



# NATIONAL HEALTH INTERVIEW SURVEY EARLY RELEASE PROGRAM

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

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### Highlights

- In the first 3 months of 2014, 41.0 million persons of all ages (13.1%) were uninsured at the time of interview, 55.5 million (17.8%) had been uninsured for at least part of the year prior to interview, and 29.9 million (9.6%) had been uninsured for more than a year at the time of interview.
- Among persons under age 65, 61.8% (165.6 million) were covered by private health insurance plans at the time of interview. This includes 1.4% (3.7 million) covered by private plans through the Health Insurance Marketplace or state-based exchanges at the time of interview between January and March 2014.
- In the first 3 months of 2014, among persons aged 18–64, 18.4% were uninsured at the time of interview, 17.1% had public health plan coverage, and 65.6% had private health insurance coverage.
- Among adults aged 18–64, the percentage who were uninsured at the time of interview decreased from 20.4% in 2013 to 18.4% in the first 3 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 20.9% in the first 3 months of 2014.

### Introduction

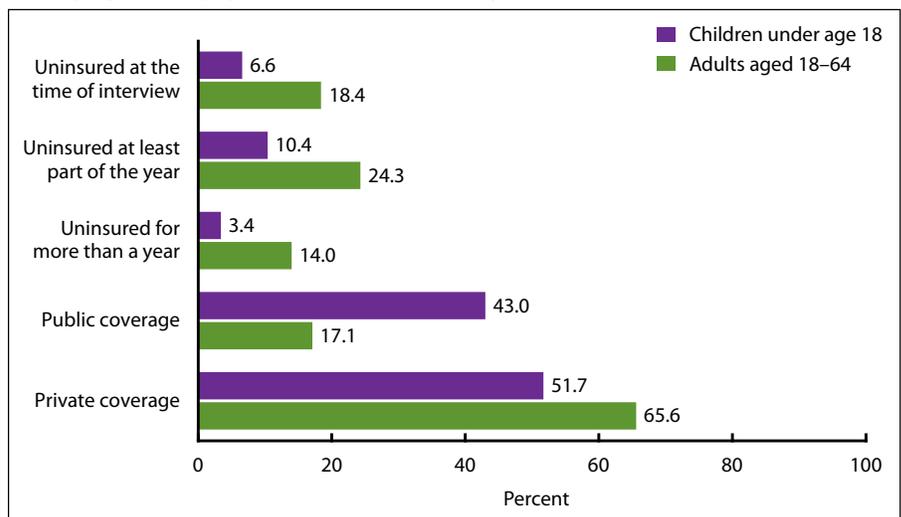
The Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the 2014 National Health Interview Survey (NHIS), along with comparable estimates from the 2009–2013 NHIS. Estimates for January–March 2014 are based on data for 27,627 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 (e.g., [Tables 1](#) and [2](#)). Estimates of public and private coverage are also presented (e.g., [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–March 2014**



NOTES: Estimates for 2014 are based on data collected from January through March. 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 three 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 estimates of uninsurance at the time of interview, and public and private coverage, are presented in Table 14.

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 3 months of data collected from January–March 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:

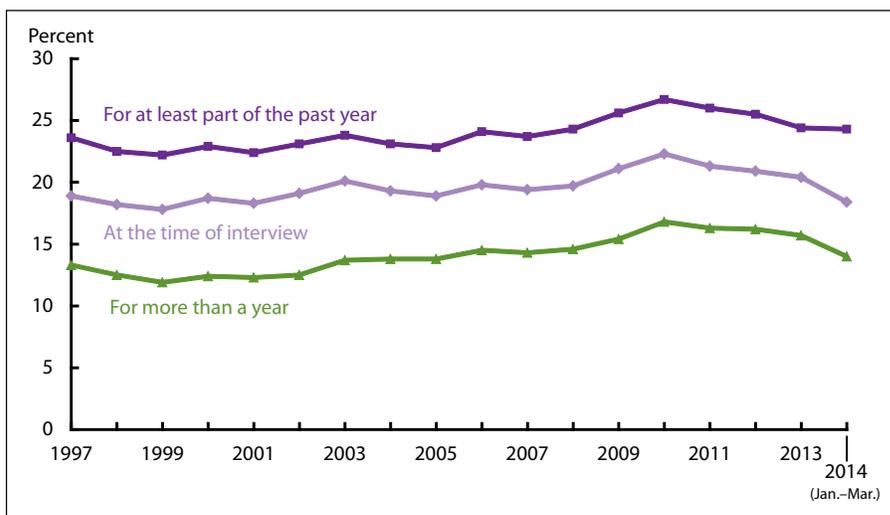
<http://www.cdc.gov/nchs/nhis.htm>. For more information about NHIS and the ER Program, see the Technical Notes and the Additional Early Release Program Products sections at the end of this report.

## Results

### Lack of health insurance coverage

In the first 3 months of 2014, the percentage of persons uninsured at the time of interview was 13.1% (41.0 million) for persons of all ages, 15.2%

**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–March 2014**



NOTES: Estimates for 2014 are based on data collected from January through March. 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.

(40.7 million) for persons under age 65, 6.6% (4.9 million) for children aged 0–17, 18.4% (35.8 million) for adults aged 18–64, and 20.9% (6.3 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 17.8% (55.5 million) for persons of all ages, based on data from the first 3 months of 2014 (Tables 1 and 2). Among persons under age 65, 20.5% (54.8 million) were uninsured for at least part of the year. Adults aged 18–64 were more than twice as likely (24.3%) as children (10.4%) to experience this lack of coverage (Table 1 and Figure 1). Among adults aged 19–25, 28.0% had been uninsured for at least part of the past year.

Regarding persistent lack of coverage, 9.6% (29.9 million) of persons of all ages had been uninsured for more than a year (Tables 1 and 2). Among persons under age 65, 11.1% (29.7 million) had been uninsured for more than a year. Adults aged 18–64 (14.0%) were more than four times as likely as children (3.4%) 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 14.9% (Table 1).

Between 2013 and the first 3 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 20.9% in the first 3 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, adults aged 18–64, and children aged 0–17, there were no significant decreases between 2013 and the first 3 months of 2014 in the percentage who were uninsured for at least part of the year prior to interview. However, among adults aged 19–25, there was a significant decrease from 2013 (31.3%) to the first 3 months of 2014 (28.0%).

For all age groups except children, there were decreases between 2013 and the first 3 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 14.9% in the first 3 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 has generally increased from 1997 to 2010 but decreased from 2010 to the first 3 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 6.6% in the first 3 months of 2014 (Table 3), but remained stable from 2011 to 2014.

### Public and private coverage

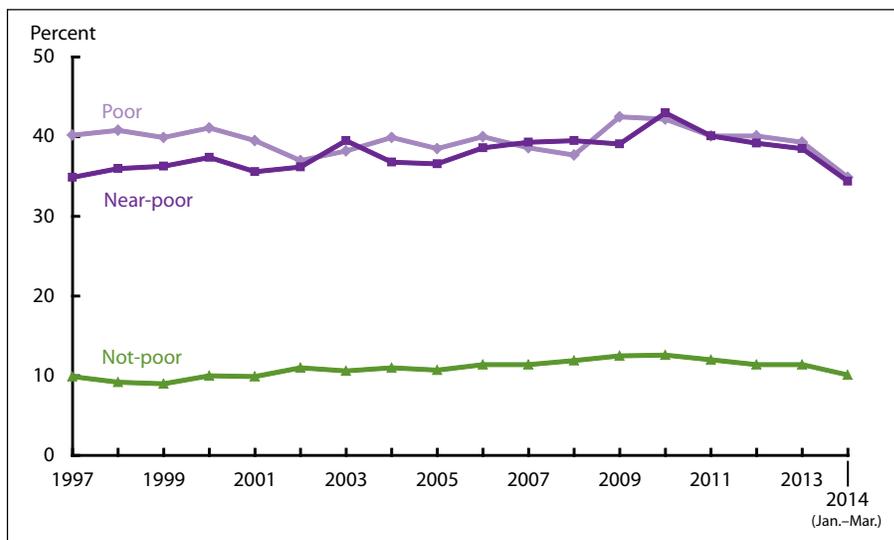
For the first 3 months of 2014, 24.2% of persons under age 65 were covered by public health plans at the time of interview (Table 3). More than two-fifths of children (43.0%) were covered by a public plan, compared with 17.1% of adults aged 18–64 (Table 3 and Figure 1). Public coverage among adults aged 19–25 was 19.9% (Table 3), a significant increase from 2013 (16.1%). Between 2013 and the first 3 months of 2014, there were no significant changes in the percentage of persons with public coverage among persons of all ages, those under 65, those aged 18–64, and children aged 0–17.

Among adults aged 18–64, public coverage increased between 1997 (10.2%) and the first 3 months of 2014 (17.1%) (Table 3). Among children, the percentage with public coverage doubled between 1997 (21.4%) and the first 3 months of 2014 (43.0%).

Among persons under age 65, 61.8% (165.6 million) were covered by private health insurance plans at the time of interview between January and March 2014 (Table 3). This includes 1.4% (3.7 million) covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges.

Slightly less than two-thirds (65.6%) of adults aged 18–64 were covered by a private plan, compared with 51.7% of children under age 18 (Table 3 and Figure 1). Among adults aged 19–25, 60.0% were covered by a private plan. Among adults aged 18–64, 1.7% (3.3 million) were covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges. Estimates for exchange-based coverage by age group are not reliable with only 3 months of data.

**Figure 3. Percentage of adults aged 18–64 who were uninsured at the time of interview, by poverty status: United States, 1997–March 2014**



NOTES: Estimates for 2014 are based on data collected from January through March. 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.

For all age groups, there were no significant changes in private coverage between 2013 and the first 3 months of 2014.

The percentage with private coverage generally decreased among persons under age 65 between 1997 and the first 3 months of 2014 (Table 3), but remained stable from 2011 to 2014. Among adults aged 18–64, private coverage decreased more than 7 percentage points between 1997 (72.8%) and the first 3 months of 2014 (65.6%). Among children, private coverage decreased more than 14 percentage points between 1997 (66.2%) and the first 3 months of 2014 (51.7%).

### Health insurance coverage, by poverty status

In the first 3 months of 2014, 24.1% of poor, 26.2% of near-poor, and 9.0% 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, 61.3% of poor, 39.6% of near-poor, and 9.3% of not-poor persons in this age group had public coverage. Private coverage was highest among those who were not-poor (82.9%) and lowest among those who were poor (15.7%).

Among adults aged 18–64, 34.9% of poor, 34.4% of near-poor, and 10.1% of

not-poor adults did not have health insurance coverage at the time of interview (Table 5). During the same period, 45.4% of poor, 27.5% of near-poor, and 8.1% of not-poor adults in this age group had public coverage. Private coverage was highest among those who were not-poor (83.0%) and lowest among those who were poor (20.5%).

Among children aged 0–17, 6.6% of poor, 9.6% of near-poor, and 5.2% of not-poor children did not have health insurance coverage at the time of interview (Table 6). During the same period, 87.0% of poor, 64.4% of near-poor, and 13.4% of not-poor children had public coverage. Private coverage among children was highest among persons who were not-poor (82.5%) and lowest among those who were poor (7.9%).

Among persons under age 65 who were poor or near-poor, there was a significant decrease in the percentage who were uninsured between 2013 and the first 3 months of 2014 (Table 4). For these two groups, the 2014 estimates for public and private coverage were higher than, but not significantly different from, the estimates for 2013.

Among persons under age 65 who were not-poor, the percentage with public coverage decreased from 10.5% in 2013 to 9.3% in the first 3 months of 2014. Correspondingly the percentage with private coverage among not-poor

persons under age 65 increased from 81.2% in 2013 to 82.9% in the first 3 months of 2014.

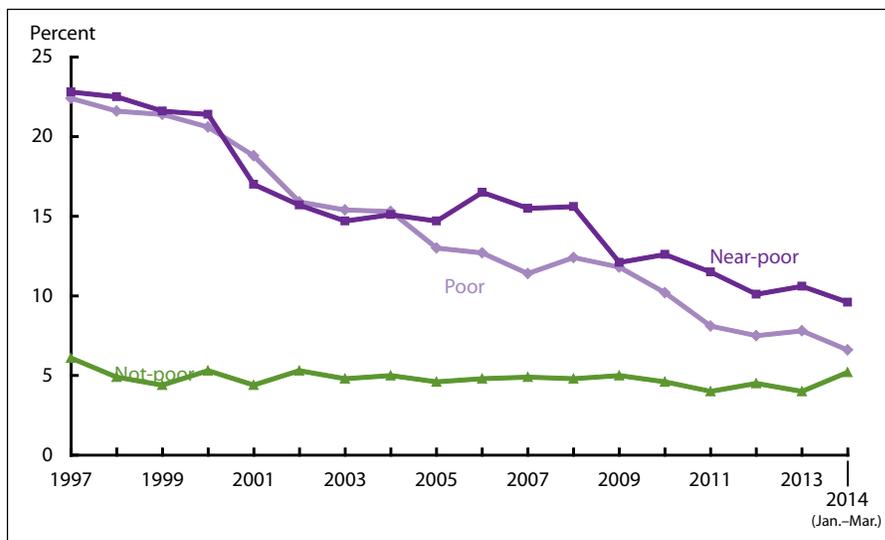
Among adults aged 18–64, for every poverty status group, there was a significant decrease in the percentage who were uninsured between 2013 and the first 3 months of 2014 (Table 5). Among adults aged 18–64 who were poor or near-poor, the percentage who were uninsured decreased more than 4 percentage points between 2013 and the first 3 months of 2014. For these two groups, the 2014 estimates for public and private coverage were higher than, but not significantly different from, the estimates for 2013.

Among adults aged 18–64 who were not-poor, the percentage who were uninsured decreased 1.3 percentage points between 2013 and the first 3 months of 2014. Private coverage increased from 81.2% in 2013 to 83.0% in the first 3 months of 2014.

Among children, regardless of poverty status, there was no significant change in the percentage who were uninsured, had private coverage, or had public coverage between 2013 and the first 3 months of 2014 (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 3 months of 2014 (Figure 3). Among near-poor and not-poor adults in this age group there has been a generally increasing trend from 1997 to 2010. However, there has been a decreasing trend from 2010 to the first 3 months of 2014 in the uninsured among near-poor and not-poor adults.

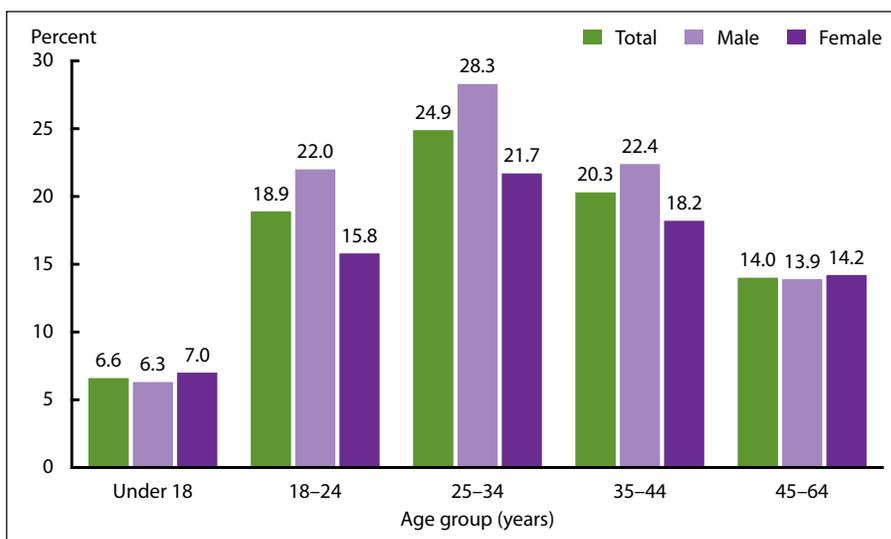
The percentage of poor and near-poor children who were uninsured at the time of interview decreased from 1997 through the first 3 months of 2014 (Figure 4). However, the rate of decline during this period was greater for poor children. The percentage of near-poor children who were uninsured at the time of interview decreased from 1997 to 2003, remained relatively stable from 2003 to 2007, and then decreased from 2007 through the first 3 months of 2014. The percentage of not-poor children who were uninsured at the time of interview has generally remained stable, fluctuating

**Figure 4. Percentage of children under age 18 who were uninsured at the time of interview, by poverty status: United States, 1997–March 2014**



NOTES: Estimates for 2014 are based on data collected from January through March. 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 5. Percentage of persons under age 65 without health insurance coverage at the time of interview, by age group and sex: United States, January–March 2014**



NOTES: Estimates for 2014 are based on data collected from January through March. 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.

between 4.0% in 2011 and 2013 and 6.1% in 1997.

### Health insurance coverage, by selected demographic characteristics

#### Age and sex

In the first 3 months of 2014, adults aged 25–34 (24.9%) 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 (43.0%) and adults aged 45–64 (70.0%) 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 5).

## Race/ethnicity

In the first 3 months of 2014, among persons under age 65, 27.2% of Hispanic, 15.1% of non-Hispanic black, 11.5% of non-Hispanic white, and 13.3% of non-Hispanic Asian persons were uninsured at the time of interview (Table 8). Public coverage was highest among those who were non-Hispanic black (40.6%). Private coverage was highest among those who were non-Hispanic white (71.9%) and non-Hispanic Asian (71.4%).

For Hispanic persons under age 65, the percentage uninsured decreased from 30.3% in 2013 to 27.2% in the first 3 months of 2014. For non-Hispanic black persons under age 65, the percentage uninsured decreased from 18.9% in 2013 to 15.1% in the first 3 months of 2014. For persons in the other race/ethnicity groups, there were no significant changes in coverage between 2013 and the first 3 months of 2014.

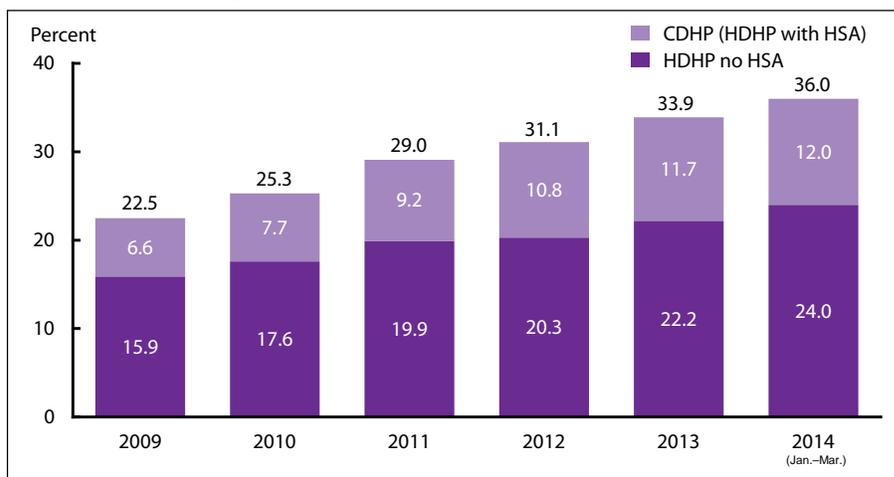
## Other demographic characteristics

Among adults aged 18–64 who lacked a high school diploma, 36.3% were uninsured at the time of interview (Table 9). This rate is three times the rate for those with more than a high school education (11.4%). Public health plan coverage was highest among those who lacked a high school diploma (33.7%) 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 (77.6%) and lowest among those who lacked a high school diploma (31.4%).

Among currently unemployed adults aged 18–64, 46.4% lacked coverage at the time of interview (Table 9). Among employed adults in the same age group, 16.3% were uninsured. Public health plan coverage was lowest among employed adults (9.0%) and highest among those who were not in the workforce (40.1%). Among employed adults, 75.3% had private coverage. This rate is almost three times as high as for those who were unemployed (27.2%).

Adults aged 18–64 with family income greater than or equal to 100% and less than or equal to 138% of the federal poverty level (FPL) were the most likely to be uninsured, relative to those in other income groups. Those in this age

**Figure 6. 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–March 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 March. 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.

group with family income less than 100% FPL were the most likely to have public health plan 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 3 months of 2014, 36.0% of persons under age 65 with private health insurance were enrolled in an HDHP, including 12.0% who were enrolled in a CDHP [an HDHP with a health savings account (HSA)] and 24.0% who were enrolled in an HDHP without an HSA (Figure 6 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 did not change significantly between 2013 and the first 3 months of 2014.

HDHPs constitute a significant share of both employment-based and directly purchased health plans. Based on data from the first 3 months of 2014, among persons under age 65 with private

health insurance, 35.4% with employment-based coverage were enrolled in an HDHP (Table 11), an increase from 2013 (32.0%). Also in that age group, 51.7% with directly purchased private health plans were enrolled in an HDHP in the first 3 months of 2014.

In the first 3 months of 2014, among persons under age 65 with private health insurance, 20.2% 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 the 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 3 months of 2014, adults aged 18–64 in states that moved forward with Medicaid expansion were less likely to be uninsured than adults in states that had not moved forward with expansion. Among adults aged 18–64 in states that

moved forward with Medicaid expansion, the percentage of those uninsured decreased from 18.4% in 2013 to 15.7% in the first 3 months of 2014. There was no corresponding significant decrease in the percentage of uninsured in those states that had not moved forward with Medicaid expansion. Additionally, adults aged 18–64 in states moving forward with Medicaid expansion were more likely to have public coverage than adults in states not moving forward with expansion.

### Health insurance coverage by state Health Insurance Marketplace type

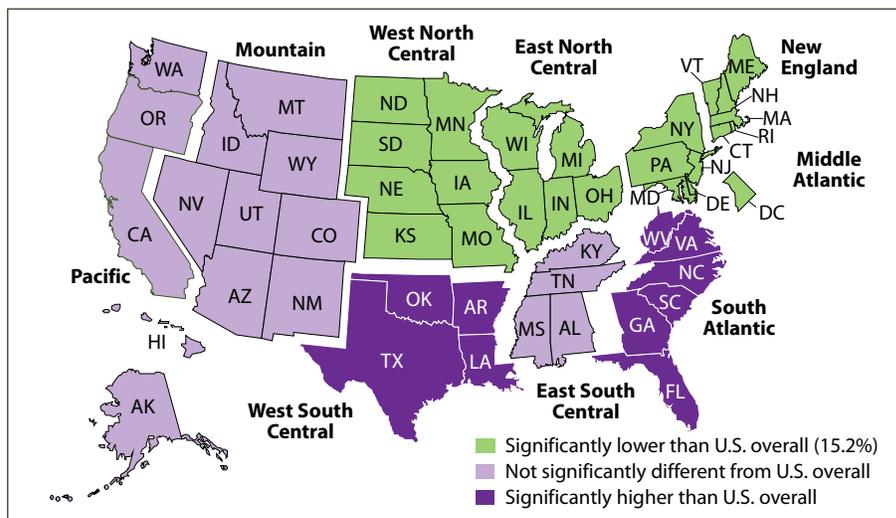
Health insurance estimates by state Health Insurance Marketplace type (as of October 31, 2013), including the District of Columbia, are presented for all persons under age 65, children aged 0–17, and adults aged 18–64 (Table 13). (See Technical Notes for definitions of Marketplace types.) In the first 3 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 no significant differences in the uninsured rates between 2013 and the first 3 months of 2014 in states with a state-based Marketplace or those with a federally facilitated Marketplace. However, in states with a partnership Marketplace, there was a decrease in the percentage of uninsured for persons under age 65 and adults aged 18–64 between 2013 and the first 3 months of 2014.

### Health insurance coverage in regions

The U.S. Census Bureau divides the United States into four regions. Based on data from the first 3 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 (22.7%) and West (19.4%) regions (Table 9). The highest rate of public coverage was in the Northeast (19.9%), and the highest rates of private coverage were in the Northeast (67.6%) and Midwest (70.8%).

Alternatively, the United States may be divided into nine regions (Figure 7).

**Figure 7. Uninsured at the time of interview—Comparisons of rates for expanded regions to the national rate for persons under age 65: United States, January–March 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 March. 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 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 3 months of 2014, for persons under age 65, rates of uninsurance at the time of interview were significantly higher than the national average of 15.2% in the South Atlantic and West South Central regions. 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 U.S. overall, 61.8% of persons under age 65 had private coverage. Private coverage rates for this age group ranged from 52.2% in the East South Central region to 69.2% in West North Central region (Table 14). The New England and West North Central regions had rates significantly above the national average.

In the U.S. overall, 24.2% of persons under age 65 had public coverage. Public coverage rates for this age group ranged from 20.5% in the Mountain region to 34.2% in the East South Central region (Table 14). The East South Central region

was significantly above the national average.

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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– March 2014**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Uninsured <sup>1</sup> for at least part of the past year <sup>2</sup>	Uninsured <sup>1</sup> for more than a year <sup>2</sup>
	Percent (standard error)		
<b>All ages</b>			
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.-Mar.)	13.1 (0.41)	17.8 (0.47)	9.6 (0.34)
<b>Under 65 years</b>			
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.-Mar.)	15.2 (0.47)	20.5 (0.53)	11.1 (0.39)
<b>0–17 years</b>			
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.-Mar.)	6.6 (0.55)	10.4 (0.73)	3.4 (0.40)
<b>18–64 years</b>			
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.-Mar.)	18.4 (0.55)	24.3 (0.60)	14.0 (0.47)
<b>19–25 years</b>			
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.-Mar.)	20.9 (1.12)	28.0 (1.26)	14.9 (1.00)

<sup>1</sup>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.

<sup>2</sup>In 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 March. 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–March 2014**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Uninsured <sup>1</sup> for at least part of the past year <sup>2</sup>	Uninsured <sup>1</sup> for more than a year <sup>2</sup>
	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.-Mar.)	41.0	55.5	29.9
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.-Mar.)	40.7	54.8	29.7
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.-Mar.)	4.9	7.7	2.5
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.-Mar.)	35.8	47.2	27.2
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.-Mar.)	6.3	8.5	4.5

<sup>1</sup>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.

<sup>2</sup>In 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 March. 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–March 2014**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
	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.-Mar.)	13.1 (0.41)	34.4 (0.65)	60.5 (0.79)
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.-Mar.)	15.2 (0.47)	24.2 (0.68)	61.8 (0.85)
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.-Mar.)	6.6 (0.55)	43.0 (1.32)	51.7 (1.34)
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.-Mar.)	18.4 (0.55)	17.1 (0.53)	65.6 (0.76)

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–March 2014—Continued**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
	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.-Mar.)	20.9 (1.12)	19.9 (1.21)	60.0 (1.66)

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes 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 March. 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–March 2014**

Poverty status <sup>1</sup> and year	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
	Percent (standard error)		
<b>Poor (&lt;100% FPL)</b>			
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.-Mar.)	24.1 (1.16)	61.3 (1.51)	15.7 (1.22)
<b>Near-poor (≥100% and &lt;200% FPL)</b>			
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.-Mar.)	26.2 (1.33)	39.6 (1.34)	35.6 (1.61)
<b>Not-poor (≥200% FPL)</b>			
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.-Mar.)	9.0 (0.46)	9.3 (0.47)	82.9 (0.63)
<b>Unknown</b>			
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.-Mar.)	16.5 (1.46)	21.5 (1.77)	63.0 (2.45)

<sup>1</sup>FPL 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.

<sup>2</sup>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 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.

<sup>3</sup>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.

<sup>4</sup>Includes 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 March. 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–March 2014**

Poverty status <sup>1</sup> and year	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
	Percent (standard error)		
<b>Poor (&lt;100% FPL)</b>			
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.-Mar.)	34.9 (1.53)	45.4 (1.74)	20.5 (1.59)
<b>Near-poor (≥100% and &lt;200% FPL)</b>			
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.-Mar.)	34.4 (1.58)	27.5 (1.24)	39.3 (1.53)
<b>Not-poor (≥200% FPL)</b>			
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.-Mar.)	10.1 (0.48)	8.1 (0.44)	83.0 (0.62)
<b>Unknown</b>			
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.-Mar.)	19.6 (1.69)	15.1 (1.49)	66.6 (2.29)

<sup>1</sup>FPL 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.

<sup>2</sup>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 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.

<sup>3</sup>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.

<sup>4</sup>Includes 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 March. 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–March 2014**

Poverty status <sup>1</sup> and year	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
	Percent (standard error)		
<b>Poor (&lt;100% FPL)</b>			
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.-Mar.)	6.6 (1.04)	87.0 (1.39)	7.9 (1.13)
<b>Near-poor (≥100% and &lt;200% FPL)</b>			
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.-Mar.)	9.6 (1.34)	64.4 (2.40)	27.9 (2.43)
<b>Not-poor (≥200% FPL)</b>			
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.-Mar.)	5.2 (0.73)	13.4 (1.04)	82.5 (1.17)
<b>Unknown</b>			
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.-Mar.)	7.5 (1.83)	40.6 (4.07)	52.4 (4.10)

<sup>1</sup>FPL 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.

<sup>2</sup>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 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.

<sup>3</sup>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.

<sup>4</sup>Includes 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 March. 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 and sex: United States, January–March 2014**

Age and sex	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
	Percent (standard error)		
Age (years)			
All ages	13.1 (0.41)	34.4 (0.65)	60.5 (0.79)
Under 65	15.2 (0.47)	24.2 (0.68)	61.8 (0.85)
0–17	6.6 (0.55)	43.0 (1.32)	51.7 (1.34)
18–64	18.4 (0.55)	17.1 (0.53)	65.6 (0.76)
18–24	18.9 (1.10)	21.3 (1.37)	60.6 (1.78)
25–34	24.9 (0.99)	15.4 (0.87)	60.3 (1.21)
35–44	20.3 (0.97)	14.3 (0.87)	65.9 (1.25)
45–64	14.0 (0.63)	17.8 (0.68)	70.0 (0.91)
65 and over	0.9 (0.19)	95.1 (0.48)	52.5 (1.37)
19–25	20.9 (1.12)	19.9 (1.21)	60.0 (1.66)
Sex			
Male:			
All ages	14.2 (0.48)	32.2 (0.71)	60.9 (0.84)
Under 65	16.2 (0.53)	22.9 (0.73)	62.3 (0.90)
0–17	6.3 (0.62)	43.2 (1.44)	52.1 (1.46)
18–64	20.0 (0.66)	14.9 (0.59)	66.3 (0.84)
18–24	22.0 (1.74)	15.5 (1.55)	63.1 (2.32)
25–34	28.3 (1.38)	10.9 (0.93)	61.8 (1.57)
35–44	22.4 (1.24)	11.3 (1.01)	66.6 (1.47)
45–64	13.9 (0.82)	18.4 (0.86)	69.6 (1.12)
65 and over	0.9 (0.27)	94.8 (0.68)	51.8 (1.59)
19–25	24.4 (1.76)	14.2 (1.45)	61.7 (2.21)
Female:			
All ages	12.1 (0.45)	36.4 (0.69)	60.1 (0.85)
Under 65	14.2 (0.52)	25.6 (0.74)	61.4 (0.93)
0–17	7.0 (0.71)	42.7 (1.50)	51.3 (1.54)
18–64	16.8 (0.59)	19.3 (0.62)	65.1 (0.86)
18–24	15.8 (1.21)	27.2 (1.80)	58.2 (2.05)
25–34	21.7 (1.05)	19.9 (1.14)	58.9 (1.36)
35–44	18.2 (1.19)	17.1 (1.08)	65.3 (1.52)
45–64	14.2 (0.74)	17.3 (0.75)	70.4 (1.00)
65 and over	0.9 (0.21)	95.3 (0.54)	53.1 (1.52)
19–25	17.4 (1.29)	25.7 (1.71)	58.2 (1.98)

<sup>1</sup>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 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.

<sup>2</sup>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.

<sup>3</sup>Includes 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 March. 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–March 2014**

Race/ethnicity and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
	Percent (standard error)		
<b>Hispanic or Latino</b>			
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.-Mar.)	27.2 (1.13)	34.4 (1.34)	39.3 (1.71)
<b>Non-Hispanic white, single race</b>			
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.-Mar.)	11.5 (0.51)	17.9 (0.80)	71.9 (0.98)
<b>Non-Hispanic black, single race</b>			
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.-Mar.)	15.1 (0.90)	40.6 (1.55)	45.8 (1.70)
<b>Non-Hispanic Asian, single race</b>			
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.-Mar.)	13.3 (1.11)	16.1 (1.86)	71.4 (2.31)
<b>Non-Hispanic other races and multiple races</b>			
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.-Mar.)	16.7 (2.31)	34.0 (3.52)	51.7 (3.89)

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes 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 March. 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–March 2014**

Selected characteristic	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Race/ethnicity			
Hispanic or Latino	35.7 (1.43)	20.1 (1.09)	44.8 (1.62)
Non-Hispanic:			
White, single race	13.5 (0.58)	14.1 (0.66)	73.7 (0.87)
Black, single race	20.2 (1.16)	29.7 (1.30)	51.6 (1.67)
Asian, single race	15.7 (1.34)	13.8 (1.61)	71.4 (2.31)
Other races and multiple races	23.9 (3.12)	20.8 (3.10)	57.1 (4.00)
Region			
Northeast	13.5 (1.22)	19.9 (1.54)	67.6 (2.12)
Midwest	14.1 (0.92)	16.2 (1.24)	70.8 (1.66)
South	22.7 (1.04)	16.8 (0.87)	61.8 (1.32)
West	19.4 (0.98)	16.5 (0.79)	65.2 (1.01)
Education			
Less than high school	36.3 (1.63)	33.7 (1.53)	31.4 (1.68)
High school diploma or GED <sup>4</sup>	25.7 (0.98)	20.7 (0.88)	54.9 (1.12)
More than high school	11.4 (0.46)	12.1 (0.52)	77.6 (0.68)
Employment status			
Employed	16.3 (0.59)	9.0 (0.41)	75.3 (0.66)
Unemployed	46.4 (2.04)	26.8 (1.91)	27.2 (1.97)
Not in workforce	17.5 (0.86)	40.1 (1.30)	45.8 (1.42)
Poverty status <sup>5</sup>			
<100% FPL	34.9 (1.53)	45.4 (1.74)	20.5 (1.59)
≥100% and ≤138% FPL	36.5 (1.98)	37.1 (1.99)	27.4 (2.07)
>138% and ≤250% FPL	30.1 (1.15)	18.7 (1.05)	52.8 (1.22)
>250% and ≤400% FPL	13.8 (0.86)	9.8 (0.73)	77.6 (1.10)
>400% FPL	4.0 (0.36)	5.2 (0.49)	92.0 (0.55)
Unknown	16.5 (1.50)	13.4 (1.25)	71.4 (1.98)
Marital status			
Married	13.8 (0.65)	12.9 (0.61)	74.5 (0.87)
Widowed	23.7 (3.41)	30.4 (3.36)	47.1 (3.97)
Divorced or separated	23.1 (1.09)	25.4 (1.33)	53.1 (1.46)
Living with partner	31.1 (1.81)	18.5 (1.39)	51.0 (2.08)
Never married	21.8 (0.88)	21.4 (0.95)	58.0 (1.29)

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes 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.

<sup>4</sup>GED is General Educational Development high school equivalency diploma.

<sup>5</sup>FPL 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 9.1%. 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 March. 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–March 2014**

Year	Enrolled in a high-deductible health plan (HDHP) <sup>1</sup>	Enrolled in an HDHP without a health savings account (HSA) <sup>2</sup>	Enrolled in a consumer-directed health Plan (CDHP) <sup>3</sup>	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.-Mar.)	36.0 (1.18)	24.0 (0.90)	12.0 (0.74)	20.2 (0.80)

<sup>1</sup>An HDHP 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](#).

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

<sup>3</sup>A CDHP 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 March. 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–March 2014**

Year	Employment-based <sup>1</sup>	Directly purchased <sup>2</sup>
	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.-Mar.)	35.4 (1.25)	51.7 (2.76)

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

<sup>2</sup>Private 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, 9% of private plans were directly purchased. Estimates for 2014 are based on data collected from January through March. 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–March 2014**

Age group, state Medicaid expansion status, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
	Percent (standard error)		
<b>Under 65 years</b>			
States moving forward with Medicaid expansion at this time <sup>4</sup>			
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.-Mar.)	13.0 (0.60)	25.2 (0.93)	63.1 (1.12)
States not moving forward with Medicaid expansion at this time <sup>5</sup>			
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.-Mar.)	17.7 (0.75)	23.1 (1.06)	60.3 (1.45)
<b>0–17 years</b>			
States moving forward with Medicaid expansion at this time <sup>4</sup>			
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.-Mar.)	5.7 (0.74)	42.2 (1.79)	53.6 (1.79)
States not moving forward with Medicaid expansion at this time <sup>5</sup>			
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.-Mar.)	7.7 (0.80)	43.8 (2.19)	49.6 (2.28)
<b>18–64 years</b>			
States moving forward with Medicaid expansion at this time <sup>4</sup>			
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.-Mar.)	15.7 (0.67)	18.8 (0.76)	66.7 (1.01)

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–March 2014—Continued**

Age group, state Medicaid expansion status, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
	Percent (standard error)		
States not moving forward with Medicaid expansion at this time <sup>5</sup>			
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.-Mar.)	21.5 (0.93)	15.2 (0.78)	64.4 (1.25)

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes 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.

<sup>4</sup>States 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).

<sup>5</sup>States 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 March. 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–March 2014**

Age group, state Health Insurance Marketplace type, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
<b>Under 65 years</b>			
<b>State-based Marketplace states<sup>4</sup></b>			
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.-Mar.)	14.0 (0.76)	25.9 (1.06)	61.3 (1.32)
<b>Partnership Marketplace states<sup>5</sup></b>			
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.-Mar.)	10.5 (1.03)	25.7 (2.44)	65.9 (2.78)
<b>Federally Facilitated Marketplace states<sup>6</sup></b>			
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.-Mar.)	16.9 (0.69)	22.9 (0.98)	61.3 (1.30)
<b>0–17 years</b>			
<b>State-based Marketplace states<sup>4</sup></b>			
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.-Mar.)	6.3 (1.01)	43.3 (1.97)	51.5 (1.90)
<b>Partnership Marketplace states<sup>5</sup></b>			
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.-Mar.)	3.6 (1.33)	42.6 (4.74)	56.5 (4.91)
<b>Federally Facilitated Marketplace states<sup>6</sup></b>			
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.-Mar.)	7.5 (0.73)	42.8 (1.99)	50.8 (2.05)

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–March 2014 —Continued**

Age group, state Health Insurance Marketplace type, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
18–64 years			
State-based Marketplace states <sup>4</sup>			
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.-Mar.)	16.8 (0.86)	19.5 (0.94)	64.8 (1.29)
Partnership Marketplace states <sup>5</sup>			
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.-Mar.)	13.4 (1.13)	18.5 (1.82)	69.9 (2.19)
Federally Facilitated Marketplace states <sup>6</sup>			
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.-Mar.)	20.4 (0.86)	15.3 (0.72)	65.3 (1.14)

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes 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.

<sup>4</sup>State-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).

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

<sup>6</sup>Federally 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 March. 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–March 2014**

Age group and expanded region <sup>1</sup>	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
	Percent (standard error)		
All ages			
All states	13.1 (0.41)	34.4 (0.65)	60.5 (0.79)
New England	5.6 (1.02)	39.0 (3.03)	68.0 (2.80)
Middle Atlantic	10.4 (1.22)	34.8 (1.76)	63.3 (2.08)
East North Central	9.2 (0.81)	35.4 (1.92)	66.0 (2.25)
West North Central	10.1 (0.88)	32.0 (2.28)	68.4 (2.60)
South Atlantic	15.5 (1.16)	34.7 (1.59)	56.6 (2.09)
East South Central	13.3 (1.38)	43.9 (3.29)	51.4 (2.86)
West South Central	20.9 (1.45)	30.7 (1.86)	53.5 (2.87)
Mountain	15.0 (1.65)	31.4 (2.06)	61.6 (2.43)
Pacific	13.9 (0.85)	32.9 (1.17)	58.9 (1.25)
Under 65 years			
All states	15.2 (0.47)	24.2 (0.68)	61.8 (0.85)
New England	6.8 (1.07)	25.7 (2.86)	68.5 (3.08)
Middle Atlantic	12.0 (1.34)	24.4 (1.73)	65.0 (2.35)
East North Central	10.8 (0.95)	24.5 (2.17)	65.9 (2.60)
West North Central	11.8 (1.09)	20.7 (2.44)	69.2 (2.67)
South Atlantic	18.1 (1.26)	23.8 (1.56)	59.0 (2.27)
East South Central	15.8 (1.62)	34.2 (3.82)	52.2 (3.33)
West South Central	23.3 (1.62)	22.8 (1.82)	54.8 (2.91)
Mountain	17.4 (1.81)	20.5 (2.10)	63.1 (2.41)
Pacific	15.5 (0.96)	24.6 (1.18)	61.1 (1.34)
0–17 years			
All states	6.6 (0.55)	43.0 (1.32)	51.7 (1.34)
New England	†	40.2 (4.71)	60.4 (4.37)
Middle Atlantic	*4.9 (1.53)	41.5 (2.89)	54.8 (3.16)
East North Central	*3.5 (1.14)	41.5 (4.20)	56.4 (4.27)
West North Central	4.8 (1.29)	37.5 (3.77)	60.8 (3.70)
South Atlantic	7.1 (1.46)	43.9 (3.49)	49.2 (3.82)
East South Central	6.3 (1.78)	58.3 (5.53)	37.1 (5.30)
West South Central	12.6 (1.52)	46.2 (3.98)	42.5 (4.01)
Mountain	9.3 (1.85)	32.6 (4.18)	59.0 (3.77)
Pacific	6.8 (1.43)	44.5 (2.70)	50.1 (2.60)

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–March 2014—Continued**

Age group and expanded region <sup>1</sup>	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Percent (standard error)			
18–64 years			
All states	18.4 (0.55)	17.1 (0.53)	65.6 (0.76)
New England	8.6 (1.37)	20.9 (2.77)	71.2 (2.96)
Middle Atlantic	14.3 (1.50)	19.1 (1.63)	68.2 (2.28)
East North Central	13.8 (1.17)	17.3 (1.52)	69.9 (2.17)
West North Central	14.7 (1.47)	13.9 (2.06)	72.7 (2.41)
South Atlantic	22.0 (1.60)	16.6 (1.20)	62.5 (2.01)
East South Central	19.2 (1.72)	25.3 (3.40)	57.7 (2.91)
West South Central	27.7 (2.16)	13.1 (1.22)	59.9 (2.54)
Mountain	21.0 (2.11)	15.2 (1.67)	64.9 (2.09)
Pacific	8.6 (1.37)	20.9 (2.77)	71.2 (2.96)

†Estimates with a relative standard error greater than 50% are indicated with a dagger, but are not shown.

\*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.

<sup>1</sup>The 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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>Includes 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 March. 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–March 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 follows:

- *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–March 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 27,627 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](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, NC) 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.

Calculation of standard errors of the differences between 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

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) (ACA). In response to the ACA, several new questions were added to NHIS to capture health care plans obtained through this exchanged-based coverage.

In general, if a family member is reported to have coverage through the exchange, that report is considered accurate unless there is some 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 there is some other information that 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 1.4% (standard error of 0.11) of persons under age 65 and 1.7 (standard error of 0.13) of adults aged 18–64, over the first 3 months of 2014, had exchange-based private health insurance coverage. This equates to 3.7 million persons and 3.3 million adults, respectively. 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 2.0% (5.3 million) of persons under age 65, over the first 3 months of 2014, were reported to have obtained their coverage through exchanges.

### 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)**—A CDHP is 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)

An HSA is 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 7.8% in the first quarter 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](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](#)).

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.

## Suggested citation

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