for that coverage, and then the likelihood of taking coverage. We examine the change in the likelihood in 2015 as compared to 2014 and control for age group, marital status, usual work hours, firm size, whether the employer is private or government, income-to-poverty ratio (IPR), and county-year unemployment rate. Regression odds ratio results, presented in Table 2, are generally consistent with the tabular results. While we see no significant difference in the likelihood of having an employer who offers coverage as of 2015, unlike our tabular results, we do see a significant increase in the likelihood of being eligible for that coverage conditional on being offered and a decrease in the likelihood of taking coverage conditional on being offered and eligible, consistent with the tabular results.

To better understand the forces driving changes in offer, eligible, coverage, and take-up rates, we compare the proportions of all employed individuals reporting different reasons for not taking or not being eligible to take offered employer-sponsored coverage. Results, presented in Table 3, show an increase in the proportion reporting being covered by another plan and decreases in the proportions reporting being eligible for coverage but having a pre-existing condition, being employed as contract or temporary employees not allowed in the plan, not having yet worked for an employer long enough, and other reasons.⁷ These results suggest that firms are expanding

eligibility to previously denied workers, but that, even if they are eligible, some workers are seeking coverage from sources other than their employers. Further examining results by age groups in Appendix 1 shows the largest magnitude changes in the proportions of workers ages 15-25 reporting being covered by another plan and trading health insurance for higher pay, while changes for other reasons and for other age groups were generally much smaller in magnitude.

We also consider the likelihood of reporting different reasons for not taking or for being ineligible to take coverage in a multinomial logit regression. For respondents reporting multiple reasons, for the purposes of this regression, we classify reasons into mutually exclusive categories by reported frequencies. We examine the percentage point change (average marginal effects) between 2014 and 2015 controlling for age group, marital status, usual work hours, firm size, whether the employer is private or government, IPR, and county-year unemployment rate. Regression results, presented subsequently in Table 3, are generally consistent with the tabular results. However, it is important to note that alternative methods for classifying reasons into mutually exclusive categories could yield different results.

Seeing an increase in workers reporting not taking offered employer-sponsored insurance because they have other coverage, we next examine coverage types for workers who reported that they did not take employer-sponsored coverage because they had coverage through another plan in Table 4.⁸ The results show increases in the proportions with Medicaid, direct purchase, and a combination of private coverage types, but decreases in the proportions with military coverage and with dependent employer-sponsored coverage. These findings are consistent with the hypothesis that workers are opting out of coverage to take Medicaid coverage, for which many states expanded eligibility as part of the ACA, or purchase plans on health insurance exchanges, introduced by the ACA.

We also consider the likelihood of reporting coverage types for workers who reported that they did not take employer-sponsored coverage because they had coverage through another plan in a multinomial logit regression. For respondents reporting multiple coverage types, for the purposes of this regression we classify types into mutually exclusive categories by reported frequencies. We examine the change in the likelihood in 2015 as compared to 2014 and control for age group, marital status, usual work hours, firm size, whether the employer is private or government, IPR, and county-year unemployment rate. Regression results, presented subsequently in Table 4, are again generally consistent with the tabular results.

While comparing outcomes for all employed individuals shows overall changes over the period, this comparison could mask potential differences for workers who have maintained employment over the period as compared to those who are starting new employment. To examine differences across these groups, we longitudinally link the 2014 and 2015 samples. We first examine outcomes for workers who were employed in both March 2014 and March 2015, and then for workers who exited employment (were employed in March 2014, but not March 2015) as compared to those who entered employment (were employed in March 2015, but not March 2014).⁹ It is important to note that this analysis only considers whether an individual is employed in both periods, not whether they are employed at the same firm in both periods, since detailed employer information is not available in our data.

For workers who stayed employed over the period, we see increases in offer, eligible, and coverage rates of 1.8, 2.8, and 2.6 percentage points, respectively, presented first in Table 5. The increase in the offer rate suggests that firms expanded their offer of coverage over the period. The increase in the eligible rate may suggest that firms expanded their eligibility for coverage over the period, but it may also reflect that, over time, more individuals become eligible for

coverage after required waiting periods. The increase in the coverage rate reflects the increase in offer and eligibility: conditional on being eligible, we do not see a significant change in the propensity to take up coverage.

We see very different results comparing changes in employment status, presented subsequently in Table 5. Individuals entering employment between March 2014 and March 2015 had lower eligible, take-up, and coverage rates by 6.8, 5.1, and 7.9 percentage points than those exiting employment over the same period. There may be several explanations for this disparity. First, as mentioned above, newer employees are less likely to be eligible for coverage than more senior employees due to required waiting periods. Disparities may also reflect differences in demographic and job or firm characteristics between individuals exiting and entering the workforce. However, the results may also reflect changes in hiring practices for new employees, such as the type of position (contract or temporary) and working hours that result in decreases in the offer of and eligibility for coverage.

Next, we compare the proportions of individuals reporting different reasons for not taking or not being eligible to take offered employer-sponsored coverage for workers who stayed employed over the period and for workers who exited and entered employment over the period, respectively. Results, presented in Appendix 2 and Appendix 3, do not show significant changes in the proportion reporting reasons related to eligibility for those who stayed employed nor do we see significant differences in the proportion reporting reasons related to eligibility across those who exited and those who entered employment. For those who stayed employed, we do see significant decreases in the proportions reporting not working enough hours per week or weeks per year and having not yet worked for their employer long enough. Across those who exited and those who entered employment, we see a significantly larger proportion of those

entering employment reporting not working enough hours per week or weeks per year, having not yet worked for their employer long enough, and having multiple responses.

5 Discussion and Conclusions

This paper examined changes in the rates of offer and take-up of employer-sponsored insurance for early 2014 and early 2015 using newly introduced questions in the 2014-2015 CPS ASEC. We found increases in offer and eligible rates of 0.5 and 0.9 percentage points and a decrease in the take-up rate of 1.5 percentage points, while the coverage rate remained stable. These results and changes in the reasons given for not taking or not being eligible to take offered coverage suggest that while the offer of and eligibility for employer-sponsored coverage have been expanded, workers are less inclined to take the offered coverage and are seeking coverage from sources other than their employers. Comparing results for workers who stayed employed over the period to those who are taking new employment is suggestive of differential effects on these two groups. While we see increases in offer, eligible, and coverage rates for workers who stayed employed, we see that individuals entering employment between March 2014 and March 2015 had lower eligible, take-up, and coverage rates than those exiting employment over the same period.

It is important to note that while the ACA did introduce new avenues for workers to obtain health insurance coverage and new incentives and penalties for firms to provide coverage, many incentives did not change. One such incentive is the preferential tax treatment of employer-sponsored insurance, which continues under the ACA. Our results, which do not find that overall employer-sponsored insurance coverage has deteriorated under the ACA, may reflect the continued importance of such incentives.

One caveat to this analysis is that it could be the case that the increase in offer and eligibility rates reflect workers switching from firms that do not offer insurance to firms that do. However, given the take-up rates fall and coverage remains stable, it does not seem likely that such changes in employment explain our findings. Another limitation is that, while this analysis does examine the early effects of the rollout of the ACA on the offer and take-up of employer-sponsored insurance over early 2014 and early 2015, since the data used in the analysis are available only beginning in 2014, it is not possible to use these data to consider changes in offer and take-up before and after the 2014 implementation of many ACA provisions.

Results of this analysis can be compared to those from other surveys. Covering 2014 to 2015, estimates from the 2015 Kaiser Family Foundation/Health Research and Educational Trust Employer Health Benefits Survey suggest that the availability and take-up of coverage was stable (Claxton et al., 2015). Since this survey is limited to private firms and nonfederal government employers, and our analysis is a survey of workers, the estimates are not directly comparable, but considering overall findings can be valuable. In magnitude, from 2014 to 2015 results from both surveys suggest an increase in offered health benefits and eligibility for benefits, a decrease in the take-up of those benefits, and an increase in coverage, but only those from the CPS ASEC show significant changes. In general, results of the two surveys show the same trends over time; differences in magnitude and significance of results may reflect the different survey samples (private firms and nonfederal government employers as compared to workers at all types of firms) and associated sample sizes.

The results of our study can also be compared to estimates covering June 2013 through March 2015 from the HRMS (Blavin et al., 2015b). As in our study, results from the HRMS do not find significant changes in the share of workers covered by employer-sponsored insurance in 2015.

Results from the HRMS do not show significant changes in the employer-sponsored insurance offer or take-up rates in 2015, which could reflect differences in survey and sample design, including the much smaller sample size of the HRMS as compared to the CPS ASEC, which may impede identifying significant changes, even if the magnitudes of those changes are large. Looking at magnitudes of their results suggest increases in offer rates, consistent with our findings, and increases in take-up rates, opposite of our findings. However, this discrepancy could reflect the different definitions of employer-sponsored insurance used in each study: in our study, we consider only coverage offered by the respondent's own employer, while the HRMS considers coverage offered by the respondent's own employer or coverage that could cover the respondent offered by a family member's employer.

The results of this analysis present a cohesive picture of the early effects of the rollout of the ACA on the offer and take-up of employer-sponsored insurance and highlight a number of avenues for future research. Future work could use this new data available in the CPS ASEC to examine changes in offer and take-up with continued implementation of the ACA, including the expansion of Employer Shared Responsibility Provision penalties to firms with 50-100 full-time employees, as well as differences in offer and take-up by state. Future analyses could also examine the extent to which employer-provided coverage meets the requirement that the employee's share of the premium is affordable, not costing the employee more than 9.5 percent of that employee's annual household income. This is a benefit of the CPS ASEC data, which also have information on income and out-of-pocket premium and non-premium medical expenditures at the individual level. In addition, future work could more thoroughly consider the drivers of changes in offer and take-up of coverage for individuals entering employment as compared to those leaving employment as well as how changes in offer and eligibility affect

individuals' and families' premium and non-premium expenditures. Further, these data are valuable inputs into microsimulation models as they include information on offer and take-up as well as the other employment, firm, and individual characteristics available in the CPS ASEC. In addition, as more years of data become available, it will be possible to examine trends in offer and take-up of employer-sponsored insurance on their own and in light of changes in coverage types more generally as well as other characteristics.

¹ The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. The redesigned income questions were implemented to a subsample of addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC (traditional income questionnaire sample) and the remaining 30,000 addresses were eligible to receive the redesigned income questions (redesigned income sample). For this analysis, the two samples are combined to create one dataset including all respondents.

² Since the survey is mostly administered in March, with some respondents interviewed in February and April, subsequent discussion and tables refer to the period as March of each year for the sake of brevity.

³ This included 1,054 respondents in 2014 and 926 respondents in 2015.

⁴ This included 59 respondents in 2014 and 32 respondents in 2015.

⁵ We link the two years of data using the household longitudinal ID as well as the respondent line number. Individuals may be erroneously linked because each household is denoted by the same identifier over the two years so long as at least one of its members is common across the two periods, and to the extent that household members change, the assigned line number may not reference the same individual. Per Madrian and Lefgren (2000), we compare responses on sex

and age over the matched records to minimize erroneously linked matches. Specifically, we drop any matches where reports of sex are different or reports of age are different by more than five years. We use the cutoff of a five-year age difference to allow for some reporting error in age. The panel may not be nationally representative since survey weights account for each individual's survey probability in the survey year, not across both years. We would expect non-response, mortality, and migration to affect the probability of being in both years of the survey, and accordingly, the matched sample is likely to differ from the cross-sectional samples along characteristics related to these factors.

⁶ Since estimating changes in offer, coverage, eligibility and take-up rates is dependent upon the employed population in each year, we first examined whether the employment rate changed over the period. Unreported results show no statistically significant change in the employment rate from March 2014 to March 2015.

⁷ One finding of note is that the decrease in the proportion reporting being eligible for coverage but not taking it because of a pre-existing condition could reflect implementation of the ACA's pre-existing condition exclusion provision. This provision is effective as of the first plan year beginning on or after January 1, 2014. While we would have expected to see a larger reduction over 2013 to 2014, our comparison over March 2014 to March 2015 will likely include some plans not yet bound by the provision if their plan years begin after the survey date. Indeed, by March 2015, only approximately 0.03 percent of workers reported being not eligible for or not taking own employer-sponsored coverage because of a pre-existing condition.

⁸ Insurance type categories are mutually exclusive and reflect coverage by that type of insurance at any time over the calendar year. Plans purchased on health insurance exchanges are classified in the direct purchase category along with plans purchased directly but not on exchanges. The

combination of public coverage category includes coverage by a combination of any Medicaid, Medicare, and military insurance over the calendar year. The combination of private coverage category includes coverage by a combination of any of employer-sponsored and direct purchase plans over the calendar year. The combination of public and private coverage category includes coverage by a combination of any Medicaid, Medicare, and military insurance as well as any employer-sponsored and direct purchase plans over the calendar year.

⁹ It is possible that workers who stayed employed over the period (were employed in both March 2014 and March 2015) may have changed employers.

References

Blavin, F., Shartzter, A., Long, S., and Holahan, J. (2015a). An early look at changes in employer-sponsored insurance under the Affordable Care Act. *Health Affairs*, 34(1), 170-177.

Blavin, F., Shartzter, A., Long, S., and Holahan, J. (2015b). Employer sponsored insurance continues to remain stable under the ACA: findings from June 2013 through March 2015. Urban Institute Health Policy Center Policy Brief, June 7. <http://hrms.urban.org/briefs/Employer-Sponsored-Insurance-Continues-to-Remain-Stable-under-the-ACA.html>. Accessed March 18, 2016.

Claxton, G., Rae, M., Panchal, N., Whitmore, H., Damico, A., Kenward, K., and Long, M. (2015). Health benefits in 2015: stable trends in the employer market. *Health Affairs*, 34(10), 1779-1788.

Madrian, B. C., and Lefgren, L. J. (2000). An approach to longitudinally matching population survey (CPS) respondents. *Journal of Economic and Social Measurement*, 26(1), 31-62.

Smith, J. C., and Medalia, C. (2015). Health insurance coverage in the United States: 2014. Washington, DC: U.S. Census Bureau.

Tables

Table 1: Changes in Employment and Employer-Sponsored Insurance Coverage, Offering, and Eligibility – All Employed

	March 2014			March 2015			Change
	n	%	SE	n	%	SE	
<i>All</i>							
Offer Rate	81,471	78.31	0.20	81,601	78.79	0.20	0.48*
Eligible Rate	81,471	70.06	0.21	81,601	71.01	0.21	0.95***
Take-Up Rate	64,848	80.89	0.19	65,323	79.36	0.19	-1.53***
Coverage Rate	81,471	54.72	0.21	81,601	54.34	0.21	-0.38
<i>At Firms with <100 Employees</i>							
Offer Rate	30,839	58.43	0.34	31,166	58.61	0.37	0.18
Eligible Rate	30,839	50.33	0.34	31,166	51.17	0.36	0.84*
Take-Up Rate	21,622	80.00	0.33	21,838	78.54	0.34	-1.46***
Coverage Rate	30,839	35.87	0.33	31,166	35.72	0.33	-0.15
<i>At Firms with >=100 Employees</i>							
Offer Rate	50,632	90.41	0.17	50,435	91.11	0.16	0.70***
Eligible Rate	50,632	82.07	0.22	50,435	83.11	0.21	1.04***
Take-Up Rate	43,226	81.35	0.23	43,485	79.79	0.23	-1.57***
Coverage Rate	50,632	66.20	0.26	50,435	65.70	0.24	-0.50
<i>Age 15-25</i>							
Offer Rate	11,907	62.33	0.65	12,041	64.43	0.54	2.10***
Eligibility Rate	11,907	41.82	0.63	12,041	44.92	0.56	3.10***
Take-Up Rate	4,848	55.90	0.77	5,276	52.43	0.85	-3.46***
Coverage Rate	11,907	22.56	0.51	12,041	22.69	0.48	0.13
<i>Age 26-45</i>							
Offer Rate	35,734	79.76	0.27	35,642	80.30	0.30	0.54
Eligibility Rate	35,734	73.50	0.32	35,642	74.46	0.32	0.96**
Take-Up Rate	27,537	80.40	0.28	27,798	78.72	0.30	-1.68***
Coverage Rate	35,734	58.50	0.33	35,642	57.94	0.33	-0.57
<i>Age 46+</i>							
Offer Rate	33,830	82.88	0.24	33,918	82.67	0.23	-0.21
Eligibility Rate	33,830	77.27	0.26	33,918	77.34	0.28	0.07
Take-Up Rate	32,463	85.46	0.23	32,249	84.73	0.23	-0.73**
Coverage Rate	33,830	63.07	0.30	33,918	62.61	0.31	-0.46

Source: 2014 and 2015 CPS ASEC. *** p<0.01, ** p<0.05, * p<0.1 for t-test of difference in number of individuals between March 2014 and March 2015.

Table 2: Regression Odds Ratio Results for Changes in Employment and Employer-Sponsored Insurance Coverage, Offering, and Eligibility – All Employed

<i>Odds Ratios</i>	Offered	Eligible	Took
Year = 2015	0.98	1.10***	0.92***
Age 26-45	2.02***	3.37***	4.27***
Age 46+	2.65***	5.13***	5.88***
Married	0.88***	1.08***	0.52***
Usual Work Hours: 30+	4.84***	7.79***	0.83***
Firm Size: 50-99 Employees	4.58***	0.85***	0.95
Firm Size: 100-499 Employees	7.31***	0.80***	1.03
Firm Size: 500+ Employees	11.05***	0.86***	1.19***
Private employer	0.42***	3.17***	2.20***
IPR >1.38, <=2	1.42***	1.48***	1.58***
IPR >2, <=4	2.20***	2.05***	2.17***
IPR 4+	3.02***	2.84***	2.03***
County-Year Unemployment Rate	0.98***	1.01	1.01

Source: 2014 and 2015 CPS ASEC. *** p<0.01, ** p<0.05, * p<0.1.

Table 3: Changes in Reasons for Not Having Employer-Sponsored Insurance – All Employed

	March 2014 (n=81,471)		March 2015 (n=81,601)		Percentage Point Change	Multinomial Logit Regression Average Marginal Effect
	%	SE	%	SE		
<i>Eligible</i>						
Covered by another plan	10.39	0.14	11.45	0.13	1.06***	0.85
Traded health insurance for higher pay	0.06	0.01	0.09	0.01	0.03	0.12
Too expensive	4.81	0.10	5.02	0.11	0.21	-0.67
Don't need health insurance	0.31	0.03	0.30	0.02	-0.01	-0.21
Have a pre-existing condition	0.04	0.01	0.01	0.01	-0.02**	-0.08
Other	0.72	0.03	0.74	0.04	0.02	N/A
More than One Response	0.90	0.04	0.88	0.04	-0.02	N/A
<i>Ineligible</i>						
Don't work enough hours per week or weeks per year	5.30	0.10	5.34	0.10	0.03	3.16***
Contract or temporary employees not allowed in plan	0.94	0.04	0.80	0.04	-0.14***	-0.90
Haven't yet worked for employer long enough	1.74	0.06	1.46	0.06	-0.28***	-1.13
Have a pre-existing condition	0.02	0.01	0.01	0.01	-0.01	-0.04
Other	0.39	0.03	0.30	0.03	-0.10***	-1.10**
More than One Response	0.14	0.02	0.12	0.02	-0.02	N/A

Source: 2014 and 2015 CPS ASEC. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ for t-test of difference in percent between March 2014 and March 2015. Notes: In the tabular results, reasons are not mutually exclusive. In the regression results, reasons are classified into mutually exclusive categories by reported frequencies.

Table 4: Changes in Insurance Type for Employed and Offered Coverage with No Own Employer-Sponsored Coverage Because of Coverage by Another Plan

	March 2014 (n=8,873)		March 2015 (n=9,595)		Percentage Point Change	Multinomial Logit Regression Average Marginal Effect
	%	SE	%	SE		
Uninsured	0.81	0.11	0.87	0.13	0.07	-0.04
Medicaid	4.25	0.26	5.72	0.28	1.46***	1.33***
Medicare	2.47	0.20	2.91	0.24	0.44	0.62**
Military	6.76	0.45	5.55	0.36	-1.20**	-0.78
Government (Combination)	1.02	0.12	0.86	0.10	-0.17	-0.05
Direct Purchase	7.67	0.36	10.85	0.44	3.18***	2.30***
Employer (Dependent)	69.01	0.67	64.04	0.73	-4.97***	-4.57***
Private (Combination)	1.92	0.21	2.46	0.22	0.55*	0.45
Private and Public	6.10	0.34	6.74	0.33	0.64	0.74

Source: 2014 and 2015 CPS ASEC. *** p<0.01, ** p<0.05, * p<0.1 for t-test of difference in percent between March 2014 and March 2015.

Table 5: Changes in Employment and Employer-Sponsored Insurance Coverage, Offering, and Eligibility – Longitudinally Linked

	March 2014			March 2015			Change
	n	%	SE	n	%	SE	
<i>Stayed Employed</i>							
Offer Rate	14,883	85.43	0.36	14,883	87.26	0.32	1.83***
Eligible Rate	14,883	79.85	0.41	14,883	82.63	0.38	2.78***
Take-Up Rate	11,928	84.41	0.39	12,329	84.68	0.38	0.28
Coverage Rate	14,883	67.40	0.47	14,883	69.97	0.45	2.57***
<i>Changed Employment Status</i>							
	Exited Employment March 2014 - March 2015			Entered Employment March 2014 - March 2015			Difference
	n	%	SE	n	%	SE	
Offer Rate	2,032	65.64	1.18	1,984	63.83	1.39	-1.82
Eligible Rate	2,032	55.03	1.31	1,984	48.20	1.44	-6.84***
Take-Up Rate	1,095	79.39	1.43	921	74.29	1.41	-5.10**
Coverage Rate	2,032	43.69	1.39	1,984	35.81	1.31	-7.88***

Source: 2014 and 2015 CPS ASEC. *** p<0.01, ** p<0.05, * p<0.1 for t-test of difference in percent between March 2014 and March 2015.

Appendix

Appendix 1: Changes in Reasons for Not Having Employer-Sponsored Insurance by Age Group

	March 2014		March 2015		Change
	%	SE	%	SE	
<i>Age 15-25</i>					
<i>Eligible</i>					
Covered by another plan	13.57	0.41	16.19	0.44	2.62***
Traded health insurance for higher pay	9.16	0.17	10.23	0.19	1.07***
Too expensive	10.41	0.20	10.88	0.20	0.47*
Don't need health insurance	0.05	0.02	0.06	0.02	0.01
Have a pre-existing condition	0.08	0.02	0.09	0.02	0.01
Other	0.05	0.02	0.10	0.02	0.05*
More than One Response	5.26	0.27	5.62	0.30	0.36
<i>Ineligible</i>					
Don't work enough hours per week or weeks per year	5.64	0.16	5.99	0.16	0.35
Contract or temporary employees not allowed in plan	3.83	0.12	3.86	0.13	0.02
Haven't yet worked for employer long enough	0.53	0.10	0.48	0.08	-0.04
Have a pre-existing condition	0.35	0.04	0.30	0.03	-0.05
Other	0.19	0.02	0.24	0.03	0.05
More than One Response	0.07	0.05	0.04	0.03	-0.02
<i>Age 26-25</i>					
<i>Eligible</i>					
Covered by another plan	0.03	0.01	0.01	0.00	-0.02*
Traded health insurance for higher pay	0.04	0.01	0.01	0.01	-0.03*
Too expensive	0.72	0.11	0.93	0.10	0.20
Don't need health insurance	0.83	0.06	0.88	0.06	0.05
Have a pre-existing condition	0.61	0.05	0.54	0.04	-0.07
Other	0.84	0.11	0.92	0.12	0.08
More than One Response	0.98	0.07	0.91	0.06	-0.07
<i>Ineligible</i>					
Don't work enough hours per week or weeks per year	0.85	0.06	0.84	0.06	-0.01
Contract or temporary employees not allowed in plan	14.55	0.40	14.83	0.38	0.28
Haven't yet worked for employer long enough	3.41	0.11	3.37	0.11	-0.04
Have a pre-existing condition	3.68	0.12	3.72	0.12	0.04
Other	1.86	0.17	1.41	0.13	-0.45**
More than One Response	0.78	0.06	0.69	0.05	-0.09

<i>Age 46+</i>					
<i>Eligible</i>					
Covered by another plan	0.76	0.06	0.69	0.05	-0.07
Traded health insurance for higher pay	3.86	0.26	3.14	0.18	-0.73**
Too expensive	1.79	0.08	1.56	0.08	-0.23**
Don't need health insurance	0.89	0.06	0.73	0.06	-0.16*
Have a pre-existing condition	0.01	0.01	0.01	0.01	0.01
Other	0.02	0.01	0.01	0.01	0.00
More than One Response	0.03	0.01	0.01	0.01	-0.02
<i>Ineligible</i>					
Don't work enough hours per week or weeks per year	0.67	0.10	0.40	0.06	-0.27**
Contract or temporary employees not allowed in plan	0.34	0.03	0.29	0.04	-0.05
Haven't yet worked for employer long enough	0.34	0.04	0.27	0.03	-0.07
Have a pre-existing condition	0.42	0.08	0.27	0.06	-0.15
Other	0.07	0.01	0.09	0.02	0.02
More than One Response	0.10	0.02	0.08	0.02	-0.01

Source: 2014 and 2015 CPS ASEC. *** p<0.01, ** p<0.05, * p<0.1 for t-test of difference in percent between March 2014 and March 2015. Note: Reasons are not mutually exclusive.

Appendix 2: Changes in Reasons for Not Having Employer-Sponsored Insurance – Stayed Employed

	March 2014 (n=14,833)		March 2015 (n=14,833)		Change
	%	SE	%	SE	
<i>Eligible</i>					
Covered by another plan	9.16	0.26	9.40	0.29	0.24
Traded health insurance for higher pay	0.05	0.02	0.08	0.02	0.02
Too expensive	3.42	0.17	3.21	0.17	-0.20
Don't need health insurance	0.19	0.04	0.22	0.05	0.03
Have a pre-existing condition	0.00	0.00	0.01	0.01	0.01
Other	0.48	0.06	0.49	0.07	0.02
More than One Response	0.78	0.07	0.70	0.08	-0.08
<i>Ineligible</i>					
Don't work enough hours per week or weeks per year	3.73	0.20	3.33	0.20	-0.4**
Contract or temporary employees not allowed in plan	0.66	0.08	0.66	0.08	0.00
Haven't yet worked for employer long enough	1.03	0.10	0.58	0.07	-0.46***
Have a pre-existing condition	0.00	0.00	0.01	0.01	0.01
Other	0.26	0.05	0.21	0.05	-0.06
More than One Response	0.10	0.03	0.15	0.04	0.04

Source: 2014 and 2015 CPS ASEC. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ for t-test of difference in percent between March 2014 and March 2015. Note: Reasons are not mutually exclusive.

Appendix 3: Changes in Reasons for Not Having Employer-Sponsored Insurance – Changed Employment Status

	Exited Employment March 2014 - March 2015 (n=2,032)		Entered Employment March 2014 - March 2015 (n=1,984)		Difference
	%	SE	%	SE	
<i>Eligible</i>					
Covered by another plan	7.57	0.67	8.66	0.73	1.09
Traded health insurance for higher pay	0.13	0.11	0.07	0.05	-0.07
Too expensive	3.63	0.45	3.31	0.46	-0.32
Don't need health insurance	0.21	0.11	0.30	0.14	0.09
Have a pre-existing condition	0.00	0.00	0.00	0.00	0.00
Other	0.47	0.18	0.00	0.00	-0.47
More than One Response	0.62	0.17	0.00	0.00	-0.62
<i>Ineligible</i>					
Don't work enough hours per week or weeks per year	6.93	0.70	11.72	0.77	4.79***
Contract or temporary employees not allowed in plan	1.72	0.34	1.17	0.26	-0.55
Haven't yet worked for employer long enough	1.76	0.33	2.89	0.43	1.13**
Have a pre-existing condition	0.00	0.00	0.00	0.00	0.00
Other	0.29	0.11	0.00	0.00	-0.29
More than One Response	0.09	0.06	0.28	0.10	0.18*

Source: 2014 and 2015 CPS ASEC. *** p<0.01, ** p<0.05, * p<0.1 for t-test of difference in percent between March 2014 and March 2015. Note: Reasons are not mutually exclusive.