

Health Insurance Coverage in the United States: 2020

Current Population Reports

By Katherine Keisler-Starkey and Lisa N. Bunch

Issued September 2021

P60-274



Acknowledgments

Katherine Keisler-Starkey and **Lisa N. Bunch** prepared this report under the direction of **Laryssa Mykyta**, Chief of the Health and Disability Statistics Branch. **Sharon Stern**, Assistant Division Chief for Employment Characteristics, of the Social, Economic, and Housing Statistics Division, provided overall direction.

Mallory Bane and **Susan S. Gajewski**, under the supervision of **David Watt**, all of the Demographic Systems Division, and **Lisa Cheok** of the Associate Directorate for Demographic Programs, processed the Current Population Survey 2021 Annual Social and Economic Supplement (CPS ASEC) file.

Andy Chen, Kirk E. Davis, Raymond E. Dowdy, Lan N. Huynh, Chandararith R. Phe, and **Adam W. Reilly** programmed and produced the historical, detailed, and publication tables under the direction of **Hung X. Pham**, Chief of the Tabulation and Applications Branch, Demographic Surveys Division.

Weimin Zhang and **Emily Hood**, under the supervision of **KeTrena Phipps** and **David V. Hornick**, all of the Demographic Statistical Methods Division, conducted the statistical review of the data.

Lisa Cheok of the Associate Directorate for Demographic Programs provided overall direction for the survey implementation. **Roberto Cases** and **Zakery Peterson** of the Associate Directorate for Demographic Programs, and **Charlie Carter** and **Agatha Jung** of the Information Technology Directorate, prepared and programmed the computer-assisted interviewing instrument used to conduct the CPS ASEC.

Additional people within the U.S. Census Bureau also made significant contributions to the preparation of this report. **Amogh Bandekar, Douglas Conway, John Creamer, Katrina Crankshaw, Adriana Hernandez-Viver, Matthew Marlay, Amy Steinweg, Jonathan Vespa, Susan Walsh**, and **Natalie Young**, all of the Social, Economic, and Housing Statistics Division, and **Victoria Udalova** of the Associate Directorate for Demographic Programs, reviewed the contents.

Stacey Barber, Faye E. Brock, Linda Chen, and **Stephen Gibson** provided publication management, graphic design and composition, editorial review, and 508 compliancy for print and electronic media under the direction of **Christine E. Geter**, Acting Chief of the Graphic and Editorial Services Branch, Public Information Office. **William A. Burbano** and **George E. Williams** of the Administrative and Customer Services Division provided printing management.

Census Bureau field representatives and **telephone interviewers** collected the data under difficult circumstances. The challenge of obtaining interviews during the COVID-19 pandemic increased the difficulty of this task. Without the dedication of field representatives and telephone interviewers, the preparation of this report or any report from Census Bureau data would be impossible.

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P60-274



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Suggested Citation

Katherine Keisler-Starkey and
Lisa N. Bunch,
U.S. Census Bureau
Current Population Reports,
P60-274,
*Health Insurance Coverage
in the United States: 2020*,
U.S. Government Publishing Office,
Washington, DC,
September 2021.



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Health Insurance Coverage in the United States: 2020

INTRODUCTION

Health insurance is a means for financing a person's health care expenses. While the majority of people have private health insurance, primarily through an employer, many others obtain coverage through programs offered by state and federal governments. Other individuals do not have health insurance coverage at all (The "What Is Health Insurance Coverage?" text box contains more information).

Year to year, the rate of health insurance coverage and the distribution of coverage types may change due to economic trends, shifts in the demographic composition of the population, and policy changes that affect access to care.

This report presents estimates of health insurance coverage in the United States in 2020, a year in which the nation experienced an economic recession related to the COVID-19 global pandemic. The statistics in this report are based on information collected in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC).¹

The CPS is the longest-running household survey conducted by the Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance coverage is an important component. The Census Bureau has integrated improvements to the CPS ASEC as the needs of data users and the health insurance environment have changed.

¹ The U.S. Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release: CBDRB-FY21-POP001-0193.

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage at any time during the calendar year for the civilian, noninstitutionalized population of the United States.* For reporting purposes, the U.S. Census Bureau broadly classifies health insurance coverage as private insurance or public insurance.

Private Coverage

- **Employment-based:** Plan provided through an employer or union.
- **Direct-purchase:** Coverage purchased directly from an insurance company, or through a federal or state Marketplace (e.g., healthcare.gov).
- **TRICARE:** Coverage through TRICARE, formerly known as Civilian Health and Medical Program of the Uniformed Services.

Public Coverage

- **Medicare:** Federal program that helps to pay health care costs for people aged 65 and older and for certain people under age 65 with long-term disabilities.
- **Medicaid:** This report uses the term Medicaid to include the specific Medicaid government program and other programs for low-income individuals administered by the states such as Children's Health Insurance Program (CHIP) and Basic Health Programs.
- **CHAMPVA or VA:** Civilian Health and Medical Program of the Department of Veterans Affairs, as well as care provided by the Department of Veterans Affairs and the military.

Additionally, people are considered uninsured if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive.

* Comprehensive health insurance covers basic health care needs. This definition excludes single service plans such as accident, disability, dental, vision, or prescription medicine plans.

The 2020 estimates highlighted in this report were collected from February 2021 to April 2021. Respondents were asked to report any health insurance coverage they had during the previous calendar year (2020). People are only considered uninsured if they had no coverage at any time during the year. As a result, people

who lost coverage during 2020 are not included in the uninsured rate.²

² The CPS ASEC also includes a measure of health insurance coverage held at the time of the interview. Although this measure of coverage cannot predict coverage in a given calendar year, it offers a snapshot of health insurance coverage early in the year when CPS ASEC data are collected. More information is available in Appendix B: Estimates of Health Insurance Coverage 2013-2020, Figure B-5.

The Impact of the Coronavirus (COVID-19) Pandemic on the Current Population Survey Annual Social and Economic Supplement (CPS ASEC)

The U.S. Census Bureau administers the CPS ASEC each year between February and April by telephone and in-person interviews, with the majority of data collected in March. In 2020, data collection faced extraordinary circumstances due to the onset of the COVID-19 pandemic as the Census Bureau suspended in-person interviews and closed both telephone contact centers. The response rate for the CPS basic household survey was 73 percent in March 2020, about 10 percentage points lower than preceding months and the same period in 2019, which were regularly above 80 percent.

During collection of the 2021 CPS ASEC, for the safety of both interviewers and respondents, in-person interviews were only conducted when telephone interviews could not be done. In March 2021, the response rate for the CPS basic household survey improved to about 76 percent, though not quite returning to the prepandemic trend. While the response rate improved, it is important to examine how respondents differ from nonrespondents, as this difference could affect income and poverty estimates. Using administrative data, Census Bureau researchers have documented that the nonrespondents in both 2020 and 2021 are less similar to respondents than in earlier years. Of particular interest, for the estimates in this report, are the differences in median income and educational attainment, indicating that respondents in 2020 and 2021 had relatively higher incomes and were more educated than nonrespondents. For more details on how these sample differences and the associated nonresponse bias impact income and official poverty estimates, refer to www.census.gov/newsroom/blogs/research-matters/2021/09/pandemic-affect-survey-response.html.

Estimates of health insurance coverage for 2019 were collected between February and April of 2020, during the first months of the COVID-19 pandemic. In the middle of the collection period, the Census Bureau suspended in-person interviews and closed telephone contact centers to protect the health and safety of staff and respondents. Last year's report included an explanation of the impact of the coronavirus pandemic on the CPS ASEC.³ In addition, the Census Bureau produced several working papers exploring how changes in CPS ASEC data collection in 2020 may have affected

³ More information is available in the "The Impact of the Coronavirus (COVID-19) Pandemic on the CPS ASEC" text box in the report "Health Insurance Coverage in the United States: 2019," www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf.

2019 estimates.⁴ "The Impact of the Coronavirus (COVID-19) Pandemic on the Current Population Survey Annual Social and Economic Supplement (CPS ASEC)" text box provides more information. The Census Bureau recommends that users consider the effect of the pandemic on CPS ASEC data collection in interpreting changes in health insurance coverage between 2019 and other years using the CPS ASEC.

⁴ For additional information related to the impact of COVID-19 on the 2020 CPS ASEC, refer to Edward R. Berchick, Laryssa Mykyta, and Sharon M. Stern, "The Influence of COVID-19-Related Data Collection Changes on Measuring Health Insurance Coverage in the 2020 CPS ASEC," www.census.gov/library/working-papers/2020/demo/SEHSD-WP2020-13.html, and Jonathan Rothbaum and C. Adam Bee, "Coronavirus Infects Surveys, Too: Nonresponse Bias During the Pandemic in the CPS ASEC," www.census.gov/library/working-papers/2020/demo/SEHSD-WP2020-10.html.

Estimates for 2018 were collected in 2019, prior to the pandemic. In order to make the most consistent comparisons, the majority of the estimates in this report focus on changes in health insurance coverage between 2018, prior to the pandemic, and 2020. More information presenting the 2020 coverage estimates in the context of a longer time frame is available in Appendix B: Estimates of Health Insurance Coverage 2013–2020.

HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS

Highlights

- In 2020, 8.6 percent of people, or 28.0 million, did not have health insurance at any point during the year (Table 1 and Figure 1).

- The percentage of people with health insurance coverage for all or part of 2020 was 91.4 (Table 1).
- In 2020, private health insurance coverage continued to be more prevalent than public coverage at 66.5 percent and 34.8 percent, respectively.⁵ Of the subtypes of health insurance coverage, employment-based insurance was the most common, covering 54.4 percent of the population for some or all of the calendar year, followed by Medicare (18.4 percent), Medicaid (17.8 percent), direct-purchase coverage (10.5 percent), TRICARE (2.8 percent), and Department of Veterans Affairs (VA) or Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) coverage (0.9 percent) (Table 1 and Figure 1).⁶
- Between 2018 and 2020, the rate of private health insurance coverage decreased by 0.8 percentage points to 66.5 percent, driven by a 0.7 percentage-point decline in employment-based coverage to 54.4 percent (Table 1 and Figure 1).⁷
- Between 2018 and 2020, the rate of public health insurance coverage increased by 0.4 percentage

points to 34.8 percent (Table 1 and Figure 1).^{8,9}

- In 2020, 87.0 percent of full-time, year-round workers had private insurance coverage, up from 85.1 percent in 2018. In contrast, those who worked less than full-time, year-round were less likely to be covered by private insurance in 2020 than in 2018 (68.5 percent in 2018 and 66.7 percent in 2020) (Figure 3).¹⁰
- More children under the age of 19 in poverty were uninsured in 2020 than in 2018. Uninsured rates for children under the age of 19 in poverty rose 1.6 percentage points to 9.3 percent (Figure 6).

This report classifies health insurance coverage into three different groups: overall coverage, private coverage, and public coverage (The “What Is Health Insurance?” text box contains more information). In the CPS ASEC, people are considered to be insured if they were covered by any type of health insurance for part or all of the previous calendar year. People are considered uninsured if, for the entire year, they were not covered by any type of insurance.¹¹

⁸ This increase was due to growth in the number of people aged 65 and older. The proportion of the population 65 years and older with Medicare coverage decreased between 2018 and 2020, from 93.9 percent to 93.5 percent. However, the percentage of the U.S. population 65 years and older increased between 2018 and 2020.

⁹ Throughout this report, details may not sum to totals because of rounding.

¹⁰ In this report, a full-time, year-round worker is a person who worked 35 or more hours per week (full-time) and 50 or more weeks during the previous calendar year (year-round). For school personnel, summer vacation is counted as weeks worked if they are scheduled to return to their job in the fall.

¹¹ Infants born after the calendar-year reference period are excluded from estimates in this report, with the exception of estimates of coverage at the time of interview (Appendix B, Figure B-5).

In 2020, most people (91.4 percent) had health insurance coverage at some point during the calendar year (Table 1 and Figure 1). More people had private health insurance (66.5 percent) than public coverage (34.8 percent).

Employment-based insurance was the most common subtype of health insurance (54.4 percent), followed by Medicare (18.4 percent), Medicaid (17.8 percent), direct-purchase insurance (10.5 percent), TRICARE (2.8 percent), and VA/CHAMPVA health care (0.9 percent) (Table 1 and Figure 1).

The percentage of people covered by any type of health insurance in 2020 was not significantly different than the percentage in 2018. Although this result seems counter to reports of coverage loss during the COVID-19 pandemic, the CPS ASEC measures coverage in calendar year 2020 based on whether an individual had coverage for all or part of the year during 2020. For example, a person who held coverage in January 2020, but became uninsured later in the year during the COVID-19 pandemic, would still be considered insured in 2020 using the CPS ASEC. Further, individuals losing one type of coverage may also purchase or be eligible for another type of health coverage. People who lose employment-based coverage through job loss might access coverage through the Marketplace, purchase it directly, or they may be eligible for medical assistance through federal and state programs such as Medicaid.

⁵ Some people may have more than one coverage type during the calendar year.

⁶ The final category includes CHAMPVA coverage and care provided by the VA and the military.

⁷ All comparative statements in this report have undergone statistical testing, and unless otherwise noted, all comparisons are statistically significant at the 90 percent confidence level. Standard errors used in statistical testing and margins of errors presented in tables reflect the use of replicate weights to account for the complex sampling design of the CPS ASEC.

Table 1.

Number and Percentage of People by Health Insurance Coverage Status and Type: 2018 to 2020

(Numbers in thousands. Margins of error in thousands or percentage points as appropriate. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Coverage type	2018				2019				2020				Change (2020 less 2019)	Change (2020 less 2018)
	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)		
Total	323,668	133	X	X	324,550	132	X	X	325,638	153	X	X	X	X
Any health plan	296,206	641	91.5	0.2	298,438	688	92.0	0.2	297,680	638	91.4	0.2	*-0.5	-0.1
Any private plan ^{2,3}	217,780	1,222	67.3	0.4	220,848	1,121	68.0	0.3	216,532	1,166	66.5	0.4	*-1.6	*-0.8
Employment-based ²	178,350	1,283	55.1	0.4	183,005	1,142	56.4	0.4	177,175	1,070	54.4	0.3	*-2.0	*-0.7
Direct-purchase ²	34,846	647	10.8	0.2	33,170	776	10.2	0.2	34,041	653	10.5	0.2	0.2	*-0.3
Marketplace coverage ²	10,743	428	3.3	0.1	9,716	417	3.0	0.1	10,804	439	3.3	0.1	*0.3	Z
TRICARE ²	8,537	508	2.6	0.2	8,534	522	2.6	0.2	9,183	579	2.8	0.2	*0.2	*0.2
Any public plan ^{2,4}	111,330	962	34.4	0.3	110,687	967	34.1	0.3	113,337	923	34.8	0.3	*0.7	*0.4
Medicare ²	57,720	401	17.8	0.1	58,779	409	18.1	0.1	59,844	393	18.4	0.1	*0.3	*0.5
Medicaid ²	57,819	891	17.9	0.3	55,851	927	17.2	0.3	57,921	893	17.8	0.3	*0.6	-0.1
VA or CHAMPVA ^{2,5}	3,217	182	1.0	0.1	3,221	188	1.0	0.1	2,979	175	0.9	0.1	*-0.1	*-0.1
Uninsured⁶	27,462	630	8.5	0.2	26,111	657	8.0	0.2	27,957	612	8.6	0.2	*0.5	0.1

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

X Not applicable.

Z Rounds to zero.

¹ A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

² The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

³ Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

⁴ Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁵ Includes CHAMPVA, as well as care provided by the Department of Veterans Affairs and the military.

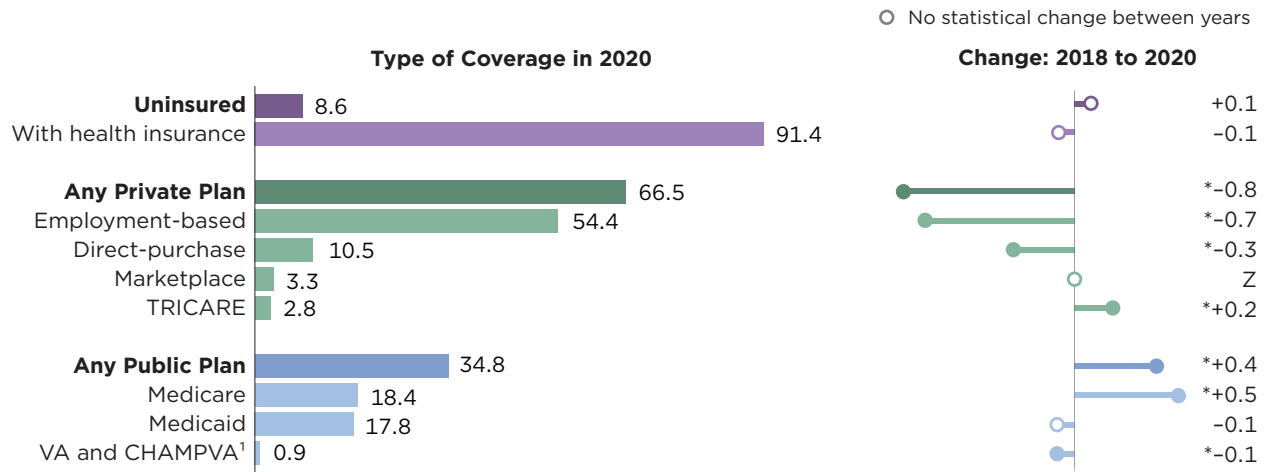
⁶ In the CPS ASEC, individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Source: U.S. Census Bureau, Current Population Survey, 2019 to 2021 Annual Social and Economic Supplement (CPS ASEC).

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2018 to 2020

(Population as of March of the following year)



* Denotes a statistically significant change between 2018 and 2020 at the 90 percent confidence level.

Z Rounds to zero.

¹ Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA) and the military.

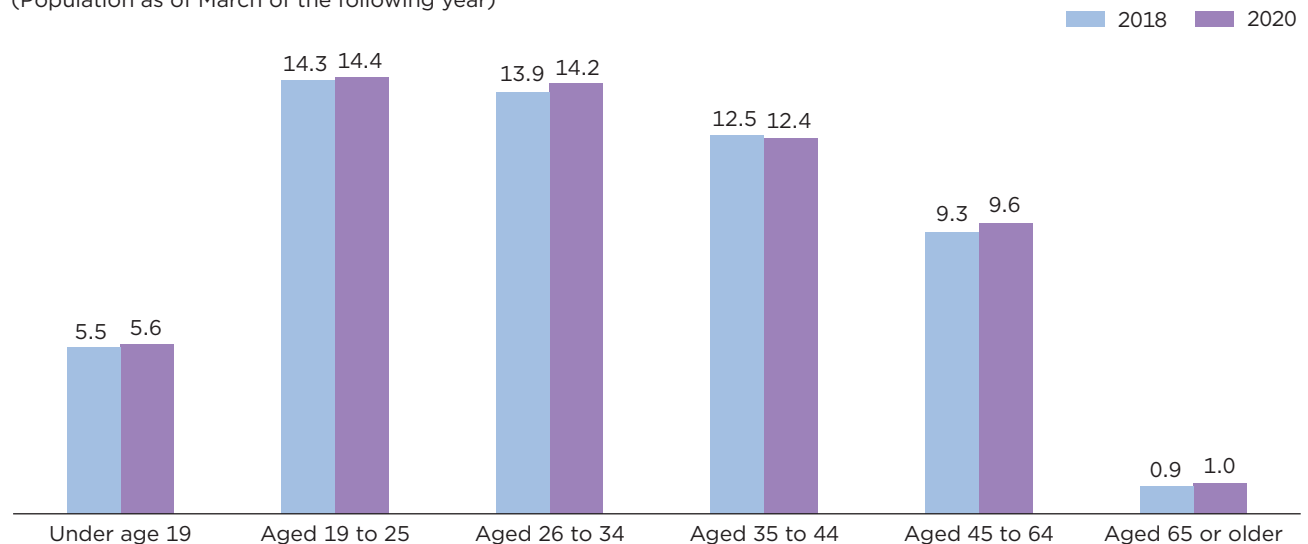
Note: The estimates by type of coverage are not mutually exclusive: people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

Figure 2.

Percentage of People Uninsured by Age Group: 2018 and 2020

(Population as of March of the following year)



Note: There were no significant changes between 2018 and 2020 at the 90 percent confidence level. Information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

Between 2018 and 2020, of the subtypes of private health insurance, employment-based coverage and direct-purchase insurance decreased, while TRICARE increased. The percentage of people covered by employment-based insurance and direct-purchase insurance decreased by 0.7 percentage points to 54.4 percent and by 0.3 percentage points to 10.5 percent, respectively, in 2020. TRICARE coverage increased by 0.2 percentage points to 2.8 percent in 2020 (Table 1 and Figure 1).

Additionally, the percentage of people covered by a public health insurance plan increased between 2018 and 2020 to 34.8 percent (Table 1 and Figure 1). Of the three subtypes of public health insurance, only the Medicare rate increased between 2018 and 2020. The percentage of people covered by Medicare increased by 0.5 percentage points to 18.4 percent in 2020. This increase in coverage was partly due to growth in the number of people aged 65 and older. The Medicaid rate in 2020 was 17.8 percent, which was not statistically different from 2018.

Age is associated with the likelihood that a person has health insurance coverage. Older adults (those over the age of 65) and children (those under the age of 19) are more likely to have health insurance coverage than those aged 19 to 64, in part because their age makes them eligible for certain public health insurance programs. Medicare provides health coverage benefits for most adults aged 65 and older. Children under the age of 19 may qualify for coverage through Medicaid or the Children's Health Insurance Program (CHIP), and young adults may receive

coverage through a parent or guardian's plan until the age of 26.¹²

In 2020, 1.0 percent of adults aged 65 and older were uninsured for the entire calendar year, while 5.6 percent of children under the age of 19 were uninsured in the same period. Among working-age adults, the age group with the largest percentage uninsured for the entirety of calendar year 2020 was those aged 19 to 25 (14.4 percent), followed by those aged 26 to 34 (14.2 percent), adults aged 35 to 44 (12.4 percent), and those aged 45 to 64 (9.6 percent) (Figure 2).¹³ Between 2018 and 2020, there were no significant changes in the uninsured rate by age groups.

Selected Social Characteristics

The CPS ASEC can also be used to look at the prevalence and type of health insurance coverage across certain social and economic characteristics, as well as changes in coverage across race and Hispanic origin groups.

Overall, Hispanics had the highest uninsured rate (18.3 percent) in 2020, followed by Blacks (10.4 percent), Asians (5.9 percent), and

non-Hispanic Whites (5.4 percent) (Table A-1).^{14, 15, 16}

In 2020, Blacks had the highest rate of public coverage (41.4 percent) followed by Hispanics (35.9 percent), non-Hispanic Whites (33.8 percent), and Asians (27.0 percent). In the same year, non-Hispanic Whites had the highest rate of private coverage (73.9 percent), followed by Asians (72.4 percent), Blacks (54.6 percent), and Hispanics (49.9 percent) (Figure 3).

¹⁴ Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian, regardless of whether they also reported another race (the race-alone-or-in-combination concept). The body of this report (text, figures, and tables) shows data using the first approach (race alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

In this report, the term "non-Hispanic White" refers to people who are not Hispanic and who reported White and no other race. The Census Bureau uses non-Hispanic Whites as the comparison group for other race groups and Hispanics.

Because Hispanic people may be any race, data in this report for Hispanic people overlap with data for racial groups. Of those who reported only one race, 16.0 percent of White householders, 5.3 percent of Black householders, and 2.7 percent of Asian householders also reported being Hispanic.

Data users should exercise caution when interpreting aggregate results for the Hispanic population and for race groups because these populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and recency of immigration. Data were first collected for Hispanic people in 1972.

¹⁵ The small sample size of the Asian population and the fact that the CPS ASEC does not use separate population controls for weighting the Asian sample to national totals contributes to the large variances surrounding estimates for this group. As a result, the CPS ASEC may be unable to detect statistically significant differences between some estimates for the Asian population.

¹⁶ In 2020, the uninsured rate of non-Hispanic Whites was not statistically different from the uninsured rate of Asians.

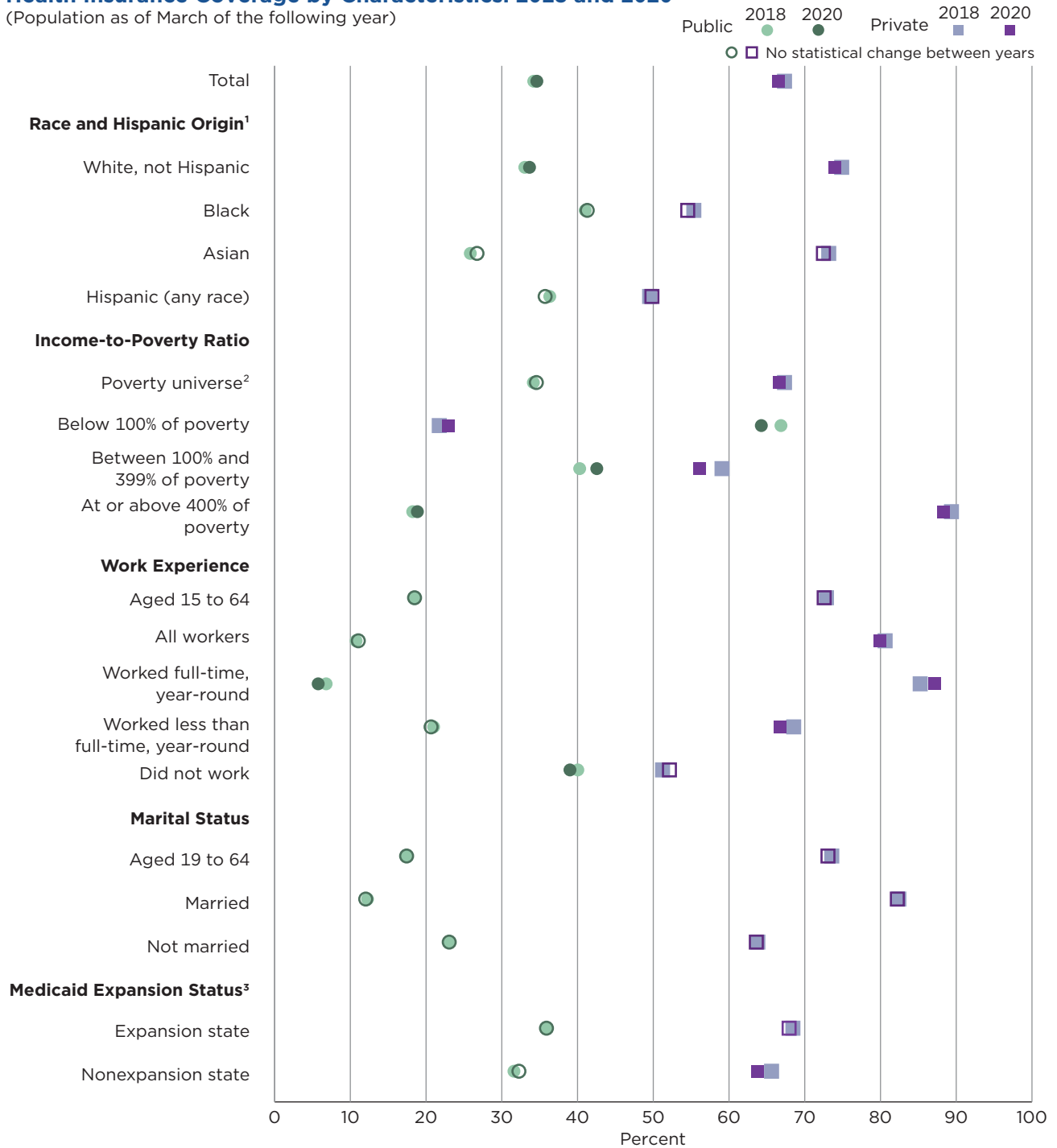
¹² CHIP is a public program that provides health insurance to children in families with income too high to qualify for Medicaid, but who are likely unable to afford private health insurance.

¹³ In 2020, the uninsured rate of individuals aged 19 to 25 was not statistically different from the uninsured rate of individuals aged 26 to 34.

Figure 3.

Health Insurance Coverage by Characteristics: 2018 and 2020

(Population as of March of the following year)



¹ Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, "Asian" refers to people who reported Asian and no other race.

² The poverty universe excludes unrelated individuals under the age of 15 such as foster children.

³ Medicaid expansion status as of January 1, 2020, for 2020 data. Medicaid expansion status as of January 1, 2018, for 2018 data. Expansion states on or before January 1, 2018, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, and WV. After January 1, 2018, and on or before January 1, 2020, ID, ME, UT, and VA expanded Medicaid. More information is available at <www.medicaid.gov/state-overviews/index.html>.

Note: The estimates by type of coverage are not mutually exclusive: people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

Non-Hispanic Whites experienced changes in health insurance status between 2018 and 2020. Specifically, private coverage decreased by 0.9 percentage points to 73.9 percent, and public coverage increased by 0.6 percentage points to 33.8 percent in 2020. In contrast, there was no significant change in either private or public coverage between 2018 and 2020 for Hispanics of any race, Blacks, or Asians.

Selected Economic Characteristics

For many adults aged 15 to 64, health insurance coverage is related to work status such as working full-time, year-round, working less than full-time, year-round, or not working at all during the calendar year. Workers were more likely than nonworkers to be covered by private health insurance. In 2020, 87.0 percent of full-time, year-round workers were covered through a private insurance plan, compared with 66.7 percent of those working less than full-time, year-round. Those who did not work were the least likely to have private health insurance coverage, at 52.2 percent (Figure 3 and Table A-2).

Overall, between 2018 and 2020, workers' private coverage declined by approximately 0.7 percentage points. However, this decrease was not equal across all types of workers. For example, the percentage of full-time, year-round workers with private coverage increased by 1.9 percentage points, while private insurance coverage rates for those who worked less than full-time, year-round decreased by 1.9 percentage points. There was no statistical change in private coverage for nonworkers between 2018 and 2020.

Rates of public coverage followed a different pattern. Nonworkers were more likely than those working less

than full-time, year-round to have public coverage (39.1 percent of nonworkers versus 20.9 percent of less than full-time, year-round workers). Full-time, year-round workers were the least likely to have public coverage, at 6.1 percent. In 2020, public insurance coverage rates decreased by 1.0 percentage point for full-time, year-round workers and 1.0 percentage point for nonworkers compared to 2018.

Many adults obtain health insurance coverage through their spouses, and, therefore, health insurance coverage is related to marital status. Adults aged 19 to 64 who were not married were less likely to have private health insurance than married adults (63.6 percent and 82.1 percent, respectively). There were no changes in private or public health insurance rates between 2018 and 2020 for either married or unmarried people (Figure 3 and Table A-2).¹⁷

Health insurance coverage and type is also associated with family income-to-poverty ratio, which provides a measure of a family's economic resources.¹⁸ Family resources may determine the ability to afford private health insurance, and families below certain income-to-poverty thresholds may qualify for public health insurance options. Figure 4 shows the public coverage rate, private coverage rate, and uninsured rate for individuals based on their family's income-to-poverty ratio in 2020.

¹⁷ Unmarried people include those who were never married, as well as those who are widowed, divorced, or separated. For estimates of health coverage for each of these groups, refer to Appendix Table A-2.

¹⁸ The Office of Management and Budget (OMB) determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report, "Income and Poverty in the United States: 2020," provides a more detailed description of how the Census Bureau calculates poverty. More information is available at <www.census.gov/content/dam/Census/library/publications/2021/demo/p60-273.pdf>.

For private insurance, those living in poverty are the least likely to have private insurance (23.2 percent), and each group with a higher income-to-poverty ratio has a higher rate of private insurance. Those living at or above 400 percent of the poverty line are the most likely to have private health insurance (88.2 percent) (Figure 4).

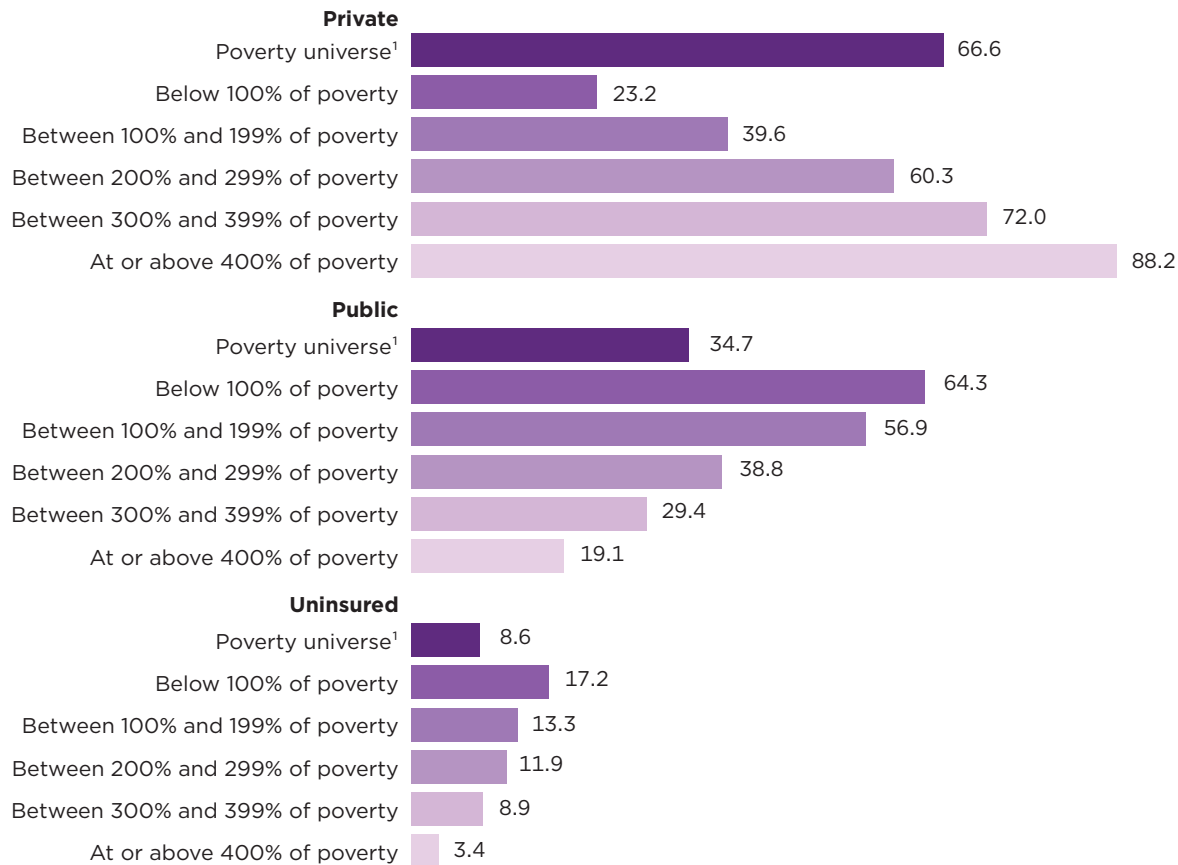
In contrast, those living in poverty are the most likely to have public insurance (64.3 percent), while those living at or above 400 percent of the poverty line are the least likely to have public health insurance (19.1 percent). The percentage of people with public insurance decreases as the income-to-poverty ratio increases.

As the income-to-poverty ratio increases, the percentage of uninsured declines. Those in poverty have the highest rate of people uninsured for the full calendar year (17.2 percent), while those living at or above 400 percent of the poverty line have the lowest rate of people uninsured for all of 2020 (3.4 percent). Other income-to-poverty groups fall between these rates, and those with higher income-to-poverty ratios are less likely to be uninsured.

Changes in health insurance coverage by type were not distributed equally across income-to-poverty ratio groups. For example, people with an income-to-poverty ratio between 100 and 399 percent and those at or above 400 percent of poverty increased their rates of public insurance use between 2018 and 2020 (by 2.2 percentage points and 0.6 percentage points, respectively) (Figure 3).

In contrast, between 2018 and 2020, rates of private insurance decreased for people with an income-to-poverty ratio between 100 and 399 percent

Figure 4.
Health Insurance Coverage and Type by Income-to-Poverty Ratio: 2020
 (Population as of March of the following year)



¹The poverty universe excludes unrelated individuals under the age of 15 such as foster children.
 Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.
 Source: U.S. Census Bureau, Current Population Survey, 2021 Annual Social and Economic Supplement (CPS ASEC).

of poverty and those at or above 400 percent of poverty (by 2.9 percentage points and 1.0 percentage point, respectively). However, those in poverty saw an increase in private health coverage by 1.3 percentage points (Figure 3).

Income-to-Poverty Ratio and Medicaid Expansion Status

The Patient Protection and Affordable Care Act provided the option for states to expand Medicaid

eligibility to adults whose income-to-poverty ratio fell under 138 percent of the poverty line.¹⁹ As of January 1, 2020, 35 states and the District of Columbia had expanded Medicaid

¹⁹ In 2020, the Medicaid income eligibility threshold for adults under the age of 65 in the District of Columbia was 221 percent of the poverty line. More information is available in “Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings From a 50-state Survey,” <<https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf>>.

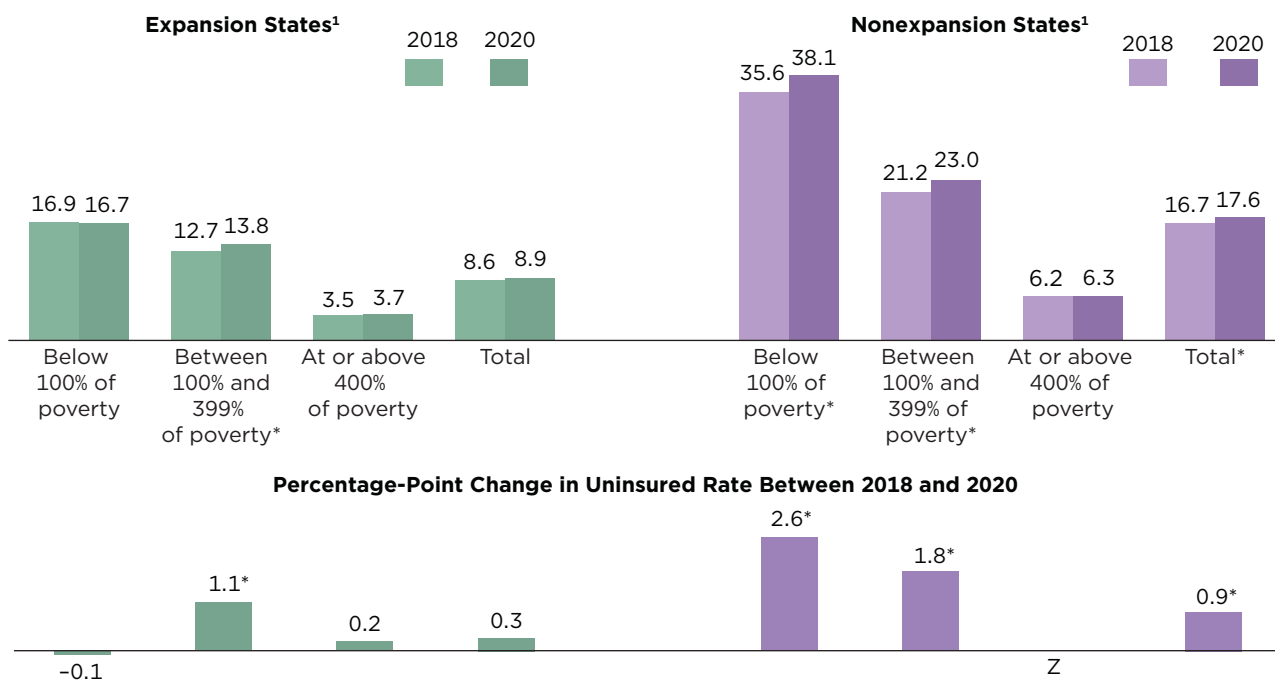
eligibility (“expansion states”); 15 states had not expanded Medicaid eligibility (“non-expansion states”).²⁰ The uninsured rate in 2020 varied by state Medicaid expansion status. In 2020, among adults aged 19 to 64, those in expansion states had lower

²⁰ The 35 states and the District of Columbia that expanded Medicaid eligibility on or before January 1, 2020, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, UT, VA, VT, WA, and WV. More information is available at <www.medicaid.gov/state-overviews/index.html>.

Figure 5.

Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2018 and 2020

(Population as of March of the following year, adults aged 19 to 64)



* Denotes a statistically significant change between 2018 and 2020 at the 90 percent confidence level.

Z Rounds to zero.

¹ Medicaid expansion status as of January 1, 2020, for 2020 data. Medicaid expansion status as of January 1, 2018, for 2018 data. Expansion states on or before January 1, 2018, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, and WV. After January 1, 2018, and on or before January 1, 2020, ID, ME, UT, and VA expanded Medicaid. More information is available at <www.medicaid.gov/state-overviews/index.html>.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions, is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

uninsured rates (8.9 percent) than those in nonexpansion states (17.6 percent) (Figure 5).

Further, the relationship between poverty status, health insurance coverage in 2020, and the change in coverage between 2018 and 2020 may be related to an individual's state of residence and whether that state expanded Medicaid eligibility (Figure 5).

Uninsured rates were lower for all income-to-poverty groups in expansion states than in nonexpansion states. For people in families living in poverty in nonexpansion states, there was a 2.6 percentage-point increase

in the uninsured rate, to 38.1 percent between 2018 and 2020, while there was no statistically significant change in the uninsured rate for those in poverty in expansion states.²¹ Among people with family income between 100 and 399 percent of poverty, 23.0 percent of people in nonexpansion states did not have health insurance for the full year, representing a 1.8 percentage-point increase in the percentage of uninsured from 2018. For the same group in expansion states, there was a 1.1 percentage-point

²¹ Between 2018 and 2020, the change in the uninsured rate of people in poverty living in expansion states was not statistically different from the change in the uninsured rate of people in poverty living in nonexpansion states.

increase in the percentage of uninsured to 13.8 percent. For all other income-to-poverty groups, there was no significant change in the uninsured rate between 2018 and 2020.

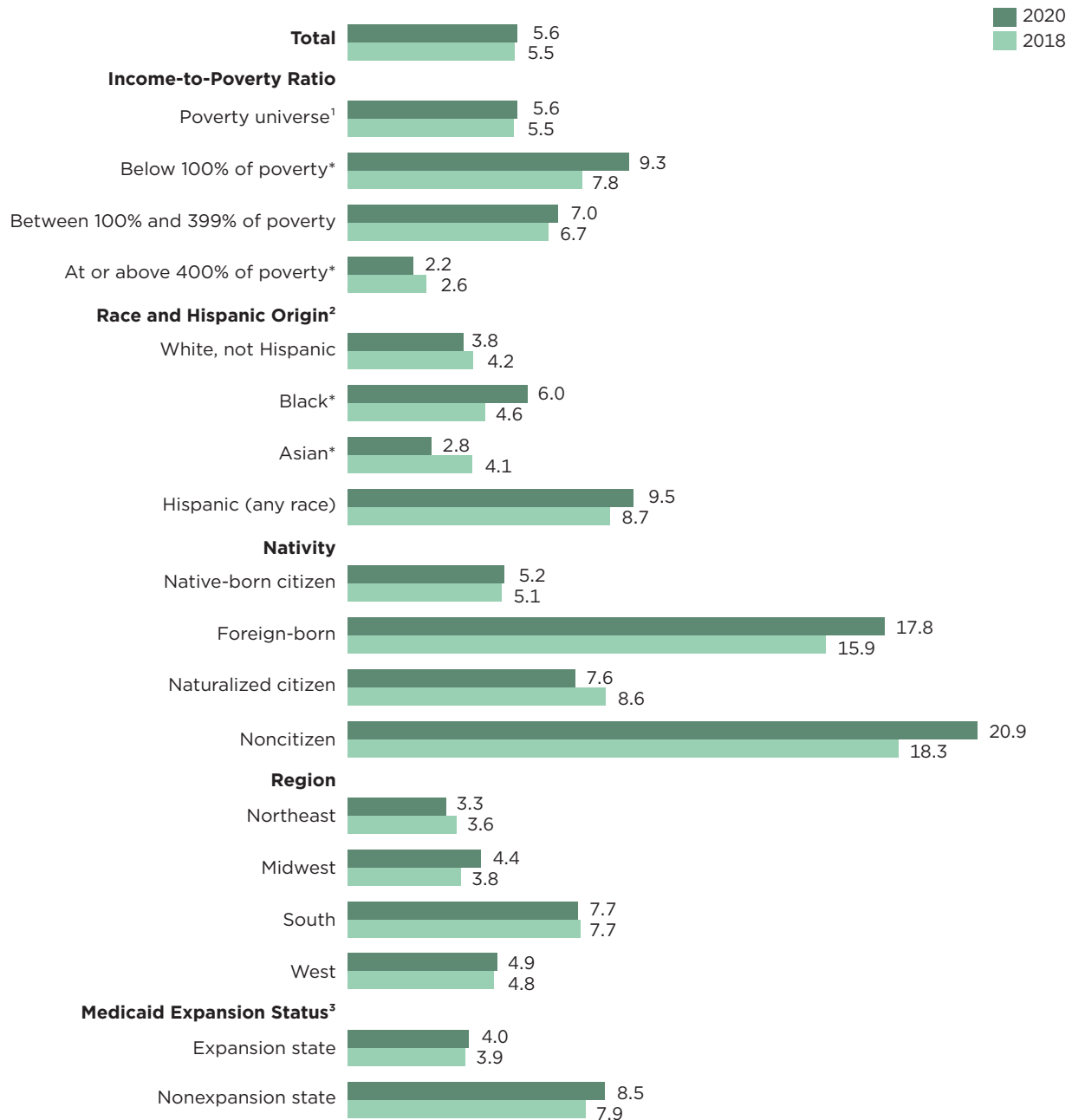
Health Insurance Coverage by Age and Selected Characteristics

In 2020, 5.6 percent of children under the age of 19 did not have health insurance coverage, which was not statistically different from 2018 (Figure 6). Examining coverage by children's characteristics reveals that changes in health insurance coverage between 2018 and 2020 did not occur equally across groups.

Figure 6.

Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2018 and 2020

(Population as of March of the following year, children under age 19)



* Denotes a statistically significant change between 2018 and 2020 at the 90 percent confidence level.

¹ The poverty universe excludes unrelated individuals under the age of 15 such as foster children.

² Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, "Asian" refers to people who reported Asian and no other race.

³ Medicaid expansion status as of January 1, 2020, for 2020 data. Medicaid expansion status as of January 1, 2018, for 2018 data. Expansion states on or before January 1, 2018, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, and WV. After January 1, 2018, and on or before January 1, 2020, ID, ME, UT, and VA expanded Medicaid. More information is available at <www.medicaid.gov/state-overviews/index.html>.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

Among children living in poverty, 9.3 percent did not have health insurance at any time in 2020, representing an increase of 1.6 percentage points since 2018. For children in families at or above 400 percent of poverty, the uninsured rate decreased by 0.4 percentage points, to 2.2 percent. In 2020, 7.0 percent of children between 100 and 399 percent of poverty did not have health insurance, which is not statistically different from 2018. In both years, the percentage of children without health insurance coverage decreased as the income-to-poverty ratio increased.

The percentage of non-Hispanic White children without health insurance coverage was not statistically different in 2020 compared with 2018. However, the uninsured rate decreased for Asian children (by 1.4 percentage points) and increased for Black children (by 1.4 percentage points), to 2.8 percent and 6.0 percent, respectively. In 2020, 9.5 percent of Hispanic children were uninsured, which is not statistically different from 2018.

In 2020, 5.2 percent of children born in the United States were uninsured. However, among foreign-born children, 17.8 percent were uninsured, including 7.6 percent of children who were naturalized citizens and 20.9 percent of children who were not citizens.²²

Health insurance rates for children varied by region as well.²³ For example, 7.7 percent of children living in the South were uninsured, while the uninsured rates for children in the

Northeast (3.3 percent), Midwest (4.4 percent), and West (4.9 percent) were lower.²⁴

Health insurance rates varied for children who lived in expansion states compared to those who lived in nonexpansion states (4.0 percent and 8.5 percent, respectively).

Health insurance outcomes for working-age adults aged 19 to 64 may differ from those in other age groups because they do not qualify for certain programs, such as CHIP, and only qualify for Medicare under limited circumstances. In 2020, 11.9 percent of working-age adults (aged 19 to 64) did not have health insurance coverage, which was not statistically different from 2018 (Figure 7).

The uninsured rate for noncitizen adults aged 19 to 64 increased 2.2 percentage points between 2018 and 2020. In 2020, 33.8 percent of working-age noncitizens did not have health insurance, which is higher than foreign-born adults (22.9 percent), naturalized citizen adults (10.7 percent), and native-born adults (9.6 percent).

The uninsured rate decreased by 1.1 percentage points for working-age adults who worked full-time, year-round, from 9.5 percent in 2018 to 8.4 percent in 2020. However, the uninsured rate increased by 1.8 percentage points for working-age adults who worked less than full-time, year-round to 16.4 percent.

Among working-age adults in 2020, those who were separated (20.2 percent), never married (16.0 percent), divorced (13.2 percent), or widowed (12.1 percent) were more likely to be

uninsured than those who were married (8.5 percent).²⁵

Health insurance rates for working-age adults also varied by region. For example, 11.3 percent of adults living in the West in 2020 were uninsured, a 0.8 percentage-point increase from 2018. There was no significant change in uninsured rates for working-age adults in other regions.

ADDITIONAL INFORMATION ABOUT HEALTH INSURANCE COVERAGE

State and Local Estimates of Health Insurance Coverage

Since the CPS ASEC produces thorough and timely estimates of income, poverty, and health insurance, the Census Bureau recommends that people use it as the data source for national estimates. However, the Census Bureau also publishes annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the American Community Survey (ACS). Single-year estimates are available for geographic units with populations of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

Due to the impact of the pandemic on data collection, the standard 1-year estimates from the 2020 ACS will not be released. However, the Census Bureau plans to release experimental estimates developed from the 2020 ACS 1-year data later this year in the form of a limited number of data tables for limited geographies.

²² In 2020, the uninsured rate of native-born children under the age of 19 was not statistically different from the uninsured rate of naturalized citizen children.

²³ For information about how the Census Bureau classifies regions, refer to <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

²⁴ In 2020, the uninsured rate of children living in the West was not statistically different from the uninsured rate of children living in the Midwest.

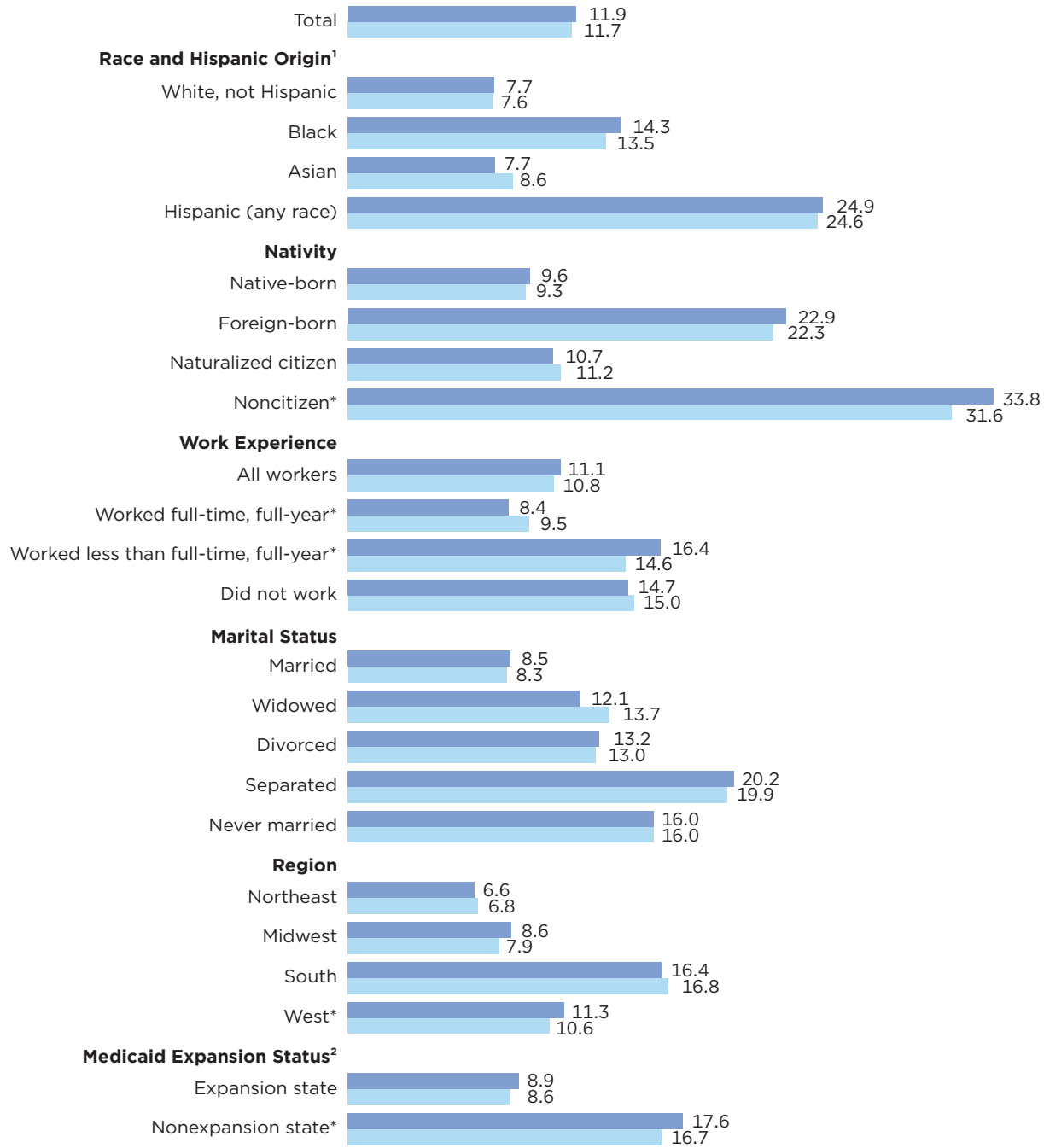
²⁵ In 2020, the uninsured rate of divorced adults aged 19 to 64 was not statistically different from the uninsured rate of widowed adults aged 19 to 64.

Figure 7.

Percentage of Working-Age Adults Without Health Insurance Coverage by Selected Characteristics: 2018 and 2020

(Population as of March of the following year, adults aged 19 to 64)

2020
2018



* Denotes a statistically significant change between 2018 and 2020 at the 90 percent confidence level.

¹ Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, "Asian" refers to people who reported Asian and no other race.

² Medicaid expansion status as of January 1, 2020, for 2020 data. Medicaid expansion status as of January 1, 2018, for 2018 data. Expansion states on or before January 1, 2018, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, and WV. After January 1, 2018, and on or before January 1, 2020, ID, ME, UT, and VA expanded Medicaid. More information is available at <www.medicaid.gov/state-overviews/index.html>.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program also produces single-year estimates of health insurance for all states and all counties. These estimates are based on statistical models using data from a variety of sources, including current surveys, administrative records, and annual population estimates. In general, SAHIE estimates have lower variances than ACS estimates but are released later because they incorporate these additional data into their models.

Small Area Health Insurance Estimates are available at <www.census.gov/programs-surveys/sahie.html>. The most recent estimates are for 2019.

Additional Data

The CPS ASEC is used to produce additional health insurance coverage tables. These tables are available on the Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov> or directly at <www.census.gov/data/tables/2021/demo/health-insurance/p60-274.html>.

For assistance with health insurance data, contact the Census Bureau Customer Services Center at 1-800-923-8282 (toll-free), or search your topic of interest using the Census Bureau's "Question and Answer Center" found at <<https://ask.census.gov>>.

Data.census.gov

Data.census.gov is the new platform to access data and digital content from the Census Bureau. It is the official source of data for the Census Bureau's most popular surveys and programs such as the ACS, Decennial Census, Economic Census, and more. Through the centralized experience on data.census.gov, data users of all skill levels can search premade tables or create custom statistics from Public Use Microdata files.

The Census Bureau created easy ways to visualize, customize, and download data through a single platform on data.census.gov in response to user feedback. To learn more about data.census.gov, check out the release notes at <<https://www2.census.gov/data/api-documentation/data-census-gov-release-notes.pdf>>.

In addition to the pretabulated detailed and historical tables available online, data users of all skill levels can create custom statistics from Public Use Microdata files using the Microdata Access Tool (MDAT) available at <<https://data.census.gov/mdat>>. The MDAT provides data users the ability to create customized tables using public-use data from the CPS ASEC.

Public-Use Microdata

Microdata for the CPS ASEC are available online at <www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html>. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

Census Data API

The Census Data Application Programming Interface (API) gives the public access to pretabulated data from various Census Bureau data programs. It is an efficient way to query data directly from Census Bureau servers with many advantages, including the ability to easily download target variables and geographies and immediately access the most current data. Users can find which datasets are currently available via API online at <www.census.gov/data/developers/data-sets.html>.

SOURCE AND ACCURACY OF THE ESTIMATES

The estimates in this report are from the CPS ASEC. The CPS is the longest-running survey conducted

by the Census Bureau. The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian, noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parents' home. Since the CPS is a household survey, people who are homeless and not living in shelters are not included in the sample.

The CPS ASEC collects data in February, March, and April each year, asking detailed questions categorizing income into over 50 sources. The key purpose of the CPS ASEC is to provide timely and comprehensive estimates of income, poverty, and health insurance and to measure change in these national-level estimates. The CPS ASEC is the official source of national poverty estimates calculated in accordance with the Office of Management and Budget's Statistical Policy Directive 14.²⁶

The CPS ASEC collects data in the 50 states and the District of Columbia; these data do not represent residents of Puerto Rico or U.S. Island Areas.²⁷ The 2021 CPS ASEC sample consists of about 90,800 addresses. The CPS ASEC includes military personnel who live in a household with at least one other civilian adult, regardless of whether they live off post or on post. All other armed forces personnel are excluded. The estimates in

²⁶ The OMB determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report, "Income and Poverty in the United States: 2020," provides a more detailed description of how the Census Bureau calculates poverty. More information is available at <www.census.gov/content/dam/Census/library/publications/2021/demo/p60-273.pdf>.

²⁷ U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands of the United States.

this report are controlled to March 2021 independent national population estimates by age, sex, race, and Hispanic origin. Beginning with 2010, population estimates are based on 2010 Census population counts and are updated annually taking into account births, deaths, emigration, and immigration.

The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted. In this report, the variances of estimates

were calculated using the Successive Difference Replication (SDR) method.

Beginning with the 2011 CPS ASEC report, the standard errors and confidence intervals displayed in tables were calculated using the SDR method, unless otherwise noted. In previous years, the standard errors of CPS ASEC estimates were calculated using the generalized variance function (GVF) approach. Under this approach, generalized variance parameters were used in formulas provided in the source and accuracy statement to estimate standard errors. Further information on replicate weights, standard errors, income top-coding and data swapping on the public-use file, and changes to the CPS ASEC data file is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>.

Comments

The Census Bureau welcomes the comments and advice of data and report users. If you have suggestions or comments on the health insurance coverage report, please write to:

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APPENDIX A.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2018, 2019, and 2020—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured ⁴	
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
2020 Total	325,638	91.4	0.2	66.5	0.4	34.8	0.3	8.6	0.2
Race⁵ and Hispanic Origin									
White	247,763	91.7	0.2	68.6	0.4	34.3	0.3	8.3	0.2
White, not Hispanic	194,230	94.6	0.2	73.9	0.4	33.8	0.4	5.4	0.2
Black	43,427	89.6	0.6	54.6	1.0	41.4	0.8	10.4	0.6
Asian	20,125	94.1	0.6	72.4	1.2	27.0	1.1	5.9	0.6
Hispanic (any race)	61,160	81.7	0.7	49.9	0.9	35.9	0.7	18.3	0.7
Age									
Under age 65	269,802	89.8	0.2	70.0	0.4	22.6	0.3	10.2	0.2
Under age 19 ⁶	76,156	94.4	0.3	62.2	0.6	35.1	0.6	5.6	0.3
Aged 19 to 64	193,646	88.1	0.3	73.0	0.4	17.7	0.3	11.9	0.3
Aged 19 to 25 ⁷	29,269	85.6	0.6	69.4	0.9	18.2	0.8	14.4	0.6
Aged 26 to 34	40,916	85.8	0.6	70.4	0.8	18.2	0.6	14.2	0.6
Aged 35 to 44	42,004	87.6	0.5	73.7	0.7	16.3	0.6	12.4	0.5
Aged 45 to 64	81,457	90.4	0.3	75.3	0.5	18.0	0.4	9.6	0.3
Aged 65 and older	55,836	99.0	0.1	49.6	0.8	93.6	0.3	1.0	0.1
Nativity									
Native-born	280,839	93.1	0.2	68.2	0.4	35.4	0.3	6.9	0.2
Foreign-born	44,799	80.7	0.7	55.8	0.9	30.9	0.7	19.3	0.7
Naturalized citizen	22,667	91.7	0.5	63.8	1.0	36.8	0.9	8.3	0.5
Not a citizen	22,132	69.4	1.2	47.5	1.3	24.9	1.0	30.6	1.2
Region									
Northeast	54,771	95.2	0.4	69.1	0.9	37.8	0.9	4.8	0.4
Midwest	67,436	93.8	0.4	71.7	0.8	33.5	0.7	6.2	0.4
South	125,396	88.2	0.4	63.4	0.6	33.6	0.5	11.8	0.4
West	78,035	91.8	0.3	65.0	0.7	35.7	0.6	8.2	0.3
State Medicaid Expansion Status⁸									
Lived in Medicaid expansion state	211,948	93.6	0.2	67.9	0.5	36.1	0.4	6.4	0.2
Did not live in Medicaid expansion state	113,690	87.4	0.4	63.8	0.6	32.5	0.5	12.6	0.4

Footnotes provided at end of table.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2018, 2019, and 2020—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured ⁴	
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
2019 Total	324,550	92.0	0.2	68.0	0.3	34.1	0.3	8.0	0.2
Race⁵ and Hispanic Origin									
White	247,869	92.2	0.2	70.1	0.4	33.5	0.3	7.8	0.2
White, not Hispanic	194,518	94.8	0.2	75.2	0.4	33.0	0.4	5.2	0.2
Black	42,991	90.4	0.5	55.2	0.9	41.8	0.9	9.6	0.5
Asian	19,905	93.8	0.7	74.4	1.1	25.2	0.9	6.2	0.7
Hispanic (any race)	60,517	83.3	0.7	51.6	0.9	35.8	0.8	16.7	0.7
Age									
Under age 65	269,908	90.5	0.2	71.4	0.4	22.0	0.3	9.5	0.2
Under age 19 ⁶	76,636	94.8	0.3	63.6	0.7	34.3	0.7	5.2	0.3
Aged 19 to 64	193,272	88.9	0.3	74.4	0.4	17.2	0.3	11.1	0.3
Aged 19 to 25 ⁷	29,605	85.8	0.7	70.8	0.8	17.2	0.7	14.2	0.7
Aged 26 to 34	40,511	86.7	0.5	71.5	0.7	17.8	0.6	13.3	0.5
Aged 35 to 44	41,412	88.6	0.5	75.6	0.7	15.6	0.6	11.4	0.5
Aged 45 to 64	81,744	91.2	0.3	76.7	0.5	17.6	0.5	8.8	0.3
Aged 65 and older	54,642	98.9	0.1	51.6	0.7	93.8	0.3	1.1	0.1
Nativity									
Native-born	279,653	93.5	0.2	69.7	0.4	34.6	0.3	6.5	0.2
Foreign-born	44,897	82.2	0.7	57.7	0.8	30.8	0.7	17.8	0.7
Naturalized citizen	22,750	91.3	0.6	64.0	1.1	36.6	1.0	8.7	0.6
Not a citizen	22,147	72.9	1.1	51.3	1.2	24.9	1.0	27.1	1.1
Region									
Northeast	55,080	95.3	0.4	70.8	0.9	35.9	0.9	4.7	0.4
Midwest	67,486	94.3	0.4	73.2	0.7	33.5	0.8	5.7	0.4
South	124,084	89.0	0.4	65.0	0.6	32.8	0.5	11.0	0.4
West	77,900	92.4	0.4	66.5	0.8	35.4	0.7	7.6	0.4
State Medicaid Expansion Status⁸									
Lived in Medicaid expansion state	205,888	94.0	0.2	69.3	0.4	35.6	0.4	6.0	0.2
Did not live in Medicaid expansion state	118,661	88.4	0.4	65.9	0.6	31.6	0.5	11.6	0.4

Footnotes provided at end of table.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2018, 2019, and 2020—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured ⁴	
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
2018 Total	323,668	91.5	0.2	67.3	0.4	34.4	0.3	8.5	0.2
Race⁵ and Hispanic Origin									
White	247,472	91.8	0.2	69.3	0.4	33.8	0.3	8.2	0.2
White, not Hispanic	194,679	94.6	0.2	74.8	0.4	33.2	0.3	5.4	0.2
Black	42,758	90.3	0.5	55.4	1.1	41.2	0.9	9.7	0.5
Asian	19,770	93.2	0.6	73.1	1.3	26.1	1.1	6.8	0.6
Hispanic (any race)	59,925	82.2	0.6	49.6	1.0	36.5	0.8	17.8	0.6
Age									
Under age 65	270,881	90.0	0.2	70.2	0.4	22.8	0.3	10.0	0.2
Under age 19 ⁶	77,333	94.5	0.3	61.8	0.7	35.7	0.7	5.5	0.3
Aged 19 to 64	193,548	88.3	0.3	73.5	0.4	17.6	0.3	11.7	0.3
Aged 19 to 25 ⁷	29,297	85.7	0.6	69.9	0.9	18.3	0.7	14.3	0.6
Aged 26 to 34	40,768	86.1	0.5	71.3	0.8	17.5	0.6	13.9	0.5
Aged 35 to 44	41,027	87.5	0.5	73.7	0.6	16.2	0.5	12.5	0.5
Aged 45 to 64	82,455	90.7	0.3	75.8	0.5	18.1	0.4	9.3	0.3
Aged 65 and older	52,788	99.1	0.1	52.4	0.7	94.1	0.3	0.9	0.1
Nativity									
Native-born	277,848	93.2	0.2	69.1	0.4	34.9	0.3	6.8	0.2
Foreign-born	45,820	81.1	0.6	56.0	0.9	31.2	0.7	18.9	0.6
Naturalized citizen	22,296	91.2	0.6	64.0	1.0	36.4	1.0	8.8	0.6
Not a citizen	23,524	71.4	1.0	48.4	1.1	26.2	1.0	28.6	1.0
Region									
Northeast	55,266	94.9	0.5	69.4	0.9	36.9	0.8	5.1	0.5
Midwest	67,458	94.3	0.4	72.8	0.8	33.3	0.7	5.7	0.4
South	123,391	87.9	0.4	64.2	0.6	33.1	0.4	12.1	0.4
West	77,553	92.3	0.4	65.9	0.8	35.6	0.7	7.7	0.4
State Medicaid Expansion Status⁸									
Lived in Medicaid expansion state	197,396	93.8	0.2	68.4	0.5	36.1	0.4	6.2	0.2
Did not live in Medicaid expansion state	126,273	88.0	0.4	65.6	0.6	31.8	0.4	12.0	0.4

¹ A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

² Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

³ Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁴ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

⁵ Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

⁶ Children under the age of 19 are eligible for Medicaid/CHIP.

⁷ This age group is of special interest because of the Affordable Care Act's dependent coverage provision. Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

⁸ Medicaid expansion status as of January 1, 2020, 2019, and 2018, respectively. Expansion states on or before January 1, 2018, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, and WV. After Jan 1, 2018, and on or before January 1, 2019, VA expanded Medicaid. After January 1, 2019, and on or before January 1, 2020, ID, ME, and UT expanded Medicaid. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Source: U.S. Census Bureau, Current Population Survey, 2019, 2020, and 2021 Annual Social and Economic Supplement (CPS ASEC).

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2018, 2019, and 2020—Con.(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total									
	Number	Any health insurance						Uninsured ⁴		
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)	
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)
2020										
Total, 15 to 64 years old	210,421	88.5	0.3	72.5	0.4	18.8	0.3	11.5	0.3	
Disability Status⁵										
With disability	15,134	91.0	0.7	45.5	1.2	52.9	1.2	9.0	0.7	
With no disability	194,199	88.2	0.3	74.4	0.4	16.2	0.3	11.8	0.3	
Work Experience										
All workers	154,502	89.0	0.3	79.8	0.4	11.4	0.3	11.0	0.3	
Worked full-time, year-round	99,588	91.6	0.3	87.0	0.3	6.1	0.2	8.4	0.3	
Worked less than full-time, year-round	54,913	84.3	0.5	66.7	0.7	20.9	0.5	15.7	0.5	
Did not work at least one week	55,920	87.1	0.4	52.2	0.7	39.1	0.7	12.9	0.4	
Total, 19 to 64 years old	193,646	88.1	0.3	73.0	0.4	17.7	0.3	11.9	0.3	
Marital Status										
Married ⁶	98,821	91.5	0.3	82.1	0.4	12.3	0.4	8.5	0.3	
Widowed	3,304	87.9	1.5	60.1	2.4	32.6	2.4	12.1	1.5	
Divorced	18,486	86.8	0.7	65.0	1.0	24.9	0.9	13.2	0.7	
Separated	3,738	79.8	1.9	53.0	2.3	29.7	2.0	20.2	1.9	
Never married	69,297	84.0	0.5	63.9	0.6	22.1	0.5	16.0	0.5	
Total, 26 to 64 years old	164,377	88.5	0.3	73.7	0.4	17.6	0.3	11.5	0.3	
Educational Attainment										
No high school diploma	13,758	68.1	1.4	35.4	1.2	35.4	1.3	31.9	1.4	
High school graduate (includes equivalency)	43,850	83.9	0.6	61.5	0.7	25.8	0.7	16.1	0.6	
Some college, no degree	23,885	89.3	0.6	72.6	0.8	20.4	0.8	10.7	0.6	
Associate degree	17,799	91.0	0.6	77.7	0.9	16.5	0.8	9.0	0.6	
Bachelor's degree	41,047	94.1	0.4	87.5	0.5	8.8	0.4	5.9	0.4	
Graduate or professional degree	24,039	96.5	0.4	92.3	0.5	5.8	0.5	3.5	0.4	

Footnotes provided at end of table.

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2018, 2019, and 2020—Con.(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured ⁴	
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
2019									
Total, 15 to 64 years old	210,228	89.3	0.3	73.9	0.4	18.2	0.3	10.7	0.3
Disability Status⁵									
With disability	15,056	91.6	0.6	47.3	1.3	52.4	1.3	8.4	0.6
With no disability	194,194	89.1	0.3	75.8	0.4	15.6	0.3	10.9	0.3
Work Experience									
All workers	157,181	89.8	0.3	80.8	0.3	11.2	0.3	10.2	0.3
Worked full-time, year-round	112,803	91.1	0.3	85.8	0.3	7.0	0.2	8.9	0.3
Worked less than full-time, year-round	44,379	86.6	0.5	68.2	0.7	21.6	0.6	13.4	0.5
Did not work at least one week	53,047	87.8	0.5	53.2	0.7	39.1	0.7	12.2	0.5
Total, 19 to 64 years old	193,272	88.9	0.3	74.4	0.4	17.2	0.3	11.1	0.3
Marital Status									
Married ⁶	100,795	92.4	0.3	83.4	0.4	12.2	0.4	7.6	0.3
Widowed	3,319	86.5	1.7	56.5	2.5	33.5	2.3	13.5	1.7
Divorced	18,290	88.0	0.7	67.4	1.0	23.6	0.9	12.0	0.7
Separated	3,802	81.0	1.8	51.8	2.2	31.4	1.9	19.0	1.8
Never married	67,065	84.3	0.5	65.1	0.6	21.3	0.5	15.7	0.5
Total, 26 to 64 years old	163,666	89.4	0.3	75.1	0.4	17.2	0.3	10.6	0.3
Educational Attainment									
No high school diploma	13,733	71.5	1.3	38.9	1.3	35.9	1.4	28.5	1.3
High school graduate (includes equivalency)	43,630	85.1	0.5	64.2	0.7	24.2	0.7	14.9	0.5
Some college, no degree	24,315	89.8	0.6	73.7	0.8	19.7	0.8	10.2	0.6
Associate degree	17,998	91.6	0.7	79.3	0.9	15.8	0.8	8.4	0.7
Bachelor's degree	40,563	94.7	0.4	87.6	0.6	9.1	0.4	5.3	0.4
Graduate or professional degree	23,428	96.8	0.4	93.2	0.5	5.4	0.4	3.2	0.4

Footnotes provided at end of table.

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2018, 2019, and 2020—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured ⁴	
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
2018									
Total, 15 to 64 years old	210,794	88.7	0.3	72.8	0.4	18.8	0.3	11.3	0.3
Disability Status⁵									
With disability	15,438	90.4	0.7	44.7	1.2	53.9	1.1	9.6	0.7
With no disability	194,434	88.5	0.3	74.9	0.4	16.0	0.3	11.5	0.3
Work Experience									
All workers	155,221	89.3	0.3	80.5	0.4	11.1	0.2	10.7	0.3
Worked full-time, year-round	111,950	90.5	0.3	85.1	0.4	7.2	0.2	9.5	0.3
Worked less than full-time, year-round	43,271	86.2	0.5	68.5	0.7	21.3	0.6	13.8	0.5
Did not work at least one week	55,573	86.9	0.4	51.3	0.8	40.2	0.7	13.1	0.4
Total, 19 to 64 years old	193,548	88.3	0.3	73.5	0.4	17.6	0.3	11.7	0.3
Marital Status									
Married ⁶	101,805	91.7	0.3	82.3	0.4	12.6	0.3	8.3	0.3
Widowed	3,385	86.3	1.6	55.6	2.2	34.9	2.2	13.7	1.6
Divorced	18,683	87.0	0.7	64.7	1.0	25.3	1.0	13.0	0.7
Separated	4,200	80.1	2.0	52.4	2.3	29.7	1.8	19.9	2.0
Never married	65,475	84.0	0.5	64.7	0.6	21.6	0.5	16.0	0.5
Total, 26 to 64 years old	164,250	88.7	0.3	74.2	0.4	17.5	0.3	11.3	0.3
Educational Attainment									
No high school diploma	15,197	71.0	1.2	37.0	1.2	36.9	1.3	29.0	1.2
High school graduate (includes equivalency)	44,573	85.1	0.5	64.3	0.7	24.4	0.6	14.9	0.5
Some college, no degree	24,977	89.3	0.6	73.8	0.8	19.3	0.7	10.7	0.6
Associate degree	17,735	91.0	0.6	78.7	0.8	15.8	0.7	9.0	0.6
Bachelor's degree	39,255	93.8	0.3	87.2	0.5	8.5	0.4	6.2	0.3
Graduate or professional degree	22,514	96.6	0.4	92.9	0.5	5.7	0.4	3.4	0.4

¹ A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

² Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

³ Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁴ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

⁵ The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

⁶ The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2019, 2020, and 2021 Annual Social and Economic Supplement (CPS ASEC).

Table A-3.

Health Insurance Coverage Status and Type by Family Type and Family Income-to-Poverty Ratio: 2018, 2019, and 2020—Con.(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured ⁴	
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
2020 Total	325,638	91.4	0.2	66.5	0.4	34.8	0.3	8.6	0.2
Household Relationship									
Married couple family	193,596	93.6	0.2	74.8	0.4	29.4	0.4	6.4	0.2
With children under 18 years	106,005	92.6	0.3	75.5	0.6	20.4	0.6	7.4	0.3
Unmarried male reference person	42,018	86.9	0.6	58.9	0.9	36.6	0.8	13.1	0.6
With children under 18 years	10,891	86.2	1.4	54.7	1.9	35.4	1.8	13.8	1.4
Unmarried female reference person	72,338	90.3	0.4	50.2	0.7	50.3	0.6	9.7	0.4
With children under 18 years	31,937	89.3	0.7	41.7	1.1	52.2	1.1	10.7	0.7
Unrelated subfamilies	1,017	86.5	3.8	51.3	6.0	38.3	5.2	13.5	3.8
Secondary individuals	16,670	82.8	0.9	61.3	1.3	25.7	1.0	17.2	0.9
Income-to-Poverty Ratio									
Total, poverty universe	325,156	91.4	0.2	66.6	0.4	34.7	0.3	8.6	0.2
Below 100 percent of poverty	37,156	82.8	0.8	23.2	0.9	64.3	1.0	17.2	0.8
Below 138 percent of poverty	56,337	83.9	0.6	25.3	0.7	64.6	0.8	16.1	0.6
Between 100 and 199 percent of poverty	52,336	86.7	0.6	39.6	0.9	56.9	0.8	13.3	0.6
Between 200 and 299 percent of poverty	50,389	88.1	0.5	60.3	0.9	38.8	0.8	11.9	0.5
Between 300 and 399 percent of poverty	41,655	91.1	0.6	72.0	0.9	29.4	0.8	8.9	0.6
At or above 400 percent of poverty	143,620	96.6	0.2	88.2	0.3	19.1	0.3	3.4	0.2

Footnotes provided at end of table.

Table A-3.

Health Insurance Coverage Status and Type by Family Type and Family Income-to-Poverty Ratio: 2018, 2019, and 2020—Con.(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total									
	Number	Any health insurance						Uninsured ⁴		
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)	
				Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)			
2019 Total	324,550	92.0	0.2	68.0	0.3	34.1	0.3	8.0	0.2	
Household Relationship										
Married couple family	197,994	93.9	0.2	75.8	0.4	28.9	0.4	6.1	0.2	
With children under 18 years	109,323	93.0	0.4	76.4	0.7	19.7	0.6	7.0	0.4	
Unmarried male reference person	40,246	88.0	0.6	61.2	0.8	35.7	0.8	12.0	0.6	
With children under 18 years	10,244	86.8	1.3	55.2	1.9	36.0	1.8	13.2	1.3	
Unmarried female reference person	69,641	91.1	0.4	51.4	0.7	50.4	0.7	8.9	0.4	
With children under 18 years	30,494	91.2	0.7	42.9	1.2	53.2	1.2	8.8	0.7	
Unrelated subfamilies	941	90.6	3.6	58.5	6.0	38.2	6.2	9.4	3.6	
Secondary individuals	15,728	81.4	1.0	62.1	1.2	23.4	1.1	18.6	1.0	
Income-to-Poverty Ratio										
Total, poverty universe	324,048	92.0	0.2	68.1	0.3	34.0	0.3	8.0	0.2	
Below 100 percent of poverty	33,879	84.1	0.8	22.9	0.9	66.6	1.0	15.9	0.8	
Below 138 percent of poverty	52,816	84.6	0.6	25.2	0.8	65.9	0.8	15.4	0.6	
Between 100 and 199 percent of poverty	51,349	85.9	0.6	39.9	1.0	55.5	1.0	14.1	0.6	
Between 200 and 299 percent of poverty	48,924	89.0	0.5	63.0	0.9	37.3	0.9	11.0	0.5	
Between 300 and 399 percent of poverty	43,078	91.7	0.5	72.6	0.8	29.5	0.8	8.3	0.5	
At or above 400 percent of poverty	146,818	97.0	0.2	88.8	0.3	19.2	0.3	3.0	0.2	

Footnotes provided at end of table.

Table A-3.

Health Insurance Coverage Status and Type by Family Type and Family Income-to-Poverty Ratio: 2018, 2019, and 2020—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>)

Characteristic	Total									
	Number	Any health insurance						Uninsured ⁴		
		Percent	Margin of error ¹ (±)	Private health insurance ²		Public health insurance ³		Percent	Margin of error ¹ (±)	
			Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)		
2018 Total	323,668	91.5	0.2	67.3	0.4	34.4	0.3	8.5	0.2	
Household Relationship										
Married couple family	195,914	93.6	0.2	75.3	0.4	29.1	0.4	6.4	0.2	
With children under 18 years	109,341	92.6	0.4	75.1	0.7	20.9	0.6	7.4	0.4	
Unmarried male reference person	40,495	87.2	0.6	59.0	0.8	36.9	0.7	12.8	0.6	
With children under 18 years	10,398	87.2	1.1	53.0	1.8	38.2	1.6	12.8	1.1	
Unmarried female reference person	70,093	90.6	0.4	51.3	0.7	50.1	0.7	9.4	0.4	
With children under 18 years	31,462	90.2	0.6	43.3	1.1	51.4	1.2	9.8	0.6	
Unrelated subfamilies	1,069	86.9	3.4	50.0	5.1	42.4	4.6	13.1	3.4	
Secondary individuals	16,097	81.5	1.0	61.6	1.2	23.8	1.0	18.5	1.0	
Income-to-Poverty Ratio										
Total, poverty universe	323,172	91.5	0.2	67.3	0.4	34.3	0.3	8.5	0.2	
Below 100 percent of poverty	38,056	83.7	0.6	22.0	0.8	66.8	0.9	16.3	0.6	
Below 138 percent of poverty	58,204	84.4	0.6	24.7	0.7	65.8	0.7	15.6	0.6	
Between 100 and 199 percent of poverty	55,302	86.4	0.6	41.6	0.9	54.4	0.8	13.6	0.6	
Between 200 and 299 percent of poverty	50,632	89.2	0.5	64.4	0.8	36.2	0.8	10.8	0.5	
Between 300 and 399 percent of poverty	43,624	91.9	0.4	75.1	0.8	27.7	0.7	8.1	0.4	
At or above 400 percent of poverty	135,559	96.6	0.2	89.2	0.3	18.5	0.3	3.4	0.2	

¹ A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

² Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

³ Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁴ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2019, 2020, and 2021 Annual Social and Economic Supplement (CPS ASEC).

APPENDIX B.

ESTIMATES OF HEALTH INSURANCE COVERAGE: 2013 TO 2020

The Current Population Survey Annual Social and Economic Supplement (CPS ASEC) is used to produce official estimates of income and poverty, and it serves as the most widely-cited source of estimates on health insurance coverage and the uninsured.

SURVEY REDESIGN

The Census Bureau has consistently sought to improve measurement of health insurance coverage. The CPS ASEC underwent a two-stage redesign in recent years, including changes to the questionnaire incorporated over the period of 2014 to 2016, followed by changes to post-survey collection processing methods in 2019.¹ Evidence suggests that the redesign effectively addressed known limitations to CPS ASEC health coverage and improved health insurance coverage measurement.²

In consideration of these and previous changes in survey design, researchers should use caution when comparing results over time. Due to the differences in measurement,

¹ For more information on the survey redesign, refer to Appendix A in Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, "Health Insurance Coverage in the United States: 2018," *Current Population Reports*, P60-267, U.S. Census Bureau, Washington, DC, 2019.

² Heide Jackson and Edward R. Berchick, "Improvements in Uninsurance Estimates for Fully Imputed Cases in the Current Population Survey Annual Social and Economic Supplement," *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 2020, and E. R. Berchick and H. M. Jackson, "Health Insurance Coverage in the 2017 CPS ASEC Research File," <www.census.gov/library/working-papers/2019/demo/SEHSD-WP2019-01.html>.

health insurance estimates for calendar year 2013 through 2017 are not directly comparable to previous years. Estimates for calendar years 2018 and beyond may be compared with each other and with 2017 estimates from the 2018 CPS ASEC Bridge File or 2016 estimates from the 2017 CPS ASEC Research File. Although it is not appropriate to directly compare 2018 estimates with earlier years processed with the legacy system, it is helpful to examine the estimates in this report in the context of a longer time period to better understand the changes that occurred in health coverage in 2020.

RECENT CHANGES IN THE HEALTH INSURANCE LANDSCAPE

Changes in health coverage over time reflect economic trends, demographic shifts, and changes in federal and state policy. Several such policy changes are related to the Patient Protection and Affordable Care Act (ACA).

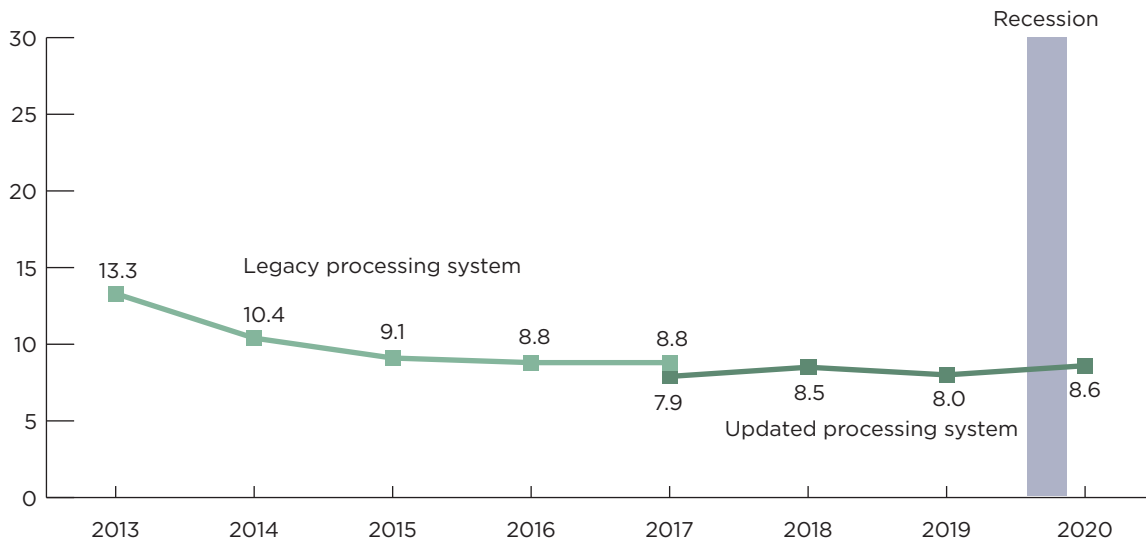
Many of the provisions of the ACA went into effect in 2014, including the establishment of health insurance marketplaces (e.g., healthcare.gov) and the optional expansion of Medicaid eligibility. Over the following years, some states took the opportunity to expand Medicaid eligibility. The first year, 24 states and the District of Columbia expanded eligibility. By 2020, all but 15 states had expanded Medicaid eligibility.

As a result, many people, particularly adults aged 19 to 64, may have become eligible for coverage options under the ACA. Based on family income, some people may have qualified for subsidies or tax credits to help pay for premiums associated with health insurance plans. In addition, people with lower income may have become eligible for Medicaid coverage if they resided in one of the states (or the District of Columbia) that expanded Medicaid eligibility.

Notably, some provisions of the ACA no longer apply. For example, as of 2019 the individual mandate penalty requiring individuals to be covered by health insurance or pay a tax penalty was cancelled at the federal level, although several states and the District of Columbia have state health insurance coverage mandates.

The economic shock related to the COVID-19 global pandemic also may have affected health insurance coverage in the United States in 2020. The Families First Coronavirus Response Act required states, as a condition of receiving increased Medicaid funding, to provide continuous coverage for those enrolled in Medicaid. A recent Centers for Medicare & Medicaid Services report showed that Medicaid enrollment increased dramatically in 2020, after declines in enrollment from 2017 to 2019. Specifically, annual Medicaid enrollment during the period February 2020 through January 2021 increased from 34.0 million to 40.2 million among adults aged 19 and older; Medicaid and the

Figure B-1.
Percentage of People Without Health Insurance Coverage: 2013 to 2020
 (Numbers in percent. Population as of March of the following year)



Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2021 Annual Social and Economic Supplement (CPS ASEC).

Children’s Health Insurance Program enrollment increased from 35.0 million to 38.3 million for children under the age of 19.^{3,4}

The coronavirus pandemic and the related stay-at-home orders during the spring of 2020 also affected how the Census Bureau collected data for the CPS ASEC. The edition of this report released in September 2020 provides an overview of the issues.⁵ In addition, the Census Bureau produced

³ Appendices A and B of the December 2020 and January 2021 Medicaid and CHIP Enrollment Trends Snapshot are available at www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/december-2020-january-2021-medicaid-chip-enrollment-trend-snapshot.pdf.

⁴ Throughout this appendix, details may not sum to totals because of rounding.

⁵ “The Impact of the Coronavirus (COVID-19) Pandemic on the CPS ASEC” text box in the “Health Insurance Coverage in the United States: 2019,” report is available at www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf.

several working papers exploring how changes in CPS ASEC data collection in 2020 may have affected 2019 estimates. These analyses revealed that the 2020 CPS ASEC sample differed from the previous year with respect to a number of characteristics that are correlated with health insurance coverage. For example, the 2020 CPS ASEC sample was older, more educated, and more likely to have a disability than the 2019 sample.⁶ Researchers should consider the effect of the pandemic on CPS ASEC

⁶ Additional information related to the impact of COVID-19 on the 2020 CPS ASEC is available in Edward R. Berchick, Laryssa Mykyta, and Sharon M. Stern, “The Influence of COVID-19-Related Data Collection Changes on Measuring Health Insurance Coverage in the 2020 CPS ASEC,” www.census.gov/library/working-papers/2020/demo/SEHSD-WP2020-13.html, and Jonathan Rothbaum and C. Adam Bee, “Coronavirus Infects Surveys, Too: Nonresponse Bias During the Pandemic in the CPS ASEC,” www.census.gov/library/working-papers/2020/demo/SEHSD-WP2020-10.html.

data collection in interpreting changes in health insurance coverage between 2019 and other years using the CPS ASEC. As a result, no comparisons between calendar year coverage in 2019 (collected in 2020) and other survey years are reported in this Appendix.

Estimates of health insurance coverage: 2013 to 2020

Uninsured Rates

Figure B-1 shows the percentage of people without health insurance coverage from 2013 to 2017, under the legacy processing system, and from 2017 to 2020, using the updated processing system. The uninsured rate declined from 2013 to 2014, when many provisions of the ACA went into effect and continued to decline

through 2016.⁷ The uninsured rate for 2017 was lower under the updated processing system than under the legacy system. However, the percentage of uninsured increased between 2017 and 2018 by 0.5 percentage points to 8.5 percent.

In 2020, the uninsured rate was 8.6 percent, 0.6 percentage points higher than the uninsured rate in 2017, but not significantly different from the rate in 2018. The CPS ASEC only includes people who had no coverage at all during calendar year 2020

⁷ There was no significant change in the uninsured rate between 2016 and 2017 using the legacy processing system.

as uninsured. Therefore, people losing health insurance coverage in 2020 are not considered uninsured in 2020.

Private health insurance coverage

The percentage of people with private health insurance coverage from 2013 to 2020 is presented in Figure B-2.⁸ As shown, there was an increase in private coverage rates between 2013 and 2015, coincident with the implementation of the ACA, followed

⁸ Private coverage includes employer-sponsored insurance, insurance purchased directly by an individual, through a broker or the Marketplace (such as healthcare.gov). The updated processing system further includes TRICARE as private coverage.

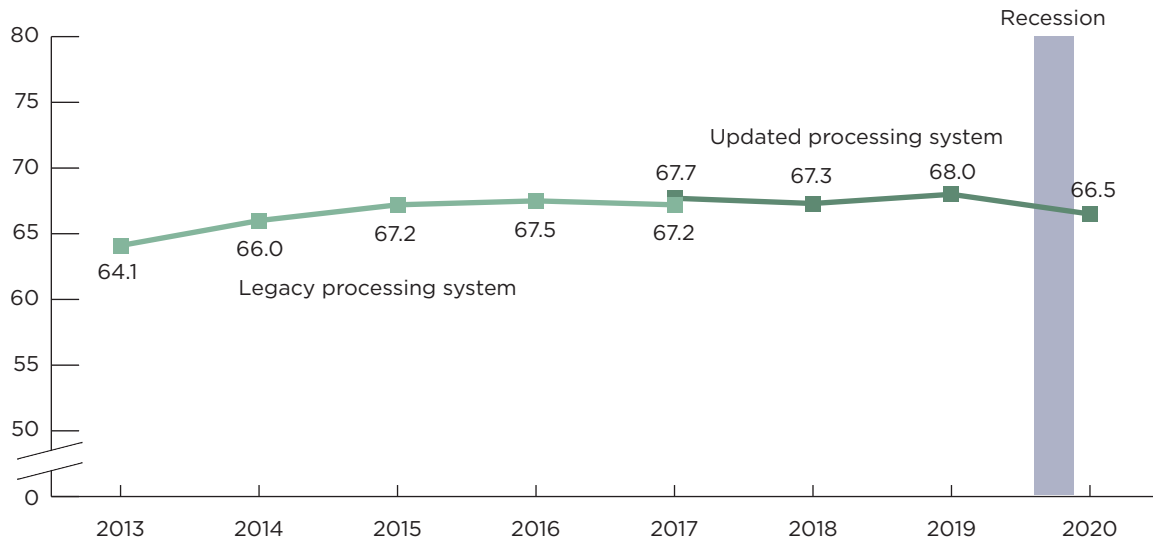
by a leveling of private coverage between 2015 and 2017.

Using the updated processing system, there was no statistically significant change in the private coverage rate between 2017 and 2018. However, between 2018 and 2020, the percentage of people with private health insurance coverage at any point during the year declined 0.8 percentage points to 66.5 percent.

Public coverage

Figure B-3 shows the percentage of people with public coverage and Medicaid coverage in the CPS ASEC from 2013 to 2020. Using the legacy

Figure B-2.
Percentage of People With Private Health Insurance Coverage: 2013 to 2020
(Numbers in percent. Population as of March of the following year)



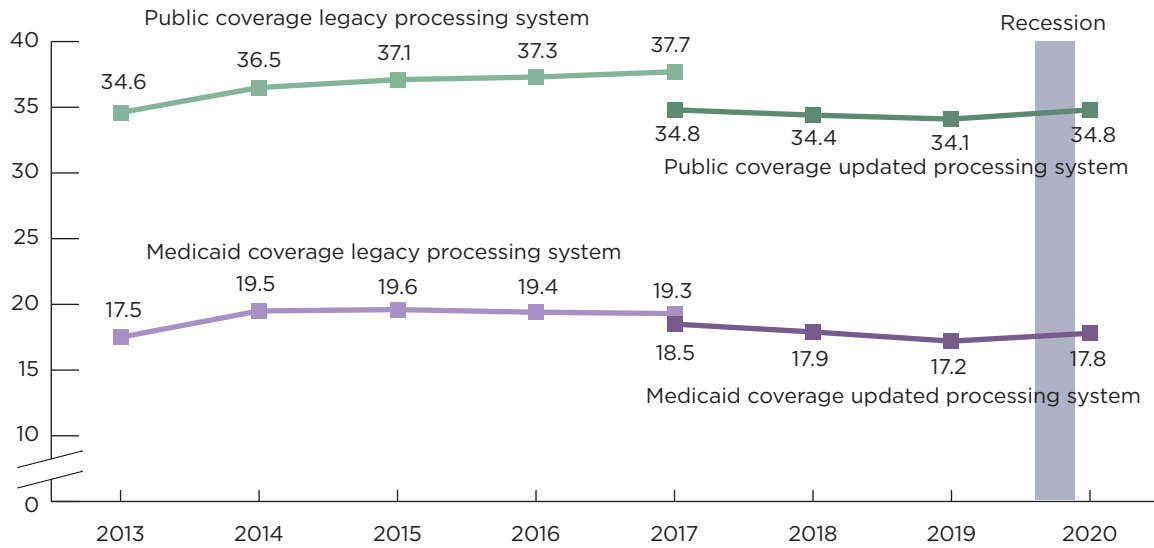
Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2021 Annual Social and Economic Supplement (CPS ASEC).

Figure B-3.

Percentage of People With Public Coverage and Medicaid Coverage: 2013 to 2020

(Numbers in percent. Population as of March of the following year)



Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2021 Annual Social and Economic Supplement (CPS ASEC).

processing system, public coverage increased from 2013 to 2017.⁹ Public coverage rates were lower in 2017 using the updated processing system compared to the legacy processing system. However, TRICARE is defined as private coverage in the updated processing system and not as public coverage as in the legacy system.

Although public coverage rates declined between 2017 to 2018 using the updated processing system, the

⁹ Under the legacy processing system, public coverage increased annually, except for 2015 to 2016, which was not a significant change.

percentage of people holding public coverage increased by 0.4 percentage points to 34.8 percent between 2018 and 2020.

As with public coverage, the percentage of people with Medicaid coverage declined between 2017 and 2018 by 0.7 percentage points to 17.9 percent under the updated processing system. Although there was no significant difference in Medicaid coverage rates reported in the CPS ASEC between 2018 and 2020, the lack of change masks a 0.4 percentage-point increase in the percentage of working-age

adults aged 19 to 64 covered by Medicaid during this same time. Working-age adults may have been more vulnerable to losing coverage during the COVID-19 pandemic than other age groups (Figure B-4).¹⁰

Current Coverage, or Coverage at Time of the CPS ASEC Interview

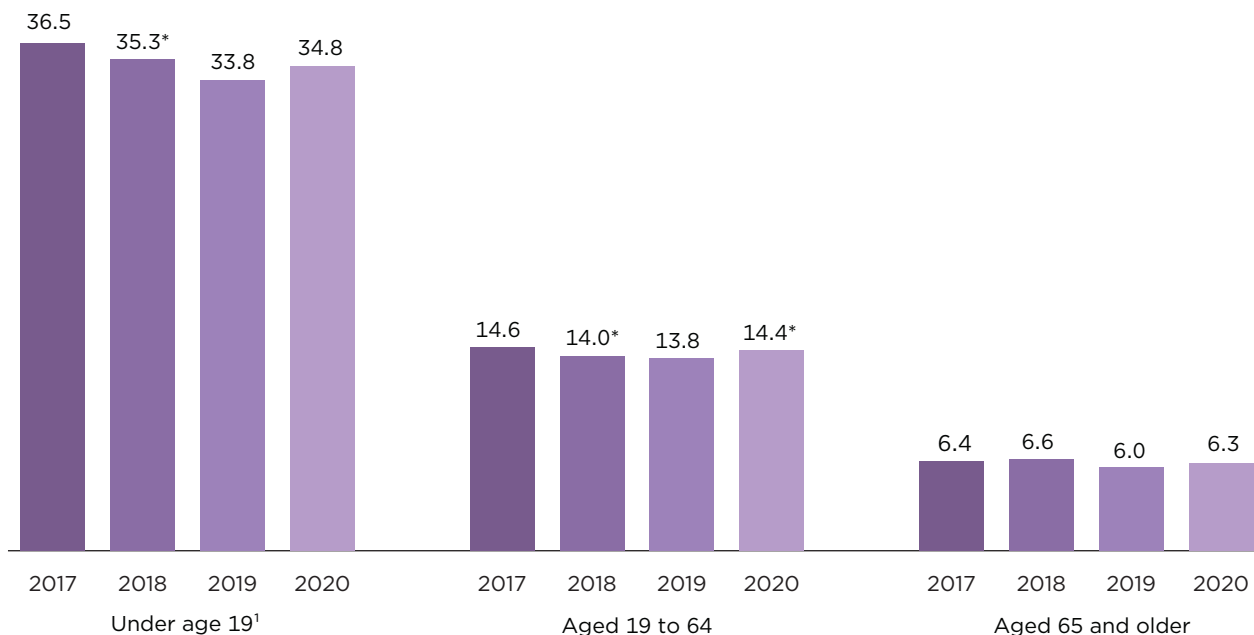
The redesigned CPS ASEC also includes a measure of current coverage, health insurance coverage

¹⁰ There was no significant change in the Medicaid coverage rate for children under the age of 19 or for percentage of adults aged 65 and older between 2018 and 2020.

Figure B-4.

Percentage of People With Medicaid Coverage by Age Group: 2017 to 2020

(Numbers in percent. Population as of March of the following year)



* Denotes a statistically significant change from between 2017 and 2018, or 2018 and 2020. Users should consider the effect of the pandemic on 2020 CPS ASEC data collection in interpreting changes in health insurance coverage between 2019 and other years using the CPS ASEC. As a result, no comparisons between calendar year coverage in 2019 (collected in 2020) and other survey years are reported here.

¹ The percentage of children under 19 with Medicaid coverage in 2020 is statistically different from the percentage of children under 19 with Medicaid coverage in 2017.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>.

Source: U.S. Census Bureau, Current Population Survey 2018 Annual Social and Economic Supplement Bridge File and 2019 to 2021 Annual Social and Economic Supplement (CPS ASEC).

held at the time of the CPS ASEC interview. Although this measure of coverage cannot predict coverage in a given calendar year, it offers a snapshot of health insurance coverage early in the year, when CPS ASEC data are collected. A discussion of differences between the primary measure of health insurance coverage (calendar year coverage) and current coverage measured at the time of the interview in the CPS ASEC were

discussed in the Research Matters blog, “Current Coverage, Calendar-Year Coverage: Two Measures, Two Concepts,” published in 2019.¹¹

Figure B-5 illustrates the change in current coverage at the time of the 2019 CPS ASEC interview in early 2019, before the pandemic and

¹¹ Sharon Stern, “Current Coverage, Calendar-Year Coverage: Two Measures, Two Concepts,” www.census.gov/newsroom/blogs/research-matters/2019/09/current-coverage.html.

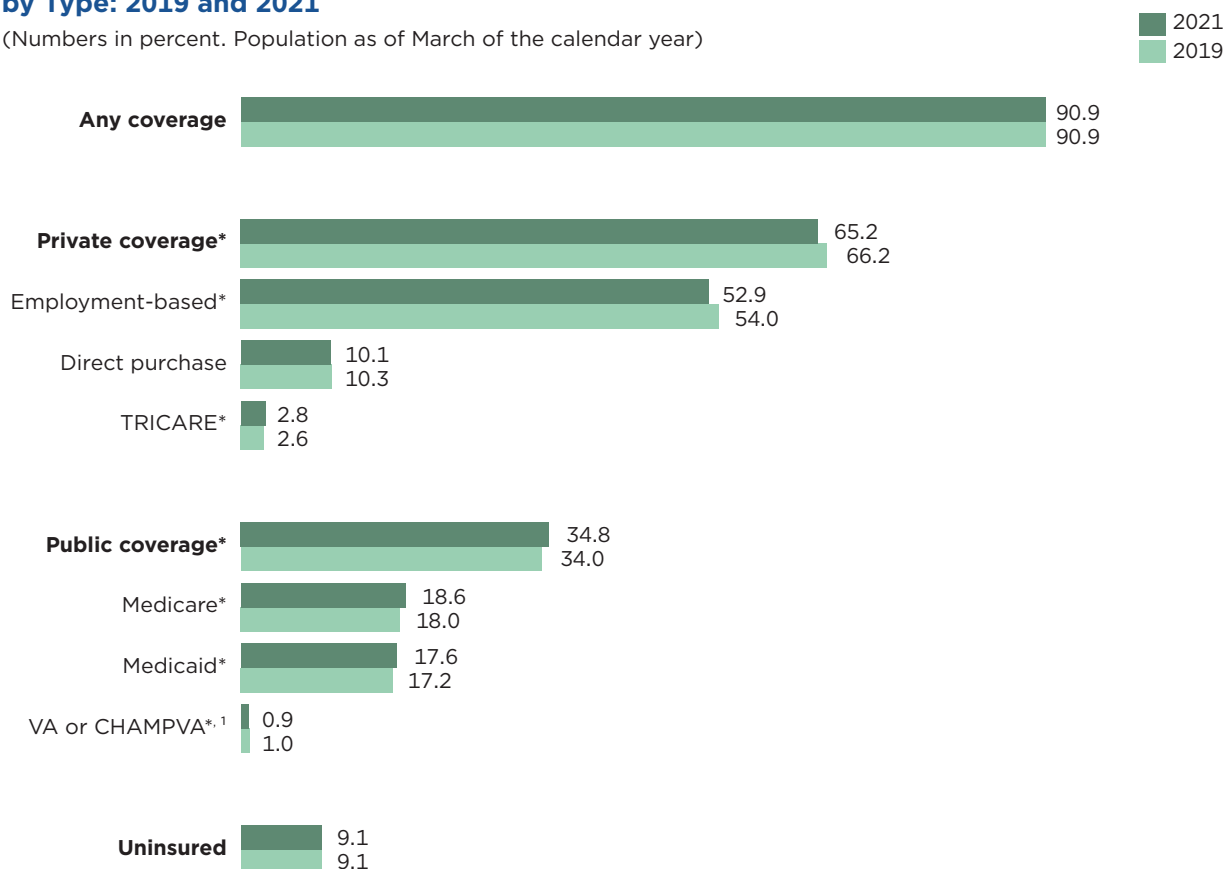
pandemic-related changes to data collection, and at the time of the CPS ASEC interview in early 2021.

As shown in Figure B-5, a decline in private coverage over the period was partly offset by an increase in the percentage of people covered by public insurance programs. As a result, the percentage of uninsured in early 2021 (9.1 percent), when the CPS ASEC was collected, was not statistically different from the uninsured rate in early 2019.

Figure B-5.

Percentage of People With Health Insurance Coverage at Time of CPS ASEC Interview by Type: 2019 and 2021

(Numbers in percent. Population as of March of the calendar year)



* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.

¹Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA) and the military.

Note: The estimates by type of coverage are not mutually exclusive: people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2021 Annual Social and Economic Supplement (CPS ASEC).

Consistent with calendar year coverage, private coverage in early 2021 declined 1.0 percentage point to 65.2 percent, from early 2019 before the COVID-19 pandemic. This decrease in private coverage was partly driven by a 1.1 percentage-point drop in coverage through employer-sponsored insurance to 52.9 percent, as many individuals

may have lost their jobs and their coverage during the pandemic.^{12, 13}

In contrast, by early 2021, 34.8 percent of people were covered through public insurance programs,

¹² There was no statistical difference between the percent change in private coverage and the percent change in employment-based coverage between early 2019 and early 2021.

¹³ For more information regarding job losses during the COVID-19 pandemic, refer to Ryan Ansell and John P. Mullins, "COVID-19 Ends Longest Employment Recovery and Expansion in CES History, Causing Unprecedented Job Losses in 2020," *Monthly Labor Review*, U.S. Bureau of Labor Statistics, June 2021, <<https://doi.org/10.21916/mlr.2021.13>>.

representing an increase of 0.9 percentage points. Between early 2019 and early 2021, Medicaid coverage increased by 0.4 percentage points to 17.6 percent, consistent with reports of increased enrollment. In early 2021, 18.6 percent of people were covered under Medicare, representing an increase of 0.6 percentage points since 2019.¹⁴

¹⁴ Between 2019 and 2021, there was no statistical difference between the percent change in public coverage and Medicaid; public coverage and Medicare; or Medicaid and Medicare.