

**The Distribution of Health Insurance Coverage
Among Pregnant Women, 1999**

Kenneth E. Thorpe
Jennifer Flome
Peter Joski

Emory University
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Executive Summary

This report examines the distribution of health insurance coverage of pregnant women in 1999 and compares this distribution to that of all women ages 15-44 during that year. We analyze health insurance coverage of pregnant women by several socio-economic and demographic variables including income, race/ethnicity, citizenship, and workforce attachment. We estimate the number of pregnant women reporting no source of insurance currently eligible for Medicaid and the number potentially eligible under an expansion of the State-Children's Health Insurance Program (CHIP). Our key findings include:

- ⇒ Approximately 428,000 (422,000 aged 15-44) pregnant women did not report a source of health insurance in 1999.
- ⇒ In 1999 pregnant women were more likely to have insurance compared to women in general. The higher rate of insurance among pregnant women is traced to greater Medicaid eligibility during pregnancy. While approximately 1 out of 8 pregnant women were without health insurance in 1999, 1 out of 5 of all women ages 15-44 of all women were uninsured.
- ⇒ Since 1990, the percentage of uninsured has increased for both pregnant women and women overall. However, the share of women overall without insurance increased slightly faster than among pregnant women. This difference was traced to the growth in private insurance among pregnant women.
- ⇒ Pregnant women who are low-income, Hispanic and African-American, non-citizens, non-workers, and workers in small firms are more likely to be uninsured. The characteristics of the population of uninsured women differs slightly, as this population has a greater concentration of uninsured who are white, U.S. born citizens, workers, and in higher-income levels than the pregnant uninsured.
- ⇒ More than 344,000 pregnancies among uninsured women could have been covered under Medicaid or CHIP in 1999. Furthermore, if CHIP were expanded for any pregnant woman over age 18 to the match the CHIP income eligibility used by the states for infants, the program could have covered an additional 41,000 uninsured pregnancies in 1999.

I. INTRODUCTION

This paper provides an overview of the health insurance coverage of pregnant women in 1999.

Specifically, we present the following descriptive statistics:

- ⇒ The distribution of health insurance coverage among women ages 15-44 with live births in 1990 and 1999 with a comparison to the distribution of coverage among all women ages 15-44 for these years;
- ⇒ The distribution of health insurance coverage of pregnant women by several demographic variables, including income, race/ethnicity, citizenship, and workforce attachment;
- ⇒ The demographic profile of pregnant uninsured women and all women ages 15-44;
- ⇒ The number of uninsured pregnant women who are currently Medicaid or CHIP-eligible and the number of uninsured pregnant women who would be eligible for the program if states were allowed to extend CHIP coverage to income-eligible pregnant women 19 and older.

II. DATA AND METHODS

Data concerning access to and the distribution of health insurance coverage among pregnant women were tabulated from the March 2000 Supplement to the Current Population Survey (CPS). The March supplement is a national probability sample of approximately 57,000 households. The survey collects a variety of information regarding education, income, household structure and health insurance coverage. The questions regarding health insurance ask about coverage derived from an employer, individually purchased, Medicaid, Medicare as well as other forms of health insurance. The questions ask whether the respondent received health insurance at any time during the preceding calendar year. By default, answering “no” to each of these questions is interpreted as uninsured. By the nature of the questions, counts of the uninsured should measure uninsured all year. What is precisely measured by the CPS is the subject of some debate. In practice, however, the counts of uninsured appear to reflect uninsured at a point in time, e.g. a typical month. If true, the health insurance status of individuals in the survey (i.e. Medicaid, employer-sponsored insurance (ESI)) may also measure health insurance during a typical month.

Of particular interest in the CPS are the counts of Medicaid enrollees. Some researchers have compared the number of persons identifying Medicaid as a source of insurance to administrative records of persons enrolled at any time during the year kept by the Health Care Financing Administration (HCFA). This comparison reveals that the administrative counts recorded by HCFA exceed those derived from the CPS. This “undercount” has led some researchers to impute Medicaid coverage to match the administrative records, and correspondingly reduce the

number of uninsured. In addition, data from other sources, including the National Governors' Association, suggest that Medicaid actually pays for more deliveries than parents recall. In some cases, a pregnant woman may be unaware of their eligibility for Medicaid, though the hospital may ultimately receive Medicaid payment for the delivery.

On the other hand, a comparison of the CPS based Medicaid counts to administrative records recording the number of persons enrolled in Medicaid during a typical month show a high degree of concordance (under 1 percent different between the CPS and administrative counts). When viewed in this light, such imputations may indeed be incorrect. We tend to believe that the CPS counts, for a variety of reasons, end up recording health insurance at a point in time, including counts of Medicaid enrollees. In this case, counts of Medicaid enrollees from the CPS match the HCFA counts, and therefore we do not adjust the counts of uninsured from the CPS.

The CPS does not record whether a respondent was pregnant during the survey. To estimate the number of pregnancies that resulted in a live birth, we examined children under age 1 in each household in the survey and linked the child to the parent. Once identified, we examined the reported health insurance coverage (question asks about the previous calendar year) of the parent and child. As we focus on pregnancies, our tabulations will be lower than total births reported by federal counts. Moreover, our focus on live births will also undercount the number of pregnancies. First, we do not count multiple births, and second, our data focus only on US citizens or legal residents. Illegal residents, or others, which may be included in the broader figures, collected through birth records, are not included in our data. As such births are most likely to be recorded as uninsured, our estimated number of uninsured pregnancies may be understated.

Our analysis also examined the number of reported uninsured pregnancies that could have been financed through the Medicaid program. To estimate that total, we collected information on Medicaid eligibility for pregnant women and infants by state for 1990 and 1999. In addition, we estimate the number of uninsured pregnant women 19 and older who would be eligible for CHIP if states were allowed to extend CHIP coverage to income-eligible pregnant women 19 and older. We use the CPS data on income to simulate Medicaid eligibility using a standard definition of a Medicaid standard filing unit (this includes income from those persons whose income state Medicaid programs examine for establishing Medicaid eligibility, and excludes from those persons in the household whose income is not counted toward Medicaid eligibility.).

III. RESULTS

Table 1 compares the distribution of health insurance coverage in 1999 among pregnant women and all women ages 15-44. As shown by the tabulations, in 1999, pregnant women had less private coverage than all women, a difference of 5.3 percentage points. However, the most striking difference between the two populations is that Medicaid coverage for pregnant women was much higher than for all women, a difference of almost 11 percentage points. Finally, almost 20% of all women were uninsured in 1999 as compared to 13% of pregnant women. Pregnant women are less likely to lack insurance due, in part, to more generous Medicaid eligibility during pregnancy. During 1999, only 7.6% of all women ages 15-44 had Medicaid coverage (approximately 4.6 million women) compared to 18.4% of pregnant women (approximately 582,000 women).

As Table 2 shows, for all women ages 15 to 44, the percentage of uninsured has risen 3.5 percentage points from 1990 to 1999 as compared to a 2.4 percentage point rise for pregnant women. This rise in the number of uninsured has increased the percentage of uninsured women to nearly 20%. Over the decade pregnant women and all women ages 15-44 experienced a decrease in Medicaid coverage, 3.2 and 0.9 percentage points, respectively. In 1999, as in 1990, the general population of women ages 15-44 was more likely to have private coverage than the subset of pregnant women. However, over the decade, pregnant women have increased their private coverage slightly while the population of all women has slightly decreased their coverage, thus narrowing the gap in private coverage between the two populations.

Table 1: Distribution of Health Insurance Coverage Among Pregnant Women and All Women Ages 15-44, 1999

Source of Coverage				
	Pregnant Women	*N	All Women 15-44	*N
Private Insurance	65.9%	2.083	71.2%	43.289
Medicaid	18.4%	0.582	7.6%	4.621
Other	2.3%	0.074	2.2%	1.327
Uninsured	13.4%	0.422	19.2%	11.696
Total	100%	3.160	100%	60.932

* Counts are in millions.

Source: March 2000 Supplement to the Current Population Survey. Counts of pregnant women include only live births. As our data focus on pregnant women, we record fewer “pregnancies” than live births. Data do not include births to illegal aliens or other individuals not included in Census survey data. As a result, these data report fewer births than reported by National Center for Health Statistics. Women are assigned a unique source of coverage. Private insurance is defined as employer-sponsored coverage and individual purchase. “Other” includes Medicare and CHAMPUS coverage.

Table 2: Distribution of Health Insurance Coverage Among Pregnant Women and All Women Ages 15-44, 1990 and 1999

Source of Coverage				
	1990		1999	
	Pregnant Women	All Women 15-44	Pregnant Women	All Women 15-44
Private Insurance	63.7%	72.8%	65.9%	71.2%
Medicaid	21.6%	8.5%	18.4%	7.6%
Other	3.7%	3.0%	2.3%	2.2%
Uninsured	11.0%	15.7%	13.4%	19.2%
Total	100.0%	100.0%	100.0%	100.0%

Source: March 1991 and 2000 Supplements to the Current Population Survey

The distribution of health insurance among pregnant women varies with income. Table 3 examines the differences in health insurance coverage of pregnant women by income as a percent of the Federal Poverty Level (FPL) in 1999*. The table shows income by quartiles. The lowest quartile includes women with incomes at or below the FPL. The second quartile includes women with incomes from 101-200% of FPL; the third quartile includes women with incomes from 201-300% of FPL and the highest quartile includes those women with incomes above 300% of FPL. This analysis reveals many important findings:

- ⇒ Among pregnant women at or below poverty, Medicaid was the predominant form of coverage in 1999. In fact, over half of pregnant women at the lowest income level had Medicaid coverage. In the next income quartile, 101-200% FPL, Medicaid covers about 1 in 6 pregnant women; however, Medicaid coverage for women with incomes above 201% FPL is very small.
- ⇒ Despite high Medicaid coverage for the poorest pregnant women, about a quarter of these women in 1999 were uninsured. Having no insurance was also a problem for women in the second income quartile -- about 19% of these pregnant women were uninsured in 1999. In the higher income quartiles, uninsured pregnant women are much less prevalent.
- ⇒ At higher income levels, most women have employer-sponsored coverage (ESI). ESI increases dramatically between quartiles; the percentage of pregnant women with ESI coverage in 1999 increases from 17% in the lowest poverty category to 57% in the second quartile to 81% in the third quartile. Women in the highest income quartile had over 90% ESI coverage in 1999.
- ⇒ At all income levels, Medicare, CHAMPUS, and individual coverage for pregnant women was slight in 1999.

*In 1999 the Federal Poverty Level for a family of three was \$13,880; for a family of four, \$16,700.

Table 3: Distribution of Health Insurance Coverage by Percent of Federal Poverty Level Among Pregnant Women, 1999

Source of Coverage	1999							
	<=100%	*N	101-200%	*N	201-300%	*N	301+%	*N
Employer-Sponsored								
-Total	17.0%	0.140	57.2%	0.374	81.3%	0.371	92.1%	1.138
-Own Name	8.9%	0.073	24.2%	0.158	36.9%	0.170	42.2%	0.523
-Other Name	8.1%	0.067	33.1%	0.216	44.3%	0.201	49.9%	0.615
Medicare	1.5%	0.012	0.6%	0.004	0.5%	0.002	0.0%	0
Medicaid	52.9%	0.435	16.6%	0.108	5.2%	0.024	1.2%	0.015
CHAMPUS	0.9%	0.007	3.6%	0.024	2.0%	0.009	1.2%	0.015
Individual	1.9%	0.015	3.1%	0.021	1.7%	0.008	1.9%	0.023
Uninsured	25.9%	0.213	18.8%	0.127	9.4%	0.044	3.5%	0.043
Total	100%	0.823	100%	0.658	100%	0.458	100%	1.23

Source: March 2000 Supplement to the Current Population Survey

*Counts are in millions.

The relationship between income and insurance coverage differs between pregnant women and all women ages 15 to 44.

- ⇒ At incomes above poverty, pregnant women were more likely to have ESI coverage in 1999 than all women ages 15-44. However, the gap between the two groups' ESI coverage narrows as income increases.
- ⇒ Pregnant women with incomes from 101-300% FPL were more likely to have ESI coverage in someone else's name than their own. The opposite occurred however, among the general population of women in this income group i.e., there was more "own-name" than "other name" coverage.
- ⇒ A striking difference between pregnant women and all women at or below poverty is the likelihood of Medicaid coverage. Medicaid covered 53% of pregnant women with incomes at or below poverty, only 27% of all women at this income level had Medicaid coverage. This difference is further reflected in the percentage of uninsured: 42% of all poor women were uninsured, as compared to 26% of pregnant women with incomes at or less than 100% FPL.
- ⇒ As income increases, and Medicaid becomes a less common insurer, the gap in Medicaid coverage between all women and pregnant women decreases.
- ⇒ At all income levels, pregnant women are less likely to be uninsured than the general population of women ages 15-44. Even at 101-200% of poverty, where nearly 1 in 5 pregnant women was uninsured, 1 in 3 of all women ages 15-44 was uninsured. However, the discrepancy does narrow as income increases.

Table 4: Distribution of Health Insurance Coverage by Federal Poverty Level Amongst Pregnant Women and All Women Ages 15-44, 1999

Source of Coverage	<100%				101-200%			
	Pregnant Women	*N	All Women	*N	Pregnant Women	*N	All Women	*N
Employer-Sponsored								
-Total	17.0%	0.140	19.6%	2.23	57.2%	0.374	48.2%	5.355
-Own Name	8.9%	0.073	10.3%	1.170	24.2%	0.158	28.1%	3.120
-Other Name	8.1%	0.067	9.3%	1.060	33.1%	0.216	20.1%	2.235
Medicare	1.5%	0.012	2.2%	0.246	0.6%	0.004	1.5%	1.088
Medicaid	52.9%	0.435	27.0%	3.07	16.6%	0.108	9.8%	0.169
CHAMPUS	0.9%	0.007	0.8%	0.094	3.6%	0.024	1.5%	0.166
Individual	1.9%	0.015	8.8%	0.996	3.1%	0.021	8.5%	0.948
Uninsured	25.9%	0.213	41.6%	4.73	18.8%	0.127	30.5%	3.394
Total	100.0%	0.823	100.0%	11.369	100.0%	0.658	100.0%	11.120
	201-300%				301+%			
	Pregnant Women	*N	All Women	*N	Pregnant Women	*N	All Women	*N
Employer-Sponsored								
-Total	81.3%	0.371	73.3%	7.371	92.1%	1.138	86.8%	24.653
-Own Name	36.9%	0.170	38.7%	3.893	42.2%	0.523	43.6%	12.387
-Other Name	44.3%	0.201	34.6%	3.477	49.9%	0.615	43.2%	12.266
Medicare	0.5%	0.002	0.5%	0.054	0.0%	0.000	0.1%	0.040
Medicaid	5.2%	0.024	2.7%	0.272	1.2%	0.015	0.7%	0.190
CHAMPUS	2.0%	0.009	1.6%	0.160	1.2%	0.015	1.4%	0.398
Individual	1.7%	0.008	6.3%	0.630	1.9%	0.023	3.9%	1.106
Uninsured	9.4%	0.044	15.6%	1.560	3.5%	0.043	7.1%	2.005
Total	100.0%	0.458	100.0%	10.046	100.0%	1.234	100.0%	28.392

Source: March 2000 Supplement to the [Current Population Survey](#)

*Counts are in Millions.

The distribution of health insurance among pregnant women also varies by race/ethnicity. Table 5 reveals several interesting conclusions:

- ⇒ While 75% of pregnant Non-Hispanic (NH) Caucasians had ESI in 1999, compared with only 43% of pregnant NH African-Americans and 39% of pregnant Hispanics.
- ⇒ NH African-Americans had a greater percentage of ESI in their own names than in their current or former spouses' names, however NH Caucasians and Hispanics exhibited the opposite pattern.
- ⇒ Medicaid is a significant source of insurance coverage for pregnant NH African-Americans and Hispanics, and to a lesser degree for NH Caucasians. In 1999, 37% of NH African-Americans and 27% of Hispanics had Medicaid coverage as compared to 12% of NH Whites.
- ⇒ While Medicaid coverage was higher for NH African-American and Hispanic pregnant women than pregnant NH Caucasian women in 1999, this difference is not enough to offset the discrepancy in ESI coverage, and thus the percentage of uninsured pregnant women is considerably higher in these groups than for NH Caucasians. In 1999 the percentage of uninsured pregnant women was 8.7% for NH Caucasians, 15.5% for NH African-Americans and 29.5% for Hispanics.
- ⇒ Pregnant Hispanic women fare the worst in terms of insurance coverage. This is due to low ESI coverage relative to NH Caucasians and African-Americans and low Medicaid coverage relative to NH African-Americans.

Table 5: Distribution of Health Insurance Coverage by Race/Ethnicity Among Pregnant Women, 1999

Source of Coverage	1999					
	Non-Hispanic Caucasian	*N	Non-Hispanic African-American	*N	Hispanic	*N
Employer-Sponsored						
-Total	74.8%	1.534	42.9%	0.192	38.7%	0.203
-Own Name	33.6%	0.688	26.3%	0.118	13.1%	0.069
-Other Name	41.2%	0.846	16.6%	0.074	25.5%	0.134
Medicare	0.2%	0.005	1.4%	0.006	1.0%	0.005
Medicaid	12.3%	0.253	37.2%	0.167	26.7%	0.140
CHAMPUS	1.7%	0.034	1.4%	0.006	1.7%	0.009
Individual	2.3%	0.047	1.6%	0.007	2.3%	0.012
Uninsured	8.7%	0.178	15.5%	0.070	29.5%	0.154
Total	100.0%	2.050	100.0%	0.449	100.0%	0.524

Source: March 2000 Supplement to the Current Population Survey

*Counts are in millions.

Citizenship is another demographic characteristic by which the health insurance distribution of pregnant women varies. Table 6 presents the distribution of health insurance by citizenship for pregnant women, with the following interesting results:

- ⇒ Pregnant women who were U.S. born citizens and naturalized citizens had very similar insurance profiles in 1999, however those who were non-citizens had a unique and less favorable coverage profile.
- ⇒ The predominant form of coverage for pregnant women who were U.S. born citizens and naturalized citizens alike was ESI with a slightly higher percentage of coverage in someone else's name than in their own name. Sixty-seven percent of pregnant women who were U.S. born and 71% of those who were naturalized citizens had ESI in 1999, as compared to 38% of non-citizens with this coverage in 1999.
- ⇒ Pregnant women who were non-citizens were much less likely to have ESI coverage in their own names than were those who were U.S. born and naturalized citizens.
- ⇒ Although Medicaid covered one in six pregnant women who were non-citizens in 1999, this coverage was not substantial enough to offset low ESI coverage, thus non-citizens were more likely to be uninsured. In 1999, over 40% of pregnant women who were non-citizens were uninsured, compared with only 10% for U.S. born citizens and 14% for naturalized citizens.
- ⇒ Pregnant women who were naturalized citizens had a slightly higher percentage of ESI than those who were U.S. born, and they also had less Medicaid coverage than U.S. born citizens; this contributed to a higher percentage of uninsured naturalized citizens than U.S. born citizens.
- ⇒ Pregnant women who were naturalized citizens had more individual coverage than those who were U.S. born or non-citizens.

Table 6: Distribution of Health Insurance Coverage by Citizenship Among Pregnant Women, 1999

Source of Coverage	1999					
	U.S. born Citizen	*N	Naturalized Citizen	N	Non-Citizen	N
Employer-Sponsored						
-Total	67.0%	1.816	70.5%	0.071	37.8%	0.136
-Own Name	31.5%	0.854	31.9%	0.032	10.3%	0.037
-Other Name	35.5%	0.962	38.6%	0.039	27.5%	0.099
Medicare	0.5%	0.015	0.0%	0.000	1.0%	0.004
Medicaid	18.9%	0.511	11.4%	0.012	16.5%	0.060
CHAMPUS	1.9%	0.051	0.0%	0.000	1.3%	0.005
Individual	2.2%	0.059	3.9%	0.004	1.2%	0.004
Uninsured	9.6%	0.261	14.2%	0.014	42.2%	0.152
Total	100.0%	2.712	100.0%	0.101	100.0%	0.361

Source: March 2000 Supplement to the Current Population Survey

*Counts are in Millions.

Tables 7 and 8 examine the distribution of health insurance coverage among pregnant women by their attachment to the workforce, including the portion of the year during which they worked in 1999, number of hours worked, and firm size. We present numerous observations about the relationship of pregnant women's workforce attachment and health insurance status:

- ⇒ Over 70% of all pregnant women were employed during the year they were pregnant.
- ⇒ In 1999, 26% of insured pregnant women were full-time, full year employees; 6% were part-time, full year employees; 25% were full-time, part year employees; 16% were part-time, part year employees. Among uninsured pregnant women, 18% were full-time, full year employees; 4% were part-time, full year employees; 17% were full-time, part year employees; more than 15+% were part-time, part year employees.
- ⇒ Pregnant women employed for the full year in 1999, both full-time and part-time, had the highest ESI coverage. A difference between the two working categories, however, is that women employed full-time, full-year overwhelmingly received coverage in their own name as opposed to another's name while the opposite pattern is true for pregnant part-time, full-year workers. ESI coverage for pregnant women increased steadily as attachment to workforce increased by how much of the year women worked.
- ⇒ Medicaid coverage was greatest for pregnant women who worked part of the year and for non-workers. In these workforce categories, about 1 in 4 women had Medicaid coverage, however for full-year workers, Medicaid coverage was only 6% and 11% for full-time and part-time workers respectively.
- ⇒ Pregnant non-workers fared the worst in terms of insurance coverage. Despite a high percentage of Medicaid coverage, their relatively low ESI coverage resulted in over 20% of this group lacking insurance in 1999. Comparable figures for other groups ranged from 9-12% depending on length of year worked and number of hours worked per week.
- ⇒ Non-working pregnant women and those who worked part time for part of the year had the highest percentage of coverage through individual policies and CHAMPUS. Combined, these sources accounted for about 5-7% of coverage; for other groups these coverage sources only accounted for 2-3% of coverage.
- ⇒ The percentage of pregnant women with ESI in 1999 increased steadily with firm size. Overall, half of non-working pregnant women had ESI coverage; over 70% in firms of over 24 employees had this coverage.

- ⇒ Non-workers and those in firms with less than 25 employees had a higher percentage of ESI in someone else's name than in their own name, while the reverse was true for pregnant workers in firms with less than 25 employees.
- ⇒ Nearly 1 in 4 non-working pregnant women had Medicaid coverage in 1999. Medicaid coverage ranged from 14 to 20% for working pregnant women. Although this percentage did not consistently decrease with an increase in firm size, pregnant women in firms of over 500 workers did have a lower percentage of Medicaid coverage than workers in smaller firm sizes
- ⇒ Pregnant workers in firm sizes of 10-24 employees had the lowest level of ESI (58%), but had the highest percentage of CHAMPUS, individual, and Medicaid coverage. These sources accounted for 30% of their coverage, while in other firm sizes these combined sources accounted for 15 to 23% of coverage.
- ⇒ About 1 in 5 non-working pregnant women was uninsured in 1999. For working pregnant women this percentage was about 12% for women in firm sizes up to 99 employees and about 9% for firm sizes of 100 employees or more.

Table 7: Distribution of Health Insurance Coverage by Attachment to Workforce Among Pregnant Women, 1999

Source of Coverage	1999					
	Non-Workers	*N	Full Time, Full Year	*N	Part Time, Full Year	*N
Employer-Sponsored						
-Total	49.0%	0.464	81.6%	0.645	76.1%	0.130
-Own Name	4.4%	0.041	63.3%	0.501	26.6%	0.046
-Other Name	44.6%	0.423	18.3%	0.145	49.5%	0.084
Medicare	1.2%	0.011	0.3%	0.002	0.0%	0.000
Medicaid	23.8%	0.226	6.0%	0.047	11.3%	0.019
CHAMPUS	2.3%	0.022	1.0%	0.008	0.0%	0.000
Individual	2.9%	0.028	1.1%	0.009	1.9%	0.003
Uninsured	20.8%	0.197	10.0%	0.079	10.8%	0.018
Total	100.0%	0.947	100.0%	0.791	100.0%	0.171
	Full Time, Part Year	*N	Part Time, Part Year	*N		
Employer-Sponsored						
-Total	66.4%	0.501	55.4%	0.283		
-Own Name	34.5%	0.260	14.9%	0.076		
-Other Name	31.9%	0.241	40.5%	0.207		
Medicare	0.0%	0.000	1.0%	0.005		
Medicaid	21.6%	0.163	24.9%	0.127		
CHAMPUS	1.5%	0.011	2.8%	0.014		
Individual	1.1%	0.008	3.7%	0.019		
Uninsured	9.4%	0.071	12.2%	0.062		
Total	100.0%	0.755	100.0%	0.510		

Source: March 2000 Supplement to the Current Population Survey

*Counts are in Millions.

Table 8: Distribution of Health Insurance Coverage by Firm Size Among Pregnant Women, 1999

Source of Coverage	<u>1999</u>							
	Non-Workers	*N	<10	*N	10-24	*N	25-99	*N
Employer-Sponsored								
-Total	49.0%	0.464	65.2%	0.233	57.6%	0.675	71.6%	0.215
-Own Name	4.4%	0.041	16.3%	0.058	23.8%	0.044	43.5%	0.131
-Other Name	44.6%	0.423	48.9%	0.175	33.8%	0.063	28.1%	0.085
Medicare	1.2%	0.011	1.1%	0.004	0.0%	0.000	0.0%	0.000
Medicaid	23.8%	0.226	17.7%	0.063	20.0%	0.037	15.7%	0.047
CHAMPUS	2.3%	0.022	0.0%	0.000	5.0%	0.009	0.0%	0.000
Individual	2.9%	0.028	4.8%	0.017	4.9%	0.009	0.3%	0.001
Uninsured	20.8%	0.197	11.2%	0.040	12.5%	0.023	12.5%	0.037
Total	100.0%	0.947	100.0%	0.357	100.0%	0.186	100.0%	0.301
	100-499	*N	500-999	*N	1000+	*N		
Employer-Sponsored								
-Total	70.8%	0.220	75.8%	0.095	72.8%	0.688		
-Own Name	42.2%	0.131	56.3%	0.071	47.3%	0.447		
-Other Name	28.6%	0.089	19.5%	0.024	25.5%	0.241		
Medicare	0.0%	0.000	0.0%	0.000	0.4%	0.004		
Medicaid	19.6%	0.061	11.1%	0.014	14.2%	0.134		
CHAMPUS	0.0%	0.000	3.9%	0.005	2.0%	0.019		
Individual	0.4%	0.001	0.0%	0.000	1.2%	0.011		
Uninsured	9.3%	0.029	9.2%	0.012	9.5%	0.0898		
Total	100.0%	0.311	100.0%	0.125	100.0%	0.946		

Source: March 2000 Supplement to the Current Population Survey

*Counts are in Millions.

Table 9 presents a summary of the demographic distribution of uninsured pregnant women and all women ages 15-44 in 1999.

- ⇒ The overwhelming majority of uninsured pregnant women have an income equal or less than 200% of the Federal Poverty Level, are White or Hispanic, are non-workers, have no high school diploma, are under age 35, and are U.S. born citizens.
- ⇒ The demographic profile of the general population of uninsured women ages 15-44 also follows this pattern but with a few important differences.
 - The general population of women has a higher concentration of their uninsured above 200% FPL-- 30% compared with 20% for pregnant women.
 - In the general population of women, non-workers and women who worked full time for the full year in 1999 were equally likely to be uninsured. Among uninsured pregnant women, non-workers comprised 46% of the uninsured population whereas full-time, full-year workers accounted for about 18%.
 - Pregnant uninsured women have a higher percentage of Hispanics and a lower percentage of Whites than found among all uninsured women ages 15-44.
 - U.S. born citizens comprised 60% of the population of uninsured pregnant women in 1999, but a full 75% of the general population of uninsured women ages 15-44.
- Older women are less likely to be uninsured when they are pregnant. Some 29% of all women ages 35-44 are uninsured, compared with 7% of pregnant women in this age group.

Table 9: Distribution of Health Insurance Coverage Among Uninsured Pregnant Women and All Uninsured Women 15-44 by Income, Race/Ethnicity, Age, Employment Status, Education, and Citizenship, 1999

	Pregnant Women	*N	All Women	N
POVERTY				
<100%	50.5%	0.213	40.5%	4.733
101-200%	29.2%	0.123	29.0%	3.394
201-300%	10.1%	0.043	13.4%	1.5629
301+%	10.2%	0.043	17.2%	2.0053
	100.0%	0.422	100.0%	11.696
RACE				
Hispanic	36.7%	0.155	25.3%	2.953
NH Black	15.5%	0.065	18.3%	2.140
NH White	41.7%	0.176	49.2%	5.750
Other	6.1%	0.026	7.3%	0.851
	100.0%	0.422	100.0%	11.696
EMPLOYMENT				
Non-Worker	46.1%	0.196	33.4%	3.906
Workers	53.9%	0.226	66.6%	7.790
FT, FY	17.8%	0.075	30.1%	3.523
PT, FY	4.4%	0.018	10.0%	1.166
FT, PY	16.9%	0.071	14.4%	1.689
PT, PY	14.8%	0.062	12.1%	1.412
	100.0%	0.422	100.0%	11.696
EDUCATION				
No HS Diploma	36.8%	0.155	31.6%	3.693
High School	29.1%	0.123	31.6%	3.693
Associates Degree/Some College	26.9%	0.113	26.0%	3.038
Bachelors Degree	4.5%	0.019	9.0%	1.048
Bachelors Degree Plus	2.7%	0.011	1.9%	0.223
	100.0%	0.422	100.0%	11.696
CITIZENSHIP				
Citizen	60.5%	0.255	75.0%	8.773
Naturalized Citizen	3.4%	0.014	4.3%	0.500
Non-Citizen	36.1%	0.152	20.7%	2.423
	100.0%	0.422	100.0%	11.696
AGE				
15-24	44.5%	0.188	37.8%	4.417
25-34	48.8%	0.206	33.3%	3.899
35-44	6.7%	0.028	28.9%	3.380
	100.0%	0.422	100.0%	11.696

Source: March 2000 Supplement to the Current Population Survey.

*Counts are in Million

IV. POTENTIAL FOR IMPROVEMENTS IN COVERAGE

Table 10 shows estimates that about 344,000 pregnancies could have been covered under Medicaid and the State Children's Health Insurance Program (CHIP) in 1999 but were not because not all eligible women were enrolled. Furthermore, as Table 11 shows, if CHIP were expanded to include all income-eligible pregnant women (regardless of age), the program could have covered an additional 41,000 uninsured pregnancies in 1999.

Table 10: Number of Uninsured Pregnant Women Eligible for Medicaid or CHIP, 1999

	Percent	Number (in millions)
Eligible	80.4%	0.344
Not Eligible	19.6%	0.84
Total	100%	0.428

Source: March 2000 Supplement to the Current Population Survey

NOTE: Potential eligibles are based on each state's Medicaid eligibility level or SCHIP eligibility level for infants.

Table 11: Number of Uninsured Pregnant Women 19 and Older Who Would be Eligible for CHIP Under Eligibility Criteria Used for Infants

	Percent	Number (in millions)
Eligible	10.5%	0.041
Not Eligible	89.5%	0.353
Total	100%	0.394

Source: March 2000 Supplement to the Current Population Survey

*Counts are in Millions.

NOTE: Eligibility for pregnant women age 19 and above based on state CHIP eligibility for infants

V. CONCLUSIONS

The above analysis examines the health insurance coverage of pregnant women by several demographic variables. Our estimates reveal that in 1999 about 428,000 (422,000 ages 15-44) pregnant women were without a source of health insurance. When this number is broken down by demographics, we see that women with incomes below 200% of the Federal Poverty Level, Hispanic and African-American women, non-citizens, non-workers, and women working in small firms are more likely to be uninsured. Because most of these women have incomes below 200% of poverty, Medicaid and CHIP are two federal programs that in theory could cover the majority of these uninsured pregnancies. Our analysis also found that over 80% of uninsured pregnancies in 1999 involved women who in fact were eligible for Medicaid or CHIP. Furthermore, if CHIP was expanded to include pregnant women over age 19, then we estimate that over 41,000 pregnant women would be covered under this policy.