

Health Insurance Coverage Status and Type by Geography: 2019 and 2021

American Community Survey Briefs

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INTRODUCTION

Over the past 2 years, the COVID-19 pandemic has affected population health and well-being, as well as the nation's economy. In response, the federal government implemented additional measures to improve access to public and private health insurance coverage during the COVID-19 public health emergency. For example, the Families First Coronavirus Response Act (FFCRA) required states to provide continuous coverage for Medicaid beneficiaries for the duration of the COVID-19 public health emergency.¹ The American Rescue Plan Act (ARPA), enacted in 2021, further increased Medicaid funding to states and introduced measures to increase access to care and reduce the cost of coverage.²

Changes in health insurance coverage at the state level are shaped by a variety of factors, including demographic changes (such as differences in the age distribution across states), variation in state-level economic conditions, and policy changes that impact coverage rates. Across the United States, the job losses associated with the COVID-19 recession and job gains in the subsequent recovery may have varied across geographies, affecting coverage rates in some states more than in others. At the same time, states differed in their implementation and timing of the

¹ For more information, refer to the Families First Coronavirus Response Act, P.L. 116-127, March 18, 2020, <www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>; and Congressional Research Service, Health Care Provisions in the Families First Coronavirus Response Act, P.L. 116-127, R46316, April 17, 2020, <<https://crsreports.congress.gov/product/pdf/R/R46316>>.

² For more information, refer to the American Rescue Plan Act, P.L. 117-2, March 11, 2021, <www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>, Katie Keith, "Final Coverage Provisions In the American Rescue Plan and What Comes Next," Health Affairs Blog, March 11, 2021, DOI: 10.1377/hblog20210311.725837.

federal efforts described above, as well as in extending state policies to increase coverage. Understanding differences in health insurance coverage across states may help inform policies to improve health and well-being.

This brief uses the 2019 and 2021 American Community Survey (ACS) 1-year estimates to examine state differences in health insurance coverage status and type (refer to the "What Is Health Insurance Coverage?" text box).³ The large sample size of the ACS allows for an examination of the uninsured rate and coverage by type for subnational geographies.⁴

Given the pandemic and the challenges posed by data collection and the data quality of the 2020 ACS, this brief provides insight into state-level changes in health insurance coverage by comparing health coverage in 2019 before the COVID-19 pandemic to health coverage in 2021 as the pandemic continued to shape health and well-being.⁵ Specifically, this brief examines changes in the uninsured rate, as well as changes in

³ The U.S. Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY22-POP001-0126. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>.

⁴ The Current Population Survey Annual Social and Economic Supplement (CPS ASEC) is the leading source of national level estimates of health insurance coverage. For a comparison of ACS and CPS ASEC measures of health insurance coverage, refer to <www.census.gov/topics/health/health-insurance/guidance.html>.

⁵ For additional information about challenges to data collection and data quality in the 2020 ACS, refer to Asiala et al., "An Assessment of the COVID-19 Pandemic's Impact on the 2020 American Community Survey 1-Year Data," ACS Research and Evaluation Memorandum Series, ACS21-RER-04, U.S. Census Bureau, 2021, <www.census.gov/content/dam/Census/library/working-papers/2021/acs/2021_CensusBureau_01.pdf>.

private and public coverage in the 50 states, the District of Columbia, and the 25 most populous metropolitan areas in the United States between 2019 and 2021.⁶ In doing so, the brief describes and compares estimates of coverage and changes in coverage before and during the COVID-19 pandemic.

KEY FINDINGS

- The uninsured rate across states and the District of Columbia ranged from 2.5 percent in Massachusetts to 18.0 percent in Texas in 2021 (Figure 1).⁷
- In 2021, the percentage of people with private coverage across states and the District of Columbia ranged from 53.3 percent in New Mexico to 77.8 percent in Utah (Figure 3).⁸ The percentage of people with public coverage in 2021 ranged from 22.3 percent in Utah to 50.9 percent in New Mexico (Figure 4).
- Between 2019 and 2021, the uninsured rate increased in

⁶ ACS weighting methods adjust weights to match U.S. population estimates based on Decennial Census population controls for age, race and Hispanic origin, and sex, and further adjust for differences in response rates by census tract and building type. These adjustments mitigate nonresponse bias based on these characteristics and ensure the weighted sample is representative of the U.S. population. The 2019 ACS 1-year estimates reported in this brief are weighted using population estimates based on the 2010 Census population counts. The 2021 ACS 1-year estimates in this brief are weighted using population estimates based on the 2020 Census population counts. Therefore, comparisons between 2019 and 2021 estimates in part reflect the differences in the base population in 2010 and 2020.

⁷ The Census Bureau conducts the ACS throughout the year, and the ACS asks respondents to report their coverage at the time of interview. If respondents report having no coverage, they are considered uninsured at the time of interview. The resulting measure, therefore, reflects an annual average of current health coverage status.

⁸ The private coverage rate in Utah (77.8 percent) was not statistically different from the private coverage rate in North Dakota (77.3 percent).

WHAT IS HEALTH INSURANCE COVERAGE?

This brief presents state-level estimates of health insurance coverage using data from the American Community Survey (ACS). The U.S. Census Bureau conducts the ACS throughout the year; the survey asks respondents to report their coverage at the time of interview. The resulting measure of health insurance coverage, therefore, reflects an annual average of current comprehensive health insurance coverage status.¹ This uninsured rate measures a different concept than the measure based on the Current Population Survey Annual Social and Economic Supplement (CPS ASEC).

For reporting purposes, the ACS broadly classifies health insurance coverage as private insurance or public insurance. The ACS defines private health insurance as a plan provided through an employer or a union, coverage purchased directly by an individual from an insurance company or through an exchange (such as healthcare.gov), or coverage through TRICARE. Public insurance coverage includes federal programs (such as Medicare, Medicaid, and the Children's Health Insurance Program or CHIP), individual state health plans, and CHAMPVA (Civilian Health and Medical Program at the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs.

In the ACS, people are considered insured if they were covered by any of these types of health insurance at time of interview. People are considered uninsured if they were not covered by any of these types of health insurance at time of interview or if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive.

¹ Comprehensive health insurance covers basic health care needs. This definition excludes single-service plans, such as accident, disability, dental, vision, or prescription medicine plans.

one state (North Dakota) and declined in 28 states (Figure 1 and Appendix Table B-1).

- From 2019 to 2021, private coverage increased in one state (Florida) and decreased in 18 states (Figure 3 and Appendix Table B-2). Public coverage increased in 36 states, but no states experienced a decline in public coverage during this period (Figure 4 and Appendix Table B-3).

DIFFERENCES IN THE UNINSURED RATE BY STATE IN 2021

In 2021, the national uninsured rate was 8.6 percent at the time

of interview, ranging among the states and the District of Columbia from 2.5 percent in Massachusetts to 18.0 percent in Texas (Figure 1 and Appendix Table B-1).

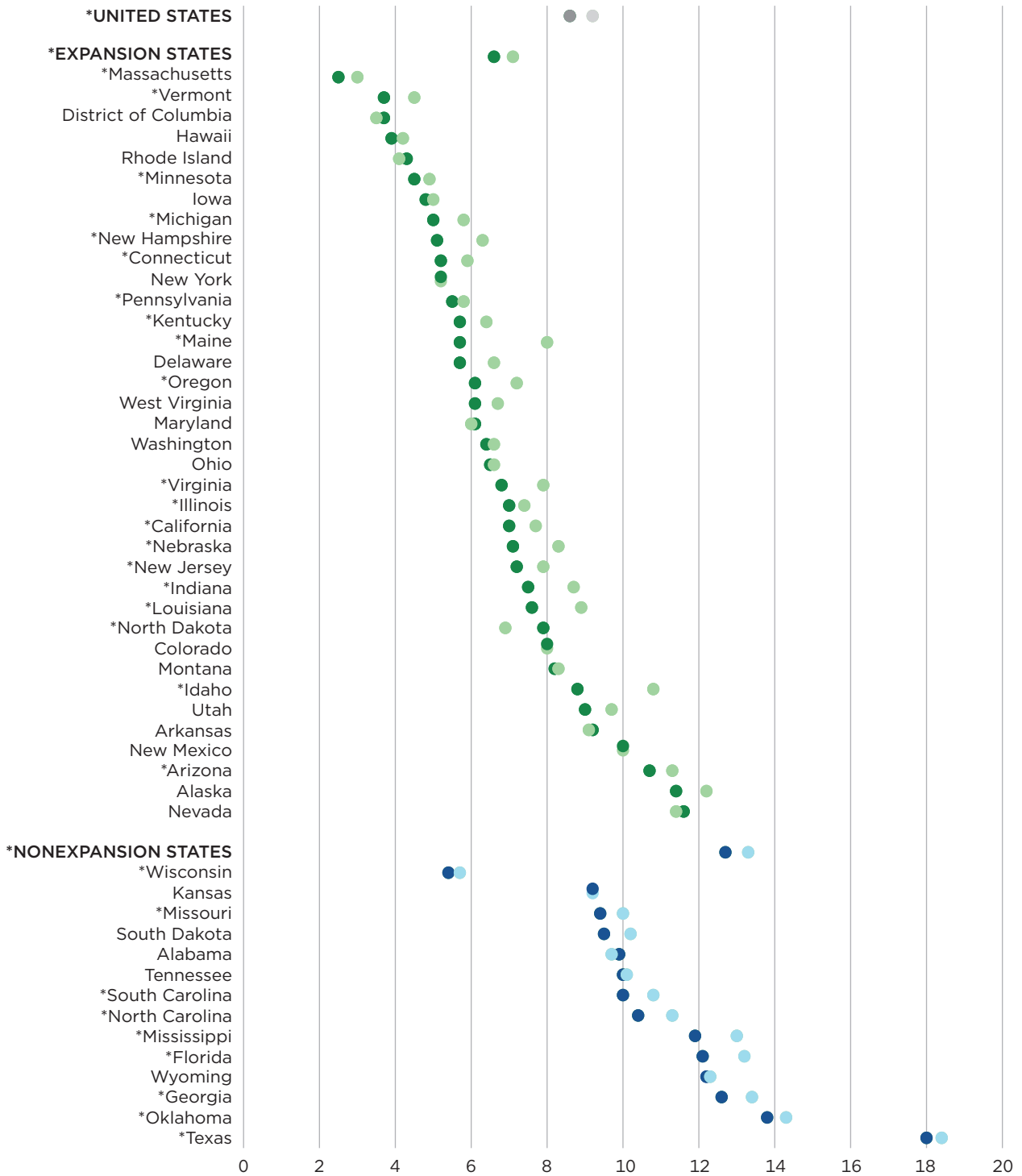
These differences in health coverage may reflect differences in the age distribution of the population, varying economic conditions, or the extent to which states leveraged federal or state policies to ensure access to health insurance. For example, Massachusetts enacted a state mandate requiring individuals to have health insurance coverage as early as 2006.

Figure 1.

Percentage of People Without Health Insurance Coverage by State and State Medicaid Expansion Status: 2019 and 2021

(Civilian noninstitutionalized population)

2019 2021
 United States ● ●
 Expansion states ● ●
 Nonexpansion states ● ●



* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.
 Note: State Medicaid expansion status in 2021 is used to compare change between 2019 and 2021. For more information on expansion states, refer to Appendix Table A-1. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>.
 Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

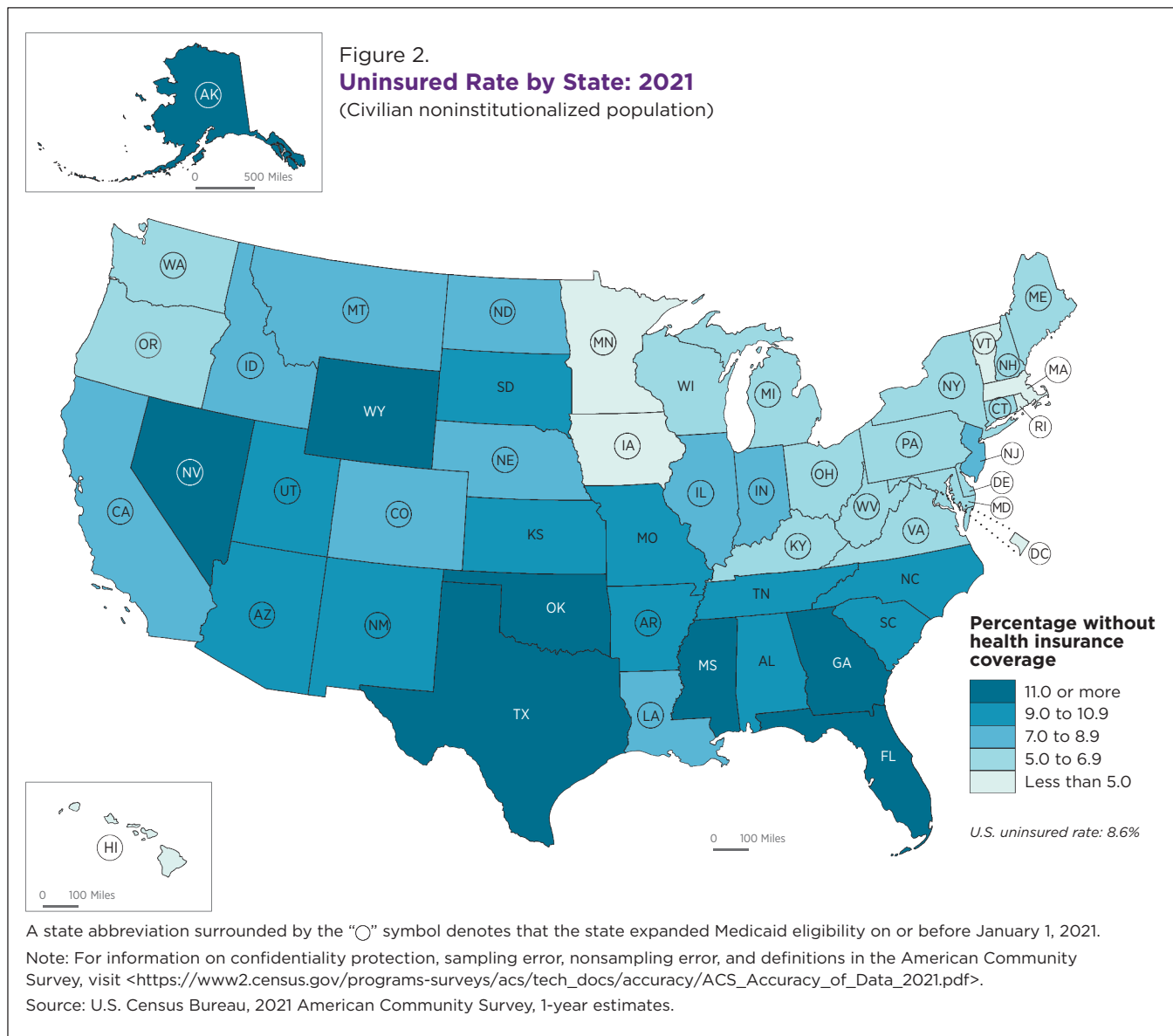
Further, since January 1, 2014, 36 states and the District of Columbia had expanded Medicaid eligibility under the Patient Protection and Affordable Care Act (ACA). As of 2021, about 215 million people—or 65.9 percent of the civilian noninstitutionalized population—lived in states that had expanded Medicaid eligibility (“expansion states”), compared with 111 million people living in states that had

not expanded Medicaid eligibility (“nonexpansion states”).^{9, 10}

⁹ The universe for health insurance estimates presented in this brief is the civilian noninstitutionalized population.

¹⁰ Between January 1, 2014, and January 1, 2021, 36 states and the District of Columbia elected to expand Medicaid eligibility under the ACA. The 14 states that had not expanded Medicaid eligibility under the ACA on or before January 1, 2021, include Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming. For more information on expansion states, refer to Appendix Table A-1.

Expansion states had a lower uninsured rate (6.6 percent) on average than nonexpansion states (12.7 percent) (Figure 1 and Appendix Table B-1). The five states with uninsured rates of 12 percent or more (Florida, Georgia, Oklahoma, Texas, and Wyoming) had not expanded Medicaid eligibility. Thirteen of the 14 nonexpansion states had uninsured rates above the national



average. One nonexpansion state, Wisconsin had an uninsured rate (5.4 percent) below the national average in 2021, driven in part by a high rate of private coverage: 73.5 percent compared with 67.0 percent for the national average (Appendix Table B-2).

In contrast, the percentage of people who were uninsured was lower than the national average in 2021 in 28 of the 36 expansion states and in the District of Columbia.

Three of the four states with among the lowest uninsured rates (Massachusetts, Rhode Island, and Vermont), as well as the District of Columbia, had expanded Medicaid eligibility on or prior to January 1, 2021, and had also implemented or continued a state individual mandate requiring people to have minimum essential health insurance coverage after repeal of the federal individual mandate in 2019.¹¹

CHANGES IN THE UNINSURED RATE BY STATE FROM 2019 TO 2021

Nationally, the percentage of people uninsured at the time of interview fell 0.5 percentage points between 2019 and 2021. The uninsured rate decreased in 28 states, with the drop ranging from 0.3 percentage points to 2.3 percentage points. States having among the largest declines in the uninsured rate include Idaho (2.0 percentage points) and Maine (2.3 percentage points).¹² Idaho and Maine both expanded Medicaid eligibility under the ACA in 2020 (Appendix Table B-1).

¹¹ In addition to the District of Columbia, Massachusetts, Rhode Island, Vermont, California, and New Jersey also implemented a state individual mandate effective on January 1, 2020, and January 1, 2019, respectively.

¹² There was no statistical difference in the decline in the uninsured rates in Idaho and Maine between 2019 and 2021.

One state (North Dakota) experienced a 1.0 percentage-point increase in the uninsured rate, driven in part by a decline in private health coverage.¹³

PRIVATE HEALTH INSURANCE COVERAGE BY STATE IN 2021

In 2021, about two-thirds of people held private health insurance coverage at the time of interview (67.0 percent). Among states and the District of Columbia, the percentage of people with private health coverage ranged from 53.3 percent to 77.8 percent. New Mexico had among the lowest rates of private health coverage (53.3 percent), followed by Louisiana (57.1 percent), Arkansas (59.0 percent), and Mississippi (59.7 percent).¹⁴ In contrast, Minnesota (75.9 percent), New Hampshire (76.6 percent), North Dakota (77.3 percent), and Utah (77.8 percent) had among the highest rates of private health coverage in 2021 (Figure 3 and Appendix Table B-2).¹⁵

People may hold private coverage through their own or a family member's employer, by purchasing coverage directly, or through the TRICARE program for members of the military or their dependents. In 2021, most people—54.7 percent—had employer-sponsored

¹³ North Dakota had among the highest private coverage rates (77.3 percent) in the nation in 2021. For information about private and public coverage rates in North Dakota, refer to Appendix Table B-2 for private health insurance coverage and Appendix Table B-3 for public health insurance coverage. The difference in public coverage in North Dakota between 2019 and 2021 was not statistically significant.

¹⁴ In 2021, the private coverage rate in Arkansas (59.0 percent) did not statistically differ from the private coverage rate in Mississippi (59.7 percent).

¹⁵ The private coverage rate was not statistically different in Utah and North Dakota. The private coverage rate in New Hampshire was not statistically different from private coverage rates in Minnesota and North Dakota.

health insurance coverage at the time of interview.¹⁶ Minnesota (61.5 percent), New Hampshire (64.0 percent), North Dakota (59.8 percent), and Utah (63.7 percent)—among the states with the highest private coverage rates—had higher rates of employer-sponsored coverage than the national average.¹⁷ High rates of employer-sponsored coverage across states may also reflect relatively strong economic conditions in these states. Unemployment rates in Minnesota (3.4 percent), New Hampshire (3.5 percent), North Dakota (3.7 percent), and Utah (2.7 percent) were lower than the national average of 5.3 percent.¹⁸

Minnesota (16.7 percent), North Dakota (18.5 percent), and Utah (15.2 percent) each had a higher percentage of people with direct-purchase health coverage than the national average of 13.7 percent at the time of interview. North Dakota had one of the highest rates of direct-purchase coverage at 18.5 percent, contributing to the high private coverage rate.¹⁹

CHANGES IN PRIVATE HEALTH INSURANCE COVERAGE BY STATE FROM 2019 TO 2021

Between 2019 and 2021, the percentage of people with private health insurance coverage decreased by 0.4 percentage points nationally. Among the 18 states that experienced a decline in private coverage, rates decreased from 0.5 percentage points to 4.2 percentage points.

¹⁶ For information about health insurance coverage by select types, refer to Appendix Table B-4.

¹⁷ In 2021, rates of employer-sponsored coverage were not statistically different in New Hampshire and Utah.

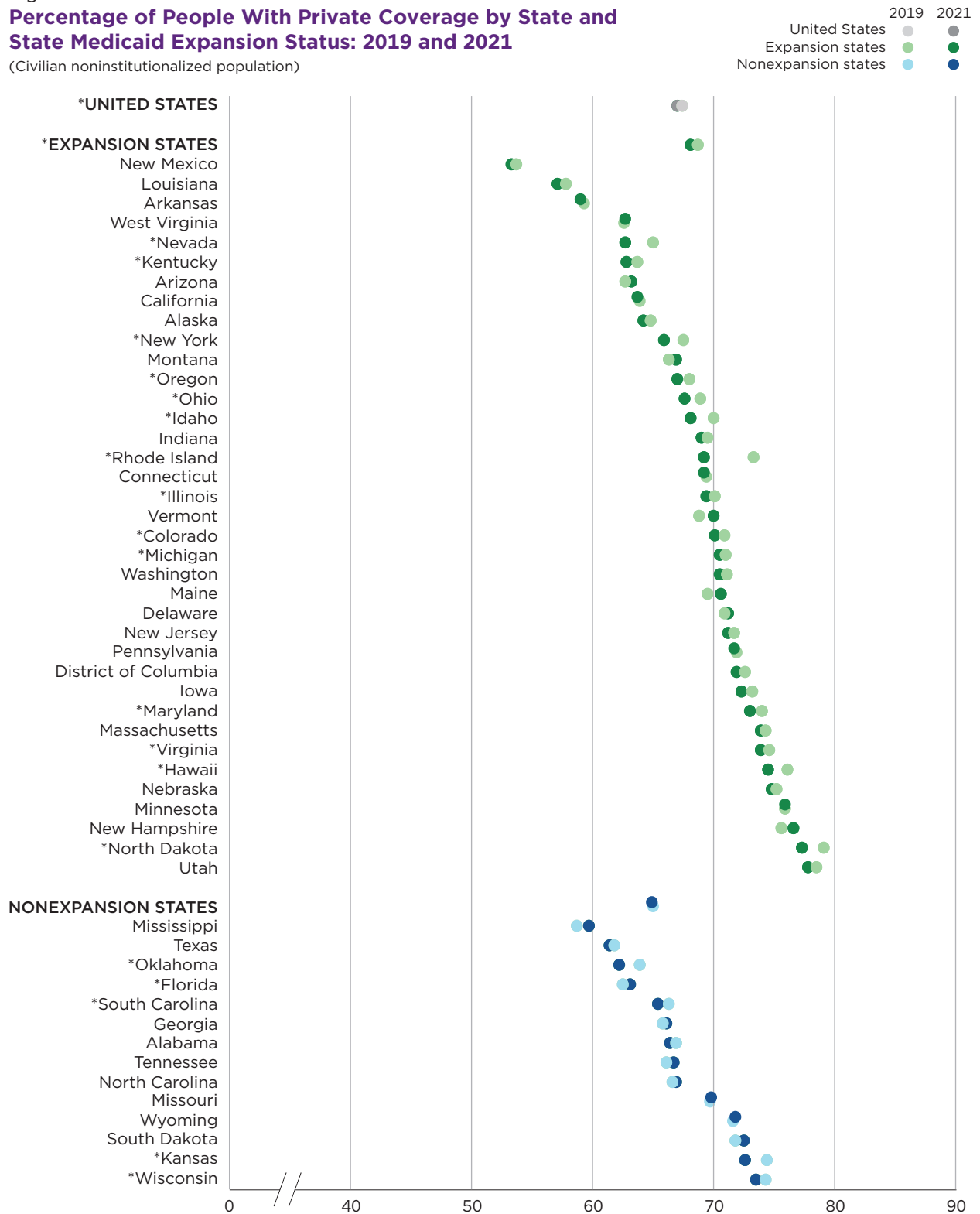
¹⁸ U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, Appendix Table B, <www.bls.gov/news.release/pdf/srgune.pdf>.

¹⁹ For information about health insurance coverage by select types, refer to Appendix Table B-4.

Figure 3.

Percentage of People With Private Coverage by State and State Medicaid Expansion Status: 2019 and 2021

(Civilian noninstitutionalized population)



* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.
 Note: State Medicaid expansion status in 2021 is used to compare change between 2019 and 2021. For more information on expansion states, refer to Appendix Table A-1. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>.
 Source: U.S. Census Bureau, 2019 and 2021 American Community Survey 1-year estimates.

Changes in the distribution of private coverage by type may have contributed to the decline in private coverage. The percentage of people with employer-sponsored coverage fell by 0.7 percentage points to 54.7 percent, while direct-purchase coverage rates rose by 0.6 percentage points to 13.7 percent between 2019 and 2021 (Appendix Table B-4). Increases in direct-purchase insurance over the period may reflect measures to improve access to coverage during the COVID-19 public health emergency.

Among states with large drops in private coverage were Nevada (2.3 percentage points) and Rhode Island (4.2 percentage points) (Appendix Table B-2).²⁰ Both states experienced increases in unemployment rates that may have contributed to the decline in employer-sponsored coverage (Nevada: 2.4 percentage points and Rhode Island: 4.3 percentage points), and, therefore, in private coverage over this period.²¹

One state (Florida) saw a 0.7 percentage-point increase in private health insurance coverage between 2019 and 2021, driven by a 1.5 percentage-point increase in direct-purchase coverage.²²

²⁰ The decreases in private coverage rates from 2019 to 2021 in Nevada and Rhode Island were not significantly different from one another.

²¹ U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, Unemployment Rates for States, 2021 Annual Averages, <www.bls.gov/lau/lastrk21.htm>, and Unemployment Rates for States, 2019 Annual Averages, <www.bls.gov/lau/lastrk19.htm>. For estimates of direct-purchase health insurance coverage by state, refer to Appendix Table B-4 in this brief.

²² There was no statistically significant change in the percentage of people with employer-sponsored coverage in Florida between 2019 and 2021.

Notably, the Centers for Medicaid and Medicare Services (CMS) documented an increase in ACA Marketplace enrollment in Florida from about 1.8 million people to 2.1 million people during the same period, and about 542,100 people in Florida selected Marketplace coverage during the special enrollment period in response to the COVID-19 public health emergency in 2021.²³ The number of insurance carriers providing Marketplace coverage in Florida also increased from five to nine between 2019 and 2021.²⁴

PUBLIC HEALTH INSURANCE COVERAGE BY STATE IN 2021

In 2021, 36.8 percent of people were covered through public health insurance. Utah had the lowest rate of public coverage at 22.3 percent. New Mexico's public coverage rate (50.9 percent) was the highest among states and the District of Columbia (Figure 4 and Appendix Table B-3).

People may have public coverage through Medicare (which provides coverage to people aged 65 and older), Medicaid (which provides coverage to those with low incomes or a disability), or through

²³ In January 2021, an executive order extended a special enrollment period to sign up for Marketplace coverage. Kaiser Family Foundation, "Marketplace Enrollment 2014–2022," based on analysis of Centers for Medicaid and Medicare Marketplace Open Enrollment Period Public Use Files, <www.kff.org/state-category/affordable-care-act/health-insurance-marketplaces/> and 2021 Final Marketplace Special Enrollment Report, <www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf>.

²⁴ Daniel McDermott and Cynthia Cox, "Insurer Participation on the ACA Marketplaces, 2014–2021," Kaiser Family Foundation, 2020, <www.kff.org/private-insurance/issue-brief/insurer-participation-on-the-aca-marketplaces-2014-2021/>.

the Veterans Administration (VA Care or CHAMPVA).

In New Mexico, about one-third of people were covered through Medicaid, contributing to this state's high rate of public coverage. In contrast, the percentage of people covered by Medicaid in Utah—the state with the lowest public coverage rate—was just 11.3 percent (Appendix Table B-4).

Public coverage rates may be related to whether a state expanded Medicaid eligibility as part of the ACA. In 2021, 38.1 percent of people in expansion states had public coverage, which was about 3.8 percentage points higher than the 34.2 percent of people with public coverage in nonexpansion states (Appendix Table B-5).

CHANGES IN PUBLIC COVERAGE BY STATE FROM 2019 TO 2021

Between 2019 and 2021, the percentage of people with public coverage at the time of interview increased by 1.4 percentage points to 36.8 percent. Although 36 states experienced increases in public coverage rates during this period, no states saw a decrease in public coverage rates. Increases in the percentage of people with public coverage ranged from 0.6 percentage points to 4.3 percentage points (Figure 4 and Appendix Table B-3).

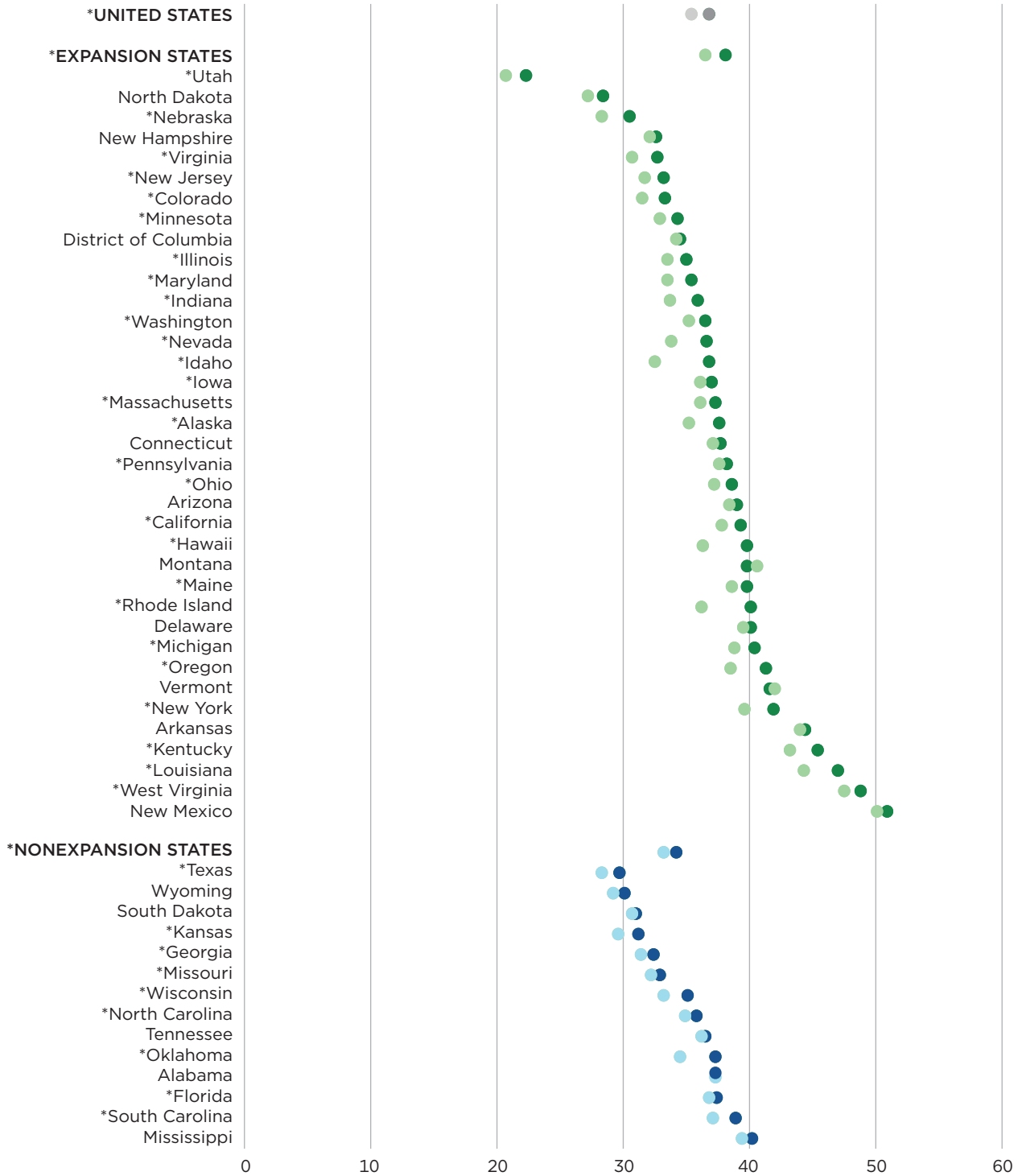
The percentage of people with public coverage increased in 27 of the 36 expansion states between 2019 and 2021. Among nonexpansion states, 9 of 14 states experienced an increase in their rates of public coverage. States that had expanded Medicaid eligibility saw

Figure 4.

Percentage of People With Public Coverage by State and State Medicaid Expansion Status: 2019 and 2021

(Civilian noninstitutionalized population)

2019 2021
 United States ● ●
 Expansion states ● ●
 Nonexpansion states ● ●



* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.
 Note: State Medicaid expansion status in 2021 is used to compare change between 2019 and 2021. For more information on expansion states, refer to Appendix Table A-1. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>.
 Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

a larger increase in public coverage rates (1.6 percentage points) than states that had not expanded Medicaid eligibility under the ACA (1.1 percentage points) (Appendix Table B-5).

In 2021, the percentage of people covered through Medicaid was higher in expansion states (22.7 percent) than in nonexpansion states (18.0 percent). Further, although Medicaid coverage rates increased in both expansion and nonexpansion states, the increase was higher in states that had expanded Medicaid eligibility (1.5 percentage points) than in states that had not expanded Medicaid eligibility (0.9 percentage points).

The increase in public coverage between 2019 and 2021 was driven in part by a 1.3 percentage-point increase in the percentage of people covered through Medicaid, consistent with an increase in enrollment in 2020 and 2021 reported by the Centers for

Medicare and Medicaid Services.²⁵ By 2021, 21.1 percent of people were covered through Medicaid at the time of interview.

THE UNINSURED RATE IN THE 25 LARGEST METROPOLITAN AREAS IN 2021

Health insurance coverage status was also examined in smaller geographies. The uninsured rate varied across the largest 25 metropolitan areas in the United States, ranging from 2.6 percent (Boston-Cambridge-Newton, Massachusetts-New Hampshire)

²⁵ Data from the Centers for Medicare and Medicaid Services showed that Medicaid enrollment continued to increase in 2021, following a dramatic increase in 2020 after declines in enrollment from 2017 to 2019. Specifically, after increasing by about 6.3 million adults and 3.3 million children between February 2020 and January 2021, Medicaid enrollment among adults aged 19 and older increased from 40.6 million to 44.7 million during the period between February 2021 and January 2022. Medicaid/CHIP enrollment among children under 19 increased from 38.5 million to 40.1 million during the same period. Appendix B of the December 2021 and January 2022 Medicaid and CHIP Enrollment Trends Snapshot are available at <www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/dec-2021-jan-2022-medicaid-chip-enrollment-trend-snapshot.pdf>. Appendix B of the December 2020 and January 2021 Medicaid and CHIP Enrollment Trends Snapshot are available at <www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/december-2020-january-2021-medicaid-chip-enrollment-trend-snapshot.pdf>.

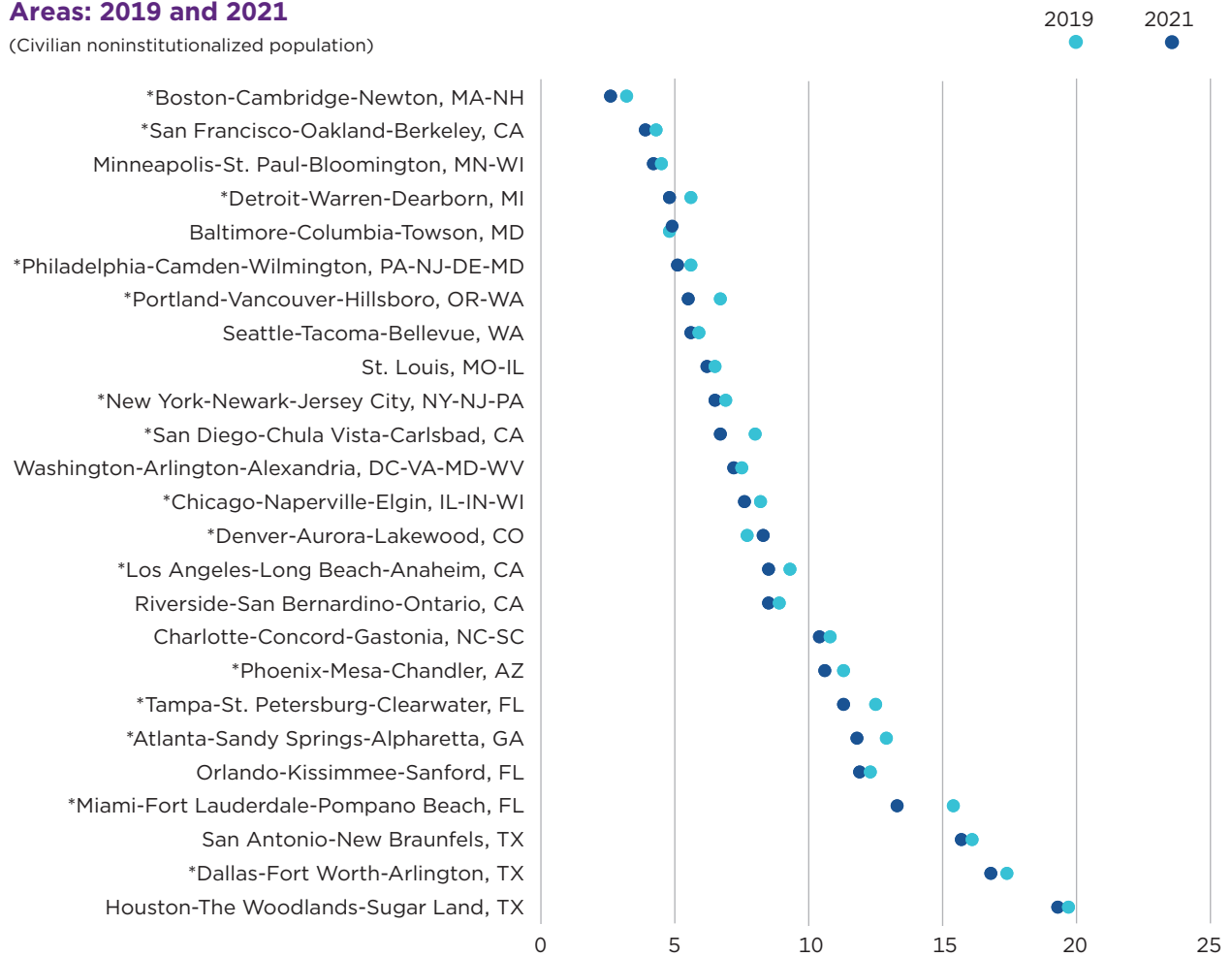
to 19.3 percent (Houston-The Woodlands-Sugar Land, Texas). These differences across metropolitan areas reflect state differences discussed above: Massachusetts had the lowest uninsured rate and Texas the highest. Among the 25 largest metropolitan areas, the three with the highest uninsured rates were all in Texas: Dallas-Fort Worth-Arlington, Texas (16.8 percent); Houston-The Woodlands-Sugar Land, Texas (19.3 percent); and San Antonio-New Braunfels, Texas (15.7 percent) (Figure 5 and Appendix Table B-6).

CHANGES IN THE UNINSURED RATE IN THE 25 LARGEST METROPOLITAN AREAS FROM 2019 TO 2021

Fourteen of the 25 largest metropolitan areas in the United States saw declines in their uninsured rate between 2019 and 2021, ranging from 0.3 percentage points to 2.1 percentage points. One metropolitan area (Denver-Aurora-Lakewood, Colorado) experienced an increase (0.6 percentage points to 8.3 percent). The uninsured rate in ten metropolitan areas did not statistically change between 2019 and 2021.

Figure 5.
Percentage of Uninsured People for the 25 Most Populous Metropolitan Areas: 2019 and 2021

(Civilian noninstitutionalized population)



* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.
 Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>.
 Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

SUMMARY

This brief examined health insurance status and type by state and the largest 25 metro areas in 2021, as well as changes in health coverage from 2019 to 2021 before and during the COVID-19 pandemic. Although more people held coverage in 2021 than in 2019, there was variation in coverage and change in coverage across geographies. The uninsured rate varied across states by about 15.5 percentage points in 2021 (from 2.5 percent in Massachusetts to 18.0 percent in Texas) and about 16.7 percentage points across the 25 largest metropolitan areas. States that had expanded Medicaid eligibility under the ACA had lower uninsured rates than states that had not expanded Medicaid eligibility. Between 2019 and 2021, 28 states and 14 of the largest metropolitan areas experienced declines in the percentage of people uninsured, driven in part by increases in public coverage during this period. Although most people had private coverage, public coverage rates increased by 1.4 percentage points nationally, and in 36 states between 2019 and 2021.

This brief examined changes over a 2-year period that encompassed an ongoing public health emergency and an economic recession and recovery. Changes between 2019 and 2021 may not reflect health insurance coverage in 2020. Yet, understanding differences and changes in health insurance coverage across time and geography is important for understanding state-level differences in access to health care, and policies and programs that improve access to care, health outcomes, and well-being across the nation.

SOURCE AND ACCURACY

The data presented in this brief are based on the ACS sample interviewed from January 2019 through December 2019 (2019 ACS) and the ACS sample interviewed from January 2021 through December 2021 (2021 ACS). The estimates based on these samples describe the average values of person, household, and housing unit characteristics over the period of collection. Data presented in this brief are subject to sampling and nonsampling error. Sampling error is the uncertainty

between an estimate based on a sample and the corresponding value that would be obtained if the estimates were based on the entire population (as from a census). Measures of sampling error are provided in the form of margins of error for all estimates included in this brief. All comparative statements in this brief have undergone statistical testing, and comparisons are significant at the 90 percent confidence level, unless otherwise noted. In addition to sampling error, nonsampling error may be introduced during any of the operations used to collect and process survey data such as editing, reviewing, or keying data from questionnaires. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, refer to the 2021 ACS Accuracy of the Data document located at https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf.

Appendix Table A-1.

Medicaid Expansion States

Year of Expansion	States
As of January 1, 2014	Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, West Virginia
After January 1, 2014, and on or before January 1, 2015	Michigan, New Hampshire, Pennsylvania
After January 1, 2015, and on or before January 1, 2016	Alaska, Indiana, Montana
After January 1, 2016, and on or before January 1, 2017	Louisiana
After January 1, 2017, and on or before January 1, 2018	No states expanded Medicaid during this period.
After January 1, 2018, and on or before January 1, 2019	Virginia
After January 1, 2019, and on or before January 1, 2020	Maine (coverage retroactive to July 2018), Idaho, Utah
After January 1, 2020, and on or before January 1, 2021	Nebraska

Source: Kaiser Family Foundation, "Status of State Action on the Medicaid Expansion Decision," <www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22%3A>.

Appendix Table B-1.

Percentage of People Without Health Insurance Coverage by State: 2019 and 2021

(Civilian noninstitutionalized population. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>)

State	2021		2019		Change 2021 less 2019	
	Percent uninsured	Margin of error ¹	Percent uninsured	Margin of error ¹	Percent uninsured	Margin of error ¹
United States	8.6	0.1	9.2	0.1	*-0.5	0.1
Alabama	9.9	0.4	9.7	0.3	0.1	0.5
Alaska ²	11.4	0.8	12.2	0.8	-0.8	1.1
Arizona ²	10.7	0.4	11.3	0.3	*-0.6	0.5
Arkansas ²	9.2	0.5	9.1	0.4	Z	0.6
California ²	7.0	0.1	7.7	0.1	*-0.7	0.1
Colorado ²	8.0	0.3	8.0	0.3	Z	0.4
Connecticut ²	5.2	0.3	5.9	0.3	*-0.7	0.4
Delaware ²	5.7	0.6	6.6	0.6	-0.8	0.9
District of Columbia ²	3.7	0.6	3.5	0.6	0.2	0.9
Florida	12.1	0.2	13.2	0.2	*-1.1	0.3
Georgia	12.6	0.3	13.4	0.3	*-0.8	0.4
Hawaii ²	3.9	0.4	4.2	0.4	-0.2	0.5
Idaho ²	8.8	0.6	10.8	0.5	*-2.0	0.8
Illinois ²	7.0	0.2	7.4	0.2	*-0.4	0.3
Indiana ²	7.5	0.3	8.7	0.3	*-1.2	0.4
Iowa ²	4.8	0.3	5.0	0.3	-0.2	0.4
Kansas	9.2	0.4	9.2	0.4	Z	0.6
Kentucky ²	5.7	0.3	6.4	0.3	*-0.8	0.4
Louisiana ²	7.6	0.3	8.9	0.3	*-1.3	0.4
Maine ²	5.7	0.4	8.0	0.5	*-2.3	0.7
Maryland ²	6.1	0.2	6.0	0.3	0.1	0.3
Massachusetts ²	2.5	0.1	3.0	0.2	*-0.5	0.2
Michigan ²	5.0	0.1	5.8	0.2	*-0.8	0.2
Minnesota ²	4.5	0.2	4.9	0.2	*-0.4	0.3
Mississippi	11.9	0.5	13.0	0.5	*-1.1	0.7
Missouri	9.4	0.3	10.0	0.3	*-0.6	0.4
Montana ²	8.2	0.5	8.3	0.5	-0.1	0.8
Nebraska ²	7.1	0.4	8.3	0.4	*-1.2	0.6
Nevada ²	11.6	0.4	11.4	0.5	0.2	0.6
New Hampshire ²	5.1	0.5	6.3	0.6	*-1.1	0.7
New Jersey ²	7.2	0.2	7.9	0.2	*-0.7	0.3
New Mexico ²	10.0	0.6	10.0	0.6	Z	0.9
New York ²	5.2	0.1	5.2	0.1	Z	0.2
North Carolina	10.4	0.2	11.3	0.3	*-0.8	0.3
North Dakota ²	7.9	0.7	6.9	0.7	*1.0	0.9
Ohio ²	6.5	0.2	6.6	0.2	-0.1	0.3
Oklahoma	13.8	0.3	14.3	0.3	*-0.5	0.5
Oregon ²	6.1	0.3	7.2	0.3	*-1.1	0.4
Pennsylvania ²	5.5	0.2	5.8	0.2	*-0.3	0.2
Rhode Island ²	4.3	0.6	4.1	0.6	0.3	0.8
South Carolina	10.0	0.4	10.8	0.3	*-0.8	0.5
South Dakota	9.5	0.8	10.2	0.7	-0.7	1.0
Tennessee	10.0	0.2	10.1	0.3	-0.2	0.4
Texas	18.0	0.2	18.4	0.2	*-0.4	0.3
Utah ²	9.0	0.5	9.7	0.5	-0.6	0.7
Vermont ²	3.7	0.5	4.5	0.5	*-0.8	0.7
Virginia ²	6.8	0.2	7.9	0.3	*-1.1	0.3
Washington ²	6.4	0.2	6.6	0.3	-0.2	0.3
West Virginia ²	6.1	0.4	6.7	0.4	-0.6	0.6
Wisconsin	5.4	0.2	5.7	0.2	*-0.4	0.3
Wyoming	12.2	1.1	12.3	1.3	-0.2	1.7

* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.

Z Represents or rounds to zero.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

² State expanded Medicaid eligibility on or before January 1, 2021.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

Appendix Table B-2.

Percentage of People With Private Health Insurance Coverage by State: 2019 and 2021

(Civilian noninstitutionalized population. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>)

State	2021		2019		Change 2021 less 2019	
	Percent with private coverage	Margin of error ¹	Percent with private coverage	Margin of error ¹	Percent with private coverage	Margin of error ¹
United States	67.0	0.1	67.4	0.1	*-0.4	0.2
Alabama	66.4	0.6	66.9	0.6	-0.5	0.8
Alaska ²	64.2	1.4	64.8	1.5	-0.7	2.0
Arizona ²	63.2	0.5	62.7	0.5	0.5	0.7
Arkansas ²	59.0	0.7	59.3	0.7	-0.3	1.0
California ²	63.7	0.2	63.9	0.2	-0.2	0.3
Colorado ²	70.1	0.5	70.9	0.5	*-0.8	0.7
Connecticut ²	69.2	0.7	69.4	0.6	-0.2	0.9
Delaware ²	71.2	1.3	70.9	1.4	0.3	1.9
District of Columbia ²	71.9	1.3	72.6	1.4	-0.7	1.9
Florida	63.1	0.3	62.5	0.3	*0.7	0.4
Georgia	66.1	0.5	65.8	0.4	0.3	0.7
Hawaii ²	74.5	0.9	76.1	0.8	*-1.6	1.2
Idaho ²	68.1	1.0	70.0	0.9	*-1.9	1.4
Illinois ²	69.4	0.3	70.1	0.4	*-0.7	0.5
Indiana ²	69.0	0.4	69.5	0.5	-0.5	0.6
Iowa ²	72.3	0.5	73.2	0.7	-0.8	0.9
Kansas	72.6	0.6	74.4	0.6	*-1.7	0.8
Kentucky ²	62.8	0.6	63.7	0.6	*-0.9	0.8
Louisiana ²	57.1	0.7	57.8	0.7	-0.7	1.0
Maine ²	70.6	1.0	69.5	0.9	1.1	1.3
Maryland ²	73.0	0.5	74.0	0.5	*-1.0	0.7
Massachusetts ²	73.9	0.4	74.3	0.4	-0.4	0.6
Michigan ²	70.5	0.4	71.0	0.4	*-0.5	0.5
Minnesota ²	75.9	0.4	75.9	0.4	Z	0.6
Mississippi	59.7	0.8	58.7	0.9	1.0	1.2
Missouri	69.8	0.4	69.7	0.5	0.1	0.6
Montana ²	66.9	1.0	66.3	0.9	0.7	1.4
Nebraska ²	74.8	0.7	75.2	0.7	-0.4	1.0
Nevada ²	62.7	0.7	65.0	0.7	*-2.3	1.0
New Hampshire ²	76.6	0.9	75.6	1.0	1.0	1.3
New Jersey ²	71.2	0.3	71.7	0.4	-0.4	0.5
New Mexico ²	53.3	1.1	53.7	0.8	-0.4	1.4
New York ²	65.9	0.3	67.5	0.3	*-1.6	0.4
North Carolina	66.9	0.3	66.6	0.4	0.2	0.5
North Dakota ²	77.3	1.1	79.1	1.2	*-1.8	1.6
Ohio ²	67.6	0.3	68.9	0.4	*-1.4	0.5
Oklahoma	62.2	0.5	63.9	0.5	*-1.7	0.7
Oregon ²	67.0	0.6	68.0	0.6	*-1.0	0.9
Pennsylvania ²	71.7	0.4	71.9	0.3	-0.2	0.5
Rhode Island ²	69.2	1.4	73.3	1.3	*-4.2	1.9
South Carolina	65.4	0.5	66.3	0.6	*-0.8	0.8
South Dakota	72.5	1.1	71.8	0.9	0.8	1.4
Tennessee	66.7	0.5	66.1	0.5	0.7	0.7
Texas	61.4	0.3	61.8	0.3	-0.4	0.5
Utah ²	77.8	0.6	78.5	0.6	-0.7	0.8
Vermont ²	70.0	1.0	68.8	1.3	1.1	1.7
Virginia ²	73.9	0.4	74.6	0.4	*-0.7	0.6
Washington ²	70.5	0.4	71.1	0.5	-0.5	0.6
West Virginia ²	62.7	1.1	62.6	1.0	0.1	1.5
Wisconsin	73.5	0.4	74.3	0.4	*-0.8	0.6
Wyoming	71.8	1.4	71.6	1.6	0.2	2.1

* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.

Z Represents or rounds to zero.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

² State expanded Medicaid eligibility on or before January 1, 2021.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

Appendix Table B-3.

Percentage of People With Public Health Insurance Coverage by State: 2019 and 2021

(Civilian noninstitutionalized population. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>)

State	2021		2019		Change 2021 less 2019	
	Percent with public coverage	Margin of error ¹	Percent with public coverage	Margin of error ¹	Percent with public coverage	Margin of error ¹
United States	36.8	0.1	35.4	0.1	*1.4	0.1
Alabama	37.3	0.4	37.3	0.5	0.1	0.6
Alaska ²	37.6	1.3	35.2	1.3	*2.4	1.8
Arizona ²	39.0	0.5	38.4	0.4	0.6	0.6
Arkansas ²	44.4	0.7	44.0	0.6	0.5	0.9
California ²	39.3	0.2	37.8	0.2	*1.5	0.3
Colorado ²	33.3	0.4	31.5	0.5	*1.8	0.6
Connecticut ²	37.7	0.7	37.1	0.5	0.6	0.9
Delaware ²	40.1	1.2	39.5	1.3	0.6	1.7
District of Columbia ²	34.5	1.4	34.2	1.4	0.4	2.0
Florida	37.4	0.2	36.8	0.2	*0.6	0.3
Georgia	32.4	0.4	31.4	0.3	*1.0	0.5
Hawaii ²	39.8	0.9	36.3	0.7	*3.5	1.1
Idaho ²	36.8	0.8	32.5	0.8	*4.3	1.1
Illinois ²	35.0	0.3	33.5	0.3	*1.4	0.4
Indiana ²	35.9	0.4	33.7	0.3	*2.3	0.5
Iowa ²	37.0	0.5	36.1	0.6	*1.0	0.8
Kansas	31.2	0.5	29.6	0.4	*1.5	0.7
Kentucky ²	45.4	0.5	43.2	0.5	*2.3	0.7
Louisiana ²	47.0	0.6	44.3	0.5	*2.6	0.8
Maine ²	39.8	0.9	38.6	0.8	*1.2	1.2
Maryland ²	35.4	0.3	33.5	0.4	*1.9	0.5
Massachusetts ²	37.3	0.4	36.1	0.4	*1.2	0.6
Michigan ²	40.4	0.4	38.8	0.3	*1.6	0.5
Minnesota ²	34.3	0.4	32.9	0.4	*1.4	0.5
Mississippi	40.2	0.6	39.4	0.7	0.8	0.9
Missouri	32.9	0.3	32.2	0.3	*0.7	0.5
Montana ²	39.8	1.0	40.6	0.9	-0.8	1.3
Nebraska ²	30.5	0.5	28.3	0.6	*2.2	0.8
Nevada ²	36.6	0.7	33.8	0.6	*2.8	0.9
New Hampshire ²	32.6	0.8	32.1	0.8	0.5	1.1
New Jersey ²	33.2	0.3	31.7	0.3	*1.5	0.4
New Mexico ²	50.9	1.1	50.1	0.8	0.8	1.3
New York ²	41.9	0.3	39.6	0.3	*2.3	0.4
North Carolina	35.8	0.3	34.9	0.3	*0.9	0.4
North Dakota ²	28.4	1.0	27.2	1.0	1.2	1.5
Ohio ²	38.6	0.3	37.2	0.3	*1.4	0.4
Oklahoma	37.3	0.4	34.5	0.3	*2.8	0.5
Oregon ²	41.3	0.5	38.5	0.5	*2.8	0.7
Pennsylvania ²	38.2	0.3	37.6	0.2	*0.6	0.4
Rhode Island ²	40.1	1.2	36.2	1.1	*3.9	1.6
South Carolina	38.9	0.5	37.1	0.4	*1.8	0.7
South Dakota	31.0	0.8	30.7	0.9	0.3	1.2
Tennessee	36.5	0.4	36.2	0.4	0.3	0.6
Texas	29.7	0.2	28.3	0.2	*1.4	0.3
Utah ²	22.3	0.4	20.7	0.4	*1.6	0.6
Vermont ²	41.6	0.9	42.0	1.1	-0.3	1.4
Virginia ²	32.7	0.3	30.7	0.3	*2.0	0.4
Washington ²	36.5	0.4	35.2	0.4	*1.2	0.5
West Virginia ²	48.8	0.9	47.5	0.8	*1.3	1.2
Wisconsin	35.1	0.4	33.2	0.3	*2.0	0.5
Wyoming	30.1	1.2	29.2	0.9	0.9	1.5

* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

² State expanded Medicaid eligibility on or before January 1, 2021.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

Appendix Table B-4.

Percentage of People With Health Insurance Coverage by Selected Subtype and State: 2019 and 2021

(Civilian noninstitutionalized population. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>)

State	2021						2019					
	Employment-based		Direct purchase		Medicaid		Employment-based		Direct purchase		Medicaid	
	Percent	Margin of error ¹	Percent	Margin of error ¹	Percent	Margin of error ¹	Percent	Margin of error ¹	Percent	Margin of error ¹	Percent	Margin of error ¹
United States	54.7	0.1	13.7	Z	21.1	0.1	55.4	0.1	13.1	0.1	19.8	0.1
Alabama	53.1	0.6	14.4	0.4	19.4	0.4	54.1	0.6	13.3	0.4	19.6	0.5
Alaska ²	53.1	1.4	8.7	0.9	24.2	1.2	54.2	1.4	7.4	0.6	21.8	1.2
Arizona ²	50.9	0.5	12.9	0.3	21.4	0.5	50.6	0.5	12.5	0.3	20.8	0.4
Arkansas ²	46.0	0.7	13.5	0.5	27.2	0.7	46.8	0.7	13.1	0.4	26.6	0.6
California ²	52.5	0.2	12.9	0.1	26.6	0.2	53.0	0.2	12.1	0.1	25.5	0.2
Colorado ²	56.4	0.5	13.5	0.3	18.7	0.4	57.4	0.5	13.3	0.3	17.1	0.5
Connecticut ²	58.7	0.7	12.5	0.3	22.5	0.6	59.2	0.6	12.0	0.3	21.8	0.6
Delaware ²	58.6	1.3	15.6	0.9	20.9	1.2	59.4	1.3	13.6	0.6	20.8	1.1
District of Columbia ²	61.2	1.5	12.6	1.0	24.9	1.5	61.4	1.4	13.0	1.0	24.8	1.4
Florida	45.5	0.3	18.4	0.2	17.9	0.2	45.8	0.3	16.9	0.2	17.3	0.2
Georgia	53.9	0.5	12.6	0.3	18.0	0.4	54.2	0.4	11.8	0.2	17.2	0.3
Hawaii ²	60.5	0.9	13.6	0.7	20.8	0.9	63.9	0.9	12.9	0.7	18.0	0.7
Idaho ²	52.8	1.1	15.5	0.7	20.2	0.9	53.2	1.0	17.4	0.7	16.0	0.7
Illinois ²	58.8	0.4	12.8	0.2	19.7	0.3	59.8	0.3	12.3	0.2	18.2	0.3
Indiana ²	58.2	0.5	12.6	0.3	20.1	0.4	58.8	0.5	12.2	0.3	17.7	0.4
Iowa ²	58.6	0.6	15.6	0.4	20.4	0.5	60.1	0.7	14.8	0.3	19.4	0.6
Kansas	57.9	0.7	15.9	0.5	14.9	0.5	59.6	0.6	15.6	0.4	13.3	0.5
Kentucky ²	52.2	0.6	11.8	0.3	28.7	0.5	52.9	0.6	11.7	0.3	25.9	0.6
Louisiana ²	46.9	0.7	11.2	0.4	32.0	0.6	47.6	0.6	11.2	0.4	29.1	0.5
Maine ²	55.3	1.1	15.3	0.6	19.9	0.9	54.8	1.0	15.0	0.6	19.5	0.8
Maryland ²	61.5	0.5	13.2	0.3	20.1	0.4	63.1	0.6	12.3	0.3	18.4	0.4
Massachusetts ²	62.6	0.5	14.2	0.3	23.1	0.4	63.1	0.4	14.1	0.3	22.0	0.4
Michigan ²	59.9	0.4	13.0	0.2	23.5	0.3	60.5	0.3	13.1	0.2	21.8	0.3
Minnesota ²	61.5	0.5	16.7	0.3	18.1	0.4	62.6	0.4	15.2	0.2	17.3	0.4
Mississippi	46.8	0.8	13.5	0.5	24.1	0.5	46.1	0.9	12.3	0.4	24.0	0.7
Missouri	57.0	0.4	14.3	0.3	15.1	0.3	57.1	0.5	13.3	0.3	14.5	0.3
Montana ²	49.2	1.1	18.0	0.7	20.2	0.9	48.6	1.1	18.5	0.8	21.0	0.9
Nebraska ²	59.9	0.8	16.8	0.5	14.7	0.5	60.1	0.7	16.7	0.5	12.8	0.6
Nevada ²	51.3	0.7	11.8	0.5	20.5	0.7	53.8	0.8	11.2	0.4	17.8	0.6
New Hampshire ²	64.0	0.9	14.1	0.6	13.5	0.8	62.4	1.0	14.1	0.6	13.2	0.8
New Jersey ²	61.2	0.4	12.6	0.3	18.4	0.3	62.0	0.4	11.8	0.3	16.5	0.3
New Mexico ²	42.3	1.0	11.3	0.6	33.6	1.1	43.7	0.9	10.5	0.5	33.4	0.8
New York ²	55.2	0.3	13.4	0.2	27.7	0.3	56.9	0.3	13.0	0.2	25.7	0.3
North Carolina	51.9	0.4	15.2	0.3	18.7	0.2	52.3	0.4	14.6	0.3	18.0	0.3
North Dakota ²	59.8	1.4	18.5	1.0	12.0	1.0	61.5	1.3	19.0	1.0	12.1	1.0
Ohio ²	57.6	0.3	12.1	0.2	21.5	0.3	59.1	0.4	11.7	0.2	20.1	0.3
Oklahoma	49.0	0.6	13.5	0.3	20.2	0.4	50.8	0.5	13.2	0.3	17.3	0.3
Oregon ²	54.1	0.6	14.1	0.4	23.5	0.5	55.0	0.7	14.3	0.3	20.9	0.5
Pennsylvania ²	59.1	0.4	15.3	0.2	20.8	0.3	59.1	0.3	14.8	0.2	20.1	0.2
Rhode Island ²	56.3	1.5	15.1	0.8	23.9	1.3	60.7	1.4	15.4	0.9	20.4	1.1
South Carolina	50.8	0.6	15.2	0.3	20.0	0.4	52.5	0.6	14.0	0.4	18.8	0.4
South Dakota	54.8	1.2	18.1	0.9	13.7	0.8	54.4	1.1	17.7	0.8	13.1	0.9
Tennessee	53.6	0.4	14.9	0.4	19.9	0.4	53.0	0.5	13.5	0.3	19.6	0.4
Texas	50.4	0.4	11.6	0.1	17.0	0.2	51.4	0.3	10.7	0.2	15.9	0.2
Utah ²	63.7	0.7	15.2	0.6	11.3	0.4	64.6	0.7	14.8	0.6	9.7	0.5
Vermont ²	55.9	1.1	15.8	0.7	23.1	0.9	54.7	1.2	15.8	0.8	22.9	1.1
Virginia ²	59.9	0.4	12.7	0.3	15.5	0.3	60.1	0.5	13.2	0.2	13.6	0.3
Washington ²	58.2	0.4	12.8	0.2	21.2	0.4	58.5	0.5	12.6	0.2	19.8	0.4
West Virginia ²	53.1	1.0	12.3	0.6	28.2	0.9	54.0	1.0	10.2	0.5	26.6	0.8
Wisconsin	60.6	0.4	15.1	0.3	18.2	0.4	61.8	0.4	14.5	0.3	16.5	0.3
Wyoming	54.6	1.7	16.7	1.0	11.8	1.1	55.8	1.5	16.0	1.2	11.7	0.9

Z Represents or rounds to zero.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

² State expanded Medicaid eligibility on or before January 1, 2021.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table. Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

Appendix Table B-5.

Number and Percentage of People by Health Insurance Coverage Status and Type by State Medicaid Expansion Status: 2019 and 2021

(Numbers in thousands. Civilian noninstitutionalized population. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>)

Expansion state status and insurance type	2021				2019				Change 2021 less 2019	
	Number	Margin of error ¹	Percent	Margin of error ¹	Number	Margin of error ¹	Percent	Margin of error ¹	Percent	Margin of error ¹
Expansion State										
Uninsured	14,120	112	6.6	0.1	15,080	131	7.1	0.1	*-0.5	0.1
Private coverage	146,700	256	68.1	0.1	146,500	309	68.7	0.1	*-0.6	0.2
Public coverage	82,060	185	38.1	0.1	77,890	192	36.5	0.1	*1.6	0.1
Medicaid.....	48,920	197	22.7	0.1	45,280	204	21.2	0.1	*1.5	0.1
Nonexpansion State										
Uninsured	14,110	107	12.7	0.1	14,550	125	13.3	0.1	*-0.6	0.1
Private coverage	72,360	172	64.9	0.2	71,360	192	65.0	0.2	Z	0.2
Public coverage	38,140	120	34.2	0.1	36,430	105	33.2	0.1	*1.1	0.1
Medicaid.....	20,060	122	18.0	0.1	18,800	114	17.1	0.1	*0.9	0.2

* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.

Z Represents or rounds to zero.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

Note: State Medicaid expansion status in 2021 is used to compare change between 2019 and 2021. Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.

Appendix Table B-6.

Percentage of People Who Were Uninsured by Metropolitan Area: 2019 and 2021

(Civilian noninstitutionalized population. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2021.pdf>)

Metropolitan area	2021		2019		Change 2021 less 2019	
	Percent uninsured	Margin of error ¹	Percent uninsured	Margin of error ¹	Percent uninsured	Margin of error ¹
Atlanta-Sandy Springs-Alpharetta, GA	11.8	0.4	12.9	0.4	*-1.1	0.6
Baltimore-Columbia-Towson, MD	4.9	0.4	4.8	0.4	0.1	0.5
Boston-Cambridge-Newton, MA-NH	2.6	0.2	3.2	0.2	*-0.5	0.3
Charlotte-Concord-Gastonia, NC-SC	10.4	0.5	10.8	0.4	-0.4	0.6
Chicago-Naperville-Elgin, IL-IN-WI	7.6	0.2	8.2	0.2	*-0.6	0.3
Dallas-Fort Worth-Arlington, TX	16.8	0.3	17.4	0.4	*-0.6	0.5
Denver-Aurora-Lakewood, CO	8.3	0.4	7.7	0.4	*0.6	0.6
Detroit-Warren-Dearborn, MI	4.8	0.2	5.6	0.3	*-0.8	0.3
Houston-The Woodlands-Sugar Land, TX	19.3	0.5	19.7	0.5	-0.3	0.7
Los Angeles-Long Beach-Anaheim, CA	8.5	0.2	9.3	0.2	*-0.9	0.2
Miami-Fort Lauderdale-Pompano Beach, FL	13.3	0.4	15.4	0.5	*-2.1	0.6
Minneapolis-St. Paul-Bloomington, MN-WI	4.2	0.2	4.5	0.3	-0.3	0.4
New York-Newark-Jersey City, NY-NJ-PA	6.5	0.1	6.9	0.1	*-0.3	0.2
Orlando-Kissimmee-Sanford, FL	11.9	0.5	12.3	0.7	-0.4	0.9
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	5.1	0.3	5.6	0.3	*-0.4	0.4
Phoenix-Mesa-Chandler, AZ	10.6	0.4	11.3	0.4	*-0.7	0.6
Portland-Vancouver-Hillsboro, OR-WA	5.5	0.3	6.7	0.4	*-1.2	0.5
Riverside-San Bernardino-Ontario, CA	8.5	0.4	8.9	0.4	-0.3	0.6
San Antonio-New Braunfels, TX	15.7	0.6	16.1	0.7	-0.4	0.9
San Diego-Chula Vista-Carlsbad, CA	6.7	0.4	8.0	0.4	*-1.3	0.5
San Francisco-Oakland-Berkeley, CA	3.9	0.2	4.3	0.2	*-0.4	0.3
Seattle-Tacoma-Bellevue, WA	5.6	0.3	5.9	0.4	-0.3	0.5
St. Louis, MO-IL	6.2	0.3	6.5	0.3	-0.4	0.5
Tampa-St. Petersburg-Clearwater, FL	11.3	0.4	12.5	0.5	*-1.1	0.7
Washington-Arlington-Alexandria, DC-VA-MD-WV	7.2	0.3	7.5	0.4	-0.3	0.4

* Denotes a statistically significant change between 2019 and 2021 at the 90 percent confidence level.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2019 and 2021 American Community Survey, 1-year estimates.