

Differences in Insurance Coverage and Access to Health Care by Union Type: Evidence from the U.S. National Health Interview Survey, 1997-2011

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Research Questions

- We examine how insurance coverage and access to needed health care for men and women age 19-64 varies by union type: different-sex marriage, different-sex unmarried partnership, and same-sex unmarried partnership.
- We also examine changes in insurance coverage and access to care over time, from 1997 to 2011, a period of increasing public acceptance and growing legal recognition of same-sex unions in the United States.

Background

- Most (61%) non-elderly Americans receive insurance through a family member's employment-based health plan, which often expands coverage to "legal" spouses.
- While large employers have increasingly offered same-sex domestic partner benefits (Kaiser 2012), a minority of the largest firms offer such benefits, and the likelihood of coverage is lower in smaller firms.
- Federal law imposes further barriers. Under DOMA, insurance for same-sex spouses is taxed as income.
- In the 16 states mandating health insurance coverage for same-sex spouses, self-insured employers (the majority) are exempted under the federal Employee Retirement Income Security Act (ERISA).
- Lack of insurance coverage imposes cost barriers to needed medical care.

Data & Methodology

Data Source

- 1997-2011 Integrated Health Interview Series, a harmonized version of the U.S. National Health Interview Survey (www.ihs.us)
- We used the "relationship to household head" and "sex" variables to identify men and women (19 to 64 years) by union type:
 - same-sex unmarried partners (n=3,603)
 - different-sex unmarried partners (n=51,343)
 - different-sex married spouses (n=454,456)

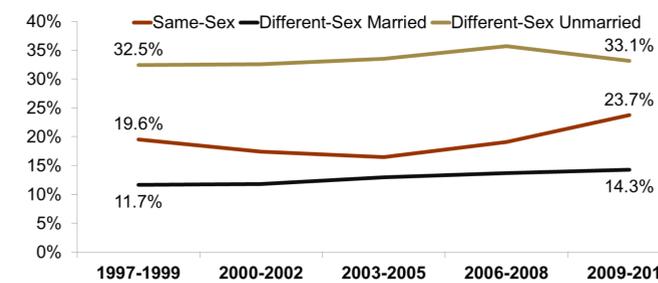
- Insurance coverage included any public and private coverage except Indian Health Service and single service plans.
- Needed care was measured by a positive response to "During the past 12 months, was there any time when you needed medical care, but did not get it because you couldn't afford it?"

Analysis

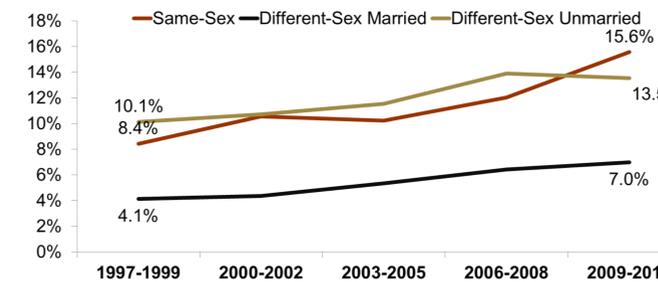
- We pooled data into 3 year groups to study time trends.
- For multivariate analysis, we pooled all years and used logistic regression (with different-sex married persons as the reference category), and controlled for age, race, income, employment, region, health status, presence of child, and year. Separate models were run for men and women.
- All estimates and regression models were conducted using Stata 12 with survey weights and commands.

Results

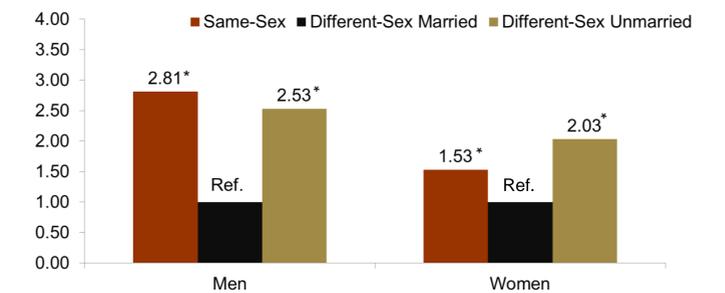
Trends in Uninsurance



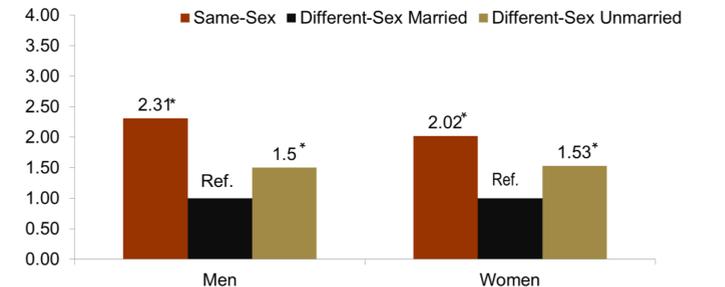
Trends in Needed Care



Adjusted Odds Ratio for Uninsurance



Adjusted Odds Ratio for Needed Care



Conclusion, Next Steps & Acknowledgements

- Adults in different-sex marriages were least likely to be uninsured and to lack needed care due to cost. After controlling for other characteristics, men and women in both types of unmarried partnerships were 1.5 to almost 3 times as likely as the married to be uninsured.
- Since 1997, levels of uninsurance have increased for the total population. Growing legal recognition of same-sex partnerships at the state level did not counter this trend for persons in same-sex unmarried partnerships.

- Next steps are to examine differences between same-sex married partners and same-sex unmarried partners using reliable data from 2011, and to look at trends over time in different types of insurance coverage (e.g., public vs. private, own coverage vs. dependent) for all union types.
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