



# National Uninsured Rate Remains at 7.7 Percent in the Fourth Quarter of 2023

Newly released data from the National Health Interview Survey indicate no statistically significant change in the uninsured rate from the previous three quarters of 2023 and a continued steady decline in uninsurance since 2020.

## KEY POINTS

- According to newly released data from the National Health Interview Survey, in Q4 2023 the national uninsured rate for all ages was 7.7 percent, or 25.5 million individuals. This rate is unchanged from Q3 2023.
- Quarter-to-quarter changes in the national uninsured rate during all four quarters of 2023 are not statistically significant; however, overall trends indicate a steady decline in uninsurance since 2020.
- An estimated 11.0 percent of adults ages 18-64 and 4.3 percent of children under age 18 were uninsured in Q4 2023. Compared to Q1 2020, the uninsured rates for adults and children have decreased by 2.9 and 0.5 percentage points, respectively.
- Relative to the first quarter of 2023, the percentage of individuals reporting public coverage in Q4 2023 was slightly lower for adults ages 18-64 (21.9 percent vs. 22.4 percent) but higher for children (44.6 percent vs. 42.3 percent), though neither of these differences is statistically significant.
- The percentage of adults ages 18-64 reporting private coverage in Q4 2023 was slightly higher than Q1 2023 at 69.1 percent vs. 68.3 percent. The percentage of children reporting private coverage was slightly lower in Q4 2023 at 53.1 percent compared to 55.5 percent in Q1 2023. These changes also are not statistically significant.
- Between Q4 2022 and Q4 2023, there was a statistically significant decrease in public coverage among non-Hispanic Black adults ages 18-64, which was offset by a statistically significant increase in private coverage.
- Among non-elderly Hispanic adults, public coverage increased between Q4 2022 and Q4 2023, and private coverage decreased, resulting in no statistically significant change in the uninsured rate.
- Data from Q4 2023 provide estimates of insurance coverage during the first nine months after the resumption of regular Medicaid renewal operations by states. Future federal survey data releases will continue to provide evidence on the effect of this process on health insurance coverage.

## BACKGROUND

This Data Point is part of a series of briefs that assess changes in health insurance coverage using data from the National Health Interview Survey (NHIS). Previous Data Points have reported that the uninsured rate for the full US population has been below 8 percent for the first three quarters of 2023.

The most recent data included in this Data Point are for the fourth quarter of 2023. In that quarter, the estimated uninsured rate for the full population is 7.7 percent, identical to the estimated rate for Q3 2023 and not significantly different from the lowest rate recorded for 2023, which was 7.2 percent in Q2. Similarly, the Q4 data indicate no statistical change in the uninsured rates for non-elderly adults or children relative to

earlier quarters in 2023. The data indicate that at the end of 2023, over 300 million Americans have health insurance coverage with 132 million enrolled in public coverage and 201 million enrolled in private coverage.<sup>a</sup>

The data reported in this issue brief captures changes in coverage during the first nine months of states returning to regular eligibility renewals in Medicaid and the Children’s Health Insurance Program (CHIP), also known as the “unwinding” process. They reflect increases in enrollment in the Affordable Care Act’s Marketplaces during the Special Enrollment Period (SEP) estimated in 2023 for people losing Medicaid coverage, but not the increase in enrollment for plan year 2024. Over 21 million individuals selected a Marketplace plan during the 2024 Open Enrollment Period—that ran from November 2023 to January 2024—an increase of roughly 5 million compared to 2023. Furthermore, nearly 4.2 million more individuals with household incomes under 250 percent of the federal poverty level (FPL)—about \$75,000 per year for a family of four—enrolled in Marketplace coverage in states that use HealthCare.gov compared to last year, indicating that lower-income individuals and families are transitioning to Marketplace coverage as states resume full eligibility redeterminations in Medicaid and CHIP.

## METHODS

We analyzed data from the NHIS including newly released data providing insurance coverage estimates for Q4 2023.<sup>1</sup> 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 provides a reliable and consistent data source for assessing long-term changes in health coverage. More details on NHIS data collection can be found in a previous ASPE report.<sup>2</sup>

The quarterly estimates are from the NHIS Early Release Program, which provides a limited set of summary statistics on health coverage and other outcomes. The Early Release data include national estimates of broad categories of health coverage. Because only a single measure of public coverage is reported, it is not possible to analyze changes in Medicaid coverage specifically. Similarly, employer-sponsored insurance, which represents the majority of private insurance, is not separately identified from other sources of private insurance. In addition to estimates for the full population, estimates of insurance coverage are provided by age, race and ethnicity, and income categories. All estimates are unadjusted percentages based on preliminary data files and are released prior to final data editing and final weighting. Because of a smaller sample size, quarterly estimates have wider confidence intervals than annual estimates.

## FINDINGS

To put the most recent data in historical context, Figure 1 plots the national uninsured rates for the total U.S. population since 2000. For all years from 2000 to 2022, each data point represents an annual estimate from the NHIS. The last data point represents the estimated uninsured rate for Q4 2023. Because there has been little change in the uninsured rate during 2023, the quarterly estimate is very close to the annual estimate.

From 2000 to 2010, the uninsured rate fluctuated with a slight upward trend. In 2010, the year that the Affordable Care Act (ACA) was enacted, the rate was 16 percent. The first coverage ACA coverage provision to go into effect was one allowing young adults to stay on their parents’ insurance until age 26, which went into effect in September 2010, six months after the law was passed.<sup>3</sup> The ACA’s two main coverage provision—the Medicaid expansion and private insurance reforms, including tax credits for the purchase of private coverage through the newly established Marketplaces—went into effect in January 2014. The impact of these policies is evident in the graph. By 2015 the uninsured rate had fallen to 9.1 percent, a decline of over 40 percent

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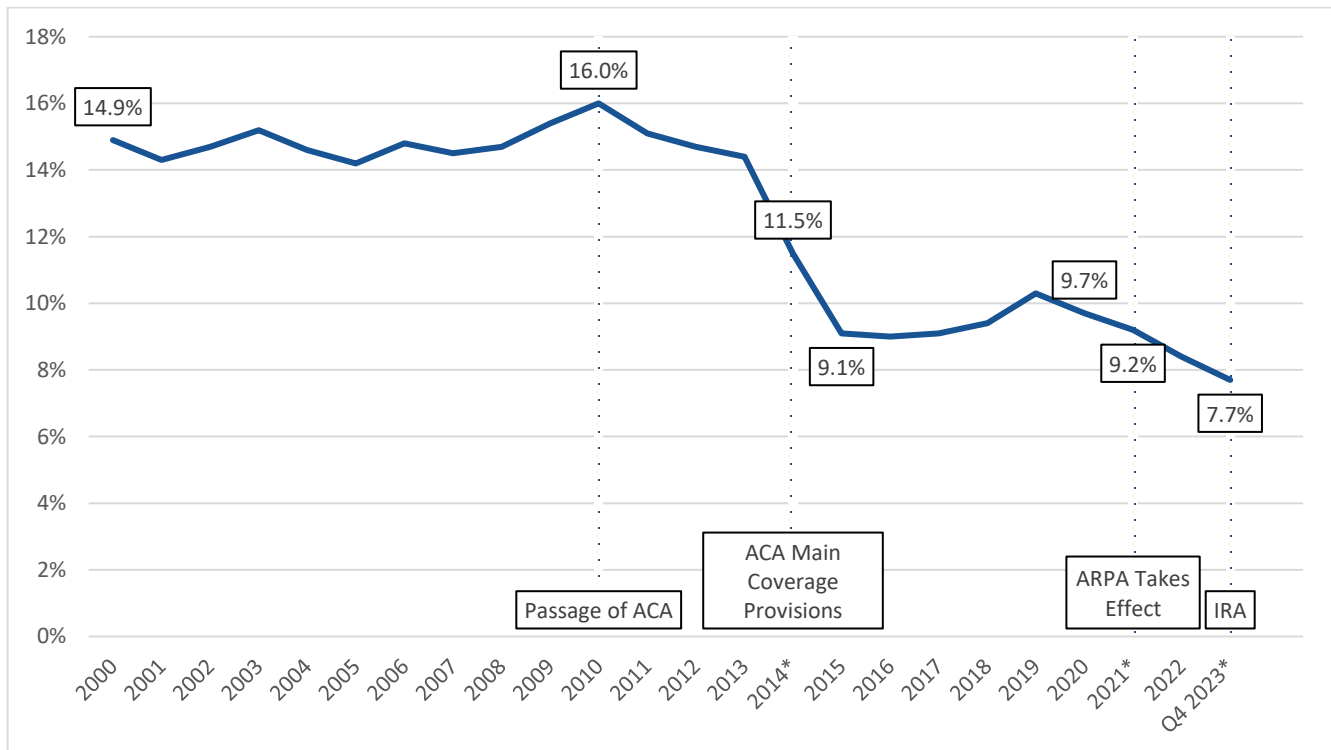
<sup>a</sup> A small number of people are covered by both public and private plans and were included in both categories.

compared to 2010. The uninsured rate stayed at that level in 2016 and 2017 before inching up in 2018 and 2019. In 2019, 10.3 percent of the total U.S. population was uninsured.<sup>b</sup>

After the onset of the COVID-19 pandemic, the Families First Coronavirus Response Act (FFCRA) provided states with additional federal financial support if they met certain conditions including agreeing to maintain the enrollment of most Medicaid beneficiaries. The 2021 American Rescue Plan Act (ARPA) increased Marketplace premium tax credits for individuals and families with incomes between 100 and 400 percent of the FPL and extended eligibility for Marketplace premium tax credits to those with income above 400 percent of the FPL. The Inflation Reduction Act (IRA) of 2022 renewed these tax credit enhancements through 2025. In addition to these legislative efforts, the Biden-Harris Administration took administrative actions, such as creating special enrollment periods for Marketplace coverage and increasing funding for education and outreach.<sup>4</sup> At the state level, seven states (UT, ID, NE, OK, MO, SD, and NC) have implemented the ACA Medicaid expansions since 2020.

The uninsured rate fell after these policies went into effect. It was 8.4 percent in 2022 and has been below 8 percent throughout 2023. In Q4 2023, the uninsured rate was 7.7 percent, which corresponds to 25.5 million people without health insurance. The estimate for Q4 is not significantly different from the lowest estimated rate in 2023, which was 7.2 percent in Q2.<sup>5</sup>

**Figure 1. National Uninsured Rate, All Ages (2000 – Q4 2023)**



Source: National Health Interview Survey’s Health Insurance Coverage Reports, 2000-2022.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2022–December 2023.

[https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q14.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q14.pdf)

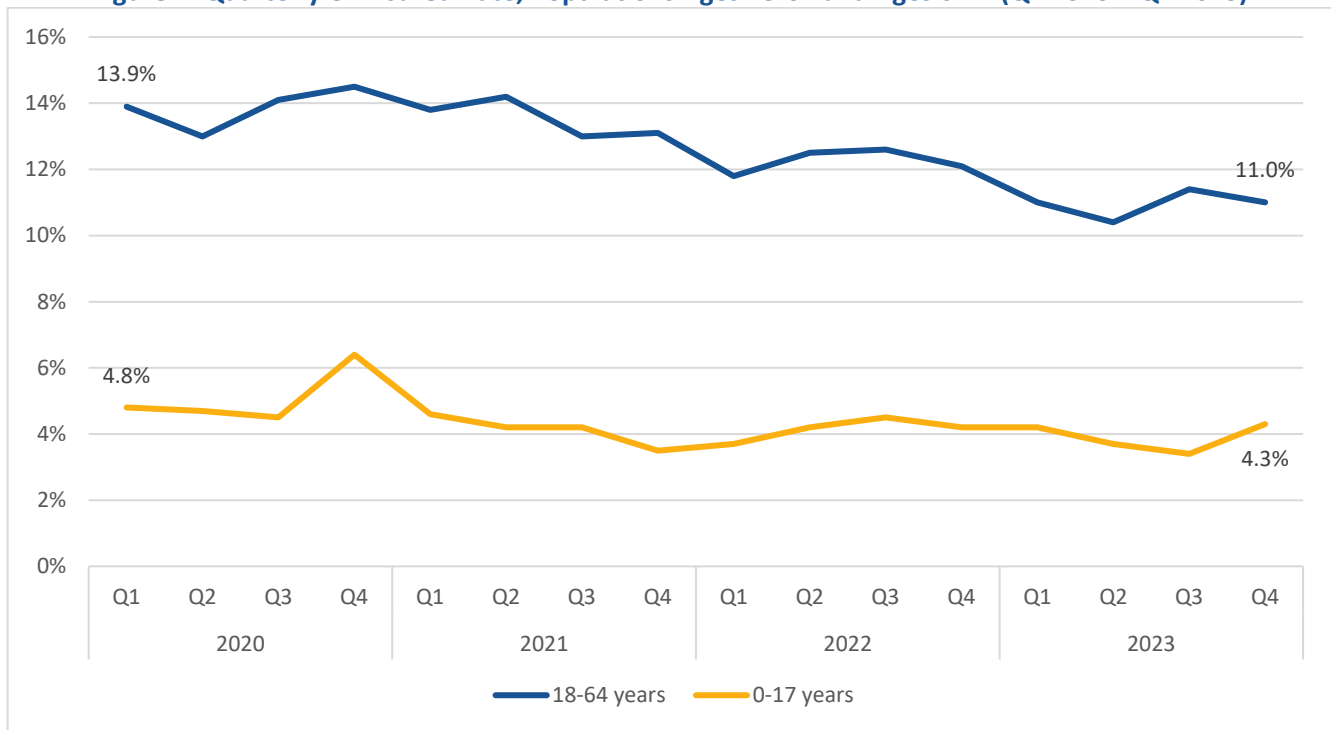
<sup>b</sup> The NHIS underwent a survey redesign in 2019. Though the questions used to assess health coverage did not change, the questionnaire design and sample weighting were revised. An analysis conducted by the National Center for Health Statistics concluded that the redesign may have caused the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

Note: \*The ACA’s individual and employer responsibility provisions, state insurance Exchanges, Medicaid expansions, and subsidies went into effect in 2014. The ARPA’s 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 the start of the pandemic (Q1 2020) through the most recent data (Q4 2023). Data are reported separately for non-elderly adults (ages 18 to 64) and children (ages 0 to 17). Over this period, the graph for adults indicates a clear downward trend in uninsurance. From Q4 2020 to Q4 2024, the rate fell by 3.5 percentage points. The graph for children suggests less of a trend. The 6.4 percent uninsured rate recorded in Q4 2020 appears to be an outlier. In every quarter since then the rate for children has been between 3.4 and 4.6 percent. The Q4 2024 uninsured rate of 4.3 percent for children is not significantly different from the rate in any quarter since 2021.

**Figure 2. Quarterly Uninsured Rate, Populations Ages 18-64 and Ages 0-17 (Q1 2020 – Q4 2023)**



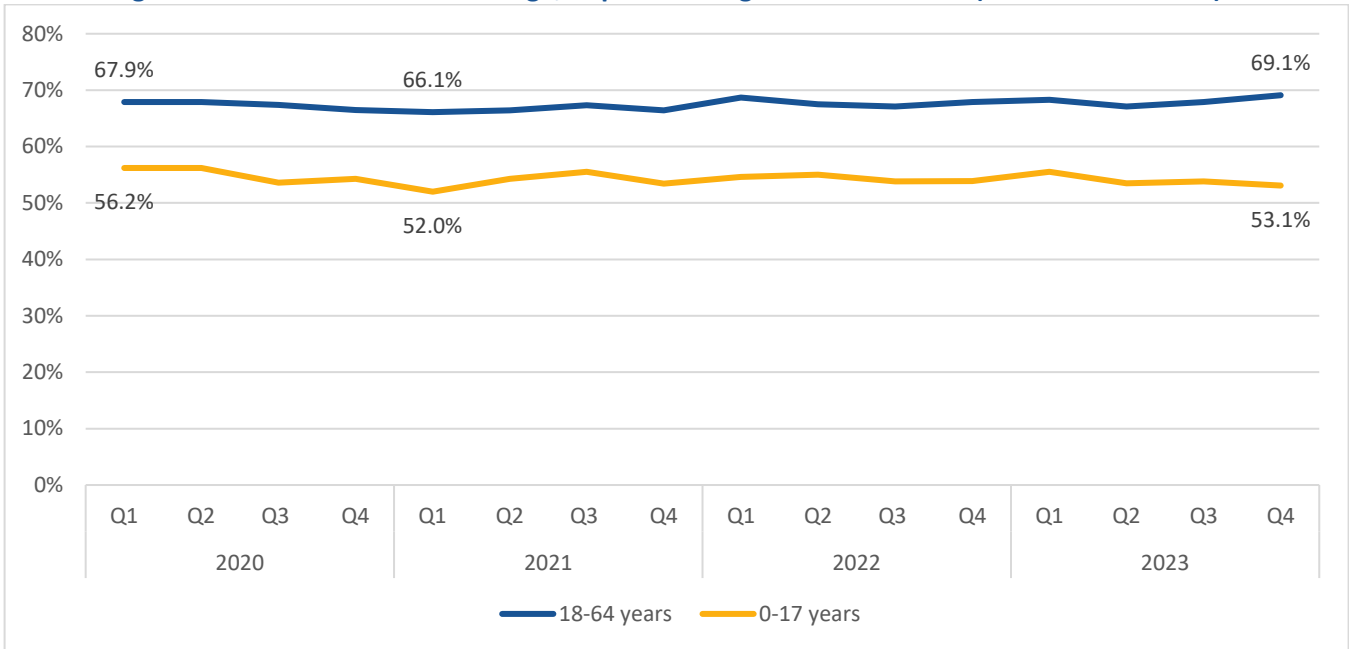
Source: National Health Interview Survey’s Health Insurance Coverage Reports.

<https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2022–December 2023.

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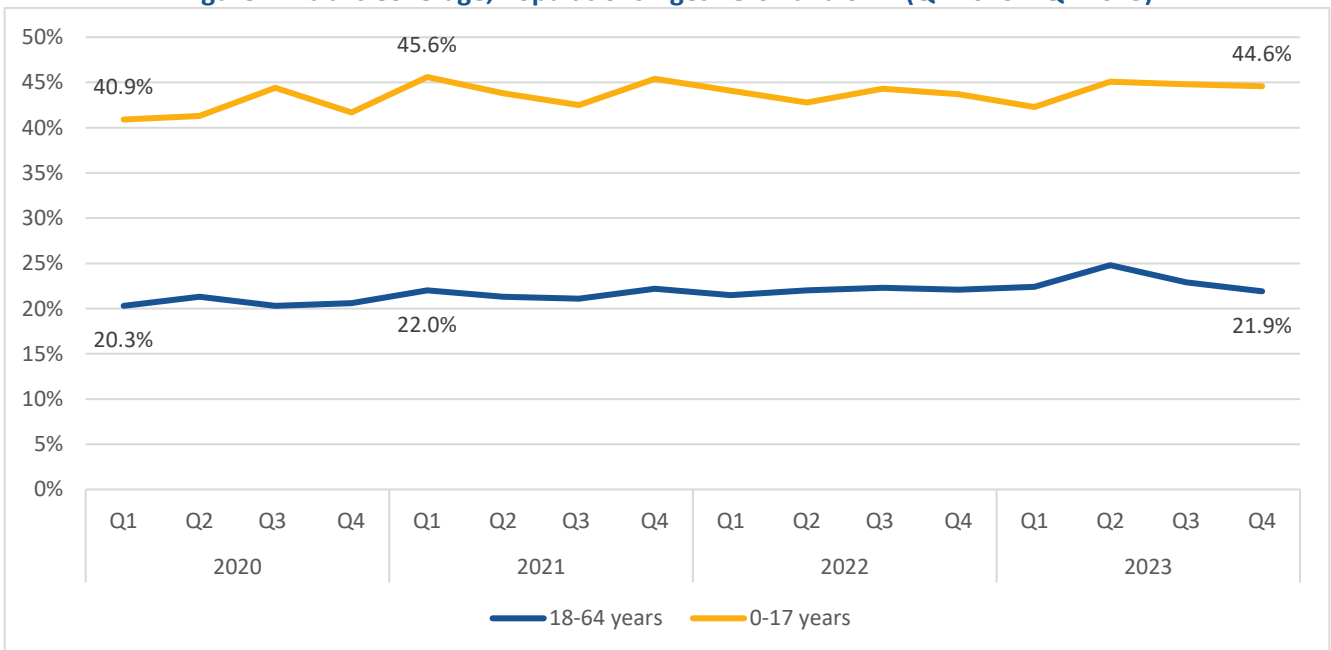
Figure 3 presents trends in private coverage for non-elderly adults and children. For both groups, private coverage rates were fairly stable between Q1 2020 and Q4 2023, with roughly two-thirds of non-elderly adults and just over half of children having private insurance. Results for public coverage are reported in Figure 4. In Q4 2023, 21.9 percent of non-elderly adults and 44.6 percent of children had public coverage. Neither of these estimates are significantly different from previous quarters of 2023.

**Figure 3. Private Insurance Coverage, Populations Ages 18-64 and 0-17 (Q1 2020 – Q4 2023)**



Source: Interactive Quarterly Early Release Estimates. [https://www.cdc.gov/NHISDataQueryTool/ER\\_Quarterly/index\\_quarterly.html](https://www.cdc.gov/NHISDataQueryTool/ER_Quarterly/index_quarterly.html); Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2022–December 2023. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q14.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q14.pdf)

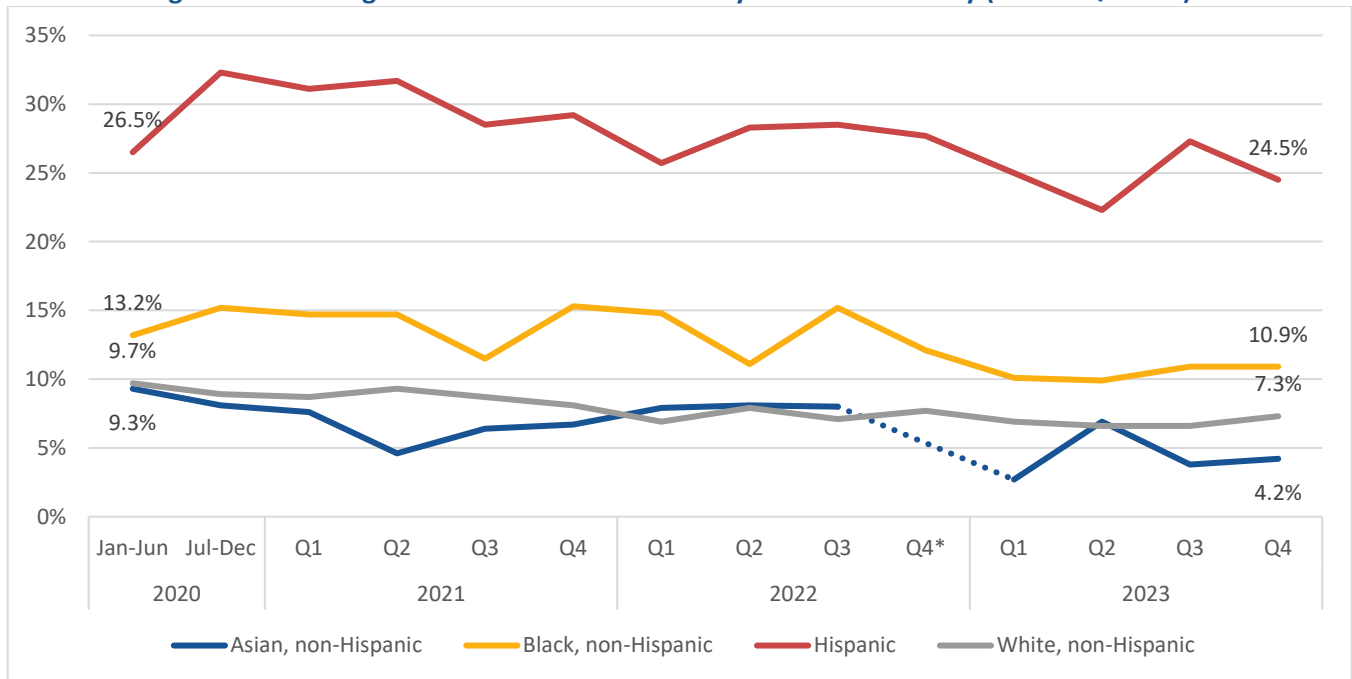
**Figure 4. Public Coverage, Populations Ages 18-64 and 0-17 (Q1 2020 – Q4 2023)**



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, October 2022–December 2023. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q14.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q14.pdf)

Figure 5 reports trends in the uninsured rate for non-elderly White, Black, Asian, and Hispanic adults since 2020.<sup>c</sup> Over this entire period, Hispanic adults were more likely to be uninsured than other demographic groups. The uninsured rate for Hispanics fell from 32.3 percent in the last half 2020 to 22.3 percent in Q2 2023, before increasing to 24.5 percent in Q4 2023. Because the sample sizes are small, the estimates are imprecise and the difference between the estimates for Q2 and Q4 2023 is not statistically significant. The data for the three other groups also indicate a downward trend between 2020 and 2023.

**Figure 5. Adults Ages 18-64 Without Insurance by Race and Ethnicity (2020 – Q4 2023)**



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, October 2022–December 2023.

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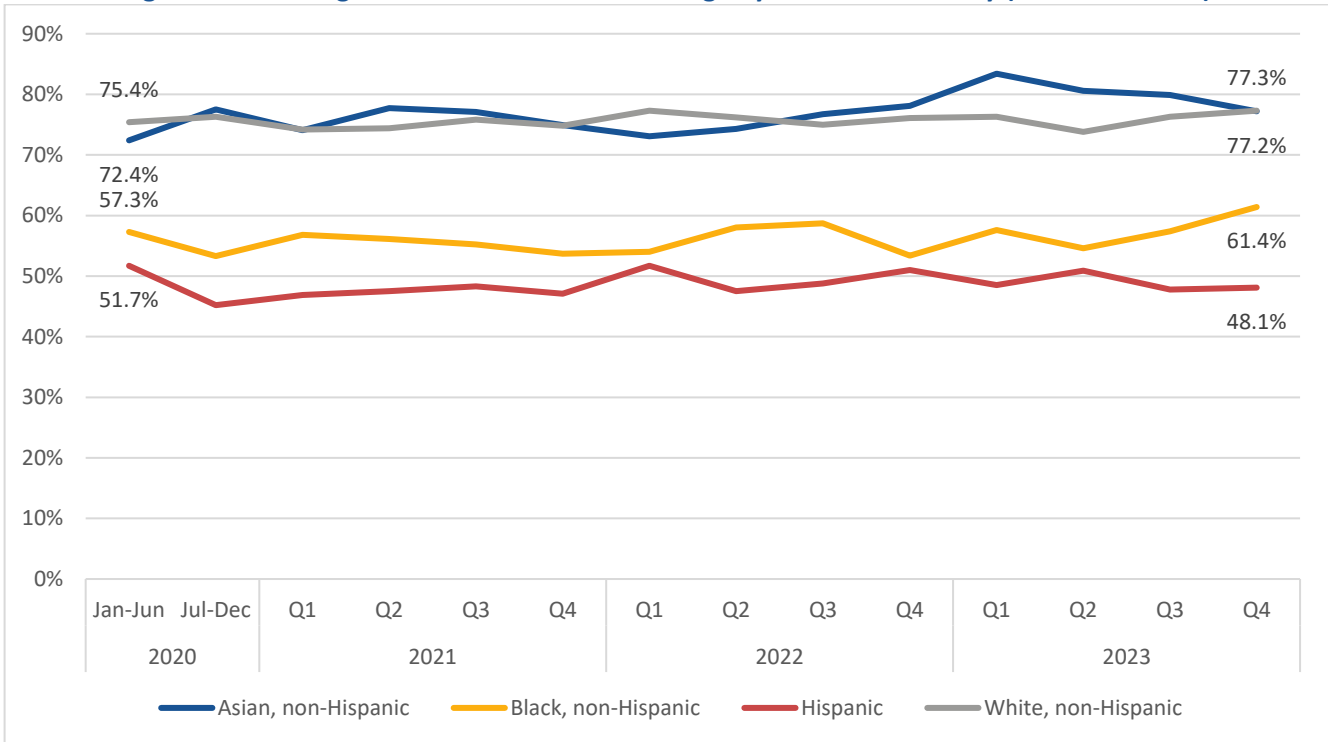
Note: \*Estimate for non-Hispanic Asians is not shown for Q4 2022, as it does not meet NCHS standards of reliability.

Figure 6 presents private coverage rates for non-elderly adults by race and ethnicity. For the most part, private coverage rates were stable over the four-year period. An exception to this is the private coverage rate for Black non-elderly adults, which increased by a statistically significant 8 percentage points (from 53.4 to 61.4 percent) between Q4 2022 and Q4 2023.

Figure 7 presents trends in public coverage by race and ethnicity. Throughout the full period, Black non-elderly adults were most likely to have public coverage, with rates above 30 percent in most quarters. In Q4 2023, 29.9 percent of Black adults reported having public coverage, which is a statistically significantly decrease from the 36.8 percent public coverage rate in Q4 2022. An estimated 28.9 percent of Hispanic non-elderly adults had public coverage in Q4 2023. Among Whites and Asians, the public coverage rates for Q4 2023 were 17.6 and 19.2 percent, respectively.

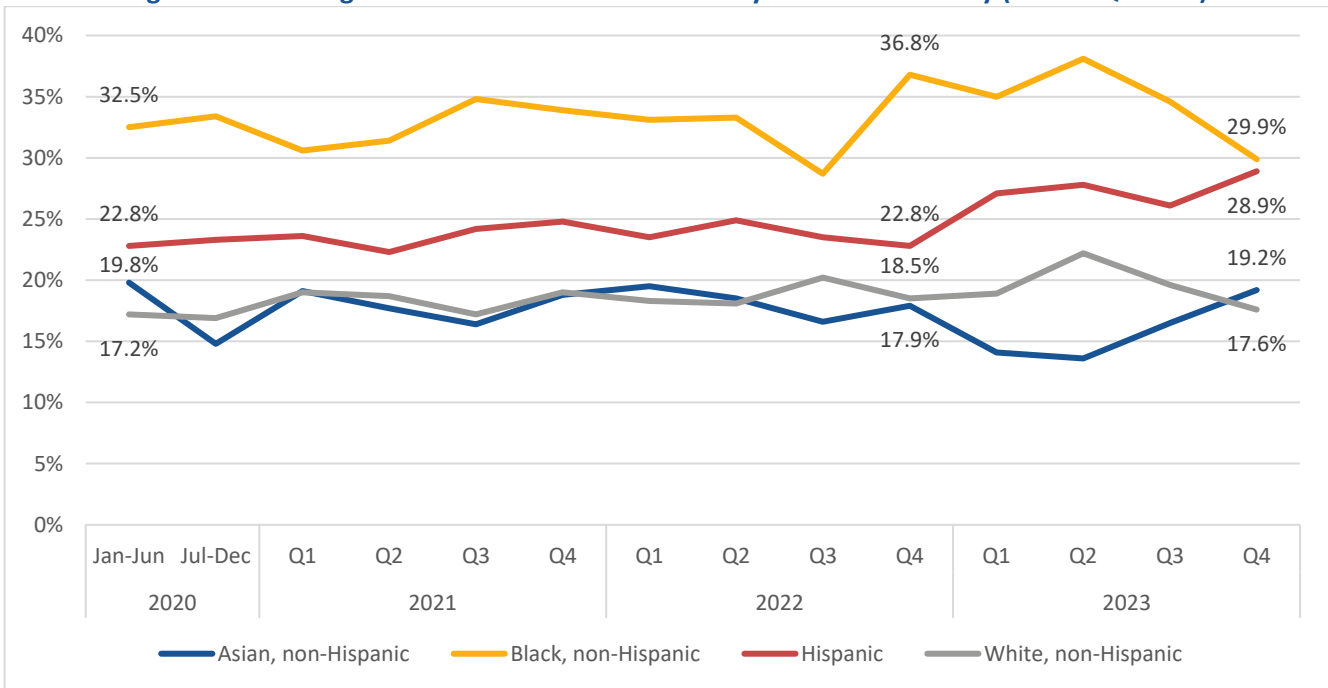
<sup>c</sup> Quarterly estimates by race and ethnicity are not available for 2020. Instead, we report estimates for six-month periods (Q1/Q2 and Q3/Q4).

**Figure 6. Adults Ages 18-64 With Private Coverage by Race and Ethnicity (2020 – Q4 2023)**



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, October 2022–December 2023. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q14.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q14.pdf)

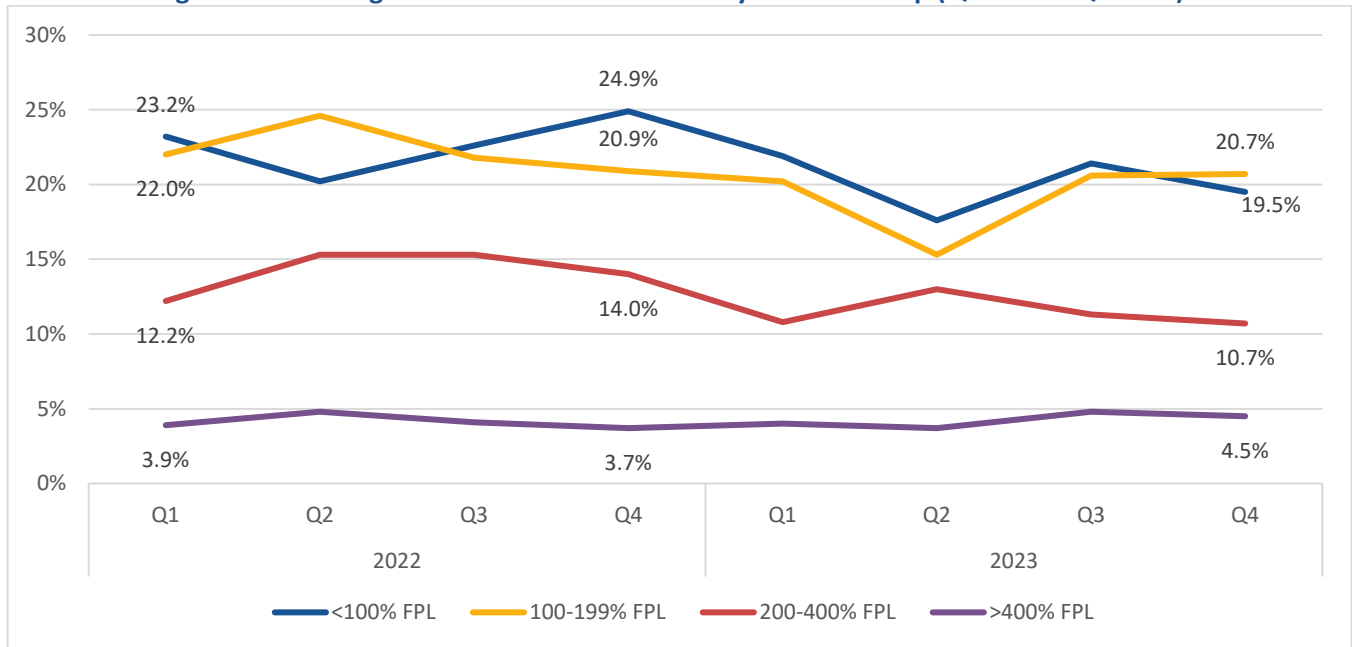
**Figure 7. Adults Ages 18-64 With Public Insurance by Race and Ethnicity (2020 – Q4 2023)**



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, October 2022–December 2023. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q14.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q14.pdf)

Figure 8 reports trends in the uninsurance rate for non-elderly adults by income relative to the Federal Poverty Level (FPL). For the lowest income group (less than 100 percent of FPL) the uninsured rate in Q4 2023 was 19.5 percent, down 5.4 percentage points from Q4 2022, however this change is not statistically significant. After dropping to 15.2 percent in Q2 2023, the rate for the next lowest income category (between 100 and 199 percent of FPL) at the end of 2023 was back to essentially the same level as at the end of 2022. For non-elderly adults with incomes between 200 and 400 percent of the FPL, the uninsured rate fell by 3.3 points between Q4 2022 and Q4 2023 which is a statically significant change. The rate for the highest income category, 400 percent of FPL and above, inched up by an insignificant 0.8 percentage points.

**Figure 8. Adults Ages 18-64 without Insurance by Income Group (Q1 2022 – Q4 2023)**

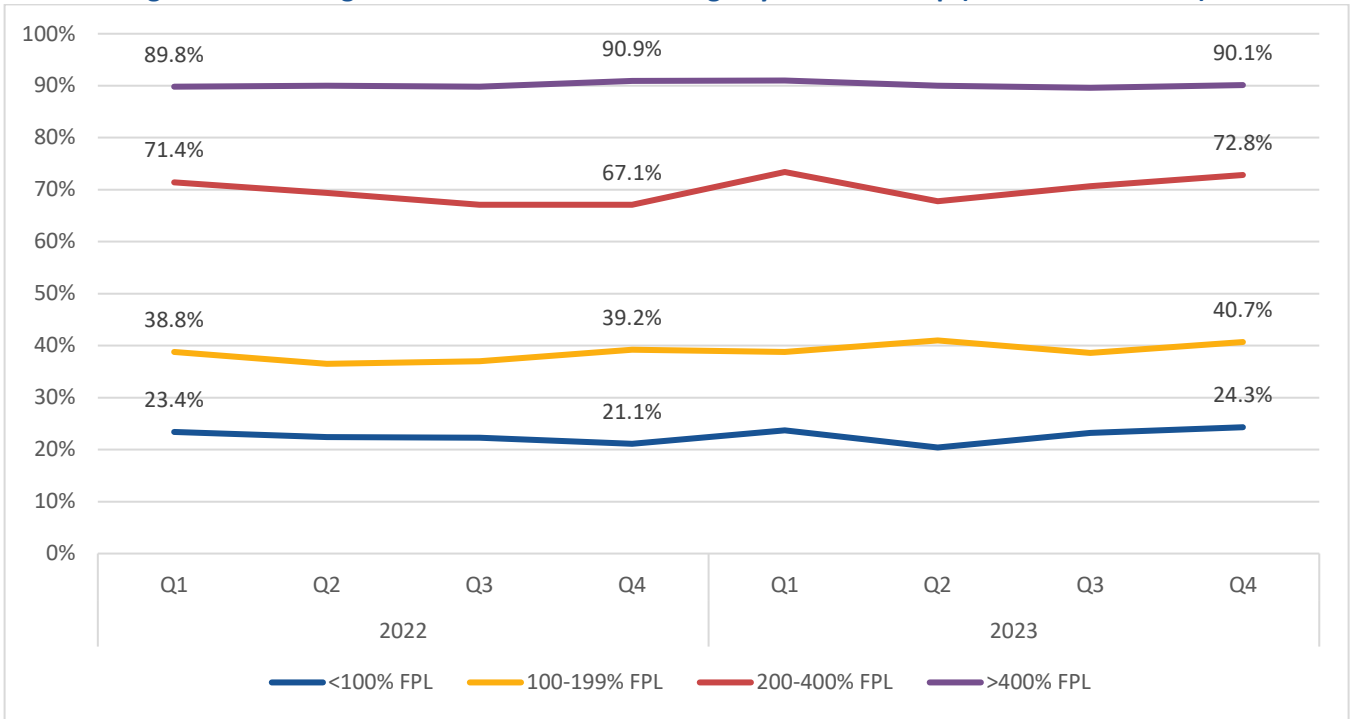


Source: National Health Interview Survey’s Health Insurance Coverage Reports. <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>; Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, October 2022–December 2023. [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q14.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q14.pdf)

Figures 9 and 10 show trends in private and public coverage rates, respectively, for the same income groups. All income groups maintained or increased private coverage over the past 12 months with non-elderly adults, with family incomes between 200 and 400 percent of FPL experiencing the largest increase in private coverage of 5.7 percentage points (67.1 percent to 72.8 percent). This statistically significant increase offset the 2 percentage-point decline in public coverage (20.9 percent to 18.9 percent) for this income group over the same time period. None of the other observed changes in private and public coverage by income are statistically significant.



**Figure 9. Adults Ages 18-64 With Private Coverage by Income Group (Q1 2022 – Q4 2023)**

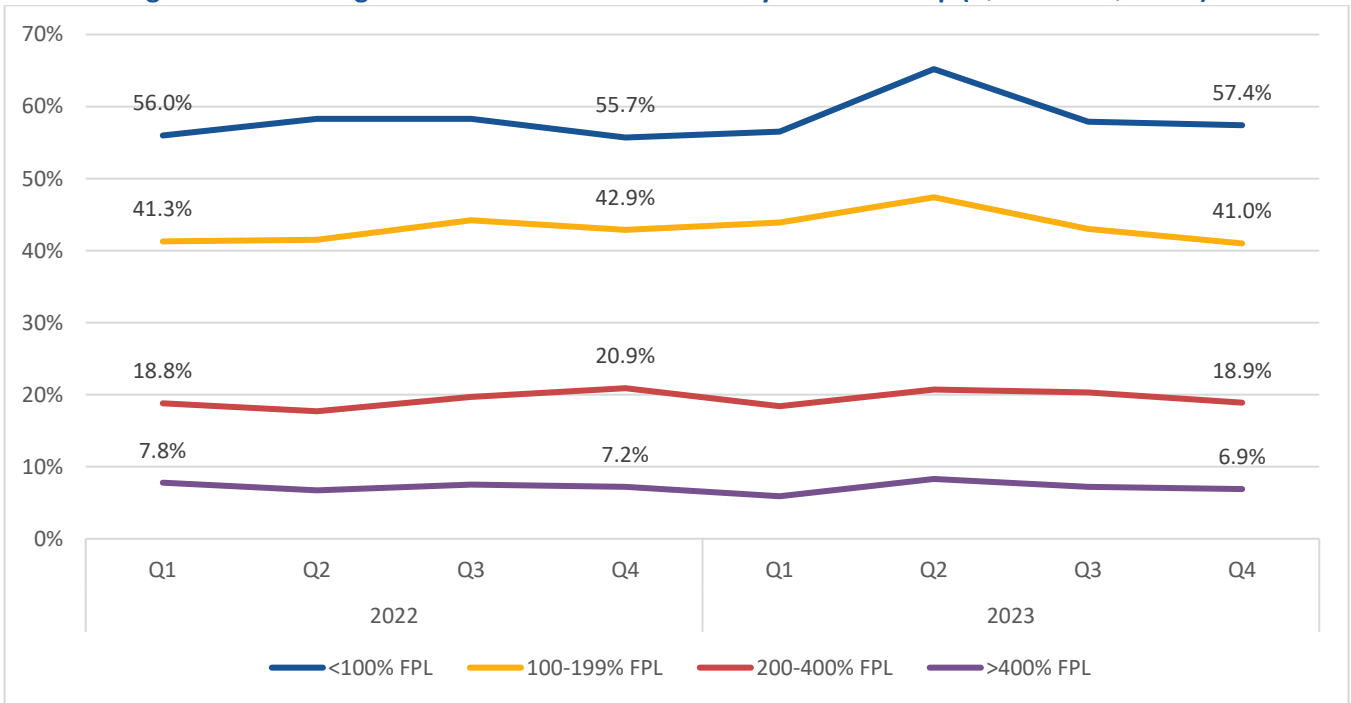


Source: National Health Interview Survey’s Health Insurance Coverage Reports.

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**Figure 10. Adults Ages 18-64 with Public Insurance by Income Group (Q1 2022 – Q4 2023)**



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, October 2022–December 2023.

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## DISCUSSION

The NHIS data for 2023 comprise the last quarter before the end of the Medicaid continuous enrollment condition on March 31, 2023, and the first three quarters of states resuming eligibility redeterminations—also known as the “unwinding” process.<sup>d</sup> Medicaid and CHIP enrollment declined by roughly 9 million people between March 2023 and the end of the year.<sup>6</sup> Despite this decline, there has been no statistically significant change in the total uninsured rate over that period. Several factors likely contribute to this result.

First, the U.S. Department of Health and Human Services (HHS) has worked with states and stakeholders to mitigate coverage loss and support coverage transitions. The Centers for Medicare & Medicaid Services (CMS) provided states with strategies to streamline renewals and help eligible people renew their coverage, approving nearly 400 of these strategies across the country.<sup>7</sup> CMS also has supported state operational and system improvements to increase the number of enrollees whose coverage can be renewed automatically (called *ex parte* renewals) based on data from other programs, such as the Supplemental Nutrition Assistance Program. *Ex parte* renewal rates nearly doubled between April and December 2023.<sup>8</sup>

Second, although we lack comprehensive data on coverage transitions of people who were disenrolled from Medicaid, several studies used data from prior to the PHE to project enrollment patterns after the continuous enrollment condition ended.<sup>9,10,11,12</sup> While the exact estimates varied, all studies projected that the majority of people who left Medicaid would transition to employer-sponsored insurance or some other source of coverage (e.g., Marketplace coverage). The percentage of Medicaid enrollees projected to become uninsured ranged from 4 to 9 percent. However, in any period, just as there are people losing Medicaid coverage, there are people gaining Medicaid or another source of coverage after a period of uninsurance. Changes in the uninsured rate are determined by the net effect of transitions among all sources of coverage.

Third, individuals who have left Medicaid or CHIP during unwinding may also return to the program. A recent survey of individuals who had Medicaid coverage as of April 2023 found that this was the case for nearly half of those who reported being disenrolled as a result of unwinding.<sup>13</sup> CMS data from prior to the public health emergency (PHE) indicate that over one-third of people who left Medicaid in 2018 re-enrolled within 12 months.<sup>14</sup> A cross-sectional survey like the NHIS measures the net effect of transitions in coverage; it is not designed to measure “churn” as such.

Fourth, to facilitate smooth transitions between Medicaid and private insurance coverage, starting in March 2023, CMS began offering a temporary Marketplace 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, and state-based Marketplaces adopted similar SEP flexibilities. Total Marketplace enrollment increased by about 2 million people from March to December 2023.<sup>15</sup> The NHIS data presented in this brief should reflect this change, but not the even greater increase in Marketplace enrollment during the Open Enrollment Period for plan year 2024.

Finally, the fact that the decline in Medicaid enrollment since April 2023 has not translated to an increase in the uninsured rate also is likely related to measurement issues. Historically, estimates of Medicaid enrollment based on federal survey data have been lower than enrollment observed in administrative data.<sup>16</sup> During the period when the continuous enrollment condition was in effect, this “Medicaid undercount” grew,<sup>17,18</sup> as it appears many people did not realize that they were still enrolled in the program after their circumstances changed. This includes not only people who had taken up employer-sponsored insurance, but also people who

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<sup>d</sup> As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the Families First Coronavirus Response Act (FFCRA), states were required to maintain enrollment of nearly all Medicaid enrollees during the COVID-19 Public Health Emergency.

thought that they were no longer eligible for Medicaid and reported being uninsured.<sup>19,20</sup> A key implication of this is that some individuals who were disenrolled from Medicaid since April 2023 were already being counted in the NHIS and other surveys as either having employer-sponsored insurance or being uninsured.

## CONCLUSION

This Data Point presents trends in health coverage through Q4 2023, the most recent data available from the NHIS. Previous reports have noted that the uninsured rate fell by 2 percentage points between 2020 and early 2023.<sup>21</sup> The uninsured rate for Q4 2023 is the same as the rate for Q1 2023 at 7.7 percent. The uninsured rates for children and non-elderly adults also show no significant change between Q1 and Q4 of 2023.

As noted above, the data reported in this issue brief captures changes in coverage during the first nine months of states returning to regular eligibility renewals in the Medicaid program, but they do not capture known increases in private coverage through the Affordable Care Act's Marketplaces from Open Enrollment during the last quarter of 2023 for plan year 2024. ASPE will continue to monitor quarterly NHIS data to assess ongoing changes in coverage and transitions in coverage.

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