



# Changes in Health Insurance Coverage, 2019-2021: Geographic and Demographic Patterns in the Uninsured Rate

The U.S. experienced significant gains in health insurance coverage from 2019 to 2021, reaching an all-time low uninsured rate in early 2022. However, changes in health coverage varied substantially by state and demographic characteristics.

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## KEY POINTS

- Nationally, the uninsured rate for the U.S. population under age 65 fell from 11.1 percent in 2019 to 10.5 percent in 2021. Gains in coverage were largest in several states with recent Medicaid expansions, including Maine (-3.2 percentage points, representing 32,000 additional people covered) and Idaho (-2.1 percentage points, or 23,000 additional people covered).
- Larger gains in coverage occurred for demographic groups with higher historical uninsured rates, including adults ages 19-34 and 35-49 (both declined by 1.0 percentage point), Latino individuals (-1.0 percentage point), American Indian/Alaska Native individuals (-0.9 percentage points), and non-English speaking adults (-1.5 percentage points).
- By household income, the decline in the uninsured rate was largest for those with incomes between 100 and 250 percent of the Federal Poverty Level (FPL).
- Coverage gains varied widely across Asian American and Native Hawaiian/Pacific Islander (AANHPI) and Latino communities; disaggregating data for these groups reveals important differences in coverage patterns.
- Federal policies – such as an extended Marketplace Special Enrollment Period in 2021, expanded and enhanced premium tax credits under the American Rescue Plan, enhanced funding for Marketplace outreach and enrollment assistance, and the Medicaid continuous enrollment provision during the COVID-19 public health emergency – likely contributed to gains in health coverage since 2019, particularly among low-income populations and communities of color.

## BACKGROUND

The initial economic impact of the COVID-19 pandemic affected access to health insurance coverage for many Americans. Sharp increases in unemployment in early 2020 and subsequent ongoing impacts of the pandemic led to losses in employer sponsored coverage (ESI), the largest source of health coverage in the country. While

there is no single definitive administrative data source for ESI, estimates of group coverage decreases in 2020 ranged from 1.6 million to 3.3 million.<sup>1</sup> Due in part to the federal response to the Public Health Emergency (PHE), public coverage such as Medicaid and CHIP absorbed much of the loss from private coverage. Medicaid and CHIP enrollment increased by 20.2 million enrollees from February 2020 to September 2022, or an increase of 28.6 percent; most of this coverage increase occurred in Medicaid.<sup>2</sup> Medicaid's role as a safety net was bolstered by the continuous enrollment requirement under the Families First Coronavirus Response Act of 2020 (FFCRA), which prevented states from disenrolling most Medicaid enrollees during the PHE as a condition for receiving a temporary 6.2 percentage point increase in the federal Medicaid match rate.<sup>3</sup> This, along with recent Medicaid expansions in states including Maine, Virginia, Idaho, Oklahoma, and Missouri, contributed to more individuals gaining coverage during the PHE.

Other federal policy actions – most notably enhanced premium tax credits through the American Rescue Plan (ARP), an extended Special Enrollment Period (SEP) during 2021, and increased investment in outreach efforts – helped expand coverage via the Marketplace. These efforts have also contributed to increasing Marketplace coverage across all racial and ethnic groups and closing coverage disparities; in states using the federal HealthCare.gov platform, Latino and Black Americans experienced the greatest relative gains in Marketplace enrollment between 2020 and 2022, at 53 percent and 49 percent, respectively.<sup>4</sup> Overall, data from the National Health Interview Survey (NHIS) indicate that the national uninsured rate reached an all-time low of 8.0 percent in early 2022 (8.0 percent for all ages, 9.6 percent for those under age 65), but with a slight increase in the second quarter of 2022 (8.6 percent for all ages, 10.3 percent for those under age 65).<sup>5,6</sup>

This Issue Brief examines the composition of the population that is uninsured and highlights changes in uninsured rates by geography and demographic factors from 2019 to 2021, which reflect the COVID-19 pandemic and subsequent federal policy actions. It follows a recent ASPE release of a state- and local-level dataset on the uninsured population in the U.S. that uses the newly released 2021 American Community Survey (ACS).<sup>7</sup> While the NHIS provides timely estimates of overall coverage rates, the ACS has a much larger sample size, which enables more detailed analyses of who had coverage and who remained uninsured in 2021.

## METHODS

We examined data from the 2019 and newly released 2021 ACS to provide state and local estimates of the number of U.S. residents without health insurance and their demographic characteristics.\* The ACS, conducted by the U.S. Census Bureau, is the largest nationwide survey of households. Over 3.5 million households are contacted annually to participate in the ACS, which collects information on social, economic, housing, and demographic characteristics.<sup>8</sup>

We analyze the ACS at two levels of geography – at the state and the Public Use Microdata Areas (PUMA) levels. PUMAs are geographic areas within each state that contain no fewer than 100,000 people and are the most granular level of geography available in the ACS public use file. PUMAs can consist of part of a single densely populated county (such as a city neighborhood) or can combine parts or all of multiple counties that are less densely populated.

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\* The Census Bureau discourages comparisons of 2020 ACS data to other years, given issues with non-response bias created by the COVID-19 pandemic. For this reason, our analysis only includes 2019 and 2021 data.

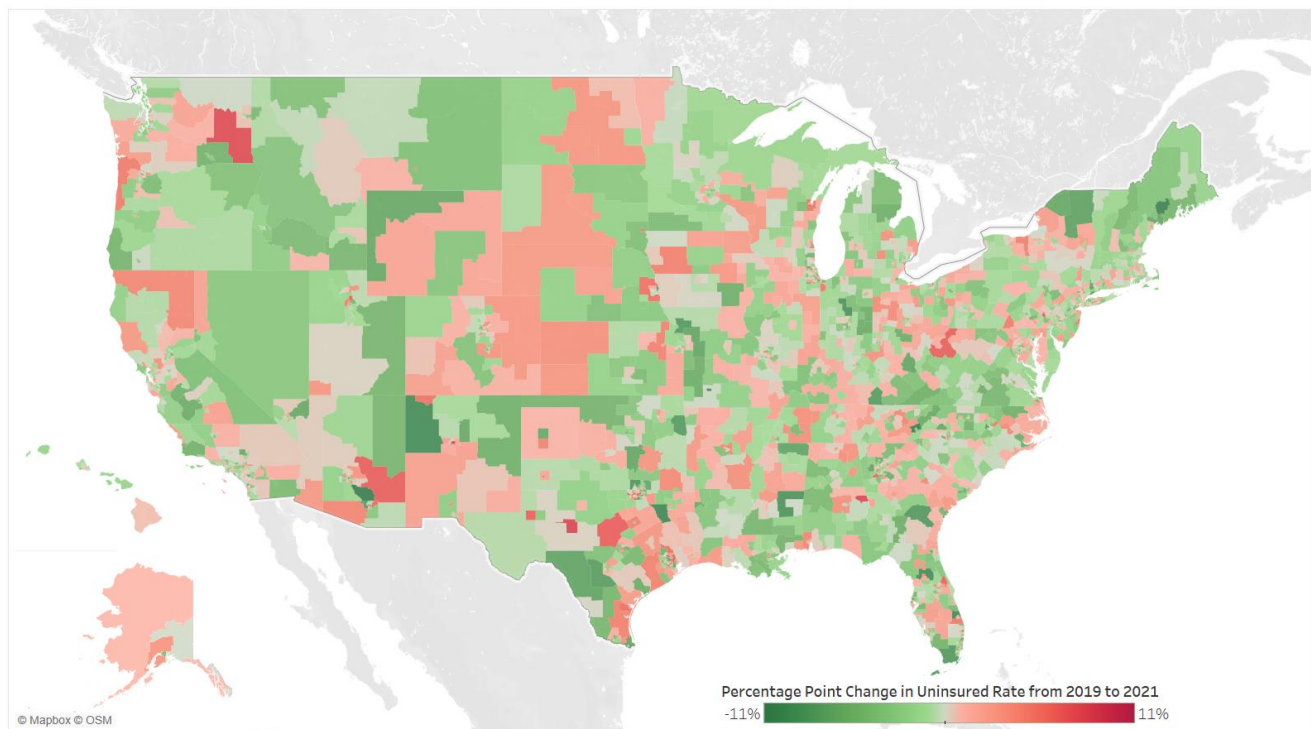
In addition to geography, we analyze patterns of coverage changes by income, race, and ethnicity. For race and ethnicity, we analyze patterns of coverage for White non-Latino, Black non-Latino, American Indian/Alaska Native (AI/AN), Latino, and Asian American and Native Hawaiian/Pacific Islander (AANHPI) populations. AANHPIs are one of the fastest growing racial groups in the United States, increasing from 16.5 million individuals in 2013 to 19.8 million in 2021. This was an increase of 19.5 percent, compared to the 5.0 percent population growth for the country as a whole.<sup>9,10</sup> Latinos are the largest racial or ethnic group in the U.S. and are projected to grow from 18.8 percent to 25.0 percent of the population by 2045.<sup>11</sup> Previous research indicates that wide variation in coverage rates within different Latino and AANHPI communities may be obscured in aggregate statistics for those groups; we follow previous research in identifying multiple Latino and AANHPI subgroups using the ACS to further examine coverage patterns in these populations.<sup>12,13</sup>

Income categorization is based on the “health insurance unit” (HIU), which includes adults, their spouses, and their dependent children (ages 0-18, plus full-time students under age 23).<sup>14</sup> All analyses were limited to individuals between the ages of 0 and 64, since nearly all adults 65 and older are enrolled in Medicare.

## RESULTS

Figure 1 shows health coverage gains and losses by PUMA from 2019 to 2021. Areas in green show gains in health coverage (a decrease in uninsured rates), and areas in red show losses in health coverage (an increase in uninsured rates).

**Figure 1. Changes in Health Coverage by PUMA, From 2019 to 2021 (Ages 0-64)**



**Note:** Public Use Microdata Areas (PUMAs) are geographic areas within each state that contain no fewer than 100,000 people and are the most granular level of geography available in the ACS public use file. They can consist of part of a single densely populated county (such as a city neighborhood) or can combine parts or all of multiple counties that are less densely populated.

Table 1 shows the states and PUMAs with the greatest decrease in uninsured rates from 2019 to 2021. Maine had the greatest state decrease in uninsured rates from 2019 to 2021, with a 3.2 percentage point reduction. This is equivalent to 32,000 individuals in the state gaining health coverage. Notably, Maine expanded Medicaid in 2019 and shifted to a State-based Marketplace in 2021, which took effect for the 2022 plan year.<sup>15</sup>

At the PUMA level, Arizona's Pinal County (Central) PUMA had the greatest coverage gains from 2019 to 2021 (11.0 percentage points), which is equivalent to 15,000 individuals gaining coverage. Approximately 61.5 percent of the individuals who were uninsured in this PUMA had household incomes below poverty (100% FPL), and 36.8 percent were ages 19-34. Latinos made up the greatest proportion of the PUMA's population without insurance at 40.0 percent, while White non-Latinos made up 33.9 percent.<sup>†</sup>

Many of the PUMAs with large coverage gains between 2019 and 2021 still have uninsured rates above the national average in 2021. For example, Texas's East Texas COG (Southwest) PUMA experienced a 9.6 percentage point decrease in its uninsured rate since 2019, but its 2021 uninsured rate of 22.3 percent is still more than double the national average (10.5 percent).

Out of the 10 states that had the greatest coverage gains in Table 2, five of them (Maine, Idaho, Oklahoma, Virginia, and Nebraska) expanded Medicaid to low-income uninsured adults between 2019 and 2021. This expanded eligibility, along with the continuous coverage provisions of the FFCRA, likely helped more individuals gain coverage during the COVID-19 pandemic. If the remaining 11 non-expansion states were to expand Medicaid eligibility to adults up to 138% FPL, a previous ASPE report estimated approximately 3.8 million uninsured adults would be eligible to gain health coverage.<sup>16‡</sup>

Appendix Table 1 presents changes in uninsured rates for all 50 states between 2019 and 2021.

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<sup>†</sup> All demographic information in this report at the PUMA level comes from: State and Local Estimates of the Uninsured Population in the U.S. Using the Census Bureau's 2021 American Community Survey. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. November 2022. Accessed at: <https://aspe.hhs.gov/reports/state-county-local-estimates-uninsured-population>

<sup>‡</sup> South Dakota has planned its implementation of Medicaid expansion for July 2023. Once implemented, an estimated 23,000 non-elderly adults would be eligible for health coverage in the state.

**Table 1. States and PUMAs with Largest Coverage Gains Between 2019 and 2021 (Ages 0-64)**

States	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
<b>U.S. Total</b>	<b>11.1%</b>	<b>10.5%</b>	<b>-0.7</b>
Maine	10.2%	7.1%	-3.2
Idaho	12.4%	10.2%	-2.1
New Hampshire	7.9%	6.1%	-1.8
Indiana	10.6%	9.0%	-1.6
Louisiana	11.2%	9.7%	-1.4
Oklahoma	18.0%	16.6%	-1.4
Virginia	9.5%	8.1%	-1.4
Nebraska	9.7%	8.5%	-1.3
Delaware	8.8%	7.5%	-1.3
Florida	16.8%	15.6%	-1.2
PUMAs	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
Pinal County (Central) — Florence Town, Eloy (Northeast) & Coolidge Cities (AZ)	31.9%	21.0%	-11.0
Greene County—Springfield City (North) (MO)	24.4%	13.5%	-10.8
Buncombe County (Northwest) (NC)	22.0%	11.2%	-10.8
Kennebec County (ME)	17.1%	6.7%	-10.4
East Texas COG (Southwest) — Henderson & Anderson Counties (TX)	31.9%	22.3%	-9.6
St. Lucie County (North) (FL)	27.3%	18.0%	-9.4
Northwest New Mexico—Navajo Nation (NM)	26.0%	16.8%	-9.3
Milwaukee City (South Central) (WI)	26.0%	16.7%	-9.3
Marion County (North) (FL)	29.9%	20.7%	-9.2
Miami-Dade County (Northeast) — Hialeah City (North Central) (FL)	22.3%	13.4%	-8.8

**Note:** Some percentage point changes between 2019 and 2021 do not sum precisely due to rounding.

Table 2 shows states and PUMAs with the largest increases in their uninsured rates from 2019 to 2021. Alabama had the largest state increase (0.4 percentage points), indicating that approximately 31,000 additional Alabamians became uninsured from 2019 to 2021. Alabama is one of 11 states that has not expanded Medicaid to date. ASPE estimates an additional 240,000 uninsured adults would be newly eligible for Medicaid if Alabama expanded eligibility for low-income adults up to 138% FPL.<sup>17</sup>

At the PUMA level, Texas’s Houston City (West) PUMA had the greatest increase in its uninsured rate from 2019 to 2021. In 2021, almost 60,000 people, or 56.3 percent of the population residing in the PUMA, were uninsured. Almost half of the population without insurance had household incomes of 139-249% FPL. Individuals ages 19-34 made up the greatest proportion of those who were uninsured at 47.9 percent, followed by those ages 35-49, who made up 30.4 percent. Notably, 93.0 percent of the uninsured individuals were Latino, while 77.7 percent of those who were uninsured reported there were no English-speaking adults

in the household, and 81.1 percent of those without insurance reported that Spanish was spoken in the household.

Six of the 10 PUMAs with the greatest increases in uninsured rates since 2019 are in Texas. Despite almost 43,000 Texans gaining health coverage from 2019 to 2021, the state’s uninsured rate of 20.9 percent remains almost twice that of the nation’s average (10.5 percent). Texas also has not expanded Medicaid and has the largest number of low-income adults that are potentially eligible for Medicaid coverage. If the state expanded Medicaid to adults with incomes up to 138% FPL, ASPE estimates an additional 1,378,000 uninsured adults would be eligible for Medicaid coverage.<sup>18</sup>

**Table 2. States and PUMAs with Largest Coverage Losses Between 2019 and 2021 (Ages 0-64)**

States	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
<b>U.S. Total</b>	<b>11.1%</b>	<b>10.5%</b>	<b>-0.7</b>
Alabama	12.1%	12.5%	0.4
Iowa	5.8%	6.1%	0.3
Maryland	7.0%	7.3%	0.2
North Dakota	8.5%	8.8%	0.2
Arkansas	11.5%	11.6%	0.1
District of Columbia	4.0%	4.2%	0.1
Colorado	9.4%	9.5%	0.1
Rhode Island	5.0%	5.1%	0.1
PUMAs	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
Houston City (West) —Westpark Tollway, Between Loop I-610 & Beltway TX-8 (TX)	44.8%	56.3%	11.5
Dallas County (West) —Irving (South) & Grand Prairie (North) Cities (TX)	29.8%	38.6%	8.8
Houston City (North) & Aldine—Between Loop I-610 & Beltway TX-8 (TX)	39.6%	48.2%	8.7
Concho Valley COG—Tom Green County—San Angelo City (TX)	13.9%	22.5%	8.6
Lee County—Auburn City (AL)	5.4%	13.8%	8.4
Albuquerque City (Southeast Heights) (NM)	11.2%	19.6%	8.3
Whitman, Asotin, Adams, Lincoln, Columbia & Garfield Counties (WA)	5.3%	13.3%	8.0
Harris County (Far North)—Spring (TX)	16.3%	24.3%	8.0
Pinellas County (Central)—Clearwater City (South & Central) (FL)	12.6%	20.6%	8.0
Tarrant County (Southeast)—Mansfield (North) & Arlington (Southwest) Cities (TX)	7.7%	15.5%	7.8

**Note:** Some percentage point changes between 2019 and 2021 do not sum precisely due to rounding.

Table 3 shows uninsured rates by demographic group from 2019 to 2021. Nationally, the uninsured rate declined from 11.1 percent to 10.5 percent, a 0.7 percentage point change that represents more than 1.6 million people gaining coverage. Larger gains in coverage occurred for demographic groups with higher historical uninsured rates, including adults ages 19-34 and 35-49 (both declined by 1.0 percentage point), Latino individuals (-1.0 percentage point), American Indian/Alaska Native individuals (-0.9 percentage points), and households without any English speaking adults (-1.5 percentage points). Individuals ages 19-34 were most likely to be uninsured in 2021 at 15.0 percent, followed by those ages 35-49 years at 13.0 percent. Individuals with incomes between 100-138% FPL had the greatest reduction in uninsured rates, decreasing 1.4 percentage points from 17.7 percent to 16.3 percent, while those between 139-249% FPL had a decrease of 1.0 percentage points.

**Table 3. Changes in the Uninsured Rate for the U.S. Population From 2019 to 2021 (Ages 0-64)**

Characteristics	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
<b>Overall Uninsured Rate</b>	<b>11.1%</b>	<b>10.5%</b>	<b>-0.7</b>
<b>Age</b>			
0-18	5.7%	5.4%	-0.3
19-34	16.0%	15.0%	-1.0
35-49	14.0%	13.0%	-1.0
50-64	9.5%	9.1%	-0.4
<b>Race/Ethnicity</b>			
Latino	20.2%	19.1%	-1.0
White, Non-Latino	8.0%	7.4%	-0.6
Black, Non-Latino	12.4%	11.9%	-0.5
Asian American and Native Hawaiian/Pacific Islander	7.4%	6.5%	-0.9
American Indian/Alaska Native	22.4%	21.5%	-0.9
Multi-racial or Other	8.5%	8.5%	0.0
<b>Gender</b>			
Male	12.5%	11.8%	-0.6
Female	9.8%	9.1%	-0.7
<b>Income*</b>			
HIU Income < 100% FPL	19.2%	18.4%	-0.8
HIU Income 100-138% FPL	17.7%	16.3%	-1.4
HIU Income 139-249% FPL	16.3%	15.3%	-1.0
HIU Income 250-400% FPL	10.2%	10.1%	-0.1
HIU Income 400% FPL	3.9%	4.0%	0.0
<b>Language Spoken</b>			
No English-Speaking Adults in Household	28.8%	27.3%	-1.5
English Spoken in Household	9.5%	8.9%	-0.6

**Note:** Some percentage point changes between 2019 and 2021 do not sum precisely due to rounding.

\*The health insurance unit (HIU) consists of an adult, their spouse, and any dependent children.

Table 4 shows the changes in uninsured rates for AANHPI individuals, who have a lower overall uninsured rate than the nation as a whole. However, the overall uninsured rate masks considerable variation across AANHPI subgroups. The results show that several groups experienced large gains in coverage, while others – particularly those with low uninsured rates to begin with – had more modest changes or even slight increases in their uninsured rates. Samoan and Chamorro Americans had large decreases in uninsured rates, at 4.2 and

5.9 percentage points, respectively.<sup>5</sup> Korean Americans also experienced a large decrease in uninsured rates, with a 2.2 percentage-point decrease from 2019 to 2021, equivalent to more than 30,000 people gaining coverage. Chinese Americans had the greatest number of people gain insurance, with 46,000 people becoming insured. Japanese Americans had a 0.9 percentage point increase in uninsured rates from 2019 to 2021; despite this increase, they continue to have low uninsured rates relative to other AANHPI subgroups and the national average.

**Table 4. Changes in the Uninsured Rate by AANHPI Subgroup, From 2019 to 2021 (Ages 0-64)**

AANHPI Subgroups	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
<b>U.S. Total</b>	<b>11.1%</b>	<b>10.5%</b>	<b>-0.7</b>
<b>All AANHPI</b>	7.4%	6.5%	-0.9
<b>All Asian</b>	7.2%	6.4%	-0.8
Asian Indian alone	5.4%	4.4%	-1.0
Japanese alone	3.7%	4.7%	0.9
Chinese alone	6.7%	5.6%	-1.0
Filipino alone	6.2%	5.7%	-0.5
Vietnamese alone	9.0%	7.8%	-1.3
Korean alone	11.4%	9.1%	-2.2
Other Asian alone*	10.1%	9.6%	-0.5
<b>All Native Hawaiian and Pacific Islander</b>	12.9%	10.7%	-2.2
Chamorro alone	10.2%	4.3%	-5.9
Samoan alone	11.7%	7.4%	-4.2
Native Hawaiian alone	9.0%	9.6%	0.6
Other Native Hawaiian and Other Pacific Islander**	16.8%	14.8%	-2.0

**Note:** Some percentage point changes between 2019 and 2021 do not sum precisely due to rounding.

Population estimates combine the total number of Asians alone without another race. Subgroups within the Asian and NHPI categories are listed in order of increasing 2021 uninsured rate.

\*Includes the “Other Asian Alone” category from the ACS as well as other smaller subgroups but excludes “All combinations of Asian races only” subgroup.

\*\*Includes the “Other Native Hawaiian and Other Pacific Islander” category from the ACS as well as other smaller subgroups.

Table 5 shows the changes in uninsured rates for Latino individuals, who are twice as likely to be uninsured as the population as a whole and show considerable variation in uninsured rates across subgroups. Dominican Americans had the greatest percentage point decrease in uninsured rates at 2.4 percentage points, which was equivalent to more than 12,000 additional individuals gaining coverage. Mexican Americans had the greatest number of individuals gain coverage from 2019 to 2021, at 343,000 people. Despite these gains, uninsured rates among Latinos are still much higher than their non-Latino White counterparts and the U.S. average.

<sup>5</sup> The Consolidated Appropriations Act, 2021, required states and the District of Columbia to provide Medicaid coverage for individuals considered Compact of Free Association (COFA) migrants, which may have impacted the overall decrease in uninsured rates among NHPIs.



**Table 5. Changes in the Uninsured Rate by Latino Origin, From 2019 to 2021 (Ages 0-64)**

Latino Origin	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
<b>U.S. Total</b>	<b>11.1%</b>	<b>10.5%</b>	<b>-0.7</b>
<b>All Latino</b>	20.2%	19.1%	-1.0
Spanish	7.9%	7.7%	-0.3
Puerto Rican	9.4%	9.1%	-0.4
Dominican	13.0%	10.6%	-2.4
Cuban	16.9%	14.6%	-2.2
South American*	16.5%	14.8%	-1.7
All Other Latino	15.9%	15.2%	-0.8
Mexican	21.7%	20.8%	-0.9
Central American**	29.9%	29.5%	-0.5

**Note:** Some percentage point changes between 2019 and 2021 do not sum precisely due to rounding.

\*includes the South American countries included in the ACS variable “HISP” and “Other South American” origin.

\*\*includes the Central American countries included in the ACS variable “HISP” and “Other Central American” origin.

Tables 4 and 5 show the significant heterogeneity in coverage rates among Latinos and AANHPI subgroups that are obscured when aggregating these subgroups together into larger estimates. For instance, there is a 21.8 percentage point difference in uninsured rates between Central Americans and Spanish Americans, and a 6.3 percentage point difference between NHPs and Asian Indians; these differences *across subgroups* are larger than the *overall coverage differences* between Latino (19.1 percent) and White (7.4 percent) individuals, or AANHPI (6.5 percent) and White (7.4 percent) individuals.

## DISCUSSION

Despite the public health and economic distress of the COVID-19 pandemic, the U.S. experienced a decline in the uninsured rate in 2020 and 2021, likely due in part to changes in federal and state coverage policies for Medicaid and the Marketplace. This new report provides granular details on who experienced changes in health coverage – and where – since 2019.

While overall gains in health coverage occurred nationally, coverage changes varied by geography and demographic groups. Many of the areas with the greatest coverage gains since 2019 had higher than average uninsured rates in 2021, suggesting progress in narrowing geographic disparities but still with substantial gaps remaining; the lack of Medicaid expansion in 11 states plays a key ongoing role in coverage disparities across states. Likewise, most demographic groups saw decreases in uninsured rates across age, income, or race and ethnicity, while certain populations including Latino individuals, young adults, and low-income families experienced some of the largest gains in coverage.

Research studies shed light on the reasons people lack health coverage and what policy approaches may have helped reduce the uninsured rate in recent years. The most common barrier cited by people without insurance is cost, with more than 70 percent of uninsured people reporting that health coverage was unaffordable. In addition, many people are not aware of the coverage they may be eligible for, with nearly 2 in 3 individuals being unfamiliar with financial assistance for Marketplace coverage.<sup>19</sup> This barrier is particularly prevalent among individuals with limited English proficiency. A 2016 study of AAPI adults found new enrollees and immigrants with limited English proficiency faced disproportionate challenges with the enrollment

process, and another study of Latino adults seeking urgent care at a public hospital found that they experienced challenges with gaining awareness of health insurance benefits and completing the enrollment process.<sup>20,21</sup>

To address these two primary barriers to coverage – affordability and awareness – the Biden-Harris Administration implemented the ARP’s expanded premium tax credits for Marketplace coverage and increased grants awarded to Navigators in Federally-Facilitated Marketplaces to train and certify over 1,500 Navigators.<sup>22</sup> During the first full year of the Biden-Harris Administration, nearly 6 million new consumers signed up for coverage through the Marketplaces nationwide during the 2021 SEP and the 2022 Open Enrollment Period (OEP).<sup>23</sup> This includes 2.8 million people who newly enrolled during the 2021 SEP, and more than 3 million who newly enrolled during the 2022 OEP. A record-breaking 14.5 million individuals signed up for health coverage during the 2022 OEP, 10.3 million of which were plan selections in states using the HealthCare.gov platform.<sup>24</sup> As of January 11, 2023, nearly 15.9 million Americans – including 11.9 million people in states using HealthCare.gov – had selected a health plan for the 2023 OEP.<sup>25</sup>

One key policy that has been in place for the past two years – the Medicaid continuous enrollment provision – will end starting in April 2023, under the recently passed Consolidated Appropriations Act, 2023.<sup>26</sup> More than 15 million Medicaid and CHIP enrollees may be at risk for losing coverage, though efforts to assist them in obtaining alternative insurance such as Marketplace coverage and the Inflation Reduction Act’s extension of the ARP’s enhanced tax credits through 2025 can mitigate the risk of becoming uninsured.<sup>27</sup> The gains in coverage detected in this report were largest for those in the income range (between 100% and 250% FPL) frequently eligible for new zero- or low-cost Marketplace coverage under the ARP, and for groups that may particularly benefit from enhanced outreach, such as non-English speaking families.

Our analysis also explored coverage for Latino and AANHPI subgroups. President Biden’s Executive Order on advancing racial equity acknowledges that many federal datasets are not disaggregated by race, ethnicity, and other key demographic variables.<sup>28</sup> Presenting data at a more granular level can show more nuanced trends within demographic groups and assist with focused outreach and enrollment efforts. This report shows that uninsured rates within subgroups differ more than between these groups and their White counterparts.

An important limitation of this analysis is that the ACS is currently only available through the end of 2021. Early release data from the NHIS showed that the uninsured rate reached an all-time low in the first quarter of 2022, but with a slight increase in the second quarter of 2022.<sup>29</sup> These 2022 changes are not yet reflected in the detailed demographic and local estimates of coverage that are only possible with the ACS’s larger sample size (but is only currently available through 2021). An additional limitation is that the ACS does not include sexual orientation or gender identity data, preventing evaluation of coverage changes among LGBTQI+ individuals.

## CONCLUSION

The extension of enhanced Marketplace premium tax credits under the ARP, increased enrollment outreach, recent states’ adoption of the ACA’s Medicaid expansion option for low-income adults, and the Medicaid continuous enrollment provision were associated with expanded health coverage rates since 2019. Policy efforts are ongoing to address disparities in coverage and mitigate potential coverage loss in the future.

## APPENDIX

Appendix Table 1. Uninsured Rates by State, From 2019 to 2021 (Ages 0-64)

State Name	Uninsured Rate 2019	Uninsured Rate 2021	Percentage Point Change from 2019 to 2021
Alabama	12.1%	12.5%	0.4
Alaska	12.9%	11.8%	-1.1
Arizona	14.1%	13.2%	-0.9
Arkansas	11.5%	11.6%	0.1
California	9.1%	8.3%	-0.9
Colorado	9.4%	9.5%	0.1
Connecticut	7.0%	6.1%	-0.9
Delaware	8.8%	7.5%	-1.3
District of Columbia	4.0%	4.2%	0.1
Florida	16.8%	15.6%	-1.2
Georgia	16.2%	15.3%	-0.8
Hawaii	5.1%	4.4%	-0.7
Idaho	12.4%	10.2%	-2.1
Illinois	8.7%	8.3%	-0.4
Indiana	10.6%	9.0%	-1.6
Iowa	5.8%	6.1%	0.3
Kansas	11.2%	11.0%	-0.2
Kentucky	8.0%	6.9%	-1.1
Louisiana	11.2%	9.7%	-1.4
Maine	10.2%	7.1%	-3.2
Maryland	7.0%	7.3%	0.2
Massachusetts	3.6%	2.9%	-0.7
Michigan	7.2%	6.4%	-0.8
Minnesota	5.8%	5.2%	-0.6
Mississippi	16.2%	15.2%	-1.0
Missouri	12.5%	11.4%	-1.1
Montana	10.3%	9.8%	-0.5
Nebraska	9.7%	8.5%	-1.3
Nevada	13.9%	13.6%	-0.3
New Hampshire	7.9%	6.1%	-1.8
New Jersey	9.5%	8.5%	-0.9
New Mexico	12.2%	12.1%	0.0
New York	6.3%	6.2%	-0.1
North Carolina	13.6%	12.4%	-1.2
North Dakota	8.5%	8.8%	0.2
Ohio	8.2%	8.1%	-0.2
Oklahoma	18.0%	16.6%	-1.4
Oregon	8.8%	7.6%	-1.2
Pennsylvania	7.4%	6.9%	-0.4
Rhode Island	5.0%	5.1%	0.1
South Carolina	13.3%	12.5%	-0.8

<b>South Dakota</b>	11.7%	11.6%	-0.1
<b>Tennessee</b>	12.6%	12.5%	-0.1
<b>Texas</b>	21.4%	20.9%	-0.5
<b>Utah</b>	11.0%	10.4%	-0.5
<b>Vermont</b>	5.4%	4.2%	-1.2
<b>Virginia</b>	9.5%	8.1%	-1.4
<b>Washington</b>	7.7%	7.6%	-0.1
<b>West Virginia</b>	8.8%	8.3%	-0.5
<b>Wisconsin</b>	7.2%	6.8%	-0.4
<b>Wyoming</b>	14.9%	14.4%	-0.5
<b>U.S. Total</b>	<b>11.1%</b>	<b>10.5%</b>	<b>-0.7</b>

**Note:** Some percentage point changes between 2019 and 2021 do not sum precisely due to rounding.

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