



HP-2023-08

Health Coverage Under the Affordable Care Act: Current Enrollment Trends and State Estimates

Based on 2022 and early 2023 enrollment data, more than 40 million people are currently enrolled in Marketplace or Medicaid expansion coverage related to provisions of the Affordable Care Act (ACA), the highest total on record.

KEY POINTS

- Marketplaces and Medicaid expansion, programs created by the Affordable Care Act (ACA), have enrolled millions of Americans in participating states since their implementation in 2014.
- Nearly 15.6 million* consumers were enrolled in Marketplace plans as of February 2023 (across all 50 states and the District of Columbia), and 18.8 million people (across 38 participating states and the District of Columbia) were newly enrolled in Medicaid via the ACA's expansion of eligibility to adults as of September 2022.
- 1.2 million individuals were enrolled in early 2023 in the ACA's Basic Health Program option, and 4.6 million previously eligible adults gained coverage under the Medicaid expansion by September 2022 due to enhanced outreach, streamlined applications, and increased federal funding under the ACA.
- Across these coverage groups, a total of 40.2 million Americans were enrolled in coverage related to the ACA based on 2022 and early 2023 enrollment data, the highest total on record. This represents 9.3 million more people enrolled than in 2021 (a 30% increase) and 27.6 million more people enrolled than in 2014 (a 219% increase, or more than triple).
- This brief updates our estimate released In April of 2022 where we found more than 35 million people had gained coverage under the ACA. Our current estimate of 40.2 million represents more than 4 million people gaining coverage over the past year.
- Survey results indicate that all 50 states and the District of Columbia have experienced substantial reductions in the uninsured rate since 2013, the last year before implementation of the ACA.

^{*} A total of 16.4 million consumers made plan selections as of January 2023 and an estimated 15.6 million consumers effectuated enrollment (paid a premium or otherwise completed enrollment). See notes for Table 1 for more information.

BACKGROUND

The Affordable Care Act¹ (ACA), passed in 2010, brought the largest expansion of coverage in the U.S. health care system since the creation of Medicare and Medicaid in 1965. A comprehensive health care reform law, the ACA expanded health insurance coverage to millions of Americans through two main pathways:

- Providing premium tax credits to consumers with incomes between 100% and 400% of the federal poverty level (FPL) to lower the cost of individual market health insurance purchased through new state Marketplaces; and
- Expanding Medicaid eligibility to adults with incomes up to 138% Federal Poverty Level (FPL), in participating states (after the Supreme Court made the expansion a state option in a 2012 ruling).[‡]

The ACA also invested in outreach and marketing to help eligible individuals enroll in coverage and streamlined the application process for Medicaid, and the Biden-Harris Administration made strengthening Medicaid, the Marketplaces, and the ACA a key priority. Since implementation of the ACA, the number of uninsured Americans has fallen significantly. Between 2013 and 2021 the number of people without health insurance dropped by 38 percent, falling from 45.2 million to 28.2 million.²

This Issue Brief presents current estimates of enrollment in health insurance coverage obtained through the ACA Marketplaces and the Medicaid expansion and the subsequent reductions in state-level uninsured rates since the ACA was implemented in 2014. This brief updates our estimate released in April of 2022 where we found that about 35 million people gained coverage under the ACA.

METHODS

For both Marketplace and Medicaid expansion enrollment, we present the most recent administrative data with state-by-state totals from the Centers for Medicare & Medicaid Services (CMS), as well as historical national totals for the years 2014-2023.

There are two related measures of Marketplace enrollment. The first is plan selections, and the second is effectuated enrollment. At the end of open enrollment periods, CMS releases *plan selections*, which are the number of people who have selected a plan; CMS follows later with data on effectuated enrollment, which captures the number of people who have paid their first month's premium (if applicable). In this report, Marketplace enrollment estimates reflect *effectuated enrollment* counts from both States with Marketplaces using the HealthCare.gov platform and those with State-based Marketplaces. Effectuated enrollment for 2023 is not yet available but was estimated from state February 2022 effectuated rates applied to the number of people selecting Marketplace plans during the 2023 Open Enrollment Period. This brief uses effectuated enrollment so that our overall coverage estimates can be compared over time using the same method as ASPE used in previous estimates of ACA-related coverage.³

Medicaid enrollment estimates are state-reported counts of unduplicated individuals enrolled in the state's Medicaid program through the Medicaid Budget and Expenditure System (MBES). The most recent Medicaid

[†]Individuals with incomes above 400% FPL can purchase coverage through the Marketplaces but did not originally qualify for premium tax credit subsidies. Under the American Rescue Plan and extended by the Inflation Reduction Act, individuals with incomes above 400% FPL are now potentially eligible for subsidies.

[†]The ACA established a Medicaid eligibility level of 133% FPL for children, pregnant women, and adults as of January 2014, and included a standard income disregard of five percentage points of the federal poverty level, which effectively raises this limit to 138% FPL Medicaid. ACA Medicaid expansion to adults with incomes up to 133% FPL is a state option, and as of February 2023, 39 states and the District of Columbia had adopted Medicaid expansion.

enrollment data are from September 2022. For states that have expanded Medicaid, the enrollment data provide specific counts of the number of individuals enrolled in the new expansion adult eligibility group, referred to as the "adult group," with separate totals for those who became newly eligible under the ACA expansion, as well as those who would have been eligible for coverage prior to the ACA but are now part of the adult group. State Medicaid expenditure reports are generally submitted to CMS within 30 days following the end of each quarter. Some states, however, submit their expenditure reports later; accordingly, these results should be considered preliminary.

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

Note that we refer to the estimates below as "2023 estimates" of ACA coverage, though some of the statistics are from late 2022, since those are the most recently available numbers.

Estimates on uninsured rates by state come from the American Community Survey (ACS), the largest national survey of households. The Census Bureau surveys almost 300,000 households each month for the ACS and collects health insurance and demographic data, along with other types of information. Uninsured rates for the full state population of all ages come from the ACS's public data tables for 2013 and 2021 (the most current year of ACS data available), which we used to compare state-by-state changes in uninsured rates since the implementation of the ACA.^{4,5}

FINDINGS

National ACA-related enrollment for 2014-2023 are presented in Table 1 and Figure 1. More detailed information on each source of coverage is described below.

As of February 2023, an estimated 15.6 million consumers had enrolled and effectuated health insurance coverage through the **Marketplaces**. An estimated 18.8 million newly-eligible adults were enrolled in **Medicaid** coverage through the adult group created by the ACA expansion based on the most recently available data, as shown in Table 1. An additional estimated 4.6 million people were enrolled in the Medicaid expansion adult group under the ACA who would have been eligible for Medicaid before the ACA. The ACA simplified Medicaid enrollment for these individuals and made permanent under federal law some state-specific coverage expansions that pre-dated the ACA (e.g., coverage under a section 1115 demonstration project). To date, 39 states and the District of Columbia have adopted the ACA Medicaid expansion of coverage to adults; South Dakota has not yet begun enrolling individuals in its expansion, and other states including North Carolina are considering proposals to expand but have not yet finalized them.

Medicaid and CHIP enrollment increased by 21.1 million enrollees from February 2020 to November 2022, or an increase of 30 percent; most of this coverage increase occurred in Medicaid.⁶ Medicaid enrollment increased under the continuous enrollment provision in the Families First Coronavirus Response Act of 2020 (FFCRA), which prevented states from disenrolling most Medicaid enrollees during the COVID-19 public health emergency (PHE) as a condition for receiving a temporary 6.2 percentage point increase in the federal Medicaid match rate.⁷ This, along with recent Medicaid expansions in states including Maine, Virginia, Idaho, Utah, Nebraska, Utah, and Missouri, contributed to more individuals gaining coverage during the PHE.

Two states – Minnesota and New York – have implemented the **Basic Health Program** (BHP) option under the ACA, with enrollment totaling approximately 1.2 million in early 2023.

Taken together, these results indicate that overall enrollment in Marketplace coverage, Medicaid expansion, and the Basic Health Program for 2023 was approximately 40.2 million people, the highest enrollment total since the ACA was enacted. This represents 9.3 million more people enrolled than in 2021 (a 30% increase) and 27.6 million more people enrolled than in 2014 (a 219% increase, or more than triple). Since 2022, 4.2 million more people gained ACA-related coverage, with most of the coverage gains approximately evenly split between Marketplace and Medicaid expansion gains.

Table 1
ACA-Related Enrollment: Marketplace, Medicaid, and the Basic Health Program (BHP), 2014-2023

Year	Marketplace Enrollment*	Medicaid Expansion Group, Newly-Eligible#	Medicaid Expansion Group, Previously Eligible	BHP Enrollment 1	TOTAL ACA-Related Enrollment
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	11,227,111	14,849,998	3,890,934	961,000	30,929,043
2022	13,807,669	16,781,800	4,261,277	1,135,190	35,985,936
2023	15,567,000**	18,765,611	4,648,343	1,239,503	40,220,457

Notes

February 2016-2022 data are from the CCIIO Enrollment Payment System and beginning in 2017 have been published in the Effectuated Enrollment Snapshot for the respective year.

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 and 2023 Medicaid enrollment data are from September 2021 and September 2022 monthly enrollment reports respectively, 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.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaidenrollment-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. BHP enrollment data for 2023 is projected for the second quarter of 2023 for New York and June 2023 for Minnesota.

^{*} 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/MarketplaceProducts/Effectuated_Quarterly_Snapshots.

February 2016-2023 data are from the CCIO Enrollment Payment System and beginning in 2017 have been published in the Effectuated Enrollment.

^{**}Effectuated Marketplace enrollment for 2023 was estimated applying the February 2022 state effectuated rates to the 16.4 million people who made plan selections during the 2023 Open Enrollment Period, https://www.cms.gov/files/document/health-insurance-exchanges-2023-open-enrollment-report-final.pdf.

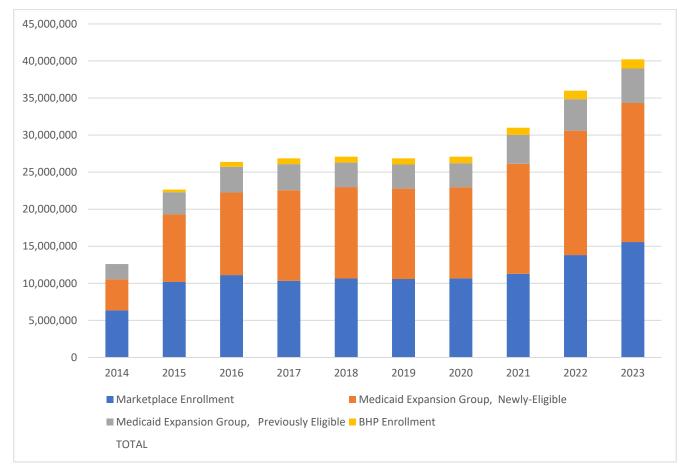


Figure 1. ACA-Related Enrollment: Marketplace, Medicaid Expansion, and the Basic Health Program, 2014-2023

Table 2 presents the most recent enrollment estimates by state for Marketplace and Medicaid expansion coverage. Table 3 presents uninsured rates in 2013 (before the ACA) and 2021 (the most recent state uninsured data). Figure 2 illustrates the percentage change in the uninsured rate from 2013-2021 for each state. Nationally, the uninsured rate has decreased 5.9 percentage points (from 14.5% to 8.6%) since the ACA coverage provisions were implemented in 2014. All states experienced reductions in their uninsured rates, with 11 states – California, Kentucky, Louisiana, Michigan, Montana, New Hampshire, New York, Oregon, Rhode Island, Washington, and West Virginia, all of which expanded Medicaid – reducing their uninsured rate by at least half. The uninsured rate in 2021 varied widely across the country. Massachusetts had the lowest uninsured rate at 2.5% and experienced one of the smaller relative reductions under the ACA because it had already implemented large coverage expansions prior to 2014. Texas, which has not expanded Medicaid, had the highest uninsured rate in both 2013 (22.1%) and 2021 (18.0%). State decisions regarding the ACA Medicaid expansion are a main driver of variability in coverage rates across states. The Census Bureau's gold-standard estimates of the uninsured population, which come from the ACS, are not yet available for 2022.

Table 2: Marketplace Enrollment and Medicaid Expansion Enrollment by State

State	Marketplace Plan Selections	Marketplace Effectuated Enrollment	Medicaid Expansion	Medicaid Expansion Previously Eligible	Total ACA-Related
			Newly Eligible		
	January 2023*	February 2023+	September 2022#	September 2022#	Coverage
Alabama	258,327	245,000	N/A	N/A	245,000
Alaska	25,572	24,000	71,602	2	95,604
Arizona	235,229	222,000	190,742	517,200	929,942
Arkansas	100,407	93,000	326,906	15,599	435,505
California	1,739,368	1,718,000	4,910,970	30,486	6,659,456
Colorado	201,758	180,000	594,987	7,352	782,339
Connecticut	108,132	92,000	332,700	31,003	455,703
Delaware	34,742	33,000	14,685	78,706	126,391
District of Columbia	14,768	13,000	89,169	44,973	147,142
Florida	3,225,435	3,106,000	N/A	N/A	3,106,000
Georgia	879,084	825,000	N/A	N/A	825,000
Hawaii	21,645	20,000	30,643	150,021	200,664
daho	79,927	78,000	126,920	0	204,920
Illinois	342,995	322,000	902,256	99,111	1,323,367
Indiana	185,354	175,000	572,082	0	747,082
lowa	82,704	79,000	192,323	62,490	333,813
Kansas	124,473	118,000	N/A	N/A	118,000
Kentucky	62,562	57,000	627,546	0	684,546
Louisiana	120,804	115,000	750,379	0	865,379
Maine	63,388	60,000	83,831	21,530	165,361
Maryland	182,166	168,000	451,214	0	619,214
Massachusetts	232,621	201,000	0	476,916	677,916
Michigan	322,273	306,000	967,247	60,396	1,333,643
Minnesota ¹	118,431	112,000	297,797	0	505,419
Mississippi	183,478	169,000	N/A	N/A	169,000
Missouri	257,629	243,000	260,132	0	503,132
Montana	53,860	52,000	117,275	0	169,275
Nebraska	101,490	96,000	64,901	1,355	162,256
Nevada	96,379	93,000	362,226	0	455,226
New Hampshire	54,557	52,000	91,146	488	143,634
New Jersey	341,901	330,000	740,380	0	1,070,380
New Mexico	40,778	32,000	296,146	0	328,146
New York ²	•		·	2,088,587	-
New York- North Carolina	214,052	198,000	432,535 N/A		3,863,003 767,000
	800,850	767,000 33,000	N/A	N/A	67,794
North Dakota	34,130		33,108	1,686	·
Ohio	294,644	278,000	862,854	223	1,141,077
Oklahoma	203,157	193,000	334,632	0	527,632
Oregon	141,963	133,000	598,132	108,818	839,950
Pennsylvania	371,516	358,000	1,078,203	64,957	1,501,160
Rhode Island	29,626	30,000	98,299	0	128,299
South Carolina	382,968	365,000	N/A	N/A	365,000
South Dakota	47,591	46,000	N/A	N/A	46,000
Гennessee 	348,097	330,000	N/A	N/A	330,000
Texas	2,410,810	2,283,000	N/A	N/A	2,283,000
<u>Jtah</u>	295,196	287,000	131,599	935	419,534
Vermont	25,664	25,000	0	75,920	100,920

Table 2: Marketplace Enrollment and Medicaid Expansion Enrollment by State, (cont'd)

	Marketplace	Marketplace	Medicaid Expansion	Medicaid Expansion	Total
State	Plan Selections	Effectuated Enrollment	Newly Eligible	Previously Eligible	ACA-Related
	January 2023*	February 2023+	September 2022#	September 2022#	Coverage
Washington	230,371	203,000	803,639	18,624	1,025,263
West Virginia	28,325	26,000	239,001	0	265,001
Wisconsin	221,128	213,000	N/A	N/A	213,000
Wyoming	38,565	37,000	N/A	N/A	37,000
Guam	N/A	N/A	N/A	5,488	5,488
Puerto Rico	N/A	N/A	N/A	667,162	667,162
Virgin Islands	N/A	N/A	N/A	18,315	18,315
Total	16,357,030	15,567,000	18,765,611	4,648,343	40,220,457

Notes:

Medicaid Data: September 2022 enrollment of newly eligible population as reported on the CMS-64. Awaiting state reporting, enrollment reasonableness review is in progress. Enrollment only applicable for states that have expanded their Medicaid programs to adults with incomes up to 138% FPL (the "adult group"). For the states that have not expanded Medicaid their enrollment is noted as "N/A." Massachusetts and Vermont already offered subsidized coverage to those with incomes below 138% FPL, so they are listed as having 0 newly-eligible adults, even though they have implemented the ACA's Medicaid expansion.

Table 3: Uninsured Rates for 2013 and 2021

State	Uninsured Rate %^		
	2013	2021	
Alabama	13.6	9.9	
Alaska	18.5	11.4	
Arizona	17.1	10.7	
Arkansas	16.0	9.2	
California	17.2	7.0	
Colorado	14.1	8.0	
Connecticut	9.4	5.2	
Delaware	9.1	5.7	
District of Columbia	6.7	3.7	
Florida	20.0	12.1	
Georgia	18.8	12.6	
Hawaii	6.7	3.9	
Idaho	16.2	8.8	
Illinois	12.7	7.0	
Indiana	14.0	7.5	
lowa	8.1	4.8	
Kansas	12.3	9.2	
Kentucky	14.3	5.7	

^{* 2023} plan selections from states with HealthCare.gov Marketplaces for the Open Enrollment Period of November 1, 2022 to January 15, 2023. Dates through which data are reported vary for State Based Marketplaces. health-insurance-exchanges-2023-open-enrollment-report-final.pdf (cms.gov). State totals do not add up due to rounding. † Effectuated Marketplace enrollment for 2023 was estimated applying the February 2022 state effectuated rates to the 16.4 million people who signed-up for coverage during the 2023 Open Enrollment Period, health-insurance-exchanges-2023-open-enrollment-report-final.pdf (cms.gov).

¹ Minnesota total includes an estimated 95,622 Basic Health Plan enrollees as of June 2023.

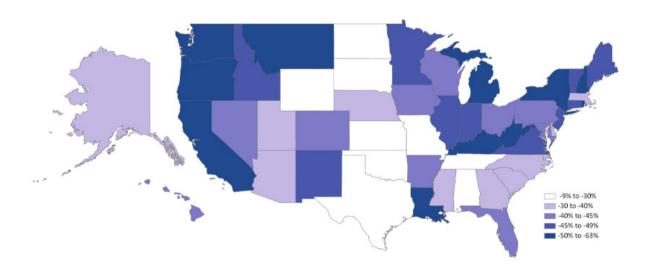
² New York total includes an estimated 1,143,881 Basic Health Plan enrollees as of April-June 2023.

Table 3: Uninsured Rates for 2013 and 2021 (cont'd)

State	Uninsured Rate %^		
State	2013	2021	
Louisiana	16.6	7.6	
Maine	11.2	5.7	
Maryland	10.2	6.1	
Massachusetts	3.7	2.5	
Michigan	11.0	5.0	
Minnesota	8.2	4.5	
Mississippi	17.1	11.9	
Missouri	13.0	9.4	
Montana	16.5	8.2	
Nebraska	11.3	7.1	
Nevada	20.7	11.6	
New Hampshire	10.7	5.1	
New Jersey	13.2	7.2	
New Mexico	18.6	10.0	
New York	10.7	5.2	
North Carolina	15.6	10.4	
North Dakota	10.4	7.9	
Ohio	11.0	6.5	
Oklahoma	17.7	13.8	
Oregon	14.7	6.1	
Pennsylvania	9.7	5.5	
Rhode Island	11.6	4.3	
South Carolina	15.8	10.0	
South Dakota	11.3	9.5	
Tennessee	13.9	10.0	
Texas	22.1	18.0	
Utah	14.0	9.0	
Vermont	7.2	3.7	
Virginia	12.3	6.8	
Washington	14.0	6.4	
West Virginia	14.0	6.1	
Wisconsin	9.1	5.4	
Wyoming	13.4	12.2	
Total	14.5	8.6	

[^] Uninsured Rates: American Community Survey, "Health Insurance Coverage Status and Type of Coverage by State and Age for All People", 2013,2021: https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.2013.html.

Figure 2: Relative Reduction in the Uninsured Rate by State, 2013 to 2021



CONCLUSION

The ACA's multiple programs have led to an historic expansion of health coverage, with an estimated 40 million people currently enrolled in coverage related to the law. Gains have accelerated since 2021, concurrent with efforts by the Biden-Harris administration to expand coverage. These efforts include: enhanced subsidies for Marketplace coverage under the American Rescue Plan and later extended by the Inflation Reduction Act; robust outreach efforts to sign up eligible individuals for coverage; and ongoing support for state Medicaid expansions.

Under the Consolidated Appropriations Act, 2023 the Medicaid and CHIP continuous enrollment provision for the COVID-19 public health emergency will come to an end on March 31, 2023. ASPE previously estimated that 15 million enrollees could lose their Medicaid or CHIP coverage based on historical patterns, though many will be eligible to obtain alternative coverage. About 8.2 million Medicaid enrollees are estimated to leave Medicaid due to loss of Medicaid eligibility and another 6.8 million are estimated to lose Medicaid coverage despite still being eligible ("administrative churning"). HHS is working with states to minimize administrative churning to reduce the number of Medicaid and CHIP enrollees who remain eligible but fail to complete the redetermination application. Of the 8.2 million Medicaid enrollees estimated to lose Medicaid or CHIP eligibility, 5 million can likely transition to other coverage, primarily employer health plans, and 2.7 million are expected to be eligible for Marketplace premium tax credits (1.7 million of the 2.7 million are expected to be eligible for zero-premium Marketplace plans). The Administration closed the "family glitch" so that starting with the 2023 Marketplace plan year, family members of a person who is offered employer-based insurance that is only "affordable" for self-only coverage, and not the whole family, may be eligible for tax credits on the Marketplaces for the first time to help the family enroll in a Marketplace plan with savings.

Of note, estimates of ACA-related coverage presented in this Issue Brief are a conservative estimate of the law's impact on health insurance coverage for several reasons. First, the effectuated enrollment estimate for the Marketplace is a more conservative estimate than plan selections. Second, the total does not include the

provision of the ACA that took effect in 2010 allowing young adults to remain on their parents' plans until age 26, which previous research estimated led to more than 2 million young adults gaining insurance; this provision, like many other private insurance market reforms in the ACA (such as banning lifetime limits on medical expenses and guaranteed issue for those with pre-existing conditions), has become embedded in the health insurance system, making updated estimates of the numbers of Americans benefiting from the ACA more difficult, but it nonetheless remains an important part of the ACA's impact. Third, the streamlining of Medicaid applications, enhanced outreach, and expanded eligibility led to increased enrollment even among children and parents who were eligible for Medicaid through traditional pre-expansion pathways, a phenomenon referred to as the "welcome mat" effect. Thus, 40.2 million likely underestimates the total effect of the ACA.

REFERENCES

³ Health Coverage Under the Affordable Care Act: Enrollment Trends and State Estimates. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. June 2021. Accessed at: https://aspe.hhs.gov/reports/health-coverage-under-affordable-care-act-enrollment-trends-state-estimates. Lee A, Chu RC, Peters C, and Sommers BD. Health Coverage Changes Under the Affordable Care Act: End of 2021 Update. (Issue Brief No. HP-2022-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 2022. Accessed at: https://aspe.hhs.gov/reports/health-coverage-changes-2021-update.

⁴ Census Bureau, American Community Survey, Health Insurance Coverage Status and Type of Coverage by State and Age for All People. Accessed at: https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.2013.html.

⁵ Lee A, Ruhter J, Bosworth A, Peters C, De Lew N, Sommers BD. Changes in Health Insurance Coverage from 2019 to 2021: Geographic and Demographic Patterns in the Uninsured Rate (Issue Brief No. HP-2023-01). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. January 2023. Accessed at: https://aspe.hhs.gov/reports/changes-health-insurance-coverage-2019-2021.

⁶ Centers for Medicare and Medicaid Services. November 2022 Medicaid and CHIP Enrollment Trends Snapshot. Accessed at: https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/november-2022-medicaid-chip-enrollment-trend-snapshot.pdf.

⁷ Medicaid CMS-64 FFCRA Increased FMAP Expenditure Data Collected through MBES. Medicaid.gov. Accessed at: https://www.medicaid.gov/medicaid/financial-management/state-budget-expenditure-reporting-for-medicaid-and-chip/expenditure-reports-mbescbes/medicaid-cms-64-ffcra-increased-fmap-expenditure-data-collected-through-mbes/index.html.

⁸ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. (Issue Brief No. HP-2022-20). August 2022. Accessed at: https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision.

⁹ Marketplace Open Enrollment Fact Sheet. Centers for Medicare and Medicaid.

 $\underline{\text{https://www.cms.gov/files/document/102622-landscape-and-window-shopping-508.pdf}}.$

¹⁰ Uberoi, N., Finegold, K., & Gee, E. (March 3, 2016). Health insurance coverage and the Affordable Care Act, 2010-2016. Washington (DC): Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Accessed at: https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf.

¹¹ Hudson, J. and Moriya, A. "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on their Children". Health Affairs, September 2017.

¹ As amended by the Health Care and Education Reconciliation Act of 2010.

² Census Bureau, American Community Survey Tables for Health Insurance Coverage Status and Type of Coverage by State and Age for All People. Accessed at: https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.2013.html.

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