WHY DOES INSURANCE COVERAGE MATTER?
Individuals risk experiencing unexpected and high medical costs and often forgo necessary care when they lack health insurance. According to research by the Kaiser Family Foundation, 20% of uninsured people went without care, and another 24% postponed care, due to cost in 2015\(^1\).

INSURANCE COVERAGE IN NH
Approximately 6% of the NH population was uninsured in 2015\(^2\), compared to 9% nationally.\(^3\)

UNINSURED RATE AMONG NEW HAMPSHIRE POPULATION
2011-2015

![Graph showing uninsured rate from 2011 to 2015]

Over the past 5 years, the uninsured rate in NH has decreased by almost 5%. Across the entire NH population, the uninsured rate decreased from 11% to 6% from 2011 to 2015. The uninsured rate in the non-elderly adult population dropped from almost 15% in 2011 to 9% in 2015.

FOCUS ON HEALTH POLICY
IMPACTS OF THE AFFORDABLE CARE ACT
The dramatic increase in the number of individuals in NH with health insurance coincides with a major policy change passed in March 2010, the Affordable Care Act (ACA). As of January 1, 2014, most individuals are required by law to have comprehensive health insurance coverage or risk a penalty. The ACA also allowed changes to Medicaid program eligibility and offered states federal funding to pay for insurance coverage through the Medicaid program for able-bodied adults under 138% of the federal poverty level.

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COVERAGE AND EMPLOYMENT STATUS

In NH, the majority of individuals have health insurance through employer-based plans (57%). Not all people who are employed, however, have health insurance. Focusing on the population under 65 (i.e., pre-retirement) who was employed, 14% was uninsured in 2013. In 2015, after the employer and individual mandates went into effect, the uninsured rate among the employed population under 65 was 8%.

2015 NEW HAMPSHIRE RESIDENTS

The largest decrease in the uninsured rate from 2011-2015 in people under 65 was among those who were unemployed. Within that group, the uninsured rate decreased from 33.5% to 24.5% from 2014 to 2015.

UNINSURED RATE AMONG NEW HAMPSHIRE NON-ELDERLY POPULATION, BY EMPLOYMENT CATEGORY

The US Census and American Community Survey uses the following definitions:

Employed – This category includes all civilians 16 years old and over who either (1) were “at work,” that is, those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were “with a job but not at work,” that is, those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organizations; also excluded are all institutionalized people and people on active duty in the United States Armed Forces.

Unemployed – All civilians 16 years old and over are classified as unemployed if they (1) were neither “at work” nor “with a job but not at work” during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to start a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness. Examples of job seeking activities are:

- Registering at a public or private employment office
- Meeting with prospective employers
- Investigating possibilities for starting a professional practice or opening a business
- Placing or answering advertisements
- Writing letters of application
- Being on a union or professional register

Not in Labor Force – All people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

Covering the Care: Health Insurance Coverage in New Hampshire

COVERAGE AND AGE

Insurance coverage types vary by age group for several reasons. For example, the eligibility for public insurance programs, Medicaid and Medicare, are based in part on age.

CHILDREN
UNDER AGE 18
- Children under 18 are, for the most part, insured; less than 3% were uninsured in 2015.
- Employer-based coverage was the most common coverage type for children under 18, at almost 63% in 2015.
- Over 25% of children in NH were covered by Medicaid in 2015.

ADULTS
AGES 18-34
- The majority of the population 18-34 had employer-based coverage (67%) in 2015.
- In 2015, almost 12% of the 18-34 population was uninsured, which was a higher percentage of uninsured than any other age group.
- Comparing all age groups, the largest decrease in uninsured rate from 2013 to 2015 was in the 18-34 group, which went from 21% in 2013 to 12% in 2015.

ADULTS
AGES 35-64
- The uninsured rate in the 35-64 population in 2015 was almost 8%. This was a decrease from 13% in 2013.
- In 2015, the 35-64 year-old population had the highest rates of employer sponsored insurance (70%) of any age group.

ADULTS
AGES 65 AND OLDER
- There is a major shift in coverage to Medicare in the population over 65, which is the age for eligibility for the majority of Medicare beneficiaries. Over 70% of the over 65 population was covered by Medicare only in 2015. In addition, another 3% of the population was covered by combinations of public insurance, including the combination of Medicaid and Medicare (the population referred to as “Duals”).
- Less than 0.5% of the over 65 population was uninsured in 2015.
- The was relatively little change in coverage types for the population over age 65 from 2013 to 2015.

FOCUS ON HEALTH POLICY

ELIGIBILITY FOR PUBLIC INSURANCE

According to the Centers for Medicaid and Medicare Services (CMS):

“Medicare is insurance for:
- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

Medicaid eligibility is based on having limited income and any of these:
- 65 or older
- A child under 19
- Pregnant
- Living with a disability
- A parent or adult caring for a child
- An adult without dependent children (in certain states)
- An eligible immigrant"

Precise parameters of Medicaid eligibility vary state-to-state, with each state able to define, among other things, what income level defines who is eligible for Medicaid coverage.

COVERAGE BY AGE, 2015

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COVERAGE BY AGE, 2013

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In addition to age, income is a major eligibility criteria for public insurance. The chart below shows the distribution of income, based on Federal Poverty Level (FPL), for Medicaid, Medicare, Employer-based Coverage, and the Uninsured.

- Among people with Medicare, over 50% were at or above 300% FPL, and 15% were under 138% FPL.
- Among people who have employer-sponsored insurance, 80% are at or above 300% FPL, while only 5% are below 138% FPL.
- Among people with Medicaid, almost 50% are under 138% FPL, and 18% were at or above 300% FPL.
- For the uninsured population, 23% were below 138% FPL. Almost 40% of the uninsured population was at or above 300% FPL.

**FOCUS ON HEALTH POLICY**

**FEDERAL POVERTY LEVEL DESIGNATIONS**

< $24,250

A family of 4 with an annual household income of $24,250 or less met the threshold for Federal Poverty Level (FPL).

$33,465

In NH, the income eligibility for standard Medicaid is 138% FPL (or $33,465 for a family of 4).

Covering the Care: Health Insurance Coverage in New Hampshire

Authors:
Jo Porter, MPH; Director, IHPP
Lucy Hodder, JD; Director, Health Law and Policy, IHPP and UNH School of Law

Analytic work was performed by the Center for Health Analytics, IHPP, with support from Colleen Bernard, Student, UNH Health Management and Policy Program and Sameer Panesar, Student, UNH Political Science Program.


The American Community Survey is an annual survey conducted by United States Census Bureau. As with any survey, it allows for estimates, and each estimate has a margin of error. In general, the margin of error decreases as the population sampled increases. Estimates of small samples have larger margins of error.

Funding is provided by:

ENDOWMENT for Health