

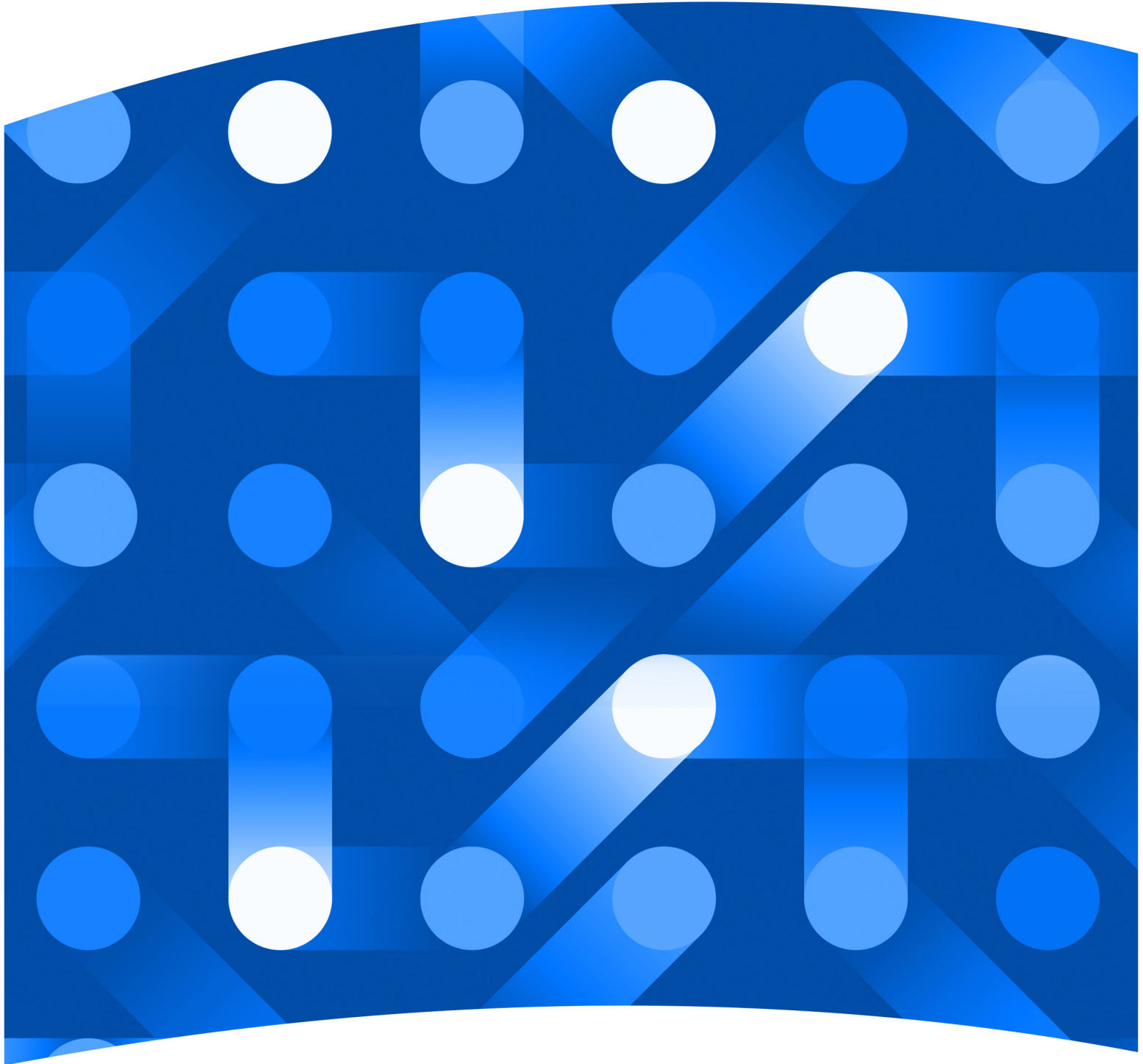
# Health Insurance Coverage in the United States: 2023

## **Current Population Reports**

By Katherine Keisler-Starkey and Lisa N. Bunch

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**U.S. Census Bureau**  
**Robert L. Santos,**  
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# Health Insurance Coverage in the United States: 2023

## 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).

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 updates to the Medicaid program in response to the COVID-19 pandemic or other economic or social forces. For example, Congress extended mandated continuous coverage for those with Medicaid through March 2023 in all states.<sup>1</sup>

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 2023 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.

2022 and 2023.<sup>\*</sup> 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 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.<sup>2</sup>

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 2024 and earlier CPS ASECs.

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: 2023” and “Poverty in the United States: 2023.”

## HIGHLIGHTS

- In 2023, most people, 92.0 percent or 305.2 million, had health insurance, either for some or all of the year (Table 1 and Figure 1).
- In 2023, private health insurance coverage continued to be more prevalent than public coverage, at 65.4 percent and 36.3 percent, respectively.<sup>3</sup>
- Of the subtypes of health insurance coverage, employment-based insurance was the most common, covering 53.7 percent of the population for some or all of the calendar year, followed by Medicaid (18.9 percent), Medicare (18.9 percent), direct-purchase coverage (10.2 percent), TRICARE (2.6 percent), and VA and CHAMPVA coverage (1.0 percent).<sup>4</sup>
- While the private coverage rate was statistically unchanged between 2022 and 2023, the employment-based coverage rate declined by 0.7 percentage points to 53.7 percent in 2023. At the same time, the rate of direct-purchase coverage increased by 0.3 percentage points to 10.2 percent in 2023.<sup>5</sup>
- The 2023 public coverage rate was not statistically different from the rate in 2022. Whereas, Medicare coverage increased by 0.2 percentage points to cover 18.9 percent of people.

\* The U.S. Census Bureau reviewed these data and associated products for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. (Data Management System [DMS]: P-7534374; Disclosure Review Board [DRB] approval number: CBDRB-FY24-0436). All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted.

Table 1.

### Number of People by Health Insurance Coverage Status and Type: 2022 to 2023

(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/cpsmar24.pdf>>)

Coverage type	2022		2023	
	Number	Margin of error <sup>1</sup> (±)	Number	Margin of error <sup>1</sup> (±)
<b>Total</b> .....	<b>330,000</b>	<b>130</b>	<b>331,700</b>	<b>145</b>
<b>Any health plan</b> .....	<b>304,000</b>	<b>746</b>	<b>305,200</b>	<b>704</b>
Any private plan <sup>2, 3</sup> .....	216,500	1,399	216,800	1,294
Employment-based <sup>2</sup> .....	179,800	1,369	178,200	1,345
Direct-purchase <sup>2</sup> .....	32,800	661	33,850	731
Marketplace coverage <sup>2</sup> ..	11,840	461	13,320	483
TRICARE <sup>2</sup> .....	7,817	485	8,721	520
Any public plan <sup>2, 4</sup> .....	119,100	1,183	120,400	1,172
Medicare <sup>2</sup> .....	61,570	392	62,550	395
Medicaid <sup>2</sup> .....	62,050	1,112	62,700	1,103
VA and CHAMPVA <sup>2, 5</sup> .....	3,354	214	3,171	206
<b>Uninsured<sup>6</sup></b> .....	<b>25,940</b>	<b>739</b>	<b>26,440</b>	<b>700</b>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

<sup>4</sup> 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.

<sup>5</sup> Includes CHAMPVA, as well as care provided by the VA and the military.

<sup>6</sup> 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, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).



- The uninsured rate for children under the age of 19 increased by 0.5 percentage points to 5.8 percent between 2022 and 2023 (Figure 2).

## 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.<sup>6</sup>

In 2023, most people (92.0 percent) had health insurance

coverage at some point during the calendar year (Figure 1). That means 8.0 percent of people were uninsured for the entire calendar year. More people had private health insurance (65.4 percent) than public coverage (36.3 percent).

Employment-based insurance was the most common subtype of health insurance in the civilian noninstitutionalized population (53.7 percent), followed by Medicaid (18.9 percent), Medicare (18.9 percent), direct-purchase insurance (10.2 percent), TRICARE (2.6 percent), and VA and CHAMPVA health care (1.0 percent).<sup>7,8</sup>

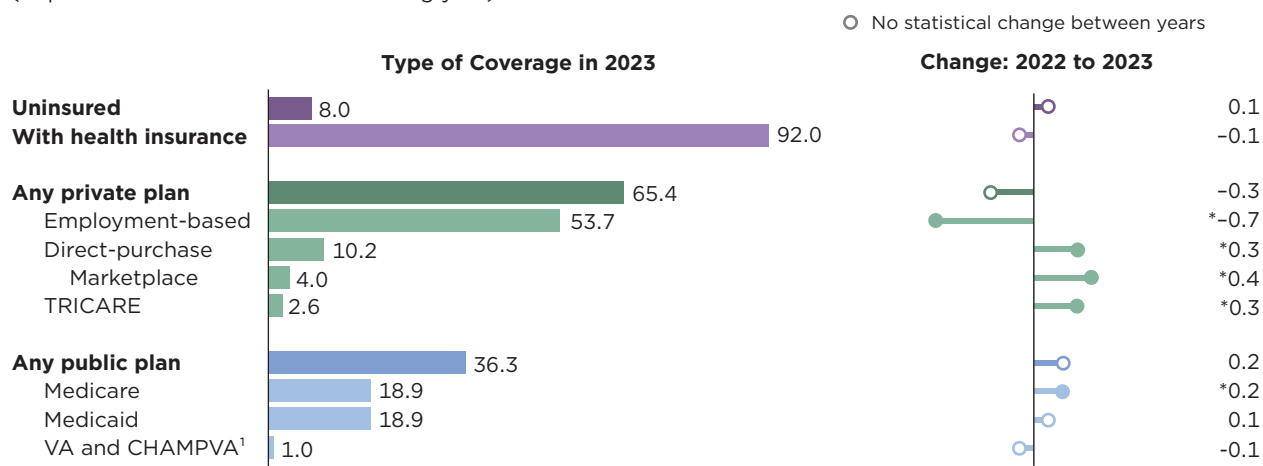
The percentage of people covered by health insurance did not change between 2022 and 2023, nor were there statistically significant changes in overall private coverage or overall public coverage.

Of the subtypes of private health insurance, employment-based coverage decreased by 0.7 percentage points between 2022 and 2023. The percentage of people covered by direct-purchase insurance increased by 0.3 percentage points to 10.2 percent, and TRICARE coverage increased by 0.3 percentage points to 2.6 percent between 2022 and 2023.<sup>9,10</sup>

Of the three subtypes of public health insurance, Medicare rates increased between 2022 and 2023, while the Medicaid and VA and CHAMPVA rates did not have any significant change. The percentage of people covered by Medicare increased 0.2 percentage points to 18.9 percent in 2023. This increase was in part due to growth in the number of people aged 65 and older.<sup>11,12</sup>

Figure 1.

### Percentage of People by Type of Health Insurance Coverage and Change From 2022 to 2023 (Population as of March of the following year)



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

<sup>1</sup> 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.

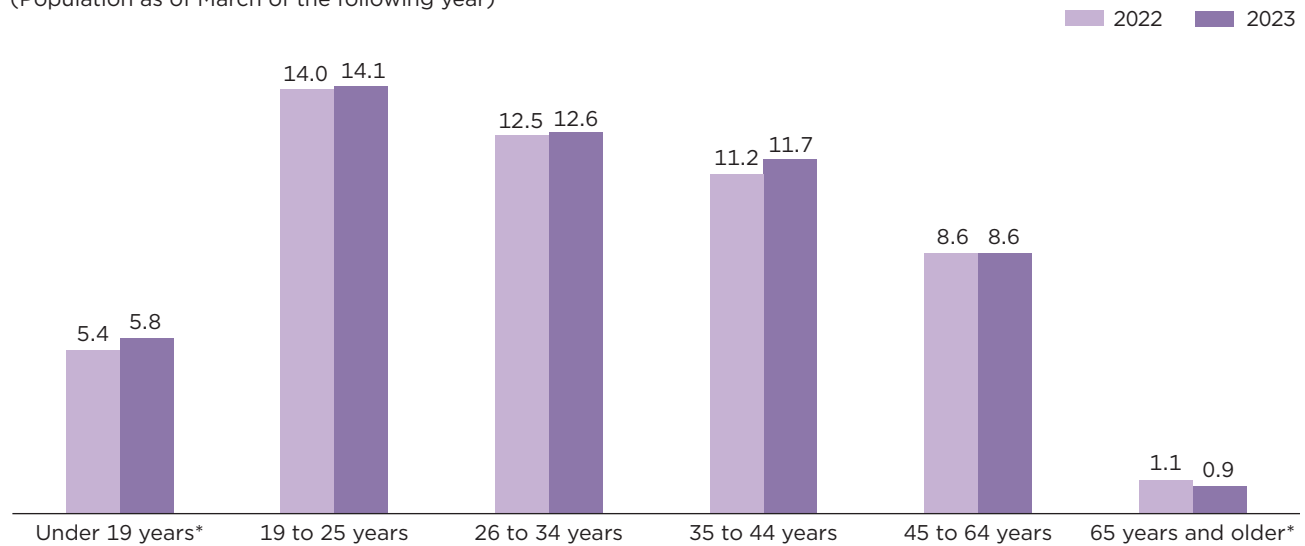
Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

Figure 2.

### Percentage of People Uninsured by Age Group: 2022 and 2023

(Population as of March of the following year)



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

## 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).<sup>13</sup> 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.

For children under the age of 19, the uninsured rate increased 0.5 percentage points to 5.8 percent in 2023. For adults aged 65 and older, the uninsured rate (0.9 percent) was lower in 2023 compared with 2022 (Figure 2).

There were no statistical changes between 2022 and 2023 for the working-age adult age groups listed in Figure 2; however, uninsured rates differed between the age groups. Among working-age adults, those aged 19 to 25 had the highest rate (14.1 percent) uninsured for the entire calendar year of 2023, and those aged 45 to 64 had the lowest (8.6 percent). Overall, the uninsured rate for adults decreased as age increased.

### Private Coverage

Private coverage rates varied by broad age groups (Figure 3). In 2023, the percentage of working-age adults aged 19 to 64 with private coverage was 73.1 percent, compared with 61.2 percent of children under the age of 19 and 45.2 percent of those aged 65 and older. Among adults aged 19 to 64, most had employment-based coverage (62.9 percent of all working-age adults). In 2023, 23.1 percent of adults aged 65 and older had employment-based coverage, and 19.5 percent had coverage they purchased directly.<sup>14</sup>

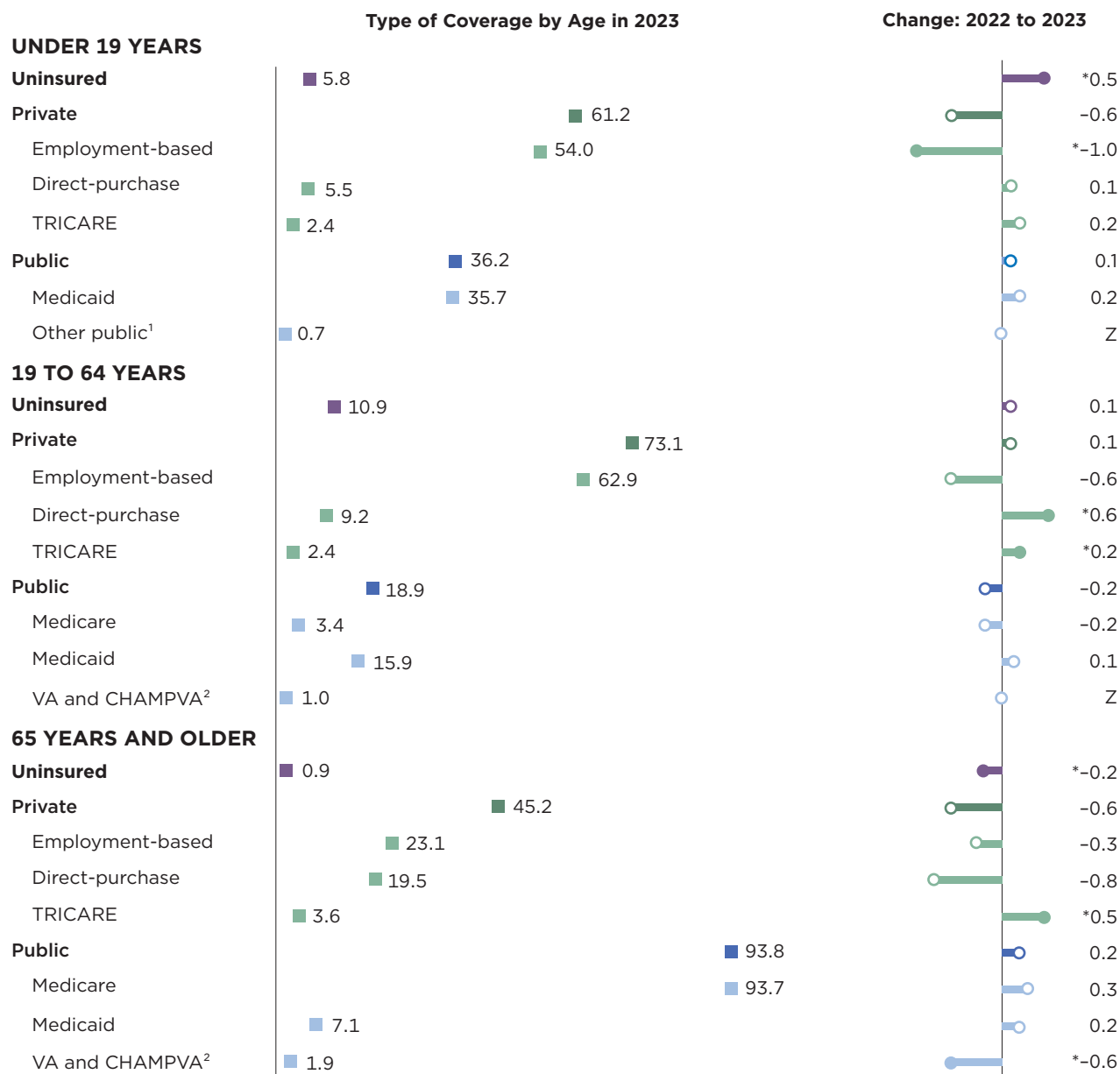
Between 2022 and 2023, private coverage for children under 19 years old did not statistically change, but employment-based coverage for children decreased 1.0 percentage point during this period. For working-age adults aged 19 to 64, private coverage

Figure 3.

# **Percentage of People With Selected Coverage Types and Uninsured by Age Group: 2022 and 2023**

(Population as of March of the following year)

○ No statistical change between years



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

Z Rounds to zero.

<sup>1</sup> 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.

<sup>2</sup> Includes CHAMPVA, as well as care provided by the VA and the military.

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. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

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overall did not statistically change, although direct-purchase insurance increased by 0.6 percentage points (to 9.2 percent), and TRICARE coverage increased by 0.2 percentage points (to 2.4 percent).<sup>15</sup> Among those 65 years and older, TRICARE coverage increased 0.5 percentage points.

### **Public Coverage**

In 2023, more than one third of children under the age of 19 had public health coverage (36.2 percent), compared with 18.9 percent of adults aged 19 to 64. Most adults 65 years and older (93.8 percent) held public coverage. Among children under the age of 19, 35.7 percent were covered through Medicaid or CHIP; among adults aged 65 and older, 93.7 percent were covered through the Medicare program. About 15.9 percent of working-age adults aged 19 to 64 were covered through Medicaid, and 3.4 percent held Medicare at some point in the year.

Between 2022 and 2023, public coverage types saw little change by age group. VA and CHAMPVA coverage decreased for adults 65 years and older (by 0.6 percentage points). No other changes in public health coverage by age group occurred between 2022 and 2023.

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

In general, most adults aged 65 and older are covered by health insurance, primarily through Medicare. 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 65 years

and older have nearly universal access to Medicare, those under the age of 65 are more likely to be uninsured and more likely to have variability in their type and continuity of coverage over time.

### **Children Under the Age of 19**

In 2023, 5.8 percent of children under the age of 19 did not have health insurance, an increase of 0.5 percentage points since 2022. Health insurance coverage rates for children under the age of 19 in 2023 differed across several demographic factors including race and Hispanic origin (Figure 4). In 2023, Hispanic children (of any race) had the highest uninsured rate at 9.4 percent. Asian children had an uninsured rate of 4.2 percent, non-Hispanic White children had an uninsured rate of 4.4 percent, and Black children had an uninsured rate of 4.8 percent.<sup>16, 17, 18</sup> None of these rates were statistically different from 2022.

In 2023, 5.1 percent of children under the age of 19 born in the United States were uninsured. In contrast, 19.2 percent of foreign-born children were uninsured, including 7.5 percent of children who were naturalized citizens and 22.1 percent of children who were not citizens. These rates were not statistically different from 2022.<sup>19</sup>

The uninsured rate varied by region of the United States as well. For children under the age of 19 in the Midwest, the uninsured rate increased from 3.3 percent in 2022 to 4.6 percent in 2023, an increase of 1.3 percentage points. In the West, the uninsured rate for children increased by 0.9 percentage points to 5.1 percent. However, the uninsured rate did not significantly change for

children in the South (7.6 percent) or children in the Northeast (4.1 percent).<sup>20</sup>

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, 2023, 38 states and the District of Columbia had expanded Medicaid eligibility requirements (referred to as “expansion states”). The remaining 12 states had not expanded Medicaid eligibility (“nonexpansion states”). The uninsured rate for children under the age of 19 living in Medicaid expansion states increased to 4.6 percent in 2023. For children in nonexpansion states, no significant change in the uninsured rate occurred between 2022 and 2023, which was 8.3 percent in 2023.

### **Working-Age Adults 19 to 64 Years Old**

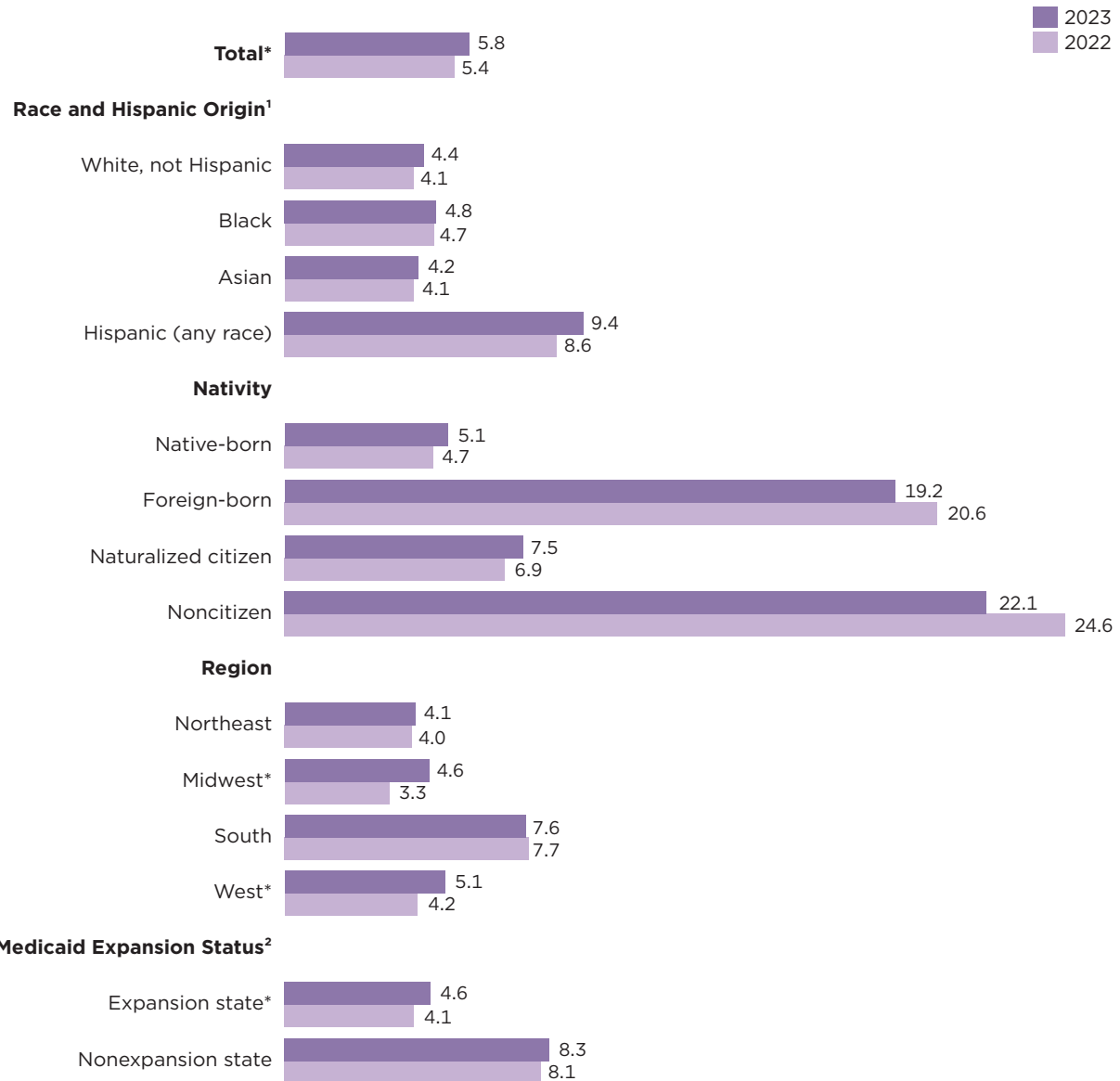
Working-age adults (aged 19 to 64) may have different health insurance outcomes from other age groups because they do not qualify for certain programs intended for children, such as CHIP. Some other programs, such as Medicare, are widely available to adults aged 65 and older, but working-age adults only qualify under limited circumstances. In 2023, 10.9 percent of adults aged 19 to 64 did not have health insurance coverage (Figure 5).

At 23.6 percent, the uninsured rate of Hispanic adults (of any race) aged 19 to 64 was about twice the rate for Black adults (11.1 percent), and more than twice the rate for non-Hispanic White adults (7.0 percent), and for Asian adults (6.8 percent).<sup>21</sup>

Figure 4.

## Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2022 and 2023

(Population of children under the age of 19 as of March of the following year)



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

<sup>1</sup> 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 figure shows estimates for the race-alone population.

<sup>2</sup> Medicaid expansion status as of January 1, 2023. Expansion states on or before January 1, 2023, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <[www.medicaid.gov/state-overviews/index.html](https://www.medicaid.gov/state-overviews/index.html)>.

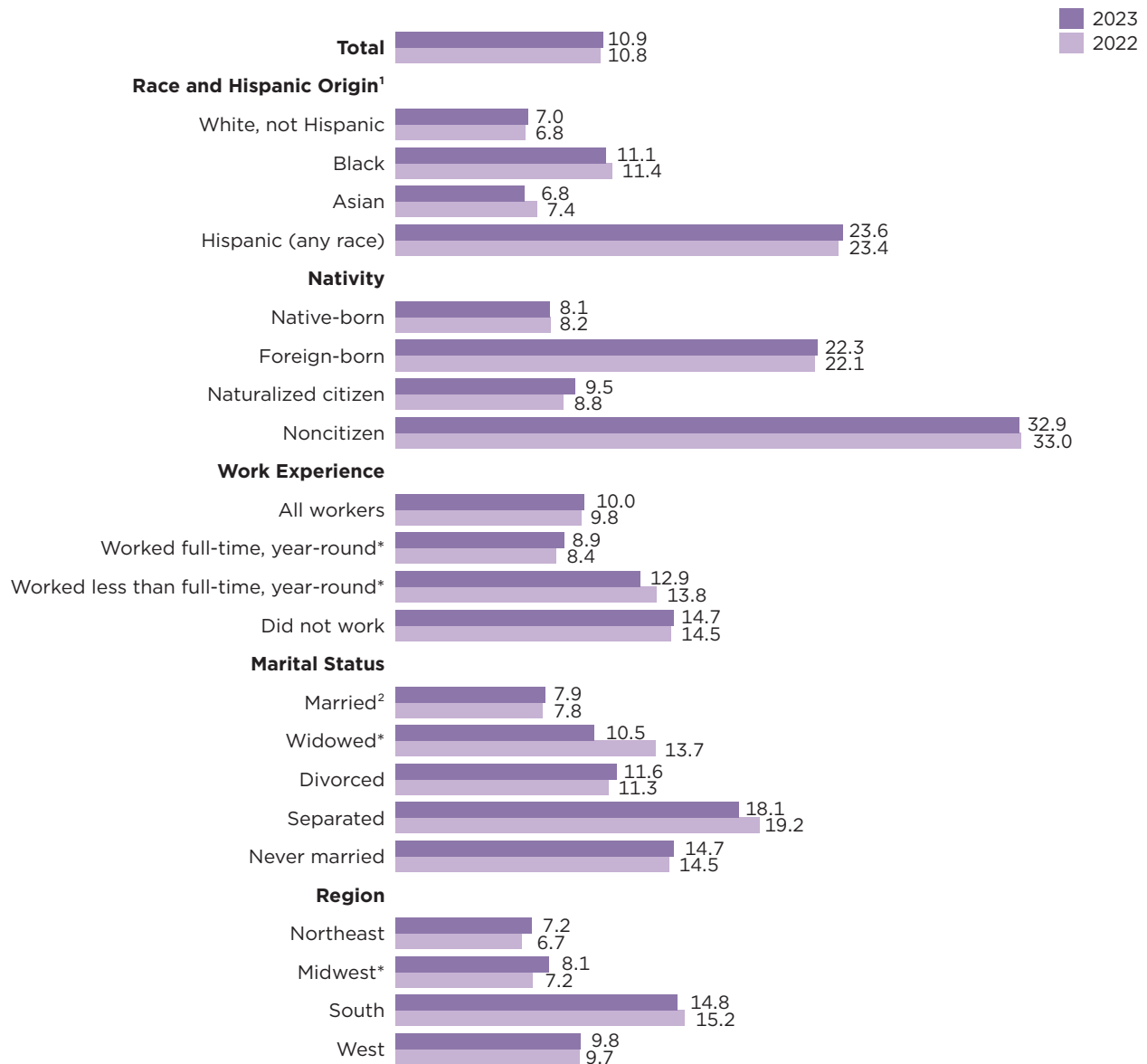
Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

Figure 5.

## Percentage of Working-Age Adults Without Health Insurance Coverage by Selected Characteristics: 2022 and 2023

(Population of adults aged 19 to 64 as of March of the following year)



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

<sup>1</sup> 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 figure shows estimates for the race-alone population.

<sup>2</sup> The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

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The uninsured rate for foreign-born working-age adults was more than 2.5 times the rate of native-born working-age adults (22.3 percent compared with 8.1 percent). Among foreign-born adults aged 19 to 64, 32.9 percent of noncitizen adults were uninsured in 2023, more than three times the percentage of naturalized citizens who were uninsured (9.5 percent).

The uninsured rates of working-age adults by race, Hispanic origin, and nativity were not statistically different between 2022 and 2023.

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. Between 2022 and 2023, the uninsured rate for adults aged 19 to 64 who worked full-time, year-round increased by 0.5 percentage points, from 8.4 percent to 8.9 percent, while the uninsured rate for those who worked less than full-time, year-round decreased by 0.9 percentage points, from 13.8 percent to 12.9 percent. Working-age adults who did not work had an uninsured rate of 14.7 percent in 2023.<sup>22</sup>

Marital status is also related to health insurance coverage, as many married adults share their health plans. Among working-age adults in 2023, the uninsured rates for those who were separated (18.1 percent), never married (14.7 percent), divorced (11.6 percent), or widowed (10.5 percent) were higher than the uninsured rate for those who were married (7.9 percent).

Between 2022 and 2023, only the uninsured rate for widowed adults aged 19 to 64 statistically changed, decreasing from 13.7 percent to 10.5 percent.<sup>23, 24</sup>

Health insurance rates for adults aged 19 to 64 also varied by region. For example, 8.1 percent of adults living in the Midwest in 2023 were uninsured, a 0.9 percentage-point increase from 2022 (7.2 percent). The uninsured rate did not significantly change for working-age adults in other regions.

For adults aged 19 to 64, health insurance coverage may be related to both poverty status and residence in an expansion state.<sup>25</sup>

The uninsured rates for adults aged 19 to 64 by income-to-poverty group were lower in expansion states compared with nonexpansion states. In 2023, the uninsured rate for adults aged 19 to 64 was 8.9 percent in expansion states, compared with 15.5 percent in nonexpansion states (Figure 6). Overall, the uninsured rate for working-age adults increased in expansion states by 0.5 percentage points and remained unchanged in nonexpansion states between 2022 and 2023.

For working-age adults in expansion states, there was a 1.0 percentage-point increase in the uninsured rate for those between 100 and 399 percent of their poverty threshold (13.3 percent in 2023).

For working-age adults in poverty in nonexpansion states, the uninsured rate fell by 5.3 percentage points between 2022 and 2023. This is based on a relatively small sample of 12

nonexpansion states. The small sample size of the nonexpansion population in poverty may contribute to the large variances surrounding estimates for this group. No statistical changes in the uninsured rates occurred for other income-to-poverty groups in nonexpansion states.

## **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 Household Income Quintile**

Health insurance coverage and type is associated with household income, which may determine the ability to afford private health insurance, and those with low incomes may qualify for public health insurance options. Further, policies implemented in 2020 in response to the COVID-19 pandemic may have increased access to and the affordability of public and private health coverage, including Medicaid continuous coverage provisions that extended into 2023.

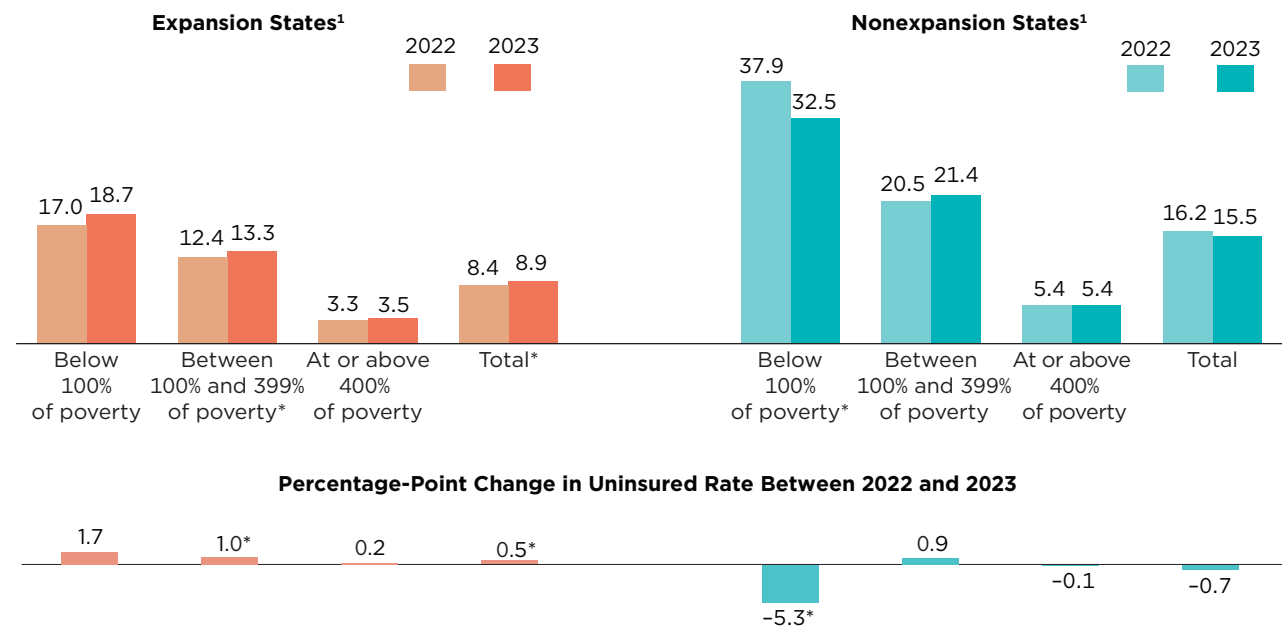
Household income quintiles are created by ordering all households by income and then dividing them into five equally sized groups. Income cutoffs are determined by finding the income levels that ensure 20 percent of households are in each group. In 2023,



Figure 6.

### Uninsured Rate by Income-to-Poverty Ratio and Medicaid Expansion Status of State for Adults Aged 19 to 64: 2022 and 2023

(Population of adults aged 19 to 64 as of March of the following year)



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

<sup>1</sup> Medicaid expansion status as of January 1, 2023. Expansion states on or before January 1, 2023, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <[www.medicare.gov/state-overviews/index.html](https://www.medicare.gov/state-overviews/index.html)>. As of March 2024, about 134.7 million adults aged 19 to 64 lived in expansion states and about 61.5 million adults aged 19 to 64 lived in nonexpansion states.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

households in the lowest quintile had incomes of \$33,000 or less. Households in the second quintile had incomes over \$33,000 and up to \$62,200; those in the third quintile had incomes over \$62,200 and up to \$101,000; and those in the fourth quintile had incomes over \$101,000 and up to \$165,300. Households in the highest quintile had incomes over \$165,300. Figure 7 presents health insurance for people in households by these income quintiles.<sup>26</sup>

Uninsured rates and income quintiles have an inverse relationship. People in the lowest household income quintile had the highest uninsured rates, both

for children under the age of 19 as well as for adults aged 19 to 64. As the income quintile increased, the percentage of uninsured decreased. Among working-age adults, those in the lowest household income quintile had an uninsured rate of 21.2 percent, while those in the highest income quintile had an uninsured rate of 3.8 percent in 2023.

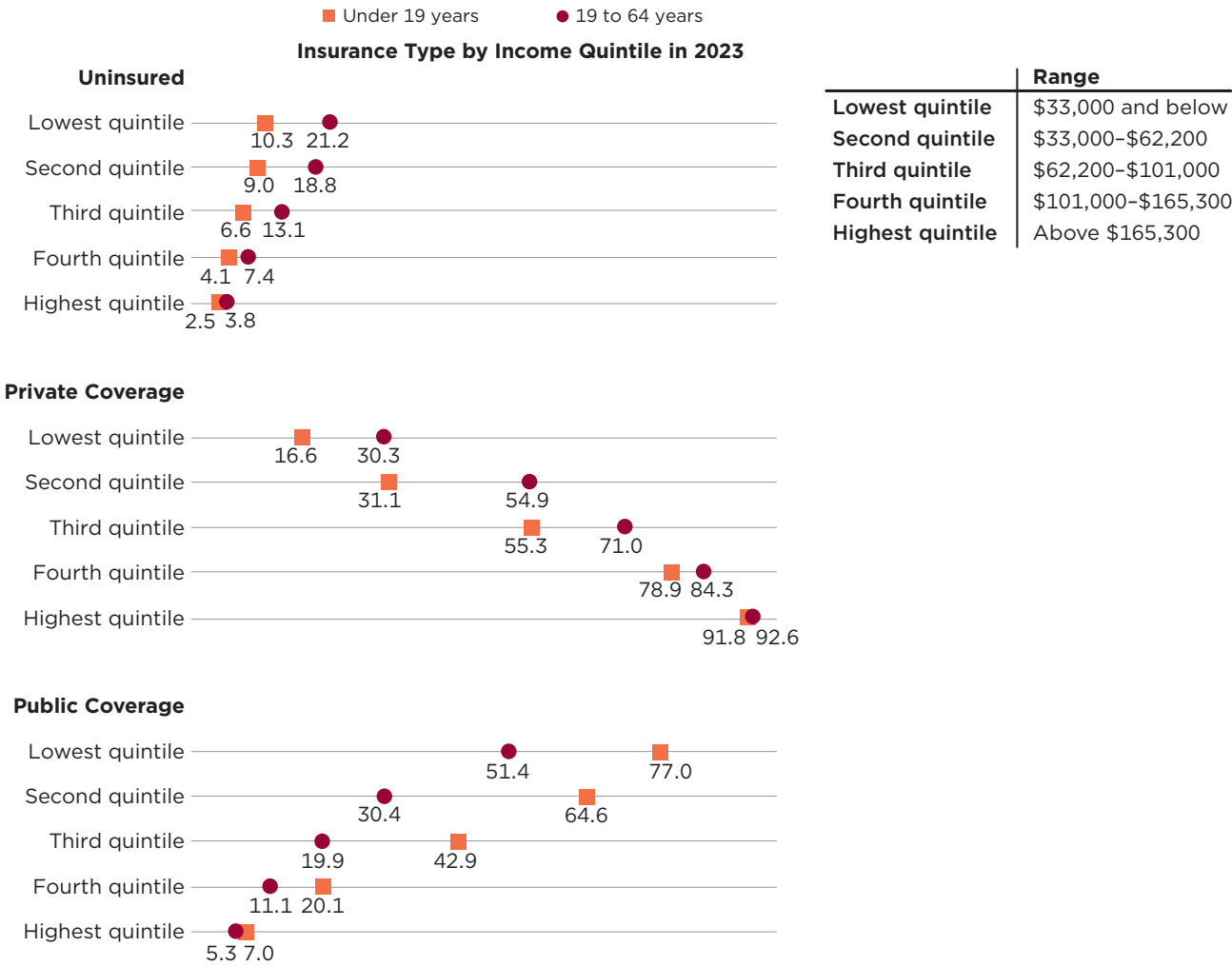
In 2023, 10.3 percent of children under the age of 19 (or about 1 million) living in households in the lowest income quintile did not have health insurance at any time, and 6.6 percent of children (or about 987,000) living in households in the third quintile

did not have health insurance. However, for children living in households in the highest income quintile, the uninsured rate was 2.5 percent (about 497,000 children) in 2023.<sup>27</sup>

Among people in the lowest quintile, the private health insurance coverage rates were 16.6 percent for children under the age of 19 and 30.3 percent for working-age adults aged 19 to 64. Households in higher quintiles had higher rates of private insurance. Those in the highest income quintile households were the most likely to have private health insurance (91.8 percent for children under the age of 19



Figure 7.  
**Health Insurance by Type and Household Income Quintile for Children Under the Age of 19 and Adults Aged 19 to 64: 2023**  
(In percent. Population as of March of the following year)



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. Dollar amounts in the chart are rounded to four significant digits. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>>. Source: U.S. Census Bureau, Current Population Survey, 2024 Annual Social and Economic Supplement (CPS ASEC).

and 92.6 percent for working-age adults).

In contrast, those in the lowest income quintile were the most likely to have public insurance (77.0 percent for children under the age of 19 and 51.4 percent for working-age adults), while those in the highest quintile households were the least likely to have public health insurance (7.0 percent

for children under the age of 19 and 5.3 percent for working-age adults). The percentage of people with public insurance decreased as the household income quintile increased.

### Coverage Type by Demographic and Social Characteristics

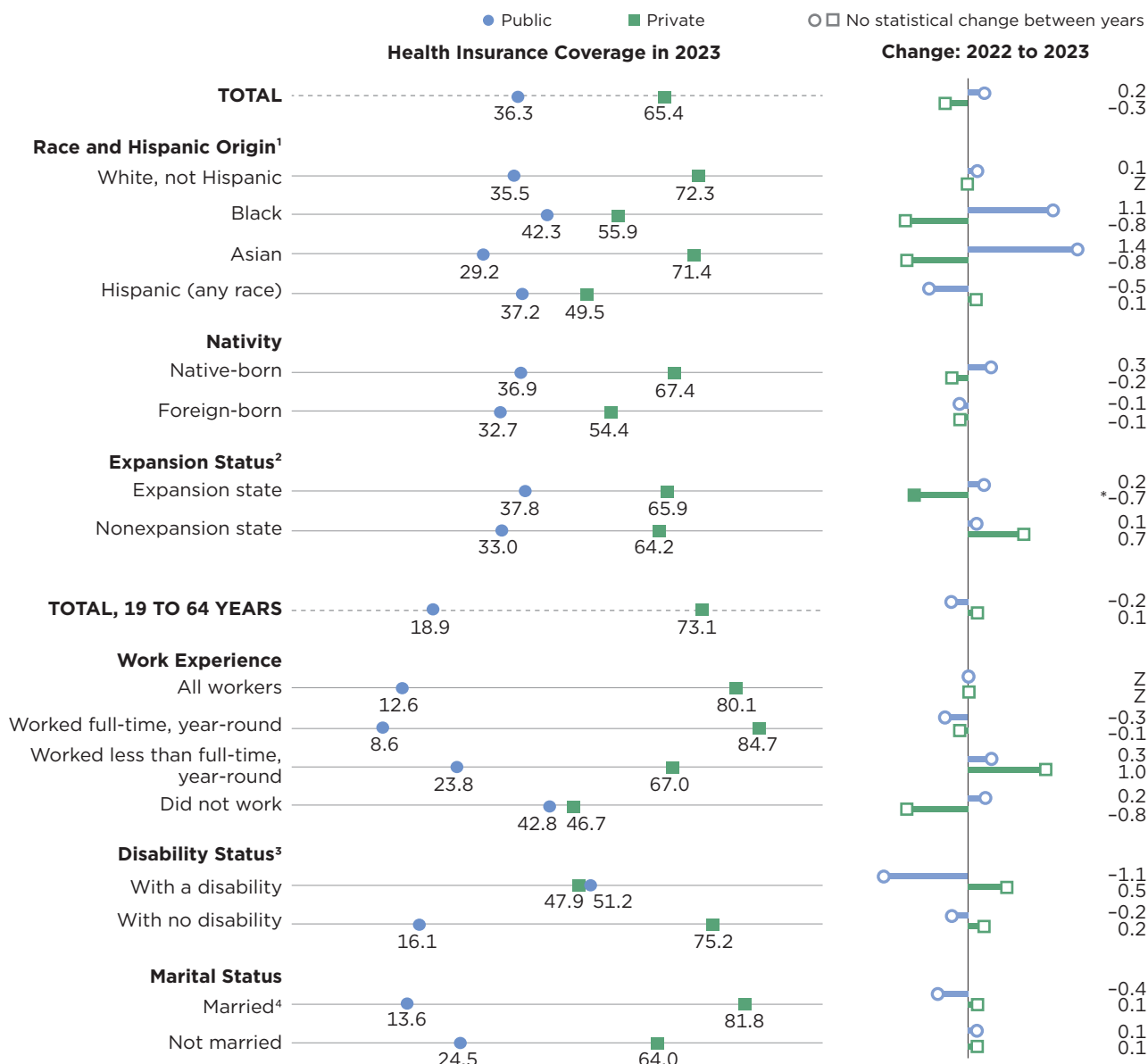
Among people of all ages, differences in coverage type and

changes in coverage can be seen across demographic and social groups (Figure 8). For example, coverage rates varied by race and Hispanic origin. In 2023, non-Hispanic White individuals had the highest rate of private coverage (72.3 percent), followed by Asian individuals (71.4 percent), Black individuals (55.9 percent), and Hispanic individuals (49.5 percent). For public coverage,

Figure 8.

## Health Insurance Coverage Type by Selected Characteristics: 2022 and 2023

(In percent. Population as of March of the following year)



\* Denotes a statistically significant change between 2022 and 2023 at the 90 percent confidence level.

Z Rounds to zero.

<sup>1</sup> 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 figure shows estimates for the race-alone population.

<sup>2</sup> Medicaid expansion status as of January 1, 2023. Expansion states on or before January 1, 2023, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <[www.medicaid.gov/state-overviews/index.html](https://www.medicaid.gov/state-overviews/index.html)>.

<sup>3</sup> 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.

<sup>4</sup> 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. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

Black individuals had the highest public coverage rate of 42.3 percent in 2023, followed by Hispanic individuals (37.2 percent), non-Hispanic White individuals (35.5 percent), and Asian individuals (29.2 percent).

Private and public coverage rates also varied by nativity status. In 2023, 67.4 percent of native-born individuals had private coverage, compared with 54.4 percent of foreign-born individuals. The public coverage rate for native-born individuals was 36.9 percent in 2023.

Private coverage rates decreased by 0.7 percentage points in expansion states between 2022 and 2023. In 2023, 65.9 percent of people in expansion states had private coverage, and 37.8 percent had public coverage. No significant year-to-year changes occurred for either private or public coverage in nonexpansion states. In nonexpansion states in 2023, 64.2 percent of people had private coverage, while 33.0 percent 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 for nonworkers. In 2023, 84.7 percent of full-time, year-round workers and 67.0 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, at 46.7 percent. No statistically significant year-to-year changes in rates of private coverage occurred for either workers or nonworkers.

Rates of public coverage followed a different pattern. Nonworkers were more likely than workers to have public coverage (42.8 percent of nonworkers and 12.6 percent of workers). Full-time, year-round workers had the lowest rate of public coverage at 8.6 percent, while 23.8 percent of workers who worked less than full-time, year-round were covered by public coverage in 2023.

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 2023, 47.9 percent of working-age adults with a disability had private coverage, compared with 75.2 percent with no disability. At the same time, 51.2 percent of adults aged 19 to 64 with a disability and 16.1 percent with no disability had public coverage.

There were also differences in the distribution of coverage type by marital status. For example, in 2023, 81.8 percent of married adults aged 19 to 64 had private coverage, compared with 64.0 percent of those who were not married. Married adults were also less likely to hold public coverage (13.6 percent) than their nonmarried counterparts (24.5 percent).

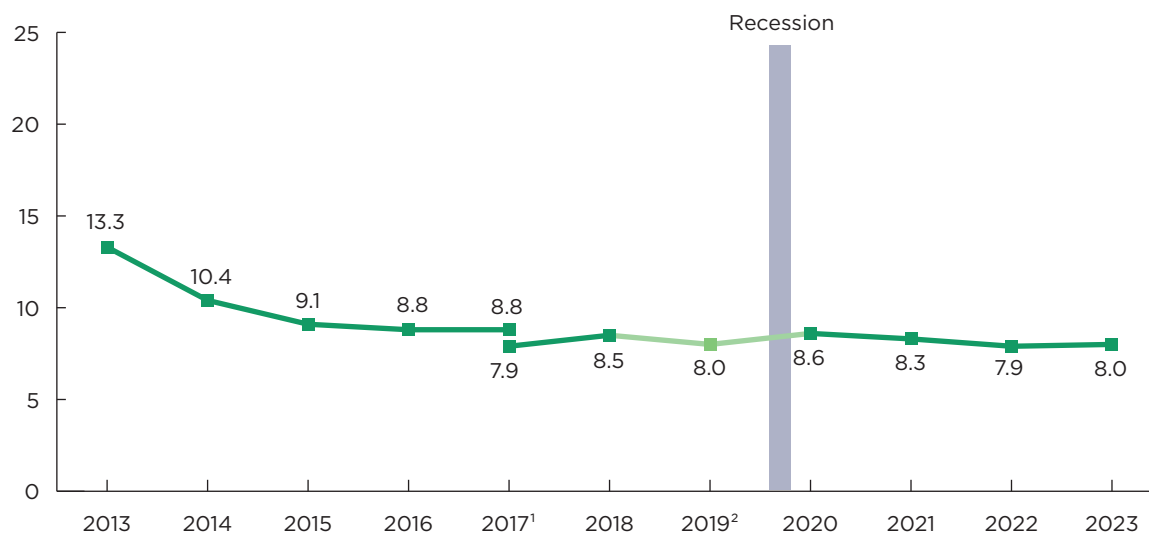
## ESTIMATES OF HEALTH INSURANCE COVERAGE: 2013 TO 2023

### 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 (Figure 9).<sup>28</sup>

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.<sup>29</sup> 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, and the uninsured rate remained near historic lows at 8.0 percent in 2023.

Figure 9.  
**Percentage of People Without Health Insurance Coverage: 2013 to 2023**  
 (Numbers in percent. Population as of March of the following year)



<sup>1</sup> The data for 2017 and beyond reflect the implementation of an updated processing system.

<sup>2</sup> The 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](http://www.census.gov/content/dam/Census/library/working-papers/2023/demo/sehsd-wp-2023-27.pdf)>.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar24.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2014 to 2024 Annual Social and Economic Supplements (CPS ASEC).

## SUMMARY

In 2023, the overall uninsured rate did not change, nor did the overall rates of public or private coverage.

There were changes in some types of insurance for the total population. For example, Medicare rates increased by 0.2 percentage points due to population aging. Employment-based insurance decreased by 0.7 percentage points, while direct-purchase insurance and TRICARE insurance each increased by 0.3 percentage points. Overall, private coverage continued to be more prevalent than public insurance.<sup>30</sup>

People in some social and demographic groups saw their uninsured rates change between

2022 and 2023. The uninsured rate for children under the age of 19 increased by 0.5 percentage points, driven by a 1.0 percentage-point decrease in employment-based insurance for this group. Conversely, the uninsured rate for adults 65 years and older decreased by 0.2 percentage points.

## ACCESSING HEALTH INSURANCE COVERAGE DATA

### State and Local Estimates of Health Insurance Coverage

The Census Bureau publishes annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the American Community Survey (ACS). Single-year estimates are

available for geographic units with a population of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program also produces single-year estimates of health insurance for all states and counties. These estimates are based on statistical models using data from a variety of sources including current surveys, administrative records, and annual population estimates. In general, SAHIE estimates have lower variances than ACS estimates but are released later because they incorporate these additional data into their models.

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SAHIE estimates are available at <[www.census.gov/programs-surveys/sahie.html](http://www.census.gov/programs-surveys/sahie.html)>. The most recent estimates are for 2022.

### **Additional Data**

Additional estimates from the CPS ASEC are available on the Census Bureau's Health Insurance website. This includes detailed tables, historical tables, press releases, briefings, and working papers. The website may be accessed through the Census Bureau's home page at <[www.census.gov](http://www.census.gov)> or directly at <[www.census.gov/topics/health/health-insurance.html](http://www.census.gov/topics/health/health-insurance.html)>.

For assistance with health insurance data, contact the 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>>.

### **Data.census.gov**

Data.census.gov is a platform to access data and digital content from the Census Bureau. It allows access to the Census Bureau's most popular surveys and programs such as the CPS, ACS, decennial census, economic census, and more.

To learn more about data.census.gov, check out the release notes at <<https://www2.census.gov/data/api-documentation/data-census-gov-release-notes.pdf>>.

### **Public-Use Microdata**

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 2024 CPS ASEC and earlier years

are available online at <[www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html](http://www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html)>. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

### **Census Data API**

The Census Data Application Programming Interface (API) gives the public access to pretabulated data from various Census Bureau data programs. It is an efficient way to query data directly from Census Bureau servers with many advantages, including the ability to easily download target variables and geographies and immediately access the most current data. Users can find which datasets are currently available via the API at <[www.census.gov/data/developers/data-sets.html](http://www.census.gov/data/developers/data-sets.html)>.

### **SOURCE AND ACCURACY OF THE ESTIMATES**

The CPS is the longest-running survey conducted by the 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 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.<sup>31</sup> The 2024 CPS ASEC sample consists of about 89,500 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 armed forces personnel are excluded. The estimates in this report are controlled to March 2024 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.

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 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/cpsmar24.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. In 2020, normal data collection was interrupted due to the COVID-19 pandemic. The response rate fell to 73 percent in March 2020, down from 82 percent in March 2019. Response rates were regularly above 80 percent before the pandemic.

Although standard collection procedures have resumed, response rates remain lower than they were before the pandemic. The response rate for the CPS basic household survey was 67 percent in March 2024. Lower response rates could affect estimates if respondents differ from nonrespondents. More information on how sample

differences and nonresponse bias affected income and poverty estimates in the 2024 CPS ASEC is available at <[www.census.gov/newsroom/blogs/research-matters/2024/09/administrative-data-nonresponse-bias-cps-asec.html](http://www.census.gov/newsroom/blogs/research-matters/2024/09/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](http://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.

For more information about the ASEC modernization project and timeline, visit the Census Bureau's CPS ASEC Modernization Efforts webpage at <[www.census.gov/programs-surveys/cps/about/modernization/asecmodernization.html](http://www.census.gov/programs-surveys/cps/about/modernization/asecmodernization.html)> or email at <[demo.asec.modernization@census.gov](mailto:demo.asec.modernization@census.gov)>.

## COMMENTS

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

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Assistant Division Chief for  
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Washington, DC 20233-8500

or email

<[sharon.m.stern@census.gov](mailto:sharon.m.stern@census.gov)>.

## ENDNOTES

<sup>1</sup> While the Continuous Coverage program formally ended in April 2023, some states opted to maintain continuous coverage for some additional time. All states had ended continuous coverage by the end of 2023. For more information, refer to "Families First Coronavirus Response Act, P.L. 116-127," March 18, 2020, <<https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>>; Congressional Research Service, "Health Care Provisions in the Families First Coronavirus Response Act, P.L. 116-127," R46316, April 17, 2020, <<https://crsreports.congress.gov/product/pdf/R/R46316>>; "American Rescue Plan Act of 2021," P.L. 117-2, March 11, 2021, <[www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf](http://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.

<sup>2</sup> 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](http://www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi/hi.html)>.

<sup>3</sup> Some people have more than one coverage type during the calendar year.

<sup>4</sup> In 2023, the percentage of people with Medicare coverage was not statistically different from the percentage of people with Medicaid coverage.

<sup>5</sup> Throughout this report, details may not sum to totals because of rounding.

<sup>6</sup> Infants born after the calendar-year reference period are excluded from estimates in this report.

<sup>7</sup> 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.

<sup>8</sup> In 2023, the percentage of people with Medicare coverage was not statistically different from the percentage of people with Medicaid coverage.

<sup>9</sup> 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 2022 and 2023 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](http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program)>.

<sup>10</sup> Between 2022 and 2023, the percentage-point change of people with direct-purchase coverage was not statistically different from the percentage-point change of people with TRICARE coverage.

<sup>11</sup> The proportion of the population 65 years and older with Medicare coverage did not statistically change between 2022 and 2023. The percentage of the U.S. population 65 years and older, however, increased between 2022 and 2023.

<sup>12</sup> Between 2022 and 2023, the percentage-point change of people with Medicaid coverage was not statistically different from the percentage-point change of people with Medicare coverage or the percentage-point change of people with VA and CHAMPVA coverage.

<sup>13</sup> CHIP is a public assistance program that provides health insurance to children in families with income too high to qualify for Medicaid, but who are likely unable to afford private health insurance.

<sup>14</sup> Although most people aged 65 and older held coverage through Medicare, 47.6 percent of people aged 65 and older reported holding more than one type of coverage concurrently for some or all of calendar year 2023.

<sup>15</sup> Between 2022 and 2023, the percentage-point change of adults aged 19 to 64 with private coverage was not statistically different from the percentage-point change of adults aged 19 to 64 with direct-purchase coverage or the percentage-point change of adults aged 19 to 64 with TRICARE coverage.

<sup>16</sup> 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) shows 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 17.1 percent of White householders, 5.8 percent of Black householders, 2.4 percent of Asian householders, and 32.3 percent of American Indian and Alaska Native householders. Data users should exercise caution when interpreting aggregate results for the Hispanic population or for race groups because these populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and nativity. Data on Hispanic origin were first collected in 1972. Data on Asian and Pacific Islander origin and American Indian and Alaska Native origin were first collected in 1987. More information is available at <[www.census.gov/programs-surveys/cps.html](http://www.census.gov/programs-surveys/cps.html)>.

<sup>17</sup> The small sample size of the Asian population and the fact that the CPS ASEC does not use separate population controls for weighting the Asian sample to national totals 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.

<sup>18</sup> In 2023, the percentage of Black children under the age of 19 without health insurance was not statistically different from the percentage of Asian children under the age of 19 without health insurance.

<sup>19</sup> In 2023, the percentage of native-born children under the age of 19 without health insurance was not statistically different from the percentage of naturalized citizen children under the age of 19 without health insurance.

<sup>20</sup> In 2023, the percentage of children under the age of 19 without health insurance in the Midwest, the percentage of children under the age of 19 without health insurance in the Northeast, and the percentage of children under the age of 19 without health insurance in the West were not statistically different from each other.

<sup>21</sup> In 2023, the percentage of non-Hispanic White working-age adults without health insurance was not statistically different from the percentage of Asian working-age adults without health insurance.

<sup>22</sup> Between 2022 and 2023, the percentage-point change in the uninsured rate for adults aged 19 to 64 who did not work was not statistically different from the percentage-point change in the uninsured rate for adults aged 19 to 64 who worked full-time, year-round or the percentage-point change in the uninsured rate for adults aged 19 to 64 who worked less than full-time, year-round.

<sup>23</sup> The small sample size of working-age adults who are widowed may contribute to the large variances surrounding estimates for this group.

<sup>24</sup> In 2023, the percentage of widowed working-age adults without health insurance was not statistically different from the percentage of divorced working-age adults without health insurance.

<sup>25</sup> 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: 2023,” provides a more detailed description of how the Census Bureau calculates poverty. More information is available at <[www.census.gov/library/publications/2024/demo/p60-283.html](http://www.census.gov/library/publications/2024/demo/p60-283.html)>.

<sup>26</sup> Dollar amounts are rounded to four significant digits.

<sup>27</sup> Numbers rounded to the nearest thousand.

<sup>28</sup> 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.

<sup>29</sup> Comparisons between 2018 and 2020 estimates use 2010 Census-based population controls.

<sup>30</sup> Between 2022 and 2023, the percentage-point change of people with direct-purchase coverage, the percentage-point change of people with Medicare coverage, and the percentage-point change of people with TRICARE coverage were not statistically different from each other.

<sup>31</sup> U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.

# Appendix A.

Table A-1.

## Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2022 and 2023

(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/cpsmar24.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured <sup>4</sup>	
		Percent	Margin of error <sup>1</sup> (±)	Private health insurance <sup>2</sup>		Public health insurance <sup>3</sup>			
				Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)
<b>2023 Total. . . . .</b>	<b>331,700</b>	<b>92.0</b>	<b>0.2</b>	<b>65.4</b>	<b>0.4</b>	<b>36.3</b>	<b>0.4</b>	<b>8.0</b>	<b>0.2</b>
<b>Race<sup>5</sup> and Hispanic Origin</b>									
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
<b>Age</b>									
Under 65 years . . . . .	272,400	90.5	0.3	69.7	0.4	23.8	0.4	9.5	0.3
Under 19 years <sup>6</sup> . . . . .	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 <sup>7</sup> . . . . .	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
<b>Nativity</b>									
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
<b>Region</b>									
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
<b>State Medicaid Expansion Status<sup>8</sup></b>									
Lived in Medicaid expansion state . . . . .	226,500	93.6	0.2	65.9	0.5	37.8	0.5	6.4	0.2
Did not live in Medicaid expansion state . . . . .	105,100	88.7	0.5	64.2	0.8	33.0	0.6	11.3	0.5

Footnotes provided at end of table.



Table A-1.

# Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2022 and 2023—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/cpsmar24.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured <sup>4</sup>	
		Percent	Margin of error <sup>1</sup> (±)	Private health insurance <sup>2</sup>		Public health insurance <sup>3</sup>			
				Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)
<b>2022 Total. . . . .</b>	<b>330,000</b>	<b>92.1</b>	<b>0.2</b>	<b>65.6</b>	<b>0.4</b>	<b>36.1</b>	<b>0.4</b>	<b>7.9</b>	<b>0.2</b>
<b>Race<sup>5</sup> and Hispanic Origin</b>									
White . . . . .	248,700	92.1	0.2	67.1	0.5	35.7	0.4	7.9	0.2
White, not Hispanic . . . . .	193,100	95.1	0.2	72.3	0.5	35.4	0.4	4.9	0.2
Black. . . . .	44,540	91.7	0.6	56.6	1.1	41.2	1.0	8.3	0.6
Asian . . . . .	21,550	94.1	0.6	72.2	1.3	27.8	1.2	5.9	0.6
Hispanic (any race) . . . . .	63,790	82.8	0.6	49.4	0.8	37.7	0.7	17.2	0.6
<b>Age</b>									
Under 65 years . . . . .	272,100	90.7	0.3	69.8	0.5	23.9	0.4	9.3	0.3
Under 19 years <sup>6</sup> . . . . .	76,200	94.6	0.4	61.8	0.7	36.1	0.7	5.4	0.4
19 to 64 years . . . . .	195,900	89.2	0.3	72.9	0.5	19.1	0.4	10.8	0.3
19 to 25 years <sup>7</sup> . . . . .	30,430	86.0	0.7	68.8	0.9	19.5	0.8	14.0	0.7
26 to 34 years . . . . .	40,580	87.5	0.5	70.9	0.9	19.5	0.7	12.5	0.5
35 to 44 years . . . . .	43,490	88.8	0.5	74.1	0.7	17.6	0.6	11.2	0.5
45 to 64 years . . . . .	81,390	91.4	0.3	74.9	0.7	19.6	0.6	8.6	0.3
65 years and older. . . . .	57,880	98.9	0.1	45.9	0.8	93.6	0.3	1.1	0.1
<b>Nativity</b>									
Native-born. . . . .	281,200	94.0	0.2	67.6	0.4	36.7	0.4	6.0	0.2
Foreign-born . . . . .	48,780	81.2	0.7	54.4	1.0	32.8	0.8	18.8	0.7
Naturalized citizen. . . . .	23,930	93.2	0.5	63.2	1.1	39.3	0.9	6.8	0.5
Not a citizen . . . . .	24,840	69.6	1.2	46.0	1.3	26.7	1.1	30.4	1.2
<b>Region</b>									
Northeast . . . . .	56,290	94.9	0.4	66.9	1.0	38.7	0.9	5.1	0.4
Midwest . . . . .	67,800	94.9	0.4	70.4	0.9	35.9	0.8	5.1	0.4
South . . . . .	127,900	88.9	0.4	63.5	0.7	33.9	0.6	11.1	0.4
West. . . . .	78,000	93.0	0.4	64.0	0.9	38.1	0.8	7.0	0.4
<b>State Medicaid Expansion Status<sup>8</sup></b>									
Lived in Medicaid expansion state . . . .	226,100	93.9	0.2	66.6	0.5	37.6	0.4	6.1	0.2
Did not live in Medicaid expansion state . . . . .	103,900	88.2	0.5	63.6	0.8	32.9	0.7	11.8	0.5

<sup>1</sup> 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.

<sup>2</sup> Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

<sup>3</sup> 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.

<sup>4</sup> Individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

<sup>5</sup> 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 shows 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 and Other Pacific Islanders, and those reporting two or more races are not shown separately.

<sup>6</sup> Children under the age of 19 are eligible for Medicaid/CHIP.

<sup>7</sup> 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.

<sup>8</sup> Medicaid expansion status as of January 1, 2023. Expansion states on or before January 1, 2023 include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <[www.medicare.gov/state-overviews/index.html](https://www.medicare.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, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

Table A-2.

### Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2022 and 2023

(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/cpsmar24.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured <sup>4</sup>	
		Percent	Margin of error <sup>1</sup> (±)	Private health insurance <sup>2</sup>		Public health insurance <sup>3</sup>			
				Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)
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 <sup>5</sup>									
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 at least 1 week. . . . .	41,240	85.3	0.6	46.7	0.9	42.8	0.9	14.7	0.6
Marital Status									
Married <sup>6</sup> . . . . .	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 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

Footnotes provided at end of table.

Table A-2.

# Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2022 and 2023—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/cpsmar24.pdf>>)

Characteristic	Total								
	Number	Any health insurance						Uninsured <sup>4</sup>	
		Percent	Margin of error <sup>1</sup> (±)	Private health insurance <sup>2</sup>		Public health insurance <sup>3</sup>			
				Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)
<b>2022</b>									
<b>Total, 19 to 64 years old . . . . .</b>	<b>195,900</b>	<b>89.2</b>	<b>0.3</b>	<b>72.9</b>	<b>0.5</b>	<b>19.1</b>	<b>0.4</b>	<b>10.8</b>	<b>0.3</b>
<b>Disability Status<sup>5</sup></b>									
With disability . . . . .	15,640	92.5	0.7	47.4	1.3	52.3	1.4	7.5	0.7
With no disability. . . . .	179,400	88.8	0.3	75.0	0.5	16.3	0.4	11.2	0.3
<b>Work Experience</b>									
All workers . . . . .	153,200	90.2	0.3	80.0	0.4	12.6	0.3	9.8	0.3
Worked full-time, year-round . . . . .	114,300	91.6	0.3	84.8	0.4	8.9	0.3	8.4	0.3
Worked less than full-time, year-round. . . . .	38,930	86.2	0.6	66.0	0.9	23.5	0.8	13.8	0.6
Did not work at least 1 week. . . . .	42,700	85.5	0.6	47.5	0.9	42.6	0.9	14.5	0.6
<b>Marital Status</b>									
Married <sup>6</sup> . . . . .	99,680	92.2	0.3	81.7	0.5	13.9	0.4	7.8	0.3
Widowed . . . . .	3,239	86.3	2.0	54.2	2.5	35.1	2.5	13.7	2.0
Divorced . . . . .	17,960	88.7	0.9	64.6	1.2	26.8	1.1	11.3	0.9
Separated . . . . .	3,802	80.8	1.9	52.1	2.4	31.6	2.1	19.2	1.9
Never married. . . . .	71,200	85.5	0.5	64.7	0.7	23.0	0.6	14.5	0.5
<b>Total, 26 to 64 years old . . . . .</b>	<b>165,500</b>	<b>89.7</b>	<b>0.3</b>	<b>73.7</b>	<b>0.5</b>	<b>19.0</b>	<b>0.4</b>	<b>10.3</b>	<b>0.3</b>
<b>Educational Attainment</b>									
No high school diploma . . . . .	13,330	68.8	1.4	35.6	1.4	36.5	1.4	31.2	1.4
High school graduate (includes equivalency) . . . . .	44,730	85.9	0.5	62.1	0.8	27.4	0.7	14.1	0.5
Some college, no degree . . . . .	23,280	90.4	0.6	71.5	1.0	22.7	0.9	9.6	0.6
Associate degree. . . . .	17,410	92.6	0.6	77.4	1.1	18.9	1.1	7.4	0.6
Bachelor's degree . . . . .	41,650	94.8	0.4	87.2	0.6	9.8	0.4	5.2	0.4
Graduate or professional degree . . . . .	25,050	96.8	0.4	91.9	0.6	6.9	0.6	3.2	0.4

<sup>1</sup> 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.

<sup>2</sup> Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

<sup>3</sup> 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.

<sup>4</sup> Individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

<sup>5</sup> 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.

<sup>6</sup> 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, 2023 and 2024 Annual Social and Economic Supplements (CPS ASEC).

