



National Uninsured Rate Remained Unchanged in the Second Quarter of 2023

According to the most recent National Health Interview Survey data, the national uninsured rate in the second quarter of 2023 was 7.2 percent, unchanged statistically from the first quarter of 2023.

KEY POINTS

- The national uninsured rate for all ages was 7.2 percent, or 23.7 million individuals, in Q2 of 2023 according to the National Health Interview Survey. This is not statistically different from the uninsured rate of 7.7 percent in Q1 2023.
- An estimated 10.4 percent of adults ages 18-64 and 3.7 percent of children ages 0-17 years were uninsured in Q2 of 2023. These rates are not significantly different from the corresponding estimates from Q1 2023.
- The majority of adults ages 18-64 and children had health coverage through private health plans.
- A greater percentage of Hispanics did not have health coverage compared to other racial and ethnic groups, although the uninsured rate among Hispanics has decreased since the beginning of 2021.
- Although changes in uninsured rates from Q1 to Q2 of 2023 are not statistically significant, overall trends indicate a continuing decline in uninsurance since 2019.
- Health coverage at the national level appears to be largely stable during the first three months of return to regular renewal operations in Medicaid and the Children's Health Insurance Program (CHIP) as compared to the first quarter of 2023. However, impacts of this return to regular renewals may be reflected in subsequent survey data as the return to regular renewals continues.
- Future federal survey data may provide more insights to the impacts of the return to regular Medicaid and CHIP renewal operations on health coverage and uninsurance for the nation's population as a whole, as well as for different demographic groups and geographic areas within the U.S.

BACKGROUND

Since 2020, the U.S. Government has enacted numerous policies to improve access to affordable health coverage and reduce the nation's uninsured rate. The Families First Coronavirus Relief Act (FFCRA) passed by Congress as part of the COVID-19 pandemic response created the continuous enrollment condition in the Medicaid program, which sunset as of March 31, 2023. All states received a 6.2 percentage point federal medical assistance percentage (FMAP) increase if they met certain conditions in the FFCRA, including the continuous enrollment condition. The American Rescue Plan Act (ARPA) of 2021 and the Inflation Reduction Act (IRA) of 2022 increased Marketplace premium tax credits for individuals and families with household incomes between 100 and 400 percent of the Federal Poverty Level (FPL) and extended Marketplace premium tax credits to those with household incomes above 400 percent FPL for the first time. Through administrative

actions, the Biden-Harris Administration made available special enrollment periods for Marketplace coverage. Also, since 2020, six states implemented the Affordable Care Act (ACA) Medicaid expansion, providing Medicaid eligibility to low-income adults with incomes up to 138 percent of the FPL.

A previous ASPE report indicated that health coverage related to the ACA – Marketplace, Medicaid expansion, and the Basic Health Program – reached more than 40 million people in late 2022 and early 2023.¹ The 2023 individual market Marketplace Open Enrollment Period saw over 16.3 million people sign up for health coverage in ACA Marketplaces.^{2,3} Medicaid and CHIP enrollment grew during this time period as well, from 70.9 million in February 2020 to 93.9 million in March 2023, the last month of the continuous enrollment condition.⁴ According to data from the National Health Interview Survey (NHIS), in the first quarter of 2023, the national uninsured rate was 7.7 percent.⁵

As states have resumed regular eligibility operations and conducting eligibility renewals for all enrollees, disenrollment from Medicaid and CHIP has occurred at the same time as individuals newly enroll or re-enroll in Medicaid and CHIP programs.⁶ This Data Point examines new NHIS data for the second quarter of 2023 to assess recent changes in health coverage. While the first three months of return to regular renewals in the Medicaid program are covered in this data release, future federal survey data will provide a better understanding of the effects of this process on national health coverage.

METHODS

We analyzed newly released NHIS data from the Centers for Disease Control and Prevention.⁷ The data are based on household interviews of a sample of the civilian noninstitutionalized population. The NHIS provides a reliable and consistent data source for assessing long-term changes in coverage.⁸ Because of a decline in the response rate during the early months of the COVID-19 pandemic, NHIS results in 2020 may not be as reliable for comparisons to survey results from prior years. Response rates in 2021, 2022 and 2023 have more closely resembled pre-pandemic levels; more details on NHIS data collection can be found in a previous ASPE report.⁹

The most recent data, for Q2 2023, were reported as part of the NHIS Early Release Program, which provides a limited set of summary statistics on health coverage and other outcomes. All estimates are unadjusted percentages based on preliminary quarterly data files and are released prior to final data editing and final weighting to provide access to the most recent data from NHIS. Quarterly estimates have wider confidence intervals than annual estimates due to smaller sample sizes, and this should be taken into account when evaluating differences between groups and changes over time.

For health coverage, the Early Release data include national data on health coverage by broad categories and demographic groups. Because only a single measure of public coverage is reported, it is not possible to analyze changes in Medicaid coverage specifically. Similarly, employer-sponsored insurance, which represents the large majority of private insurance, is not separately identified, but rather included in the private insurance category. The quarterly reports do include estimates of the percentage of people with Marketplace coverage, also known as Exchange-based health plan coverage.

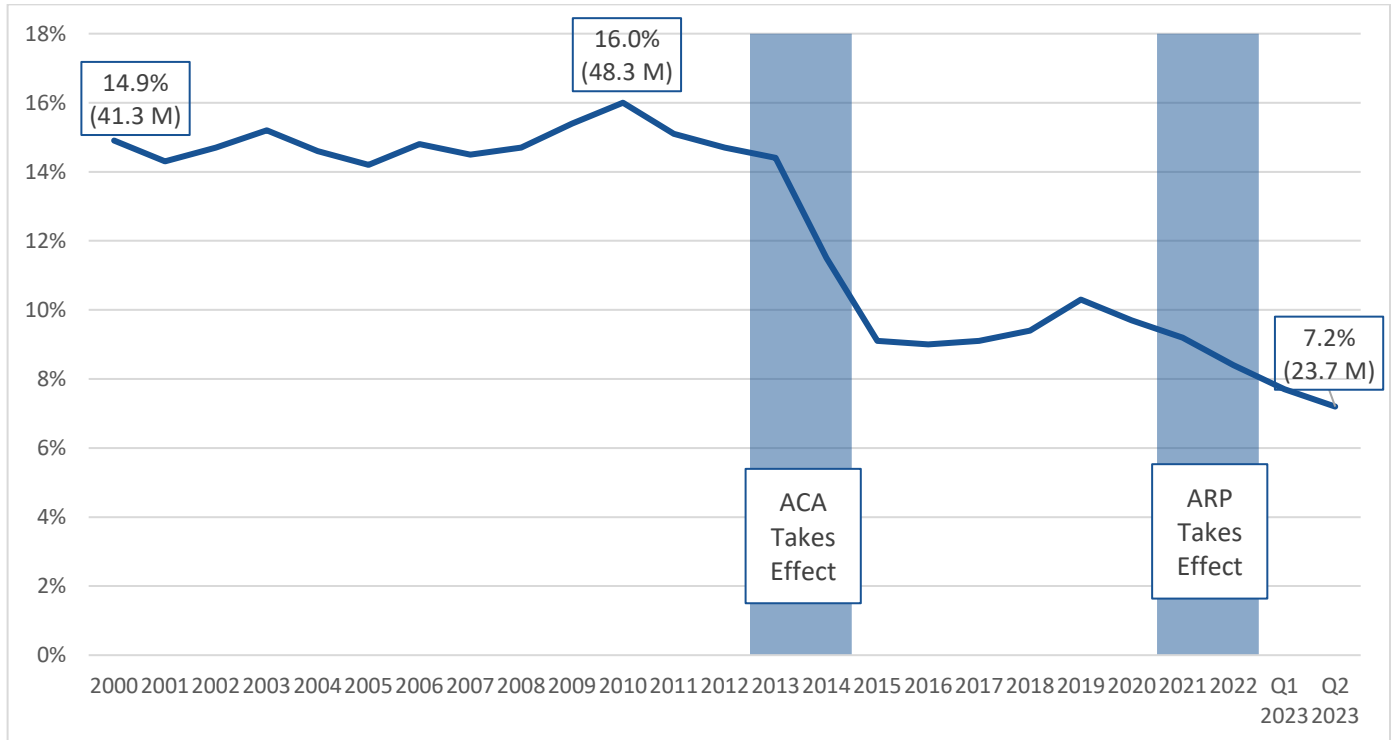
FINDINGS

Figure 1 shows the national uninsured rates for the U.S. population (all ages) from 2000 through the most recent data of Q2 2023. The long run trends have been noted in previous ASPE publications.^{10,11} Briefly, the uninsured rate peaked at 16 percent in 2010, before some of the coverage provisions of the ACA went into

effect. As a result of the ACA, the uninsured rate fell to 9 percent in 2016, a historic low at the time. The percent uninsured ticked up to 10.3 percent in 2019.^{12*}

As noted above, starting in 2020, several policies were enacted to support health coverage. As those policies took effect and the economy strengthened, health coverage increased. In Q1 2023, the uninsured rate was 7.7 percent, a new historic low. The overall uninsured rate for Q2 2023 is 7.2 percent. The difference between the estimates for Q1 and Q2 2023 is not statistically significant, so the uninsured rate has effectively remained unchanged from Q1. The Q2 estimate corresponds to 23.7 million uninsured individuals.

Figure 1. National Uninsured Rate, All Ages (2000 – Q2 2023)



Source: National Health Interview Survey’s Health Insurance Coverage Reports, 2000-2022.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, April 2022–June 2023.

https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q12.pdf

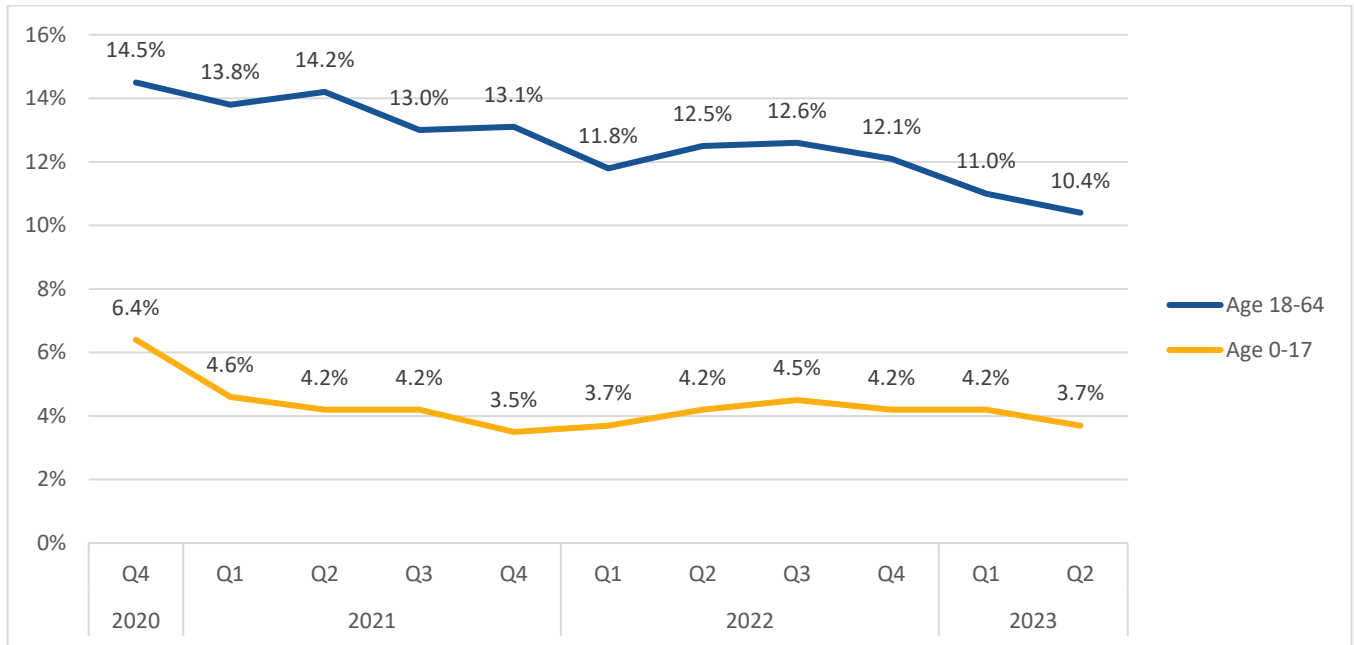
Note: Beginning in the third quarter of 2004, two additional questions were added to the NHIS insurance section to reduce potential errors in reporting Medicare and Medicaid status, resulting in two methods to estimate uninsurance. Beginning in 2005, all estimates were calculated using Method 2. Please see “Technical Notes” for the Early Release of Health Insurance Estimates Based on Data From the 2010 National Health Interview Survey for more information.

To better focus on recent trends, Figure 2 shows quarterly changes in health coverage among adults ages 18-64 and children, ages 0-17. For adults, the uninsured rate was 10.4 percent in Q2 2023, a 4.1 percentage-point decrease from Q4 2020. For children, the uninsured rate for Q2 2023 was 3.7 percent, which is 2.7 percentage points lower than the rate at the end of 2020. As with the results for all ages presented in Figure 1, the

* The NHIS underwent a survey redesign in 2019. While the questions used to assess health coverage did not change, the questionnaire design and sample weighting were revised. A technical paper conducted by the National Center for Health Statistics concluded that the redesign “may have shifted upward by 0.7 percentage points due to the methodological change” the national estimate for the uninsured rate among adults. See <https://www.cdc.gov/nchs/data/nhis/earlyrelease/EReval202009-508.pdf> for further details on the NHIS redesign.

changes between the two most recent quarters for adults ages 18-64 and children are not statistically significant.

Figure 2. Quarterly Uninsured Rate, Populations Ages 18-64 and Ages 0-17 (Q4 2020 – Q2 2023)



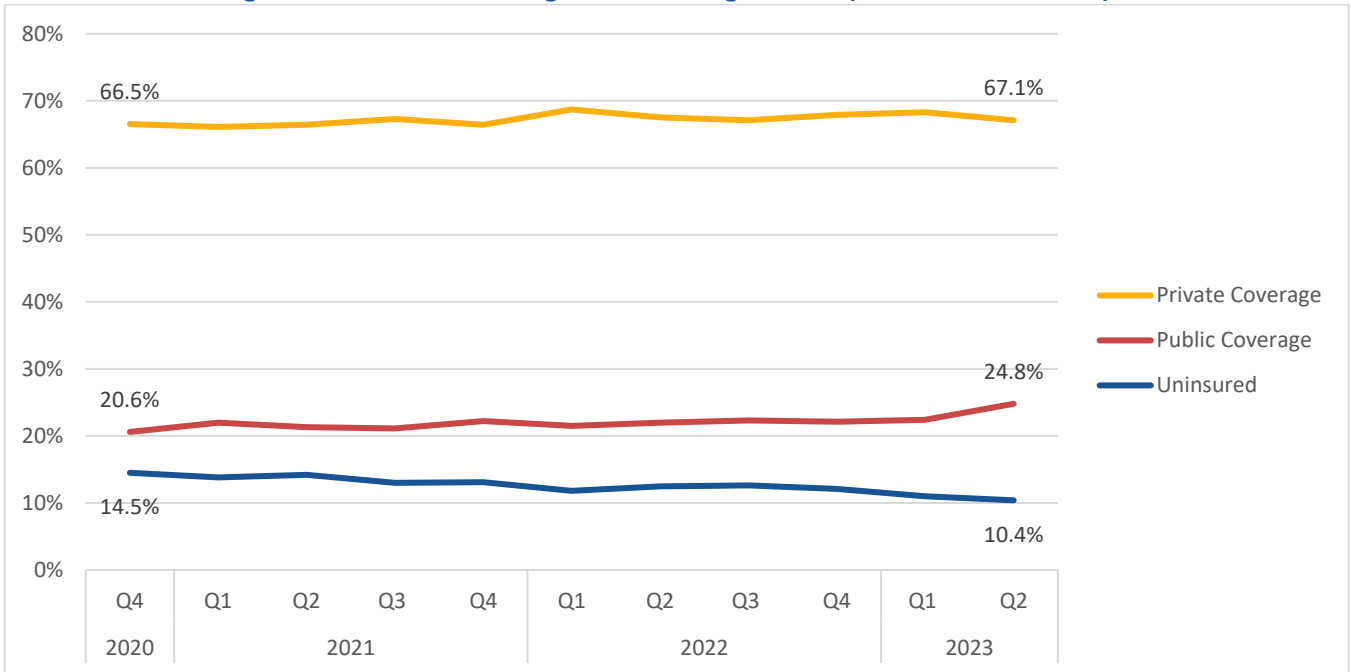
Source: National Health Interview Survey’s Health Insurance Coverage Reports.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, April 2022–June 2023.

https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q12.pdf

Figures 3 and 4 present the data broken out by broad sources of coverage—private, public, and uninsured—for adults ages 18-64 and children, respectively. Over the period shown, the private coverage rate for adults ages 18 to 64 was quite stable, with roughly two-thirds reporting that they had private insurance. The decline in the uninsured rate can be explained by an increase in public coverage. Between Q4 2020 and Q2 2023, the percentage with public coverage increased by 4.2 percentage points, from 20.6 percent to 24.8 percent. Relative to adults ages 18-64, children are less likely to have private insurance, more likely to have public coverage, and are less likely to be uninsured. In the most recent data, 53.5 percent of children ages 0 to 17 had private coverage, 45.1 percent had public coverage.

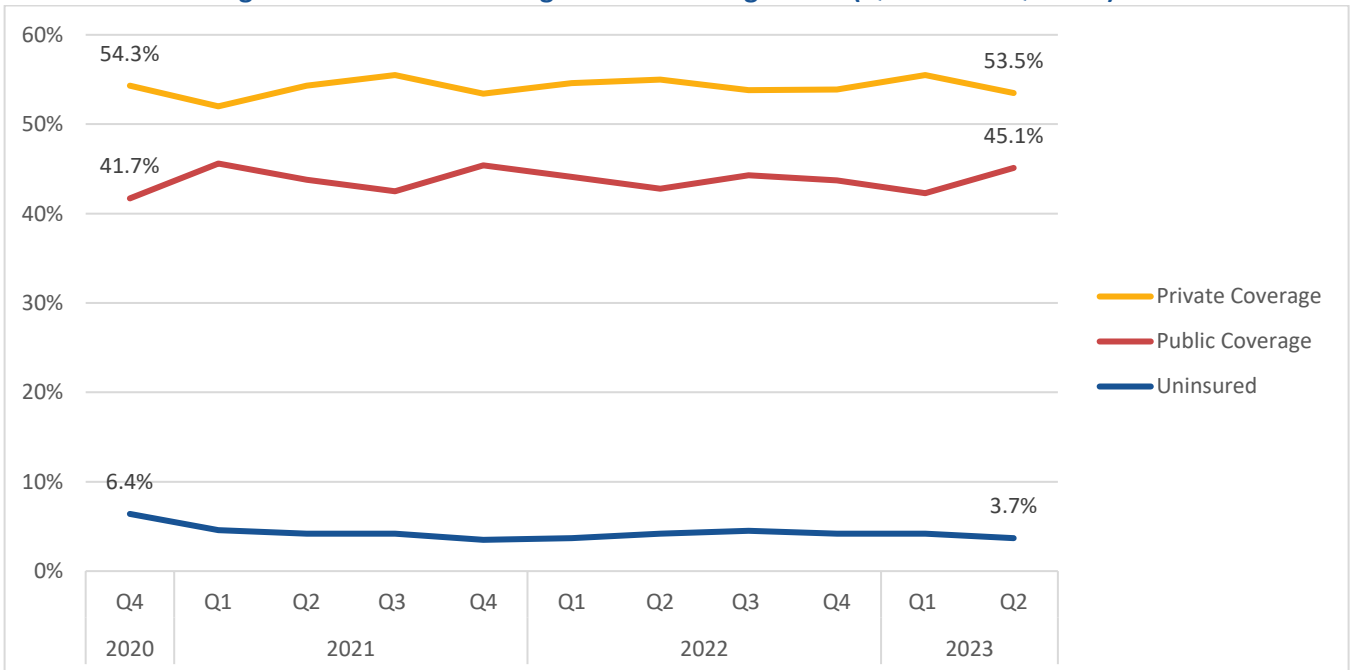
Figure 3. Insurance Coverage for Adults Ages 18-64 (Q4 2020 To Q2 2023)



Source: Interactive Quarterly Early Release Estimates. https://wwwn.cdc.gov/NHISDataQueryTool/ER_Quarterly/index_quarterly.html; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, April 2022–June 2023. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q12.pdf

Note: Sum of all coverage categories may add up to more than 100% as a small number of people were covered by both public and private coverage and were included in both categories.

Figure 4. Insurance Coverage for Children Ages 0-17 (Q4 2020 To Q2 2023)



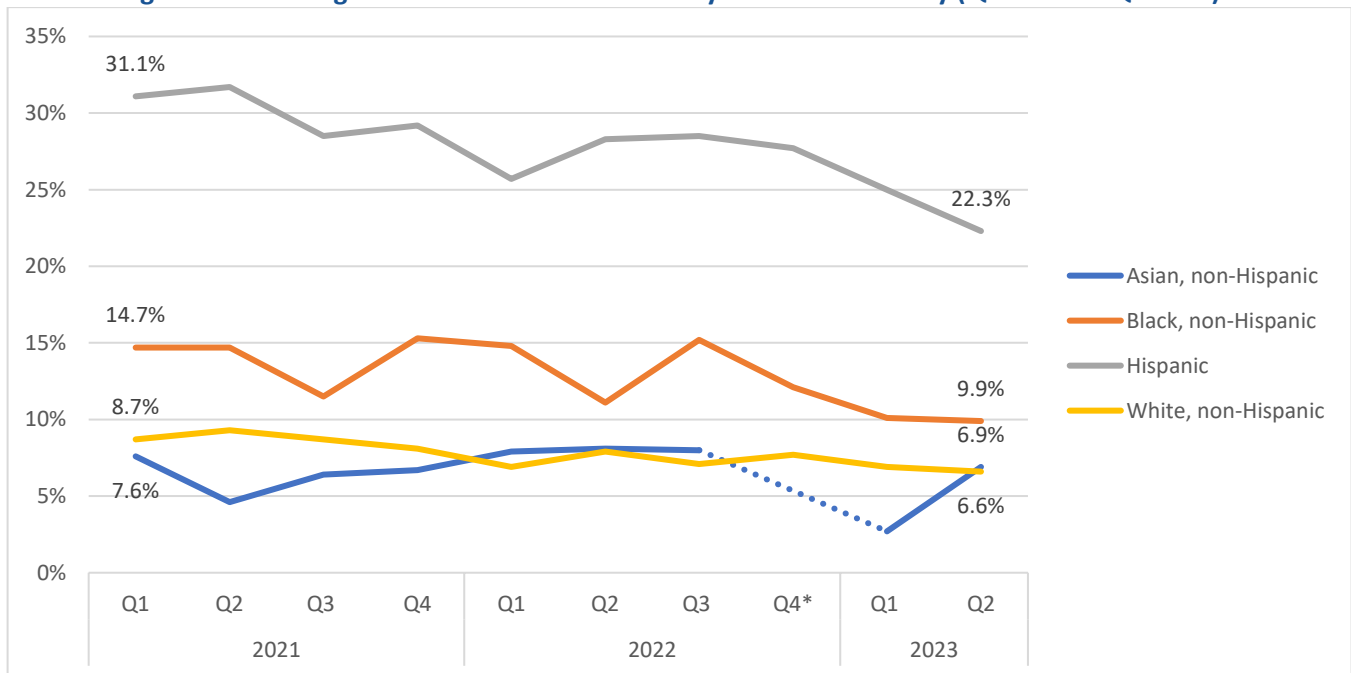
Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, April 2022–June 2023. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q12.pdf

Note: Sum of all coverage categories may add up to more than 100% as a small number of people were covered by both public and private coverage and were included in both categories.

Previous research has documented large disparities in coverage related to race and ethnicity, which narrowed somewhat after some of the coverage provisions of the ACA went into effect.¹³ The results presented in Figure 5, which show recent trends for adults ages 18 to 64 broken down by race and ethnicity, are consistent with that prior research in two key respects. First, there are large gaps in coverage, with significantly higher uninsured rates for Hispanics and Blacks, relative to Whites and Asians.[†] Second, from Q1 2021 to Q2 2023, the uninsured rate fell for all groups, but more so for Hispanics and Blacks than for Whites and Asians, resulting in a slight decline in the coverage gaps. In the most recent period, 22.3 percent of Hispanic, 9.9 percent of Black, 6.9 percent of Asian and 6.6 percent of White adults ages 18 to 64 were uninsured.

The results in Figure 5 mask larger differences in sources of coverage related to race and ethnicity. As shown in Figures 6 and 7, Black adults ages 18 to 64 are substantially more likely to have public coverage and less likely to have private coverage relative to White and Asian adults. Relative to Blacks, Hispanic adults are slightly less likely to have private coverage and significantly less likely to have public coverage, which explains their higher rate of uninsurance. For all three groups, public coverage was trending upward over the period shown, while private coverage was generally stable. In contrast, among Asian adults, private coverage increased and public coverage decreased between Q1 2021 and Q2 2023.

Figure 5. Adults Ages 18-64 Without Insurance by Race and Ethnicity (Q1 2021 To Q2 2023)

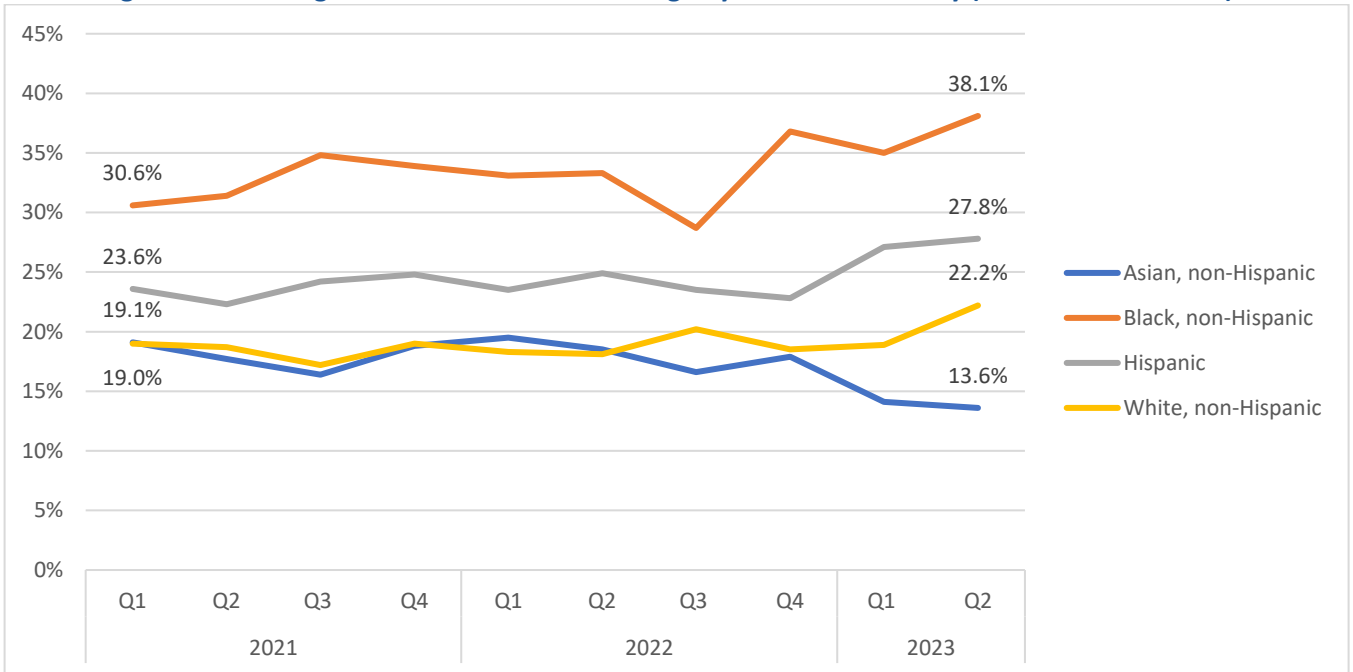


Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2021–March 2022. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2022_Q11.pdf; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2022–March 2023. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q11.pdf

Note: *Estimate for non-Hispanic Asians is not shown for Q4 2022, as it does not meet NCHS standards of reliability.

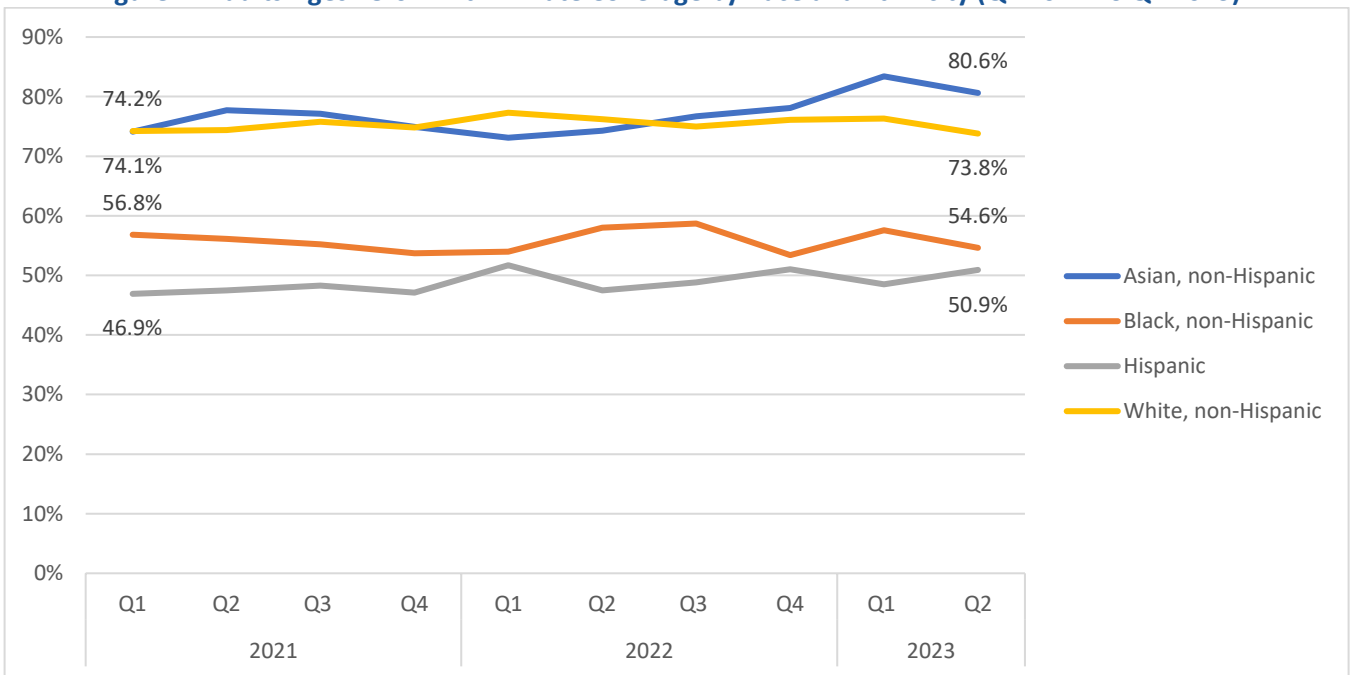
[†] Black, White, and Asian respondents included in these categories are non-Hispanic.

Figure 6. Adults Ages 18-64 With Public Coverage by Race and Ethnicity (Q1 2021 To Q2 2023)



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2021–March 2022. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2022_Q11.pdf; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2022–March 2023. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q11.pdf

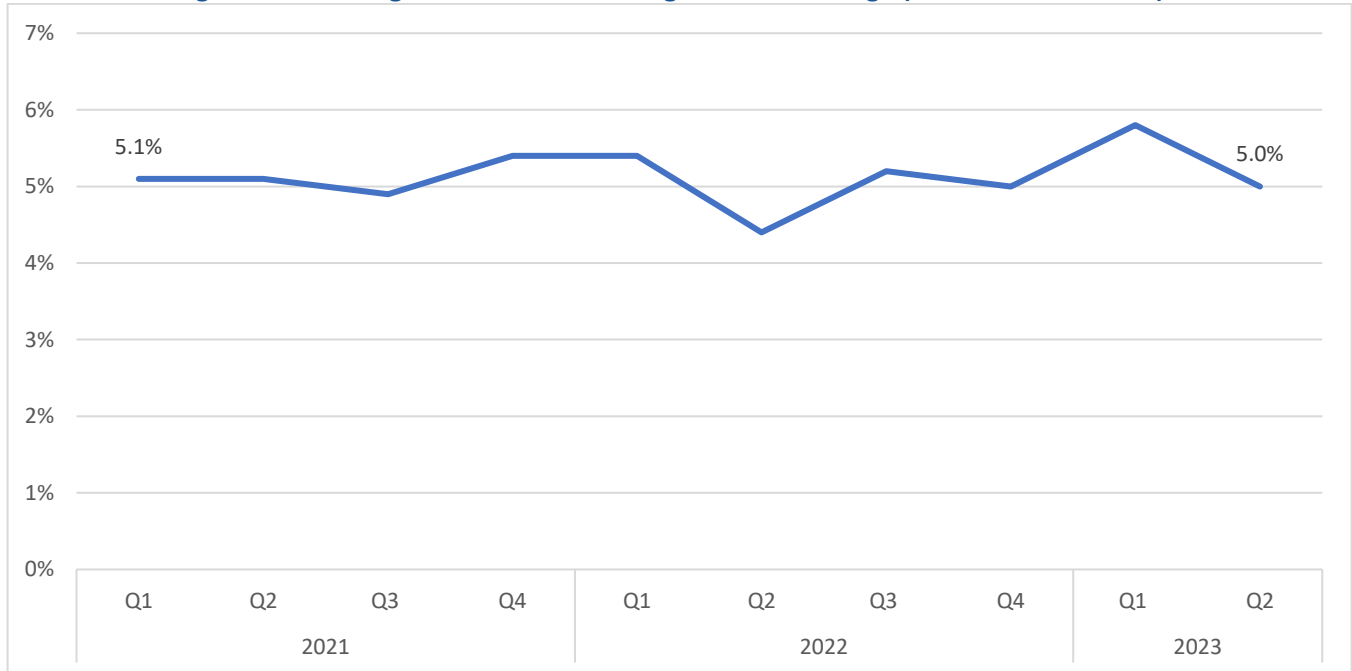
Figure 7. Adults Ages 18-64 With Private Coverage by Race and Ethnicity (Q1 2021 To Q2 2023)



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2021–March 2022. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2022_Q11.pdf; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2022–March 2023. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q11.pdf

Figure 8 shows that since early 2021 the percentage of adults ages 18-64 with Exchange-based health plan coverage has been fairly constant at roughly 5 percent. The 0.8 percentage point decrease in the percentage of non-elderly adults with Exchange-based health plan coverage from Q1 to Q2 of 2023, is not statistically significant. During the 2023 individual market Marketplace Open Enrollment Period (OEP), over 16.3 million consumers selected Marketplace health plans or were automatically re-enrolled in health insurance coverage through HealthCare.gov and State-Based Marketplaces, with over 1.8 million more consumers signing up for coverage compared to the 2022 OEP.¹⁴

Figure 8. Adults Ages 18-64 With Exchange-Based Coverage (Q1 2021 To Q2 2023)



Source: Interactive Quarterly Early Release Estimates. https://wwwn.cdc.gov/NHISDataQueryTool/ER_Quarterly/index_quarterly.html

CONCLUSION

The Biden-Harris Administration has advanced administrative and legislative changes that have helped individuals gain and maintain health coverage, including robust outreach efforts and expanded Marketplace subsidies under the ARP and the extension of those subsidies under the IRA. These health coverage gains built on the large reductions in the uninsured rate that occurred after the implementation of the ACA. Medicaid enrollment grew as a result of several states' recent Medicaid expansions, as well as the continuous enrollment condition passed by Congress as part of the COVID-19 pandemic response. As a result of these policies and a strengthening economy, the percentage of individuals of all ages without health coverage fell from 9.7 percent in 2020 to 7.7 percent in Q1 2023, a historic low. The most recent NHIS data shows no statistical change in the uninsured rate for Q2 2023 as compared to Q1 2023; health coverage for adults (ages 18-64), and children (ages 0-17) remained similar to Q1 with uninsured rates of 10.4 percent and 3.7 percent, respectively.

Medicaid's continuous enrollment condition, which effectively resulted in a pause in most Medicaid and CHIP disenrollments, expired on March 31, 2023. Beginning on April 1, 2023, states returned to normal eligibility renewal operations, including restarting full Medicaid and CHIP eligibility renewals and disenrolling individuals no longer eligible for Medicaid or CHIP. The Administration continues to work closely with states and other stakeholders to facilitate transitions of individuals who are no longer eligible for Medicaid or CHIP to other sources of health insurance coverage for which they might be eligible, including Marketplace and employer sponsored insurance. Nonetheless, individuals have lost and will lose Medicaid and CHIP coverage as a result

of the return to regular renewals processes and data will increasingly reveal the nature of coverage for those individuals, even as some re-enroll and other individuals newly enroll.

The new data reported here represent the first estimates of national health coverage since the return to regular Medicaid and CHIP renewal operations. While the national health coverage and uninsured rates in the first three months of the return to regular Medicaid and CHIP renewals processes appear relatively unchanged from the previous quarter, it is important to note that the data reported here pertain to the first months of the return. The time lag between eligibility renewals, disenrollments, re-enrollments, and transitions to other sources of coverage, compounded by the time lag between fielding a federal survey and reporting results, limits the timeliness of assessing the national impacts of this transition. Future survey data will provide more insights regarding the impacts of this return to regular Medicaid and CHIP renewal operations on health coverage and uninsurance for the nation's population as a whole as well as for different demographic groups and geographic regions.

REFERENCES

- ¹ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Health Coverage Changes Under the Affordable Care Act: Current Enrollment and State Estimates. (Issue Brief No. HP-2023-08). March 2023. Accessed at <https://www.aspe.hhs.gov/reports/current-health-coverage-under-affordable-care-act>
- ² Biden-Harris Administration Announces Record-Breaking 16.3 Million People Signed Up for Health Care Coverage in ACA Marketplaces During 2022-2023 Open Enrollment Season. U.S. Department of Health and Human Services. January 25, 2023. Accessed at: <https://www.hhs.gov/about/news/2023/01/25/biden-harris-administration-announces-record-breaking-16-3-million-people-signed-up-health-care-coverage-aca-marketplaces-during-2022-2023-open-enrollment-season.html>
- ³ Lee A, Chu RC, Peters C, and Sommers BD. Health Coverage Changes Under the Affordable Care Act: End of 2021 Update. (Issue Brief No. HP-2022-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 2022. Accessed at: <https://www.aspe.hhs.gov/reports/health-coverage-changes-2021-update>
- ⁴ Medicaid and CHIP Renewals: Returning to Regular Operations. Medicaid.gov. Accessed at: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-data-reporting/index.html>
- ⁵ National Uninsured Rate Reaches an All-Time Low in Early 2023 After Close of ACA Open Enrollment Period (Issue Brief No. HP-2023-20). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2023. Available at: <https://aspe.hhs.gov/reports/national-uninsured-rate-reaches-all-time-low-early-2023>
- ⁶ Medicaid and CHIP National Summary of Renewal Outcomes – March through July 2023. Centers for Medicare & Medicaid Services. October 2023. Accessed at: <https://www.medicaid.gov/sites/default/files/2023-10/july-2023-national-summary-renewal-outcomes.pdf>
- ⁷ Cohen RA, Cha AE. Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2021–March 2022. Centers for Disease Control and Prevention. National Health Interview Survey. Accessed at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2022_Q11.pdf
- ⁸ White House Council of Economic Advisors. Methodological Appendix: Methods Used to Construct a Consistent Historical Time Series of Health Insurance Coverage. 2014. Accessed at: <https://obamawhitehouse.archives.gov/sites/default/files/docs/longtermhealthinsuranceseriesmethodologyfinal.pdf>
- ⁹ Lee A, Chu RC, Peters C, and Sommers BD. Health Coverage Changes Under the Affordable Care Act: End of 2021 Update. (Issue Brief No. HP-2022-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 2022. Accessed at: <https://www.aspe.hhs.gov/reports/health-coverage-changes-2021-update>
- ¹⁰ Lee A, Ruhter J, Peters C, De Lew N, Sommers BD. National Uninsured Rate Reaches All-Time Low in Early 2022. (Issue Brief No. HP-2022-23). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2022. Available at: <https://aspe.hhs.gov/reports/2022-uninsurance-at-all-time-low>
- ¹¹ National Uninsured Rate Reaches an All-Time Low in Early 2023 After Close of ACA Open Enrollment Period (Issue Brief No. HP-2023-20). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2023. Available at: <https://aspe.hhs.gov/reports/national-uninsured-rate-reaches-all-time-low-early-2023>
- ¹² Cohen RA, Terlizzi EP, Martinez ME. Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2018. Centers for Disease Control and Prevention. National Health Interview Survey. Accessed at: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>
- ¹³ Buchmueller TC, Levy HG. The ACA's Impact On Racial And Ethnic Disparities In Health Insurance Coverage And Access To Care. Health Aff (Millwood). 2020;39(3):395-402. doi:10.1377/hlthaff.2019.01394
- ¹⁴ Health Insurance Marketplaces 2023 Open Enrollment Report. Centers for Medicare & Medicaid Services. Accessed at: <https://www.cms.gov/files/document/health-insurance-exchanges-2023-open-enrollment-report-final.pdf>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

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

For more ASPE briefs and other publications, visit:

aspe.hhs.gov/reports



SUGGESTED CITATION

National Uninsured Rate Remained Unchanged in the Second Quarter of 2023. (Issue Brief No. HP-2023-27). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. November 2023.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Subscribe to ASPE mailing list to receive email updates on new publications:

<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ASPE-HEALTH-POLICY&A=1>

For general questions or general information about ASPE:

aspe.hhs.gov/about