Health Insurance Coverage in the United States: 2024

Current Population Reports

By Lisa N. Bunch and Halelujha Ketema

Issued September 2025

P60-288

United States® Census Bureau

U.S. Department of Commerce
U.S. CENSUS BUREAU
census.gov

Acknowledgments

Lisa N. Bunch and **Halelujha Ketema** prepared this report under the direction of **Sharon Stern**, assistant division chief for Employment Characteristics, of the Social, Economic, and Housing Statistics Division.

Preeti Vaghela, with the assistance of **Ryan Flint**, **Kerry Akiyama**, **Andrew Blocher**, **Matthew Dearstyne**, **Lorelei De Vos**, and **Richard Lee**, under the supervision of **Karen Bradwell**, all of the Demographic Systems Division, and **Roselyn Rosal Tineo** of the Demographic Programs Directorate—Survey Operations (ADDP-SO), processed the 2025 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) file.

Adam W. Reilly, with the assistance of **Kirk E. Davis**, **Raymond E. Dowdy**, and **Marguerite McDaniel**, programmed and produced the historical, detailed, and publication tables under the direction of **Hung X. Pham**, chief of the Tabulation and Applications Branch, Demographic Surveys Division.

Weimin Zhang, under the supervision of **Casey Goldvale** and **David V. Hornick**, of the Demographic Statistical Methods Division, conducted statistical review.

Tim Marshall and **Roselyn Rosal Tineo**, both of ADDP-SO, provided overall direction for survey implementation. **Charlie Carter** and **Johanna Rupp**, both of the Information Technology Directorate, prepared and programmed the computer-assisted interviewing instrument used to conduct the CPS ASEC.

Additional people within the U.S. Census Bureau also made significant contributions to the preparation of the report. **Adam Bee**, **Caitlin Carter**, **Holly Fee**, **Kevin C. Heslin**, **Rachel Lindstrom**, **Matthew Marlay**, **Amy Steinweg**, and **Jonathan Vespa** of the Social, Economic, and Housing Statistics Division reviewed the contents.

Steven Brown, **Christine Geter**, **Stephen Gibson**, and **Daphanie Smallwood** provided publication management, graphic design and composition, editorial review, and 508 compliancy for print and electronic media under the direction of **Corey Beasley**, chief of the Graphic and Editorial Services Branch, Public Information Office.

The authors also would like to thank the **Census Bureau field representatives** and **telephone interviewers** who conducted the interviews that provide the data in this report. Without their dedication, the preparation of this report or any report from the Current Population Survey would be impossible.

Health Insurance Coverage in the United States: 2024

Issued September 2025

P60-288

U.S. Census Bureau
Ron S. Jarmin,
Acting Director

Suggested Citation

Lisa N. Bunch and Halelujha Ketema,
U.S. Census Bureau,
Current Population Reports,
P60-288,
Health Insurance Coverage in the United States: 2024,
U.S. Government Publishing Office,
Washington, DC,
September 2025.

U.S. CENSUS BUREAU

Ron S. Jarmin,
Acting Director

Ron S. Jarmin,
Deputy Director and Chief Operating Officer

James T. Christy,
Acting Associate Director for Demographic Programs

David G. Waddington,
Chief, Social, Economic, and Housing Statistics Division

Contents

TEXT

TABLES

FIGURES

APPENDIX A. TABLES

APPENDIX B. ADDITIONAL INFORMATION

Health Insurance Coverage in the United States: 2024

INTRODUCTION

Health insurance offers a means for financing an individual's health care expenses. Health insurance coverage provides access to medical care, protection from high unexpected costs, and more economic stability for people and families. While the majority of people in the United States have private health insurance, primarily through an employer, others obtain coverage through programs offered by the government. Yet, some do not have health insurance coverage at all (refer to the "What Is Health Insurance Coverage?" text box).

From year-to-year, the prevalence of health insurance coverage and the distribution of coverage types may change due to economic trends, shifts in the demographic composition of the population (such as population aging), and policy changes that affect access to care. Economic changes include shifts in the labor market following the COVID-19 pandemic. Policy changes include enhanced subsidies for marketplace coverage made available by the American Rescue Plan Act in 2021, which continued through 2024 under the Inflation Reduction Act of 2022.[1]

Using information collected by the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), this report presents statistics on health insurance coverage in the United States in 2024 and changes in health insurance coverage rates between

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage at any time during the calendar year for the civilian noninstitutionalized population of the United States.* For reporting purposes, the U.S. Census Bureau broadly classifies health insurance coverage as private insurance or public insurance.

Private Coverage

- ***Employment-based***: Plan provided through an employer or union.
- ***Direct-purchase***: Coverage purchased directly from an insurance company, or through a federal or state Marketplace (e.g., healthcare.gov).
- ***TRICARE***: Coverage through TRICARE, formerly known as Civilian Health and Medical Program of the Uniformed Services.

Public Coverage

- ***Medicare***: Federal program that helps to pay health care costs for people aged 65 and older and for certain people under the age of 65 with long-term disabilities.
- ***Medicaid***: This report uses the term "Medicaid" to include the specific Medicaid government program and other programs for low-income individuals administered by the states, such as the Children's Health Insurance Program (CHIP) and Basic Health Programs.
- ***VA and CHAMPVA***: Care provided by the Department of Veterans Affairs, the military, and the Civilian Health and Medical Program of the Department of Veterans Affairs.

Additionally, people are considered uninsured if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive.

* Comprehensive health insurance covers basic health care needs. This definition excludes single-service plans such as accident, disability, dental, vision, or prescription medicine plans.

2023 and 2024.* Respondents were asked to report any health insurance coverage they had during the previous calendar year. People are only considered uninsured if they did not have any type of health insurance coverage for the entire calendar year. In addition, people are considered to have a particular type of health insurance if they held it at any time during the calendar year.[2]

The CPS is the longest-running household survey conducted by the U.S. Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance is an important part. The Census Bureau has integrated improvements to the CPS ASEC as the needs of data users and the health insurance environment have changed. The estimates in this report are based on data collected in the 2014 to 2025 CPS ASEC Supplements.

This report is released alongside two other reports focused on household income and poverty in the United States. These estimates can be found in "Income in the United States: 2024" and "Poverty in the United States: 2024."

Table 1.

Number of People by Health Insurance Coverage Status and Type: 2023 to 2024

(Numbers in thousands. Margins of error in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>)

Coverage type	2023		2024[1]	
	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)
Total	**331,700**	**145**	**337,100**	**152**
Any health plan	**305,200**	**704**	**310,000**	**634**
Any private plan[3, 4]	216,800	1,294	222,700	1,343
Employment-based[3]	178,200	1,345	181,300	1,295
Direct-purchase[3]	33,850	731	36,050	765
Marketplace coverage[3]	13,320	483	14,540	535
TRICARE[3]	8,721	520	9,592	512
Any public plan[3, 5]	120,400	1,172	119,700	1,048
Medicare[3]	62,550	395	64,360	396
Medicaid[3]	62,700	1,103	59,440	1,027
VA and CHAMPVA[3, 6]	3,171	206	3,888	226
Uninsured[7]	**26,440**	**700**	**27,110**	**622**

[1] Due to the implementation of the Vintage 2024 population estimates, comparisons of the estimated change in number of people between 2023 and 2024 reflect both demographic change and methodological updates.

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

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

[4] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[5] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs (VA) and the military.

[6] Includes CHAMPVA, as well as care provided by the VA and the military.

[7] In the CPS ASEC, individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

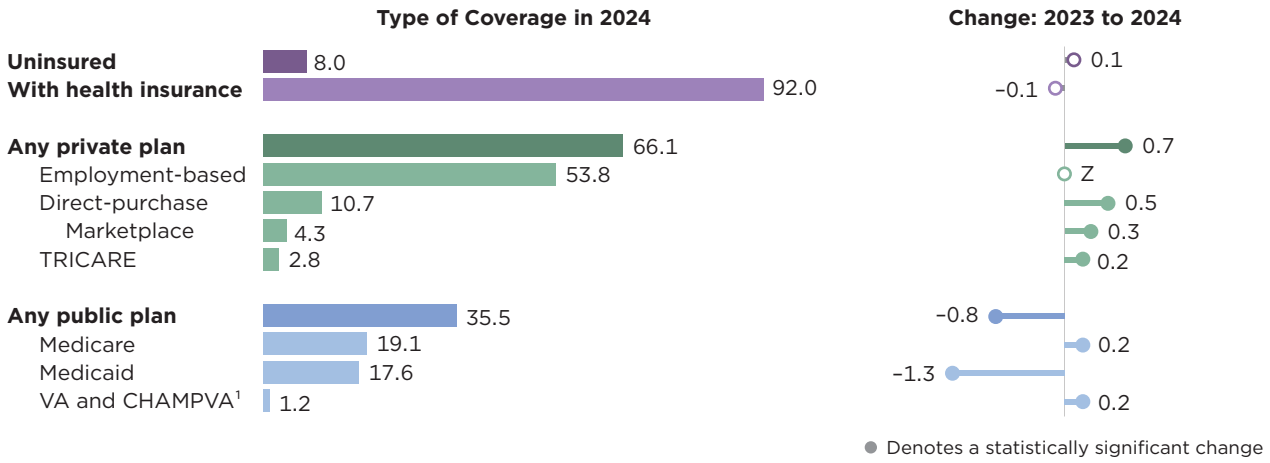
HIGHLIGHTS

- In 2024, most people (92.0 percent or 310 million) had health insurance for some or all of the year (Table 1 and Figure 1).
- In 2024, private health insurance coverage continued to be more prevalent than public coverage, at 66.1 percent and 35.5 percent, respectively.[3]
- Of the subtypes of health insurance coverage, employment-based insurance was the most common, covering 53.8 percent of the population for some or all of the calendar year, followed by Medicare (19.1 percent), Medicaid (17.6 percent), direct-purchase coverage (10.7 percent), TRICARE (2.8 percent), and VA and CHAMPVA coverage (1.2 percent).
- The private coverage rate increased between 2023 and 2024 by 0.7 percentage points, driven by an increase in direct-purchase coverage.
- The 2024 public coverage rate was 0.8 percentage points lower than the rate in 2023. This decrease was driven by a change in Medicaid coverage, which was 1.3 percentage points lower in 2024. Medicare coverage and VA and CHAMPVA coverage rates both increased between 2023 and 2024.

* The U.S. Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product (Data Management System [DMS] number: P-7534374; Disclosure Review Board [DRB] approval number: CBDRB-FY25-0382). To further protect respondent privacy, all estimates in this report have undergone additional rounding. As a result, details may not sum to totals. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted.

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2023 to 2024



Z Rounds to zero.

[1] Includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA) and the military.

Note: Population as of March of the following year. The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

- In 2024, private coverage rates for children under the age of 19 (63.0 percent) and for adults aged 19 to 64 (74.0 percent) increased from 61.2 percent and 73.1 percent in 2023, respectively. Public coverage rates decreased for both age groups. For children, the public coverage rate was 34.2 percent in 2024, down from 36.2 percent in 2023 (Figure 3).

ESTIMATES OF HEALTH INSURANCE COVERAGE IN THE UNITED STATES

This report classifies health insurance coverage into three different categories: overall coverage, private coverage, and public coverage (refer to the "What Is Health Insurance Coverage?" text box). In the CPS ASEC, people are considered insured if they were covered by any type of health insurance for some or all of the previous calendar year. People are considered uninsured if they were not covered by any type of insurance for the entire year.[4]

In 2024, most people (92.0 percent) had health insurance coverage at some point during the calendar year (Table 1 and Figure 1). That means 8.0 percent of people were uninsured for the entire calendar year. More people had private health insurance (66.1 percent) than public coverage (35.5 percent).

An increase in private coverage between 2023 and 2024 was offset by a decrease in public coverage, resulting in no change in the uninsured rate.

Employment-based insurance was the most common subtype of health insurance in the civilian noninstitutionalized population (53.8 percent), followed by Medicare (19.1 percent), Medicaid (17.6 percent), direct-purchase insurance (10.7 percent), TRICARE (2.8 percent), and VA and CHAMPVA health care (1.2 percent).[5]

Of the subtypes of private health insurance, direct-purchase coverage and TRICARE coverage increased between 2023 and 2024, while the rate of employment-based coverage did not significantly change.[6] The percentage of people covered by direct-purchase insurance increased by 0.5 percentage points to 10.7 percent in 2024.[7]

The decline in the public health insurance coverage rate was driven by a decrease in Medicaid to 17.6 percent in 2024, down from 18.9 percent in 2023. Medicare and VA and CHAMPVA rates increased slightly (0.2 percentage points) between 2023 and 2024 to 19.1 percent and 1.2 percent, respectively.[8, 9] The increase in the Medicare rate was in part due to growth in the number of people aged 65 and older.[10]

HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS

Health Insurance Coverage by Age

Age is associated with the likelihood that a person has health insurance coverage, as well as with health coverage type. In general, older adults (aged 65 and older) and children (under the age of 19) are more likely to have health insurance coverage than those aged 19 to 64, in part because their age makes them eligible for certain public health insurance programs. Medicare provides health coverage benefits for most adults aged 65 and older. Children under the age of 19 may qualify for coverage through Medicaid or the Children's Health Insurance Program (CHIP).[11] Since the implementation of the Patient Protection and Affordable Care Act (ACA), children and young adults may receive coverage through a parent or guardian's plan up to the age of 25.[12]

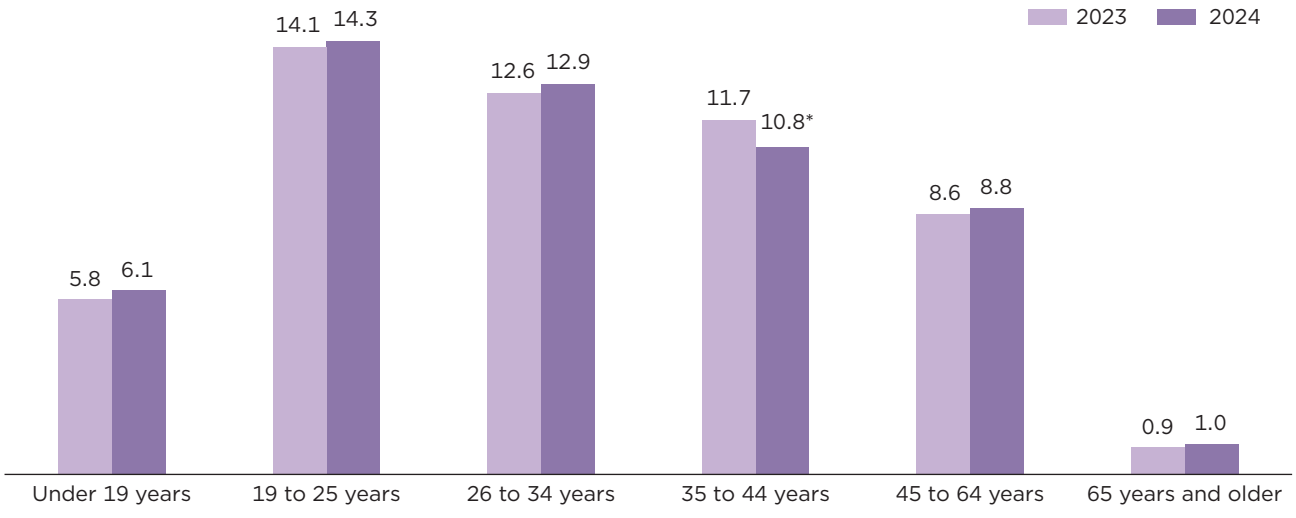
Figure 2 presents the uninsured rates for 2023 and 2024 by age group. Among the groups displayed, only the uninsured rate for adults aged 35 to 44 changed, decreasing to 10.8 percent in 2024. The relationship between the uninsured rates for different age groups was consistent with previous reports. Among working-age adults aged 19 to 64, those aged 19 to 25 had the highest uninsured rate (14.3 percent) in 2024, and those aged 45 to 64 had the lowest (8.8 percent). Overall, the uninsured rate for adults decreased as age increased.

Private Coverage

Private coverage rates varied by broad age groups (Figure 3). At 74.0 percent, the percentage of working-age adults aged 19 to 64 with private coverage in 2024 was higher than the rates for children under the age of 19 (63.0 percent) and adults aged 65 and older (44.3 percent).

Of the subtypes of private health coverage in 2024, employment-based coverage was the most prevalent among all age groups, followed by direct-purchase coverage. Employment-based coverage rates for children under the age of 19 (54.9 percent) and adults aged 19 to 64 (63.2 percent) were more than twice the rate of employment-based coverage for adults aged 65 and older (22.1 percent). The rate of direct-purchase coverage for adults aged 65 and older (19.8 percent) was about twice the rate for children under the age of 19 (6.0 percent) and for working-age adults (9.7 percent).[13]

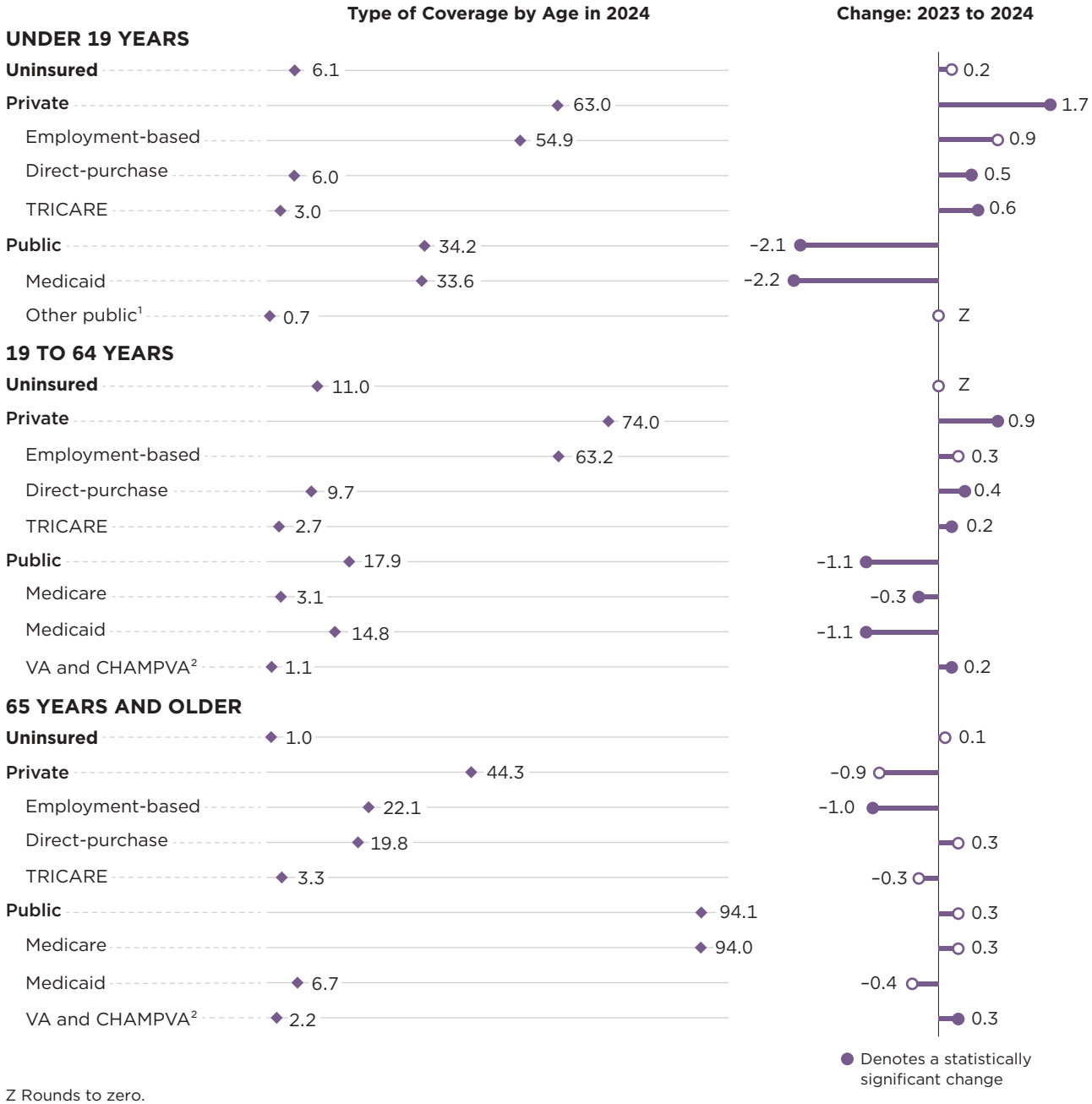
Figure 2.
Percentage of People Without Health Insurance Coverage by Age Group: 2023 and 2024



* Denotes a statistically significant change between 2023 and 2024 at the 90 percent confidence level.
Note: Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

Figure 3.

Percentage of People With Selected Coverage Types and Uninsured by Age Group: 2023 and 2024



Z Rounds to zero.

[1] Other public includes Medicare, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and care provided by the Department of Veterans Affairs (VA) and the military.

[2] Includes CHAMPVA, as well as care provided by the VA and the military.

Note: Population as of March of the following year. The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

In 2024, private coverage rates for children under the age of 19 and for adults aged 19 to 64 increased from the 2023 rates of 61.2 percent and 73.1 percent, respectively. For both age groups, employment-based coverage appeared nominally higher in 2024, but the estimates were not statistically different from 2023. Direct-purchase coverage increased for both age groups, contributing to the overall increase. Among those aged 65 and older, employment-based coverage decreased by 1.0 percentage point.

Public Coverage

In 2024, about one-third of children under the age of 19 had public health coverage (34.2 percent), compared with 17.9 percent of adults aged 19 to 64. Most adults aged 65 and older (94.1 percent) held public coverage. Among children under the age of 19, 33.6 percent were covered through Medicaid; among adults aged 65 and older, 94.0 percent were covered through Medicare, and about 6.7 percent were covered by Medicaid. Approximately 14.8 percent of working-age adults aged 19 to 64 were covered through Medicaid, and 3.1 percent held Medicare at some point in the year.

Between 2023 and 2024, public coverage rates decreased for both children under the age of 19 and adults aged 19 to 64—mainly driven by a decrease in Medicaid coverage for both age groups. For children under the age of 19, Medicaid coverage decreased by 2.2 percentage points to 33.6 percent in 2024. For adults aged 19 to 64, Medicaid coverage decreased by 1.1 percentage points to 14.8 percent in 2024. Additionally, Medicare coverage decreased by 0.3 percentage points to cover 3.1 percent of adults aged 19 to 64 in 2024.

Uninsured Rates for Children and Working-Age Adults by Selected Characteristics

For children under the age of 19 and working-age adults aged 19 to 64, health insurance coverage status and coverage type vary. While people aged 65 and older have nearly universal health insurance coverage (due to access to Medicare), those under the age of 65 are more likely to have variability in their type and continuity of coverage over time.

Children Under the Age of 19

In 2024, 6.1 percent of children under the age of 19 did not have health insurance, which was not statistically different from 2023. Health insurance coverage rates for children under the age of 19 in 2024 differed across several demographic factors, including race and Hispanic origin (Figure 4). In 2024, Hispanic children (of any race) had the highest uninsured rate at 10.1 percent. Non-Hispanic White children had an uninsured rate of 4.1 percent, Asian children had an uninsured rate of 4.2 percent, and Black children had an uninsured rate of 5.7 percent.[14, 15, 16] These rates were not statistically different from the rates in 2023.

In 2024, 5.3 percent of children under the age of 19 born in the United States were uninsured. In contrast, 19.4 percent of foreign-born children were uninsured, including 10.6 percent of children who were naturalized citizens and 21.7 percent of children who were not citizens. These rates were not statistically different from 2023.

The uninsured rate varied by region of the United States as well. For children under the age of 19, the uninsured rate in the South was the highest at 8.4 percent, compared with the uninsured rates of children in the West (4.3 percent), Northeast (4.4 percent), and Midwest (4.8 percent).[17] The uninsured rates in 2024 for children under the age of 19 were not statistically different from 2023 for any region.

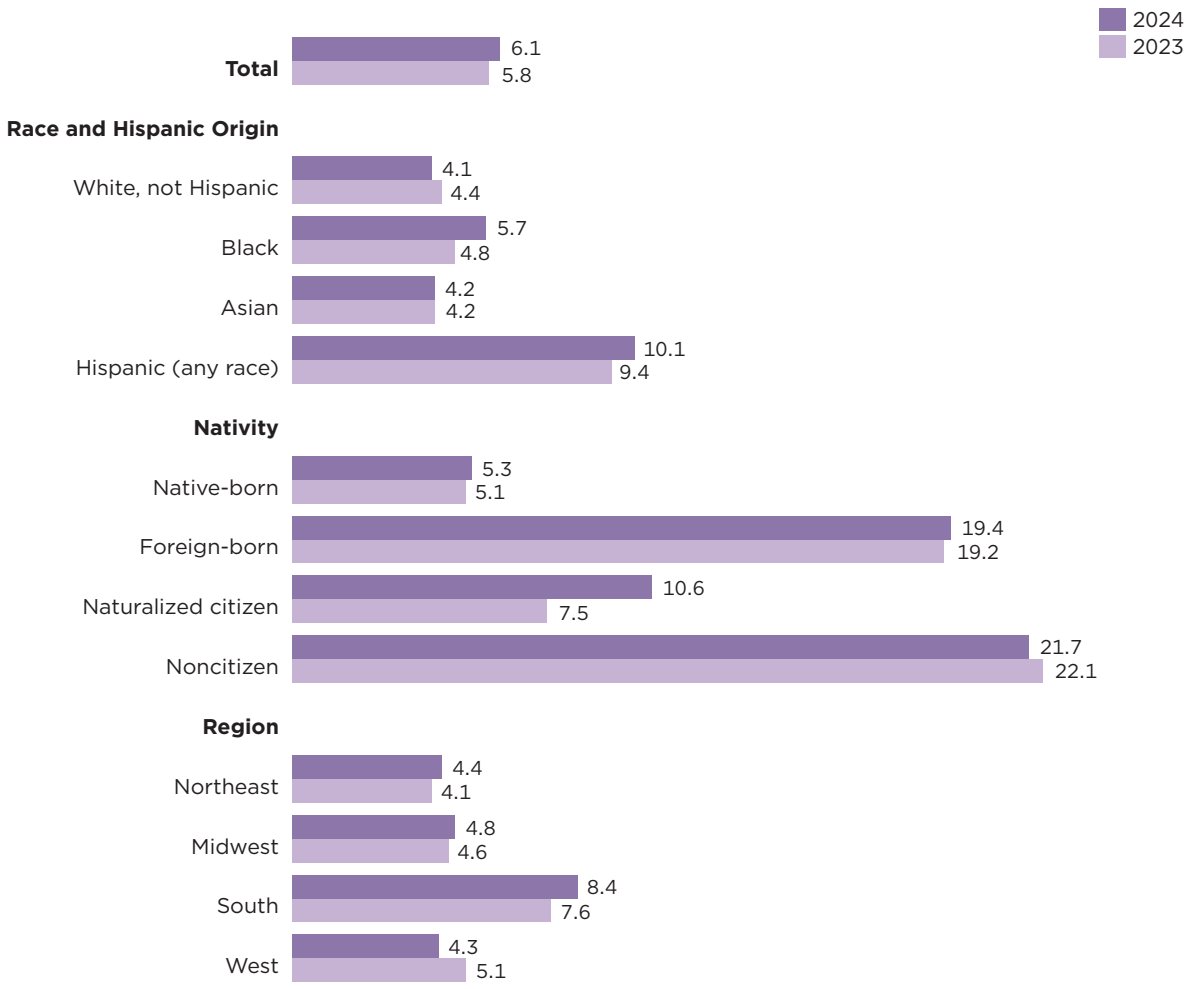
Working-Age Adults 19 to 64 Years Old

Working-age adults aged 19 to 64 may have different health insurance outcomes from other age groups because they do not qualify for certain programs intended for children, such as CHIP. Some other programs, such as Medicare, are widely available to adults aged 65 and older, but working-age adults only qualify under limited circumstances. In 2024, 11.0 percent of adults aged 19 to 64 did not have health insurance coverage (Figure 5).

At 23.0 percent, the uninsured rate of Hispanic adults (of any race) aged 19 to 64 was about twice the rate for Black adults (12.3 percent), and more than three times the rate for non-Hispanic White adults (6.8 percent) and for Asian adults (6.9 percent). Between 2023 and 2024, the uninsured rate for Black working-age adults increased by 1.2 percentage points. Uninsured rates for working-age adults in the other race and Hispanic origin groups did not have statistical changes.

Figure 4.

Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2023 and 2024



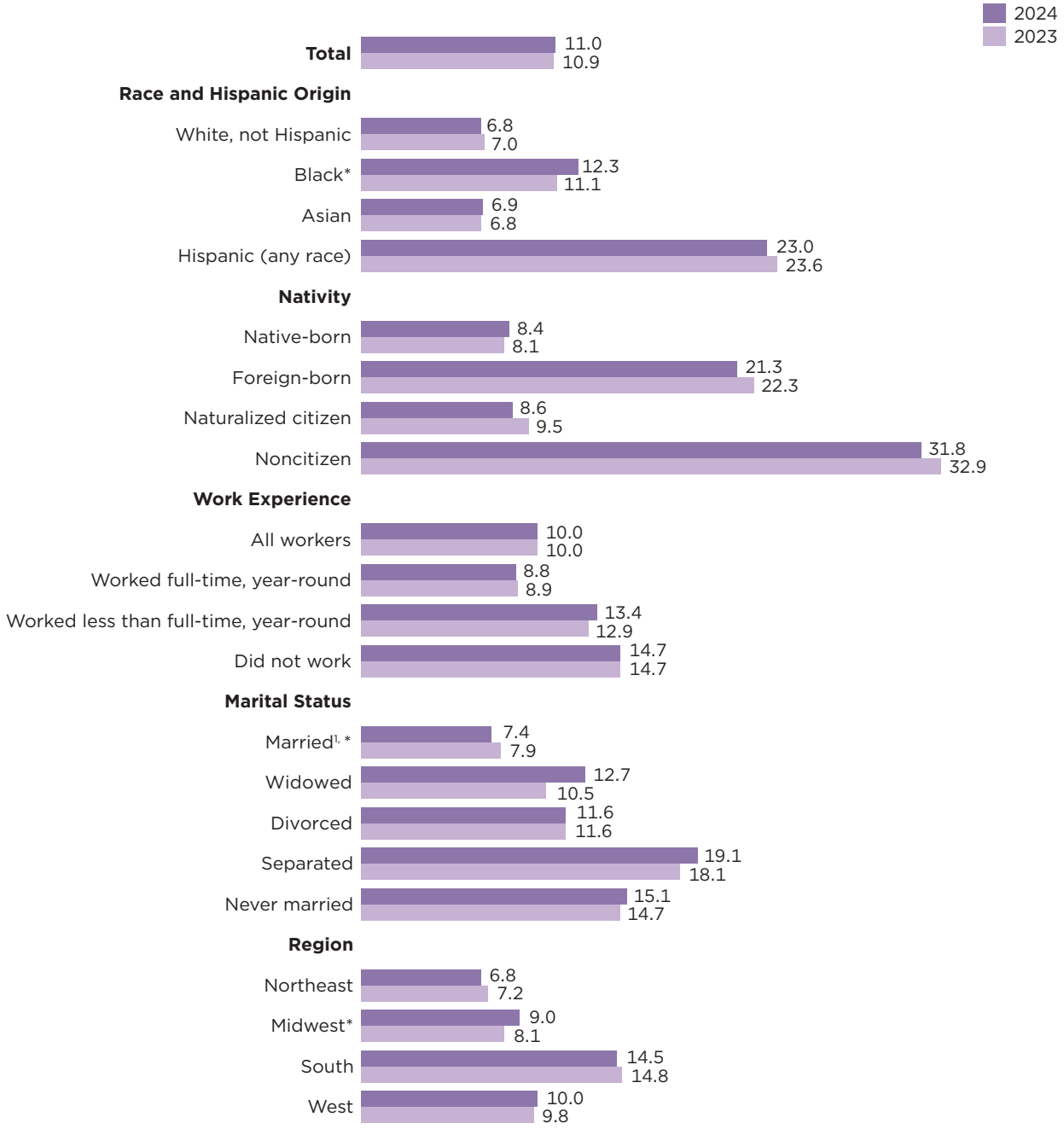
Note: There are no statistically significant changes between 2023 and 2024 presented in this figure. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

The uninsured rate for foreign-born working-age adults was more than two times the rate of native-born working-age adults (21.3 percent compared with 8.4 percent). Among foreign-born working-age adults, 31.8 percent of noncitizen adults were uninsured in 2024, more than three times the percentage of naturalized citizen adults who were uninsured (8.6 percent).[18]

For many adults aged 19 to 64, health insurance coverage is related to employment status, such as working full-time, year-round; working less than full-time, year-round; or not working at all. In 2024, the uninsured rate for adults who worked full-time, year-round was 8.8 percent, which was lower than the uninsured rates for those who worked less than full-time, year-round (13.4 percent) and those who did not work (14.7 percent).

Figure 5.

Percentage of Adults Aged 19 to 64 Without Health Insurance Coverage by Selected Characteristics: 2023 and 2024



* Denotes a statistically significant change between 2023 and 2024 at the 90 percent confidence level.

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

Note: Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

The uninsured rates of working-age adults by nativity and work experience were not statistically different between 2023 and 2024.

Marital status is also related to health insurance coverage, as many married adults share their health plans. Among working-age adults in 2024, the uninsured rates for those who were separated (19.1 percent), never married (15.1 percent), divorced (11.6 percent), or widowed (12.7 percent) were higher than the uninsured rate for those who were married (7.4 percent).[19] Between 2023 and 2024, only the uninsured rate for married adults aged 19 to 64 statistically changed, decreasing from 7.9 percent to 7.4 percent.

Health insurance rates for adults aged 19 to 64 also varied by region. In 2024, adults aged 19 to 64 living in the Northeast had the lowest uninsured rate at 6.8 percent, followed by those living in the Midwest (9.0 percent), West (10.0 percent), and South (14.5 percent). Working-age adults living in the Midwest in 2024 were the only group to have a change in the uninsured rate, rising from 8.1 percent in 2023.

Children Under the Age of 19 and Working-Age Adults 19 to 64 Years Old by Income-to-Poverty Ratio and Medicaid Expansion Status of State

For children under the age of 19 and adults aged 19 to 64, health insurance coverage may be related to both poverty status and residence in an expansion state.[20]

Health insurance coverage is associated with family income-to-poverty ratio, which provides a measure of a family's economic resources. Family resources may determine the ability to obtain health insurance coverage. Income-to-poverty ratios indicate how close someone's income or resources are to the poverty line by dividing their resources by their poverty threshold. Figure 6 presents uninsured rates for people in three income-to-poverty ratio categories. "Below 100% of poverty" refers to people living in families with incomes below their poverty threshold (also called "in poverty"). "Between 100% and 399% of poverty" includes people with family incomes at or above their poverty threshold but less than four times the threshold. "At or above 400% of poverty" includes people living in families with incomes that are at least four times their poverty threshold.[21]

In 2024, for both children under the age of 19 and adults aged 19 to 64, the uninsured rate was highest for those living in families in poverty. The uninsured rate was lower among those with higher income-to-poverty ratios.

Adults aged 19 to 64 are more likely to be uninsured compared with children under the age of 19, partly due to the availability of programs that help children living in families with lower incomes obtain health insurance coverage. Indeed, the uninsured rates for working-age adults aged 19 to 64 living in poverty (23.8 percent) and those living between 100 and 399 percent of their poverty threshold (16.3 percent) were more than twice the uninsured rates for children under the age of 19 living in the same income-to-poverty ratio groups (10.3 percent of children in poverty and 7.4 percent of children living in families between 100 and 399 percent of their poverty threshold).

The ACA provides the option for states to expand Medicaid eligibility to people whose income-to-poverty ratio falls under a particular threshold. As of January 1, 2024, 40 states and the District of Columbia had expanded Medicaid eligibility requirements (referred to as "expansion states"). The remaining 10 states had not expanded Medicaid eligibility ("nonexpansion states").[22]

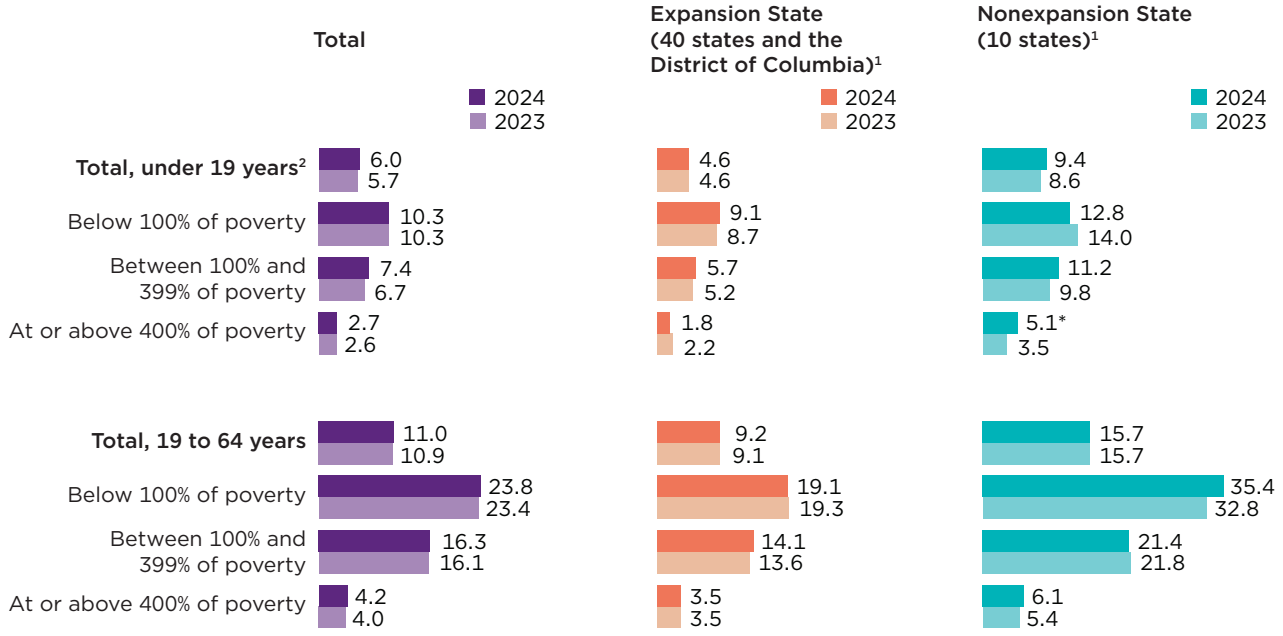
The uninsured rates for both children under the age of 19 and adults aged 19 to 64 by the income-to-poverty ratio groups were lower in expansion states compared to nonexpansion states. In 2024, the uninsured rate for children under the age of 19 was 4.6 percent in expansion states, compared to 9.4 percent in nonexpansion states. For adults aged 19 to 64, the uninsured rate was 9.2 percent in expansion states, compared to 15.7 percent in nonexpansion states.

Among people in the highest income-to-poverty ratio group, children under the age of 19 in nonexpansion states had a 1.6 percentage-point increase in the uninsured rate to 5.1 percent in 2024, up from 3.5 percent in 2023.

No statistical changes in the uninsured rates occurred for other income-to-poverty ratio groups in expansion or nonexpansion states for children under the age of 19 or adults aged 19 to 64.

Figure 6.

Percentage of Children Under the Age of 19 and Adults Aged 19 to 64 Without Health Insurance Coverage by Income-to-Poverty Ratio and Medicaid Expansion Status of State: 2023 and 2024



* Denotes a statistically significant change between 2023 and 2024 at the 90 percent confidence level.

[1] Indicates residence in one of the 40 expansion states and the District of Columbia, or 10 nonexpansion states. The states that had not expanded Medicaid as of January 1, 2024, are AL, FL, GA, KS, MS, SC, TN, TX, WI, and WY. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

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

Note: Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

PUBLIC AND PRIVATE HEALTH INSURANCE COVERAGE BY SELECTED CHARACTERISTICS

The CPS ASEC can also be used to look more closely at health insurance coverage types for selected economic, demographic, and social characteristics. Examining changes in health coverage by type also highlights how these changes affect the uninsured rate for different groups.

Coverage Type for Children and Working-Age Adults by Income-to-Poverty Ratio

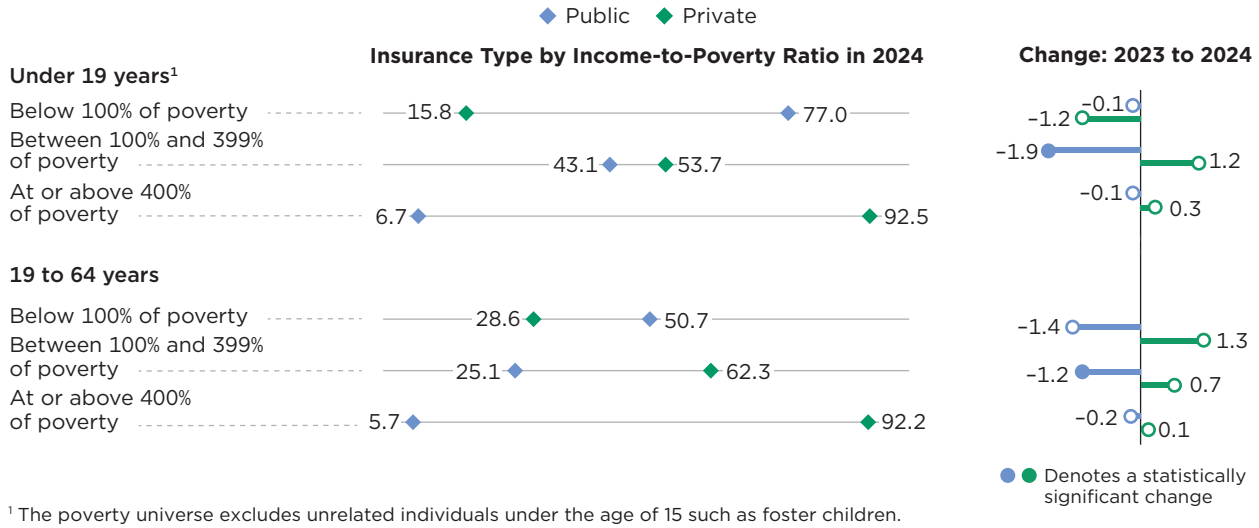
Family economic resources may determine the ability of a family to afford private health insurance, and families below certain income-to-poverty thresholds may qualify for public health insurance options.

As the income-to-poverty ratio increased, so did the private coverage rates for children under the age of 19 and working-age adults aged 19 to 64 (Figure 7). Among children under the age of 19 and adults aged 19 to 64, those living in poverty had the lowest rates of private coverage (15.8 percent and 28.6 percent, respectively), while those at or above 400 percent of their poverty threshold had the highest rates of private coverage (92.5 percent and 92.2 percent, respectively).[23]

Figure 7.

Health Insurance Coverage by Type and Income-to-Poverty Ratio for Children Under the Age of 19 and Adults Aged 19 to 64: 2023 and 2024

(In percent)



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

Note: Population as of March of the following year. The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

The association between public coverage rates and the income-to-poverty ratio was the opposite: public coverage rates decreased as the income-to-poverty ratio increased for both children under the age of 19 and adults aged 19 to 64. Public coverage rates were highest among children under the age of 19 and adults aged 19 to 64 living in poverty (77.0 percent and 50.7 percent, respectively), while those at or above 400 percent of their poverty threshold had the lowest rates of public coverage (6.7 percent and 5.7 percent, respectively).

While there were no changes in the uninsured rates of children under the age of 19 and adults aged 19 to 64 in any of the income-to-poverty ratio groups between 2023 and 2024, public coverage rates decreased for both children and working-age adults between 100 and 399 percent of their poverty threshold, covering 43.1 percent of children under the age of 19 and 25.1 percent of working-age adults in that income-to-poverty ratio group in 2024.

Coverage Type by Demographic and Social Characteristics

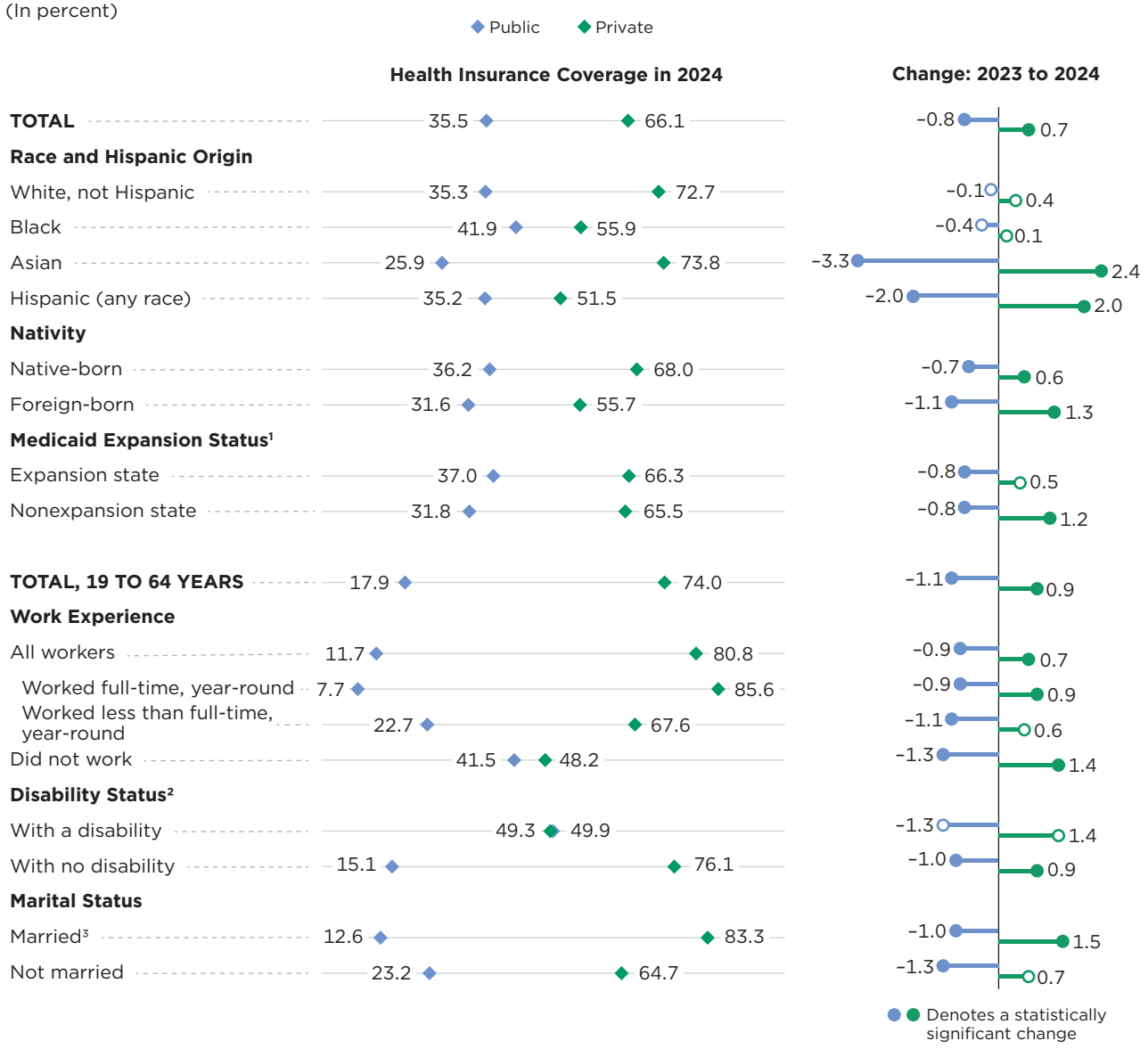
Among people of all ages, differences in coverage type and changes in coverage can be examined across demographic and social groups (Figure 8). For example, coverage rates varied by race and Hispanic origin. In 2024, Asian individuals and non-Hispanic White individuals had among the highest rates of private coverage (73.8 percent and 72.7 percent, respectively), followed by Black individuals (55.9 percent) and Hispanic individuals (51.5 percent).[24] For public coverage, Black individuals had the highest public coverage rate of 41.9 percent in 2024, followed by non-Hispanic White individuals (35.3 percent), Hispanic individuals (35.2 percent), and Asian individuals (25.9 percent).[25]

Private coverage rates for Asian individuals and Hispanic individuals increased from 71.4 percent and 49.5 percent in 2023, respectively, to 73.8 percent and 51.5 percent in 2024. Public coverage rates in 2024 for Asian individuals (25.9 percent) and Hispanic individuals (35.2 percent) decreased from 29.2 percent and 37.2 percent in 2023, respectively.

Figure 8.

Health Insurance Coverage Type by Selected Characteristics: 2023 and 2024

(In percent)



[1] Indicates residence in one of the 40 expansion states and the District of Columbia, or 10 nonexpansion states. The states that had not expanded Medicaid as of January 1, 2024, are AL, FL, GA, KS, MS, SC, TN, TX, WI, and WY. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

[2] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

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

Note: Population as of March of the following year. The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

Private and public coverage rates also varied by nativity status. In 2024, 68.0 percent of native-born individuals and 55.7 percent of foreign-born individuals had private coverage, and both rates increased from 2023. The public coverage rates for both native-born and foreign-born individuals decreased between 2023 and 2024 to 36.2 percent and 31.6 percent, respectively.

In 2024, 66.3 percent of people in expansion states and 65.5 percent of people in nonexpansion states had private coverage.[26] Private coverage rates increased by 1.2 percentage points in nonexpansion states between 2023 and 2024, yet they did not statistically change in expansion states. Public coverage rates decreased by 0.8 percentage points in both expansion and nonexpansion states between 2023 and 2024.[27] In expansion states in 2024, 37.0 percent of people had public coverage, while 31.8 percent of people in nonexpansion states had public coverage.

When looking at health insurance by work experience, disability status, or marital status, the population of interest includes adults aged 19 to 64.

For many adults aged 19 to 64, health insurance coverage is related to work status, as many workers may be covered by their employers' health plans. Indeed, private health insurance coverage rates for workers were higher than nonworkers. In 2024, 85.6 percent of full-time, year-round workers and 67.6 percent of those working less than full-time, year-round were covered through a private insurance plan. By comparison, those who did not work at all had the lowest rates of private health insurance coverage (48.2 percent). Private coverage rates significantly increased for both workers and nonworkers between 2023 and 2024.

Rates of public coverage followed a different pattern. Nonworkers were more likely than workers to have public coverage (41.5 percent of nonworkers and 11.7 percent of workers). Full-time, year-round workers had the lowest rate of public coverage at 7.7 percent, while 22.7 percent of workers who worked less than full-time, year-round were covered by public coverage in 2024. Between 2023 and 2024, public coverage rates decreased for all workers and nonworkers.

Among adults aged 19 to 64, those with a disability were less likely than those with no disability to have private health insurance coverage and were more likely to have public coverage. In 2024, 49.3 percent of working-age adults with a disability had private coverage, compared to 76.1 percent with no disability. At the same time, 49.9 percent of adults aged 19 to 64 with a disability and 15.1 percent with no disability had public coverage.[28] For adults aged 19 to 64 with no disability, the private coverage rate increased by 0.9 percentage points, while the public coverage rate decreased by 1.0 percentage point.

There were also differences in the distribution of coverage type by marital status. For example, in 2024, 83.3 percent of married adults aged 19 to 64 had private coverage, compared with 64.7 percent of those who were not married. Married adults were less likely to hold public coverage (12.6 percent) than their nonmarried counterparts (23.2 percent). Private coverage increased for married adults aged 19 to 64, and public coverage decreased for both married and nonmarried adults.

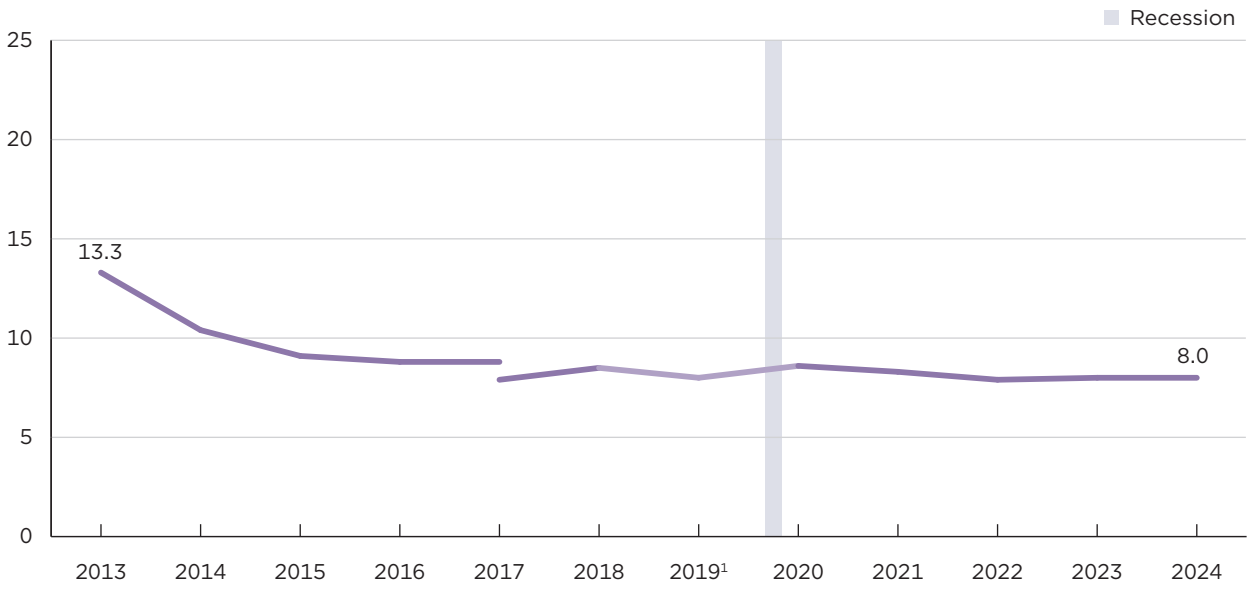
ESTIMATES OF HEALTH INSURANCE COVERAGE: 2013 TO 2024

Overall Coverage Rate

Economic trends, demographic shifts, and changes in federal and state policy provide important context for coverage levels and changes within social and demographic groups. The uninsured rate declined from 2013 to 2014, when many provisions of the ACA went into effect, and continued to decline through 2016, then remained at 8.8 percent in 2017 under the legacy processing system used in the CPS ASEC (Figure 9).[29, 30]

After switching to the new processing system, the 2017 rate was 7.9 percent. From 2017 to 2018, the uninsured rate increased to 8.5 percent. The uninsured rate in 2020 (8.6 percent) was not significantly different from the uninsured rate in 2018.[31] The CPS ASEC only considers people who had no coverage at all during the calendar year as uninsured. Therefore, people who lost health insurance coverage in 2020 because of the COVID-19 pandemic were not considered uninsured in 2020 in the CPS ASEC. In 2021, the uninsured rate declined by 0.4 percentage points from 2020 to 8.3 percent. Between 2021 and 2022, the uninsured rate decreased by an additional 0.4 percentage points, falling to 7.9 percent in 2022. Between 2022 and 2023, there was no significant change,

Figure 9.
Percentage of People Without Health Insurance Coverage: 2013 to 2024



[1] The U.S. Census Bureau recommends using caution when making comparisons between calendar year coverage in 2019 (collected in 2020) and other years: <www.census.gov/content/dam/Census/library/working-papers/2023/demo/sehsd-wp-2023-27.pdf>.

Note: Population as of March of the following year. The data for 2017 and beyond reflect the implementation of an updated processing system. The data points are placed at the midpoints of the respective years. Information on recessions is available in Appendix B. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

and the uninsured rate remained near historic lows at 8.0 percent in 2023. Likewise, the uninsured rate in 2024 was not significantly different from 2023, remaining at 8.0 percent.

SUMMARY

In 2024, the overall uninsured rate did not change, yet the overall rates of private coverage increased while overall public coverage decreased.

There were changes in some types of insurance for the total population. For example, direct-purchase coverage rates increased by 0.5 percentage points. Medicaid coverage rates decreased by 1.3 percentage points, while Medicare increased by 0.2 percentage points.[32] Overall, private coverage continued to be more prevalent than public insurance.

People in some social and demographic groups experienced a change in their uninsured rate between 2023 and 2024. The uninsured rate for adults aged 35 to 44 decreased by 0.9 percentage points, driven by an increase in direct-purchase coverage for this group. Additionally, private coverage rates increased for both children under the age of 19 and adults aged 19 to 64, while public coverage rates decreased for both age groups. These changes were driven by increases in direct-purchase coverage and decreases in Medicaid coverage rates.

ENDNOTES

[1] For more information, refer to "American Rescue Plan Act of 2021, P.L. 117–2," March 11, 2021, <www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>; Katie Keith, "Final Coverage Provisions in the American Rescue Plan and What Comes Next," Health Affairs Blog, DOI: [10.1377/hblog20210311.725837], March 11, 2021; 117th Congress, "Inflation Reduction Act of 2022," P.L. 117–169, August 16, 2022, <www.congress.gov/bill/117th-congress/house-bill/5376>.

[2] The CPS ASEC also includes a measure of health insurance coverage held at the time of the interview. Although this measure of coverage cannot predict coverage in a given calendar year, it offers a snapshot of health insurance coverage early in the year when CPS ASEC data are collected. Additional statistics for this health coverage can be found in Table H-02 at <www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi/hi.html>.

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

[4] Infants born after the calendar-year reference period are excluded from estimates in this report.

[5] The final category includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) coverage and care provided by the Department of Veterans Affairs (VA) and the military.

[6] Given the small sample size and relative stability in enrollment reported by the Military Health System, it is difficult to determine whether the apparent increase in the CPS ASEC between 2023 and 2024 reflects real change in TRICARE coverage. For more information, refer to the "Annual Evaluation of the TRICARE Program," <www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>.

[7] Between 2023 and 2024, the estimated percentage-point change of people with direct-purchase coverage was not statistically different from the estimated percentage-point change of people with TRICARE coverage.

[8] Given the small sample size of those reporting VA and CHAMPVA coverage, it is difficult to determine whether the apparent increase in the CPS ASEC between 2023 and 2024 reflects real change in VA and CHAMPVA coverage. The Veterans Health Administration reported an increase in enrollment of 400,000 in 2024. For more information, refer to <https://news.va.gov/press-room/va-enrolled-401006-veterans-healthcare-365/>.

[9] Between 2023 and 2024, the estimated percentage-point change of people with Medicare coverage was not statistically different from the estimated percentage-point change of people with VA and CHAMPVA coverage.

[10] The estimated proportion of the population aged 65 and older with Medicare coverage did not statistically change between 2023 and 2024. The estimated percentage of the U.S. population aged 65 and older, however, increased between 2023 and 2024.

[11] CHIP is a public assistance program that provides health insurance to children in families with income too high to qualify for Medicaid, but who may not be able to afford private health insurance.

[12] Information on the Patient Protection and Affordable Care Act (ACA) is available online at <www.hhs.gov/healthcare/about-the-aca/index.html> and <www.govinfo.gov/content/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.

[13] Although most people aged 65 and older held coverage through Medicare, 46.8 percent of people aged 65 and older reported holding more than one type of coverage concurrently for some or all of calendar year 2024.

[14] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). The body of this report (text and figures) presents data using the first approach (race alone). Primary use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. In this report, the terms "White, not Hispanic" and "non-Hispanic White" are used interchangeably and refer to people who are not Hispanic and who reported White and no other race. This report uses non-Hispanic White as the comparison group for other race and Hispanic origin groups. Since Hispanic individuals may be any race, data in this report for the Hispanic population overlap with data for race groups. Of those who reported only one race, Hispanic origin was reported by 17.9 percent of White householders, 6.4 percent of Black householders, 2.5 percent of Asian householders, and 35.9 percent of American Indian and Alaska Native householders. Data users should be aware that the different race and Hispanic origin populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and nativity, which may affect the interpretation of aggregate results. Data were first collected for Hispanic individuals in 1972 and for Asian and Pacific Islander individuals in 1987. More information is available at <www.census.gov/programs-surveys/cps.html>.

[15] Asian households are a relatively small proportion of the CPS ASEC sample. Further, the CPS ASEC does not use separate population controls for weighting the Asian sample to national totals. Together, these factors contribute to the large variances surrounding estimates for this group. As a result, the CPS ASEC may be unable to detect statistically significant differences between some estimates for the Asian population.

[16] In 2024, the estimated percentage of non-Hispanic White children under the age of 19 without health insurance was not statistically different from the estimated percentage of Asian children under the age of 19 without health insurance.

[17] In 2024, the estimated percentage of children under the age of 19 in the Midwest without health insurance, the estimated percentage of children under the age of 19 in the Northeast without health insurance, and the estimated percentage of children under the age of 19 in the West without health insurance were not statistically different from each other.

[18] In 2024, the estimated percentage of native-born adults aged 19 to 64 without health insurance was not statistically different from the estimated percentage of naturalized citizen adults aged 19 to 64 without health insurance.

[19] In 2024, the estimated percentage of widowed adults aged 19 to 64 without health insurance was not statistically different from the estimated percentage of divorced adults aged 19 to 64 without health insurance.

[20] The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix A of "Poverty in the United States: 2024" provides a more detailed description of how the Census Bureau calculates poverty. More information is available at <www.census.gov/library/publications/2025/demo/p60-287.html>.

[21] For a family of four with two adults and two children, the 2024 poverty threshold was $31,812. That means that family would be "in poverty" if their income was below $31,812. They would be in the "At or above 400% of poverty" category if their income was $127,248 or higher. If their income was at least $31,812 and less than $127,248, that family would be in the "Between 100% and 399% of poverty" category. For more information, refer to <www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.

[22] The states that had not expanded Medicaid as of January 1, 2024, are AL, FL, GA, KS, MS, SC, TN, TX, WI, and WY. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

[23] In 2024, the estimated percentage of children under the age of 19 living at or above 400 percent of their poverty threshold with private health insurance was not statistically different from the estimated percentage of adults aged 19 to 64 living at or above 400 percent of their poverty threshold with private health insurance.

[24] In 2024, the estimated percentage of Asian individuals with private health insurance was not statistically different from the estimated percentage of non-Hispanic White individuals with private health insurance.

[25] In 2024, the estimated percentage of non-Hispanic White individuals with public health insurance was not statistically different from the estimated percentage of Hispanic individuals with public health insurance.

[26] In 2024, the estimated percentage of people in expansion states with private health insurance was not statistically different from the estimated percentage of people in nonexpansion states with private health insurance.

[27] Between 2023 and 2024, the estimated percentage-point change of people in expansion states with public health insurance was not statistically different from the estimated percentage-point change of people in nonexpansion states with public health insurance.

[28] In 2024, the estimated percentage of adults aged 19 to 64 with a disability who had private health insurance was not statistically different from the estimated percentage of adults aged 19 to 64 with a disability who had public health insurance.

[29] The series presented begins with data from 2013 after the implementation of the redesigned 2014 CPS ASEC questionnaire. For more information on the 2014 CPS ASEC redesign and for CPS ASEC health insurance data prior to 2013, refer to <www.census.gov/topics/health/health-insurance/guidance/cpsasec-redesign.html> and <www.census.gov/topics/health/health-insurance/data.html>.

[30] Figure 9 includes a series break after 2017 when an updated processing system was introduced for the CPS ASEC. For more information on the processing system change, refer to Rachel A. Lindstrom, Katherine Keisler-Starkey, and Lisa N. Bunch, "Estimates of Health Insurance Coverage, 2013 to 2022," SEHSD Working Paper Number 2023–27, U.S. Census Bureau, Washington, DC, 2023.

[31] Comparisons between 2018 and 2020 estimates use 2010 Census-based population controls.

[32] Between 2023 and 2024, the estimated percentage-point change of people with direct-purchase coverage was not statistically different from the estimated percentage-point change of people with Medicare coverage.

Appendix A.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2023 and 2024

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2024 Total[5]	**337,100**	**92.0**	**0.2**	**66.1**	**0.4**	**35.5**	**0.3**	**8.0**	**0.2**
Race[6] and Hispanic Origin									
White	252,000	92.0	0.2	67.6	0.4	35.2	0.4	8.0	0.2
White, not Hispanic	192,700	95.1	0.2	72.7	0.5	35.3	0.4	4.9	0.2
Black	45,720	91.0	0.6	55.9	1.0	41.9	0.9	9.0	0.6
Asian	23,500	94.4	0.6	73.8	1.4	25.9	1.2	5.6	0.6
Hispanic (any race)	68,340	82.6	0.6	51.5	0.9	35.2	0.7	17.4	0.6
Age									
Under 65 years	275,600	90.4	0.2	70.9	0.4	22.4	0.4	9.6	0.2
Under 19 years[7]	76,970	93.9	0.3	63.0	0.7	34.2	0.7	6.1	0.3
19 to 64 years	198,600	89.0	0.2	74.0	0.4	17.9	0.3	11.0	0.2
19 to 25 years[8]	30,410	85.7	0.7	68.7	1.0	19.2	0.8	14.3	0.7
26 to 34 years	41,460	87.1	0.6	72.7	0.8	17.3	0.6	12.9	0.6
35 to 44 years	45,520	89.2	0.5	75.4	0.7	16.5	0.6	10.8	0.5
45 to 64 years	81,220	91.2	0.3	75.8	0.6	18.5	0.5	8.8	0.3
65 years and older	61,490	99.0	0.1	44.3	0.8	94.1	0.3	1.0	0.1
Nativity									
Native-born	284,000	93.8	0.2	68.0	0.4	36.2	0.3	6.2	0.2
Foreign-born	53,120	81.9	0.7	55.7	1.0	31.6	0.7	18.1	0.7
Naturalized citizen	25,770	93.2	0.5	63.8	1.1	37.6	1.0	6.8	0.5
Not a citizen	27,350	71.3	1.2	48.0	1.4	26.0	1.0	28.7	1.2
Region									
Northeast	56,970	94.9	0.5	68.0	1.0	37.3	0.9	5.1	0.5
Midwest	68,880	93.5	0.4	68.6	0.9	35.8	0.8	6.5	0.4
South	131,400	89.3	0.4	64.7	0.6	33.7	0.5	10.7	0.4
West	79,790	92.8	0.4	64.7	0.8	36.9	0.7	7.2	0.4
Medicaid Expansion Status[9]									
Lived in Medicaid expansion state	241,600	93.4	0.2	66.3	0.5	37.0	0.4	6.6	0.2
Did not live in Medicaid expansion state	95,500	88.4	0.5	65.5	0.7	31.8	0.6	11.6	0.5

Footnotes provided at end of table.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2023 and 2024—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2023 Total	**331,700**	**92.0**	**0.2**	**65.4**	**0.4**	**36.3**	**0.4**	**8.0**	**0.2**
Race[6] and Hispanic Origin									
White	249,400	92.0	0.2	67.1	0.4	35.7	0.4	8.0	0.2
White, not Hispanic	192,500	95.0	0.2	72.3	0.5	35.5	0.4	5.0	0.2
Black	44,880	91.9	0.5	55.9	1.1	42.3	1.1	8.1	0.5
Asian	21,790	94.5	0.6	71.4	1.3	29.2	1.3	5.5	0.6
Hispanic (any race)	65,380	82.5	0.6	49.5	0.9	37.2	0.8	17.5	0.6
Age									
Under 65 years	272,400	90.5	0.3	69.7	0.4	23.8	0.4	9.5	0.3
Under 19 years[7]	76,280	94.2	0.3	61.2	0.8	36.2	0.8	5.8	0.3
19 to 64 years	196,100	89.1	0.3	73.1	0.4	18.9	0.4	10.9	0.3
19 to 25 years[8]	30,150	85.9	0.7	67.7	0.9	20.7	0.9	14.1	0.7
26 to 34 years	40,350	87.4	0.6	71.2	0.8	19.4	0.7	12.6	0.6
35 to 44 years	44,320	88.3	0.5	73.6	0.8	17.5	0.7	11.7	0.5
45 to 64 years	81,320	91.4	0.4	75.7	0.5	18.9	0.6	8.6	0.4
65 years and older	59,240	99.1	0.1	45.2	0.8	93.8	0.3	0.9	0.1
Nativity									
Native-born	280,400	94.0	0.2	67.4	0.4	36.9	0.4	6.0	0.2
Foreign-born	51,260	81.2	0.7	54.4	0.9	32.7	0.8	18.8	0.7
Naturalized citizen	24,850	92.8	0.5	63.6	1.0	38.4	0.9	7.2	0.5
Not a citizen	26,410	70.3	1.2	45.6	1.2	27.4	1.2	29.7	1.2
Region									
Northeast	56,100	94.7	0.6	67.2	0.9	38.0	1.0	5.3	0.6
Midwest	68,110	94.1	0.4	69.4	0.9	35.9	0.9	5.9	0.4
South	129,200	89.3	0.4	63.8	0.7	34.4	0.5	10.7	0.4
West	78,240	92.8	0.4	63.1	0.7	38.6	0.7	7.2	0.4
Medicaid Expansion Status[9]									
Lived in Medicaid expansion state	238,200	93.4	0.2	65.8	0.5	37.7	0.4	6.6	0.2
Did not live in Medicaid expansion state	93,420	88.5	0.5	64.4	0.9	32.6	0.6	11.5	0.5

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

[2] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[3] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs (VA) and the military.

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

[5] Due to the implementation of the Vintage 2024 population estimates, comparisons of the estimated change in number of people between 2023 and 2024 reflect both demographic change and methodological updates.

[6] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table presents data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Data for American Indians and Alaska Natives, Native Hawaiians or Pacific Islanders, and those reporting two or more races are not shown separately.

[7] Children under the age of 19 are eligible for Medicaid/CHIP.

[8] This age group is of special interest because of the Affordable Care Act's dependent coverage provision. Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

[9] Indicates residence in one of the 40 expansion states and the District of Columbia, or 10 nonexpansion states. The states that had not expanded Medicaid as of January 1, 2024, are AL, FL, GA, KS, MS, SC, TN, TX, WI, and WY. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

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

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2023 and 2024

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2024[5]									
Total, 19 to 64 years old	**198,600**	**89.0**	**0.2**	**74.0**	**0.4**	**17.9**	**0.3**	**11.0**	**0.2**
Disability Status[6]									
With disability	16,290	91.8	0.7	49.3	1.3	49.9	1.3	8.2	0.7
With no disability	181,400	88.7	0.3	76.1	0.4	15.1	0.3	11.3	0.3
Work Experience									
All workers	157,400	90.0	0.3	80.8	0.4	11.7	0.3	10.0	0.3
Worked full-time, year-round	115,400	91.2	0.3	85.6	0.4	7.7	0.3	8.8	0.3
Worked less than full-time, year-round	42,000	86.6	0.5	67.6	0.8	22.7	0.7	13.4	0.5
Did not work	41,270	85.3	0.7	48.2	0.9	41.5	0.8	14.7	0.7
Marital Status									
Married[7]	99,570	92.6	0.3	83.3	0.5	12.6	0.4	7.4	0.3
Widowed	3,039	87.3	2.0	59.4	3.0	32.2	2.7	12.7	2.0
Divorced	17,550	88.4	0.8	67.1	1.2	24.8	0.9	11.6	0.8
Separated	3,905	80.9	2.1	53.3	2.7	30.1	2.1	19.1	2.1
Never married	74,560	84.9	0.5	64.9	0.7	22.1	0.5	15.1	0.5
Total, 26 to 64 years old	**168,200**	**89.6**	**0.3**	**74.9**	**0.4**	**17.7**	**0.3**	**10.4**	**0.3**
Educational Attainment									
No high school diploma	13,030	70.1	1.4	37.6	1.4	35.1	1.5	29.9	1.4
High school graduate (includes equivalency)	44,580	85.1	0.5	62.9	0.8	25.6	0.7	14.9	0.5
Some college, no degree	22,570	89.7	0.6	71.8	1.0	21.9	0.9	10.3	0.6
Associate's degree	18,810	92.2	0.6	79.1	0.9	17.0	0.8	7.8	0.6
Bachelor's degree	43,080	94.5	0.4	87.5	0.5	9.2	0.4	5.5	0.4
Graduate or professional degree	26,140	97.1	0.4	93.1	0.6	6.2	0.5	2.9	0.4

Footnotes provided at end of table.

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2023 and 2024—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2023									
Total, 19 to 64 years old	**196,100**	**89.1**	**0.3**	**73.1**	**0.4**	**18.9**	**0.4**	**10.9**	**0.3**
Disability Status[6]									
With disability	16,260	91.8	0.7	47.9	1.2	51.2	1.2	8.2	0.7
With no disability	179,000	88.8	0.3	75.2	0.4	16.1	0.3	11.2	0.3
Work Experience									
All workers	154,900	90.0	0.3	80.1	0.4	12.6	0.3	10.0	0.3
Worked full-time, year-round	114,200	91.1	0.3	84.7	0.4	8.6	0.3	8.9	0.3
Worked less than full-time, year-round	40,710	87.1	0.5	67.0	0.8	23.8	0.7	12.9	0.5
Did not work	41,240	85.3	0.6	46.7	0.9	42.8	0.9	14.7	0.6
Marital Status									
Married[7]	100,100	92.1	0.3	81.8	0.5	13.6	0.4	7.9	0.3
Widowed	3,150	89.5	1.8	60.0	2.5	33.1	2.6	10.5	1.8
Divorced	17,850	88.4	0.8	65.6	1.3	25.9	1.2	11.6	0.8
Separated	3,912	81.9	2.0	54.0	2.7	31.0	2.6	18.1	2.0
Never married	71,120	85.3	0.5	64.3	0.6	23.5	0.6	14.7	0.5
Total, 26 to 64 years old	**166,000**	**89.6**	**0.3**	**74.0**	**0.4**	**18.6**	**0.4**	**10.4**	**0.3**
Educational Attainment									
No high school diploma	13,330	70.5	1.4	36.5	1.3	36.8	1.5	29.5	1.4
High school graduate (includes equivalency)	44,580	84.9	0.6	61.4	0.8	26.9	0.7	15.1	0.6
Some college, no degree	22,300	90.7	0.6	72.5	1.0	22.3	0.9	9.3	0.6
Associate's degree	18,480	92.1	0.7	77.5	1.0	18.3	0.8	7.9	0.7
Bachelor's degree	42,060	94.7	0.4	87.6	0.6	9.4	0.5	5.3	0.4
Graduate or professional degree	25,240	96.9	0.4	92.2	0.5	6.8	0.5	3.1	0.4

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

[2] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[3] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs (VA) and the military.

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

[5] Due to the implementation of the Vintage 2024 population estimates, comparisons of the estimated change in number of people between 2023 and 2024 reflect both demographic change and methodological updates.

[6] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

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

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

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

Appendix B. Additional Information

SOURCE AND ACCURACY OF THE ESTIMATES

The Current Population Survey (CPS) is the longest-running survey conducted by the U.S. Census Bureau. The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parents' home. Since the CPS is a household survey, people who are homeless and not living in shelters are not included in the sample.

The CPS Annual Social and Economic Supplement (CPS ASEC), the source for the estimates in this report, collects data in February, March, and April each year, asking detailed questions categorizing income into over 50 sources. The key purpose of the survey is to provide timely and comprehensive estimates of income, poverty, and health insurance, and to measure change in these national-level estimates. The survey is the official source of national poverty estimates calculated in accordance with the Office of Management and Budget's Statistical Policy Directive 14.

The CPS ASEC collects data in the 50 states and the District of Columbia; these data do not represent residents of Puerto Rico or the U.S. Island Areas.[1] The 2025 CPS ASEC sample consists of about 89,000 addresses. The CPS ASEC includes military personnel who live in a household with at least one civilian adult, regardless of whether they live on- or off-post. All other U.S. armed forces personnel are excluded. The estimates in this report are controlled to March 2025 independent national population estimates by age, sex, race, and Hispanic origin. Beginning with the data for 2020, population estimates are based on 2020 Census population counts and are updated annually after accounting for births, deaths, emigration, and immigration.

Due to the implementation of the Vintage 2024 population estimates, comparisons of the estimated change in number of people between 2023 and 2024 (2024 CPS ASEC and 2025 CPS ASEC) reflect both demographic change and updates to the methodology. More information on the effect of the change is available at <www.census.gov/library/working-papers/2025/demo/sehsd-wp2025-13.html>.

The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted.

In this report, the variances of estimates were calculated using replication methods. For estimates prior to 2010, or as noted in historical tables, the Generalized Variance Function (GVF) method was used. More information on replicate weights, standard errors, income top-coding and data swapping on the public-use file, and changes to the CPS ASEC data file from the prior year is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Nonresponse Bias in the CPS ASEC

The Census Bureau administers the CPS ASEC each year between February and April by telephone and in-person interviews, with most data collected in March. Although the 2025 CPS ASEC was collected using standard procedures, response rates are still lower than they were before the pandemic. The weighted response rate for the 2025 CPS ASEC was 62.0 percent, compared to 61.7 percent for the previous year.

Since response rates remain below prepandemic levels, examining how respondents differ from nonrespondents is important, as this difference could affect the accuracy of the estimates. For more details on how sample difference and the associated nonresponse bias impact income and official poverty estimates, refer to the Research Matters blog,

"Using Administrative Data to Evaluate Nonresponse Bias in the 2025 Current Population Survey Annual Social and Economic Supplement," available at <www.census.gov/newsroom/blogs/research-matters/2025/09/administrative-data-nonresponse-bias-cps-asec.html>. Information on how data collection issues in 2020 affected health insurance coverage estimates is available at <www.census.gov/library/working-papers/2020/demo/SEHSD-WP2020-13.html>.

CPS ASEC MODERNIZATION

The Census Bureau has begun a multiyear effort to modernize many of its surveys, including the CPS. Part of this involves adding an Internet Self-Response (ISR) mode to the CPS and then the CPS ASEC.

This project requires extensive review and testing to ensure that ISR is a viable collection mode for the CPS ASEC and that changes do not negatively affect the reliability and comparability of the estimates. The project schedule seeks to align the CPS ASEC modernization effort with that of the CPS to maintain continuity. However, the schedule and activities may change to accommodate funding availability, discovery of issues during testing and analysis, and project reprioritization.

More information about the ASEC modernization project and timeline is available on the Census Bureau's CPS ASEC Modernization Efforts webpage at <www.census.gov/programs-surveys/cps/about/modernization/asecmodernization.html> or by email at <demo.asec.modernization@census.gov>.

Business Cycles—Recessions

Peak month	Year	Trough month	Year
November	1948	October	1949
July	1953	May	1954
August	1957	April	1958
April	1960	February	1961
December	1969	November	1970
November	1973	March	1975
January	1980	July	1980
July	1981	November	1982
July	1990	March	1991
March	2001	November	2001
December	2007	June	2009
February	2020	April	2020

Source: National Bureau of Economic Research, <www.nber.org/research/data/us-business-cycle-expansions-and-contractions>.

BUSINESS CYCLES—RECESSIONS

Business cycle peaks and troughs used to delineate the beginning and end of recessions, as presented in the text box "Business Cycles—Recessions," are determined by the National Bureau of Economic Research (NBER), a private research organization. The data points in the time-series figures in this report use July as a reference. According to the NBER chronology, the most recent peak occurred in February 2020. The most recent trough occurred in April 2020. More information on business cycle dating is available at <www.nber.org/research/business-cycle-dating>.

ACCESSING HEALTH INSURANCE DATA

Additional CPS ASEC Estimates

Additional estimates from the CPS ASEC are available on the Census Bureau's health insurance websites. The websites include detailed and historical tables, press releases, briefings, and working papers. The websites may be accessed through the Census Bureau's homepage at <www.census.gov> or directly at <www.census.gov/topics/health/health-insurance.html>.

Public-Use Microdata

Public-use CPS ASEC microdata are available for data users of all skill levels.

Data users can create custom statistics from public-use microdata files using the Microdata Access Tool (MDAT) available at <https://data.census.gov/mdat>.

Microdata for the 2025 CPS ASEC and earlier years are available online at <www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html>. Technical methods have been applied to CPS microdata to avoid disclosing respondents' identities.

OTHER SOURCES OF HEALTH INSURANCE DATA

The Census Bureau recommends that people use the CPS ASEC for timely and thorough estimates of national health insurance coverage. However, the Census Bureau produces other data that are appropriate for subnational areas and longitudinal analysis. The American Community Survey (ACS) and the Small Area Health Insurance Estimates (SAHIE) program can be used for subnational health insurance estimates, while the Survey of Income and Program Participation (SIPP) provides monthly and longitudinal estimates.

American Community Survey

The ACS is an ongoing survey that collects comprehensive information on social, economic, and housing topics. Due to its large sample size, the ACS provides estimates at many levels of geography and for smaller population groups.

The Census Bureau presents annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the ACS. Single-year estimates from the ACS are available for geographic units with populations of 65,000 or more. Estimates of health insurance coverage for all geographic units, including census tracts and block groups, are available by pooling 5 years of ACS data. Health insurance estimates from the ACS are available at <https://data.census.gov/>.

Small Area Health Insurance Estimates

The SAHIE program uses statistical models to produce estimates of health insurance for states and all counties.

SAHIE methodology combines data from a variety of sources, including administrative records, population estimates, and current surveys to provide consistent and reliable single-year estimates. In general, SAHIE estimates have lower variances than ACS estimates but are released later because they incorporate these additional data into their models. Estimates from this program are available at <www.census.gov/programs-surveys/sahie.html>. The most recent estimates are for 2023.

Survey of Income and Program Participation

The SIPP provides both monthly and longitudinal data about health insurance coverage, including sources of coverage, changes in coverage status, and plans at the individual, family, and household levels by following the same respondents over time. Whereas the CPS ASEC provides reliable estimates of the net change from one year to the next in the overall distribution of health insurance coverage for the whole population, it cannot show how these characteristics change for the same person, family, or household. By collecting monthly data for the same respondents over multiple years, the SIPP makes it possible to observe how health insurance coverage changes at the individual level. This yields insights into the dynamic nature of these coverage transitions, as well as changes in health insurance status of U.S. residents. Estimates from these data are available at <www.census.gov/programs-surveys/sipp/library.html> and <www.census.gov/programs-surveys/sipp/data.html>.

QUESTIONS AND COMMENTS

For questions and assistance with health insurance data, contact the U.S. Census Bureau Customer Service Center at 1-800-923-8282 (toll-free) or search your topic of interest using the Census Bureau's "Question and Answer Center" found at <https://ask.census.gov/>.

The Census Bureau also welcomes the comments and advice of data and report users. If you have suggestions or comments on this report, contact:

Sharon Stern
Assistant Division Chief for Employment Characteristics
Social, Economic, and Housing Statistics Division
U.S. Census Bureau
Washington, DC 20233-8500
or email
<sharon.m.stern@census.gov>.

ENDNOTE

[1] U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.