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Health Insurance Coverage and Access to Care Among Latino Americans: Recent Trends and Key Challenges*

The uninsured rate for nonelderly Latinos decreased from 32.7 percent to 18.0 percent, from 2010 to 2022. However, Latinos are more than twice as likely to be uninsured as non-Latino Whites.

KEY POINTS

- Latinos*, who were most likely to be uninsured when the ACA was enacted, experienced the largest percentage point decline in their uninsured rate immediately after the law's coverage expansions went into effect: from 33 percent in 2010 to 21 percent in 2015. Over that period, the number of Latinos with health insurance coverage grew by 9.6 million.
- The uninsured rate for Latinos fell an additional 2.8 percentage points between 2015 and 2022, as the number of Latinos with health insurance coverage increased by 6 million.
- While the coverage gap between the Latino and the non-Latino White population was lower in 2022 than in 2010, Latinos are more than twice as likely as non-Latino Whites to be uninsured.
- Latinos have long been overrepresented in the uninsured population: In 2022, Latinos represented 21 percent of the total non-elderly population but accounted for 39 percent of the nonelderly uninsured population.
- The American Rescue Plan (ARP) and the Inflation Reduction Act (IRA) significantly expanded and enhanced tax credits for purchasing health insurance through the ACA Marketplaces. This plus a major investment in Navigator funding, outreach and education led to an over 100 percent increase in Marketplace enrollment among Latinos from 2020 to 2023, with 3.4 million Latinos enrolled in Marketplace coverage 2023.
- Access to care and affordability also significantly improved for Latinos between 2010 and 2022. The share without a usual source of care fell from 24 to 14 percent and the share saying that they delayed care due to cost fell from 10 percent to 8 percent.
- While disparities in access to care among Latinos and non-Latino Whites remain, these gaps have narrowed since the passage of the ACA. In 2010, the percentage of Latinos without a usual source of care was nearly 11 percentage points higher than the corresponding rate for non-Latino Whites. By 2022, this gap had fallen to 5 percentage points.

*This Issue Brief was corrected on July 11, 2024 to correct Figure 2.

* This brief uses the term "Latino" to refer to all individuals of Latino origin.

BACKGROUND

Latinos are the largest racial or ethnic minority group in the United States and are projected to grow to 27.5% of the population by 2060.[1] The U.S. Office of Management and Budget defines "Latino" as any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[2] According to data from the 2020 Decennial Census, there are more than 62 million Latinos living in the U.S.[3] In 2022, among Latino subgroups, Mexicans ranked as the largest at 59.1 percent, followed by Puerto Ricans (9.0 percent), Central Americans (9.0 percent), South Americans (6.9 percent), and Cubans (4.3 percent). States with the largest Latino populations were California, Texas, Florida, New York, Arizona, Illinois, New Jersey, Colorado, Georgia, and New Mexico. In a growing number of U.S. cities such as Miami, San Antonio, and Phoenix, Latinos are the majority population.[4] Latinos also are the youngest demographic group in the U.S. In 2022 approximately 28 percent of Latino Americans were under the age of 18 compared to 17 percent of non-Latino Whites.[5]

Health outcomes among Latinos are affected by factors such as lack of health insurance, language and cultural barriers, and lack of access to care. Studies show that people without health insurance coverage are less likely to receive necessary preventive care and screening services, have less access to care, and experience worse health outcomes than those with health insurance coverage.[6,7,8] As of 2022, the Centers for Disease Control and Prevention (CDC) reports that the leading causes of death among Latinos include heart disease, cancer, COVID-19, unintentional injuries, stroke, and diabetes.[9]

Latinos have long been overrepresented in the uninsured population. In 2010, one-third of nonelderly Latinos were uninsured, the highest rate among all race and ethnic groups. Latinos experienced the largest decline in uninsured rates among all racial and ethnic groups after the ACA, but they continued to have uninsured rates than all other race and ethnic groups except American Indian/Alaska Natives. In 2022, Latinos were 21 percent of the total non-elderly population but accounted for 39 percent of the nonelderly uninsured population.[10] Furthermore, among Latinos with Medicaid coverage, beneficiaries are disproportionally enrolled in a limited benefits package which does meet the minimum essential coverage standard under the Affordable Care Act. While Latinos represented 28% of all Medicaid/CHIP enrollees in 2020, they accounted for 37% of beneficiaries with limited benefits.[11]

This Issue Brief is part of a series of ASPE Issue Briefs examining the change in coverage rates and access to care among select racial and ethnic populations after implementation of the ACA, the American Rescue Plan (ARP), and the Inflation Reduction Act (IRA). It is an update to an ASPE brief released in 2021.[12] This brief uses federal survey data from 2010 to 2022 to analyze changes in health insurance coverage and access to and affordability of care among Latinos.

DATA SOURCES AND METHODS

This Issue Brief presents data from several federal data sources. Estimates of insurance coverage estimates are from the American Community Survey (ACS), the largest national survey of households, which is conducted by the Census Bureau. The Census Bureau surveys almost 300,000 households each month for the ACS and collects health insurance and demographic information, including race and ethnicity, along with other types of information. This brief used ACS data for selected years between 2010 and 2022 for population, health insurance coverage and demographic estimates. Individuals were defined as uninsured if they did not report having private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan at the time of interview; respondents were also defined as uninsured if they only had Indian Health Service coverage.

We assess trends in several self-reported measures of health care access for Latinos using data from the National Health Interview Survey (NHIS) for selected years between 2010 and 2022. The measures we analyze

are: not having a usual source of care, delaying medical care due to cost, worrying about medical bills, and delaying prescription refills to save money.

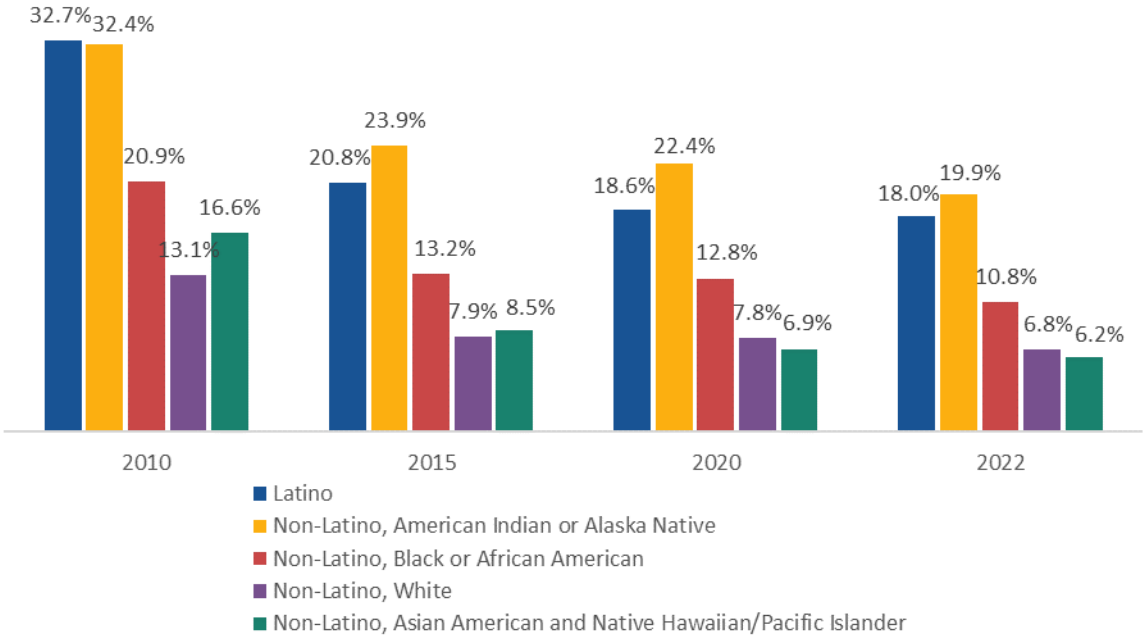
In federal survey data, ethnicity (i.e., Latino origin) and race are two distinct categories. Origin is defined by the Census Bureau as ancestry, lineage, heritage, nationality group, or country of birth. Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central American, South American, or Spanish origin. This brief uses the term "Latino" to refer to all individuals of Hispanic or Latino origin. Analyses using the ACS and the NHIS were weighted to reflect the noninstitutionalized population and to adjust for complex survey design.

RESULTS

HEALTH COVERAGE

The ACA expanded access to health coverage for millions of Americans through the Marketplace and Medicaid expansion to low-income adults. According to data from the ACS, between 2010 and 2015, the uninsured rate for all nonelderly Americans fell by 7 percentage points, from 18 to 11 percent. Latinos, who were most likely to be uninsured when the ACA was enacted experienced the largest percentage point decline in their uninsured rate after the law's coverage expansions went into effect: from 32.7 percent in 2010 to 20.8 percent in 2015 (Figure 1). By 2020, the uninsured rate among non-elderly Latinos was 18.6 percent and continued to fall to 18 percent in 2022. Between 2010 and 2022, the number of Latino Americans with health insurance increased by 15.6 million. While progress in coverage has been made, the uninsured rate for Latinos remained substantially higher than the rate for all other groups in 2022 except American Indian/Alaska Natives.

Figure 1. Uninsured Rate Among U.S. Population (Ages 0-64) by Race and Ethnicity, Select Years

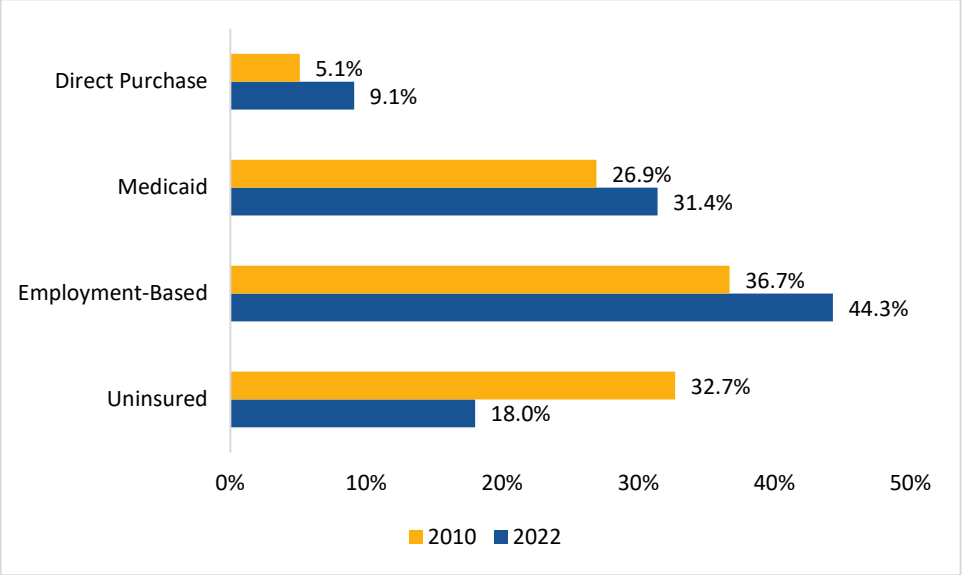


Source: American Community Survey Public Use Microdata, 2010-2022.
Notes: In this analysis, individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had 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 non-institutionalized population.

Latino is defined as anyone who identified as Latino of any race. Non-Latino, American Indian or Alaskan Native is defined as anyone who identified as non-Latino American Indian or Alaska Native alone without any other race. Non-Latino, White is defined as anyone who identified as non-Latino White alone without any other race. Non-Latino, Black or African American is defined as anyone who identified as non-Latino Black or African American alone without any other race. Non-Latino, Asian American and Native Hawaiian/Pacific Islander is defined as anyone who identified as non-Latino Asian American or Native Hawaiian/Pacific Islander alone without another race. Results are ACS survey-weighted estimates. Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years.

Figure 2 shows how sources of coverage among non-elderly Latinos have changed from 2010 to 2022. Coverage gains among Latinos result from increases in coverage from all sources. Medicaid/CHIP coverage grew by 4 percentage points. Direct-purchase coverage, which since 2014 includes Marketplace coverage, increased by 4 percentage points, an 80 percent increase relative to the 2010 baseline and employment-based coverage rose by 7 percentage points.

Figure 2. Health Insurance Coverage Type Among Latino Population (Ages 0-64), 2010 and 2022



Source: American Community Survey Public Use Microdata, 2010 and 2022.
Notes: Private coverage includes employment-based, direct purchase and TRICARE. Public coverage includes Medicaid/CHIP, and VA coverage. Uninsured is classified as a respondent not having any health insurance coverage or only have Indian Health Service coverage at the time of interview.

Table 1 presents state-level estimates of the Latino uninsured rate in 2010 and 2022. The percent of Latinos who were uninsured fell in all but two states between these two years, though there is considerable variation in both the change and the rate in 2022. In nine states, one-quarter or more of the Latino population were uninsured in 2022. Medicaid is a critical source of coverage for Latinos. While Latinos were 19 percent of the population in 2020, they represented 28 percent of the population enrolled in Medicaid coverage.[13] Seven of these nine states had not implemented the ACA Medicaid expansion by 2022. The importance of the ACA Medicaid expansion is highlighted by comparing the two states with the largest Latino populations, California, an expansion state, and Texas, a non-expansion state. Between 2010 and 2022, the Latino uninsured rate fell by nearly twice as much in California (19 percentage points) compared to Texas (10 percentage points). According to a previous ASPE analysis, if the 10 remaining states expanded Medicaid, the number of Medicaid eligible uninsured Americans is projected to decrease by 19 percent, and according to the Urban Institute, the number of Latinos without health insurance would decrease by 16 percent.[14] [15]

Table 1. Uninsured Latino Population (Ages 0-64), by State, Select Years

State	Number (2022)	Latino Share (2022)	2010 Uninsured Rate	2022 Uninsured Rate	Percentage Point Change (2010 to 2022)
Alabama	234,662	5.6%	49.9%	25.0%	-25.0
Alaska	**				
Arizona	2,200,391	36.8%	29.6%	18.8%	-10.8
Arkansas	241,549	9.6%	37.6%	25.6%	-12.0
California	14,381,263	43.8%	30.7%	11.5%	-19.2
Colorado	1,214,155	24.7%	31.2%	15.1%	-16.2
Connecticut	609,162	20.6%	22.6%	12.1%	-10.5
Delaware	98,960	12.3%	24.1%	18.3%	-5.8
District of Columbia	73,511	12.6%	16.0%	5.3%	-10.7
Florida	5,248,387	30.1%	38.2%	19.0%	-19.2
Georgia	1,077,917	11.6%	48.7%	30.1%	-18.6
Hawaii	148,443	13.0%	8.5%	6.4%	-2.1
Idaho	246,836	15.3%	33.2%	18.1%	-15.1
Illinois	2,129,421	20.4%	29.0%	16.1%	-12.9
Indiana	505,730	8.9%	29.8%	14.7%	-15.1
Iowa	210,309	8.1%	29.4%	10.8%	-18.6
Kansas	360,928	14.9%	30.9%	21.3%	-9.6
Kentucky	180,559	4.8%	38.3%	19.8%	-18.5
Louisiana	240,240	6.3%	40.5%	28.6%	-11.9
Maine	**				
Maryland	664,747	13.0%	35.4%	24.3%	-11.1
Massachusetts	847,863	14.8%	10.6%	5.0%	-5.6
Michigan	534,448	6.5%	23.6%	11.8%	-11.9
Minnesota	320,975	6.8%	25.9%	17.3%	-8.6
Mississippi	91,996	3.8%	49.4%	26.5%	-22.9
Missouri	276,521	5.5%	30.1%	19.2%	-10.9
Montana	47,283	5.3%	26.7%	6.9%	-19.8
Nebraska	229,585	14.0%	32.0%	19.4%	-12.6
Nevada	892,968	33.8%	36.9%	20.8%	-16.2
New Hampshire	**				
New Jersey	1,844,282	24.1%	31.7%	18.4%	-13.3
New Mexico	922,059	54.0%	25.7%	11.4%	-14.3
New York	3,438,948	21.3%	24.3%	10.6%	-13.7
North Carolina	1,066,465	12.1%	43.6%	28.3%	-15.4
North Dakota	**				
Ohio	480,200	5.0%	26.8%	15.5%	-11.3
Oklahoma	464,220	13.8%	39.6%	24.3%	-15.3
Oregon	575,935	16.8%	34.5%	15.3%	-19.2
Pennsylvania	1,045,929	10.0%	22.5%	11.6%	-10.9
Rhode Island	179,198	20.2%	29.1%	8.5%	-20.6

South Carolina	324,098	7.6%	46.8%	25.9%	-20.9
South Dakota	**				
Tennessee	427,162	7.3%	41.8%	30.7%	-11.1
Texas	11,085,572	42.7%	38.8%	28.1%	-10.7
Utah	485,238	16.3%	38.9%	22.3%	-16.6
Vermont	**				
Virginia	856,575	11.9%	33.8%	20.3%	-13.5
Washington	1,040,811	16.1%	30.6%	15.5%	-15.1
West Virginia	**				
Wisconsin	423,773	8.8%	29.4%	18.6%	-10.7
Wyoming	**				

Source: ASPE analysis of American Community Survey data.
Note: Latino Share (2022) refers to the share of the state population that is Latino in 2022. **ACS population estimates of less than 65,000 are not shown.

SUBGROUP ANALYSIS

Table 2 shows the uninsured rates among various subgroups of Latino Americans in selected years from 2010 to 2022. From 2010 to 2015 Latinos with incomes between 100 and 200 percent of FPL experienced the largest uninsured reduction-- 15 percentage points, from 41 percent to 26 percent – largely due to the implementation of the ACA's Medicaid expansion for individuals with incomes up to 138 percent of the Federal Poverty Level (FPL) and advance payments of the premium tax credit (APTC) for the purchase of private insurance through the ACA Marketplaces. The uninsured rate for this group fell again between 2015 and 2022, in part because of the enhancement of Marketplace financial assistance as a result of the ARP. A recent ASPE report estimated that in 2021, more than 60 percent of consumers in this income range could select a zero dollar premium plan on the ACA Marketplaces and over 97 percent could select a plan with a premium of fifty dollars or less per month.[16] Furthermore, to help mitigate high unemployment and potential loss of health insurance coverage during the COVID-19 pandemic, the Biden-Harris Administration opened a Special Enrollment Period (SEP) on HealthCare.gov, which may have also contributed to Marketplace coverage gains.

Coverage increased more for adults than for children because income eligiblity thresholds for Medicaid were generally higher for children before the ACA. Among Latino adults, 19-25 year olds experienced the largest uninsured rate decline of 24 percentage points (from 52 percent to 28 percent). While many gained eligibility through the ACA Medicaid expansion, others could remain on their parents' group health insurance plan as a result of the ACA dependent coverage mandate.

Throughout the analysis period, there were substantial differences in coverage related to country of origin and English proficiency. Puerto Ricans were least likely to be uninsured and Latinos with roots in Central American were most likely to be uninsured. The small minority (4.4 percent) of Latinos who do not speak English are substantially more likely to be uninsured than the large majority (83.3 percent) who speak English well. This heterogeneity with respect to country of origin and language may be explained, at least in part, by citizenship and immigration status. For all three language proficiency groups, there is a similar pattern over time. The uninsured rate fell substantially between 2010 and 2015 and then by a smaller amount between 2015 and 2022.

Table 2. Uninsured Rate Among Latino Population (Ages 0-64), by Select Characteristics, Select Years

	Share in 2022	2010	2015	2020	2022
Percentage of Poverty Level					
0-100	16.1%	38.6%	26.2%	25.1%	23.4%
101-200	22.2%	41.1%	26.4%	24.2%	24.0%
201-400	34.0%	30.4%	19.4%	19.4%	18.6%
>400	27.7%	13.7%	8.6%	9.5%	9.3%
Age Group					
0-18	34.0%	15.1%	8.1%	8.5%	8.1%
19-25	12.6%	51.7%	27.9%	22.8%	22.7%
26-34	14.9%	48.4%	33.4%	25.3%	25.0%
35-50	24.0%	40.9%	29.4%	26.9%	25.5%
51-64	14.5%	31.8%	19.0%	18.7%	17.7%
Latino Subgroups					
Central American	10.3%	43.3%	29.5%	26.1%	28.5%
Cuban	3.5%	29.8%	16.5%	14.8%	14.0%
Dominican	3.7%	22.9%	13.4%	12.3%	10.8%
Mexican	59.6%	35.2%	22.6%	20.4%	19.4%
Puerto Rican	9.2%	16.3%	9.9%	9.0%	8.0%
South American	7.1%	31.1%	17.6%	15.5%	14.9%
English Proficiency					
Does not speak English	4.4%	71.4%	55.3%	50.1%	53.8%
Yes, but not well	8.8%	60.5%	45.4%	40.0%	39.4%
Yes, well*	83.3%	28.3%	17.2%	16.4%	15.0%

Source: American Community Survey Public Use Microdata. *Speaking well includes (only speaking English, speaking well, and speaking very well). Note: Share in 2022 refers to the share of Latinos in each subcategory in 2022.

ACCESS TO CARE

Access to affordable, high quality, and timely health care may prevent onset of disease and help patients to avoid experiencing health complications of chronic conditions.[17] Health insurance coverage status is a critical facilitator of access to care. Having a usual source of care is associated with receipt of preventive health care and management of chronic diseases[18] and has been well documented to prevent emergency department visits and reduce unmet health needs.[19,20,21,22,23,24] However, even with health insurance, cost barriers can lead to delays in health care access associated with poorer health status.[25,26,27] In addition to expanding access to health insurance coverage, the ACA increased access to care by providing additional funding for community health centers, which serve patients with private health insurance and public health insurance such as Medicaid or Medicare, as well as patients without health insurance. Building on the ACA, the American Rescue Plan of 2021 awarded community health centers more than $6 billion to expand health centers' operational capacity during the pandemic and beyond. Coinciding with these additional investments, the number of Latino patients seen in community health centers increased from 7.5 million to 8.1 million (8 percent) from 2020 to 2022 while the total number of patients increased by 4.7 percent.[28,29]

Table 3 reports several common measures of access to care and affordability for selected years from 2010 to 2022. The results suggest that the increased coverage documented in Figure 1 translated to improved access and affordability. From 2010-2022 the share of Latinos without a usual source of care fell by 10 percentage

points from 24 to 14 percent. In 2010, the percentage of Latinos without a usual source of care was nearly 11 points higher than the corresponding rate for non-Latino Whites (data not shown). By 2022, this gap was 5 percentage points.

There was also a statistically significant decline in the percentage reporting that they delayed seeking care due to cost—from 10.5 percent to 8.3 percent. There was a similar decline in the percentage saying they delayed filling prescriptions due to cost. Throughout the analysis period, a majority of nonelderly Latino adults said that they worried about medical bills. The percent saying this fell over time but remained quite high in 2022 at just under 64 percent, the highest rate of any racial or ethnic group.

Table 3. Access to Care Trends for Latino Population (Ages 0-64), Select Years

	2010	2015	2020	2022
No Usual Source of Care	23.6%	17.9%	12.0%	14.0%
Delayed Care Due to Cost	10.5%	7.2%	8.4%	8.3%
Worried About Medical Bills (18-64)*	69.2%	63.3%	66.9%	63.9%
Delayed Filling Prescriptions Due to Cost (18-64)*	10.4%	10.1%	11.3%	8.9%

Source: ASPE Analysis of NHIS Microdata.
Notes: 1) Respondents are classified as worried about paying medical bills if they reported being very worried or somewhat worried about paying medical bills. 2) Respondents were only asked about delaying refilling prescription medications if they reported using prescriptions in the past 12 months. *Data on worrying about medical bills or delayed prescriptions available is from 2011, the earliest year available and is only consistently asked among those 18-64.

Disparities in Health Outcomes

While significant progress has been made in reducing coverage and access to care disparities between Latinos and non-Latino Whites, there are persistent disparities in health outcomes. The leading causes of death among Latinos include heart disease, cancer, COVID-19, unintentional injuries, stroke, and diabetes.[30] Data from the CDC shows that the age-adjusted diabetes prevalence among Latinos is 1.6 times than the prevalence among non-Latino Whites in 2022, a slight improvement relative to 2010 when the rate was 1.7 times as high.[31] Furthermore, the COVID-19 pandemic had a disproportionate impact on Latinos relative to non-Latino Whites, which caused a sharper decline in average life expectancy since 2020. Between 2019 and 2020, life expectancy decreased by 3.0 years for the Latino population (81.8 to 78.8) and decreased by 1.2 years for the non-Latino White population (78.8 to 77.6).[32] Continued efforts to increase health insurance coverage and access to health care have the potential to stem these existing health inequities.

DISCUSSION

Latinos are significantly more likely to be uninsured than other race and ethnicity groups in the US. After the coverage expansions of the ACA went into effect, the uninsured rate among Latinos fell substantially. The percentage of Latinos without health insurance fell again after the ARP and IRA enhanced and expanded tax credits for private insurance purchased through the ACA Marketplaces. From 2020-2022 the Centers for Medicare and Medicaid Services increased funding for Navigators' outreach and educational activities, increased the focus on culturally responsive interventions through large increases in funding.[33] The larger subsidies plus the greater outreach are likely driving the number of Latinos to enroll in Marketplace coverage at rates that more than doubled between 2020 and 2023, with 3.4 million Latinos enrolled in Marketplace coverage in 2023.[34]

Recently, CMS finalized a rule that ensures that Deferred Action for Childhood Arrivals (DACA) recipients will no longer be excluded from eligibility to enroll in a Qualified Health Plan (QHP) through the ACA Marketplaces, or for coverage through a Basic Health Program (BHP). CMS estimates that this rule could lead to 100,000 previously uninsured DACA recipients enrolling in health coverage through Marketplaces or a BHP.[35] This coverage expansion is especially important for Latinos as 93.5 percent of DACA recipients are from Latin American countries.[36]

Many states are taking steps to expand access to Medicaid and CHIP regardless of immigration status, a critical barrier to coverage and health care access among Latinos. As of March 2024, 12 states plus D.C. provide comprehensive state-funded coverage for children regardless of immigration status, and six states (California, Colorado, Illinois, New York, Oregon, Washington) plus D.C. have also expanded fully state-funded coverage to some income-eligible adults regardless of immigration status.[37] California's 2016 expansion of state-funded Medicaid for children under 19 was associated with a 34 percent decline in uninsurance among noncitizen children. [38] A recent study found that children in immigrant families living in states that had implemented expansions for noncitizens were half as likely to be uninsured and 33 percent less likely to report forgone medical and dental care compared to those in states not adopting such a policy.[39]

Other recent policies have also strengthened Medicaid in a way that is likely to increase coverage. As part of the 2023 Consolidated Appropriations Act (CAA), beginning in January 2024, states must provide 12 months of continuous eligibility to most children under the age of 19 who meet their state's Medicaid or Children's Health Insurance Program (CHIP) eligibility requirements. Nearly 300,000 Latino children are estimated to have at least one additional month of Medicaid or CHIP eligibility through this policy change.[40] Other policies expand Marketplace access. These coverage policies are timely as states have returned to standard Medicaid eligibility renewal processes after the COVID-19 Public Health Emergency (PHE) ended and individuals no longer eligible for the program are being disenrolled. Transitions to other sources of coverage, such as Marketplace and employer sponsored coverage, for disenrolled Medicaid beneficiaries has been a priority for the Administration since the end of the PHE.

CONCLUSION

By introducing new affordable coverage options, the ACA substantially reduced the number of uninsured Americans. The Biden Administration has built on the ACA to further expand health insurance coverage. Latinos have benefited substantially from these policies. Between 2010 and 2022, the uninsured rate for Latinos fell by nearly 15 points and the number of Latinos with health insurance increased by 15.6 million. The gain in coverage led to improved access to care and affordability. Still, the uninsured rate for Latinos remains higher than the rate for non-Latino Whites, and Latinos continue to worry about paying their medical bills at rates higher than the rate for non-Latino Whites. Because Latinos disproportionately live in states that have not yet implemented the ACA Medicaid expansion, full expansion is critical and has the potential to further reduce the Latino uninsured rate by 16 percent.[41]

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