



# National Uninsured Rate at 8.2 Percent in the First Quarter of 2024

Newly released data from the National Health Interview Survey indicate a statistically insignificant change in the uninsured rate for the first quarter of 2024.

## KEY POINTS

- According to newly released data from the National Health Interview Survey, in Q1 2024 the national uninsured rate for all ages was 8.2 percent, which corresponds to 27.1 million individuals.
- Quarter-to-quarter changes in the national uninsured rate since the first quarter of 2023 are not statistically significant. The Q1 2024 rate is 1.5 percentage points lower than the uninsured rate for 2020, a difference which is statistically significant.
- An estimated 11.5 percent of adults ages 18-64 were uninsured in Q1 2024. This rate is slightly higher than the rate for 2023, but 3 percentage points lower than the rate as of Q4 2020.
- The uninsured rate for children has varied less over time. In Q1 2024, 5.2 percent of children under age 18 were uninsured, again slightly higher than the rate for 2023, but 1.2 percentage points lower than the rate as of Q4 2020.
- Between Q2 2023 and Q1 2024, the percentage of adults ages 18-64 with private coverage increased by nearly 3 percentage points. This change was driven by a significant increase exchange-based private coverage. The estimated number of non-elderly adults with exchange-based coverage went up by over 4 million.
- The percentage of children reporting private coverage was slightly lower in Q1 2024 compared to a year prior, though the difference was not statistically significant.
- Between Q2 2023 and Q1 2024, the percentage of non-elderly adults with public coverage decreased by 3.4 percentage points. The percentage of children with public coverage declined by 2.7 percentage points over that period.

## INTRODUCTION

This Data Point is part of a series of briefs that report on changes in health insurance coverage using data from the National Health Interview Survey (NHIS). The most recent data are for the first quarter (Q1) of 2024. The data reflect changes in coverage during the first year of states returning to regular eligibility renewals in Medicaid and the Children's Health Insurance Program (CHIP) as well as record increases in enrollment in the Affordable Care Act's Marketplaces.<sup>1</sup>

In Q1 2024, the estimated uninsured rate for the full population is 8.2 percent, which corresponds to 27.1 million individuals without insurance. This rate is not significantly different from the Q4 2023 uninsured rate of 7.7 percent. The estimates imply that in early 2024 as in 2023, over 300 million Americans have health insurance coverage.

## METHODS

The NHIS, which is administered by the National Center for Health Statistics, is the largest nationally representative survey focused primarily on the health of the civilian, noninstitutionalized US population. As such, it is a key data source for tracking trends in health coverage. Quarterly estimates are from the NHIS Early Release program, which provides national estimates for broad categories of health coverage: public, private, and uninsured.<sup>2</sup> For these coverage measures, estimates are reported for subpopulations defined by age, race/ethnicity and family income. In addition, the Early Release program provides quarterly estimates of the percentage of adults ages 18 to 64 with private, exchange-based (i.e., Marketplace) health plan coverage.

The sample sizes for the quarterly data are relatively small: roughly 8,000 observations per quarter for adults and roughly 2,000 observations per quarter for children. As a result, quarterly estimates have wider confidence intervals than annual estimates. All estimates are unadjusted percentages based on preliminary data files and are released prior to final data editing and final weighting.

## FINDINGS

To provide historical context, we begin by presenting long run trends in health coverage. Figure 1 presents the uninsured rate for the total U.S. population since 2000. Each data point from 2000 to 2023 represents an annual estimate from the NHIS. The last data point represents the quarterly estimate for Q1 2024.

In 2000, just under 15 percent of the population was uninsured and by 2010, the year that the Patient Protection and Affordable Care Act (ACA) was enacted, the uninsured rate had increased to 16 percent. The uninsured rate began to fall after the ACA's coverage provision went into effect. The first provision, which went into effect in September 2010, allows young adults to stay on their parents' insurance until age 26. Two other ACA coverage provisions—the expansion of Medicaid eligibility and private insurance reforms, including tax credits for the purchase of private coverage through the newly established Marketplaces—went into effect in January 2014. By 2015, the uninsured rate had declined to 9.1 percent. The uninsured rate stayed at that level through 2017 before increasing slightly the next two years. In 2019, 10.3 percent of the total U.S. population, or 33.2 million people, was uninsured.<sup>a</sup>

Three pieces of legislation aimed to stabilize health coverage in the face of the COVID-19 pandemic. The 2020 Families First Coronavirus Response Act (FFCRA) provided states additional federal financial support if they met certain conditions, including agreeing to maintain the enrollment of most Medicaid beneficiaries. The American Rescue Plan Act of 2021 (ARP) increased Marketplace premium tax credits for individuals and families with incomes between 100 and 400 percent of the FPL and extended eligibility for premium tax credits to those with income above 400 percent of the FPL. The Inflation Reduction Act of 2022 (IRA) renewed these Marketplace tax credit enhancements through 2025. In addition to these legislative efforts, the Biden-Harris Administration took administrative actions to improve access to health coverage, including creating special enrollment periods for Marketplace coverage and increasing funding for education and outreach.<sup>3</sup> At the state level, since 2020 seven states (UT, ID, NE, OK, MO, SD, and NC) have implemented the ACA Medicaid expansion.

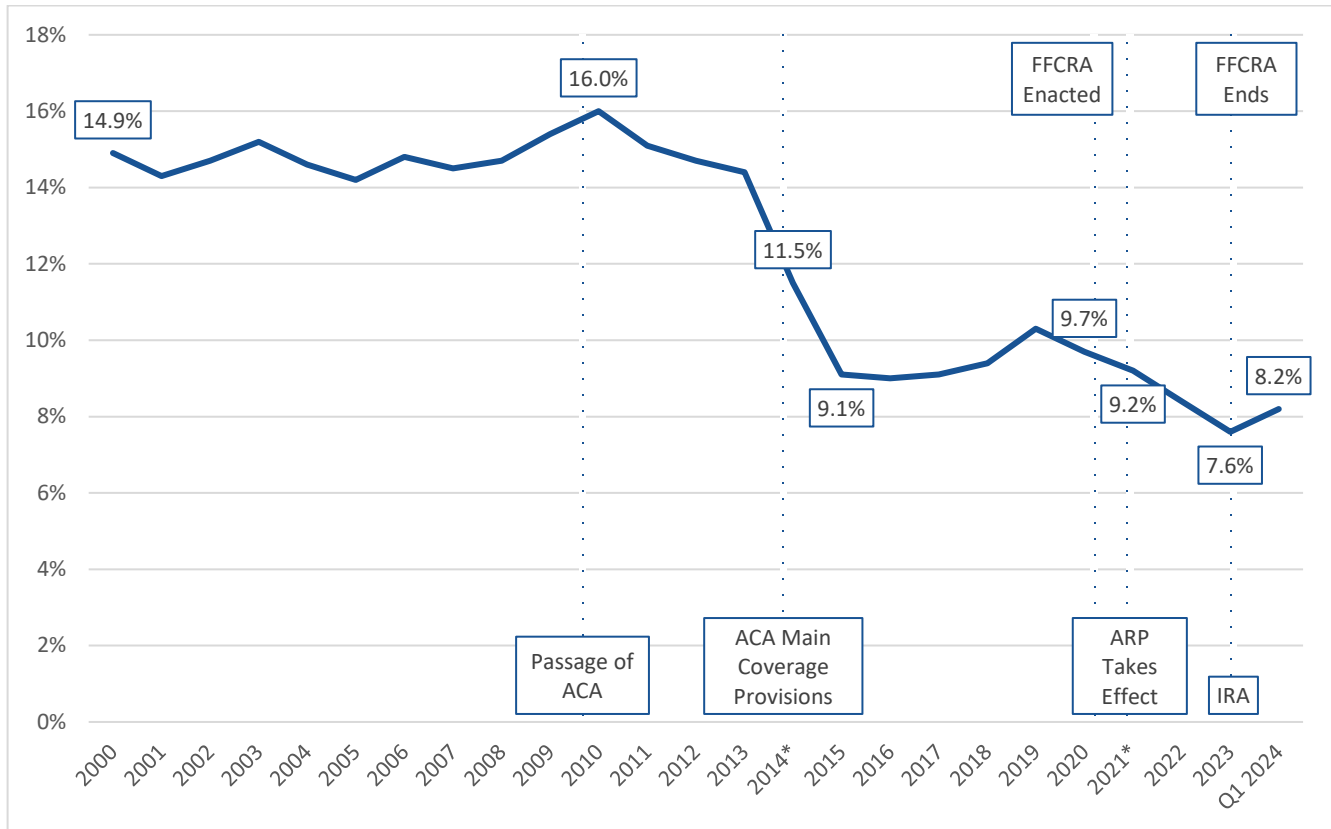
The uninsured rate fell after these policies went into effect. The annual rates were 9.7 percent in 2020, 9.2 percent in 2021, 8.4 percent in 2022, and 7.6 percent in 2023. The uninsured rate for Q1 2024 is 8.2 percent,

---

<sup>a</sup> The NHIS underwent a survey redesign in 2019. Though the questions on health coverage did not change, the questionnaire design and sample weighting were revised. An analysis conducted by the National Center for Health Statistics concluded that the redesign may have caused the uninsured rate for adults to increase by 0.7 percentage points. For further details, see <https://www.cdc.gov/nchs/data/nhis/earlyrelease/EReval202009-508.pdf>.

which corresponds to 27.1 million people. The estimated uninsured rate for Q1 2024 is not significantly different from the full-year estimate for 2023 or the quarterly estimate for Q4 2023 (7.7 percent).<sup>4</sup>

**Figure 1. National Uninsured Rate, All Ages (2000 – Q1 2024)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024.

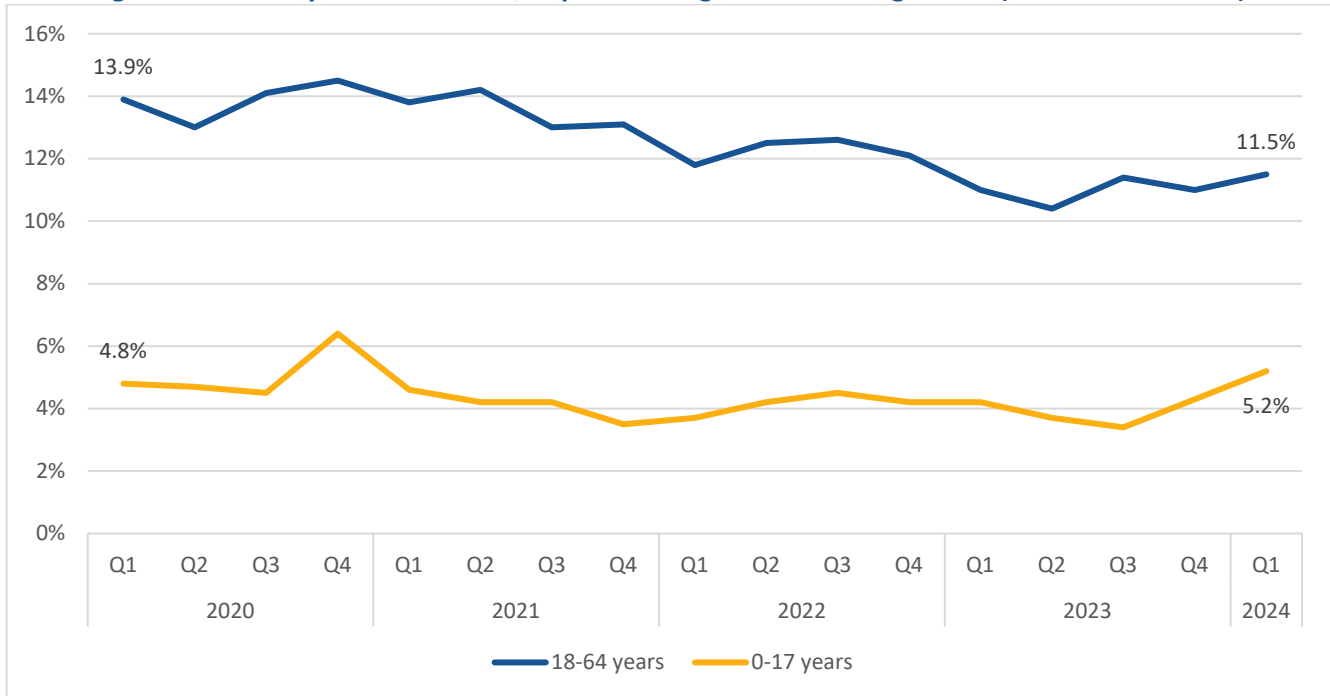
[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

Note: \*The ACA’s individual and employer responsibility provisions, state insurance Exchanges, Medicaid expansions, and subsidies went into effect in 2014. The FFCRA’s additional federal financial support for maintaining enrollment of most Medicaid beneficiaries went into effect retroactively on January 1, 2020 and the Consolidated Appropriation Act (CAA) of 2023 phased out the increase over three quarters, starting on March 31, 2023 and ending on December 31, 2023. The ARP premium tax credit provisions were effective for PY2021 and PY2022, and the IRA extended these provisions for PY2023 through PY2025.

Beginning in 2004, two additional questions were added to the NHIS insurance section to reduce potential errors in reporting Medicare and Medicaid status, resulting in two methods to estimate uninsurance. Beginning in 2005, all estimates were calculated using Method 2. Please see “Technical Notes” for the Early Release of Health Insurance Estimates Based on Data From the 2010 National Health Interview Survey for more information.

To focus on recent trends, Figure 2 presents quarterly data on health coverage from Q1 2020 to Q1 2024. Data are reported separately for non-elderly adults (ages 18 to 64) and children (ages 0 to 17). The graph for adults indicates a gradual decline in the uninsured rate from Q4 2020 to Q2 2023, followed by a slight increase since then. The Q1 2024 uninsured rate for non-elderly adults is 0.5 percentage points higher than the rate for Q4 2023 and 3 percentage points lower than the rate from Q4 2020. For children, there is less evidence of a trend over the full period. The most recent quarterly data indicate that 5.2 percent of children are uninsured, up from 4.3 percent in Q4 2023. For both adults and children, the change between Q4 2023 and Q1 2024 is not statistically significant.

**Figure 2. Quarterly Uninsured Rate, Populations Ages 18-64 and Ages 0-17 (Q1 2020 – Q1 2024)**

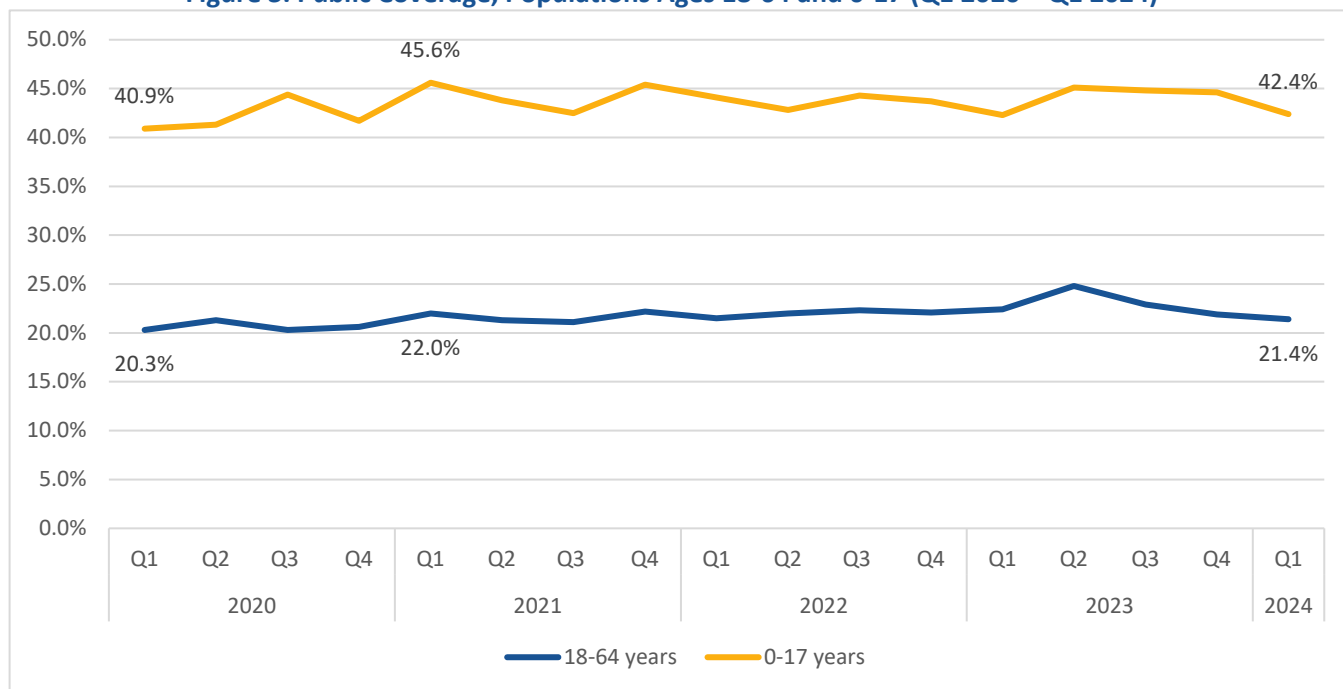


Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

Figure 3 reports trends in public health coverage. For adults, there appears to be a clear downward trend since Q2 2023, when states began to return to regular Medicaid renewal operations following the end of the Medicaid continuous enrollment condition on March 31, 2023. Between Q2 2023 and Q1 2024, the percentage of non-elderly adults with private coverage declined by over 3 percentage points, from 24.8 percent to 21.4 percent. This difference is statistically significant. Even with this recent decrease, the Q1 2024 public coverage rate for adults remains above the rate as of Q1 2020 (20.3 percent).

The percentage of children with public coverage was stable throughout 2023 before decreasing from 44.6 percent in Q4 2023 to 42.4 percent in Q1 2024. There is substantial overlap in the 95 percent confidence intervals of these two estimates, indicating that this change is not statistically significant at the 5 percent confidence level.

**Figure 3. Public Coverage, Populations Ages 18-64 and 0-17 (Q1 2020 – Q1 2024)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports.

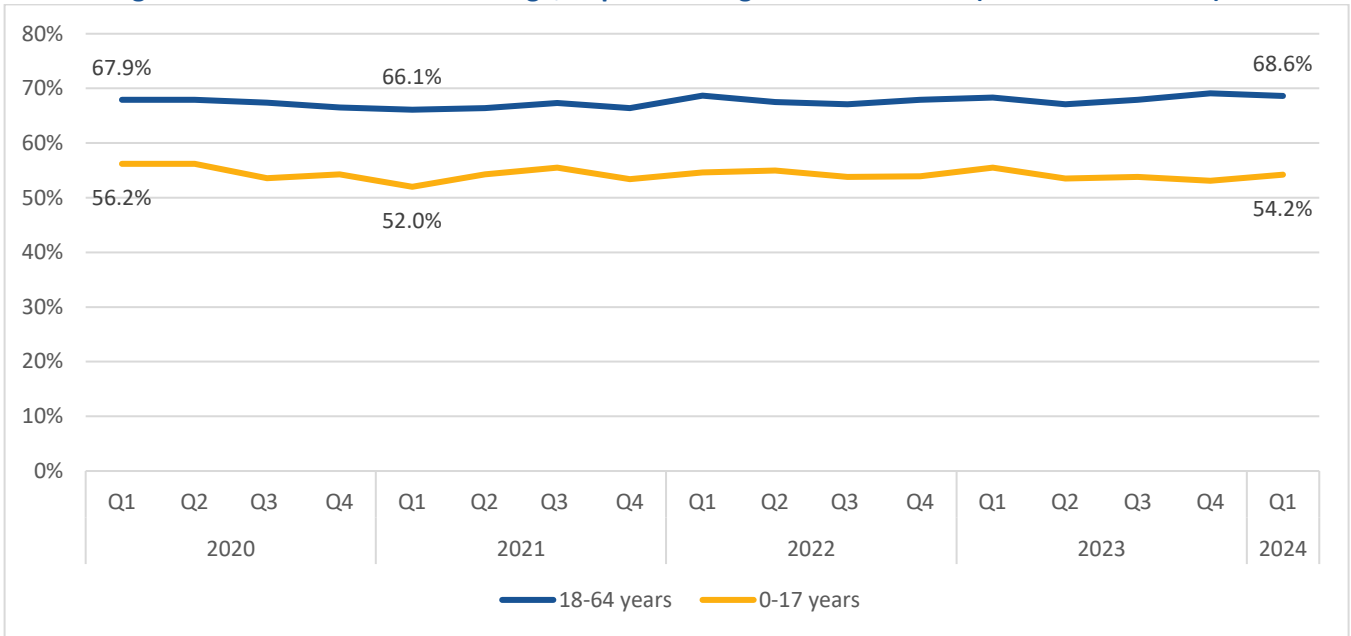
<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024.

[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

Figure 4 presents trends in private insurance, which is the most common source of health coverage among non-elderly Americans. Between Q2 2023 and Q1 2024, the percentage of non-elderly adults with private coverage increased by 1.5 percentage points, from 67.1 percent to 68.6 percent. Comparing this to the results from Figure 3 implies that 44 percent of the decline in public insurance observed over this period was offset by an increase in private coverage ( $1.5/3.4 = 0.44$ ). The increase in private coverage was driven by an increase in exchange-based private coverage (Figure 5). Between Q2 2023 and Q1 2024, the percentage of 18 to 64-year-olds with exchange-based coverage increased by 2.2 percentage points. Based on an estimated 200 million adults in this age range, this translates to an increase of over 4 million people.

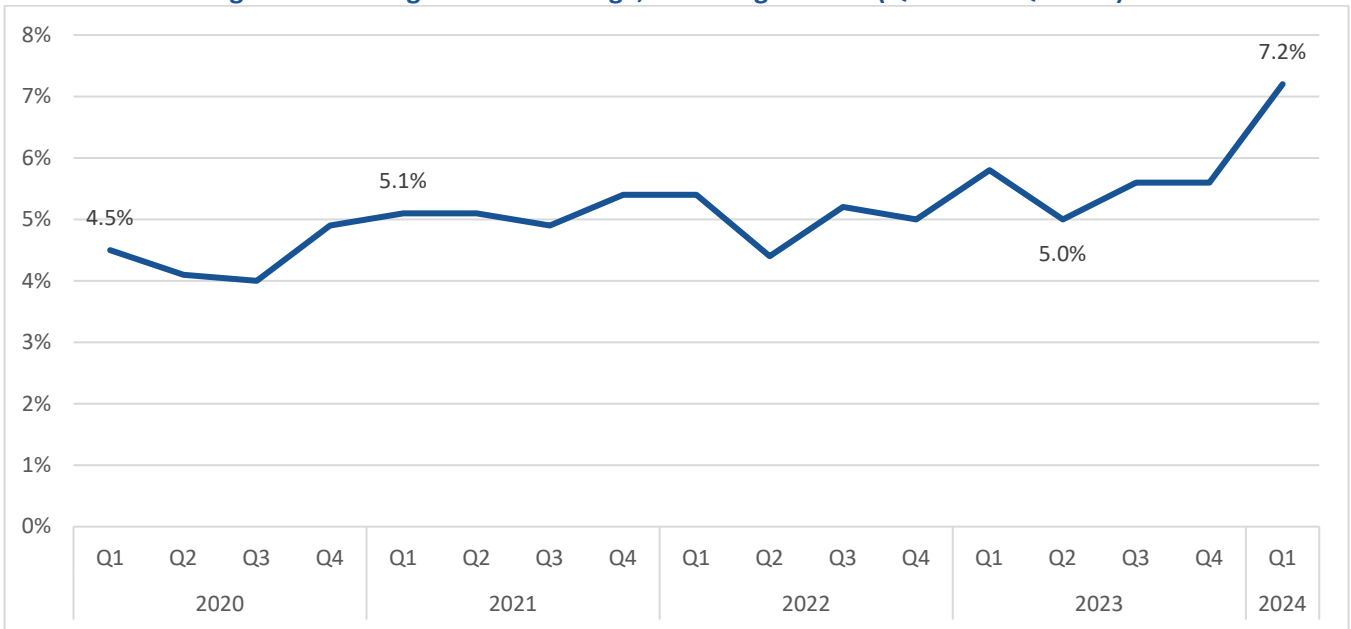
Similar to adults, for children public coverage decreased and private coverage increased between Q2 2023 and Q1 2024. The magnitude of the private coverage increase was slightly more than one-quarter the absolute magnitude of the public coverage decrease ( $0.7/2.7 = 0.26$ ). In Q1 2024, 42.4 percent of children had public coverage and 54.2 percent had private coverage. For all individuals under age 65, private coverage increased by 1.3 percentage points between Q2 2023 and Q1 2024 (data not shown).

**Figure 4. Private Insurance Coverage, Populations Ages 18-64 and 0-17 (Q1 2020 – Q1 2024)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

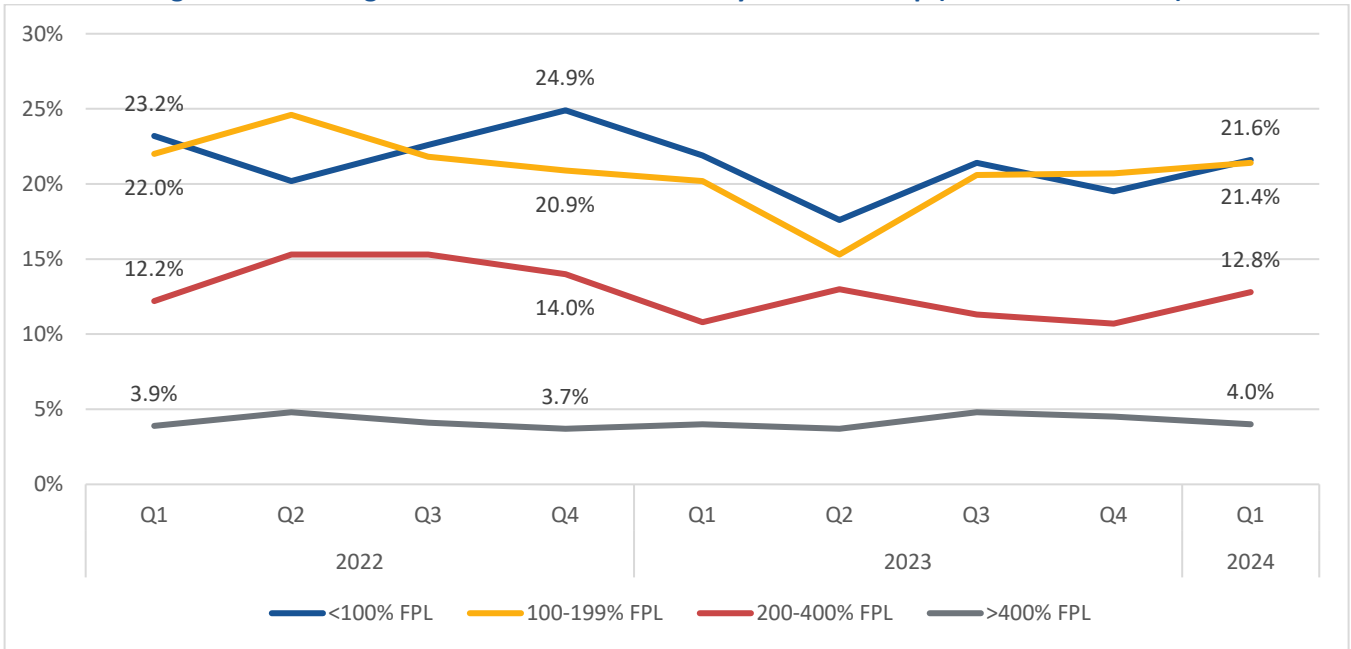
**Figure 5. Exchange-Based Coverage, Adults Ages 18-64 (Q1 2020 – Q1 2024)**



Source: Interactive Quarterly Early Release Estimates. [https://wwwn.cdc.gov/NHISDataQueryTool/ER\\_Quarterly/index\\_quarterly.html](https://wwwn.cdc.gov/NHISDataQueryTool/ER_Quarterly/index_quarterly.html)

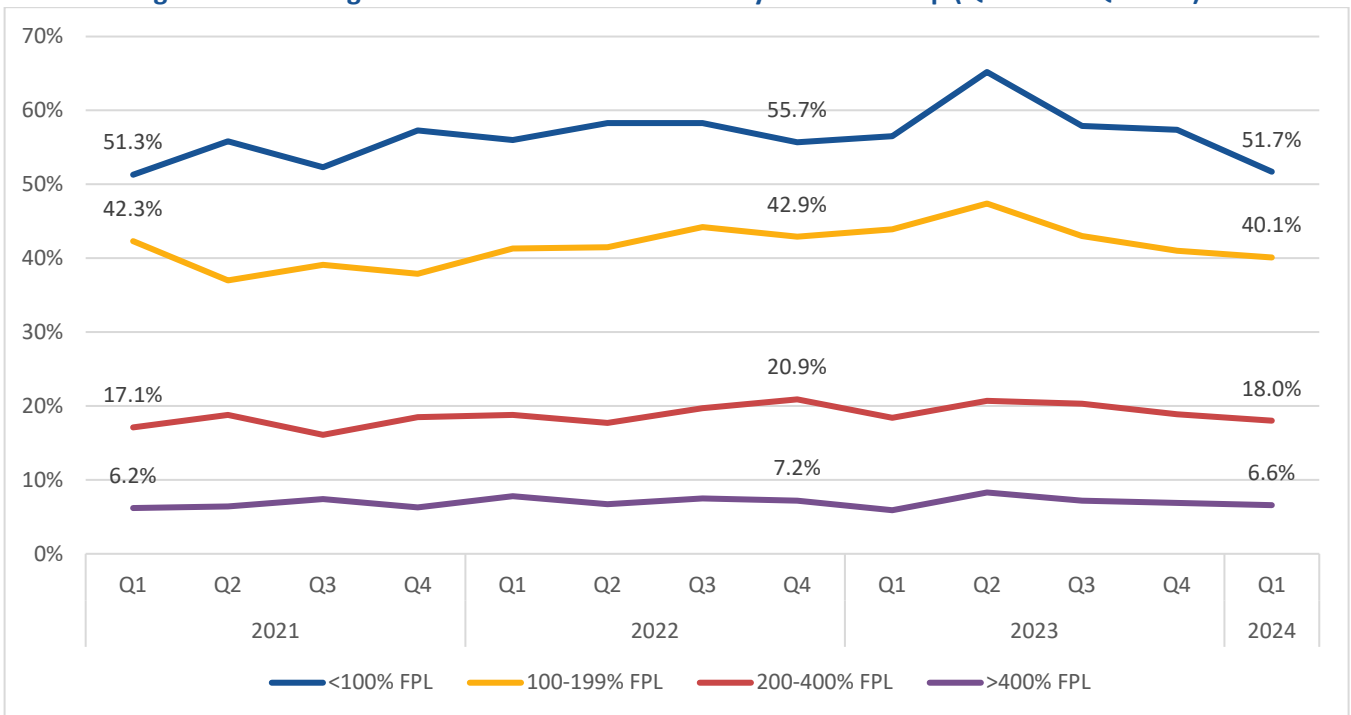
The Early Release program provides coverage estimates for non-elderly adults in four family income categories: less than 100 percent of FPL; 100 to 199 percent of FPL; 200 to 400 percent of FPL; and above 400 percent of FPL. Since Q2 2023, the uninsured rate for the lower two income groups appears to be trending up (Figure 6), corresponding to a similar decrease in public coverage (Figure 7). The percentage of adults with private coverage increased between Q2 2023 and Q1 2024 for the lowest income group, but not for 100-199 FPL category (Figure 8). The Q1 2024 uninsured rate for the higher two income categories was essentially the same as in Q2 2023.

**Figure 6. Adults Ages 18-64 Without Insurance by Income Group (Q1 2022 – Q1 2024)**



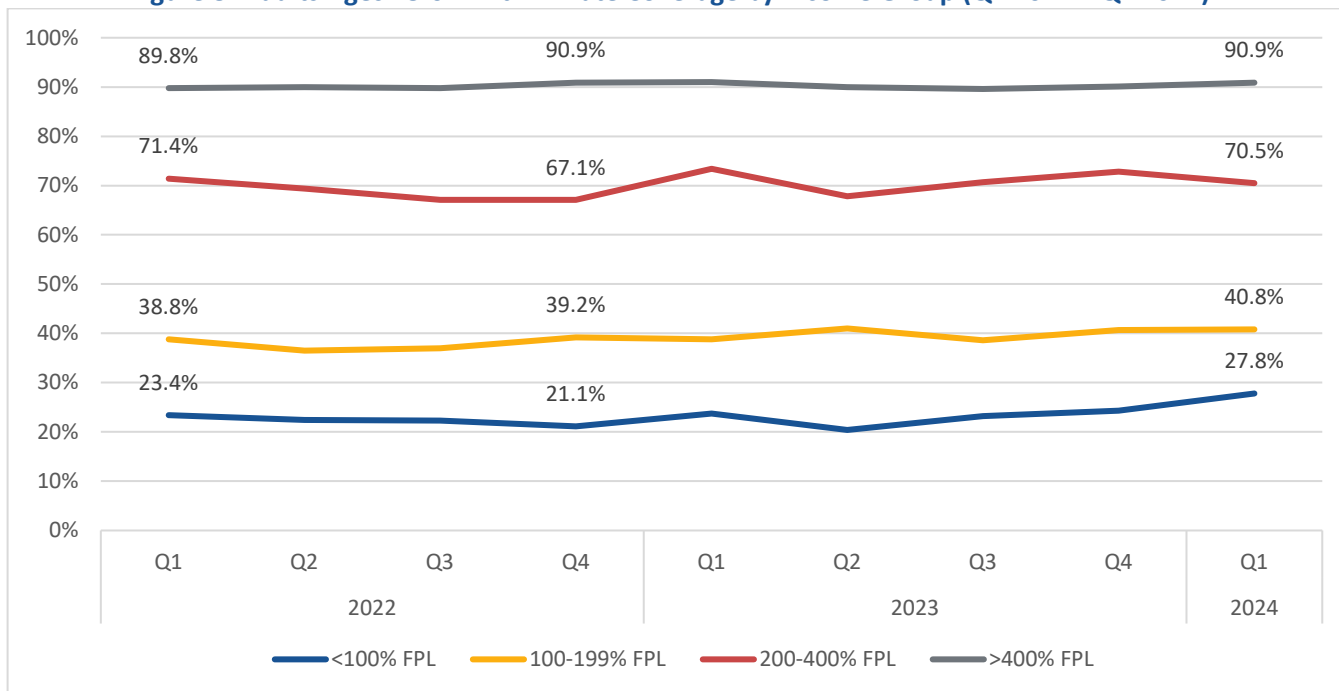
Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

**Figure 7. Adults Ages 18-64 with Public Insurance by Income Group (Q1 2022 – Q1 2024)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

**Figure 8. Adults Ages 18-64 With Private Coverage by Income Group (Q1 2022 – Q1 2024)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024.

[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

Finally, the Early Release program also reports coverage estimates for non-elderly adults stratified by race/ethnicity. These estimates are presented in Appendix Tables A1-A3. Throughout the time period reported in these figures, Hispanic adults were most likely to be uninsured than Blacks, who were more likely to be uninsured than Whites and Asians. Because of small samples, these estimates are noisy, making it difficult to assess short-run trends. Other ASPE research that tracks coverage over a longer period finds that these coverage disparities are significantly smaller than they were prior to the ACA coverage expansions.<sup>5,6,7</sup>

## DISCUSSION

On March 31, 2023, the continuous enrollment condition established by the FFCRA ended. In the following months, states began to resume regular Medicaid renewal and redetermination operations, a process commonly referred to as Medicaid “unwinding.” States varied in when they began this process; most began some time in Q2 2023, and all had begun by the end of 2023. Between March 2023 and April 2024, Medicaid enrollment had decreased by 12 million.<sup>8</sup>

The NHIS data presented in this Data Point cover a full year of the unwinding process. It is difficult to compare the NHIS estimates to the administrative enrollment data, for several reasons. One is the well-known finding that Medicaid enrollment is undercounted in national surveys and this undercount has grown in recent years.<sup>9,10,11,12</sup> In addition, there are complications related to timing. Some people may not realize that they no longer have Medicaid until they go to use care, which may be some time after they were formally disenrolled. The results reported here are consistent with such a lag. For example, the percent of NHIS respondents reporting that they had public coverage actually increased between Q1 and Q2 2023, even as administrative data was showing a decrease in enrollment. Additionally, between Q2 and Q4 2023, the administrative data indicate that Medicaid/CHIP enrollment for children fell by nearly 3 million, yet in the NHIS public coverage for children was essentially unchanged. The most recent NHIS data reported in this Data Point indicate a larger decline in public coverage for children from Q3 2023 to Q1 2024, albeit one that is not statistically significant



due to the small quarterly samples. Over this most recent period, the decline in Medicaid/CHIP enrollment has slowed considerably. In fact, child enrollment was marginally higher in March 2024 than in December 2023.<sup>13</sup>

Abstracting from these issues of timing, comparing the decline in Medicaid enrollment to the much smaller increase in the estimated number of uninsured in the NHIS suggest that the majority of people who left Medicaid during the first year of the unwinding period have transitioned to other sources of coverage. This finding is consistent with analyses conducted prior to the end of the continuous enrollment condition, which projected that when the unwinding process was complete, between 60 and 80 percent of individuals leaving Medicaid would gain some other source of coverage.<sup>14,15,16,17</sup> This research also projects that the majority of individuals becoming uninsured to be eligible for either employer-sponsored insurance, subsidized Marketplace coverage, or Medicaid/CHIP.

To facilitate smooth transitions between Medicaid and private insurance coverage, the Biden-Harris Administration established a Marketplace Special Enrollment Period (SEP) on HealthCare.gov for qualified individuals and their families losing Medicaid or CHIP coverage due to the end of the Medicaid continuous enrollment condition. State-based Marketplaces adopted similar SEP flexibilities. The Administration also continued to invest heavily in Marketplace outreach and consumer education, providing \$99 million in grants to Marketplace Navigators in 2023.<sup>1</sup> These efforts contributed to record Marketplace enrollment of over 21 million people.<sup>18</sup> The increase in Marketplace enrollment is evident in the most recent NHIS data.

Efforts taken to streamline Medicaid renewals during the unwinding period, such as using data from other programs to verify financial eligibility and renew people automatically—a process referred to as *ex parte* renewals—have helped eligible people remain enrolled and have limited coverage losses. Between April 2023 and March 2024, *ex parte* renewal rates increased by 80 percent, while the percentage of individuals disenrolled for procedural reasons fell roughly in half.<sup>19</sup> Continuing such approaches should contribute to greater coverage stability in the longer term. In addition, as a result of the Consolidated Appropriations Act, 2023, most children newly enrolling or renewing their Medicaid or CHIP coverage after January 1, 2024, are guaranteed 12 months of continuous eligibility. A recent ASPE report estimated that more than 17 million Medicaid and CHIP-eligible children will potentially benefit from this policy.<sup>20</sup>

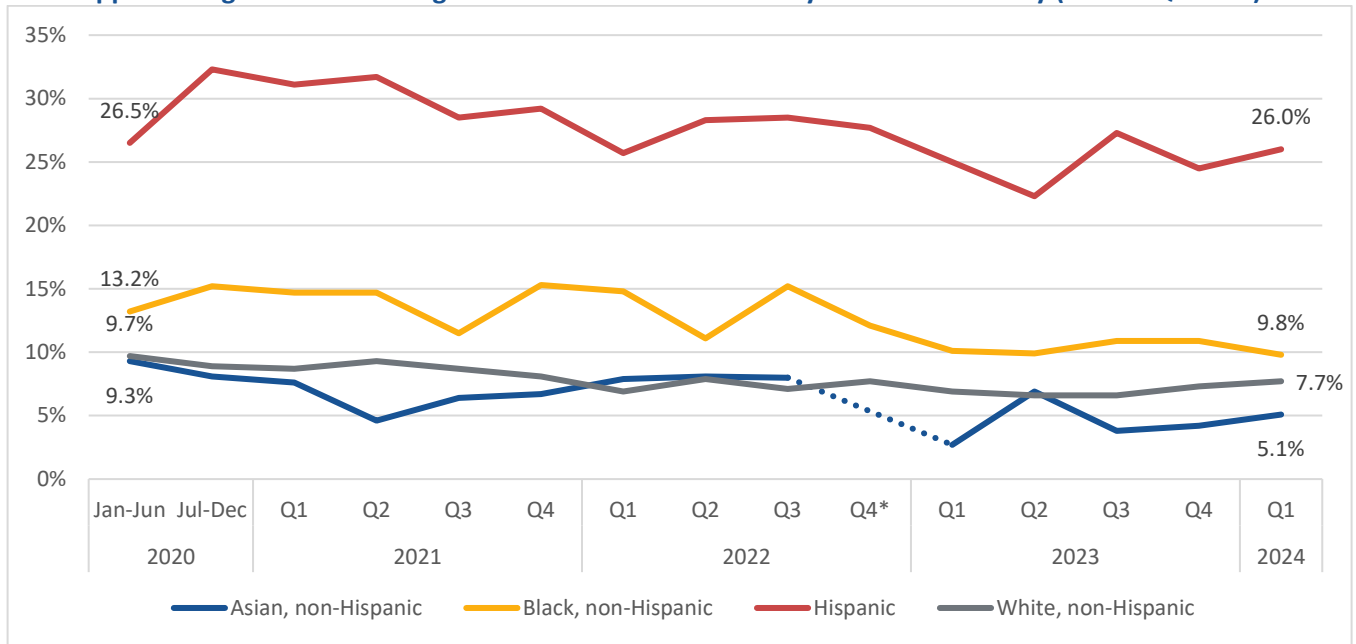
## CONCLUSION

This Data Point presents trends in health coverage through Q1 2024 based on data from the NHIS Early Release Program. Previous reports documented that the percentage of Americans without health insurance decreased by roughly 2 percentage points between 2020 and 2023.<sup>21</sup> The most recent data indicate that between Q4 2023 and Q1 2024, the uninsured rate increased by a statistically insignificant 0.5 percentage points to 8.2 percent. This estimate implies that 27.1 million people lacked health coverage in Q1 2024.

The data reported here reflect changes in coverage during the first four quarters of states of states returning to regular Medicaid redetermination and renewal operations. It remains to be seen if the effects of this process and recent coverage policies have been fully captured in the NHIS data. ASPE will continue to monitor quarterly NHIS data to assess ongoing changes in coverage.

## APPENDIX

**Appendix Figure A1. Adults Ages 18-64 Without Insurance by Race and Ethnicity (2020 – Q1 2024)**



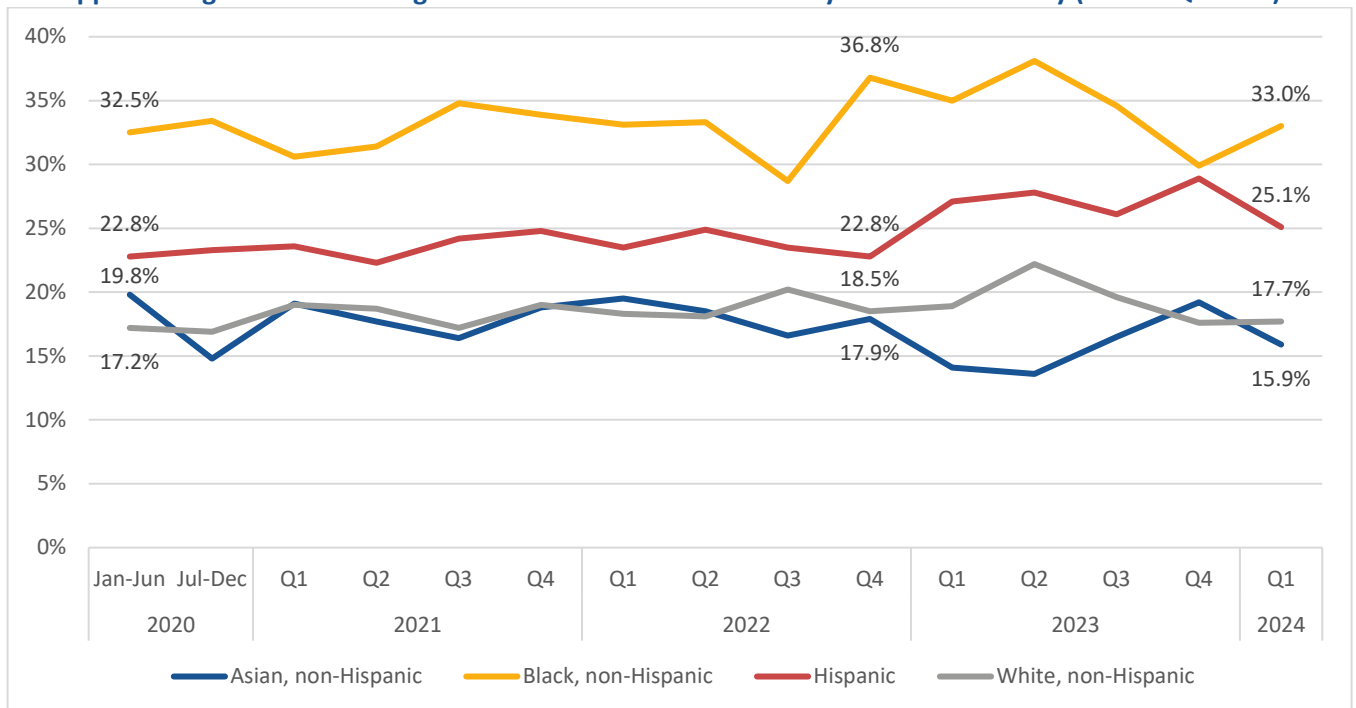
Source: National Health Interview Survey’s Health Insurance Coverage Reports.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024.

[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

Note: \*Estimate for non-Hispanic Asians is not shown for Q4 2022, as it does not meet NCHS standards of reliability.

**Appendix Figure A2. Adults Ages 18-64 With Public Insurance by Race and Ethnicity (2020 – Q1 2024)**

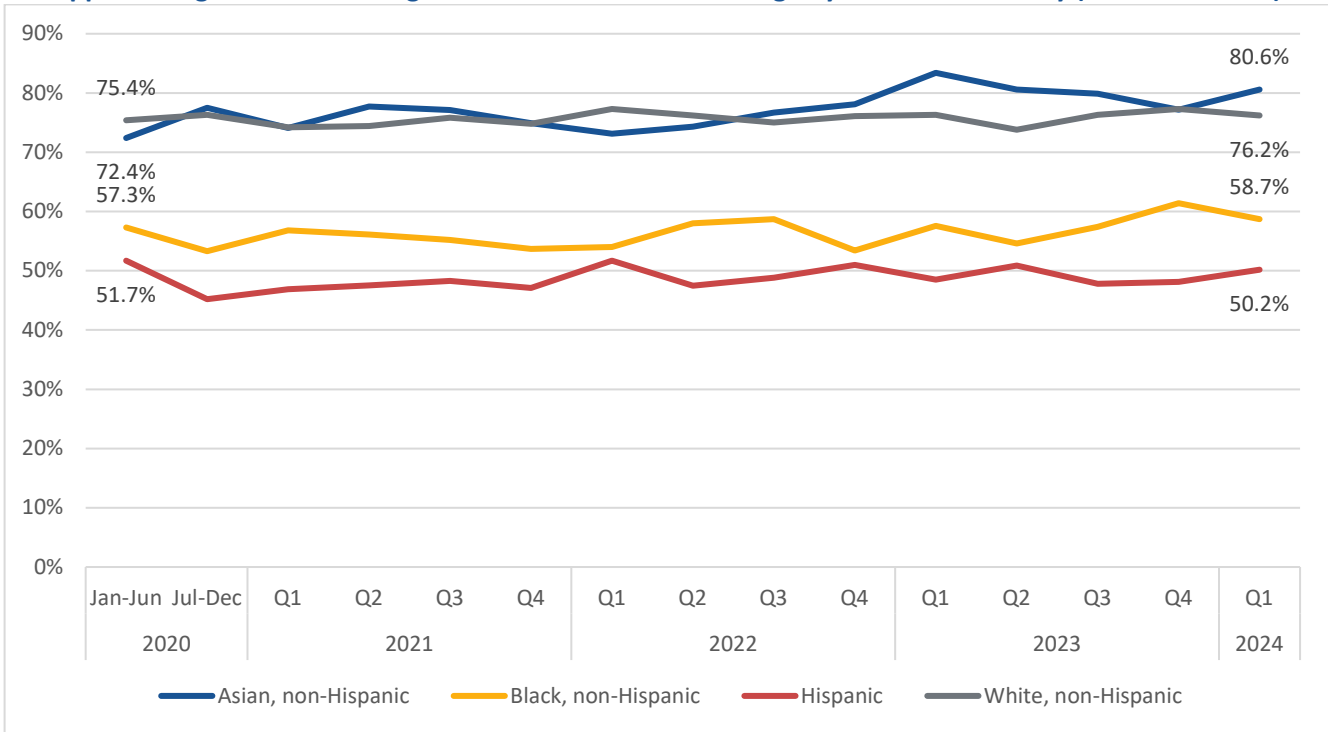


Source: National Health Interview Survey’s Health Insurance Coverage Reports.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024.

[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

**Appendix Figure A3. Adults Ages 18-64 With Private Coverage by Race and Ethnicity (2020 – Q1 2024)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2023 – March 2024. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2024\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2024_Q11.pdf)

## REFERENCES

---

- <sup>1</sup> Health Insurance Marketplaces: 10 Years of Affordable Private Plan Options (Issue Brief No. HP-2024-09). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 2024. Accessed at: <https://aspe.hhs.gov/reports/10-years-health-insurance-marketplaces>
- <sup>2</sup> National Health Interview Survey Early Release Program. National Center for Health Statistics. Accessed at: <https://www.cdc.gov/nchs/nhis/releases.htm>
- <sup>3</sup> Health Insurance Marketplaces: 10 Years of Affordable Private Plan Options (Issue Brief No. HP-2024-09). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 2024. Accessed at: <https://aspe.hhs.gov/reports/10-years-health-insurance-marketplaces>
- <sup>4</sup> Cohen RA, Briones, EM, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2023. National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/156515>.
- <sup>5</sup> Health Insurance Coverage and Access to Care Among Asian Americans, Native Hawaiians, and Pacific Islanders: Recent Trends and Key Challenges (Issue Brief No. HP-2024-13). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. June 2024. Accessed at: <https://aspe.hhs.gov/reports/health-insurance-coverage-among-aanhpis>
- <sup>6</sup> Health Insurance Coverage and Access to Care Among Asian Americans, Native Hawaiians, and Pacific Islanders: Recent Trends and Key Challenges (Issue Brief No. HP-2024-13). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. June 2024. Accessed at: <https://aspe.hhs.gov/reports/health-insurance-coverage-among-aanhpis>
- <sup>7</sup> Health Insurance Coverage and Access to Care Among Black Americans: Recent Trends and Key Challenges (Issue Brief No. HP2024-14). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. June 2024. Accessed at: <https://aspe.hhs.gov/reports/healthinsurance-coverage-access-care-black-americans>
- <sup>8</sup> Medicaid Enrollment and Unwinding Tracker. Kaiser Family Foundation. August 1, 2024. Accessed at: <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>
- <sup>9</sup> Boudreaux M, Noon JM, Fried B, Pascale J. Medicaid expansion and the Medicaid undercount in the American Community Survey. Health Serv Res. 2019; 54: 1263–1272. <https://doi.org/10.1111/1475-6773.13213>
- <sup>10</sup> McIntyre A, Smith RB, Sommers BD. Survey-Reported Coverage in 2019-2022 and Implications for Unwinding Medicaid Continuous Eligibility. JAMA Health Forum. 2024;5(4):e240430. doi:10.1001/jamahealthforum.2024.0430
- <sup>11</sup> Hest R, Lukanen E, Blewett L. Medicaid Undercount Doubles, Likely Tied to Enrollee Misreporting of Coverage. State Health Access Data Assistance Center. December 2022. Accessed at: [https://www.shadac.org/sites/default/files/publications/Medicaid\\_Undercount%202020-2021.pdf](https://www.shadac.org/sites/default/files/publications/Medicaid_Undercount%202020-2021.pdf)
- <sup>12</sup> Ding D, Sommers BD, Glied SA. Unwinding And The Medicaid Undercount: Millions Enrolled In Medicaid During The Pandemic Thought They Were Uninsured. Health Affairs. 2024;43(5):725-731. doi:10.1377/hlthaff.2023.01069
- <sup>13</sup> Monthly Child Enrollment in Medicaid and CHIP. Kaiser Family Foundation. Accessed at: <https://www.kff.org/medicaid/state-indicator/total-medicaid-and-chip-child-enrollment>
- <sup>14</sup> Buettgens M, Green A. The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage. The Urban Institute. December 2022. Accessed at: <https://www.urban.org/research/publication/impact-covid-19-public-health-emergency-expiration-all-types-health-coverage>
- <sup>15</sup> Hanson C, Hou C, Percy A, Vreeland E, Minicozzi A. Health Insurance For People Younger Than Age 65: Expiration Of Temporary Policies Projected To Reshuffle Coverage, 2023–33. Health Affairs. 2023;42(6):742-752. doi:10.1377/hlthaff.2023.00325
- <sup>16</sup> Issue Brief No. HP-2022-20. “Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches” Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 19, 2022. Accessed at: <https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>
- <sup>17</sup> Ding D, Sommers BD, Glied SA. Unwinding And The Medicaid Undercount: Millions Enrolled In Medicaid During The Pandemic Thought They Were Uninsured. Health Affairs. 2024;43(5):725-731. doi:10.1377/hlthaff.2023.01069
- <sup>18</sup> <https://www.cms.gov/newsroom/fact-sheets/marketplace-2024-open-enrollment-period-report-final-national-snapshot>

---

<sup>19</sup> Medicaid and CHIP National Summary of Renewal Outcomes – March 2024 and National Summary to Date. June 2024. Centers for Medicare and Medicaid Services. Accessed at: <https://www.medicaid.gov/resources-for-states/downloads/march-2024-national-summary-renewal-outcomes.pdf>

<sup>20</sup> Hogan C, Volkov E, Peters C, De Lew N, Buchmueller T. New Federal 12-Month Continuous Eligibility Expansion: Over 17 Million Children Could Gain New Protections from Coverage Disruptions. (Issue Brief No. HP-2024-10). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 2024. Accessed at: <https://aspe.hhs.gov/sites/default/files/documents/5b52fb410eb22517d4fc1bc4cac834bd/aspe-childrens-continuous-eligibility.pdf>

<sup>21</sup> National Uninsured Rate Remains at 7.7 Percent in the Fourth Quarter of 2023. (Issue Brief No. HP-2024-10). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. May 2024. Accessed at: <https://aspe.hhs.gov/reports/national-uninsured-rate-remains-77-percent-q4-2023>

## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D  
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:  
[aspe.hhs.gov/reports](https://aspe.hhs.gov/reports)



#### SUGGESTED CITATION

National Uninsured Rate at 8.2 Percent in the First Quarter of 2024 (Issue Brief No. HP-2024-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2024.

#### COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

#### DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Links and references to information from non-governmental organizations is provided for informational purposes and is not an HHS endorsement, recommendation, or preference for the non-governmental organizations.

---

Subscribe to ASPE mailing list to receive email updates on new publications:  
<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ASPE-HEALTH-POLICY&A=1>

For general questions or general information about ASPE:  
[aspe.hhs.gov/about](https://aspe.hhs.gov/about)