



# Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2021

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## What’s New

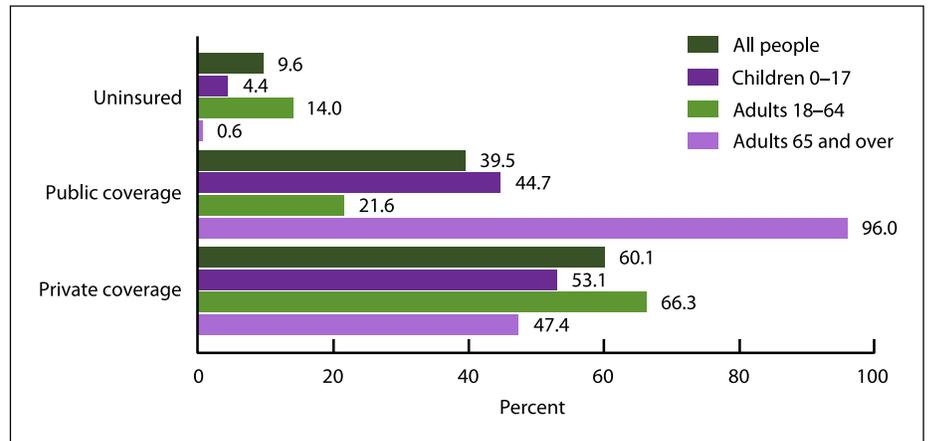
- Estimates of health insurance coverage based on data from January through June 2021 are provided, along with selected trends in coverage from 2019 through the first 6 months of 2021.

## Highlights

- From January through June 2021, 31.1 million people of all ages (9.6%) were uninsured at the time of interview. This was not significantly different from 2020, when 31.6 million people of all ages (9.7%) were uninsured.
- From January through June 2021, among adults aged 18–64, 14.0% were uninsured at the time of interview, 21.6% had public coverage, and 66.3% had private health insurance coverage.
- Among children aged 0–17 years, 4.4% were uninsured, 44.7% had public coverage, and 53.1% had private health insurance coverage.
- Among adults aged 18–64, Hispanic adults (31.4%) were more likely than non-Hispanic Black (14.7%), non-Hispanic White (9.0%), and non-Hispanic Asian (6.1%) adults to be uninsured.
- The percentage of people under age 65 with exchange-based coverage increased from 3.7% in 2019 to 4.3% in the first 6 months of 2021.

This report presents estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the January through June 2021 National Health Interview Survey (NHIS). These estimates are being published before final editing and final weighting to provide access to the most recent information from NHIS. Estimates are disaggregated by age group, sex, family income (as a percentage of the federal poverty level [FPL]), race and ethnicity, and state Medicaid expansion status. Detailed appendix tables contain all estimates presented in the figures and additional estimates for selected population characteristics. With 3 years of comparable data available starting with the redesigned NHIS in 2019, this report is now able to provide data on trends, similar to reports using 2018 and earlier data. Quarterly estimates by age group and family income, and more information about NHIS and the Early Release (ER) Program, are available from the [NHIS website](#).

**Figure 1. Percentage of people who were uninsured or had public or private coverage, by age group: United States, January–June 2021**

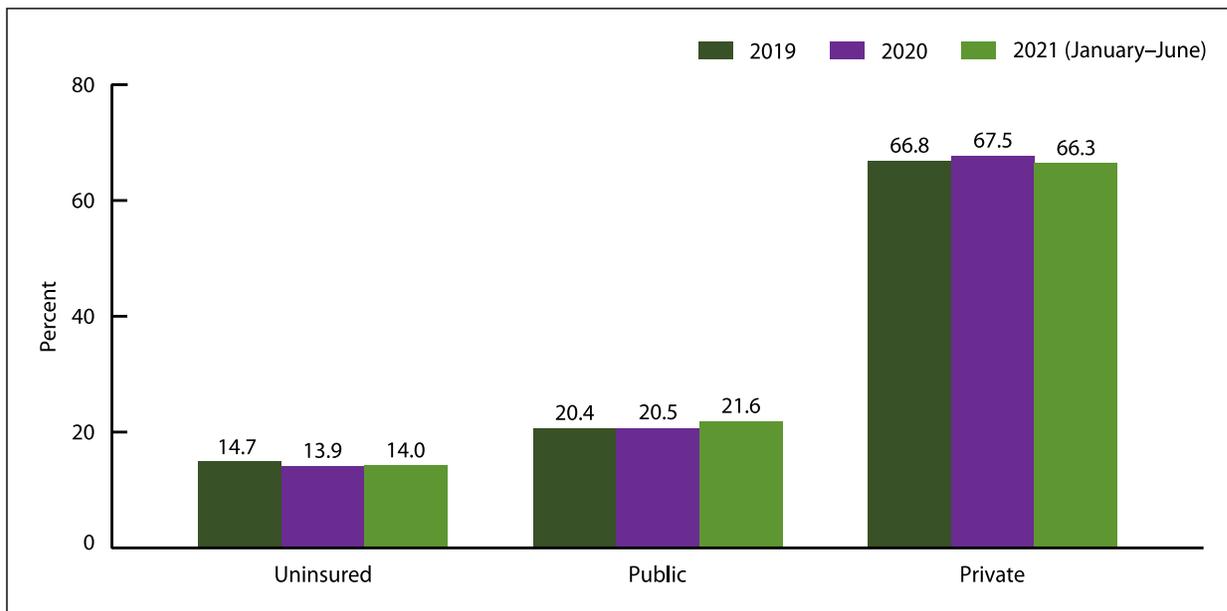


NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage 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 people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

- From January through June 2021, among people of all ages, 9.6% were uninsured, 39.5% had public coverage, and 60.1% had private coverage at the time of interview (Figure 1).
- Adults aged 18–64 were the most likely to be uninsured (14.0%), followed by children aged 0–17 years (4.4%) and adults aged 65 and over (0.6%).

- Adults aged 65 and over were the most likely to have public coverage (96.0%), followed by children aged 0–17 years (44.7%) and adults aged 18–64 (21.6%).
- Adults aged 18–64 were the most likely to have private coverage (66.3%), followed by children aged 0–17 years (53.1%) and adults aged 65 and over (47.4%).

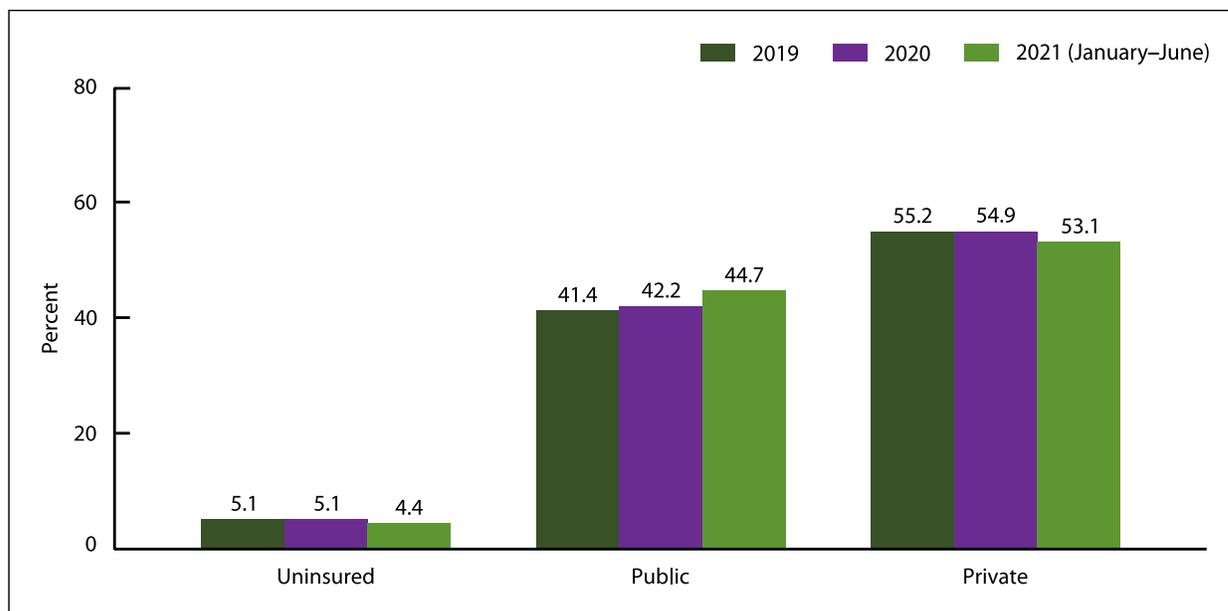
**Figure 2. Percentage of adults aged 18–64 who were uninsured or had public or private coverage, by year: United States, 2019–June 2021**



NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage 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 people were covered by both public and private plans and were included in both categories. Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

- Among adults aged 18–64, the percentage who were uninsured did not change significantly between 2020 (13.9%) and January through June 2021 (14.0%) (Figure 2).
- Among adults aged 18–64, the percentage who had public coverage from January through June 2021 (21.6%) was higher than, but not significantly different from, the percentage who had public coverage in 2020 (20.5%).
- Among adults aged 18–64, the percentage who had private coverage from January through June 2021 (66.3%) was lower than, but not significantly different from, the percentage who had private coverage in 2020 (67.5%).
- Among adults aged 18–64, the percentage with public coverage increased from 2019 (20.4%) through the first 6 months of 2021 (21.6%); the observed decrease among adults aged 18–64 who were uninsured between 2019 and the first 6 months of 2021 was not significant, and no significant pattern of private coverage was seen.

**Figure 3. Percentage of children aged 0–17 who were uninsured or had public or private coverage, by year: United States, 2019–June 2021**



NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage 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 people were covered by both public and private plans and were included in both categories. Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

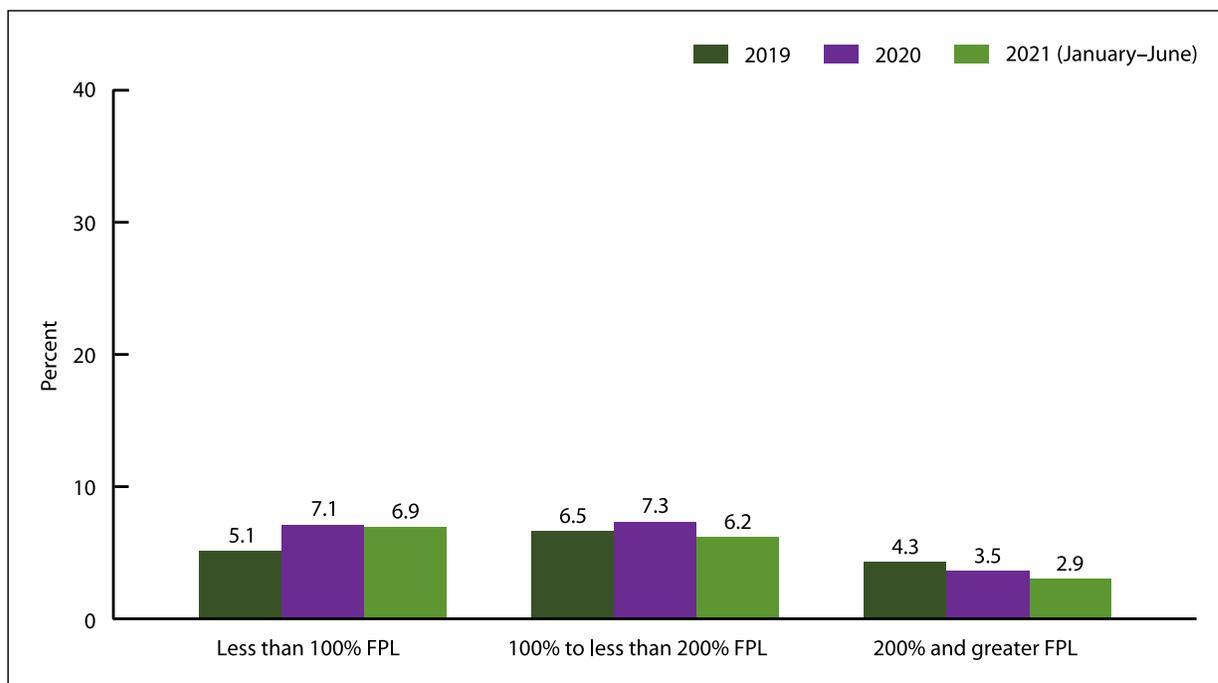
- Among children aged 0–17, the percentage who were uninsured from January through June 2021 (4.4%) was lower than, but not significantly different from, the percentage who were uninsured in 2020 (5.1%) (Figure 3).
- Among children aged 0–17, the percentage who had public coverage from January through June 2021 (44.7%) was higher than, but not significantly different from, the percentage who had public coverage in 2020 (42.2%).
- Among children aged 0–17, the percentage who had private coverage from January through June 2021 (53.1%) was lower than, but not significantly different from, the percentage who had private coverage in 2020 (54.9%).
- Among children aged 0–17, the percentage with public coverage increased from 2019 (41.4%) through the first 6 months of 2021 (44.7%); the observed decreases among children aged 0–17 who were uninsured or with private coverage between 2019 and the first 6 months of 2021 were not significant.

**Figure 4. Percentage of adults aged 18–64 who were uninsured, by family income as a percentage of the federal poverty level and year: United States, 2019–June 2021**

NOTES: FPL is federal poverty level. People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

- From January through June 2021 among adults aged 18–64, the percentage who were uninsured was highest among those with family incomes less than 100% FPL (26.9%), followed by those with family incomes from 100% to less than 200% FPL (23.8%) and those with family incomes at or above 200% FPL (8.6%) (Figure 4).
- No significant differences were observed in the percentage of uninsured between 2020 and the first 6 months of 2021 for any of the family income subgroups shown.
- Among adults aged 18–64 with family incomes from 100% to less than 200% FPL, the percentage who were uninsured decreased from 2019 through the first 6 months of 2021; the observed trends in the percentage of uninsured adults aged 18–64 with family incomes of less than 100% FPL or family incomes of 200% and greater FPL, between 2019 and the first 6 months of 2021 were not significant.

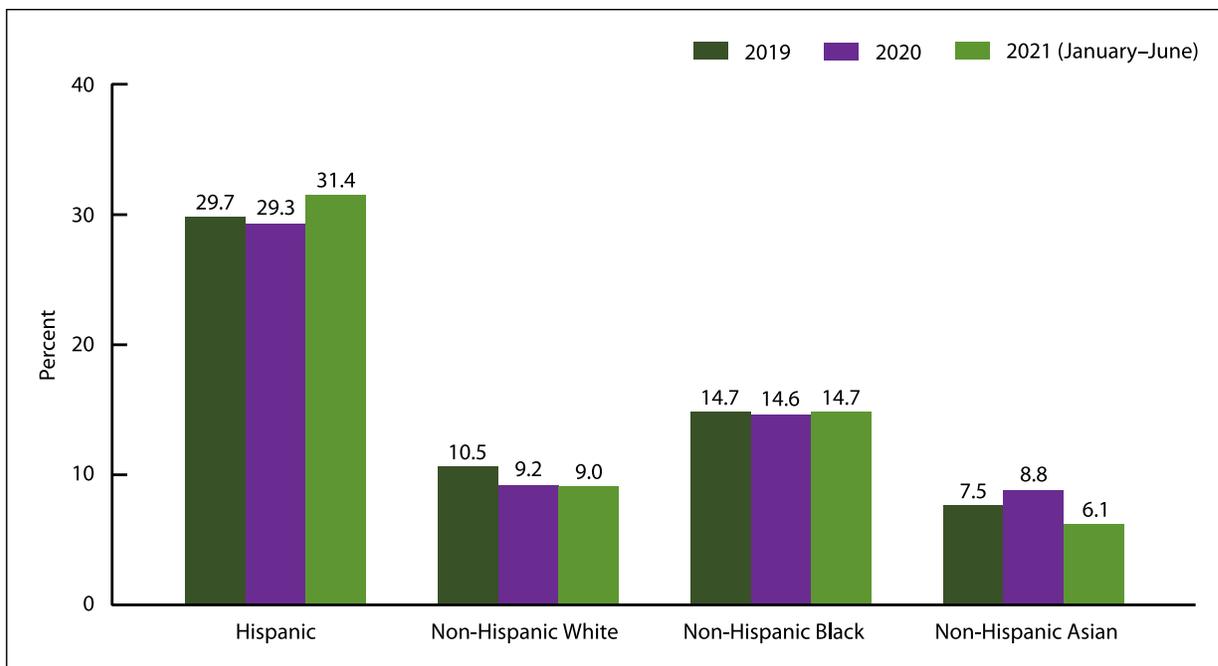
**Figure 5. Percentage of children aged 0–17 who were uninsured, by family income as a percentage of the federal poverty level and year: United States, 2019–June 2021**



NOTES: FPL is federal poverty level. People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

- From January through June 2021 among children aged 0–17, the percentage who were uninsured was higher among those with family incomes less than 100% FPL (6.9%) and from 100% to less than 200% FPL (6.2%) compared with those with family incomes 200% and greater FPL (2.9%) (Figure 5).
- No significant differences were observed in the percentage of uninsured between 2020 and the first 6 months of 2021 for any of the family income subgroups shown.
- Among children aged 0–17, the percentage who were uninsured decreased among those with family incomes 200% and greater FPL, from 4.3% in 2019 to 2.9% in the first 6 months of 2021; the observed increase in the percentage of uninsured children with family incomes less than 100% FPL, from 2019 to the first 6 months of 2021 was not significant. Among children with family incomes from 100% to less than 200% FPL, no trends were observed.

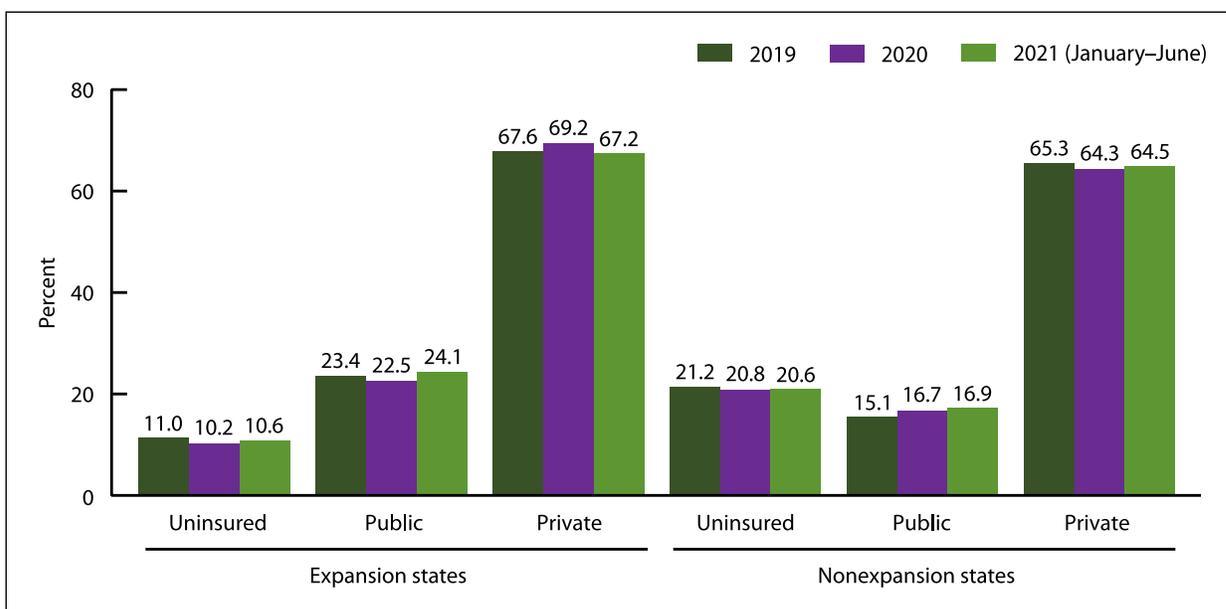
**Figure 6. Percentage of adults aged 18–64 who were uninsured, by race and ethnicity and year: United States, 2019–June 2021**



NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

- From January through June 2021, Hispanic adults were the most likely to lack health insurance coverage (31.4%), followed by non-Hispanic Black (14.7%), non-Hispanic White (9.0%), and non-Hispanic Asian (6.1%) adults (Figure 6).
- The observed differences in the percentage of adults aged 18–64 who were uninsured between 2020 and the first 6 months of 2021 were not significant for any of the race and ethnicity subgroups shown.
- Among non-Hispanic White adults aged 18–64, the percentage who were uninsured decreased from 10.5% in 2019 to 9.0% in the first 6 months of 2021; no significant trends were observed for Hispanic, non-Hispanic Black, or non-Hispanic Asian adults aged 18–64.

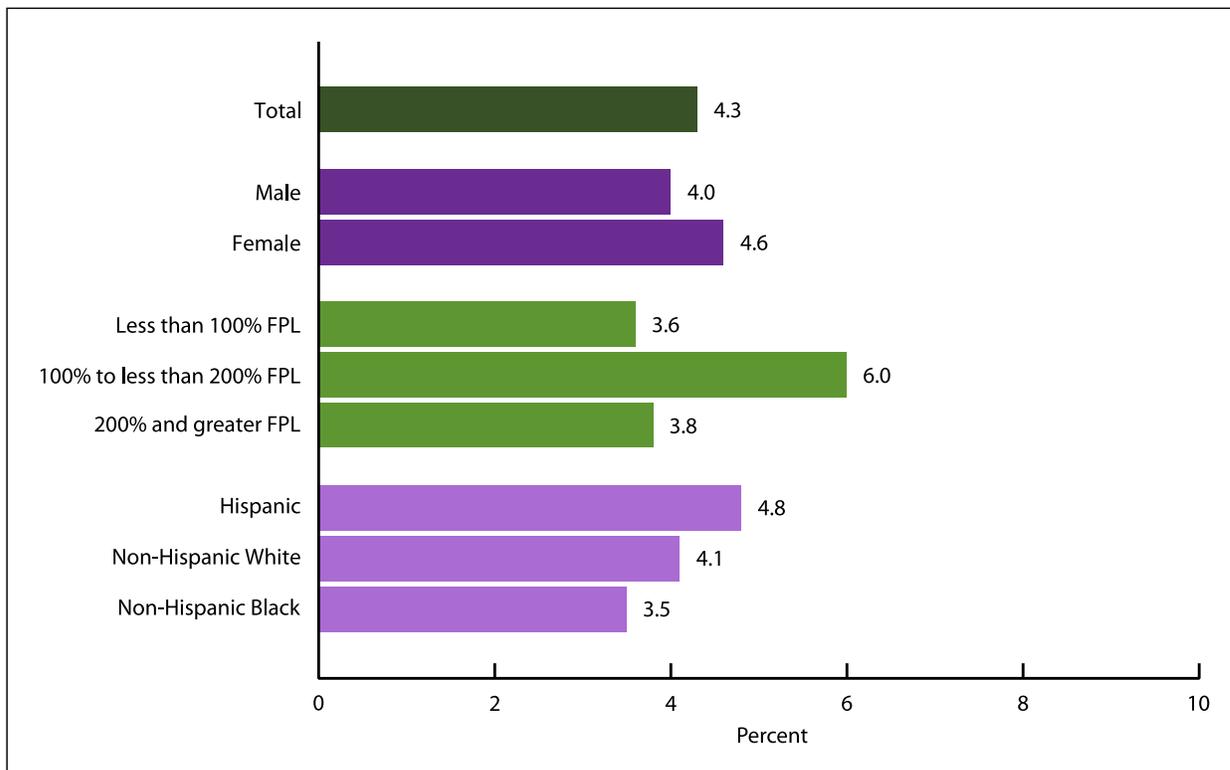
**Figure 7. Percentage of adults aged 18–64 who were uninsured or had private or public coverage, by year and state Medicaid expansion status: United States, 2019–June 2021**



NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage 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 people were covered by both public and private plans and were included in both categories. Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

- From January through June 2021 among adults aged 18–64, those living in non-Medicaid expansion states (20.6%) were almost twice as likely as those living in Medicaid expansion states (10.6%) to be uninsured (Figure 7).
- From January through June 2021 among adults aged 18–64, those living in non-Medicaid expansion states (16.9%) were less likely than those living in Medicaid expansion states (24.1%) to have public coverage.
- From January through June 2021 among adults aged 18–64, the observed difference in the percentage with private coverage between those living in non-Medicaid expansion states (64.5%) and those living in Medicaid expansion states (67.2%) was not significant.
- Among adults aged 18–64 living in Medicaid expansion states, the percentage of those with private coverage was higher in 2020 (69.2%) compared with January through June 2021 (67.2%). However, the percentage of those with private coverage in 2019 (67.6%) was not significantly lower than the percentage of those with private coverage in 2020. Significant trends were not observed among those who were uninsured or those with public coverage.
- Among adults aged 18–64 living in non-Medicaid expansion states, the percentage with public coverage increased from 15.1% in 2019 to 16.9% in the first 6 months of 2021. Significant trends were not observed among those who were uninsured or those with private coverage.

**Figure 8. Percentage of people under age 65 who had exchange-based private health insurance coverage, by selected characteristics: United States, January–June 2021**

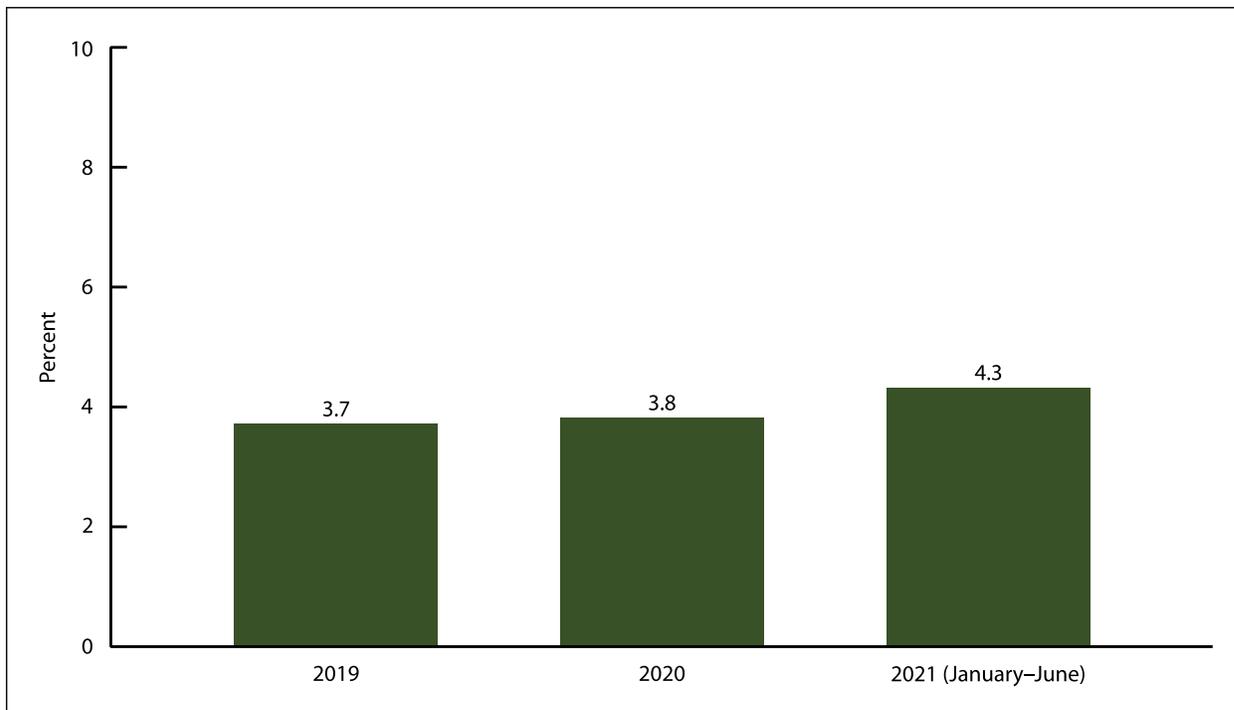


NOTES: FPL is federal poverty level. Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act (ACA) of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

- From January through June 2021, 4.3% of people under age 65 had exchange-based coverage (Figure 8).
- Exchange-based coverage was higher among those with family incomes from 100% to less than 200% FPL (6.0%) compared with those with family incomes less than 100% FPL (3.6%) and family incomes at or above 200% FPL (3.8%).
- The observed differences by sex or race and ethnicity were not significant.

**Figure 9. Percentage of people under age 65 who had exchange-based private health insurance coverage, by year: United States, 2019–June 2021**



NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act (ACA) of 2010 (P.L. 111–148, P.L. 111–152). Due to the COVID-19 pandemic, National Health Interview Survey (NHIS) data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019–2021.

- Overall, the percentage of people under age 65 with exchange-based coverage increased from 3.7% in 2019 to 4.3% in the first 6 months of 2021 (Figure 9).

## Technical Notes

All estimates in this report are based on preliminary data. The January through June 2021 estimates are being released before final data editing and final weighting to provide access to the most recent information from NHIS. Previously, differences between estimates calculated using preliminary data files and final data files were typically less than 0.1 percentage point.

### Data source

Data used to produce this ER report were derived from the Sample Adult and Sample Child components from the 2019–2021 NHIS. NHIS is a nationally representative household survey conducted throughout the year to collect information on health status, health-related behaviors, and health care access and utilization. The NHIS interview begins by identifying everyone who usually lives or stays in the household. Then, one “sample adult” aged 18 and over and one “sample child” aged 17 years and under (if any children live in the household) are randomly selected. Information about the sample adults is collected from the sample adults themselves unless they are physically or mentally unable to report, in which case a knowledgeable proxy can answer for them. Information about the sample child is collected from a parent or adult who is knowledgeable about and responsible for the health care of the sample child. This respondent may or may not also be the sample adult. Data analysis for the January through June 2021 NHIS was based on information collected on 14,510 sample adults and 4,048 sample children. Visit the NHIS website at: <https://www.cdc.gov/nchs/nhis.htm>, for more information about the design, content, and use of NHIS.

### Estimation procedures

The National Center for Health Statistics (NCHS) creates survey sampling weights to produce representative national estimates. The base weight is equal to the inverse of the probability of selection of the sample address. These weights are adjusted for household and person-level nonresponse using multilevel models predictive of response propensity. Nonresponse-adjusted weights are further calibrated to U.S. Census Bureau population projections and American Community Survey 1-year estimates for age, sex, race and ethnicity, educational attainment, housing tenure, census division, and metropolitan statistical area status. Point estimates and estimates of their variances were calculated using SUDAAN software (RTI International, Research Triangle Park, N.C.) to account for the complex sample design of NHIS, considering stratum and primary sampling unit identifiers. The Taylor series linearization method was chosen for variance estimation. Trends were evaluated using logistic regression analysis.

### Impact of COVID-19 on NHIS sampling and longitudinal follow-up

Due to the COVID-19 pandemic, NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics.

All estimates shown meet NCHS standards of reliability as specified in “National Center for Health Statistics data presentation standards for proportions” (1). All differences discussed are statistically significant unless otherwise noted. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. 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. As noted above, the 2020 estimates in this report include approximately 10,000 sample adult respondents who participated in the 2019 NHIS and who also participated in the 2020 NHIS. The tests used to evaluate differences between the 2020 and 2021 estimates are conservative, and do not account for the potential covariance that may be introduced by having a subset of respondents participate in both the 2019 and 2020 NHIS surveys. Due to the 2021 estimates being based on less than a full year of data collection and the impact of COVID-19 on NHIS sampling, there may be a lack of power to discern significant trends.

### 2019 questionnaire redesign and comparison of estimates to earlier years

In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these changes has not been fully evaluated. A working paper entitled, “Preliminary evaluation of the impact of the 2019 National Health Interview Survey questionnaire redesign and weighting adjustments on Early Release Program estimates,” available from the [Early Release Program homepage](#), discusses both of these issues in greater detail for three indicators of insurance coverage (lack of health insurance [uninsured], public health plan coverage, and private health insurance coverage). However, the discussion of these health insurance indicators is limited to adults aged 18–64.

## Reference

1. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez Jr JF, et al. National Center for Health Statistics data presentation standards for proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017. Available from: [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf).

## Suggested citation

Cohen RA, Martinez ME, Cha AE, Terlizzi EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2021. National Center for Health Statistics. November 2021. DOI: <https://dx.doi.org/10.15620/cdc:110854>.

**Table 1. Percentage (and 95% confidence interval) of people 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 year: United States, 2019–June 2021**

Age group (years) and year	Uninsured <sup>1</sup>	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
All ages			
2019	10.3 (9.7–10.8)	37.4 (36.6–38.3)	61.3 (60.2–62.4)
2020	9.7 (9.2–10.3)	38.0 (37.2–38.9)	61.8 (60.8–62.7)
2021 (January–June)	9.6 (8.9–10.3)	39.5 (38.4–40.6)	60.1 (58.9–61.3)
Under 65			
2019	12.1 (11.4–12.8)	26.0 (25.1–26.9)	63.7 (62.5–64.8)
2020	11.5 (10.9–12.2)	26.4 (25.4–27.3)	64.1 (63.0–65.2)
2021 (January–June)	11.4 (10.6–12.3)	27.8 (26.7–29.0)	62.8 (61.4–64.1)
0–17			
2019	5.1 (4.5–5.7)	41.4 (39.8–43.0)	55.2 (53.4–57.0)
2020	5.1 (4.3–6.0)	42.2 (40.1–44.3)	54.9 (52.8–57.0)
2021 (January–June)	4.4 (3.7–5.3)	44.7 (42.6–46.8)	53.1 (50.9–55.4)
18–64			
2019	14.7 (13.9–15.4)	20.4 (19.6–21.2)	66.8 (65.7–67.9)
2020	13.9 (13.2–14.7)	20.5 (19.7–21.4)	67.5 (66.5–68.5)
2021 (January–June)	14.0 (13.0–15.1)	21.6 (20.6–22.7)	66.3 (65.0–67.6)
65 and over			
2019	0.9 (0.6–1.3)	96.0 (95.5–96.5)	49.1 (47.6–50.7)
2020	0.8 (0.5–1.1)	95.9 (95.3–96.4)	50.2 (48.7–51.7)
2021 (January–June)	0.6 (0.3–1.0)	96.0 (95.1–96.7)	47.4 (45.2–49.7)

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

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

<sup>3</sup>Private health insurance coverage 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 people were covered by both public and private plans and were included in both categories.

NOTES: Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.

**Table II. Number (millions) of people 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 year: United States, 2019–June 2021**

Age group (years) and year	Uninsured <sup>1</sup>	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
All ages			
2019	33.2	121.4	198.7
2020	31.6	123.5	200.6
2021 (January–June)	31.1	128.4	195.5
Under 65			
2019	32.8	70.6	172.7
2020	31.2	71.2	173.2
2021 (January–June)	30.8	75.0	169.1
0–17			
2019	3.7	30.3	40.4
2020	3.7	30.7	39.9
2021 (January–June)	3.2	32.3	38.5
18–64			
2019	29.0	40.3	132.3
2020	27.5	40.5	133.3
2021 (January–June)	27.6	42.6	130.6
65 and over			
2019	0.5	50.8	26.0
2020	0.4	52.3	27.4
2021 (January–June)	0.3	53.4	26.4

<sup>1</sup>People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

<sup>3</sup>Private health insurance coverage 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 people were covered by both public and private plans and were included in both categories.

NOTES: Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.

**Table III. Percentage (and 95% confidence interval) of people 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 sex, age group, and year: United States, 2019–June 2021**

Sex, age group (years), and year	Uninsured <sup>1</sup>	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Male			
Under 65			
2019	13.2 (12.3–14.1)	24.7 (23.6–25.9)	63.9 (62.4–65.4)
2020	12.3 (11.5–13.2)	25.1 (23.8–26.3)	64.6 (63.2–66.0)
2021 (January–June)	12.7 (11.5–14.0)	26.2 (24.9–27.4)	62.9 (61.4–64.5)
0–17			
2019	5.1 (4.4–5.8)	42.1 (40.1–44.2)	54.5 (52.2–56.7)
2020	5.8 (4.6–7.3)	42.1 (39.4–44.8)	54.6 (51.8–57.3)
2021 (January–June)	3.8 (2.9–4.9)	45.4 (42.6–48.3)	52.7 (49.8–55.6)
18–64			
2019	16.3 (15.1–17.4)	18.1 (17.0–19.2)	67.5 (66.1–69.0)
2020	14.8 (13.8–15.9)	18.6 (17.5–19.7)	68.4 (67.1–69.8)
2021 (January–June)	16.1 (14.6–17.8)	18.9 (17.7–20.0)	66.8 (65.1–68.5)
Female			
Under 65			
2019	11.0 (10.4–11.7)	27.3 (26.2–28.4)	63.4 (62.2–64.7)
2020	10.7 (10.0–11.6)	27.6 (26.4–28.9)	63.6 (62.3–65.0)
2021 (January–June)	10.1 (9.2–11.1)	29.5 (27.9–31.1)	62.6 (60.9–64.3)
0–17			
2019	5.1 (4.4–6.0)	40.6 (38.5–42.8)	56.0 (53.8–58.2)
2020	4.4 (3.4–5.6)	42.3 (39.5–45.2)	55.2 (52.4–58.0)
2021 (January–June)	5.1 (4.0–6.3)	43.9 (41.0–46.9)	53.5 (50.3–56.8)
18–64			
2019	13.1 (12.4–13.9)	22.6 (21.6–23.6)	66.1 (64.9–67.3)
2020	13.0 (12.0–14.0)	22.4 (21.3–23.5)	66.6 (65.3–67.9)
2021 (January–June)	11.9 (10.8–13.1)	24.3 (22.7–26.1)	65.8 (64.1–67.5)

<sup>1</sup>People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

<sup>3</sup>Private health insurance coverage 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 people were covered by both public and private plans and were included in both categories.

NOTES: Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.

**Table IV. Percentage (and 95% confidence intervals) of people 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 family income as a percentage of the federal poverty level, age group, and year: United States, 2019–June 2021**

Family income as a percentage of FPL <sup>1</sup> , age group (years), and year	Uninsured <sup>2</sup>	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Less than 100% FPL <sup>1</sup>			
Under 65			
2019	18.3 (16.2–20.5)	65.3 (63.0–67.5)	18.2 (16.3–20.3)
2020	18.4 (16.0–20.9)	68.3 (65.5–71.1)	15.6 (13.7–17.7)
2021 (January–June)	19.5 (16.5–22.9)	66.0 (62.4–69.4)	16.1 (13.5–18.9)
0–17			
2019	5.1 (3.8–6.8)	87.8 (85.3–90.1)	8.9 (7.1–11.1)
2020	7.1 (4.2–11.0)	88.0 (84.0–91.4)	7.3 (5.1–10.0)
2021 (January–June)	6.9 (4.5–10.1)	87.3 (83.3–90.6)	7.4 (5.1–10.3)
18–64			
2019	25.8 (23.0–28.9)	52.3 (49.4–55.1)	23.6 (20.9–26.5)
2020	25.3 (22.3–28.4)	56.3 (52.9–59.7)	20.7 (18.2–23.4)
2021 (January–June)	26.9 (22.7–31.5)	53.4 (48.7–58.1)	21.2 (17.6–25.1)
100% to less than 200% FPL <sup>1</sup>			
Under 65			
2019	20.1 (18.6–21.6)	47.0 (45.1–48.9)	35.4 (33.6–37.2)
2020	18.9 (17.1–20.9)	50.5 (48.3–52.6)	33.6 (31.6–35.7)
2021 (January–June)	17.8 (15.6–20.1)	52.4 (49.9–54.9)	33.2 (30.5–35.9)
0–17			
2019	6.5 (5.2–8.0)	70.3 (67.7–72.8)	25.8 (23.1–28.5)
2020	7.3 (5.3–9.8)	72.8 (69.2–76.2)	23.3 (20.2–26.6)
2021 (January–June)	6.2 (4.5–8.4)	77.1 (73.9–80.1)	20.3 (17.3–23.5)
18–64			
2019	26.8 (24.9–28.8)	35.4 (33.3–37.5)	40.1 (38.3–42.0)
2020	25.0 (22.7–27.4)	38.8 (36.5–41.1)	39.0 (36.7–41.4)
2021 (January–June)	23.8 (21.0–26.6)	39.6 (36.9–42.3)	39.9 (36.8–43.1)
200% and greater FPL <sup>1</sup>			
Under 65			
2019	7.9 (7.3–8.4)	11.8 (11.2–12.5)	82.0 (81.1–82.8)
2020	7.5 (6.9–8.1)	12.2 (11.5–13.0)	82.0 (81.1–82.9)
2021 (January–June)	7.2 (6.6–7.9)	12.7 (11.8–13.6)	81.8 (80.9–82.7)
0–17			
2019	4.3 (3.6–5.1)	16.3 (14.9–17.8)	80.7 (79.1–82.2)
2020	3.5 (2.8–4.4)	17.9 (16.2–19.7)	80.2 (78.4–82.0)
2021 (January–June)	2.9 (2.1–3.8)	17.9 (16.2–19.6)	81.2 (79.3–83.0)
18–64			
2019	9.0 (8.4–9.6)	10.4 (9.8–11.0)	82.4 (81.6–83.2)
2020	8.7 (8.1–9.4)	10.4 (9.7–11.1)	82.5 (81.6–83.4)
2021 (January–June)	8.6 (7.8–9.5)	11.0 (10.1–12.0)	82.0 (81.0–83.0)

<sup>\*</sup> Estimate is not shown, as it does not meet National Center for Health Statistics standards of reliability.

<sup>1</sup>FPL is federal poverty level. Income 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), as defined by the U.S. Census Bureau for that year (Semega JL, Kollar MA, Creamer J, Mohanty A. Income and poverty in the United States: 2018. Current Population Reports, P60–266. 2019 and Semega J, Kollar M, Shrider EA, Creamer J. Income and poverty in the United States: 2019. Current Population Reports, P60–270. 2020). The percentage of respondents under age 65 with unknown poverty status in was 7.6% in 2019, 8.4% in 2020 and 8.9% in the first 6 months of 2021. People with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

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

<sup>3</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

<sup>4</sup>Private health insurance coverage 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 people were covered by both public and private plans and were included in both categories.

NOTES: Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.

**Table V. Percentage (and 95% confidence intervals) of people 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 and ethnicity, age group, and year: United States, 2019–June 2021**

Race and ethnicity <sup>1</sup> , age group (years), and year	Uninsured <sup>2</sup>	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Hispanic			
Under 65			
2019	22.1 (20.3–23.9)	34.7 (32.7–36.7)	44.3 (42.1–46.4)
2020	22.1 (20.3–24.1)	34.5 (32.4–36.6)	44.7 (42.4–47.0)
2021 (January–June)	23.6 (21.1–26.3)	35.9 (33.8–38.1)	42.0 (39.5–44.6)
0–17			
2019	7.2 (6.0–8.6)	58.7 (55.9–61.5)	35.4 (32.7–38.1)
2020	7.8 (6.0–10.0)	57.3 (53.7–60.8)	37.0 (33.5–40.7)
2021 (January–June)	7.8 (6.1–9.7)	62.2 (59.1–65.2)	31.6 (28.4–35.0)
18–64			
2019	29.7 (27.4–32.0)	22.5 (20.4–24.7)	48.8 (46.5–51.1)
2020	29.3 (26.9–31.9)	23.0 (21.0–25.1)	48.6 (46.2–51.0)
2021 (January–June)	31.4 (28.1–34.9)	23.0 (20.3–25.7)	47.2 (44.3–50.1)
Non-Hispanic White			
Under 65			
2019	9.0 (8.4–9.7)	19.6 (18.7–20.7)	73.3 (72.2–74.3)
2020	7.9 (7.3–8.6)	19.9 (18.9–21.0)	74.3 (73.2–75.5)
2021 (January–June)	7.5 (6.8–8.3)	22.0 (20.6–23.5)	72.7 (71.3–74.1)
0–17			
2019	4.5 (3.7–5.4)	27.9 (26.1–29.8)	69.3 (67.4–71.1)
2020	3.8 (2.8–5.1)	29.4 (26.9–31.9)	69.1 (66.5–71.6)
2021 (January–June)	2.9 (2.1–4.0)	31.9 (29.1–34.7)	67.9 (65.0–70.7)
18–64			
2019	10.5 (9.8–11.2)	17.0 (16.1–18.0)	74.5 (73.5–75.5)
2020	9.2 (8.6–10.0)	16.9 (16.0–17.8)	76.0 (75.0–77.1)
2021 (January–June)	9.0 (8.1–9.9)	18.8 (17.5–20.2)	74.3 (72.9–75.6)
Non-Hispanic Black			
Under 65			
2019	11.6 (10.2–13.0)	42.8 (40.0–45.6)	48.5 (46.0–50.9)
2020	12.0 (10.4–13.8)	42.1 (39.2–45.0)	48.3 (45.3–51.4)
2021 (January–June)	11.8 (9.9–13.8)	40.2 (37.4–43.1)	50.2 (47.2–53.1)
0–17			
2019	3.5 (2.5–4.9)	64.5 (60.1–68.7)	35.1 (31.1–39.3)
2020	5.1 (2.9–8.1)	65.8 (60.6–70.8)	30.7 (25.9–35.8)
2021 (January–June)	*	66.0 (60.8–70.9)	32.6 (27.4–38.2)
18–64			
2019	14.7 (12.9–16.7)	34.3 (31.5–37.1)	53.7 (51.3–56.0)
2020	14.6 (12.7–16.7)	33.1 (30.5–35.9)	54.9 (51.9–57.9)
2021 (January–June)	14.7 (12.5–17.1)	31.0 (28.3–33.9)	56.4 (53.4–59.4)
Non-Hispanic Asian			
Under 65			
2019	6.6 (5.0–8.7)	17.5 (15.1–20.2)	76.6 (73.5–79.5)
2020	7.7 (5.9–9.9)	19.3 (16.4–22.5)	73.9 (70.5–77.1)
2021 (January–June)	5.1 (3.3–7.4)	21.0 (18.4–23.8)	74.7 (71.2–78.0)
0–17			
2019	3.2 (1.6–5.7)	24.1 (19.6–29.1)	73.2 (68.2–77.8)
2020	3.4 (1.5–6.3)	29.6 (23.5–36.3)	68.2 (61.5–74.4)
2021 (January–June)	1.3 (0.3–3.5)	30.5 (23.6–38.0)	70.3 (62.9–76.9)
18–64			
2019	7.5 (5.6–9.9)	15.8 (13.2–18.7)	77.5 (74.2–80.5)
2020	8.8 (6.7–11.4)	16.7 (13.8–20.0)	75.4 (71.8–78.8)
2021 (January–June)	6.1 (3.9–8.9)	18.4 (15.4–21.8)	75.9 (72.1–79.4)

See footnotes at the end of table.

**Table V. Percentage (and 95% confidence intervals) of people 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 and ethnicity, age group, and year: United States, 2019–June 2021—Con.**

Race and ethnicity <sup>1</sup> , age group (years), and year	Uninsured <sup>2</sup>	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Non-Hispanic, other races and multiple races			
Under 65			
2019	14.6 (11.4–18.2)	34.5 (28.9–40.3)	52.9 (46.7–59.0)
2020	13.0 (10.1–16.3)	39.2 (34.1–44.6)	51.3 (45.1–57.5)
2021 (January–June)	11.7 (8.1–16.3)	40.1 (34.1–46.3)	50.8 (43.8–57.8)
0–17			
2019	5.9 (3.5–9.3)	45.3 (38.0–52.8)	50.4 (42.6–58.3)
2020	6.1 (3.0–10.9)	48.5 (41.5–55.6)	49.2 (42.2–56.3)
2021 (January–June)	*	46.3 (39.1–53.6)	48.6 (41.5–55.7)
18–64			
2019	21.1 (17.0–25.8)	26.2 (20.6–32.5)	54.8 (48.1–61.3)
2020	17.6 (13.7–22.1)	32.9 (25.7–40.9)	52.7 (44.3–61.0)
2021 (January–June)	15.5 (11.1–20.9)	35.4 (27.2–44.3)	52.5 (42.5–62.4)

\* Estimate is not shown, as it does not meet National Center for Health Statistics standards of reliability.

<sup>1</sup>Hispanic origin and race are two separate and distinct categories. People of Hispanic or Latino origin may be of any race or combination of races. Hispanic or Latino origin includes people of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on respondents' descriptions of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, Black or African American, single race" is referred to as "non-Hispanic Black" in the text, tables, and figures. Estimates for non-Hispanic people of races other than White only, Black only, and Asian only, or of multiple races, are combined into the "non-Hispanic, other races and multiple races" category.

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

<sup>3</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

<sup>4</sup>Private health insurance coverage 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 people were covered by both public and private plans and were included in both categories.

NOTES: Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.

**Table VI. Percentage (and 95% confidence intervals) of people 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 state Medicaid expansion status, age group, and year: United States, 2019–June 2021**

State Medicaid expansion status <sup>1</sup> , (years), and year	age group	Uninsured <sup>2</sup>	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Medicaid expansion states <sup>5</sup>				
Under 65				
2019		9.1 (8.6–9.7)	27.8 (26.7–28.9)	65.0 (63.8–66.2)
2020		8.5 (7.8–9.2)	27.5 (26.3–28.8)	66.0 (64.7–67.4)
2021 (January–June)		8.5 (7.6–9.4)	29.2 (27.8–30.6)	64.4 (62.8–66.0)
0–17				
2019		3.9 (3.3–4.6)	40.3 (38.3–42.2)	57.6 (55.5–59.7)
2020		3.6 (2.7–4.7)	41.3 (38.9–43.8)	57.3 (54.8–59.8)
2021 (January–June)		2.6 (1.8–3.6)	43.2 (40.7–45.8)	56.7 (54.1–59.4)
18–64				
2019		11.0 (10.4–11.6)	23.4 (22.3–24.5)	67.6 (66.4–68.8)
2020		10.2 (9.5–11.1)	22.5 (21.5–23.6)	69.2 (68.0–70.4)
2021 (January–June)		10.6 (9.5–11.7)	24.1 (22.7–25.5)	67.2 (65.7–68.7)
Non-Medicaid expansion states <sup>6</sup>				
Under 65				
2019		17.1 (15.8–18.5)	23.0 (21.5–24.6)	61.4 (59.0–63.8)
2020		17.2 (16.0–18.5)	24.1 (22.5–25.8)	60.5 (58.6–62.4)
2021 (January–June)		17.1 (15.5–18.8)	25.2 (23.7–26.8)	59.6 (57.3–61.9)
0–17				
2019		7.0 (6.0–8.1)	43.2 (40.1–46.3)	51.5 (47.9–55.0)
2020		7.8 (6.3–9.5)	43.7 (40.0–47.5)	50.5 (46.8–54.3)
2021 (January–June)		7.8 (6.3–9.5)	47.4 (44.0–50.9)	46.4 (42.5–50.3)
18–64				
2019		21.2 (19.6–22.8)	15.1 (14.0–16.3)	65.3 (63.2–67.3)
2020		20.8 (19.3–22.3)	16.7 (15.3–18.2)	64.3 (62.6–66.0)
2021 (January–June)		20.6 (18.6–22.7)	16.9 (15.7–18.2)	64.5 (62.2–66.8)

<sup>1</sup>Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 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 January 1, 2019, 33 states and the District of Columbia moved forward with Medicaid expansion.

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

<sup>3</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

<sup>4</sup>Private health insurance coverage 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 people were covered by both public and private plans and were included in both categories.

<sup>5</sup>For 2019, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion. Beginning with 2020, two states were added to this grouping: Idaho and Utah. Beginning with 2021, Nebraska was added to this grouping.

<sup>6</sup>For 2019, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming. Beginning with 2020, two states have been removed from this grouping: Idaho and Utah. Beginning with 2021, Nebraska was removed from this grouping.

NOTES: Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.

**Table VII. Percentage and number of people under age 65 who had exchange-based private health insurance coverage at the time of interview, by year and selected characteristics: United States, 2019–June 2021**

Year and selected characteristics	Percent (95% confidence interval)	Number in millions
2019		
Age group (years)		
Under 65	3.7 (3.4–4.0)	10.0
0–17	1.7 (1.4–2.1)	1.3
18–64	4.4 (4.0–4.8)	8.7
Sex		
Male	3.5 (3.1–3.9)	4.7
Female	3.9 (3.5–4.4)	5.3
Family income as a percentage of FPL <sup>1</sup>		
Less than 100% FPL	3.0 (2.2–4.0)	1.1
100% to less than 200% FPL	5.3 (4.6–6.1)	2.8
200% and greater FPL	3.2 (2.9–3.5)	5.8
Race and ethnicity <sup>2</sup>		
Hispanic	3.8 (3.1–4.6)	2.1
Non-Hispanic White	3.6 (3.2–4.0)	5.5
Non-Hispanic Black	2.9 (2.2–3.9)	1.0
Medicaid expansion status <sup>3</sup>		
Medicaid expansion states <sup>4</sup>	3.3 (3.0–3.8)	5.7
Non-Medicaid expansion states <sup>5</sup>	4.3 (3.8–4.9)	4.3
2020		
Age group (years)		
Under 65	3.8 (3.5–4.1)	10.1
0–17	2.1 (1.7–2.5)	1.5
18–64	4.4 (4.0–4.7)	8.6
Sex		
Male	3.1 (2.8–3.5)	4.2
Female	4.4 (4.0–4.8)	5.9
Family income as a percentage of FPL <sup>1</sup>		
Less than 100% FPL	1.9 (1.3–2.6)	0.6
100% to less than 200% FPL	4.8 (4.1–5.7)	2.4
200% and greater FPL	3.7 (3.3–4.1)	6.9
Race and ethnicity <sup>2</sup>		
Hispanic	4.2 (3.5–5.0)	2.4
Non-Hispanic White	3.7 (3.3–4.1)	5.7
Non-Hispanic Black	2.6 (1.9–3.3)	0.9
Medicaid expansion status <sup>3</sup>		
Medicaid expansion states <sup>4</sup>	3.5 (3.2–3.9)	6.2
Non-Medicaid expansion states <sup>5</sup>	4.1 (3.6–4.7)	3.9

See footnotes at the end of table.

**Table VII. Percentage and number of people under age 65 who had exchange-based private health insurance coverage at the time of interview, by year and selected characteristics: United States, 2019–June 2021—Con.**

Year and selected characteristics	Percent (95% confidence interval)	Number in millions
January–June 2021		
Age group (years)		
Under 65	4.3 (3.8–4.8)	11.6
0–17	2.1 (1.5–2.9)	1.5
18–64	5.1 (4.6–5.7)	10.0
Sex		
Male	4.0 (3.5–4.5)	5.3
Female	4.6 (4.0–5.3)	6.2
Family income as a percentage of FPL <sup>1</sup>		
Less than 100% FPL	3.6 (2.5–4.9)	1.3
100% to less than 200% FPL	6.0 (4.7–7.5)	3.2
200% and greater FPL	3.8 (3.3–4.5)	7.0
Race and ethnicity <sup>2</sup>		
Hispanic	4.8 (3.8–6.0)	2.7
Non-Hispanic White	4.1 (3.6–4.6)	6.3
Non-Hispanic Black	3.5 (2.5–4.6)	1.2
Medicaid expansion status <sup>3</sup>		
Medicaid expansion states <sup>4</sup>	4.1 (3.5–4.8)	7.3
Non-Medicaid expansion states <sup>5</sup>	4.6 (3.8–5.5)	4.3

<sup>1</sup>FPL is federal poverty level. Income 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), as defined by the U.S. Census Bureau for that year (Semega JL, Kollar MA, Creamer J, Mohanty A. Income and poverty in the United States: 2018. Current Population Reports, P60–266. 2019 and Semega J, Kollar M, Shrider EA, Creamer J. Income and poverty in the United States: 2019. Current Population Reports, P60–270. 2020). The percentage of respondents under age 65 with unknown poverty status was 7.6% in 2019, 8.4% in 2020, and 8.9% in the first 6 months of 2021. People with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

<sup>2</sup>Hispanic origin and race are two separate and distinct categories. People of Hispanic origin may be of any race or combination of races. Hispanic origin includes people of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on respondents' descriptions of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, black or African American, single race" is referred to as "non-Hispanic black" in the text, tables, and figures.

<sup>3</sup>Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have income up to and including 138% of the FPL. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2019, 33 states and the District of Columbia moved forward with Medicaid expansion.

<sup>4</sup>For 2019, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion. Beginning with 2020, two states were added to this grouping: Idaho and Utah. Beginning with 2021 Nebraska was added to this grouping.

<sup>5</sup>For 2019, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming. Beginning with 2020, two states have been removed from this grouping: Idaho and Utah. Beginning with 2021, Nebraska was removed from this grouping.

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Due to the COVID-19 pandemic, data collection switched to a telephone-only mode beginning on March 19, 2020. Personal visits (with telephone attempts first) resumed in all areas in September 2020. In addition, from August–December 2020, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again. Response rates were lower and respondent characteristics were different in April–December 2020. Differences observed in estimates between April–December 2020 and other time periods may have been impacted by these differences in respondent characteristics. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Surveys, 2019–2021.