ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HEALTH POLICY

ISSUE BRIEF
February 11, 2021

HP-2021-02

TRENDS IN THE U.S. UNINSURED POPULATION, 2010-2020

The number of uninsured nonelderly Americans fell from 48 million in 2010 to 28 million in 2016, before rising to 30 million in the first half of 2020.

Kenneth Finegold, Ann Conmy, Rose C. Chu, Arielle Bosworth, and Benjamin D. Sommers

KEY POINTS

- 30 million U.S. residents lacked health insurance in the first half of 2020, according to newly released estimates from the National Health Interview Survey (NHIS).
- This number reflects a sharp decline in the number of uninsured Americans since 2010, before implementation of the large coverage expansions under the Affordable Care Act (ACA). The ACA produced particularly large coverage gains for Blacks, Latinos, Asian Americans, and Native Americans, as well for lower-income families.
- However, the uninsured rate has increased since 2016, even prior to the COVID-19 pandemic. From 2017-2019, the uninsured rate rose by 1.7 percentage points, most likely due to new policy changes to coverage options available under the ACA and Medicaid.
- Estimates from the NHIS show no significant change in uninsured rates during the early months of the COVID-19 pandemic. However, the pandemic itself created challenges in conducting the survey that may affect estimates of the uninsured, due to reduced response rates and a temporary shift from an in-person survey to a telephone survey.
- Compared with other Americans, the uninsured are disproportionately likely to be Black or Latino; be young adults; have low incomes; or live in states that have not expanded Medicaid.

BACKGROUND

Health insurance is a critical determinant of access to health care. Efforts to expand coverage are central to improving health equity and responding to the health and economic challenges of the COVID-19 pandemic. Newly released estimates from the Centers for Disease Control and Prevention (CDC) National Health Interview Survey (NHIS) provide federal survey data on health coverage for the early period of the COVID-19 pandemic and show that 30 million U.S. residents lacked health insurance in the first half of 2020.[1]

In this Issue Brief, we review the new NHIS findings in the context of health coverage trends from 2010 through 2020 and the policy changes occurring during this period. We also examine disparities in coverage rates by race/ethnicity, income, age, and state Medicaid expansion status. We conclude with an overview of current efforts to expand health coverage including a new Executive Order on coverage and a Special Enrollment Period for the ACA Marketplaces beginning February 15, 2021.

ESTIMATES OF THE UNINSURED OVER TIME

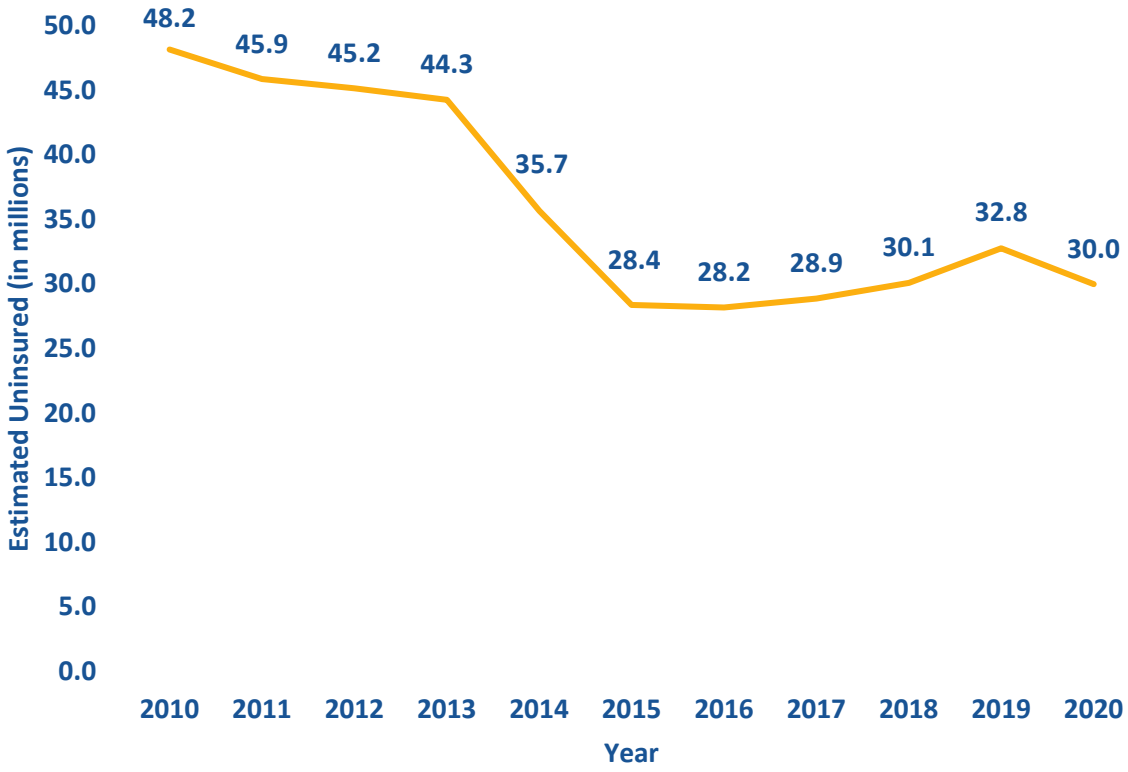
NHIS provides reliable federal survey data that tracks changes in health coverage, including the number of uninsured, since 1972.[2] These data suggest the considerable impact of the ACA on coverage since its enactment in 2010. The number of nonelderly (under 65) uninsured fell from 48.2 million in 2010 to 44.3 million in 2013 as the dependent coverage provisions of the ACA took effect (allowing young adults to stay on a parent's plan until age 26), and the economy improved after the Great Recession (Figure 1).

In 2014, the uninsured population began to decrease substantially, when Medicaid expansion was implemented in selected states and Marketplace coverage became available with Premium Tax Credits and Cost-Sharing Reductions for those who qualified based on income. The number of nonelderly uninsured fell to 35.7 million in 2014, with additional declines in 2015 and 2016 as more states expanded Medicaid and Marketplace enrollment grew. By 2016, the number of uninsured individuals had fallen by 20.0 million people (more than 40 percent) since 2010, with 28.2 million nonelderly uninsured at that time.

However, from 2017 to 2019, the number of uninsured rose each year, despite the strong economic conditions during this period. By 2019, the last pre-pandemic NHIS estimate was that there were 32.8 million nonelderly people without health insurance, an increase of 4.6 million (or 14 percent) from 2016.

Data for the first two quarters of 2020, shown in Figure 1, suggest that on average 30.0 million nonelderly were uninsured over the course of those six months.[3] As noted above, earlier predictions that the loss of employment in the March/April period would trigger a commensurate rise in the uninsured were not evident in the newest NHIS estimates. However, the pandemic itself introduced several methodological challenges to conducting the survey, including a shift from an in-person survey to a telephone survey and a lower response rate, particularly among younger and lower-income respondents.[4] These changes may have affected the new coverage estimates, as discussed at more length later in this report.

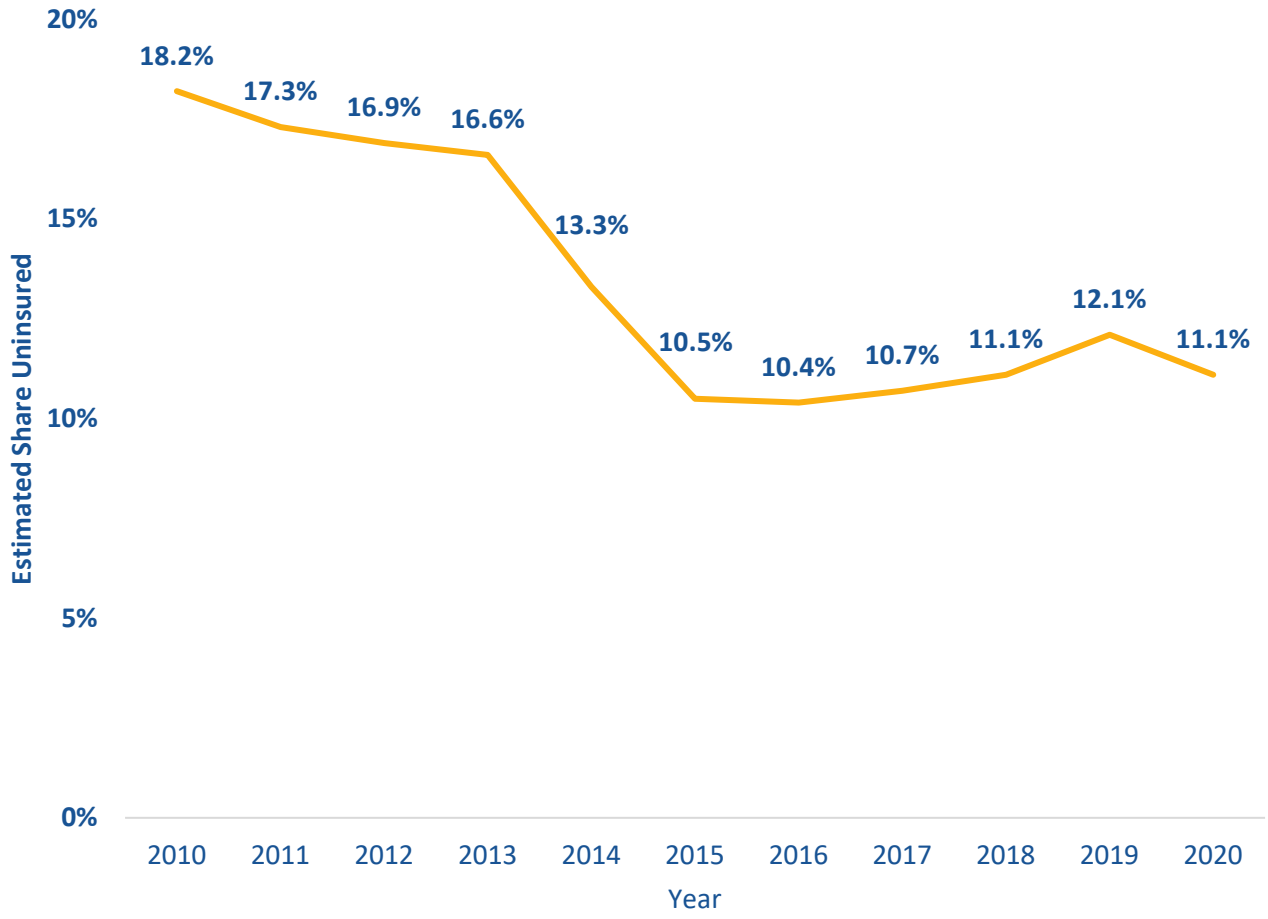
Figure 1. U.S. Nonelderly Uninsured Population, 2010-2020 (in millions)



Source: Early release of estimates from the National Health Interview Survey, 2010-2020. National Center for Health Statistics. Available from https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm. 2020 estimates are for January-June only.

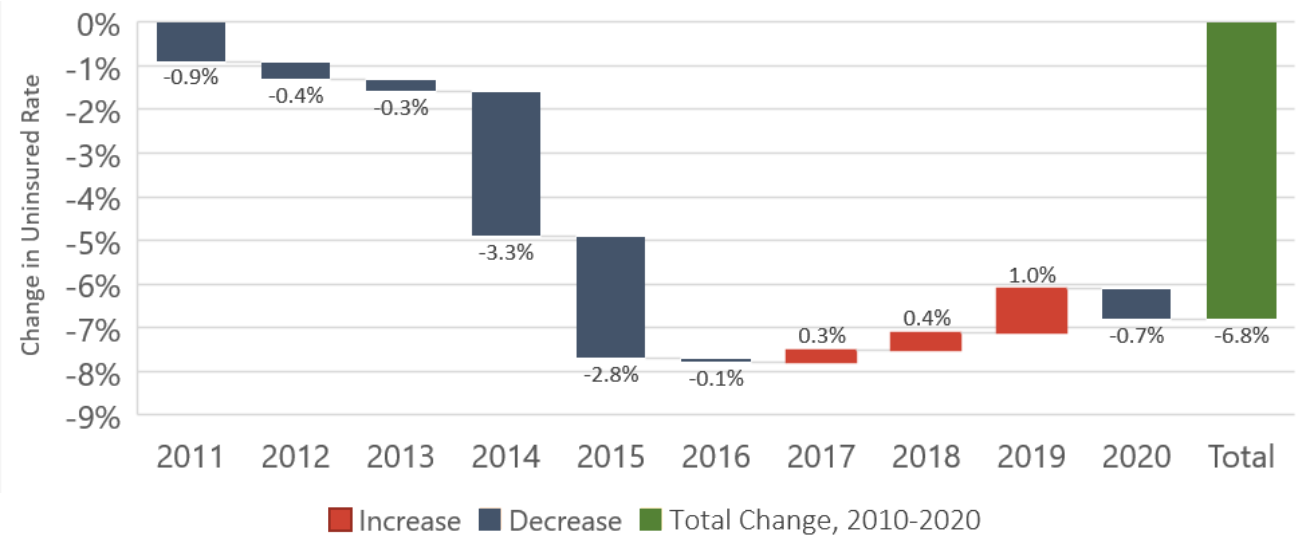
Figure 2 presents annual percentages of the uninsured from 2010-2020. With the implementation of several major provisions of the Affordable Care Act in 2014, the uninsured rate of nonelderly individuals dropped precipitously and continued to decrease until 2017. From 2016 to 2019, the rate of uninsured persons increased by a total of 1.7 percentage points, from 10.4 percent in 2016 to 12.1 percent in 2019. Over the entire observation period, the uninsured rate decreased by 6.8 percentage points, from 18.2 percent in 2010 to 10.8 percent in the second quarter of 2020. Figure 3 shows the annual declines in the uninsured rate from 2010 to 2016, the increases from 2016 to 2019, and the change from 2019 to the first half of 2020. The last column sums those year-by-year changes to show the cumulative change from 2010 to 2020.

Figure 2. Uninsured Share of U.S. Nonelderly, 2010-2020



Source: Early release of estimates from the National Health Interview Survey, 2018-2020. National Center for Health Statistics. Available from https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm. 2020 estimates are for January-June only.

Figure 3. Changes in percent of persons under age 65 who were uninsured at the time of interview, 2010–2020

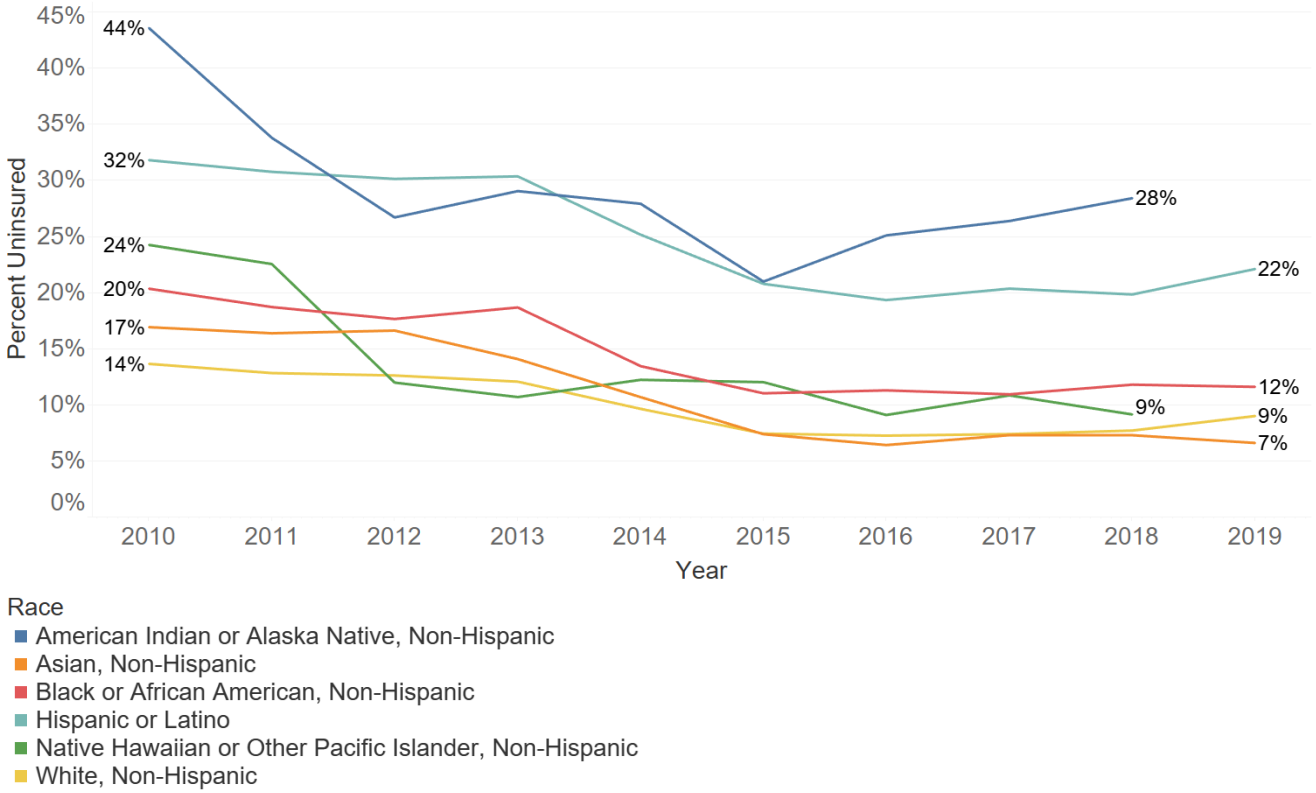


Source: Early release of estimates from the National Health Interview Survey, 2018-2020. National Center for Health Statistics. Available from https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm. 2020 estimates are for January-June only.

RACIAL, ETHNIC, AND INCOME-BASED DISPARITIES IN THE UNINSURED RATE

Throughout the past decade, there have been large racial and ethnic disparities in rates of insurance coverage (Figure 4). While these coverage gaps have narrowed since implementation of the ACA, most minority groups remained at persistently higher rates of uninsurance in 2019 than Whites. Individuals who identified as American Indian or Alaskan Native were most likely to be uninsured; in part, this reflects that individuals who only have coverage through the Indian Health Service are classified by NHIS and other federal surveys as being uninsured. Individuals who identified as Hispanic or Latino had the second highest rate of uninsured individuals, with 32 percent in 2010. From 2010 to 2019, the rate of uninsured Hispanic individuals decreased by nearly one third, but at 22 percent in 2019 it is still almost 2.5 times the rate for White individuals (whose uninsured percentage dropped from 14 to 9). Asian Americans' uninsured rate decreased from 17 percent to 7 percent. Native Hawaiians and Other Pacific Islanders also experienced a large decrease in the uninsured rate.

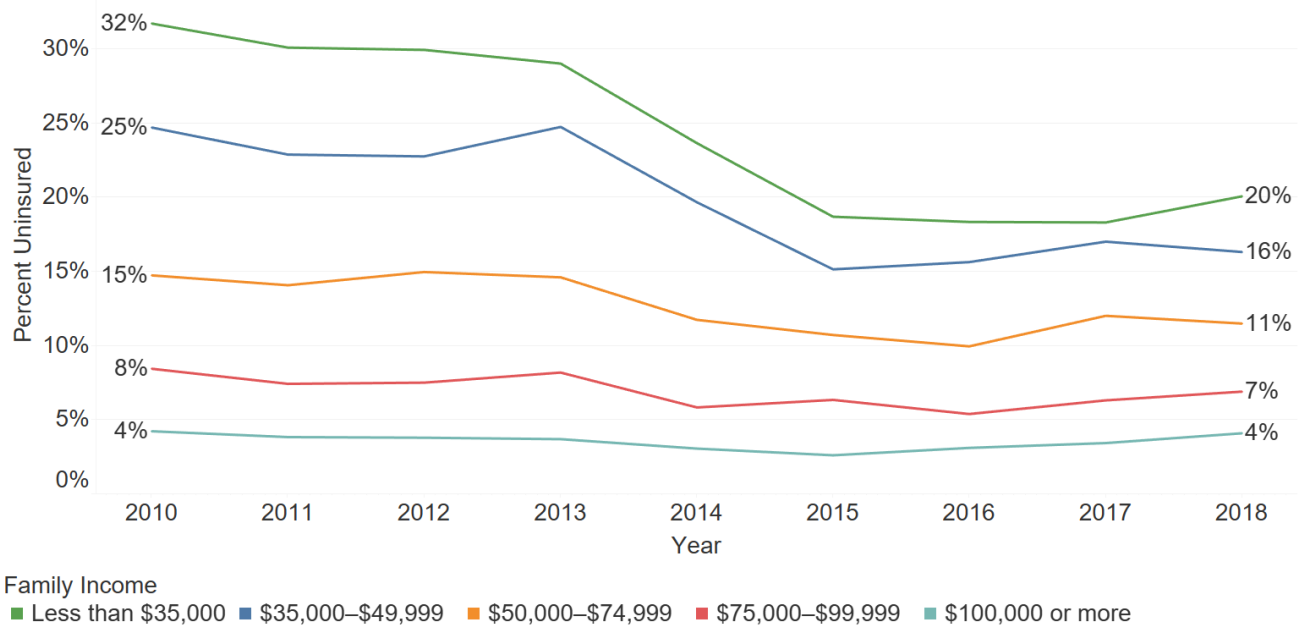
Figure 4. Percent of individuals under age 65 who were uninsured at time of interview, by race, 2010 – 2019



Sources: National Center for Health Statistics, National Health Interview Survey, 2010-2019[5]
Notes: In this analysis, individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian non-institutionalized population. Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native populations did not have estimates available for 2019 due to sample size considerations.

Figure 5 indicates that the decline in the uninsured rate in 2014 and 2015 disproportionately occurred among lower and lower-middle income populations. In contrast, between 2016 and 2018, the uninsured population grew modestly in most income groups. The relative gap in insurance coverage by income narrowed over the 2010 to 2018 period but coverage rates continue to vary widely by household income.

Figure 5. Percent of persons under age 65 who were uninsured at the time of interview by family income, 2010 – 2018

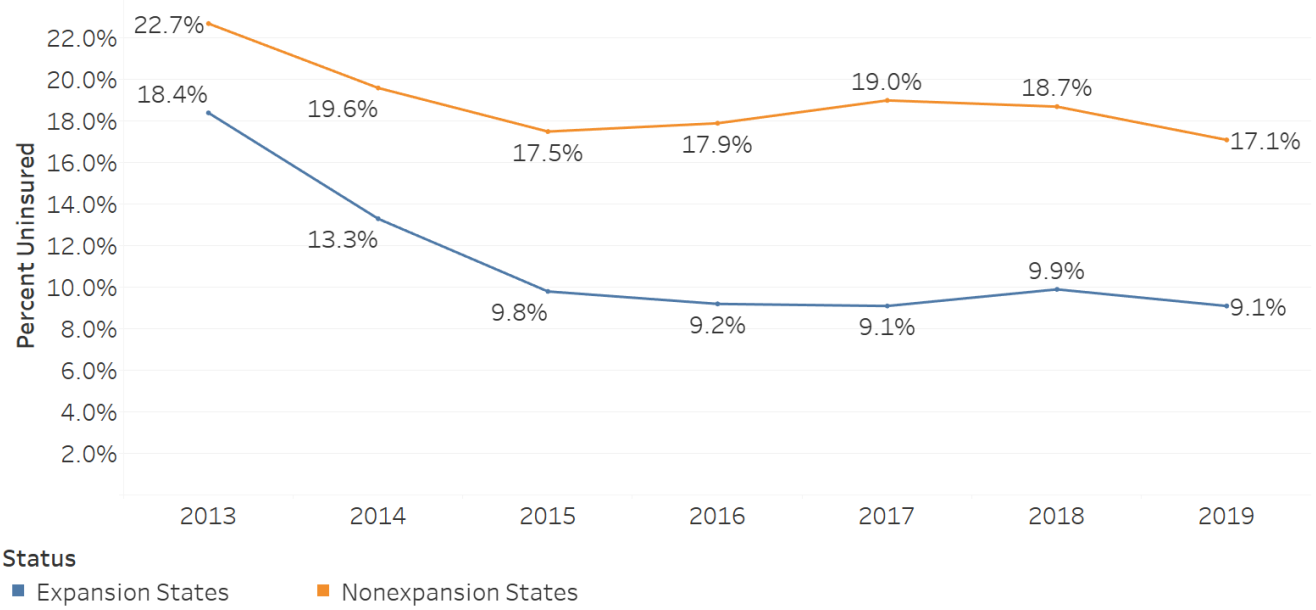


Sources: National Center for Health Statistics, National Health Interview Survey, 2010-2018[6]
Notes: Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. This table is based on responses about all persons in the family. Data came from the Person file and were weighted using the Person weight. Unknowns for the columns were not included in the denominators when calculating percentages.

STATE-BASED DIFFERENCES IN INSURANCE COVERAGE

While the country as a whole experienced a significant reduction in the rate of uninsured individuals in 2014 and 2015, the changes were largest in the states that have expanded Medicaid under the ACA.[7] The uninsured rate among adults 18-64 in expansion states was cut in half from 18.4 percent in 2013 to 9.2 percent in 2016, and was 9.1 percent in 2019. In non-expansion states, there were modest reductions in the uninsured rate from 2013 to 2016 (from 22.7 percent to 17.9 percent), but the uninsured rate has remained nearly twice as high as that in expansion states in 2019 (17.1 percent vs. 9.1 percent) (Figure 6).

Figure 6. Percentage of adults aged 18–64 who were uninsured at the time of interview, by year and state Medicaid expansion status: United States, 2013–2019



Sources: 2010-2019: Cohen RA, Terlizzi EP, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2018. National Center for Health Statistics. May 2019. Available from: https://www.cdc.gov/nchs/nhis/releases.htm.
Notes: For 2013 and 2014, there were 26 Medicaid expansion states including District of Columbia. For 2015, there were 29 Medicaid expansion states. For 2016–2018, there were 32 Medicaid expansion states.

The impact of states electing to expand Medicaid is also evident in Table 1, which shows coverage totals by state based on data from the Census Bureau's 2019 American Community Survey Public Use Microdata Sample (ACS PUMS), currently the most recent year of data available for state-by-state estimates. Texas and Florida, with the second and third largest populations of any state and no Medicaid expansion, account for 5.4 million and 2.9 million of the nonelderly uninsured. The two other largest non-expansion states, Georgia and North Carolina, each have more than one million uninsured individuals. As of 2019, more than one in three of the nation's nonelderly uninsured population resided in these four states.

Table 1. Type of Health Coverage Among the Nonelderly Population, Number of People, by State (2019)

State	Type of Coverage						
	Medicare	Military	Medicaid	Employer	Nongroup	Uninsured	Total
Alabama	194,481	188,291	732,350	2,172,176	271,491	490,226	4,049,015
Alaska*	12,451	90,551	124,742	303,118	25,065	82,446	638,373
Arizona*	170,365	211,839	1,269,166	3,107,576	373,416	840,445	5,972,807
Arkansas*	121,519	80,464	652,397	1,193,370	160,606	287,170	2,495,526
California*	708,146	775,004	8,455,982	18,056,451	2,602,647	3,078,622	33,676,852
Colorado*	94,291	252,150	809,532	2,901,095	394,271	460,110	4,911,449
Connecticut*	73,415	53,587	633,833	1,793,412	174,762	205,946	2,934,955
Delaware*	24,454	36,747	162,838	450,343	41,616	68,673	784,671
District of Columbia*	16,003	19,445	140,967	362,656	53,957	25,027	618,055
Florida	556,080	674,497	2,770,980	8,140,138	1,977,990	2,860,759	16,980,444
Georgia	279,746	423,510	1,433,637	4,905,289	581,876	1,469,494	9,093,552
Hawaii*	23,976	138,018	197,569	672,624	56,734	58,073	1,146,994
Idaho	42,592	51,933	226,957	834,320	157,256	185,556	1,498,614
Illinois*	269,594	184,333	2,003,514	6,593,396	651,758	924,271	10,626,866
Indiana*	186,345	125,886	1,004,163	3,429,889	304,588	598,268	5,649,139
Iowa*	67,556	59,621	515,991	1,650,908	155,522	151,806	2,601,404
Kansas	68,958	112,647	327,492	1,490,005	163,349	272,630	2,435,081
Kentucky*	187,066	120,832	943,956	1,987,177	175,466	297,357	3,711,854
Louisiana*	158,609	125,306	1,147,881	1,817,069	222,450	436,211	3,907,526
Maine*	53,040	38,972	191,379	588,312	77,681	108,374	1,057,758
Maryland*	142,998	226,763	950,586	3,083,026	323,828	356,975	5,084,176
Massachusetts*	148,275	67,879	1,213,697	3,688,838	393,644	208,673	5,721,006
Michigan*	313,114	128,934	1,781,040	4,882,244	527,149	589,382	8,221,863
Minnesota*	94,523	79,208	835,183	3,146,106	289,735	274,202	4,718,957
Mississippi	114,424	94,535	552,600	1,180,083	142,491	404,288	2,488,421
Missouri	190,969	165,212	710,237	3,022,263	354,516	634,023	5,077,220
Montana*	26,292	38,967	189,262	432,076	84,616	88,745	859,958
Nebraska	35,259	58,858	190,771	1,047,729	130,353	157,526	1,620,496
Nevada*	59,327	102,882	460,604	1,437,122	164,981	357,790	2,582,706
New Hampshire*	33,821	27,192	151,617	731,203	76,555	87,559	1,107,947
New Jersey*	183,434	92,113	1,228,466	4,718,618	482,308	700,005	7,404,944
New Mexico*	63,819	77,584	575,250	710,237	82,586	209,125	1,718,601
New York*	452,244	196,180	4,093,603	9,249,030	1,146,726	1,019,979	16,157,762
North Carolina	290,485	481,858	1,507,633	4,571,836	697,123	1,188,786	8,737,721
North Dakota*	12,672	35,728	74,104	398,003	66,529	54,817	641,853
Ohio*	301,496	195,363	2,006,996	5,883,001	465,425	793,092	9,645,373
Oklahoma	130,799	159,900	551,188	1,669,199	216,232	599,504	3,326,822
Oregon*	95,825	87,388	737,077	1,989,203	237,389	303,249	3,450,131
Pennsylvania*	360,370	198,827	2,104,571	6,313,695	668,272	765,682	10,411,417
Rhode Island*	33,583	19,950	167,890	535,625	71,309	43,576	871,933
South Carolina	155,448	230,018	771,277	2,185,983	306,718	562,070	4,211,514
South Dakota	20,863	29,573	91,143	430,172	72,879	85,410	730,040
Tennessee	195,567	224,531	1,086,653	3,085,238	384,698	716,011	5,692,698
Texas	575,264	860,495	3,767,819	13,044,068	1,607,854	5,400,579	25,256,079
Utah	40,983	67,209	245,430	1,880,024	295,986	311,514	2,841,146
Vermont*	18,936	12,761	119,203	288,042	33,128	26,786	498,856
Virginia*	194,348	704,649	948,558	4,204,695	439,622	684,085	7,175,957
Washington*	149,908	318,210	1,282,374	3,786,689	374,748	494,757	6,406,686
West Virginia*	80,228	46,349	386,923	739,895	47,440	125,043	1,425,878
Wisconsin	125,344	96,061	751,635	3,181,181	306,026	344,232	4,804,479
Wyoming	12,626	19,123	53,349	282,011	40,750	71,306	479,165
Total	7,961,931	8,907,933	53,332,065	154,246,459	19,154,117	30,560,235	274,162,740

Notes: * Medicaid expansion state in 2019. Among states shown as non-expansion in 2019, Idaho, Nebraska, and Utah expanded in 2020; Missouri and Oklahoma votes approved Medicaid expansion and implementation is planned in both states for July 2021. Individuals reporting more than one type of coverage are assigned using hierarchy of Medicare, Military (Tricare and VA), Medicaid/CHIP, Employer-Sponsored Insurance, and Nongroup (Marketplace and off-Marketplace). Individuals reporting no coverage or coverage from Indian Health Service only are assigned as Uninsured.
Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).

Table 2 shows each state's distribution of health insurance coverage by type of coverage. Texas, at 21.4 percent, has the highest percentage of nonelderly who are uninsured, and the next five states with the highest share of uninsured (Oklahoma, Florida, Mississippi, Georgia, and Wyoming) are also non-expansion states. The share of the under-65 population with Medicare is small, about 3 percent, because it is only available to those with disabilities or End-Stage Renal Disease. Military coverage for families of active service members and veterans is high in Alaska, Hawaii, and Virginia due to the locations of defense facilities. The highest Medicaid share is in New Mexico, which expanded Medicaid.

Table 2. Type of Health Coverage Among the Nonelderly Population, By State (2019)

State	Type of Coverage						
	Medicare	Military	Medicaid	Employer	Nongroup	Uninsured	Total
Alabama	4.8%	4.7%	18.1%	53.6%	6.7%	12.1%	100.0%
Alaska*	2.0%	14.2%	19.5%	47.5%	3.9%	12.9%	100.0%
Arizona*	2.9%	3.5%	21.2%	52.0%	6.3%	14.1%	100.0%
Arkansas*	4.9%	3.2%	26.1%	47.8%	6.4%	11.5%	100.0%
California*	2.1%	2.3%	25.1%	53.6%	7.7%	9.1%	100.0%
Colorado*	1.9%	5.1%	16.5%	59.1%	8.0%	9.4%	100.0%
Connecticut*	2.5%	1.8%	21.6%	61.1%	6.0%	7.0%	100.0%
Delaware*	3.1%	4.7%	20.8%	57.4%	5.3%	8.8%	100.0%
District of Columbia*	2.6%	3.1%	22.8%	58.7%	8.7%	4.0%	100.0%
Florida	3.3%	4.0%	16.3%	47.9%	11.6%	16.8%	100.0%
Georgia	3.1%	4.7%	15.8%	53.9%	6.4%	16.2%	100.0%
Hawaii*	2.1%	12.0%	17.2%	58.6%	4.9%	5.1%	100.0%
Idaho	2.8%	3.5%	15.1%	55.7%	10.5%	12.4%	100.0%
Illinois*	2.5%	1.7%	18.9%	62.0%	6.1%	8.7%	100.0%
Indiana*	3.3%	2.2%	17.8%	60.7%	5.4%	10.6%	100.0%
Iowa*	2.6%	2.3%	19.8%	63.5%	6.0%	5.8%	100.0%
Kansas	2.8%	4.6%	13.4%	61.2%	6.7%	11.2%	100.0%
Kentucky*	5.0%	3.3%	25.4%	53.5%	4.7%	8.0%	100.0%
Louisiana*	4.1%	3.2%	29.4%	46.5%	5.7%	11.2%	100.0%
Maine*	5.0%	3.7%	18.1%	55.6%	7.3%	10.2%	100.0%
Maryland*	2.8%	4.5%	18.7%	60.6%	6.4%	7.0%	100.0%
Massachusetts*	2.6%	1.2%	21.2%	64.5%	6.9%	3.6%	100.0%
Michigan*	3.8%	1.6%	21.7%	59.4%	6.4%	7.2%	100.0%
Minnesota*	2.0%	1.7%	17.7%	66.7%	6.1%	5.8%	100.0%
Mississippi	4.6%	3.8%	22.2%	47.4%	5.7%	16.2%	100.0%
Missouri	3.8%	3.3%	14.0%	59.5%	7.0%	12.5%	100.0%
Montana*	3.1%	4.5%	22.0%	50.2%	9.8%	10.3%	100.0%
Nebraska	2.2%	3.6%	11.8%	64.7%	8.0%	9.7%	100.0%
Nevada*	2.3%	4.0%	17.8%	55.6%	6.4%	13.9%	100.0%
New Hampshire*	3.1%	2.5%	13.7%	66.0%	6.9%	7.9%	100.0%
New Jersey*	2.5%	1.2%	16.6%	63.7%	6.5%	9.5%	100.0%
New Mexico*	3.7%	4.5%	33.5%	41.3%	4.8%	12.2%	100.0%
New York*	2.8%	1.2%	25.3%	57.2%	7.1%	6.3%	100.0%
North Carolina	3.3%	5.5%	17.3%	52.3%	8.0%	13.6%	100.0%
North Dakota*	2.0%	5.6%	11.5%	62.0%	10.4%	8.5%	100.0%
Ohio*	3.1%	2.0%	20.8%	61.0%	4.8%	8.2%	100.0%
Oklahoma	3.9%	4.8%	16.6%	50.2%	6.5%	18.0%	100.0%
Oregon*	2.8%	2.5%	21.4%	57.7%	6.9%	8.8%	100.0%

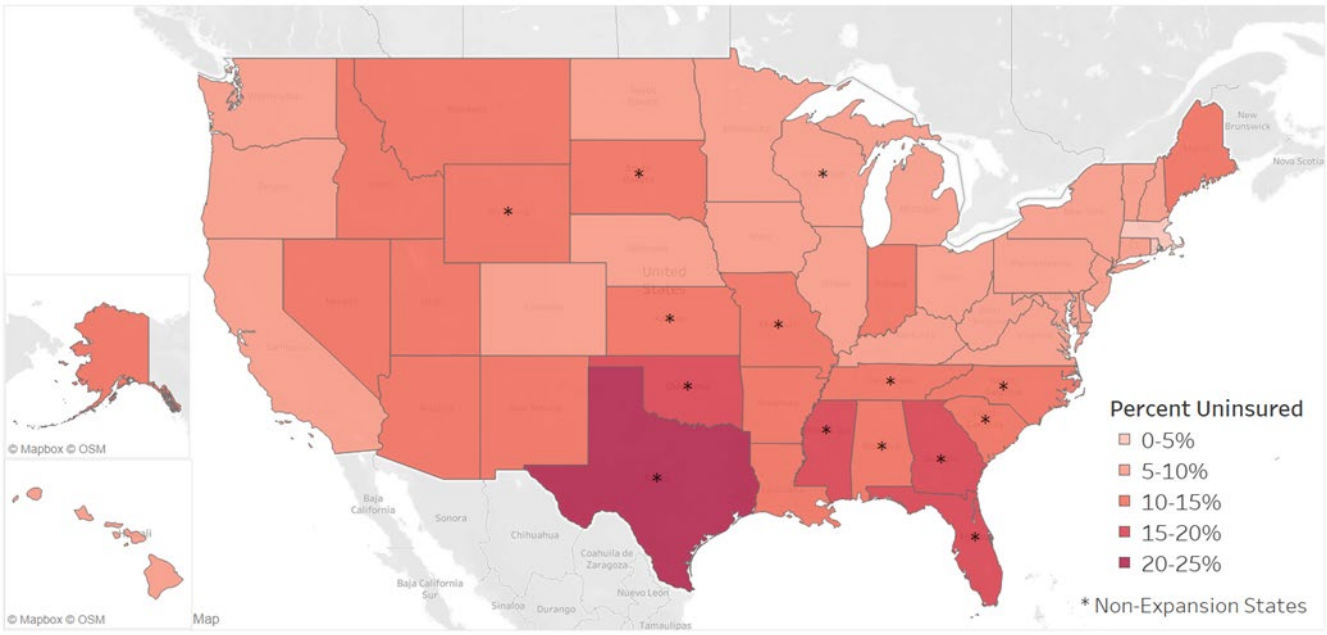
State	Type of Coverage						
	Medicare	Military	Medicaid	Employer	Nongroup	Uninsured	Total
Pennsylvania*	3.5%	1.9%	20.2%	60.6%	6.4%	7.4%	100.0%
Rhode Island*	3.9%	2.3%	19.3%	61.4%	8.2%	5.0%	100.0%
South Carolina	3.7%	5.5%	18.3%	51.9%	7.3%	13.3%	100.0%
South Dakota	2.9%	4.1%	12.5%	58.9%	10.0%	11.7%	100.0%
Tennessee	3.4%	3.9%	19.1%	54.2%	6.8%	12.6%	100.0%
Texas	2.3%	3.4%	14.9%	51.6%	6.4%	21.4%	100.0%
Utah	1.4%	2.4%	8.6%	66.2%	10.4%	11.0%	100.0%
Vermont*	3.8%	2.6%	23.9%	57.7%	6.6%	5.4%	100.0%
Virginia*	2.7%	9.8%	13.2%	58.6%	6.1%	9.5%	100.0%
Washington*	2.3%	5.0%	20.0%	59.1%	5.8%	7.7%	100.0%
West Virginia*	5.6%	3.3%	27.1%	51.9%	3.3%	8.8%	100.0%
Wisconsin	2.6%	2.0%	15.6%	66.2%	6.4%	7.2%	100.0%
Wyoming	2.6%	4.0%	11.1%	58.9%	8.5%	14.9%	100.0%
Total	2.9%	3.2%	19.5%	56.3%	7.0%	11.1%	100.0%

Notes: * Medicaid expansion state in 2019. Among states shown as non-expansion in 2019, Idaho, Nebraska, and Utah expanded in 2020; Missouri and Oklahoma votes approved Medicaid expansion and implementation is planned in both states for July 2021. Individuals reporting more than one type of coverage are assigned using hierarchy of Medicare, Military (Tricare and VA), Medicaid/CHIP, Employer-Sponsored Insurance, and Nongroup (Marketplace and off-Marketplace). Individuals reporting no coverage or coverage from Indian Health Service only are assigned as Uninsured.
Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).

More than half the nonelderly have employer coverage nationally, as well in most states, with lower rates in Alaska, Arkansas, Florida, Louisiana, Mississippi, and New Mexico. The low rate of employer coverage in Florida contributes to its high rate of nongroup coverage and – combined with the lack of Medicaid expansion – its high percentage of uninsured.[8]

Figure 7 shows the percent of persons under age 65 who were uninsured in 2019 by state. As discussed previously, states that have not expanded Medicaid coverage had significantly higher uninsured rates. Oklahoma and Texas had the highest uninsured rate.

Figure 7. Nonelderly Health Insurance Coverage by State, 2019



Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).

DISCUSSION

The Affordable Care Act's Effects on the Uninsured Rate

The ACA's coverage provisions resulted in 20 million adults gaining health insurance coverage from 2010 through early 2016. These large health insurance gains occurred broadly across population groups.[9] For instance, ASPE has previously estimated that:

- About 3 million Black nonelderly adults gained coverage.
- About 4 million Hispanic nonelderly adults gained.
- About 8.9 million White non-Hispanic nonelderly adults gained coverage.

Groups that had high uninsured rates prior to 2014—including low income adults and minority populations—had the largest coverage gains through 2016, especially in states that expanded Medicaid.[10] Almost all the decline in the uninsured rate occurred among nonelderly adults.

Post-2016 Increases in the Uninsured Rate

Starting in 2017, the earlier reductions in the uninsured population were followed by small increases each year. The increase in the uninsured rate during this period can potentially be explained by several factors.

Overall, 1.9 million fewer individuals were enrolled in Medicaid and CHIP in July 2019, compared to December 2017.[11] The number of children declined by about 1.1 million and the number of adults declined by about 750,000. About 70 percent of states (36 states) experienced decreases in Medicaid and CHIP enrollment between December 2017 and July 2019. Some of this change was associated with improvement in the economy (with some switching from Medicaid to employer coverage, or from Medicaid to CHIP; in fact, CHIP enrollment rose during this period, but by less than the decline in Medicaid enrollment). But another factor

contributing to the increase in the uninsured population was state Medicaid policies and processes that made it more difficult to enroll, renew, and maintain coverage.[12]

Other potential factors causing the increase in the uninsured population from 2017 to 2019 include reduced funding for outreach and enrollment in the ACA Marketplaces, and changes in policies and proposals regarding immigration, deportation, and enforcement of the public charge rule that have made some families reluctant to enroll in subsidized health insurance. [13]

COVID-19 Effects on the Uninsured

During the early months of the COVID-19 pandemic and the resulting economic recession, many research groups released a wide range of initial estimates of the potential shifts in health insurance in response to the COVID-19 pandemic.[14] Medicaid enrollment and spending typically increase during economic downturns. About 56 percent of the population has health insurance from an employer, and the increase in unemployment during the pandemic may indicate loss of health insurance coverage as well.

The NHIS 2020 health insurance release is the first comprehensive report of health insurance coverage during the first domestic peak of COVID-19 cases (the second quarter of 2020). However, other groups have released survey results estimating how coverage changed during 2020.[15] The 2020 Commonwealth Fund's Biennial Health Insurance Survey was conducted during the first and second quarters of the year and found 12.5 percent of adults were uninsured.[16] Compared to results of the 2018 Commonwealth Fund survey, there were no statistically significant changes in reported health insurance coverage in the first half of 2020.

In response to the COVID-19 pandemic and corresponding economic recession, the U.S. Census Bureau developed a new experimental household survey to collect information of how people's lives have changed since the pandemic, including health insurance coverage. The COVID-19 Census Household PULSE Survey data on health insurance showed a 22% relative *decrease* in the number of participants reporting being uninsured at the time of interview from April 23 to May 5, 2020, to January 6 to 18, 2021, suggesting the number of uninsured from the recent NHIS release may decline in the coming quarters.[17] However, the small sample sizes of those weekly estimates may limit their usefulness, and the NHIS data represent a more robust and validated data source.

A driving factor for fear of increases in the uninsured was the high unemployment rate during the beginning months of the COVID-19 pandemic. Since spring 2020, the unemployment rate has improved, while remaining above the pre-pandemic baseline.[18] The Congressional Budget Office estimates the number of uninsured individuals increased from 30.5 million in 2019 to 31 or 32 million by the end of 2020.[19]

Since the release of initial projections of changes in health insurance due to the COVID-19 pandemic, available data including the new NHIS estimates suggest that the shift in coverage during 2020 was smaller than originally expected. Potential factors that may explain the smaller increase in the uninsured rate include:

- Pre-pandemic research suggests that the ACA plays a critical role in helping people maintain coverage after job losses, which may have mitigated coverage changes due to unemployment;[20]
- Many of those individuals who lost some form of employment had low incomes or were in jobs without health benefits, and either enrolled in Medicaid or were already uninsured before their job losses;[21]
- Economic stimuli from the Families First Coronavirus Response Act (FFCRA) and CARES Acts leading to partial economic recovery;
- Employers opting to temporarily layoff or furlough their employees and continue their benefits rather than implement permanent layoffs with loss of benefits;[22]

- Individuals who lost employer coverage may have been able to enroll in coverage through a Federally-Facilitated (FFM) special enrollment period (SEP) or State-based Marketplace (SBM) SEPs, and all but one SBM had COVID-19 SEPs starting in March 2020 for the uninsured;[23]
- Those enrolled in Medicaid during the COVID-19 public health emergency (PHE) cannot be disenrolled even if their eligibility changes, as part of the maintenance-of-effort requirements states must meet to receive increased Medicaid funding under section 6008 of the FFCRA. As a result of this policy, as well as the pandemic effects, combined Medicaid and CHIP enrollment grew by 9.5 percent between February and September 2020 (from 70.6 million to 77.3 million).[24]

COVID-19 Effects on Surveys

The COVID-19 pandemic makes in-person data collection more challenging.[25] Beginning in March 2020, the NHIS temporarily converted to a telephone-only survey, resulting in a varied response rate.[26] Between the first and second quarter of 2020, the response rate dropped from 60.0 percent to 42.7 percent. While the telephone-first strategy continued throughout 2020, in July some in-person data collection resumed in certain areas and fully resumed in September. Even so, the NHIS response rate remained below pre-pandemic baseline, at approximately 54 percent in the fourth quarter of 2020. In turn, the sample composition overrepresented older adults, those with higher incomes, and those with more education, all groups that have higher coverage rates than the general population. Populations at greater risk for being uninsured may have been more difficult to contact during the pandemic, which may have led to an underestimate of the uninsured rate during this period. In addition, no single survey source on the uninsured rate is definitive, and estimates from different sources typically vary to some extent.[27] The challenges associated with survey data collection during the COVID-19 pandemic are likely to affect other surveys in addition to the NHIS, adding uncertainty and potentially even greater variation in coverage estimates across surveys in 2020.[28]

POLICY APPROACHES FOR INCREASING COVERAGE

The President signed an Executive Order on Strengthening Medicaid and the Affordable Care Act on January 28, 2021.[29] HHS is implementing a Special Enrollment Period (SEP) according to the Executive Order. The SEP for Federally facilitated Marketplaces will be available from February 15 to May 15, 2021, for new enrollees and current enrollees with no requirements for SEP applicants to have previously had coverage. At least fourteen of the fifteen State-based Marketplaces (SBMs) have followed the FFM and are implementing SEPs with the same or similar time period.[30]

All but one of the 13 SBMs operating in 2020 also had 2020 COVID SEPs allowing those without insurance coverage to enroll after the 2020 Open Enrollment Period (OEP). Comparing mid-year enrollments in 2020 vs. 2019 (which include both standard SEP and COVID-related SEP enrollment), six SBMs had a larger percentage increase than the 30 percent increase in the FFM, showing the possibility of the new pandemic SEPs to boost health coverage. [31]

An Urban Institute survey of uninsured adults in September 2020 showed that 46 percent knew only a little or nothing at all about the ACA Marketplaces and 65 percent knew only a little or nothing about the Marketplace subsidies.[32] Many people need assistance to enroll in coverage. Despite the availability of Marketplace Call Centers in each state and a listing of in-person assistance on HealthCare.gov, half of consumers looking for coverage during the 2020 open enrollment had difficulties enrolling and almost 5 million consumers couldn't get in-person help.[33] The most common reason given in a 2019 NHIS survey for being uninsured was that the coverage was not affordable, with 73.7 percent answering with that reason.[34] About a quarter (25.3 percent) did not think they were eligible for coverage, 21.3 percent said they did not need or want health insurance, and 18.4 percent thought signing up was too difficult or confusing.

Given these findings, policies around marketing, outreach, and enrollment assistance can play an important role in expanding coverage. Covered California marketing and outreach in 2016 and 2017 was estimated to have lowered premiums by 6-8 percent with more than 3:1 return on investment by enrolling a healthier risk pool.[35] More funding for FFM marketing, outreach, and assisters could help educate uninsured adults and increase coverage. Funding for FFM navigators and enrollment assisters was about $20 million in FY 2019 and FY 2020, roughly one-fifth of what it was in FY 2013 ($107 million) and FY 2014 ($100 million).[36] Similarly, funding for consumer education and outreach shrank from $77 million in FY 2013 and $101 million in 2014 to $11 million in each of the years FY 2018-FY 2020.[37]

Overall, the number of nonelderly uninsured is higher now than it was in 2016, and the COVID-19 pandemic has created new threats to coverage. New policy approaches may help reduce the number of uninsured people in the U.S., particularly for communities at the highest risk for lacking insurance – racial and ethnic minorities, young adults, and populations with low incomes.

NOTES

[1] Cohen RA and Terlizzi EP. Health insurance coverage: Early release of quarterly estimates from the National Health Interview Survey, April 2019–June 2020. National Center for Health Statistics. February 2021. Available from: https://www.cdc.gov/nchs/nhis/releases.htm.
[2] Cohen RA, Makuc DM, Bernstein AB, Bilheimer LT, Powell-Griner E. Health insurance coverage trends, 1959–2007: Estimates from the National Health Interview Survey. National health statistics reports; no. 17. Hyattsville, MD: National Center for Health Statistics. 2009. https://www.cdc.gov/nchs/data/nhsr/nhsr017.pdf.
[3] Cohen RA, Terlizzi EP, Cha AE, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2020. National Center for Health Statistics. February 2021. DOI: https://dx.doi.org/10.15620/cdc:100469.
[4] Dahlhamer JM, Bramlett MD, Maitland A, Blumberg SJ. Preliminary evaluation of nonresponse bias due to the COVID-19 pandemic on National Health Interview Survey estimates, April-June 2020. Hyattsville, MD: National Center for Health Statistics. February 2021. Available from: https://www.cdc.gov/nchs/data/nhis/earlyrelease/nonresponse202102-508.
[5] 2010: Adams PF, Martinez ME, Vickerie JL, Kirzinger WK. Summary health statistics for the U.S. population: National Health Interview Survey, 2010. National Center for Health Statistics. Vital Health Stat 10(251). 2011.
2011: Adams PF, Kirzinger WK, Martinez ME. Summary health statistics for the U.S. population: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(255). 2012.
2012: Adams PF, Kirzinger WK, Martinez ME. Summary health statistics for the U.S. population: National Health Interview Survey, 2012. National Center for Health Statistics. Vital Health Stat 10(259). 2013.
2013: Adams PF, Martinez ME, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2013 National Health Interview Survey. 2015. Available from: http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2014: Adams PF, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2014 National Health Interview Survey. 2015. Available from: http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2015: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2015 National Health Interview Survey. National Center for Health Statistics. 2017. Available from: http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2016: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2016 National Health Interview Survey. National Center for Health Statistics. 2018. Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2017: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2017 National Health Interview Survey. National Center for Health Statistics. 2019. Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2018: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2018 National Health Interview Survey. National Center for Health Statistics. 2019. Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2019: Cohen RA, Cha AE, Martinez ME, Terlizzi EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2019. National Center for Health Statistics. September 2020. Available from: https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm.
[6] 2010: Adams PF, Martinez ME, Vickerie JL, Kirzinger WK. Summary health statistics for the U.S. population: National Health Interview Survey, 2010. National Center for Health Statistics. Vital Health Stat 10(251). 2011.
2011: Adams PF, Kirzinger WK, Martinez ME. Summary health statistics for the U.S. population: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(255). 2012.
2012: Adams PF, Kirzinger WK, Martinez ME. Summary health statistics for the U.S. population: National Health Interview Survey, 2012. National Center for Health Statistics. Vital Health Stat 10(259). 2013.
2013: Adams PF, Martinez ME, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2013 National Health Interview Survey. 2015. Available from: http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2014: Adams PF, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2014 National Health Interview Survey. 2015. Available from: http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2015: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2015 National Health Interview Survey. National Center for Health Statistics. 2017. Available from: http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2016: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2016 National Health Interview Survey. National Center for Health Statistics. 2018. Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2017: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2017 National Health Interview Survey. National Center for Health Statistics. 2019. Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.
2018: Lucas JW, Benson V. Tables of Summary Health Statistics for the U.S. Population: 2018 National Health Interview Survey. National Center for Health Statistics. 2019. Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.

[7] This count includes the District of Columbia as a state and excludes Missouri and Oklahoma, which have approved but not yet implemented Medicaid expansion under the ACA. The other non-expansion states are Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming. See Kaiser Family Foundation, State Health Facts, Status of State Action on the Medicaid Expansion Decision, available at https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (downloaded February 4, 2021).

[8] Estimates of nongroup coverage are higher in the American Community Survey than in other data sources. Turner, J., and M. Boudreaux. "Health Insurance Coverage in the American Community Survey: A Comparison to Two Other Federal Surveys." National Academies Press. 2010.

[9] Uberoi, N et al. Health Insurance Coverage and the Affordable Care Act, 2010-2016. HHS ASPE Brief, March 3, 2016. Accessed at: https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf.

[10] Garfield, R. et al. The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the uninsured amidst Changes to the Affordable Care Act. Kaiser Family Foundation, January 25, 2019. Accessed at: https://www.kff.org/racial-equity-and-health-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/.

[11] Analysis of Recent Declines in Medicaid and CHIP Enrollment. Kaiser Family Foundation, November 25, 2019. Accessed at: https://www.kff.org/medicaid/fact-sheet/analysis-of-recent-declines-in-medicaid-and-chip-enrollment/.

[12] Broaddus, M. (2019). Research Note: Medicaid Enrollment Decline Among Adults and Children Too Large to Be Explained by Falling Unemployment. Center on Budget and Policy Priorities.

[13] Pollitz et al. Limited Navigator Funding for Federal Marketplace States. Kaiser Family Foundation, November 2019. Accessed at: https://www.kff.org/private-insurance/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/; Tolbert, J. et al. Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients. Kaiser Family Foundation, October 2019. Accessed at: https://www.kff.org/medicaid/issue-brief/impact-of-shifting-immigration-policy-on-medicaid-enrollment-and-utilization-of-care-among-health-center-patients/.

[14] Health Management Associates. COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, May 2020. Accessed at: https://www.healthmanagement.com/wp-content/uploads/HMA-Updated-Estimates-of-COVID-Impact-on-Health-Insurance-Coverage-May-2020.pdf; Dorn, S. The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History, July 17, 2020. Families USA Accessed at: https://familiesusa.org/wp-content/uploads/2020/07/COV-254_Coverage-Loss_Report_7-17-20.pdf;
Garfield, R., et al. Eligibility for ACA Health Coverage Following Job Loss, May 13, 2020. The Kaiser Family Foundation. Accessed at: https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/;
Garrett, B and Gangopadhyaya, A. How the COVID-19 Recession Could Affect Health Insurance Coverage, May 4, 2020. The Urban Institute. Accessed at: https://www.urban.org/research/publication/how-covid-19-recession-could-affect-health-insurance-coverage; Banthin J., Simpson, M., Buettgens, M., Blumberg, L., and Wang, R. Changes in health insurance coverage due to the COVID-19 recession: Preliminary estimates using microsimulation. Urban Institute. July 13, 2020. Accessed at: https://www.urban.org/research/publication/changes-health-insurance-coverage-due-covid-19-recession.

[15] Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty. Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018. February 2019. The Commonwealth Fund. Accessed at: https://www.commonwealthfund.org/sites/default/files/2019-02/PDF_Collins_2018_biennial_topline_exhibits.pdf.

[16] Collins, S., Gunja, M., and Aboulafia, G. U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability. August 19, 2020. Accessed at: https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial.

[17] Estimates from the Household Pulse Survey are not directly comparable to estimates from NHIS or ACS due to differences in methodology. For example, “don’t know” or missing survey responses are imputed in the NHIS and ACS data, but not in the Pulse data, and the Household Pulse Survey estimates do not include children. U.S. Census Bureau. Household Pulse Survey Data Tables. January 23, 2021. Accessed at: https://www.census.gov/programs-surveys/household-pulse-survey/data.html.
Centers for Diseases Control and Prevention, National Center for Health Statistics. Health Insurance Coverage, Household Pulse Survey. January 27, 2021. Accessed at: https://www.cdc.gov/nchs/covid19/pulse/health-insurance-coverage.htm

[18] U.S. Bureau of Labor Statistics. Employment Situation News Release, January 2021. Accessed at: https://www.bls.gov/news.release/archives/empsit_02052021.htm.
[19] Congressional Budget Office. Federal Subsidies for Health Coverage for People Under 65: 2020 to 2030. September 29, 2020. Accessed at: https://www.cbo.gov/publication/56571.
[20] Agarwal, S.D., and Sommers, B.D., Insurance Coverage after Job Loss — The Importance of the ACA during the Covid-Associated Recession, New England Journal of Medicine 383:1603-1606, October 22, 2020 (https://www.nejm.org/doi/full/10.1056/NEJMp2023312).
[21] Parker, K., Minkin, R., and Bennett, J. Economic Fallout From COVID-19 Continues To Hit Lower-Income Americans the Hardest, September 24, 2020. Pew Research Center. Accessed at https://www.pewsocialtrends.org/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/#:~:text=Overall%2C%2025%25%20of%20U.S.%20adults,has%20occurred%20in%20their%20household
[22] U.S. Bureau of Labor Statistics. Unemployment rate falls to 6.9 percent in October 2020. TED: The Economics Daily. Accessed at: https://www.bls.gov/opub/ted/2020/unemployment-rate-falls-to-6-point-9-percent-in-october-2020.htm#:~:text=That%20was%20the%20sixth%20consecutive,and%208.8%20percent%20for%20Hispanics.
[23] Rakotoniaina, A. How States are Increasing Coverage through Special Enrollment Periods. National Academy for State Health Policy, September 28, 2020. Accessed at: https://www.nashp.org/how-states-are-increasing-coverage-through-special-enrollment-periods/.
[24] Centers for Medicare and Medicaid Services. Medicaid and CHIP Enrollment Trends Snapshot through September 2020.Accesed at: https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/september-medicaid-chip-enrollment-trend-snapshot.pdf .
[25] Berchick, E., Mykyta, L and Stern, S. The Influence of COVID-19-related Data Collection Changes on Measuring Health Insurance Coverage in the 2020 CPS ASEC. September 15, 2020. US Census Bureau. Accessed at: https://www.census.gov/library/working-papers/2020/demo/SEHSD-WP2020-13.html
Dahlhamer, J.M., Bramlett, M.D., Maitland, A. and Blumberg, S. Preliminary Evaluation of Nonresponse Bias Due to the COVID-19 Pandemic on National Health Interview Survey Estimates, April-June 2020. February 2021. Accessed at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/nonresponse202102-508.pdf
[26] National Center for Health Statistics, National Health Interview Survey (NHIS). 2020 NHSI. February 4, 2021. Accessed at: https://www.cdc.gov/nchs/nhis/2020nhis.htm.
[27] Uberoi, N et al. Health Insurance Coverage and the Affordable Care Act, 2010-2016. HHS ASPE Brief, March 3, 2016. Accessed at: https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf.
[28] McIntyre, A., Brault, M.W., Sommers, B.D. Measuring Coverage Rates in a Pandemic: Policy and Research Challenges. JAMA Health Forum. Published online October 26, 2020. Accessed at: doi:10.1001/jamahealthforum.2020.1278
[29] Strengthening Medicaid and Affordable Care Act. White House Executive Order, January 28, 2021. Accessed at: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/28/executive-order-on-strengthening-medicaid-and-the-affordable-care-act/.
[30] See state profiles at https://www.healthinsurance.org/states/ and https://agency.accesshealthct.com/access-health-ct-announces-a-special-enrollment-period-for-uninsured-residents-due-to-ongoing-public-health-crisis.
[31] Lueck, S. and Broaddus, M. Emergency Special Enrollment Period Would Boost Health Coverage Access at a Critical Time. Center on Budget and Policy Priorities, July 30, 2020. Accessed at: https://www.cbpp.org/research/health/emergency-special-enrollment-period-would-boost-health-coverage-access-at-a-critical.
Special Trends Report: Enrollment Data and Coverage Options for Consumers During the COVID-19 Public Health Emergency. Centers for Medicare & Medicaid Services Center for Consumer Information and Insurance Oversight, November 2020. Accessed at: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/SEP-Report-Nov-2020.pdf.
[32] Haley, JM. and Wengle E. Many Uninsured Adults Have Not Tried to Enroll in Medicaid or Marketplace Coverage. Robert Wood Johnson Foundation, January 28, 2021. Accessed at: https://www.urban.org/research/publication/many-uninsured-adults-have-not-tried-enroll-medicaid-or-marketplace-coverage.
[33] Pollitz, K. and Tolbert, J. Opportunities and Resources to expand Enrollment During the Pandemic and Beyond. Kaiser Family Foundation, January 25, 2021. Accessed at: https://www.kff.org/health-reform/issue-brief/opportunities-and-resources-to-expand-enrollment-during-the-pandemic-and-beyond/.

[34] Cha, A. and Cohen, R. Reasons for Being Uninsured Among Adults Aged 18-64 in the U.S., 2019. National Health Interview Survey, September 2020. Accessed at: https://www.cdc.gov/nchs/products/databriefs/db382.htm.
[35] Lee, P. et al. Marketing Matters: How Marketing and Outreach Builds Stable Marketplaces and Pays Off for the Federal Government, 2017. Accessed at: https://hbex.coveredca.com/data-research/library/CoveredCA_Marketing_Matters_9-17.pdf.
[36] Pollitz, K. and Tolbert, J. Opportunities and Resources to expand Enrollment During the Pandemic and Beyond. Kaiser Family Foundation, January 25, 2021. Accessed at:https://www.kff.org/health-reform/issue-brief/opportunities-and-resources-to-expand-enrollment-during-the-pandemic-and-beyond/.
[37] Pollitz, K. and Tolbert, J. Opportunities and Resources to expand Enrollment During the Pandemic and Beyond. Kaiser Family Foundation, January 25, 2021. Accessed at:https://www.kff.org/health-reform/issue-brief/opportunities-and-resources-to-expand-enrollment-during-the-pandemic-and-beyond/.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:
aspe.hhs.gov/reports

ABOUT THE AUTHORS

Kenneth Finegold is a Senior Social Science Analyst in the Office of Health Policy in the Office of the Assistant Secretary for Planning and Evaluation.
Ann Conmy is a Social Science Analyst in the Office of Health Policy in the Office of the Assistant Secretary for Planning and Evaluation.
Rose Chu is a Program Analyst in the Office of Health Policy in the Office of the Assistant Secretary for Planning and Evaluation.
Arielle Bosworth is an Economist in the Office of Health Policy in the Office of the Assistant Secretary for Planning and Evaluation.
Benjamin D. Sommers is the Deputy Assistant Secretary for the Office of Health Policy in the Office of the Assistant Secretary for Planning and Evaluation.

SUGGESTED CITATION

Finegold K, Conmy A, Chu RC, Bosworth A, and Sommers, BD. Trends in the U.S. Uninsured Population, 2010-2020. (Issue Brief No. HP-2021-02). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. February 11, 2021.

Subscribe to ASPE mailing list to receive email updates on new publications:
aspe.hhs.gov/join-mailing-list

For general questions or general information about ASPE:
aspe.hhs.gov/about