



Health Insurance Coverage and Access to Care Among Young Adults, Ages 19 to 25

Under the Affordable Care Act young adults have seen some of the greatest gains in health care coverage; their uninsured rate has declined by more than half from 31.5 percent in 2009 to 13.1 percent in 2023.

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KEY POINTS

- Prior to the Affordable Care Act (ACA), 19 to 25-year-olds were more likely than any other age group to be uninsured, given that many aged off of their parents' plans or Medicaid/CHIP at 18, and few were working in jobs that provided health benefits.
- Between 2009 and 2023, the uninsured rate for 19 to 25-year-olds declined from 31.5 percent to 13.1 percent, representing 5.6 million fewer uninsured young adults.
- Over that period, more young adults were able to stay on their parents' employment-based coverage with dependent coverage increasing by 23 percent. More young adults living in Medicaid expansion states stayed on their parents' health plan than those living in non-expansion states (30.4 percent vs. 25.5 percent).
- Medicaid coverage among young adults increased by 8.9 percentage points in expansion states, compared to 2.0 percentage points in non-expansion states, while rates of uninsurance decreased by 18 percentage points in expansion and non-expansion states.
- Direct Purchase (non-group) health insurance coverage, which includes Marketplace coverage, increased by 6.1 percentage points among young adults in non-expansion states, compared to a 2.6-percentage point increase in expansion states, which may indicate that Marketplace is filling a gap for low-income adults who do not have access to Medicaid in non-expansion states.
- Young adults who were employed part-time experienced a 20.6-percentage point decline in their uninsured rate from 2009-2014 and benefited the most from the ACA dependent coverage mandate.
- All racial and ethnic groups experienced large gains in coverage. Latino young adults experienced a 28.6-percentage point decline and Black young adults experienced a 20.7-percentage point decline in their uninsured rates from 2009 to 2023.
- Improved access to care coincides with gains in coverage: From 2009-2023, the share of young adults reporting having no usual source of care fell 14.5 percentage points and the share delaying care due to cost fell 6.5 percentage points. From 2011-2023, the share worried about paying medical bills fell 9.3 percentage points.

INTRODUCTION

Prior to the passage of the Affordable Care Act (ACA) in 2010, young adults between the ages of 19 to 25 had the highest uninsured rate of any age group (Figure 1). Individuals who lost access to coverage through Medicaid/CHIP or as a dependent on their parents' plans often did not work in jobs providing employer-sponsored insurance and found direct purchase (non-group) coverage to be unaffordable. Research using pre-ACA data found that aging out of health insurance coverage was associated with a large decrease in health care utilization.¹

The ACA had three main provisions designed to increase insurance coverage. The first to be implemented, in 2010, targeted young adults directly by requiring all private health plans to extend eligibility for dependent coverage to the children of policyholders until age 26.* While the two other coverage provisions that went into effect in 2014 – the expansion of Medicaid to low-income adults and the establishment of private insurance Marketplaces offering income-based subsidies – were not specifically limited to young adults, they may have had a disproportionate impact on this population because of their lower-than-average incomes and their lower rates of health insurance prior to the ACA. Under Medicaid expansion, which provided a major change in eligibility for able-bodied adults without children, more young adults had access to Medicaid coverage. Prior to the ACA, this group was largely excluded from Medicaid unless covered under a 1115 demonstration, but in states that expanded after the ACA, Medicaid eligibility was expanded to those with family incomes up to 138 percent of the federal poverty level (FPL)[†] for all adults.² In addition, the ACA required states to provide Medicaid coverage to most former foster youth (individuals aging out of the foster care system) until the age of 26. Similarly, the ACA Marketplaces provided new opportunities to gain coverage through private insurance, with catastrophic plans available to all individuals under 30 years old, and premium tax credits (PTCs) that were greatest for families with incomes between 100 and 200 percent of the FPL.^{3,4}

Building on the ACA, the American Rescue Plan of 2021 (ARP) and the Inflation Reduction Act of 2022 (IRA), improved the affordability of Marketplace coverage by increasing the generosity of PTCs for individuals earning between 100 and 400 percent of the FPL and extending PTCs to individuals earning more than 400 percent of the FPL. These increases in PTCs helped expand access to zero-premium plans, with the availability of zero-premium plans increasing by 41 percentage points in the silver metal tier under the ARP.⁵ In addition, a number of administrative actions, including special enrollment periods that were added between 2021 and 2023 and increases in funding for Navigators who help people enroll in coverage, helped to facilitate enrollment in Marketplace plans and increase awareness of Marketplace coverage options.⁶

Since the ACA, access to Medicaid and CHIP coverage has also continued to expand. Since the initial 26 states and the District of Columbia that adopted Medicaid expansion in 2014, 14 additional states have expanded between 2015 and 2023.⁷ As a result, the impact of Medicaid expansion continues to be seen in changes in insurance coverage after the initial expansion. As a result of five additional states expanding Medicaid and the Medicaid continuous coverage condition during most of the COVID-19 public health emergency, the number of people enrolled in the ACA expansion eligibility category grew by nearly 50 percent between 2020 and early 2024.⁸ In order to continue to incentivize states to expand Medicaid, the ARP also made permanent a five percentage point increase in the federal match rate for non-expansion enrollees.⁹ The ARP also gave states the option to provide 12 months of postpartum Medicaid coverage, an option that was subsequently made permanent by the Consolidated Appropriations Act, 2023 (CAA).[‡] As young mothers are more likely to be covered by Medicaid, with 78.8 percent of births to mothers under age 20 and 63.0 percent of births to

* Children do not need to be tax dependents to be eligible for dependent coverage.

† The ACA specifies that the eligibility levels for the expansion population is 133 percent of the FPL, but includes a 5-percentage point disregard, bringing the eligibility level to 138 percent of the FPL.

‡ States with a separate CHIP that elect to extend postpartum coverage in Medicaid must also extend coverage in their separate CHIP.

mothers ages 20 to 24 covered by Medicaid in 2021, this extension continues to expand access to Medicaid coverage for young adults.¹⁰ As of August 2024, 46 states and the District of Columbia have implemented the postpartum coverage extension.¹¹

Several studies conducted shortly after the ACA dependent coverage provision went into effect found that it led to large increases in health coverage among 19 to 25-year-olds.^{12,13,14} Medicaid expansion also increased health coverage for young adults, with Medicaid coverage for young adults increasing by 8.6 percentage points in expansion states between 2011 and 2018, while no changes were seen in Medicaid coverage for young adults in non-expansion states.¹⁵ Medicaid expansion was also associated with reductions in coverage disparities by age, with the coverage gap between 19 to 26-year-olds and 56 to 64-year-olds decreasing by three percentage points in 2015.¹⁶ In addition to these coverage effects, other studies documented improvements in access to care, increased health care utilization and improved health.¹⁷

This Issue Brief adds to the prior research literature investigating the impacts of the ACA on young adults by examining changes in coverage rates and access to care among young adults ages 19-25 over a longer time horizon, after implementation of the ACA, the ARP, and the IRA. We use federal survey data from 2009 to 2022 to analyze changes in health insurance coverage and access to and affordability of care among young adults.

DATA

We use data from three federal surveys. Trends in uninsured rates are estimated using the American Community Survey (ACS), the largest national survey of households, which is conducted by the Census Bureau.¹⁸ We analyze ACS data from 2009 to 2023 to document trends in coverage by age and, for 19 to 25-year-olds, by different demographic and labor force activity. In the ACS, individuals were defined as uninsured if they do not report having private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan at the time of interview; respondents are also defined as uninsured if they only had Indian Health Service coverage.

We also present estimates of sources of health insurance coverage among young adults using the Census Bureau's Current Population Survey Annual Socioeconomic Supplement (CPS ASEC) from 2009 to 2024.¹⁹ The CPS ASEC data provides detailed insurance coverage information for all household members.²⁰ Importantly for this analysis, the ASEC survey has data on whether an individual had employment-based coverage in the individuals' "own name" (the policyholder) or not (a dependent). Beyond showing trends in employment-based coverage as a dependent versus a policyholder, we also show how uninsurance, direct purchase and Medicaid coverage has changed since the ACA was implemented.

We present trends in self-reported measures of health care access using data from the National Health Interview Survey (NHIS), which is conducted by the National Center for Health Statistics.²¹ We analyze NHIS data for selected years between 2009 to 2023. The measures we analyze are: not having a usual source of care, delaying medical care due to cost, worrying about medical bills, and delaying prescription refills to save money.

Analyses using all three surveys were weighted to reflect the noninstitutionalized population and to adjust for complex survey design.

FINDINGS

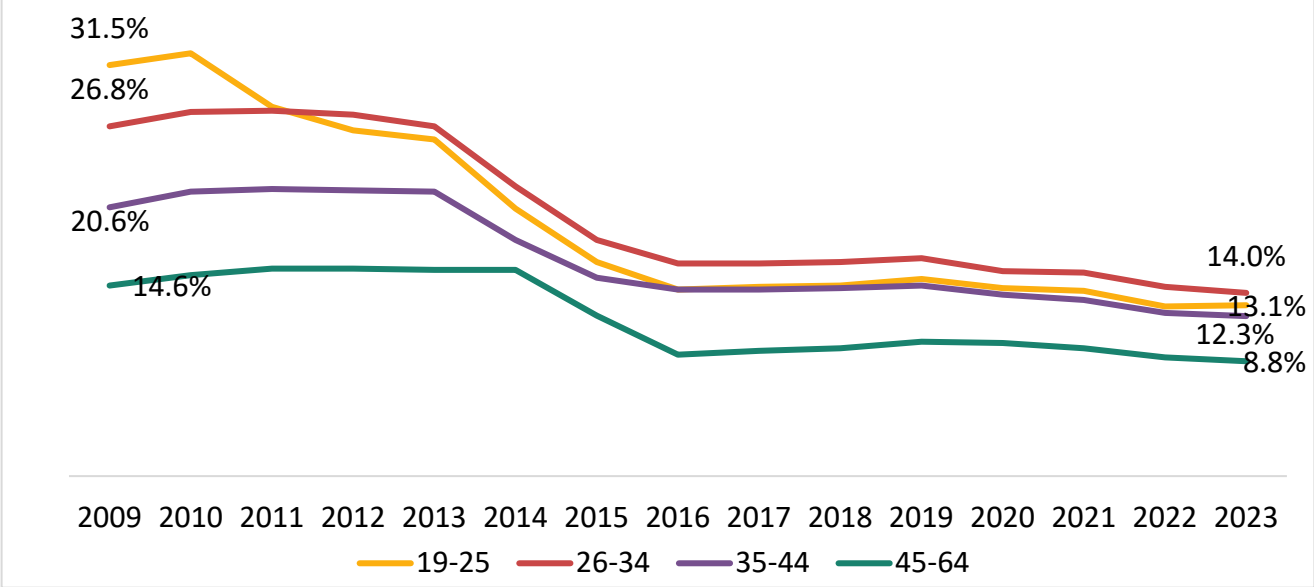
HEALTH COVERAGE

Figure 1 presents the uninsured rate from 2009-2023 among non-elderly adults, by age group. In 2009, 19 to 25-year-olds had the highest uninsured rate, at 31.5 percent. After the dependent coverage provision went

into effect, this rate fell significantly; by 2011, the uninsured rate for 19 to 25-year-olds was the same as the rate for 26 to 34-year-olds.

The uninsured rate for all age groups fell substantially after the other ACA coverage provisions went into effect in 2014. By 2016, younger age groups were still less likely to have insurance, but the age gradient was less pronounced than it was prior to the ACA. For all groups, the uninsured rate declined slightly further in 2021 and 2022 with the enhancement of tax credits for coverage purchased through the Marketplaces. By 2023, the uninsured rate for 19 to 25-year-olds (13.1 percent) was slightly lower than the rate for 26 to 34-year-olds (14.0 percent) and slightly higher than the rate for 35 to 44-year-olds (12.3 percent).

Figure 1. Uninsured Rate Among Non-Elderly Adults by Age Group, Selected Years from 2009-2023



Source: American Community Survey Public Use Microdata (IPUMS), 2009-2023.

Notes: In this analysis, individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian non-institutionalized population. Results are ACS survey-weighted estimates. Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years.

Table 1 presents changes in the state-level uninsured rate among 19 to 25-year-old young adults, comparing rates in 2022 to 2009. The uninsured rate declined significantly across all states, ranging from a 5-percentage point decline in Massachusetts, a state that extended dependent coverage through age 26 in 2007, to 25.9 percentage points in California, representing nearly one million fewer uninsured young adults in California alone.

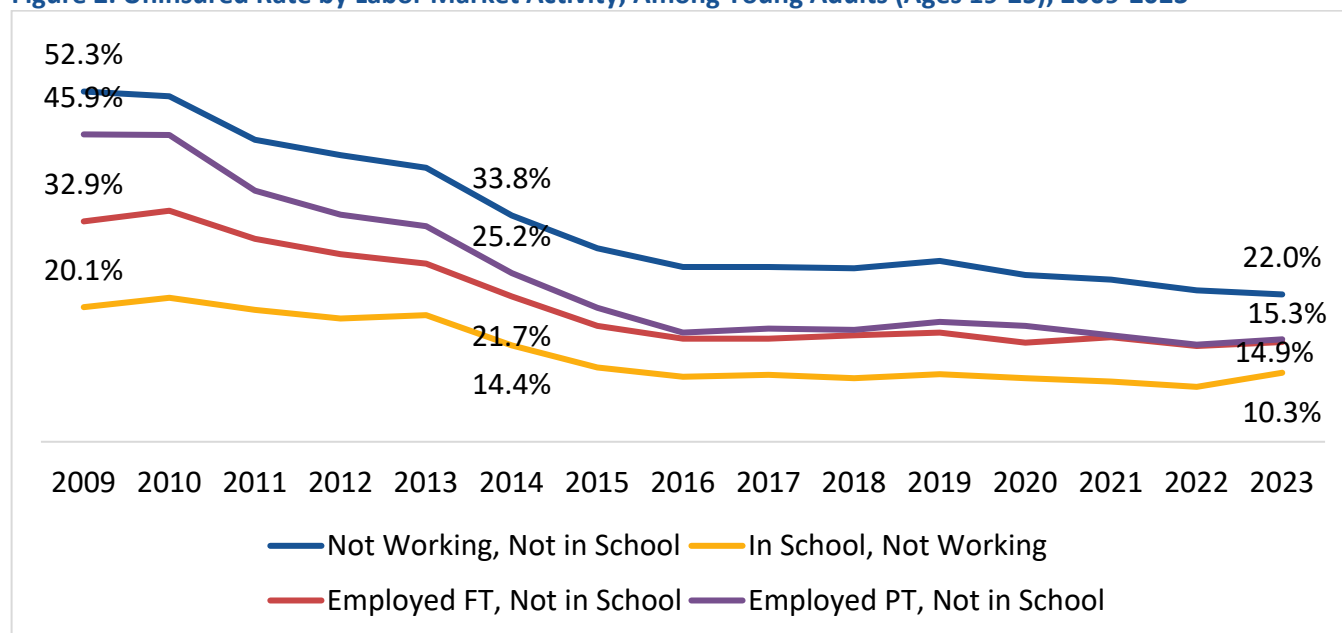
Table 1: Share of Uninsured Young Adults (19-25) By State, 2009 and 2023

State	Share Uninsured (2009)	Share Uninsured (2023)	% Point Change
Alabama	32.2%	15.4%	-16.8
Alaska	34.8%	18.6%	-16.2
Arizona	34.1%	16.8%	-17.3
Arkansas	39.3%	16.1%	-23.2
California	35.8%	9.9%	-25.9
Colorado	30.6%	8.9%	-21.7

Connecticut	21.0%	8.5%	-12.5
Delaware	24.7%	11.2%	-13.5
District of Columbia	12.4%	4.1%	-8.3
Florida	40.7%	18.6%	-22.1
Georgia	38.8%	20.2%	-18.6
Hawaii	15.9%	4.4%	-11.5
Idaho	32.7%	13.3%	-19.4
Illinois	29.8%	10.5%	-19.3
Indiana	29.3%	10.6%	-18.7
Iowa	19.9%	9.8%	-10.1
Kansas	25.4%	12.7%	-12.7
Kentucky	35.2%	10.5%	-24.7
Louisiana	34.6%	11.4%	-23.2
Maine	22.7%	7.1%	-15.6
Maryland	25.4%	10.0%	-15.4
Massachusetts	9.6%	4.6%	-5.0
Michigan	29.5%	7.0%	-22.5
Minnesota	20.5%	7.8%	-12.7
Mississippi	36.5%	20.8%	-15.7
Missouri	28.7%	14.3%	-14.4
Montana	35.2%	13.5%	-21.7
Nebraska	28.2%	12.8%	-15.4
Nevada	43.5%	16.2%	-27.3
New Hampshire	24.1%	8.2%	-15.9
New Jersey	30.0%	11.1%	-18.9
New Mexico	39.5%	13.2%	-26.3
New York	25.6%	6.8%	-18.8
North Carolina	30.9%	13.0%	-17.9
North Dakota	18.4%	7.5%	-10.9
Ohio	27.9%	10.5%	-17.4
Oklahoma	38.5%	20.1%	-18.4
Oregon	36.1%	10.0%	-26.1
Pennsylvania	23.4%	9.0%	-14.4
Rhode Island	25.8%	5.1%	-20.7
South Carolina	34.3%	13.7%	-20.6
South Dakota	31.1%	15.3%	-15.8
Tennessee	30.6%	14.7%	-15.9
Texas	43.4%	27.3%	-16.1
Utah	23.6%	10.7%	-12.9
Vermont	22.4%	4.8%	-17.6
Virginia	24.9%	10.1%	-14.8
Washington	29.2%	9.6%	-19.6
West Virginia	34.8%	11.6%	-23.2
Wisconsin	22.7%	8.3%	-14.4
Wyoming	32.4%	19.4%	-13.0

Figure 2 presents trends in the uninsured rate among 19 to 25-year-olds by labor market activity. The uninsured rate declined most for young adults employed part-time—from 45.9 percent in 2009 to 15.3 percent in 2023, a decrease of 30.6 percentage points—followed by young adults who are not working or in school—a 30.2-percentage point decline, from 52.3 to 22.0 percent. These large changes illustrate how the dependent coverage mandate and Medicaid adult expansion provide an important source of coverage for young adults who are not able to obtain employment or school-based health insurance. Young adults who were in school or working full-time were less likely to be uninsured at baseline because they were more likely to have access to coverage through their parents or their own employers. Still, these groups also experienced significant gains in coverage after the ACA went into effect.

Figure 2. Uninsured Rate by Labor Market Activity, Among Young Adults (Ages 19-25), 2009-2023

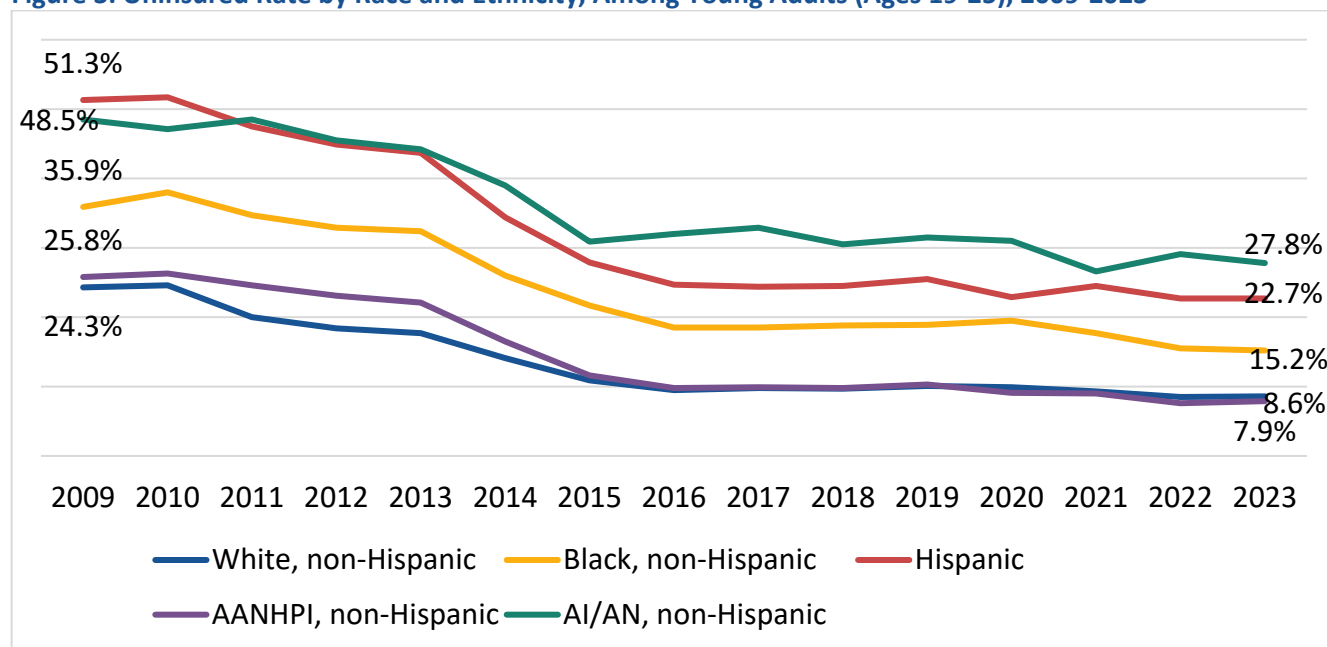


Source: American Community Survey Public Use Microdata (IPUMS), 2009-2023.

Notes: In this analysis, individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian non-institutionalized population. Results are ACS survey-weighted estimates. Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years. Categories are mutually exclusive. The Internal Revenue Service defines a full-time employee as one who is employed on average at least 30 hours of service per week.²²

Figure 3 displays the data by race and ethnicity. As has been documented for non-elderly adults more generally, since 2009 the uninsured rate has fallen significantly for Black and Hispanic young adults, falling by 20.7 and 28.6 percentage points, respectively.^{23,24,25} While disparities in coverage remain, they are significantly smaller than they were prior to the ACA.

Figure 3. Uninsured Rate by Race and Ethnicity, Among Young Adults (Ages 19-25), 2009-2023

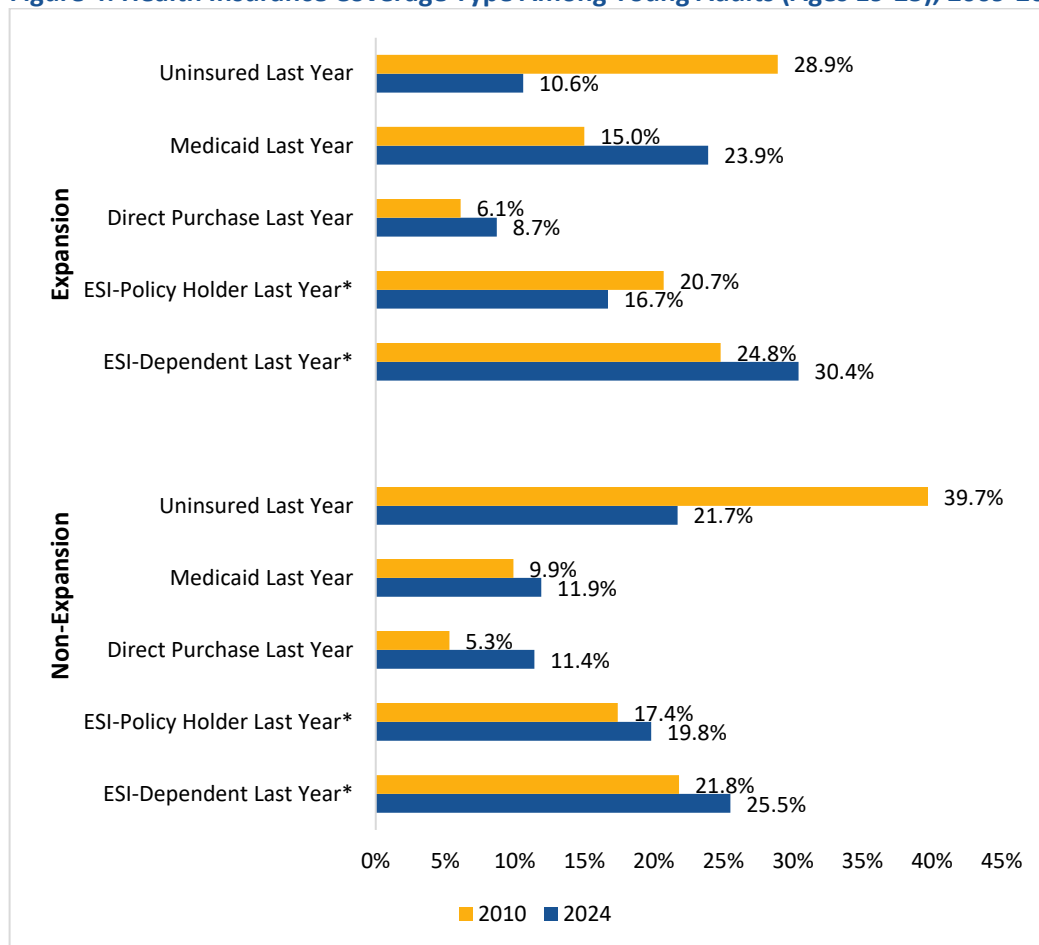


Source: American Community Survey Public Use Microdata (IPUMS), 2009-2023.

Notes: In this analysis, individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian non-institutionalized population. Non-Hispanic, White is defined as anyone who identified as non-Hispanic White alone without any other race. Non-Hispanic, Black or African American is defined as anyone who identified as non-Hispanic Black or African American alone without any other race. Hispanic is defined as anyone who identified as Latino or Hispanic of any race. Non-Hispanic, Asian American and Native Hawaiian/Pacific Islander is defined as anyone who identified as non-Hispanic Asian American or Native Hawaiian/Pacific Islander alone without another race. Non-Hispanic, American Indian or Alaskan Native is defined as anyone who identified as non-Hispanic American Indian or Alaska Native alone without any other race. Results are ACS survey-weighted estimates. Due to pandemic-related survey collection concerns, the Census Bureau urges caution when comparing the experimental 2020 ACS dataset to previous years.

Figure 4 presents CPS-ASEC data on sources of coverage in 2009 and 2023, using information on coverage last year in the 2010 and 2024 data. Separate results are presented for states that have and have not implemented the ACA Medicaid expansion. The uninsured rate fell by 18 percentage points in expansion and non-expansion states. In both sets of states, employer-sponsored dependent coverage grew. In contrast, the percentage of 19 to 25-year-olds with employer-sponsored coverage in their own name decreased by 4 percentage points in expansion states and increased by 1.4 percentage points in non-expansion states. Medicaid coverage increased by 8.9 percentage points in expansion states, compared to 2.0 percentage points in non-expansion states. Direct purchase (non-group) health insurance coverage increased more in non-expansion states with a 6.1 percentage point increase. While the CPS does not distinguish between on and off Marketplace coverage, other sources suggest that the growth in direct purchase coverage was mainly Marketplace coverage.²⁶

Figure 4: Health Insurance Coverage Type Among Young Adults (Ages 19-25), 2009-2023



Source: Current Population Survey Annual Socioeconomic Supplement (CPS-ASEC) Microdata (IPUMS), 2009-2024. Non-expansion states are states that have not expanded as of 3/1/2023 (to have a full year of post Medicaid expansion data). These states are AL, FL, GA, KS, MS, NC, SC, SD, TN, TX, WI, and WY. *Direct-purchase includes off-Marketplace and Marketplace coverage.

ACCESS TO CARE AND AFFORDABILITY

Table 2 presents selected years of NHIS data on self-reported access to care for 19 to 25-year-olds. These results indicate that that coverage gains among 19 to 25-year-olds have translated into improved access to care and affordability. From 2009 to 2023, the share of young adults without a usual source of care fell by nearly 14.5 percentage points, from 31.3 percent to 18.8 percent. The percentage reporting that they delayed care because of cost also fell, from 14.0 percent to 7.5 percent. Coinciding with these improvements, the share of 19 to 25-year-olds who said that they were worried about medical bills fell by 9.3 percentage points from 2011 to 2023, from 53.4 percent to 44.1 percent.

Table 2. Access to Care Trends for Young Adults (Ages 19-25), Select Years

	2009	2010	2015	2020	2022	2023
No Usual Source of Care	31.3%	27.4%	26.4%	19.0%	19.6%	18.8%
Delayed Care Due To Cost	14.0%	13.0%	9.0%	8.5%	7.9%	7.5%
Worried About Medical Bills*	-	53.4%	44.1%	47.6%	45.0%	44.1%

Source: ASPE Analysis of 2009-2023 NHIS Microdata (IPUMS).

Notes: 1) Respondents are classified as worried about paying medical bills if they reported being very worried or somewhat worried about paying medical bills. 2) Respondents were only asked about delaying refilling prescription medications if they reported using prescriptions in the past 12 months. *Value in 2010 is based on 2011 data: the first year available.

CONCLUSION

Prior to the passage of the ACA, young adults between the ages of 19 and 25 were more likely than any other age group to be uninsured. No longer eligible for Medicaid/CHIP or coverage through their parents as a dependent, many had not yet settled into jobs providing health benefits. Alternatives to employer-sponsored insurance were limited and expensive in the individual market.

The ACA expanded affordable health coverage options for young adults. They were able to remain covered on their parents' private insurance until age 26 and, in expansion states, many of those without that option benefited from the expansion of Medicaid to low-income adults and the establishment of the Marketplaces. These policies along with the enhancement of Marketplace subsidies since 2021 have led to a dramatic increase in health coverage for young adults. These coverage gains have translated to improved access to care.

Despite this progress, young adults remain more likely to be uninsured than older adults. The ACA dependent coverage provision does not benefit young adults whose parents do not have employer-sponsored insurance and eligibility for Medicaid remains limited in the remaining 10 states that have not yet implemented the ACA Medicaid expansion, as of this publication. Subsidized Marketplace coverage is available for young adults that do not have an alternative source of coverage, though take-up of Marketplace coverage is incomplete. Marketplace enrollment has increased substantially since 2020 as a result of increased investment in outreach and education and enhancements to premium tax credits. However, these enhanced subsidies are set to expire in 2026.

REFERENCES

- ¹ Anderson, Michael, Carlos Dobkin, and Tal Gross. "The effect of health insurance coverage on the use of medical services." *American Economic Journal: Economic Policy* 4.1 (2012): 1-27.
- ² Improving Access to Affordable and Equitable Health Coverage: A Review of the Period from 2010 to 2024 (Issue Brief No. HP2024-11). 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/improvingaccess-affordable-equitable-health-coverage>
- ³ How to pick a health insurance plan. HealthCare.gov. Accessed at: <https://www.healthcare.gov/choose-a-plan/catastrophic-health-plans/>
- ⁴ Improving Access to Affordable and Equitable Health Coverage: A Review of the Period from 2010 to 2024 (Issue Brief No. HP2024-11). 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/improvingaccess-affordable-equitable-health-coverage>
- ⁵ Branham DK, Conmy AB, DeLeire T, Musen J, Xiao X, Chu RC, Peters C, and Sommers BD. Access to Marketplace Plans with Low Premiums on the Federal Platform, Part III: Availability Among Current HealthCare.gov Enrollees Under the American Rescue Plan (Issue Brief No. HP-2021-09). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 13, 2021. Accessed at: <https://aspe.hhs.gov/reports/access-marketplace-plans-low-premiums-current-enrollees-american-rescue-plan>
- ⁶ Improving Access to Affordable and Equitable Health Coverage: A Review of the Period from 2010 to 2024 (Issue Brief No. HP2024-11). 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/improvingaccess-affordable-equitable-health-coverage>
- ⁷ Status of State Medicaid Expansion Decisions: Interactive Map. Kaiser Family Foundation. May 8, 2024. Accessed at: <https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
- ⁸ Health Coverage Under the Affordable Care Act: Current Enrollment Trends and State Estimates. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. (Issue Brief No. HP-2024-8). March 2024. Accessed at: <https://aspe.hhs.gov/sites/default/files/documents/a6589500bb65294dec49d174c6ea84c1/aspehealth-coverage-under-aca.pdf>
- ⁹ Harker L, Sharer B. Medicaid Expansion: Frequently Asked Questions. Center on Budget and Policy Priorities. March 2024. Accessed at: <https://www.cbpp.org/research/health/medicaid-expansion-frequently-asked-questions-0>
- ¹⁰ Valenzuela CP, Osterman MJK. Characteristics of Mothers by Source of Payment for the Delivery: United States, 2021. National Vital Statistics Data Brief; no 468. Hyattsville, MD: National Center for Health Statistics. May 2023. Accessed at: <https://www.cdc.gov/nchs/products/databriefs/db468.htm>
- ¹¹ Medicaid Postpartum Coverage Extension Tracker. Kaiser Family Foundation. August 1, 2024. Accessed at: <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
- ¹² Sommers, Benjamin D., et al. "The Affordable Care Act has led to significant gains in health insurance and access to care for young adults." *Health affairs* 32.1 (2013): 165-174.
- ¹³ Antwi, Yaa Akosa, Asako S. Moriya, and Kosali Simon. "Effects of federal policy to insure young adults: evidence from the 2010 Affordable Care Act's dependent-coverage mandate." *American Economic Journal: Economic Policy* 5.4 (2013): 1-28.
- ¹⁴ Cantor, Joel C., et al. "Early impact of the Affordable Care Act on health insurance coverage of young adults." *Health services research* 47.5 (2012): 1773-1790.

- ¹⁵ Gangopadhyaya, Anuj, and Emily M. Johnston. "Impacts of the ACA's Medicaid expansion on health insurance coverage and health care access among young adults." (2021).
- ¹⁶ Wehby, George L., and Wei Lyu. "The impact of the ACA Medicaid expansions on health insurance coverage through 2015 and coverage disparities by age, race/ethnicity, and gender." *Health services research* 53.2 (2018): 1248-1271.
- ¹⁷ Hamilton, Christal. "The impact of the 2014 Medicaid expansion on the health, health care access, and financial well-being of low-income young adults." *Health Economics* (2024).
- ¹⁸ Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Renae Rodgers, and Megan Schouweiler. IPUMS USA: Version 15.0 [dataset]. Minneapolis, MN: IPUMS, 2024. <https://doi.org/10.18128/D010.V15.0>
- ¹⁹ Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. IPUMS CPS: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2023. <https://doi.org/10.18128/D030.V11.0>
- ²⁰ Note: The CPS ASEC went through a redesign in 2014 that affected how uninsured rates are measured. The original point in time estimate was replaced by a calendar year estimate. This change did not impact measurement of sources of coverage.
- ²¹ Lynn A. Blewett, Julia A. Rivera Drew, Miriam L. King, Kari C.W. Williams, Annie Chen, Stephanie Richards, and Michael Westberry. IPUMS Health Surveys: National Health Interview Survey, Version 7.3 [dataset]. Minneapolis, MN: IPUMS, 2023. <https://doi.org/10.18128/D070.V7.3>
- ²² Internal Revenue Service. "Identifying Full-Time Employees | Internal Revenue Service." *Irs.gov*, 2013, www.irs.gov/affordable-care-act/employers/identifying-full-time-employees.
- ²³ Issue Brief No. HP-2024-12 "Health Insurance Coverage and Access to Care Among Latinos: Recent Trends and Key Challenges" Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. June 2024. <https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-latinos>
- ²⁴ Health Insurance Coverage and Access to Care Among Black Americans: Recent Trends and Key Challenges (Issue Brief No. HP-2024-14). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. June 2024. <https://aspe.hhs.gov/reports/health-insurance-coverage-access-care-black-americans>
- ²⁵ Buchmueller, Thomas C., and Helen G. Levy. "The ACA's impact on racial and ethnic disparities in health insurance coverage and access to care: an examination of how the insurance coverage expansions of the Affordable Care Act have affected disparities related to race and ethnicity." *Health Affairs* 39.3 (2020): 395-402.
- ²⁶ Ortaliza, Jared, Krutika Amin, and Cynthia Cox. "As ACA Marketplace enrollment reaches record high, fewer are buying individual market coverage elsewhere." *Kaiser Family Foundation* (2022).

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SUGGESTED CITATION

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