Abstract: This paper investigates the effect of the Affordable Care Act young adult provision on individuals’ propensity to marry. Individuals affected by the provision might have less incentive to marry since one avenue for obtaining health insurance coverage is through marriage and the provision expanded options for obtaining coverage outside of marriage. In addition, indirect effects of the policy through labor markets might also affect individuals’ marriage decisions. To investigate the effect of the provision on individuals’ propensity to marry, analyses apply difference-in-differences-type methods using 2008 through 2012 American Community Survey one-year data and examine the effect of the provision on the likelihood of an individual to have married within the past year. Results suggest that the implementation of the ACA young adult provision is associated with a decrease in the likelihood of marrying for young adults at ages covered by the provision. Findings are robust to the choice of treatment and control groups of alternate ages and the inclusion of various controls for time trends. Further results suggest implementation of the provision is associated with decreases in cohabitation and geographic mobility and a marginally significant increase in the probability of divorce.

The contents of this paper are of the author’s sole responsibility. They do not represent the views of the U.S. Census Bureau. Any inquiries related to the paper’s content should be directed to the author.
1 Introduction

In order to address the low health insurance rates of young adults, in 2010 the Patient Protection and Affordable Care Act (ACA) young adult provision was enacted. The provision allowed 19-25 year-olds to be covered by their parents’ health insurance plans regardless of marital status, student status, and whether they have children. Prior to the implementation of the provision, young adults generally became ineligible for coverage under their parents’ private health insurance plans when they turned 19 years old or 24 years old if they were enrolled in school. Several papers find that the policies affected health insurance coverage outcomes (Cantor et al. 2012; Sommers and Kronick 2012; Akosa Antwi, Moriya, and Simon 2013; Mulcahy et al. 2013; O’Hara and Brault 2013; Sommers et al. 2013). Other research investigates the effects of the provision on non-insurance outcomes and finds a decrease in labor market participation (Akosa Antwi, Moriya, and Simon 2013) and improvements in health outcomes (Barbaresco, Courtemanche, and Qi 2014) and access to care (Sommers et al. 2013; Akosa Antwi, Moriya, and Simon 2014). This paper considers how the ACA young adult provision affects the decision to marry.

and the increased availability of contraception for unmarried women, Myers (2012), Goldin and Katz (2002), and Bailey (2006) consider laws expanding access to oral contraception, and Abramowitz (2014) explores state health insurance mandates for coverage of assisted reproductive technology. This paper adds to the literature by considering the effects on marriage of the ACA young adult provision.

Recent survey and anecdotal evidence suggests a relationship between health insurance coverage and marriage. In April 2008, the Kaiser Family Foundation conducted the Election 2008 Kaiser Health Tracking Survey and found that 7 percent of respondents reported that in the last year they or someone in their household decided to get married mainly so one spouse could have access to the other’s health care benefits (Kaiser Family Foundation, 2008b). While a later discussion considered the plausibility of that figure, the response suggests that Americans perceive that people they know are making major life decisions partly on the basis of health care concerns (Kaiser Family Foundation, 2008a). Media reporting of the survey results reinforced this message with pieces such as, “I Married for Health Insurance,” (Goodman, 2008) amongst others (Goldstein, 2008 and Sack, 2008) and coverage of one woman’s YouTube campaign to find a husband to obtain health insurance: “She's searching for ‘the one’ with the lowest co-pays,” (CBS News, 2010).

There is reason to believe that the prospect of obtaining health insurance coverage could be an important consideration for individuals’ decisions about whether to marry. This is because one avenue for obtaining health insurance is through becoming a dependent on a spouse’s insurance
This may not be an important channel for individuals who obtain their own coverage through their employers or government programs like Medicaid and Medicare. However, many individuals are not eligible to obtain coverage through these sources. As a result, these individuals may not be able to afford to purchase coverage or may purchase a suboptimal amount of coverage on their own, and the prospect of obtaining any or more affordable coverage may induce these individuals to marry. This could come about through single individuals searching (at all or with more effort) for a spouse; it could also come about through coupled but unmarried individuals deciding to marry. If young adults consider health insurance coverage in their marriage decisions and become more eligible to obtain insurance outside of marriage following the ACA provision, we would expect the provision to be associated with a decrease in their probability of marrying.

While the ACA young adult provision may directly affect individuals’ decisions to marry by facilitating obtaining health insurance coverage outside of marriage, the provision may also indirectly affect marriage outcomes. For example, individuals may opt for obtaining coverage through parents rather than their own employers, and this could affect their labor market or education choices. As a result, individuals may choose to work fewer hours or not at all, may choose different types or locations of jobs, may receive different wages, or may choose to enroll in school and invest in human capital, and these outcomes could in turn affect their propensities

---

1 In recent years, cohabitating partners have increasingly been able to obtain dependent coverage through employers; however, the majority still cannot. According to Schaefer (2009), in 2008, 36 percent of private employers offered cohabitating couples access to dependent coverage, an increase from 7 percent in 1997.
to marry. Indeed, Akosa Antwi, Moriya, and Simon (2013) find that the ACA young adult provision was associated with young adults working fewer hours and being less likely to work full-time. Given these considerations, this analysis examines general effects of the provision on marriage.

To examine the relationship between the ACA young adult provision and marriage, this analysis uses pooled 2008 through 2012 one-year American Community Survey (ACS) data to perform difference-in-differences-type analyses following the approach outlined in Hahn and Yang (2013) and Akosa Antwi, Moriya, and Simon (2013). This approach exploits variation across age groups (treated 20-25 year-olds versus control 16-18 year-olds and 27-29 year-olds) and over time (pre-enactment, enactment, first year of implementation, two or more years after implementation). The paper primarily examines the effect of the provision on the likelihood of an individual to have married within the past year. The analysis considers heterogeneous effects of the provision on different groups and examines effects of the provision on outcomes related to marriage including cohabitation, geographic mobility, and divorce. The paper also performs a number of robustness checks and placebo tests to address the concerns raised by Slusky (2014) that the definition of the treatment and control groups by particular age groups might be driving the results.

The findings of the analysis suggest that the implementation of the ACA young adult provision is associated with a decrease in the likelihood of marrying for young adults at ages covered by the provision. For 20-25 year-old women, the effect for the enactment period is a decrease of 0.35 percentage points, the effect for the first year of implementation is a decrease of 0.66 percentage points, and the effect for the second and subsequent years of implementation is a decrease of 0.62 percentage points. These correspond to 6.0, 11.4, and 10.7 percent decreases, respectively,
in the marriage rates of 20-25 year-old women as compared to before provision enactment. For 20-25 year-old men, the effect for the first year of implementation was a decrease of 0.38 percentage points, and the effect for the second and subsequent years of implementation was a decrease of 0.41 percentage points. These correspond to 9.8 and 10.6 percent decreases, respectively, in the marriage rates of 20-25 year-old men as compared to before provision enactment. These results are robust to the choice of treatment and control groups of alternate ages and the inclusion of various controls for time trends. The finding that the introduction of a new avenue for obtaining health insurance is associated with decreased marriage rates is consistent with the hypothesis that some individuals marry in order to obtain coverage. Results also show decreases in cohabitation and geographic mobility and a marginally significant increase in the probability of divorce.

The rest of the paper is organized as follows. The next section provides background on the ACA young adult provision. The section that follows outlines the data and methods used in this analysis. The next sections present findings of the analysis and consider their robustness. The last section discusses these findings and concludes.

2 Background on the ACA Young Adult Provision

In order to address the low health insurance rates of young adults, the ACA young adult provision allowed 19-25 year-olds to be covered by their parents’ health insurance plans regardless of their marital status, student status, and whether they have children. Under this provision, young adults were given special opportunities to enroll in their parents’ plans for 30 days following the first day of the first plan or policy year beginning on or after September 23, 2010. Many insurance companies began covering these individuals voluntarily before this date,
as early as May 2010 (U.S. Department of Labor, 2013). Prior to the ACA provision, young adults generally became ineligible for coverage under their parents’ private health insurance plans when they turned 19 years old or 24 years old if they were enrolled in school, and as a result, many of these individuals became uninsured upon reaching these age limits. To address this issue, many states passed laws increasing the eligibility age or relaxing eligibility requirements for obtaining coverage under parents’ private health insurance plans (Monheit et al. 2011), but these state mandates were not as comprehensive or well-known as the ACA provision.

Recent work finds the ACA provision has been effective in increasing health insurance coverage for young adults. Sommers and Kronick (2012) use the 2006-2011 Current Population Survey to find the provision associated with an increase in the number of young adults with health insurance. Akosa Antwi, Moriya, and Simon (2013) use the 2008 panel of the Survey of Income and Program Participation and also find the provision associated with increases in young adults’ health insurance coverage rates as well as decreases in labor force attachment. O’Hara and Brault (2013) use the 2008-2011 ACS one-year samples to find the provision associated with an increase in the number of young adults with private health insurance. Sommers et al. (2013) use the 2005-2011 National Health Interview Survey and 2006-2011 Current Population Survey Annual Social and Economic Supplement to find the provision associated with increases in health insurance coverage as well as access to care for young adults. Cantor et al. (2012) use the 2005-2011 Current Population Survey to find the provision associated with an increase in the share of young adults with dependent coverage and a reduction in their uninsured rate. Mulcahy et al. (2013) use 2009-2011 IMS Health Charge Data Master data to find an increase in rates of health insurance coverage for young adults seeking emergency care. All of these papers suggest that the provision has indeed affected the health insurance choices of young adults.
A number of papers consider the effects of the provision on outcomes beyond the realm of insurance. Barbaresco, Courtemanche, and Qi (2014) use the Behavioral Risk Factor Surveillance System to examine the effects of the provision on health outcomes and find increased probabilities of having health insurance, a primary care doctor, and excellent self-assessed health, and decreased unmet medical needs because of cost, but find no evidence of improvements in preventive care utilization or health behaviors. Akosa Antwi, Moriya, and Simon (2014) use 2007-2011 Nationwide Inpatient Sample data to find that the provision is associated with an increase in inpatient hospitalizations, particularly those related to mental illness, and a decrease in the prevalence of uninsurance among the hospitalized. To the knowledge of this author, this paper is the first to examine the effect of the ACA young adult provision on marriage.

3 A Theoretical Framework for the Relationship between Insurance Coverage and Marriage

Before considering the effect of a health insurance-related policy on marriage, it is important to outline the channels through which the prospect of obtaining health insurance coverage might impact marriage. Some of the main avenues for obtaining private insurance coverage include through an employer or through a spouse. If an individual sufficiently values insurance coverage and is unable to obtain coverage through other channels, he or she may be willing to choose a sub-optimal employment arrangement or spouse in order to obtain insurance coverage. This framework considers both how the prospect of obtaining coverage could have a direct effect on marriage through the choice of a spouse as well as how the prospect of obtaining coverage could have an indirect effect on marriage through the choice of employment.
3.1 Insurance Coverage, the Choice of a Spouse, and the Effect on Marriage

The prospect of obtaining insurance coverage through a spouse could induce individuals to marry by increasing the benefit of marriage. As outlined by Becker (1973, 1974), a necessary condition for marriage is that the total output of the marriage exceeds the sum of the maximum outputs of the single individuals. The total output of the marriage is a function of market goods and services and time spent in home production and is determined by the complementarity of the partners. An individual who values health insurance coverage but is not eligible to obtain coverage through an employer or government programs may be able to obtain coverage through marriage. For this individual, the output of marriage relative to the output of being single is raised by the amount that the individual values insurance coverage. This person would be willing to marry so long as their share of the output associated with marrying a given person exceeds their output associated with being single as well as their expected share of the output associated with waiting for another offer.

The benefit of obtaining insurance coverage through marriage could affect both partnered and single individuals. For individuals who have already found a partner, the benefit of insurance coverage could induce them to officially marry. For individuals who are single, by making marriage more attractive, the benefit of insurance coverage could induce them to search, at all or with more effort, for a spouse. Becker (1974) outlines that this search may take the form of trial living together, consensual unions, or prolonged dating.

3.2 Insurance Coverage, the Choice of Employment, and the Effect on Marriage

The prospect of obtaining insurance coverage through an employer could indirectly affect individuals’ propensities to marry through effects on types of employment, hours worked and
income, and wages. To obtain insurance coverage, an individual may choose employment that is otherwise less desirable in terms of wages, if an employer offers a lower wage to cover the higher cost of employment, or job responsibilities. Alternatively, an individual may work longer hours for a particular employer as a condition of insurance coverage, which may also result in increased income, but decreased leisure time. In addition, an individual’s investment in human capital may be affected by the choice of employment since he or she may have greater or fewer time and financial resources available for pursuing part-time education.

Changing one’s employment decisions in order to obtain insurance could in turn affect marriage. Becker (1973) outlines how income and wages impact the total output from a marriage and, it follows, individuals’ propensity to enter into marriage. The employment effects related to obtaining insurance coverage through an employer are ambiguous: if individuals take lower wage jobs to obtain insurance, they may be less desirable on the marriage market, but may also be willing to accept a lower offer from a potential spouse. Alternatively, individuals may take jobs with equal or higher wages that are less desirable otherwise, for example, that may be less personally fulfilling, which could make these individuals more or less desirable on the marriage market. In addition, if individuals work longer than desired hours in order to obtain coverage, they may become more desirable in terms of income, but may have less leisure time available to search for a spouse. Likewise, employment effects that in turn affect educational pursuits could also make an individual more or less desirable on the marriage market.

3.3 Testable Implications of the ACA Young Adult Provision

The ACA young adult provision may affect individuals’ decisions to marry by facilitating obtaining health insurance coverage outside of marriage and employment. This could come
about directly: if young adults consider health insurance coverage in their marriage decisions and become more eligible to obtain insurance outside of marriage following the ACA provision, we would expect the provision to be associated with a decrease in their probability of marrying. This could also come about indirectly: if young adults consider health insurance coverage in their employment decisions and become more eligible to obtain insurance outside of their employment arrangements following the ACA provision, we would expect the provision to be associated with changes in types of employment, hours worked and income, and wages, which could in turn increase or decrease their probability of marrying. Given these channels through which the prospect of obtaining insurance coverage might affect individuals’ marriage decisions, this analysis proceeds by examining general effects of the ACA young adult provision on marriage.

4 Data and Methods

4.1 Data

To examine the effects of the ACA on an individual’s probability of marrying, I pool the 2008 through 2012 one-year ACS data. The ACS is a nationwide survey conducted continuously throughout each year. It is conducted in all U.S. counties and Puerto Rico municipios. About 3 million housing unit addresses are sampled annually, in addition to a sample of individuals living in group quarters, such as college dormitories.

There are several benefits to using the ACS for this analysis. One benefit of the ACS is its large sample size. Another benefit is that, although the ACS is a cross-sectional sample, the survey
includes questions on marital timing providing insight into changes in an individual’s marital status over time.²

The primary outcome of interest examined in this analysis is whether an individual was married within the past year. This variable is available in the ACS beginning in 2008 when the survey began asking more detailed questions about individuals’ marriage histories. Since the ACS collects data over the course of the calendar year rather than only one part of the year, this variable captures variation in marriage rates within years as well as across years. In addition, this variable provides a means for identifying when an individual married in a way that is consistent across years and between individuals surveyed at different times of the year and permits excluding individuals married before the period of interest. Since the outcome of interest is whether an individual was married within the past year, only single individuals and those reporting having married within the past year are included in these analyses.

The sample includes individuals from all U.S. states and the District of Columbia living in households or college dormitories. Active duty military are excluded from the sample. Generally following Hahn and Yang (2013) and Akosa Antwi, Moriya, and Simon (2013), only individuals aged 16-18, 20-25, and 27-29 at the time of survey response are included in the sample.

² An alternative dataset considered for this analysis was the Current Population Survey. It is possible to longitudinally link years of the Current Population Survey allowing for identification of individuals that married in the past year. However, only data for individuals that stay in the same residence can be linked in this way. Since marriage is often associated with changing residences, a concern is that marriage-related attrition would bias the results, and accordingly, the ACS was used for this analysis.
analysis. Individuals aged 20-25 comprise the treated age group, and individuals aged 16-18 and 27-29 comprise the control group. Individuals aged 19 and 26 were excluded to identify clear effects for the treatment age group of 20-25.

Data from the 2008 through 2012 survey years was used to examine the periods before, during, and after provision enactment and implementation. The implementation period covers the time insurance companies were required to implement the provision, and the enactment period covers the time after the provision was enacted but before insurance companies were required to implement it during which some companies voluntarily extended coverage to young adults. The period before provision enactment covers January 1, 2008 through April 30, 2010; the enactment period covers May 1, 2010 – September 22, 2010; the first year of the implementation period covers September 23, 2010 – September 22, 2011; and the second and later years of the implementation period cover September 23, 2011 – December 31, 2012. An individual is classified in a period based on his or her survey response date.3

Table 1 presents summary statistics for the sample used in the analyses. The proportion married in the last year increases by age group, while the proportion in school decreases. Younger age groups have smaller proportions of non-Hispanic Whites and larger proportions of non-Hispanic Blacks than older age groups.

Figure 1 presents the proportion of the single population that married in the past year by age group over the periods before, during, and after ACA provision enactment and implementation. Comparing the period before provision enactment to two or more years after implementation, 

3 This information is available in internal ACS data, which is used in this analysis.
marriage rates in the past year fell for all age groups. However, it is only for 20-25 year olds that rates fell when comparing the enactment period to two or more years after implementation. The decline for this age group is distinct from the patterns for individuals ages 16-18 and 27-29, for whom rates did not change over the same period. These patterns are suggestive of a relationship between the provision and marriage, but since it is important to control for other factors that might affect this relationship, more in-depth analysis of this question is valuable.

4.2 Methods

To examine the effects of the ACA, I use a difference-in-differences-type framework and linear probability models to examine an individual’s probability of marriage. I exploit variation across age groups (treated 20-25 year-olds versus control 16-18 year-olds and 27-29 year-olds) and over time (pre-enactment, enactment, first year of implementation, two or more years after implementation). Younger and older individuals were included in the control group to account for other time-varying factors that would have led the treated age group to marry at different rates after the enactment and implementation of the provision. Including both younger and older individuals lessens the concern that changing trends in marriage timing unrelated to the provision that are driving the results. Robustness checks testing the sensitivity of results to the choice of control group are estimated subsequently. The preferred specification includes controls for the enactment period (May 1, 2010 – September 22, 2010), the first year of the implementation period (September 23, 2010 – September 22, 2011), and the second and later years of the implementation period (September 23, 2011 – December 31, 2012). Since the enactment period

4 Linear probability models are used in all regressions rather than probit models for ease of computation. Regressions using probit models yielded qualitatively similar results.
covers the time after the provision was enacted but before insurance companies were required to implement it during which some companies voluntarily extended coverage to young adults, we would expect to see small or no effects during this period. Two intervals are specified for the implementation period to more clearly capture effects of the provision, in particular since the outcome of interest is whether an individual was married within the past year. The unit of analysis is the individual.

The estimation follows the specification:

\[
y_{iajt} = \beta_0 + \beta_1 Enact_{iajt} + \beta_2 Implement1_{iajt} + \beta_3 Implement2_{iajt} \\
+ \beta_4 (TreatedAge_a \times Enact_{iajt}) + \beta_5 (TreatedAge_a \times Implement1_{iajt}) \\
+ \beta_6 (TreatedAge_a \times Implement2_{iajt}) + \beta_7 State_j + \beta_8 ACSYear_t \\
+ \beta_9 TreatedAge_a + \beta_{10} X_i + \beta_{11} Z_{jt} + \epsilon_{iajt}
\]

where \(y_{iajt}\) is a dummy variable equal to 1 if an individual \(i\) of age group \(a\) living in state \(j\) during time \(t\) reports having married in the past year and is equal to 0 otherwise. The coefficients on the interaction terms, \(\beta_4, \beta_5,\) and \(\beta_6,\) capture the associated difference in the probability of having married in the past year for a person aged 20-25 during the provision enactment period, first year of provision implementation, and second and subsequent years of provision implementation, respectively, relative to a person aged 16-18 or 27-29 or a person aged 20-25 in the pre-enactment period, holding other characteristics constant. Vectors of parameters are included to control for state fixed effects (\(\beta_7\)), year fixed effects (\(\beta_8\)), and treated age group fixed effects (\(\beta_9\)). The \(X\) vector (\(\beta_{10}\)) controls for individual demographic characteristics including dummy
variables for age, gender, race/ethnicity, and student status. The Z vector ($\beta_{11}$) controls for labor market and marriage market conditions including the state-year sex ratio for those aged 16-32 and the Bureau of Labor Statistics Local Area Unemployment Statistics county prior year unemployment rate. The error term is represented by $\varepsilon$. In all ACS tables and regressions, the data are weighted to be population-representative using provided Fay’s replicate weights and parents’ plans prior to the ACA provision as well as other policies and characteristics.

Specifications including a control for whether the individual would have been eligible for dependent coverage on a parent’s health insurance plan prior to the ACA young adult provision following the classification of state policies in Monheit et al. (2011) yielded qualitatively similar results.

6 Including controls for family income as a percentage of the federal poverty line and its squared term resulted in qualitatively similar results.

7 It would be interesting to incorporate information on parents’ insurance coverage into the analysis to identify individuals eligible for coverage through parents as a result of the provision. However, since this would limit the sample to only individuals living in the same household as their parents, it was not used in this analysis investigating marriage.

8 Bureau of Labor Statistics Local Area Unemployment Statistics state-year unemployment rates were used when county-level data was unavailable.

9 The prior year unemployment rate is used since the outcome of interest is having married in the past year. In specifications examining current year outcomes, the current year unemployment rate is used.
corresponding replicate weighting methods, detailed in the ACS documentation (U.S. Census Bureau, 2013).

5 Results

5.1 Main Results

Regression results for the probability of marrying in the past year are presented in Table 2. Results show a significant negative effect of the ACA provision on 20-25 year-olds’ likelihood of marrying in the past year both during the first and subsequent years of the implementation period, but not for the enactment period. The effect for both the first year of implementation and the second and subsequent years of implementation is a decrease of 0.51 percentage points corresponding to a 10.6 percent decrease in the marriage rate of 20-25 year-olds as compared to before provision enactment.\textsuperscript{10}

Table 2 next presents results by gender. For both men and women, a significant negative effect of the ACA provision on 20-25 year-olds’ likelihood of marrying in the past year is found both during the first and subsequent years of the implementation period. For women only, a significant negative effect of the provision on the likelihood of marrying in the past year is found for the enactment period. For 20-25 year-old women, the effect for the enactment period is a decrease of 0.35 percentage points, the effect for the first year of implementation is a decrease of 0.66 percentage points, and the effect for the second and subsequent years of implementation is a decrease of 0.62 percentage points. These correspond to 6.0, 11.4, and 10.7 percent decreases,  

\textsuperscript{10} The marriage rate for 20-25 year-olds before provision enactment was 4.8 percent.
respectively, in the marriage rates of 20-25 year-old women as compared to before provision enactment. For 20-25 year-old men, the effect for the first year of implementation was a decrease of 0.38 percentage points, and the effect for the second and subsequent years of implementation was a decrease of 0.41 percentage points. These correspond to 9.8 and 10.6 percent decreases, respectively, in the marriage rates of 20-25 year-old men as compared to before provision enactment.\textsuperscript{11}

To address the concern that these results might reflect a trend in delaying marriage, Table 2 next presents results focusing specifically on ages at the cutoffs of the ACA provision comparing 20- and 21-year-olds to 17- and 18-year-olds and 24- and 25-year-olds to 27- and 28-year-olds.\textsuperscript{12} In both regressions, individuals in the treated age group are significantly less likely to have married in years associated with provision implementation, but not provision enactment. For 20-21 year-olds, the effect for the first year of implementation is a decrease of 0.49 percentage points, and the effect for the second and subsequent years of implementation is a decrease of 0.41 percentage points. These correspond to 17.1 and 14.3 percent decreases, respectively, in the marriage rates of 20-21 year-olds as compared to before provision enactment. For 24-25 year-olds, the effect for the first year of implementation is a decrease of 0.63 percentage points, and the effect for the second and subsequent years of implementation is a decrease of 0.58 percentage points. These

\textsuperscript{11} The marriage rate before provision enactment was 5.8 percent for 20-25 year-old women and 3.9 percent for 20-25 year-old men.

\textsuperscript{12} These regressions use the same controls as in the main specification with the exception of age dummies, which are omitted since only four ages are included in each regression and controls are included for the treated ages.
correspond to 9.0 and 8.3 percent decreases, respectively, in the marriage rates of 24-25 year-olds as compared to before provision enactment.\textsuperscript{13}

Next, I examine differential effects for states with mandates for parental insurance coverage of young adults in place prior to the ACA provision following the classification of state policies in Monheit et al. (2011) considering only the 20-25 year-old age group. Table 3 presents these results. First, I compare the effect of provision enactment and implementation for individuals in newly eligible states to those in states with prior mandates. Results suggest no significant difference in the effect of the ACA provision on marriage for individuals in states that did implement reforms as compared to those that did not for the provision enactment period and first year of implementation, but do suggest an increase in the likelihood of marrying for the second and subsequent years of the implementation period for individuals living in states that had not implemented reforms. However, these results identify individuals as newly eligible only at the state level and accordingly do not reflect actual newly eligible status for individuals based on the state mandate criteria. To identify the effect of new eligibility at the individual level, I next examine the effects of the provision for individuals who become newly eligible based on state, age, disability status, student status, marital status, whether he or she has children, and whether he or she lives with a parent. In this specification, for the enactment and implementation periods I do find a decrease in the likelihood of marrying associated with being newly eligible, consistent with the main findings.

\textsuperscript{13} The marriage rate before provision enactment was 2.9 percent for 20-21 year-olds and 7.0 percent for 24-25 year-olds.
5.2 Further Results

Next, I consider the effect of the provision on marriage-related outcomes. First, I examine the effect of the provision on the probability of having divorced in the past year considering married individuals and those reporting having divorced within the past year. If individuals are less likely to enter marriage as a result of the provision, they may also be more likely to leave marriage as a result of the provision. I next consider the effects of the provision on geographic mobility and examine the probability of having moved across states or counties in the past year for single individuals. If individuals are less likely to enter marriage and less tied to jobs as a result of the provision, they may feel more free to move; however, if individuals move to pursue marriage or jobs and they are less likely to seek those pursuits, we might see a decrease in geographic mobility. Finally, I examine the likelihood of single individuals to be living with a parent or to be cohabitating with a partner.\textsuperscript{14} Again, if individuals feel more free to move, they may be less likely to live with a parent; however if they are less tied to jobs or partners, they may be more likely to live with a parent. In addition, individuals may opt for cohabitation instead of marriage as a result of the provision; however, if individuals cohabitate with the intent to marry and they are now less likely to marry, we may also see a decrease in cohabitation.

Table 4 presents results for the effects of the provision on these marriage-related outcomes. The results suggest the provision is associated with a marginally significant decrease in the likelihood of having divorced over the past year during the provision enactment period and a marginally

\textsuperscript{14} The ACS only identifies cohabitating partners of household heads. Accordingly, these results reflect only changes in the probability of cohabitating as a household head or he partner of a household head.
significant increase during the first year of the provision implementation period, but no significant difference for the second and subsequent years of the implementation period. The results for divorce might suggest that individuals have less incentive to stay married if they have a greater opportunity to obtain coverage outside of marriage. Additional results suggest that individuals are less geographically mobile, more likely to live with parents, and less likely to live with a partner: results show decreases in the likelihood of single individuals to move across states or counties for the implementation period, but not during the enactment period, as well as an increase in the likelihood for single people to be living with a parent and a decrease in the likelihood for single people to be cohabitating with a partner for the enactment and implementation periods. These results are consistent with the hypothesis that individuals are less interested in pursuing jobs or relationships as a result of the provision. In particular, the result for cohabitation suggests that individuals are not substituting from marriage to cohabitation, but rather, are opting out of both. However, it is important to note that this analysis captures only the cohabitation of household heads. The decline in cohabitation identified in this analysis could alternatively reflect individuals switching from cohabitating as household heads to cohabitating as subfamilies as a result of the provision.

6 Robustness

The paper next performs a number of robustness checks and placebo tests to address the usual concerns associated with difference-in-differences-type analyses and in particular the concerns raised by Slusky (2014) that the definition of the treatment and control groups by age might be driving the results. To consider how trends in marriage might be driving the results, I re-estimate the main specifications including a number of controls for time trends. To address the concerns
raised by Slusky (2014) that the definition of the treatment and control groups by age might be driving the results, I consider alternate age cut-offs for the definition of the treatment and control groups. To further examine the robustness of the results, I perform two placebo analyses, first constructing a placebo provision during the period before provision enactment and then constructing a placebo treatment group during the main analysis period.

6.1 Time Trends

The primary specification includes year fixed effects. To test the sensitivity of the specification, I estimate alternate specifications including 1) calendar month fixed effects, 2) a linear calendar month time trend, 3) linear and state-specific calendar month time trends, and 4) a quadratic calendar month time trend. The primary specification and all of these alternative specifications yield qualitatively similar results.\textsuperscript{15}

6.2 Alternative Age Groups

The main analysis includes individuals ages 16-18, 20-25, and 27-29 with the 20-25 age group defined as the treatment group. As a robustness check, following the methodology of Barbaresco, Courtemanche, and Qi (2014) to address the concerns presented by Slusky (2014) that the definition of the treatment and control groups by the particular age groups used in the main analysis might be driving the results, I re-run all previously presented analyses considering only individuals ages 23-25 and 27-29 with the 23-25 age group defined as the treatment group. Results are generally qualitatively similar: no significant effect of the provision is found for the main specifications for the enactment period, but significant effects of the provision are found

\textsuperscript{15} Results are available from the author by request.
for both the first year and subsequent years of provision implementation. One exception is that no significant effect of the provision is found for students and significant effects of the provision on moving across states and counties are found for the enactment period, but not either of the implementation periods. In addition, significant positive effects of provision implementation are found for divorce.\textsuperscript{16}

6.3 Placebo Tests

To address concerns that the analysis is identifying spurious effects, I perform several placebo tests following the approach of Barbaresco, Courtemanche, and Qi (2014). Table 5 presents these results. First, I consider a placebo mandate for alternate years. Ideally, I would consider placebo mandates over several periods prior to the enactment and implementation of the provision. However, since 2008 is the earliest year available for the outcome variable for having married in the past year, I can only construct one pre-provision period for 2008-2009. For this test, I construct the placebo provision to cover the 2009 calendar year. Results show no significant effect of the placebo mandate. Next, I consider a placebo treatment group over the time period used in the main analysis covering before and after the enactment and implementation of the provision. In this placebo test, I include only individuals ages 28-30 and 32-34, who are outside of the age range affected by the provision, and define individuals ages 28-30 as the placebo treatment group. Here, no significant effects of provision enactment or the first or subsequent years of provision implementation of the provisions are found for the placebo treatment group.

\textsuperscript{16} Results are available from the author by request.
Discussion and Conclusions

This paper examined the relationship between the ACA young adult provision and marriage. The analysis used difference-in-differences-type specifications to examine the effect of the provision on the likelihood of an individual to have married within the past year and considered heterogeneous effects of the provision by gender and new eligibility. The analysis also examined effects of the provision on outcomes related to marriage including cohabitation, geographic mobility, and divorce. The paper performed a number of robustness checks and placebo tests.

The findings suggest that the implementation of the ACA young adult provision is associated with a decrease in the likelihood of marrying for young adults at ages covered by the provision for both men and women, robust to the choice of treatment and control groups of alternate ages and the inclusion of various controls for time trends. For 20-25 year-old women, the effect for the enactment period is a decrease of 0.35 percentage points, the effect for the first year of implementation is a decrease of 0.66 percentage points, and the effect for the second and subsequent years of implementation is a decrease of 0.62 percentage points. These correspond to 6.0, 11.4, and 10.7 percent decreases, respectively, in the marriage rates of 20-25 year-old women as compared to before provision enactment. For 20-25 year-old men, the effect for the first year of implementation was a decrease of 0.38 percentage points, and the effect for the second and subsequent years of implementation was a decrease of 0.41 percentage points. These correspond to 9.8 and 10.6 percent decreases, respectively, in the marriage rates of 20-25 year-old men as compared to before provision enactment. Results also show provision implementation is associated with decreases in cohabitation and geographic mobility and a marginally significant increase in the probability of divorce. The finding that the introduction of
a new avenue for obtaining health insurance is associated with decreased marriage rates is consistent with the hypothesis that some individuals marry in order to obtain health insurance coverage.

The results of this analysis are useful from a policy perspective. In particular, these results are valuable for assessing the more far-reaching effects of the ACA young adult provision. These results are also useful in consideration of future policies expanding options for obtaining health insurance coverage. In particular, beginning in 2014, ACA insurance exchanges, subsidies, and state Medicaid expansions went into effect. All of these developments have the goal of providing individuals of a wider range of ages with greater access to insurance coverage outside of marriage and making coverage more affordable. Future work examining the effects of these policies on marriage in light of the results of this analysis would be valuable.

A limitation of generalizing these results to other policies is that this analysis is particular to considering how an expansion in health insurance eligibility affects individuals ages 19-25 since it is this age group that benefitted from expanded eligibility for health insurance coverage under the ACA provision. This age group might show a greater effect of increased health insurance options as compared to other age groups since a smaller proportion of these individuals tends to have coverage. Alternatively, if a smaller proportion of these individuals is insured because there is less demand for health insurance among this age group, results for this age group might understate the effects of similar policies for older age groups. Further, individuals marry at high rates at these ages. In addition, this analysis was limited to considering how obtaining coverage as a dependent on a parent’s plan affects marriage, and the individuals able to take advantage of this new avenue for coverage created by the provision might be different from other groups. Accordingly, it is not possible to generalize from these results about how individuals of other
ages might respond to different types of expansions in coverage eligibility. It would be valuable to explore in future work how different types of expansion in health insurance eligibility affect people of different ages.

Considering the effects of other health insurance policies, an avenue for future work could consider the effects of state requirements for health insurance plans to cover young adults on their parents’ plans enacted prior to the ACA young adult provision. Several other papers have examined the effects of these state mandates on health insurance and employment outcomes (Hahn and Yang, 2013; Levine, McKnight, and Heep, 2011; and Monheit, Cantor, DeLia, and Belloff, 2011). As Akosa Antwi, Moriya, and Simon (2013) point out, one might expect to find smaller magnitudes of the effects of the state mandates due to additional eligibility requirements of the state mandates, treatment by tax regulations, and exemption of self-insured firms from the state mandates.

The results of this analysis elicit many other questions for future research. This analysis found that the ACA young adult provision is associated with a decrease in the likelihood of marrying. It would be valuable to investigate the channels driving these effects on marriage behavior: whether directly, through individuals’ decisions about marriage, or indirectly, through individuals’ decisions about employment, geographic mobility, or other factors. In addition, it would be valuable to investigate whether changes in health insurance coverage options are associated with differences in the timing of marriage in addition to the likelihood of marrying, examined in this analysis.

This study makes several main contributions. First, the results increase understanding of the effects of the ACA young adult provision. While other papers have found effects of the
provision on insurance, labor market, health outcomes, and access to care, this research finds that the provision may also influence individuals’ propensity to marry. Second, the results increase understanding of how policies can impact marriage choices. Other papers have found that tax, benefit eligibility, and health-related policies affect individuals’ propensities to marry, and this paper finds this to be the case for policies related to health insurance coverage as well. Third, the paper finds suggestive evidence that health insurance coverage may be a consideration in individuals’ marriage decisions.

8 Acknowledgements

I am grateful to Brett O’Hara, Jamie Taber, Mark Klee, and Robert Plotnick for their invaluable feedback. I would also like to thank seminar participants at the 2014 Annual Research Data Center Research Conference as well as the Census Health Research Group for their helpful comments.
References


Hahn, Youjin and Hee-Seung Yang (2013). Do work decisions among young adults respond to extended dependent coverage? Monash University working paper.


U.S. Census Bureau 2013. “ACS 2012 1-Year Accuracy of the Data (US).”


Figures

Figure 1: Proportion of Single Population Married in Past Year by Age Group and Provision Implementation

Source: 2008 through 2012 1-year ACS data.
### Tables

#### Table 1: Summary Statistics

<table>
<thead>
<tr>
<th></th>
<th>Ages 16-18</th>
<th>Ages 20-25</th>
<th>Ages 27-29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion Married in Last Year</td>
<td>0.005</td>
<td>0.040</td>
<td>0.053</td>
</tr>
<tr>
<td></td>
<td>(0.074)</td>
<td>(0.191)</td>
<td>(0.220)</td>
</tr>
<tr>
<td>Proportion Male</td>
<td>0.510</td>
<td>0.500</td>
<td>0.494</td>
</tr>
<tr>
<td></td>
<td>(0.533)</td>
<td>(0.487)</td>
<td>(0.491)</td>
</tr>
<tr>
<td>Proportion White, Not Hispanic</td>
<td>0.571</td>
<td>0.587</td>
<td>0.593</td>
</tr>
<tr>
<td></td>
<td>(0.527)</td>
<td>(0.479)</td>
<td>(0.482)</td>
</tr>
<tr>
<td>Proportion Black, Not Hispanic</td>
<td>0.148</td>
<td>0.136</td>
<td>0.122</td>
</tr>
<tr>
<td></td>
<td>(0.378)</td>
<td>(0.333)</td>
<td>(0.322)</td>
</tr>
<tr>
<td>Proportion Hispanic</td>
<td>0.199</td>
<td>0.195</td>
<td>0.199</td>
</tr>
<tr>
<td></td>
<td>(0.425)</td>
<td>(0.386)</td>
<td>(0.392)</td>
</tr>
<tr>
<td>Proportion Other Race</td>
<td>0.082</td>
<td>0.082</td>
<td>0.086</td>
</tr>
<tr>
<td></td>
<td>(0.293)</td>
<td>(0.267)</td>
<td>(0.275)</td>
</tr>
<tr>
<td>Proportion in School</td>
<td>0.910</td>
<td>0.393</td>
<td>0.148</td>
</tr>
<tr>
<td></td>
<td>(0.305)</td>
<td>(0.476)</td>
<td>(0.348)</td>
</tr>
</tbody>
</table>

Table 2: Regression Results for Probability of Marrying in Past Year

<table>
<thead>
<tr>
<th></th>
<th>Full Sample</th>
<th>Women</th>
<th>Men</th>
<th>Ages 20 and 21 Compared to Ages 17 and 18</th>
<th>Ages 24 and 25 Compared to Ages 27 and 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated (Ages 20-25, 20/21, or 24/25)</td>
<td>0.0447***</td>
<td>0.0563***</td>
<td>0.0470***</td>
<td>0.0138***</td>
<td>-0.0138***</td>
</tr>
<tr>
<td></td>
<td>(0.0011)</td>
<td>(0.0012)</td>
<td>(0.0010)</td>
<td>(0.0005)</td>
<td>(0.0014)</td>
</tr>
<tr>
<td>Enactment Period</td>
<td>0.0030***</td>
<td>0.0052***</td>
<td>0.0010</td>
<td>0.0028***</td>
<td>0.0023</td>
</tr>
<tr>
<td></td>
<td>(0.0008)</td>
<td>(0.0009)</td>
<td>(0.0009)</td>
<td>(0.0006)</td>
<td>(0.0025)</td>
</tr>
<tr>
<td>Implementation Period - Year 1</td>
<td>0.0061***</td>
<td>0.0075***</td>
<td>0.0050***</td>
<td>0.0024***</td>
<td>0.0118***</td>
</tr>
<tr>
<td></td>
<td>(0.0009)</td>
<td>(0.0013)</td>
<td>(0.0010)</td>
<td>(0.0009)</td>
<td>(0.0028)</td>
</tr>
<tr>
<td>Implementation Period - Year 2+</td>
<td>0.0083***</td>
<td>0.0098***</td>
<td>0.0071***</td>
<td>0.0035***</td>
<td>0.0133***</td>
</tr>
<tr>
<td></td>
<td>(0.0015)</td>
<td>(0.0014)</td>
<td>(0.0016)</td>
<td>(0.0012)</td>
<td>(0.0034)</td>
</tr>
<tr>
<td>Treated*Enactment</td>
<td>-0.0012</td>
<td>-0.0035**</td>
<td>0.0009</td>
<td>-0.0028**</td>
<td>0.0041</td>
</tr>
<tr>
<td></td>
<td>(0.0012)</td>
<td>(0.0014)</td>
<td>(0.0013)</td>
<td>(0.0012)</td>
<td>(0.0029)</td>
</tr>
<tr>
<td>Treated*Implementation Year 1</td>
<td>-0.0051***</td>
<td>-0.0066***</td>
<td>-0.0038***</td>
<td>-0.0049***</td>
<td>-0.0063***</td>
</tr>
<tr>
<td></td>
<td>(0.0011)</td>
<td>(0.0014)</td>
<td>(0.0011)</td>
<td>(0.0009)</td>
<td>(0.0020)</td>
</tr>
<tr>
<td>Treated*Implementation Year 2+</td>
<td>-0.0051***</td>
<td>-0.0062***</td>
<td>-0.0041***</td>
<td>-0.0041***</td>
<td>-0.0058***</td>
</tr>
<tr>
<td></td>
<td>(0.0008)</td>
<td>(0.0009)</td>
<td>(0.0009)</td>
<td>(0.0008)</td>
<td>(0.0018)</td>
</tr>
<tr>
<td>Male</td>
<td>-0.0139***</td>
<td>-0.0132***</td>
<td>-0.0168***</td>
<td>(0.0002)</td>
<td>(0.0006)</td>
</tr>
<tr>
<td>Black, Not Hispanic</td>
<td>-0.0255***</td>
<td>-0.0329***</td>
<td>-0.0173***</td>
<td>-0.0104***</td>
<td>-0.0486***</td>
</tr>
<tr>
<td></td>
<td>(0.0005)</td>
<td>(0.0010)</td>
<td>(0.0007)</td>
<td>(0.0007)</td>
<td>(0.0017)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-0.0038***</td>
<td>-0.0066***</td>
<td>-0.0009</td>
<td>0.0034***</td>
<td>-0.0134***</td>
</tr>
<tr>
<td></td>
<td>(0.0006)</td>
<td>(0.0008)</td>
<td>(0.0006)</td>
<td>(0.0007)</td>
<td>(0.0014)</td>
</tr>
<tr>
<td>Other Race</td>
<td>-0.0005</td>
<td>0.0010</td>
<td>-0.0019**</td>
<td>-0.0009*</td>
<td>0.0006</td>
</tr>
<tr>
<td></td>
<td>(0.0006)</td>
<td>(0.0008)</td>
<td>(0.0008)</td>
<td>(0.0005)</td>
<td>(0.0014)</td>
</tr>
<tr>
<td>In School</td>
<td>-0.0246***</td>
<td>-0.0336***</td>
<td>-0.0163***</td>
<td>-0.0295***</td>
<td>-0.0175***</td>
</tr>
<tr>
<td></td>
<td>(0.0004)</td>
<td>(0.0006)</td>
<td>(0.0004)</td>
<td>(0.0005)</td>
<td>(0.0008)</td>
</tr>
<tr>
<td>State-Year Sex Ratio</td>
<td>-0.0000</td>
<td>0.0099</td>
<td>-0.0061*</td>
<td>0.0100**</td>
<td>-0.0171*</td>
</tr>
<tr>
<td></td>
<td>(0.0031)</td>
<td>(0.0066)</td>
<td>(0.0034)</td>
<td>(0.0042)</td>
<td>(0.0087)</td>
</tr>
<tr>
<td>County Prior Year Unemployment Rate</td>
<td>0.0002</td>
<td>0.0001</td>
<td>0.0003**</td>
<td>0.0005***</td>
<td>-0.0066**</td>
</tr>
<tr>
<td></td>
<td>(0.0001)</td>
<td>(0.0001)</td>
<td>(0.0001)</td>
<td>(0.0001)</td>
<td>(0.0003)</td>
</tr>
<tr>
<td>Observations</td>
<td>2,887,455</td>
<td>1,414,647</td>
<td>1,472,808</td>
<td>1,223,997</td>
<td>733,492</td>
</tr>
</tbody>
</table>

Source: 2008 through 2012 1-year ACS data. Notes: Shown are coefficients estimated from the specification of the determinants of the probability of having married in the past year. Each column presents results from a single regression. Regressions and standard errors are estimated using population replicate weights and corresponding replicate weighting methods. Specifications include state, year, and age fixed effects as well as individual demographic controls, the state-by-year sex ratio, and the county prior year unemployment rate. The sample includes all individuals ages 16-18, 20-25, and 27-29 from the 2008 through 2012 1-year ACS data except as noted. Standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1.
Table 3: Regression Results for Probability of Marrying in Past Year for 20-25 Year-Olds by Change in Eligibility

<table>
<thead>
<tr>
<th></th>
<th>Newly Eligible at State Level</th>
<th>Newly Eligible at Individual Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Eligible</td>
<td>-0.0055</td>
<td>0.1006***</td>
</tr>
<tr>
<td></td>
<td>(0.0059)</td>
<td>(0.0010)</td>
</tr>
<tr>
<td>Enactment Period</td>
<td>0.0050***</td>
<td>0.0065***</td>
</tr>
<tr>
<td></td>
<td>(0.0017)</td>
<td>(0.0009)</td>
</tr>
<tr>
<td>Implementation Period - Year 1</td>
<td>0.0020</td>
<td>0.0085***</td>
</tr>
<tr>
<td></td>
<td>(0.0015)</td>
<td>(0.0012)</td>
</tr>
<tr>
<td>Implementation Period - Year 2+</td>
<td>0.0072***</td>
<td>0.0129***</td>
</tr>
<tr>
<td></td>
<td>(0.0020)</td>
<td>(0.0015)</td>
</tr>
<tr>
<td>Newly Eligible*Enactment</td>
<td>-0.0055</td>
<td>-0.0053***</td>
</tr>
<tr>
<td></td>
<td>(0.0059)</td>
<td>(0.0016)</td>
</tr>
<tr>
<td>Newly Eligible*Implementation Year 1</td>
<td>-0.0016</td>
<td>-0.0083***</td>
</tr>
<tr>
<td></td>
<td>(0.0018)</td>
<td>(0.0012)</td>
</tr>
<tr>
<td>Newly Eligible*Implementation Year 2+</td>
<td>0.0029**</td>
<td>-0.0096***</td>
</tr>
<tr>
<td></td>
<td>(0.0011)</td>
<td>(0.0010)</td>
</tr>
<tr>
<td>Male</td>
<td>-0.0007</td>
<td>-0.0177***</td>
</tr>
<tr>
<td></td>
<td>(0.0014)</td>
<td>(0.0003)</td>
</tr>
<tr>
<td>Black, Not Hispanic</td>
<td>-0.0302***</td>
<td>-0.0308***</td>
</tr>
<tr>
<td></td>
<td>(0.0008)</td>
<td>(0.0009)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-0.0019**</td>
<td>-0.0027***</td>
</tr>
<tr>
<td></td>
<td>(0.009)</td>
<td>(0.009)</td>
</tr>
<tr>
<td>Other Race</td>
<td>-0.0069***</td>
<td>-0.0064***</td>
</tr>
<tr>
<td></td>
<td>(0.0010)</td>
<td>(0.0009)</td>
</tr>
<tr>
<td>In School</td>
<td>-0.0281***</td>
<td>-0.0031***</td>
</tr>
<tr>
<td></td>
<td>(0.0004)</td>
<td>(0.0004)</td>
</tr>
<tr>
<td>State-Year Sex Ratio</td>
<td>0.0023</td>
<td>-0.0056</td>
</tr>
<tr>
<td></td>
<td>(0.0068)</td>
<td>(0.0069)</td>
</tr>
<tr>
<td>County Prior Year Unemployment Rate</td>
<td>0.0009***</td>
<td>0.0011***</td>
</tr>
<tr>
<td></td>
<td>(0.0001)</td>
<td>(0.0002)</td>
</tr>
<tr>
<td>Observations</td>
<td>1,425,794</td>
<td>1,425,794</td>
</tr>
</tbody>
</table>

Source: 2008 through 2012 1-year ACS data. Notes: Shown are coefficients estimated from the specification of the determinants of the probability of having married in the past year. Each column presents results from a single regression. Regressions and standard errors are estimated using population replicate weights and corresponding replicate weighting methods. Specifications include state, year, and age fixed effects as well as individual demographic controls, the state-by-year sex ratio, and the county prior year unemployment rate. The sample includes all individuals ages 20-25 from the 2008 through 2012 1-year ACS data. Standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1.
### Table 4: Regression Results for Marriage-Related Outcomes

<table>
<thead>
<tr>
<th>Divorced in Past Year (of Married/Recently Divorced)</th>
<th>Moved States in Past Year (of Singles)</th>
<th>Moved Counties in Past Year (of Singles)</th>
<th>Lives with Parent(s) (of Singles)</th>
<th>Cohabitating (of Singles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated (Age 20-25)</td>
<td>-0.0406***</td>
<td>0.0455***</td>
<td>-0.1093***</td>
<td>0.5033***</td>
</tr>
<tr>
<td></td>
<td>(0.0087)</td>
<td>(0.0009)</td>
<td>(0.0013)</td>
<td>(0.0015)</td>
</tr>
<tr>
<td>Enactment Period</td>
<td>0.0014</td>
<td>-0.0027**</td>
<td>-0.0087***</td>
<td>0.0072***</td>
</tr>
<tr>
<td></td>
<td>(0.0020)</td>
<td>(0.0012)</td>
<td>(0.0021)</td>
<td>(0.0018)</td>
</tr>
<tr>
<td>Implementation Period - Year 1</td>
<td>-0.0011</td>
<td>0.0050***</td>
<td>0.0122***</td>
<td>-0.0158***</td>
</tr>
<tr>
<td></td>
<td>(0.0019)</td>
<td>(0.0014)</td>
<td>(0.0022)</td>
<td>(0.0018)</td>
</tr>
<tr>
<td>Implementation Period - Year 2+</td>
<td>0.0005</td>
<td>0.0138***</td>
<td>0.0317***</td>
<td>-0.0511***</td>
</tr>
<tr>
<td></td>
<td>(0.0026)</td>
<td>(0.0017)</td>
<td>(0.0023)</td>
<td>(0.0022)</td>
</tr>
<tr>
<td>Treated*Enactment</td>
<td>-0.0039*</td>
<td>-0.0007</td>
<td>-0.0013</td>
<td>0.0216***</td>
</tr>
<tr>
<td></td>
<td>(0.0023)</td>
<td>(0.0011)</td>
<td>(0.0019)</td>
<td>(0.0022)</td>
</tr>
<tr>
<td>Treated*Implementation Year 1</td>
<td>0.0032*</td>
<td>-0.0023**</td>
<td>-0.0037***</td>
<td>0.0090***</td>
</tr>
<tr>
<td></td>
<td>(0.0018)</td>
<td>(0.0010)</td>
<td>(0.0013)</td>
<td>(0.0015)</td>
</tr>
<tr>
<td>Treated*Implementation Year 2+</td>
<td>0.0024</td>
<td>-0.0027***</td>
<td>-0.0061***</td>
<td>0.0183***</td>
</tr>
<tr>
<td></td>
<td>(0.0015)</td>
<td>(0.0008)</td>
<td>(0.0012)</td>
<td>(0.0013)</td>
</tr>
<tr>
<td>Male</td>
<td>-0.0043***</td>
<td>-0.0017***</td>
<td>-0.0097***</td>
<td>0.0545***</td>
</tr>
<tr>
<td></td>
<td>(0.0005)</td>
<td>(0.0003)</td>
<td>(0.0005)</td>
<td>(0.0005)</td>
</tr>
<tr>
<td>Black, Not Hispanic</td>
<td>0.0008</td>
<td>-0.0067***</td>
<td>-0.0305***</td>
<td>-0.0495***</td>
</tr>
<tr>
<td></td>
<td>(0.0016)</td>
<td>(0.0009)</td>
<td>(0.0010)</td>
<td>(0.0011)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-0.0100***</td>
<td>-0.0163***</td>
<td>-0.0483***</td>
<td>0.0200***</td>
</tr>
<tr>
<td></td>
<td>(0.0010)</td>
<td>(0.0006)</td>
<td>(0.0009)</td>
<td>(0.0010)</td>
</tr>
<tr>
<td>Other Race</td>
<td>-0.0126***</td>
<td>0.0290***</td>
<td>0.0143***</td>
<td>-0.0150***</td>
</tr>
<tr>
<td></td>
<td>(0.0011)</td>
<td>(0.0011)</td>
<td>(0.0014)</td>
<td>(0.0010)</td>
</tr>
<tr>
<td>In School</td>
<td>0.0092***</td>
<td>0.0044***</td>
<td>0.0138***</td>
<td>-0.0357***</td>
</tr>
<tr>
<td></td>
<td>(0.0010)</td>
<td>(0.0005)</td>
<td>(0.0006)</td>
<td>(0.0007)</td>
</tr>
<tr>
<td>State-Year Sex Ratio</td>
<td>-0.0246***</td>
<td>0.0632***</td>
<td>0.0736***</td>
<td>-0.1671***</td>
</tr>
<tr>
<td></td>
<td>(0.0060)</td>
<td>(0.0069)</td>
<td>(0.0084)</td>
<td>(0.0060)</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>0.0008***</td>
<td>-0.0026***</td>
<td>-0.0064***</td>
<td>0.0112***</td>
</tr>
<tr>
<td></td>
<td>(0.0002)</td>
<td>(0.0001)</td>
<td>(0.0002)</td>
<td>(0.0002)</td>
</tr>
<tr>
<td>Observations</td>
<td>625,513</td>
<td>2,768,860</td>
<td>2,768,860</td>
<td>2,768,860</td>
</tr>
</tbody>
</table>

Source: 2008 through 2012 1-year ACS data. Notes: Shown are coefficients estimated from the specification of the determinants of marriage-related outcomes. Each column presents results from a single regression. Regressions and standard errors are estimated using population replicate weights and corresponding replicate weighting methods. Specifications include state, year, and age fixed effects as well as individual demographic controls, and the state-by-year sex ratio. Specifications also include controls for the county-level unemployment rate; the prior year county unemployment rate is used for past year outcomes (divorce, moving states, and moving counties), and the current year county unemployment rate is used for current year outcomes (living with parents, cohabitating). The sample includes all individuals ages 16-18, 20-25, and 27-29 from the 2008 through 2012 1-year ACS data. Standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1.
### Table 5: Placebo Regression Results for Probability of Marrying in Past Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated (Age 20-25 or 28-30)</td>
<td>0.0531***</td>
<td>0.0071***</td>
</tr>
<tr>
<td></td>
<td>(0.0019)</td>
<td>(0.0016)</td>
</tr>
<tr>
<td>Enactment Period</td>
<td>-0.0043*</td>
<td>0.0038</td>
</tr>
<tr>
<td></td>
<td>(0.0023)</td>
<td>(0.0027)</td>
</tr>
<tr>
<td>Implementation Period - Year 1</td>
<td>0.0059**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.0027)</td>
<td></td>
</tr>
<tr>
<td>Implementation Period - Year 2+</td>
<td>0.0142***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.0029)</td>
<td></td>
</tr>
<tr>
<td>Treated*Enactment</td>
<td>0.0006</td>
<td>-0.0013</td>
</tr>
<tr>
<td></td>
<td>(0.0009)</td>
<td>(0.0031)</td>
</tr>
<tr>
<td>Treated*Implementation Year 1</td>
<td>0.0011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.0021)</td>
<td></td>
</tr>
<tr>
<td>Treated*Implementation Year 2+</td>
<td>-0.0015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.0017)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>-0.0147***</td>
<td>-0.0009</td>
</tr>
<tr>
<td></td>
<td>(0.0004)</td>
<td>(0.0006)</td>
</tr>
<tr>
<td>Black, Not Hispanic</td>
<td>-0.0283***</td>
<td>-0.0427***</td>
</tr>
<tr>
<td></td>
<td>(0.0012)</td>
<td>(0.0014)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-0.0030***</td>
<td>-0.0230***</td>
</tr>
<tr>
<td></td>
<td>(0.0009)</td>
<td>(0.0013)</td>
</tr>
<tr>
<td>Other Race</td>
<td>-0.0026***</td>
<td>0.0179***</td>
</tr>
<tr>
<td></td>
<td>(0.0008)</td>
<td>(0.0017)</td>
</tr>
<tr>
<td>In School</td>
<td>-0.0271***</td>
<td>-0.0069***</td>
</tr>
<tr>
<td></td>
<td>(0.0004)</td>
<td>(0.0009)</td>
</tr>
<tr>
<td>State-Year Sex Ratio</td>
<td>-0.0048</td>
<td>0.0169**</td>
</tr>
<tr>
<td></td>
<td>(0.0064)</td>
<td>(0.0065)</td>
</tr>
<tr>
<td>County Prior Year Unemployment Rate</td>
<td>0.0006**</td>
<td>-0.0024***</td>
</tr>
<tr>
<td></td>
<td>(0.0002)</td>
<td>(0.0002)</td>
</tr>
<tr>
<td>Observations</td>
<td>1,060,182</td>
<td>764,673</td>
</tr>
</tbody>
</table>

Source: 2008 through 2012 1-year ACS data. Notes: Shown are coefficients estimated from the specification of the determinants of the probability of having married in the past year. Each column presents results from a single regression. Regressions and standard errors are estimated using population replicate weights and corresponding replicate weighting methods. Specifications include state, year, and age fixed effects as well as individual demographic controls, the state-by-year sex ratio, and the county prior year unemployment rate. The sample includes all individuals ages 16-18, 20-25, and 27-29 from the 2008 through 2012 1-year ACS data except as noted. Standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1.