

Health Insurance Coverage in the United States: 2021

Current Population Reports

By Katherine Keisler-Starkey and Lisa N. Bunch

Issued September 2022

P60-278



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.

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

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

Lisa Cheok, assisted by **Roberto Cases**, of the Demographic Programs Directorate—Survey Operations, provided overall direction for the survey implementation. **Charlie Carter**, **Agatha Jung**, and **Johanna Rupp**, of the Application Development and Services Division, 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. **Adam Bee**, **Breauna Branch**, **Douglas Conway**, **Katrina Crankshaw**, **Adriana Hernandez-Viver**, **Matthew Marlay**, **Amy Steinweg**, **Jonathan Vespa**, and **Natalie Young** all of the Social, Economic, and Housing Statistics Division, reviewed the contents.

Stacey Barber, **Faye E. Brock**, and **Steven Brown** provided publication management, editorial review, and 508 compliancy for print and electronic media.

Linda Chen and **Stephen Gibson** provided graphic design and composition, all under the direction of **Corey Beasley**, Chief of the Graphic and Editorial Services Branch, Public Information Office.

The authors would like to also thank the **Census Bureau field representatives** and **telephone interviewers** who conducted the interviews that provide the data in this report. Without their dedication, the preparation of this report or any report from the Current Population Survey would be impossible.

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P60-278



U.S. Census Bureau
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Suggested Citation

Katherine Keisler-Starkey
and Lisa N. Bunch,
U.S. Census Bureau,
Current Population Reports,
P60-278,
*Health Insurance Coverage
in the United States: 2021*,
U.S. Government Publishing Office,
Washington, DC,
September 2022.



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Health Insurance Coverage in the United States: 2021

INTRODUCTION

Health insurance offers a means for financing a person's health care expenses. Health insurance coverage provides access to medical care, protection from high unexpected costs, and more economic stability for people and families. While the majority of people have private health insurance, primarily through an employer, others obtain coverage through programs offered by the government. Other individuals do not have health insurance coverage at all (refer to the "What Is Health Insurance Coverage?" text box).

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 such as population aging, and policy changes that affect access to care. Economic changes include job losses associated with the COVID-19 pandemic and related recession in 2020 and the subsequent employment gains occurring with economic recovery in 2021. Recent policy changes include increased federal funding for Medicaid in response to the COVID-19 pandemic. Specifically, Congress extended mandated continuous coverage for those with Medicaid for the duration of the pandemic and introduced additional measures to increase access to care by reducing the cost of coverage.¹

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 and 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.

This report presents statistics on health insurance coverage in the United States in 2021 and changes in health insurance coverage rates between 2020 and 2021. The statistics in this report are based on information collected by the Current Population Survey Annual Social and Economic Supplement (CPS ASEC).^{*} Estimates for 2020 in this report will not match those published last year due to the implementation of the 2020 Census-based population controls. Appendix A provides details.

The CPS is the longest-running household survey conducted by the U.S. Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance is an important part. The Census Bureau has integrated improvements to the CPS ASEC as the needs of data users and the health insurance environment have changed. For information on changes to the CPS ASEC over time and 2021 health insurance coverage estimates in the context of a longer time frame, refer to Appendix B.

The 2021 estimates highlighted in this report are based on responses collected from February 2022 to April 2022. Respondents were asked to report any health insurance coverage they had during the previous calendar year. People are only considered uninsured if

they had no coverage at any time during the year.²

Highlights

- More people were insured in 2021 than 2020. In 2021, 8.3 percent of people, or 27.2 million, did not have health insurance at any point during the year, representing a decrease in the uninsured rate and number of uninsured from 2020 (8.6 percent or 28.3 million) (Table 1).
- In 2021, private health insurance coverage continued to be more prevalent than public coverage, at 66.0 percent and 35.7 percent, respectively.³
- Of the subtypes of health insurance coverage, employer-based insurance was the most common, covering 54.3 percent of the population for some or all of the calendar year, followed by Medicaid (18.9 percent), Medicare (18.4 percent), direct-purchase coverage (10.2 percent), TRICARE (2.5 percent), and VA and CHAMPVA coverage (1.0 percent) (Table 1 and Figure 1).⁴
- Overall, public coverage increased between 2020 and 2021. In 2021, 35.7 percent of people held public coverage for some or all of the year, marking a 1.2 percentage-point increase from 2020.
- Between 2020 and 2021, the rate of Medicaid coverage increased by 0.9 percentage points to cover 18.9 percent of people (Table 1 and Figure 1).⁵
- The uninsured rate among children under the age of 19 decreased 0.6 percentage

points to 5.0 percent between 2020 and 2021, driven in part by an increase in public coverage (Figure 2).

- In 2021, 7.9 percent of full-time, year-round workers had public health insurance, up 1.8 percentage points from 2020. Among less than full-time, year-round workers, the percentage with public coverage increased 1.6 percentage points to 22.6 percent during this period (Figure 8).

ESTIMATES OF HEALTH INSURANCE COVERAGE IN THE UNITED STATES

This report classifies health insurance coverage into three different groups: overall coverage, private coverage, and public coverage (refer to the “What Is Health Insurance Coverage?” text box). 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.⁶

In 2021, most people (91.7 percent) had health insurance coverage at some point during the calendar year (Table 1 and Figure 1). That is, 8.3 percent of people were uninsured for the entire calendar year. More people had private health insurance (66.0 percent) than public coverage (35.7 percent).

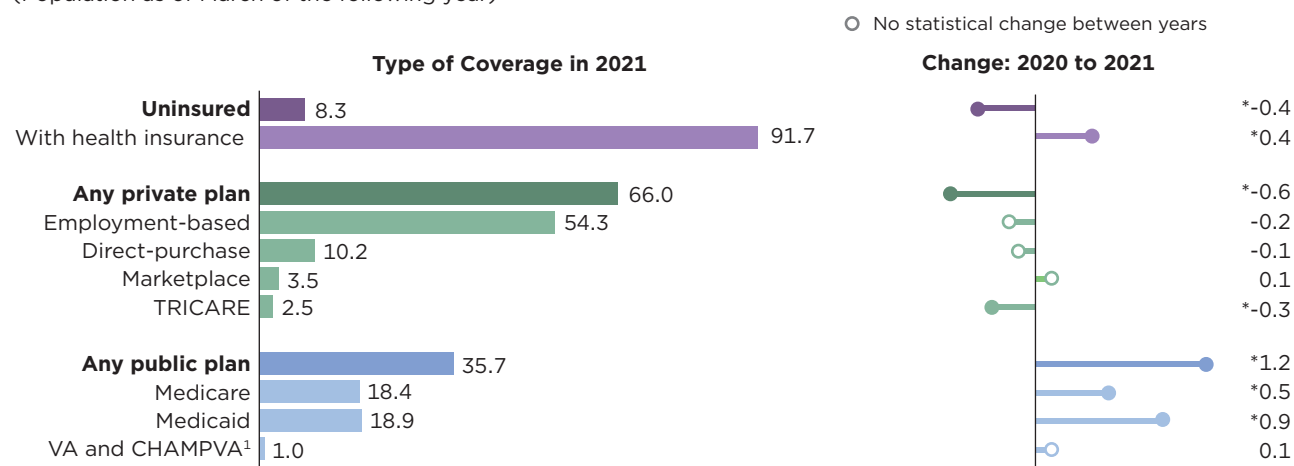
Employer-based insurance was the most common subtype of health insurance in the civilian, noninstitutionalized population (54.3 percent), followed by Medicaid (18.9 percent), Medicare

^{*} The Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY22-355. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted.

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2020 to 2021

(Population as of March of the following year)



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

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 is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

(18.4 percent), direct-purchase insurance (10.2 percent), TRICARE (2.5 percent), and VA and CHAMPVA health care (1.0 percent) (Table 1).

The percentage of people covered by any type of health insurance in 2021 was higher than in 2020. The percentage of people covered by public health insurance increased by 1.2 percentage points between 2020 and 2021, offsetting the 0.6 percentage-point decrease in private coverage over the same period.

Of the subtypes of private health insurance, employment-based coverage and direct-purchase insurance did not statistically change between 2020 and 2021. The percentage of people covered by TRICARE decreased to 2.5 percent between 2020 and 2021.^{7, 8}

Of the three subtypes of public health insurance, both Medicare and Medicaid rates increased between 2020 and 2021, while the VA and CHAMPVA rate did not have any significant change. The rate of Medicaid coverage increased by 0.9 percentage points to 18.9 percent in 2021. The percentage of people covered by Medicare increased by 0.5 percentage points to 18.4 percent in 2021. This increase was in part due to growth in the number of people aged 65 and over.⁹

HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS

Health Insurance Coverage by Age

Age is associated with the likelihood that a person has health insurance coverage, as well as with health coverage type. Older

adults (aged 65 and over) and children (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 and young adults may receive coverage through a parent or guardian's plan up to the age of 26, and children under the age of 19 may qualify for coverage through Medicaid or the Children's Health Insurance Program (CHIP).¹⁰

Between 2020 and 2021, there was a 0.6 percentage-point decrease in the uninsured rate for children under age 19. In 2020, 5.6 percent of children were uninsured for the entire calendar year, while in 2021 the uninsured rate for children under age 19 fell

Table 1.

Number and Percentage of People by Health Insurance Coverage Status and Type: 2020 to 2021

(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/cpsmar22.pdf>>)

Coverage type	2020 ¹			2021			Change in percent (2021 less 2020)
	Number	Margin of error ² (±)	Percent	Margin of error ² (±)	Percent	Margin of error ² (±)	
Total	327,521	152	X	X	148	X	X
Any health plan	299,230	651	91.4	0.2	748	0.2	*0.4
Any private plan ^{3, 4}	217,896	1,168	66.5	0.4	216,366	1,077	*-0.6
Employment-based ³	178,737	1,076	54.6	0.3	178,285	1,123	-0.2
Direct-purchase ⁵	33,869	649	10.3	0.2	33,555	705	-0.1
Marketplace coverage ³	10,924	443	3.3	0.1	11,389	447	0.1
TRICARE ³	9,165	580	2.8	0.2	8,299	527	*-0.3
Any public plan ^{3, 5}	112,925	924	34.5	0.3	117,095	911	*1.2
Medicare ³	58,541	349	17.9	0.1	60,226	378	*0.5
Medicaid ³	58,778	909	17.9	0.3	61,940	843	*0.9
VA and CHAMPVA ^{3, 6}	2,967	175	0.9	0.1	3,151	192	0.1
Uninsured⁷	28,291	626	8.6	0.2	27,187	727	*-0.4

* An asterisk preceding an estimate indicates change is statistically different from zero at the 90 percent confidence level.

X Not applicable.

¹ Implementation of 2020 Census-based population controls.

² 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.

³ 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.

⁴ Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

⁵ 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.

⁶ Includes CHAMPVA, as well as care provided by the Department of Veterans Affairs and the military.

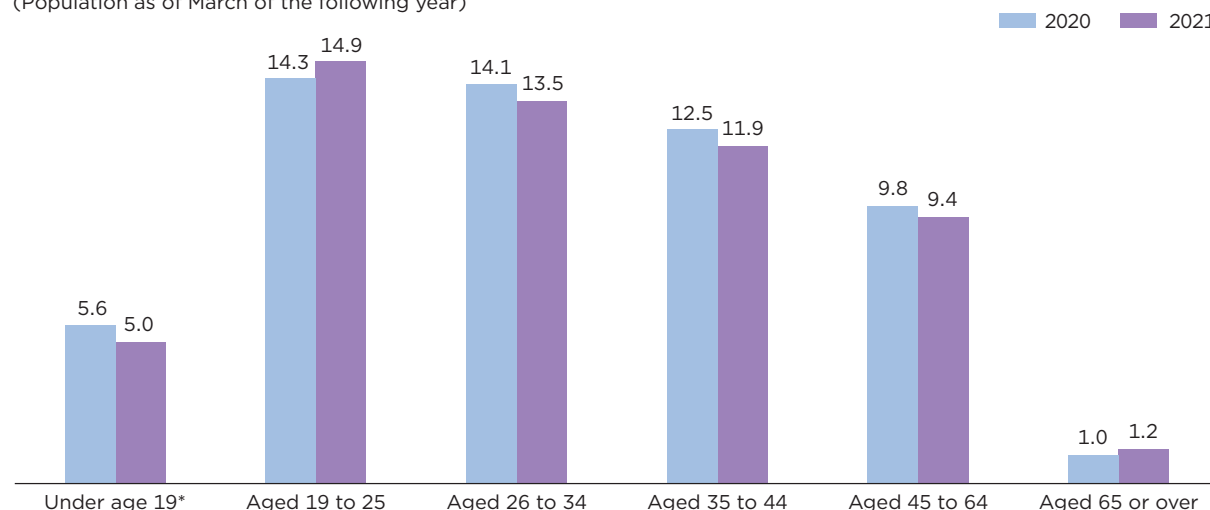
⁷ In the CPS ASEC, individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Figure 2.

Percentage of People Uninsured by Age Group: 2020 and 2021

(Population as of March of the following year)



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

to 5.0 percent. For all other age groups, there were no significant changes in the uninsured rate between 2020 and 2021 (Figure 2). There were differences in the uninsured rate between age groups in 2021. For working-age adults, 14.9 percent of those aged 19 to 25 were uninsured for the entire calendar year of 2021, followed by those aged 26 to 34 (13.5 percent), adults aged 35 to 44 (11.9 percent), and those aged 45 to 64 (9.4 percent) (Figure 2). In 2021, 1.2 percent of adults aged 65 and older were uninsured for the entire calendar year. For adults, the uninsured rate decreases as age increases.

Private Coverage

Private coverage rates varied by broad age groups (Figure 3). For example, the percentage of working-age adults aged 19 to 64 covered by private coverage was 72.5 percent, compared with 61.9 percent of children under age 19

and 48.7 percent of those aged 65 and older in 2021. Among adults aged 19 to 64 with private coverage, most people had employment-based coverage (62.9 percent of all adults aged 19 to 64). About 24.4 percent of adults aged 65 and older had employment-based coverage, and 21.9 percent held coverage they purchased directly.¹¹

Between 2020 and 2021, there was no statistical change in private coverage or private coverage subtypes such as employment-based or direct-purchase for most broad age groups. Among those aged 65 and older, however, the percentage of people with direct-purchase coverage decreased by 1.4 percentage points to 21.9 percent.

Public Coverage

In 2021, more than one-third of children under age 19 had public health coverage, compared with 18.7 percent of adults aged 19 to

64. Most adults aged 65 and older (93.5 percent) held public coverage. Among children under age 19, most of those with public health insurance were covered through Medicaid or CHIP (35.9 percent); among adults aged 65 and older, 93.4 percent were covered through the Medicare program. About 15.4 percent of working-age adults were covered through Medicaid, and 3.8 percent held Medicare.

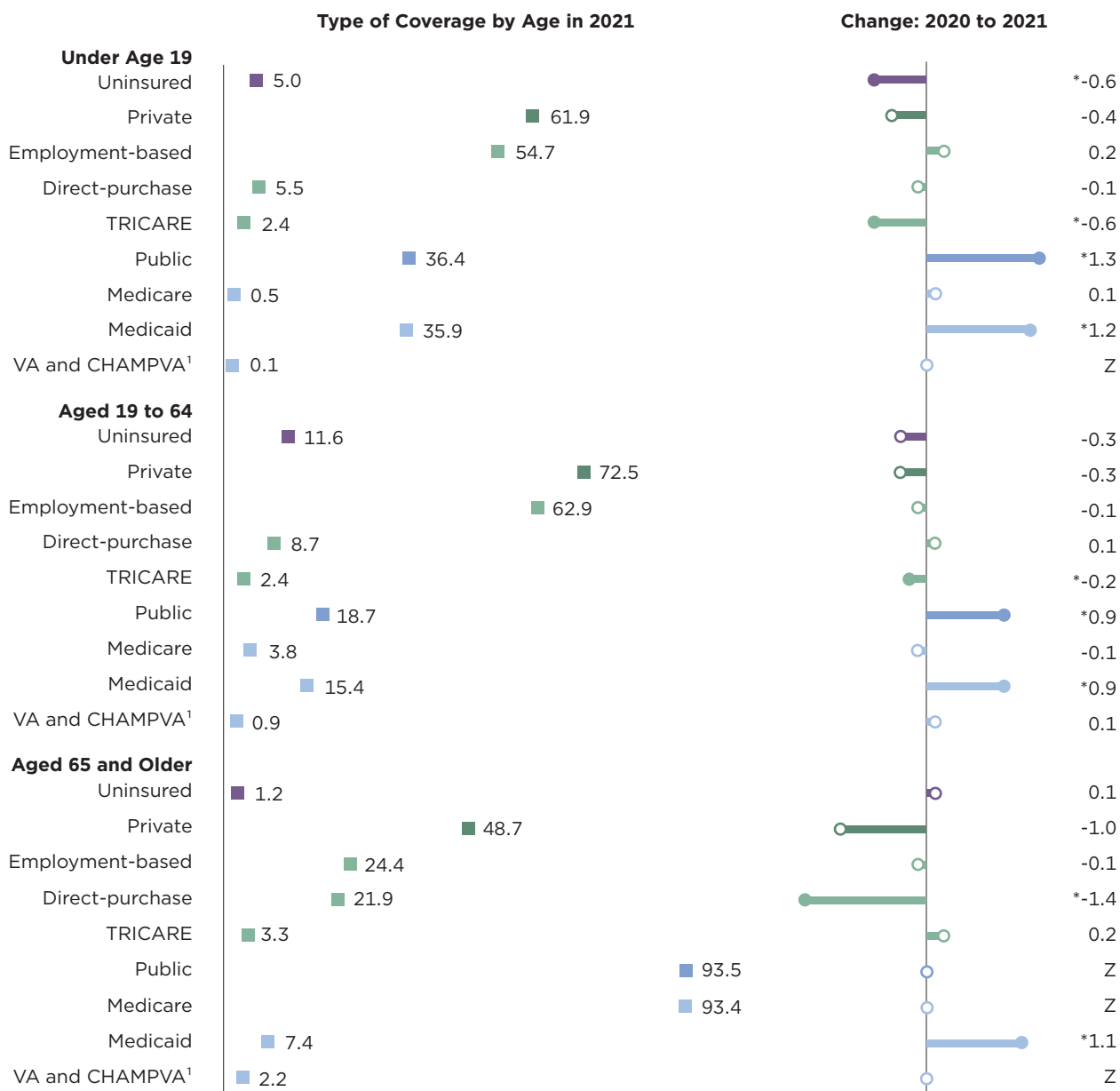
Between 2020 and 2021, public coverage rates increased among children under age 19 and adults aged 19 to 64 by 1.3 percentage points and 0.9 percentage points, respectively.¹² For these groups, this increase was driven by an increase in Medicaid coverage. Medicaid increased 1.2 percentage points for children under age 19 and 0.9 percentage points for working-age adults over this period. Medicaid also increased 1.1 percentage points for those aged 65 and older between 2020 and 2021.¹³

Figure 3.

Percentage of People With Selected Coverage Types and Uninsured by Age Group: 2020 and 2021

(Population as of March of the following year)

○ No statistical change between years



* Denotes a statistically significant change between 2020 and 2021 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 is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

UNINSURED RATES FOR CHILDREN AND WORKING-AGE ADULTS BY SELECTED CHARACTERISTICS

As described above, most adults aged 65 and older were covered by health insurance, primarily through Medicare. Among children under age 19 and working-age adults aged 19 to 64, however, health insurance status varies across groups, and some groups may experience changes in coverage while others do not.

Children Under Age 19

Although the uninsured rate decreased by 0.6 percentage points for all children between 2020 and 2021, changes in health insurance coverage in 2021 among children under age 19 did not occur equally across groups (Figure 4).

The percentage of non-Hispanic White children without health insurance coverage was not statistically different in 2021 compared with 2020. However, the uninsured rate decreased for Black children (by 1.6 percentage points) and increased for Asian children (by 1.8 percentage points) to 4.3 percent and 4.6 percent, respectively.¹⁴ In 2021, 8.6 percent of Hispanic children were uninsured, which is not statistically different from 2020.^{15, 16, 17}

In 2021, 4.5 percent of native-born children were uninsured, representing a 0.7 percentage-point decrease compared to 2020.¹⁸ However, among foreign-born children, 18.6 percent were uninsured, including 5.2 percent of children who were naturalized citizens and 22.6 percent of children who were not citizens.¹⁹

Health insurance rates for children also varied by region.²⁰ For example, 6.8 percent of children living in the South were uninsured in 2021, 0.9 percentage points lower than in 2020 (7.7 percent). The uninsured rates for children in the Northeast (3.0 percent), children in the Midwest (3.7 percent), and children in the West (4.7 percent) were not statistically different from 2020 and were lower than the uninsured rate for children in the South.²¹

The Patient Protection and Affordable Care Act (ACA) provides the option for states to expand Medicaid eligibility to people whose income-to-poverty ratio falls under a particular threshold. As of January 1, 2021, 36 states and the District of Columbia had expanded Medicaid eligibility requirements (“expansion states”). The remaining 14 states had not expanded Medicaid eligibility (“nonexpansion states”). The uninsured rate for children living in nonexpansion states decreased by 1.6 percentage points to 7.1 percent. The uninsured rate for children living in expansion states in 2021 (4.0 percent) was not statistically different from 2020.

Working-Age Adults 19 to 64 Years Old

Adults aged 19 to 64 may have different health insurance outcomes from other age groups because they do not qualify for programs such as CHIP, and only qualify for Medicare under limited circumstances. In 2021, 11.6 percent of adults aged 19 to 64 did not have health insurance coverage, which was not statistically different from 2020 (Figure 5). However, there

were some differences between groups in these years.

The uninsured rate decreased by 1.6 percentage points for Black adults aged 19 to 64 between 2020 and 2021 to 12.7 percent. There was no significant change for White (7.5 percent), Asian (7.7 percent), or Hispanic (25.1 percent) adults in this age group (Figure 5).²²

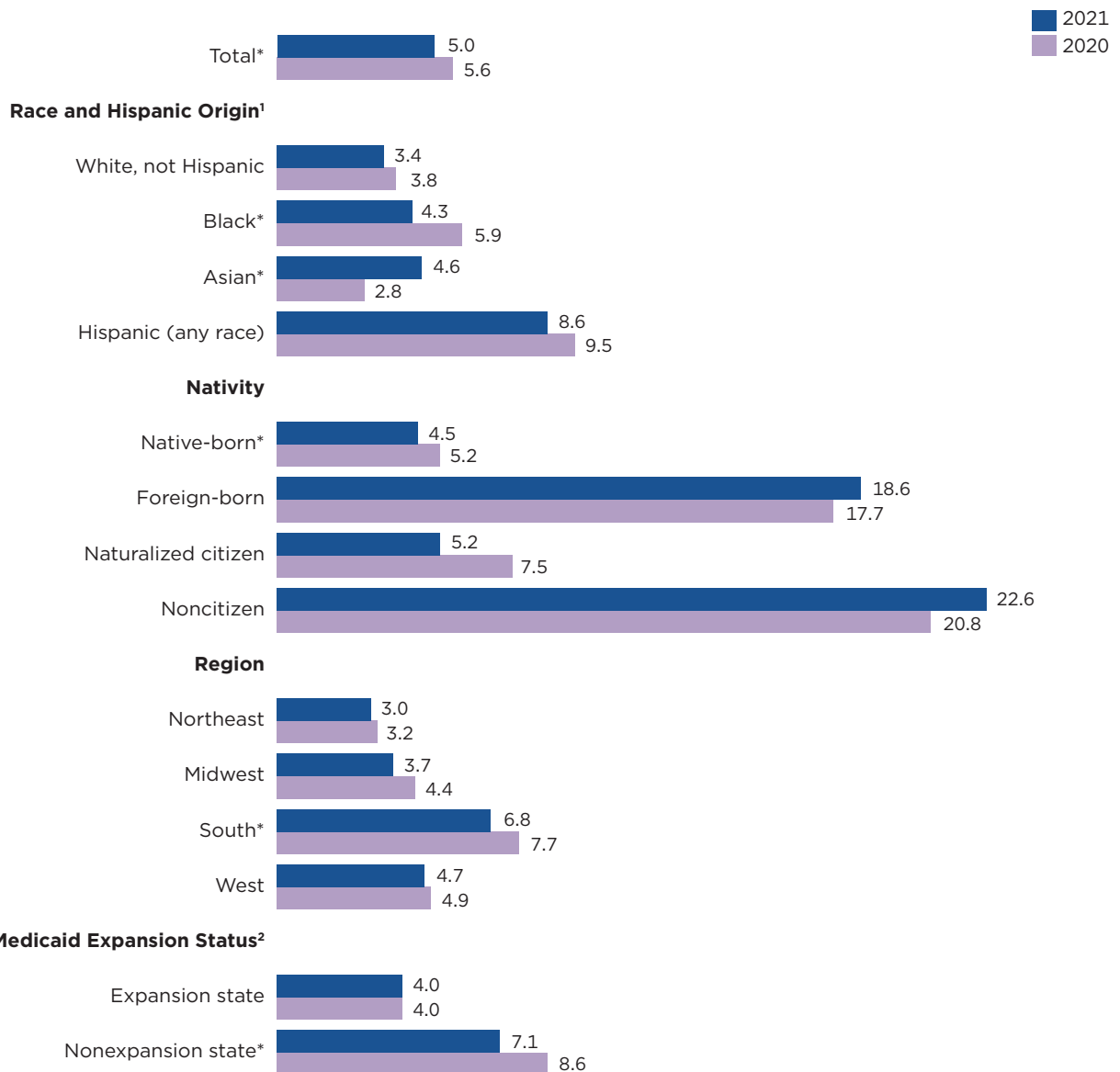
There was also a significant decrease in the uninsured rate for native-born adults aged 19 to 64. In 2021, 9.1 percent of native-born adults aged 19 to 64 were uninsured, compared to 9.6 percent in 2020. There was no significant change in the uninsured rate for foreign-born adults aged 19 to 64 (22.8 percent) and no change in the uninsured rate for either naturalized citizens (10.3 percent) or noncitizens (33.1 percent).

For many adults aged 19 to 64, health insurance coverage is related to employment status, such as working full-time, year-round; working less than full-time, year-round; or not working at all. In 2021, 10.7 percent of workers were uninsured, representing a decline of 0.4 percentage points compared to 2020. Among full-time, year-round workers aged 19 to 64, the uninsured rate rose by 0.6 percentage points to 9.1 percent. For adults aged 19 to 64 who worked less than full-time, year-round, the uninsured rate fell from 16.4 percent in 2020 to 15.1 percent in 2021.²³ These differences may reflect changes in the composition of the labor force through the pandemic and economic recovery.

Figure 4.

Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2020 and 2021

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



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

¹ 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 estimates for the race-alone population.

² Medicaid expansion status as of January 1, 2021. Expansion states on or before January 1, 2021, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

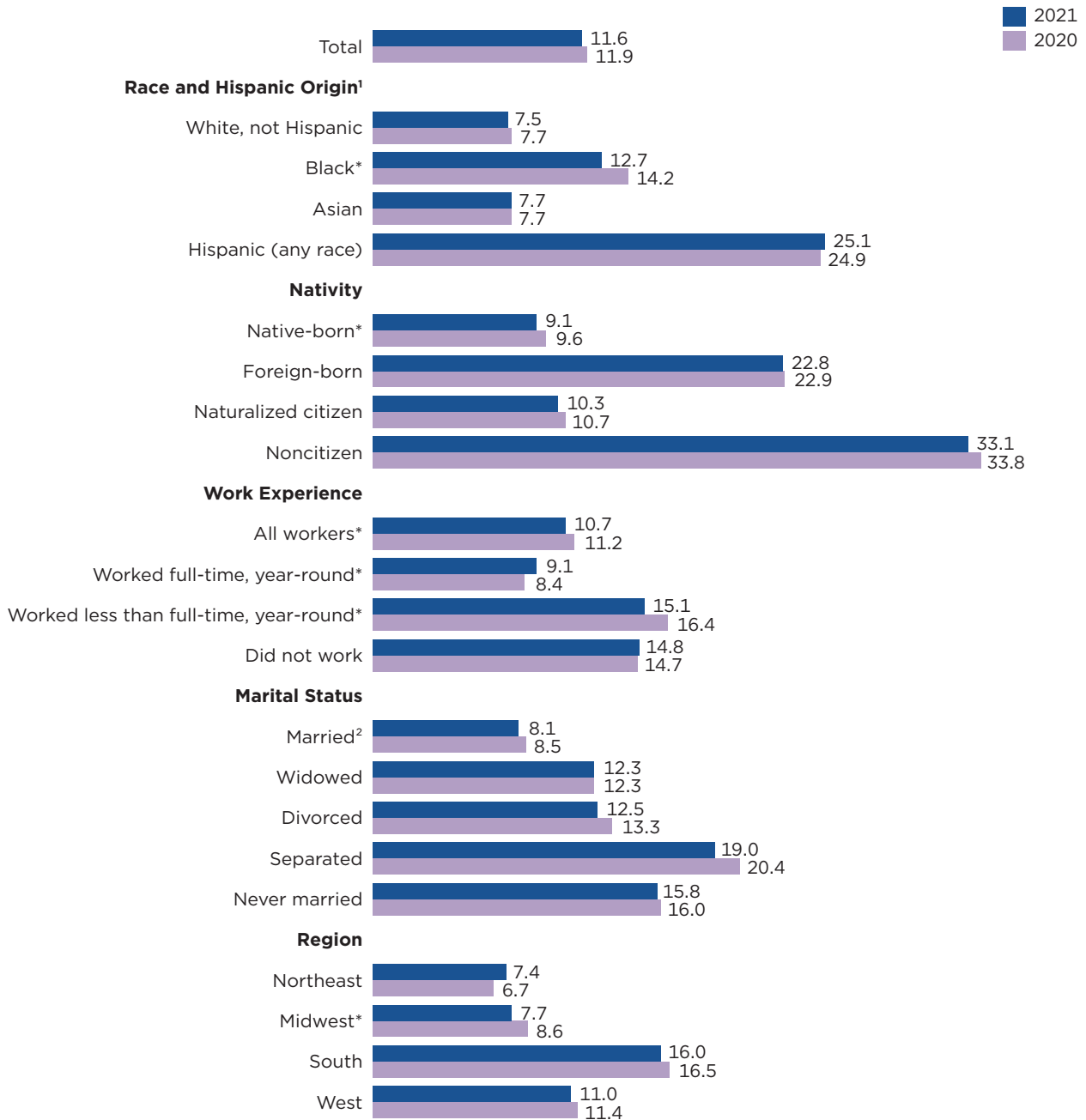
Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Figure 5.

Percentage of Working-Age Adults Without Health Insurance Coverage by Selected Characteristics: 2020 and 2021

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



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

¹ 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 figure shows estimates for the race-alone population.

² The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Marital status is related to health insurance coverage, as many married adults share their health plan. Among adults aged 19 to 64 in 2021, those who were married were less likely to be uninsured (8.1 percent) than separated adults (19.0 percent), never married adults (15.8 percent), divorced adults (12.5 percent), or widowed adults (12.3 percent).²⁴

Health insurance rates for adults aged 19 to 64 also varied by region. For example, 7.7 percent of adults living in the Midwest in 2021 were uninsured, a 0.9 percentage-point decrease from 2020.²⁵ There

were no significant changes in the uninsured rates for adults aged 19 to 64 in other regions.²⁶

For adults aged 19 to 64, health insurance coverage may be related to both poverty status and whether or not they live in an expansion state.²⁷

For example, uninsured rates were lower for all income-to-poverty groups in expansion states compared to uninsured rates in nonexpansion states. In 2021, the uninsured rate for those in poverty in nonexpansion states was 35.7 percent, compared to 17.2

percent in expansion states. For those in poverty in nonexpansion states, the uninsured rate fell by 2.7 percentage points between 2020 and 2021. In contrast, there was no significant change in the uninsured rate for other income-to-poverty groups (Figure 6).²⁸

PUBLIC AND PRIVATE HEALTH INSURANCE COVERAGE BY SELECTED CHARACTERISTICS

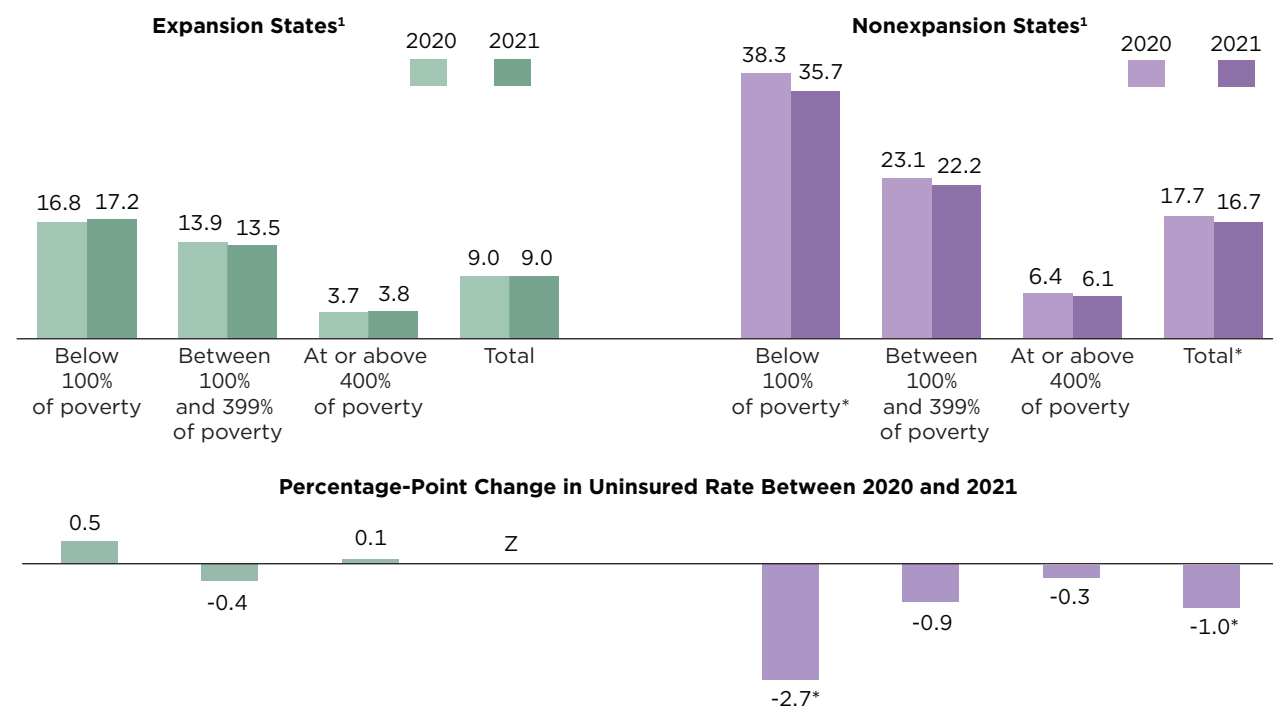
Public and Private Health Insurance Coverage by Age Categories

The CPS ASEC can also be used to look more closely at health

Figure 6.

Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2020 and 2021

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



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

Z Rounds to zero.

¹ Medicaid expansion status as of January 1, 2021. Expansion states on or before January 1, 2021, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

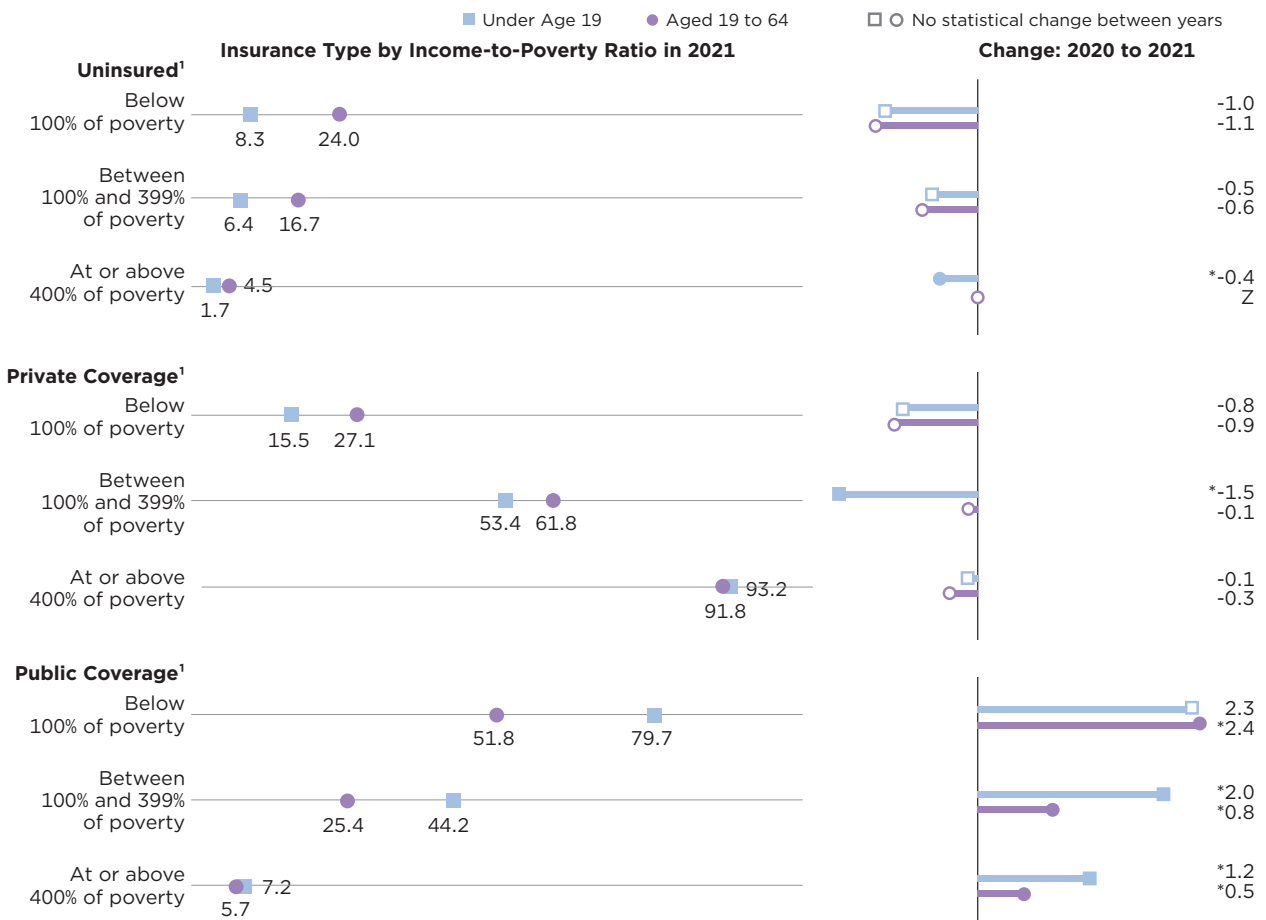
Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Figure 7.

Health Insurance by Type and Income-to-Poverty Ratio for Children Under the Age of 19 and Adults Aged 19 to 64: 2020 and 2021

(Population as of March of the following year)



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

Z Rounds to zero.

¹ The 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/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

insurance coverage by type for selected social and economic characteristics. Examining changes in health coverage by type also highlights how these changes affect the uninsured rate for different groups.

Health insurance coverage and type is associated with family income-to-poverty ratio, which provides a measure of a family's economic resources. 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. Further, policies implemented in response to the COVID-19 pandemic may have increased access to and affordability of public and private health coverage.

As the income-to-poverty ratio increases, the percent uninsured declines for children under age 19 and working-age adults aged 19 to 64 (Figure 7). Among working-age adults, those living in poverty had the highest uninsured rate for the full calendar year (24.0 percent), while those living at or above 400 percent of the poverty line had the lowest uninsured rate for all of 2021 (4.5 percent).

Among children living in families below 100 percent of poverty and children living in families between 100 and 399 percent of poverty, there was no statistically significant change in the uninsured rate between 2020 and 2021 (Figure 7). In 2021, 8.3 percent of children living in families below 100 percent of poverty did not have health insurance at any time, and 6.4 percent of children living in families between 100 and 399 percent of poverty did not have health insurance. However, for children living in families at 400 percent of poverty or above, the uninsured rate decreased 0.4 percentage points to 1.7 percent in 2021.²⁹ There was no significant change in the uninsured rate for adults aged 19 to 64 by income-to-poverty ratio or for children in other income-to-poverty groups (Figure 7).

For private insurance, 15.5 percent of children under age 19 and 27.1 percent of working-age adults living in poverty held private health coverage. Each group with a higher income-to-poverty ratio had a higher rate of private insurance. Those living at or above 400 percent of the poverty line were the most likely to have private health insurance (93.2 percent for children under age 19 and 91.8 percent for adults aged 19 to 64) (Figure 7). The rate of private coverage fell by 1.5 percentage points between 2020 and 2021 among children living in families between 100 and 399 of poverty.³⁰ However, there was no statistical change in private coverage rates for other age and income-to-poverty groups.

In contrast, those living in poverty were the most likely to have public insurance (79.7 percent

for children under age 19 and 51.8 percent for working-age adults aged 19 to 64), while those living at or above 400 percent of the poverty line were the least likely to have public health insurance (7.2 percent for children under age 19 and 5.7 percent for working-age adults). The percentage of people with public insurance decreases as the income-to-poverty ratio increases. Between 2020 and 2021, public coverage increased for people in most age and income-to-poverty categories. The public coverage rate was not statistically different between 2020 and 2021 for children in poverty.³¹

PUBLIC AND PRIVATE HEALTH INSURANCE COVERAGE BY SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

Differences in coverage type and changes in coverage can be seen across groups. For example, in 2021, Hispanic individuals had the highest uninsured rate (18.3 percent), followed by Black (9.0 percent), Asian (6.2 percent), and non-Hispanic White (5.2 percent) people (Appendix Table C-1).

Lower uninsured rates for non-Hispanic White and Asian individuals reflect higher private coverage rates.³² In 2021, non-Hispanic White individuals had the highest rate of private coverage (73.2 percent), followed by Asian (72.4 percent), Black (55.1 percent), and Hispanic individuals (48.8 percent) (Figure 8). Although there was no significant change in private coverage between 2020 and 2021 for Hispanic, Asian, and Black individuals, private coverage rates declined by 0.7 percentage points among non-Hispanic White individuals (Figure 8).

Between 2020 and 2021, most race and Hispanic origin groups saw an increase in public coverage rates. The increase in public coverage rates was similar for three groups. Non-Hispanic White individuals had public coverage increase 1.3 percentage points (to 34.6 percent), Black individuals had an increase of 1.4 percentage points (to 42.7 percent), and Hispanic individuals had an increase of 1.1 percentage points (to 37.0 percent). However, there was no significant change in public coverage rates for Asian individuals.

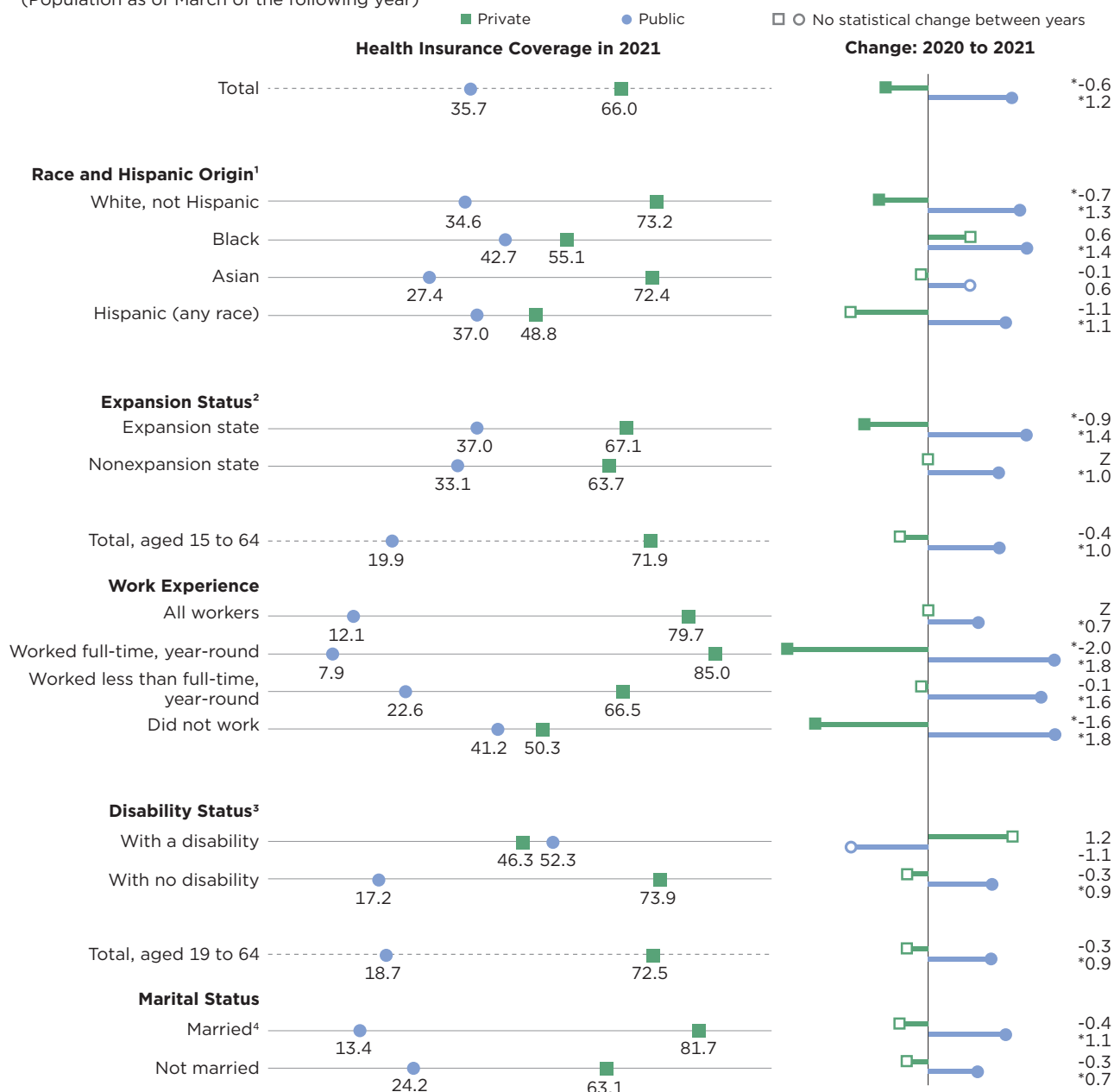
People in both expansion and nonexpansion states also experienced an increase in public coverage rates between 2020 and 2021. Those in expansion states had a 1.4 percentage-point increase in public health insurance coverage (37.0 percent), while those in nonexpansion states had a 1.0 percentage-point increase in public coverage (33.1 percent). Between 2020 and 2021, private coverage rates in expansion states fell 0.9 percentage points to 67.1 percent.

When looking at health insurance by work experience or disability status, we restrict our analyses to adults aged 15 to 64. For many adults aged 15 to 64, health insurance coverage is related to work status as many workers may be covered by their employers' health plans. Indeed, workers were more likely than nonworkers to be covered by private health insurance. In 2021, 85.0 percent of full-time, year-round workers were covered through a private insurance plan, compared with 66.5 percent of those working less than full-time, year-round. Those who did not work were the least likely to have

Figure 8.

Health Insurance Coverage by Characteristics: 2020 and 2021

(Population as of March of the following year)



* Denotes a statistically significant change between 2020 and 2021 at the 90 percent confidence level.

Z Rounds to zero.

¹ 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 estimates for the race-alone population.

² Medicaid expansion status as of January 1, 2021. Expansion states on or before January 1, 2021, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

³ 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.

⁴ 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. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

private health insurance coverage at 50.3 percent. Both full-time, year-round workers and those who did not work experienced a decrease in private coverage rates between 2020 and 2021 (by 2.0 percentage points and 1.6 percentage points, respectively).

Rates of public coverage followed a different pattern. Nonworkers were more likely than workers to have public coverage (41.2 percent of nonworkers and 12.1 percent of workers). Full-time, year-round workers were the least likely to have public coverage at 7.9 percent, while 22.6 percent of workers who worked less than full-time, year-round were covered by public coverage in 2021.

Between 2020 and 2021, there was an increase in public coverage across work statuses. The percentage of full-time, year-round workers with public coverage increased by 1.8 percentage points, while public insurance coverage rates for those who worked less than full-time, year-round increased by 1.6 percentage points. For nonworkers, public coverage increased by 1.8 percentage points.

People with a disability were less likely than people with no disability to have private health insurance coverage and more likely to have public coverage. In 2021, 46.3 percent of adults with a disability had private coverage, compared with 73.9 percent of adults with no disability. At the same time, 52.3 percent of adults with a disability and 17.2 percent with no disability had public coverage. Between 2020 and 2021, public coverage increased 0.9 percentage points among people with no disability but did not statistically

change for people with a disability during this period.³³

There are also differences in the distribution of coverage type by marital status. For example, in 2021, 81.7 percent of married adults aged 19 to 64 held private coverage, compared to 63.1 percent of those who were not married. Married adults were also less likely to hold public coverage (13.4 percent) than their nonmarried counterparts (24.2 percent). Although there was no significant change in private coverage for either group between 2020 and 2021, the percentage of married adults with public coverage increased by 1.1 percentage points. Public coverage rates also increased among those who were not married by 0.7 percentage points during the same period.

SUMMARY

This past year the uninsured rate decreased by 0.4 percentage points. Overall, private coverage continued to be more prevalent than public insurance. Private coverage rates decreased, while the rate of public health coverage increased between 2020 and 2021. People in many social and demographic groups saw their uninsured rate decline since 2020, driven in part by an increase in public health coverage rates. Changes in coverage between 2020 and 2021 may be related to changes in labor force composition through the pandemic and recent economic recovery, as well as to policies addressing the COVID-19 pandemic.

ADDITIONAL INFORMATION ABOUT HEALTH INSURANCE COVERAGE

State and Local Estimates of Health Insurance Coverage

The Census Bureau 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 a population of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program also produces single-year estimates of health insurance for all states and 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.

SAHIE estimates are available at www.census.gov/programs-surveys/sahie.html. The most recent estimates are for 2020.

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 website. The website may be accessed through the Census Bureau's home page at www.census.gov or directly at www.census.gov/data/tables/2022/demo/health-insurance/p60-278.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 a platform to access data and digital content from the Census Bureau. It allows access to the Census Bureau's most popular surveys and programs such as the CPS, ACS, decennial census, economic census, and more.

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 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 <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 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.

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.³⁴ 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 this report are controlled to March 2022 independent estimates of national population by age, sex, race, and Hispanic origin. Beginning with the "Health Insurance Coverage in the United States: 2021" report, population estimates are based on 2020 Census population counts and are updated annually taking into account births, deaths, emigration, and immigration. For more information, refer to Appendix A.

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 the text tables were calculated using the SDR method. In previous years, the standard errors of CPS ASEC estimates were calculated using the Generalized Variance Functions 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/cpsmar22.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, contact:

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ENDNOTES

¹ For more information, refer to “Families First Coronavirus Response Act, P.L. 116-127,” March 18, 2020, <www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>; Congressional Research Service, “Health Care Provisions in the Families First Coronavirus Response Act, P.L. 116-127,” R46316, April 17, 2020, <<https://crsreports.congress.gov/product/pdf/R/R46316>>; “American Rescue Plan Act of 2021,” P.L. 117-2, March 11, 2021, <www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>; Katie Keith, “Final Coverage Provisions In the

American Rescue Plan and What Comes Next,” Health Affairs Blog, DOI: 10.1377/hblog20210311.725837, March 11, 2021.

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.

³ Some people may have more than one coverage type during the calendar year.

⁴ The final category includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) coverage and care provided by the Department of Veterans Affairs and the military.

⁵ Throughout this report, details may not sum to totals because of rounding.

⁶ Infants born after the calendar-year reference period are excluded from estimates in this report.

⁷ Although TRICARE imposed a monthly enrollment fee on certain retired beneficiaries and their dependents in 2021, enrollment remained relatively stable at about 9.5 million people in 2018 and 9.6 million people in 2019, 2020, and 2021 according to TRICARE beneficiary data. Given the small sample size and relative stability in enrollment reported by the Military Health System, it is difficult to determine whether the apparent decline in the CPS ASEC between 2020 and 2021 reflects real change in TRICARE coverage. For more information, refer to the Annual Evaluation of the TRICARE Program, <www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>.

⁸ The percentage-point change in the overall rate of employment-based coverage was not statistically different from the percentage-point change in the rate of direct-purchase coverage or the percentage-point change in the rate of TRICARE coverage.

⁹ The proportion of the population 65 years and older with Medicare coverage did not statistically change between 2020 and 2021. However, the percentage of the U.S. population 65 years and older increased between 2020 and 2021.

¹⁰ 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.

¹¹ Although most people aged 65 and older held coverage through Medicare, 51.4 percent of people aged 65 and older reported holding more than one type of coverage concurrently for some or all of calendar year 2021.

¹² The percentage-point change in the rate of public coverage for children under age 19 was not statistically different from the percentage-point change in the rate of public coverage for working-age adults aged 19 to 64.

¹³ The percentage-point change in the rate of Medicaid coverage for children under age 19 was not statistically different from the percentage-point change in the rate of Medicaid coverage for working-age adults aged 19 to 64 or adults aged 65 and older. The percentage-point change in the

rate of Medicaid coverage for working-age adults aged 19 to 64 was not statistically different from the percentage-point change in the rate of Medicaid coverage for adults aged 65 and older.

¹⁴ In 2021, the percentage of Asian children without health insurance coverage was not statistically different from the percentage of non-Hispanic White children without coverage or Black children without coverage.

¹⁵ 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, 16.6 percent of White householders, 5.6 percent of Black householders, and 2.9 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.

¹⁶ 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.

¹⁷ The percentage-point change in the uninsured rate was not statistically different between non-Hispanic White children, Black children, and Hispanic children.

¹⁸ In 2021, the percentage of native-born children with health insurance coverage was not statistically different from the percentage of naturalized children with coverage. The percentage-point change in the uninsured rate was not statistically different between native-born children, foreign-born children, naturalized citizen children, and noncitizen children.

¹⁹ Between 2020 and 2021, there was no statistical change in the uninsured rate for children who were foreign-born, naturalized citizens, or noncitizens.

²⁰ For information about how the Census Bureau classifies regions, refer to <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

²¹ In 2021, the percentage of children in the Northeast without health insurance coverage was not statistically different from the percentage of children in the Midwest without coverage. The percentage-point change in the uninsured rate was not statistically different between children in the Northeast, Midwest, South, or West.

²² The percentage-point change in the uninsured rate was not statistically different for Black individuals and Asian individuals.

²³ In 2021, the percentage of adults who worked less than full-time with no health insurance coverage was not statistically different from the percentage of adults who did not work with no health insurance coverage. The percentage-point change in the uninsured rate was not statistically different between those who did not work and workers or those who worked full-time, year-round.

²⁴ In 2021, the percentage of widowed adults with no health insurance coverage was not statistically different from the percentage of divorced adults with no health insurance coverage.

²⁵ The percentage-point change in the uninsured rate for those in the Midwest was not statistically different from the change for the people in the South or the West.

²⁶ In 2021, the percentage of working-age adults in the Northeast with no health insurance coverage was not statistically different from the percentage of working-age adults in the Midwest with no health insurance coverage.

²⁷ The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the "Poverty in the United States: 2021" report 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/p60-277.pdf>.

²⁸ The percentage-point change in the uninsured rate was not statistically different between individuals in poverty in nonexpansion states and individuals in other poverty groups in nonexpansion states. The percentage-point change in the uninsured rate was not statistically different between individuals in poverty in nonexpansion states and those between 100 and 399 percent of poverty in expansion states.

²⁹ The percentage-point change in the uninsured rate was not statistically different for children in poverty, between 100 and 399 percent of poverty, or children in families above 400 percent of poverty.

³⁰ The percentage-point change in the private coverage rate was not statistically different between children in families between 100 and 399 percent of poverty, children in families above 400 percent of poverty, children in families in poverty, and adults in poverty or adults between 100 and 399 percent of poverty.

³¹ The percentage-point change in the public coverage rate was not statistically different between children in poverty and those in other age and income groups.

³² In 2021, there was no statistical difference in health insurance coverage between non-Hispanic White individuals and Asian individuals.

³³ There was no statistical change in private coverage among people with a disability or people with no disability between 2020 and 2021.

³⁴ U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands of the United States.

APPENDIX A. EFFECTS OF 2020 CENSUS-BASED POPULATION CONTROLS ON 2020 HEALTH INSURANCE COVERAGE ESTIMATES

To create estimates for the U.S. population from a sample, the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) applies weights to the sample based on independent estimates of the civilian, noninstitutionalized population by sex, age, race, and Hispanic/non-Hispanic categories.¹ These independent estimates are based off the date of the most recent decennial census and measure population change from one year to the next using administrative data and other sources on births, deaths, and net migration. Population change is added to a base to produce estimates for the following year. The estimates are updated annually to include an additional year of data and to revise earlier years of the time series. Each decade, the base of the estimates is updated to reflect new census results.² Weighting adjustments mitigate nonresponse bias based on age, sex, race, and Hispanic origin and ensure that the weighted sample is representative of the U.S. population.

Updated population controls that use the 2020 Census were employed to weight the 2022 CPS ASEC as well as the estimates in this report. To show year-to-year changes across consistently weighted data, the 2020 estimates in this report have been updated to use the 2020 Census-based population controls. As a result, the 2020 estimates may not match the estimates published in the September 2021 reports, which used 2010 Census-based population controls.

This appendix demonstrates the effect of using the 2020 Census-based population controls on the 2020 data by presenting key health insurance estimates using both the 2010 and 2020 Census-based population controls.

Overall, using 2020 Census-based population controls resulted in statistically significant but substantively minor differences in the 2020 estimates.

Table A-1 shows the effect of the new population controls on the 2020 estimates for the number and percentage of people with each health insurance type. Using updated population controls, the percentage of people who were uninsured was higher by 0.05 percentage points. This result was driven by lower rates of public coverage (–0.33 percentage points) using the 2020-based controls. Although the updated population controls yielded a lower percentage of people with Medicare coverage (–0.50 percentage points), the percentage of people covered by Medicaid was higher (0.16 percentage points).³ Higher rates of employment-based coverage (0.16 percentage points) largely offset lower rates of direct-purchase coverage (–0.11 percentage points), resulting in a 0.03 percentage-point change in private coverage when the 2020 Census-based population controls are used.

Table A-2 shows effects of the new population controls on the number and percentage of people who were uninsured by demographic characteristics. Although

the uninsured rate among White individuals was higher using the updated controls, there were no statistically significant differences in the uninsured rate for other race or Hispanic origin groups.⁴ Uninsured rates were lower using the new controls among young adults aged 19 to 25 (–0.06 percentage points) and aged 26 to 34 (–0.08 percentage points). Using the new population controls resulted in higher uninsured rates among working-age adults aged 35 to 64 (0.09 percentage points). Notably, the difference in the uninsured rate using both sets of controls was 0.20 percentage points or less for all characteristics.

ENDNOTES

¹ More information on CPS Survey design is available in Current Population Survey Design and Methodology Technical Paper 77 at <<https://www2.census.gov/programs-surveys/cps/methodology/CPS-Tech-Paper-77.pdf>>.

² In recent decades, the decennial census has usually provided all the data necessary to produce the population base used in the population controls. However, changes in disclosure avoidance practices and delays in the 2020 Census necessitated changes to the data sources that produce the base population for the Vintage 2021 population estimates. The updated population controls use a Blended Base that draws on the 2020 Census, 2020 Demographic Analysis Estimates, and Vintage 2020 Postcensal Population Estimates. More information on this methodology can be found at <<https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2020-2021/methods-statement-v2021.pdf>>.

³ The change in the percentage of people covered by Medicaid was not statistically different from the change in the percentage of people with employment-based coverage.

⁴ The change in the percentage of White individuals without insurance was not statistically different from the change in the percentage of non-Hispanic White individuals without insurance.

Table A-1.

Health Insurance Coverage Status and Type: 2020 Estimates Using 2010 Census-Based Population Controls and 2020 Census-Based Population Controls

(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 <www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>)

Coverage type	2020								Change (2020 Census-based controls less 2010 Census-based controls)	
	2010 Census-based controls				2020 Census-based controls					
	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Number	Percent
Total	325,638	153	X	X	327,521	152	X	X	*1,883	X
Any health plan	297,680	638	91.4	0.2	299,230	651	91.4	0.2	*1,550	*-0.05
Any private plan ^{2,3}	216,532	1,166	66.5	0.4	217,896	1,168	66.5	0.4	*1,365	*0.03
Employment-based ²	177,175	1,070	54.4	0.3	178,737	1,076	54.6	0.3	*1,561	*0.16
Direct-purchase ²	34,041	653	10.5	0.2	33,869	649	10.3	0.2	*-172	*-0.11
Marketplace coverage ² ..	10,804	439	3.3	0.1	10,924	443	3.3	0.1	*120	*0.02
TRICARE ²	9,183	579	2.8	0.2	9,165	580	2.8	0.2	*-18	*-0.02
Any public plan ^{2,4}	113,337	923	34.8	0.3	112,925	924	34.5	0.3	*-412	*-0.33
Medicare ²	59,844	393	18.4	0.1	58,541	349	17.9	0.1	*-1,304	*-0.50
Medicaid ²	57,921	893	17.8	0.3	58,778	909	17.9	0.3	*857	*0.16
VA and CHAMPVA ^{2,5}	2,979	175	0.9	0.1	2,967	175	0.9	0.1	-12	*-0.01
Uninsured⁶	27,957	612	8.6	0.2	28,291	626	8.6	0.2	*333	*0.05

* An asterisk preceding an estimate indicates change is statistically different from zero at the 90 percent confidence level.

X Not applicable.

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 did not have health insurance coverage for the entire calendar year.

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

Table A-2.

Percentage of People Uninsured by Selected Characteristics: 2020 Estimates Using 2010 Census-Based Population Controls and 2020 Census-Based Population Controls

(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 <www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>)

Characteristic	2020										Change (2020 Census-based controls less 2010 Census- based controls)	
	2010 Census-based controls					2020 Census-based controls						
	Total	Uninsured ¹				Total	Uninsured ¹					
		Number	Margin of error ² (±)	Percent	Margin of error ² (±)		Number	Margin of error ² (±)	Percent	Margin of error ² (±)	Number	Percent
2020 Total	325,638	27,957	612	8.6	0.2	327,521	28,291	626	8.6	0.2	*333	*0.05
Race³ and Hispanic Origin												
White	247,763	20,631	512	8.3	0.2	249,000	20,902	523	8.4	0.2	*272	*0.07
White, not Hispanic	194,230	10,419	386	5.4	0.2	195,002	10,601	393	5.4	0.2	*182	*0.07
Black.	43,427	4,523	244	10.4	0.6	43,770	4,557	247	10.4	0.6	*34	Z
Asian	20,125	1,180	115	5.9	0.6	20,322	1,197	117	5.9	0.6	*16	0.02
Hispanic (any race)	61,160	11,192	411	18.3	0.7	61,739	11,292	416	18.3	0.7	*100	-0.01
Age												
Under 65 years.	269,802	27,395	616	10.2	0.2	273,245	27,735	631	10.2	0.2	*340	Z
Under 19 years ⁴	76,156	4,291	224	5.6	0.3	77,553	4,361	228	5.6	0.3	*70	*-0.01
19 to 64 years	193,646	23,103	520	11.9	0.3	195,692	23,373	532	11.9	0.3	*270	0.01
19 to 25 years ⁵	29,269	4,210	188	14.4	0.6	29,302	4,197	188	14.3	0.6	*-13	*-0.06
26 to 34 years	40,916	5,809	236	14.2	0.6	40,614	5,734	234	14.1	0.6	*-75	*-0.08
35 to 64 years	123,461	13,084	368	10.6	0.3	125,776	13,442	381	10.7	0.3	*359	*0.09
65 years and older.	55,836	563	69	1.0	0.1	54,276	556	69	1.0	0.1	*-7	*0.02
Income-to-Poverty Ratio												
Total, poverty universe ⁶	325,156	27,926	612	8.6	0.2	327,032	28,259	626	8.6	0.2	*333	*0.05
Below 100 percent of poverty	37,156	6,396	353	17.2	0.8	37,461	6,460	359	17.2	0.8	*64	0.03
Below 138 percent of poverty	56,337	9,076	383	16.1	0.6	56,740	9,176	390	16.2	0.6	*100	*0.06
Between 100 and 399 percent of poverty	144,380	16,673	492	11.5	0.3	145,094	16,879	503	11.6	0.3	*206	*0.09
At or above 400 percent of poverty	143,620	4,858	243	3.4	0.2	144,478	4,920	247	3.4	0.2	*63	*0.02
State Medicaid Expansion Status⁷												
Lived in Medicaid expansion state	211,948	13,632	427	6.4	0.2	214,030	13,869	432	6.5	0.2	*237	*0.05
Did not live in Medicaid expansion state	113,690	14,325	425	12.6	0.4	113,491	14,422	431	12.7	0.4	*97	*0.11
Total, 15 to 64 years old	210,421	24,236	544	11.5	0.3	213,017	24,539	557	11.5	0.3	*303	Z
Disability Status⁸												
With disability.	15,134	1,356	118	9.0	0.7	15,450	1,380	118	8.9	0.7	*24	-0.03
With no disability.	194,199	22,880	520	11.8	0.3	196,478	23,159	531	11.8	0.3	*279	0.01

Footnotes provided at end of table.

Table A-2.

Percentage of People Uninsured by Selected Characteristics: 2020 Estimates Using 2010 Census-Based Population Controls and 2020 Census-Based Population Controls—Con.

(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 www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf)

Characteristic	2020										Change (2020 Census-based controls less 2010 Census-based controls)	
	2010 Census-based controls					2020 Census-based controls						
	Total	Uninsured ¹				Total	Uninsured ¹					
		Number	Margin of error ² (±)	Percent	Margin of error ² (±)		Number	Margin of error ² (±)	Percent	Margin of error ² (±)		
	Total	Number	Margin of error ² (±)	Percent	Margin of error ² (±)	Total	Number	Margin of error ² (±)	Percent	Margin of error ² (±)	Number	Percent
Work Experience												
All workers	154,502	17,041	433	11.0	0.3	155,989	17,219	440	11.0	0.3	*178	0.01
Worked full-time, year-round	99,588	8,410	277	8.4	0.3	100,466	8,504	280	8.5	0.3	*94	*0.02
Worked less than full-time, year-round	54,913	8,631	302	15.7	0.5	55,523	8,715	305	15.7	0.5	*84	-0.02
Did not work at least 1 week.	55,920	7,195	270	12.9	0.4	57,028	7,320	277	12.8	0.4	*125	-0.03

* An asterisk preceding an estimate indicates change is statistically different from zero at the 90 percent confidence level.

Z Rounds to zero.

¹ Individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

² 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.

³ 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.

⁴ Children under the age of 19 are eligible for Medicaid/CHIP.

⁵ 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.

⁶ The poverty universe excludes unrelated individuals under the age of 15 such as foster children.

⁷ Expansion states 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. For more information, refer to www.medicaid.gov/state-overviews/index.html.

⁸ 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.

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, 2021 Annual Social and Economic Supplement (CPS ASEC).

APPENDIX B. ESTIMATES OF HEALTH INSURANCE COVERAGE: 2013 TO 2021

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

As part of the U.S. Census Bureau's commitment to improvement, the CPS ASEC underwent a two-stage redesign in recent years, including changes to the questionnaire incorporated between 2014 and 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 health coverage estimates over time. Due to the differences in measurement, health insurance estimates for calendar years 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 to better understand the changes that

occurred in health coverage in 2021.

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 (such as [healthcare.gov](https://www.healthcare.gov)) and the optional expansion of Medicaid eligibility by states. The first year, 24 states and the District of Columbia expanded eligibility thresholds for Medicaid. By 2021, all but 14 states had expanded Medicaid eligibility.

As a result, many people, particularly adults aged 19 to 64, may be eligible for coverage options under the ACA. Based on family income, some people may qualify for subsidies or tax credits to help pay for premiums associated with health insurance plans. In addition, people with lower incomes may be 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 continued or

implemented state health insurance coverage mandates.³

The economic shock related to the COVID-19 pandemic in 2020 and recovery in the wake of the continued COVID-19 pandemic also may have affected health insurance coverage in 2021. The Families First Coronavirus Response Act required states, as a condition of receiving increased Medicaid funding, to provide continuous coverage for Medicaid beneficiaries for the duration of the COVID-19 pandemic.⁴ An executive order signed in January 2021 extended the Special Enrollment Period for Marketplace coverage through July 15, 2021. The American Rescue Plan Act further increased Medicaid funding to states, expanded the income thresholds for eligibility for Marketplace tax credits, increased premium subsidies for those eligible, waived Marketplace coverage premiums for the unemployed, and introduced additional measures to increase access to care and reduce the cost of coverage.⁵

Data from the Centers for Medicare and Medicaid Services showed that Medicaid enrollment continued to increase in 2021, following a dramatic increase in 2020 after declines in enrollment from 2017 to 2019. Specifically, after increasing by about 6.3 million adults and 3.3 million children between February 2020 and January 2021, Medicaid enrollment among adults aged 19 and older increased from 40.6 million to 44.7 million during the period between February 2021 and January 2022. Medicaid/

CHIP enrollment among children under age 19 increased from 38.5 million to 40.1 million during the same period.⁶ Further, data on Marketplace enrollment also suggest an increase from 11.4 million people who enrolled or were re-enrolled in Marketplace plans during the 2020 Open Enrollment Period to 12.0 million people who enrolled or re-enrolled in Marketplace plans during the 2021 Open Enrollment Period.⁷ An additional 2.8 million people enrolled in Marketplace coverage in 2021 during the Special Enrollment Period.

The coronavirus pandemic and 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 (P60-271) provides an overview of the issues.⁸ In addition, the Census Bureau produced several working papers exploring how changes in CPS 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.⁹ Researchers should consider the effect of the pandemic on CPS ASEC data collection when 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 2021

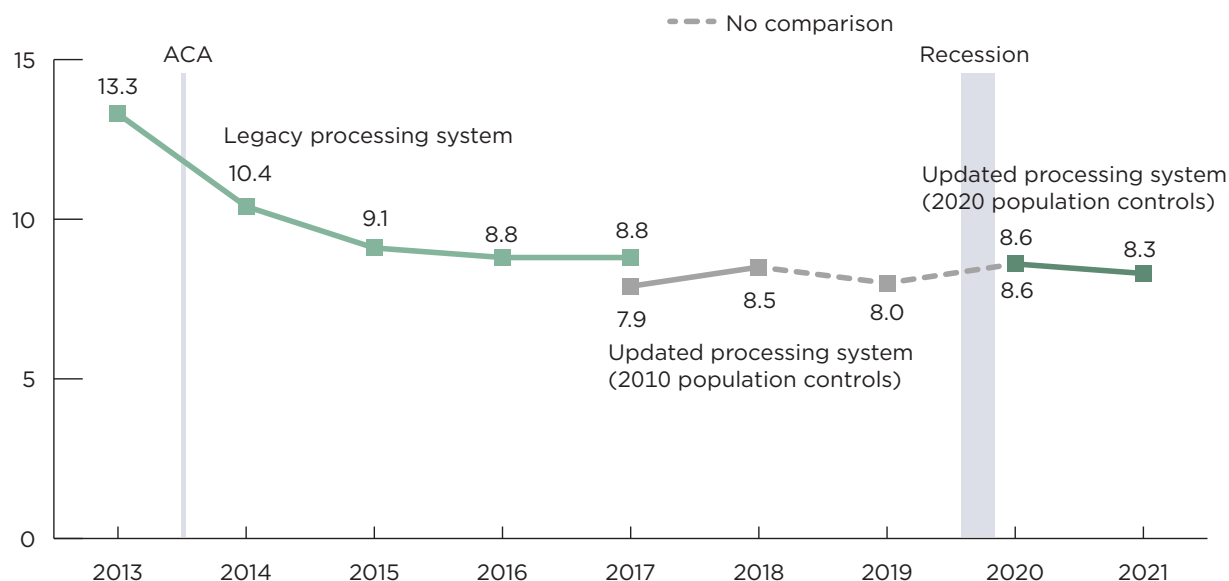
Uninsured Rate

Figure B-1 shows the percentage of people without health insurance coverage from 2013 to 2017, under the legacy processing system, and 2017 to 2021, using the updated processing system.¹⁰ All comparisons between 2013 and 2020 use 2010 Census-based population controls; all comparisons between 2020 and 2021 use 2020 Census-based population controls, consistent with the other comparisons in the report.¹¹

Figure B-1.

Percentage of People Without Health Insurance Coverage: 2013 to 2021

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



Note: ACA marks when provisions of the Affordable Care Act went into effect. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2022 Annual Social and Economic Supplements (CPS ASEC).

The uninsured rate declined from 2013 to 2014, when many provisions of the Patient Protection and Affordable Care Act (ACA) went into effect, and continued to decline through 2016.¹² 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.

At 8.6 percent, the uninsured rate in 2020 was not significantly different than the uninsured rate in 2018.¹³ The CPS ASEC only includes people who had no coverage at all during calendar year

2020 as uninsured. Therefore, people losing health insurance coverage in 2020 were not considered uninsured in 2020 in the CPS ASEC.

In 2021, 8.3 percent of people were uninsured for the entire year, representing a 0.4 percentage-point decline in the uninsured rate from 2020 (8.6 percent). The decrease in the uninsured rate was driven in part by an increase in public coverage.

Private Health Insurance Coverage

The percentage of people with private health insurance coverage

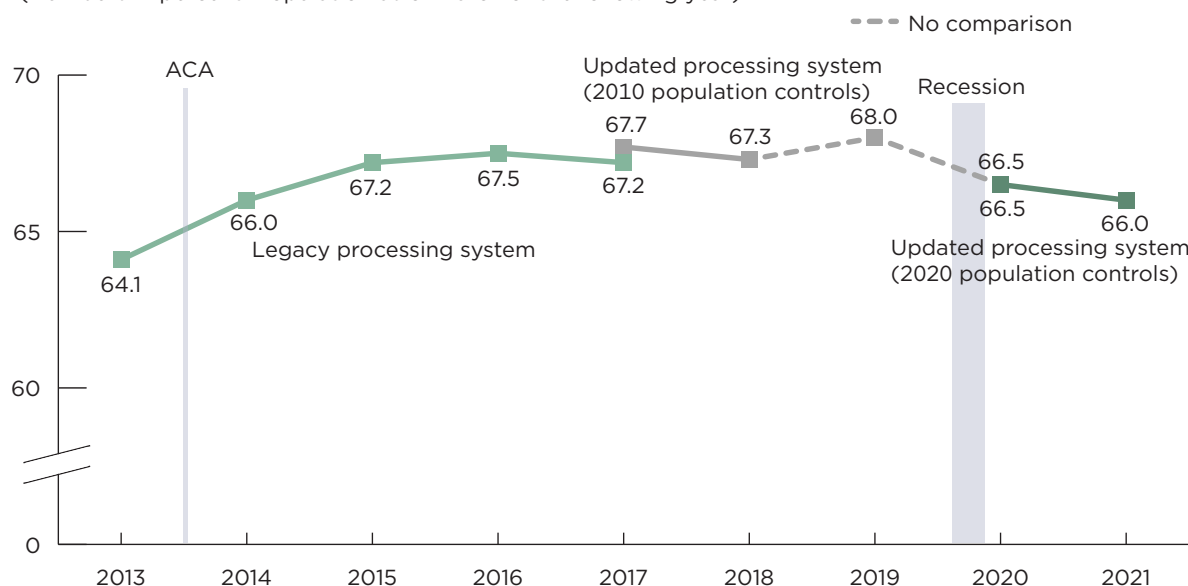
from 2013 to 2021 is presented in Figure B-2.¹⁴

As shown, there was an increase in private coverage rates between 2013 and 2015, coinciding with the implementation of the ACA, followed 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 coverage at any point during the year declined from 67.3 percent to 66.5 percent, decreasing another 0.5 percentage points to 66.0 percent from 2020 to 2021.

Figure B-2.

Percentage of People With Private Health Insurance Coverage: 2013 to 2021

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



Note: ACA marks when provisions of the Affordable Care Act went into effect. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2022 Annual Social and Economic Supplements (CPS ASEC).

Public Health Insurance Coverage

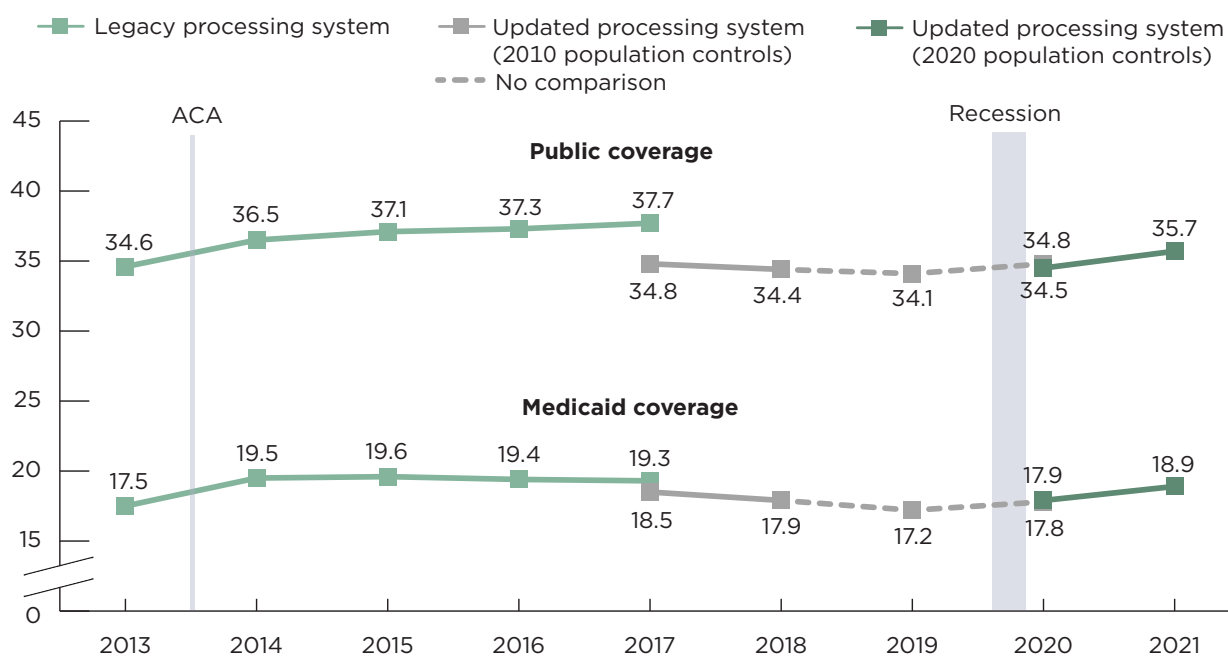
Figure B-3 shows the percentage of people with public coverage and Medicaid coverage in the CPS ASEC from 2013 to 2021. Using the legacy processing system, public coverage increased from 2013 to 2017.¹⁵ Public coverage rates were lower in 2017 using the updated processing system compared to the legacy processing system. However, TRICARE is defined as private coverage in the updated processing system and as public coverage in the legacy system. Although public coverage rates declined between 2017 and 2018

using the updated processing system, the percentage of people holding public coverage increased to 34.8 percent between 2018 and 2020. Using 2020 Census-based population controls, the public coverage rate was 34.5 percent in 2020. Between 2020 and 2021, the public coverage rate increased 1.2 percentage points to 35.7 percent, driven by an increase in rates of Medicare and Medicaid coverage. Using 2020 Census-based population controls, Medicaid coverage rates increased by 0.9 percentage points to 18.9 percent in 2021.

Although there was no significant difference in Medicaid coverage rates reported in the CPS ASEC between 2018 and 2020, the lack of apparent change masked a 0.4 percentage-point increase in the percentage of working-age adults aged 19 to 64 covered by Medicaid during this period (Figure B-4). Working-age adults may have been more vulnerable to losing coverage during the COVID-19 pandemic than another age group. A closer look reveals that Medicaid coverage rates increased for all broad age groups between 2020 and 2021, which may reflect the changes in policies to improve access to care.

Figure B-3.

Percentage of People With Public Coverage and Medicaid Coverage: 2013 to 2021 (Numbers in percent. Population as of March of the following year)



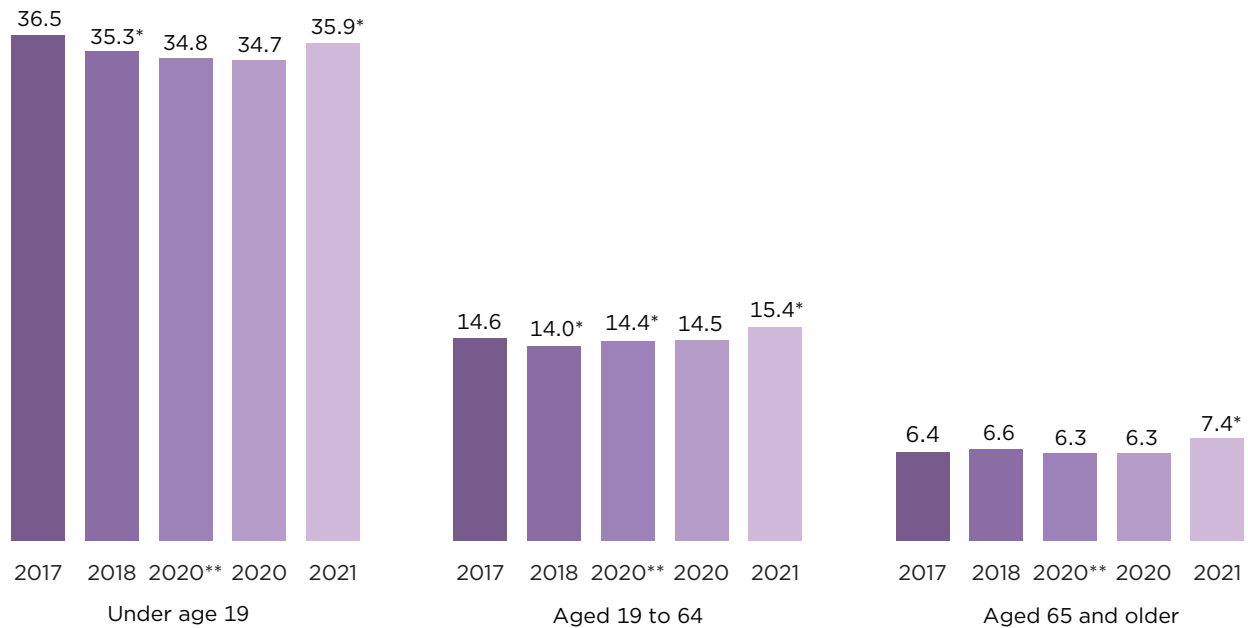
Note: ACA marks when provisions of the Affordable Care Act went into effect. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2022 Annual Social and Economic Supplements (CPS ASEC).

Figure B-4.

Percentage of People With Medicaid Coverage by Age Group: 2017 to 2021

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



* Denotes a statistically significant change between 2017 and 2018, 2018 and 2020**, or 2020 and 2021. 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.

** Denotes 2020 estimates using 2010 Census-based population controls.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019, 2021, and 2022 Annual Social and Economic Supplements (CPS ASEC).

ENDNOTES

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, <www.census.gov/library/publications/2019/demo/p60-267.html>.

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 Edward R. Berchick and Heide Jackson, "Data Processing Improvements for Estimates of Health Insurance Coverage in the Current Population Survey Annual Social and Economic Supplement," *Medical Care and Research Review*, 2022.

³ California, Massachusetts, New Jersey, Rhode Island, Vermont, and the District of Columbia have continued or implemented state coverage mandates after the cancellation of the federal individual mandate.

⁴ For more information, refer to the "Health Care Provisions in the Families First Coronavirus Response Act, P.L. 116-127," March 18, 2020, <www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>; Congressional Research Service, "Health Care Provisions in the Families First Coronavirus Response Act," P.L. 116-127, R46316, April 17, 2020, <<https://crsreports.congress.gov/product/pdf/R/R46316>>.

⁵ For more information, refer to the "American Rescue Plan Act of 2021," P.L. 117-2, March 11, 2021, <www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>; Katie Keith, "Final Coverage Provisions in the American Rescue Plan and What Comes Next," Health Affairs Blog, DOI: 10.1377/hblog20210311.725837, March 11, 2021.

⁶ Appendix B of the December 2021 and January 2022 Medicaid and CHIP Enrollment Trends Snapshot are available at <www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/dec-2021-jan-2022-medicaid-chip-enrollment-trend-snapshot.pdf>. Appendix 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>. For information on changes in Medicaid enrollment between 2017 and 2019, refer to <www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/#:~:text=Total%20enrollment%20fell%20from%2073.4, but%20continued%20until%20February%202020>.

⁷ For more information, refer to the Center for Medicare and Medicaid Services 2021 Open Enrollment Report, <www.cms.gov/files/document/health-insurance-exchanges-2021-open-enrollment-report-final.pdf>, and 2021 Final Marketplace Special Enrollment Period Report at <www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf>.

⁸ For more information, refer to “The Impact of the Coronavirus (COVID-19) Pandemic on the CPS ASEC” text box in “Health Insurance Coverage in the United States: 2019,” available at <www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>.

⁹ Additional information related to the impact of COVID-19 on the 2020 CPS ASEC is available from 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-WP2020-13.html>.

¹⁰ Throughout this appendix, details may not sum to totals because of rounding.

¹¹ For more information on the difference between 2020 estimates using 2020 Census-based population controls and the previous version using 2010 Census-based population controls, refer to Appendix A.

¹² There was no significant change in the uninsured rate between 2016 and 2017 using the legacy processing system.

¹³ Comparisons between 2018 and 2020 estimates use 2010 Census-based population controls.

¹⁴ Private coverage includes employer-sponsored insurance, insurance purchased directly by an individual, through a broker, or through the Marketplace (such as healthcare.gov). The updated processing system further includes TRICARE as private coverage.

¹⁵ Under the legacy processing system, public coverage increased annually, except for 2015 to 2016, which was not a significant change.

APPENDIX C.

Table C-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2020 and 2021

(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/cpsmar22.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 (±)
2021 Total	328,074	91.7	0.2	66.0	0.3	35.7	0.3	8.3	0.2
Race⁵ and Hispanic Origin									
White	248,776	91.8	0.2	67.8	0.4	35.0	0.3	8.2	0.2
White, not Hispanic	194,186	94.8	0.2	73.2	0.4	34.6	0.3	5.2	0.2
Black.	43,963	91.0	0.6	55.1	1.2	42.7	1.0	9.0	0.6
Asian	20,681	93.8	0.7	72.4	1.4	27.4	1.3	6.2	0.7
Hispanic (any race)	62,515	81.7	0.6	48.8	0.9	37.0	0.8	18.3	0.6
Age									
Under age 65	271,881	90.2	0.3	69.5	0.4	23.7	0.3	9.8	0.3
Under age 19 ⁶	77,026	95.0	0.3	61.9	0.6	36.4	0.6	5.0	0.3
Aged 19 to 64.	194,855	88.4	0.3	72.5	0.4	18.7	0.3	11.6	0.3
Aged 19 to 25 ⁷	29,045	85.1	0.6	68.2	0.8	19.2	0.7	14.9	0.6
Aged 26 to 34.	40,312	86.5	0.6	70.6	0.8	18.8	0.6	13.5	0.6
Aged 35 to 44.	43,190	88.1	0.6	73.6	0.7	17.5	0.6	11.9	0.6
Aged 45 to 64.	82,308	90.6	0.4	74.5	0.5	19.1	0.5	9.4	0.4
Aged 65 and older.	56,193	98.8	0.1	48.7	0.8	93.5	0.3	1.2	0.1
Nativity									
Native-born.	281,229	93.6	0.2	67.8	0.4	36.4	0.3	6.4	0.2
Foreign-born	46,845	80.5	0.8	54.6	0.9	31.7	0.8	19.5	0.8
Naturalized citizen.	22,877	92.1	0.6	62.5	1.2	38.7	1.1	7.9	0.6
Not a citizen	23,968	69.4	1.3	47.1	1.2	25.0	1.1	30.6	1.3
Region									
Northeast	56,065	94.7	0.4	68.1	1.0	38.8	1.0	5.3	0.4
Midwest.	67,933	94.5	0.4	71.0	0.8	35.3	0.9	5.5	0.4
South	126,144	88.6	0.4	63.3	0.6	34.0	0.5	11.4	0.4
West.	77,933	92.1	0.4	64.4	0.7	36.6	0.6	7.9	0.4
State Medicaid Expansion Status⁸									
Lived in Medicaid expansion state	215,594	93.6	0.2	67.1	0.4	37.0	0.4	6.4	0.2
Did not live in Medicaid expansion state	112,480	88.1	0.4	63.7	0.6	33.1	0.6	11.9	0.4

Footnotes provided at end of table.

Table C-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2020 and 2021—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/cpsmar22.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 (±)
2020 Total⁹	327,521	91.4	0.2	66.5	0.4	34.5	0.3	8.6	0.2
Race⁵ and Hispanic Origin									
White	249,000	91.6	0.2	68.6	0.4	33.9	0.3	8.4	0.2
White, not Hispanic	195,002	94.6	0.2	74.0	0.4	33.3	0.4	5.4	0.2
Black	43,770	89.6	0.6	54.6	1.0	41.3	0.8	10.4	0.6
Asian	20,322	94.1	0.6	72.5	1.2	26.8	1.1	5.9	0.6
Hispanic (any race)	61,739	81.7	0.7	49.9	0.9	35.9	0.7	18.3	0.7
Age									
Under age 65	273,245	89.8	0.2	69.9	0.4	22.8	0.3	10.2	0.2
Under age 19 ⁶	77,553	94.4	0.3	62.3	0.6	35.1	0.6	5.6	0.3
Aged 19 to 64	195,692	88.1	0.3	72.9	0.4	17.9	0.3	11.9	0.3
Aged 19 to 25 ⁷	29,302	85.7	0.6	69.4	0.9	18.3	0.8	14.3	0.6
Aged 26 to 34	40,614	85.9	0.6	70.4	0.8	18.2	0.6	14.1	0.6
Aged 35 to 44	42,786	87.5	0.5	73.5	0.7	16.4	0.6	12.5	0.5
Aged 45 to 64	82,990	90.2	0.3	75.0	0.5	18.3	0.4	9.8	0.3
Aged 65 and older	54,276	99.0	0.1	49.7	0.8	93.5	0.3	1.0	0.1
Nativity									
Native-born	282,347	93.1	0.2	68.2	0.4	35.1	0.3	6.9	0.2
Foreign-born	45,174	80.6	0.8	55.8	0.9	30.7	0.7	19.4	0.8
Naturalized citizen	22,803	91.6	0.6	64.0	1.0	36.5	0.9	8.4	0.6
Not a citizen	22,371	69.4	1.2	47.5	1.3	24.9	1.0	30.6	1.2
Region									
Northeast	56,344	95.1	0.4	69.1	0.9	37.4	1.0	4.9	0.4
Midwest	68,026	93.7	0.4	71.7	0.8	33.1	0.7	6.3	0.4
South	125,273	88.2	0.4	63.5	0.6	33.3	0.5	11.8	0.4
West	77,878	91.7	0.3	65.1	0.7	35.4	0.6	8.3	0.3
State Medicaid Expansion Status⁸									
Lived in Medicaid expansion state	215,978	93.5	0.2	68.0	0.5	35.7	0.4	6.5	0.2
Did not live in Medicaid expansion state	111,542	87.2	0.4	63.6	0.7	32.2	0.5	12.8	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 did 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, 2021. Expansion states on or before January 1, 2021, include AK, AR, AZ, CA, CO, CT, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

⁹ Implementation of 2020 Census-based population controls.

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, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Table C-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2020 and 2021

(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/cpsmar22.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 (±)
2021									
Total, 15 to 64 years old	212,530	88.9	0.3	71.9	0.4	19.9	0.3	11.1	0.3
Disability Status⁵									
With disability.	16,780	91.5	0.7	46.3	1.1	52.3	1.3	8.5	0.7
With no disability.	194,836	88.6	0.3	73.9	0.4	17.2	0.3	11.4	0.3
Work Experience									
All workers	155,775	89.5	0.3	79.7	0.4	12.1	0.3	10.5	0.3
Worked full-time, year-round	111,015	90.9	0.3	85.0	0.3	7.9	0.2	9.1	0.3
Worked less than full-time, year-round	44,760	85.8	0.5	66.5	0.7	22.6	0.6	14.2	0.5
Did not work at least 1 week . .	56,756	87.2	0.5	50.3	0.7	41.2	0.7	12.8	0.5
Total, 19 to 64 years old	194,855	88.4	0.3	72.5	0.4	18.7	0.3	11.6	0.3
Marital Status									
Married ⁶	99,078	91.9	0.3	81.7	0.5	13.4	0.4	8.1	0.3
Widowed	3,267	87.7	1.6	55.6	2.5	36.1	2.4	12.3	1.6
Divorced	18,138	87.5	0.7	64.5	1.1	25.8	1.1	12.5	0.7
Separated	3,898	81.0	2.1	55.1	2.6	29.1	2.3	19.0	2.1
Never married.	70,474	84.2	0.5	63.5	0.6	23.0	0.5	15.8	0.5
Total, 26 to 64 years old	165,810	88.9	0.3	73.3	0.4	18.6	0.3	11.1	0.3
Educational Attainment									
No high school diploma	13,604	69.8	1.3	34.3	1.1	38.4	1.3	30.2	1.3
High school graduate (includes equivalency)	45,600	84.3	0.7	61.4	0.9	26.4	0.7	15.7	0.7
Some college, no degree	23,509	89.3	0.6	71.3	0.9	22.1	0.8	10.7	0.6
Associate degree	17,729	91.6	0.6	77.2	0.9	18.0	0.8	8.4	0.6
Bachelor's degree	41,218	94.6	0.4	87.7	0.5	9.0	0.4	5.4	0.4
Graduate or professional degree	24,150	96.7	0.3	92.2	0.6	6.5	0.5	3.3	0.3

Footnotes provided at end of table.

Table C-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2020 and 2021—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/cpsmar22.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 (±)
2020⁷									
Total, 15 to 64 years old	213,017	88.5	0.3	72.3	0.4	18.9	0.3	11.5	0.3
Disability Status⁵									
With disability	15,450	91.1	0.7	45.1	1.2	53.3	1.2	8.9	0.7
With no disability	196,478	88.2	0.3	74.3	0.4	16.3	0.3	11.8	0.3
Work Experience									
All workers	155,989	89.0	0.3	79.7	0.4	11.4	0.3	11.0	0.3
Worked full-time, year-round	100,466	91.5	0.3	87.0	0.3	6.1	0.2	8.5	0.3
Worked less than full-time, year-round	55,523	84.3	0.5	66.6	0.7	21.0	0.5	15.7	0.5
Did not work at least 1 week	57,028	87.2	0.4	51.9	0.7	39.4	0.7	12.8	0.4
Total, 19 to 64 years old	195,692	88.1	0.3	72.9	0.4	17.9	0.3	11.9	0.3
Marital Status									
Married ⁶	99,355	91.5	0.3	82.1	0.4	12.4	0.4	8.5	0.3
Widowed	3,364	87.7	1.5	59.8	2.4	32.6	2.5	12.3	1.5
Divorced	18,972	86.7	0.7	64.7	1.0	25.1	1.0	13.3	0.7
Separated	3,835	79.6	2.0	53.0	2.3	29.6	2.0	20.4	2.0
Never married	70,165	84.0	0.5	63.8	0.6	22.3	0.5	16.0	0.5
Total, 26 to 64 years old	166,390	88.5	0.3	73.5	0.4	17.8	0.3	11.5	0.3
Educational Attainment									
No high school diploma	14,038	68.3	1.4	35.3	1.2	35.6	1.3	31.7	1.4
High school graduate (includes equivalency)	44,656	83.9	0.6	61.3	0.7	26.0	0.7	16.1	0.6
Some college, no degree	24,085	89.3	0.6	72.5	0.8	20.4	0.8	10.7	0.6
Associate degree	17,971	90.9	0.6	77.6	0.9	16.5	0.8	9.1	0.6
Bachelor's degree	41,384	94.0	0.4	87.4	0.5	8.8	0.4	6.0	0.4
Graduate or professional degree	24,256	96.5	0.4	92.3	0.5	5.9	0.5	3.5	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 did 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."

⁷ Implementation of 2020 Census-based population controls.

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, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

Table C-3.

Health Insurance Coverage Status and Type by Household Relationship and Family Income-to-Poverty Ratio: 2020 and 2021

(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/cpsmar22.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 (±)
2021 Total	328,074	91.7	0.2	66.0	0.3	35.7	0.3	8.3	0.2
Household Relationship									
Married couple family	193,919	93.9	0.3	74.2	0.4	30.4	0.4	6.1	0.3
With children under 18 years	106,849	93.1	0.4	74.8	0.6	21.7	0.6	6.9	0.4
Unmarried male reference person	43,647	87.1	0.6	57.8	0.8	37.2	0.8	12.9	0.6
With children under 18 years	10,734	87.5	1.4	55.0	2.0	36.5	1.8	12.5	1.4
Unmarried female reference person	72,592	91.2	0.4	50.6	0.7	51.3	0.7	8.8	0.4
With children under 18 years	31,730	90.8	0.7	42.3	1.3	53.8	1.2	9.2	0.7
Unrelated subfamilies	1,024	84.3	4.5	46.3	6.6	40.6	5.7	15.7	4.5
Secondary individuals	16,892	81.5	1.1	59.7	1.2	25.1	1.2	18.5	1.1
Income-to-Poverty Ratio									
Total, poverty universe ⁵	327,548	91.7	0.2	66.0	0.3	35.6	0.3	8.3	0.2
Below 100 percent of poverty	37,808	83.8	0.8	22.6	0.9	66.7	1.0	16.2	0.8
Below 138 percent of poverty	56,839	84.3	0.7	23.9	0.8	66.4	0.8	15.7	0.7
Between 100 and 199 percent of poverty	52,533	86.8	0.5	38.6	0.8	57.4	0.8	13.2	0.5
Between 200 and 299 percent of poverty	49,916	89.0	0.6	60.1	0.8	39.3	0.8	11.0	0.6
Between 300 and 399 percent of poverty	42,688	91.1	0.5	71.1	0.9	30.8	0.8	8.9	0.5
At or above 400 percent of poverty	144,603	96.7	0.2	87.9	0.3	19.7	0.4	3.3	0.2

Footnotes provided at end of table.

Table C-3.

Health Insurance Coverage Status and Type by Household Relationship and Family Income-to-Poverty Ratio: 2020 and 2021—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/cpsmar22.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 (±)
2020 Total⁶	327,521	91.4	0.2	66.5	0.4	34.5	0.3	8.6	0.2
Household Relationship									
Married couple family	194,490	93.6	0.2	74.8	0.4	29.0	0.4	6.4	0.2
With children under 18 years	107,237	92.7	0.3	75.5	0.6	20.3	0.6	7.3	0.3
Unmarried male reference person	42,228	86.9	0.6	58.9	0.9	36.3	0.8	13.1	0.6
With children under 18 years	11,019	86.2	1.4	54.7	1.9	35.5	1.8	13.8	1.4
Unmarried female reference person	72,797	90.2	0.4	50.2	0.7	49.9	0.6	9.8	0.4
With children under 18 years	32,368	89.4	0.7	41.8	1.1	52.1	1.1	10.6	0.7
Unrelated subfamilies	1,030	86.7	3.8	51.3	6.0	38.4	5.2	13.3	3.8
Secondary individuals	16,976	82.7	0.9	60.9	1.3	25.9	1.1	17.3	0.9
Income-to-Poverty Ratio									
Total, poverty universe⁵	327,032	91.4	0.2	66.6	0.4	34.4	0.3	8.6	0.2
Below 100 percent of poverty	37,461	82.8	0.8	23.2	0.9	64.2	0.9	17.2	0.8
Below 138 percent of poverty	56,740	83.8	0.6	25.3	0.7	64.5	0.8	16.2	0.6
Between 100 and 199 percent of poverty	52,548	86.5	0.6	39.5	0.9	56.6	0.8	13.5	0.6
Between 200 and 299 percent of poverty	50,660	88.0	0.5	60.3	0.9	38.5	0.8	12.0	0.5
Between 300 and 399 percent of poverty	41,886	91.1	0.6	72.1	0.9	29.0	0.8	8.9	0.6
At or above 400 percent of poverty	144,478	96.6	0.2	88.3	0.3	18.7	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 did not have health insurance coverage for the entire calendar year.

⁵ The poverty universe excludes unrelated individuals under the age of 15 such as foster children.

⁶ Implementation of 2020 Census-based population controls.

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, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

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