



Health Coverage Changes Under the Affordable Care Act: End of 2021 Update

The U.S. uninsured rate was 8.8% in the fourth quarter of 2021, approaching an all-time low. Enrollment in ACA-related coverage hit a record high by early 2022, topping 35 million Americans.

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KEY POINTS

- Newly-released data from the National Health Interview Survey shows that the uninsured rate for the U.S. population was 8.8 percent in Q4 2021 (October – December 2021), down 1.5 percentage points from 10.3 percent in Q4 2020. This reflects approximately 4.9 million people gaining health coverage since the end of 2020.
- Individuals with incomes below 200 percent of the Federal Poverty Level experienced larger decreases in the uninsured rate than higher income households.
- Coverage gains for adults ages 18-64 from the second half of 2020 to the second half of 2021 occurred across all racial and ethnic groups reported in the new data, with the uninsured rate declining by 3.5 percentage points among Latino adults, 1.8 percentage points among Black adults, and 0.5 percentage points among White adults.
- Meanwhile, administrative data from late 2021 and early 2022 show a record-high number of people with coverage related to the Affordable Care Act (ACA) – with more than 35 million people estimated to be enrolled in the Medicaid expansion, Basic Health Program, or Marketplace coverage.
- These data suggest that policies including the American Rescue Plan, new state Medicaid expansions, and the 2021 Marketplace Special Enrollment Period, in addition to the economic recovery, have helped Americans gain insurance coverage during the COVID-19 public health crisis.

BACKGROUND

Health insurance coverage expansion has been a key priority of the Biden-Harris Administration. Administrative and legislative efforts including an extended 2021 Marketplace Special Enrollment Period, robust Marketplace consumer outreach and enrollment efforts, the passage of the American Rescue Plan (ARP), two states adopting the ACA Medicaid expansions (Oklahoma and Missouri), and the Medicaid continuous coverage provision under the Families First Coronavirus Response Act have helped Americans gain and maintain health coverage during the COVID-19 pandemic. Previous estimates from the Centers for

Disease Control and Prevention's (CDC) National Health Interview Survey (NHIS) showed a declining uninsured rate between the end of 2020 and the fall of 2021, and survey results for all quarters of 2021 are now available.¹

This Issue Brief examines health coverage trends over time using newly-released NHIS data to assess changes during the pandemic and how they compare to pre-pandemic years, both for the population as a whole, as well as by age, income, and race and ethnicity. The report also presents administrative enrollment totals for coverage related to the ACA. These results update previously published ASPE reports with more recent data.^{2,3}

METHODS

We analyzed national survey data from NHIS through the end of 2021, Marketplace enrollment data from the Centers for Medicare & Medicaid Services' (CMS) Center for Consumer Information and Insurance Oversight (CCIIO), and Medicaid enrollment data from CMS's Center for Medicaid and CHIP Services (CMCS).

Quarterly uninsured estimates, as well as estimates by income and age, were obtained from the NHIS Early Release Program,⁴ and coverage by race and ethnicity were obtained from biannual estimates available from the NHIS Data Query Tool.⁵ NHIS results during the pandemic may not be as reliable for comparisons to survey results before the pandemic. The CDC suspended in-person visits to conduct the NHIS survey on March 19, 2020, so all NHIS surveys for Q2 2020 were conducted by telephone. Beginning in July 2020 through April 2021, data collection in select areas were opened for in-person visit interviewing. However, NHIS data collection remained predominantly by telephone during this period. Beginning in May 2021, NHIS data collection returned to in-person visits with Interviewers given discretion based on their own health risk and conditions to complete interviews by phone. Household response rates decreased from 60.0 percent for Q1 2020 to 42.7 percent for Q2 2020. Telephone numbers could not be matched for a number of addresses, especially for renters and those with lower housing tenure (years living at an address). Response rates were lower for groups including those who are younger, have low incomes, Black and Latino individuals, non-citizens, and those with lower education attainment. The NHIS weights its data to match U.S. Census Bureau population estimates for age and educational attainment, among other characteristics, and added housing tenure for Q2 2020.* The CDC states that despite these efforts, there is likely to be some non-response bias in the Q2 2020 estimates; for this reason, our quarterly and biannual estimates below focus on estimates subsequent to that period.⁶ NHIS response rates rebounded for the rest of 2020 and 2021.

Marketplace enrollment totals from 2014-2021 reflected point-in-time effectuated enrollment counts; effectuated enrollment totals are not yet available for 2022. Instead, we estimated February 2022 Marketplace enrollment based on total plan selections at the end of the 2022 Open Enrollment Period (OEP), including from both states with Marketplaces using the [HealthCare.gov](https://www.healthcare.gov) platform and those with State-based Marketplaces, adjusted for the February 2021 effectuation rate of 94 percent (see Appendix Table 1 notes for further details).

Medicaid enrollment statistics were state-reported counts of unduplicated individuals enrolled in the state's

* Family income could not be adjusted for because of the high rate of missing responses.

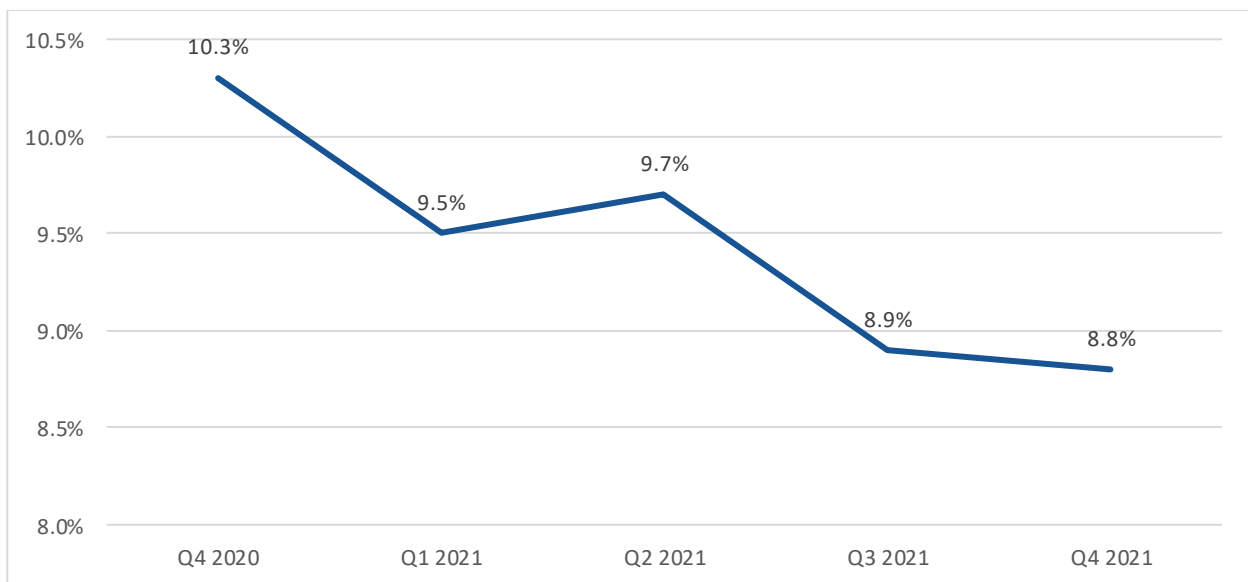
Minnesota and New York also have implemented the Basic Health Program (BHP) option under the ACA to cover individuals with incomes between 138-200 percent of the Federal Poverty Level (FPL). We report annual average BHP enrollment for these two states, as reported to CMS by the states.

FINDINGS

Overall Uninsured Rate

Figure 1 shows the uninsured rates by quarter for the U.S. population (all ages). The uninsured rate for the total civilian noninstitutionalized U.S. population was 8.8 percent for Q4 2021 (October – December 2021), approaching the lowest uninsured rates ever recorded in the NHIS – and similar to results from 2016 and early 2017.^{7,8,9,10} When considered in context of the prior 12 months, the total uninsured rate decreased 1.5 percentage points from 10.3 percent in Q4 2020. This corresponds to 33.6 million uninsured individuals in Q4 2020 and 28.7 million in Q4 2021, indicating that approximately 4.9 million people gained health care coverage during this time period.

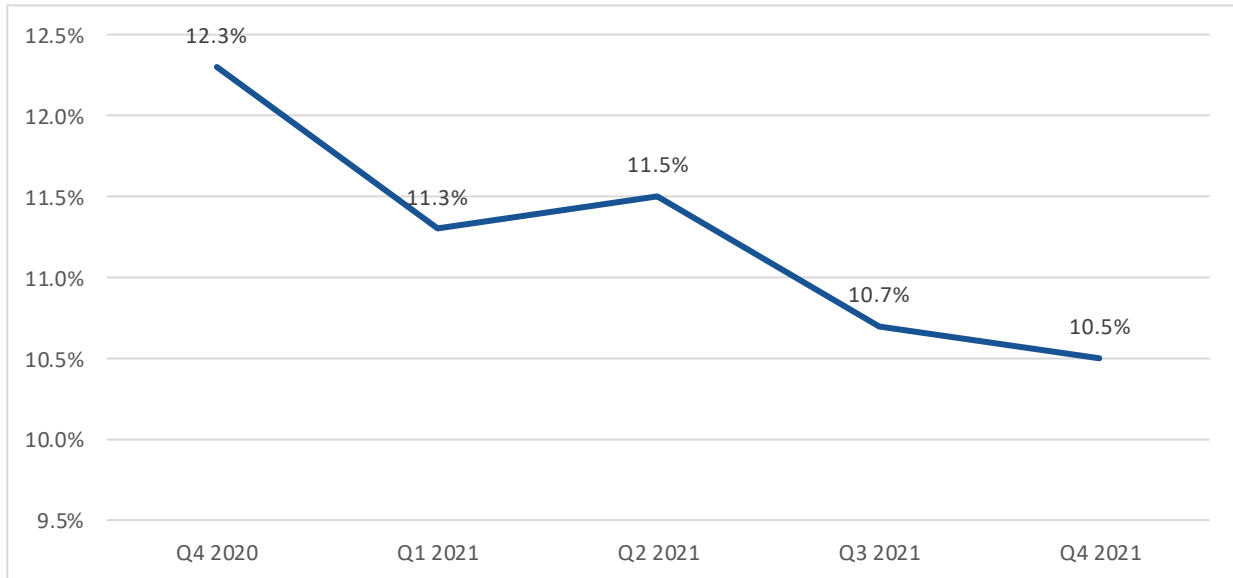
Figure 1. Uninsured Rate by Quarter, All Ages (Q4 2020 – Q4 2021)



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2020–December 2021. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q14.pdf

Figure 2 shows that the population under age 65 experienced a 1.8 percentage point decrease in the uninsured rate from Q4 2020 to Q4 2021.

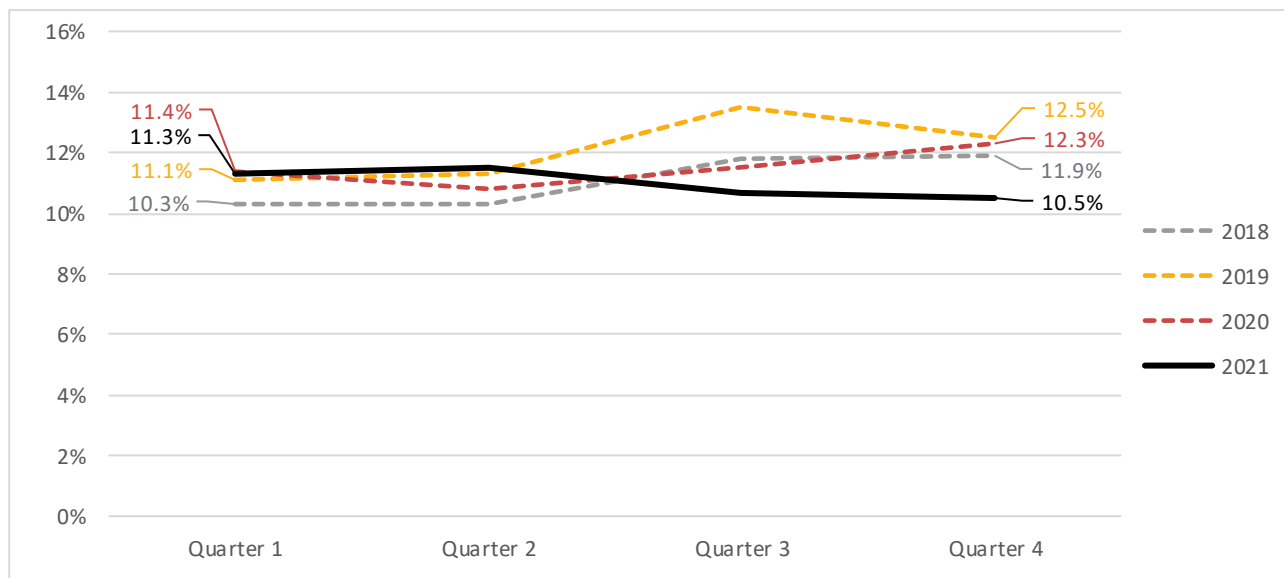
Figure 2. Uninsured Rate by Quarter, Ages 0-64 (Q4 2020 – Q4 2021)



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2020–December 2021. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q14.pdf

Figure 3 shows quarterly changes in the uninsured rate for the under-65 population for the past 4 years. The solid black line shows the quarterly trends for 2021, in which the uninsured rate declined from the first half of 2021 and then was stable from Q3 to Q4. This is in contrast to the trends in 2018-2020, where the uninsured rate generally rose over the course of the year from Q1 to Q4. Many plan years begin in January, and individuals who stop paying premiums during the year may contribute to the rising uninsured rate by quarter; but in 2021, this trend has reversed.

Figure 3. Uninsured Rate by Quarter, Ages 0-64 (2018 – 2021)

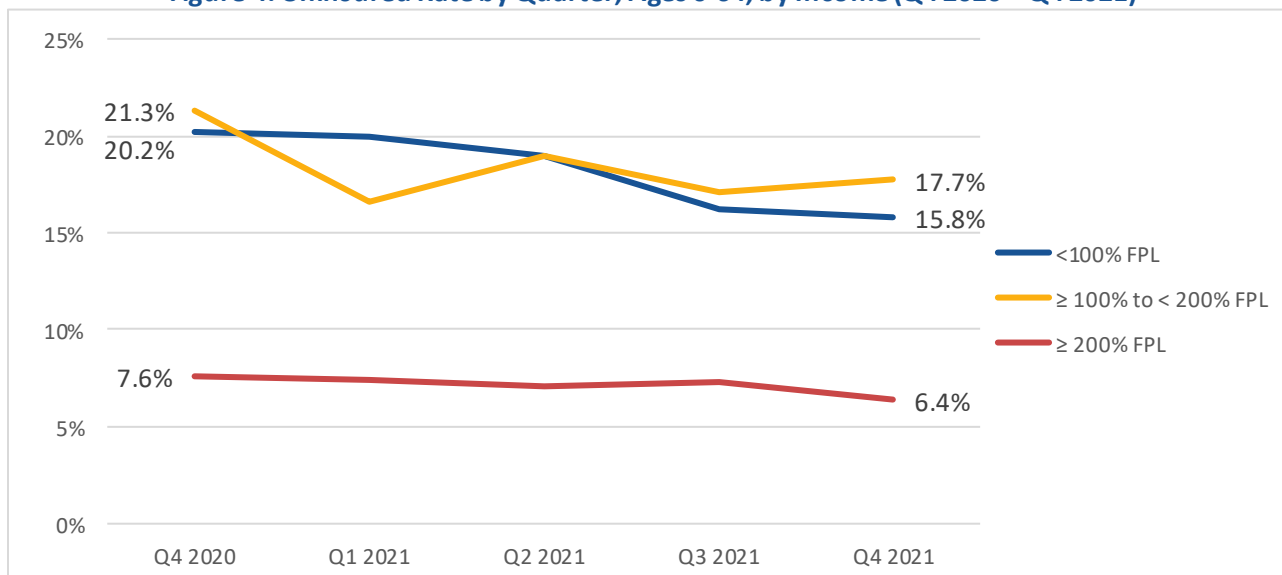


Source: National Health Interview Survey’s Supplemental Quarterly Tables on Health Insurance Coverage, 2018-2021. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>

Uninsured Rates by Income, Race, and Ethnicity

Figure 4 shows that uninsured rates among lower income populations decreased the most during 2021. Individuals with incomes below 100 percent FPL experienced a 4.4 percentage point decrease in uninsurance from Q4 2020 to Q4 2021. Individuals with incomes between 100-200 percent FPL experienced a 3.6 percentage point decrease in uninsurance since Q4 2020 (though with a slightly uptick since Q1 2021). Those with incomes above 200 percent FPL have the lowest uninsured rate, but this too declined during 2021 (from 7.6 to 6.4 percent).

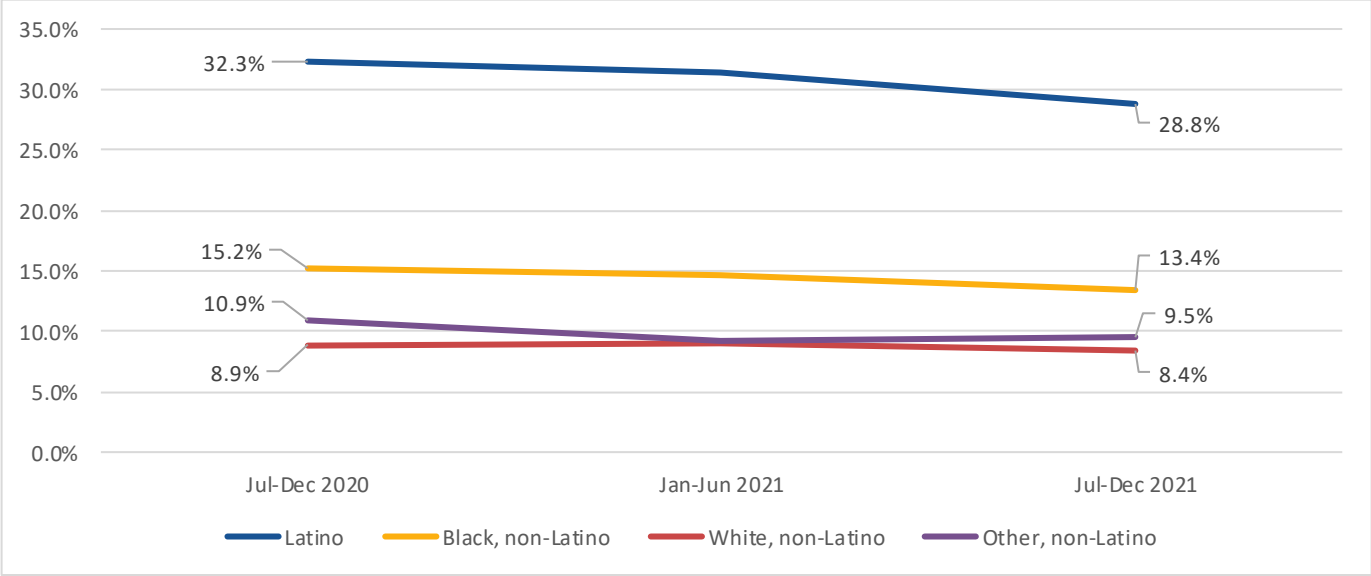
Figure 4. Uninsured Rate by Quarter, Ages 0-64, by Income (Q4 2020 – Q4 2021)



Source: Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2020–December 2021. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q14.pdf

Figure 5 shows uninsured rates by race and ethnicity for adults ages 18-64 from the second half of 2020 through the end of 2021. Unlike the other NHIS estimates in this report, which are quarterly, these estimates from NHIS are compiled in 6-month intervals. Uninsured rates across all groups declined from the second half of 2020 through the end of 2021. The largest decline (3.5 percentage points) was among Latino adults, with the second largest decline (1.8 percentage points) among Black adults. White, non-Latino adults experienced a 0.5 percentage point decline, and adults in other races (which are not disaggregated in the current NHIS data release) experienced a 1.4 percentage point decline.

Figure 5. Biannual Uninsured Rate, Ages 18-64, by Race and Ethnicity (July 2020 – December 2021)

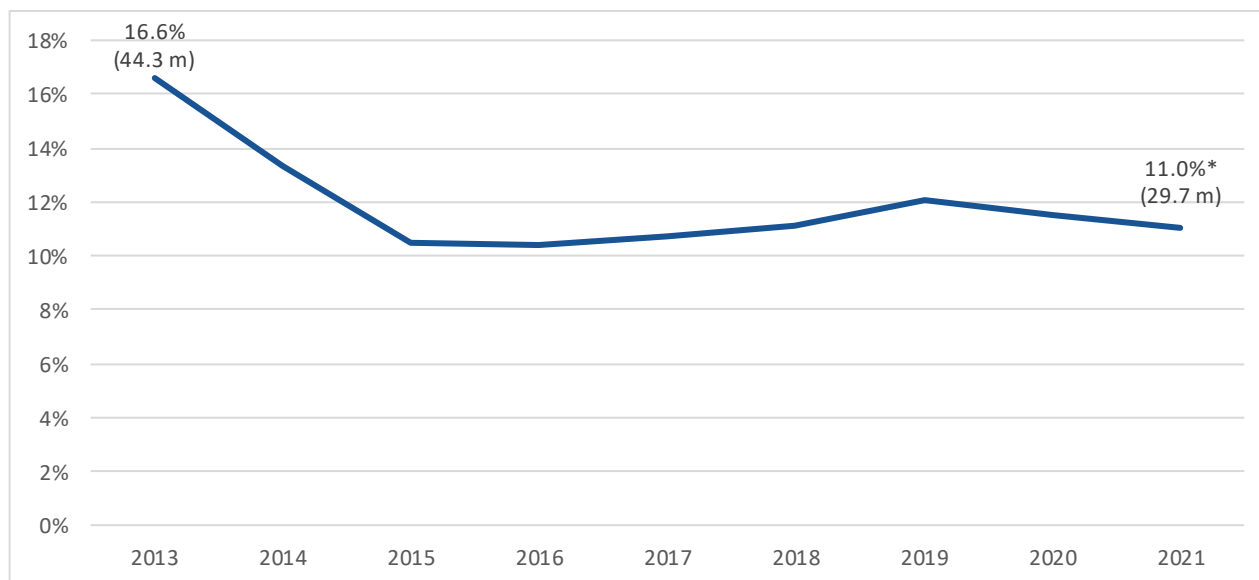


Source: Interactive Biannual Early Release Estimates. National Center for Health Statistics. Accessed at: https://www.cdc.gov/NHISDataQueryTool/ER_Biannual/index_biannual.html

Longer-Term Trends

Figure 6 places these recent trends in the broader context of the changes in coverage since the implementation of the ACA, when many key coverage provisions took effect beginning in 2014. The uninsured rate declined dramatically between 2013 and 2016, but rose gradually until 2019, before declining again in 2020-2021.

Figure 6. Annual Uninsured Rate, Population Under Age 65 (2013 – 2021)



Source: National Health Interview Survey’s Health Insurance Coverage Reports, 2013-2020.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>

Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2020–December 2021. https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2021_Q14.pdf

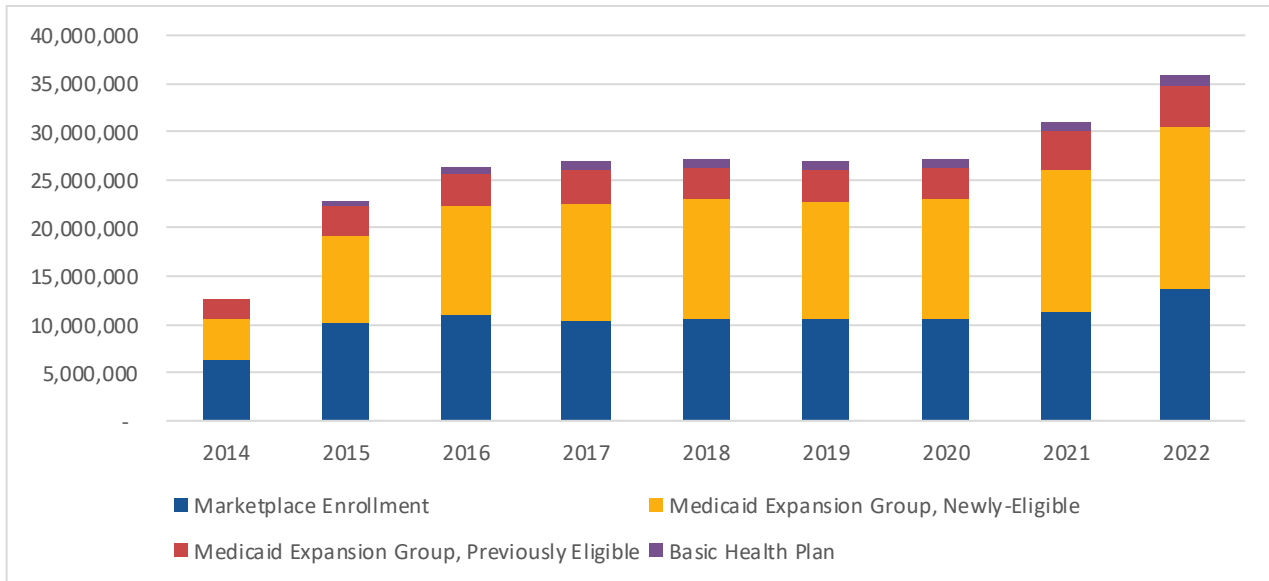
Note: Respondents are those who reported being uninsured at the time of interview.

*2021 full year data point is an estimate based on the average for Q1-Q4 2021 early release estimates.

Figure 7 shows that ACA-related enrollment increased in every ACA-related coverage type over the past year, with more than 35 million individuals estimated to be enrolled in the Marketplace, Medicaid expansion coverage, and BHP, based on the most current data for each program. A record-breaking 14.5 million people signed up for coverage in the Marketplace during the 2022 OEP; while final numbers on plan effectuation are not yet available, if recent effectuation rates remain stable from 2021, this will reflect an estimated 13.6 million consumers with coverage as of early 2022.^{11†} See Appendix Table 1 for program specific data.

[†] Using prior years’ data on the percentage of individuals who effectuated their Marketplace plan selections, 13.6 million is an estimate of effectuated enrollment for February 2022 that reflects an average effectuation rate of 94 percent (similar to the February 2021 effectuation rate).

Figure 7. ACA-Related Enrollment: Marketplace, Medicaid Expansion, and the Basic Health Program (2014-2022)



Note: See Appendix Table 1 for information on data sources.

DISCUSSION

The U.S. uninsured rate declined significantly during 2021, corresponding to approximately 4.9 million Americans gaining coverage since the end of 2020. At the same time, administrative data shows that enrollment in ACA-related coverage (Medicaid expansion and Marketplace enrollment) is at an all-time high of more than 35 million individuals. Legislative and administrative actions since 2021 likely have contributed to these trends.

Legislative Actions: The American Rescue Plan and Families First Coronavirus Response Act

The American Rescue Plan (ARP) provides expanded subsidies to Marketplace consumers by removing the income cap on eligibility for premium tax credits (PTC) and lowering the required premium contribution for all consumers who were already eligible for PTC prior to the ARP. These expanded subsidies began in 2021 and continue through the end of 2022. The ARP substantially increased availability of zero- and low-premium health plans for both current enrollees and uninsured adults.¹² Another ARP provision treats anyone in a household receiving unemployment compensation during 2020 as having incomes of 133 percent of FPL, which gives them access to zero- or near zero-premium health plans with minimal cost sharing.¹³ The ARP also provided for 100 percent reimbursement of COBRA premiums to employers or health plans from April 1, 2021, through September 2021 for employees who lost employer coverage due to job loss or work hours.¹⁴

The Families First Coronavirus Response Act (FFCRA) of 2020 required states, starting in March 2020, to suspend Medicaid eligibility terminations and maintain coverage for nearly all existing enrollees, in order to receive a 6.2 percentage point increase in their Federal Medical Assistance Percentage (FMAP). This Medicaid continuous coverage requirement was a primary driver behind Medicaid enrollment growth during the pandemic.¹⁵ CMS and states also developed numerous strategies and flexibilities to support Medicaid and CHIP operations during this time, often resulting in expedited enrollment and retention (e.g., presumptive eligibility, continuous eligibility, waiving premiums and cost sharing, and regulatory authority to apply exceptions to the timeliness standards for application and renewal processing). Medicaid expansion under the ACA has also made Medicaid available to more families during the pandemic than during previous recessions.¹⁶ Finally, two states – Oklahoma and Missouri – expanded Medicaid to adults with income up to 138 percent FPL

in 2021, while several other states had expanded in 2019-2020, and prior research suggests that expansions can take several years to reach full enrollment.¹⁷

Administrative Actions: Outreach and Special Enrollment Period

In response to the pandemic, CMS implemented a Special Enrollment Period (SEP) from February 15 to August 15, 2021,^{18,19} which allowed consumers in the 36 states that used the HealthCare.gov platform in 2021 to enroll without a life change, and later extended the SEP to August 15, 2021.²⁰ All 15 State-Based Marketplaces (SBMs) also implemented broad SEPs in 2021 with varying start and end dates.

The Department of Health and Human Services (HHS) first announced a \$50 million marketing campaign for the 2021 SEP²¹ and then another \$50 million.²² HHS also added \$2.3 million for Navigator grants to assist consumers during the SEP (a 20 percent increase from the 2021 OEP).²³ The marketing campaigns and Navigator grants helped to inform and encourage enrollment.

Almost half of HealthCare.gov consumers selected a new plan with a monthly premium of \$10 or less (after subsidies) from February 15 – August 15, 2021, compared to 25 percent during the same period in 2020.²⁴ A total of 2.8 million consumers enrolled in coverage during the 2021 SEPs through HealthCare.gov and SBMs.²⁵ Nearly 209,000 consumers in the 36 HealthCare.gov states, including 84,000 new consumers, benefitted from the unemployment compensation provisions that qualified them for additional subsidies, from July 1 – August 15, 2021.²⁶

These policy efforts likely accounted for a substantial portion of the coverage gains in 2021. Since the NHIS data currently only extend through December of 2021, they do not yet reflect the record-breaking enrollment in Marketplace coverage during the 2022 OEP, which likely reduced the uninsured rate further, with 14.5 million individuals signing up for or automatically re-enrolling in health insurance coverage through the Marketplaces.^{27,28} The large uptick in Marketplace enrollment during the 2022 OEP resulted in an estimated 2.3 million more consumers enrolling and effectuating their health insurance coverage as compared to 2021.

CONCLUSION

National survey data as well as Marketplace and Medicaid enrollment numbers show that health coverage stabilized and in fact increased in 2021, despite the COVID-19 pandemic. These findings suggest that the efforts to extend affordable coverage through the ARP, state Medicaid expansions, and Marketplace SEP have had a positive impact on providing coverage to individuals, and the results will help inform policy decisions in 2022. Additional analysis on changes in coverage by categories such as education and state of residence will become possible as more data become available. Data from early 2022 will be critical in order to assess the full effects of the recent Marketplace OEP, which was the first open enrollment in which the expanded ARP Marketplace subsidies were fully in effect. Future analyses of 2022 survey data will capture the effect of these changes on the national uninsured rate.

APPENDIX

Appendix Table 1. ACA-Related Enrollment: Marketplace, Medicaid, and the Basic Health Program (BHP), 2014-2022

Year	Marketplace Enrollment*	Medicaid Expansion Group, Newly-Eligible#	Medicaid Expansion Group, Previously Eligible	BHP Enrollment†	TOTAL
2014	6,337,860	4,214,218	2,047,055	0	12,599,133
2015	10,187,197	9,103,944	3,002,271	358,000	22,651,412
2016	11,115,044	11,135,415	3,473,065	654,000	26,377,524
2017	10,330,759	12,229,576	3,524,856	772,000	26,857,191
2018	10,643,786	12,338,135	3,305,210	798,000	27,085,131
2019	10,579,744	12,201,118	3,247,188	833,000	26,861,050
2020	10,673,516	12,300,921	3,241,535	866,000	27,081,972
2021	11,290,546	14,849,998	3,890,934	961,000	30,992,478
2022	13,640,412‡	16,781,800	4,261,277	1,135,190	35,818,679

Notes:

* Marketplace effectuated enrollment figures for 2014 and 2015 are as of 12/31/2014 and 3/31/2015 respectively, versus February coverage as of 3/15 for 2016-2021. Marketplace enrollment data for 2014-2015 are lower quality due to the manual payment processing system in place for those years. 2014 and 2015 Marketplace enrollment figures are published here:

https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Effectuated_Quarterly_Snapshots. February 2016-2021 data are from the CCIIO Enrollment Payment System and beginning in

2017 have been published in the Effectuated Enrollment Snapshot for the respective year.

‡ Effectuated enrollment for 2022 was estimated applying the February 2021 average effectuated rate of 94% (as of 3/15/2021) to the 14.5 million people who signed-up for coverage during the 2022 Open Enrollment Period, [health-insurance-exchanges-2022-open-enrollment-report-final.pdf \(cms.gov\)](https://www.cms.gov/Health-Insurance-Exchanges/2022-Open-Enrollment-Report-Final)

Medicaid enrollment data, 2014-2021, are from the February monthly enrollment (ever enrolled during the month) for the expansion adult eligibility group, as reported by states through the Medicaid Budget and Expenditure System (MBES). 2022 Medicaid enrollment data are from September 2021 monthly enrollment, as this is the most recent available monthly enrollment count from MBES.

Published reports and detailed data information for Medicaid enrollment data, including caveats, can be found at:

<https://www.medicare.gov/medicaid/national-medicare-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes/index.html>

† BHP programs did not start until 2015. BHP enrollment data are based on average monthly (for Minnesota) or quarterly (for New York) projected enrollment submitted by the states to CMS in advance of the applicable quarter and are rounded to the nearest thousand. BHP enrollment data for 2021 is through May 2021. BHP enrollment data for 2022 is through March 2022.

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SUGGESTED CITATION

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