



Issue Brief

Young, Uninsured, and Seeking Change: Health Coverage of Young Adults and Their Views on Health Reform

Findings from the Commonwealth Fund Survey of Young Adults (2009)

JENNIFER L. NICHOLSON AND SARA R. COLLINS

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

For more information about this study, please contact:

Sara R. Collins, Ph.D.
Vice President
Affordable Health Insurance
The Commonwealth Fund
src@cmwf.org

To learn more about new publications when they become available, visit the Fund's Web site and register to receive e-mail alerts.

Commonwealth Fund pub. 1355
Vol. 73

ABSTRACT: Young adults are one of the largest uninsured segments of the population. This analysis of new survey data from The Commonwealth Fund finds almost half are without insurance at some time during the year. As they hit milestones like high school or college graduation, they face loss of coverage as they are dropped from parents' plans or public insurance programs. In the current economic climate, young adults are less likely to find jobs, and when they do, are frequently offered positions that come without benefits. Provisions in the health reform bills could help young adults by expanding Medicaid eligibility, creating a health insurance exchange with premium subsidies, and requiring insurers and employers to allow young adults to remain on parents' plans up to age 26 or 27. These provisions could help young adults obtain and keep affordable, comprehensive coverage through transitions from school to work and from job to job.

★ ★ ★ ★ ★

OVERVIEW

Young adults between the ages of 19 and 29 are one of the largest uninsured segments of the U.S. population.¹ As they graduate from high school and go on to college or join the workforce, they often transition in and out of coverage and between different sources of coverage. Children who were covered by their parents' insurance are likely to lose coverage if they do not go to college. Similarly, young adults who were insured by Medicaid or the Children's Health Insurance Program (CHIP) are also likely to lose coverage when they turn 19.

At college graduation, young adults often face another transition—those who had insurance through their parents or through their college or university often lose coverage and face getting insurance on their own. As new entrants to the labor force, young adults often have jobs that do not offer health benefits and

find it difficult to pay for health insurance out of their own pockets. With the current economic situation, young adults are finding it even harder to find jobs, and consequently, employer-based insurance. Among young adults between the ages of 20 and 24, 16 percent were unemployed in November 2009.² These transitions affect the continuity and stability of young adults' health insurance coverage at a time when they should be establishing good health habits and getting regular preventive care.

In Congress, the House of Representatives and Senate health reform bills would aim to provide near-universal insurance coverage and include provisions to help young adults afford health insurance.³ In particular, the bills would significantly expand Medicaid eligibility to parents and childless adults, create a new health insurance exchange with premium subsidies for people with low and moderate incomes, and require insurers and employers to allow young adults to remain on their parents' health plans up to age 26 or 27. The reform proposals would make it significantly easier for young adults to obtain and keep affordable, comprehensive coverage through their transitions from school to work and from one job to another.

A new, nationally representative Commonwealth Fund survey of 2,002 young adults ages 19 to 29, conducted from May to July 2009, finds that 45 percent of young adults are without health insurance at some time during the year. Large proportions of young adults face long gaps in insurance coverage, especially at transitions like graduation from high school and college. A large majority of young adults—regardless of political affiliation, age, level of education, gender, or race and ethnicity—think it is important for Congress and the Obama administration to pass a health reform law that would provide affordable health insurance to all and improve health care overall. A majority of young adults favors a requirement that everyone have health insurance, with the government helping those who are unable to afford it. Majorities of young adults also favor allowing dependent children to stay on their parents' coverage until age 26 and increasing the eligibility age for Medicaid and CHIP beyond age 19. A

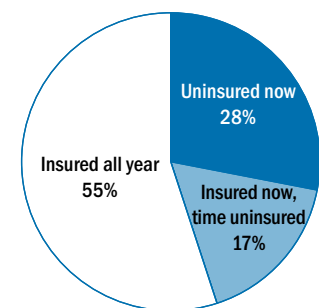
majority of young adults agree that the cost of health insurance should continue to be shared by individuals, employers, and the government.

MANY YOUNG ADULTS EXPERIENCE GAPS IN INSURANCE COVERAGE

Large proportions of young adults report having had gaps in their insurance coverage in the past year. In 2009, 45 percent of young adults ages 19 to 29, or an estimated 20.5 million people, were without health insurance for some time during the past year (Exhibit 1). Nearly three of 10 (28%) were uninsured at the time of the survey, and an additional 17 percent reported they had health insurance, but had gone without coverage for some time during the last 12 months.

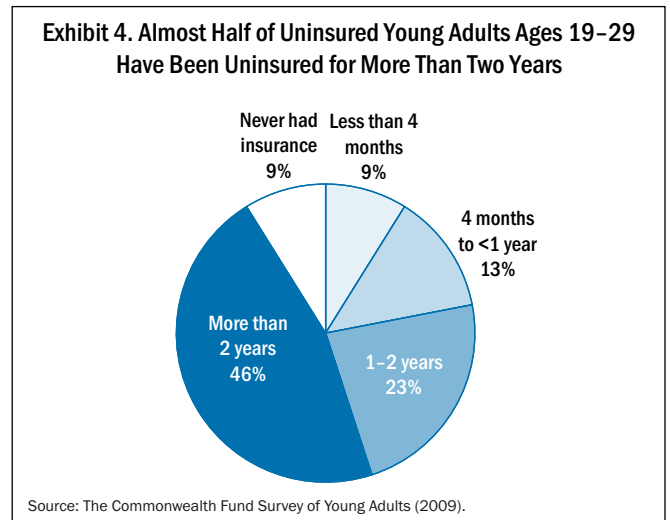
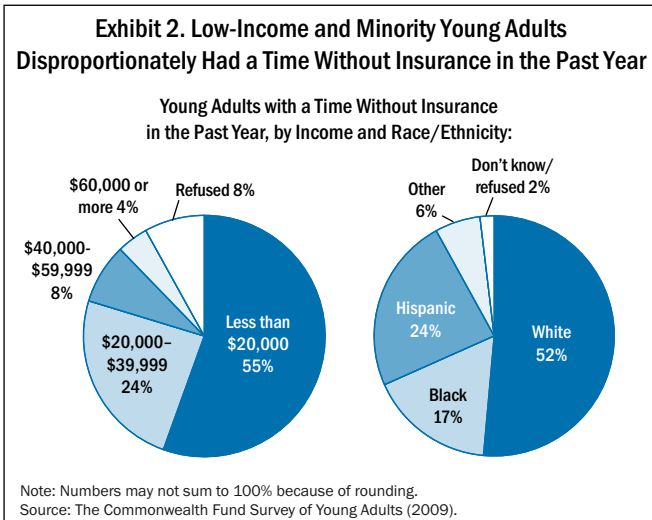
The majority of young adults with gaps in insurance are members of low-income families. Four of five (79%) uninsured young adults had household incomes of less than \$40,000: 55 percent had incomes of less than \$20,000 and an additional 24 percent had incomes between \$20,000 and \$39,999 (Exhibit 2). Among young adults in households with incomes under \$20,000, more than half (53%) were uninsured at some time during the past year, more than three times the rate for young adults from higher-income households (i.e., incomes of \$60,000 or more) (Exhibit 3). Racial and ethnic minorities were more likely to be uninsured during the year, with 54 percent of blacks and 58 percent of Hispanics reporting a time without insurance, compared with 39 percent of white young adults.

Exhibit 1. Almost Half of Young Adults Ages 19–29 Experienced Gaps in Health Insurance Coverage During the Past Year, 2009

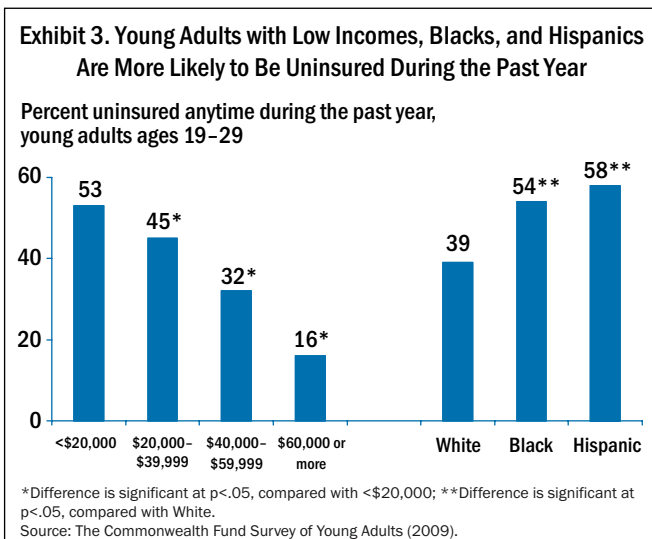


Young adults ages 19–29 = 45.8 million

Source: The Commonwealth Fund Survey of Young Adults (2009).



Most young adults who were uninsured at the time of the survey had been uninsured for long periods of time. Nearly 70 percent of uninsured young adults had been uninsured for one year or more and 46 percent had been without insurance for more than two years (Exhibit 4, Appendix Table 1). Nine percent of uninsured young adults said they had never had health insurance. Uninsured young adults in the older age group (ages 24 to 29) were more likely to have been uninsured for more than two years (54%, compared with 38% of those ages 19 to 23). Uninsured Hispanic young adults were the most likely to report that they had never had insurance (21%).



Employer Insurance Is the Primary Source of Coverage for Young Adults

Employer insurance is the primary source of coverage for nonelderly adults in the U.S. and the most common source of coverage for young adults.⁴ Forty-four percent of young adults are insured through an employer, with one-quarter covered through their own employer and 19 percent covered as a dependent on a parent or spouse’s plan (Appendix Table 1). The proportion of young adults ages 19 to 23 who are dependents on someone else’s employer plan (25%) is about twice the proportion of those between the ages of 24 and 29 (13%). Many in the younger age group are in school and covered under parents’ plans: 38 percent of 19-to-23-year-olds are dependents for tax purposes compared with only 4 percent of 24-to-29-year-olds (data not shown). Other sources of insurance cover relatively small proportions of young adults: 12 percent have Medicaid, 7 percent have insurance purchased on the individual market, 3 percent have Medicare, and 1 percent have coverage through a college or university.

YOUNG ADULTHOOD IS A TIME OF TRANSITIONS

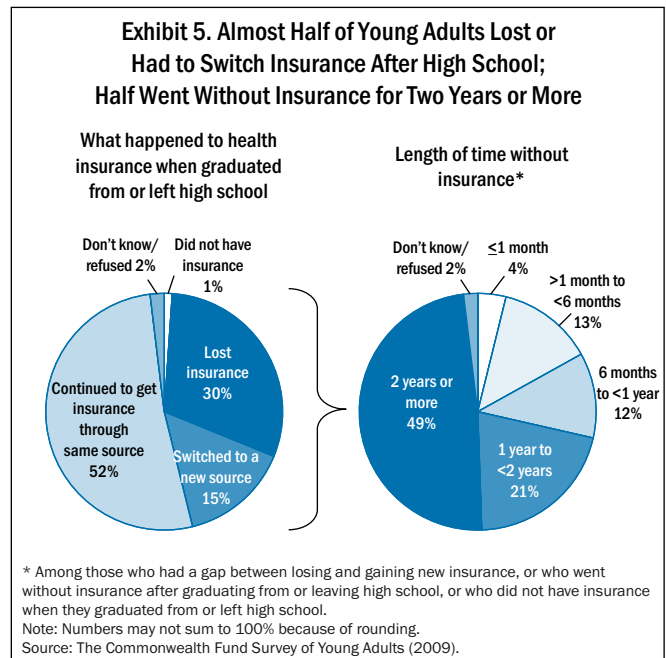
Almost Half of Young Adults Experience Transitions in Coverage After High School

Young adults experience significant life transitions that can affect their access to health insurance, beginning with graduation from high school, when most young adults either join the workforce or go on to college.⁵

High school graduation can be a critical crossroads for young adults with insurance through their parents. Those who go on to college are most likely to be able to keep their insurance because many policies cover dependents as long as they are full-time students, but those who do not remain full-time students are likely to lose their parents' coverage. Young adults who were covered by Medicaid or CHIP as children are reclassified as adults when they turn 19. At this point, many lose coverage altogether because states require adults to have very low incomes to be eligible for such coverage; many states do not cover childless adults at all. For young adults who are entering the workforce straight out of high school, available positions are often temporary, part-time, or low-wage and unlikely to offer health benefits to workers.

The survey asked young adults about their insurance coverage in high school. One of five (19%) reported they were uninsured most of the time in high school ([Appendix Table 2](#)). The majority had coverage through a parent's employer for most of the time while in high school (61%). Another 10 percent had Medicaid and small percentages had insurance purchased through the individual market, Medicare, or through another source.

Young adults who said that they had insurance for most of the time in high school were asked what happened to it when they graduated from or left high school. Almost half (45%) of young adults said they either had to switch to a new source of coverage or lost their insurance ([Exhibit 5](#)). Half of those who switched insurance experienced a gap between losing their old insurance and gaining a new coverage source. Of those who experienced a gap or went without coverage, most went for long periods of time without insurance. Almost half (49%) spent two years or more without insurance and 21 percent had one to two years without insurance. Only 4 percent of those who had a time without insurance were only uninsured for one month or less. About one of four graduates (24%) eventually gained coverage through an employer. Higher proportions of young adults ages 24 to 29 (29%), males (29%), and those with incomes above 200 percent



of the federal poverty level (36%) gained insurance through an employer ([Appendix Table 2](#)). Smaller percentages were able to purchase insurance through the individual market (8%), gain coverage through a college or university health plan (7%), or gain coverage through another source.

Majority of Young Adults Experience Transitions in Coverage After College

College graduation can be another time when young adults are likely to lose insurance coverage. Young adults graduating from college lose access to coverage through college or university plans and many employer plans only cover dependents as long as they are full-time students. Even with the benefit of a college degree, recent college graduates often face temporary and part-time positions, waiting periods for insurance eligibility, and job turnover. The survey finds that more young adults graduating from college lose their insurance or have to switch their insurance than those graduating from high school. College graduates, however, are better able than high school graduates to get insurance through a new source and are more likely to have shorter gaps in coverage.

A majority of young adults (78%) who attended college said they had health insurance for most of the time they were enrolled ([Appendix Table 2](#)).⁶ Over

half had coverage through an employer for most of the time while in college (61%): 53 percent through a parent’s employer and 8 percent through the student’s own employer. Only 5 percent of college students had a college or university health plan for most of the time. About one of five (22%) said they were uninsured. Larger proportions of black and Hispanic young adults and those with low incomes were uninsured during college.

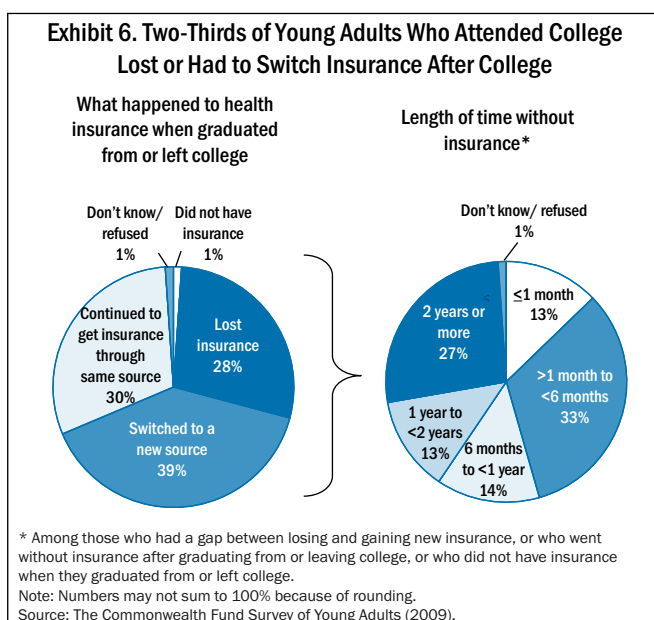
Young adults who said that they had insurance for most of the time in college were asked what happened to it when they graduated from or left college. Among those who had insurance in college, two-thirds had to either switch to a new source (39%) or lost their coverage (28%) when they graduated from or left college (Exhibit 6). Of those who were able to get insurance through a new source, 44 percent experienced a gap between losing their old insurance and gaining a new source of coverage. Among graduates who had a gap in coverage or said they went without coverage, 40 percent were uninsured for one year or more, with more than one-quarter uninsured for two years or more.

Among young adults who either switched coverage at college graduation or lost coverage and eventually found a new source of coverage, half (50%) gained coverage through an employer. Higher proportions of young adults ages 24 to 29 (57%) and those with incomes above 200 percent of poverty (65%) gained

insurance through an employer (Appendix Table 2). There are few insurance options for young adults who do not have access to employer plans, except for the individual market. But, in the individual market, they face paying the full premium and in most states, if they have a health problem, they can be charged a higher premium, have the health problem excluded from coverage, or be denied coverage altogether.⁷ Only 9 percent of college-educated young adults in the survey who lost or switched their insurance after college purchased insurance through the individual market. An additional 11 percent got insurance through other sources, including the military and a graduate school health plan.

YOUNG ADULTS’ VIEWS ON HEALTH REFORM PROPOSALS

In Congress, the House and Senate health reform bills aim to provide near-universal health insurance coverage and reform the health delivery system.⁸ They would accomplish this by building on our existing mixed private–public health insurance system and regulating and reorganizing the individual and small-group insurance markets. Three provisions, in particular, would substantially improve health insurance coverage for young adults. First, the bills would expand Medicaid eligibility to 133 percent or 150 percent of the federal poverty level, an income of \$14,404 to \$16,245 for a single adult or \$29,327 to \$33,075 for a family of four. Expanding Medicaid to 150 percent of poverty could cover 8 million uninsured young adults.⁹ Second, young adults would be able to purchase coverage through state or national exchanges—regulated marketplaces in which individuals and small employers could purchase insurance—with essential benefit standards, no underwriting based on health status, and premium subsidies. Sliding-scale premium subsidies would be available to people with incomes up to 400 percent of poverty. Under the House bill, these subsidies would limit the premium contribution individuals would be required to pay to 3 percent of income for people with incomes just over 150 percent of the poverty level and rise to 12 percent of income. (People



with incomes of 150 percent of poverty or less would be eligible for Medicaid.) The Senate bill would limit premium contributions to about 4 percent of income at just over 133 percent of poverty and gradually increase to 9.8 percent at 300 percent to 400 percent of poverty. Cost-sharing credits and annual out-of-pocket limits would limit cost-sharing for low- and middle-income individuals and families. Third, the bills would require insurers and employers to allow dependents to stay on their parents' health plans up to age 26 (in the Senate version) or 27 (in the House bill).

Majority of Young Adults Think Health Care Reform Is Important

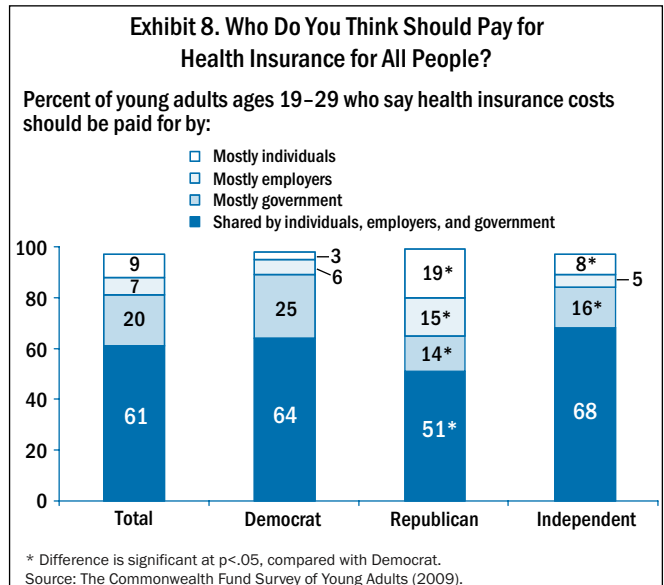
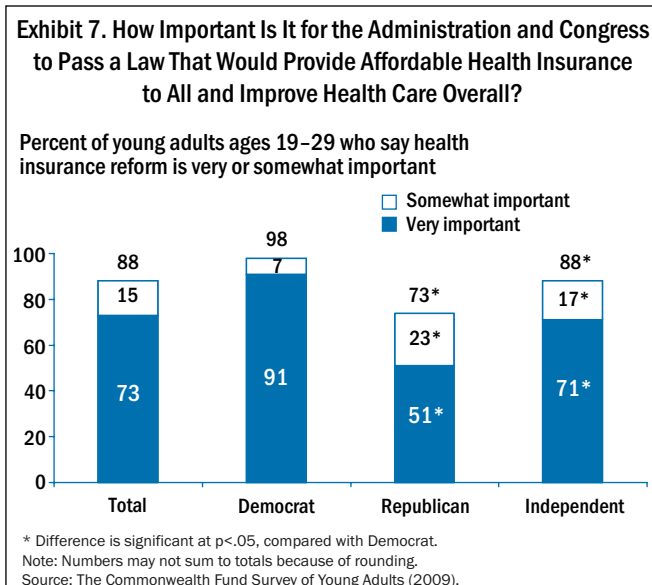
The survey finds a large majority of young adults think health reform is important, regardless of income or insurance, family, or student status. Almost nine of 10 young adults (88%) think it is very or somewhat important for the administration and Congress to pass a law that would provide affordable health insurance to all and improve health care overall (Exhibit 7). Seventy-three percent said it is very important, and an additional 15 percent said it is somewhat important. More young adult Democrats said it was important to pass health reform than did Republicans: 91 percent of Democrats and 51 percent of Republicans said it was very important. An additional 23 percent of Republicans said it was somewhat important.

A majority of Independents (71%) said it was very important to pass health care reform.

Health care reform resonates with large majorities of young adults regardless of income, race and ethnicity, family status, or current insurance status. About nine of 10 lower-income young adults think health reform is very or somewhat important, and even those in higher-income households—those most likely to have coverage—think that health reform is very or somewhat important (76%) (Appendix Table 3). Young adults enrolled in Medicaid are the most likely to think health reform is important (98%), with uninsured young adults following close behind (92%). Among young adults with employer-based insurance, 83 percent think that health reform is very or somewhat important.

Most Young Adults View Financing Health Insurance as a Shared Responsibility

Health insurance is currently paid for in the U.S. by contributions from employers, individuals, and the government. Both the House and Senate reform bills would retain this shared responsibility for the cost of coverage. The survey asked young adults: “Who do you think should pay for health insurance for all people? Should insurance costs be paid for mostly by individuals, mostly by employers, mostly by the government, or should insurance costs be shared by individuals, employers and the government?” About

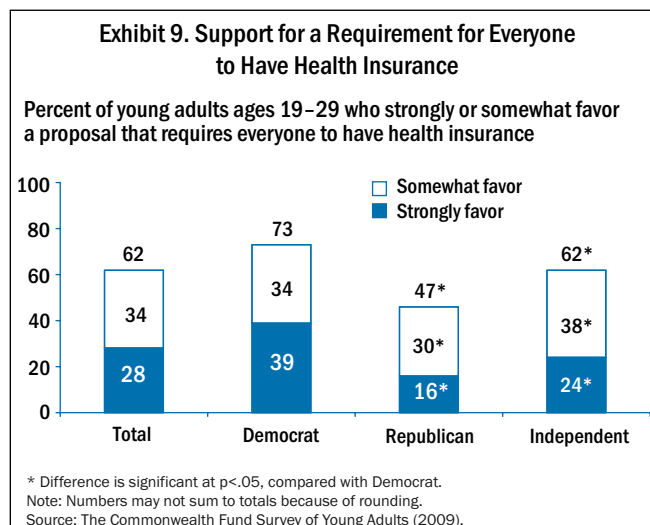


three of five (61%) young adults think insurance costs should be shared by individuals, employers, and the government (Exhibit 8). Essentially equal proportions of Democrats (64%) and Independents (68%) have this view, but fewer Republicans (51%) think costs should be shared. Republicans and Democrats differ in their views of shared responsibility: one-quarter of Democrats think health insurance costs should be paid mostly by the government and larger proportions of Republicans think insurance costs should be paid for mostly by employers (15%) or individuals (19%). A larger share of young adults with incomes under \$20,000 think that the government should shoulder most of the financial responsibility for insurance coverage, and a larger share of those with incomes above \$40,000 think that employers should provide most of the financial responsibility (Appendix Table 4). Large percentages of young adults with Medicaid (30%) and those uninsured (23%) think insurance should be paid for mostly by the government.

Most Young Adults Favor a Requirement That Everyone Have Health Insurance

Both health care reform bills would require everyone to have health insurance, with some exemptions and penalties for those who do not comply. The survey asked if they would favor a proposal that requires everyone to have health insurance—much in the same way that all drivers are required to have liability insurance. Under such a proposal, people with higher incomes who do not have coverage would be required to buy it; for those who cannot afford insurance, the government would help pay for it.

A majority of young adults (62%) are strongly or somewhat in favor of the requirement: 28 percent strongly favor it, and 34 percent are somewhat in favor (Exhibit 9). Support for the requirement is stronger among Democrats and Independents than among Republicans: 73 percent of Democrats are strongly or somewhat in favor, as are 62 percent of Independents compared with slightly less than half of Republicans (47%). There is not strong opposition to an individual requirement to have health insurance among young

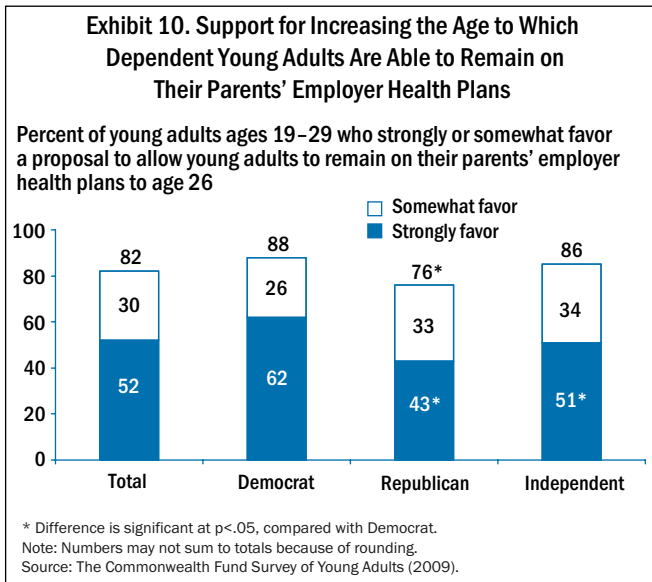


adults: 29 percent of Republicans, 16 percent of Independents, and 7 percent of Democrats are strongly opposed to it (Appendix Table 5).

Women are slightly more supportive of a requirement that everyone have health insurance than men: 65 percent of women strongly or somewhat favor such a requirement, versus 58 percent of men. Blacks and Hispanics (74%) are also more supportive of this requirement than whites (55%). Young adults with low incomes are the most supportive: two-thirds (67%) of those with incomes below \$20,000 are strongly or somewhat in favor, compared with just half (51%) of those with incomes of \$60,000 or more. Young adults who are covered by Medicaid (71%) are more in favor than those with employer-based insurance (59%). There are few differences by family, student, or family work status.

Majority of Young Adults Support Increasing the Dependent Age for Parent’s Insurance

Most insurance policies cover dependent young adults on their parents’ plans up to age 19 or as long as they are full-time students, but drop them once they leave school. In the past few years, 26 states have increased the upper age limit for dependents to stay on their parents’ insurance, regardless of student status.¹⁰ New maximum ages for dependent status range from 24 in Delaware, Indiana, South Dakota, and Tennessee to 30 in New Jersey and New York (Appendix Table 6). Fifteen states have set 25 as the maximum age.



Just four of these state laws apply to students only. In general, the laws apply to plans covered under state insurance regulations and thus, do not apply to self-insured employers. Both of the health reform bills would federalize this requirement. The Senate and House bills would require insurers and employers to allow young adults up to age 26 and 27, respectively, to remain on their parents' policies. Unlike the state laws that apply only to non-self-insured companies, the bills' requirement would apply to all insurance carriers and employers.

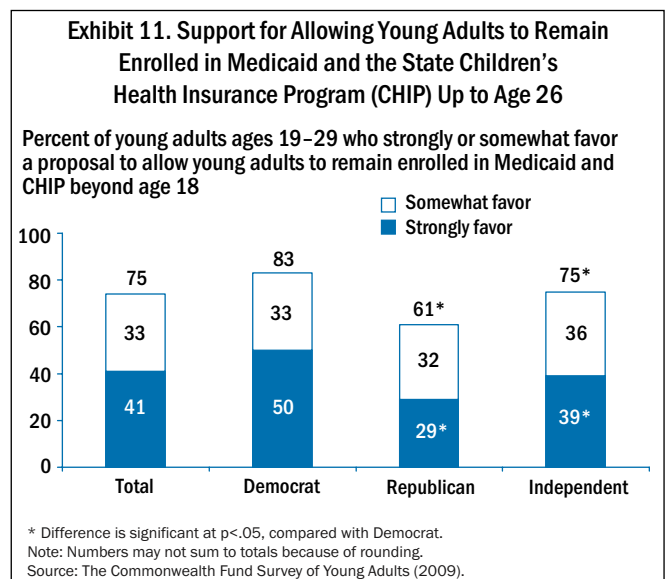
The Commonwealth Fund survey asked young adults if they would favor or oppose a law that would allow dependents up to age 26 to remain on their parents' employer-based health insurance plans. The survey findings show widespread support for such a law by age, gender, race, income, and source of insurance. More than four of five (82%) young adults favor allowing young adults to remain on their parents' insurance, with 52 percent strongly in favor and 30 percent somewhat in favor (Exhibit 10, Appendix Table 7). Higher proportions of Democrats (88%) and Independents (86%) support increasing the dependent age, but a large proportion of Republicans also supports it (76%).

There is widespread support for this proposal among all young adults, but some demographic groups exhibit stronger support than others. Young adults at the lower end of the age range (i.e., ages 19 to 23) are slightly more supportive than those at the higher end

(i.e., ages 24 to 29), and women are more supportive than men (86% of women vs. 79% of men). Young adults with lower incomes and unmarried young adults are more strongly in favor of allowing dependents to stay on their parents' insurance (Appendix Table 7).

Majority of Young Adults Favor Allowing Young Adults to Remain on Medicaid/CHIP Beyond Age 18

Most children who are covered through Medicaid and the Children's Health Insurance Program lose eligibility as soon as they turn 19. There is very limited eligibility for low-income adults beyond age 18 on a state-by-state basis, and few states offer Medicaid for childless adults. Those that do have very low income eligibility levels or offer limited benefits.¹¹ Young adults with low incomes are the most at risk of lacking health insurance. Expanding Medicaid or CHIP eligibility could significantly reduce the number of uninsured young adults. States could have the option of extending coverage up to a target age, such as 26, and could phase in coverage one year at a time. Alternatively, Congress could require states to extend coverage to young adults who are currently enrolled in the programs and are "aging off"—similar to the way states are now required to extend Medicaid coverage to individuals who become ineligible because of higher earnings.¹²



Three of four (75%) young adults favor allowing young adults to remain on Medicaid/CHIP beyond age 18 (Exhibit 11). Forty-one percent strongly favor such a proposal and 33 percent are somewhat in favor. Only a small proportion of young adults are strongly opposed to such a proposal (11%). Democrats (83%) and Independents (75%) are more supportive than Republicans (61%) (Appendix Table 8).

CONCLUSION

The Commonwealth Fund Survey of Young Adults (2009) reveals a need for health reform to reduce gaps in coverage for young adults, especially at key points of transition in their lives, like high school and college graduation. These gaps could be closed by the health reform bills currently in Congress, which contain several provisions that would help young adults maintain comprehensive, affordable coverage.

The Senate bill would expand Medicaid to 133 percent of the federal poverty level and the House bill would increase eligibility to 150 percent of the federal poverty level—that is, an income of \$14,404 to \$16,245 for a single adult or \$29,327 to \$33,075 for a family of four. These expansions could provide coverage to the largest group of uninsured young adults: those with low incomes. Expanding Medicaid to 150 percent of poverty could cover 8 million currently uninsured young adults.¹³ State or national insurance exchanges in the bills would provide an opportunity for young adults to purchase insurance coverage with essential benefit standards, no underwriting based on health status, and premium subsidies. Sliding-scale premium subsidies would be available for young adults

with incomes up to 400 percent of poverty—\$43,320 for a single adult and \$88,200 for a family of four—to purchase coverage through an exchange. Under the House bill, these subsidies would limit young adults' premium contributions to 3 percent of income for those with income levels at just over 150 percent of poverty and rise to 12 percent of income for those at 400 percent of poverty. Under the Senate bill, young adults' premium contributions would be limited to about 4 percent of income at just over 133 percent of poverty, and gradually increase to 9.8 percent at 300 percent to 400 percent of poverty.

Cost-sharing credits would reduce limits on cost-sharing for low- and middle-income young adults and their families. The Senate bill also would provide a low-cost catastrophic policy as an option for young adults, similar to the lower-cost insurance products offered to young adults through the Commonwealth Choice program in Massachusetts.¹⁴ The House bill would require all employers to either offer insurance to their employees or make a contribution based on payroll to help cover employees through the exchange.

Finally, beginning immediately, the bills would require insurers and employers to allow dependents to stay on their parents' health plans up to age 26 (Senate) or 27 (House). These provisions would make it easier for young adults to obtain and keep affordable, comprehensive coverage through transitions from school to work and from job to job. Under the current system—without health reform—these transitions usually result in young adults switching or losing health insurance altogether.

NOTES

- ¹ J. L. Nicholson, S. R. Collins, B. Mahato, E. Gould, C. Schoen, and S. D. Rustgi, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, 2009 Update* (New York: The Commonwealth Fund, August 2009).
- ² U.S. Department of Labor, “The Employment Situation, November 2009,” (Washington, D.C.: U.S. Bureau of Labor Statistics, Nov. 2009), <http://www.bls.gov/news.release/pdf/empsit.pdf>.
- ³ S. R. Collins, K. Davis, J. L. Nicholson, S. D. Rustgi, and R. Nuzum, *The Health Insurance Provisions of the 2009 Congressional Health Reform Bills: Implications for Coverage, Affordability, and Costs* (New York: The Commonwealth Fund, forthcoming).
- ⁴ S. R. Collins, C. White, and J. L. Kriss, *Whither Employer-Based Health Insurance? The Current and Future Role of U.S. Companies in the Provision and Financing of Health Insurance* (New York: The Commonwealth Fund, Sept. 2007).
- ⁵ Nicholson, Collins, Mahato et al., *Rite of Passage?*, 2009.
- ⁶ This question was asked of all young adults who attended a two-year or four-year college for some time, even if they did not earn a degree.
- ⁷ M. M. Doty, S. R. Collins, J. L. Nicholson, and S. D. Rustgi, *Failure to Protect: Why the Individual Insurance Market Is Not a Viable Option for Most U.S. Families* (New York: The Commonwealth Fund, July 2009).
- ⁸ S. R. Collins, K. Davis, R. Nuzum, S. D. Rustgi, S. Mika, and J. L. Nicholson, *The Comprehensive Congressional Health Reform Bills of 2009: A Look at Health Insurance, Delivery System, and Financing Provisions* (New York: The Commonwealth Fund, Oct. 2009); Collins, Davis, Nicholson et al., *Health Insurance Provisions of the 2009 Congressional Health Reform Bills*, forthcoming.
- ⁹ Analysis of the 2009 Current Population Survey by Nicholas Tilipman and Bhaven Sampat of Columbia University.
- ¹⁰ Nicholson, Collins, Mahato et al., *Rite of Passage?*, 2009.
- ¹¹ The Henry J. Kaiser Family Foundation, “Medicaid and State Funded Coverage Income Eligibility Limits for Low-Income Adults, 2009,” <http://state-healthfacts.org/comparereport.jsp?rep=54&cat=4>.
- ¹² J. M. Lambrew and A. Garson, Jr., *Small But Significant Steps to Help the Uninsured* (New York: The Commonwealth Fund, Jan. 2003).
- ¹³ Analysis of the 2009 Current Population Survey by Nicholas Tilipman and Bhaven Sampat of Columbia University.
- ¹⁴ The low-cost catastrophic plan would include essential health benefits, three primary care visits, and cost sharing to HSA out-of-pocket limits; “Health Care Access and Affordability Conference Committee Report,” Apr. 2006. <http://www.mass.gov/legis/summary.pdf>.

METHODOLOGY

Data come from the Commonwealth Fund Survey of Young Adults (2009), a national telephone survey conducted May 12, 2009 through July 2, 2009, among a nationally representative sample of 2,002 young adults ages 19 to 29 and living in the continental United States. The survey was conducted by Social Science Research Solutions (SSRS). Since many young adults use cell phones “mostly” or “exclusively,” this survey employed a dual-frame landline and cell phone telephone design in which half (1,002) of the interviews were conducted by cell phone. The 25-minute telephone interviews were completed in both English and Spanish, according to the preference of the respondent.

The landline portion of the sample used a disproportionate, stratified random digit dialing design to increase the potential of reaching young adult households overall, as well as those specifically low-income and African American and Hispanic. A prescreened strata was included, which supplemented the sample with additional interviews of households identified as having a 19-to-29-year-old in prior waves of SSRS’s national omnibus survey. The cell phone portion of the sample was accomplished using basic random digit dialing methodology of working cell phone exchanges. Using this dual-frame stratified sampling design, this study obtained an oversample of low-income, African American, and Hispanic adults. Survey data were weighted to 1) correct for the fact that not all survey respondents were selected with the same probability, and 2) account for gaps in coverage and nonresponse biases in the survey frame. In the first stage, SSRS developed design weights to compensate for sample-frame biases and the number of telephones in the household/cell phone-only status. Population counts for telephone status were requested from the National Center for Health Statistics and drawn from their National Health Insurance Survey. In the second stage, the data were weighted by age, education, geographic region, gender, and race/ethnicity using the 2007 American Community Survey population Exhibits. The resulting weighted sample is representative of the approximately 46 million adults ages 19 to 29.

The survey achieved a 32 percent response rate (calculated according to the standards of the American Association for Public Opinion Research). The survey has an overall margin of sampling error of ± 2 percent at the 95 percent confidence level.

Appendix Table 1. Current Insurance and Continuity of Insurance, Young Adults Ages 19–29

	Total	Age		Gender		Income		Race/Ethnicity		
		19–23	24–29	Men	Women	<200% FPL	200%+ FPL	White	Black	Hispanic
Percent	100%	46%	54%	51%	49%	57%	38%	60%	14%	18%
Total (millions)	45.8	20.9	24.5	23.5	22.2	26.0	17.2	27.7	6.3	8.4
Unweighted n	2,002	833	1,154	1,010	992	1,058	824	1,184	256	367
Insurance status										
Employer	44	40	47*	44	45	31	66*	51	36*	30*
Own	25	15	34*	29	22*	12	47*	28	23	17*
Other	19	25	13*	15	23*	19	19	23	13*	12*
Medicare	3	3	3	4	2	4	2*	2	3	7*
Medicaid	12	10	14*	9	16*	18	5*	9	23*	16*
Individual	7	9	5*	7	6	7	6	8	4	4*
College/university	1	2	1	1	2	2	1	1	1	1
Other/military	5	7	3*	4	5	5	4	4	4	4
Uninsured	28	29	27	31	24*	33	17*	24	30	39*
Insurance continuity										
Insured all year	55	53	57	53	58	47	69*	61	46*	42*
Uninsured anytime during the year	45	47	43	47	42	53	31*	39	54*	58*
Among those currently uninsured, length of time uninsured										
<4 months	9	10	7	8	9	8	11	9	^	8
4 months to <1 year	13	14	12	12	15	14	17	16	^	6*
1–2 years	23	28	18*	18	29*	23	26	22	^	21
>2 years	46	38	54*	51	41	48	34*	49	^	44
Never had insurance	9	9	9	11	6	7	11	4	^	21*

* Difference is significant at $p < .05$, compared with first column in category (i.e., compared with age 19–23, men, <200% FPL, white).

^ Sample is too small for analysis ($n < 100$).

Note: Our overall estimates of uninsurance among young adults are similar to those from the 2009 Current Population Survey (our survey estimates that 28% of young adults are uninsured, vs. CPS's estimate of 30%). However, our estimates of uninsurance among young adults with incomes below 200% of poverty are considerably lower than those from the 2009 CPS: our survey estimates 33% uninsured, while CPS estimates 46% uninsured. The most notable difference in insurance source is among those with ESI-other. Our survey estimates that 19% of low-income young adults have ESI-other, while CPS estimates that only 8% of low-income young adults have ESI-other. Our estimates of uninsurance among Hispanic young adults are also considerably lower than those from the 2009 CPS: our survey estimates that 39% of Hispanic young adults are uninsured, while CPS estimates that 48% are uninsured.

Source: The Commonwealth Fund Survey of Young Adults (2009).

Appendix Table 2. Transitions in Insurance After High School and College

	Age			Gender		Income		Race/Ethnicity		
	Total	19–23	24–29	Men	Women	<200% FPL	200%+ FPL	White	Black	Hispanic
Percent	100%	46%	54%	51%	49%	57%	38%	60%	14%	18%
Total (millions)	45.8	20.9	24.5	23.5	22.2	26.0	17.2	27.7	6.3	8.4
Unweighted n	2,002	833	1,154	1,010	992	1,058	824	1,184	256	367
TRANSITIONS FROM HIGH SCHOOL										
Insurance in high school										
Parent’s employer	61	63	59	62	59	56	70*	69	54*	41*
Medicare	3	3	3	2	3	4	2	1	3	7*
Medicaid	10	11	9	8	12*	12	7*	9	21*	8
Individual	5	6	4	5	5	5	5	7	3*	1*
Other/military	2	2	2	2	3	3	2	2	2	3
Uninsured	19	16	22*	20	18	20	16	12	17	41*
Among those who had insurance in high school, what happened when graduated or left high school										
Continued to get insurance from same source	52	60	45*	49	56*	54	51	56	44*	48
Switched to a new source of insurance	15	10	19*	17	12*	10	21*	14	20	12
Lost insurance	30	27	32	30	30	33	26*	28	33	34
What happened when switched/lost insurance?										
Got insurance through an employer	24	17	29*	29	18*	15	36*	25	22	26
Purchased insurance on the individual market	8	9	7	8	8	8	7	7	9	8
Got insurance through a college/university health plan	7	7	7	7	7	7	7	6	8	5
Got insurance through the military	6	6	7	8	4	4	10*	6	12	3
Went without insurance	49	54	45	44	54*	58	36*	51	40	50
Something else/other	6	6	6	4	8	8	3*	5	10	6
Among those who switched insurance, was there a gap?										
Yes	50	56	47	56	40*	52	50	48	^	^
No	48	43	51	43	58*	47	48	51	^	^
Among those who had a gap in insurance or went without insurance, how long were you without insurance?										
1 month or less	4	4	3	4	3	3	4	5	^	^
>1 month to <6 months	13	18	10*	13	13	12	14	11	^	^
6 months to <1 year	12	10	13	11	13	10	16	12	^	^
1 year to <2 years	21	21	21	18	24	19	24	19	^	^
2 years or more	49	45	52	52	46	53	40*	52	^	^

	Total	Age		Gender		Income		Race/Ethnicity		
		19–23	24–29	Men	Women	<200% FPL	200%+ FPL	White	Black	Hispanic
TRANSITIONS FROM COLLEGE										
Among those who graduated from college or had some college, their insurance in college										
Parent's employer	53	54	53	50	55	49	56	61	39*	42*
Own employer	8	5	9	10	6	4	11*	7	10	7
Medicare	0	1	0	0	1	1	0	0	1	1
Medicaid	5	7	3	1	7*	8	2*	4	9	2
Individual	4	2	4	5	3	3	3	4	1	0
College/university	5	3	6	6	4	5	5	4	4	7
Other/military	4	3	4	4	4	4	4	3	2	5
Uninsured	22	24	21	24	21	26	18*	16	32*	36*
Among those who had insurance in college, what happened when graduated or left college										
Continued to get insurance from same source	30	40	27*	30	30	33	28	30	^	^
Switched to a new source of insurance	39	20	45*	38	40	19	52*	41	^	^
Lost insurance	28	34	26	31	25	43	19*	26	^	^
What happened when switched/lost insurance?										
Got insurance through an employer	50	26	57*	45	54	23	65*	52	^	^
Purchased insurance on the individual market	9	11	8	8	10	11	8	9	^	^
Got insurance through a graduate school health plan	2	2	2	1	2	2	2	2	^	^
Got insurance through the military	6	7	5	10	3*	4	7	6	^	^
Went without insurance	28	47	24*	34	24	52	15*	28	^	^
Something else/other	3	1	3	1	4	4	2	1	^	^
Among those who switched insurance, was there a gap?										
Yes	44	^	42	46	42	^	42	43	^	^
No	54	^	56	52	55	^	56	55	^	^
Among those who had a gap in insurance or went without insurance, how long were you without insurance?										
1 month or less	13	^	11	9	16	13	12	15	^	^
>1 month to <6 months	33	^	35	30	35	23	43*	34	^	^
6 months to <1 year	14	^	12	13	14	13	15	14	^	^
1 year to <2 years	13	^	12	16	10	13	12	14	^	^
2 years or more	27	^	29	29	25	37	17*	23	^	^

* Difference is significant at $p < .05$, compared with first column in category (i.e., compared with age 19–23, men, <200% FPL, white).

^ Sample is too small for analysis ($n < 100$).

Source: The Commonwealth Fund Survey of Young Adults (2009).

Appendix Table 3. Importance of Health Care Reform

President Obama has made reform of the U.S. health system one of the central goals of his administration. Members of Congress are working on legislation to expand health insurance and improve the quality and cost of care. In your view, how important is it for the Administration and Congress to pass a law that would provide affordable health insurance to all and improve health care overall? Is it...?

	Very important	Somewhat important	Not too important	Not at all important
Total	73	15	4	6
Age				
19–23	75	15	3	5
24–29	72	14	5	7
Gender				
Men	69	16	4	9
Women	78*	13	4	4*
Race/ethnicity				
White	65	18	6	9
Black	94*	5*	0*	1*
Hispanic	87*	9*	1*	1*
Income				
Less than \$20,000	79	13	3	4
\$20,000–\$39,999	74	15	3	6
\$40,000–\$59,999	66*	17	6	9*
\$60,000 or more	57*	19*	9*	14*
Insurance status				
Employer	64	18	6	9
Medicaid	93*	5*	0*	0*
Individual	61	25	3	8
Other insurance**	78*	14	1	4
Uninsured	83*	10*	2*	4*
Family status				
Married with children	73	14	3	7
Single with children	88*	7*	1	2*
Married without children	69	15	8*	7
Single without children	71	17	4	6
Political affiliation				
Democrat	91	7	1	0
Republican	51*	23*	10*	14*
Independent	71*	17*	3*	7*
Student status				
College student	69	16	5	8
Graduate student	69	18	4	4
Non-student	76	14	3	6
Family work status				
At least one full-time worker in family	69	16	5	8
Only part-time workers	78*	14	4	3*
No worker in family	81*	12	1*	5*

* Difference is significant at p<.05, compared with first row in category (i.e., compared with age 19–23, men, white, etc.).

** Includes Medicare and college/university insurance.

Source: The Commonwealth Fund Survey of Young Adults (2009).

Appendix Table 4. Whose Responsibility Is It to Pay for Insurance?

Who do you think should pay for health insurance for all people? Should insurance costs be paid for mostly by individuals, mostly by employers, mostly by the government, or should insurance costs be shared by individuals, employers, and the government?				
	Shared by individuals, employers, and government	Mostly individuals	Mostly employers	Mostly government
Total	61	9	7	20
Age				
19–23	59	9	6	22
24–29	63	8	8	18
Gender				
Men	58	10	8	20
Women	64*	7*	7	19
Race/ethnicity				
White	62	10	9	16
Black	52*	4*	3*	38*
Hispanic	63	8	6	19
Income				
Less than \$20,000	63	8	5	22
\$20,000–\$39,999	63	10	6	18
\$40,000–\$59,999	63	10	11*	15*
\$60,000 or more	59	10	14*	13*
Insurance status				
Employer	64	9	10	14
Medicaid	60	5	4*	30*
Individual	56	18*	7	17
Other insurance**	52*	6	7	31*
Uninsured	60	8	4*	23*
Family status				
Married with children	63	8	8	17
Single with children	59	5	6	26*
Married without children	63	9	10	15
Single without children	60	10	6	21
Political affiliation				
Democrat	64	3	6	25
Republican	51*	19*	15*	14*
Independent	68	8*	5	16*
Student status				
College student	62	11	8	15
Graduate student	72	6	9	13
Non-student	60	8	7	21
Family work status				
At least one full-time worker in family	62	10	9	16
Only part-time workers	66	6*	6	20
No worker in family	58	8	4*	26*

* Difference is significant at $p < .05$, compared with first row in category (i.e., compared with age 19–23, men, white, etc.).

** Includes Medicare and college/university insurance.

Source: The Commonwealth Fund Survey of Young Adults (2009).

Appendix Table 5. Support for Individual Insurance Requirement

The state of Massachusetts now requires that everyone have health insurance, the way all drivers are required to have automobile insurance. People with higher incomes who do not have health insurance coverage are required to buy insurance, and the state helps to pay for insurance for those who can't afford it. Would you strongly favor, somewhat favor, somewhat oppose, or strongly oppose a similar requirement for all of America?

	Strongly favor	Somewhat favor	Somewhat oppose	Strongly oppose
Total	28	34	17	16
Age				
19–23	28	35	17	14
24–29	27	33	16	18*
Gender				
Men	27	31	17	19
Women	28	37*	16	14*
Race/ethnicity				
White	21	34	20	21
Black	46*	29	12*	9*
Hispanic	34*	40*	12*	6*
Income				
Less than \$20,000	30	36	17	13
\$20,000–\$39,999	30	32	16	18
\$40,000–\$59,999	24	32	15	25*
\$60,000 or more	17*	33	23	23*
Insurance status				
Employer	24	36	18	18
Medicaid	37*	34	15	9*
Individual	25	39	14	19
Other insurance**	35	40	11	8*
Uninsured	30*	30	16	17
Family status				
Married with children	24	35	17	18
Single with children	39*	26*	13	13
Married without children	19	36	22	18
Single without children	28	35	16	16
Political affiliation				
Democrat	39	34	14	7
Republican	16*	30	22*	29*
Independent	24*	38	19*	16*
Student status				
College student	23	39	18	15
Graduate student	36	37	15	11
Non-student	29	32	16	17
Family work status				
At least one full-time worker in family	26	33	18	18
Only part-time workers	25	41*	16	13
No worker in family	34*	32	14	15

* Difference is significant at p<.05, compared with first row in category (i.e., compared with age 19–23, men, white, etc.).

** Includes Medicare and college/university insurance.

Source: The Commonwealth Fund Survey of Young Adults (2009).

Appendix Table 6. State Laws That Increase the Age Up to Which Young Adults Are Considered Dependents for Insurance Purposes

State	Year law passed or implemented	Limiting age of dependency status	Applies to non-students?
Colorado ¹	2006	25	Yes
Connecticut ²	2007	26	Yes
Delaware ³	2006	24	Yes
Florida ⁴	2007	25	Yes
Idaho ⁵	2007	25	No
Illinois ⁶	2008	26	Yes
Indiana ⁷	2007	24	Yes
Iowa ⁸	2008	25	Yes
Kentucky ⁹	2008	25	Yes
Maine ¹⁰	2007	25	Yes
Maryland ¹¹	2007	25	Yes
Massachusetts ¹²	2006	26	Yes
Minnesota ¹³	2007	25	Yes
Montana ¹⁴	2007	25	Yes
New Hampshire ¹⁵	2007	26	Yes
New Jersey ¹⁶	2006	30	Yes
New Mexico ¹⁷	2005	25	Yes
New York ¹⁸	2009	30	Yes
Rhode Island ¹⁹	2006	25	No
South Dakota ²⁰	2005	24	No
Tennessee ²¹	2008	24	Yes
Texas ²²	2003	25	Yes
Utah ²³	1994	26	Yes
Virginia ²⁴	2007	25	No
Washington ²⁵	2007	25	Yes
West Virginia ²⁶	2007	25	Yes

¹ Colorado House Bill 05-1101; Requires group and privately purchased individual health plans to cover unmarried dependents up to age 25. Dependents must be unmarried or financially dependent, or live at the same address as parents, but eligibility is not dependent on full-time enrollment in school.

² Connecticut C.G.S.A. § 38a-497; Requires that group health insurance policies extend coverage to children up to age 26; effective January 1, 2009.

³ Delaware House Bill 446, Chapter No. 419; Requires insurance providers to cover unmarried young adults under a pre-existing family policy up to age 24. Applicable as long as the young adult has no dependents and either lives in the state of Delaware or is a full-time student.

⁴ Florida Chapter 627.6562; Allows unmarried young adults up to age 25 who live with their parents or are financially dependent to remain on their parents' health insurance. The health insurance plan must cover these young adults at least until the end of the calendar year in which the young adult turns 25.

⁵ Idaho Senate Bill 1105, Chapter No. 148; Allows unmarried financially dependent full-time students up to age 25 to remain on their parents' health insurance, and unmarried non-students up to age 21.

⁶ Illinois Public Act 95-0958; Allows parents the option of keeping dependents on their health plan until their 26th birthday; parents with dependents who are veterans can keep them on their health plan until their 30th birthday.

⁷ Indiana House Bill 1678; Requires commercial health insurers and health maintenance organizations to cover dependents up to age 24 on their parents' insurance.

⁸ Iowa House Bill 2539; Requires health insurers to continue to cover dependents on their parents' coverage as long as the child is under the age of 25, a full-time student, or disabled. The dependent must be unmarried and must reside in Iowa.

- 9 Kentucky Chapter No. 169; Allows parents to keep their unmarried children on their health insurance plans up to age 25. Parents will be required to pay extra premiums for their children's coverage.
- 10 Maine Chapter 115 Title 24-A; Requires individual and group health insurance policies to continue coverage for a dependent child up to age 25 if the child is financially dependent on the policyholder and has no dependents of his/her own.
- 11 Maryland House Bill 1057; Allows young adults up to age 25 to receive coverage through their parents' health insurance as long as they live with the policyholder and are unmarried.
- 12 Massachusetts House Bill 4850; As part of Massachusetts' April 2006 health insurance expansion law, young adults are considered dependents for insurance purposes up to age 25 or for two years after they are no longer claimed on their parents' tax returns, whichever comes first.
- 13 Minnesota Chapter 62E.02, House Bill 475; Effective January 1, 2008; Allows dependents up to age 25 to remain on their parents' private health insurance plans.
- 14 Montana MCA 33-22-140, Senate Bill 419; provides insurance coverage to unmarried children up to 25 years of age under a parent's policy; effective January 1, 2008.
- 15 New Hampshire Senate Bill 183-FN; Applies to dependents up to age 26 who are unmarried, have no dependents of their own, are residents of New Hampshire or full-time students, and are not provided coverage through another group or individual health plan.
- 16 New Jersey Public Act 2005 Chapter 375; Requires most group health plans to cover single adult dependents up to age 30.
- 17 New Mexico House Bill 335; Requires that all insurance policies provide coverage for unmarried dependents up to age 25, regardless of school enrollment.
- 18 New York Assembly Bill A09038; Allows unmarried young adults up to age 30 who are not eligible for employer sponsored insurance to be covered under their parent's health insurance, regardless of financial dependence; effective September 1, 2009.
- 19 Rhode Island Senate Bill 2211; Requires health insurance plans to cover unmarried dependent children up to age 19, or age 25 for financially dependent students.
- 20 South Dakota Codified Law 58-17-2.3, Senate Bill 108; Prohibits any insurance provider that offers dependent benefits from terminating coverage before age 19, or 24 if the dependent is a full-time student.
- 21 Tennessee Code Ann. 56-7-2302; Allows unmarried and financially dependent young adults up to age 24 to remain on their parents' health insurance plan.
- 22 Texas House Bill 1446; Allows dependents up to age 25 to be covered by their parents' insurance plans. Full-time students age 25 and older are also eligible to remain on their parents' health insurance.
- 23 Utah Code, Title 31A-22-610.5; Requires insurance policies that include dependent coverage to cover unmarried dependents up to age 26.
- 24 Virginia Code 38.2-3525 allows dependent full-time students up to age 25 to remain on their parents' health insurance.
- 25 Washington Chapter 259, 2007 Laws PV, Senate Bill 5930; Requires all commercial insurance carriers and the state employee programs to offer enrollees the opportunity to extend coverage to unmarried dependents up to age 25.
- 26 West Virginia Chapter 134, Acts 2007; Increases the dependent age for a child or stepchild to 25 for health insurance coverage.

Note: Four additional states have passed laws to extend the dependency eligibility age for young adults in the military or who are disabled.

Additional sources: National Conference of State Legislatures, *Changing Definition of 'Dependent': Who Is Insured and For How Long?*, <http://www.ncsl.org/programs/health/dependentstatus.htm>.

Appendix Table 7. Support for Increasing Dependent Age

<p>Many young adults who have health insurance through their parents' employers lose their coverage at age 19. To help prevent this from happening, many states have increased the age to which dependent young adults are able to remain on their parents' employer health plans. Would you strongly favor, somewhat favor, somewhat oppose, or strongly oppose a similar national law that would allow dependents up to age 26 to remain on their parents' employer health insurance plans?</p>				
	Strongly favor	Somewhat favor	Somewhat oppose	Strongly oppose
Total	52	30	7	9
Age				
19–23	57	30	4	7
24–29	48*	31	8*	10
Gender				
Men	46	33	6	11
Women	58*	27*	7	6*
Race/ethnicity				
White	52	31	6	9
Black	58	24	4	10
Hispanic	50	33	8	7
Income				
Less than \$20,000	55	31	5	8
\$20,000–\$39,999	55	29	6	8
\$40,000–\$59,999	49	28	10*	13*
\$60,000 or more	41*	34	10*	11
Insurance status				
Employer	51	30	7	10
Medicaid	59	29	5	5
Individual	50	36	6	6
Other insurance**	46	34	11	2*
Uninsured	52	29	7	10
Family status				
Married with children	46	30	10	11
Single with children	57*	28	8	5*
Married without children	50	29	7	11
Single without children	55*	31	4*	8
Political affiliation				
Democrat	62	26	4	6
Republican	43*	33*	9*	14*
Independent	51*	34*	7	6
Student status				
College student	56	31	5	8
Graduate student	61	30	5	4
Non-student	50	30	7	9
Family work status				
At least one full-time worker in family	50	30	8	10
Only part-time workers	55	34	5	5*
No worker in family	56	29	6	9

* Difference is significant at $p < .05$, compared with first row in category (i.e., compared with age 19–23, men, white, etc.).

** Includes Medicare and college/university insurance.

Source: The Commonwealth Fund Survey of Young Adults (2009).

Appendix Table 8. Support for Increasing Age of Eligibility for Medicaid and CHIP

Medicaid and the State Children’s Health Insurance Program are public programs that provide health insurance for people with low incomes. Young adults now lose coverage under these programs when they turn 19. Some members of Congress have proposed allowing young adults to remain enrolled in these programs up to age 26. Would you strongly favor, somewhat favor, somewhat oppose, or strongly oppose such a proposal?

	Strongly favor	Somewhat	Somewhat	Strongly oppose
Total	41	33	12	11
Age				
19–23	45	35	10	8
24–29	39*	31	14*	14*
Gender				
Men	38	33	12	14
Women	45*	33	11	9*
Race/ethnicity				
White	38	34	13	13
Black	55*	26	8*	10
Hispanic	46*	34	9	8*
Income				
Less than \$20,000	48	32	10	8
\$20,000–\$39,999	41	36	9	12
\$40,000–\$59,999	39	26	19*	15*
\$60,000 or more	21*	37	20*	21*
Insurance status				
Employer	34	36	15	13
Medicaid	64*	24*	4*	7*
Individual	32	39	17	11
Other insurance**	44	31	11	11
Uninsured	47*	30*	9*	11
Family status				
Married with children	38	31	14	14
Single with children	55*	25	7*	10
Married without children	36	34	15	13
Single without children	41	36	11	9*
Political affiliation				
Democrat	50	33	8	7
Republican	29*	32	17*	20*
Independent	39*	36	14*	10
Student status				
College student	41	36	12	8
Graduate student	42	38	9	10
Non-student	42	32	12	12
Family work status				
At least one full-time worker in family	37	35	13	13
Only part-time workers	44*	35	10	7*
No worker in family	50*	28*	10	11

* Difference is significant at p<.05, compared with first row in category (i.e., compared with age 19–23, men, white, etc.).

** Includes Medicare and college/university insurance.

Source: The Commonwealth Fund Survey of Young Adults (2009).

ABOUT THE AUTHORS

Sara R. Collins, Ph.D., is vice president at The Commonwealth Fund. An economist, she is responsible for survey development, research, and policy analysis, as well as program development and management of the Fund's Affordable Health Insurance program. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine, Division of Health and Science Policy. Earlier in her career, she was an associate editor at *U.S. News & World Report*, a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. She holds an A.B. in economics from Washington University and a Ph.D. in economics from George Washington University. She can be e-mailed at src@cmwf.org.

Jennifer L. Nicholson is associate program officer for the Affordable Health Insurance program at The Commonwealth Fund, where she is responsible for project development and grants management, and is also involved in researching emerging policy issues regarding the extent and quality of health insurance coverage and access to care in the United States, researching and writing reports and articles, and survey development and analysis. She holds a B.S. in public health from the University of North Carolina at Chapel Hill and an M.P.H. in epidemiology from Columbia University's Mailman School of Public Health.

ACKNOWLEDGMENTS

The authors gratefully acknowledge the research assistance of Sheila D. Rustgi of The Commonwealth Fund, analysis by Nicholas Tilipman and Bhaven Sampat of Columbia University, and helpful comments from Melissa Herrmann and Robyn Rapoport of Social Science Research Solutions (SSRS). The authors thank the advisory group for their help in developing the Survey of Young Adults: Stephen Beckley (Hodgkins Beckley Consulting, LLC), Brett Brown (Child Trends), Sarah Brown (The National Campaign to Prevent Teen and Unplanned Pregnancy), S. Todd Callahan (Division of Adolescent Medicine, Vanderbilt University), Abigail English (Center for Adolescent Health and the Law), and Charles Irwin (Division of Adolescent Medicine, University of California, San Francisco).

Editorial support was provided by Deborah Lorber.

