The Impact of Job Displacement on Health Insurance Status in the Post-ACA Era*

Katsuhiko Nishiyama†

February 28, 2026

Abstract

This paper examines how job displacement affects health insurance coverage in the post-Affordable Care Act (ACA) environment. In particular, it asks whether Medicaid and health insurance marketplaces, expanded or introduced under the ACA, compensate for the resulting loss of employer-sponsored health insurance (ESHI). Using monthly data from the 2014–2016 Survey of Income and Program Participation, I estimate how each coverage source responds over time after displacement using a difference-in-differences design. ESHI coverage falls by 18 to 20 percentage points within a few months of displacement, with little recovery over the following year. Medicaid enrollment increases by more than 12 percentage points after 12 months in expansion states but shows little response elsewhere. Directly purchased private insurance shows no discernible response despite marketplace availability and premium subsidies, even across income levels. These findings suggest that Medicaid serves as a safety net for displaced workers in expansion states, while marketplace reforms provide limited additional protection in this period.

Keywords: Health Insurance, Job Displacement, the Affordable Care Act

JEL Codes: I13, J64

*The author would like to thank Luca Flabbi, Qing Gong, Makayla Lavender, and participants at the ASHEcon 2025 Conference and OSIPP lunch seminar for useful comments. This work was supported by JSPS KAKENHI Grant Number 25K16664. All remaining errors are my own.

†Osaka School of International Public Policy (OSIPP), Osaka University, 1-31 Machikaneyama, Toyonaka, Osaka, 560-0043 Japan. Email: katsu.nishiyama@gmail.com

1 Introduction

Most non-elderly Americans receive health insurance through their employers. Such insurance is called employer-sponsored health insurance (ESHI). But linking insurance coverage to employment creates an inherent risk. Workers who lose their jobs involuntarily, a shock commonly referred to as job displacement, face not only earnings losses but also potential loss of ESHI. In fact, prior to the Affordable Care Act (ACA), various research documented substantial declines in insurance coverage following job displacement (Lin (2005); Jolly and Phelan (2015); Schaller and Stevens (2015); Jolly and Phelan (2017); East and Simon (2024)).

The ACA introduced reforms that could alleviate these coverage losses. The ACA transformed health insurance options for displaced workers through three main mechanisms. First, it established health insurance exchanges/marketplaces (HIX) with income-based premium subsidies for qualified individuals. Second, it expanded Medicaid eligibility in participating states to cover more low-income adults. Third, it implemented employer mandates that require larger employers to offer affordable health insurance. These reforms created multiple pathways for maintaining coverage outside employment while reinforcing the employer-sponsored insurance system. However, whether these changes actually help displaced workers maintain coverage remains unclear.

This paper examines the impact of job displacement on health insurance coverage in the post-ACA environment. I address two questions: (1) To what extent do displaced workers lose ESHI coverage after job displacement? (2) How effectively do alternative coverage sources, particularly those expanded under the ACA, compensate for lost ESHI? Since job displacement is a common economic shock affecting millions of Americans annually, understanding whether transitions from employer-sponsored coverage to alternative sources occur smoothly is important.

To answer these questions, I estimate the causal impact of job displacement on various insurance coverage rates using a difference-in-differences design. The approach compares

changes in insurance coverage around displacement between workers who are displaced earlier and those not yet displaced. The analysis uses monthly data from the 2014–2016 Survey of Income and Program Participation (SIPP), which provides detailed information on both labor market status and health insurance coverage. I implement the two-stage difference-in-differences estimator developed by Gardner et al. (2024).

Event study estimates show that job displacement reduces own-name ESHI coverage by approximately 18 percentage points within one month of job loss, deepening to 20 percentage points by month three, and remaining near that level at 17 percentage points after twelve months. Medicaid coverage increases by 4.0 percentage points within one month of job loss and reaches 7.5 percentage points after five months. In contrast, own-name directly purchased private insurance (DPHI) exhibits no discernible response despite ACA marketplace provisions. I also explore heterogeneity in effects based on Medicaid expansion status and workers' income-to-poverty ratios. Analysis by state expansion status reveals substantial disparities. Displaced workers in Medicaid expansion states experience Medicaid increases exceeding 12 percentage points by twelve months post-displacement. Workers in non-expansion states show no change. DPHI coverage remains unresponsive regardless of workers' income level, suggesting limited role of ACA premium subsidies for displaced workers.

This study contributes to the literature on job displacement and health insurance. Previous research has examined the coverage consequences of job loss in pre-ACA settings (Gruber and Madrian (1997), Kosteas and Renna (2009), Jolly and Phelan (2015), Schaller and Stevens (2015), Jolly and Phelan (2017)), with East and Simon (2024) showing that declines in employer-provided insurance were partially offset by public insurance take-up. This paper extends the analysis to the post-ACA environment, where marketplace plans and expanded Medicaid offer new coverage pathways, and traces how displaced workers transition across these specific channels over the twelve months following job loss.

The remainder of this paper proceeds as follows. Section 2 describes the institutional background and data. Section 3 presents the empirical strategy. Section 4 displays the main results and heterogeneity analyses. Section 5 discusses the findings. Section 6 concludes.

2 Background and data

2.1 Institutional background

ESHI has long been the primary source of health insurance coverage for non-elderly Americans. This link between employment and insurance coverage creates an inherent risk for displaced workers because they face a potential loss of ESHI in addition to income loss. In this section, I describe several options for displaced workers to maintain insurance coverage and how these options evolved following the implementation of ACA in 2014.

Continuation Coverage of ESHI under COBRA The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows displaced workers to temporarily continue their ESHI coverage. COBRA applies to firms with more than 20 employees and provides up to 18 months of continuation coverage after job termination. Eligible individuals have 60 days to elect coverage [1]. Despite availability, this option sees limited use. In 2017, approximately 130,000 unemployed non-elderly adults maintained COBRA coverage out of 11.5 million unemployed non-elderly adults (Pollitz et al. (2020)). This low take-up likely stems from cost. When displaced workers enroll in continuation ESHI under COBRA, they must pay both employee and employer premium portions plus administrative fees (Elisabeth Thames Askin (2024)). This cost can burden displaced workers who have lost income.

[1] See Pollitz et al. (2020) for details on COBRA eligibility and enrollment rules.

ESHI coverage under employer mandate The ACA established an employer mandate that requires firms with 50 or more full-time equivalent employees to provide affordable health insurance to their full-time employees or pay fines. The employer mandate could affect displaced workers through two channels. First, it could increase the likelihood that displaced workers find new employers offering ESHI. This may accelerate re-insurance through new employment. Second, by increasing ESHI offer rates among larger employers, it could expand the pool of displaced workers with COBRA eligibility, since only workers who had ESHI can access COBRA benefits.

Spousal coverage through HIPAA The Health Insurance Portability and Accountability Act (HIPAA) enables displaced workers to enroll in a spouse's employer plan outside regular enrollment periods. This requires enrollment within 30 days of losing ESHI. HIPAA allows family members to make independent coverage decisions, potentially splitting coverage across different plans based on their own needs [2].

Directly purchased private insurance When displaced workers lose ESHI, they also have the option to purchase private health insurance directly from insurance carriers or brokers. Prior to the ACA, this option was rarely utilized, with only about 6% of non-elderly Americans obtaining coverage through this channel between 2008-2013[3]. Insurers sometimes denied coverage based on pre-existing conditions or imposed differential premiums. Additionally, individual market premiums typically exceeded ESHI premiums due to various reasons such as absence of employer premium contributions and limited risk pooling [4].

The ACA transformed the individual insurance market through three key mechanisms: (i) the ACA established health insurance exchanges (marketplaces) where individuals can compare and purchase standardized plans. Job loss qualifies as a "qualifying

[2]See U.S. Department of Labor (2025) for details on special enrollment rights under HIPAA.
[3]KFF estimates based on the 2008-2023 American Community Survey, 1-Year Estimates.
[4]See KFF (2024) for details on the advantages of ESHI over individual market coverage.

life event" that triggers a Special Enrollment Period, allowing workers to buy a marketplace plan within 60 days of ESHI loss. (ii) the ACA provides income-based premium subsidies through Premium Tax Credits. During the 2014–2016 study period, these subsidies were available to marketplace enrollees with household incomes between 100 and 400% of FPL, with no subsidies above that threshold. In addition, Cost-Sharing Reductions provide additional assistance with out-of-pocket expenses for lower-income enrollees (100-250% FPL) in specific plans. (iii) the ACA prohibits coverage denials based on pre-existing conditions. These reforms were designed to make directly purchased private insurance more accessible and affordable for individuals without ESHI. The ACA may also shift the relative attractiveness of COBRA, as subsidized marketplace plans are typically more affordable than unsubsidized COBRA coverage[5][6].

Medicaid Expansion The ACA's Medicaid expansion extended public coverage eligibility for low-income adults. Pre-ACA, Medicaid eligibility usually excluded childless non-disabled adults regardless of their income. The ACA aimed to expand eligibility to nearly all non-elderly adults with incomes up to 138% FPL. However, the 2012 Supreme Court decision made expansion optional for states. As of early 2025, 41 states including DC have implemented expansion, while 10 have not. In expansion states, workers with post-displacement income below 138% FPL typically qualify for Medicaid. In non-expansion states, displaced workers can fall into a "coverage gap" if their incomes exceed their state's eligibility threshold but remain below 100% FPL. In this case, they are ineligible for both Medicaid and ACA marketplace subsidies. Workers with incomes above 100% FPL in non-expansion states can access marketplace subsidies but face higher costs than they would under Medicaid [7].

[5]Some workers may still prefer COBRA continuation coverage because they value the provider network of the original ESHI.

[6]Alternative individual market options include off-marketplace plans ineligible for subsidies such as Short-Term Limited Duration Insurance, which typically offers less comprehensive but more affordable coverage.

[7]See KFF (2025) for details on state-by-state Medicaid expansion status.

2.2 Data and sample selection

For the analysis, this paper uses the 2014 Survey of Income and Program Participation. SIPP consists of four waves covering 2013 (wave 1) through 2016 (wave 4). SIPP fits well with the purpose of this paper for two reasons. It is nationally representative, and each wave contains monthly information on health insurance coverage, employment status, labor market outcomes, and demographics. This monthly structure provides precise measurement of insurance transitions after job displacement.

I restrict the sample to working-age adults (26-59 years old). The sample excludes those reporting retirement during the study period, the self-employed, and Medicare and military health insurance beneficiaries[8]. The sample includes only respondents observed continuously from 2014 (wave 2) through 2015 (wave 3). I focus specifically on workers who experienced displacement at some point between 2014 (wave 2) and 2016 (wave 4), as never-displaced workers may differ systematically from displaced workers. Workers displaced during 2013 (wave 1) are excluded to avoid "always-treated" cases in the estimation framework. Note that never-displaced workers, who are excluded from the sample, are distinct from never-treated workers. Never-treated workers experienced displacement during wave 4 (outside the estimation window) and constitute part of the control group alongside not-yet-treated observations from later cohorts. Appendix Figure A1 summarizes the sample construction and estimation window. Detailed discussion on the construction of treatment and control groups will be provided in Section 3.

Displaced workers are defined as individuals who experienced involuntary separation from their main job with at least 12 months of tenure. Involuntary separations include plant or company closures, position abolishment, discharge or firing, and other involuntary reasons. Temporary or seasonal job completions are excluded. The definition also excludes voluntary separations such as quits, retirements, and departures for personal

[8]The sample further excludes individuals with missing values on analysis variables and residents of Puerto Rico, U.S. territories, or foreign countries. See Appendix for details.

reasons. When a worker holds multiple jobs in a given month, the main job is identified based on weekly hours worked, job tenure, and monthly earnings.

2.3 Descriptive analysis

Before moving to estimation, this section provides descriptive analysis based on the sample defined above. Appendix Figure A2 shows the distribution of displaced workers across the estimation period, with 486 individuals experiencing job displacement at some point. The distribution reveals considerable variation in the timing of displacement, which provides the identifying variation for the estimation strategy discussed in Section 3.

Figure 1 plots average health insurance coverage rates over time for different displacement cohorts, where each cohort is defined by the calendar month of displacement. Several patterns emerge. First, pre-displacement coverage rates are relatively stable across all insurance types. Second, ESHI declines visibly after displacement events. Third, post-displacement recovery patterns vary across cohorts, with some showing partial ESHI recovery and others exhibiting more persistent coverage losses. The never-treated cohort, which captures workers displaced outside the sample window (2016/01 onward in Wave 4), maintains stable coverage rates throughout the sample period (2014/01 through 2015/12).

Table 1 presents baseline demographic characteristics across displacement cohorts (grouped in 6-month intervals) and their corresponding control groups. Following Baker et al. (2025), normalized differences are computed between treated and control samples within each aggregated cohort. Most characteristics display reasonable balance (normalized differences less than 0.25), though some imbalances emerge, particularly in spousal employment and Medicaid expansion state residence. Such baseline imbalances can violate parallel trends if the imbalanced covariates are associated with differential outcome trends absent displacement (Baker et al. (2025)).

Table 2 reports changes in these characteristics between one month before and one month after displacement. Changes in employment-related variables show large normalized differences, which is expected given that the treatment itself is job displacement. Exogenous covariates that change differentially around displacement could also contaminate the estimated treatment effect, though no such pattern is observed here. Based on these two diagnostics, I control for covariates with baseline imbalances in the estimation framework, as discussed in Section 3.[9]

Insurance state transitions To provide an overview of how insurance coverage changes around job displacement, I construct mutually exclusive insurance states and track their distribution by event time. For this descriptive exercise, each individual is assigned to one state following a priority ordering: own ESHI, own direct purchase, spouse's private coverage, Medicaid, and uninsured.[10]

Figure 2 presents the distribution of these insurance states by event time for the displaced sample. Before job loss, the majority of displaced workers hold own-name ESHI. At displacement, the ESHI share drops sharply, and workers transition into a mix of alternative coverage sources and uninsurance. The uninsured share peaks shortly after displacement before gradually declining, indicating that displaced workers gradually regain coverage over time.[11]

3 Empirical strategy

To examine the impact of involuntary job loss on health insurance coverage, I adopt a difference-in-differences (DID) design with staggered treatment timing. This design compares changes in health insurance status around job displacement between treated indi-

[9] Results without covariate adjustment, reported in Appendix Table A4 and Figure A3, are very similar.

[10] This ordering is for the descriptive analysis only. The main regression analysis uses non-exclusive coverage indicators, allowing individuals to hold multiple types of coverage simultaneously.

[11] Appendix Table A1 tracks insurance state transitions specifically for individuals who held own ESHI at $k = -1$.

viduals and those not yet treated or never treated within the sample period. The specific estimator is described below. The notation used in this section follows Gardner et al. (2024) and Roth et al. (2023).

Causal parameter of interest Consider a balanced panel data $\{Y_{it}, X_{it}, D_{it}\}$, where $i \in \{1, 2, \ldots, N\}$ indexes individuals and $t \in \{1, 2, \ldots, T = 24\}$ indexes calendar time measured in year-month units. Time $t = 1$ corresponds to January 2014, the first month in wave 2, and $t = 24$ corresponds to December 2015, the last month in wave 3. Individuals may experience treatment (i.e., displaced at some point between January 2014 and December 2015) at different points in time. Treatment is regarded as an absorbing state. Let D_{it} indicate whether individual i has been treated by time t, and G_i denote the month of job displacement for individual i, that is, $G_i = \min\{t : D_{it} = 1\}$. Individuals are partitioned into cohorts $g \in \{2, 3, \ldots, 24, \infty\}$, where cohort g consists of individuals displaced at time g. The cohort $g = \infty$ represents "never-treated" individuals. In this analysis, this group consists of those displaced outside the sample window (i.e., during Wave 4, between January and December 2016). For each individual i, let $Y_{it}(g)$ denote the potential outcome at time t if treated at time g. Then $Y_{it}(\infty)$ represents the potential outcome had the individual never been treated during the sample period, $t = 1, ..., 24$.

Define the cohort-time average treatment effect on the treated as $ATT(g, t) = \mathbb{E}[Y_{it}(g) - Y_{it}(\infty) \mid G_i = g]$. This measures the average treatment effect at time t for treated individuals in cohort g. The causal parameters of interest are duration-specific average treatment effects on the treated (ATTs), also known as event-study parameters, which capture how health insurance coverage evolves relative to the timing of displacement. These parameters follow

$$WATT_k^{ES} = \sum_g w_g \, ATT(g, g + k)$$

where w_g denotes the relative frequency of cohort g among treated individuals, and k

indexes time relative to treatment. Negative values of k correspond to pre-treatment periods, while positive values correspond to post-treatment periods.

Identifying assumptions Identification of these causal parameters relies on three key assumptions following the recent literature on staggered DID designs (Roth et al. (2023); Baker et al. (2025); Gardner et al. (2024)): (i) The parallel trends conditional on covariates requires that for all $t \neq t'$, $g \neq g'$, and each covariate value X_i, $\mathbb{E}[Y_{it}(\infty) - Y_{it'}(\infty) \mid G_i = g, X_i] = \mathbb{E}[Y_{it}(\infty) - Y_{it'}(\infty) \mid G_i = g', X_i]$. This assumes that, conditional on covariates, both treated and untreated individuals would have experienced parallel trends in potential outcomes absent treatment. (ii) The no anticipation assumption states that $Y_{it}(g) = Y_{it}(\infty)$ for all i and $t < g$, meaning individuals do not alter their behavior in anticipation of future job displacement. (iii) The overlap condition requires that for all i, there exists some t where $D_{it} = 0$, that is, every individual has at least one untreated period and that each relative-time bin k contains a positive share of treated observations.

Estimation procedure For estimation, the two-step DID approach developed by Gardner et al. (2024) is adopted. It provides point estimates equivalent to Borusyak et al. (2024)'s imputation estimator, while simplifying the computation of standard errors through its GMM framework.

In the first stage, I estimate the model for untreated potential outcomes specified as equation (1), using only untreated observations (i.e., $D_{it} = 0$).

$$Y_{it}(\infty) = \lambda_i + \alpha_t + X_{it}^{'}\gamma + u_{it} \tag{1}$$

Here, λ_i represents individual fixed effects, α_t captures time fixed effects, and X_{it} is a vector of covariates (baseline characteristics interacted with time indicators). Following Baker et al. (2025), covariates are selected based on the baseline balance table: a covariate is included if its absolute normalized difference exceeds 0.25 between treated and control

samples for any cohort comparison.[12] In the second stage, I define $W_{k_{it}} = \mathbb{1}[t - G_i = k]$ as an indicator for whether individual i is k months away from treatment at time t, and regress the adjusted outcome $Y_{it} - (\hat{\lambda}_i + \hat{\alpha}_t + X_{it}^{'}\hat{\gamma})$ on the set of relative-time indicators $\{W_{k_{it}}\}$.

Heterogeneity analysis The heterogeneity analysis examines how displacement effects vary by subgroup using an interaction specification. I consider two dimensions: state Medicaid expansion status and workers' income-to-poverty ratio, both measured at the month prior to displacement ($t = g - 1$). Specifically, the second-stage regression interacts the event-time indicators $\{W_{k_{it}}\}$ with a subgroup dummy S_i.

Pre-trend testing The key identifying assumption is parallel trends. To assess its validity, I implement two complementary testing procedures. First, following Borusyak et al. (2024), I estimate an augmented first-stage model using only untreated observations that includes leads of treatment status. I then conduct a joint Wald test of the null hypothesis that all pre-treatment coefficients equal zero. This approach avoids problems associated with inference after pre-testing (Roth (2022)). Second, I implement the pre-trend test proposed by Gardner et al. (2024), which operates within the two-stage framework. As reported in Appendix Tables A2 and A3, both tests fail to reject the null hypothesis of zero pre-treatment effects for all outcome variables. The former test examines whether future treatment status predicts current outcomes among not-yet-treated observations. The latter test uses a modified first-stage sample that restricts eventually-treated units to the period immediately before displacement, so that, under the normalization that parallel trends holds at that period, the pre-treatment coefficients measure average deviations of eventually-treated units (those displaced during the sample period) from never-treated units' trends (those displaced outside the sample window).

[12] The selected covariates are: employed, married, spouse employed (conditional on married), spouse full-time (conditional on married and spouse employed), female, service industry (conditional on employed), and Medicaid expansion state indicator. All covariates are measured at January 2014.

4 Estimation results

This section presents the empirical findings on how job displacement affects health insurance coverage. Section 4.1 examines the main effects on own ESHI, own DPHI, spouse's private coverage, and Medicaid. Section 4.2 then explores heterogeneity along two dimensions: state Medicaid expansion status and workers' income-to-poverty ratios. All results use the covariate-adjusted specification described in Section 3.

4.1 Main analysis

Table 3 and Figure 3 present the event study estimates, which capture the dynamic effects of job displacement on each source of health insurance coverage by time relative to displacement. Pre-displacement coefficients ($k = -6$ through $k = -1$) are small and statistically insignificant across all outcomes.

Own-name ESHI coverage falls sharply after displacement. The effect at $k = 1$ is a 17.9 percentage point decline, which deepens to 20.3 percentage points at $k = 3$. The ESHI deficit then stabilizes. By $k = 12$, the effect moderates to 17.1 percentage points, indicating little recovery within the first year.

Medicaid coverage increases following displacement, with a 4.0 percentage point rise at $k = 1$ that grows to 7.5 percentage points by $k = 5$. The Medicaid response remains positive and statistically significant through the end of the event window, reaching 8.4 percentage points at $k = 12$.

Own DPHI and spouse's private coverage show negligible responses throughout the post-displacement period, and none of the coefficients are statistically significant at conventional levels. These patterns indicate that these sources play little role in compensating for lost ESHI.

4.2 Heterogeneity analysis

Heterogeneity by Medicaid expansion status To examine how post-displacement insurance dynamics differ by Medicaid expansion status, event-time indicators are interacted with a Medicaid expansion status dummy in the second stage, where expansion status is measured as of the month before displacement ($g-1$).[13] Figure 4 presents the results.

The most pronounced difference appears in Medicaid. In non-expansion states, Medicaid coverage shows no significant response to displacement at any horizon. In expansion states, Medicaid increases substantially. The effect reaches 8.3 percentage points at $k = 3$ and 12.5 percentage points at $k = 12$. ESHI losses are similar in magnitude across the two groups. DPHI remains unresponsive in both groups. These findings confirm that Medicaid expansion serves as a safety net for displaced workers. In non-expansion states, neither Medicaid nor DPHI compensates for lost ESHI. Appendix Tables A5 and A6 report the coefficient estimates.

Heterogeneity by income-to-poverty ratio The ACA provides premium subsidies for marketplace plans purchased by individuals with incomes between 100% and 400% of FPL. To examine whether post-displacement insurance transitions differ by subsidy eligibility, event-time indicators are interacted with a FPL group dummy, stratifying by workers' income-to-poverty ratio measured as of the month before displacement ($g-1$) relative to the 400% FPL threshold. Figure 5 presents the results.

Among lower-income workers (below 400% FPL), ESHI declines by 18.0 percentage points at $k = 1$ and 12.3 percentage points at $k = 12$. Medicaid enrollment rises substantially, reaching 11.3 percentage points by $k = 9$. Among higher-income workers (400% FPL and above), the initial ESHI decline is similar at 17.7 percentage points at $k = 1$ but deepens to 22.6 percentage points at $k = 3$ and persists at 23.8 percentage points at $k = 12$.

[13] The baseline covariate set in the first-stage regression still uses the fixed January 2014 expansion indicator. The cohort-specific $g-1$ measure is used only for defining the interaction term.

Medicaid shows no response for this group, as expected given their income level.

Notably, DPHI shows no significant uptake in either income group. Lower-income workers, despite being eligible for premium subsidies, do not increase DPHI coverage after displacement. Higher-income workers similarly show no meaningful DPHI response. This limited uptake across both income groups suggests that premium subsidies play a minimal role in maintaining coverage for displaced workers. Appendix Tables A7 and A8 report the coefficient estimates.

5 Discussion

DPHI shows almost no response to job displacement, even though the ACA created marketplace subsidies for this purpose. Several factors likely contribute. First, displaced workers lose income, and even subsidized premiums can be hard to afford during financial uncertainty. Second, enrolling in a marketplace plan requires comparing options and completing applications within a 60-day Special Enrollment Period. This can be burdensome right after job displacement. Third, workers might wish to find a new job soon and regain ESHI, so they skip buying a temporary plan. Fourth, some workers may simply not know they are eligible for subsidies.

It should also be noted that the analysis covers a single SIPP panel (2014–2016) and does not account for subsequent policy changes. The enhanced premium subsidies under the American Rescue Plan Act and the Inflation Reduction Act, for instance, may have improved marketplace uptake among displaced workers. Whether these changes alter the patterns documented here is a question for future research.

Comparison with the pre-ACA period To compare with the pre-ACA period, I conduct a supplementary analysis using the SIPP 2008 panel covering 2011–2012, a period before the major ACA provisions took effect. The pre-ACA analysis applies the same staggered difference-in-differences estimator and event-time window ($k = -6$ through $k = +12$) with

covariate adjustment. Key differences in the SIPP 2008 data structure are described in Appendix. Because the two analyses use different survey panels and cohorts, the cross-period comparison does not identify a causal effect of the ACA. It instead serves as a descriptive benchmark for the post-ACA findings.

The pre-ACA results, reported in Appendix Table A9 and Figure A4, reveal several notable contrasts. ESHI losses are larger and appear more quickly in the pre-ACA period: the effect at $k = 0$ is already -14.5 percentage points, compared to a small and insignificant effect at $k = 0$ in the post-ACA analysis. At $k = 3$, the pre-ACA ESHI deficit reaches -28.4 percentage points, versus -20.3 percentage points post-ACA. By $k = 12$, the gap narrows, with both deficits reaching similar magnitudes (-18.3 versus -17.1 percentage points). Medicaid take-up is somewhat larger in the post-ACA period (8.4 versus 7.9 percentage points at $k = 12$), and substantially larger in expansion states (12.5 percentage points at $k = 12$; Section 4.2). Pre-ACA estimates are also less precisely estimated. DPHI shows no meaningful response in either period.

Another striking feature of the pre-ACA results is a significant decline in ESHI coverage during the months immediately preceding displacement. Pre-treatment coefficients turn negative as early as $k = -2$ and reach -8.6 percentage points at $k = -1$, leading to a rejection of the joint pre-trend test for ESHI (Appendix Table A10). This pattern is absent in the post-ACA analysis, where all pre-treatment ESHI coefficients are small and statistically insignificant. This pre-displacement decline is analogous to the "Ashenfelter's dip," the well-documented pattern whereby earnings begin falling before formal separation at distressed firms (Jacobson et al. (1993)). Possible channels for ESHI coverage include hours reductions at distressed firms that push workers below benefit eligibility thresholds, and employer cost-cutting measures (such as increased employee premium contributions or shifts to less generous plans) that lead workers to drop coverage before formal separation. The absence of this pattern in the post-ACA period may partly reflect the ACA's employer mandate, which requires larger employers to offer affordable cover-

age and may constrain pre-separation benefit reductions. This interpretation is speculative, however, as the cross-period comparison cannot disentangle the role of specific ACA provisions from other changes (e.g., labor market conditions) across the two periods.

6 Conclusion

This study examines insurance coverage transitions following job displacement in the post-ACA environment. Using a staggered difference-in-differences approach with monthly SIPP data from 2014–2016, I estimate the dynamic impact of job displacement on health insurance coverage.

ESHI coverage declines by approximately 18 percentage points within one month of displacement, deepening to 20 percentage points by month three. The ESHI deficit narrows only modestly, to 17 percentage points after twelve months. Alternative insurance sources show markedly different compensatory effects. Medicaid serves as the primary safety net, particularly in expansion states where coverage increases by more than 12 percentage points following job loss. In contrast, directly purchased private insurance plays a negligible role despite the ACA's marketplace reforms and premium subsidies.

These findings point to several policy implications. For marketplace insurance, higher subsidies and simpler enrollment processes could help more displaced workers obtain coverage. Future research should evaluate whether recent policy changes have improved marketplace uptake among the recently unemployed. The enhanced subsidies in the American Rescue Plan Act and Inflation Reduction Act are of particular interest. For Medicaid, expanding eligibility in non-expansion states would strengthen protection for displaced workers, as demonstrated by the stark coverage differences between expansion and non-expansion states. Additionally, simplifying application and renewal procedures could remove barriers during the period following job loss. Finally, own-name ESHI remains the primary source of coverage for displaced workers, given the negligible role of

own DPHI and the limited reach of Medicaid, particularly in non-expansion states. This suggests that labor policies facilitating reemployment are also important for maintaining insurance coverage, especially for displaced workers who do not qualify for Medicaid or marketplace subsidies.

References

Baker, Andrew, Brantly Callaway, Scott Cunningham, Andrew Goodman-Bacon, and Pedro H C Sant'Anna (2025) "Difference-in-Differences Designs: A Practitioner's Guide."

Borusyak, Kirill, Xavier Jaravel, and Jann Spiess (2024) "Revisiting event-study designs: Robust and efficient estimation," *The Review of Economic Studies*.

East, Chloe N and David Simon (2024) "The safety net and job loss: How much insurance do public programs provide?" *Journal of public economics*, 238 (105171), 105171.

Elisabeth Thames Askin, Nathan Moore (2024) *The Health Care Handbook: A Clear and Concise Guide to the United States Health Care System (Third Edition)*, Lippincott Williams & Wilkins (LWW).

Gardner, John, Neil Thakral, Linh T Tô, and Luther Yap (2024) "Two-stage differences in differences," *arXiv [econ.EM]*.

Gruber, Jonathan and Brigitte C Madrian (1997) "Employment separation and health insurance coverage," *Journal of public economics*, 66 (3), 349–382.

Jacobson, Louis S, Robert J LaLonde, and Daniel G Sullivan (1993) "Earnings losses of displaced workers," *American Economic Review*, 83 (4), 685–709.

Jolly, Nicholas A and Brian J Phelan (2015) "Job displacement's long-run effect on access to employer-provided health insurance and other fringe benefits," *Economics letters*, 130, 100–104.

——— (2017) "The Long-Run Effects of Job Displacement on Sources of Health Insurance Coverage," *Journal of labor research*, 38 (2), 187–205.

KFF (2024) "Employer-Sponsored Health Insurance 101," https://www.kff.org/health-policy-101-employer-sponsored-health-insurance/, May, Accessed: 2025-5-30.

——— (2025) "How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?" https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/, February, Accessed: 2025-5-30.

Kosteas, Vasilios D and Francesco Renna (2009) "The impact of job displacement on employer based health insurance coverage," *Journal of labor research*, 30 (4), 317–327.

Lin, Emily Y (2005) "Health Insurance Coverage and Reemployment Outcomes Among Older Displaced Workers," *Contemporary economic policy*, 23 (4), 529–544.

Pollitz, Karen, Matthew Rae, Cynthia Cox, Rabah Kamal, Rachel Fehr, and Greg Young (2020) "Key Issues Related to COBRA Subsidies," https://www.kff.org/private-insurance/issue-brief/key-issues-related-to-cobra-subsidies/, May, Accessed: 2025-5-30.

Roth, Jonathan (2022) "Pretest with caution: Event-study estimates after testing for parallel trends," *American economic review. Insights*, 4 (3), 305–322.

Roth, Jonathan, Pedro H C Sant'Anna, Alyssa Bilinski, and John Poe (2023) "What's trending in difference-in-differences? A synthesis of the recent econometrics literature," *Journal of econometrics*, 235 (2), 2218–2244.

Schaller, Jessamyn and Ann Huff Stevens (2015) "Short-run effects of job loss on health conditions, health insurance, and health care utilization," *Journal of health economics*, 43, 190–203.

Simmons, Michael (2023) "Job-to-job transitions, job finding and the ins of unemployment," *Labour economics*, 80, 102304.

U.S. Department of Labor (2025) "Retirement and Health Care Coverage...Questions and

Answers for Dislocated Workers," https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/questions-and-answers-for-dislocated-workers, Accessed: 2025-5-30.

Table 1: Baseline covariate balance by cohorts

	2014/01-06			2014/07-12			2015/01-06			2015/07-12		
	Treated	Control	Norm. diff.	Treated	Control	Norm. diff.	Treated	Control	Norm. diff.	Treated	Control	Norm. diff.
Employed	0.99	0.96	0.21	0.99	0.95	0.19	0.99	0.97	0.11	1.00	0.99	0.17
Earnings (if employed)	3917.04	4053.16	-0.03	3347.50	4139.27	-0.24	3938.90	4333.93	-0.07	4076.16	4266.72	-0.05
Hours (if employed)	39.78	38.65	0.11	37.86	38.74	-0.08	38.06	38.61	-0.05	38.38	38.97	-0.06
Full-time (if employed)	0.83	0.88	-0.14	0.87	0.89	-0.08	0.86	0.88	-0.04	0.89	0.88	0.02
Firm size >50 (if employed)	0.75	0.71	0.09	0.71	0.70	0.01	0.73	0.70	0.06	0.67	0.70	-0.07
Service sector (if employed)	0.68	0.80	-0.27	0.81	0.81	-0.00	0.88	0.80	0.21	0.78	0.78	0.01
Household income-to-poverty ratio	5.18	4.77	0.08	4.52	4.68	-0.04	4.33	4.96	-0.15	5.08	5.06	0.01
Spouse employed (if married)	0.79	0.79	-0.01	0.93	0.74	0.54	0.74	0.75	-0.02	0.75	0.74	0.04
Spouse full-time (if married & spouse employed)	0.92	0.84	0.27	0.95	0.78	0.51	0.74	0.85	-0.28	0.88	0.87	0.02
Age	41.60	41.03	0.06	42.64	41.25	0.15	41.46	41.42	0.00	41.94	42.35	-0.04
Female	0.37	0.49	-0.23	0.65	0.47	0.37	0.44	0.46	-0.04	0.45	0.46	-0.02
Married	0.63	0.50	0.28	0.50	0.49	0.03	0.49	0.50	-0.01	0.53	0.49	0.09
Any kid in HH	0.54	0.52	0.03	0.55	0.53	0.03	0.59	0.55	0.08	0.50	0.53	-0.07
Bachelor's degree or more	0.40	0.33	0.14	0.29	0.33	-0.10	0.30	0.34	-0.07	0.32	0.34	-0.04
Good self-reported health	0.93	0.93	0.01	0.89	0.93	-0.15	0.92	0.90	0.05	0.93	0.88	0.15
Daily prescription	0.30	0.37	-0.13	0.45	0.36	0.18	0.39	0.40	-0.03	0.40	0.44	-0.09
Lives in a Medicaid expansion state	0.47	0.47	0.00	0.68	0.46	0.47	0.39	0.52	-0.26	0.63	0.57	0.12

Note: This table presents baseline demographic characteristics across displacement cohorts (grouped in 6-month intervals) and their corresponding control groups. Data are from the 2014 SIPP, waves 2–3. The sample consists of working-age adults (26–59) who experienced job displacement during waves 2–4. Those displaced in wave 4 are treated as never-treated. Sample restrictions exclude retirees, self-employed workers, and Medicare or military health insurance beneficiaries. Baseline characteristics are measured in 2014/01. Results are weighted using individual survey weights. Normalized differences exceeding ±0.25 are shown in red.

Table 2: Changes in covariates by cohorts

	2014/01-06			2014/07-12			2015/01-06			2015/07-12		
	Treated	Control	Norm. diff.	Treated	Control	Norm. diff.	Treated	Control	Norm. diff.	Treated	Control	Norm. diff.
Covariates likely affected by treatment												
Δ Employed	-0.481	-0.003	-0.791	-0.625	0.010	-0.877	-0.642	0.007	-0.874	-0.660	0.011	-0.902
Δ Earnings (if employed)	369.464	-5.709	0.099	-184.901	19.946	-0.116	-1331.406	-35.404	-0.255	423.187	17.824	0.182
Δ Household income-to-poverty ratio	-1.008	-0.079	-0.321	-0.978	0.055	-0.388	-1.508	-0.006	-0.455	-1.752	0.047	-0.465
Δ Spouse employed (if married)	0.030	-0.014	0.240	-0.045	0.008	-0.252	-0.017	0.001	-0.099	0.000	0.006	-0.054
Δ Spouse full-time (if married & spouse employed)	-0.053	-0.003	-0.266	0.028	0.014	0.068	-0.028	0.019	-0.268	0.000	-0.004	0.034
Δ Lives in a Medicaid expansion state	0.019	0.013	0.053	-0.005	0.009	-0.111	-0.004	0.021	-0.149	0.000	0.006	-0.108
Other covariates												
Δ Age	0.181	0.167	0.037	0.111	0.171	-0.121	0.120	0.168	-0.095	0.111	0.176	-0.189
Δ Female	0.000	0.000	.	0.000	-0.002	0.049	0.000	-0.002	0.058	0.000	0.000	.
Δ Married	0.000	0.000	-0.013	0.000	0.004	-0.061	0.009	0.003	0.062	0.000	0.006	-0.112
Δ Any kid in HH	0.006	0.007	-0.014	0.000	0.008	-0.100	-0.018	-0.002	-0.135	0.000	0.000	-0.000
Δ Bachelor's degree or more	0.000	0.000	.	0.000	-0.001	0.014	0.000	-0.001	0.016	0.000	0.000	.
Δ Good self-reported health	0.000	0.000	.	-0.001	-0.005	0.036	-0.026	-0.007	-0.128	0.000	0.000	.
Δ Daily prescription	0.000	0.000	.	0.004	0.009	-0.039	-0.017	0.012	-0.156	0.000	0.000	.

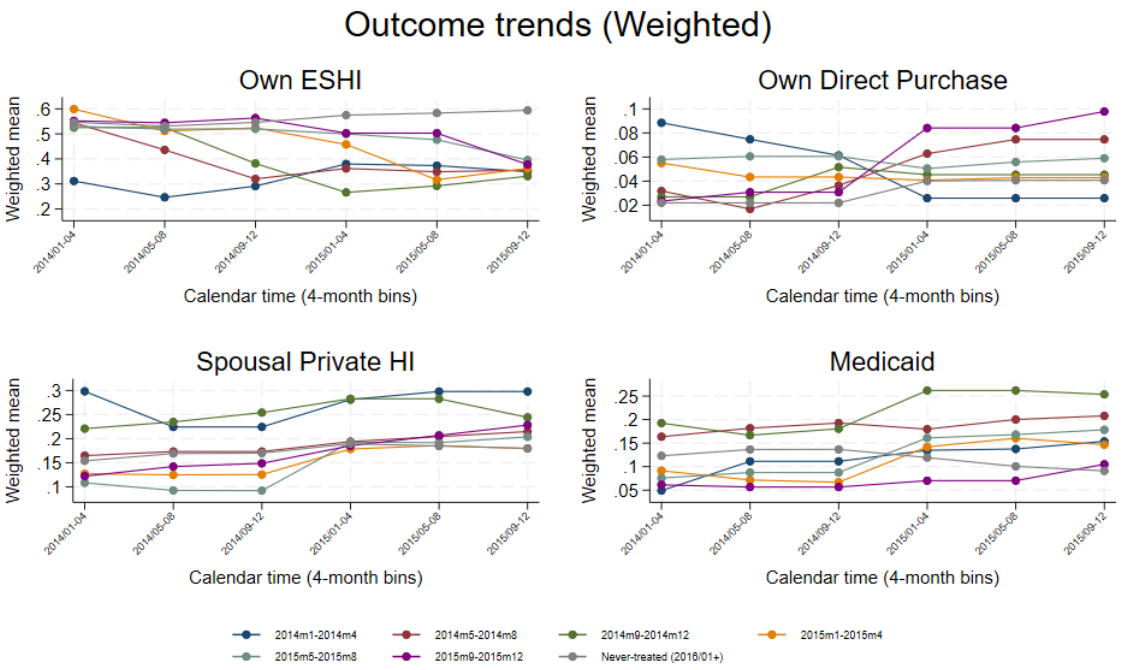
Note: This table presents changes in covariates between one month before and one month after displacement across displacement cohorts and their corresponding control groups. For each variable, the change (Δ) is computed as $X_{i,g+1} - X_{i,g-1}$, where g denotes the displacement month. Data are from the 2014 SIPP, waves 2–3. Sample restrictions as in Table 1. Results are weighted using individual survey weights. Normalized differences exceeding ±0.25 are shown in red.

Table 3: Event-study estimates (covariate-adjusted)

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
k=-6	0.005	-0.001	-0.012	-0.010
	(0.009)	(0.005)	(0.009)	(0.007)
k=-5	0.009	-0.001	-0.003	-0.005
	(0.007)	(0.004)	(0.005)	(0.004)
k=-4	0.008	0.004	0.000	-0.003
	(0.005)	(0.003)	(0.004)	(0.004)
k=-3	-0.002	0.003	0.003	0.001
	(0.005)	(0.003)	(0.004)	(0.004)
k=-2	-0.002	-0.003	0.005	0.003
	(0.007)	(0.005)	(0.004)	(0.005)
k=-1	-0.015	-0.002	0.004	0.010
	(0.009)	(0.005)	(0.005)	(0.005)
k=0	-0.026	-0.003	0.008	0.021**
	(0.013)	(0.007)	(0.007)	(0.008)
k=1	-0.179***	-0.005	0.010	0.040***
	(0.027)	(0.010)	(0.010)	(0.011)
k=2	-0.194***	0.013	0.002	0.051***
	(0.030)	(0.013)	(0.013)	(0.013)
k=3	-0.203***	0.016	-0.001	0.063***
	(0.031)	(0.014)	(0.014)	(0.015)
k=4	-0.185***	0.005	0.004	0.066***
	(0.033)	(0.013)	(0.015)	(0.016)
k=5	-0.186***	0.014	0.003	0.075***
	(0.035)	(0.015)	(0.019)	(0.017)
k=6	-0.189***	0.016	0.001	0.063***
	(0.037)	(0.017)	(0.021)	(0.018)
k=7	-0.182***	0.016	-0.009	0.070***
	(0.041)	(0.018)	(0.025)	(0.020)
k=8	-0.173***	0.014	-0.001	0.067**
	(0.044)	(0.022)	(0.029)	(0.022)
k=9	-0.156**	0.013	-0.003	0.073**
	(0.048)	(0.023)	(0.031)	(0.024)
k=10	-0.181***	0.025	-0.002	0.077**
	(0.055)	(0.024)	(0.037)	(0.027)
k=11	-0.179**	0.018	0.009	0.090**
	(0.058)	(0.027)	(0.039)	(0.030)
k=12	-0.171**	0.016	0.009	0.084**
	(0.062)	(0.029)	(0.042)	(0.032)
Observations	8368	8368	8368	8368

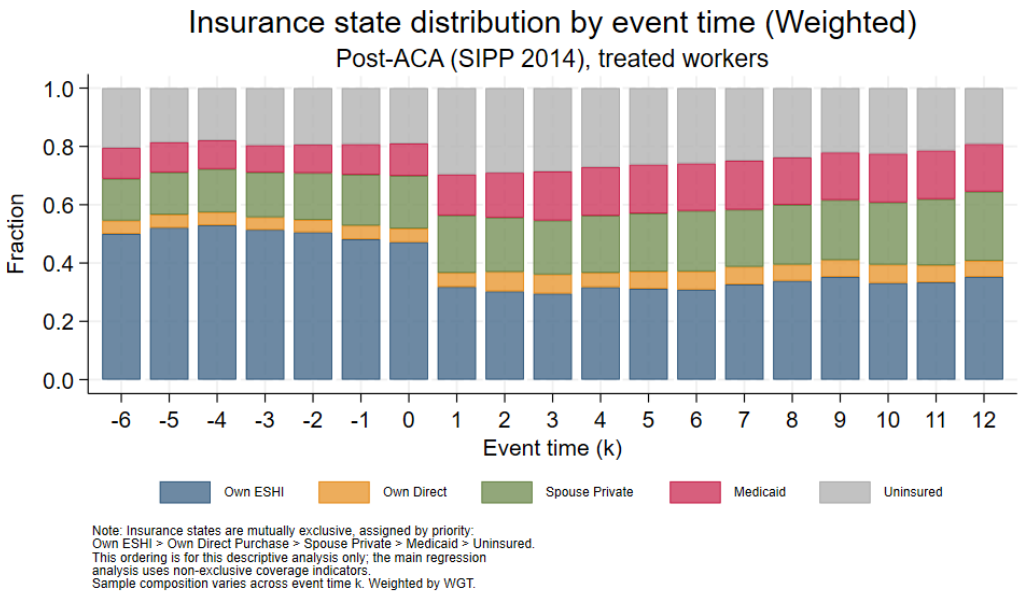
Note: Event study estimates of the effect of job displacement on health insurance coverage by time relative to displacement (k). The first-stage model includes individual and time fixed effects with baseline covariates interacted with time indicators. Sample and estimation details are described in Sections 2 and 3. Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Figure 1: Coverage rates over time by cohorts



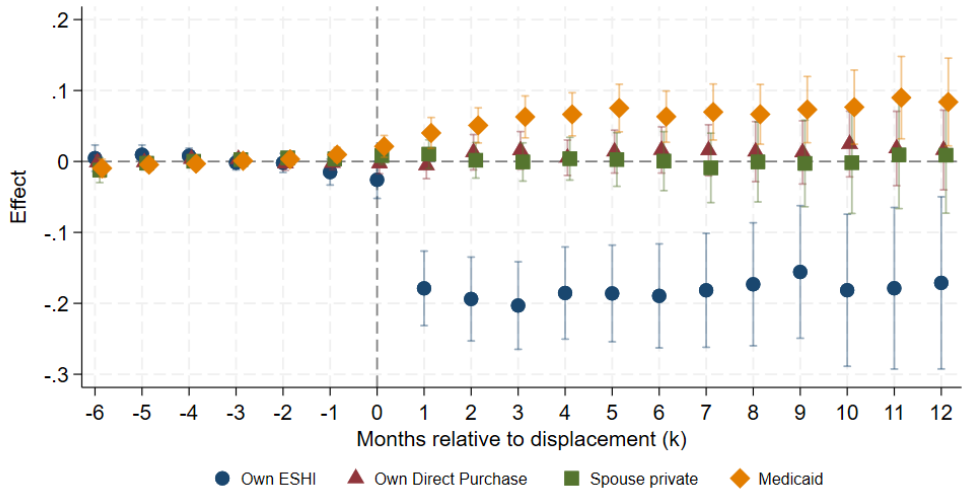
Note: This figure presents health insurance coverage rates over time for different displacement cohorts. Monthly-defined cohorts are aggregated into 4-month groups for presentation. Data are from the 2014 SIPP, waves 2–3, covering 2014–2015. The sample consists of working-age adults (26–59) who experienced displacement during waves 2–4. Those displaced in wave 4 are treated as never-treated. Sample restrictions exclude retirees, self-employed workers, and Medicare or military health insurance beneficiaries. Results are weighted using individual survey weights.

Figure 2: Distribution of insurance states by event time



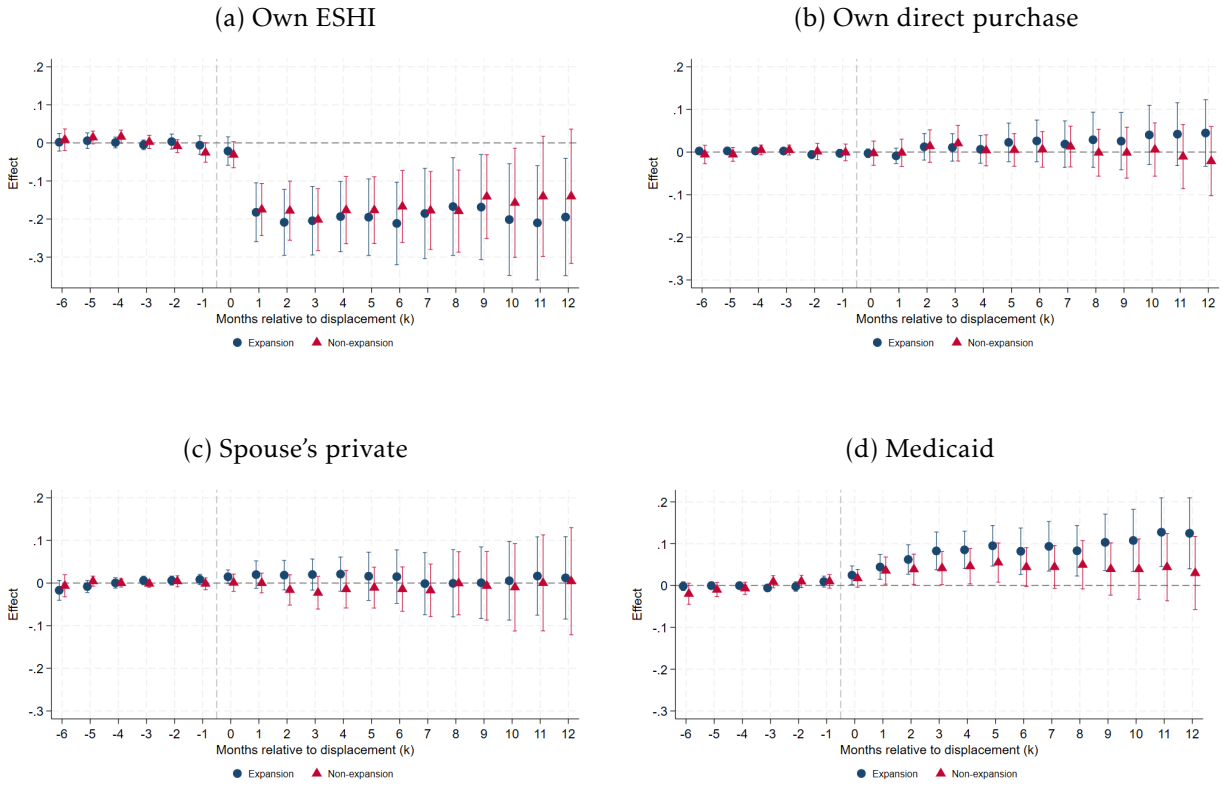
Note: This figure shows the distribution of mutually exclusive insurance states by event time (k) for displaced workers. Insurance states are assigned by priority: Own ESHI > Own Direct Purchase > Spouse Private > Medicaid > Uninsured. This ordering is for this descriptive analysis only; the main regression analysis uses non-exclusive coverage indicators. Data are from the 2014 SIPP, waves 2–3. Results are weighted using individual survey weights.

Figure 3: The dynamic impact of job displacement on HI coverage (covariate-adjusted)



Note: Event study estimates of the effect of job displacement on health insurance coverage. The first-stage model includes individual and time fixed effects with baseline covariates interacted with time indicators. Sample and estimation details are described in Sections 2 and 3. Standard errors clustered at the individual level.

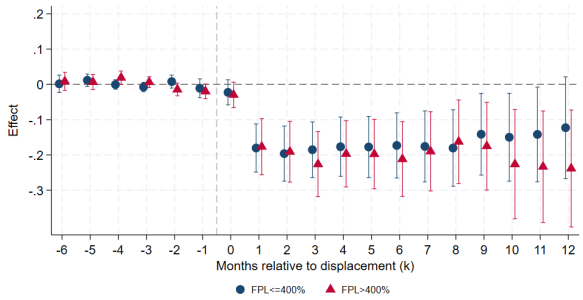
Figure 4: Heterogeneous impacts by Medicaid expansion status



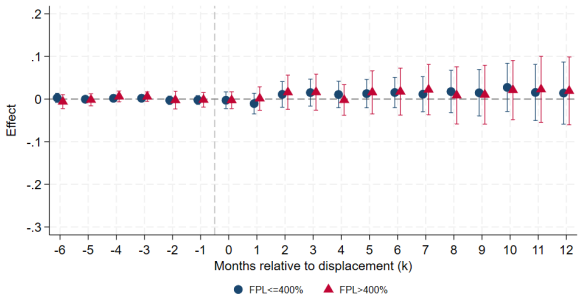
Note: Event study estimates by Medicaid expansion status. Each panel shows estimates for workers in expansion and non-expansion states. Expansion status is measured as of the month before displacement ($g-1$). Sample and estimation details are described in Sections 2 and 3. Standard errors clustered at the individual level.

Figure 5: Heterogeneous impacts by income-to-poverty ratio

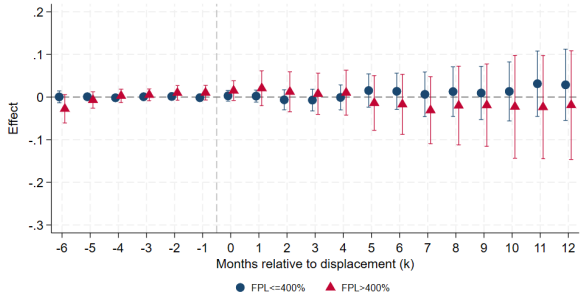
(a) Own ESHI



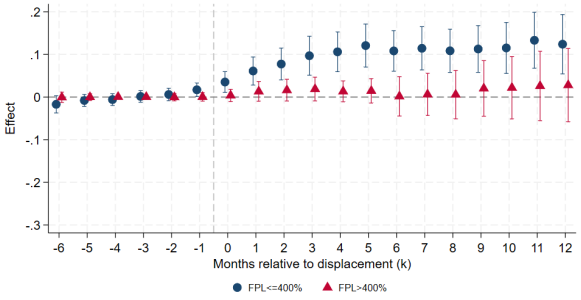
(b) Own direct purchase



(c) Spouse's private



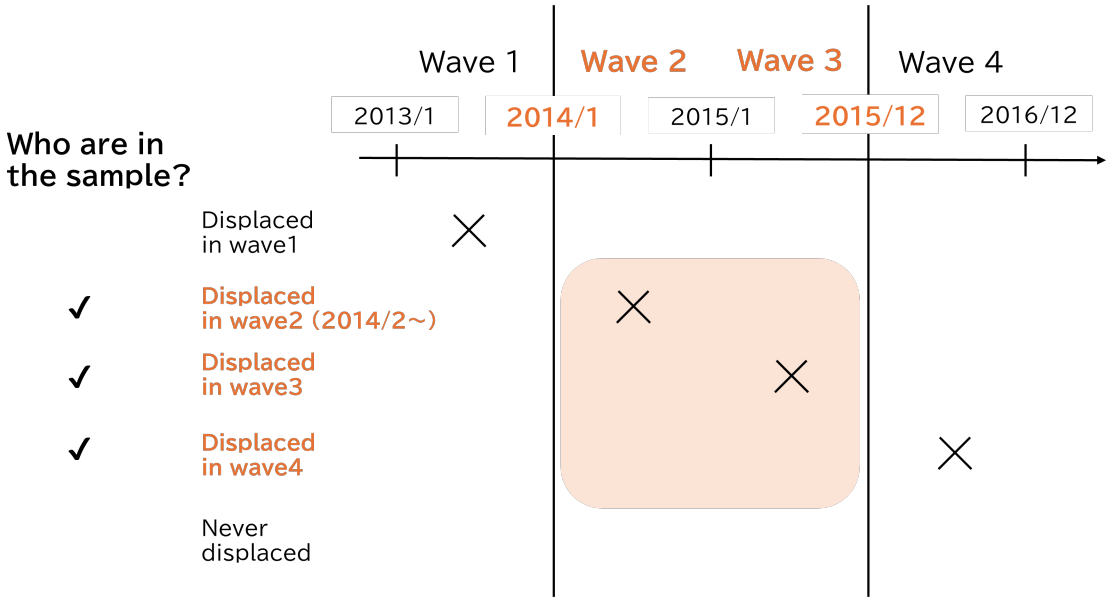
(d) Medicaid



Note: Event study estimates by income-to-poverty ratio. Each panel shows estimates for workers below and at-or-above 400% FPL. The income-to-poverty ratio is measured as of the month before displacement ($g-1$). Workers below 400% FPL are eligible for ACA marketplace premium subsidies. Sample and estimation details are described in Sections 2 and 3. Standard errors clustered at the individual level.

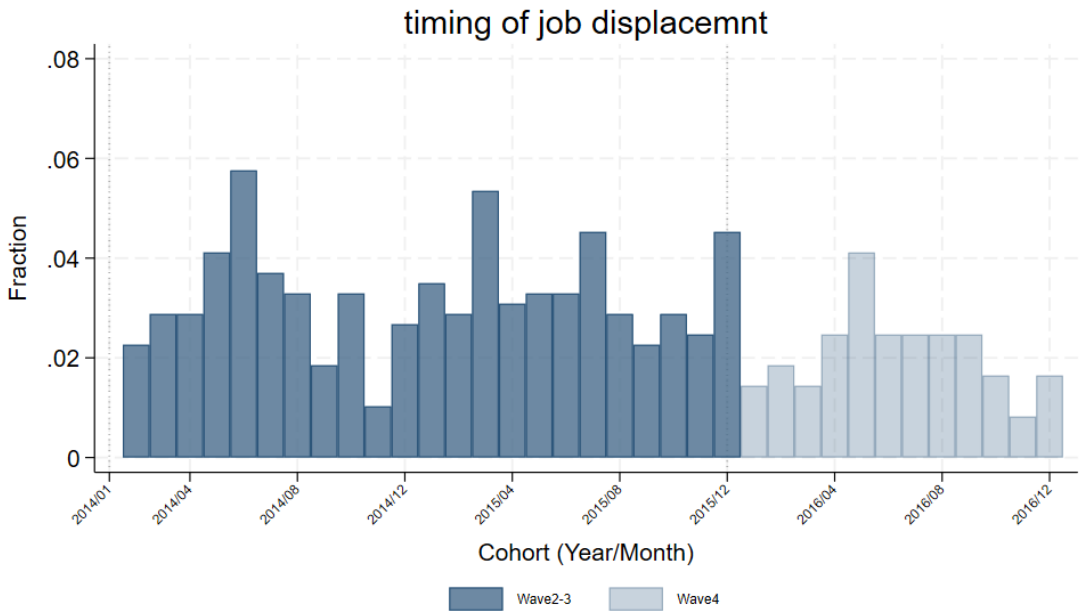
Appendix

Figure A1: Sample construction and estimation window



Note: This figure illustrates the sample construction. The SIPP 2014 panel spans waves 1–4 (2013–2016). The shaded region indicates the estimation window (waves 2–3, January 2014 through December 2015). Workers displaced in wave 1 are excluded to avoid always-treated cases. Workers displaced in wave 4 serve as the never-treated control group. Never-displaced workers are excluded from the sample.

Figure A2: Distribution of displacement timing



Note: This figure presents the fraction of displaced workers by calendar month of displacement. Dark bars indicate workers displaced during waves 2–3 (2014–2015, estimation sample); light bars indicate workers displaced during wave 4 (2016, treated as never-treated). Data are from the 2014 SIPP. The sample consists of working-age adults (26–59) who experienced displacement during waves 2–4. Sample restrictions exclude retirees, self-employed workers, and Medicare or military health insurance beneficiaries. Results are weighted using individual survey weights.

Table A1: Insurance state transitions from own ESHI

	k=0	k=3	k=6	k=12
Own ESHI	0.9664	0.5814	0.5977	0.5510
Own Direct	0.0056	0.0351	0.0141	0.0090
Spouse Private	0.0100	0.0698	0.1138	0.1976
Medicaid	0.0087	0.0799	0.0540	0.0572
Uninsured	0.0094	0.2337	0.2203	0.1852

Note: This table tracks the insurance state distribution at selected event times ($k = 0, 3, 6, 12$) for individuals who held own ESHI at $k = -1$. Insurance states are mutually exclusive, assigned by priority: Own ESHI > Own Direct Purchase > Spouse Private > Medicaid > Uninsured. This ordering is for this descriptive analysis only; the main regression analysis uses non-exclusive coverage indicators. Each column conditions on individuals observed at both $k = -1$ and the target event time. Results are weighted using individual survey weights.

Table A2: Pre-trend test: Borusyak et al. (2024)

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
Pretrend joint Wald chi2	9.418	3.004	5.723	7.689
p-value	0.151	0.808	0.455	0.262

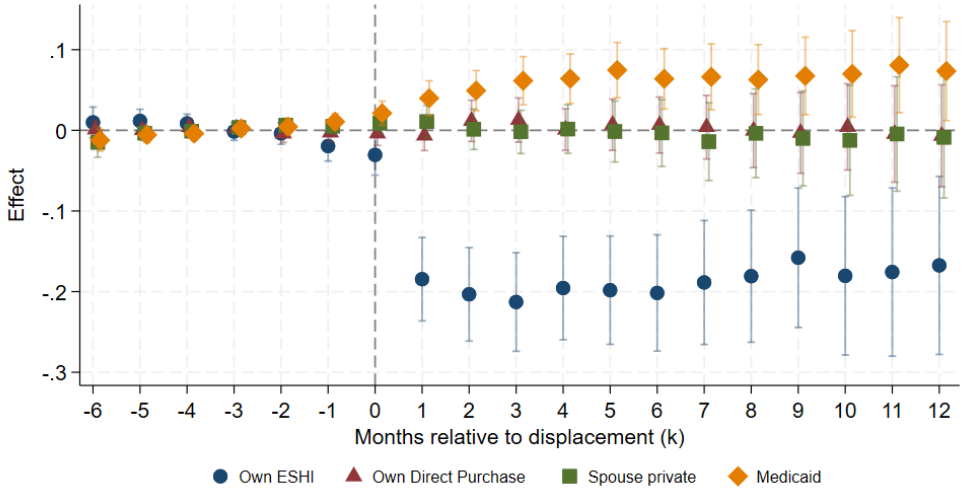
Note: Pre-trend test following Borusyak et al. (2024). The test estimates an augmented first-stage model using only untreated observations, including leads of treatment status. The null hypothesis is that all pre-treatment coefficients equal zero jointly. Sample and estimation details are described in Sections 2 and 3. Standard errors clustered at the individual level.

Table A3: Pre-trend test: Gardner (2024)

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
Pretrend joint Wald chi2	5.975	2.240	4.306	3.186
p-value	0.309	0.815	0.506	0.671

Note: Pre-trend test within the two-stage DID framework of Gardner et al. (2024). The null hypothesis is that all pre-treatment event-study coefficients equal zero jointly. Sample and estimation details are described in Sections 2 and 3. Standard errors clustered at the individual level.

Figure A3: Event study estimates (without covariate adjustment)



Note: Event study estimates without covariate adjustment. All other specifications are identical to Figure 3.

Table A4: Event-study estimates (without covariate adjustment)

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
k=-6	0.010	0.001	-0.015	-0.012
	(0.010)	(0.006)	(0.009)	(0.007)
k=-5	0.012	0.000	-0.003	-0.006
	(0.007)	(0.004)	(0.005)	(0.005)
k=-4	0.009	0.004	-0.001	-0.004
	(0.006)	(0.003)	(0.004)	(0.004)
k=-3	-0.001	0.002	0.004	0.002
	(0.006)	(0.003)	(0.004)	(0.005)
k=-2	-0.004	-0.004	0.007	0.005
	(0.007)	(0.006)	(0.004)	(0.005)
k=-1	-0.020*	-0.003	0.005	0.011*
	(0.009)	(0.006)	(0.005)	(0.005)
k=0	-0.030*	-0.004	0.009	0.021**
	(0.013)	(0.008)	(0.006)	(0.008)
k=1	-0.185***	-0.006	0.011	0.040***
	(0.026)	(0.009)	(0.010)	(0.011)
k=2	-0.203***	0.012	0.001	0.049***
	(0.030)	(0.013)	(0.013)	(0.013)
k=3	-0.213***	0.013	-0.002	0.062***
	(0.031)	(0.014)	(0.014)	(0.015)
k=4	-0.196***	0.001	0.002	0.064***
	(0.033)	(0.013)	(0.015)	(0.016)
k=5	-0.198***	0.007	-0.001	0.075***
	(0.034)	(0.016)	(0.019)	(0.018)
k=6	-0.202***	0.007	-0.003	0.064***
	(0.037)	(0.018)	(0.021)	(0.019)
k=7	-0.189***	0.004	-0.014	0.066**
	(0.039)	(0.020)	(0.025)	(0.021)
k=8	-0.181***	-0.000	-0.004	0.063**
	(0.042)	(0.023)	(0.028)	(0.022)
k=9	-0.158***	-0.003	-0.010	0.067**
	(0.044)	(0.026)	(0.030)	(0.025)
k=10	-0.180***	0.004	-0.012	0.070*
	(0.050)	(0.027)	(0.035)	(0.027)
k=11	-0.176***	-0.004	-0.005	0.081**
	(0.053)	(0.031)	(0.036)	(0.030)
k=12	-0.167**	-0.007	-0.009	0.074*
	(0.056)	(0.032)	(0.038)	(0.031)
Observations	8368	8368	8368	8368

Note: Event study estimates without covariate adjustment. The first-stage model includes individual and time fixed effects only. All other specifications are identical to Table 3. Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A5: Event-study estimates: workers in non-expansion states

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
k=-6	0.008	-0.006	-0.006	-0.020
	(0.014)	(0.011)	(0.013)	(0.013)
k=-5	0.014	-0.006	0.004	-0.010
	(0.009)	(0.008)	(0.006)	(0.009)
k=-4	0.016	0.005	0.000	-0.007
	(0.009)	(0.006)	(0.005)	(0.007)
k=-3	0.003	0.005	-0.001	0.009
	(0.009)	(0.006)	(0.004)	(0.007)
k=-2	-0.008	0.001	0.004	0.010
	(0.009)	(0.010)	(0.007)	(0.008)
k=-1	-0.025	-0.001	-0.002	0.010
	(0.013)	(0.010)	(0.007)	(0.008)
k=0	-0.031	-0.003	0.001	0.017
	(0.017)	(0.015)	(0.010)	(0.011)
k=1	-0.175***	-0.002	0.000	0.036*
	(0.035)	(0.016)	(0.012)	(0.017)
k=2	-0.178***	0.014	-0.016	0.039*
	(0.040)	(0.019)	(0.018)	(0.018)
k=3	-0.202***	0.021	-0.023	0.042*
	(0.041)	(0.021)	(0.020)	(0.020)
k=4	-0.177***	0.004	-0.015	0.046*
	(0.045)	(0.019)	(0.022)	(0.022)
k=5	-0.177***	0.005	-0.011	0.055*
	(0.045)	(0.020)	(0.024)	(0.024)
k=6	-0.167***	0.006	-0.014	0.044
	(0.048)	(0.021)	(0.026)	(0.024)
k=7	-0.178***	0.013	-0.017	0.044
	(0.052)	(0.024)	(0.031)	(0.026)
k=8	-0.179**	-0.001	-0.001	0.049
	(0.055)	(0.028)	(0.038)	(0.029)
k=9	-0.141*	-0.001	-0.007	0.039
	(0.056)	(0.031)	(0.041)	(0.032)
k=10	-0.157*	0.006	-0.010	0.039
	(0.073)	(0.032)	(0.052)	(0.037)
k=11	-0.140	-0.011	0.000	0.044
	(0.080)	(0.038)	(0.057)	(0.041)
k=12	-0.140	-0.021	0.004	0.030
	(0.090)	(0.041)	(0.064)	(0.045)
Observations	8368	8368	8368	8368

Note: Event study estimates for workers in non-expansion states. See Table A6 for expansion states. Covariate-adjusted specification. Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A6: Event-study estimates: workers in expansion states

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
k=-6	0.002	0.002	-0.017	-0.002
	(0.012)	(0.003)	(0.012)	(0.005)
k=-5	0.006	0.003	-0.008	-0.000
	(0.010)	(0.003)	(0.007)	(0.005)
k=-4	0.001	0.003	0.000	-0.000
	(0.007)	(0.003)	(0.006)	(0.004)
k=-3	-0.005	0.003	0.006	-0.006
	(0.006)	(0.003)	(0.005)	(0.004)
k=-2	0.004	-0.006	0.006	-0.002
	(0.010)	(0.005)	(0.005)	(0.006)
k=-1	-0.006	-0.003	0.008	0.009
	(0.012)	(0.005)	(0.006)	(0.007)
k=0	-0.021	-0.003	0.015	0.025*
	(0.019)	(0.005)	(0.008)	(0.011)
k=1	-0.182***	-0.009	0.020	0.044**
	(0.039)	(0.009)	(0.016)	(0.015)
k=2	-0.209***	0.012	0.019	0.062***
	(0.044)	(0.016)	(0.018)	(0.018)
k=3	-0.204***	0.011	0.020	0.083***
	(0.046)	(0.016)	(0.019)	(0.023)
k=4	-0.194***	0.006	0.021	0.085***
	(0.047)	(0.017)	(0.020)	(0.023)
k=5	-0.195***	0.023	0.016	0.095***
	(0.051)	(0.023)	(0.029)	(0.025)
k=6	-0.212***	0.026	0.015	0.082**
	(0.055)	(0.025)	(0.032)	(0.028)
k=7	-0.185**	0.019	-0.001	0.094**
	(0.060)	(0.028)	(0.037)	(0.030)
k=8	-0.167*	0.029	-0.001	0.083**
	(0.065)	(0.033)	(0.040)	(0.031)
k=9	-0.169*	0.026	0.001	0.103**
	(0.070)	(0.034)	(0.043)	(0.034)
k=10	-0.201**	0.040	0.005	0.108**
	(0.075)	(0.035)	(0.047)	(0.038)
k=11	-0.210**	0.042	0.016	0.128**
	(0.077)	(0.038)	(0.047)	(0.042)
k=12	-0.195*	0.045	0.012	0.125**
	(0.079)	(0.040)	(0.049)	(0.043)
Observations	8368	8368	8368	8368

Note: Event study estimates for workers in expansion states. See Table A5 for non-expansion states. Covariate-adjusted specification. Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A7: Event-study estimates: workers with income-to-poverty ratio < 400% FPL

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
k=-6	0.002	0.003	0.000	-0.017
	(0.013)	(0.005)	(0.007)	(0.010)
k=-5	0.012	-0.000	0.001	-0.008
	(0.009)	(0.004)	(0.004)	(0.007)
k=-4	-0.000	0.002	-0.002	-0.006
	(0.007)	(0.003)	(0.003)	(0.007)
k=-3	-0.007	0.002	0.001	0.001
	(0.007)	(0.004)	(0.003)	(0.007)
k=-2	0.008	-0.003	0.001	0.006
	(0.009)	(0.005)	(0.003)	(0.007)
k=-1	-0.011	-0.002	-0.001	0.017*
	(0.014)	(0.005)	(0.004)	(0.008)
k=0	-0.023	-0.003	0.003	0.035**
	(0.018)	(0.010)	(0.006)	(0.012)
k=1	-0.180***	-0.011	0.002	0.061***
	(0.035)	(0.012)	(0.007)	(0.017)
k=2	-0.196***	0.011	-0.006	0.078***
	(0.040)	(0.015)	(0.012)	(0.019)
k=3	-0.185***	0.015	-0.007	0.097***
	(0.040)	(0.016)	(0.013)	(0.023)
k=4	-0.177***	0.011	-0.001	0.106***
	(0.043)	(0.016)	(0.015)	(0.024)
k=5	-0.177***	0.013	0.015	0.121***
	(0.044)	(0.017)	(0.020)	(0.026)
k=6	-0.173***	0.015	0.013	0.108***
	(0.047)	(0.018)	(0.022)	(0.024)
k=7	-0.176***	0.011	0.006	0.114***
	(0.051)	(0.021)	(0.027)	(0.026)
k=8	-0.180**	0.018	0.013	0.108***
	(0.055)	(0.025)	(0.030)	(0.026)
k=9	-0.141*	0.015	0.010	0.113***
	(0.059)	(0.028)	(0.032)	(0.028)
k=10	-0.150*	0.027	0.013	0.115***
	(0.064)	(0.029)	(0.035)	(0.030)
k=11	-0.142*	0.015	0.031	0.133***
	(0.069)	(0.034)	(0.039)	(0.033)
k=12	-0.123	0.014	0.029	0.124***
	(0.074)	(0.037)	(0.043)	(0.035)
Observations	8368	8368	8368	8368

Note: Event study estimates for workers with income-to-poverty ratio below 400% FPL. See Table A8 for workers above 400% FPL. Income-to-poverty ratio measured at $g-1$. Covariate-adjusted specification. Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A8: Event-study estimates: workers with income-to-poverty ratio ≥ 400% FPL

	Own ESHI	Own Direct Purchase	Spouse private	Medicaid
k=-6	0.009	-0.006	-0.028	-0.001
	(0.013)	(0.008)	(0.017)	(0.006)
k=-5	0.007	-0.002	-0.007	-0.000
	(0.011)	(0.007)	(0.010)	(0.004)
k=-4	0.019	0.006	0.003	0.000
	(0.010)	(0.006)	(0.008)	(0.002)
k=-3	0.006	0.006	0.005	0.000
	(0.008)	(0.006)	(0.007)	(0.002)
k=-2	-0.015	-0.003	0.010	-0.000
	(0.009)	(0.011)	(0.009)	(0.004)
k=-1	-0.020	-0.002	0.010	0.000
	(0.011)	(0.009)	(0.009)	(0.005)
k=0	-0.030	-0.003	0.015	0.004
	(0.018)	(0.010)	(0.012)	(0.007)
k=1	-0.177***	0.001	0.021	0.013
	(0.041)	(0.014)	(0.021)	(0.012)
k=2	-0.191***	0.016	0.012	0.016
	(0.044)	(0.021)	(0.024)	(0.013)
k=3	-0.226***	0.016	0.008	0.019
	(0.047)	(0.022)	(0.025)	(0.014)
k=4	-0.197***	-0.002	0.010	0.013
	(0.048)	(0.018)	(0.027)	(0.012)
k=5	-0.198***	0.016	-0.014	0.015
	(0.050)	(0.026)	(0.033)	(0.015)
k=6	-0.212***	0.017	-0.017	0.002
	(0.054)	(0.028)	(0.036)	(0.024)
k=7	-0.190***	0.022	-0.031	0.006
	(0.057)	(0.030)	(0.040)	(0.025)
k=8	-0.162**	0.009	-0.020	0.006
	(0.060)	(0.034)	(0.047)	(0.029)
k=9	-0.175**	0.010	-0.019	0.020
	(0.063)	(0.035)	(0.049)	(0.033)
k=10	-0.226**	0.021	-0.023	0.022
	(0.079)	(0.035)	(0.062)	(0.037)
k=11	-0.233**	0.023	-0.024	0.026
	(0.081)	(0.040)	(0.062)	(0.041)
k=12	-0.238**	0.019	-0.019	0.028
	(0.085)	(0.041)	(0.065)	(0.044)
Observations	8368	8368	8368	8368

Note: Event study estimates for workers with income-to-poverty ratio at or above 400% FPL. See Table A7 for workers below 400% FPL. Income-to-poverty ratio measured at $g-1$. Covariate-adjusted specification. Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Additional sample construction and estimation details

Main job identification When a worker holds multiple jobs in a given month, the main job is identified hierarchically: the job with the highest weekly hours, with ties broken by longest tenure and then highest monthly earnings.

Imputation of displacement reason For main-job separations where the reason for separation is not reported, the involuntary displacement indicator is imputed using multiple imputation following Simmons (2023). A logit model is estimated with 20 imputations using age, sex, marital status, presence of children, education, aggregated industry, aggregated occupation, part-time status, year, and month as predictors.

Treatment status with missing data When displacement status cannot be determined for months preceding the first confirmed displacement event, treatment status is set to missing for the affected window. These observations are excluded from estimation.

Sample completeness The sample requires non-missing values on all analysis variables, including demographics, employment status, health insurance coverage by source and policyholder, treatment indicators, and (for married respondents) spouse's labor market characteristics.

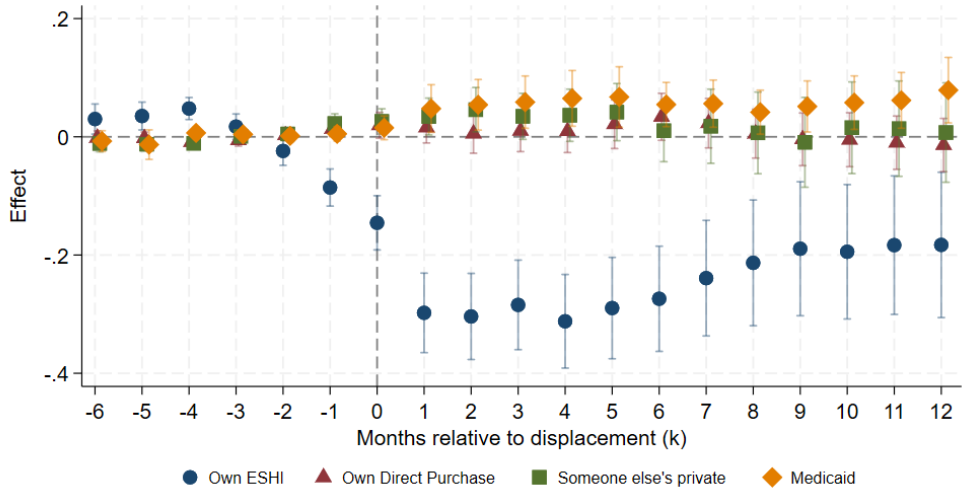
Survey weights All regressions use SIPP longitudinal panel weights. Standard errors are clustered at the individual level.

Supplementary pre-ACA analysis

This section describes the supplementary pre-ACA analysis discussed in Section 5. The analysis uses the SIPP 2008 panel, waves 8–16, covering January 2011 through December 2013. The estimation period spans January 2011 to December 2012 (24 calendar months), with individuals displaced in January–December 2013 forming the never-treated cohort. The estimation applies the same two-stage difference-in-differences estimator (Gardner et al., 2024) with identical event-time window ($k = -6$ through $k = +12$) and covariate adjustment.

The SIPP 2008 differs from the SIPP 2014 in several respects. Each individual can hold up to 2 concurrent jobs (versus 7 in SIPP 2014). The survey does not distinguish spousal coverage from coverage through other household members; accordingly, "someone else's private" replaces "spouse's private" as an outcome variable. Since ACA Medicaid expansion had not yet occurred during the study period, the expansion status heterogeneity analysis is not applicable. Sample restrictions follow the same protocol as the main analysis, adapted for SIPP 2008 variable names and coding conventions.

Figure A4: Pre-ACA: The dynamic impact of job displacement on HI coverage (2011–2012)



Note: Event study estimates for each coverage type in the pre-ACA period (2011–2012) using the SIPP 2008 panel. The specification is covariate-adjusted and otherwise identical to the main analysis. "Someone else's private" replaces "spouse's private" because the SIPP 2008 does not distinguish spousal coverage from other household member coverage. Standard errors clustered at the individual level.

Table A9: Pre-ACA: Event-study estimates (2011–2012)

	Own ESHI	Own Direct Purchase	Someone else's private	Medicaid
k=-6	0.030*	-0.002	-0.011	-0.007
	(0.013)	(0.006)	(0.007)	(0.009)
k=-5	0.035**	-0.002	-0.013*	-0.013
	(0.012)	(0.005)	(0.005)	(0.013)
k=-4	0.048***	-0.009	-0.011*	0.007
	(0.010)	(0.005)	(0.005)	(0.005)
k=-3	0.017	-0.006	0.001	0.004
	(0.011)	(0.005)	(0.004)	(0.005)
k=-2	-0.024	0.003	0.005	0.002
	(0.012)	(0.004)	(0.005)	(0.005)
k=-1	-0.086***	0.014*	0.023**	0.005
	(0.016)	(0.007)	(0.008)	(0.006)
k=0	-0.145***	0.019	0.026*	0.015
	(0.023)	(0.011)	(0.011)	(0.010)
k=1	-0.298***	0.016	0.034*	0.048*
	(0.034)	(0.013)	(0.016)	(0.021)
k=2	-0.304***	0.005	0.046*	0.054*
	(0.037)	(0.017)	(0.019)	(0.022)
k=3	-0.284***	0.010	0.035	0.059**
	(0.039)	(0.018)	(0.020)	(0.023)
k=4	-0.312***	0.010	0.037	0.065**
	(0.040)	(0.018)	(0.023)	(0.024)
k=5	-0.290***	0.021	0.042	0.067**
	(0.044)	(0.021)	(0.025)	(0.026)
k=6	-0.274***	0.034	0.010	0.055**
	(0.045)	(0.020)	(0.027)	(0.019)
k=7	-0.239***	0.023	0.018	0.056**
	(0.050)	(0.021)	(0.032)	(0.020)
k=8	-0.213***	0.005	0.007	0.042*
	(0.054)	(0.021)	(0.035)	(0.019)
k=9	-0.189**	-0.004	-0.009	0.051*
	(0.058)	(0.023)	(0.039)	(0.022)
k=10	-0.194***	-0.005	0.015	0.058*
	(0.058)	(0.023)	(0.040)	(0.023)
k=11	-0.183**	-0.010	0.014	0.062*
	(0.060)	(0.023)	(0.041)	(0.024)
k=12	-0.183**	-0.014	0.007	0.079**
	(0.063)	(0.023)	(0.043)	(0.028)
Observations	6527	6527	6527	6527

Note: Event study estimates for the pre-ACA period (2011–2012) using the SIPP 2008 panel. The specification is covariate-adjusted and otherwise identical to the main analysis. "Someone else's private" replaces "spouse's private." Standard errors clustered at the individual level in parentheses.
* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A10: Pre-ACA: Pre-trend test, Borusyak et al. (2024)

	Own ESHI	Own Direct Purchase	Someone else's private	Medicaid
Pretrend joint Wald chi2	32.067	8.795	7.627	8.053
p-value	0.000	0.185	0.267	0.234

Note: Pre-trend test following Borusyak et al. (2024) applied to the pre-ACA analysis. The joint Wald test rejects the null of zero pre-treatment coefficients for own ESHI, reflecting the pre-displacement coverage erosion discussed in Section 5. Pre-trends are not rejected for the other three outcomes. Standard errors clustered at the individual level.