Health Insurance Coverage in the United States: 2019

Current Population Reports

By Katherine Keisler-Starkey and Lisa N. Bunch

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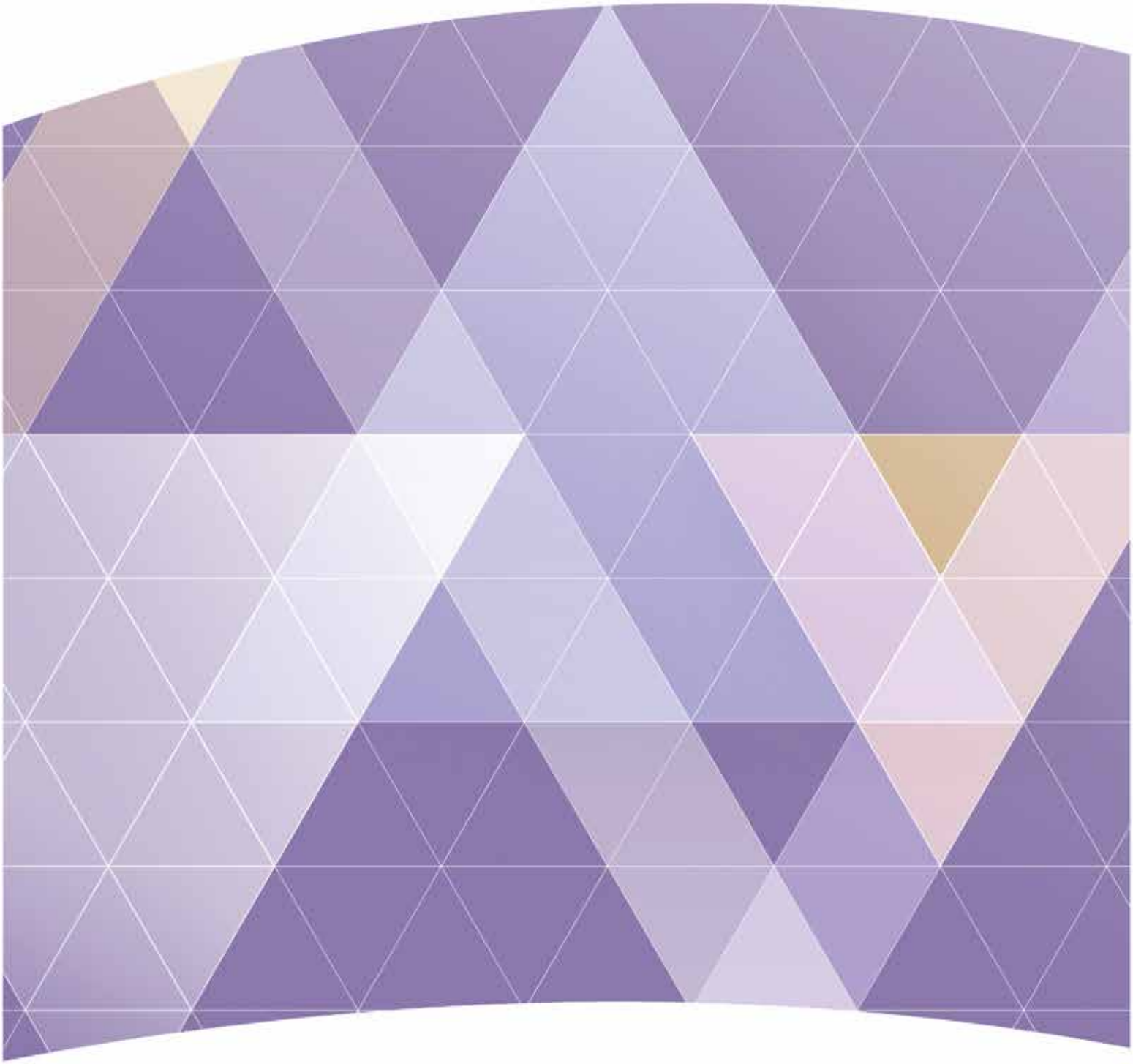

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Health Insurance Coverage in the United States: 2019

Introduction

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

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

This report presents statistics on health insurance coverage in the United States in 2019 and changes in health insurance coverage between 2018 and 2019.[1] The statistics in this report are based on information collected in two surveys conducted by the U.S. Census Bureau—the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and the American Community Survey (ACS).

The CPS is the longest-running survey conducted by the Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance coverage is an important part. The Census Bureau has integrated improvements to the CPS ASEC as the needs of data users and the health insurance environment have changed. This report presents estimates of health insurance coverage and type of coverage based on the CPS ASEC in 2019.

The 2019 CPS ASEC statistics used in this report were collected from February 2020 to April 2020. As a result of the COVID-19 pandemic, some data collection procedures

[1] The Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY20-POP001-0172.

What Is Health Insurance Coverage?

Health insurance coverage in the CPS ASEC refers to comprehensive coverage at any time during the calendar year.* Health insurance coverage in the ACS refers to comprehensive coverage at the time of interview. For all analyses, the population is restricted to the civilian, noninstitutionalized population. For reporting purposes, the 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: Medicaid, the Children's Health Insurance Program (CHIP), and individual state health plans.
- CHAMPVA or VA: Civilian Health and Medical Program of the Department of Veterans Affairs, as well as care provided by the Department of Veterans Affairs and the military.

People were 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.

were altered to protect the health of the public and those collecting the data (see the text box "The Impact of the Coronavirus (COVID-19) Pandemic on the CPS ASEC"). The Census Bureau has several working papers investigating how changes in CPS ASEC data collection in 2020 may have affected published estimates.[2] The Census Bureau recommends users consider the impact of the pandemic on CPS ASEC data collection in interpreting changes in health insurance coverage between 2018 and 2019 using the CPS ASEC.

The ACS is an ongoing survey that collects comprehensive information on social, economic, and housing topics. Due to its large sample size, the ACS provides estimates at many levels of geography. In response to legislative needs by partner federal agencies, the ACS added questions on health insurance in 2008. This report presents estimates of year-to-year change and the difference between health insurance coverage in 2010 and 2019 based on the ACS. The use of both surveys provides a more complete picture of health insurance coverage in the United States in 2019.

Measurement of Health Insurance Coverage in Two Surveys

The CPS ASEC and the ACS both ask whether people have health insurance coverage and, if so, about the type of health coverage they have. The two surveys differ in the question wording, the reference period for health insurance estimates, and when

[2] For additional information related to the impact of COVID-19 on the 2020 CPS ASEC, see Berchick, Edward R., 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 Rothbaum, Jonathan and C. Adam Bee, "Coronavirus Infects Surveys, Too: Nonresponse Bias During the Pandemic in the CPS ASEC," <www.census.gov/library/working-papers /2020/demo/SEHSD-WP2020-10.html>.

The Impact of the Coronavirus (COVID-19) Pandemic on the CPS ASEC

The Census Bureau administers the CPS ASEC each year between February and April by telephone and in-person interviews, with the majority of data collected in March. This year, data collection faced extraordinary circumstances. On March 11, 2020, the World Health Organization declared that global coronavirus cases had reached pandemic levels. As the United States began to grapple with the implications of the COVID-19 pandemic for the nation, interviewing for the March CPS began (the official start date was March 15). In order to protect the health and safety of Census Bureau staff and respondents, the survey suspended in-person interviews and closed both Computer-Assisted Telephone Interviewing (CATI) contact centers on March 20. For the rest of March and through April, the Census Bureau continued to attempt all interviews by phone. For those whose first month in the survey was March or April, the Census Bureau used vendor-provided telephone numbers associated with the sample address.

While the Census Bureau went to great lengths to complete interviews by telephone, the response rate for the CPS basic household survey was 73 percent in March 2020, about 10 percentage points lower than in preceding months and the same period in 2019, which were regularly above 80 percent. Further, as the Bureau of Labor Statistics stated in their FAQs accompanying the April 3 release of the March Employment Situation, "Response rates for households normally more likely to be interviewed in person were particularly low. The response rate for households entering the sample for their first month was over 20 percentage points lower than in recent months, and the rate for those in the fifth month was over 10 percentage points lower."

The change from conducting first interviews in person to making first contacts by telephone only is a contributing factor to the lower response rates. Further, it is likely that the characteristics of people for whom a telephone number was found may be systematically different from the people for whom the Census Bureau was unable to obtain a telephone number. While the Census Bureau creates weights designed to adjust for nonresponse and to control weighted counts to independent population estimates by age, sex, race, and Hispanic origin, the magnitude of the increase in (and differential nature of) nonresponse related to the pandemic likely reduced their efficacy.[1] Using administrative data, Census Bureau researchers have documented that the nonrespondents in 2020 are less similar to respondents than in earlier years. Of particular interest for the estimates in this report are the differences in median income and educational attainment, indicating that respondents in 2020 had relatively higher income and were more educated than nonrespondents. For more details, see <www.census.gov/newsroom/blogs/random -samplings/2020/09/pandemic-affect-survey-response.html>.

[1] For more information about the design of the survey, see Technical Paper 77, <https://www2.census.gov/programs-surveys/cps/methodology/CPS-Tech-Paper-77.pdf>.

and how the data are collected.[3] Key differences between the surveys are summarized below.

In the CPS ASEC, which is conducted between February and April, respondents answer questions about whether they had health insurance coverage at any time in the previous calendar year. People are considered "uninsured" only if they had no health insurance coverage at any time during the previous calendar year. In contrast, the ACS is collected continuously throughout the calendar year. The survey asks if a person is currently covered by any of a list of types of health insurance. People are considered uninsured in the ACS if they report that they do not have health coverage at the time that they answered the survey.

The CPS ASEC and the ACS also differ in terms of interview mode, or how the data are collected. The CPS ASEC is conducted by interviewers, either with a personal visit or over the telephone. For the ACS, although some respondents complete the survey with an interviewer, the majority of people respond for themselves using an Internet questionnaire or a mailed paper form.

The CPS ASEC underwent a two-stage redesign in recent years, including changes to the questionnaire in 2014 and to post-survey collection processing methods in 2019.[4] Evidence suggests that the redesign addressed known limitations to CPS ASEC health coverage measures and improved health insurance measurement.[5] The 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 and the uninsured. The Census Bureau generally recommends the CPS ASEC be used for national statistics and the ACS be used for small populations, subnational geographies, and comparisons over a longer time period (from 2008 to 2019).

This report describes health insurance coverage at the national level using the CPS ASEC. It primarily uses the ACS 1-year estimates to examine coverage for key populations and to compare changes in coverage between 2018 and 2019. ACS 1-year estimates data were collected during 2019 and, thus, data collection occurred before the COVID-19 pandemic. The use of both surveys provides a more complete picture of health insurance coverage in the United States in 2019.

Highlights

- In 2019, 8.0 percent of people, or 26.1 million, did not have health insurance at any point during the year, according to the CPS ASEC (Figure 1 and Table 1).[6] The percentage of people with health insurance coverage for all or part of 2019 was 92.0 percent (Table 1).[7]
- Private health insurance coverage was more prevalent than public coverage, covering 68.0 and 34.1 percent of the population at some point during the year, respectively (see the text box "What Is Health Insurance Coverage?").[8] Employment-based insurance was the most common subtype (Figure 1 and Table 1).
- In 2019, 9.2 percent of people, or 29.6 million, were not covered by health insurance at the time of interview, according to the ACS, up from 8.9 percent and 28.6 million (Table 1).[9]
- In 2019, the percentage of people with employer-provided coverage at the time of interview was slightly higher than in 2018, from 55.2 percent in 2018 to 55.4 percent in 2019.[10, 11]
- The percentage of people with Medicaid coverage at the time of interview decreased to 19.8 percent in 2019, down from 20.5 percent in 2018 (Table 1).
- Between 2018 and 2019, the percentage of people without health insurance coverage decreased in one state and increased in 19 states (Figure 8).

[3] For additional information on measurement of health insurance coverage in the CPS ASEC and the ACS, see <www.census.gov/topics/health/health-insurance/guidance.html>.

[4] For more information on the survey redesign, see Berchick, Edward R., Jessica C. Barnett, and Rachel D Upton, "Health Insurance Coverage in the United States: 2018," Appendix A, *Current Population Reports*, P60-267, U.S. Census Bureau, Washington DC, 2019, <www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>.

[5] Jackson, H. and E. 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 <https://doi.org/10.1177/0046958020923554> and Berchick, E. R. and H. M. Jackson, "Health Insurance Coverage in the 2017 CPS ASEC Research File," SEHSD Working Paper WP2019-01, 2019, <www.census.gov/content/dam/Census/library/working-papers/2019/demo/sehsd-wp2019-01.pdf>.

[6] Infants born after the end of the calendar year are excluded from estimates of health coverage in the previous calendar year in the CPS ASEC. These infants were not yet born and, therefore, neither had coverage nor were uninsured during the previous calendar year.

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

[8] Some people may have more than one coverage type during the calendar year.

[9] The CPS ASEC and the ACS have different sampling frames. To ensure consistency between surveys, the ACS analysis throughout this report includes only the civilian noninstitutionalized population. For additional information, see <www.census.gov/programs-surveys/acs/>.

[10] Estimates in this highlight and the remaining highlights come from the ACS 1-year estimates.

[11] Throughout this report, details may not sum to totals because of rounding.

- All states and the District of Columbia had a lower uninsured rate in 2019 than in 2010.

Health Insurance Coverage

This report classifies health insurance coverage into three categories: overall coverage, private coverage, and public coverage (see the text box "What Is Health Insurance Coverage?").

Most people (92.0 percent) had health insurance coverage at some point during 2019 (Figure 1 and Table 1). That is, 8.0 percent of people, or 26.1 million, were uninsured for the entire calendar year. More people had private health insurance (68.0 percent) than public coverage (34.1 percent).[12]

Employment-based insurance was the most common subtype of health insurance, with 56.4 percent of people holding this type of coverage in 2019. About 10.2 percent of people held direct-purchase health coverage, and 2.6 percent were covered through TRICARE. Of the two most common types of public coverage, Medicare covered more people than Medicaid (18.1 percent compared with 17.2 percent, respectively). About 1.0 percent of people were covered through VA or CHAMPVA health care (Table 1 and Figure 1).[13]

The ACS also provides estimates of health insurance coverage at the national level. As a result of the differences between the CPS ASEC and the ACS discussed above, the estimates of health insurance coverage are not expected to be the same in both surveys.

The ACS found that 90.8 percent of the population had health insurance coverage at the time of interview in 2019, and the CPS ASEC found 92.0 percent had coverage at some point during 2019. The relationships among coverage types in the ACS are consistent with those reported in the CPS ASEC. For example, more people had private health insurance (67.4 percent) than public coverage (35.4 percent) at the time of interview.[14] Employment-based insurance was the most common subtype of health insurance coverage held at the time of interview in 2019 (55.4 percent), followed by Medicaid (19.8 percent), Medicare (18.1 percent), direct-purchase insurance (13.1 percent), TRICARE (2.7 percent), and VA or CHAMPVA health care (2.2 percent) (Table 1).[15]

The two surveys find different year-to-year changes in overall coverage and for some types of coverage. For instance, the CPS ASEC found health insurance coverage statistically increased between 2018 and 2019, driven by employment-based health insurance. In contrast, the ACS showed the overall coverage rate

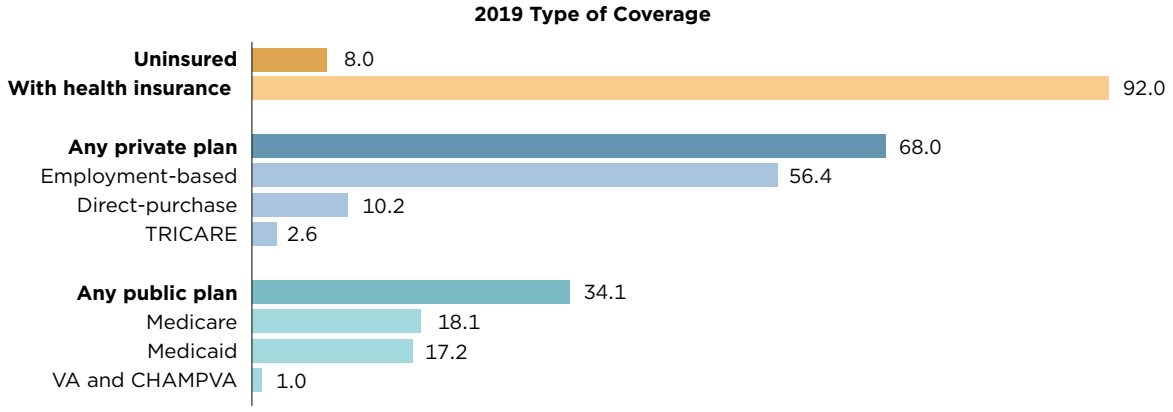
[12] See the text box "What Is Health Insurance Coverage?" for definitions of private and public coverage. Some people may have more than one coverage type during the calendar year.

[13] 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.

[14] Some people may have more than one coverage type at the time of the interview.

[15] The ACS estimates for Medicare and TRICARE are not significantly different than the CPS estimates for Medicare and TRICARE, respectively.

Figure 1.
Percentage of People by Type of Health Insurance Coverage: 2019
(Population as of March 2020)



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. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf>.

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

Table 1.

Coverage Numbers and Rates by Type of Health Insurance: 2018 and 2019

(Numbers in thousands. Margins of error in thousands or percentage points as appropriate. CPS ASEC population as of March of the following year. ACS population as of July of the calendar year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf> and <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>)

Coverage type	2018				2019				Change (2019 less 2018)
	Number	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Number	Margin of error[1] (±)	Percent	Margin of error[1] (±)	
CPS ASEC[2]									
Total	**323,668**	**133**	**X**	**X**	**324,550**	**132**	**X**	**X**	**X**
Any health plan	296,206	641	91.5	0.2	298,438	689	92.0	0.2	*0.4
Any private plan[3, 4]	217,780	1,222	67.3	0.4	220,848	1,121	68.0	0.3	*0.8
Employment-based[3]	178,350	1,283	55.1	0.4	183,005	1,142	56.4	0.4	*1.3
Direct-purchase[3]	34,846	647	10.8	0.2	33,170	776	10.2	0.2	*–0.5
Marketplace coverage[3]	10,743	428	3.3	0.1	9,716	417	3.0	0.1	*–0.3
TRICARE[3]	8,537	508	2.6	0.2	8,534	522	2.6	0.2	Z
Any public plan[3, 5]	111,330	962	34.4	0.3	110,687	967	34.1	0.3	–0.3
Medicare[3]	57,720	401	17.8	0.1	58,779	408	18.1	0.1	*0.3
Medicaid[3]	57,819	891	17.9	0.3	55,851	927	17.2	0.3	*–0.7
VA or CHAMPVA[3, 6]	3,217	182	1.0	0.1	3,221	188	1.0	0.1	Z
Uninsured[2]	**27,462**	**630**	**8.5**	**0.2**	**26,111**	**657**	**8.0**	**0.2**	***–0.4**
ACS[2]									
Total	**322,249**	**15**	**X**	**X**	**323,121**	**18**	**X**	**X**	**X**
Any health plan	293,684	178	91.1	0.1	293,482	210	90.8	0.1	*–0.3
Any private plan[3, 4]	217,623	404	67.5	0.1	217,812	446	67.4	0.1	–0.1
Employment-based[3]	177,740	354	55.2	0.1	178,919	404	55.4	0.1	*0.2
Direct-purchase[3]	43,191	184	13.4	0.1	42,302	179	13.1	0.1	*–0.3
TRICARE[3]	8,767	79	2.7	Z	8,782	88	2.7	Z	Z
Any public plan[3, 5]	114,750	205	35.6	0.1	114,315	222	35.4	0.1	*–0.2
Medicare[3]	56,869	63	17.6	Z	58,327	59	18.1	Z	*0.4
Medicaid[3]	65,965	234	20.5	0.1	64,077	247	19.8	0.1	*–0.6
VA or CHAMPVA[3, 6]	7,477	44	2.3	Z	7,247	57	2.2	Z	*–0.1
Uninsured[2]	**28,566**	**183**	**8.9**	**0.1**	**29,639**	**210**	**9.2**	**0.1**	***0.3**

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

X Not applicable.

Z Rounds to zero.

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

[2] In the CPS ASEC, individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year. In the ACS, individuals are considered uninsured if they are uninsured at the time of interview.

[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.

Source: U.S. Census Bureau, Current Population Survey, 2019 and 2020 Annual Social and Economic Supplement (CPS ASEC), 2018 and 2019 American Community Surveys (ACS), 1-Year Estimates.

decreased between 2018 and 2019. An increase in employment-based coverage at the time of interview in the ACS was offset by decreases in direct purchase, Medicaid, VA, and CHAMPVA coverage. Both surveys found that Medicare coverage increased and Medicaid coverage declined between 2018 and 2019.[16] Direct-purchase coverage also decreased in both surveys.[17]

The diverging results from the two surveys may reflect real-world changes. For instance, the timing of changes in economic conditions may affect when individuals experience coverage transitions. Higher employment in the latter part of the year may not be reflected in coverage estimates at time of interview (ACS), but may be captured by measures of any coverage in the previous calendar year (CPS ASEC).[18] At the same time, the operational changes to CPS ASEC data collection required due to the COVID-19 pandemic may also have contributed to higher estimates of employer-provided coverage.

Health Insurance Coverage in 2019 by Selected Characteristics

The prevalence of health insurance coverage varies across social and economic characteristics. This section focuses on coverage at any time in 2019 using the CPS ASEC.

Age is associated with the likelihood that a person has health insurance coverage. Older adults (those over the age of 65) and children (those under the age of 19) are more likely to have health insurance coverage than those aged 19 to 64, in part because their age makes them eligible for certain public health insurance programs. Medicare provides health coverage benefits for most adults aged 65 and older. Children under the age of 19 may qualify for coverage through Medicaid or the Children's Health Insurance Program (CHIP), and other children may receive coverage through a parent or guardian's plan up to the age of 25.[19] In 2019, 1.1 percent of adults aged 65 and older were uninsured for the entire calendar year, followed by children under the age of 19 (5.2 percent) and adults aged 19 to 64 (11.1 percent) (Figure 2).

In 2019, coverage differed across race and Hispanic origin groups. The uninsured rates for non-Hispanic Whites and Asians were 5.2 percent and 6.2 percent, respectively.[20] The percentages of Blacks and Hispanics with no health insurance coverage for the entire calendar year were higher than for non-Hispanic Whites, at 9.6 percent and 16.7 percent, respectively. Hispanics had the highest uninsured rates among all race and ethnic groups (Figure 2).[21]

Family economic resources may also determine access to coverage. One way to consider the economic resources of a family is to look at coverage by the income-to-poverty ratio. The income-to-poverty ratio compares a family's or an unrelated individual's income with the applicable threshold. People in families are classified as being in poverty if their family income is less than their poverty threshold.[22] People who live alone or with nonrelatives have a poverty status that is defined based on their own income.

Health insurance coverage rates are generally higher for people in higher income-to-poverty ratio groups. In

[16] The increase in Medicare coverage was partly due to growth in the number of people aged 65 and older. Among those 65 years and older, the Medicare coverage rate did not statistically change between 2018 and 2019 in either survey. However, the percentage of the U.S. population 65 years and older increased between 2018 and 2019.

[17] The 2018–2019 differences of the ACS estimates for Medicare, Medicaid, and Direct Purchase were not significantly different than the 2018–2019 differences of the CPS estimates for Medicare, Medicaid, and Direct Purchase, respectively.

[18] Notably, since the ACS added health insurance questions, the comparisons in health insurance coverage between years have not resulted in statistically significant results that vary in direction of change between the two surveys. Until now, the two surveys have either both identified statistically significant year-to-year change in the same direction or the apparent change in the CPS ASEC was not statistically significant.

[19] The 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.

[20] 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. The ACS, based on a larger sample of the population, is a better source for estimating and identifying changes for small subgroups of the population.

[21] 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.

Since Hispanics may be any race, data in this report for Hispanics overlap with data for race groups. Being Hispanic was reported by 15.6 percent of White householders who reported only one race, 5.0 percent of Black householders who reported only one race, and 2.5 percent of Asian householders who reported only one race.

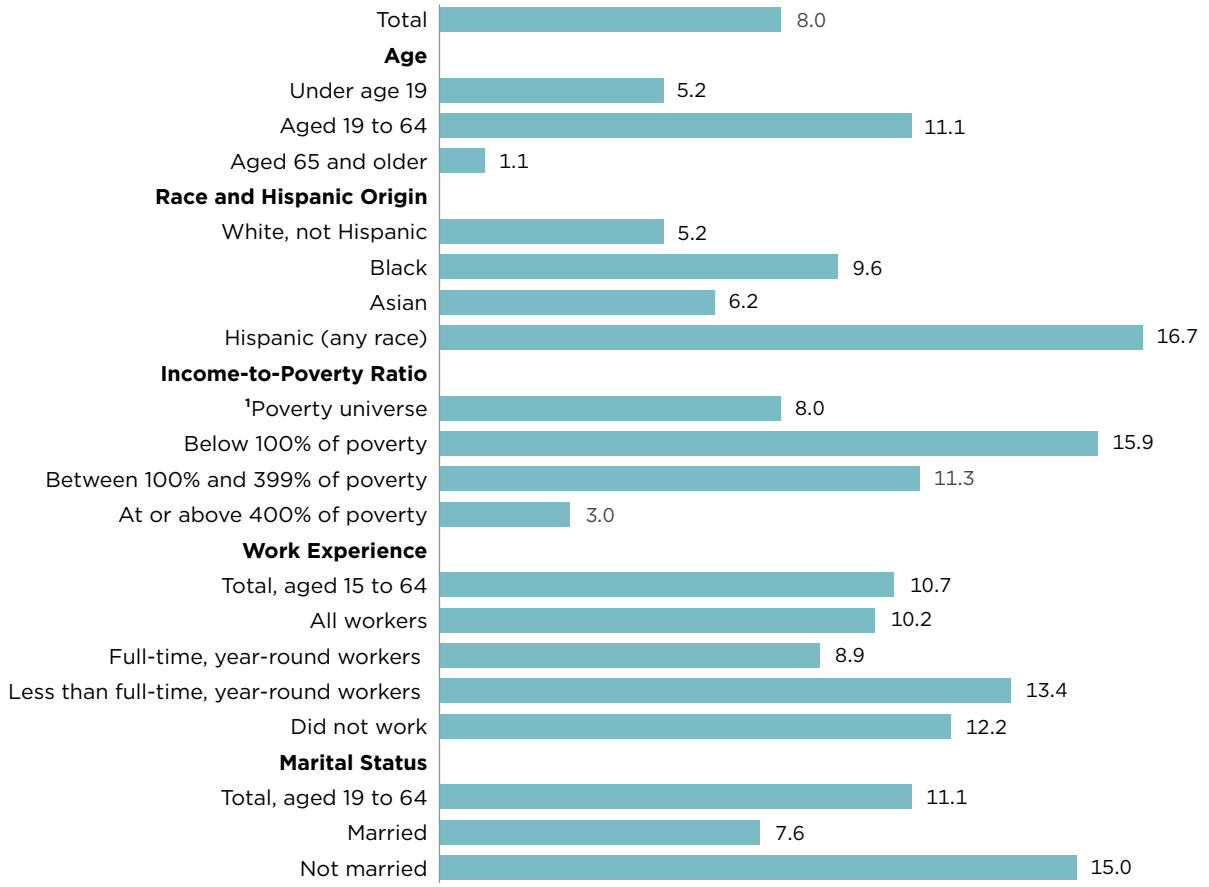
Data users should exercise caution when interpreting aggregate results for the Hispanic population or for race groups because these populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and nativity. For further information, see <www.census.gov/cps>.

[22] The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report, "Income and Poverty in the United States: 2019," provides a more detailed description of how the Census Bureau calculates poverty; see <www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>.

Figure 2.

Percentage of People Without Health Insurance Coverage by Selected Characteristics: 2019

(Population as of March 2020)



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

Note: In the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), people are considered uninsured if they do not have health insurance coverage for the entire calendar year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf>.

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

2019, the uninsured rate was highest among people in poverty (living below 100 percent of their poverty threshold) and decreased as the income-to-poverty ratio increased. People in poverty had the highest uninsured rate (15.9 percent), while people living at or above 400 percent of poverty had the lowest uninsured rate (3.0 percent).

For many people aged 15 to 64, health insurance coverage is also related to work status such as working full-time, year-round; working less than full-time, year-round; or not working at all during the calendar year.[23] In 2019, 10.2 percent of people who worked at some point during the previous calendar year did not have health insurance coverage. Full-time, year-round workers were less likely to be uninsured (8.9 percent) than people working less than full-time, year-round (13.4 percent) or nonworkers (12.2 percent).

Many adults obtain health insurance coverage through their spouse and, therefore, health insurance coverage is related to marital status. In 2019, adults aged 19 to 64 who were not married were about twice as likely to be uninsured than their married counterparts (15.0 percent compared with 7.6 percent).

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

Health Insurance Coverage Over Time

Although the CPS ASEC is the longest running survey producing estimates of health insurance coverage, the economic and political landscape has shifted over the past 25 years. These real-world changes have led to a robust agenda for survey improvement. Most recently, the Census Bureau has implemented improvements to the CPS ASEC in a two-step process, starting with a questionnaire redesign in 2014 and an updated processing system in 2019.

Due to changes in survey content and methodology, researchers should use caution when comparing health insurance coverage estimates from the CPS ASEC over time.[24] CPS ASEC health insurance estimates for calendar year 2013 through 2017 are not directly comparable to previous years. Additionally, estimates for calendar year 2018 and later years should only be compared with 2017 estimates from the 2018 ASEC Bridge file or 2016 estimates from the 2017 Research file.

The ACS, which began collecting data on health insurance coverage in 2008, provides comparable estimates of health insurance coverage and changes in health insurance coverage over a longer period than the redesigned CPS ASEC.[25] This report uses the ACS to present health insurance coverage over the longer time period. Further, this year the report uses ACS data to measure year-to-year changes in coverage by selected characteristics. These data for 2019 were collected prior to the COVID-19 pandemic and are not impacted by subsequent changes in survey operations. For more information, see the text box "The Impact of the Coronavirus (COVID-19) Pandemic on the CPS ASEC."

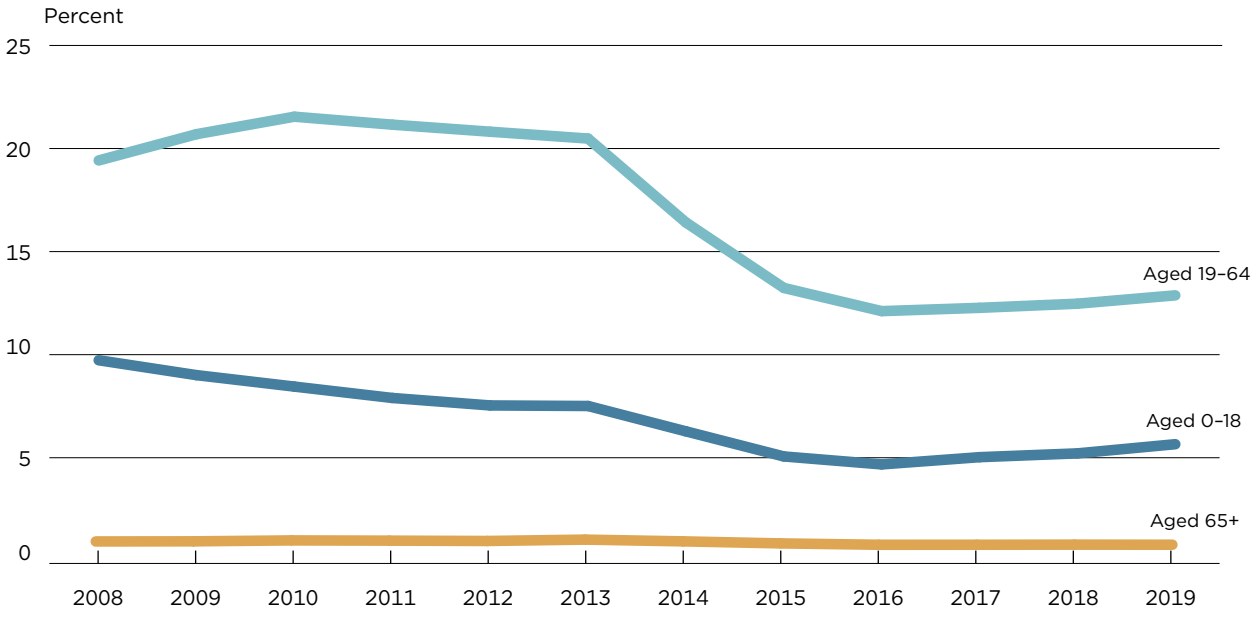
Health Insurance Coverage by Age: 2008–2019

As shown in Figure 3, between 2008 and 2013, the uninsured rate for children under the age of 19 steadily

[24] For a discussion of measuring change over time with the CPS ASEC, see Berchick, Edward R., Jessica C. Barnett, and Rachel D. Upton, "Health Insurance Coverage in the United States: 2018," Appendix A, *Current Population Reports*, P60-267, U.S. Census Bureau, Washington DC, 2019, <www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>.

[25] For a discussion of health insurance coverage in the ACS, see text box "Health Insurance Coverage in the ACS" in Berchick, Edward R., 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/content/dam/Census/library/publications/2019/demo/p60-267.pdf>.

Figure 3.
Percentage of People Without Health Insurance Coverage by Age: 2008 to 2019
(Civilian noninstitutionalized population)



Note: Estimates reflect the population as of July of the calendar year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>.
Source: U.S. Census Bureau, 2008 to 2019 American Community Surveys (ACS), 1-Year Estimates.

declined and the uninsured rate for adults aged 65 and older increased slightly. Following an increase between 2008 and 2010 during and immediately following the recession, the uninsured rates for working-age adults declined between 2010 and 2013. The uninsured rate further decreased by 4.1 percentage points for adults aged 19 to 64 and by 1.2 percentage points for children under the age of 19 between 2013 and 2014, when many provisions of the Patient Protection and Affordable Care Act (ACA) were implemented.[26]

Between 2018 and 2019, the uninsured rate for the two under-65 age groups each increased by 0.4 percentage points, to 12.9 percent for adults aged 19 to 64 and to 5.7 percent for children under the age of 19. The uninsured rate for people aged 65 and older did not statistically change between 2018 and 2019.

Health Insurance Coverage by Selected Characteristics: 2010, 2018, and 2019

Between 2018 and 2019, Hispanics experienced the largest change in uninsured rates among race and Hispanic origin groups, increasing from 17.9 percent in 2018 to 18.7 percent in 2019, a 0.7 percentage-point increase. The percentage of non-Hispanic Whites and Asians without health insurance coverage increased by 0.2 and 0.3 percentage points, respectively. However, there was no statistical change in the percentage of Blacks without health insurance coverage between 2018 and 2019 (Appendix Table A-2).[27]

The increase in the uninsured rate for Hispanics was driven by a 1.4 percentage-point decrease in the percentage of Hispanics with public coverage (to 36.3 percent) (Figure 4). Despite the decrease in their overall coverage, the percentage of Hispanics with private coverage increased by 0.6 percentage points (to 50.1 percent) between 2018 and 2019 (Figure 4 and Appendix Table A-2).[28] Between 2018 and 2019, Blacks also experienced an increase in private coverage (0.4 percentage points)[29] and a decrease in public coverage (0.4 percentage points).[30] The percentage of non-Hispanic Whites with private coverage decreased 0.4 percentage points to 74.7 percent, while the percentage with public coverage increased 0.2 percentage points to 34.3 percent.

Health insurance coverage and type also vary by income-to-poverty ratio. People in higher income-to-poverty groups were more likely to be covered through private coverage than people in lower income-to-poverty groups in 2019. For example, in 2019, 87.6 percent of people with income-to-poverty ratio at or above 400 percent of poverty had private coverage, compared with 60.1 percent for those with incomes 100 to 399 percent of poverty, and 26.6 percent for those with incomes below poverty.

In contrast, public coverage was the most prevalent for the population in poverty (65.2 percent) and least prevalent for the population with income-to-poverty ratios at or above 400 percent of poverty (21.9 percent).

Between 2018 and 2019, rates of private coverage decreased among the populations with income-to-poverty ratios between 100 and 399 percent of poverty and at or above 400 percent of poverty.[31] Rates of public health insurance decreased among the populations with income-to-poverty ratios between 100 and 399, but increased for those at or above 400 percent of poverty. Both private and public coverage rates for people with income-to-poverty ratio below 100 percent of their poverty threshold did not statistically change (Figure 4).[32]

Workers are generally more likely to have private coverage than nonworkers, due to the availability of employment-based coverage. In 2019, 84.6 percent of full-time, year-round workers were covered through private insurance, a decrease of 0.5 percentage points compared with 2018. Private insurance coverage rates for those who worked less than full-time, year-round decreased by 0.3 percentage points to 66.4 percent.[33] Private coverage did not statistically change for nonworkers between 2018 and 2019.

Looking at public coverage in 2019, nonworkers were about twice as likely as those who worked less than full-time, year-round to have public coverage: 42.6 percent and 21.0 percent had public coverage, respectively. About 7.4 percent of full-time, year-round workers had public coverage. Between 2018 and 2019, public coverage decreased by 0.5 percentage points for nonworkers, 0.2 percentage points among those who worked full-time, year-round, and 0.2 percentage

[26] See text box "Health Insurance Coverage and the Affordable Care Act" in Berchick, Edward R., Emily Hood, and Jessica C. Barnett, "Health Insurance Coverage in the United States: 2017," *Current Population Reports*, P60-264, U.S. Census Bureau, Washington DC, <www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>.

[27] The change in the uninsured rate between 2018 and 2019 for Asians was not statistically different from the change for Blacks or the change for non-Hispanic Whites.

[28] The change in the private coverage rate between 2018 and 2019 for Hispanics was not statistically different from the change for Blacks or Asians.

[29] The change in the private coverage rate between 2018 and 2019 for Blacks was not statistically different from the change for Hispanics or Asians.

[30] The change in the public coverage rate between 2018 and 2019 for Blacks was not statistically different from the change for Asians.

[31] The change in the private coverage rate between 2018 and 2019 for those with income-to-poverty ratios between 100 and 399 percent of poverty was not statistically different from the change for those at or above 400 percent of poverty.

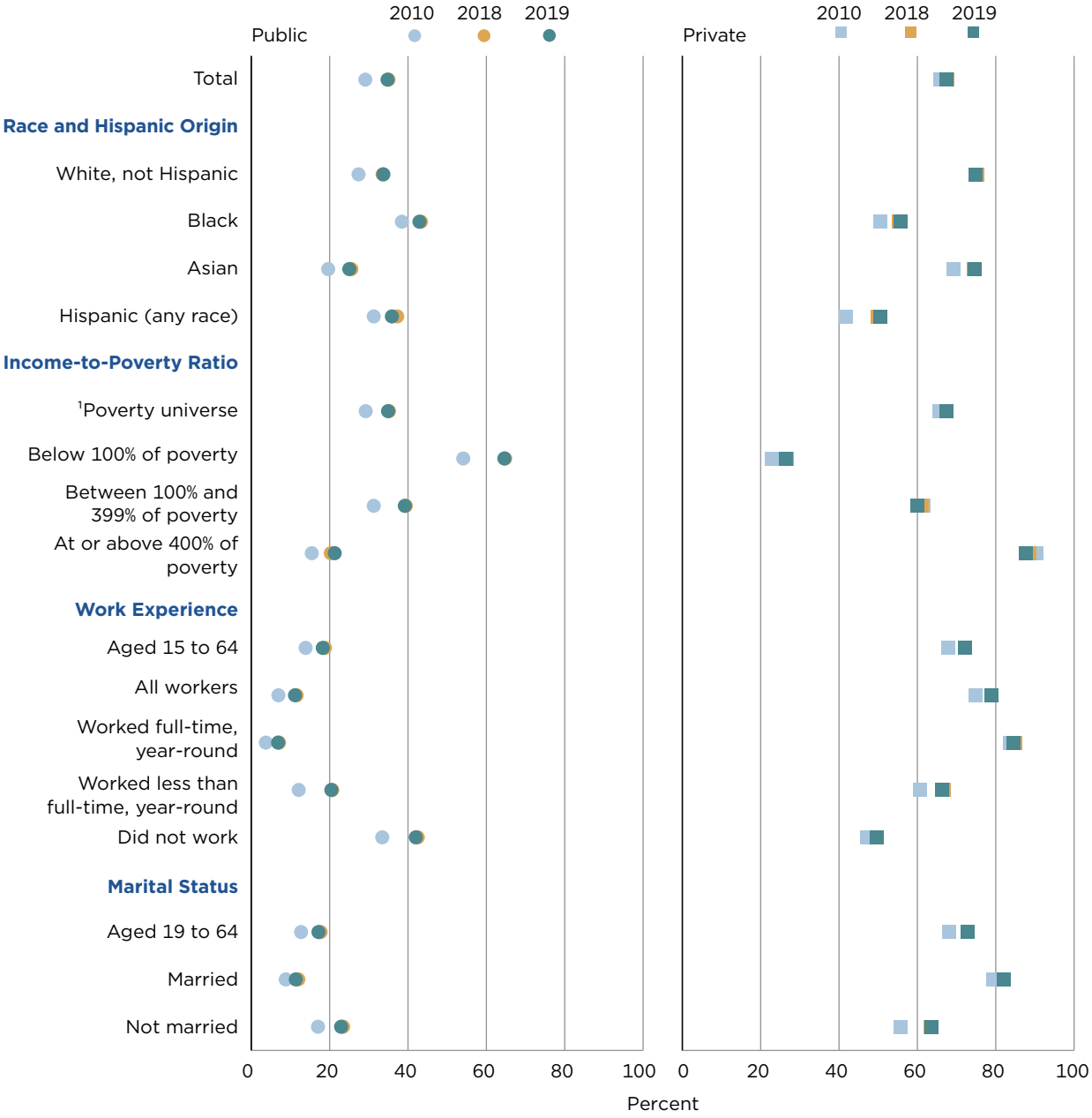
[32] The change in the public coverage rate between 2018 and 2019 for those with income-to-poverty ratios between 100 and 399 percent of poverty was not statistically different from the change for those in poverty.

[33] The change in the private coverage rate between 2018 and 2019 for those who worked full-time, year-round was not statistically different from the change for those who worked less than full-time, full-year-round.

Figure 4.

Percentage of People by Health Coverage Type and Selected Characteristics: 2010, 2018, and 2019

(Civilian noninstitutionalized population. If 2018 appears to be missing for a characteristic, then it is within 1.0 percentage point of the 2019 estimate. The difference in the 2018 and 2019 point estimates may still be statistically significant. To determine the significance of these differences, please see Table A-2)



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

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the figure. 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. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>.

Source: U.S. Census Bureau, 2010, 2018, and 2019 American Community Surveys (ACS), 1-Year Estimates.

points among those who worked less than full-time, year-round.[34]

Because health insurance can be obtained through a spouse, marital status is an important factor for coverage. Neither married nor unmarried adults experienced a statistical change in private coverage rates between 2018 and 2019.[35] Among married adults in 2019, 12.0 percent had public coverage, a 0.6 percentage-point decrease compared with 2018. Among unmarried adults in 2019, 23.5 percent had public coverage, a 0.5 percentage-point decrease from 2018.

For all social and demographic characteristics examined, public coverage increased between 2010 and 2019.[36] Private coverage generally increased over this same time period, with a few exceptions. The percentage of non-Hispanic Whites covered by private health insurance decreased 0.4 percentage points between 2010 and 2019. During this period, private coverage rates also decreased for people who were not in poverty.

Children Without Health Insurance Coverage

In 2019, 5.7 percent of children under the age of 19 did not have coverage at the time of interview, a 0.4 percentage-point increase from 2018. In 2019, there were about 320,000 more uninsured children than there were in 2018. For many selected characteristics, the percentage of children without coverage was significantly higher in 2019 than in 2018 (Figure 5).

The uninsured rate increased for children in each income-to-poverty group. The uninsured rate increased 0.7 percentage points for children living in families in poverty.[37] For those between 100 and 399 percent of poverty and those above 400 percent of poverty, the uninsured rate increased by 0.5 percentage points and 0.3 percentage points, respectively. In both years, the percentage of children without health insurance coverage decreased as the income-to-poverty ratio increased.

The uninsured rate increased for all children between 2018 and 2019, but the increase was largest for Hispanic children. The uninsured rate increased for non-Hispanic White children (by 0.2 percentage points) and Black children (by 0.3 percentage points) to 4.3 percent and 4.6 percent, respectively.[38] In 2019, 9.2 percent of Hispanic children were uninsured, representing a 1.0 percentage-point increase from 2018.

Other characteristics also reveal that changes in health insurance coverage between 2018 and 2019 among children under the age of 19 did not occur equally across regional groups. For example, children living in the South were more likely to be uninsured than children living in other regions in the United States, and between 2018 and 2019, their uninsured rate increased 0.6 percentage points to 7.7 percent.[39] The uninsured rate also increased for children in the Northeast (0.2 percentage points), children in the Midwest (0.3 percentage points), and children in the West (0.5 percentage points).[40]

Health Insurance Coverage for Adults Aged 19 to 64 by Income-to-Poverty Ratio and Medicaid Expansion Status

The ACA provided the option for states to expand Medicaid eligibility to people whose income-to-poverty ratio fell under a particular threshold.[41] As of January 1, 2019, 32 states and the District of Columbia had expanded Medicaid eligibility ("expansion states")[42]; 18 states had not expanded Medicaid eligibility ("nonexpansion states"). The uninsured rate in 2019 varied by state Medicaid expansion status. In 2019, among adults aged 19 to 64, those in expansion states had lower uninsured rates (9.8 percent) than those

[34] The change in the public coverage rate between 2018 and 2019 for those who worked full-time, year-round was not statistically different from the change for those who worked less than full-time, year-round.

[35] In Figure 4, unmarried adults include those who were never married, as well as those who are widowed, divorced, or separated. For estimates of health insurance coverage for each of these groups, see Appendix Table A-2.

[36] Overall, public coverage increased from approximately 90 million recipients to 114 million between 2010 and 2019.

[37] The change in the uninsured rate between 2018 and 2019 for those under the age of 19 and in poverty was not statistically different from the change for those under the age of 19 with income-to-poverty ratios between 100 and 399 percent of poverty.

[38] The change in the uninsured rate between 2018 and 2019 for non-Hispanic White children under the age of 19 was not statistically different from the change for Black children under the age of 19.

[39] For information about how the Census Bureau classifies regions, see <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

[40] The change in the uninsured rate in the Northeast was statistically different from the change in the uninsured rate for people in the South or West. The other decreases were not statistically different from one another.

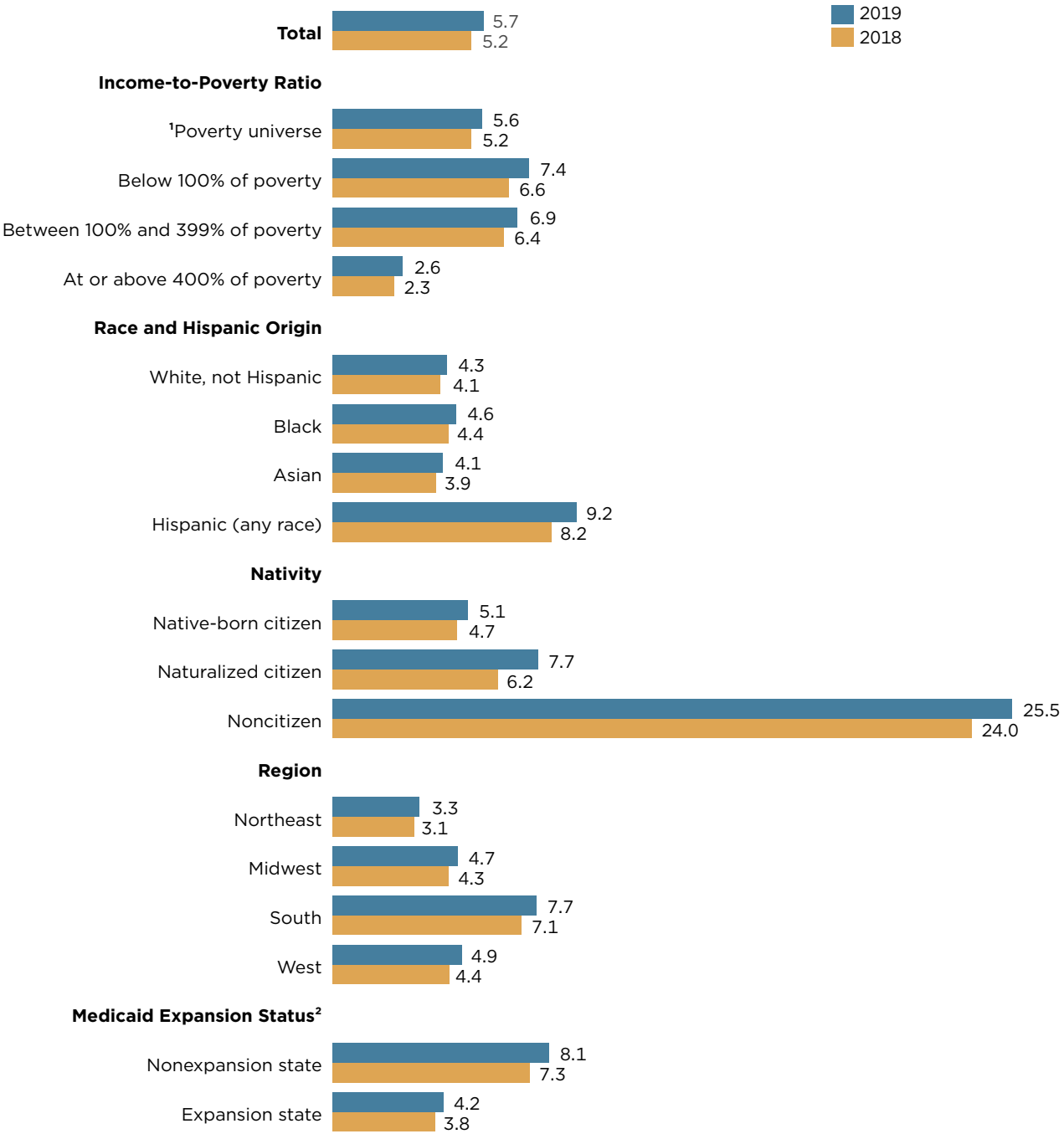
[41] For a list of the state and their Medicaid expansion status as of January 1, 2019, see Appendix Table A-3: Percentage of People Without Health Insurance Coverage by State: 2010, 2018, and 2019.

[42] Only states that officially expanded Medicaid eligibility as of January 1, 2019, are included as expansion states for 2019. States that had not expanded as of January 1, 2019, are not included as expansion states even if they later implemented Medicaid expansion with retroactive access, as people are asked their coverage at the time of interview. For example, Maine expanded Medicaid eligibility on January 10, 2019, retroactive to July 2, 2018. Maine is not considered an expansion state in this report.

Figure 5.

Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2018 to 2019

(Civilian noninstitutionalized population, Children aged 19 and under)



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

[2] Medicaid expansion status as of January 1, 2019. For a list of expansion and nonexpansion states, see Appendix Table A-3, Percentage of People Without Health Insurance Coverage by State: 2010, 2018, and 2019.

Note: All presented statistics have a statistically different change between 2018 and 2019 at the 90 percent confidence level, except for Asian. Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the figure. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>.

Source: U.S. Census Bureau, 2018 and 2019 American Community Surveys (ACS), 1-Year Estimates.

in nonexpansion states (18.4 percent) (Figure 6).

Under the ACA, states can expand Medicaid eligibility to people whose income-to-poverty ratio falls under a particular threshold. For adults aged 19 to 64, the relationship between poverty status and health insurance coverage in 2019 may be related to the state of residence and whether that state expanded Medicaid eligibility (Figure 6).[43]

Uninsured rates were lower for all income-to-poverty groups in expansion states than in nonexpansion states. At the same time, the uninsured rate increased for individuals in all income-to-poverty groups in both expansion and nonexpansion states between 2018 and 2019. The magnitude of change between the years varied by poverty status and state expansion status. For people living below the poverty line, the uninsured rate increased by 0.7 percentage points in expansion states to 16.4 percent, and 1.7 percentage points in nonexpansion states to 36.4 percent. For those living between 100 and 399 percent of poverty, the percentage of people without health insurance increased 1.1 percentage points to 14.6 percent in expansion states, and 1.0 percentage points to 23.3 percent in nonexpansion states.[44] The uninsured rate for those living at or above 400 percent of poverty increased by 0.3 percentage points in expansion states to 4.2 percent, and by 0.6 percentage points in nonexpansion states to 7.1 percent over the same period.

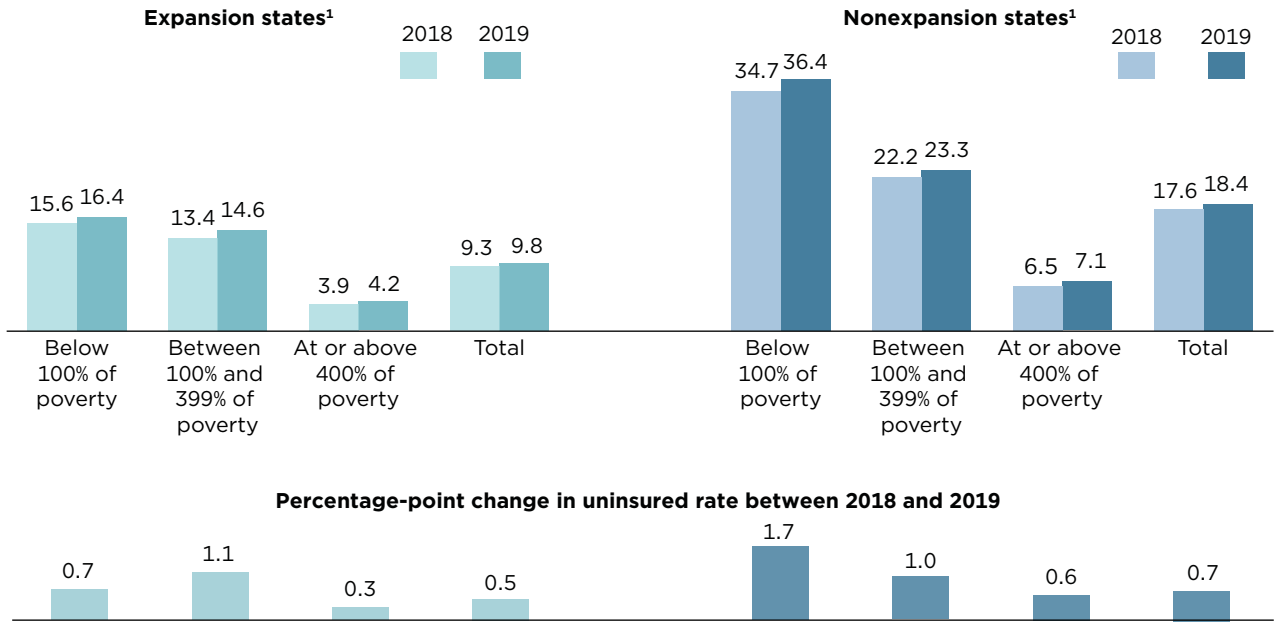
[43] Thirty-two states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2019. For a list of the states and their Medicaid expansion status as of January 1, 2019, see Appendix Table A-3: Percentage of People Without Health Insurance Coverage by State: 2010, 2018, and 2019.

[44] The change in the uninsured rate for those living between 100 and 399 percent of poverty in expansion states is not statistically different from the change in the uninsured rate for those living between 100 and 399 percent of poverty in nonexpansion states.

Figure 6.

Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2018 to 2019

(Civilian noninstitutionalized population, adults aged 19 to 64)



[1] Medicaid expansion status as of January 1, 2019. For a list of expansion and nonexpansion states, see Appendix Table A-3, Percentage of People Without Health Insurance Coverage by State: 2010, 2018, and 2019.

Note: All presented statistics have a statistically different change between 2018 and 2019 at the 90 percent confidence level. Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the figure. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>.

Source: U.S. Census Bureau, 2018 and 2019 American Community Surveys (ACS), 1-Year Estimates.

State Estimates of Health Insurance Coverage

In 2019, the percentage of people without health insurance at the time of interview in each state ranged from 3.0 percent (Massachusetts) to 18.4 percent (Texas) (Figures 7 and 8).[45] Five states and the District of Columbia had an uninsured rate of less than 5.0 percent, and seven states had an uninsured rate of 12.0 percent or more.[46] The remainder of states had uninsured rates between 5.0 and 11.9 percent in 2019 (Figure 8).

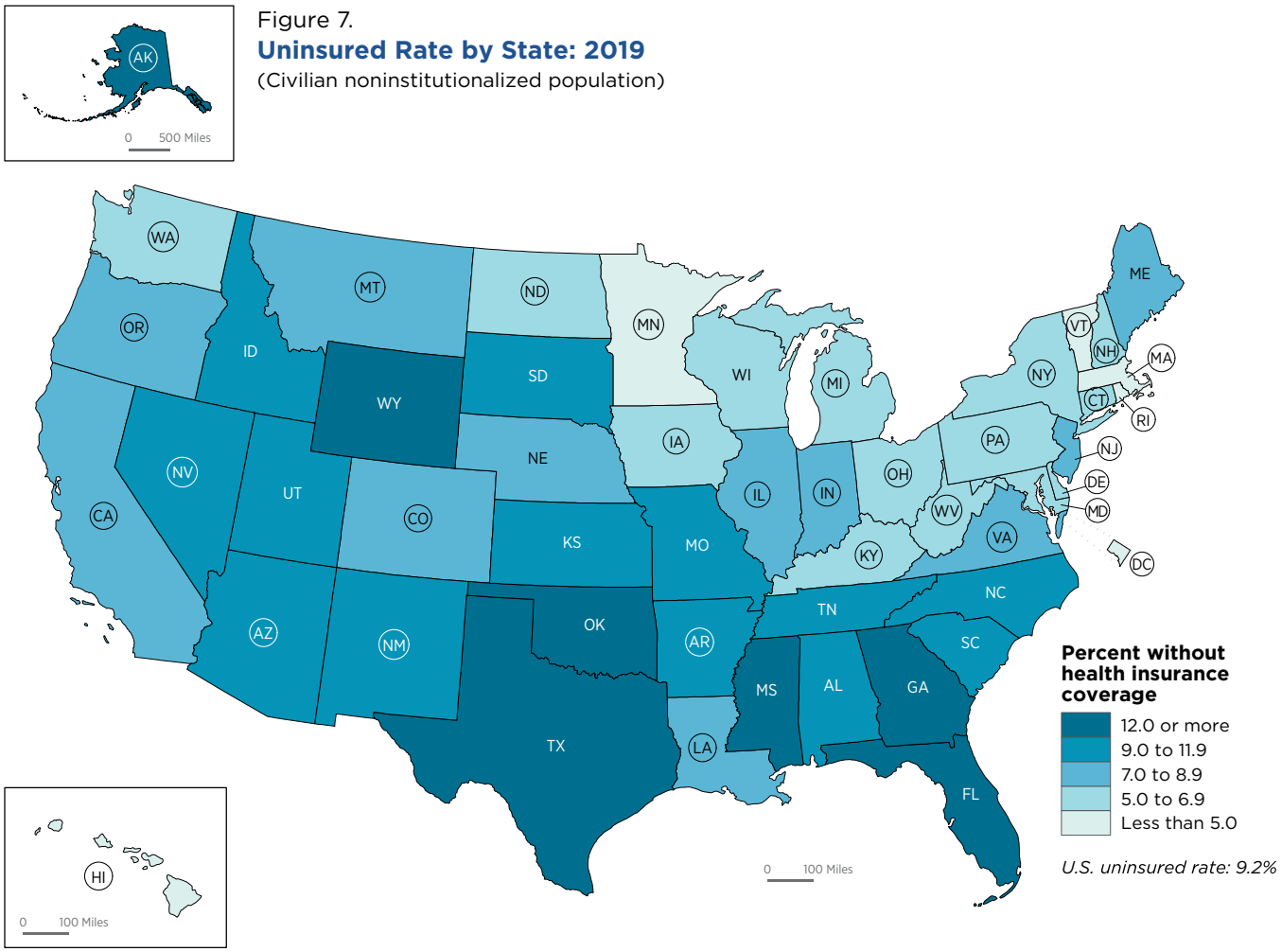
Between 2018 and 2019, the percentage of people without health insurance coverage decreased in one state and increased in 19 states (Figure 8). The magnitude of decrease in Virginia was 0.9 percentage points. The largest increase was in Wyoming, which increased by 1.8 percentage points. However, Wyoming's increase was not significantly different from the majority of other states. All other increases were less than 1.0 percentage points. Thirty states and the District of Columbia did not have a statistically significant change in their uninsured rate.

Many Medicaid expansion states had uninsured rates lower than the national average, while many nonexpansion states had uninsured rates above the national average (Figure 8). In 2019, the uninsured rates by state ranged from 3.0 percent to 12.2 percent in expansion states, and from 5.7 percent to 18.4 percent in nonexpansion states.

[45] The percentage of people without health insurance coverage in Massachusetts (3.0 percent) was not statistically different from the percentage without coverage in the District of Columbia (3.5 percent).

[46] Consistent with Figure 7, classification into these categories is based on rounded uninsured rates.

Figure 7.
Uninsured Rate by State: 2019
(Civilian noninstitutionalized population)

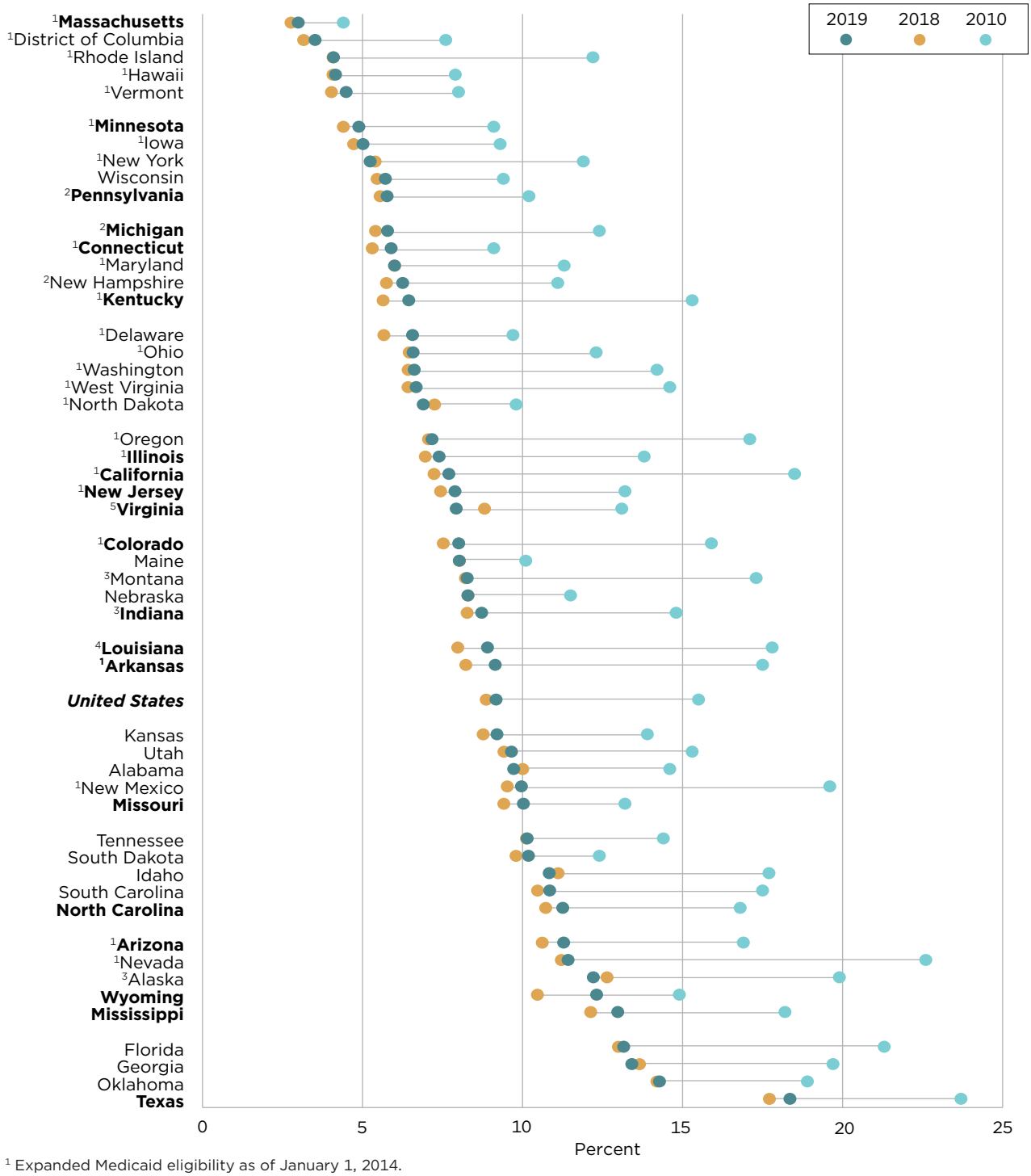


◯ A state with a circle around its abbreviation expanded Medicaid eligibility on or before January 1, 2019.
Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>.
Source: U.S. Census Bureau, 2019 American Community Survey (ACS), 1-Year Estimates.

Figure 8.

Percentage of People Without Health Insurance Coverage by State: 2010, 2018, and 2019

(Civilian noninstitutionalized population. States with names in bold experienced a statistically significant change between 2018 and 2019)



[1] Expanded Medicaid eligibility as of January 1, 2014.
[2] Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.
[3] Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.
[4] Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.
[5] Expanded Medicaid eligibility after January 1, 2018, and on or before January 1, 2019.
Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>.
Source: U.S. Census Bureau, 2010, 2018, and 2019 American Community Surveys (ACS), 1-Year Estimates.

For all states and the District of Columbia, the uninsured rate decreased significantly between 2010 and 2019.

More Information About Health Insurance Coverage

Additional Data and Contacts

Detailed tables, historical tables, press releases, and briefings are available on the Census Bureau's Health Insurance Web site at <www.census.gov/topics/health/health-insurance.html>.

Additional information on the two-stage redesign of the CPS ASEC can be found in Appendix A of last year's report, "Health Insurance in the United States: 2018" at <www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>.

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 ACS. Single-year estimates are available for geographic units with populations of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

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

Small Area Health Insurance Estimates are available at <www.census.gov/programs-surveys/sahie.html>. The most recent estimates are for 2018.

SOURCE AND ACCURACY OF THE ESTIMATES

The estimates in this report are from two surveys: the CPS ASEC and the ACS. 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.[47]

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. The 2020 CPS ASEC sample consists of about 91,500 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 2020 independent national population estimates by age, sex, race, and Hispanic origin. Beginning with 2010, population estimates are based on 2010 Census population counts and are updated annually taking into account births, deaths, emigration, and immigration.

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

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 GVF approach. Under this approach, generalized variance parameters were used in formulas provided in the source and accuracy (S&A) statement to estimate standard errors. Further information about the CPS ASEC and the source and accuracy of the estimates is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf>.

[47] The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report "Income and Poverty in the United States: 2019" provides a more detailed description of how the Census Bureau calculates poverty; see <www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>.

Additional estimates in this report are from the American Community Survey (ACS). The ACS is an ongoing, nationwide survey designed to provide demographic, social, economic, and housing data at different levels of geography. While the ACS includes Puerto Rico and the group quarters population, the ACS data in this report focus on the civilian noninstitutionalized population of the United States (excluding Puerto Rico and some people living in group quarters). It has an annual sample size of about 3.5 million addresses. ACS variances were calculated using the SDR method as well. For information on the ACS sample design and other topics, visit <www.census.gov/programs-surveys/acs/>.

ADDITIONAL DATA AND CONTACTS

The CPS ASEC and the ACS are used to produce additional health insurance coverage tables. These tables are available on the Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov> or directly at <www.census.gov/data/tables/2020/demo/health-insurance/p60-271.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>.

Customized Tables

Data.census.gov

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

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

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

Public-Use Microdata

CPS ASEC

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.

ACS

The ACS Public Use Microdata Sample files (PUMS) are samples of the actual responses to the ACS and include most population and housing characteristics. These files provide users with the flexibility to prepare customized tabulations and can be used for detailed research and analysis. Files have been edited to protect the confidentiality of all individuals and of all individual households. The smallest geographic unit that is identified within the PUMS is the Public Use Microdata Area. These data are available online at <www.census.gov/programs-surveys/acs/technical-documentation/pums.html>. Because the PUMS file is a sample of the ACS, estimates of health insurance coverage may differ slightly from those in this report.

Census Data API

The Census Data Application Programming Interface (API) gives the public access to raw statistical 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 data sets are currently available via API online at <www.census.gov/data/developers/data-sets.html>.

Technical Documentation

For more information on replicate weights, standard errors, income topcoding and data swapping on the public-use file, and changes to the CPS ASEC data file from the prior year, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf>.

Comments

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

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Table A-1.

Percentage of People by Type of Health Insurance Coverage for Selected Ages and Characteristics Using CPS ASEC Data: 2018 and 2019

(Numbers in thousands, margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see (https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf>)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
			2018		2019			Private health insurance[3]					Public health insurance[4]								
								2018		2019			2018		2019			2018		2019		
	2018 number	2019 number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]
Total	**323,668**	**324,550**	**91.5**	**0.2**	**92.0**	**0.2**	***0.4**	**67.3**	**0.4**	**68.0**	**0.3**	***0.8**	**34.4**	**0.3**	**34.1**	**0.3**	**–0.3**	**8.5**	**0.2**	**8.0**	**0.2**	***–0.4**
Race[6] and Hispanic Origin																						
White	247,472	247,869	91.8	0.2	92.2	0.2	*0.4	69.3	0.4	70.1	0.4	*0.8	33.8	0.3	33.5	0.3	–0.3	8.2	0.2	7.8	0.2	*–0.4
White, not Hispanic	194,679	194,518	94.6	0.2	94.8	0.2	0.2	74.8	0.4	75.2	0.4	0.5	33.2	0.3	33.0	0.4	–0.2	5.4	0.2	5.2	0.2	–0.2
Black	42,758	42,991	90.3	0.5	90.4	0.5	0.1	55.4	1.1	55.2	0.9	–0.3	41.2	0.9	41.8	0.9	0.6	9.7	0.5	9.6	0.5	–0.1
Asian	19,770	19,905	93.2	0.6	93.8	0.7	0.6	73.1	1.3	74.4	1.1	1.3	26.1	1.1	25.2	0.9	–0.9	6.8	0.6	6.2	0.7	–0.6
Hispanic (any race)	59,925	60,517	82.2	0.6	83.3	0.7	*1.1	49.6	1.0	51.6	0.9	*2.0	36.5	0.8	35.8	0.8	–0.7	17.8	0.6	16.7	0.7	*–1.1
Income-to-Poverty Ratio																						
Total, poverty universe	323,172	324,048	91.5	0.2	92.0	0.2	*0.4	67.3	0.4	68.1	0.3	*0.8	34.3	0.3	34.0	0.3	–0.3	8.5	0.2	8.0	0.2	*–0.4
Below 100 percent of poverty	38,056	33,879	83.7	0.6	84.1	0.8	0.4	22.0	0.8	22.9	0.9	1.0	66.8	0.9	66.6	1.0	–0.3	16.3	0.6	15.9	0.8	–0.4
Below 138 percent of poverty	58,204	52,816	84.4	0.6	84.6	0.6	0.2	24.7	0.7	25.2	0.8	0.5	65.8	0.7	65.9	0.8	0.2	15.6	0.6	15.4	0.6	–0.2
Between 100 and 199 percent of poverty	55,302	51,349	86.4	0.6	85.9	0.6	–0.5	41.6	0.9	39.9	1.0	*–1.7	54.4	0.8	55.5	1.0	1.2	13.6	0.6	14.1	0.6	0.5
Between 200 and 299 percent of poverty	50,632	48,924	89.2	0.5	89.0	0.5	–0.2	64.4	0.8	63.0	0.9	*–1.4	36.2	0.8	37.3	0.9	1.2	10.8	0.5	11.0	0.5	0.2
Between 300 and 399 percent of poverty	43,624	43,078	91.9	0.4	91.7	0.5	–0.2	75.1	0.8	72.6	0.8	*–2.5	27.7	0.7	29.5	0.8	*1.9	8.1	0.4	8.3	0.5	0.2
At or above 400 percent of poverty	135,559	146,818	96.6	0.2	97.0	0.2	*0.4	89.2	0.3	88.8	0.3	–0.4	18.5	0.3	19.2	0.3	*0.7	3.4	0.2	3.0	0.2	*–0.4
Total, 19 to 64 years old	193,548	193,272	88.3	0.3	88.9	0.3	*0.6	73.5	0.4	74.4	0.4	*0.9	17.6	0.3	17.2	0.3	*–0.5	11.7	0.3	11.1	0.3	*–0.6
Marital Status																						
Married[7]	101,805	100,795	91.7	0.3	92.4	0.3	*0.7	82.3	0.4	83.4	0.4	*1.1	12.6	0.3	12.2	0.4	–0.4	8.3	0.3	7.6	0.3	*–0.7
Widowed	3,385	3,319	86.3	1.6	86.5	1.7	0.3	55.6	2.2	56.5	2.5	0.9	34.9	2.2	33.5	2.3	–1.4	13.7	1.6	13.5	1.7	–0.3
Divorced	18,683	18,290	87.0	0.7	88.0	0.7	*1.0	64.7	1.0	67.4	1.0	*2.7	25.3	1.0	23.6	0.9	*–1.7	13.0	0.7	12.0	0.7	*–1.0
Separated	4,200	3,802	80.1	2.0	81.0	1.8	0.8	52.4	2.3	51.8	2.2	–0.6	29.7	1.8	31.4	1.9	1.7	19.9	2.0	19.0	1.8	–0.8
Never married	65,475	67,065	84.0	0.5	84.3	0.5	0.3	64.7	0.6	65.1	0.6	0.4	21.6	0.5	21.3	0.5	–0.3	16.0	0.5	15.7	0.5	–0.3
Total, 15 to 64 years old	210,794	210,228	88.7	0.3	89.3	0.3	*0.6	72.8	0.4	73.9	0.4	*1.1	18.8	0.3	18.2	0.3	*–0.6	11.3	0.3	10.7	0.3	*–0.6
Work Experience																						
All workers	155,221	157,181	89.3	0.3	89.8	0.3	*0.5	80.5	0.4	80.8	0.3	0.3	11.1	0.2	11.2	0.3	0.1	10.7	0.3	10.2	0.3	*–0.5
Worked full-time, year-round	111,950	112,803	90.5	0.3	91.1	0.3	*0.5	85.1	0.4	85.8	0.3	*0.7	7.2	0.2	7.0	0.2	–0.1	9.5	0.3	8.9	0.3	*–0.5
Worked less than full-time, year-round	43,271	44,379	86.2	0.5	86.6	0.5	0.4	68.5	0.7	68.2	0.7	–0.3	21.3	0.6	21.6	0.6	0.4	13.8	0.5	13.4	0.5	–0.4
Did not work at least 1 week	55,573	53,047	86.9	0.4	87.8	0.5	*0.9	51.3	0.8	53.2	0.7	*1.8	40.2	0.7	39.1	0.7	*–1.1	13.1	0.4	12.2	0.5	*–0.9

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

[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] Details may not sum to totals because of rounding.

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

[6] 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.

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

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

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

Table A-2.

Percentage of People by Type of Health Insurance Coverage for Selected Ages and Characteristics Using ACS Data: 2018 and 2019

(Numbers in thousands, margins of error in percentage points. Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see (https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>)

Characteristic	Total																				
			Any health insurance														Uninsured				
			2018		2019			Private health insurance[3]					Public health insurance[4]								
								2018		2019			2018		2019			2018		2019		
	2018 number	2019 number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Change (2019 less 2018)[2]
Total	**322,249**	**323,121**	**91.1**	**0.1**	**90.8**	**0.1**	***–0.3**	**67.5**	**0.1**	**67.4**	**0.1**	**–0.1**	**35.6**	**0.1**	**35.4**	**0.1**	***–0.2**	**8.9**	**0.1**	**9.2**	**0.1**	***0.3**
Race[5] and Hispanic Origin																					
White	233,038	233,212	92.0	0.1	91.7	0.1	*–0.3	71.2	0.1	70.9	0.1	*–0.3	34.5	0.1	34.5	0.1	Z	8.0	0.1	8.3	0.1	*0.3
White, not Hispanic	194,357	194,023	94.0	Z	93.7	0.1	*–0.2	75.2	0.1	74.7	0.1	*–0.4	34.2	0.1	34.3	0.1	*0.2	6.0	Z	6.3	0.1	*0.2
Black	40,385	40,702	89.9	0.1	89.9	0.1	Z	55.3	0.2	55.7	0.3	*0.4	43.9	0.2	43.5	0.2	*–0.4	10.1	0.1	10.1	0.1	Z
Asian	18,317	18,534	93.7	0.2	93.4	0.2	*–0.3	74.3	0.3	74.7	0.3	0.3	26.1	0.2	25.6	0.2	*–0.5	6.3	0.2	6.6	0.2	*0.3
Hispanic (any race)	59,022	59,687	82.1	0.2	81.3	0.2	*–0.7	49.5	0.3	50.1	0.3	*0.6	37.7	0.2	36.3	0.2	*–1.4	17.9	0.2	18.7	0.2	*0.7
Income-to-Poverty Ratio																					
Total, poverty universe	318,500	319,225	91.1	0.1	90.8	0.1	*–0.3	67.5	0.1	67.4	0.1	–0.1	35.8	0.1	35.5	0.1	*–0.2	8.9	0.1	9.2	0.1	*0.3
Below 100 percent of poverty	41,838	39,464	84.5	0.1	84.0	0.1	*–0.5	26.6	0.2	26.6	0.2	Z	65.4	0.2	65.2	0.2	–0.2	15.5	0.1	16.0	0.1	*0.5
Below 138 percent of poverty	62,225	58,864	84.8	0.1	84.1	0.1	*–0.7	28.9	0.2	28.6	0.2	*–0.3	64.6	0.2	64.1	0.1	*–0.5	15.2	0.1	15.9	0.1	*0.7
Between 100 and 199 percent of poverty	55,314	53,043	85.4	0.1	84.8	0.1	*–0.7	43.5	0.2	42.6	0.2	*–1.0	53.8	0.2	53.4	0.2	*–0.4	14.6	0.1	15.2	0.1	*0.7
Between 200 and 299 percent of poverty	50,877	50,359	88.7	0.1	87.8	0.1	*–0.8	65.8	0.2	64.2	0.2	*–1.6	36.1	0.1	36.1	0.2	Z	11.3	0.1	12.2	0.1	*0.8
Between 300 and 399 percent of poverty	43,720	44,035	92.1	0.1	91.4	0.1	*–0.7	77.9	0.2	76.5	0.2	*–1.4	27.2	0.1	27.6	0.2	*0.4	7.9	0.1	8.6	0.1	*0.7
At or above 400 percent of poverty	126,752	132,325	96.4	Z	96.1	0.1	*–0.2	88.5	0.1	87.6	0.1	*–0.9	20.9	0.1	21.9	0.1	*1.0	3.6	Z	3.9	0.1	*0.2
Total, 19 to 64 years old	193,295	192,988	87.5	0.1	87.1	0.1	*–0.4	72.8	0.1	72.8	0.1	Z	18.3	0.1	17.7	0.1	*–0.6	12.5	0.1	12.9	0.1	*0.4
Marital Status																					
Married[6]	96,942	96,394	91.0	0.1	90.5	0.1	*–0.4	82.1	0.1	82.1	0.1	–0.1	12.6	0.1	12.0	0.1	*–0.6	9.0	0.1	9.5	0.1	*0.4
Widowed	3,193	3,116	86.7	0.4	86.3	0.4	–0.4	58.1	0.4	58.5	0.6	0.4	35.2	0.5	34.4	0.6	*–0.8	13.3	0.4	13.7	0.4	0.4
Divorced	21,005	20,865	85.9	0.2	85.7	0.2	–0.2	63.6	0.2	63.7	0.2	Z	26.9	0.2	26.6	0.2	*–0.3	14.1	0.2	14.3	0.2	0.2
Separated	4,245	4,031	80.2	0.4	79.3	0.4	*–0.9	52.3	0.4	52.4	0.5	0.1	32.5	0.4	31.3	0.4	*–1.1	19.8	0.4	20.7	0.4	*0.9
Never married	67,911	68,582	83.6	0.1	83.3	0.1	*–0.4	64.4	0.1	64.4	0.1	0.1	22.1	0.1	21.6	0.1	*–0.5	16.4	0.1	16.7	0.1	*0.4
Total, 15 to 64 years old	210,307	209,861	88.0	0.1	87.6	0.1	*–0.4	72.2	0.1	72.2	0.1	Z	19.4	0.1	18.8	0.1	*–0.6	12.0	0.1	12.4	0.1	*0.4
Work Experience																					
All workers	160,032	160,568	88.4	0.1	88.0	0.1	*–0.4	79.0	0.1	78.8	0.1	*–0.2	12.2	0.1	11.8	0.1	*–0.4	11.6	0.1	12.0	0.1	*0.4
Worked full-time, year-round	107,050	109,506	90.3	0.1	89.8	0.1	*–0.5	85.1	0.1	84.6	0.1	*–0.5	7.7	Z	7.4	0.1	*–0.2	9.7	0.1	10.2	0.1	*0.5
Worked less than full-time, year-round	52,982	51,063	84.7	0.1	84.2	0.1	*–0.5	66.7	0.1	66.4	0.2	*–0.3	21.3	0.1	21.0	0.1	*–0.2	15.3	0.1	15.8	0.1	*0.5
Did not work at least 1 week	46,160	45,128	85.8	0.1	85.3	0.1	*–0.5	49.6	0.2	49.6	0.2	Z	43.1	0.1	42.6	0.2	*–0.5	14.2	0.1	14.7	0.1	*0.5

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

Z Rounds to zero.

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

[2] Details may not sum to totals because of rounding.

[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] 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] 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 at the time of interview.

Source: U.S. Census Bureau, 2018 and 2019 American Community Surveys (ACS), 1-Year Estimates.

Table A-3.

Percentage of People Without Health Insurance Coverage by State: 2010, 2018, and 2019

(Numbers in thousands. Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>)

State	Medicaid expansion state? Yes (Y) or No (N)[1]	2010 uninsured		2018 uninsured		2019 uninsured		Difference in uninsured			
								2019 less 2018		2019 less 2010	
		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)
United States	**X**	**15.5**	**0.1**	**8.9**	**0.1**	**9.2**	**0.1**	***0.3**	**0.1**	***–6.3**	**0.1**
Alabama	N	14.6	0.4	10.0	0.3	9.7	0.3	–0.3	0.4	*–4.9	0.5
Alaska	+Y	19.9	1.1	12.6	0.9	12.2	0.8	–0.4	1.2	*–7.6	1.3
Arizona	Y	16.9	0.3	10.6	0.3	11.3	0.3	*0.7	0.5	*–5.6	0.5
Arkansas	Y	17.5	0.5	8.2	0.3	9.1	0.4	*0.9	0.5	*–8.3	0.7
California	Y	18.5	0.2	7.2	0.1	7.7	0.1	*0.5	0.2	*–10.8	0.2
Colorado	Y	15.9	0.5	7.5	0.3	8.0	0.3	*0.5	0.4	*–7.9	0.5
Connecticut	Y	9.1	0.3	5.3	0.3	5.9	0.3	*0.6	0.4	*–3.2	0.5
Delaware	Y	9.7	0.8	5.7	0.7	6.6	0.6	0.9	0.9	*–3.1	1.0
District of Columbia	Y	7.6	0.7	3.2	0.5	3.5	0.6	0.4	0.8	*–4.1	0.9
Florida	N	21.3	0.3	13.0	0.2	13.2	0.2	0.2	0.3	*–8.1	0.3
Georgia	N	19.7	0.4	13.7	0.3	13.4	0.3	–0.2	0.4	*–6.3	0.5
Hawaii	Y	7.9	0.5	4.1	0.4	4.2	0.4	0.1	0.5	*–3.7	0.6
Idaho	N	17.7	0.7	11.1	0.6	10.8	0.5	–0.3	0.8	*–6.9	0.9
Illinois	Y	13.8	0.2	7.0	0.2	7.4	0.2	*0.4	0.3	*–6.4	0.3
Indiana	+Y	14.8	0.3	8.3	0.3	8.7	0.3	*0.5	0.4	*–6.1	0.4
Iowa	Y	9.3	0.3	4.7	0.3	5.0	0.3	0.3	0.4	*–4.3	0.5
Kansas	N	13.9	0.4	8.8	0.4	9.2	0.4	0.4	0.5	*–4.7	0.6
Kentucky	Y	15.3	0.4	5.6	0.3	6.4	0.3	*0.8	0.4	*–8.8	0.5
Louisiana	#Y	17.8	0.4	8.0	0.3	8.9	0.3	*0.9	0.4	*–8.9	0.5
Maine	N	10.1	0.5	8.0	0.5	8.0	0.5	Z	0.7	*–2.1	0.7
Maryland	Y	11.3	0.3	6.0	0.2	6.0	0.3	Z	0.4	*–5.3	0.4
Massachusetts	Y	4.4	0.2	2.8	0.2	3.0	0.2	*0.2	0.2	*–1.4	0.3
Michigan	^Y	12.4	0.2	5.4	0.1	5.8	0.2	*0.4	0.2	*–6.6	0.3
Minnesota	Y	9.1	0.3	4.4	0.2	4.9	0.2	*0.5	0.3	*–4.2	0.3
Mississippi	N	18.2	0.5	12.1	0.4	13.0	0.5	*0.8	0.7	*–5.2	0.7
Missouri	N	13.2	0.3	9.4	0.3	10.0	0.3	*0.6	0.4	*–3.1	0.4
Montana	+Y	17.3	0.7	8.2	0.5	8.3	0.5	0.1	0.7	*–9.1	0.9
Nebraska	N	11.5	0.4	8.3	0.4	8.3	0.4	Z	0.6	*–3.2	0.6
Nevada	Y	22.6	0.6	11.2	0.4	11.4	0.5	0.2	0.6	*–11.2	0.7
New Hampshire	^Y	11.1	0.7	5.7	0.4	6.3	0.6	0.5	0.7	*–4.9	0.9
New Jersey	Y	13.2	0.2	7.4	0.2	7.9	0.2	*0.4	0.3	*–5.4	0.3
New Mexico	Y	19.6	0.7	9.5	0.6	10.0	0.6	0.4	0.8	*–9.6	0.9
New York	Y	11.9	0.2	5.4	0.1	5.2	0.1	–0.2	0.2	*–6.7	0.2
North Carolina	N	16.8	0.3	10.7	0.2	11.3	0.3	*0.5	0.3	*–5.5	0.4
North Dakota	Y	9.8	0.7	7.3	0.6	6.9	0.7	–0.4	0.9	*–2.9	1.0
Ohio	Y	12.3	0.2	6.5	0.2	6.6	0.2	0.1	0.3	*–5.7	0.3
Oklahoma	N	18.9	0.3	14.2	0.3	14.3	0.3	0.1	0.5	*–4.6	0.5
Oregon	Y	17.1	0.4	7.1	0.3	7.2	0.3	0.1	0.4	*–10.0	0.5
Pennsylvania	^Y	10.2	0.2	5.5	0.1	5.8	0.2	*0.2	0.2	*–4.4	0.3
Rhode Island	Y	12.2	0.7	4.1	0.5	4.1	0.6	Z	0.8	*–8.1	0.9
South Carolina	N	17.5	0.4	10.5	0.4	10.8	0.3	0.4	0.5	*–6.7	0.5
South Dakota	N	12.4	0.9	9.8	0.6	10.2	0.7	0.4	0.9	*–2.2	1.1
Tennessee	N	14.4	0.4	10.1	0.3	10.1	0.3	Z	0.4	*–4.2	0.5
Texas	N	23.7	0.2	17.7	0.2	18.4	0.2	*0.6	0.3	*–5.4	0.3
Utah	N	15.3	0.6	9.4	0.5	9.7	0.5	0.2	0.7	*–5.7	0.8
Vermont	Y	8.0	0.7	4.0	0.5	4.5	0.5	0.5	0.7	*–3.6	0.8
Virginia	-Y	13.1	0.3	8.8	0.3	7.9	0.3	*–0.9	0.4	*–5.1	0.4
Washington	Y	14.2	0.4	6.4	0.2	6.6	0.3	0.2	0.3	*–7.6	0.4
West Virginia	Y	14.6	0.6	6.4	0.4	6.7	0.4	0.3	0.6	*–7.9	0.7
Wisconsin	N	9.4	0.2	5.5	0.2	5.7	0.2	0.3	0.3	*–3.7	0.3
Wyoming	N	14.9	1.1	10.5	0.9	12.3	1.3	*1.8	1.5	*–2.6	1.7

* Statistically different from zero at the 90 percent confidence level.
^ Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.
+ Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.
# Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.
~ Expanded Medicaid eligibility after January 1, 2018, and on or before January 1, 2019.
Z Rounds to zero.

[1] Medicaid expansion status as of January 1, 2019. For more information, see <www.medicaid.gov/state-overviews/index.html>.

[2] A margin of error is a measure of an estimate's variability. The larger the margin of error 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. Margins of error shown in this table are based on standard errors calculated using replicate weights.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2010, 2018, and 2019 American Community Surveys (ACS), 1-Year Estimates.