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

ISSUE BRIEF

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HealthCare.gov Enrollment by Race and Ethnicity, 2015-2023

During the 2023 Open Enrollment Period, an estimated 1.7 million Black people and 3.4 million Latino people enrolled in Marketplace HealthCare.gov states, representing enrollment increases of 95 percent and 103 percent respectively since 2020.

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KEY POINTS

- Open Enrollment Marketplace plan selections on HealthCare.gov reached 12.2 million in 2023, with increases in all racial and ethnic populations relative to previous years.
- During the 2023 Open Enrollment Period, 1.7 million Black people and 3.4 million Latino people enrolled in Marketplace HealthCare.gov states, representing enrollment increases of 95 percent and 103 percent respectively since 2020.
- The distribution of Marketplace enrollment by race and ethnicity continued along the trends observed since 2018, with the share of Latino and Black enrollees increasing to 28.2 and 13.9 percent, respectively, and the share of White enrollees decreasing to 48.0 percent in 2023.
- Although the number of Asian-American, Native Hawaiian, and Pacific Islander (AANHPI) enrollees increased by 14 percent between 2020 and 2023, their share of Marketplace enrollment decreased, owing to even larger enrollment gains for other groups.
- Silver plans with cost-sharing reductions (CSRs) remain the most frequently selected plans overall, representing over half of all plan selections within AANHPI, Black, and Latino enrollee groups. In contrast, more than half of American Indian and Alaska Native (AI/AN) enrollees continue to select bronze plans in 2023, though this share has decreased by 6.1 percentage points between 2021 and 2023.*
- After enhanced premium tax credits went into effect in 2021 under the American Rescue Plan (ARP), the share of Marketplace enrollees selecting a bronze plan decreased across all race and ethnicity groups between 2021 and 2023, while the share of enrollees selecting a silver plan with CSRs increased across all race and ethnicity groups over the same period. These enhanced premium tax credits were extended through 2025 by the Inflation Reduction Act (IRA).

* While CSRs can only be applied to silver plans for most enrollees, eligible AI/AN enrollees do not have to pay in-network cost-sharing on *any* Marketplace plan in any metal tier except for catastrophic plans, which may explain the difference in bronze plan selections. For more information see: https://www.healthcare.gov/american-indians-alaska-natives/

OVERVIEW

National survey data shows that the U.S. uninsured rate fell from 9.2 percent in 2021 to 7.7 percent in the third quarter of 2023.[1] However, uninsured rates continue to differ by race, with 27.3 percent of Latino adults ages 18-64 uninsured in fall 2023, compared to 10.9 percent of Black adults and 6.6 percent of White adults.[2†]

Improving racial health equity and increasing access to affordable health coverage are priorities of the Biden-Harris Administration.[3,4] The Administration invested $98.9 million in Navigator grant funding for the 2023 Open Enrollment Period to help reduce health disparities. More than 1,500 Navigators were available to assist consumers with applying for and enrolling in Marketplace coverage for the 2023 plan year.[5] In 2021, enhanced and expanded premium tax credits under the American Rescue Plan (ARP), an extended Special Enrollment Period (SEP), and increased Marketplace outreach and Navigator funding likely led to increases in Marketplace enrollment across all racial and ethnic populations. For example, among enrollees in HealthCare.gov states that made new SEP plan selections and self-reported their race or ethnicity, the share of Black enrollees increased from 9 percent in 2019 to 15 percent in 2021, and the share of Latino enrollees increased from 16 percent in 2019 to 19 percent in 2021.[6]

The ARP made individuals with a household income above 400 percent of the Federal Poverty Level (FPL) newly eligible for Marketplace premium subsidies if they are not enrolled in or eligible for other minimum essential coverage, such as employer sponsored insurance. The ARP also increased the availability of $0 and low-premium ($50 or less per month) health plans after advanced premium tax credits (APTCs) in silver and gold metal tiers by reducing the expected individual contribution of household income toward benchmark silver plan premiums to zero percent for eligible enrollees with incomes between 100-150 percent FPL. Prior to the ARP, most low-premium plans were in the bronze tier.[7] The enhanced subsidies of the ARP, extended through 2025 by the Inflation Reduction Act (IRA), resulted in more HealthCare.gov enrollees receiving APTCs – and receiving larger average APTCs – starting in 2021.[8,9,10]

Accurate information on ACA Marketplace enrollees' race and ethnicity is important to monitor and evaluate progress in reducing the uninsured and addressing disparities in health coverage. However, as the application questions on race and ethnicity are optional to report on enrollment applications, over 45 percent of Marketplace enrollees have missing race and ethnicity information in 2023 HealthCare.gov administrative enrollment data, which is a barrier to measuring progress in improving equitable coverage rates. To address this data limitation, we analyzed race and ethnicity for HealthCare.gov enrollment data from the 2015 to 2023 Open Enrollment Periods using validated imputation techniques for missing data. Imputation is one strategy that uses existing self-reported race and ethnicity data to predict the probability of racial and ethnic identity, allowing for a more comprehensive view of enrollment than analysis of incomplete data. Still, imputation methods do have limitations and are not a replacement for more complete data collection[11] (e.g., by encouraging insurers and providers to collect race and ethnicity data during routine contacts or educating navigators and other assistors about the significance of collecting race and ethnicity data).[12]

This Issue Brief presents trends in Marketplace enrollment by race and ethnicity from 2015-2023 and provides an update to a previous ASPE Data Point.[13] We analyze changes in coverage via HealthCare.gov across racial and ethnic groups over time, incorporating a validated imputation method for missing enrollment information on race and ethnicity, and assess the potential effects of the Biden-Harris Administration's policies designed to improve the equity of coverage rates.

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† Unless otherwise indicated, race and ethnicity categories in this report are mutually exclusive, meaning "Black" refers to Non-Latino Black individuals, "White" refers to Non-Latino White individuals, and Latino individuals of all races are grouped together as "Latino." For this report "Latino" includes individuals who are "Hispanic."

METHODS

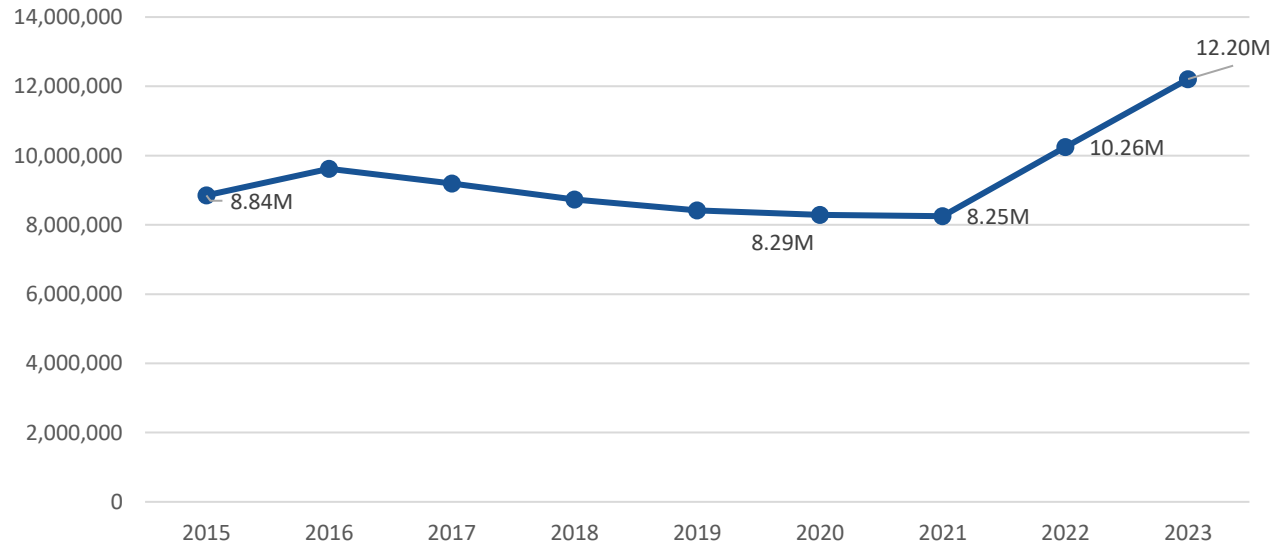
This analysis uses HealthCare.gov data in plan selections made during Open Enrollment Periods from 2015 to 2023, obtained from CMS's Center for Consumer Information and Insurance Oversight (CCIIO). The modified Bayesian Improved First Name Surname Geocoding (mBIFSG) method developed by RAND was used to impute values for missing race and ethnicity information.[14,15] This approach has been validated and described in more detail in previous ASPE publications and a journal article.[16,17] Self-reported and missing race and ethnicity was assessed before and after imputation, and results were used to calculate estimates of enrollment (both percentages and total enrollees) by year for each group.

This analysis has several limitations. First, while our imputation method has high overall predictive accuracy, it is less predictive for American Indian and Alaska Native (AI/AN) or Multiracial individuals. Second, our imputation method currently uses self-reported race and ethnicity data by surname and by neighborhood from the 2010 Census, which may be outdated for areas that have experienced significant demographic changes in the past decade. Third, the imputation method uses self-reported race and ethnicity by first and last name collected from mortgage applications, which may have limited generalizability due to longstanding inequitable rates of home ownership by race and ethnicity. Fourth, while our analysis is suggestive of effects of recent policy changes, given that we are simply analyzing descriptive trends over time, we cannot draw a clear cause-and-effect relationship between enrollment changes and recent policies. Finally, the analysis is limited to the federal Marketplace (HealthCare.gov) since detailed data from State-Based Marketplaces necessary to conduct the imputation method are not available to HHS, and the changing list of states using HealthCare.gov each year affects the year-to-year comparisons. See Appendix Figure 2 for a full list of HealthCare.gov states by year.

RESULTS

From 2015 to 2023, there were a total of 83.8 million plan selections during Open Enrollment Periods in HealthCare.gov states; each consumer is counted only once a year, but many appear in multiple Open Enrollment Periods. In 2023, total Open Enrollment plan selections reached a record high of 12.2 million (Figure 1).

Figure 1. Number of HealthCare.gov Marketplace Open Enrollment Plan Selections, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Data labels are in units of millions (M).

Figures 2a and 2b show total estimated enrollment for each racial and ethnic population by year. All groups experienced increases between 2020 and 2023. Comparing 2020 to 2023, the number of AI/AN enrollees increased from 52,000 to 82,000 (a 59 percent increase), AANHPI enrollees increased from 0.8 million in 2020 to just over 0.9 million in 2023 (a 14 percent increase), Black enrollees increased from 0.9 million to 1.7 million (a 95 percent increase), Latino enrollees increased from 1.7 million to 3.4 million (a 103 percent increase), and White enrollees increased from 4.7 to 5.9 million (a 25 percent increase). Appendix Figure 1 reports the exact distribution of race and ethnicity among enrollees between 2015 and 2023.

Figure 2a. Number of HealthCare.gov Marketplace Open Enrollment Plan Selections by Race and Ethnicity (Black, Latino, and White), 2015-2023

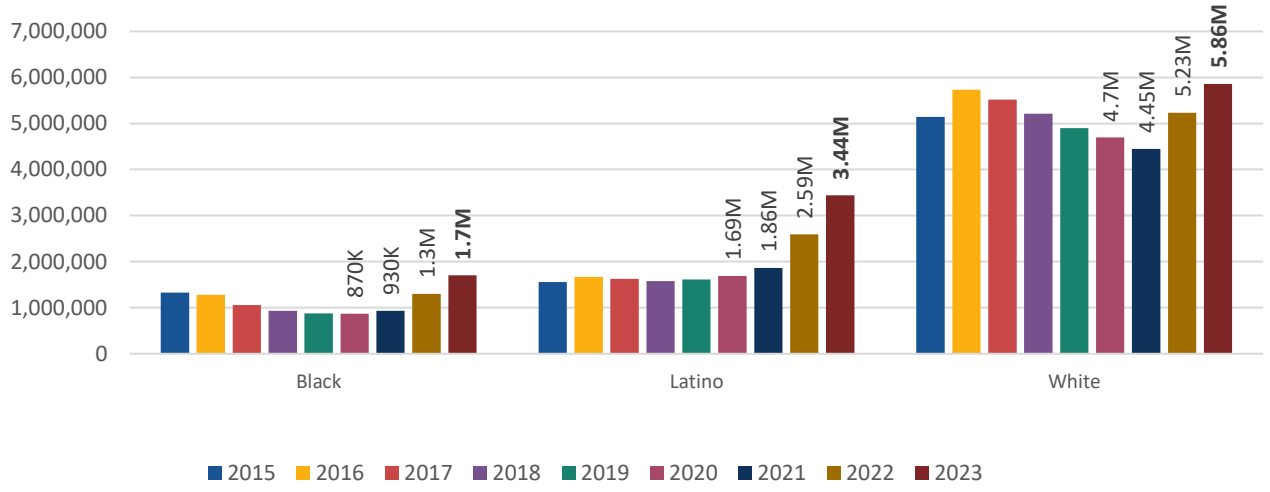
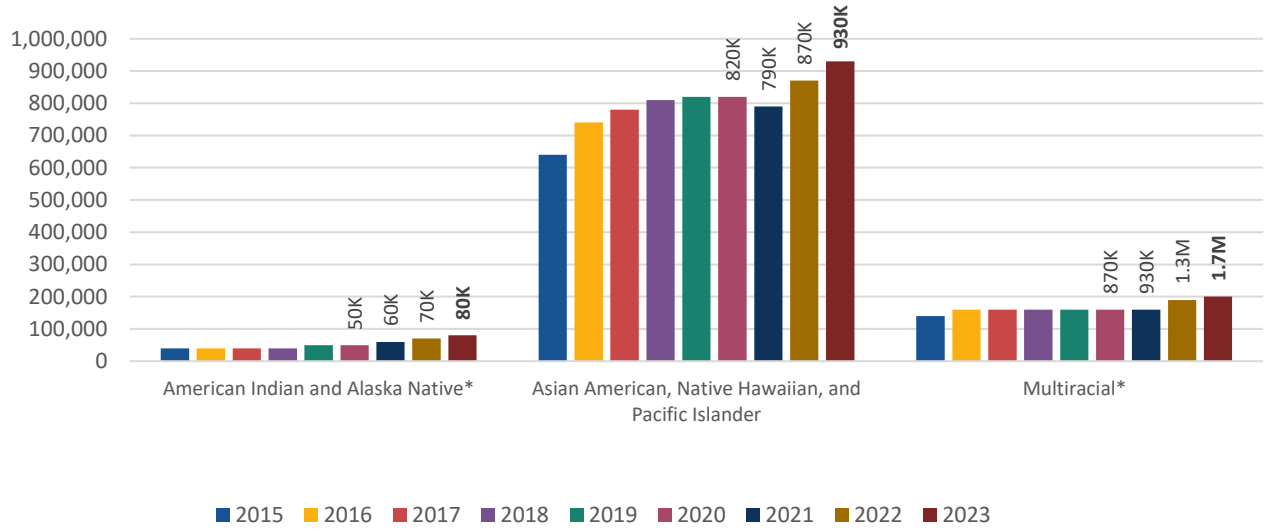


Figure 2b. Number of HealthCare.gov Marketplace Open Enrollment Plan Selections by Race and Ethnicity (AI/AN, AANHPI, and Multiracial), 2015-2023

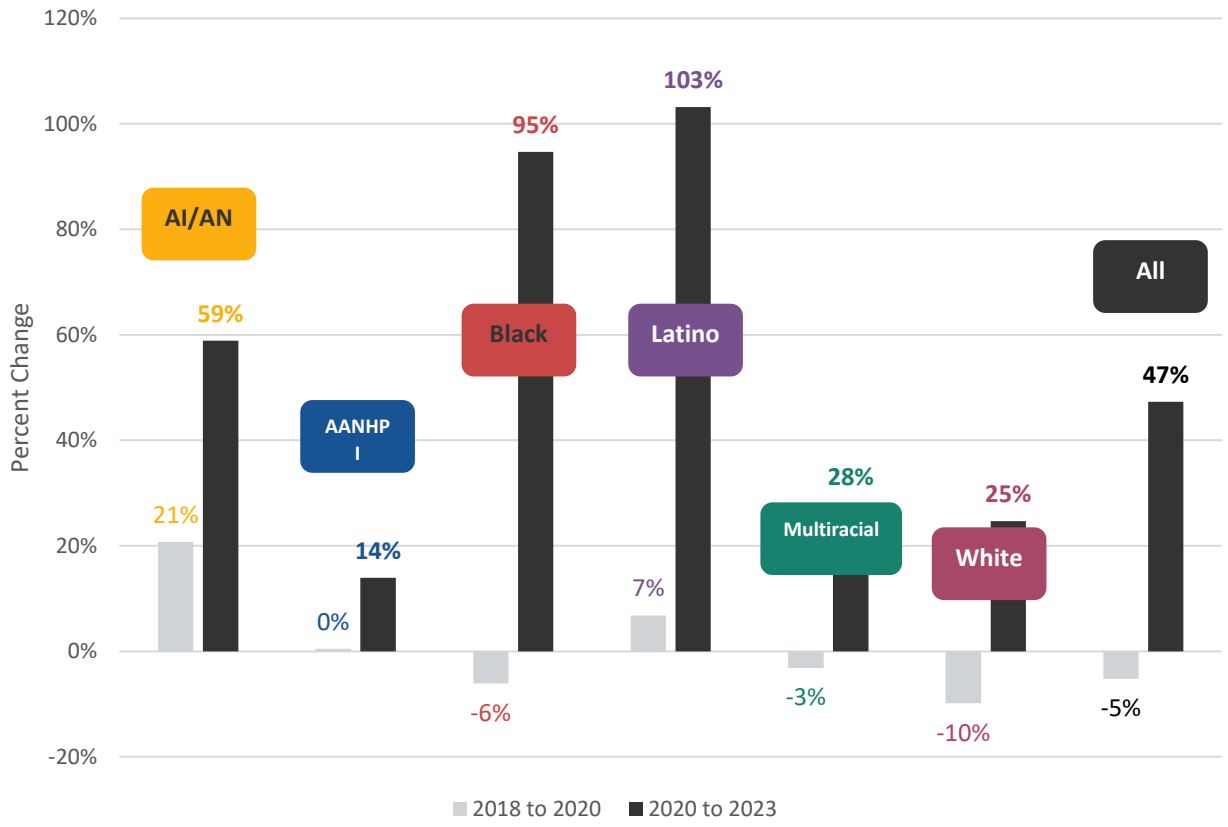


Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Data labels are in units of ten-thousands (K) or millions (M).

*Estimates for American Indian and Alaska Native (AI/AN) and Multiracial categories should be interpreted with caution, as the 2023 imputation C-statistic for AI/AN was 0.75 (acceptable) and Multiracial was 0.70 (acceptable) and were considered marginally acceptable in previous years. The remaining categories have C-statistics greater than 0.94 (excellent).

Figure 3 shows the percent change in Marketplace OEP enrollment by race and ethnicity and overall, between 2018 to 2020 (light gray bars) and 2020 to 2023 (dark gray bars). Between 2018 and 2020, enrollment fell or did not change for three of the five groups. Enrollment increased by 7 percent among Latinos and AI/AN enrollment increased by 21 percent (off a very low base). Between 2020 and 2023, Latino and Black enrollment roughly doubled; all other groups experienced double-digit rates of growth.

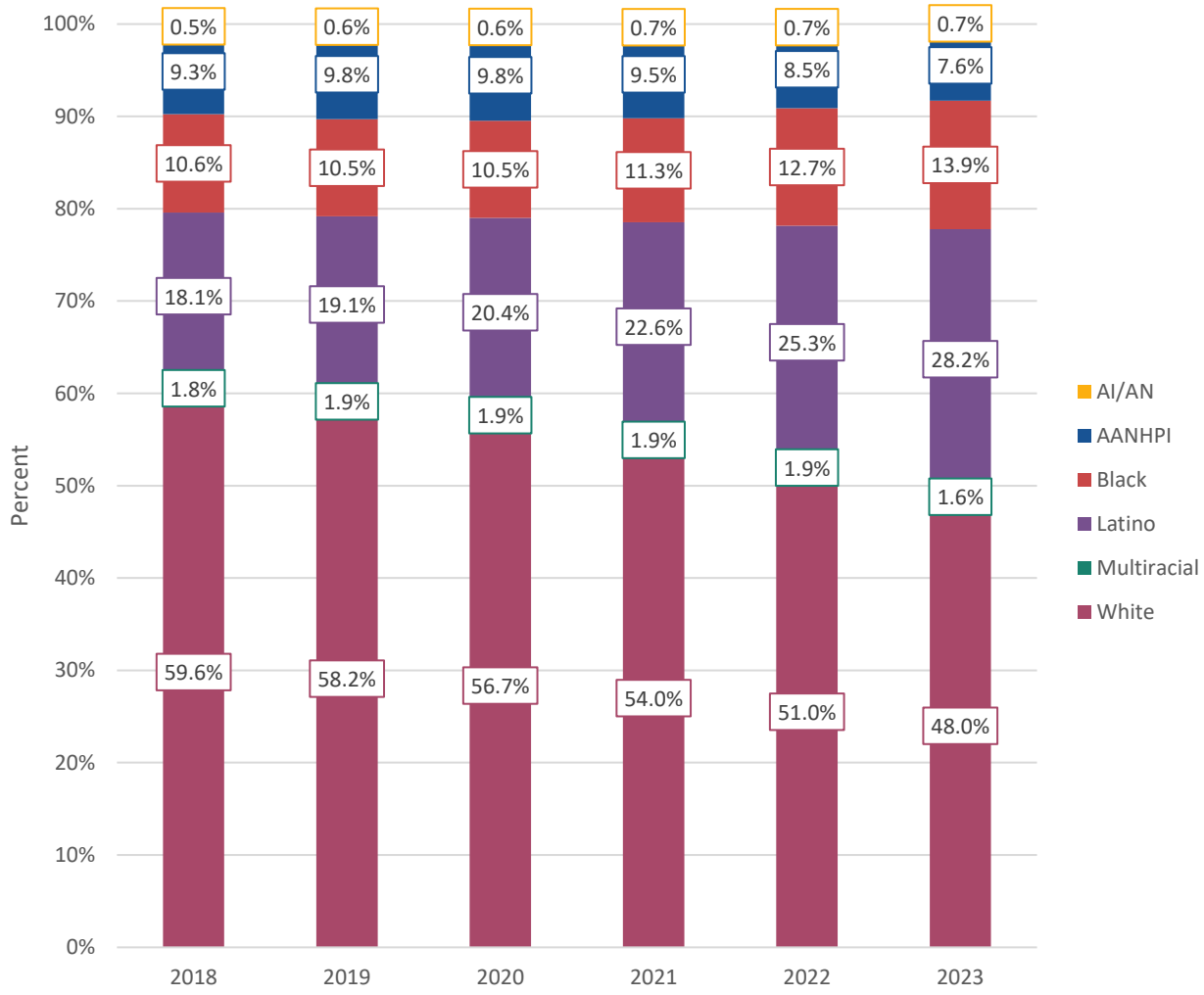
Figure 3. Growth in HealthCare.gov Marketplace Open Enrollment Plan Selections by Race and Ethnicity, 2018 to 2020 and 2020 to 2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods from 2018 through 2023 (years are collapsed for 2018 through 2020, and 2020 through 2023). Estimates for AI/AN and Multiracial categories should be interpreted with caution, as the 2023 imputation C-statistic for AI/AN was 0.75 (acceptable) and Multiracial was 0.70 (acceptable) and were considered marginally acceptable in previous years. The remaining categories have C-statistics greater than 0.94 (excellent).

Figure 4 shows the distribution of Marketplace enrollment by race and ethnicity from 2018 to 2023. Recent enrollment growth among Black and Latino populations led to a higher share of Marketplace enrollment represented by the Black population (13.9 percent in 2023, representing a 3.4 percentage-point increase from 2020) and the Latino population (28.2 percent in 2023, representing a 7.7 percentage-point increase from 2020). The share of enrollment by White and AANHPI populations decreased 8.7 and 2.2 percentage points, respectively. In 2023, the AANHPI share of Marketplace enrollment was 7.6 percent, down from 9.3 percent in 2018. See Appendix Figure 3 for enrollment shares prior to 2018.

Figure 4. Distribution of HealthCare.gov Marketplace Open Enrollment Plan Selections by Race and Ethnicity, 2018-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods from 2018 through 2023. Estimates for AI/AN and Multiracial categories should be interpreted with caution, as the 2023 imputation C-statistic for AI/AN was 0.75 (acceptable) and Multiracial was 0.70 (acceptable) and were considered marginally acceptable in previous years. The remaining categories have C-statistics greater than 0.94 (excellent).

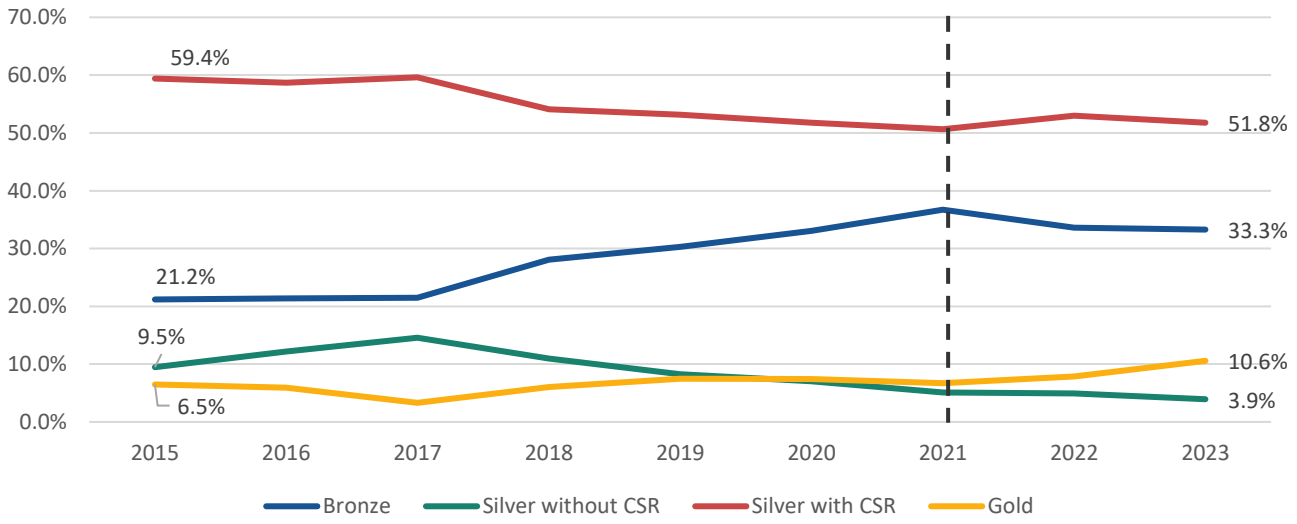
We also examined enrollment by metal tier and receipt of CSRs, which help lower cost-sharing requirements for enrollees (such as deductibles, copayments, coinsurance, and annual cost-sharing limits). Individuals with incomes from 100 to 250 percent FPL and individuals with income below 100 percent FPL who are ineligible for Medicaid or Children's Health Insurance Plan (CHIP) due to their immigration status, and who are eligible for advance payments of the premium tax credit (APTC-eligible) are generally eligible for CSRs. CSRs, which can only be applied to silver plans for individuals who are not members of federally recognized tribes or Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders, have the effect of increasing the actuarial value (AV) of a silver plan from 70 to 73 percent, 87 percent, or 94 percent (depending on income tier).[18] Thus, for many eligible individuals, CSRs increase the attractiveness of silver plans relative to other types of plans. AI/AN enrollees who are members of federally recognized tribes or ANCSA Corporation shareholders and earn an income between 100 and 300 percent FPL, however, do not have to pay in-network cost-sharing on *any* Marketplace plan in any metal tier except for catastrophic plans (i.e., not only silver plans).[19]

Figure 5 displays the annual share of enrollees (overall and by race and ethnicity) selecting bronze, silver with CSRs, silver without CSRs, and gold plans between 2015 and 2023. Figures 6-9 present the same results separately by race/ethnicity.

Figure 5 shows that Marketplace enrollees most frequently select silver plans with CSRs (51.8 percent in 2023) and bronze plans (33.3 percent in 2023). Enhanced premium tax credits established under the ARP went into effect in 2021 and were extended to 2025 under the IRA, resulting in more HealthCare.gov enrollees receiving APTCs – and receiving larger average APTCs. For individuals eligible for CSRs (generally those between 100 to 250 percent FPL, which in 2022 was over 70 percent of Marketplace enrollees),[20] CSRs lower out-of-pocket costs beyond premium reductions received from APTC if the consumer selects an eligible plan. For individuals not eligible for CSRs, gold plans may be more attractive than silver plans without CSRs, given that gold plans have a higher AV (80 percent compared to 70 percent), may offer lower deductibles, on average, and sometimes have lower premiums than silver plans due to "silver loading."[21]

The share of enrollees selecting a bronze plan decreased by 3.5 percentage points across all race and ethnicity groups between 2021 and 2023, while the share of enrollees selecting a gold plan (with or without CSRs) increased by nearly four percentage points. Enrollee selections of silver plans with CSRs slightly increased (by just over one percentage point) overall.

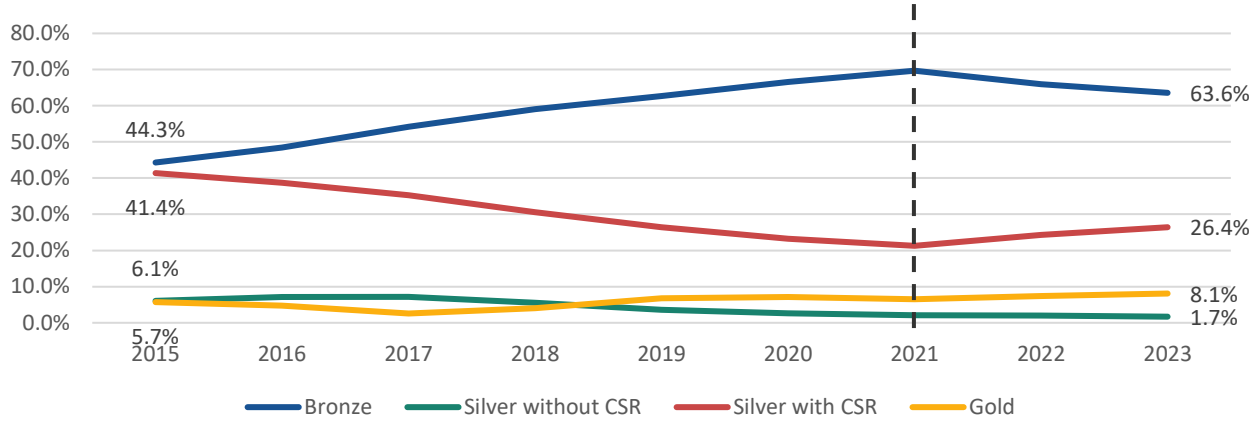
Figure 5. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for All Enrollees, 2015-2023



Between 2015 and 2021, there was a clear trend among AI/AN enrollees toward bronze plans and away from silver plan with CSRs (Figure 6). The increase in the amount of the APTCs appears to have reversed this trend in 2022 and 2023, though in 2023 AI/AN enrollees were still more than twice as likely to select a bronze plan than a silver plan with CSRs. Again, this pattern of enrollment, which is quite different from what is observed for other groups, can be explained by the fact that income-eligible AI/AN consumers face no cost-sharing in any non-catastrophic plan, including bronze plans, which normally have high deductibles.[‡]

[‡] Note: Generally, lower income enrollees are more likely to select CSR plans, while higher income enrollees are not eligible. The impact of silver-loading likely affects bronze and gold selection rates, and this varies widely by state.

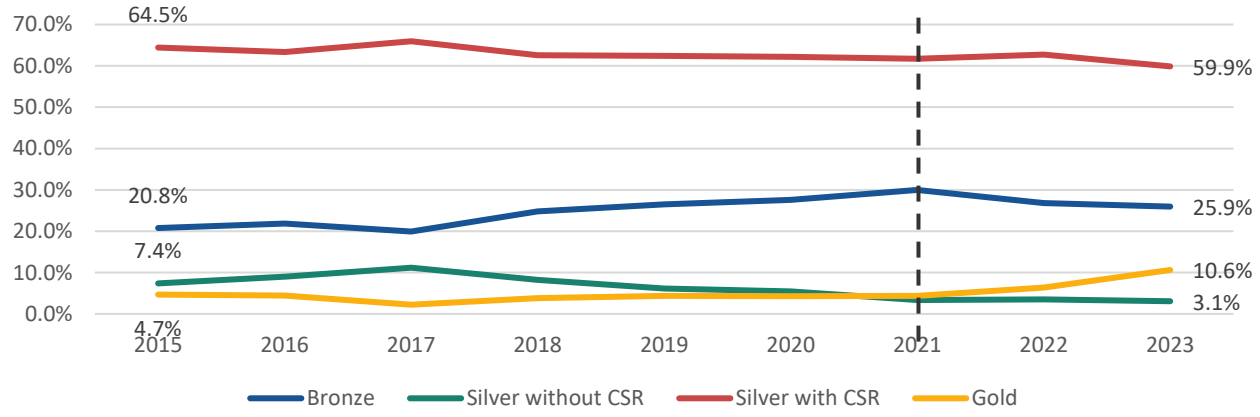
Figure 6. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for AI/AN Enrollees, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Estimates for the AI/AN category should be interpreted with caution, as the 2023 imputation C-statistic for AI/AN was 0.75 (acceptable) and was considered marginally acceptable in previous years.

Between 2021 and 2023, the share of AANHPI enrollees selecting a gold plan (with or without CSRs) increased by over six percentage points (Figure 7). Meanwhile, the share of bronze plans decreased by over four percentage points and the share of silver plans with CSRs decreased by nearly two percentage points over the same time period.

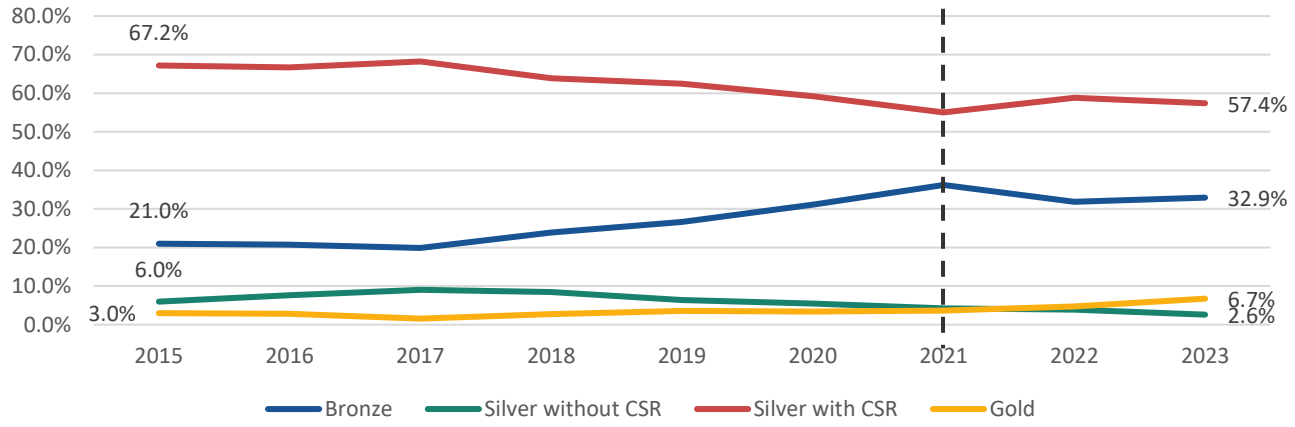
Figure 7. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for AANHPI Enrollees, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Imputation estimates for the AANHPI category resulted in a C-statistic greater than 0.94 (excellent).

The share of Black enrollees selecting a silver plan with CSRs increased by 2.3 percentage points between 2021 and 2023 (Figure 8). The share of bronze plans selected decreased by 3.3 percentage points, whereas gold plans increased by 3.1 percentage points between 2021 and 2023.

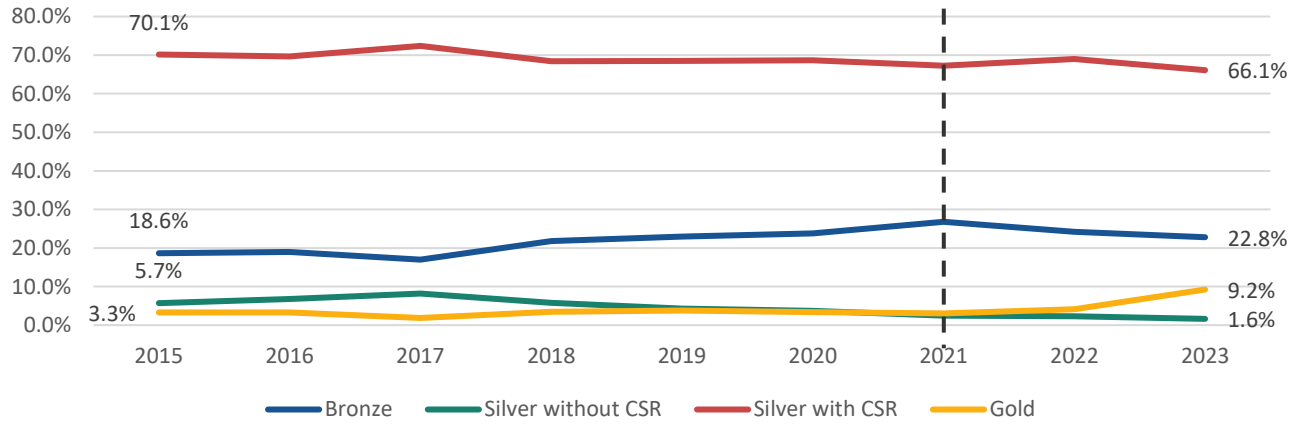
Figure 8. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for Black Enrollees, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Imputation estimates for the Black category resulted in a C-statistic greater than 0.94 (excellent).

Between 2021 and 2023, the share of Latino enrollees selecting a gold plan (with or without CSRs) increased by over six percentage points (Figure 9). Bronze plans decreased by four percentage points over the same time period. Both silver plans without CSRs and silver plans with CSRs decreased by approximately one percentage point each.

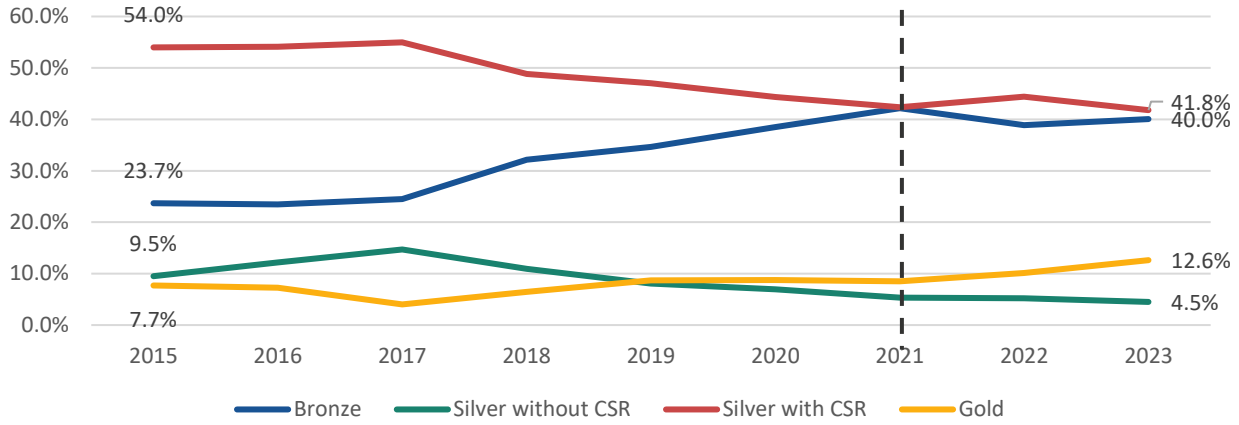
Figure 9. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for Latino Enrollees, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Imputation estimates for the Latino category resulted in a C-statistic greater than 0.94 (excellent).

In 2023, Multiracial enrollees are just as frequently selecting silver with CSR plans as they are bronze plans (Figure 10). Between 2021 and 2023, the share of gold plans increased by over four percentage points, while the share of bronze plans decreased by two percentage points.

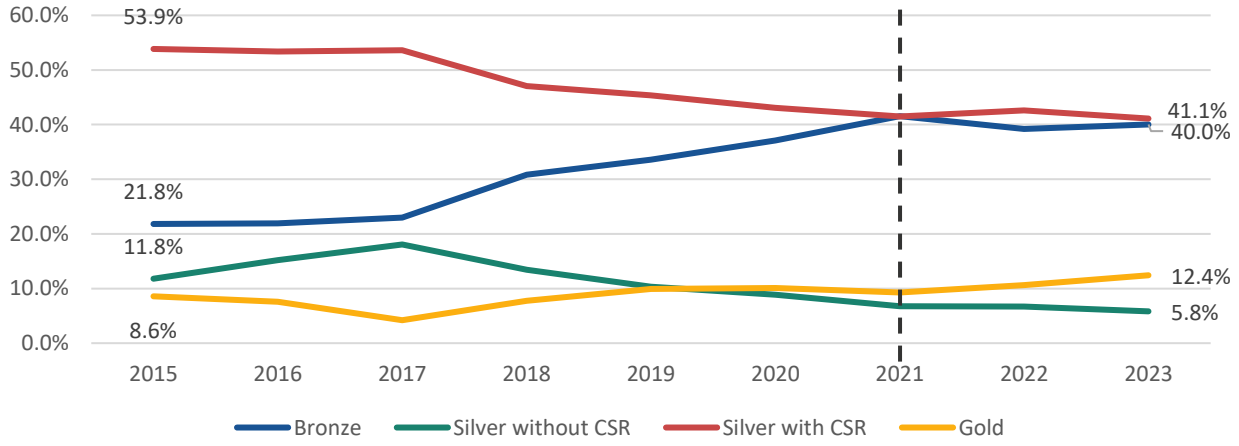
Figure 10. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for Multiracial Enrollees, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Estimates for the Multiracial category should be interpreted with caution, as the 2023 imputation C-statistic for Multiracial was 0.70 (acceptable) and was considered marginally acceptable in previous years.

Trends for White enrollees are highly similar to trends for Multiracial enrollees. In 2023, White enrollees are just as frequently selecting silver with CSR plans as they are bronze plans (Figure 11). The share of gold plans increased by over three percentage points between 2021 and 2023.

Figure 11. HealthCare.gov Marketplace Open Enrollment Plan Selections by Metal Tier for White Enrollees, 2015-2023



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2023. Imputation estimates for the White category resulted in a C-statistic greater than 0.94 (excellent).

DISCUSSION

Just over half of all Marketplace enrollees in HealthCare.gov states selected silver plans with CSRs in 2023, with a third selecting bronze plans. Between 2021 and 2023, overall trends display decreasing rates of selecting bronze plans and increasing rates of selecting gold plans (with a slight increase in selections of silver plans with CSRs). Silver plans with CSRs are most popular among Latino, AANHPI, and Black enrollees, while White and Multiracial enrollees are nearly as likely to select bronze plans as they are silver plans with CSRs. The recent growth in gold plans from 6.7 percent to 10.6 percent of the overall enrollee population is largely driven by Latino and White enrollee trends, although smaller enrollee groups such as AANHPI and Multiracial enrollees are also increasing in their shares selecting gold plans.

More than half of AI/AN enrollees continue to select bronze plans in 2023, which may be a result of special AI/AN eligibility programs in Marketplace that exempt eligible enrollees from cost-sharing requirements, even for non-silver plans. However, the rate of AI/ANs selecting bronze plans has decreased by 6.1 percentage points between 2021 and 2023. Moreover, the share of AI/AN enrollees selecting a silver plan with CSRs increased by 5.2 percentage points between 2021 and 2023, indicating there may be a shift to higher actuarial value (AV) plans for enrollees not eligible for AI/AN-specific CSRs due to the APTC provisions in the ARP and IRA.

The trends we observe in populations of color shifting to plans with higher AV (such as silver plans with CSRs and gold plans) may be a result of numerous new policies that affect Marketplace enrollment and coverage including the ARP and the IRA, which increased the availability of health plans with $0 or low-premium ($50 or less per month) after advanced premium tax credits (APTCs) in silver and gold plans. Investments in consumer outreach and Navigator grants during the 2023 Open Enrollment Period likely impacted enrollment decisions as well. Consumer outreach included tailored investments to reach audiences that experience lower access to health care. For example, CMS partnered with cultural marketing experts to publish resources in multiple languages, aiming to connect more people in Black, Latino, and AANHPI communities. Among consumers in HealthCare.gov states reporting their race or ethnicity, 23 percent identified as Hispanic/Latino in the 2023 Open Enrollment Period, compared to 20 percent in the 2022 Open Enrollment Period, and 11 percent identified as Black in the 2022 and 2023 Open Enrollment Periods.[22]

CONCLUSION

The Biden Administration has made a concerted effort to improve coverage rates in the U.S. including among communities of color, with steps including enhanced Marketplace subsidies under the ARP, an extended Special Enrollment Period (SEP) in 2021 and expanded Marketplace outreach and Navigator funding. By lowering the percentage of income that consumers are expected to contribute toward premiums for those between 100 and 400 percent FPL and extending premium tax credits to households above 400 percent FPL, the ARP and the IRA have improved affordability for millions of Marketplace consumers.

Our analysis of 2015-2023 Open Enrollment Period data suggests that these policies were associated with increased Marketplace coverage across all racial and ethnic groups, with the largest gains among Latino and Black enrollees. The passage of the IRA extends the ARP Marketplace subsidies through 2025, which can help maintain these coverage gains and help keep millions of U.S. residents from losing health insurance coverage. Future research can analyze the effects of this new law, as well as examine outcomes beyond enrollment to include plan choices, affordability of coverage, and pathways to enrollment in the effort to increase our understanding of patterns by race and ethnicity in the Marketplace.

APPENDIX

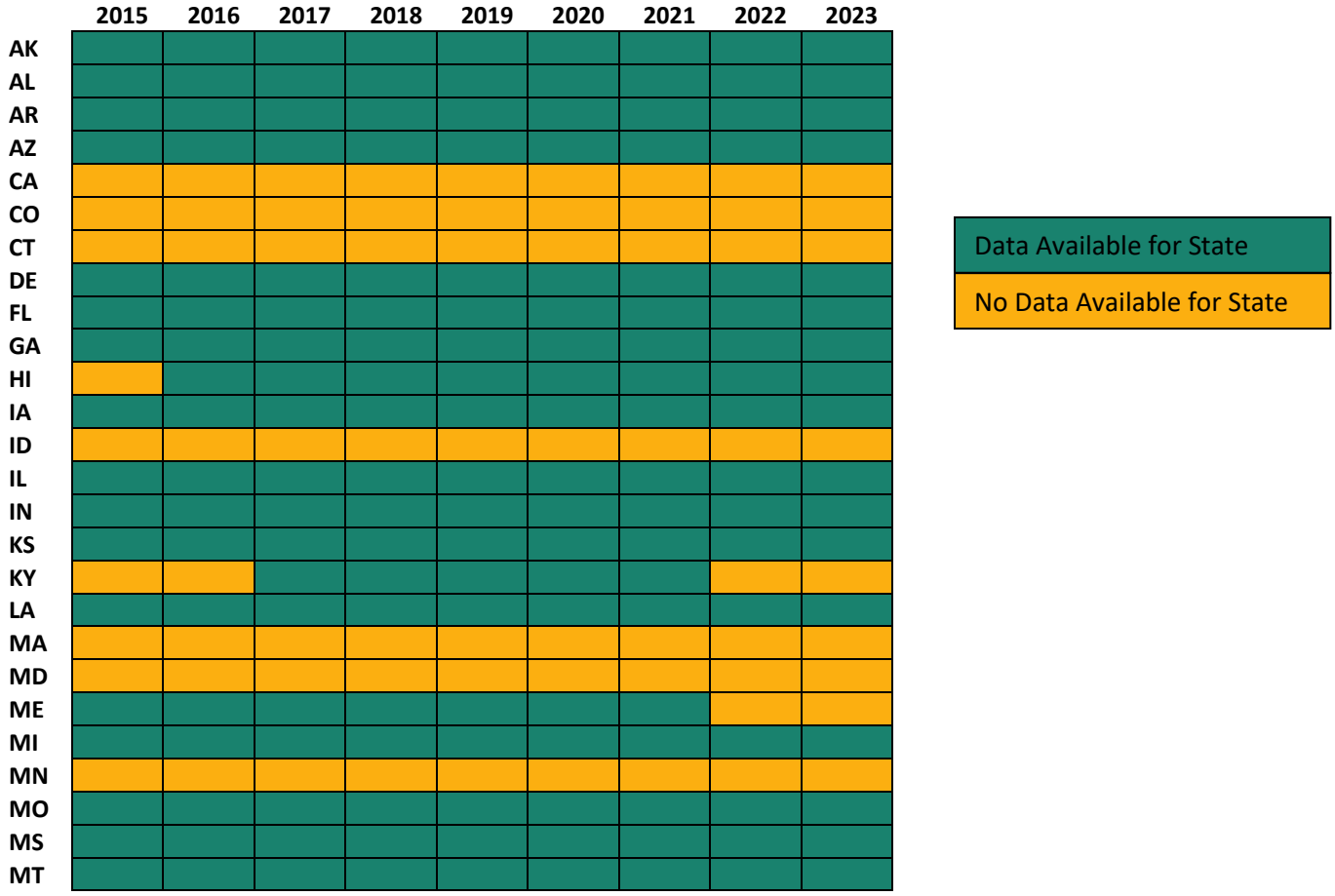
Appendix Figure 1. Combined Self-Reported and Modified BIFSG-Imputed Results for Non-reporters, 2015-2023[a]

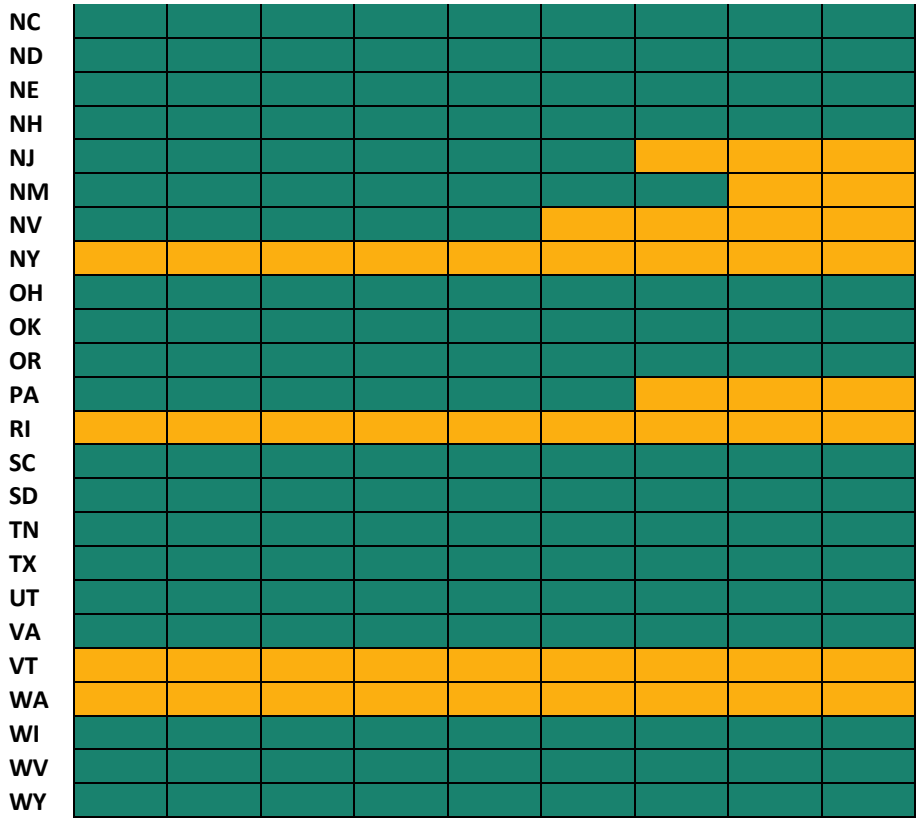
Race and Ethnicity	AI/AN		AANHPI		Black		Latino		Multiracial		White		All	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
All Years	473,531	0.6	7,188,425	8.6	10,288,953	12.3	17,629,469	21.0	1,484,720	1.8	46,747,183	55.8	83,814,223	100.0
2015	38,088	0.4	638,513	7.2	1,328,643	15.0	1,555,091	17.6	136,625	1.5	5,140,261	58.2	8,837,454	100.0
2016	42,996	0.4	736,596	7.7	1,280,152	13.3	1,670,595	17.4	161,161	1.7	5,733,257	59.6	9,625,010	100.0
2017	43,354	0.5	783,920	8.5	1,060,322	11.5	1,627,361	17.7	164,926	1.8	5,521,115	60.0	9,201,198	100.0
2018	42,860	0.5	811,746	9.3	930,404	10.6	1,583,919	18.1	160,368	1.8	5,213,926	59.6	8,743,373	100.0
2019	47,304	0.6	820,381	9.8	882,570	10.5	1,609,002	19.1	156,204	1.9	4,895,427	58.2	8,411,039	100.0
2020	51,734	0.6	815,443	9.8	873,405	10.5	1,691,488	20.4	155,294	1.9	4,698,530	56.7	8,286,070	100.0
2021	56,635	0.7	785,380	9.5	929,726	11.3	1,864,605	22.6	159,450	1.9	4,454,769	54.0	8,250,833	100.0
2022	68,367	0.7	867,423	8.5	1,303,192	12.7	2,590,613	25.3	192,040	1.9	5,233,486	51.0	10,255,632	100.0
2023	82,193	0.7	929,023	7.6	1,700,539	13.9	3,436,795	28.2	198,652	1.6	5,856,412	48.0	12,203,614	100.0

Abbreviations: mBIFSG, modified Bayesian Improved First Name Surname Geocoding; AANHPI, Asian American, Native Hawaiian, and Pacific Islander; AI/AN, American Indian and Alaska Native.

[a] Data are from 2015-2023 Open Enrollment Periods for states using HealthCare.gov. The mBIFSG method was used to impute race and ethnicity. Probability-based results used each enrollee's mBIFSG-generated probabilities for race and ethnicity categories.

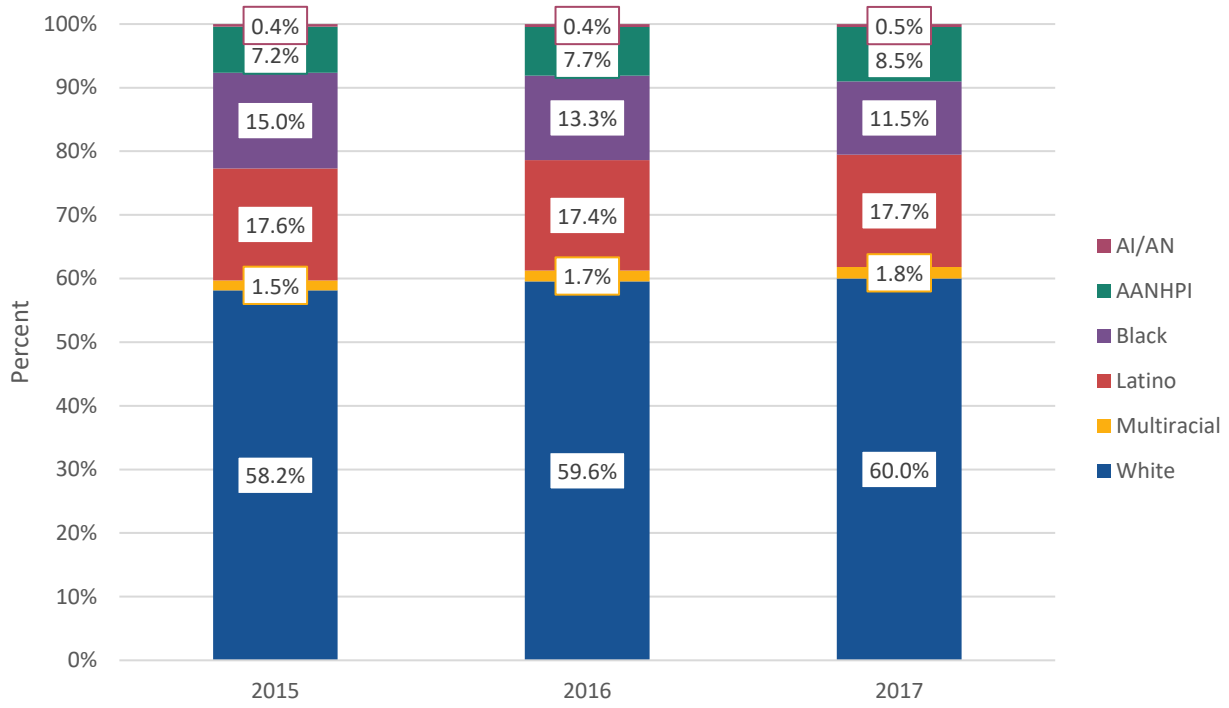
Appendix Figure 2. State Representation in Marketplace Data by Year, 2015-2023





Notes: HealthCare.gov states examined include both federally-facilitated marketplaces and state-based marketplaces that use the HealthCare.gov platform, including: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii (added in 2016), Illinois, Indiana, Iowa, Kansas, Kentucky (added in 2017 and removed in 2022), Louisiana, Maine (removed in 2022), Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada (removed in 2020), New Hampshire, New Jersey (removed in 2021), New Mexico (removed in 2022), North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania (removed in 2021), South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. Data was available for some plan selections in certain states that were not HealthCare.gov states at the time, including: California (2015-2017), Colorado (2015-2021), Connecticut (2015-2016), DC (2016), Hawaii (2015-2016), Idaho (2015-2021), Kentucky (2015-2016), Maryland (2015-2021), Massachusetts (2015-2021), Minnesota (2015-2021), New York (2015-2018, 2020), Pennsylvania (2021), Rhode Island (2015), and Washington (2015-2017).

Appendix Figure 3. Distribution of HealthCare.gov Marketplace Open Enrollment Plan Selections by Race and Ethnicity, 2015-2017



Notes: From analysis by ASPE and RAND of HealthCare.gov data Open Enrollment Periods, 2015-2017. Estimates for AI/AN and Multiracial categories should be interpreted with caution, as the imputation C-statistics for AI/AN and Multiracial were considered marginally acceptable in previous years.

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