Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2022

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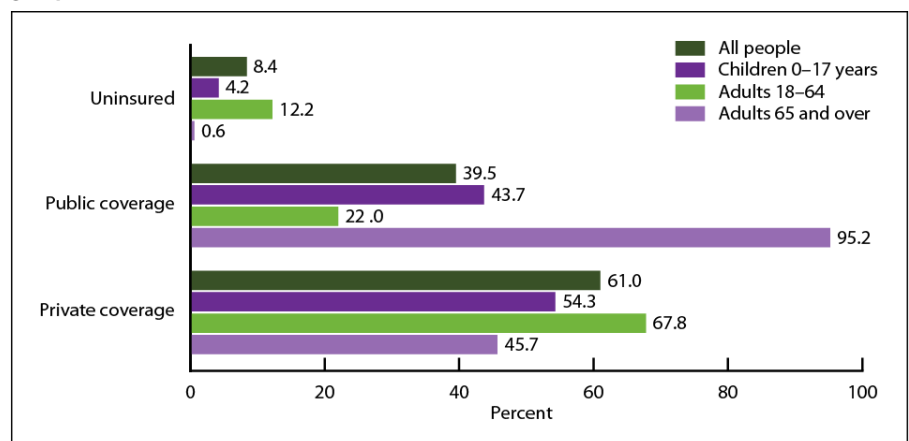
What's New

- This report presents health insurance coverage estimates from the 2022 National Health Interview Survey, along with selected trends from 2019–2022.

Highlights

- In 2022, 27.6 million people of all ages (8.4%) were uninsured at the time of interview. This was lower than 2021, when 30.0 million people of all ages were uninsured (9.2%).

- In 2022, among adults aged 18–64, 12.2% were uninsured at the time of interview, 22.0% had public coverage, and 67.8% had private health insurance coverage.

- Among children aged 0–17 years, 4.2% were uninsured, 43.7% had public coverage, and 54.3% had private health insurance coverage.

- Among non-Hispanic White adults aged 18–64, the percentage who were uninsured decreased from 10.5% in 2019 to 7.4% in 2022.

- The percentage of people under age 65 with exchange-based coverage increased from 3.7% in 2019 to 4.3% in 2022.

This report presents estimates of health insurance coverage for the U.S. civilian noninstitutionalized population based on data from the 2022 National Health Interview Survey (NHIS). The National Center for Health Statistics is releasing these estimates before final editing and final weighting to provide access to the most recent information from NHIS. Estimates are disaggregated by age group, sex, family income (as a percentage of the federal poverty level [FPL]), race and ethnicity, and state Medicaid expansion status. Detailed appendix tables contain all estimates presented in the figures and additional estimates from NHIS for selected population characteristics. With 4 years of comparable data available starting with the redesigned NHIS in 2019, this report provides data on trends, similar to reports using 2018 data and earlier. Quarterly estimates by age group and family income, and more information about NHIS and the Early Release Program, are available from the NHIS website.

Figure 1. Percentage of people who were uninsured or had public or private coverage, by age group: United States, 2022
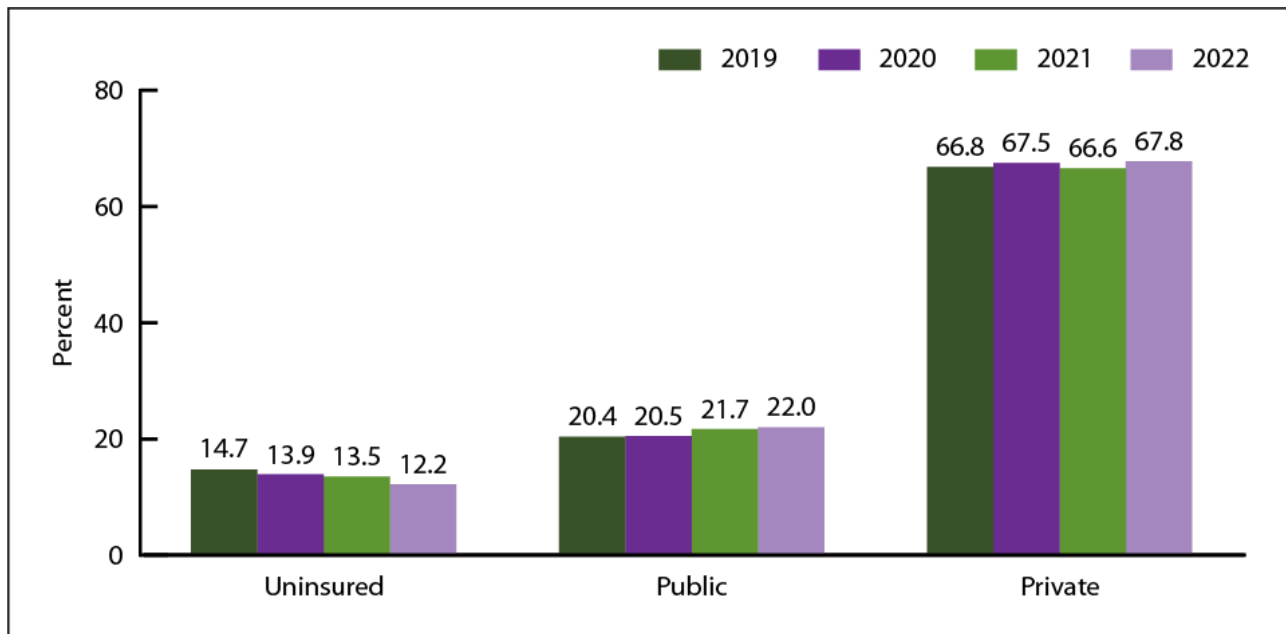

NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

- In 2022, among people of all ages, 8.4% were uninsured, 39.5% had public coverage, and 61.0% had private coverage at the time of interview (Figure 1).

- Adults aged 18–64 were the most likely to be uninsured (12.2%), followed by children aged 0–17 years (4.2%) and adults aged 65 and over (0.6%).

- Adults aged 65 and over were the most likely to have public coverage (95.2%), followed by children aged 0–17 years (43.7%) and adults aged 18–64 (22.0%).

- Adults aged 18–64 were the most likely to have private coverage (67.8%), followed by children aged 0–17 years (54.3%) and adults aged 65 and over (45.7%).

Figure 2. Percentage of adults aged 18–64 who were uninsured or had public or private coverage, by year: United States, 2019–2022
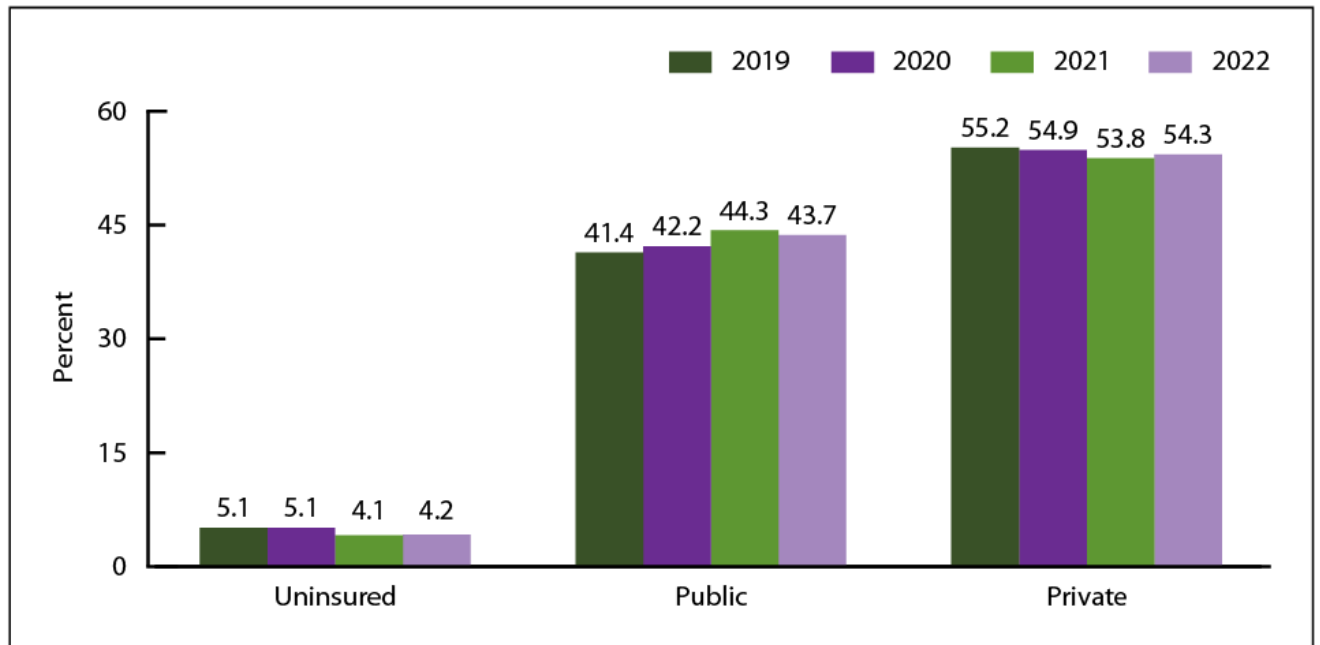

NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2022.

- Among adults aged 18–64, the percentage who were uninsured decreased from 2021 (13.5%) to 2022 (12.2%) (Figure 2).

- The percentage of adults who had public coverage in 2022 (22.0%) was not significantly different from the percentage who had public coverage in 2021 (21.7%).

- The percentage of adults who had private coverage in 2022 (67.8%) was higher than the percentage who had private coverage in 2021 (66.6%).

- The percentage of adults who were uninsured decreased from 14.7% in 2019 to 12.2% in 2022. Public coverage increased from 2019 (20.4%) through 2022 (22.0%). No significant trend in private coverage was observed between 2019 and 2022.

Figure 3. Percentage of children aged 0–17 who were uninsured or had public or private coverage, by year: United States, 2019–2022

NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2022.

- Among children aged 0–17 years, the percentage who were uninsured in 2022 (4.2%) was not significantly different from the percentage who were uninsured in 2021 (4.1%) (Figure 3).

- The percentage of children who had public coverage in 2022 (43.7%) was lower than, but not significantly different from, the percentage who had public coverage in 2021 (44.3%).

- The percentage of children who had private coverage in 2022 (54.3%) was higher than, but not significantly different from, the percentage who had private coverage in 2021 (53.8%).

- The percentage of children who were uninsured decreased from 5.1% in 2019 to 4.2% in 2022. Public coverage increased from 2019 (41.4%) through 2022 (43.7%). No significant trend in private coverage was observed between 2019 and 2022.

Figure 4. Percentage of adults aged 18–64 who were uninsured, by family income as a percentage of federal poverty level and year: United States, 2019–2022
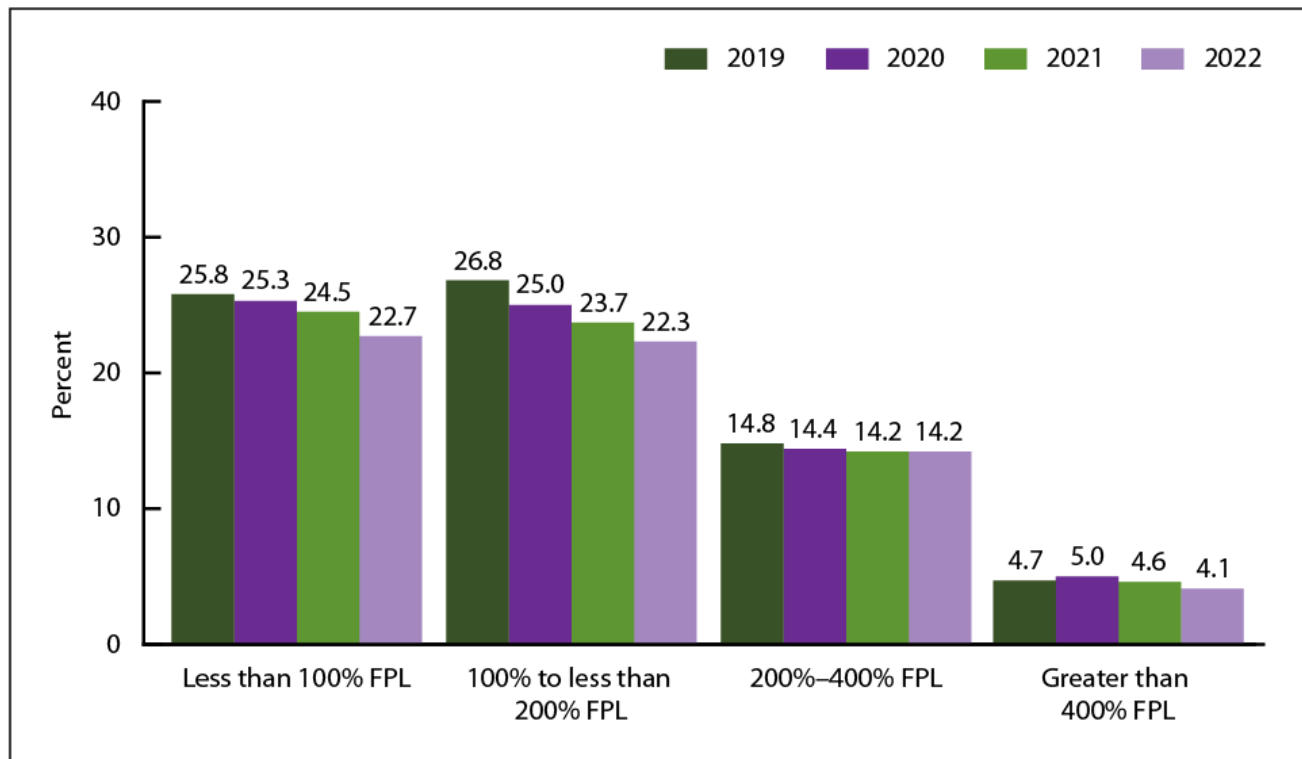
NOTES: FPL is federal poverty level. People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program, state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2022.

- In 2022, among adults aged 18–64, the percentage who were uninsured was highest among those with family incomes less than 100% FPL (22.7%) and those with family incomes from 100% to less than 200% FPL (22.3%), followed by those with family incomes 200%–400% FPL (14.2%), and those with family incomes above 400% FPL (4.1%) (Figure 4).

- No significant differences were observed in the percentage of adults who were uninsured from 2021 to 2022 for any of the family income subgroups shown.

- Among adults aged 18–64 with family incomes from 100% to less than 200% FPL, the percentage who were uninsured decreased from 26.8% in 2019 to 22.3% in 2022. The observed decreases from 2019 to 2022 in the percentage of uninsured adults aged 18–64 with family incomes less than 100% FPL, at 200%–400% FPL, and greater than 400% FPL were not significant.

Figure 5. Percentage of adults aged 18–64 who were uninsured, by race and ethnicity and year: United States, 2019–2022
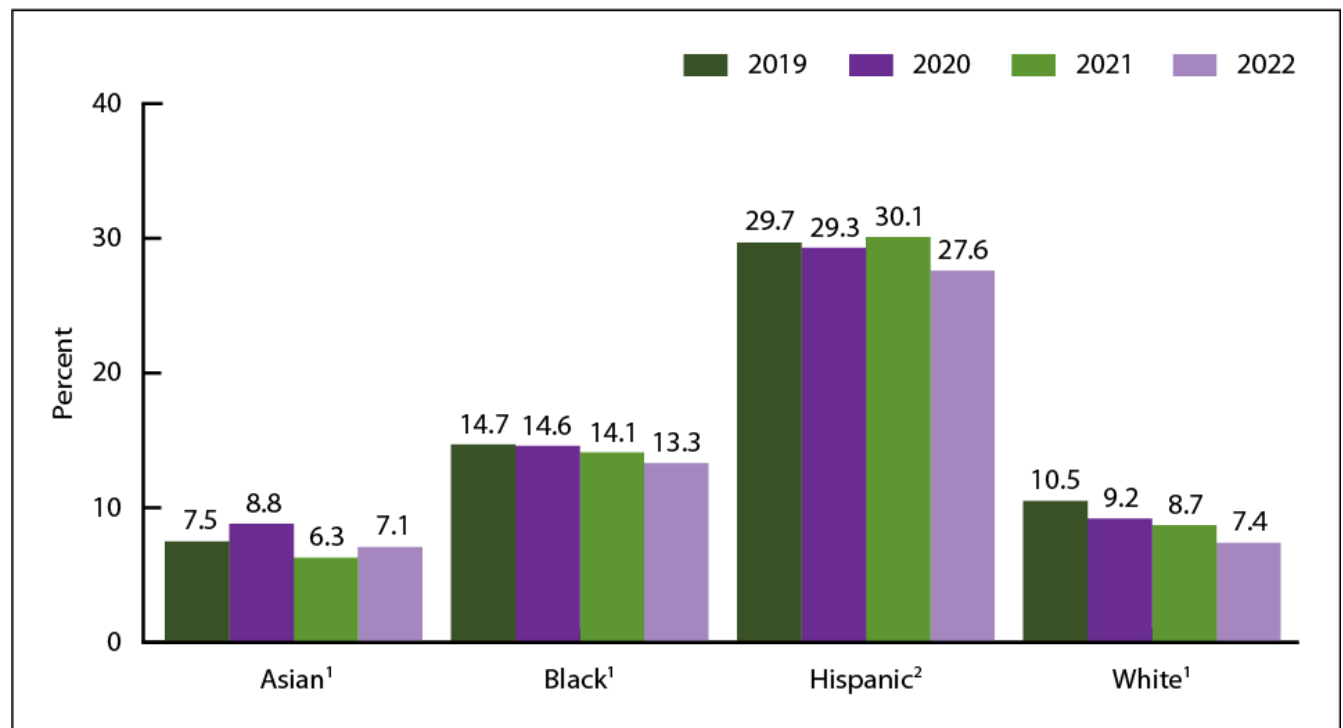

[1]Race groups are non-Hispanic.
[2]People of Hispanic origin may be of any race.
NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program, state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2022.

- In 2022, Hispanic adults were most likely to lack health insurance coverage (27.6%), followed by non-Hispanic Black (subsequently, Black) adults (13.3%). The percentage of uninsured adults was lower among non-Hispanic Asian (subsequently, Asian) (7.1%) and non-Hispanic White (subsequently, White) (7.4%) adults compared with Black and Hispanic adults (Figure 5).

- Among White adults aged 18–64, the percentage who were uninsured decreased from 8.7% in 2021 to 7.4% in 2022. Among Hispanic and Black adults aged 18–64, the observed decreases in the percentage of uninsured from 2021 to 2022 were not significant. For Asian adults aged 18–64, the observed increase in the percentage of uninsured from 6.3% in 2021 to 7.1% in 2022 was not significant.

- Among White adults aged 18–64, the percentage who were uninsured decreased from 10.5% in 2019 to 7.4% in 2022. Among Black adults, the decreasing trend in the percentage of uninsured from 14.7% in 2019 to 13.3% in 2022 was not significant; no significant trends were observed for Hispanic or Asian adults aged 18–64.

Figure 6. Percentage of adults aged 18–64 who had public coverage, by year and state Medicaid expansion status: United States, 2019–2022
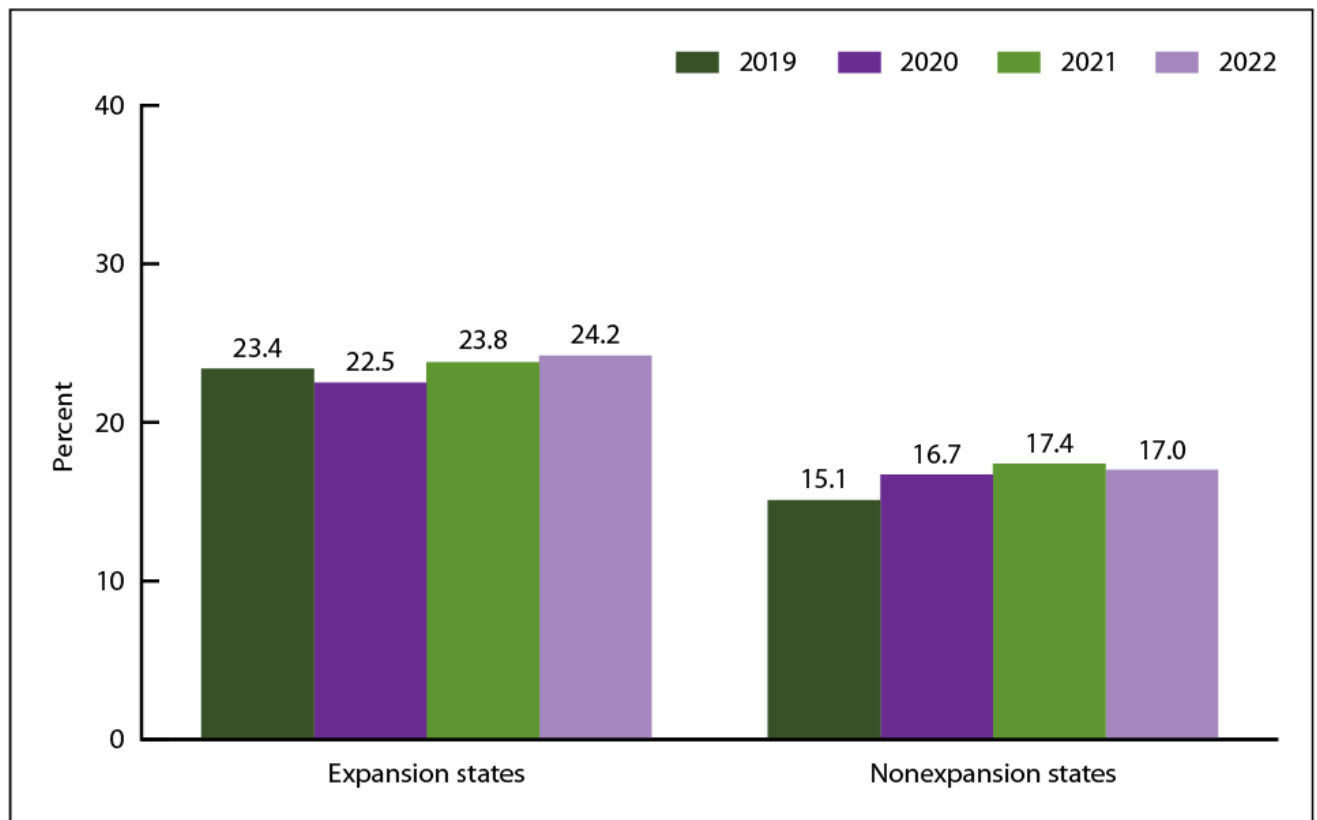
NOTES: Public coverage includes Medicaid, Children's Health Insurance Program, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2022.

- In 2022, among adults aged 18–64, those living in Medicaid expansion states were more likely to have public coverage (24.2%) than those living in non-Medicaid expansion states (17.0%) (Figure 6).

- In 2022, adults aged 18–64 living in Medicaid expansion states were less likely to be uninsured (9.1%) than their counterparts in non-Medicaid expansion states (19.2%) (Table VI).

- Among adults aged 18–64 living in Medicaid expansion states, no significant difference was observed in the percentage of those with public coverage between 2021 (23.8%) and 2022 (24.2%).

- Among adults aged 18–64 living in non-Medicaid expansion states, the percentage with public coverage increased from 15.1% in 2019 to 17.0% in 2022. However, no significant difference was observed in the percentage with public coverage from 2021 (17.4%) to 2022 (17.0%).

Figure 7. Percentage of people under age 65 who had exchange-based private health insurance coverage, by selected characteristics: United States, 2022
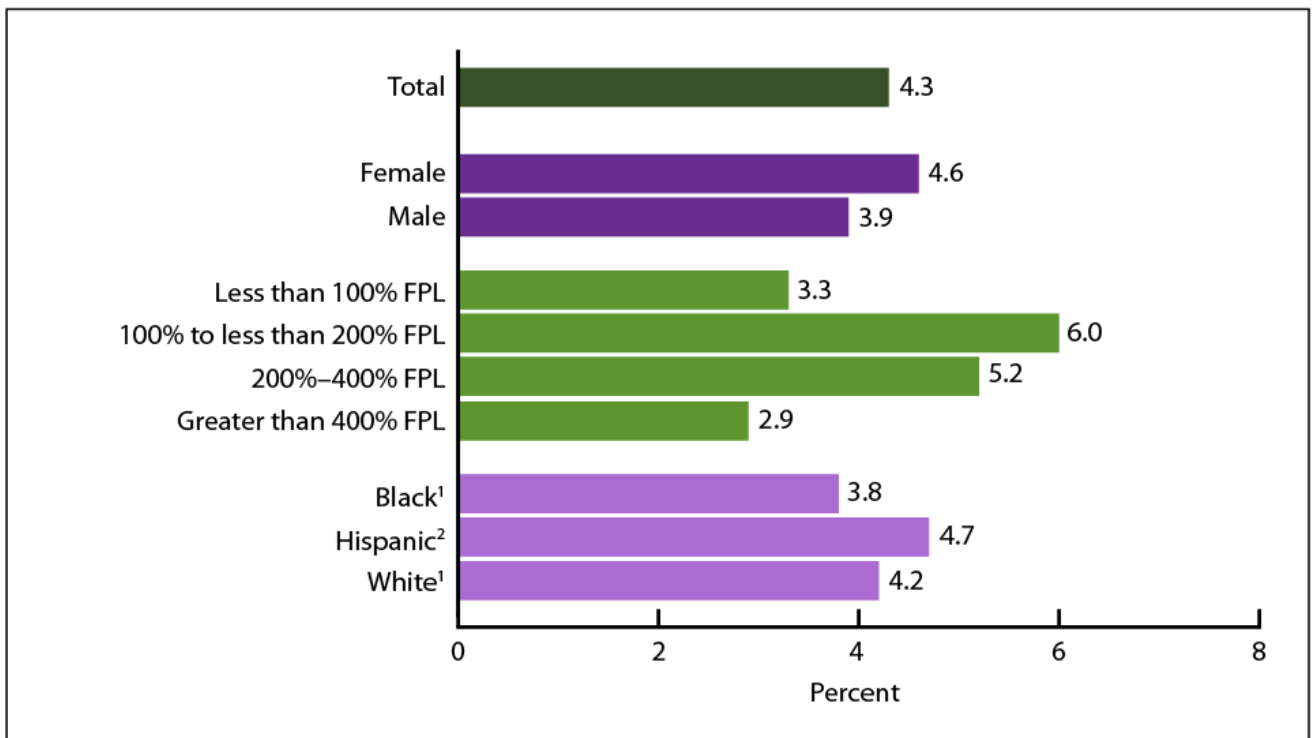
[1]Race groups are non-Hispanic.
[2]People of Hispanic origin may be of any race.
NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). FPL is federal poverty level. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

- In 2022, 4.3% of people under age 65 had exchange-based coverage (Figure 7).

- Females (4.6%) were more likely than males (3.9%) to have exchange-based coverage.

- Exchange-based coverage was higher among those with family incomes from 100% to less than 200% FPL (6.0%) and at 200%–400% FPL (5.2%) compared with those with family incomes less than 100% FPL (3.3%) and above 400% FPL (2.9%).

- The observed differences by race and ethnicity were not significant.

Figure 8. Percentage of people under age 65 who had exchange-based private health insurance coverage, by year: United States, 2019–2022
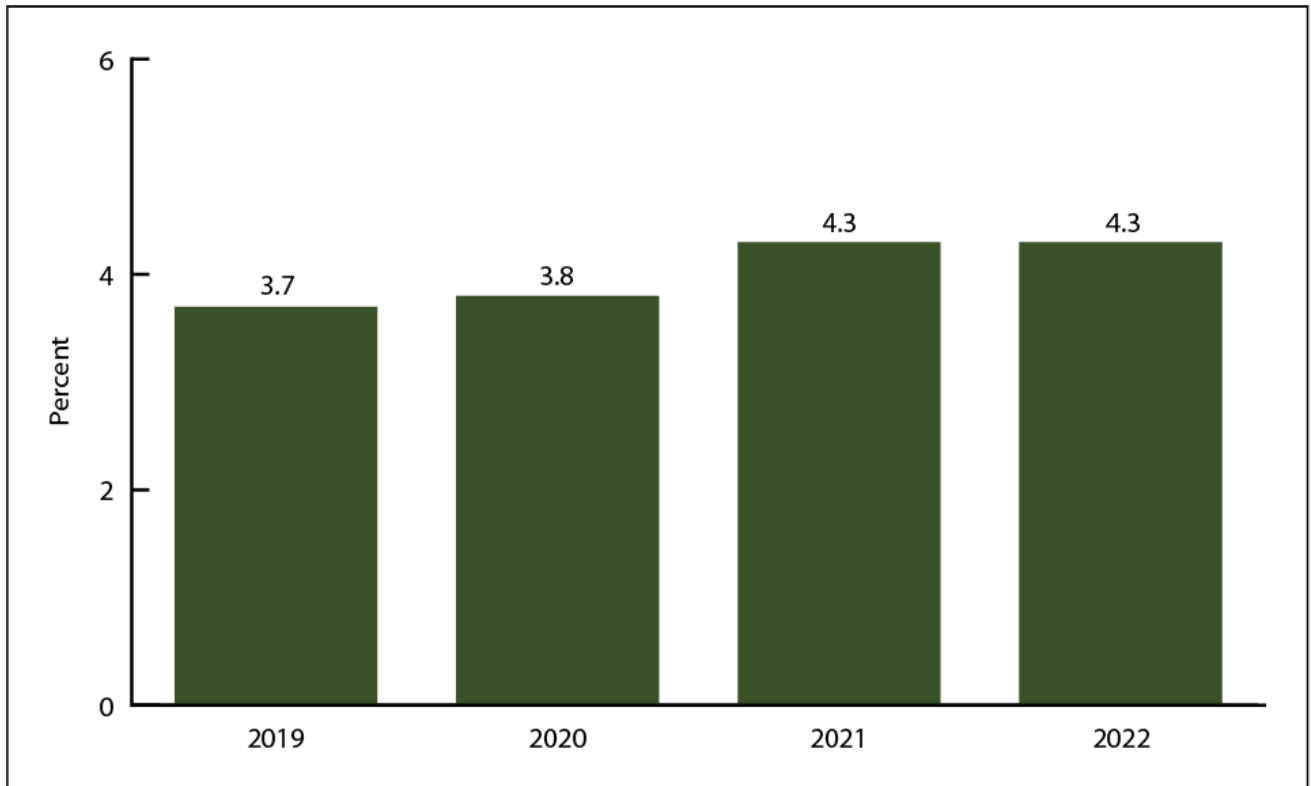
NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2022.

- Overall, the percentage of people under age 65 with exchange-based coverage increased from 3.7% in 2019 to 4.3% in 2022 (Figure 8).

Technical Notes

All estimates in this report are based on preliminary data from the 2022 National Health Interview Survey (NHIS). The National Center for Health Statistics is releasing the 2022 estimates before final data editing and final weighting to provide access to the most recent information from NHIS. In the past, differences between estimates in National Health Statistics Reports (1,2) and Summary Health Statistics (based on final data files) and those found in NHIS Early Release products (based on preliminary data files) were typically less than 0.3 percentage points. As a result of the impact of the COVID-19 pandemic on data collection, differences between 2021 NHIS estimates in these products may be greater.

Data source

Data used to produce this Early Release report were derived from the Sample Adult and Sample Child components from the 2019–2022 NHIS. NHIS is a nationally representative household survey conducted throughout the year to collect information on health status, health-related behaviors, and healthcare access and utilization. The NHIS interview begins by identifying everyone who usually lives or stays in the household. Then, one "sample adult" aged 18 and over and one "sample child" aged 17 years and under (if any children live in the household) are randomly selected. Information about the sample adults is collected from the sample adults themselves unless they are physically or mentally unable to report, in which case a knowledgeable proxy can answer for them. Information about the sample child is collected from a parent or adult who is knowledgeable about and responsible for the health care of the sample child. This respondent may or may not also be the sample adult. Data analysis for the January through December 2022 NHIS was based on information collected on 27,654 sample adults and 7,464 sample children. Visit the NHIS website at https://www.cdc.gov/nchs/nhis.htm for more information about the design, content, and use of NHIS.

Estimation procedures

The National Center for Health Statistics creates survey sampling weights to produce representative national estimates. The base weight is equal to the inverse of the probability of selection of the sample address. These weights are adjusted for household and person-level nonresponse using multilevel models predictive of response propensity. Nonresponse-adjusted weights are further calibrated to U.S. Census Bureau population projections and American Community Survey 1-year estimates for age, sex, race and ethnicity, educational attainment, housing tenure, census division, and metropolitan statistical area status. Point estimates and estimates of their variances were calculated using SUDAAN software (RTI International, Research Triangle Park, N.C.) to account for the complex sample design of NHIS, considering stratum and primary sampling unit identifiers. The Taylor series linearization method was chosen for variance estimation. Trends were evaluated using logistic regression analysis.

Impact of COVID-19 on NHIS sampling and longitudinal follow-up

Due to the COVID-19 pandemic, NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April through December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. The "telephone first" data collection approach that began in July 2020 continued through April 2021. Prepandemic interviewing procedures (personal visit first) resumed in May 2021. In 2022, about 56% of interviews were completed by telephone.

All estimates shown meet National Center for Health Statistics standards of reliability as specified in "National Center for Health Statistics Data Presentation Standards for Proportions" (3). All differences discussed are statistically significant unless otherwise noted. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant. As noted previously, the 2020 estimates in this report include about 10,000 sample adult respondents who participated in the 2019 NHIS as well as the 2020 NHIS. The tests used to evaluate differences between the 2020 and 2021 estimates are conservative, and do not account for the potential covariance that may be introduced by having a subset of respondents participate in both the 2019 and 2020 NHIS surveys.

2019 questionnaire redesign and comparison of estimates to earlier years

In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these changes has not been fully evaluated. A working paper titled, "Preliminary Evaluation of the Impact of the 2019 National Health Interview Survey Questionnaire Redesign and Weighting Adjustments on Early Release Program Estimates," available from the Early Release Program homepage, discusses both of these issues in greater detail for three indicators of insurance coverage—lack of health insurance (uninsured), public health plan coverage, and private health insurance coverage. However, the discussion of these health insurance indicators is limited to adults aged 18–64.

Reference

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Suggested citation

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Table I. Percentage (and 95% confidence interval) of people who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by age group and year: United States, 2019–2022

Age group (years), year, and 6-month interval	Uninsured[1] Percent (95% CI)	Public health plan coverage[2] Percent (95% CI)	Private health insurance coverage[3] Percent (95% CI)
All ages			
2019	10.3 (9.7–10.8)	37.4 (36.6–38.3)	61.3 (60.2–62.4)
2020	9.7 (9.2–10.3)	38.0 (37.2–38.9)	61.8 (60.8–62.7)
2021	9.2 (8.7–9.7)	39.5 (38.8–40.3)	60.4 (59.4–61.3)
2022	8.4 (7.8–9.1)	39.5 (38.4–40.5)	61.0 (59.9–62.2)
2022 (Jan–Jun)	8.3 (7.7–9.1)	39.2 (38.0–40.4)	61.4 (60.0–62.7)
2022 (Jul–Dec)	8.5 (7.7–9.3)	39.7 (38.5–41.0)	60.6 (59.3–61.9)
Under 65			
2019	12.1 (11.4–12.8)	26.0 (25.1–26.9)	63.7 (62.5–64.8)
2020	11.5 (10.9–12.2)	26.4 (25.4–27.3)	64.1 (63.0–65.2)
2021	11.0 (10.4–11.6)	27.7 (26.9–28.6)	63.2 (62.1–64.2)
2022	10.1 (9.3–10.9)	27.8 (26.7–29.0)	64.2 (62.9–65.5)
2022 (Jan–Jun)	9.9 (9.1–10.8)	27.6 (26.3–28.9)	64.5 (63.0–66.0)
2022 (Jul–Dec)	10.2 (9.3–11.1)	28.1 (26.7–29.5)	63.9 (62.3–65.4)
0–17			
2019	5.1 (4.5–5.7)	41.4 (39.8–43.0)	55.2 (53.4–57.0)
2020	5.1 (4.3–6.0)	42.2 (40.1–44.3)	54.9 (52.8–57.0)
2021	4.1 (3.7–4.6)	44.3 (42.8–45.9)	53.8 (52.1–55.5)
2022	4.2 (3.5–4.9)	43.7 (41.8–45.7)	54.3 (52.4–56.2)
2022 (Jan–Jun)	4.0 (3.2–4.9)	43.5 (41.0–45.9)	54.8 (52.4–57.2)
2022 (Jul–Dec)	4.3 (3.5–5.3)	44.0 (41.8–46.2)	53.9 (51.7–56.0)
18–64			
2019	14.7 (13.9–15.4)	20.4 (19.6–21.2)	66.8 (65.7–67.9)
2020	13.9 (13.2–14.7)	20.5 (19.7–21.4)	67.5 (66.5–68.5)
2021	13.5 (12.8–14.3)	21.7 (20.8–22.5)	66.6 (65.6–67.6)
2022	12.2 (11.3–13.2)	22.0 (20.9–23.0)	67.8 (66.6–69.0)
2022 (Jan–Jun)	12.1 (11.2–13.1)	21.8 (20.7–22.9)	68.1 (66.7–69.5)
2022 (Jul–Dec)	12.3 (11.2–13.5)	22.2 (20.9–23.6)	67.5 (66.0–69.0)
65 and over			
2019	0.9 (0.6–1.3)	96.0 (95.5–96.5)	49.1 (47.6–50.7)
2020	0.8 (0.5–1.1)	95.9 (95.3–96.4)	50.2 (48.7–51.7)
2021	0.6 (0.4–0.9)	96.1 (95.5–96.5)	47.1 (45.5–48.6)
2022	0.6 (0.4–0.9)	95.2 (94.7–95.8)	45.7 (44.3–47.2)
2022 (Jan–Jun)	0.7 (0.3–1.2)	95.4 (94.6–96.2)	46.2 (44.4–48.0)
2022 (Jul–Dec)	0.6 (0.3–0.9)	95.1 (94.3–95.8)	45.3 (43.2–47.4)

[1]People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

[2]Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

[3]Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.

Table II. Number (millions) of people who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by age group and year: United States, 2019–2022

Age group (years), year, and 6-month interval	Uninsured[1]	Public health plan coverage[2]	Private health insurance coverage[3]
All ages			
2019	33.2	121.4	198.7
2020	31.6	123.5	200.6
2021	30.0	128.6	196.5
2022	27.6	129.5	200.1
2022 (Jan–Jun)	27.4	128.5	201.2
2022 (Jul–Dec)	27.9	130.4	199.1
Under 65			
2019	32.8	70.6	172.7
2020	31.2	71.2	173.2
2021	29.6	74.7	170.1
2022	27.3	75.5	174.3
2022 (Jan–Jun)	27.0	74.9	175.3
2022 (Jul–Dec)	27.6	76.1	173.2
0–17			
2019	3.7	30.3	40.4
2020	3.7	30.7	39.9
2021	3.0	32.0	38.9
2022	3.0	31.8	39.5
2022 (Jan–Jun)	2.9	31.7	40.0
2022 (Jul–Dec)	3.2	31.9	39.1
18–64			
2019	29.0	40.3	132.3
2020	27.5	40.5	133.3
2021	26.6	42.7	131.2
2022	24.3	43.7	134.7
2022 (Jan–Jun)	24.1	43.3	135.4
2022 (Jul–Dec)	24.5	44.1	134.1
65 and over			
2019	0.5	50.8	26.0
2020	0.4	52.3	27.4
2021	0.4	53.9	26.4
2022	0.3	53.9	25.9
2022 (Jan–Jun)	0.4	53.6	25.9
2022 (Jul–Dec)	0.3	54.3	25.9

[1]People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

[2]Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

[3]Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.

Table III. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by sex, age group, and year: United States, 2019–2022

Sex, age group (years), year, and 6-month interval	Uninsured[1] Percent (95% CI)	Public health plan coverage[2] Percent (95% CI)	Private health insurance coverage[3] Percent (95% CI)
Female			
Under 65:			
2019	11.0 (10.4–11.7)	27.3 (26.2–28.4)	63.4 (62.2–64.7)
2020	10.7 (10.0–11.6)	27.6 (26.4–28.9)	63.6 (62.3–65.0)
2021	9.5 (8.9–10.1)	29.6 (28.4–30.8)	62.8 (61.6–64.0)
2022	8.6 (7.8–9.4)	30.0 (28.5–31.4)	63.5 (61.9–64.9)
2022 (Jan–Jun)	7.9 (7.0–8.8)	30.2 (28.6–31.9)	63.9 (62.0–65.8)
2022 (Jul–Dec)	9.3 (8.4–10.4)	29.7 (27.9–31.6)	63.0 (61.1–64.8)
0–17:			
2019	5.1 (4.4–6.0)	40.6 (38.5–42.8)	56.0 (53.8–58.2)
2020	4.4 (3.4–5.6)	42.3 (39.5–45.2)	55.2 (52.4–58.0)
2021	4.3 (3.7–5.1)	43.1 (40.8–45.4)	54.8 (52.3–57.2)
2022	4.1 (3.3–5.0)	44.1 (41.5–46.7)	53.8 (51.1–56.4)
2022 (Jan–Jun)	3.3 (2.4–4.5)	45.0 (41.8–48.3)	53.9 (50.4–57.3)
2022 (Jul–Dec)	4.9 (3.8–6.1)	43.3 (40.1–46.5)	53.7 (50.5–56.9)
18–64:			
2019	13.1 (12.4–13.9)	22.6 (21.6–23.6)	66.1 (64.9–67.3)
2020	13.0 (12.0–14.0)	22.4 (21.3–23.5)	66.6 (65.3–67.9)
2021	11.3 (10.6–12.1)	24.8 (23.5–26.1)	65.7 (64.5–66.9)
2022	10.2 (9.3–11.2)	25.0 (23.6–26.3)	66.9 (65.4–68.3)
2022 (Jan–Jun)	9.5 (8.5–10.6)	25.0 (23.5–26.4)	67.5 (65.8–69.2)
2022 (Jul–Dec)	10.9 (9.8–12.2)	24.9 (23.2–26.8)	66.3 (64.4–68.1)
Male			
Under 65:			
2019	13.2 (12.3–14.1)	24.7 (23.6–25.9)	63.9 (62.4–65.4)
2020	12.3 (11.5–13.2)	25.1 (23.8–26.3)	64.6 (63.2–66.0)
2021	12.5 (11.7–13.4)	25.9 (24.9–26.9)	63.5 (62.3–64.7)
2022	11.5 (10.5–12.6)	25.7 (24.5–26.9)	64.9 (63.4–66.4)
2022 (Jan–Jun)	12.0 (10.8–13.3)	25.0 (23.6–26.4)	65.1 (63.2–67.0)
2022 (Jul–Dec)	11.0 (9.8–12.3)	26.4 (24.9–27.9)	64.7 (62.9–66.6)
0–17:			
2019	5.1 (4.4–5.8)	42.1 (40.1–44.2)	54.5 (52.2–56.7)
2020	5.8 (4.6–7.3)	42.1 (39.4–44.8)	54.6 (51.8–57.3)
2021	3.9 (3.3–4.6)	45.5 (43.5–47.6)	52.9 (50.5–55.2)
2022	4.2 (3.5–5.1)	43.4 (41.2–45.6)	54.8 (52.6–57.0)
2022 (Jan–Jun)	4.6 (3.6–5.9)	42.0 (39.2–44.8)	55.7 (52.8–58.5)
2022 (Jul–Dec)	3.9 (3.0–5.0)	44.8 (42.0–47.6)	54.0 (51.2–56.7)
18–64:			
2019	16.3 (15.1–17.4)	18.1 (17.0–19.2)	67.5 (66.1–69.0)
2020	14.8 (13.8–15.9)	18.6 (17.5–19.7)	68.4 (67.1–69.8)
2021	15.8 (14.7–16.9)	18.4 (17.5–19.4)	67.5 (66.2–68.8)
2022	14.2 (13.0–15.5)	19.0 (17.8–20.2)	68.7 (67.2–70.3)
2022 (Jan–Jun)	14.8 (13.2–16.4)	18.5 (17.2–19.9)	68.7 (66.8–70.6)
2022 (Jul–Dec)	13.7 (12.3–15.3)	19.4 (17.9–21.0)	68.8 (66.8–70.7)

[1]People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

[2]Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

[3]Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.

Table IV. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by family income as a percentage of the federal poverty level, age group, and year: United States, 2019–2022

Family income as a percentage of FPL[1], age group (years), year, and 6-month interval	Uninsured[2] Percent (95% CI)	Public health plan coverage[3] Percent (95% CI)	Private health insurance coverage[4] Percent (95% CI)
Less than 100% FPL			
Under 65:			
2019	18.3 (16.2–20.5)	65.3 (63.0–67.5)	18.2 (16.3–20.3)
2020	18.4 (16.0–20.9)	68.3 (65.5–71.1)	15.6 (13.7–17.7)
2021	17.8 (15.8–20.0)	66.1 (63.1–69.1)	17.5 (14.9–20.3)
2022	16.1 (13.5–19.1)	68.8 (65.7–71.7)	17.3 (15.0–19.7)
2022 (Jan–Jun)	14.9 (11.9–18.3)	69.5 (65.6–73.2)	17.7 (14.7–20.9)
2022 (Jul–Dec)	17.5 (14.5–20.8)	68.0 (64.2–71.7)	16.8 (14.0–20.0)
0–17:			
2019	5.1 (3.8–6.8)	87.8 (85.3–90.1)	8.9 (7.1–11.1)
2020	7.1 (4.2–11.0)	88.0 (84.0–91.4)	7.3 (5.1–10.0)
2021	6.1 (4.5–8.0)	87.3 (84.6–89.6)	7.8 (6.1–9.9)
2022	5.1 (3.4–7.3)	88.4 (85.1–91.2)	8.8 (6.6–11.5)
2022 (Jan–Jun)	*	89.4 (84.9–92.9)	9.2 (6.2–13.1)
2022 (Jul–Dec)	6.5 (4.1–9.8)	87.3 (82.6–91.1)	8.4 (5.4–12.3)
18–64:			
2019	25.8 (23.0–28.9)	52.3 (49.4–55.1)	23.6 (20.9–26.5)
2020	25.3 (22.3–28.4)	56.3 (52.9–59.7)	20.7 (18.2–23.4)
2021	24.5 (21.5–27.6)	54.1 (50.3–57.9)	22.9 (19.3–27.0)
2022	22.7 (19.0–26.7)	57.0 (53.2–60.9)	22.3 (19.4–25.5)
2022 (Jan–Jun)	21.7 (17.5–26.3)	57.1 (52.4–61.7)	22.9 (19.0–27.2)
2022 (Jul–Dec)	23.8 (19.5–28.4)	57.0 (52.2–61.6)	21.7 (18.1–25.6)
100% to less than 200% FPL			
Under 65:			
2019	20.1 (18.6–21.6)	47.0 (45.1–48.9)	35.4 (33.6–37.2)
2020	18.9 (17.1–20.9)	50.5 (48.3–52.6)	33.6 (31.6–35.7)
2021	17.6 (16.3–19.0)	51.5 (49.6–53.3)	34.1 (32.2–36.0)
2022	16.4 (14.5–18.3)	54.0 (51.3–56.7)	32.7 (30.3–35.1)
2022 (Jan–Jun)	17.0 (14.6–19.6)	52.6 (49.1–56.1)	33.3 (30.1–36.6)
2022 (Jul–Dec)	15.8 (13.5–18.3)	55.4 (52.2–58.5)	32.1 (29.0–35.3)
0–17:			
2019	6.5 (5.2–8.0)	70.3 (67.7–72.8)	25.8 (23.1–28.5)
2020	7.3 (5.3–9.8)	72.8 (69.2–76.2)	23.3 (20.2–26.6)
2021	5.6 (4.4–7.0)	75.8 (73.3–78.2)	22.3 (20.0–24.8)
2022	4.8 (3.4–6.6)	76.4 (73.6–79.0)	22.6 (19.9–25.4)
2022 (Jan–Jun)	4.8 (3.3–6.9)	74.1 (70.0–77.9)	24.9 (21.2–28.8)
2022 (Jul–Dec)	4.8 (2.9–7.4)	78.6 (75.0–81.9)	20.4 (16.8–24.2)
18–64:			
2019	26.8 (24.9–28.8)	35.4 (33.3–37.5)	40.1 (38.3–42.0)
2020	25.0 (22.7–27.4)	38.8 (36.5–41.1)	39.0 (36.7–41.4)
2021	23.7 (22.0–25.5)	39.0 (37.1–41.0)	40.1 (38.0–42.2)
2022	22.3 (19.9–24.8)	42.5 (39.5–45.6)	37.9 (35.1–40.7)
2022 (Jan–Jun)	23.3 (20.1–26.7)	41.4 (37.6–45.3)	37.7 (34.2–41.3)
2022 (Jul–Dec)	21.4 (18.4–24.6)	43.6 (39.9–47.3)	38.1 (34.4–41.8)

See footnotes at the end of table.

Table IV. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by family income as a percentage of the federal poverty level, age group, and year: United States, 2019–2022—Con.

Family income as a percentage of FPL[1], age group (years), year, and 6-month interval	Uninsured[2] Percent (95% CI)	Public health plan coverage[3] Percent (95% CI)	Private health insurance coverage[4] Percent (95% CI)
200%–400% FPL			
Under 65:			
2019	12.5 (11.6–13.6)	18.5 (17.4–19.7)	70.9 (69.4–72.4)
2020	11.9 (10.8–13.0)	19.5 (18.1–21.0)	70.6 (68.9–72.3)
2021	11.4 (10.6–12.3)	21.3 (20.2–22.4)	69.2 (67.9–70.5)
2022	11.7 (10.8–12.7)	23.8 (22.2–25.5)	66.8 (65.1–68.5)
2022 (Jan–Jun)	11.2 (10.0–12.6)	22.8 (21.0–24.8)	68.4 (66.2–70.6)
2022 (Jul–Dec)	12.2 (10.7–13.8)	24.7 (22.5–27.1)	65.3 (62.8–67.8)
0–17:			
2019	6.7 (5.5–8.0)	25.9 (23.4–28.5)	69.5 (67.0–71.9)
2020	5.4 (4.0–7.1)	28.6 (25.7–31.7)	68.4 (65.2–71.4)
2021	4.1 (3.3–5.0)	30.7 (28.5–33.0)	67.7 (65.2–70.1)
2022	5.5 (4.4–6.8)	35.0 (32.0–38.0)	62.2 (59.4–64.8)
2022 (Jan–Jun)	5.1 (3.6–7.1)	33.9 (30.0–37.9)	63.6 (60.1–66.9)
2022 (Jul–Dec)	5.8 (4.3–7.7)	36.0 (32.7–39.5)	60.8 (57.0–64.4)
18–64:			
2019	14.8 (13.7–16.0)	15.7 (14.7–16.7)	71.5 (70.0–73.0)
2020	14.4 (13.1–15.8)	15.9 (14.6–17.4)	71.5 (69.7–73.2)
2021	14.2 (13.2–15.4)	17.6 (16.5–18.7)	69.8 (68.5–71.1)
2022	14.2 (13.0–15.5)	19.3 (17.8–20.9)	68.7 (66.9–70.5)
2022 (Jan–Jun)	13.8 (12.1–15.5)	18.3 (16.4–20.3)	70.4 (67.9–72.9)
2022 (Jul–Dec)	14.6 (12.8–16.6)	20.3 (17.9–23.0)	67.1 (64.3–69.7)
Greater than 400% FPL			
Under 65:			
2019	4.1 (3.7–4.6)	6.5 (6.0–7.1)	90.8 (90.0–91.4)
2020	4.3 (3.8–4.8)	6.8 (6.1–7.5)	90.4 (89.6–91.2)
2021	3.9 (3.4–4.4)	7.1 (6.4–7.8)	90.4 (89.6–91.2)
2022	3.7 (3.2–4.2)	7.8 (7.0–8.6)	90.0 (89.2–90.9)
2022 (Jan–Jun)	4.0 (3.3–4.6)	7.5 (6.7–8.5)	89.9 (88.9–90.8)
2022 (Jul–Dec)	3.4 (2.7–4.1)	8.0 (6.9–9.2)	90.2 (89.0–91.3)
0–17:			
2019	2.0 (1.4–2.6)	6.9 (6.0–7.9)	91.8 (90.6–93.0)
2020	1.9 (1.2–2.7)	7.5 (5.9–9.3)	91.7 (89.8–93.3)
2021	1.5 (1.1–2.0)	8.6 (7.6–9.8)	91.5 (90.4–92.5)
2022	2.0 (1.4–2.7)	9.2 (7.7–10.9)	89.7 (88.0–91.3)
2022 (Jan–Jun)	2.5 (1.5–3.8)	8.5 (6.7–10.6)	89.8 (87.5–91.8)
2022 (Jul–Dec)	1.5 (0.8–2.4)	9.9 (7.7–12.5)	89.7 (87.1–91.9)
18–64:			
2019	4.7 (4.2–5.3)	6.5 (5.9–7.1)	90.5 (89.6–91.2)
2020	5.0 (4.4–5.6)	6.6 (5.9–7.3)	90.1 (89.2–90.9)
2021	4.6 (4.0–5.3)	6.6 (5.9–7.3)	90.2 (89.2–91.0)
2022	4.1 (3.6–4.7)	7.3 (6.6–8.1)	90.1 (89.3–90.9)
2022 (Jan–Jun)	4.4 (3.7–5.1)	7.3 (6.4–8.2)	89.9 (88.9–90.9)
2022 (Jul–Dec)	3.9 (3.1–4.8)	7.4 (6.4–8.5)	90.4 (89.2–91.4)

*Estimate does not meet National Center for Health Statistics standards of reliability.

[1]FPL is federal poverty level. Income categories are based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children) defined by the U.S. Census Bureau for that year (Semega JL, Kollar MA, Creamer J, Mohanty A. Income and poverty in the United States: 2018. Current Population Reports, P60–266. 2019; and Semega J, Kollar M, Shrider EA, Creamer J. Income and poverty in the United States: 2019. Current Population Reports, P60–270. 2020). The percentage of respondents under age 65 with unknown poverty status was 9.2% in 2019, 10.1% in 2020, 11.6% in 2021, and 12.1% in 2022. People with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

[2]People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

[3]Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

[4]Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.

Table V. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by race and ethnicity, age group, and year: United States, 2019–2022

Race and ethnicity[1], age group (years), year, and 6-month interval	Uninsured[2] Percent (95% CI)	Public health plan coverage[3] Percent (95% CI)	Private health insurance coverage[4] Percent (95% CI)
Asian			
Under 65:			
2019	6.6 (5.0–8.7)	17.5 (15.1–20.2)	76.6 (73.5–79.5)
2020	7.7 (5.9–9.9)	19.3 (16.4–22.5)	73.9 (70.5–77.1)
2021	5.2 (4.0–6.8)	20.4 (18.1–22.8)	74.9 (72.2–77.4)
2022	6.5 (4.8–8.5)	20.8 (17.8–24.1)	73.5 (70.0–76.7)
2022 (Jan–Jun)	6.9 (4.7–9.7)	21.6 (18.5–24.9)	72.4 (68.3–76.3)
2022 (Jul–Dec)	6.1 (4.1–8.6)	20.1 (15.5–25.3)	74.5 (69.5–79.1)
0–17:			
2019	3.2 (1.6–5.7)	24.1 (19.6–29.1)	73.2 (68.2–77.8)
2020	3.4 (1.5–6.3)	29.6 (23.5–36.3)	68.2 (61.5–74.4)
2021	1.3 (0.6–2.5)	29.0 (24.0–34.4)	70.9 (65.6–75.7)
2022	4.1 (2.4–6.3)	31.2 (25.8–37.0)	65.4 (59.8–70.7)
2022 (Jan–Jun)	2.4 (0.9–5.3)	31.2 (24.4–38.6)	67.5 (60.6–73.9)
2022 (Jul–Dec)	*	31.2 (23.2–40.2)	63.2 (54.0–71.7)
18–64:			
2019	7.5 (5.6–9.9)	15.8 (13.2–18.7)	77.5 (74.2–80.5)
2020	8.8 (6.7–11.4)	16.7 (13.8–20.0)	75.4 (71.8–78.8)
2021	6.3 (4.8–8.2)	18.0 (16.0–20.2)	76.0 (73.6–78.2)
2022	7.1 (5.2–9.5)	18.1 (15.4–21.1)	75.5 (72.3–78.6)
2022 (Jan–Jun)	8.0 (5.5–11.3)	19.0 (16.1–22.1)	73.7 (69.8–77.4)
2022 (Jul–Dec)	6.2 (4.1–8.9)	17.2 (13.3–21.8)	77.4 (72.8–81.6)
Black			
Under 65:			
2019	11.6 (10.2–13.0)	42.8 (40.0–45.6)	48.5 (46.0–50.9)
2020	12.0 (10.4–13.8)	42.1 (39.2–45.0)	48.3 (45.3–51.4)
2021	11.2 (9.9–12.5)	41.5 (38.7–44.4)	49.4 (46.8–52.0)
2022	10.4 (9.2–11.7)	41.8 (39.6–44.0)	50.0 (47.8–52.2)
2022 (Jan–Jun)	10.0 (7.7–12.7)	42.4 (39.6–45.3)	49.7 (46.4–53.0)
2022 (Jul–Dec)	10.8 (8.7–13.3)	41.2 (37.8–44.6)	50.3 (46.8–53.8)
0–17:			
2019	3.5 (2.5–4.9)	64.5 (60.1–68.7)	35.1 (31.1–39.3)
2020	5.1 (2.9–8.1)	65.8 (60.6–70.8)	30.7 (25.9–35.8)
2021	3.0 (1.8–4.8)	66.1 (61.4–70.5)	32.6 (28.2–37.4)
2022	2.4 (1.3–4.1)	66.2 (62.5–69.8)	33.2 (29.6–37.0)
2022 (Jan–Jun)	1.7 (0.4–4.5)	68.3 (62.9–73.3)	31.7 (27.1–36.7)
2022 (Jul–Dec)	*	64.3 (58.6–69.6)	34.6 (28.8–40.9)
18–64:			
2019	14.7 (12.9–16.7)	34.3 (31.5–37.1)	53.7 (51.3–56.0)
2020	14.6 (12.7–16.7)	33.1 (30.5–35.9)	54.9 (51.9–57.9)
2021	14.1 (12.5–15.7)	32.6 (29.9–35.5)	55.4 (52.8–58.1)
2022	13.3 (11.6–15.2)	33.0 (30.8–35.2)	56.1 (53.4–58.7)
2022 (Jan–Jun)	12.9 (10.0–16.3)	33.2 (30.5–36.1)	56.0 (52.2–59.8)
2022 (Jul–Dec)	13.7 (11.0–16.8)	32.7 (29.4–36.1)	56.1 (52.4–59.7)

See footnotes at the end of table.

Table V. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by race and ethnicity, age group, and year: United States, 2019–June 2022—Con.

Race and ethnicity[1], age group (years), year, and 6-month interval	Uninsured[2] Percent (95% CI)	Public health plan coverage[3] Percent (95% CI)	Private health insurance coverage[4] Percent (95% CI)
Hispanic			
Under 65:			
2019	22.1 (20.3–23.9)	34.7 (32.7–36.7)	44.3 (42.1–46.4)
2020	22.1 (20.3–24.1)	34.5 (32.4–36.6)	44.7 (42.4–47.0)
2021	22.8 (21.0–24.6)	36.1 (34.6–37.5)	42.5 (40.8–44.3)
2022	20.9 (19.1–22.7)	35.3 (33.1–37.6)	45.1 (43.4–46.9)
2022 (Jan–Jun)	20.5 (18.4–22.6)	36.1 (33.4–38.9)	44.7 (42.2–47.2)
2022 (Jul–Dec)	21.2 (19.1–23.6)	34.6 (32.1–37.1)	45.6 (43.2–47.9)
0–17:			
2019	7.2 (6.0–8.6)	58.7 (55.9–61.5)	35.4 (32.7–38.1)
2020	7.8 (6.0–10.0)	57.3 (53.7–60.8)	37.0 (33.5–40.7)
2021	7.8 (6.6–9.1)	61.2 (59.1–63.3)	32.5 (30.3–34.9)
2022	7.1 (5.7–8.7)	59.4 (56.6–62.2)	35.7 (33.1–38.3)
2022 (Jan–Jun)	7.0 (5.4–9.0)	60.5 (56.6–64.4)	34.7 (31.2–38.4)
2022 (Jul–Dec)	7.1 (5.4–9.1)	58.3 (54.6–61.9)	36.6 (33.6–39.8)
18–64:			
2019	29.7 (27.4–32.0)	22.5 (20.4–24.7)	48.8 (46.5–51.1)
2020	29.3 (26.9–31.9)	23.0 (21.0–25.1)	48.6 (46.2–51.0)
2021	30.1 (27.9–32.4)	23.7 (22.1–25.4)	47.4 (45.6–49.3)
2022	27.6 (25.3–29.9)	23.7 (21.4–26.0)	49.7 (48.0–51.5)
2022 (Jan–Jun)	27.0 (24.4–29.7)	24.2 (21.6–27.0)	49.6 (46.9–52.3)
2022 (Jul–Dec)	28.1 (25.2–31.1)	23.1 (20.6–25.9)	49.9 (47.3–52.6)
White			
Under 65:			
2019	9.0 (8.4–9.7)	19.6 (18.7–20.7)	73.3 (72.2–74.3)
2020	7.9 (7.3–8.6)	19.9 (18.9–21.0)	74.3 (73.2–75.5)
2021	7.2 (6.7–7.8)	21.6 (20.6–22.6)	73.3 (72.1–74.4)
2022	6.4 (5.8–7.0)	21.7 (20.5–22.9)	74.2 (72.9–75.5)
2022 (Jan–Jun)	6.4 (5.7–7.2)	20.8 (19.4–22.2)	75.1 (73.6–76.6)
2022 (Jul–Dec)	6.4 (5.6–7.3)	22.5 (21.0–24.1)	73.4 (71.7–75.1)
0–17:			
2019	4.5 (3.7–5.4)	27.9 (26.1–29.8)	69.3 (67.4–71.1)
2020	3.8 (2.8–5.1)	29.4 (26.9–31.9)	69.1 (66.5–71.6)
2021	2.7 (2.1–3.3)	31.5 (29.4–33.7)	68.5 (66.3–70.6)
2022	3.4 (2.6–4.3)	30.7 (28.6–32.9)	68.3 (66.1–70.5)
2022 (Jan–Jun)	3.4 (2.4–4.7)	28.9 (26.2–31.8)	70.0 (67.2–72.8)
2022 (Jul–Dec)	3.3 (2.5–4.3)	32.5 (29.7–35.4)	66.6 (63.8–69.3)
18–64:			
2019	10.5 (9.8–11.2)	17.0 (16.1–18.0)	74.5 (73.5–75.5)
2020	9.2 (8.6–10.0)	16.9 (16.0–17.8)	76.0 (75.0–77.1)
2021	8.7 (8.0–9.4)	18.5 (17.6–19.4)	74.8 (73.7–75.8)
2022	7.4 (6.8–8.1)	18.8 (17.8–19.8)	76.1 (74.9–77.3)
2022 (Jan–Jun)	7.4 (6.6–8.2)	18.2 (16.9–19.6)	76.7 (75.3–78.1)
2022 (Jul–Dec)	7.4 (6.5–8.4)	19.4 (17.9–20.9)	75.5 (73.9–77.1)

See footnotes at the end of table.

Table V. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by race and ethnicity, age group, and year: United States, 2019–June 2022—Con.

Race and ethnicity[1], age group (years), year, and 6-month interval	Uninsured[2] Percent (95% CI)	Public health plan coverage[3] Percent (95% CI)	Private health insurance coverage[4] Percent (95% CI)
Other races and multiple races			
Under 65:			
2019	14.6 (11.4–18.2)	34.5 (28.9–40.3)	52.9 (46.7–59.0)
2020	13.0 (10.1–16.3)	39.2 (34.1–44.6)	51.3 (45.1–57.5)
2021	11.0 (8.6–13.8)	40.2 (35.1–45.5)	51.9 (46.3–57.4)
2022	8.4 (6.4–10.9)	41.4 (34.4–48.7)	53.7 (47.3–60.0)
2022 (Jan–Jun)	8.6 (5.3–13.0)	41.8 (35.6–48.3)	53.2 (45.3–60.9)
2022 (Jul–Dec)	8.2 (5.5–11.7)	41.0 (30.3–52.4)	54.3 (45.8–62.6)
0–17:			
2019	5.9 (3.5–9.3)	45.3 (38.0–52.8)	50.4 (42.6–58.3)
2020	6.1 (3.0–10.9)	48.5 (41.5–55.6)	49.2 (42.2–56.3)
2021	5.0 (2.6–8.6)	49.3 (42.9–55.7)	48.8 (43.8–53.9)
2022	2.3 (1.0–4.6)	49.5 (43.5–55.5)	51.4 (45.8–57.0)
2022 (Jan–Jun)	1.5 (0.4–3.8)	52.3 (45.0–59.6)	48.7 (40.6–56.8)
2022 (Jul–Dec)	*	46.5 (38.0–55.3)	54.3 (46.9–61.6)
18–64:			
2019	21.1 (17.0–25.8)	26.2 (20.6–32.5)	54.8 (48.1–61.3)
2020	17.6 (13.7–22.1)	32.9 (25.7–40.9)	52.7 (44.3–61.0)
2021	15.5 (12.3–19.3)	33.5 (27.2–40.1)	54.1 (46.1–62.0)
2022	13.0 (10.0–16.6)	35.4 (26.0–45.6)	55.5 (46.5–64.1)
2022 (Jan–Jun)	14.1 (8.9–20.9)	33.8 (26.2–42.0)	56.7 (46.6–66.3)
2022 (Jul–Dec)	11.9 (7.8–17.3)	*	54.3 (42.3–65.8)

* Estimate does not meet National Center for Health Statistics standards of reliability.

[1] Hispanic origin and race are two separate and distinct categories. Race groups are non-Hispanic. People of Hispanic or Latino origin may be of any race or combination of races. Hispanic or Latino origin includes people of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on respondents' descriptions of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, Black or African American, single race" is referred to as "non-Hispanic Black (subsequently, Black)." Estimates for non-Hispanic people of races other than Asian only, Black only, and White only, or of multiple races, are combined into the "Other races and multiple races" category.

[2] People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

[3] Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

[4] Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.

Table VI. Percentage (and 95% confidence interval) of people under age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by state Medicaid expansion status, age group, and year: United States, 2019–2022

State Medicaid expansion status[1], age group (years), year, and 6-month interval	Uninsured[2] Percent (95% CI)	Public health plan coverage[3] Percent (95% CI)	Private health insurance coverage[4] Percent (95% CI)
Medicaid expansion states[5]			
Under 65:			
2019	9.1 (8.6–9.7)	27.8 (26.7–28.9)	65.0 (63.8–66.2)
2020	8.5 (7.8–9.2)	27.5 (26.3–28.8)	66.0 (64.7–67.4)
2021	8.1 (7.5–8.7)	28.9 (27.8–30.0)	65.0 (63.7–66.3)
2022	7.5 (6.9–8.2)	28.9 (27.5–30.3)	65.8 (64.3–67.3)
2022 (Jan–Jun)	7.8 (7.0–8.7)	28.2 (26.6–29.8)	66.1 (64.2–68.0)
2022 (Jul–Dec)	7.2 (6.4–8.1)	29.7 (27.9–31.5)	65.4 (63.6–67.2)
0–17:			
2019	3.9 (3.3–4.6)	40.3 (38.3–42.2)	57.6 (55.5–59.7)
2020	3.6 (2.7–4.7)	41.3 (38.9–43.8)	57.3 (54.8–59.8)
2021	2.6 (2.1–3.1)	42.7 (40.9–44.6)	57.3 (55.3–59.3)
2022	3.2 (2.6–4.0)	41.9 (39.6–44.1)	57.4 (55.3–59.6)
2022 (Jan–Jun)	3.4 (2.5–4.5)	40.8 (37.8–43.9)	58.3 (55.3–61.1)
2022 (Jul–Dec)	3.0 (2.3–3.9)	42.9 (40.3–45.6)	56.6 (54.1–59.1)
18–64:			
2019	11.0 (10.4–11.6)	23.4 (22.3–24.5)	67.6 (66.4–68.8)
2020	10.2 (9.5–11.1)	22.5 (21.5–23.6)	69.2 (68.0–70.4)
2021	10.1 (9.3–10.9)	23.8 (22.8–24.9)	67.8 (66.6–69.0)
2022	9.1 (8.3–9.9)	24.2 (23.0–25.5)	68.8 (67.4–70.2)
2022 (Jan–Jun)	9.4 (8.4–10.5)	23.6 (22.3–25.0)	68.9 (67.1–70.7)
2022 (Jul–Dec)	8.8 (7.7–9.9)	24.8 (23.2–26.5)	68.6 (66.9–70.4)
Non-Medicaid expansion states[6]			
Under 65:			
2019	17.1 (15.8–18.5)	23.0 (21.5–24.6)	61.4 (59.0–63.8)
2020	17.2 (16.0–18.5)	24.1 (22.5–25.8)	60.5 (58.6–62.4)
2021	16.8 (15.6–18.1)	25.5 (24.2–26.8)	59.4 (57.6–61.3)
2022	15.7 (14.2–17.3)	25.4 (23.7–27.1)	60.7 (58.6–62.8)
2022 (Jan–Jun)	14.5 (12.9–16.3)	26.3 (24.5–28.2)	61.1 (58.9–63.3)
2022 (Jul–Dec)	16.9 (15.2–18.7)	24.4 (22.4–26.5)	60.3 (57.8–62.8)
0–17:			
2019	7.0 (6.0–8.1)	43.2 (40.1–46.3)	51.5 (47.9–55.0)
2020	7.8 (6.3–9.5)	43.7 (40.0–47.5)	50.5 (46.8–54.3)
2021	7.2 (6.1–8.4)	47.5 (44.8–50.2)	46.9 (43.9–49.8)
2022	6.2 (5.0–7.7)	47.8 (44.5–51.1)	47.6 (44.1–51.1)
2022 (Jan–Jun)	5.2 (3.8–6.8)	48.9 (45.1–52.7)	47.7 (44.0–51.3)
2022 (Jul–Dec)	7.4 (5.4–9.8)	46.6 (42.2–51.0)	47.5 (42.7–52.4)
18–64:			
2019	21.2 (19.6–22.8)	15.1 (14.0–16.3)	65.3 (63.2–67.3)
2020	20.8 (19.3–22.3)	16.7 (15.3–18.2)	64.3 (62.6–66.0)
2021	20.4 (18.9–21.9)	17.4 (16.2–18.5)	64.1 (62.3–65.9)
2022	19.2 (17.5–21.0)	17.0 (15.5–18.7)	65.6 (63.5–67.6)
2022 (Jan–Jun)	18.1 (16.1–20.2)	17.7 (16.0–19.6)	66.3 (64.0–68.5)
2022 (Jul–Dec)	20.4 (18.6–22.3)	16.3 (14.6–18.2)	65.0 (62.6–67.3)

[1]Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 138% of the federal poverty level. No deadline is imposed for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia moved forward with Medicaid expansion.

[2]People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

[3]Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

[4]Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

[5]For 2019, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion. Beginning with 2020, two states were added to this grouping: Idaho and Utah. Beginning with 2021, Nebraska was added to this grouping. Beginning with 2022, two states have been added to this grouping Missouri and Oklahoma.

[6]For 2019, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming. Beginning with 2020, two states were removed from this grouping: Idaho and Utah. Beginning with 2021, Nebraska was removed from this grouping. Beginning with 2022, two states were removed from this grouping: Missouri and Oklahoma.

NOTES: CI is confidence interval. Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.

Table VII. Percentage and number of people under age 65 who had exchange-based private health insurance coverage at the time of interview, by year and selected characteristics: United States, 2019–2022

Year and selected characteristic	Percent (95% confidence interval)	Number in millions
2019		
Age group (years):		
Under 65	3.7 (3.4–4.0)	10.0
0–17	1.7 (1.4–2.1)	1.3
18–64	4.4 (4.0–4.8)	8.7
Sex:		
Female	3.9 (3.5–4.4)	5.3
Male	3.5 (3.1–3.9)	4.7
Family income as a percentage of FPL[1]:		
Less than 100% FPL	3.0 (2.2–4.0)	1.1
100% to less than 200% FPL	5.3 (4.6–6.1)	3.0
200%–400% FPL	4.3 (3.8–4.9)	3.7
Greater than 400% FPL	2.1 (1.9–2.5)	2.2
Race and ethnicity[2]:		
Black	2.9 (2.2–3.9)	1.0
Hispanic	3.8 (3.1–4.6)	2.1
White	3.6 (3.2–4.0)	5.5
Medicaid expansion status[3]:		
Medicaid expansion states[4]	3.3 (3.0–3.8)	5.7
Non-Medicaid expansion states[5]	4.3 (3.8–4.9)	4.3
2020		
Age group (years):		
Under 65	3.8 (3.5–4.1)	10.1
0–17	2.1 (1.7–2.5)	1.5
18–64	4.4 (4.0–4.7)	8.6
Sex:		
Female	4.4 (4.0–4.8)	5.9
Male	3.1 (2.8–3.5)	4.2
Family income as a percentage of FPL[1]:		
Less than 100% FPL	1.9 (1.3–2.6)	0.6
100% to less than 200% FPL	4.8 (4.1–5.7)	2.5
200%–400% FPL	5.2 (4.6–5.9)	4.3
Greater than 400% FPL	2.4 (2.0–2.9)	2.7
Race and ethnicity[2]:		
Black	2.6 (1.9–3.3)	0.9
Hispanic	4.2 (3.5–5.0)	2.4
White	3.7 (3.3–4.1)	5.7
Medicaid expansion status[3]:		
Medicaid expansion states[4]	3.5 (3.2–3.9)	6.2
Non-Medicaid expansion states[5]	4.1 (3.6–4.7)	3.9

See footnotes at the end of table.

Table VII. Percentage and number of people under age 65 who had exchange-based private health insurance coverage at the time of interview, by year and selected characteristics: United States, 2019–2022—Con.

Year and selected characteristic	Percent (95% confidence interval)	Number in millions
2021		
Age group (years):		
Under 65	4.3 (4.0–4.7)	11.6
0–17	2.1 (1.7–2.6)	1.5
18–64	5.1 (4.7–5.5)	10.1
Sex:		
Female	4.8 (4.3–5.2)	6.5
Male	3.9 (3.5–4.2)	5.2
Family income as a percentage of FPL[1]:		
Less than 100% FPL	3.6 (2.7–4.7)	1.3
100% to less than 200% FPL	6.4 (5.5–7.4)	3.5
200%–400% FPL	5.3 (4.7–6.0)	4.2
Greater than 400% FPL	2.6 (2.2–3.0)	2.7
Race and ethnicity[2]:		
Black	3.9 (3.2–4.8)	1.3
Hispanic	4.4 (3.6–5.3)	2.5
White	4.2 (3.8–4.6)	6.4
Medicaid expansion status[3]:		
Medicaid expansion states[4]	4.0 (3.6–4.5)	7.2
Non-Medicaid expansion states[5]	4.9 (4.4–5.5)	4.4
2022		
Age group (years):		
Under 65	4.3 (4.0–4.6)	11.6
0–17	2.2 (1.8–2.7)	1.6
18–64	5.0 (4.6–5.4)	10.0
Sex:		
Female	4.6 (4.2–5.1)	6.3
Male	3.9 (3.5–4.3)	5.3
Family income as a percentage of FPL[1]:		
Less than 100% FPL	3.3 (2.5–4.2)	1.0
100% to less than 200% FPL	6.0 (5.1–7.0)	3.1
200%–400% FPL	5.2 (4.6–6.0)	4.0
Greater than 400% FPL	2.9 (2.6–3.3)	3.4
Race and ethnicity[2]:		
Black	3.8 (3.0–4.6)	1.3
Hispanic	4.7 (4.1–5.4)	2.7
White	4.2 (3.8–4.6)	6.4
Medicaid expansion status[3]:		
Medicaid expansion states[4]	3.9 (3.5–4.2)	7.2
Non-Medicaid expansion states[5]	5.2 (4.6–5.8)	4.4
2022 (Jan–Jun)		
Age group (years):		
Under 65	4.3 (3.8–4.7)	11.6
0–17	2.5 (1.9–3.2)	1.8
18–64	4.9 (4.5–5.4)	9.8
Sex:		
Female	4.6 (4.1–5.2)	6.3
Male	3.9 (3.3–4.6)	5.3

See footnotes at the end of table.

Table VII. Percentage and number of people under age 65 who had exchange-based private health insurance coverage at the time of interview, by year and selected characteristics: United States, 2019–2022—Con.

Year and selected characteristic	Percent (95% confidence interval)	Number in millions
2022 (Jan–Jun) —Con.		
Family income as a percentage of FPL[1]:		
Less than 100% FPL	3.0 (2.1–4.3)	1.0
100% to less than 200% FPL	5.8 (4.6–7.1)	2.9
200%–400% FPL	5.3 (4.4–6.4)	4.1
Greater than 400% FPL	3.1 (2.5–3.6)	3.6
Race and ethnicity[2]:		
Black	3.5 (2.6–4.5)	1.2
Hispanic	4.5 (3.8–5.4)	2.6
White	4.3 (3.7–4.9)	6.6
Medicaid expansion status[3]:		
Medicaid expansion states[4]	3.9 (3.4–4.5)	7.3
Non-Medicaid expansion states[5]	5.0 (4.4–5.8)	4.3
2022 (Jul–Dec)		
Age group (years):		
Under 65	4.3 (3.8–4.7)	11.5
0–17	2.0 (1.5–2.5)	1.4
18–64	5.1 (4.6–5.7)	10.1
Sex:		
Female	4.7 (4.0–5.4)	6.3
Male	3.9 (3.3–4.5)	5.2
Family income as a percentage of FPL[1]:		
Less than 100% FPL	3.5 (2.3–5.1)	1.1
100% to less than 200% FPL	6.2 (4.9–7.7)	3.3
200%–400% FPL	5.1 (4.3–6.1)	4.0
Greater than 400% FPL	2.8 (2.3–3.3)	3.2
Race and ethnicity[2]:		
Black	4.1 (2.9–5.4)	1.4
Hispanic	4.9 (4.0–5.9)	2.8
White	4.1 (3.5–4.7)	6.2
Medicaid expansion status[3]:		
Medicaid expansion states[4]	3.8 (3.3–4.3)	7.2
Non-Medicaid expansion states[5]	5.3 (4.4–6.3)	4.4

[1]FPL is federal poverty level. Income categories are based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children) defined by the U.S. Census Bureau for that year (Semega JL, Kollar MA, Creamer J, Mohanty A. Income and poverty in the United States: 2018. Current Population Reports, P60–266. 2019; and Semega J, Kollar M, Shrider EA, Creamer J. Income and poverty in the United States: 2019. Current Population Reports, P60–270. 2020). The percentage of respondents under age 65 with unknown poverty status was 9.2% in 2019, 10.1% in 2020, 11.6% in 2021, and 12.1% in 2022. People with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

[2]Hispanic origin and race are two separate and distinct categories. Race groups are non-Hispanic. People of Hispanic origin may be of any race or combination of races. Hispanic origin includes people of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on respondents' descriptions of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, Black or African American, single race" is referred to as "non-Hispanic Black (subsequently, Black)."

[3]Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have income up to and including 138% of FPL. No deadline is imposed for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia moved forward with Medicaid expansion.

[4]For 2019, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion. Beginning with 2020, two states were added to this grouping: Idaho and Utah. Beginning with 2021, Nebraska was added to this grouping. Beginning with 2022, two states have been added to this grouping: Missouri and Oklahoma.

[5]For 2019, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming. Beginning with 2020, two states were removed from this grouping: Idaho and Utah. Beginning with 2021, Nebraska was removed from this grouping. Beginning with 2022, two states have been removed from this grouping: Missouri and Oklahoma.

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August through December 2020, a subsample of adult respondents who completed the National Health Interview Survey in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2022.