

Battery-Powered Health Insurance? Stability In Coverage Of The Uninsured

Stability merits consideration as an explicit goal of health insurance coverage reforms.

by Pamela Farley Short and Deborah R. Graefe

ABSTRACT: This study assesses the stability of Americans' health insurance status over a four-year period. Relatively few Americans were continuously uninsured for the four years 1996 to 1999, but a sizable number of the uninsured lacked a stable source of coverage. At least as many people were repeatedly uninsured as experienced a single gap in otherwise stable coverage. Given these dynamics, policymakers should think of "uninsured" as referring not to people, but rather to gaps in coverage over time. Reforms that stop short of universal coverage should be evaluated in terms of their likely effects on the continuity and stability of coverage.

NATIONAL SURVEYS OVER THE PAST QUARTER-CENTURY have shown considerable turnover in the uninsured population over time. A persistent finding, going back to the first survey estimates of the all- and part-year uninsured from 1977, is that half to two-thirds of the people who are uninsured over the course of any year move into or out of coverage during that year.¹ High turnover means that many of the approximately forty million people who are now uninsured will not be among the forty million who are uninsured a year from now.

In addition, experts agree that many people who lose their health insurance regain coverage within a relatively short time. Indeed, studies published during the past ten years consistently show that half of uninsured spells end within five or six months.² However, experts also agree that many people who are uninsured at a point in time are uninsured for much longer than five or six months.³ This apparent contradiction arises because a snapshot of the uninsured at a point in time catches only a fraction of the ongoing stream of people who flow quickly into and out of the uninsured "pool." This fast-moving stream corresponds to people with short uninsured spells. People who move slowly through the pool, by contrast, remain there for long periods of time. Thus, most people with long uninsured spells

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are captured in any snapshot of the pool, no matter when it is taken.

One important aspect of health insurance dynamics is still largely unexplored: the stability or instability of coverage over time. Whether uninsured spells are typically isolated incidents or part of a recurring pattern is important for policy-makers to understand as they assess the consequences of being uninsured and public policies to expand health insurance.

To date, data limitations have prevented a good assessment of stability. Surveys that interview frequently enough to identify short coverage gaps, such as the Medical Expenditure Panel Survey (MEPS) or the Survey of Income and Program Participation (SIPP), have followed participants for only two to two and a half years—a period too short to observe many recurring spells. Surveys that follow people over longer periods, such as the National Longitudinal Survey of Youth or the Health and Retirement Survey, interview participants less often, because of cost and burden on respondents. However, interviews spaced a year or two apart are likely to miss short-term coverage changes.

Our study takes advantage of a unique opportunity afforded by the 1996 SIPP panel to study monthly health insurance status over a long enough time to assess stability. The U.S. Census Bureau redesigned SIPP in the mid-1990s and fielded the 1996 panel for four years; however, future panels will last for only three years.

In the first look at stability with the 1996 SIPP panel, using three years of data, the Congressional Budget Office (CBO) recently reported that more than 40 percent of the people who started an uninsured spell between July 1996 and July 1997 experienced at least one more uninsured spell in the next two years.⁴ In this paper we assess stability by examining in more detail the number and types of health insurance changes experienced by the uninsured over the four years 1996–1999. We summarize these dynamics as general patterns over time. Then we count the total number of people associated with each pattern and the number of months, out of a maximum of forty-eight, that each person was uninsured.

Data And Methods

■ **Survey of Income and Program Participation.** SIPP, conducted by the U.S. Census Bureau since the 1980s, is a multiyear panel survey that interviews the same people every four months for several years. One-quarter of the sample, assigned to one of four “rotation groups,” is interviewed each month. The first wave of interviewing, covering the four months preceding the month of interview, began for the 1996 panel in April 1996. The last interviews were conducted in March 2000. Consequently, the forty-eight-month reference period varied by rotation group, beginning as early as December 1995 for the first rotation group and ending as late as February 2000 for the fourth rotation group.

Health insurance questions covering the preceding four months were asked at each interview. Respondents could report changes in insurance and other aspects of their lives in any month. However, there is a well-known tendency for SIPP re-

spondents to report changes at the “seam” between interviews instead of between months covered by the same interview.⁵ This so-called seam problem means that counts of insured and uninsured months over the panel cluster at multiples of four. For example, uninsured spells lasting four or eight months are reported far more often than spells lasting six months.⁶

■ **Population studied.** Longitudinal survey weights created by the Census Bureau project to the U.S. civilian noninstitutionalized population and adjust for nonresponse and attrition over multiple interviews.⁷ In constructing the longitudinal weights, the Census Bureau restricted the population and the sample to people in the target population at the start of the survey. As a result, newborns, immigrants, and others who subsequently joined the target population were excluded. In addition, our health insurance analyses were restricted to people who were younger than age sixty-five throughout the survey period. An estimated 225.6 million people in the 1996 population cohort were in this age group at the end of 1999. The unweighted sample size was 40,731, including 13,759 people who were ever uninsured.

Although the longitudinal weight developed by the Census Bureau adjusts for differential nonresponse and attrition associated with many characteristics (including age, sex, ethnicity, race, household/family structure, employment, family income and assets, welfare receipt, education, and geographic location), it does not specifically consider health insurance status. Consequently, we made a final adjustment to the longitudinal weight to match weighted counts of coverage status by age and family income in the last month of the survey according to the monthly weight also provided by the Census Bureau.⁸

■ **Monthly health insurance and patterns of coverage over time.** Using monthly health insurance variables on the longitudinal public-use files, we assigned participants to a single coverage category according to the following hierarchy for people with multiple sources of coverage in a month: Medicaid or State Children’s Health Insurance Program (SCHIP), Medicare, employer, nongroup private, and uninsured. CHAMPUS/CHAMPVA and other military insurance were included with employer insurance. SIPP does not distinguish between Medicaid and SCHIP.

The variables that assigned people to a single type of coverage in each month were used to assign everyone who was ever uninsured to one of seven different patterns of coverage over time, based on the number and types of changes in monthly coverage status in four years. For example, one pattern was to remain uninsured throughout the four years. In addition to this “hard core” of uninsured people, we identified four other patterns that involved no more than two changes in coverage over four years. Although some typically involved long periods without insurance, while others typically involved long periods with insurance, we characterized all patterns involving no more than two changes as “relatively stable.” We characterized two other patterns among the uninsured, distinguished by three or more changes in coverage over four years, as “unstable.”

■ **Long-term family income as a percentage of poverty.** We assigned people

to categories of family income as a percentage of the federal poverty level by taking a long-term view of their economic well-being. The first step was to sum monthly family income for each person over the forty-eight months. We also summed the monthly poverty thresholds assigned monthly by the Census Bureau to each person. The latter calculation defines the total family income that would have maintained each person at the poverty standard over the four years, with the usual adjustments for family size. Finally, we divided the summed income by the summed poverty thresholds, to assign the person to a percentage of the federal poverty level.

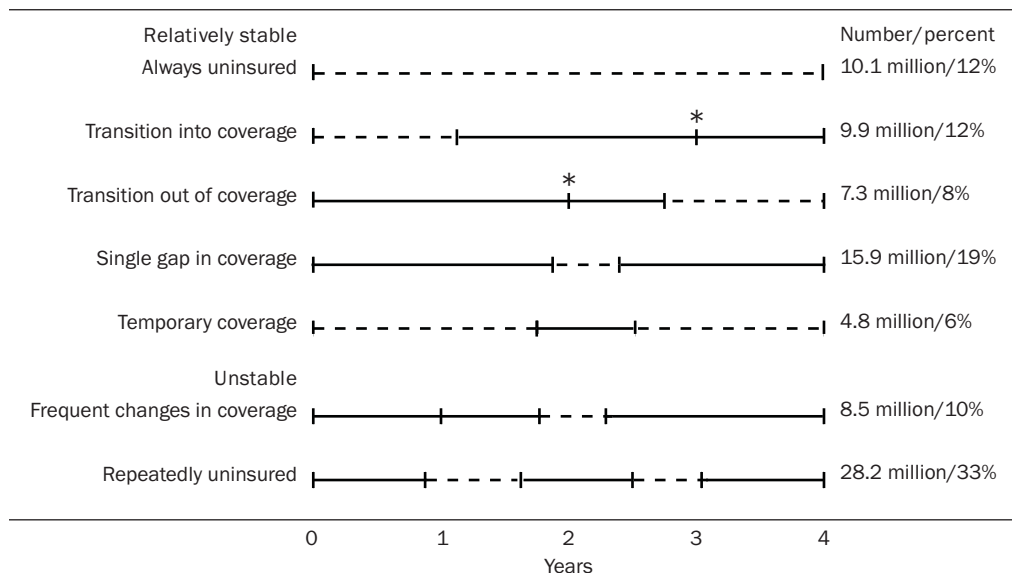
Study Results

■ **Basic patterns over four years.** A total of 84.8 million Americans under age sixty-five were uninsured for at least one month in the four years from 1996 through 1999. Reflecting turnover in the uninsured population, this figure is much larger than estimates of the uninsured for a year or a point in time: One out of three people had a lapse in coverage some time during the four years. Relatively few of the uninsured were without coverage for the entire four years—only 10.1 million, or 4 percent of the nonelderly population—so most of the uninsured had one or more changes in coverage over time (Exhibit 1).

Relatively stable. One of the simplest patterns occurred when people who were initially uninsured moved into coverage for the rest of the four years. Ten million people fit this pattern. The large majority of this group (7.1 million, data not

EXHIBIT 1

Patterns Of Health Insurance Coverage Over Four Years, U.S. Uninsured Population Under Age 65, 1996–1999



SOURCE: Authors' tabulations of the 1996 panel of the Survey of Income and Program Participation (SIPP).

NOTES: Dashed lines denote periods of uninsurance; solid lines, periods of insurance. Asterisks denote transitions experienced by some, but not all, of the people with the specified pattern. Total number of people ever uninsured: 84.8 million.

shown) got and kept employer insurance. Others got and kept Medicaid/SCHIP (1.4 million), nongroup insurance (400,000), or Medicare (150,000). Another 900,000 people moved seamlessly into a second type of coverage after becoming insured (as indicated by the starred transition in Exhibit 1). Typically, transitions into coverage were associated with more, rather than less, coverage over the four-year period (Exhibit 2). Less than one-third of the uninsured in this category were uninsured more than half the time—that is, more than twenty-four months.

Conversely, 7.3 million people were covered at the start of the survey and moved out of coverage for the rest of the four years (Exhibit 1). In this group, 37 percent were uninsured for more than two years (Exhibit 2), a slightly higher percentage than for transitions into coverage. More than four million of these people started with employer insurance and lost it. Two million began with Medicaid/SCHIP and then became uninsured. About 700,000 changed sources of coverage once before becoming uninsured, as indicated by the starred transition in Exhibit 1.

Sixteen million people were initially insured and experienced a single, temporary gap in coverage (Exhibit 1). Usually this gap lasted a year or less (Exhibit 2). People who lost and regained employer insurance (11.2 million, data not shown) or Medicaid/SCHIP (2.6 million) mainly accounted for this pattern. Those who left one type of coverage and took up another were also included here.

While those who experienced a single gap in coverage were typically uninsured for a relatively short time, those who experienced the next pattern—“temporary coverage”—were typically uninsured longer. This pattern involved nearly five million people who were initially uninsured, moved into some type of coverage, and then lost it (Exhibit 1). Nearly 90 percent were uninsured for more than two years (Exhibit 2). Two-thirds were temporarily covered by employer insurance, while

EXHIBIT 2
Percentage Distribution Of The Uninsured By Total Months Uninsured Over Four Years, According To Coverage Patterns, U.S. Population Under Age 65, 1996–1999

	Millions	Number of months uninsured (%)			
		1–4	5–12	13–24	25–48
Total	84.8	24	22	19	35
Coverage pattern					
Always uninsured	10.1	0	0	0	100
Transition into coverage	9.9	24	22	23	31
Transition out of coverage	7.3	24	20	19	37
One gap in coverage	15.9	64	22	10	5
Temporary coverage	4.8	0 ^a	4	8	87
Frequent changes	8.5	64	22	10	4
Repeatedly uninsured	28.2	4	33	34	30

SOURCE: Authors' tabulations of the 1996 panel of the Survey of Income and Program Participation (SIPP).

NOTE: Row percentages might not sum to 100 because of rounding.

^a Less than 0.5 percent.

Medicaid/SCHIP covered around one-third (data not shown).

Unstable. Two additional patterns, which we characterized as unstable, involved three or more coverage changes over four years. People with these patterns remained in each type of coverage (or uninsured) for an average of one year or less before changing (Exhibit 1). We divided people with numerous changes into two distinct groups, based on the number of times that they were uninsured.

The first group, “frequent changes,” was by far the smaller, involving 8.5 million people who experienced only one uninsured spell but made several changes in coverage. This pattern might be characterized as “scrambling for coverage.” For example, about a half-million left employer insurance, switched to nongroup insurance, became uninsured, and then returned to employer insurance. Generally, the lapse in coverage was relatively short (Exhibit 2).

The other unstable pattern, “repeatedly uninsured,” involved at least two uninsured spells and at least two covered spells. This was the most common of the seven patterns we identified (Exhibit 1). Given their intermittent coverage, many people in this group were insured for much of the four-year period (Exhibit 2).

■ **Differences by age.** Although the percentage of people ever uninsured was lowest among people age thirty-five and older (Exhibit 3), older adults (ages 55–64) who were uninsured were the most likely to lack coverage for the entire four-year period. Uninsured children, on the other hand, were the most likely to experience repeated spells without insurance and to have a single gap in coverage. Young adults (ages 19–24) were particularly distinguished by the relatively high percentage who simply moved out of coverage for the rest of the four years, as well as a relatively high percentage who were repeatedly uninsured.

EXHIBIT 3
Patterns Of Coverage Over Four Years For The Uninsured By Age, U.S. Population Under Age 65, 1996–1999

	Age at end of four years				
	Under 19	19–24	25–34	35–54	55–64
Total ever uninsured					
Millions	25.5	12.3	19.6	22.6	4.9
Percent of population	42%	55%	51%	28%	21%
Percent distribution of the uninsured					
Always uninsured	7%	8%	11%	18%	22%
Transition into coverage	8	8	15	14	13
Transition out of coverage	7	14	7	9	8
One gap in coverage	22	15	18	19	15
Temporary coverage	4	6	7	6	7
Frequent changes	12	11	8	9	13
Repeatedly uninsured	40	39	33	25	22

SOURCE: Authors’ tabulations of the 1996 panel of the Survey of Income and Program Participation (SIPP).

NOTE: Column percentages might not sum to 100 because of rounding.

■ **Differences by long-term income.** More than two-thirds of the people in the two income groups below 200 percent of the poverty level were uninsured at some point during the four years (Exhibit 4). Although the percentage ever uninsured was higher for the poor than for people just above the poverty level, rates of uninsurance in the two lower-income groups were more similar to each other than to those of the higher-income groups. Among the uninsured, the percentages of people uninsured for four years or repeatedly uninsured were similarly high, and the percentages of people with a single, temporary gap in coverage were low relative to the uninsured in the two higher-income groups.

There were two main differences between the two higher-income groups with respect to the dynamics of being uninsured. People at 400 percent of poverty or more were more likely to have a single gap in coverage, and people at 200–399 percent of poverty were more likely to have multiple spells without coverage.

■ **More details on the repeatedly uninsured.** We found that repeated spells of Medicaid/SCHIP or employer insurance were quite common among people who were repeatedly uninsured. Consequently, we further classified the repeatedly uninsured into four groups involving reentry into Medicaid/SCHIP or employer insurance. One group alternated between Medicaid and uninsured spells. Another group alternated between employer insurance and uninsured spells. A smaller group repeated both Medicaid and employer insurance as well as uninsured spells. The last group moved from one type of coverage to another without returning to Medicaid/SCHIP or employer insurance. Three to five transitions over four years were the most common, but more transitions were often reported.

Children below 200 percent of poverty. Eight million children below 200 percent of

EXHIBIT 4
Patterns Of Coverage Over Four Years For The Uninsured, By Income, U.S. Population Under Age 65, 1996–1999

	Long-term family income as percent of poverty			
	<100	100–199	200–399	400+
Total ever uninsured				
Millions	16.6	28.6	28.6	11.0
Percent of population	70%	66%	34%	15%
Percent distribution of the uninsured				
Always uninsured	14%	16%	9%	6%
Transition into coverage	7	11	14	14
Transition out of coverage	10	9	8	8
One gap in coverage	15	12	23	31
Temporary coverage	6	7	5	3
Frequent changes	8	9	11	13
Repeatedly uninsured	41	36	30	23

SOURCE: Authors' tabulations of the 1996 panel of the Survey of Income and Program Participation (SIPP).

NOTE: Column percentages might not sum to 100 because of rounding.

poverty were repeatedly uninsured (Exhibit 5). Medicaid/SCHIP covered 81 percent at some point, and employers covered 76 percent at some point (data not shown). Many left and reentered Medicaid/SCHIP (4.9 million, including one million who also left and reentered employer insurance). About two million reentered employer insurance but were not on Medicaid/SCHIP more than once (if at all). The remainder moved through some other combination of nongroup insurance, employer insurance, and Medicaid/SCHIP that left them uninsured more than once. About a quarter who reentered either Medicaid/SCHIP or employer insurance (but not both) were uninsured for more than two years, while 41 percent of the residual group who did not recycle through either Medicaid/SCHIP or employer insurance were uninsured for more than two years.

Adults below 200 percent of poverty. More than nine million adults below 200 percent of poverty were repeatedly uninsured (Exhibit 5). Three-quarters were covered at some point by employers, and two-thirds were enrolled in Medicaid (data not shown). A little more than three million were on Medicaid intermittently,

**EXHIBIT 5
Detailed Patterns Of Coverage For The Repeatedly Uninsured, By Total Months Uninsured Over Four Years, According To Age And Income, U.S. Population Under Age 65, 1996-1999**

Age/income group	Millions	Number of months uninsured (%)			
		1-4	5-12	13-24	25-47
Children under 200% of poverty	8.0	2	38	36	24
Repeated Medicaid	3.9	1	38	39	23
Repeated Medicaid and repeated employer	1.0	6	50	36	9
Repeated employer	2.1	3	38	34	25
Other	1.0	2	26	31	41
Children 200% or more of poverty	2.3	4	43	31	21
Repeated Medicaid	0.3	— ^a	— ^a	— ^a	— ^a
Repeated Medicaid and repeated employer	0.1	— ^a	— ^a	— ^a	— ^a
Repeated employer	1.6	5	48	31	17
Other	0.3	— ^a	— ^a	— ^a	— ^a
Adults under 200% of poverty	9.1	2	26	33	39
Repeated Medicaid	3.3	2	26	30	41
Repeated Medicaid and repeated employer	0.6	4	42	41	13
Repeated employer	3.6	2	24	36	38
Other	1.6	1	21	30	48
Adults 200% or more of poverty	8.8	6	33	33	27
Repeated Medicaid	0.5	— ^a	— ^a	— ^a	— ^a
Repeated Medicaid and repeated employer	0.1	— ^a	— ^a	— ^a	— ^a
Repeated employer	6.7	7	34	33	26
Other	1.5	5	28	34	33

SOURCE: Authors' tabulations of the 1996 panel of the Survey of Income and Program Participation (SIPP).

NOTE: Row percentages might not sum to 100 because of rounding.

^a Sample size is too small to estimate distribution.

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without being covered more than once by employers. A similar number were repeatedly covered by employers but were not repeatedly on Medicaid. About a half-million were in and out of both types of coverage. Compared with children who were repeatedly uninsured at the same income level, adults tended to go much longer without coverage. Overall, 39 percent of adults were uninsured for more than two years, compared with 24 percent of children.

Children and adults above 200 percent of poverty. Far fewer children with household incomes above 200 percent of poverty were repeatedly uninsured than were those below 200 percent of poverty (Exhibit 5). The number of repeatedly uninsured adults was similar above and below 200 percent of poverty. In the higher-income group, roughly three-quarters of children and three-quarters of adults were covered repeatedly by employer insurance. A good number of adults (1.5 million) did not go through multiple periods of employer insurance (or Medicaid) but typically had a single spell of employer insurance in combination with other sources of coverage (including one spell of Medicaid/SCHIP, one or more spells of nongroup insurance, or Medicare). Eighty percent of adults in this last group were covered at some point by nongroup insurance (data not shown).

Discussion And Policy Implications

As the classification of the uninsured into seven dynamic patterns makes clear, relatively few people remain uninsured for long periods of time. Under these circumstances, efforts to target “pockets” of the uninsured with incremental coverage reforms must target the right people at the right time. Indeed, in designing almost any reform that stops short of universal coverage, policymakers should think of “uninsured” as referring not to people but to gaps in time. On the other hand, incremental reforms should be evaluated in terms of effects on people, specifically on the continuity and stability of each person’s coverage over time.

■ **Isolated versus repeated gaps.** Our findings confirm that gaps in coverage are often relatively short. However, this observation could mislead policymakers in several ways. First, it understates the exposure of the uninsured to health and financial risks. Although 70 percent of new uninsured spells in the 1996 SIPP panel lasted for a year or less, we found that the majority of the uninsured were uninsured for more than twelve months over a four-year period.⁹ Second, focusing on the length of each uninsured spell ignores the issue of stability and fails to distinguish between isolated coverage gaps and those that are part of a recurring pattern. Finally, the distinction between isolated and repeated gaps is important not only in assessing the overall seriousness of the uninsured problem, but also in designing policy solutions.

Isolated gaps in otherwise stable coverage are common enough to warrant pol-

icy consideration, especially among the uninsured at higher income levels. About 20 percent of the uninsured at all income levels and nearly one-third of the uninsured above 400 percent of poverty exhibited this pattern over the four years we studied. Most of these one-time gaps were relatively short. For the 70 percent of these situations that involved the loss of and return to employer insurance, Consolidated Omnibus Budget Reconciliation Act (COBRA)-like strategies for extending employer-sponsored insurance seem well suited to bridging the coverage gaps. Indeed, because the gaps are generally short, continuation strategies would provide more stability than moving temporarily into the nongroup market or public insurance. Among other people with stable coverage except for a single gap, most lost and returned to Medicaid/SCHIP. This observation raises issues about retention strategies for Medicaid/SCHIP, which we discuss further below.

Even more people had repeated gaps in coverage. They occurred more often at lower income levels, especially among children, but they were the second most common pattern even at the highest income levels. During the four years we studied, twenty-eight million people were repeatedly without health insurance. Statistics showing that most uninsured spells were relatively short are misleading for these people. With recurring gaps in their health insurance, they were exposed to more financial risk and faced more impediments to accessing services than is evident from the length of each uninsured spell.

■ **Strategies for Medicaid retention.** Turnover in Medicaid contributed to this instability, especially at lower income levels. Slightly more than half of the people below 200 percent of poverty who were repeatedly uninsured at the end of the 1990s left and reentered Medicaid or SCHIP. Both administrative simplifications and changes in eligibility rules could stabilize these programs' coverage. For example, states could do more to simplify procedures for renewing Medicaid or SCHIP, and many more states could exercise the option of enrolling children in Medicaid for twelve months at a time, without regard to changes in eligibility criteria.¹⁰

■ **Strategies for unstable employer coverage.** Where repeated gaps are caused mainly by the instability of employer-sponsored health insurance, policy-makers should focus on developing more stable alternatives in the nongroup market or under public auspices—especially for people at lower income levels. Even with subsidies to low-income workers who lose employer insurance, COBRA-like strategies are not likely to work well in these circumstances. Employers will likely resist the idea of providing continuation coverage to low-wage workers who move quickly in and out of their health plans. In a recent national survey of employer coverage, firms with a high concentration of low-wage workers were far more likely than other employers to impose waiting periods before new employees could qualify for coverage.¹¹ For a large segment of the uninsured, employer insurance is not likely to serve as a stable platform for constructing coverage expansions.

Furthermore, “crowding out” periods of employer-sponsored insurance with enrollment in a public program might not be bad policy if it provided a stable

source of coverage for people who would otherwise cycle in and out of employer plans. One can imagine arrangements where employers might sometimes contribute to the cost, when a person's employment situation warrants, without actually administering the coverage.

■ **Stability as a policy goal.** The overarching implication of these data is that stability merits consideration as an explicit and important goal of coverage reforms. Furthermore, if coverage stability is to be taken seriously, then longitudinal surveys such as SIPP must be designed and consistently funded to track problems and progress in relation to that goal. Greater stability would bring a sense of security to people who are constantly at risk of losing their health insurance. Continuity of coverage is also likely to facilitate continuity of care. We estimated that nearly thirty-seven million people who were uninsured in the latter half of the 1990s lacked a stable source of health insurance, as indicated by at least three changes in health insurance status in four years. Instead of being plugged into a dependable source of coverage, they were covered by battery-powered health insurance.

■ **Caveats.** These estimates of the extent of change over time could be colored by idiosyncrasies of the time period covered by the 1996 SIPP panel. Federal welfare reforms were enacted in 1996, SCHIP expanded children's coverage, and the U.S. economy was booming. The number of children who left and returned to public insurance could reflect the implementation of SCHIP during the period.

Inconsistencies and errors in survey responses could also contribute to the apparent number of health insurance changes in SIPP, especially the apparently short-term interruptions and changes in coverage lasting only for the four months covered by a single interview. While reporting errors could exaggerate the amount of change, we report less change by ignoring transitions from one employer group to another. In addition, biases associated with panel attrition that are not corrected by the adjusted longitudinal survey weights would probably overrepresent people with stable lives over the four-year period. That would also cause us to underestimate changes in health insurance.

Finally, the specific numbers we report are a function of the four-year window of observation offered by the survey. A longer survey would reveal more people with repeated gaps in coverage and fewer people who were continuously uninsured. Also, further research that went beyond these numbers and examined the circumstances accounting for frequent transitions or repeated gaps, such as changes in Medicaid eligibility or employment instability, would be helpful in designing policies to improve stability.

DESPITE THESE CAVEATS, the basic policy messages are clear: Few people are continuously uninsured for as long as four years, but many of the uninsured are exposed to major financial and health risks over time. Many uninsured people lack access to a stable source of health insurance. And at least as many people are repeatedly uninsured as experience a one-time interruption in

generally stable coverage. Any incremental policy that stops short of trying to insure all of the people all of the time must give careful consideration to these health insurance dynamics.

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NOTES

1. A.C. Monheit, J.P. Vistnes, and S.H. Zuvekas, *Stability and Change in Health Insurance: New Estimates from the 1996 MEPS*, MEPS Research Findings 18, Pub. no. 02-0006 (Rockville, Md.: Agency for Healthcare Research and Quality, 2001); D. Walden, G. Wilensky, and J. Kasper, *Changes in Health Insurance Status: Full-Year and Part-Year Coverage*, NHCES Data Preview 21, Pub. no. PHS 85-3377 (Rockville, Md.: AHRQ, 1985); Congressional Budget Office, *How Many People Lack Health Insurance and for How Long?* (Washington: CBO, May 2003); and Employee Benefit Research Institute, *Characteristics of the Nonelderly with Selected Sources of Health Insurance and Lengths of Uninsured Spells*, Issue Brief no. 198 (Washington: EBRI, June 1998).
2. K. Swartz, J. Marcotte, and T.D. McBride, "Spells without Health Insurance: The Distribution of Durations when Left-Censored Spells Are Included," *Inquiry* (Spring 1993): 77-83; R.L. Bennefield, "Dynamics of Economic Well-Being: Health Insurance 1992-1993: Who Loses Coverage and for How Long?" *Current Population Reports*, P70-54 (Washington: U.S. Census Bureau, May 1996), 70; R.L. Bennefield, "Dynamics of Economic Well-Being: Health Insurance 1993-1995: Who Loses Coverage and for How Long?" *Current Population Reports*, P70-64 (Washington: U.S. Census Bureau, August 1998); and CBO, *How Many People Lack Health Insurance?*
3. K. Swartz, "Dynamics of People without Health Insurance: Don't Let the Numbers Fool You," *Journal of the American Medical Association* (5 January 1994): 64-66; P.F. Short, "Counting and Characterizing the Uninsured," December 2001, www.umich.edu/~eriu/pdf/wp2.pdf (2 September 2003); and CBO, *How Many People Lack Health Insurance?*
4. CBO, *How Many People Lack Health Insurance?*
5. U.S. Census Bureau, *Survey of Income and Program Participation Users' Guide*, 3d ed. (Washington: U.S. Census Bureau, 2001).
6. The seam problem should not have a noticeable effect on the mean length of insured or uninsured spells in SIPP, although it causes the distribution to cluster at multiples of four months.
7. U.S. Census Bureau, "Using Sampling Weights on SIPP Files," chap. 8 in *SIPP Users' Guide*.
8. The poststratification was based on weighting cells defined by health insurance status (hierarchically assigned as Medicaid, Medicare, military/CHAMPUS, private, and uninsured), age (4-12, 13-18, 19-24, 25-34, 35-44, 45-64, 65 and older), and family income (above and below 200 percent of poverty) in month forty-eight. We made this adjustment after noticing that cross-sectional estimates of the number of uninsured people in the last month were higher for the population ages 4-64 according to the monthly weight (34.2 million, 15.2 percent of the population) compared with the longitudinal weight (30.7 million, 13.7 percent of the population). We poststratified to the monthly weight because we were concerned that lack of health insurance was statistically associated with other changes in life circumstances that caused members of the longitudinal cohort to move and be lost to follow-up. The representation of movers is better in the monthly sample than the longitudinal sample, because people who move into SIPP households during the survey have positive monthly weights and are included in monthly estimates.
9. CBO, *How Many People Lack Health Insurance?*
10. L. Ku and D.C. Ross, *Staying Covered: The Importance of Retaining Health Insurance for Low-Income Families*, Report no. 586 (New York: Commonwealth Fund, 2002).
11. J.R. Gabel et al., "Embraceable You: How Employers Influence Health Plan Enrollment," *Health Affairs* (July/Aug 2001): 196-208.