



## Health Coverage Changes From 2020-2021

Newly available evidence shows that the uninsured rate in the fall of 2021 fell to levels even lower than before the pandemic.

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### KEY POINTS

- The most recent National Health Interview Survey shows that the uninsured rate for the U.S. population was 8.9 percent for Q3 2021 (July – September 2021), down from 10.3 percent for Q4 2020.
- Individuals with incomes below 200% of the federal poverty level experienced the largest decrease.
- The uninsured rate for children decreased by 2.2 percentage points and for working-age adults (18-64) decreased by 1.5 percentage points.
- Coverage gains were somewhat larger for private coverage than public coverage.
- These data suggest that policies including the American Rescue Plan, the 2021 Marketplace Special Enrollment Period, and state Medicaid expansions, in addition to the economic recovery, have helped Americans gain insurance coverage during the COVID-19 public health crisis.
- Additional analysis and data will be needed to explore changes in health coverage for specific populations and geographical regions, as well as assessing changes in different sources of coverage.

### BACKGROUND

The economic impacts of the COVID-19 pandemic have disproportionately affected people of color, young adults, women, parents of young children, and low-income workers.<sup>1</sup> The pandemic's anticipated impacts on employment and income heightened concerns about the loss of coverage during this public health crisis. Legislative and administrative actions were implemented to help stabilize health coverage by maintaining and extending access to affordable coverage.

Efforts to monitor the health insurance dynamics during COVID-19 have been complicated by the fact that the pandemic also created challenges in conducting government-administered surveys that provide the most robust measurement of insurance coverage.<sup>2</sup> The Centers for Disease Control and Prevention's (CDC) National Health Interview Survey (NHIS), for example, experienced a significant drop in response rates during Q2 2020. NHIS response rates have since rebounded, and survey results for the first three quarters of 2021 are now available.<sup>3</sup>

This Data Point examines health coverage trends over time using the newly released NHIS data to assess changes during the pandemic and how they compare to pre-pandemic years, both for the population as a whole, as well as by age and income.

## METHODS

We analyzed newly-released survey data from NHIS, employment information from the Department of Labor, and Marketplace enrollment information from the Centers for Medicare & Medicaid Services' (CMS) Center for Consumer Information and Insurance Oversight (CCIIO).

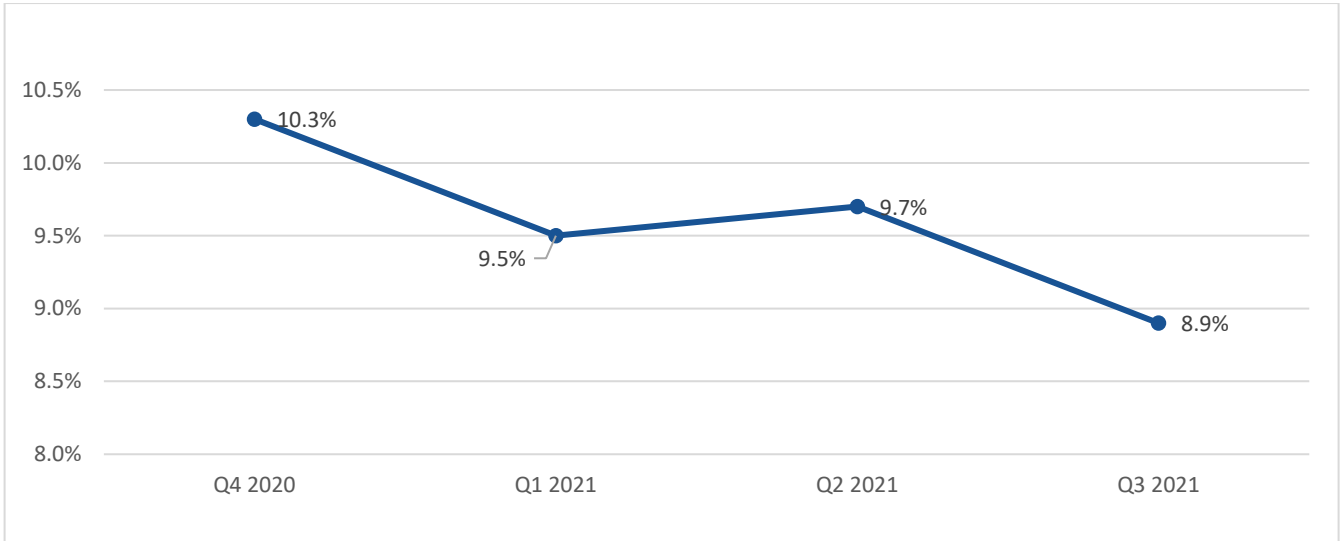
NHIS results during the pandemic may not be as reliable for comparisons to survey results before the pandemic.<sup>4</sup> The CDC suspended in-person visits to conduct the NHIS survey on March 19, 2020 so all NHIS surveys for Q2 2020 were conducted by telephone. Beginning in July 2020 through April 2021, data collection in select areas were opened for in-person visit interviewing. However, NHIS data collection remained predominantly by telephone during this period. Beginning in May 2021, NHIS data collection returned to in-person visits interviewing with Interviewers given discretion based on their own health risk and conditions to complete interviews by phone. Household response rates decreased from 60.0 percent for Q1 2020 to 42.7 percent for Q2 2020. Telephone numbers could not be matched for a number of addresses, especially for renters and those with lower housing tenure (years living at an address). Response rates were lower for groups including those who are younger, have low incomes, Black and Hispanic individuals, non-citizens, and those with lower education attainment. The NHIS weights its data to match U.S. Census Bureau population estimates for age and educational attainment, among other characteristics, and added housing tenure for Q2 2020. Family income could not be adjusted because of the high rate of missing responses. NHIS states that despite these efforts, there is likely to be some non-response bias in the Q2 2020 estimates. NHIS response rates rebounded for the rest of 2020 and 2021.

## FINDINGS

### Overall Uninsured Rate

Figure 1 shows the most recent National Health Interview Survey estimates, which indicate that the uninsured rate for the total civilian noninstitutionalized U.S. population was 8.9 percent for Q3 2021 (July – September 2021), approaching the lowest uninsured rates ever recorded in the NHIS – similar to results from 2016 and early 2017.<sup>5,6,7</sup> When considered in context of the prior year, the total uninsured rate decreased 1.4 percentage points from 10.3 percent in Q4 2020 to 8.9 percent in Q3 2021. This corresponds to an estimated 4.6 million people gaining health care coverage during this time period (from 33.6 million uninsured in Q4 2020 to 29.0 million in Q3 2021). Alternatively, if we compare the Q3 2021 estimate to the 2020 full year average of 31.6 million uninsured, the estimated number gaining coverage is 2.6 million.<sup>8</sup>

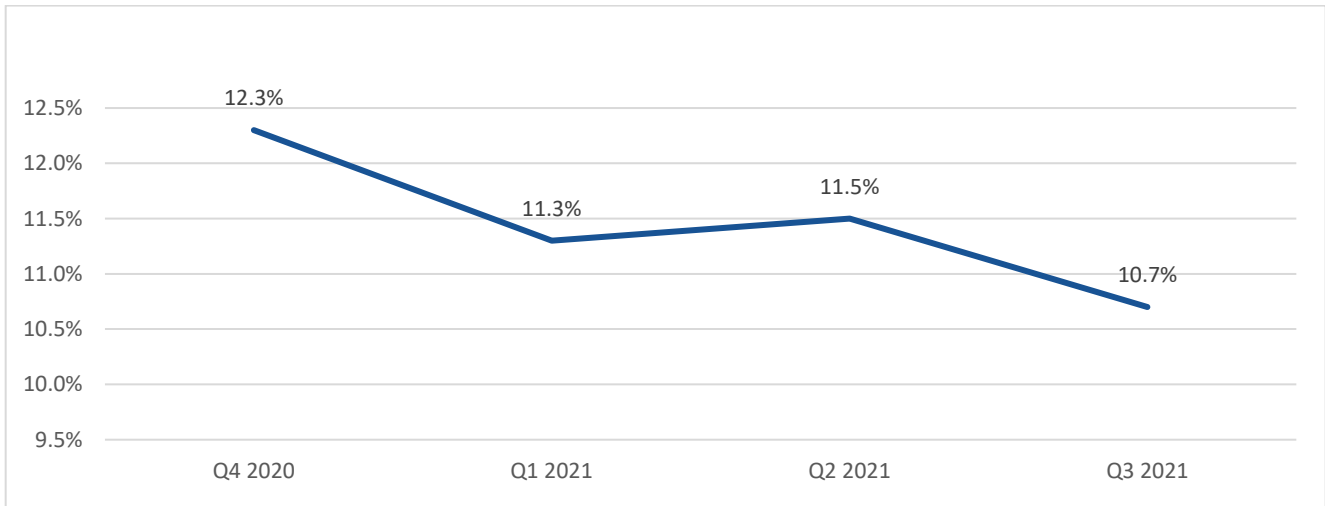
**Figure 1. Uninsured Rate by Quarter, All Ages (Q4 2020 – Q3 2021)**



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020–September 2021. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf)

Figure 2 shows that the under 65 population experienced a 1.6 percentage point decrease in uninsurance.

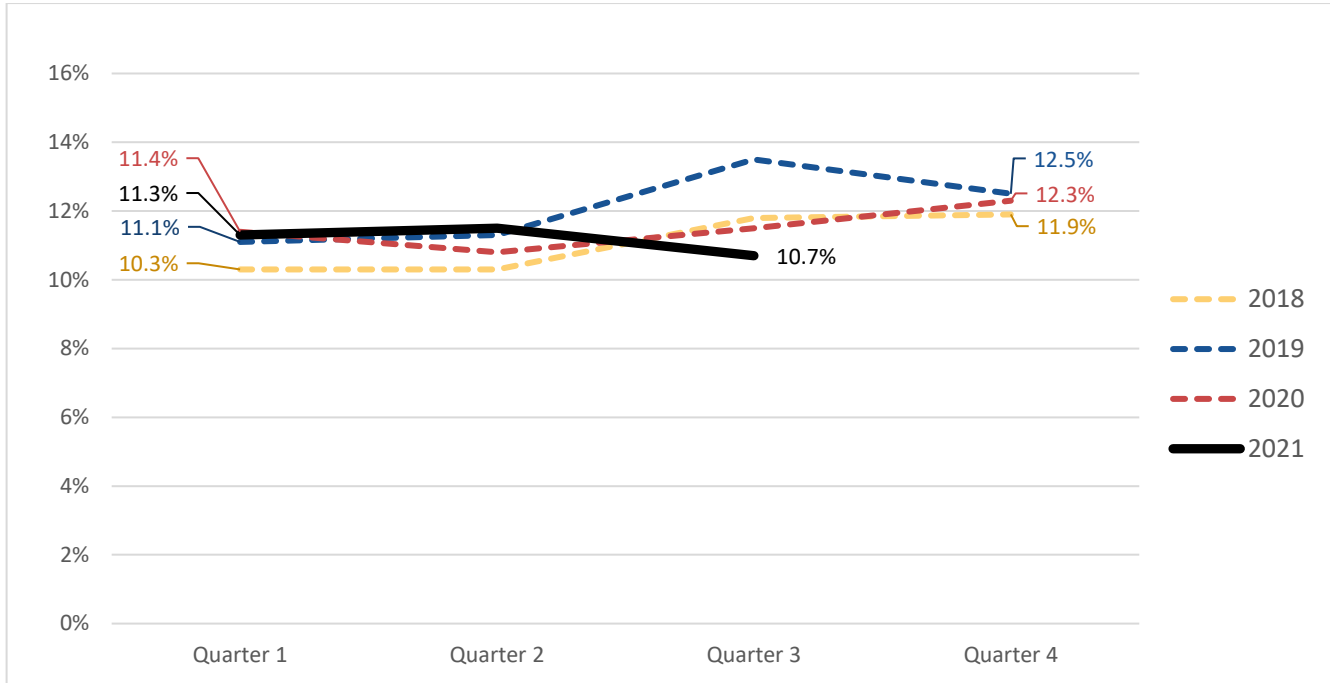
**Figure 2. Uninsured Rate by Quarter, Population Under Age 65 (Q4 2020 – Q3 2021)**



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020–September 2021. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf)

Figure 3 shows quarterly changes in the uninsured for the under 65 population for the past 4 years. The solid black line shows the quarterly trends for 2021, in which we see a slight decline in Q3. This is in contrast to the trends in 2018-2020, where the uninsured rate generally rose over the course of the year from Q1 to Q3 and Q4. Many plan years begin in January, and individuals who stop paying premiums during the year may contribute to the rising uninsured rate by quarter; but in 2021, thus far, this trend has reversed.

**Figure 3. Uninsured Rate by Quarter, Population Under Age 65 (2018 – 2021)**

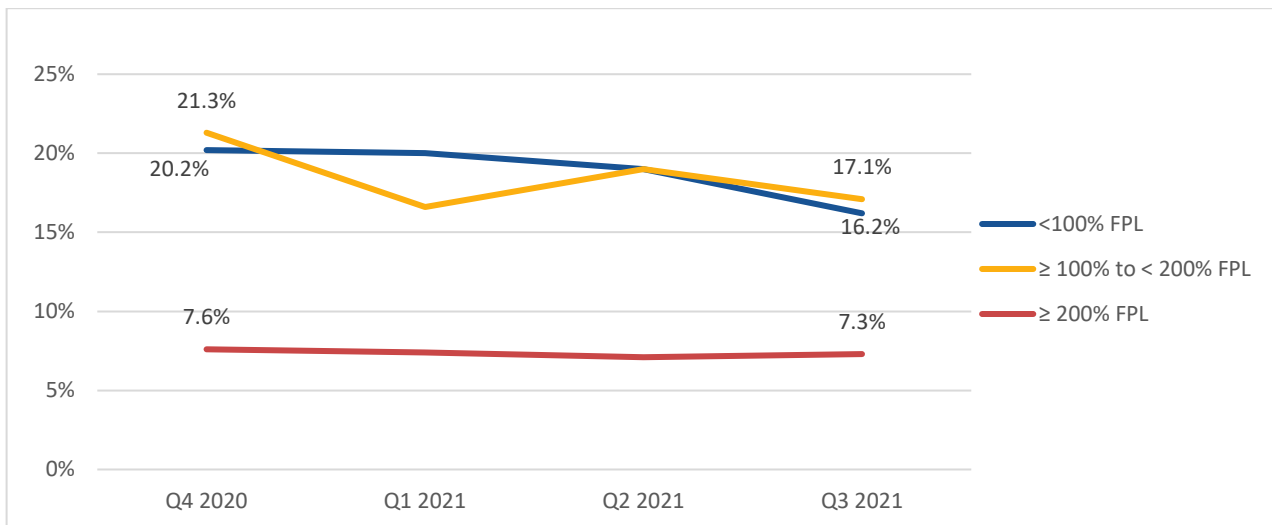


Source: National Health Interview Survey’s Supplemental Quarterly Tables on Health Insurance Coverage, 2018-2021. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>

**Uninsured Rates by Income, Age, and Public vs. Private Coverage**

Figure 4 shows uninsurance rates among lower income populations decreased the most. Individuals with income between 100-200% of the Federal Poverty Level (FPL) experienced a 4.2 percentage point decrease in uninsurance since Q4 2020. Individuals with income below 100% of the FPL had a 4.0 percentage point decrease in uninsurance in the same timeframe, nearly as much as those in the 100-200% FPL range.

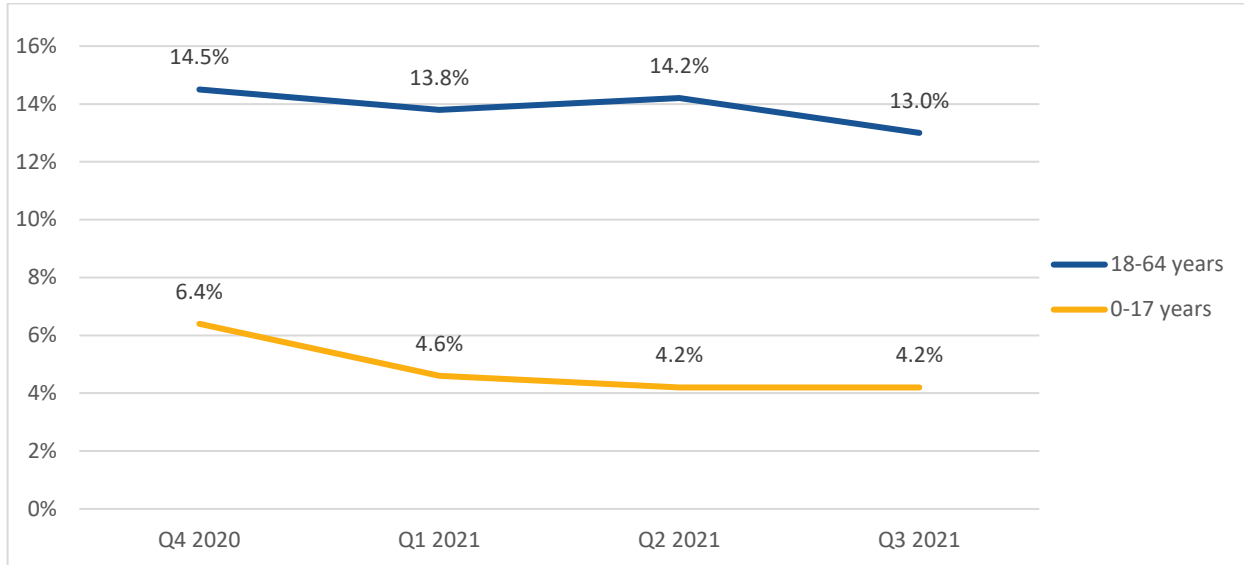
**Figure 4. Uninsured Rate by Quarter, Population Under Age 65, by Income (Q4 2020 – Q3 2021)**



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020–September 2021. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf)

The uninsured rate for children decreased more than for working-age adults (18-64). Figure 5 shows children experienced a 2.2 percentage point decrease in uninsurance while working age adults experienced a 1.5 percentage point decrease.

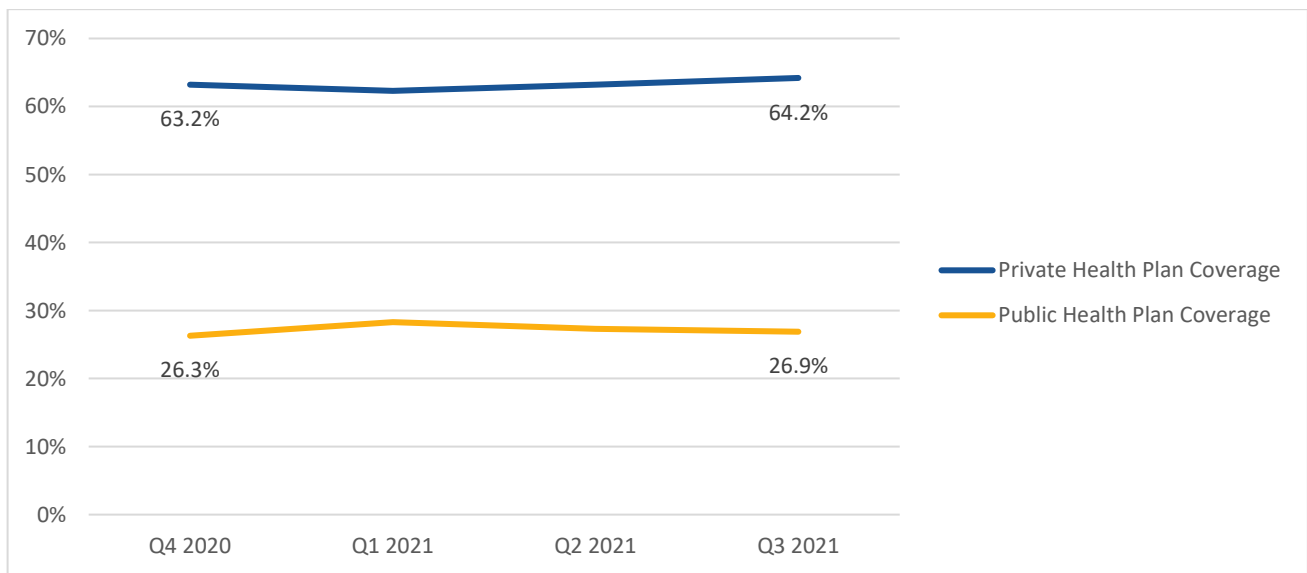
**Figure 5. Uninsured Rate by Quarter, by Age (Q4 2020 – Q3 2021)**



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020–September 2021. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf)

Figure 6 shows coverage gains were somewhat larger for private coverage (1.0 percentage-point increase) than public coverage (0.6 percent-point increase), but with increases in both coverage types contributing to the overall decline in the uninsured rate.

**Figure 6. Public vs. Private Coverage Rates by Quarter, Population Under Age 65 (Q4 2020 – Q3 2021)**

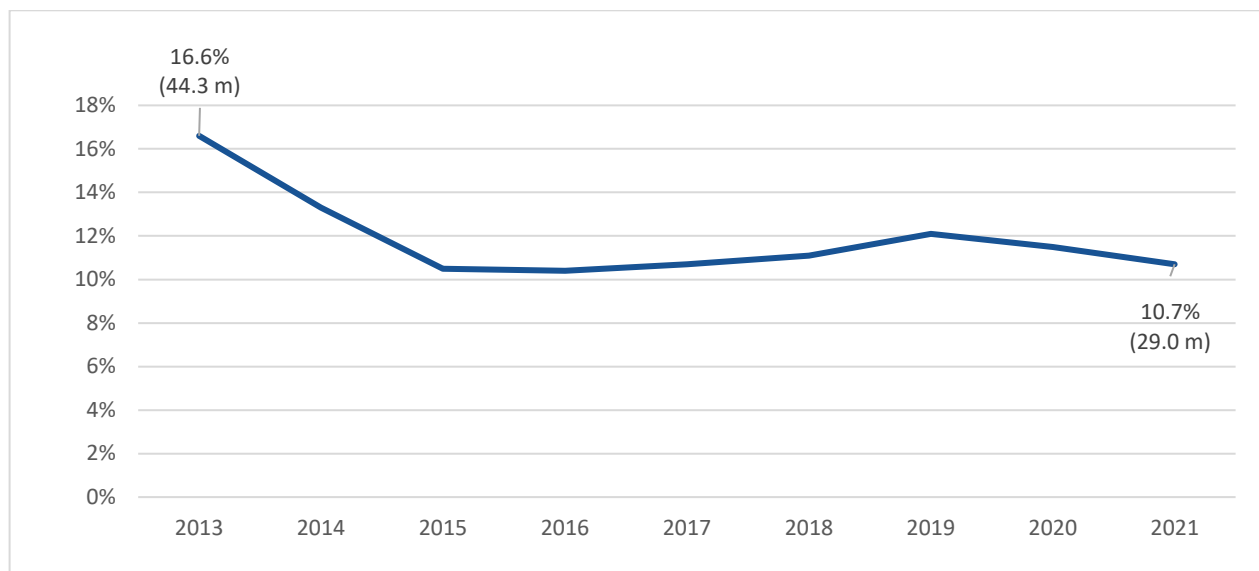


Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020–September 2021. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf)

## Longer-Term Trends

Figure 7 places these recent trends in the broader context of the changes in coverage since the implementation of the Affordable Care Act (ACA), when many key coverage provisions took effect beginning in 2014. The uninsured rate declined dramatically between 2013 and 2016, but rose gradually until 2019, before declining in 2020-2021.

**Figure 7. Annual Uninsured Rate, Population Under Age 65 (2013 – 2021)**



Source: National Health Interview Survey's Health Insurance Coverage Reports, 2013-2020.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, July 2020–September 2021.

[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2021\\_Q13.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q13.pdf)

Note: Respondents are those who reported being uninsured at the time of interview. 2021 estimate is Jan-Sept.; other year estimates are Jan-Dec.

## DISCUSSION

Despite the COVID-19 pandemic and widespread economic challenges,<sup>9</sup> the U.S. uninsured rate has declined over the last 12 months of available data – due primarily to growth in private coverage and to a lesser extent public coverage. Potential factors contributing to this stability in health coverage during the pandemic include months of strong economic recovery with record job growth, legislative and administrative actions to help Americans maintain and gain affordable coverage, and implementation of Medicaid expansion in additional states.

There are some notable limitations of the most recently-released NHIS data. The recent data report did not distinguish between Marketplace coverage and employer-sponsored insurance in the “private coverage” category, precluding detailed analysis of these coverage types. In addition, while lower NHIS response rates during the first few quarters of the pandemic may have affected the 2020 survey results, response rates in 2021 are close to pre-pandemic levels, resulting in more unbiased estimates of coverage. If anything, the response bias of the 2020 data (with the sample skewed towards people with higher incomes and higher educational attainment, disproportionately White and older respondents) means the 2020 uninsured estimates may have been artificially low – which indicates that the coverage gains in 2021 may even be larger than those observed in the NHIS. Overall, it appears that health coverage has rebounded and stabilized, although health coverage rates for Q4 2021 and for the full year 2021 may be more conclusive.

## Economic Recovery

The large job losses during the pandemic that started in March 2020 could have resulted in large losses of health coverage; however, the most recent NHIS data shows this has not happened. Millions of adults lost jobs or were furloughed during the pandemic, but did not lose their employer coverage. A Commonwealth Fund survey in May-June 2020 found that 21 percent of adults lost their jobs or were furloughed because of COVID-19; but among those who originally had employer coverage through work, more than half (53 percent) still maintained that coverage through their furloughed job.<sup>10</sup> Similarly, while the Bureau of Labor Statistics reported that 51.8 percent of private sector establishments (employing 78.3 million workers) told employees not to work in Q3 2020, 41.9 percent of these establishments paid health insurance premiums for some or all furloughed employees.<sup>11</sup> Those who lost their jobs during the pandemic were more likely to have lower incomes, women, and Black and Hispanic workers;<sup>12</sup> economic recovery and the coverage policies discussed below may be particularly likely to benefit these groups. However, the most recent NHIS release did not include information on coverage changes by gender or race and ethnicity.

## The American Rescue Plan, Families First Coronavirus Response Act, and Medicaid Expansion

The American Rescue Plan (ARP) provides expanded subsidies to Marketplace consumers by removing the income cap on eligibility for premium tax credits (PTC) and lowering the required premium contribution for all consumers who were already eligible for PTC prior to the ARP. These expanded subsidies began in 2021 and continue through the end of 2022. The ARP substantially increased availability of zero- and low-premium health plans for both current enrollees and uninsured adults.<sup>13</sup> Another ARP provision treats anyone in a household receiving unemployment compensation during 2020 as having income of 133 percent of FPL, which gives them access to zero- or near zero-premium health plans with minimal cost sharing.<sup>14</sup> The ARP also provided for 100 percent reimbursement of COBRA premiums to employers or health plans from April 1, 2021, through September 2021 for employees who lost employer coverage due to job loss or work hours.<sup>15</sup>

The Families First Coronavirus Response Act (FFCRA) of 2020 required states, starting in March 2020, to suspend Medicaid eligibility terminations and maintain coverage for nearly all existing enrollees, in order to receive a 6.2 percentage point increase in their Federal Medical Assistance Percentage (FMAP). This Medicaid continuous coverage requirement accounted for higher Medicaid enrollment during the pandemic.<sup>16</sup> CMS and states also developed numerous strategies and flexibilities to support Medicaid and CHIP operations during this time, often resulting in expedited enrollment and retention (e.g., presumptive eligibility, continuous eligibility, waiving premiums and cost sharing, regulatory authority to apply exceptions to the timeliness standards for application and renewal processing).

Medicaid expansion under the ACA has also made Medicaid available to more families during the pandemic than during previous recessions, and two states implemented recent Medicaid expansions that contributed to increased coverage in late 2020 and the first three quarters of 2021: Nebraska (August 2020) and Oklahoma (June 2021).<sup>\*</sup> In addition, as of December 2021, five states have received CMS approval for a section 1115 demonstration that provides extended postpartum Medicaid eligibility to some or most of those enrolled in Medicaid and/or CHIP during pregnancy, and 13 additional states have passed legislation that would extend pregnancy-related Medicaid eligibility.<sup>17</sup>

## Outreach and Special Enrollment Period

Outside the Marketplace Open Enrollment Period (OEP), consumers can enroll in a special enrollment period (SEP) due to a life change (such as losing health coverage, moving, getting married, having a baby, or adopting a child) but generally must enroll within 60 days of the life change. In response to the pandemic, the Centers

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\* Coverage for Missouri's Medicaid expansion did not begin until October 2021 and therefore is not reflected in this NHIS data release.

for Medicare & Medicaid Services implemented a February 15 – May 15, 2021 SEP<sup>18</sup> that allowed consumers in the 36 states that used the HealthCare.gov platform in 2021 to enroll without a life change, and later extended the SEP to August 15, 2021.<sup>19</sup> All 15 State-Based Marketplaces (SBMs) also implemented broad SEPs in 2021 with varying start and end dates.

The Department of Health and Human Services (HHS) first announced a \$50 million marketing campaign for the 2021 SEP<sup>20</sup> and then another \$50 million.<sup>21</sup> HHS also added \$2.3 million for Navigator grants to assist consumers during the SEP (a 20 percent increase from the 2021 OEP).<sup>22</sup> The marketing campaigns and Navigator grants helped to inform and encourage enrollment.

Almost half of HealthCare.gov consumers selected a new plan having a monthly premium of \$10 or less from February 15 – August 15, 2021, compared to 25 percent during the same period in 2020.<sup>23</sup> A total of 2.8 million consumers enrolled in coverage during the 2021 SEPs, through HealthCare.gov and SBMs.<sup>24</sup> Nearly 209,000 consumers in the 36 HealthCare.gov states, including 84,000 new consumers, benefitted from the unemployment compensation provisions that qualified them for additional subsidies, from July 1 – August 15, 2021.<sup>25</sup>

These policy efforts likely accounted for a substantial portion of the coverage gains in 2021. Since the NHIS data currently only extend through September of 2021, they do not yet reflect the record-breaking enrollment in Marketplace coverage during the 2022 Open Enrollment Period, which likely will reduce the uninsured rate further.<sup>26</sup> Navigator funding increased to \$80 million for the 2022 OEP, the largest amount to date.<sup>27</sup> HHS extended the 2022 OEP to November 1, 2021 to January 15, 2022 (a month longer than the 2021 OEP) for the 33 states that use the HealthCare.gov platform in 2022. Most SBMs have similar or longer 2022 OEPs.

## CONCLUSION

New national survey results provide timely evidence about the stability of insurance coverage during the pandemic. The findings suggest that 2021 legislative and administrative strategies to extend affordable coverage via the ARP and Marketplace SEP, as well as state Medicaid expansions, have had positive impacts on coverage. These national coverage estimates are encouraging and will inform policy decisions for 2022. As new data become available, we will be able to analyze factors including changes in coverage by race and ethnicity, education, and state of residence. More recent data will be critical to assessing the full effects of the recent Marketplace open enrollment period, the first one to occur with the ARP Marketplace subsidies fully implemented.



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