National Health Statistics Reports

Number 17 ■ July 1, 2009

Health Insurance Coverage Trends, 1959–2007: Estimates from the National Health Interview Survey

by Robin A. Cohen, Ph.D., Division of Health Interview Statistics;
Diane M. Makuc, Dr.P.H., Amy B. Bernstein, Sc.D., and Linda T. Bilheimer, Ph.D., Office of Analysis and Epidemiology; and Eve Powell-Griner, Ph.D., Division of Health Interview Statistics

Abstract

Objectives—This report presents long-term trends in the number and percentage of persons under age 65 years with different types of health insurance coverage and with no coverage. It documents changes in how the National Health Interview Survey (NHIS) has collected information about coverage over almost 50 years. It also compares recent trends in coverage estimates based on the NHIS and the U.S. Census Bureau's Current Population Survey (CPS).

Methods—Estimates were derived from 32 years of the NHIS, from 1959 to 2007. The types of estimates available differ over these years, reflecting changes in the availability of different types of coverage and changes in the NHIS questions. Joinpoint regression was used to estimate average annual percent change over time and to identify statistically significant changes in trends.

Results—The percentage of persons under age 65 years with private coverage rose between 1959 and 1968, to 79%, remained stable until 1980, and then declined to 67% by 2007. During the 1980s, the percentage of persons with no coverage increased, while the percentage with private coverage declined and the percentage with Medicaid remained stable. Since 1990, the percentage of nonelderly persons without coverage has remained stable, but the number has increased by more than 6 million persons, to 43.3 million in 2007. During this period, the percentage with private coverage has continued to decline, while the percentage with Medicaid has increased. Recent trends in coverage based on the NHIS and CPS are similar.

Keywords: private insurance • public coverage • uninsured • Medicaid

Introduction

An extensive body of literature shows that lack of health insurance coverage negatively affects both access to health care and health status (1). Almost 44 million persons in the United States lacked health insurance coverage at a point in time during 2008 (2). Interest in addressing this longstanding problem has recently intensified. The development of programs and policies to extend coverage to the uninsured requires accurate and timely information on the number of persons who lack health insurance coverage and on the number with different types of coverage.

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) updates estimates of the uninsured and those with private and public coverage quarterly, based on data from the National Health Interview Survey (NHIS). These quarterly reports present annual trends in health insurance coverage starting with 1997 and include estimates for persons of all ages, those under age 65 years, adults aged 18–64 years, and children (2). NHIS estimates show that children under age 18 were less likely than working-age adults to be uninsured throughout the period 1997–2007. In recent years, the coverage gap has widened as a result of substantially greater increases in public coverage for children than for adults aged 18–64 years during a period of declining private coverage for all (2).

Examination of longer trends in health insurance coverage in the United States provides a useful perspective for more recent trends. This report presents national estimates of health insurance coverage for persons under age 65 years from 1959 to 2007, using data from the

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

NHIS. This is the first report to present trends in coverage over the entire span of years for which such data are available from the NHIS. The report also documents major changes in the provision of health insurance coverage in the United States over this time period, as well as changes in the NHIS approach to collecting data about coverage. Interpretation of the trends in coverage estimates requires consideration of how health insurance coverage—and the collection of information on coverage—have changed over time. Trends in estimates of coverage may reflect changes in the design and question content of the NHIS, as well as actual changes in the percentage and number of people with different types of coverage. Finally, this report compares trends in estimates of coverage from 1999 through 2007 based on the NHIS with trends based on the Current Population Survey (CPS), another federal survey used for estimating health insurance coverage. Trends in coverage based on the NHIS and CPS are compared for children under age 18 years, adults aged 18–64 years, and all persons under age 65 years. In this report, adults aged 18–64 are referred to as *working-age adults*.

Major Health Insurance Legislation and Events

Since the inception of the NHIS in 1957, numerous changes have occurred in the health insurance sector. Table I (in "Technical Notes" at the end of this report) provides a timeline of selected major legislation and events that changed the type and scope of private and public health insurance coverage in the United States (3–23). Examples of major legislation include the establishment in 1965, and subsequent expansion, of the Medicare and Medicaid programs, which are now major payers for elderly, poor, and disabled people.

The Health Maintenance Organization Act of 1973 provided federal subsidies to prepaid group practices and required all employers with 25 or more employees that offered health insurance to offer a federally qualified health maintenance organization option upon request, when such organizations existed in their area. (This so-called dual choice provision expired in 1995.)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) required employers to allow employees to continue coverage (at their own expense) for 18 months after they left employment and allow spouses and dependents to continue coverage for up to 3 years after a worker's death.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) set national nondiscrimination and portability standards for individual health insurance coverage, HMOs, and group health plans.

The Balanced Budget Act of 1997 established the State Children's Health Insurance Program (CHIP), providing federal matching funds to states to expand health insurance coverage for children above states' Medicaid eligibility levels.

Medicare Part D legislation, which provides the option for prescription drug coverage to Medicare enrollees, began in 2006.

These and other events listed in the timeline may affect trends in estimates of persons with different types of coverage and estimates of the uninsured.

Methods

National Health Interview Survey

Most of the estimates in this report are based on the NHIS, a continuous, in-person household survey of the civilian noninstitutionalized population of the United States. During 1959–1968, insurance coverage data were collected in the NHIS in 3 years (1959, fiscal year 1963, and 1968). During 1968–1989, such data were generally collected every 2 years; and from 1989 on, data were collected every year.

The NHIS insurance questions have changed and expanded over time, reflecting changes in health insurance coverage and programs as well as in questionnaire design. There may be a lag between the introduction of new health insurance programs, payers, and regulations and their integration into ongoing health care surveys. For example, although Medicaid legislation was passed in 1965, it was not until 1972 that questions relating to Medicaid coverage were included in the NHIS. This may reflect, in part, how quickly states entered the program. Some states entered immediately, whereas others took longer to implement the program (15). Arkansas did not begin its Medicaid program until 1970, and Arizona, the last state to adopt a Medicaid program, began its program in 1982 (12). All states except Arizona were participating by 1972.

The NHIS questionnaire periodically undergoes a major redesign, during which many questions are added, dropped, or modified. Major NHIS questionnaire redesigns occurred in 1967, 1982, and 1997. Fewer questions are added or modified between redesign years, to avoid discontinuities in data trends and the expenses associated with such modifications. However, as documented in "Technical Notes," some changes to the health insurance questions have been implemented between redesign years in response to emerging issues in health insurance.

Questions about private health insurance coverage were asked in all years included in this report, and questions regarding employer-sponsored coverage were asked starting in 1970. Direct questions about Medicaid and Medicare coverage (for persons under age 65 years) were asked starting in 1978, and questions about military coverage starting in 1982. A direct question asks about coverage, whereas an indirect question allows coverage to be inferred from a response to a question that doesn't directly ask about coverage. For example, the following direct question concerning Medicaid was asked for the first time in 1978: "Does anyone in the family now have a Medicaid card?" Prior to 1978, information about public coverage could be inferred in some years through responses to questions that did not ask about public coverage directly. For example, a question on reasons for not having (private) health insurance included the following response

categories: ''received care through Medicaid or welfare'' (1972–1976) or ''received care through Social Security Medicare'' (1976) or military coverage (1972–1980). Whether a question is asked directly or indirectly affects the likelihood of obtaining a positive response. More positive responses are usually obtained when a question is asked in a more direct manner (24,25).

From 1959 to 1980, NHIS asked questions about hospital insurance and insurance plans that paid for doctors' or surgeons' bills. In 1982, the separate associations for Blue Cross (covering hospitalizations) and Blue Shield (covering physician care) merged, making the separation between hospital and physician insurance less distinct.

Since the inception of the NHIS, private health insurance plan names have been collected from those who report having private coverage. Initially, private plan names were used for response verification and to code private plans as ''Blue plans'' and ''not Blue plans.'' Beginning in 1970, private plan names were used to edit responses; initial responses indicating private coverage could be recoded to no private coverage based on the private plan name provided. Beginning in 1976, private plan names were used to edit responses concerning coverage to more appropriate coverage categories or to no coverage (except in 1990 and 1991, when private plan names were not collected). In addition to edits based on plan names, during 1976–1996, questions on receipt of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) were also used to edit coverage responses; Medicaid coverage was assigned to recipients of AFDC or SSI.

From 1997 onward, reported type of coverage was edited using detailed verbatim responses to questions on both private and public insurance plan names and an external database with information on the type of coverage provided by specific plans (e.g., Medicaid, comprehensive private, single-service private). For example, an initial response of private coverage would be edited to uninsured if the only plan name reported was identified as covering a single service, such as dental coverage. Coverage for a small number of people has also been edited based on verbatim responses to a question on reasons for no coverage.

''Technical Notes'' includes a list of the NHIS insurance questions used to calculate the estimates shown in this report.

Current Population Survey

The CPS, conducted by the U.S. Census Bureau for the Bureau of Labor Statistics, collects information on health insurance coverage as part of the Annual Social and Economic Supplement (ASEC) (26). The CPS asks separate questions about major types of health insurance coverage that the respondent and family members had during the calendar year prior to interview. Those who had no coverage for the entire calendar year are defined as uninsured. In 2007, the Census Bureau created a new historical series from 1999 through the most recent data year to correct an editing error in the previous series (27). During 1999–2007, all CPS insurance coverage estimates are based on Census 2000-based population control totals and reflect a follow-up question that verifies whether people who respond negatively to all types of coverage are uninsured. Estimates of the percentage of persons who lacked coverage, had private coverage, and had Medicaid coverage were obtained for persons under age 65 years, aged 18–64 years, and under age 18 years, for comparison with the NHIS. Estimates based on the CPS may differ from those based on the NHIS for several reasons, including differences in survey design, context, questions, the length of time that coverage is measured (e.g., full-year versus point-in-time), recall periods, response rates, and post-collection processing. More complete discussions of the similarities and differences between federal surveys that measure insurance coverage have been published previously (28–31). This report compares recent trends in coverage, rather than the levels of estimates.

Statistical methods

During 1976–2007, persons in the NHIS were categorized into one or more of the following health insurance coverage groups: any private coverage, employer-sponsored private coverage, other private coverage, Medicaid, Medicare, other public coverage, and uninsured. During 1968–1974, persons were classified into some but not all of these groups, based on the questions available in each year. For more information on the definitions of these groups, see Definitions of NHIS Insurance Coverage Categories in ''Technical Notes.'' During 1970–2007, estimates of the percentage of persons in each category are shown for persons under age 65 years because almost all persons aged 65 years and over had coverage through the Medicare program.

During 1959–1968, persons were categorized according to whether or not they had any hospital and surgical insurance, and estimates are shown for persons of all ages, for those under age 65 years, and for those aged 65 years and over.

All percentages and standard errors for 1968–2007 were calculated using SUDAAN, to account for the complex survey design and survey sample weights of the NHIS (32). Population counts of persons in coverage categories were calculated by multiplying weighted percentages by estimates of the U.S. civilian noninstitutionalized population under age 65 years. Percentages for 1959 and for fiscal year 1963 were extracted from NCHS publications, as noted in Table A.

Trends in coverage were assessed by using Joinpoint regression (33,34), starting in 1968 for private coverage and in 1978 for public coverage and no coverage. The regression model for public coverage and no coverage began with 1978 because that was the first year NHIS included direct questions about Medicaid and Medicare coverage (for persons under age 65 years). Joinpoint regression characterizes trends as joined linear segments on a logarithmic scale. A *joinpoint* is the year when two segments with different slopes meet. Joinpoint software uses statistical

Table A. Percentage of persons with hospital insurance and surgical insurance, by age group: United States, 1959, 1963, and 1968

Year	Hospital insurance			Surgical insurance		
	All ages	Under 65 years	65 years and over	All ages	Under 65 years	65 years and over
	Percent (standard error)					
July–December 1959	67.1 (0.4)	69.1 (0.4)	46.1 (1.4)	62.0 (0.4)	64.4 (0.4)	37.1 (1.3)
July 1962–June 1963	70.7 (0.2)	72.3 (0.2)	54.2 (0.6)	66.2 (0.2)	68.3 (0.2)	46.2 (0.6)
1968	80.8 (0.36)	79.3 (0.39)	96.0 (0.21)	79.4 (0.36)	77.8 (0.39)	94.6 (0.25)

SOURCES: The July–December 1959 estimates were extracted from the *U.S. National Health Survey, Interim Report on Health Insurance, United States, July–December 1959*, series B, no. 26, Department of Health, Education, and Welfare, Public Health Service, 1960, Tables 19, 24, and 30. Approximate standard errors are from Appendix I, Table I-I.
The July 1962–June 1963 estimates are from CDC/NCHS, "Health Insurance Coverage, United States, July 1962–June 1963," *Vital and Health Statistics*, series 10, no. 11, 1964. Percentages were calculated from values in Table 6; standard errors were estimated by multiplying relative standard errors in an Appendix I figure by percentages.
The estimates for 1968 were calculated from the CDC/NCHS 1968 National Health Interview Survey, Health Insurance Supplement.

criteria to determine the fewest number of segments necessary to characterize a trend, the year(s) when segments begin and end, and the annual percent change for each segment. A 95% confidence interval around the annual percent change is used to determine whether the annual percent change for each segment is significantly different from zero. Weighted least squares regression was used, with the weights defined as the square of the response variable divided by the square of the standard error.

Joinpoint regression was also used to fit lines to the NHIS and CPS estimates of the percentage of persons uninsured, with private coverage, and with Medicaid coverage during 1999–2007, the years of the new historic series for CPS. For these more recent years, estimates are shown for children under age 18 years and for working-age adults aged 18–64 years.

For more information on the NHIS, methods, definitions of terms, and NHIS questions, see "Technical Notes."

Results

- **Hospital insurance and surgical insurance increased from 1959 to 1968.**

In 1959, three major types of organizations offered private health insurance in the United States: (i) Blue Cross-Blue Shield plans, which were also called *service plans* because the insurer paid the hospital or physician directly; (ii) private insurance companies that sold health insurance in a manner similar to life insurance, with great variability among plans in the kind and completeness of coverage; and (iii) independent, prepaid, comprehensive plans such as the Health Insurance Plan of Greater New York and the Kaiser Foundation Health Plan (35). Between 1959 and 1968, the percentage of persons under age 65 years with hospital insurance increased from 69% to 79%, and the percentage with surgical insurance increased to a similar level (Table A).

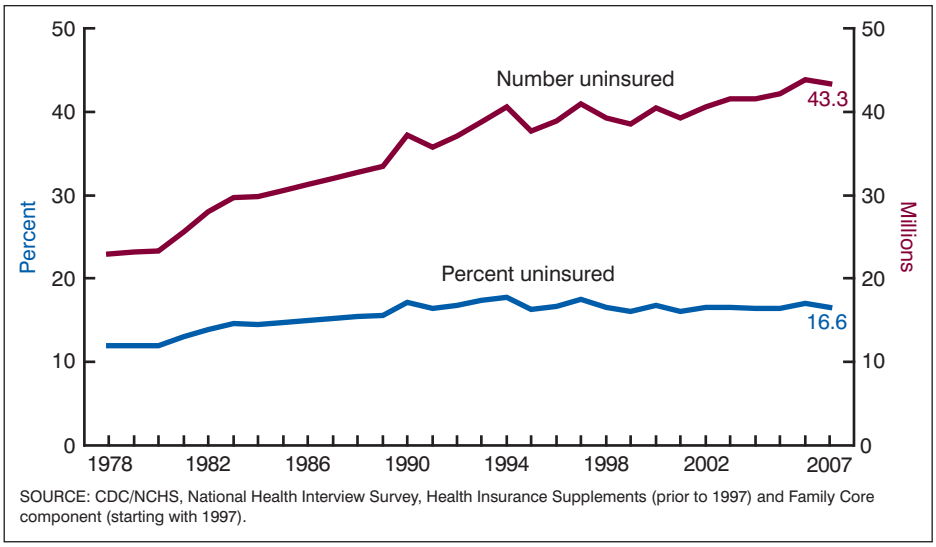
- **The percentage of persons under age 65 years with private coverage remained stable from 1968 to 1980 and then declined from 1980 to 2007.**

During 1968–1980, the percentage of persons under age 65 years who had private coverage remained stable at about 79%, while the number with private coverage increased from 140.5 million to 154.1 million persons (Tables 1 and 2). During 1980–2007, the percentage with private coverage declined steadily, except during 1996–1999. From 1999 to 2007, the percentage of persons under age 65 with any private coverage declined at an average rate of more than 1% per year, to 67% in 2007; the number of persons with private coverage remained at about 174 million during this period. The downward trend in private coverage was driven in large part by a decline in employer-sponsored coverage. In 2007, 62% of persons reported employer-sponsored coverage, down from 71% in 1980.

- **Medicaid coverage among persons under age 65 years increased between 1990 and 2007 after remaining stable from 1978 to 1990.**

The percentage of persons with Medicaid, the most common source of public coverage for persons under age 65 years, remained stable at about 7% from 1978 to 1990, while the number of persons with Medicaid increased (Tables 1 and 2). Between 1990 and 2007, the percentage of persons with Medicaid coverage (including other state-sponsored coverage and CHIP) increased among persons under age 65, except from 1994 to 1998. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted that de-linked Medicaid eligibility and cash assistance and denied Medicaid benefits (apart from emergency benefits) to immigrants who arrived in the United States after August 1996 for their first 5 years in the country (Table I). Despite PRWORA, Medicaid (including other state-sponsored coverage and CHIP) increased at a rate of more than 5% per year during 1998–2007, from about 9% in 1998 to 14% in 2007.

Medicare coverage was expanded in 1972 to include certain disabled persons under age 65 years and persons with end-stage renal disease (Table I). About 2% of persons under age 65 had Medicare coverage in 2007, increasing from about 1% in 1978. Other types of public coverage in the civilian noninstitutionalized population include coverage for veterans and military dependents and coverage by other government programs. The percentage



SOURCE: CDC/NCHS, National Health Interview Survey, Health Insurance Supplements (prior to 1997) and Family Core component (starting with 1997).

Figure 1. Number and percentage of persons under age 65 years without insurance: United States, 1978–2007

reporting coverage in this category was about 3% in 2007 and fluctuated between 2% and 3% during most years from 1972 to 2007.

- **The percentage of persons under age 65 years with no coverage remained stable during 1990–2007, after increasing from 1978 to 1990.**

During 1990–2007, the percentage of persons under age 65 years with no coverage was stable at approximately 17%, while the number of persons who were uninsured at the time of interview increased by 6.1 million to 43.3 million persons (Tables 1 and 2 and Figure 1). During the earlier period from 1978 to 1990, the percentage uninsured increased at a rate of 3% per year: from 12% in 1978 to 17% in 1990. The number of uninsured rose by 14.2 million persons during this period.

Comparison of trends based on the NHIS and CPS for 1999–2007

- **Both NHIS and CPS show a decline in the percentage of persons with private coverage during 1999–2007.**

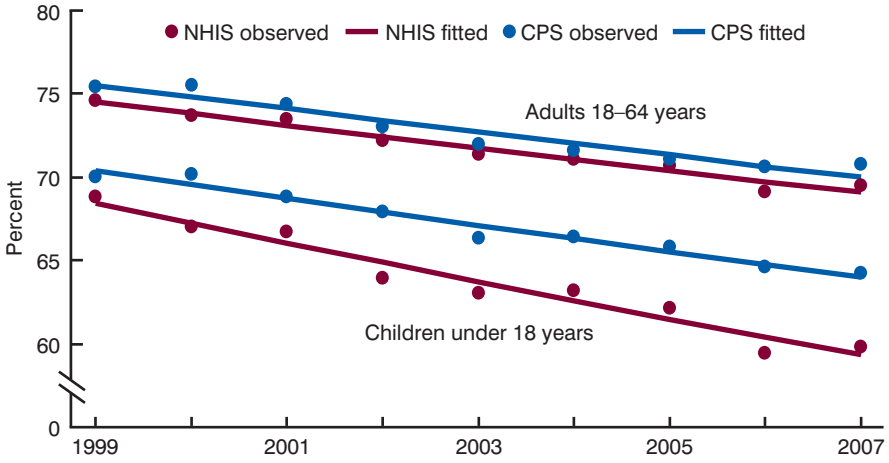
The average decline in the percentage of persons under age 65 years with private coverage was about 1% per year during 1999–2007, based on both the NHIS and CPS. Both surveys show a significant decline in private coverage for children during this period (1.8% and 1.2% per year, respectively), as well as a significant decline in private coverage for working-age adults (0.9% per year) (Figure 2).

- **Both NHIS and CPS show an increase in the percentage of persons with Medicaid during 1999–2007.**

The percentage of children with Medicaid coverage increased at an average rate of 6.5% per year based on the NHIS, and 4.3% per year based on the CPS, during 1999–2007 (Figure 3). Both surveys show a change in the trend for children's Medicaid coverage during this period, with greater increases in Medicaid coverage prior to 2003. The percentage of adults aged 18–64 years with Medicaid increased an average of 5.4% per year based on the NHIS and 3.7% per year based on the CPS.

- **Both NHIS and CPS show an increase in the percentage of adults without coverage from 1999 to 2007, but the trends for children differ somewhat between the two surveys.**

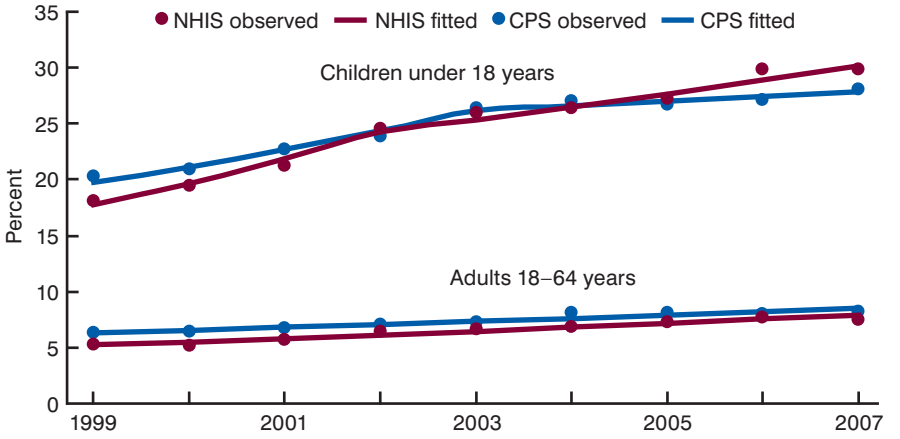
The percentage of adults aged 18–64 years without coverage increased an average of 1.2% per year based on the NHIS and 2.0% per year based on the CPS during 1999–2007 (Figure 4). The percentage of children without coverage declined an average of 4.2% per year during 1999–2007 based on the NHIS, while there was a nonsignificant decline of 0.8% per year for children during this period based on the CPS. The percentage of children without coverage declined more in the NHIS than the CPS, despite the somewhat faster decline in private coverage based on the NHIS. However, drawing inferences from these figures regarding



NOTES: National Health Interview Survey (NHIS) estimates are for a point in time; Current Population Survey (CPS) estimates are for any coverage in a calendar year. Fitted estimates were calculated using Joinpoint software.

SOURCES: The observed CPS estimates are from the Historical Health Insurance Tables at http://www.census.gov/hhes/www/hlthins/historic/index.html. The observed NHIS estimates were calculated using data from the Family Core component of the 1999–2007 NHIS.

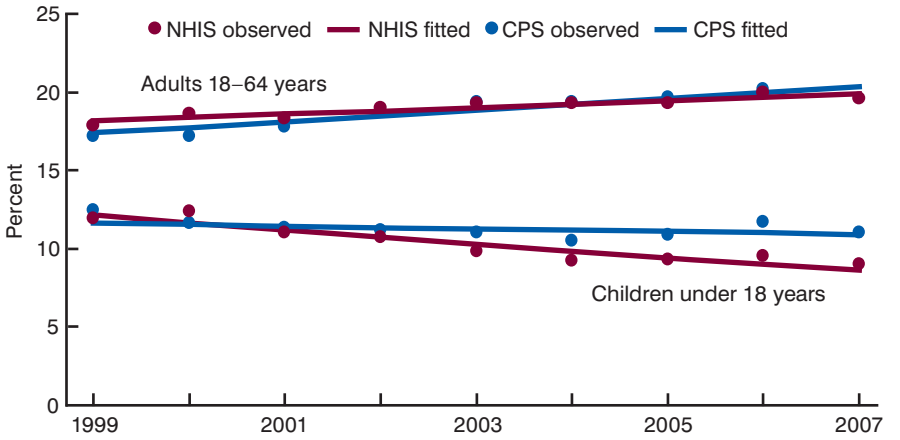
Figure 2. Percentage of persons under age 65 years with private coverage, by age group and survey: United States, 1999–2007



NOTES: National Health Interview Survey (NHIS) estimates are for a point in time; Current Population Survey (CPS) estimates are for any coverage in a calendar year. Fitted estimates were calculated using Joinpoint software.

SOURCES: The observed CPS estimates are from the Historical Health Insurance Tables at http://www.census.gov/hhes/www/hlthins/historic/index.html. The observed NHIS estimates were calculated using data from the Family Core component of the 1999–2007 NHIS.

Figure 3. Percentage of persons under age 65 years with Medicaid coverage, by age group and survey: United States, 1999–2007



NOTES: National Health Interview Survey (NHIS) estimates are for a point in time; Current Population Survey (CPS) estimates are for any coverage in a calendar year. Fitted estimates were calculated using Joinpoint software.

SOURCES: The observed CPS estimates are from the Historical Health Insurance Tables at http://www.census.gov/hhes/www/hlthins/historic/index.html. The observed NHIS estimates were calculated using data from the Family Core component of the 1999–2007 NHIS.

Figure 4. Percentage of persons under age 65 years without health insurance, by age group and survey: United States, 1999–2007

how differences in private and public coverage trends between the NHIS and CPS affect uninsured trends is complicated by differences between the two surveys, in particular by their different reference periods. Private and public coverage in the NHIS refer to a point in time, whereas private and public coverage in the CPS refer to any coverage in a calendar year, and the percentage of persons who report both private and public coverage is higher in the CPS than the NHIS.

Upon examination of data for all persons under age 65 years (children and adults), there was no significant change on average over this time period in the percentage of persons without coverage, based on the NHIS, while the average change based on the CPS shows a slow increase of 1.6% per year.

Conclusions

The NHIS has included questions to estimate the percentage and number of persons with different types of health insurance coverage over an almost 50-year period, from 1959 to 2007. The questions asked and the types of estimates available differ over these years, reflecting changes in the availability of different types of coverage, issues of interest, and questionnaire design. For example, in 1959, 1962–1963, and 1968, respondents were asked whether family members had hospital and surgical coverage, rather than about various types of public coverage, which were either not yet available or only recently available. In addition, as documented in "Technical Notes," changes in the NHIS survey design and estimation methods over this long period may affect estimates of insurance coverage.

Despite changes in the NHIS during 1959–2007, these data can be used to paint a broad picture of long-term trends in health insurance coverage for the population under age 65 years, of whom 43.3 million were uninsured in 2007. The percentage of the nonelderly population with private coverage rose between 1959 and 1968 to about 79% and remained stable until 1980. During the 1980s, the percentage with no health insurance coverage increased, while the percentage with private coverage declined and the percentage with Medicaid remained stable. Since 1990, the percentage of persons under age 65 who are uninsured has remained stable, while the percentage with private coverage continued to decline and the percentage with Medicaid increased. It is important to note that although the percentage has remained stable, the number of uninsured nonelderly persons has increased by more than 6 million since 1990.

Because estimates of health insurance coverage based on the CPS are widely cited, we compared trends in coverage from 1999 to 2007 based on the NHIS with those based on the CPS. Consistent with a report from the State Health Access Data Assistance Center (31), we conclude that trends based on these two sources are similar. Both show declines in the percentage of children and working-age adults with private coverage; increases in the percentage of children and working-age adults with Medicaid coverage; and increases in the percentage of working-age adults without health insurance. However,

recent trends in the percentage of children who are uninsured differ somewhat between the two sources. The NHIS shows a significant decline in the percentage of children who are uninsured during 1999–2007, whereas the CPS shows a nonsignificant decline. This difference in trend likely reflects, in part, the steeper rise in Medicaid (or CHIP or other state plan) coverage among children shown in the NHIS than in the CPS.

As discussed by others (26,31), survey estimates of health insurance coverage may differ for many reasons, including recall period, focus of the survey, imputation of missing data, and data editing. In particular, the NHIS may identify more Medicaid coverage than the CPS owing to a much shorter reference period (point-in-time versus previous calendar year), little item nonresponse and therefore no imputation of coverage, insurance questions placed in the context of a health survey, editing based on verbatim insurance plan names, and, starting with the third quarter of 2004, a question that explicitly asks persons under age 65 years with no reported coverage about Medicaid coverage. Despite the differences in focus and methods between the NHIS and CPS, overall both surveys show similar trends in coverage as well as a large number of persons under age 65 without health insurance.

References

1. Institute of Medicine. America's uninsured crisis: Consequences for health and health care. Washington, DC: National Academies Press. 2009.
2. Cohen RA, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2008. National Center for Health Statistics. June 2009. Available from: http://www.cdc.gov/nchs/nhis.htm.
3. Blue Cross Blue Shield Association. History of Blue Cross Blue Shield. 2009. Available from: http://www.bcbs.com/about/history.
4. Burrelli DF. Military health care: The issue of ''promised'' benefits. CRS Report for Congress 98–1006 F. Congressional Research Service. 2003. Available from: http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/98-1006F.pdf.
5. Centers for Medicare & Medicaid Services. Key milestones in CMS programs. Available from: http://www.cms.hhs.gov/History/Downloads/CMSProgramKeyMilestones.pdf. Accessed May 2009.
6. Chaikind HR. ERISA regulation of health plans: Fact sheet. CRS Report for Congress RS20315. Congressional Research Service. 2003. Available from: http://www.allhealth.org/BriefingMaterials/ERISARegulationofHealthPlans-114.pdf.
7. Employee Benefit Research Institute. History of health insurance benefits. 2002. Available from: http://www.ebri.org/publications/facts/index.cfm?fa=0302fact.
8. Fuchs BC. Managed health care: Federal and state regulation. CRS Report for Congress 97–938 EPW. Congressional Research Service. 1997. Available from: http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/97-938_EPW.pdf.
9. Fuchs BC, Lyke B, Price R, Smith M. The Health Insurance Portability and Accountability Act (HIPAA) of 1996: Guidance on frequently asked questions. CRS Report for Congress 96–805 EPW. Congressional Research Service. 1998. Available from: http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/96–805_EPW.pdf.
10. Health Resources and Services Administration. Hill-Burton free and reduced cost health care. Available from: http://www.hrsa.gov/hillburton/default.htm. Accessed May 2009.
11. Hellinger FJ. Any-willing-provider and freedom-of-choice laws: An economic assessment. Health Aff 14(4):297–302. 1995.
12. Kaiser Commission on Medicaid and the Uninsured. Medicaid: A timeline of key developments. Available from: http://www.kff.org/medicaid/medicaid_timeline.cfm. Accessed May 2009.
13. Kaiser Commission on Medicaid and the Uninsured. The Medicaid resource book. Appendix I: Medicaid legislative history, 1965–2000. 2002. Available from: http://www.kff.org/medicaid/2236-index.cfm?RenderForPrint=1.
14. Kinzer J. Health insurance continuation coverage under COBRA. CRS Report for Congress R40142. Congressional Research Service. 2009. Available from: http://assets.opencrs.com/rpts/R40142_20090116.pdf.
15. Klemm JD. Medicaid spending: A brief history. Health Care Financ Rev 22(1):105–12. 2000.
16. Lyke B. The tax exclusion for employer-provided health insurance: Policy issues regarding the repeal debate. CRS Report for Congress RL34767. Congressional Research Service. 2008. Available from: http://assets.opencrs.com/rpts/RL34767_20081121.pdf.
17. Mann C, Rowland D, Garfield R. Historical overview of children's health care coverage. In: Health Insurance for Children. Future Child 13(1):31–53. 2003. Available from: http://www.futureofchildren.org/usr_doc/tfoc13-1c.pdf.
18. MCOL. Managed care museum timeline. Available from: http://www.managedcaremuseum.com/timeline.htm. Accessed May 2009.
19. O'Sullivan J, Chaikind H, Tilson S, Boulanger J, Morgan P. Overview of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. CRS Report for Congress RL31966. Congressional Research Service. 2004. Available from: http://lieberman.senate.gov/documents/crs/medicaremondernizationact.pdf.
20. Social Security Administration. Compilation of the Social Security Laws. Vol. II, Provisions affecting Social Security programs. Available from: http://www.ssa.gov/OP_Home/comp2/comp2toc.html. Accessed May 2009.
21. Social Security Administration. Social Security history. Available from: http://www.ssa.gov/history. Accessed May 2009.
22. U.S. Department of Labor. Trade Adjustment Assistance Reform Act of 2002. Available from: http://www.doleta.gov/tradeact/2002act_index.cfm. Accessed May 2009.
23. U.S. Equal Employment Opportunity Commission. Facts about pregnancy discrimination. Available from: http://www.eeoc.gov/facts/fs-preg.html. Accessed May 2009.

24. Cohen RA, Martinez ME. Impact of Medicare and Medicaid probe questions on health insurance estimates from the National Health Interview Survey, 2004. Health E-stats. National Center for Health Statistics. 2005. Available from: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/impact04/impact04.htm.
25. Cohen RA, Martinez ME. Impact of Medicare and Medicaid probe questions on health insurance estimates from the National Health Interview Survey, 2005. Health E-stats. National Center for Health Statistics. 2006. Available from: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/impact05/impact.htm.
26. DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2007. U.S. Census Bureau, Current Population Reports, P60–235. Washington, DC: U.S. Government Printing Office. 2008.
27. Lee CH, Stern SM. Health insurance estimates from the U.S. Census Bureau: Background for a new historical series. U.S. Census Bureau. 2007. Available from: http://www.census.gov/hhes/www/hlthins/usernote/revhlth_paper.pdf.
28. Office of the Assistant Secretary for Planning and Evaluation (ASPE). Understanding estimates of the uninsured: Putting the differences in context. ASPE Issue Brief. U.S. Department of Health and Human Services. 2005. Available from: http://aspe.hhs.gov/health/reports/05/uninsured-understanding-ib/index.htm.
29. Davern M, Rodin H, Blewett LA, Thiede Call K. Are the Current Population Survey uninsurance estimates too high? An examination of the imputation process. Health Serv Res 42(5):2038–54. 2007.
30. Fronstin P. Counting the uninsured: A comparison of national surveys. EBRI Issue Brief No. 225. Washington, DC: Employee Benefit Research Institute. 2000.
31. State Health Access Data Assistance Center (SHADAC). Comparing federal government surveys that count uninsured people in America. 2008. Available from: http://www.rwjf.org/files/research/082608shadac.census.pdf.
32. Research Triangle Institute. SUDAAN, release 9.1 [computer software]. Research Triangle Park, NC: Research Triangle Institute. 2005.
33. Kim HJ, Fay MP, Feuer EJ, Midthune DN. Permutation tests for joinpoint regression with applications to cancer rates. Stat Med 19:335–51. 2000. (Correction. Stat Med 20:655. 2001.)
34. National Cancer Institute, Statistical Research and Applications Branch. Joinpoint regression software, version 3.3 [computer software]. 2008. Available from: http://srab.cancer.gov/joinpoint.
35. U.S. National Health Survey. Interim report on health insurance, United States, July–December 1959. Series B, No. 26. Washington, DC: U.S. Department of Health, Education, and Welfare, Public Health Service. 1960.
36. Botman SL, Moore TF, Moriarity CL, Parsons VL. Design and estimation for the National Health Interview Survey, 1995–2004. National Center for Health Statistics. Vital Health Stat 2(130). 2000.
37. Kovar MG, Poe GS. The National Health Interview Survey design, 1973–1984, and procedures, 1975–1983. National Center for Health Statistics. Vital Health Stat 1(18). 1985.
38. National Center for Health Statistics. Health Interview Survey procedure, 1957–1974. Vital Health Stat 1(11). 1975.
39. Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. National Center for Health Statistics. Vital Health Stat 2(110). 1989.
40. Hoffmann CH. Health insurance coverage: United States, July 1962–June 1963. National Center for Health Statistics. Vital Health Stat 10(11). 1964.
41. Gleeson GA. Hospital and surgical insurance coverage: United States, 1968. National Center for Health Statistics. Vital Health Stat 10(66). 1972.

Table 1. Percentage of persons under age 65 years with health insurance coverage, by coverage type, and without health insurance: United States, selected years 1968–2007

Year	Sample size	Private coverage[1]			Public coverage[2]			Uninsured[9]
		Any[3]	Employer[4]	Other[5]	Medicaid[6]	Medicare[7]	Other[8]	
		Percent (standard error)						
1968	120,670	79.3 (0.39)	– – –	– – –	– – –	– – –	– – –	– – –
1970	44,373	78.7 (0.53)	68.6 (0.60)	10.0 (0.37)	– – –	– – –	– – –	– – –
1972	119,939	77.3 (0.39)	69.4 (0.43)	7.8 (0.18)	3.5 (0.14)	– – –	2.6 (0.18)	16.7 (0.32)
1974	104,727	79.7 (0.31)	70.5 (0.35)	9.6 (0.18)	4.7 (0.16)	– – –	2.5 (0.20)	13.1 (0.24)
1976	101,594	78.9 (0.31)	68.5 (0.32)	10.3 (0.19)	4.9 (0.16)	0.2 (0.02)	2.6 (0.19)	14.1 (0.24)
1978	98,465	79.3 (0.34)	70.2 (0.35)	9.2 (0.19)	6.7 (0.19)	1.2 (0.04)	2.3 (0.16)	12.0 (0.22)
1980	91,425	79.4 (0.38)	71.4 (0.40)	8.0 (0.20)	7.1 (0.19)	1.4 (0.05)	2.0 (0.16)	12.0 (0.26)
1982	92,489	78.1 (0.53)	70.3 (0.55)	7.9 (0.21)	6.1 (0.29)	1.2 (0.04)	3.7 (0.21)	13.9 (0.36)
1983	46,729	76.9 (0.64)	68.4 (0.67)	8.7 (0.27)	6.8 (0.34)	1.1 (0.06)	3.6 (0.26)	14.6 (0.46)
1984	93,396	76.7 (0.62)	69.1 (0.62)	7.7 (0.21)	6.8 (0.33)	1.2 (0.04)	3.7 (0.23)	14.5 (0.39)
1986	54,860	76.8 (0.71)	69.3 (0.76)	7.6 (0.33)	6.4 (0.35)	1.2 (0.05)	3.3 (0.29)	15.0 (0.43)
1989	102,684	75.9 (0.51)	68.3 (0.51)	7.6 (0.19)	7.2 (0.26)	1.4 (0.05)	2.9 (0.24)	15.6 (0.35)
1990	105,053	74.2 (0.43)	66.4 (0.47)	7.8 (0.28)	7.1 (0.21)	1.3 (0.04)	3.0 (0.25)	17.2 (0.30)
1991	105,316	73.6 (0.48)	62.8 (0.52)	10.8 (0.31)	8.5 (0.27)	1.4 (0.06)	2.9 (0.25)	16.4 (0.29)
1992	113,042	72.0 (0.46)	64.9 (0.45)	7.1 (0.18)	9.8 (0.29)	1.4 (0.05)	2.9 (0.25)	16.8 (0.28)
1993	53,626	71.0 (0.54)	65.3 (0.53)	5.8 (0.23)	10.7 (0.36)	1.3 (0.06)	2.7 (0.28)	17.4 (0.41)
1994	101,608	69.9 (0.50)	64.0 (0.48)	5.9 (0.17)	11.2 (0.34)	1.4 (0.05)	2.8 (0.23)	17.8 (0.32)
1995	90,512	71.3 (0.42)	65.6 (0.43)	5.7 (0.16)	11.5 (0.27)	1.6 (0.06)	2.6 (0.17)	16.3 (0.25)
1996	56,268	71.2 (0.55)	65.1 (0.57)	6.1 (0.22)	11.1 (0.33)	1.6 (0.07)	2.6 (0.19)	16.7 (0.36)
1997	91,275	70.7 (0.36)	66.4 (0.36)	4.2 (0.13)	9.7 (0.23)	1.6 (0.05)	2.7 (0.13)	17.5 (0.24)
1998	87,020	72.1 (0.36)	67.5 (0.37)	4.6 (0.14)	8.9 (0.22)	1.7 (0.06)	2.7 (0.15)	16.6 (0.25)
1999	85,732	72.8 (0.36)	68.3 (0.37)	4.4 (0.14)	9.1 (0.21)	1.7 (0.06)	2.2 (0.12)	16.1 (0.25)
2000	89,149	71.7 (0.35)	67.3 (0.37)	4.2 (0.14)	9.5 (0.22)	1.7 (0.06)	2.2 (0.13)	16.8 (0.25)
2001	89,478	71.5 (0.37)	67.2 (0.35)	4.1 (0.12)	10.4 (0.21)	1.8 (0.06)	2.1 (0.12)	16.1 (0.25)
2002	82,533	69.7 (0.37)	65.6 (0.37)	3.9 (0.13)	11.8 (0.23)	1.7 (0.06)	2.3 (0.14)	16.5 (0.24)
2003	81,596	68.9 (0.40)	64.4 (0.41)	4.0 (0.15)	12.3 (0.25)	1.8 (0.06)	2.4 (0.17)	16.5 (0.26)
2004	83,357	68.8 (0.39)	64.0 (0.39)	4.6 (0.14)	12.5 (0.24)	1.8 (0.06)	2.4 (0.12)	16.4 (0.23)
2005	87,077	68.2 (0.40)	63.6 (0.40)	4.4 (0.14)	12.9 (0.25)	1.8 (0.06)	2.5 (0.13)	16.4 (0.24)
2006	67,066	66.3 (0.48)	61.5 (0.48)	4.6 (0.17)	14.0 (0.32)	2.1 (0.08)	2.5 (0.14)	17.0 (0.29)
2007	67,065	66.8 (0.45)	61.6 (0.46)	4.9 (0.17)	13.9 (0.30)	2.1 (0.08)	2.7 (0.17)	16.6 (0.29)

– – – Data not available.

[1]The category "private coverage" excludes plans that paid for only one type of service, such as accidents or dental care. Private coverage is at the time of interview, except in 1990–1996, when it is for the month prior to interview.

[2]The category "public coverage" includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans. Public coverage is at the time of interview, except in 1990–1996, when it is for the month prior to interview.

[3]Includes persons covered by private coverage obtained through an employer, purchased directly, or obtained through any other means.

[4]Employer-sponsored private coverage is private insurance originally obtained through a present or former employer or union; this also includes private insurance obtained through the workplace, self-employment, or a professional association. In 1991, an additional question ("Was — health insurance coverage from a plan in — own name?") was asked prior to the question concerning employer-sponsored private coverage, which may have impacted the affirmative responses to the employer-sponsored question and resulted in a lower than expected estimate for employer-sponsored private coverage.

[5]The category "other" here includes persons covered by private insurance not obtained through a current or former employer, union, or professional association. This includes directly purchased plans, as well as plans obtained through school or other means. See Footnote 4 for an explanation of the estimates for employer and directly purchased coverage for 1991.

[6]The Medicaid category includes persons who reported having Medicaid coverage (1990–2007) or having a Medicaid card (1978–1989) or not carrying health insurance because care was received through Medicaid or welfare (1972–1980). It also includes those who reported coverage by "any other public assistance program that pays for health care" in 1982–1989 and 1992–1996; a state-sponsored health plan in 1997–2007; and CHIP in 1999–2007. In 1976–1996, it also includes persons who reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). Beginning in the third quarter of 2004, a Medicaid probe question was added to reduce potential errors in reporting Medicaid status. Persons under age 65 years with no reported coverage were asked explicitly about Medicaid coverage.

[7]In 1968–1974, Medicare coverage was only asked of persons aged 65 years and over. In 1976, Medicare coverage was estimated through reasons for not having health insurance coverage. Beginning in 1978, Medicare coverage was asked of persons of all ages.

[8]The "other" public coverage category includes military coverage (1982–2007), coverage through "other government programs" (1997–2007), and not carrying health insurance because of military coverage (1972–1980). Military coverage includes TRICARE (CHAMPUS), CHAMP-VA, and VA coverage.

[9]A person was defined as uninsured if he or she did not have any private health insurance, Medicare (1976–2007), Medicaid, CHIP (1999–2007), state-sponsored (1982–1989, 1992–2007) or other government-sponsored health plan (1997–2007), or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

NOTES: Percentages do not add to 100 because a small percentage of persons reported more than one type of coverage. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. In 1990–1992, approximately 1% of health insurance responses were imputed.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, Health Insurance Supplements (prior to 1997) and Family Core component (starting with 1997).

Table 2. Number of persons under age 65 years with health insurance coverage, by coverage type, and without health insurance: United States, selected years 1968–2007

Year	Population under age 65 in millions	Private coverage[1]			Public coverage[2]			Uninsured[9]
		Any[3]	Employer[4]	Other[5]	Medicaid[6]	Medicare[7]	Other[8]	
	Number of persons under age 65 in millions							
1968	177.1	140.5	– – –	– – –	– – –	– – –	– – –	– – –
1970	180.9	142.3	124.1	18.0	– – –	– – –	– – –	– – –
1972	184.2	142.3	127.9	14.4	6.5	– – –	4.7	30.7
1974	186.6	148.7	131.5	17.9	8.7	– – –	4.6	24.4
1976	188.8	148.9	129.4	19.5	9.3	0.5	4.9	26.6
1978	191.0	151.6	134.0	17.5	12.8	2.4	4.3	23.0
1980	194.0	154.1	138.5	15.6	13.8	2.7	3.9	23.3
1982	201.7	157.5	141.8	16.0	12.2	2.5	7.5	28.0
1983	203.8	156.7	139.4	17.7	13.9	2.3	7.3	29.7
1984	205.2	157.5	141.7	15.7	13.9	2.4	7.6	29.8
1986	208.8	160.4	144.6	15.8	13.4	2.5	6.9	31.3
1989	214.3	162.7	146.3	16.3	15.4	3.0	6.1	33.4
1990	216.3	160.5	143.7	16.8	15.4	2.8	6.5	37.2
1991	218.4	160.8	137.1	23.7	18.6	3.0	6.4	35.8
1992	220.7	158.9	143.2	15.8	21.6	3.2	6.4	37.1
1993	223.6	158.8	145.9	12.9	23.9	3.0	6.1	38.8
1994	228.6	159.8	146.2	13.5	25.6	3.1	6.4	40.6
1995	230.4	164.4	151.3	13.1	26.6	3.7	5.9	37.7
1996	232.5	165.5	151.4	14.2	25.8	3.7	6.0	38.9
1997	234.6	165.8	155.9	9.8	22.9	3.8	6.4	41.0
1998	236.8	170.8	159.8	10.8	21.1	4.1	6.3	39.2
1999	239.2	174.2	163.4	10.5	21.9	4.1	5.2	38.5
2000	241.3	173.0	162.5	10.1	22.9	4.0	5.4	40.5
2001	243.6	174.1	163.8	10.0	25.2	4.3	5.1	39.2
2002	245.7	171.3	161.2	9.7	29.1	4.1	5.6	40.6
2003	251.8	173.6	162.1	10.1	30.9	4.5	6.1	41.6
2004	253.7	174.5	162.3	11.6	31.6	4.5	6.1	41.6
2005	256.1	174.7	162.9	11.1	33.2	4.5	6.4	42.1
2006	258.2	171.2	158.8	11.8	36.2	5.4	6.5	43.9
2007	260.7	174.1	160.7	12.7	36.2	5.4	7.0	43.3

– – – Data not available.

[1]The category "private coverage" excludes plans that paid for only one type of service, such as accidents or dental care. Private coverage is at the time of interview, except in 1990–1996, when it is for the month prior to interview.

[2]The category "public coverage" includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans. Public coverage is at the time of interview, except in 1990–1996, when it is for the month prior to interview.

[3]Includes persons covered by private coverage obtained through an employer, purchased directly, or obtained through any other means.

[4]Employer-sponsored private coverage is private insurance originally obtained through a present or former employer or union; this also includes private insurance obtained through the workplace, self-employment, or a professional association. In 1991, an additional question ("Was — health insurance coverage from a plan in — own name?") was asked prior to the question concerning employer-sponsored private coverage, which may have impacted the affirmative responses to the employer-sponsored question and resulted in a lower than expected estimate for employer-sponsored private coverage.

[5]The category "other" here includes persons covered by private insurance not obtained through a current or former employer, union, or professional association. This includes directly purchased plans, as well as plans obtained through school or other means. See Footnote 4 for an explanation of the estimates for employer and directly purchased coverage for 1991.

[6]The Medicaid category includes persons who reported having Medicaid coverage (1990–2007) or having a Medicaid card (1978–1989) or not carrying health insurance because care was received through Medicaid or welfare (1972–1980). It also includes those who reported coverage by "any other public assistance program that pays for health care" in 1982–1989 and 1992–1996; a state-sponsored health plan in 1997–2007; and CHIP in 1999–2007. In 1976–1996, it also includes persons who reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). Beginning in the third quarter of 2004, a Medicaid probe question was added to reduce potential errors in reporting Medicaid status. Persons under age 65 years with no reported coverage were asked explicitly about Medicaid coverage.

[7]In 1968–1974, Medicare coverage was only asked of persons aged 65 years and over. In 1976, Medicare coverage was estimated through reasons for not having health insurance coverage. Beginning in 1978, Medicare coverage was asked of persons of all ages.

[8]The "other" public coverage category includes military coverage (1982–2007), coverage through "other government programs" (1997–2007), and not carrying health insurance because of military coverage (1972–1980). Military coverage includes TRICARE (CHAMPUS), CHAMP-VA, and VA coverage.

[9]A person was defined as uninsured if he or she did not have any private health insurance, Medicare (1976–2007), Medicaid, CHIP (1999–2007), state-sponsored (1982–1989, 1992–2007) or other government-sponsored health plan (1997–2007), or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

NOTES: A person may have more than one type of coverage, therefore, individual coverage types may not add up to the population total. Due to rounding, employer-based private coverage and other private coverage may not add up to any private coverage. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. In 1990–1992, approximately 1% of health insurance responses were imputed.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, Health Insurance Supplements (prior to 1997) and Family Core component (starting with 1997).

Technical Notes

Data source

The statistics in this report are based on data from those years in which the National Health Interview Survey (NHIS) provided sufficient information on health insurance coverage to calculate estimates of the percentage of the population with coverage. The NHIS is a continuous multistage probability sample survey of the civilian noninstitutionalized population of the United States. It is a multipurpose health survey conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). NHIS interviewers are from the U.S. Census Bureau. Information on insurance and other socioeconomic characteristics, and on selected health topics, is collected for all household members, by proxy from one family member if necessary (all household members aged 17 years and over who are at home at the time of the interview are invited to participate and respond for themselves).

Information on health insurance status and coverage type has been collected every year in the NHIS, starting in 1989. Between 1968 and 1989, health insurance information was collected every 2–3 years, and between 1959 and 1968 it was collected every 3–4 years.

Starting in 1997, health insurance status has been collected in the Family Core component of the NHIS questionnaire for all members of the family. Interviews are conducted in the home, using a computer-assisted personal interview (CAPI) questionnaire, with telephone followup permitted if necessary. Prior to 1997, information on health insurance status was collected using paper and pencil. In 1989–1996, the health insurance section was administered from a separate booklet of questions, whereas in 1963–1986 the health insurance section was included in the same booklet as the core questions. In 1959, the health insurance information was collected at the time of interview for 52% of respondents. For the other 48%, all illness and demographic information was obtained at the time of interview, and the information on health insurance was collected using a special mail-in form that was left at the household for the head of the reporting unit to complete and return.

The sample size of the NHIS has varied over the years from 1959 to 2007. The sample sizes for the insurance questions were approximately 62,000 persons in 1959 and 138,000 in fiscal year 1963. The number of persons under age 65 years who received the health insurance questions was 90,000 or higher in most years from 1968 to 1997. The largest sample size was 120,670 in 1968. In a few years (1970, 1983, 1986, 1993, and 1996) only a subset of the sample, or a part-year sample, received the health insurance questions, resulting in sample sizes ranging from 44,373 to 56,268. More recently, during 1997–2007, the sample size under age 65 declined from 91,275 to 67,065.

The sample for the NHIS is redesigned and redrawn about every 10 years, to better measure the changing U.S. population and to meet new survey objectives. For example, a new sample design for the NHIS was implemented in 2006. The fundamental structure of the new design is very similar to the previous 1995–2005 NHIS sample design, including state-level stratification. The new sample design reduced the NHIS sample size by about 13% compared with the 1995–2005 NHIS. More complete discussions of the NHIS sampling designs and other analytic issues prior to 2006 are available in published reports (36–39). For information on the 2006 NHIS sample design and variance estimation, see http://www.cdc.gov/nchs/data/nhis/2006_2007var.pdf.

Visit the NCHS website at http://www.cdc.gov/nchs/nhis.htm for more information on the design, content, and use of the NHIS.

Estimation procedures and significance testing

NCHS creates survey weights for each calendar quarter of the NHIS sample. The NHIS data weighting procedure is described in more detail elsewhere (36). Estimates were calculated using the NHIS survey weights, which are calibrated to census totals of the U.S. civilian noninstitutionalized population by sex, age, and race/ethnicity. The 1959 NHIS weights were derived from the 1950 census-based population estimates. From fiscal year 1963 through calendar year 1974, the weights were derived from 1960 census-based population estimates. The 1976–1980 weights were derived from 1970 census-based population estimates; the 1982–1994 weights from 1980 census-based population estimates; and the 1995–2002 weights from 1990 census-based population estimates. Starting with 2003, weights were derived from 2000 census-based population estimates.

Point estimates and their standard errors were calculated using SUDAAN software, to account for the complex sample design of NHIS. Estimates shown in the tables meet the NCHS standard of having a relative standard error less than or equal to 30%. Differences between percentages or rates were evaluated using two-sided significance tests at the 0.05 level. Terms such as "higher than" and "lower than" indicate a statistically significant difference. Terms such as "similar" and "no difference" indicate that the estimates being compared were not significantly different. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant. Furthermore, the tests did not take into account multiple comparisons.

Response rates

The family response rate for NHIS data years 1997–2007 ranged from 86.1% to 90.3%. The family response rate for NHIS data years 1989–1996, when the insurance questions were in a separate questionnaire booklet from the core questions, ranged from 86.4% to 95.7%, which includes adjustment for nonresponse to the family resource or health insurance supplements. For

example, in 1993 the overall response rate for the Health Insurance section was 88.4%. This response rate was calculated as follows: the household response rate for the core questionnaire for the third and fourth quarters (94.7%) was multiplied by 93.3% (response to the Health Insurance section), yielding an overall response rate of 88.4%. The family response rate for NHIS data years 1963–1986 ranged from 95.0% to 97.9%, and the family response rate for the 1959 NHIS data was 93.1%.

Item nonresponse

In the tables, unknown values (responses coded as ''refused,'' ''not ascertained,'' or ''don't know'') were not counted in the denominators when calculating estimates. During 1997–2007, the item nonresponse rate for the health insurance items used in this report was about 1%. During 1972–1996, it ranged from 0.5% to 3.5%; during 1963–1968, it ranged from 0.6% to 1.6%; and in 1959, the item nonresponse rate was almost 2% for the hospital insurance question and almost 5% for the surgical insurance question.

Definitions of NHIS insurance coverage categories

This section, and the subsequent section on NHIS questions, provide detailed information on how the NHIS data for each year were used to define the health insurance coverage categories used in this report. The Description of Selected Programs section gives an overview of selected public programs that are referred to in the NHIS questions.

Categories for 1968–2007

Private coverage includes comprehensive health care coverage obtained through an employer, purchased directly, or obtained through any other means. It excludes plans that pay for only one type of service, such as accidents or dental care. Private coverage is at the time of interview, except in 1990–1996, when it is for the month prior to interview. During 1968–1980, the NHIS asked separate questions about private hospital insurance and private doctor's or surgical insurance; persons with private coverage in those years have hospital coverage and may also have doctor's or surgical coverage.

Employer-sponsored private coverage is private insurance originally obtained through the workplace, that is, through either a present or former employer or a union. In 1997–2007, this category explicitly includes coverage obtained through self-employment and professional associations. Persons who had more than one private insurance plan were classified as having employer-sponsored private coverage if any of their plans was employer-sponsored.

Other private coverage refers to private insurance that was not employer-sponsored. This includes directly purchased plans, as well as plans obtained through school or other means. Persons who had more than one private insurance plan were classified as having other private coverage only if no plans were employer-sponsored.

Medicaid coverage includes persons who reported having Medicaid coverage (1990–2007) or having a Medicaid card (1978–1989) or not carrying health insurance because care was received through Medicaid or welfare (1972–1980). In addition, the Medicaid category includes those who reported coverage by ''any other public assistance program that pays for health care'' in 1982–1989 and 1992–1996; a state-sponsored health plan in 1997–2007; and the Children's Health Insurance Program (CHIP) in 1999–2007. In 1976–1996, persons who did not report Medicaid coverage but did report receiving AFDC or SSI were assigned Medicaid coverage because persons in those programs were automatically enrolled in Medicaid. Medicaid coverage is at the time of interview, except in 1990–1996 when it is for the month prior to interview. In 1968 and 1970, no information on Medicaid was collected.

Medicare coverage refers to coverage at the time of interview, except in 1990–1996, when it is for the month prior to interview. In 1976, persons were assigned Medicare coverage if they reported not being covered by any health insurance plan because care was received through Medicare. In 1968–1974, no information on Medicare was collected for persons under age 65 years.

Other public coverage refers to coverage at the time of interview, except in 1990–1996, when it is for the month prior to interview. It includes military coverage (1982–2007), coverage through ''other government programs'' (1997–2007), and not carrying health insurance because of military coverage (1972–1980). Military coverage includes TRICARE (CHAMPUS), CHAMP-VA, and VA coverage. In 1968 and 1970, no information on military coverage was collected.

Uninsured includes persons who have no private health insurance, Medicaid, military coverage, Medicare (1976–2007), or coverage through ''any other public assistance program that pays for health care'' (1982–1989 and 1992–1996), CHIP (1999–2007), or a state-sponsored health plan or other government program (1997–2007). In addition, in 1976–1996, uninsured includes persons who did not report any type of public or private health care coverage and also did not report receiving AFDC or SSI. A person was also defined as uninsured if he or she had only Indian Health Service coverage or a private plan that paid for one type of service, such as accidents or dental care.

Categories for 1959, 1962–1963, 1968, and 1970

Health insurance refers to private insurance in the 1959, fiscal year 1963, 1968, and 1970 NHIS and is any plan specifically designed to pay all or part of the medical or hospital expenses of the insured individual (35,40,41). The insurance can be either a group or an individual policy, with the premiums

paid by the individual, an employer, a third party, or a combination of these. Benefits received under the plan can be in the form of payment to the individual or to the hospital or doctor. However, the plan must be a formal one with defined membership and benefits, rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan. For the NHIS in these years, (private) health insurance excludes the following kinds of plans: (i) plans limited to the ''dread diseases'' such as cancer and polio; (ii) ''free care'' such as public assistance or public welfare or Medicaid (as of 1968), care given free of charge to veterans, care given to dependents of military personnel, care given under the Uniformed Services Dependents Medical Care Program, Crippled Children, or similar programs, and care of persons admitted for research purposes; (iii) insurance that pays bills only for accidents, such as liability insurance held by a car or property owner, insurance that covers children for accidents at school or camp, and insurance that that covers workers only for accidents, injuries, or diseases incurred on the job; and (iv) insurance that pays only for loss of income (35,40,41).

Hospital insurance pays all or part of the hospital bill for the hospitalized person. ''Hospital bill'' means only the bill submitted by the hospital itself, not the doctor's or surgeon's bill or the bill for special nurses. Such a bill always includes the cost of room and meals and may also include the costs of other services such as operating room, laboratory tests, and x-rays (35,40,41).

Surgical insurance pays in whole or part the bill of the doctor or surgeon for an operation, whether performed in a hospital or in the doctor's office. Insurance that pays the cost of visits to a doctor's office for postoperative care is included as surgical insurance (35,40,41).

NHIS questions used for insurance coverage estimates

NHIS questions that were used to calculate the estimates in this report are listed below for each year. (Numerous additional questions on health insurance are not used in this report and are not included.) All questions on health insurance coverage for each year, including many questions not listed below, can be found at http://www.cdc.gov/nchs/nhis.htm.

The recall period for the insurance questions is the day of the interview, except in 1990–1996 when questions refer to the month prior to interview, resulting in a recall period of 1–2 months, depending on the time of the month when the interview occurred.

NHIS questions on health insurance coverage differ over the time period 1959–2007, reflecting changes in the availability of different types of coverage, issues of interest, and questionnaire design. Starting in 1997, respondents select the types of coverage held by all family members from a list of different types of coverage. During 1972–1996, another approach was used: respondents were asked a series of questions on whether family members had each of several types of coverage. In 1959, fiscal year 1963, 1968, and 1970, respondents were asked whether family members had hospital and surgical coverage, rather than about various types of public coverage, which were either not yet available or only recently available. These differences in the structure of the questionnaire are reflected in the organization of the questions listed below: all insurance questions are listed together for 1997–2007; insurance questions are organized by coverage type for 1972–1996 to make it easier to see changes in the questions about each type of coverage; and all questions are again listed together for 1959–1970. Following the list of NHIS questions, the Descriptions of Selected Programs section gives an overview of selected public programs that are referred to in the NHIS questions.

NHIS questions, 1997–2007

Questions on private and public plan names were used to edit initial responses to the questions on type of coverage.

Question FHI.050

The next questions are about health insurance.

2004–2007

Include health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills. {Are you/Is anyone in the family} covered by any kind of health insurance or some other kind of health care plan?

1997–2003

{Are you/Is anyone} covered by any kind of health insurance or some other kind of health care plan?

Question FHI.070

What kind of health insurance or health care coverage {do you/does subject's name} have?

2004–2007

INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Enter all that apply from the following response categories: Private health insurance, Medicare, Medi-Gap, Medicaid, SCHIP (CHIP/Children's Health Insurance Program), Military health care (TRICARE/VA/CHAMP-VA), Indian Health Service, State-sponsored health plan, Other government program, Single service plan (e.g., dental, vision, prescriptions), No coverage of any type.

1999–2003

INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care); exclude

private plans that only provide extra cash while hospitalized. Enter all that apply from the following response categories: Private health insurance plan from employer or workplace; Private health insurance plan purchased directly; Private health insurance plan through a state or local government program or community program; Medicare; Medi-Gap; Medicaid; CHIP (Children's Health Insurance Program); Military health care/VA; CHAMPUS/TRICARE/ CHAMP-VA (*category reordered to TRICARE/CHAMPUS/CHAMP-VA in 2001–2003*); Indian Health Service; State-sponsored health plan; Other government program; Single Service Plan (e.g. dental, vision, prescriptions); *No coverage of any type (added in 2000)*.

1997–1998

EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care).

Enter all that apply from the following response categories: Private health insurance plan from employer or workplace; Private health insurance plan purchased directly; *Private health insurance plan through a State or local government program or community program (added in 1998)*; Medicare; Medi-Gap; Medicaid; Military health care/VA; CHAMPUS/TRICARE/ CHAMP-VA; Indian Health Service, State-sponsored health plan; Other government program

Question FHI.073 (probe question for persons under age 65 years with no coverage of any type)

2004–2007

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name). {Are you/Is subject's name} covered by Medicaid?

Question FHI.075 (verification question)

2000–2007

I have recorded {you are/subject's name is} {covered by: refer to FHI.070 / not covered by health insurance}. Is this correct?

Question FHI.100 (Medicare HMO and Medicare HMO plan name questions)

1997–2007

{Are/Is} {you/subject's name} signed up with an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency). If answer is ''yes'' ask:

Question FHI.110

1997–2007

What is the name of the HMO?

Questions FHI.120 and FHI.130 (Medicaid managed care and plan name questions)

1997–2007

The next questions are about Medicaid coverage. In this State it is also called (state name). {You/Subject's name} {are/is} listed as having Medicaid coverage. Can {you/subject's name} go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list of doctors or is a doctor assigned?

(1) Any doctor (FHI.140) (2) Select from book/list (FHI.130) (3) Doctor is assigned (FHI.130)

[If answer equals 2, ask:]

What is the name of the health plan that provided the book or list?

[If answer equals 3, ask:]

What is the name of the health plan that assigned the doctor?

Questions FHI.158–FHI.179

2004–2007

The next questions are about private health insurance plans. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

1998–2003

The next questions are about private health insurance plans obtained through work, purchased directly, or through a state or local government program or community program.

1997

The next questions are about private health insurance plans obtained through work or purchased directly.

1997–2007

It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Which family members are covered by that plan?

Are there any more health insurance plans (in addition to those already mentioned)?

What is the name of the next plan?

Now I am going to ask some questions about the {plan/plans} you just told me about, {starting with} [plan name].

Question FHI.210

2004–2007

Which one of these categories best describes how this plan was obtained?

Response categories: Through employer; Through union; Through workplace, but don't know if employer or union; Through workplace, self-employed or professional association; Purchased directly; Through a state/local government or community program; Other (specify)

1997–2003

Was this plan originally obtained through the workplace, such as through a present or former employer or union?

Response categories: Employer; Union; Through workplace but don't know if employer or union; Through workplace, self-employed or professional association; No

Questions FHI.250 (1997–2007), FHI.251 and FHI.252 (2003), and FHI.257 and FHI.264 (2004–2007)

2004–2007 (Plan name for CHIP)

Earlier I recorded that {you are/subject's name is} covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of that plan?

2004–2007 (Plan name for state-sponsored program)

Earlier I recorded that {you are/subject's name is} covered by a state sponsored health plan. What is the name of that plan?

2004–2007 (Plan name for other government program)

Earlier I recorded that {you are/subject's name is} covered by another government program. What is the name of that plan?

2003 (Plan name for CHIP)

Earlier I recorded that {you/subject's name} {are/is} covered by Children's Health Insurance Program (CHIP/SCHIP). What is the name of that plan?

2003 (Plan name for state-sponsored program)

Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored health plan. What is the name of that plan?

2003 (Plan name for other government program)

Earlier I recorded that {you/subject's name} {are/is} covered by another Government program (other than Medicaid). What is the name of that plan?

2000–2002 (Plan name for CHIP, state-sponsored, or other public programs)

Earlier I recorded that {you/subject's name} {are/is} covered by CHIP, a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

1997–1999 (Plan name for state-sponsored or other public programs)

Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

Question FHI.260

1999 (uninsured verification question) Just to verify, other than single service plans, {do/does} {you/he/she} have Medicare, Medicaid, CHIP (Children's Health Insurance Program), CHAMPUS, or CHAMPVA or any private insurance? (READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM)

If yes, go to FHI.070.

1997–1998 (uninsured verification question)

Earlier I recorded that {you/subject's name} {do/does} not have health care coverage of any kind. {Do/Does} {you/he/she} have Medicare, Medicaid, (READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM) CHAMPUS or CHAMPVA...or any private insurance? If yes, go to FHI.070.

NHIS questions, 1972–1996

During 1972–1996, respondents were asked the questions listed below to determine whether family members had any of several types of coverage. For 1990–1996, the reference period for insurance coverage questions was the month prior to interview; for 1972–1989, the reference period was the day of interview. Responses to questions on private health insurance plan names that are listed below were used to edit responses on type of coverage. Private health insurance plan names were collected in all years except 1990 and 1991. In some years, information about different types of public coverage was obtained through responses to a question about reasons for not having (private) health insurance coverage.

Medicare

1990–1996

People covered by Medicare have a card that looks like this. *Show Medicare Card.*

1a. In (month) was anyone in the family covered by Medicare? *Insert "that is (read names)" after family in 1993–1994.*

1b. Who was covered? (1992–1996) Who was this? (1990–1991)

1c. Anyone else?

1978, 1980, 1982–1984, 1986, 1989

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. *Show Medicare Card.*

1a. Is anyone in this family, that is (read names) now covered by Medicare?

1b. Is — now covered?

1976

6a. Which of these statements (Hand card N) best describes why — is not covered by any (private) health insurance plan? Any other reasons?

Response category 1: Care received through Social Security Medicare

1972, 1974

No information was collected that enabled assignment of Medicare coverage for persons under age 65 years. See 1974 Medicaid question below.

Medicaid and other public assistance

1993–1996

(In 1993 and 1994, questions are numbered 3a–c.)

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name).

2a. In (month), was anyone in the family covered by Medicaid?

2b. Who was covered?

2c. Anyone else?

1990–1992

2a. In (month), was anyone in the family covered by Medicaid or (local name)?

2b. Who was covered? (1992) Who was this? (1990–1991)

2c. Anyone else?

1992–1996

(In 1992, questions are numbered 4a–c.)

5a. In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? *Added in 1993–1996: Do NOT include use of public or free clinics if that is the only source of care.*

5b. Who was covered?

5c. Anyone else?

1990–1996

(Questions are numbered 10a–c and 13a–d in the 1990–1991 Income section and 13a–c and 16a–d in the 1992 Family Resources section.)

Income and Assets section

8a. In (month), did anyone in the family receive Supplemental Security Income or SSI?

8b. Who was this?

8c. Anyone else?

12a. In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.

12b. Who was this?

12c. Anyone else?

12d. Did — receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?

1984, 1986, 1989

(In 1984 and 1986, questions are numbered 9a, 9b, 10a, 10b, 12a, 12b, 13a, 13b.)

10a. Does anyone in the family (this family in 1984, 1986) now receive assistance through the ''Aid to Families with Dependent Children'' program, sometimes called ''AFDC'' or ''ADC''?

10b. Does — now receive AFDC or ADC?

11a. Does anyone in the family (this family in 1984, 1986) now receive the ''Supplemental Security Income'' or ''SSI'' (''SSI'' gold-colored in 1984) check?

11b. Does — now receive this check?

13a. Does anyone in the family now have a Medicaid {or (name)} card?

13b. Does — now have this card?

14a. Is anyone in the family now covered by any other public assistance program that pays for health care?

14b. Is — now covered?

1982, 1983

9a. Does anyone in this family now receive assistance through the ''Aid to Families with Dependent Children'' program, sometimes called ''AFDC'' or ''ADC''?

9b. Which (other) family members are included in the AFDC assistance payment?

9c. Are any other family members included in this program?

10a. Does anyone in this family now receive the ''Supplemental Security Income'' or ''SSI'' gold-colored check?

10b. Who (else) receives this check?

10c. Anyone else?

12a. Does anyone in the family now have a Medicaid (or names) card which looks like this? Show Medicaid card.

12b. Who is this?

12c. Anyone else?

13a. Is anyone in the family now covered by any other public assistance program that pays for health care?

13b. Who is this?

13c. Anyone else?

1980

Ask for each person ''not covered'' (by Medicare or private insurance). Many people do not carry health insurance for various reasons. (Hand card N)

7a. Which of those statements describes why — is not covered by any health insurance plan? Any other reason? Response: 1. Care received through Medicaid or Welfare

11a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.

11b. Who was this?

11c. Anyone else?

15a. Does anyone in this family now receive assistance through the ''Aid to Families with Dependent Children'' program, sometimes called ''AFDC'' or ''ADC''?

15b. Which (other) family members are included in the AFDC assistance payment?

15c. Are any other family members included in this program?

16a. Does anyone in this family now receive the ''Supplemental Security Income'' or ''SSI'' gold-colored check?

16b. Who (else) receives this check?

16c. Anyone else?

1978

Ask for each person ''not covered'' (by Medicare or private insurance). Many people do not carry health insurance for various reasons. (Hand card N)

7a. Which of those statements describes why — is not covered by any health insurance plan? Any other reasons? Response: 1. Care received through Medicaid or Welfare

4a. Does anyone in this family receive assistance through the ''Aid to Families with Dependent Children'' Program, sometimes called ''AFDC'' or ''ADC''?

4b. Which (other) family members are included in the AFDC assistance payment?

4c. Are any other family members included in this program?

5a. Does anyone in this family receive the ''Supplemental Security Income'' or ''SSI'' gold-colored check?

5b. Who receives this check?

5c. Anyone else?

7a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? *Show Medicaid card.*

7b. Who was this?

7c. Anyone else?

1976

Ask for each person ''not covered'' (by Medicare or private insurance). Many people do not carry health insurance for various reasons. (Hand card N)

6a. Which of those statements describes why — is not covered by any health insurance plan? Any other reasons? Response: 2. Care received through Medicaid or Welfare

10a. Does anyone in this family receive assistance through the ''Aid to Families with Dependent Children'' Program, sometimes called ''AFDC'' or ''ADC''?

10b. Which (other) family members are included in the AFDC assistance payment?

10c. Are any other family members included in this program?

11a. Does anyone in this family receive the ''Supplemental Security Income'' or ''SSI'' gold-colored check?

11b. Who receives this check?

11c. Anyone else?

1974

Ask for each person ''not covered'' (by private insurance). Many people do not carry health insurance for various reasons. (Hand card N)

6a. Which of these statements describes why — is not covered by any health insurance plan? Any other reason? Response: 4. Don't need health insurance because care received through Medicare, Medicaid, or welfare.

1972

Ask for each person ''not covered'' (by private insurance). Many people do not carry health insurance for various reasons.

4. Which of these statements (Hand card N) best describes why — is not covered by any health insurance plan? Any other reason? Response: 4. Don't need health insurance because care received through welfare or Medicaid.

Military coverage

1993–1996

6a. In (month) was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS *or TRICARE (in 1995 and 1996)*, or CHAMP-VA?

6b. Was this CHAMPUS *or TRICARE (in 1995 and 1996)*, or CHAMP-VA?

6c. Who was covered by CHAMPUS *or TRICARE (in 1995 and 1996)* or CHAMP-VA?

6d. Anyone else?

6e. In (month) was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?

6f. Who was covered by other military health care?

6g. Anyone else?

1992

3a. In (month), was anyone in the family covered by military health care, CHAMPUS, CHAMPVA, or the VA?

3b. Who was covered?

3c. Anyone else?

1990, 1991

3a. In (month), was anyone in the family covered by CHAMPUS, CHAMPVA, the VA, or military health care?

3b. Who was this?

3c. Anyone else?

1984, 1986, 1989

(In 1986, questions are numbered 14a–c, 15a–d, 16a, 16b, 17a, 17b; in 1984, questions are numbered 14a–c, 15a, 15b, 16a, 16b, 17a, 17b.)

15. Is anyone in this family now covered by health care benefits from the Armed Forces or Veterans' Administration? (1989)

16a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration? Do not include VA disability compensation.

16b. Does — now receive military retirement or a VA pension?

16c. Which does — receive - the Armed Forces retirement, the VA pension or both?

17a. Is anyone in the family now covered by CHAMPUS, which is a program of medical care for dependents of military personnel? (1986, 1989)

17b. Is — now covered by CHAMPUS? (1986, 1989)

17c. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans?

17d. Is — now covered?

18a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons?

18b. Is — now covered?

19a. Does — have a disability related to — service in the Armed Forces of the United States?

19b. Does — now receive compensation for this disability from the Veterans' Administration?

1982, 1983

14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation.

14b. Who is this?

14c. Anyone else?

15a. Is anyone in the family covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans?

15b. Who is this?

15c. Anyone else?

16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons?

16b. Who is this?

16c. Anyone else?

17a. Does — have a disability related to — service in the Armed Forces of the United States?

17b. Does — now receive compensation for this disability from the Veterans Administration?

1976, 1978, 1980

(In 1976, question is 6a and response category is 9.)

Ask for each person ''not covered'' (by Medicare or private insurance). Many people do not carry health insurance for various reasons. (Hand card N)

7a. Which of those statements describes why — is not covered by any health insurance plan? Any other reason? Response: 8. Military dependent, (CHAMPUS), veterans' benefits

1972, 1974

Ask for each person ''not covered'' (by Medicare or private insurance). Many people do not carry health insurance for various reasons. (Hand card N)

6a. Which of these statements (*best in 1972*) describes why — is not covered by any health insurance plan? Any other reason? Response: 7. Some other reason, Specify. Responses specifying military coverage were coded as such on the file.

Private and employer coverage

1993–1996

8a. (Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan?

8b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan?

8c. In (month), was anyone in the family covered by any OTHER private health insurance plan?

Private Plan and Coverage Detail section

1a. Now I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).) Who was covered under this plan?

1b. Anyone else?

3a. Was this plan originally obtained through the workplace, that is, through a present or former employer or union?

1992

5a. (Not counting Medicare) In (month) was anyone in the family covered by a health insurance plan that pays any part of hospital or doctors bills? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.

5b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan?

5c. Is anyone in the family now covered by any OTHER health insurance plan?

Now I am going to ask some questions about the plan(s) you just told me about.

6c. Was this plan obtained through an employer or union?

7. Is — covered under this (name) plan?

1990, 1991

4a. Health insurance can also be obtained privately or through a current or former employer or union. Was anyone in the family covered by private health insurance or by membership in a health maintenance organization in (month)?

4b. Who was this?

4c. Anyone else?

4d. Was any of — health insurance obtained through an employer or union? (4e in 1991)

1989

4a. (Not counting Medicare) is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor, or dental bills? Do NOT include plans that pay for ONLY ONE type of service such as nursing home care or accidents.

4b. It's important that we have the complete and accurate name of your health insurance plan. What is the COMPLETE name of the plan?

4c. Is anyone in the family now covered by any OTHER health insurance plan? Again, do NOT include plans that pay for ONLY ONE service.

Now I am going to ask some questions about the plan(s) you just told me about.

5b. Was this plan obtained through an employer or union?

7. Is — covered under this (name) plan?

1982–1984, 1986

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare) is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's, or surgeon's (*or dentist's in 1986*) bill?

4b. What is the name of the plan?

4c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's, or surgeon's (*or dentist's in 1986*) bill?

5b. Was this (name) plan obtained through an employer or union?

7. Is — covered under this (name) plan?

1980

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare) Is anyone in the family covered by hospital

insurance, that is, a health insurance plan which pays any part of a hospital bill?

4b. What is the name of the plan?

4c. Is anyone in the family covered by any other hospital insurance plan?

4d. Is anyone in the family covered by any (other) health insurance plan which pays any part of a DOCTOR's or SURGEON's bill?

4e. What is the name of the plan?

5a. Was this (name) plan obtained through an employer or union?

5b. Was it obtained through some other group?

6a. Is — covered under this (name) plan?

1976, 1978

(In 1976, questions are numbered 3–5.)

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare *or Medicaid in 1976*) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?

4b. What is the name of the plan?

4c. Is anyone in the family covered by any other hospital insurance plan?

4d. Is anyone in the family covered by any (other) health insurance plan which pays any part of a DOCTOR'S or SURGEON's bill?

4e. What is the name of the plan?

5a. Was this (name) plan obtained through an employer or union?

5b. Was it obtained through some other group?

6a. Is — covered under this plan?

1974

We are interested in all kinds of health insurance plans except those which pay only for accidents.

3a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?

3b. What is the name of the plan?

3c. Is anyone in the family covered by any other hospital insurance plan?

3d. Is anyone in the family covered by a (any other) health insurance plan which pays any part of a DOCTOR'S or SURGEON'S bill?

3e. What is the name of the plan?

4. Is — covered under this (name) Plan?

5a. Was this (name) Plan obtained through an employer, union, or some other group?

1972

We are interested in all kinds of health insurance plans except those which pay only for accidents.

3a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?

3b. What is the name of the plan?

3c. Is anyone in the family covered by any other hospital insurance plan?

3d. Is anyone in the family covered by a (any other) health insurance plan which pays any part of a doctor's or surgeon's bill?

3e. What is the name of the plan?

Table H.I.

(b) Which members of the family are covered by (name of plan)? Is anyone else in the family covered under this policy?

(c) Was this insurance plan obtained through an employer, union, or some other group?

NHIS questions, 1959–1970

Questions on plan names for (private) health insurance were used to edit responses to hospital and surgical coverage questions in 1970.

1970

These next questions are about health insurance. We are interested in all kinds of health insurance plans except those which pay only for accidents.

33a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?

33b. What is the name of the plan? (Record in Table H.I.)

33c. Is anyone in the family covered by any other hospital insurance plan?

33d. Is anyone in the family covered by a health insurance plan which pays any part of a doctor's or surgeon's bill?

33e. What is the name of the plan? (Record in Table H.I.: complete Table H.I. for each plan)

Table H.I. (2) Which members of the family are covered by (name of plan)?

Table H.I. (3) Was this insurance plan obtained through an employer, unions, or place of work?

Table H.I. (4) Does — pay any part of a hospital bill?

Table H.I. (5) Does — pay any part of a surgeon's bill?

1968

These next questions are about health insurance. We are interested in all kinds of HEALTH insurance plans except those which pay only for accidents.

32a. (Not counting Social Security Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?

32b. Who (else) is covered by hospital insurance?

32c. Is anyone else in the family covered by a health insurance plan (besides Medicare) which pays any part of a hospital bill?

32d. (Besides Medicare) Is anyone in the family covered by any health insurance plan which pays any part of a surgeon's bill?

32e. Who (else) is covered by surgical insurance?

32f. Is anyone else in the family covered by a health insurance plan (besides Medicare) which pays any part of a surgical bill?

1962–1963

18a. I have some questions about health insurance. We don't want to include insurance that pays ONLY for accidents, but we are interested in all other kinds.

Do you, your ... have insurance that pays all or part of the bill when you go to the hospital?

If Yes, ask

18b. Who is covered by hospital insurance?

19a. Excluding insurance that pays ONLY for accidents, do you, your ... have insurance that pays all or part of the surgeon's bill for an operation?

If Yes, ask:

19b. Who is covered by insurance for the surgeon's bills?

1959

The following questions were asked in the household during the interview:

18a. I have some questions about health insurance. We don't want to include insurance that pays ONLY for accidents, but we are interested in all other kinds.

Do you, your ... have insurance that pays all or part of the bill when you go to the hospital?

If Yes, ask:

18c. Who is covered by this plan (each plan)?

18d. Does this plan (either plan) pay any part of the surgeon's bill for an operation?

The following questions were asked on the mail-back part of the survey for those persons who did not answer the questions above during the course of the interview:

Please answer the question in each of sections A, B, and C below for each person whose name appears at the top of the column. Special Note: Do NOT include insurance that pays ONLY for accidents.

A1. Does this person have (or is he or she covered by) any insurance that pays all or part of the bill when he (she) goes to the hospital?

B1. Does this person have (or is he or she covered by) any insurance that pays any part of the surgeon's bill for an operation?

Descriptions of selected programs

Aid to Families with Dependent Children (AFDC) was established by the Social Security Act of 1935 as a grant program to enable states to provide cash welfare payments for needy children who had been deprived of parental support or care because their father or mother was absent from the home, incapacitated, deceased, or unemployed. Medicaid was automatically linked to welfare eligibility. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) replaced AFDC with a cash welfare block grant called the Temporary Assistance for Needy Families (TANF) program. The new law stipulates that children and parents who meet AFDC eligibility standards in effect in their state in July 1996 qualify for Medicaid, regardless of whether they are eligible for aid under the block grant. For more information, see http://aspe.hhs.gov/HSP/abbrev/afdc-tanf.htm.

Medicaid was authorized by Title XIX of the Social Security Act in 1965 as a jointly funded cooperative venture between the federal and state governments to assist states in the provision of adequate medical care to eligible needy persons. Within broad federal guidelines, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. For more information, see http://www.cms.hhs.gov/home/medicaid.asp.

Medicare was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged, of the Social Security Act, and became effective on July 1, 1966. It is a nationwide health insurance program providing health insurance protection to people aged 65 years and over, people entitled to Social Security disability payments for 2 years or more (with limited exceptions for people with specific diagnoses), and people with end-stage renal disease, regardless of income. From its inception it has included two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B). Medicare Advantage (previously Medicare–2007Choice) (Part C) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) was passed on December 8, 2003; it established a voluntary drug benefit for Medicare beneficiaries and created a new Medicare Part D. For more information, see http://www.medicare.gov/publications/pubs/pdf/10050.pdf.

Military health care includes multiple programs serving active duty personnel and families, retirees and their families, and eligible veterans. TRICARE (formerly CHAMPUS) covers active duty service members, retirees, activated Guards/Reserves, and their family members, providing them with government-subsidized medical and dental care. Eligibility for Veterans Administration (VA) health care benefits depends solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard. Enrolled veterans are assigned to one of eight priority levels based on their service-connected disabilities, income levels, and other factors. The Secretary of Veterans Affairs decides each year whether the VA's medical budget is adequate to serve veterans in all priority groups who seek care. CHAMP-VA (Civilian Health and Medical Program of the Department of Veteran Affairs) provides medical care for spouses and dependent children of disabled or deceased disabled veterans who meet the eligibility requirements of the VA. For more information, see Kaiser Family Foundation's Military and Veterans' Health Care Background Brief at

http://www.Kaiseredu.org.

Children's Health Insurance Program (CHIP), Title XXI of the Social Security Act, is a program initiated by the Balanced Budget Act of 1997. CHIP provides additional federal matching funds for states to provide health care coverage to low-income, uninsured children aged 18 years and under who are ineligible for Medicaid. In a few states, CHIP has been expanded to cover select portions of the adult population. Within federal guidelines, each state determines the design of its CHIP program, eligibility groups, benefits packages, and payment levels for coverage. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA, P.L. 111–3) reauthorized CHIP. For more information, see http://www.cms.hhs.gov/home/chip.asp.

Supplemental Security Income (SSI) was established by Congress in 1972, with payments beginning in 1974. It replaced former federal-state programs in the 50 states and the District of Columbia. SSI is administered by the Social Security Administration and provides income support to persons aged 65 years and older, blind or disabled adults, and blind or disabled children. Eligibility requirements and federal payment standards are nationally uniform. SSI recipients are eligible for Medicaid. For more information, see http://www.ssa.gov/ssi.

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007

Private coverage	Public coverage
1919–Revenue Act of 1918 is enacted by Congress. It clarifies that amounts received through accident or health insurance or under workmen's compensation acts, as compensation for personal injuries or sickness, are excluded from income for tax purposes.	
1929–A group of schoolteachers arranges for Baylor Hospital in Dallas, Texas, to provide room, board, and specified services at a predetermined monthly cost. This plan is considered the forerunner of Blue Cross plans, although the concept of accident and sickness insurance was already well established.	
1932–National Labor Relations Act, requiring management to bargain with labor over "wages and conditions," is enacted and will become a catalyst for employer-based health benefits.	
	1935–Social Security Act (P.L. 74–271) is enacted to provide retirement and death benefits for eligible persons aged 65 and over who are no longer working and cash benefits to dependent children and the blind. No general health benefits are included.
	1937–Railroad Retirement Act (45 U.S.C. § 231 *et seq.*) is enacted, similar to the Social Security Act but amended to include survivors and dependents and to cover maternity and sickness benefits for disabilities.
1938–Henry J. Kaiser recruits Dr. Sidney Garfield to establish prepaid clinic and hospital care for his Grand Coulee Dam project in Washington state. Dr. Garfield had established a prepaid plan to fund care for his Contractors General Hospital and clinic, providing care to workers on the Los Angeles Aqueduct in 1933.	
1943–Under authority granted by the 1942 Stabilization Act, the National War Labor Board rules that wage freezes imposed by the 1942 Stabilization Act do not apply to fringe benefits such as health insurance.	
1943–A regulatory ruling holds that employer contributions for group medical and hospitalization insurance are exempt income for workers (codified in 1954).	
1945–Kaiser Foundation Health Plan opens to non-Kaiser groups.	
1946–Blue Cross Commission, the early national organization of Blue Cross plans, is created.	**1946**–Hospital Survey and Construction Act (Hill-Burton Program) (P.L. 79–725) assists states in constructing hospitals. Facilities that receive funding are also required to provide a "reasonable volume" of free care each year for those residents in the facility's area who need care but cannot afford to pay. A 1954 amendment adds long-term facilities, rehabilitation centers, and outpatient departments.
1947–Associated Medical Care Plans, the first national organization of Blue Shield plans, is formed.	
1948–McCarran-Ferguson Act (P.L. 79–15) gives states broad power to regulate insurance.	
1949–Inter-Plan Service Benefit Bank is created as a coordinating mechanism to provide coverage for subscribers who are hospitalized away from home.	
1950–"U.S. Steel Agreement" goes into effect between United States Steel Corporation, the Carnegie Pension Fund, and Blue Cross of Western Pennsylvania. The role played by the Pittsburgh-based plan—the "control Plan" that coordinated administration of benefits by local "participating Plans"—becomes the linchpin of the Blue System's ability to serve large national accounts.	
	1956–Government financing of health services is extended to military dependents in civilian medical facilities; expanded and named Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) in 1966 (P.L. 89–614).
1959–The Federal Employees Health Benefits Act (FEHBP) (P.L. 86–382) passes, and the first open enrollment period is held in 1960.	
	1960–Kerr-Mills program (P.L. 86–778) is authorized to provide federal matching funds for medical care of elderly public assistance recipients; by 1965, all 50 states have such programs. The program also provides for assistance to "medically indigent" elderly people who are not eligible for public assistance.
	1965–Medicare and Medicaid legislation is enacted as Title XVIII and Title XIX of the Social Security Act to provide health coverage for persons aged 65 and over and certain groups of low-income people.
	1967–Concern about the growing federal costs of the Medicaid program leads Congress to limit Medicaid eligibility for the "medically needy" to those with income below 133–1/3% of the Aid to Families with Dependent Children (AFDC) maximum payment level for a given family size in a state.

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007—Con.

Private coverage	Public coverage
	1972–Social Security amendments extend Medicare eligibility to individuals under age 65 with long-term disabilities and to individuals with end-stage renal disease. Supplemental Security Income (SSI) program is created to federalize cash assistance for the aged, blind, and permanently and totally disabled. SSI recipients are eligible for Medicaid coverage.
1973–Health Maintenance Organization Act (P.L. 93–222) provides federal subsidies for the development of HMOs and establishes financial and organizational standards. Any employer with 25 or more employees providing group health insurance benefits is required to make HMO enrollment available if a federally qualified HMO in the area requests it. (In 1995, the provision requiring employers to offer an HMO is repealed).	
1974–Employee Retirement Income Security Act of 1974 (ERISA) (P.L. 93–406) places the regulation of employee benefit plans (including health plans) primarily under federal jurisdiction. Only ERISA applies to self-insured health plans, whereas both ERISA and state authority (for regulating the business of insurance) apply to insured health plans.	
1978–Pregnancy Discrimination Act (P.L. 95–555, 92 Stat. 2076) amends Title VII of the Civil Rights Act of 1964. Requires that employers treat disabilities and medical conditions associated with pregnancy and childbirth the same as other disabilities or medical conditions.	
	1981–Omnibus Budget Reconciliation Act of 1981 (OBRA 81) (P.L. 97–35) establishes two new types of Medicaid waivers to experiment with physician payment under the Medicaid program. The first, section 1915(b) freedom-of-choice waivers, allows states to pursue mandatory managed care enrollment of certain Medicaid populations. The second, section 1915(c) home- and community-based services waivers, allows states to cover home- and community-based long-term care services for the elderly and individuals with disabilities at risk of institutional care.
1982–Separate associations for Blue Cross and Blue Shield plans are merged, forming the Blue Cross and Blue Shield Association.	
	1984–Deficit Reduction Act of 1984 (P.L. 98–369) mandates Medicaid coverage of children born after September 30, 1983, up to age 5, in AFDC-eligible families. Coverage for AFDC-eligible first-time pregnant women and pregnant women in two-parent unemployed families also becomes mandatory.
	1985–Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (P.L. 99–272) mandates Medicaid coverage for all remaining AFDC-eligible pregnant women.
1986–Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (P.L. 99–272) requires private sector and state and local government employers with 20 or more employees to give workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances, such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.	**1986**–Omnibus Budget Reconciliation Act of 1986 (OBRA 86) (P.L. 99–509) requires states to cover treatment of emergency medical conditions for illegal immigrants otherwise eligible for Medicaid. OBRA 86 also gives states the option of covering pregnant women and infants (up to 1 year of age) with income up to 100% of the federal poverty level (FPL) and allows states to pay for Medicare premiums and cost-sharing for low-income qualified Medicare beneficiaries (QMBs) with income at or below 100% of FPL.
	1987–Omnibus Reconciliation Act of 1987 (OBRA 87) (P.L. 100–203) gives states the option of covering pregnant women and children under the age of 1 in families with income up to 185% of FPL.
1988–1973 HMO Act is amended to allow adjusted community rating (which permits some variation in premiums but prohibits variation based on health status) by HMOs and to allow employers to contribute less to HMO plans than to indemnity plans.	**1988**–Medicare Catastrophic Coverage Act of 1988 (MCCA) (P.L. 100–360) requires states to pay Medicare premiums and cost-sharing (copayments and deductibles) for Medicare beneficiaries with income below 100% of FPL. MCCA also requires states to phase-in Medicaid coverage for pregnant women and infants in families with income up to 100% of FPL.
	1989–Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) (P.L. 101–239) requires states to provide Medicaid coverage to pregnant women and to children up to age 6 in families with income up to 133% of FPL.
	1989–Medicare Catastrophic Coverage Repeal Act (P.L. 101–234) repeals most of the 1988 "catastrophic" program (except the limits on Medicaid eligibility).

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007—Con.

Private coverage	Public coverage
	1990–Budget Reconciliation Act of 1990 (P.L. 101–508) includes • Several measures to generate Medicare savings, including an increase in the Part B deductible, which is raised from $75 to $100; annual increases in the Part B premium scheduled through 1995 (intended to make total premiums equal 25% of Part B expenditures); and severe limits upon annual increases and other adjustments to Part A and Part B reimbursement. • A requirement that states phase-in Medicaid coverage for all poor children under age 19 born after September 30, 1983, by the year 2002. • A requirement that the states expand their Part B "buy-in" for poor elderly people. • Insurance regulation for Medicare supplementary insurance (MediGap) plans, including limits on exclusions for preexisting conditions, requirements for uniformity in policies, civil penalties for duplicative services, mandatory rebates if policies failed to return specified ages of each premium dollar, and rules for "simplification" and standardization of policies.
1996–Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104–191) sets national nondiscrimination and "portability" standards for individual health insurance coverage, HMOs, and group health plans. The portability and continuity standards were designed to help individuals qualify immediately for health insurance when they change jobs by limiting employers' ability to discriminate based on preexisting conditions or health status. HIPAA also provides new rights that allow individuals to enroll for health coverage when they lose other health coverage, get married, or add a new dependent. HIPAA also establishes medical savings accounts (predecessors to health savings accounts) and clarifies and establishes rules for the tax treatment of long-term care.	**1996**–Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (P.L. 104–193): • Repeals the AFDC program and replaces it with block grants to states (Temporary Assistance for Needy Families, or TANF), ending the linkage between eligibility for cash assistance and for Medicaid. • Establishes "Section 1931" family coverage category requiring states to provide Medicaid coverage to families meeting July 16, 1996, AFDC eligibility criteria and allowing higher income eligibility thresholds. • Bars Medicaid coverage for legal immigrants who enter the U.S. after August 22, 1996, during their first 5 years in the country; coverage after the 5-year ban is allowed at state option.
1996–Mental Health Parity Act (P.L. 104–204, 110 Stat. 2874) requires group plans that offer mental health benefits to provide the same level of coverage for such benefits as they provide for medical and surgical benefits. The act does not apply to groups of fewer than 50 or to substance abuse or chemical dependency treatment. The act provides an escape clause for plans in the event plan costs increase more than 1% due to the act. The provisions of this act expired on September 30, 2001.	
1996–Newborns' and Mothers' Health Protection Act (P.L. 104–204 110 Stat. 2945) requires plans that provide coverage for maternity benefits to provide coverage for a minimum 48-hour (for normal vaginal birth) and 96-hour (for caesarean delivery) inpatient length of stay for a mother and her newborn following delivery. The act also mandates timely post-delivery care when the mother and newborn are discharged prior to the expiration of these minimum lengths of stay.	
	1997–Balanced Budget Act of 1997 (BBA 97) (P.L. 105–33) includes a broad range of changes in provider payments to slow the growth in Medicare spending, as part of legislation to balance the federal budget. It also establishes the Medicare+Choice program, a new structure for Medicare HMOs and other private health plans offered to beneficiaries. The law also provides additional assistance with Medicare Part B premiums for beneficiaries with incomes between 120% and 135% of poverty. The law provides for partial assistance with premiums for beneficiaries with income between 135% and 175% of poverty. BBA 97 also permits states to require most Medicaid beneficiaries to enroll in managed care plans without obtaining a Section 1915(b) waiver. Congress creates the State Children's Health Insurance Program (CHIP), providing federal matching funds to states to expand health insurance coverage for children above states' Medicaid eligibility levels.
	2000–Breast and Cervical Cancer Treatment and Prevention Act of 2000 (P.L. 106–354) allows states to provide Medicaid coverage to uninsured women with breast or cervical cancer, regardless of income or resources, at enhanced CHIP federal matching rates.
	2001–The presidential initiative, Health Insurance Flexibility and Accountability (HIFA), to encourage the use of 1115 waivers with existing Medicaid and CHIP resources, is introduced, with the goal of increasing health insurance coverage, primarily among nontraditional groups.
2002–Trade Adjustment Act of 2002 (P.L. 107–210) establishes the Health Coverage Tax Credit for workers who lose their jobs due to trade and are eligible for trade adjustment assistance. People receiving assistance through the Pension Benefit Guarantee Corporation are also eligible. Credits may be used to purchase COBRA coverage or state-sponsored insurance.	

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007—Con.

Private coverage	Public coverage
2003–Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (P.L. 108–173) includes provisions enabling individuals with qualified high-deductible plans to establish tax-advantaged health savings accounts to pay for qualified medical expenses, including deductibles.	**2003**–MMA establishes a new Medicare Part D prescription drug program, beginning in 2006, and requires the Social Security Administration (SSA) to make low-income subsidy determinations under Part D, notify individuals of availability of Part D subsidies, withhold Part D premiums from monthly benefits for those beneficiaries who request such an arrangement, and enroll TRICARE beneficiaries in Medicare Part B. The law also requires, beginning in 2007, that Part B Medicare beneficiaries with modified adjusted gross income over certain thresholds pay a higher premium than individuals with lower income. SSA is charged with making these determinations. **2004**–A temporary Medicare-Approved Drug Discount Card Program begins, along with a transitional assistance program to provide a $600 annual credit to low-income Medicare beneficiaries without prescription drug coverage in 2004 and 2005. **2006**–Medicare Part D drug coverage begins.

SOURCES: References 3–23.

Suggested citation

Cohen RA, Makuc DM, Bernstein AB, Bilheimer LT, Powell-Griner E. Health insurance coverage trends, 1959–2007: Estimates from the National Health Interview Survey. National health statistics reports; no 17. Hyattsville, MD: National Center for Health Statistics. 2009.

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

To receive this publication regularly, contact the National Center for Health Statistics by calling 1–800–232–4636
E-mail: cdcinfo@cdc.gov
Internet: http://www.cdc.gov/nchs

DHHS Publication No. (PHS) 2009–1250
CS204143-C
T34329 (07/2009)

FIRST CLASS
POSTAGE & FEES PAID
CDC/NCHS
PERMIT NO. G-284