



NATIONAL HEALTH INTERVIEW SURVEY EARLY RELEASE PROGRAM

Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2014

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Highlights

- In the first 9 months of 2014, 37.2 million persons of all ages (11.9%) were uninsured at the time of interview, 53.5 million (17.1%) had been uninsured for at least part of the year prior to interview, and 27.2 million (8.7%) had been uninsured for more than a year at the time of interview.
- Among persons under age 65, 63.2% (169.5 million) were covered by private health insurance plans at the time of interview. This includes 2.1% (5.6 million) covered by private plans through the Health Insurance Marketplace or state-based exchanges at the time of interview between January and September 2014. The proportion with exchange coverage increased from 1.4% (3.7 million) in the first quarter of 2014 (January–March) to 2.5% (6.8 million) in the third quarter of 2014 (July–September).
- Among adults aged 18–64, the percentage who were uninsured at the time of interview decreased from 20.4% in 2013 to 16.7% in the first 9 months of 2014.
- Among adults aged 19–25, the percentage who were uninsured at the time of interview decreased from 26.5% in 2013 to 20.4% in the first 9 months of 2014.
- In the first 9 months of 2014, the percentage of persons under age 65 who were uninsured at the time of interview varied by state. For example, 9.1% were uninsured in

Pennsylvania, whereas 22.2% were uninsured in Texas.

Introduction

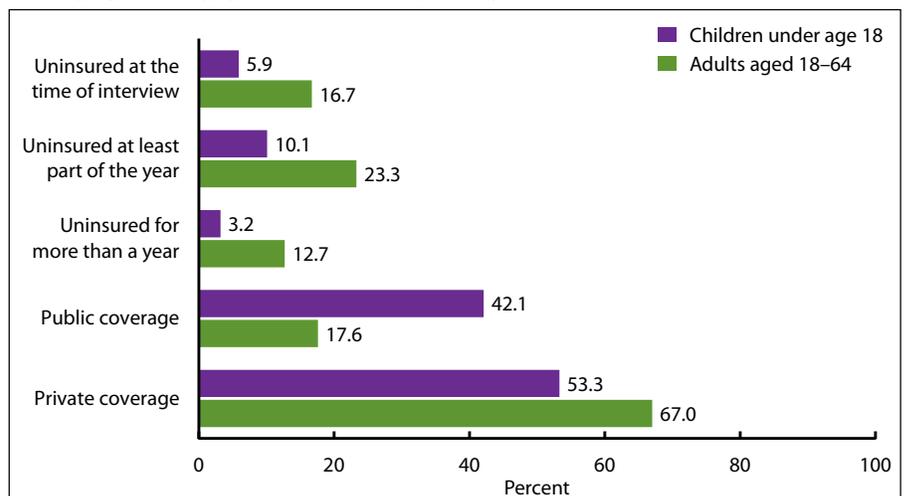
The Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the 2014 National Health Interview Survey (NHIS), along with comparable estimates from the 2009–2013 NHIS. Estimates for January–September 2014 are based on data for 85,224 persons.

Three estimates of lack of health insurance coverage are provided: (a) uninsured at the time of interview,

(b) uninsured at least part of the year prior to interview (which includes persons uninsured for more than a year), and (c) uninsured for more than a year at the time of interview (Tables 1 and 2). Estimates of public and private coverage are also presented (Table 3). Table 3 also includes estimates for 1997 and 2005.

Additional tables present estimates of uninsurance, public coverage, and private coverage by poverty status for persons under age 65 (Table 4), adults aged 18–64 (Table 5), and children aged 0–17 (Table 6). Table 7 shows the percentages of persons who were uninsured, had public coverage, and had private coverage, by age and sex. Estimates for persons under age 65, by race and ethnicity, are shown in Table 8. Table 9 presents estimates for adults

Figure 1. Percentage of persons without health insurance, by age group, using three measures of noncoverage, and percentage of persons with health insurance at the time of interview, by coverage type and age group: United States, January–September 2014



NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

aged 18–64 by other selected demographic characteristics that are relevant to adults only.

For individuals with private health insurance, estimates are presented in Tables 10 and 11 for enrollment in high-deductible health plans (HDHPs), enrollment in consumer-directed health plans (CDHPs), and being in a family with a flexible spending account (FSA) for medical expenses.

This report includes four tables that address regional and state differences. Tables 12 and 13 present estimates of uninsurance, public coverage, and private coverage by each state’s Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152) (ACA) implementation characteristics. Specifically, Table 12 presents estimates by state Medicaid expansion status as of October 31, 2013. Table 13 shows estimates by state Health Insurance Marketplace type. Expanded regional and state-level estimates of uninsurance at the time of interview, and public and private coverage, are presented in Tables 14 and 15. State-specific health insurance estimates are presented for 13 states for persons of all ages, persons under age 65, adults aged 18–64, and children aged 0–17.

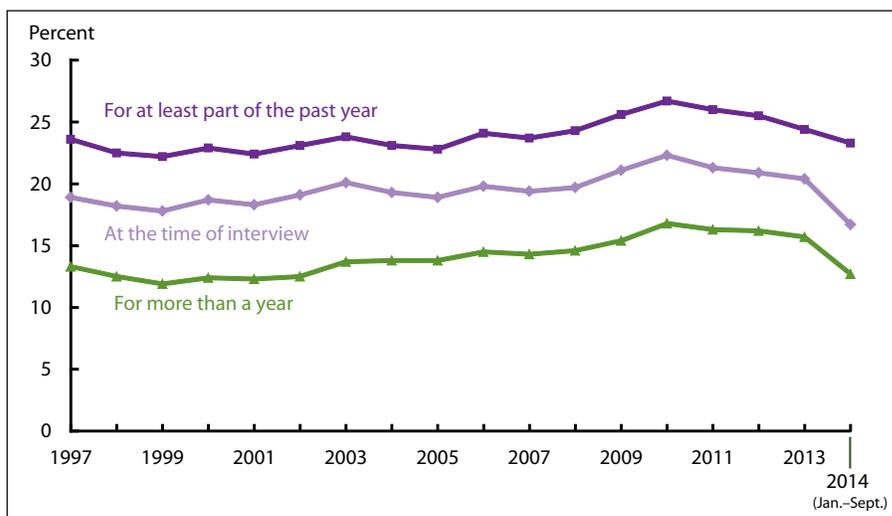
Most of the tables in this report provide estimates prior to and after implementation of the Health Insurance Marketplaces and Medicaid expansion provisions that began in January 2014. The 2014 estimates after implementation are based on 9 months of data collected from January through September 2014 and, therefore, are centered around the midpoint of this period.

This report is updated quarterly and is part of the NHIS Early Release (ER) Program, which releases updated selected estimates that are available from the NHIS website at:

<http://www.cdc.gov/nchs/nhis.htm>.

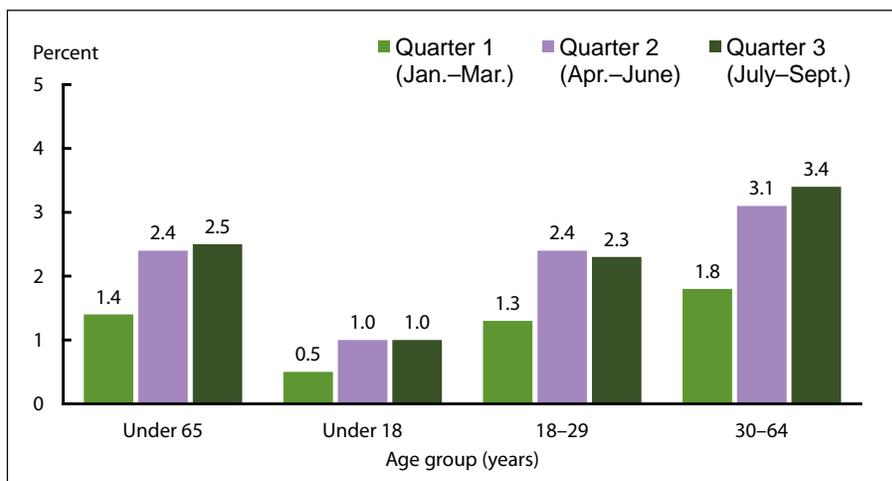
Estimates for each calendar quarter, by selected demographics, are also available as a separate set of tables through the ER program. For more information about NHIS and the ER Program, see the Technical Notes and the Additional Early Release Program Products sections at the end of this report.

Figure 2. Percentages of adults aged 18–64 who lacked health insurance coverage at the time of interview, for at least part of the past year, or for more than a year: United States, 1997–September 2014



NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997–2014, Family Core component.

Figure 3. Percentage of persons under age 65 with private health insurance obtained through the Health Insurance Marketplace or state-based exchanges, by age group and quarter: United States, January–September 2014



NOTES: Includes persons who have purchased a private health insurance plan through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). All persons who have exchange-based coverage are considered to have private health insurance. Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

Results

Lack of health insurance coverage

In the first 9 months of 2014, the percentage of persons uninsured at the time of interview was 11.9% (37.2 million) for persons of all ages, 13.7% (36.8 million) for persons under age 65, 5.9% (4.3 million) for children aged 0–17, 16.7% (32.6 million) for adults aged

18–64, and 20.4% (6.1 million) for adults aged 19–25 (Tables 1 and 2). Adults aged 18–64 were almost three times as likely as children to be uninsured at the time of interview (Table 1 and Figure 1).

The percentage of persons uninsured for at least part of the year was 17.1% (53.5 million) for persons of all ages, based on data from the first 9 months of 2014 (Tables 1 and 2). Among persons under age 65, 19.7% (52.7 million) were uninsured for at least part

of the year. Adults aged 18–64 were more than twice as likely (23.3%) as children (10.1%) to experience this lack of coverage (Table 1 and Figure 1). Among adults aged 19–25, 27.8% had been uninsured for at least part of the past year.

Regarding persistent lack of coverage, 8.7% (27.2 million) of persons of all ages had been uninsured for more than a year (Tables 1 and 2). Among persons under age 65, 10.1% (27.0 million) had been uninsured for more than a year. Adults aged 18–64 were almost four times as likely (12.7%) as children (3.2%) to have been uninsured for more than a year (Table 1 and Figure 1). Among adults aged 19–25, the percentage uninsured for more than a year was 14.5% (Table 1).

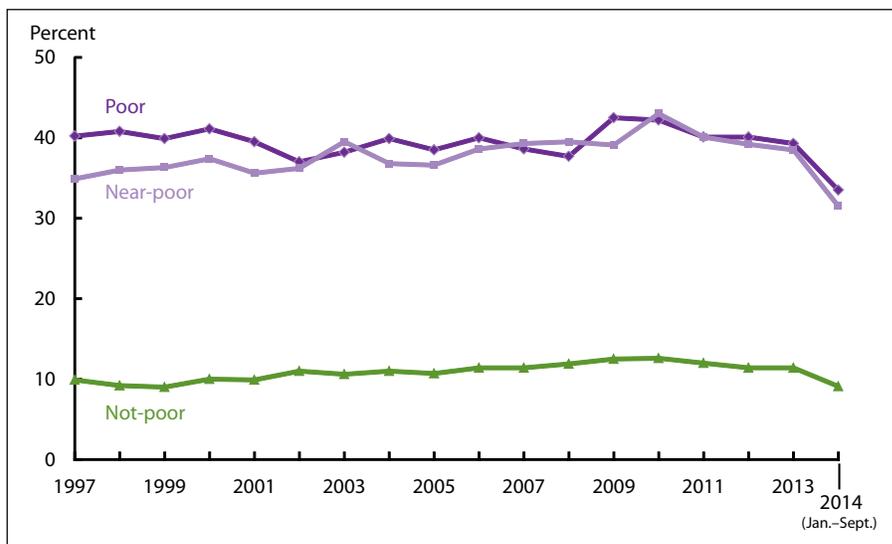
Between 2013 and the first 9 months of 2014, there were significant decreases in the percentages of persons who were uninsured at the time of interview among persons of all ages, those under age 65, those aged 18–64, and those aged 19–25. The largest decrease was for adults aged 19–25, from 26.5% in 2013 to 20.4% in the first 9 months of 2014. There was no significant change in the percentage of children who were uninsured at the time of interview.

Among persons of all ages, persons under age 65, and children aged 0–17, there were no significant changes between 2013 and the first 9 months of 2014 in the percentage who were uninsured for at least part of the year prior to interview. However, among adults aged 18–64 and adults aged 19–25, there were significant decreases from 2013 to the first 9 months of 2014.

For all age groups except children, there were decreases between 2013 and the first 9 months of 2014 in the percentage of persons who had been uninsured for more than a year. For this measure of persistent lack of coverage, the largest decrease was for adults aged 19–25, from 19.8% in 2013 to 14.5% in the first 9 months of 2014.

The percentages of adults aged 18–64 who were uninsured at the time of interview, who lacked coverage for at least part of the past year, and who had been uninsured for more than a year have generally increased from 1997 to 2010,

Figure 4. Percentage of adults aged 18–64 who were uninsured at the time of interview, by poverty status: United States, 1997–September 2014



NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997–2014, Family Core component.

but decreased from 2010 to the first 9 months of 2014 (Figure 2).

Among children aged 0–17, the percentage who were uninsured at the time of interview has generally decreased, from 13.9% in 1997 to 5.9% in the first 9 months of 2014 (Table 3), but remained stable from 2011 to 2014.

Public and private coverage

For the first 9 months of 2014, 24.3% of persons under age 65 were covered by public health plans at the time of interview (Table 3). More than two-fifths of children (42.1%) were covered by a public plan, compared with 17.6% of adults aged 18–64 (Table 3 and Figure 1). Public coverage among adults aged 18–64 increased from 16.7% in 2013 to 17.6% in the first 9 months of 2014. Public coverage among adults aged 19–25 was 19.1% (Table 3), a significant increase from 2013 (16.1%). Between 2013 and the first 9 months of 2014, there were no significant changes in the percentage of persons with public coverage among persons of all ages, those under 65, and children aged 0–17.

Among adults aged 18–64, public coverage increased between 1997 (10.2%) and the first 9 months of 2014 (17.6%) (Table 3). Among children, the percentage with public coverage almost doubled between 1997 (21.4%) and the first 9 months of 2014 (42.1%).

Among persons under age 65, 63.2% (169.5 million) were covered by private health insurance plans at the time of interview between January and September 2014 (Table 3). This includes 2.1% (5.6 million) covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges. There was a significant increase in the percentage of persons under age 65 covered by plans obtained through the Health Insurance Marketplace or state-based exchanges, from 1.4% (3.7 million) in the first quarter of 2014 (January through March) to 2.5% (6.8 million) in the third quarter of 2014 (July through September) (Figure 3).

Additional Health Insurance Marketplace or state-based exchange estimates by age, sex, race/ethnicity, and poverty status are available for the third quarter of 2014 (based on data collected from July through September) through the Early Release Program (http://www.cdc.gov/nchs/data/earlyrelease/Q_Estimates_2010_2014_Q1_23.pdf).

More than two-thirds (67.0%) of adults aged 18–64 were covered by a private plan, compared with 53.3% of children under age 18 (Table 3 and Figure 1). Among adults aged 19–25, 61.4% were covered by a private plan. Among adults aged 18–64, 2.6% (5.0 million)

were covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges. Among children under age 18 and adults aged 19–25, 0.8% and 1.9%, respectively, were covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges. Among children under age 18, adults aged 18–29, and adults aged 30–64, there was a significant increase in the percentages with private coverage obtained through the Health Insurance Marketplace or state-based exchanges between the first quarter of 2014 (January through March) and the third quarter of 2014 (July through September) (Figure 3).

For all age groups except children aged 0–17, there were increases between 2013 and the first 9 months of 2014 in the percentage of persons covered by a private plan (Table 3).

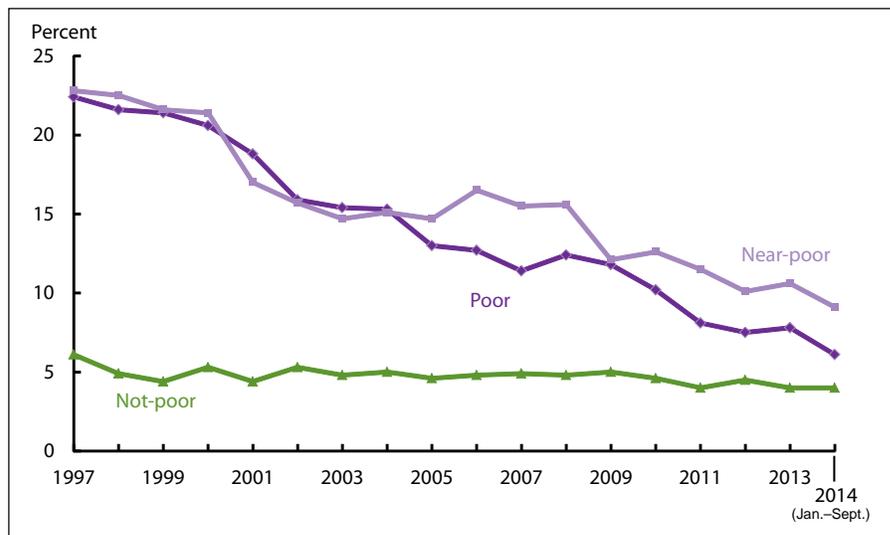
The percentage with private coverage generally decreased among persons under age 65 between 1997 and the first 9 months of 2014 (Table 3), but remained stable from 2010 to 2013. Among adults aged 18–64, private coverage was more than 5 percentage points lower in the first 9 months of 2014 (67.0%) than in 1997 (72.8%). Among children, private coverage decreased between 1997 (66.2%) and the first 9 months of 2014 (53.3%).

Health insurance coverage, by poverty status

In the first 9 months of 2014, 23.0% of poor, 24.1% of near-poor, and 7.9% of not-poor persons under age 65 did not have health insurance coverage at the time of interview (Table 4; see Technical Notes for a definition of poverty status). During the same period, 62.1% of poor, 39.8% of near-poor, and 10.1% of not-poor persons in this age group had public coverage. Private coverage was highest among those who were not-poor (83.3%) and lowest among those who were poor (15.9%).

Among adults aged 18–64, 33.5% of poor, 31.5% of near-poor, and 9.1% of not-poor adults did not have health insurance coverage at the time of interview (Table 5). During the same period, 46.6% of poor, 28.6% of near-poor, and 8.7% of not-poor adults in this

Figure 5. Percentage of children under age 18 who were uninsured at the time of interview, by poverty status: United States, 1997–September 2014



NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997–2014, Family Core component.

age group had public coverage. Private coverage was highest among those who were not-poor (83.5%) and lowest among those who were poor (20.8%).

Among children aged 0–17, 6.1% of poor, 9.1% of near-poor, and 4.0% of not-poor children did not have health insurance coverage at the time of interview (Table 6). During the same period, 86.9% of poor, 62.6% of near-poor, and 14.5% of not-poor children had public coverage. Private coverage among children was highest among persons who were not-poor (82.6%) and lowest among those who were poor (8.1%).

Among persons under age 65 who were poor, near-poor, or not-poor, there was a significant decrease in the percentage who were uninsured between 2013 and the first 9 months of 2014 (Table 4). For poor persons under age 65, there was an increase between 2013 and the first 9 months of 2014 in the percentage of persons with public coverage, from 59.0% to 62.1%. For near-poor and not-poor persons under age 65, there were significant increases between 2013 and the first 9 months of 2014 in the percentage of persons covered by a private plan.

Among adults aged 18–64, for every poverty status group, there was a significant decrease in the percentage who were uninsured between 2013 and the first 9 months of 2014 (Table 5).

Among adults aged 18–64 who were poor, the percentage who were uninsured decreased from 39.3% to 33.5%, and the percentage with public coverage increased from 42.4% to 46.6% between 2013 and the first 9 months of 2014. Among poor adults aged 18–64, there was no significant change in private coverage between 2013 and the first 9 months of 2014.

Among adults in this age group who were near-poor, the percentage who were uninsured decreased from 38.5% to 31.5%, and the percentage with private coverage increased from 36.4% to 41.6% between 2013 and the first 9 months of 2014. Among near-poor adults aged 18–64, there was no significant change in public coverage between 2013 and the first 9 months of 2014.

Among adults aged 18–64 who were not-poor, the percentage who were uninsured decreased from 11.4% to 9.1% between 2013 and the first 9 months of 2014. Private coverage increased from 81.2% in 2013 to 83.5% in the first 9 months of 2014. There was no change in the percentage with public coverage between 2013 and the first 9 months of 2014.

Among poor children, there was a significant decrease in the percentage who were uninsured, from 7.8% to 6.1% between 2013 and the first 9 months of 2014. There were no significant changes

in the percentages who were uninsured, had private coverage, or had public coverage between 2013 and the first 9 months of 2014 for all other poverty status groups (Table 6).

The percentage of poor adults aged 18–64 who were uninsured remained relatively stable from 1997 through 2013, with a significant decrease between 2013 and the first 9 months of 2014 (Figure 4). Among near-poor and not-poor adults in this age group, there was a generally increasing trend from 1997 to 2010 in the percentage who were uninsured. However, there has been a decreasing trend from 2010 to the first 9 months of 2014 in the uninsured among near-poor and not-poor adults.

The percentage of poor and near-poor children who were uninsured at the time of interview decreased from 1997 through the first 9 months of 2014 (Figure 5). However, the rate of decline during this period was greater for poor children. The percentage of near-poor children who were uninsured at the time of interview decreased from 1997 to 2003, remained relatively stable from 2003 to 2006, and then decreased from 2006 through the first 9 months of 2014. The percentage of not-poor children who were uninsured at the time of interview has generally remained stable, fluctuating between 4.0% in 2011, 2013, and 2014 and 6.1% in 1997.

Health insurance coverage, by selected demographic characteristics

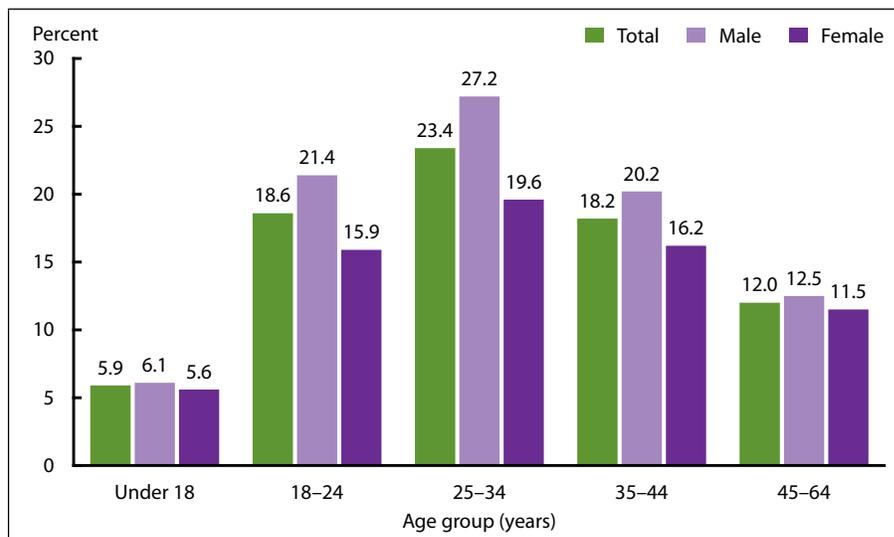
Age and sex

In the first 9 months of 2014, adults aged 25–34 (23.4%) were the most likely to lack health insurance coverage at the time of interview (Table 7). Among persons under age 65, children aged 0–17 were the most likely to have public coverage (42.1%), and adults aged 45–64 (71.1%) were the most likely to have private coverage. Among adults in age groups 18–24, 25–34, and 35–44, men were more likely than women to lack health insurance coverage at the time of interview (Figure 6).

Race/ethnicity

In the first 9 months of 2014, among persons under age 65, 25.8% of Hispanic, 13.7% of non-Hispanic black,

Figure 6. Percentage of persons under age 65 without health insurance coverage at the time of interview, by age group and sex: United States, January–September 2014



NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

11.6% of non-Hispanic Asian, and 10.2% of non-Hispanic white persons were uninsured at the time of interview (Table 8). Public coverage was highest among those who were non-Hispanic black (40.4%). Private coverage was highest among those who were non-Hispanic white (73.1%) and non-Hispanic Asian (72.6%).

For Hispanic persons under age 65, the percentage uninsured decreased from 30.3% in 2013 to 25.8% in the first 9 months of 2014. For non-Hispanic white persons under age 65, the percentage uninsured decreased from 12.1% in 2013 to 10.2% in the first 9 months of 2014. For non-Hispanic black persons under age 65, the percentage uninsured decreased from 18.9% in 2013 to 13.7% in the first 9 months of 2014. For non-Hispanic Asian persons under age 65, the percentage uninsured decreased from 13.8% in 2013 to 11.6% in the first 9 months of 2014.

Other demographic characteristics

Among adults aged 18–64 who lacked a high school diploma, 34.6% were uninsured at the time of interview (Table 9). This rate is greater than three times the rate for those with more than a high school education (10.4%). Public health plan coverage was highest among those who lacked a high school diploma (34.2%) and lowest among those with

more than a high school education (12.1%). Private coverage was highest among those who had more than a high school education (78.8%) and lowest among those who lacked a high school diploma (32.4%).

Among currently unemployed adults aged 18–64, 40.2% lacked coverage at the time of interview (Table 9). Among employed adults in the same age group, 15.2% were uninsured. Public health plan coverage was lowest among employed adults (9.4%) and highest among those who were not in the workforce (40.9%). Among employed adults, 76.1% had private coverage. This rate is almost three times as high as for those who were unemployed (29.2%).

Adults aged 18–64 with family income less than 100% and between 100% and up to and including 138% of the federal poverty level (FPL) were the most likely to be uninsured relative to other income groups. Adults aged 18–64 with family incomes less than 100% FPL were the most likely to have public coverage. Those with family income greater than 400% FPL were the most likely to have private health insurance coverage.

Married adults aged 18–64 were less likely to be uninsured at the time of interview than those who were widowed, divorced, separated, living with a partner, or never married. Married adults were

also more likely than other marital groups to have private health coverage.

Estimates of enrollment in HDHPs, CDHPs, and FSAs

In the first 9 months of 2014, 36.7% of persons under age 65 with private health insurance were enrolled in an HDHP, including 13.1% who were enrolled in a CDHP [an HDHP with a health savings account (HSA)] and 23.6% who were enrolled in an HDHP without an HSA (Figure 7 and Table 10). (See Technical Notes for definitions of HDHP, CDHP, and HSA.) Among those with private insurance, the percentage who were enrolled in an HDHP increased between 2013 (33.9%) and the first 9 months of 2014 (36.7%).

HDHPs constitute a significant share of both employment-based and directly purchased health plans. Based on data from the first 9 months of 2014, among persons under age 65 with private health insurance, 35.9% with employment-based coverage were enrolled in an HDHP (Table 11), an increase from 2013 (32.0%). Also in that age group, 54.2% with directly purchased private health plans were enrolled in an HDHP in the first 9 months of 2014.

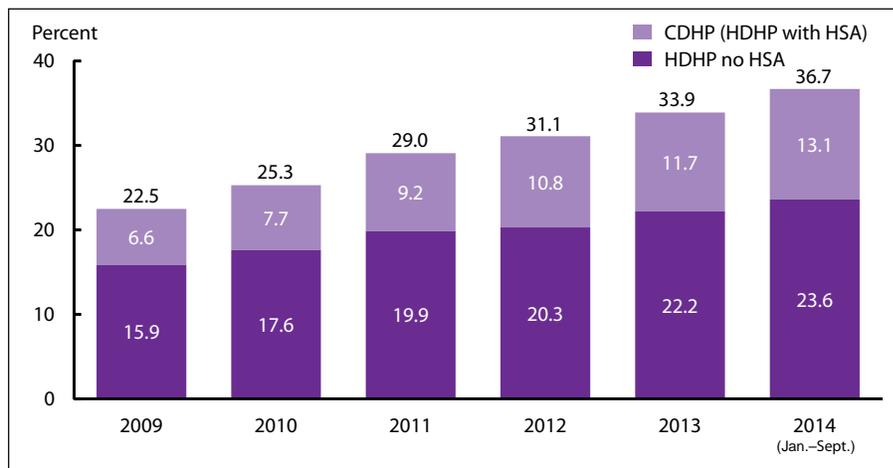
In the first 9 months of 2014, among persons under age 65 with private health insurance, 21.2% were in a family that had an FSA for medical expenses (Table 10). (See Technical Notes for definition of FSA.)

Health insurance coverage, by state Medicaid expansion status

Under provisions of ACA, states have the option to expand Medicaid coverage to those with low income. Health insurance estimates by state Medicaid expansion status (as of October 31, 2013), including the District of Columbia, are presented for all persons under age 65, children aged 0–17, and adults aged 18–64 (Table 12). (See Technical Notes for definitions of Medicaid expansion status.)

In the first 9 months of 2014, adults aged 18–64 in states that moved forward with Medicaid expansion were less likely to be uninsured than those in states that had not moved forward with Medicaid expansion. In states that moved forward

Figure 7. Percentages of persons under age 65 enrolled in a high-deductible health plan without a health savings account, or in a consumer-directed health plan, among those with private health insurance coverage: United States, 2009–September 2014



NOTES: CDHP is consumer-directed health plan, which is a high-deductible health plan (HDHP) with a health savings account (HSA). HDHP no HSA is a high-deductible health plan without an HSA. The individual components of HDHPs may not add up to the total, due to rounding. Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

with Medicaid expansion, the percentage of those uninsured decreased from 18.4% in 2013 to 13.9% in the first 9 months of 2014. In states that had not moved forward with Medicaid expansion, the percentage uninsured decreased from 22.7% in 2013 to 19.9% in the first 9 months of 2014.

In the first 9 months of 2014, adults aged 18–64 in states that moved forward with Medicaid expansion were more likely to have public coverage (19.5%) than those in states that had not moved forward with Medicaid expansion (15.4%). In states that moved forward with Medicaid expansion, there was an increase in public coverage from 17.7% in 2013 to 19.5% in the first 9 months of 2014. In states that had not moved forward with Medicaid expansion, there was no significant change in public coverage between 2013 and the first 9 months of 2014.

In the first 9 months of 2014, among adults aged 18–64, there was no significant difference in the percentage with private coverage between those in states that moved forward with Medicaid expansion (67.8%) and those in states that had not moved forward with Medicaid expansion (66.1%). Among adults aged 18–64 in states that moved forward with Medicaid expansion, the percentage with private coverage increased from 65.2% in 2013 to 67.8%

in the first 9 months of 2014. Among adults aged 18–64 in states that had not moved forward with Medicaid expansion, the percentage with private coverage increased from 63.2% in 2013 to 66.1% in the first 9 months of 2014.

Health insurance coverage, by state Health Insurance Marketplace type

Health insurance estimates by state Health Insurance Marketplace type (as of October 31, 2013), including the District of Columbia, are presented for all persons under age 65, children aged 0–17, and adults aged 18–64 (Table 13). (See Technical Notes for definitions of Marketplace types.) In the first 9 months of 2014, adults aged 18–64 in states with a federally facilitated Marketplace were more likely to be uninsured than those in states with a state-based Marketplace or states with a partnership Marketplace. There were decreases in the uninsured rates between 2013 and the first 9 months of 2014 in states with a state-based Marketplace, a partnership Marketplace, and a federally facilitated Marketplace for persons under age 65 and for adults aged 18–64.

In the first 9 months of 2014, adults aged 18–64 in states with a state-based Marketplace were more likely to have public coverage than those in states with a partnership Marketplace or federally

facilitated Marketplace. Among those in states with a state-based Marketplace, the percentage with public coverage increased from 18.4% in 2013 to 20.3% in the first 9 months of 2014.

In the first 9 months of 2014, adults aged 18–64 in states with a partnership Marketplace were more likely to have private coverage than those in states with state-based exchanges or those in states with a federally facilitated Marketplace. Among those in states with a federally facilitated Marketplace, the percentage with private coverage increased from 63.6% in 2013 to 66.5% in the first 9 months of 2014. Among those in states with a state-based exchange, the percentage with private coverage increased from 64.1% in 2013 to 66.7% in the first 9 months of 2014.

Health insurance coverage in regions and selected states

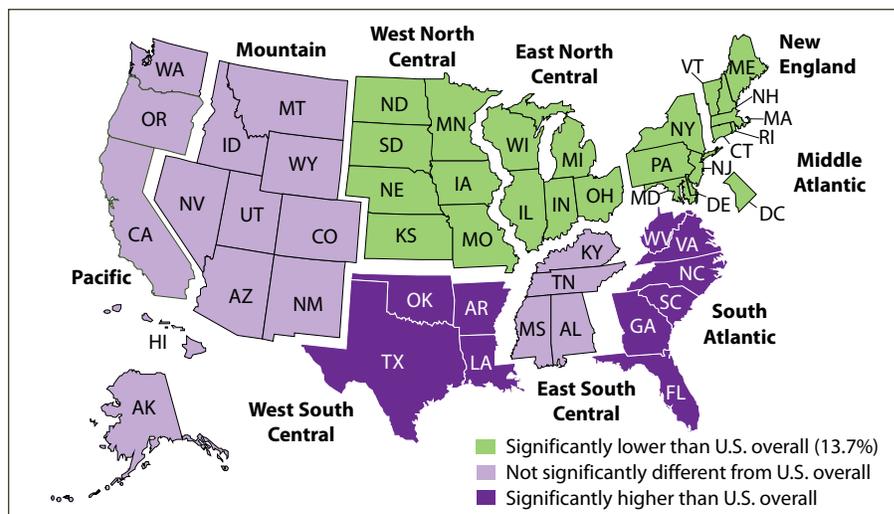
The U.S. Census Bureau divides the United States into four regions. Based on data from the first 9 months of the 2014 NHIS, lack of health insurance coverage at the time of interview among adults aged 18–64 was greatest in the South region (21.0%) (Table 9). The highest rate of public coverage was in the Northeast (19.3%), and the highest rates of private coverage were in the Northeast (70.3%) and Midwest (71.7%).

Alternatively, the United States may be divided into nine regions (Figure 8). Table 14 presents health insurance estimates for persons of all ages, persons under age 65, adults aged 18–64, and children aged 0–17 for these nine expanded regions. (See Technical Notes for definitions of the expanded regions, which are similar to but not exactly the same as Census divisions.)

In the first 9 months of 2014, for persons under age 65, rates of uninsurance at the time of interview were significantly higher than the national average of 13.7% in the South Atlantic and West South Central regions (Table 7). By contrast, rates of uninsurance were significantly lower than the national average in the New England, Middle Atlantic, East North Central, and West North Central regions.

In the United States overall, 63.2% of persons under age 65 had private coverage. Private coverage rates for this

Figure 8. Uninsured at the time of interview—Comparisons of expanded regions and national percentages for persons under age 65: United States, January–September 2014



NOTES: Expanded regions are based on a subdivision of the four census regions into nine divisions. For this report, the nine census divisions were modified by moving Delaware, the District of Columbia, and Maryland into the Middle Atlantic Division. Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population. DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

age group ranged from 57.4% in the West South Central region to 71.1% in the West North Central region (Table 14). The New England, Middle Atlantic, East North Central, and West North Central regions had rates significantly above the national average.

In the United States overall, 24.3% of persons under age 65 had public coverage. Public coverage rates for this age group ranged from 19.6% in the West North Central region to 29.4% in the East South Central region (Table 14). The West North Central region had a rate that was significantly lower than the national average. The East South Central region had a rate that was significantly above the national average.

State-specific health insurance estimates are presented for 13 states for persons of all ages, persons under age 65, adults aged 18–64, and children aged 0–17 (Table 15). Estimates are not presented for all 50 states and the District of Columbia due to considerations of sample size and precision.

Nationally, in the first 9 months of 2014, 13.7% of persons under age 65 lacked health insurance coverage at the time of interview (Table 15). Among the 13 states included in this report, rates of uninsurance were significantly higher than the national average in Florida, North Carolina, and Texas. By contrast,

rates of uninsurance at the time of interview in Kansas, Michigan, New York, Ohio, and Pennsylvania were significantly lower than the national average of 13.7%.

In the United States overall in the first 9 months of 2014, 5.9% of children lacked coverage at the time of interview, but among the 13 states shown in Table 15, rates were significantly higher than the national average in Texas and Utah.

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Table 1. Percentages of persons who lacked health insurance coverage at the time of interview, for at least part of the past year, and for more than a year, by age group and year: United States, 2009–September 2014

Age group and year	Uninsured ¹ at the time of interview	Uninsured ¹ for at least part of the past year ²	Uninsured ¹ for more than a year ²
	Percent (standard error)		
All ages			
2009	15.4 (0.30)	19.4 (0.32)	10.9 (0.26)
2010	16.0 (0.27)	19.8 (0.29)	11.7 (0.22)
2011	15.1 (0.25)	19.2 (0.29)	11.2 (0.21)
2012	14.7 (0.23)	18.6 (0.27)	11.1 (0.22)
2013	14.4 (0.26)	17.8 (0.27)	10.7 (0.23)
2014 (Jan.–Sept.)	11.9 (0.26)	17.1 (0.29)	8.7 (0.21)
Under 65 years			
2009	17.5 (0.34)	22.0 (0.36)	12.4 (0.29)
2010	18.2 (0.30)	22.5 (0.33)	13.3 (0.24)
2011	17.3 (0.29)	21.8 (0.33)	12.7 (0.25)
2012	16.9 (0.27)	21.3 (0.31)	12.7 (0.24)
2013	16.6 (0.30)	20.4 (0.32)	12.4 (0.27)
2014 (Jan.–Sept.)	13.7 (0.30)	19.7 (0.33)	10.1 (0.25)
0–17 years			
2009	8.2 (0.40)	12.8 (0.47)	4.8 (0.31)
2010	7.8 (0.32)	11.6 (0.37)	4.5 (0.23)
2011	7.0 (0.27)	10.9 (0.36)	3.7 (0.19)
2012	6.6 (0.27)	10.4 (0.35)	3.7 (0.19)
2013	6.5 (0.26)	10.0 (0.33)	3.6 (0.20)
2014 (Jan.–Sept.)	5.9 (0.32)	10.1 (0.45)	3.2 (0.22)
18–64 years			
2009	21.1 (0.37)	25.6 (0.38)	15.4 (0.34)
2010	22.3 (0.35)	26.7 (0.37)	16.8 (0.30)
2011	21.3 (0.34)	26.0 (0.37)	16.3 (0.31)
2012	20.9 (0.31)	25.5 (0.34)	16.2 (0.29)
2013	20.4 (0.37)	24.4 (0.38)	15.7 (0.34)
2014 (Jan.–Sept.)	16.7 (0.35)	23.3 (0.38)	12.7 (0.30)
19–25 years			
2009	32.7 (0.82)	40.3 (0.87)	22.0 (0.74)
2010	33.9 (0.73)	41.7 (0.78)	24.1 (0.61)
2011	27.9 (0.71)	36.1 (0.77)	20.1 (0.61)
2012	26.4 (0.72)	33.0 (0.72)	19.6 (0.62)
2013	26.5 (0.71)	31.3 (0.79)	19.8 (0.61)
2014 (Jan.–Sept.)	20.4 (0.76)	27.8 (0.86)	14.5 (0.67)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²In references to “part of the past year” and “more than a year,” a year is defined as the 12 months prior to interview.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 2. Numbers of persons who lacked health insurance coverage at the time of interview, for at least part of the past year, and for more than a year, by age group and year: United States, 2009–September 2014

Age group and year	Uninsured ¹ at the time of interview	Uninsured ¹ for at least part of the past year ²	Uninsured ¹ for more than a year ²
	Number in millions		
All ages			
2009	46.3	58.5	32.8
2010	48.6	60.3	35.7
2011	46.3	58.7	34.2
2012	45.5	57.5	34.1
2013	44.8	55.4	33.4
2014 (Jan.–Sept.)	37.2	53.5	27.2
Under 65 years			
2009	46.0	57.9	32.6
2010	48.2	59.6	35.4
2011	45.9	58.0	33.9
2012	45.2	56.8	33.9
2013	44.3	54.7	33.1
2014 (Jan.–Sept.)	36.8	52.7	27.0
0–17 years			
2009	6.1	9.5	3.6
2010	5.8	8.7	3.4
2011	5.2	8.1	2.7
2012	4.9	7.7	2.7
2013	4.8	7.3	2.6
2014 (Jan.–Sept.)	4.3	7.4	2.3
18–64 years			
2009	40.0	48.4	29.1
2010	42.5	51.0	32.0
2011	40.7	49.9	31.2
2012	40.3	49.2	31.2
2013	39.6	47.4	30.5
2014 (Jan.–Sept.)	32.6	45.4	24.7
19–25 years			
2009	9.5	11.6	6.4
2010	10.0	12.3	7.1
2011	8.4	10.8	6.0
2012	7.9	9.9	5.9
2013	8.0	9.5	6.0
2014 (Jan.–Sept.)	6.1	8.3	4.4

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²In references to “part of the past year” and “more than a year,” a year is defined as the 12 months prior to interview.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 3. Percentages of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and selected years: United States, 1997–September 2014

Age group and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
	Percent (standard error)		
All ages			
1997	15.4 (0.21)	23.3 (0.27)	70.7 (0.32)
2005	14.2 (0.21)	26.4 (0.30)	67.3 (0.37)
2009	15.4 (0.30)	30.4 (0.40)	61.9 (0.50)
2010	16.0 (0.27)	31.4 (0.39)	60.2 (0.48)
2011	15.1 (0.25)	32.4 (0.37)	60.1 (0.48)
2012	14.7 (0.23)	33.4 (0.35)	59.6 (0.43)
2013	14.4 (0.26)	33.8 (0.36)	59.5 (0.49)
2014 (Jan.–Sept.)	11.9 (0.26)	34.5 (0.41)	61.6 (0.49)
Under 65 years			
1997	17.4 (0.24)	13.6 (0.25)	70.8 (0.35)
2005	16.0 (0.24)	16.8 (0.29)	68.4 (0.39)
2009	17.5 (0.34)	21.0 (0.39)	62.9 (0.54)
2010	18.2 (0.30)	22.0 (0.38)	61.2 (0.50)
2011	17.3 (0.29)	23.0 (0.37)	61.2 (0.51)
2012	16.9 (0.27)	23.5 (0.37)	61.0 (0.47)
2013	16.6 (0.30)	23.8 (0.35)	61.0 (0.52)
2014 (Jan.–Sept.)	13.7 (0.30)	24.3 (0.40)	63.2 (0.51)
0–17 years			
1997	13.9 (0.36)	21.4 (0.48)	66.2 (0.57)
2005	8.9 (0.29)	29.9 (0.56)	62.4 (0.60)
2009	8.2 (0.40)	37.7 (0.76)	55.7 (0.86)
2010	7.8 (0.32)	39.8 (0.73)	53.8 (0.75)
2011	7.0 (0.27)	41.0 (0.74)	53.3 (0.76)
2012	6.6 (0.27)	42.1 (0.72)	52.8 (0.73)
2013	6.5 (0.26)	42.2 (0.70)	52.6 (0.76)
2014 (Jan.–Sept.)	5.9 (0.32)	42.1 (0.73)	53.3 (0.75)
18–64 years			
1997	18.9 (0.23)	10.2 (0.20)	72.8 (0.30)
2005	18.9 (0.26)	11.5 (0.22)	70.9 (0.36)
2009	21.1 (0.37)	14.4 (0.31)	65.8 (0.47)
2010	22.3 (0.35)	15.0 (0.30)	64.1 (0.46)
2011	21.3 (0.34)	15.9 (0.29)	64.2 (0.45)
2012	20.9 (0.31)	16.4 (0.29)	64.1 (0.42)
2013	20.4 (0.37)	16.7 (0.30)	64.2 (0.47)
2014 (Jan.–Sept.)	16.7 (0.35)	17.6 (0.34)	67.0 (0.47)

See footnotes at end of table.

Table 3. Percentages of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and selected years: United States, 1997–September 2014—Continued

Age group and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
	Percent (standard error)		
19–25 years			
1997	31.4 (0.63)	11.2 (0.46)	58.4 (0.71)
2005	31.2 (0.65)	12.9 (0.51)	56.5 (0.79)
2009	32.7 (0.82)	15.0 (0.62)	52.6 (0.91)
2010	33.9 (0.73)	15.7 (0.55)	51.0 (0.84)
2011	27.9 (0.71)	16.8 (0.60)	56.2 (0.85)
2012	26.4 (0.72)	17.5 (0.59)	57.2 (0.85)
2013	26.5 (0.71)	16.1 (0.54)	58.1 (0.84)
2014 (Jan.–Sept.)	20.4 (0.76)	19.1 (0.71)	61.4 (0.97)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997, 2005, and 2009–2014, Family Core component.

Table 4. Percentages of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by poverty status and year: United States, 2009–September 2014

Poverty status ¹ and year	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
Poor (<100% FPL)			
2009	30.2 (0.89)	56.7 (1.06)	14.1 (0.87)
2010	29.5 (0.83)	56.0 (0.98)	15.5 (0.70)
2011	28.2 (0.66)	56.2 (0.82)	16.6 (0.77)
2012	28.3 (0.65)	57.1 (0.83)	16.1 (0.83)
2013	27.3 (0.68)	59.0 (0.81)	14.7 (0.72)
2014 (Jan.–Sept.)	23.0 (0.76)	62.1 (0.89)	15.9 (0.77)
Near-poor (≥100% and <200% FPL)			
2009	29.4 (0.77)	36.7 (0.85)	35.9 (0.93)
2010	32.3 (0.69)	36.2 (0.63)	33.2 (0.77)
2011	30.4 (0.58)	37.7 (0.73)	33.5 (0.75)
2012	29.5 (0.56)	37.1 (0.66)	35.2 (0.75)
2013	29.3 (0.70)	39.1 (0.77)	33.4 (0.79)
2014 (Jan.–Sept.)	24.1 (0.68)	39.8 (0.83)	37.9 (0.90)
Not-poor (≥200% FPL)			
2009	10.7 (0.29)	9.0 (0.30)	81.6 (0.42)
2010	10.7 (0.24)	9.7 (0.28)	81.0 (0.36)
2011	10.1 (0.25)	9.9 (0.26)	81.4 (0.36)
2012	9.8 (0.23)	10.3 (0.33)	81.3 (0.39)
2013	9.6 (0.24)	10.5 (0.29)	81.2 (0.39)
2014 (Jan.–Sept.)	7.9 (0.24)	10.1 (0.31)	83.3 (0.40)
Unknown			
2009	22.3 (0.85)	20.8 (0.88)	57.9 (1.24)
2010	22.7 (0.95)	21.0 (0.69)	57.3 (1.08)
2011	21.0 (0.64)	26.2 (0.95)	53.9 (1.09)
2012	20.4 (0.73)	28.8 (0.89)	52.1 (1.00)
2013	20.5 (0.76)	24.2 (0.94)	56.8 (1.24)
2014 (Jan.–Sept.)	16.1 (0.87)	21.5 (1.04)	63.6 (1.36)

¹FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those below the poverty threshold; “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes of 200% of the poverty threshold or greater. For more information on the “Unknown” poverty status category, see the Technical Notes. Estimates may differ from estimates that are based on both reported and imputed income.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 5. Percentages of adults aged 18–64 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by poverty status and year: United States, 2009–September 2014

Poverty status ¹ and year	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
	Percent (standard error)		
Poor (<100% FPL)			
2009	42.5 (1.20)	40.3 (1.21)	18.0 (1.15)
2010	42.2 (0.99)	38.8 (0.97)	19.6 (0.89)
2011	40.1 (0.92)	39.6 (0.93)	21.2 (1.02)
2012	40.1 (0.90)	40.8 (0.94)	20.2 (1.09)
2013	39.3 (1.00)	42.4 (0.95)	19.0 (0.97)
2014 (Jan.–Sept.)	33.5 (1.06)	46.6 (1.06)	20.8 (1.04)
Near-poor (≥100% and <200% FPL)			
2009	39.1 (0.85)	24.5 (0.75)	37.7 (0.84)
2010	43.0 (0.74)	23.7 (0.55)	34.7 (0.74)
2011	40.1 (0.72)	25.9 (0.69)	35.4 (0.75)
2012	39.2 (0.68)	25.2 (0.57)	37.2 (0.74)
2013	38.5 (0.84)	26.6 (0.78)	36.4 (0.78)
2014 (Jan.–Sept.)	31.5 (0.79)	28.6 (0.80)	41.6 (0.90)
Not-poor (≥200% FPL)			
2009	12.5 (0.31)	7.6 (0.26)	81.4 (0.38)
2010	12.6 (0.27)	8.1 (0.27)	80.8 (0.36)
2011	12.0 (0.28)	8.3 (0.23)	81.1 (0.35)
2012	11.4 (0.26)	8.7 (0.29)	81.3 (0.38)
2013	11.4 (0.27)	8.9 (0.26)	81.2 (0.37)
2014 (Jan.–Sept.)	9.1 (0.27)	8.7 (0.29)	83.5 (0.39)
Unknown			
2009	26.7 (0.99)	15.5 (0.69)	58.8 (1.13)
2010	27.1 (1.10)	15.6 (0.63)	58.4 (1.11)
2011	25.6 (0.77)	17.6 (0.73)	58.1 (0.96)
2012	25.7 (0.88)	18.9 (0.76)	56.9 (0.92)
2013	24.3 (0.87)	17.6 (0.77)	59.5 (1.11)
2014 (Jan.–Sept.)	18.2 (0.91)	16.1 (0.88)	66.8 (1.31)

¹FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those below the poverty threshold; “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes of 200% of the poverty threshold or greater. For more information on the “Unknown” poverty status category, see the Technical Notes. Estimates may differ from estimates that are based on both reported and imputed income.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 6. Percentages of children aged 0–17 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by poverty status and year: United States, 2009–September 2014

Poverty status ¹ and year	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
	Percent (standard error)		
Poor (<100% FPL)			
2009	11.8 (0.94)	81.4 (1.11)	8.2 (0.81)
2010	10.2 (0.96)	82.0 (1.22)	9.2 (0.70)
2011	8.1 (0.62)	84.4 (0.87)	8.9 (0.72)
2012	7.5 (0.58)	85.9 (0.80)	8.8 (0.78)
2013	7.8 (0.62)	86.1 (0.88)	7.7 (0.69)
2014 (Jan.–Sept.)	6.1 (0.60)	86.9 (0.85)	8.1 (0.72)
Near-poor (≥100% and <200% FPL)			
2009	12.1 (0.90)	58.4 (1.42)	32.8 (1.43)
2010	12.6 (0.73)	59.2 (1.16)	30.5 (1.18)
2011	11.5 (0.69)	60.8 (1.17)	29.9 (1.07)
2012	10.1 (0.70)	61.0 (1.30)	31.1 (1.18)
2013	10.6 (0.72)	64.4 (1.16)	27.3 (1.17)
2014 (Jan.–Sept.)	9.1 (0.77)	62.6 (1.47)	30.3 (1.32)
Not-poor (≥200% FPL)			
2009	5.0 (0.39)	13.7 (0.63)	82.4 (0.73)
2010	4.6 (0.29)	14.9 (0.57)	81.4 (0.61)
2011	4.0 (0.27)	15.0 (0.55)	82.1 (0.58)
2012	4.5 (0.31)	15.2 (0.62)	81.3 (0.64)
2013	4.0 (0.28)	15.6 (0.62)	81.2 (0.65)
2014 (Jan.–Sept.)	4.0 (0.34)	14.5 (0.66)	82.6 (0.66)
Unknown:			
2009	9.8 (0.99)	36.1 (2.05)	55.3 (2.07)
2010	8.8 (0.89)	38.1 (1.71)	53.7 (1.74)
2011	10.4 (0.76)	45.9 (1.70)	44.5 (1.66)
2012	8.2 (0.77)	51.8 (1.50)	41.2 (1.49)
2013	9.2 (1.00)	43.7 (2.16)	48.6 (2.20)
2014 (Jan.–Sept.)	8.8 (1.80)	39.1 (2.41)	52.8 (2.30)

¹FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as those below the poverty threshold; "Near-poor" persons have incomes of 100% to less than 200% of the poverty threshold; and "Not-poor" persons have incomes of 200% of the poverty threshold or greater. For more information on the "Unknown" poverty status category, see the Technical Notes. Estimates may differ from estimates that are based on both reported and imputed income.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 7. Percentages of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and sex: United States, January–September 2014

Age group and sex	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
	Percent (standard error)		
Age group (years)			
All ages	11.9 (0.26)	34.5 (0.41)	61.6 (0.49)
Under 65	13.7 (0.30)	24.3 (0.40)	63.2 (0.51)
0–17	5.9 (0.32)	42.1 (0.73)	53.3 (0.75)
18–64	16.7 (0.35)	17.6 (0.34)	67.0 (0.47)
18–24	18.6 (0.70)	20.9 (0.74)	61.3 (0.93)
25–34	23.4 (0.57)	15.8 (0.52)	61.6 (0.70)
35–44	18.2 (0.56)	14.0 (0.45)	68.3 (0.72)
45–64	12.0 (0.36)	18.9 (0.46)	71.1 (0.56)
65 and over	0.9 (0.11)	95.0 (0.29)	51.7 (0.89)
19–25	20.4 (0.76)	19.1 (0.71)	61.4 (0.97)
Sex			
Male			
All ages	13.3 (0.32)	32.2 (0.44)	61.8 (0.52)
Under 65	15.1 (0.36)	22.8 (0.44)	63.4 (0.54)
0–17	6.1 (0.38)	41.9 (0.85)	53.4 (0.86)
18–64	18.7 (0.43)	15.3 (0.39)	67.3 (0.51)
18–24	21.4 (1.00)	17.3 (0.97)	62.0 (1.30)
25–34	27.2 (0.82)	11.3 (0.59)	62.3 (0.86)
35–44	20.2 (0.74)	11.2 (0.60)	69.2 (0.85)
45–64	12.5 (0.45)	18.7 (0.58)	70.9 (0.67)
65 and over	0.9 (0.15)	94.5 (0.38)	51.5 (1.03)
19–25	23.4 (1.08)	15.1 (0.91)	62.2 (1.28)
Female			
All ages	10.6 (0.26)	36.7 (0.44)	61.3 (0.52)
Under 65	12.4 (0.30)	25.8 (0.43)	63.1 (0.55)
0–17	5.6 (0.36)	42.4 (0.82)	53.2 (0.88)
18–64	14.9 (0.36)	19.7 (0.39)	66.7 (0.52)
18–24	15.9 (0.77)	24.5 (1.02)	60.7 (1.18)
25–34	19.6 (0.64)	20.3 (0.72)	60.8 (0.83)
35–44	16.2 (0.62)	16.8 (0.56)	67.5 (0.81)
45–64	11.5 (0.40)	19.2 (0.49)	71.3 (0.62)
65 and over	0.9 (0.12)	95.4 (0.33)	51.8 (0.94)
19–25	17.3 (0.82)	23.1 (1.01)	60.6 (1.19)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

Table 8. Percentages of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by race/ethnicity and year: United States, 2009–September 2014

Race/ethnicity and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
	Percent (standard error)		
Hispanic or Latino			
2009	32.8 (0.86)	30.6 (0.78)	37.1 (0.89)
2010	31.9 (0.72)	32.0 (0.78)	36.6 (0.81)
2011	31.1 (0.68)	33.6 (0.74)	36.1 (0.82)
2012	30.4 (0.71)	34.0 (0.71)	36.4 (0.74)
2013	30.3 (0.66)	33.4 (0.62)	37.0 (0.76)
2014 (Jan.–Sept.)	25.8 (0.67)	34.2 (0.85)	40.9 (1.00)
Non-Hispanic white, single race			
2009	13.1 (0.34)	15.6 (0.42)	72.9 (0.57)
2010	13.7 (0.30)	16.4 (0.42)	71.4 (0.57)
2011	13.0 (0.32)	17.1 (0.39)	71.4 (0.55)
2012	12.7 (0.28)	17.3 (0.39)	71.5 (0.51)
2013	12.1 (0.29)	17.9 (0.38)	71.6 (0.53)
2014 (Jan.–Sept.)	10.2 (0.29)	18.1 (0.45)	73.1 (0.54)
Non-Hispanic black, single race			
2009	18.8 (0.59)	34.9 (0.97)	47.8 (0.99)
2010	20.8 (0.63)	36.3 (0.79)	44.6 (0.84)
2011	19.0 (0.51)	36.9 (0.83)	45.6 (0.85)
2012	17.9 (0.50)	38.2 (0.77)	45.4 (0.79)
2013	18.9 (0.51)	37.5 (0.92)	44.9 (1.01)
2014 (Jan.–Sept.)	13.7 (0.52)	40.4 (0.85)	47.3 (0.93)
Non-Hispanic Asian, single race			
2009	15.2 (0.93)	13.0 (1.00)	72.5 (1.36)
2010	16.8 (0.76)	14.9 (0.98)	69.1 (1.17)
2011	16.0 (0.89)	17.6 (1.14)	67.0 (1.40)
2012	16.4 (0.93)	16.6 (0.85)	67.5 (1.24)
2013	13.8 (0.81)	17.5 (1.00)	69.4 (1.27)
2014 (Jan.–Sept.)	11.6 (0.77)	16.5 (1.16)	72.6 (1.35)
Non-Hispanic other races and multiple races			
2009	19.9 (1.50)	34.6 (1.96)	48.2 (2.59)
2010	22.4 (4.83)	30.3 (2.14)	48.7 (3.83)
2011	19.1 (1.78)	32.5 (1.60)	50.6 (1.89)
2012	16.4 (1.33)	35.8 (1.77)	50.8 (2.16)
2013	16.0 (1.17)	35.9 (1.75)	50.1 (1.97)
2014 (Jan.–Sept.)	12.8 (1.54)	34.8 (1.87)	54.1 (2.25)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 9. Percentages of adults aged 18–64 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by selected demographic characteristics: United States, January–September 2014

Selected characteristic	Uninsured ¹ at the time of interview	Percent (standard error)	
		Public health plan coverage ²	Private health insurance coverage ³
Race/ethnicity			
Hispanic or Latino	34.3 (0.83)	20.1 (0.75)	46.3 (0.98)
Non-Hispanic			
White, single race	12.0 (0.32)	14.5 (0.40)	74.9 (0.51)
Black, single race	17.9 (0.64)	30.7 (0.81)	52.9 (0.94)
Asian, single race	13.7 (0.83)	13.3 (1.02)	73.7 (1.28)
Other races and multiple races	19.4 (1.97)	23.8 (1.78)	58.2 (2.41)
Region			
Northeast	11.5 (0.58)	19.3 (1.01)	70.3 (1.15)
Midwest	13.6 (0.56)	16.0 (0.66)	71.7 (0.87)
South	21.0 (0.71)	17.2 (0.55)	63.1 (0.86)
West	16.6 (0.55)	18.4 (0.68)	66.1 (0.79)
Education			
Less than high school	34.6 (1.00)	34.2 (0.98)	32.4 (0.97)
High school diploma or GED ⁴	22.6 (0.53)	22.3 (0.55)	56.5 (0.65)
More than high school	10.4 (0.30)	12.1 (0.33)	78.8 (0.45)
Employment status			
Employed	15.2 (0.34)	9.4 (0.26)	76.1 (0.42)
Unemployed	40.2 (1.17)	31.0 (1.21)	29.2 (1.16)
Not in workforce	16.0 (0.59)	40.9 (0.73)	46.7 (0.81)
Poverty status⁵			
<100% FPL	33.5 (1.06)	46.6 (1.06)	20.8 (1.04)
≥100% and ≤138% FPL	34.2 (1.18)	35.9 (1.16)	31.0 (1.22)
>138% and ≤250% FPL	26.2 (0.65)	20.7 (0.67)	54.9 (0.81)
>250% and ≤400% FPL	12.9 (0.51)	10.6 (0.47)	77.8 (0.65)
>400% FPL	4.2 (0.25)	5.8 (0.33)	91.1 (0.40)
Unknown	15.4 (0.79)	14.1 (0.79)	71.5 (1.17)
Marital status			
Married	12.5 (0.38)	12.8 (0.38)	76.0 (0.53)
Widowed	18.7 (2.00)	33.8 (2.09)	48.8 (2.38)
Divorced or separated	19.6 (0.62)	28.0 (0.87)	54.3 (0.91)
Living with partner	28.8 (1.04)	18.1 (0.76)	54.1 (1.11)
Never married	20.2 (0.54)	22.2 (0.57)	58.7 (0.71)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁴GED is General Educational Development high school equivalency diploma.

⁵FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. The percentage of respondents with “Unknown” poverty status for this five-level categorization is 9.8%. This value is greater than the corresponding value for the three-level poverty categorization because of greater uncertainty when assigning individuals to more detailed poverty groups. For more information on poverty status, see the [Technical Notes](#). Estimates may differ from estimates that are based on both reported and imputed income.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

Table 10. Percentages of persons under age 65 with private health insurance coverage who were enrolled in a high-deductible health plan, in a high-deductible health plan without a health savings account, and in a consumer-directed health plan, and who were in a family with a flexible spending account for medical expenses, by year: United States, 2009–September 2014

Year	Enrolled in a high-deductible health plan (HDHP) ¹	Enrolled in an HDHP without a health savings account (HSA) ²	Enrolled in a consumer-directed health plan (CDHP) ³	In a family with a flexible spending account (FSA) for medical expenses
	Percent (standard error)			
2009	22.5 (0.58)	15.9 (0.43)	6.6 (0.33)	20.4 (0.50)
2010	25.3 (0.54)	17.6 (0.46)	7.7 (0.33)	20.4 (0.50)
2011	29.0 (0.54)	19.9 (0.41)	9.2 (0.35)	21.4 (0.53)
2012	31.1 (0.57)	20.3 (0.42)	10.8 (0.34)	21.6 (0.45)
2013	33.9 (0.68)	22.2 (0.48)	11.7 (0.43)	21.6 (0.48)
2014 (Jan.–Sept.)	36.7 (0.77)	23.6 (0.58)	13.1 (0.51)	21.2 (0.56)

¹HDHP was defined in 2014 as a health plan with an annual deductible of at least \$1,250 for self-only coverage and \$2,500 for family coverage. The deductible is adjusted annually for inflation. Deductibles for previous years are included in the [Technical Notes](#).

²HSA is a tax-advantaged account or fund that can be used to pay for medical expenses. It must be coupled with an HDHP.

³CDHP is an HDHP coupled with an HSA.

NOTES: The measures of HDHP enrollment, CDHP enrollment, and being in a family with an FSA for medical expenses are not mutually exclusive. Therefore, a person may be counted in more than one measure. The individual components of HDHPs may not add up to the total, due to rounding. Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 11. Percentage of persons under age 65 with private health insurance coverage who were enrolled in a high-deductible health plan, by year and source of coverage: United States, 2009–September 2014

Year	Employment-based ¹	Directly purchased ²
	Percent (standard error)	
2009	20.2 (0.59)	46.9 (1.84)
2010	23.3 (0.54)	48.0 (1.48)
2011	26.9 (0.53)	52.4 (1.49)
2012	29.2 (0.60)	54.7 (1.61)
2013	32.0 (0.67)	56.4 (1.50)
2014 (Jan.–Sept.)	35.9 (0.79)	54.2 (1.62)

¹Private insurance that was originally obtained through a present or former employer or union or through a professional association.

²Private insurance that was originally obtained through direct purchase or through other means not related to employment.

NOTES: For persons under age 65, approximately 8% of private health plans were directly purchased from 2009 through 2013. In 2014, 10% of private plans were directly purchased. Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 12. Percentages of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group, state Medicaid expansion status, and year: United States, 2009–September 2014

Age group, state Medicaid expansion status, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
	Percent (standard error)		
Under 65 years			
States moving forward with Medicaid expansion at this time⁴			
2009	15.4 (0.37)	20.7 (0.56)	65.3 (0.73)
2010	16.4 (0.42)	21.8 (0.54)	63.1 (0.70)
2011	15.3 (0.35)	23.1 (0.56)	62.9 (0.72)
2012	15.0 (0.34)	23.1 (0.50)	63.3 (0.63)
2013	14.9 (0.40)	24.1 (0.48)	62.3 (0.68)
2014 (Jan.–Sept.)	11.5 (0.34)	25.3 (0.55)	64.5 (0.66)
States not moving forward with Medicaid expansion at this time⁵			
2009	20.0 (0.60)	21.3 (0.54)	60.1 (0.80)
2010	20.3 (0.48)	22.1 (0.51)	59.0 (0.76)
2011	19.6 (0.50)	22.7 (0.50)	59.1 (0.78)
2012	19.2 (0.45)	24.0 (0.55)	58.3 (0.75)
2013	18.4 (0.48)	23.4 (0.51)	59.6 (0.80)
2014 (Jan.–Sept.)	16.3 (0.50)	23.2 (0.60)	61.8 (0.86)
0–17 years			
States moving forward with Medicaid expansion at this time⁴			
2009	5.9 (0.43)	36.3 (1.09)	59.5 (1.15)
2010	6.7 (0.46)	38.2 (1.05)	56.5 (1.06)
2011	5.9 (0.33)	40.2 (1.11)	55.4 (1.09)
2012	5.3 (0.32)	40.4 (1.00)	55.9 (1.07)
2013	5.6 (0.33)	41.3 (0.86)	54.5 (0.95)
2014 (Jan.–Sept.)	4.7 (0.40)	41.1 (0.99)	55.7 (1.01)
States not moving forward with Medicaid expansion at this time⁵			
2009	10.8 (0.68)	39.4 (1.00)	51.3 (1.20)
2010	9.0 (0.47)	41.7 (0.99)	50.7 (1.08)
2011	8.3 (0.46)	42.0 (1.02)	50.9 (1.11)
2012	8.0 (0.46)	43.9 (1.11)	49.4 (1.07)
2013	7.5 (0.40)	43.1 (1.12)	50.5 (1.23)
2014 (Jan.–Sept.)	7.1 (0.49)	43.2 (1.20)	50.8 (1.23)
18–64 years			
States moving forward with Medicaid expansion at this time⁴			
2009	19.0 (0.43)	14.7 (0.43)	67.5 (0.63)
2010	20.1 (0.47)	15.5 (0.40)	65.6 (0.62)
2011	18.9 (0.41)	16.6 (0.41)	65.8 (0.61)
2012	18.5 (0.39)	16.7 (0.38)	66.0 (0.53)
2013	18.4 (0.49)	17.7 (0.44)	65.2 (0.65)
2014 (Jan.–Sept.)	13.9 (0.38)	19.5 (0.49)	67.8 (0.61)

See footnotes at end of table.

Table 12. Percentages of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group, state Medicaid expansion status, and year: United States, 2009–September 2014—Continued

Age group, state Medicaid expansion status, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²		Private health insurance coverage ³
		Percent (standard error)		
States not moving forward with Medicaid expansion at this time ⁵				
2009	23.6 (0.65)	14.2 (0.44)		63.6 (0.71)
2010	24.8 (0.58)	14.4 (0.45)		62.2 (0.70)
2011	24.1 (0.60)	15.1 (0.42)		62.3 (0.71)
2012	23.7 (0.54)	16.1 (0.44)		61.8 (0.69)
2013	22.7 (0.59)	15.6 (0.41)		63.2 (0.69)
2014 (Jan.–Sept.)	19.9 (0.61)	15.4 (0.47)		66.1 (0.78)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁴States moving forward with Medicaid expansion include AZ, AR, CA, CO, CT, DE, DC, HI, IL, IA, KY, MD, MA, MI, MN, NV, NJ, NM, NY, ND, OH, OR, RI, VT, WA, and WV (as of October 31, 2013).

⁵States not moving forward with Medicaid expansion include AL, AK, FL, GA, ID, IN, KS, LA, ME, MS, MO, MT, NE, NH, NC, OK, PA, SC, SD, TN, TX, UT, VA, WI, and WY (as of October 31, 2013).

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 13. Percentages of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group, state Health Insurance Marketplace type, and year: United States, 2009–September 2014

Age group, state Health Insurance Marketplace type, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
	Percent (standard error)		
Under 65 years			
State-based Marketplace states ⁴			
2009	16.1 (0.52)	20.7 (0.68)	64.3 (0.89)
2010	16.3 (0.46)	21.6 (0.66)	63.2 (0.80)
2011	15.9 (0.46)	23.6 (0.70)	61.8 (0.88)
2012	15.2 (0.43)	24.2 (0.66)	61.8 (0.83)
2013	15.2 (0.48)	25.0 (0.56)	61.0 (0.83)
2014 (Jan.–Sept.)	11.7 (0.41)	26.2 (0.67)	63.2 (0.81)
Partnership Marketplace states ⁵			
2009	14.1 (0.76)	21.1 (1.39)	66.7 (1.98)
2010	14.7 (0.87)	22.5 (1.15)	64.8 (1.73)
2011	14.3 (0.71)	22.7 (1.28)	64.5 (1.72)
2012	14.1 (0.70)	20.8 (1.12)	66.7 (1.53)
2013	14.2 (0.83)	21.8 (1.07)	65.6 (1.42)
2014 (Jan.–Sept.)	10.9 (0.72)	24.1 (1.12)	66.9 (1.33)
Federally Facilitated Marketplace states ⁶			
2009	19.0 (0.53)	21.2 (0.52)	61.2 (0.74)
2010	20.1 (0.48)	22.1 (0.50)	59.1 (0.70)
2011	18.8 (0.45)	22.6 (0.47)	60.0 (0.71)
2012	18.6 (0.41)	23.6 (0.50)	59.3 (0.67)
2013	17.9 (0.44)	23.3 (0.49)	60.2 (0.74)
2014 (Jan.–Sept.)	15.6 (0.46)	23.2 (0.56)	62.5 (0.78)
0–17 years			
State-based Marketplace states ⁴			
2009	6.9 (0.61)	36.5 (1.31)	57.9 (1.31)
2010	6.7 (0.50)	38.0 (1.32)	56.4 (1.31)
2011	6.4 (0.47)	40.9 (1.43)	54.2 (1.39)
2012	5.4 (0.43)	42.2 (1.37)	53.9 (1.46)
2013	5.7 (0.37)	42.8 (1.05)	52.6 (1.18)
2014 (Jan.–Sept.)	4.9 (0.50)	42.3 (1.21)	53.9 (1.20)
Partnership Marketplace states ⁵			
2009	3.1 (0.68)	37.7 (2.78)	62.0 (3.23)
2010	4.1 (0.78)	40.7 (2.21)	57.9 (2.31)
2011	4.2 (0.53)	39.6 (2.44)	58.0 (2.39)
2012	3.6 (0.69)	38.5 (2.20)	59.9 (2.26)
2013	4.2 (0.53)	38.4 (1.95)	59.2 (2.08)
2014 (Jan.–Sept.)	3.5 (0.61)	40.7 (2.21)	58.4 (2.19)
Federally Facilitated Marketplace states ⁶			
2009	10.0 (0.60)	38.5 (0.95)	53.0 (1.13)
2010	9.2 (0.48)	40.7 (0.91)	51.3 (0.97)
2011	8.0 (0.40)	41.4 (0.93)	51.8 (1.01)
2012	7.9 (0.41)	42.7 (1.00)	50.8 (0.98)
2013	7.5 (0.39)	42.6 (1.02)	51.3 (1.11)
2014 (Jan.–Sept.)	6.9 (0.46)	42.3 (1.08)	52.0 (1.12)

See footnotes at end of table.

Table 13. Percentages of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age, state Health Insurance Marketplace type, and year: United States, 2009–September 2014 —Continued

Age group, state Health Insurance Marketplace type, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
18–64 years			
State-based Marketplace states ⁴			
2009	19.6 (0.61)	14.6 (0.53)	66.8 (0.82)
2010	19.9 (0.52)	15.3 (0.48)	65.9 (0.68)
2011	19.5 (0.53)	17.1 (0.52)	64.7 (0.75)
2012	18.8 (0.50)	17.7 (0.49)	64.7 (0.69)
2013	18.7 (0.60)	18.4 (0.52)	64.1 (0.80)
2014 (Jan.–Sept.)	14.2 (0.47)	20.3 (0.61)	66.7 (0.78)
Partnership Marketplace states ⁵			
2009	18.5 (0.97)	14.5 (1.04)	68.5 (1.70)
2010	18.9 (1.12)	15.3 (0.90)	67.6 (1.59)
2011	18.4 (0.92)	15.9 (0.87)	67.1 (1.52)
2012	18.1 (0.85)	13.9 (0.79)	69.3 (1.36)
2013	17.9 (0.98)	15.7 (0.91)	68.0 (1.29)
2014 (Jan.–Sept.)	13.7 (0.86)	17.8 (0.95)	70.2 (1.28)
Federally Facilitated Marketplace states ⁶			
2009	22.6 (0.57)	14.3 (0.41)	64.5 (0.65)
2010	24.5 (0.56)	14.7 (0.43)	62.2 (0.66)
2011	23.0 (0.54)	15.1 (0.39)	63.3 (0.64)
2012	22.8 (0.48)	16.1 (0.41)	62.7 (0.61)
2013	22.0 (0.54)	15.9 (0.41)	63.6 (0.64)
2014 (Jan.–Sept.)	18.9 (0.56)	15.8 (0.46)	66.5 (0.71)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁴State-based Marketplace states are CA, CO, CT, DC, HI, ID, KY, MD, MA, MN, NV, NM, NY, OR, RI, VT, and WA (as of October 31, 2013).

⁵Partnership Marketplace states are AR, DE, IL, IA, MI, NH, and WV (as of October 31, 2013).

⁶Federally Facilitated Marketplace states are AL, AK, AZ, FL, GA, IN, KS, LA, ME, MS, MO, MT, NE, NJ, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, and WY (as of October 31, 2013).

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

Table 14. Percentages of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage, at the time of interview, by age group and expanded region: United States, January–September 2014

Age group and expanded region ¹	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
	Percent (standard error)		
All ages			
All states	11.9 (0.26)	34.5 (0.41)	61.6 (0.49)
New England	5.5 (0.62)	36.8 (1.67)	68.2 (1.55)
Middle Atlantic	9.0 (0.52)	35.8 (1.14)	64.4 (1.28)
East North Central	9.4 (0.55)	34.1 (0.90)	66.9 (1.14)
West North Central	9.4 (0.61)	30.4 (1.32)	70.0 (1.06)
South Atlantic	14.0 (0.74)	36.6 (1.02)	56.7 (1.39)
East South Central	11.6 (0.87)	39.3 (2.24)	57.7 (2.09)
West South Central	18.6 (0.85)	31.1 (1.18)	55.8 (1.57)
Mountain	13.0 (0.84)	31.9 (1.73)	62.2 (1.88)
Pacific	11.7 (0.50)	34.8 (0.82)	59.1 (1.03)
Under 65 years			
All states	13.7 (0.30)	24.3 (0.40)	63.2 (0.51)
New England	6.5 (0.70)	24.5 (1.62)	70.1 (1.79)
Middle Atlantic	10.5 (0.58)	24.9 (1.10)	65.8 (1.34)
East North Central	11.0 (0.65)	23.4 (0.98)	67.2 (1.23)
West North Central	10.9 (0.70)	19.6 (0.92)	71.1 (1.15)
South Atlantic	16.4 (0.85)	25.8 (1.00)	58.9 (1.54)
East South Central	13.6 (1.05)	29.4 (2.43)	59.1 (2.47)
West South Central	20.9 (0.95)	22.6 (1.03)	57.4 (1.61)
Mountain	14.9 (0.96)	21.7 (1.55)	64.6 (1.82)
Pacific	13.1 (0.56)	25.9 (0.85)	62.0 (0.99)
0–17 years			
All states	5.9 (0.32)	42.1 (0.73)	53.3 (0.75)
New England	*2.7 (0.87)	36.3 (2.94)	62.5 (2.67)
Middle Atlantic	4.1 (0.78)	42.6 (2.13)	54.2 (2.19)
East North Central	4.1 (0.72)	39.4 (1.91)	58.7 (1.95)
West North Central	3.8 (0.56)	37.0 (1.75)	62.0 (1.68)
South Atlantic	5.7 (0.87)	47.9 (1.96)	46.9 (2.25)
East South Central	5.5 (0.97)	47.3 (3.61)	48.7 (3.34)
West South Central	10.8 (0.84)	43.1 (2.03)	47.1 (2.11)
Mountain	8.0 (0.92)	33.7 (2.95)	59.4 (2.57)
Pacific	5.4 (0.78)	43.2 (1.61)	52.4 (1.66)

See footnotes at end of table.

Table 14. Percentages of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage, at the time of interview, by age group and expanded region: United States, January–September 2014—*Continued*

Age group and expanded region ¹	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
18–64 years			
All states	16.7 (0.35)	17.6 (0.34)	67.0 (0.47)
New England	7.8 (0.89)	20.7 (1.70)	72.5 (1.75)
Middle Atlantic	12.7 (0.70)	19.0 (1.09)	69.6 (1.24)
East North Central	13.6 (0.76)	17.5 (0.81)	70.4 (1.15)
West North Central	13.7 (0.93)	12.8 (0.81)	74.6 (1.21)
South Atlantic	20.4 (1.04)	17.7 (0.82)	63.3 (1.36)
East South Central	16.7 (1.20)	22.5 (2.11)	63.0 (2.24)
West South Central	25.2 (1.29)	13.9 (0.77)	61.8 (1.46)
Mountain	18.0 (1.26)	16.4 (1.25)	66.9 (1.67)
Pacific	16.1 (0.59)	19.2 (0.75)	65.7 (0.93)

*Estimates preceded by an asterisk have a relative standard error greater than 30% and less than or equal to 50% and should be used with caution as they do not meet standards of reliability or precision.

¹The *New England* region includes CT, ME, MA, NH, RI, and VT. The *Middle Atlantic* region includes DE, DC, MD, NJ, NY, and PA. The *East North Central* region includes IL, IN, MI, OH, and WI. The *West North Central* region includes IA, KS, MN, MO, NE, ND, and SD. The *South Atlantic* region includes FL, GA, NC, SC, VA, and WV. The *East South Central* region includes AL, KY, MS, and TN. The *West South Central* region includes AR, LA, OK, and TX. The *Mountain* region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The *Pacific* region includes AK, CA, HI, OR, and WA.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

Table 15. Percentages of persons in selected states who lacked health insurance coverage, had public health plan coverage, or had private health insurance coverage at the time of interview, by age group: United States, January–September 2014

Age group and selected states ¹	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
	Percent (standard error)		
All ages			
All states ⁵	11.9 (0.26)	34.5 (0.41)	61.6 (0.49)
California	12.2 (0.59)	34.1 (1.01)	58.3 (1.17)
Florida	16.0 (1.32)	38.6 (1.80)	51.9 (2.54)
Georgia	14.4 (2.01)	34.6 (2.03)	57.1 (3.49)
Illinois	11.5 (1.18)	33.9 (1.77)	64.9 (1.96)
Kansas	8.9 (1.06)	33.4 (1.39)	70.2 (1.62)
Michigan	8.3 (0.94)	35.1 (1.99)	68.6 (2.09)
New Jersey	10.2 (1.63)	26.4 (2.66)	72.6 (2.51)
New York	10.1 (0.82)	39.6 (1.59)	56.8 (2.25)
North Carolina	14.8 (1.11)	38.3 (1.88)	54.7 (2.37)
Ohio	8.1 (1.10)	37.1 (2.04)	64.0 (2.27)
Pennsylvania	7.6 (0.84)	35.9 (2.16)	68.4 (1.62)
Texas	20.1 (1.06)	28.3 (1.47)	56.3 (2.01)
Utah	14.0 (1.54)	22.8 (3.70)	70.8 (3.91)
Under 65 years			
All states ⁵	13.7 (0.30)	24.3 (0.40)	63.2 (0.51)
California	13.7 (0.65)	25.6 (1.03)	61.6 (1.15)
Florida	19.3 (1.50)	25.7 (1.70)	55.7 (2.52)
Georgia	16.3 (2.32)	25.6 (2.27)	58.7 (4.26)
Illinois	13.3 (1.44)	24.7 (2.06)	63.9 (2.13)
Kansas	10.8 (1.29)	19.4 (1.64)	71.8 (2.07)
Michigan	9.8 (1.16)	24.0 (1.65)	68.0 (2.47)
New Jersey	11.6 (1.67)	15.3 (1.74)	74.0 (2.78)
New York	11.8 (0.94)	30.2 (1.59)	59.2 (2.08)
North Carolina	17.2 (1.14)	28.5 (2.02)	56.0 (2.58)
Ohio	9.6 (1.28)	25.8 (1.94)	66.3 (2.68)
Pennsylvania	9.1 (0.95)	23.2 (1.83)	69.1 (2.14)
Texas	22.2 (1.19)	20.9 (1.28)	57.7 (2.05)
Utah	15.7 (2.02)	13.6 (2.21)	72.4 (3.87)
0–17 years			
All states ⁵	5.9 (0.32)	42.1 (0.73)	53.3 (0.75)
California	5.7 (1.00)	41.8 (1.85)	53.1 (1.92)
Florida	6.5 (1.95)	52.3 (2.88)	41.3 (3.80)
Georgia	*6.4 (1.95)	47.0 (4.37)	46.2 (5.73)
Illinois	4.2 (0.97)	45.2 (4.30)	53.0 (3.64)
Kansas	*3.6 (1.09)	33.9 (3.34)	65.3 (3.35)
Michigan	*3.2 (1.25)	36.6 (3.37)	62.4 (3.96)
New Jersey	*4.3 (1.78)	27.4 (3.00)	69.2 (4.11)
New York	6.2 (1.40)	46.8 (3.40)	47.9 (3.22)
North Carolina	5.8 (1.40)	54.0 (3.68)	41.8 (3.06)
Ohio	*4.7 (2.15)	40.1 (3.42)	57.4 (4.09)
Pennsylvania	*2.4 (1.10)	46.6 (4.60)	52.1 (4.39)
Texas	11.8 (1.00)	42.0 (2.60)	47.1 (2.67)
Utah	13.4 (0.95)	17.5 (3.70)	70.0 (4.17)

See footnotes at end of table.

Table 15. Percentages of persons in selected states who lacked health insurance coverage, had public health plan coverage, or had private health insurance coverage at the time of interview, by age group: United States, January–September 2014 —Continued

Age group and selected states ¹	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
	Percent (standard error)		
18–64 years			
All states ⁵	16.7 (0.35)	17.6 (0.34)	67.0 (0.47)
California	16.8 (0.62)	19.2 (0.82)	64.9 (1.09)
Florida	23.8 (1.81)	16.6 (1.39)	60.6 (2.32)
Georgia	20.1 (2.77)	17.5 (1.67)	63.4 (3.77)
Illinois	16.5 (1.84)	17.3 (1.54)	67.8 (1.94)
Kansas	14.4 (1.61)	12.1 (1.85)	75.1 (2.04)
Michigan	12.4 (1.22)	19.0 (1.71)	70.3 (2.66)
New Jersey	14.0 (2.00)	11.3 (1.59)	75.6 (2.75)
New York	13.5 (1.01)	24.9 (1.65)	62.8 (2.14)
North Carolina	22.1 (1.81)	17.4 (1.98)	62.1 (2.46)
Ohio	11.2 (1.21)	21.0 (1.79)	69.2 (2.28)
Pennsylvania	11.4 (1.11)	15.3 (1.73)	74.8 (1.94)
Texas	26.8 (1.67)	11.6 (0.88)	62.4 (1.85)
Utah	16.9 (2.75)	11.4 (1.60)	73.7 (3.76)

* Estimate has a relative standard error greater than 30% and less than or equal to 50% and should be used with caution as it does not meet standards of reliability or precision.

† Estimate has a relative standard error of greater than 50% and is not shown.

¹ Estimates are presented for fewer than 50 states and the District of Columbia due to considerations of sample size and precision.

² A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³ Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴ Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, or purchased through local or community programs. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁵ Includes all 50 states and the District of Columbia.

NOTES: Estimates for 2014 are based on data collected from January through September. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2014, Family Core component.

Technical Notes

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the January–September 2014 National Health Interview Survey (NHIS), along with comparable estimates from the 2009–2013 NHIS.

To reflect different policy-relevant perspectives, three measures of lack of health insurance coverage are provided: (a) uninsured at the time of interview, (b) uninsured at least part of the year prior to interview (which also includes persons uninsured for more than a year), and (c) uninsured for more than a year at the time of interview. The three different time frames are defined as:

- *Uninsured at the time of interview* provides an estimate of persons who at any given time may have experienced barriers to obtaining needed health care.
- *Uninsured at any time in the year prior to interview* provides an annual caseload of persons who may experience barriers to obtaining needed health care. This measure includes persons who have insurance at the time of interview but who had a period of noncoverage in the year prior to interview, as well as those who are currently uninsured and who may have been uninsured for a long period of time.
- *Uninsured for more than a year* provides an estimate of those with a persistent lack of coverage who may be at high risk of not obtaining preventive services or care for illness and injury.

These three measures are not mutually exclusive, and a given individual may be counted in more than one of the measures. Estimates of enrollment in public and private coverage are also provided.

This report also includes estimates for three types of consumer-directed private health care. Consumer-directed

health care may enable individuals to have more control over when and how they access care, what types of care they use, and how much they spend on health care services. National attention to consumer-directed health care increased following enactment of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (P.L. 108–173), which established tax-advantaged health savings accounts (HSAs) (1). In 2007, three additional questions were added to the health insurance section of NHIS to monitor enrollment in consumer-directed health care among persons with private health insurance. Estimates are provided for enrollment in high-deductible health plans (HDHPs), plans with high deductibles coupled with HSAs (i.e., consumer-directed health plans; CDHPs), and being in a family with a flexible spending account (FSA) for medical expenses not otherwise covered. For a more complete description of consumer-directed health care, see “Definitions of selected terms” below.

The January–September 2014 health insurance estimates are being released prior to final data editing and final weighting, to provide access to the most recent information from NHIS. Differences between estimates calculated using preliminary data files and final data files are typically less than 0.1 percentage point. However, preliminary estimates of persons without health insurance coverage are generally 0.1–0.3 percentage points lower than the final estimates due to the editing procedures used for the final data files.

Estimates for 2014 are stratified by age group, sex, race/ethnicity, poverty status, marital status, employment status, region, and educational attainment.

Data source

NHIS is a multistage probability sample survey of the civilian noninstitutionalized population of the United States and is the source of data for this report. The survey is conducted continuously throughout the year by NCHS through an agreement with the U.S. Census Bureau.

NHIS is a comprehensive health survey that can be used to relate health insurance coverage to health outcomes

and health care utilization. It has a low item nonresponse rate (about 1%) for the health insurance questions. Because NHIS is conducted throughout the year—yielding a nationally representative sample each month—data can be analyzed monthly or quarterly to monitor health insurance coverage trends.

The fundamental structure of the current NHIS oversamples Hispanic, black, and Asian populations. Visit the NCHS website at:

<http://www.cdc.gov/nchs/nhis.htm> for more information on the design, content, and use of NHIS.

The data for this report are derived from the Family Core component of the 2009–2014 NHIS, which collects information on all family members in each household. Data analyses for the 2014 NHIS were based on 85,224 persons in the Family Core.

Data on health insurance status were edited using an automated system based on logic checks and keyword searches. Information from follow-up questions, such as plan name(s), were used to reassign insurance status and type of coverage to avoid misclassification. For comparability, the estimates for all years were created using these same procedures. The analyses excluded persons with unknown health insurance status (about 1% of respondents each year).

Estimation procedures

NCHS creates survey weights for each calendar quarter of the NHIS sample. The NHIS data weighting procedure is described in more detail at: http://www.cdc.gov/nchs/data/series/sr_02/sr02_165.pdf. Estimates were calculated using NHIS survey weights, which are calibrated to census totals for sex, age, and race/ethnicity of the U.S. civilian noninstitutionalized population. Weights for 2009–2011 were derived from 2000 census-based population estimates. Beginning with 2012 NHIS data, weights were derived from 2010 census-based population estimates.

Point estimates and estimates of their variances were calculated using SUDAAN software (RTI International, Research Triangle Park, N.C.) to account for the complex sample design of NHIS, taking into account stratum and primary

sampling unit (PSU) identifiers. The Taylor series linearization method was chosen for variance estimation.

Trends in coverage were generally assessed using Joinpoint regression (2), which characterizes trends as joined linear segments. A Joinpoint is the year where two segments with different slopes meet. Joinpoint software uses statistical criteria to determine the fewest number of segments necessary to characterize a trend and the year(s) when segments begin and end. Trends from 2010 to 2014 were also evaluated using logistic regression analysis.

State-specific health insurance estimates are presented for 13 states for persons of all ages, persons under age 65, and adults aged 18–64. State-specific estimates are presented for 8 states for children aged 0–17. Estimates are not presented for all 50 states and the District of Columbia due to considerations of sample size and precision. States with fewer than 1,000 interviews for persons of all ages are excluded. In addition, estimates for children in states that did not have at least 300 children with completed interviews are not presented. Calculation of standard errors of the differences between state and expanded regional estimates and national estimates accounted for correlations.

Unless otherwise noted, all estimates shown meet the NCHS standard of having less than or equal to 30% relative standard error. Differences between percentages or rates were evaluated using two-sided significance tests at the 0.05 level. All differences discussed are significant unless otherwise noted. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

Definitions of selected terms

Private health insurance coverage—Includes persons who had any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance

Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care.

Public health plan coverage—Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

Uninsured—A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

Directly purchased coverage—Private insurance that was originally obtained through direct purchase or through other means not related to employment.

Employment-based coverage—Private insurance that was originally obtained through a present or former employer or union or a professional association.

Exchange-based coverage—A private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152) (ACA). In response to ACA, several new questions were added to NHIS to capture health care plans obtained through exchange-based coverage.

In general, if a family member is reported to have coverage through the exchange, that report is considered accurate unless there is other information (e.g., plan name or information about premiums) that clearly contradicts that report. Similarly, if a family member is not reported to have coverage through the exchange, that report is considered accurate unless other information clearly contradicts that report. For a more complete discussion of the procedures used in the classification

of exchange-based coverage, see <http://www.cdc.gov/nchs/nhis/insurance.htm>.

Based on these classification procedures, an average of 2.1% (standard error, 0.11) of persons under age 65, 2.6% (standard error, 0.13) of adults aged 18–64, 0.8% (standard error, 0.10) of children under age 18, and 1.9% (standard error, 0.20) of adults aged 19–25, over the first 9 months of 2014, had exchange-based private health insurance coverage. This equates to 5.6 million persons under age 65 and 5.0 million adults aged 18–64, 0.6 million children, and 0.5 million adults aged 19–25. If these procedures had not been used and reports of coverage through the exchanges (or lack thereof) had been taken at face value, the estimate would have been higher. An average of 2.6% (6.9 million) of persons under age 65 would have been reported to have obtained their coverage through exchanges over the first 9 months of 2014.

High-deductible health plan (HDHP)—For persons with private health insurance, a question was asked regarding the annual deductible of each private health insurance plan. An HDHP was defined in 2013 and 2014 as a private health plan with an annual deductible of at least \$1,250 for self-only coverage or \$2,500 for family coverage. The deductible is adjusted annually for inflation. For 2010 through 2012, the annual deductible for self-only coverage was \$1,200 and for family coverage was \$2,400. For 2009, the annual deductible for self-only coverage was \$1,150 and for family coverage was \$2,300.

Consumer-directed health plan (CDHP)—Defined as an HDHP with a special account to pay for medical expenses. Unspent funds are carried over to subsequent years. For plans considered to be HDHPs, a follow-up question was asked regarding these special accounts. A person is considered to have a CDHP if there was a “yes” response to the following question: *With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds,*

and are different from Flexible Spending Accounts.

Health savings account (HSA)—

A tax-advantaged account or fund that can be used to pay for medical expenses. It must be coupled with an HDHP. The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike with FSAs, HSA funds roll over and accumulate year to year if not spent. HSAs are owned by the individual. Funds may be used to pay for qualified medical expenses at any time without federal tax liability. HSAs may also be referred to as Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and the term “HSA” in this report includes accounts that use these alternative names.

Flexible spending account (FSA) for medical expenses—A person is considered to be in a family with an FSA if there was a “yes” response to the following question: *[Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pretax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.*

The measures of HDHP enrollment, CDHP enrollment, and being in a family with an FSA for medical expenses are not mutually exclusive; a person may be counted in more than one measure.

Medicaid expansion status—

Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152) (ACA), states have the option to expand Medicaid eligibility to cover adults who have income up to 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of October 31, 2013, 26 states and the District of Columbia are moving forward with Medicaid expansion.

Health Insurance Marketplace—

A resource where individuals, families, and small businesses can learn about their health coverage options; compare health insurance plans based on cost,

benefits, and other important features; choose a plan; and enroll in coverage. The marketplace also provides information on programs that help people with low-to-moderate income and resources pay for coverage. There are three types of Health Insurance Marketplaces: (a) a State-based Marketplace set up and operated solely by the state; (b) a hybrid Partnership Marketplace in which the state runs certain functions and makes key decisions and may tailor the marketplace to local needs and market conditions, but which is operated by the federal government; and (c) the Federally Facilitated Marketplace operated solely by the federal government.

Education—The categories of education are based on the years of school completed or highest degree obtained for persons aged 18 and over.

Employment—Employment status is assessed at the time of interview and is obtained for persons aged 18 and over. In this release, it is presented only for persons aged 18–64.

Hispanic or Latino origin and race—Hispanic or Latino origin and race are two separate and distinct categories. Persons of Hispanic or Latino origin may be of any race or combination of races. Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on the family respondent’s description of his or her own race background, as well as the race background of other family members. More than one race may be reported for a person. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget (OMB) terms for race and Hispanic or Latino origin. For example, the category “Not Hispanic or Latino, black or African American, single race” is referred to as “non-Hispanic black, single race” in the text, tables, and figures. Estimates for non-Hispanic persons of races other than white only, black only, and Asian only, or of multiple races, are combined into the “Other races and multiple races” category.

Poverty status—Poverty categories are based on the ratio of the family’s income in the previous calendar year to the appropriate poverty threshold

(given the family’s size and number of children) defined by the U.S. Census Bureau for that year (3–8). Persons categorized as “Poor” have a ratio less than 1.0 (i.e., their family income was below the poverty threshold); “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes that are 200% of the poverty threshold or greater. The remaining group of respondents is coded as “Unknown” with respect to poverty status. The percentage of respondents with unknown poverty status (12.3% in 2009, 12.2% in 2010, 11.5% in 2011, 11.4% in 2012, 10.2% in 2013, and 8.6% in the first three quarters of 2014) is disaggregated by age and insurance status in Tables 4, 5, and 6.

For more information on unknown income and unknown poverty status, see the NHIS Survey Description document for 2009–2013 (available from: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm).

NCHS imputes income for approximately 30% of NHIS records. The imputed income files are released a few months after the annual release of NHIS microdata and are not available for the ER updates. Therefore, ER health insurance estimates stratified by poverty status are based on reported income only and may differ from similar estimates produced later [e.g., in *Health, United States* (9)] that are based on both reported and imputed income.

Region—In the geographic classification of the U.S. population, states are grouped into the following four regions used by the U.S. Census Bureau:

Region	States included
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina,

	South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii

Expanded regions—Based on a subdivision of the four regions into nine divisions. For this report, the nine Census divisions were modified by moving Delaware, the District of Columbia, and Maryland into the Middle Atlantic division. This approach was used previously by Holahan et al. (10).

Additional Early Release Program Products

Two additional periodical reports are published through the NHIS ER Program. *Early Release of Selected Estimates Based on Data From the National Health Interview Survey* (11) is published quarterly and provides estimates of 15 selected measures of health, including insurance coverage. Other measures of health include estimates of having a usual place to go for medical care, obtaining needed medical care, influenza vaccination, pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, HIV testing, general health status, personal care needs, serious psychological distress, diagnosed diabetes, and asthma episodes and current asthma.

Wireless Substitution: Early Release of Estimates From the National Health Interview Survey (12) is published in June and December and provides selected estimates of telephone coverage in the United States.

Other ER reports and tabulations on special topics are released on an as-needed basis. See:

<http://www.cdc.gov/nchs/nhis/releases.htm>.

In addition to these reports, preliminary microdata files containing selected NHIS variables are produced as part of the ER Program. For each data

collection year (January through December), these variables are made available three times: in about September (with data from the first quarter), in about December (with data from the first two quarters), and in about March of the following year (with data from the first three quarters). NHIS data users can analyze these files through the **NCHS Research Data Centers** without having to wait for the final annual NHIS microdata files to be released.

New measures and products may be added as work continues and in response to changing data needs. Feedback on these releases is welcome ([e-mail](mailto:)).

Announcements about ERs, other new data releases, and publications, as well as corrections related to NHIS, will be sent to members of the HISUSERS electronic mailing list. To join, visit the CDC website at:

<http://www.cdc.gov/subscribe.html> and click on the National Health Interview Survey (NHIS) researchers button.

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