

AHRQ Analyses of MEPS Data Inform HHS Report on Health Insurance Reform and Costs for Small Businesses

Estimates of the health insurance status of the U.S. civilian noninstitutionalized population are critical to policymakers and others concerned with access to medical care and the cost and quality of that care. Health insurance helps people get timely access to medical care and protects them against the risk of expensive and unanticipated medical events. When estimating the size of the uninsured population, it is important to consider the distinction between those uninsured for short periods of time and those who are uninsured for several years.

Using information from the Medical Expenditure Panel Survey (MEPS), a recent HHS report provides detailed estimates of trends in employer sponsored health insurance coverage over time. Studies that examine the trends in health insurance coverage over time are essential to help discern the factors most likely to drive health insurance insecurity.

While the risk of losing coverage is real for all Americans—regardless of age, health status, gender, employment status, or income—workers in small businesses and their families are particularly vulnerable. Without health insurance reform, current data trended forward indicate that by 2016, average health insurance premiums for a single policy in a firm with fewer than 50 employees will be approximately \$6,700.

The Agency for Healthcare Research and Quality's (AHRQ's) Center for Financing, Access, and Cost Trends (CFACT) conducted the data analyses on the premium costs for employer-sponsored coverage from the MEPS in response to a request from the Office of Health Reform. CFACT's data analyses were incorporated into this HHS report, entitled *Lower Premiums, Stronger Businesses: How Health Insurance Reform Will Bring Down the Costs for Small Businesses*. The report is available at <http://www.healthreform.gov/reports/smallbusiness2/smallbusiness2.pdf>.

More detailed tabulations provided in response to this topic are available on request.

Request for information from:	Office of Health Reform U.S. Department of Health and Human Services
Response from:	James Branscome, M.S. Statistician, Project Manager, MEPS–Insurance Component
Information requested:	October 2009
Information supplied:	October 2009

