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# Adults in Families Losing Jobs during the Pandemic Also Lost Employer-Sponsored Health Insurance

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**The recession caused by the COVID-19 pandemic is expected to lead to losses of employer-sponsored health insurance coverage (ESI) and a rise in uninsurance (Banthin et al. 2020; Garfield et al. 2020; Garrett and Gangopadhyaya 2020). These coverage losses would test the health care safety net established by the Affordable Care Act (ACA).<sup>1</sup> Further, the strength of this safety net varies across states: adults who lose ESI in the 15 states that have not expanded Medicaid under the ACA face greater challenges finding replacement coverage (Garfield et al. 2020).<sup>2</sup>**

Early data have provided mixed signals on how the recession is affecting health insurance coverage. In this brief, we provide the first nationally representative estimates of changes in coverage during the initial months of the recession. We focus on changes occurring between late March/early April and mid-to-late May for all adults ages 18 to 64 and for those whose families lost jobs because of the pandemic, both nationally and within states that have expanded Medicaid under the ACA (hereafter called expansion states) and states that have not done so (hereafter called nonexpansion states). Our analysis uses longitudinal data from the first wave of the Urban Institute's Coronavirus Tracking Survey, fielded May 14 through 27, 2020, and the Health Reform Monitoring Survey (HRMS), fielded March 25 through April 10, 2020.<sup>3</sup> The tracking survey respondents are a subset of the HRMS participants, allowing us to monitor how the pandemic has affected these adults over time. We find the following:

- Though coverage did not change between March/April and May for the overall sample, adults in families losing jobs reported a 4.9 percentage-point decline in ESI during this period, from

59.0 percent to 54.1 percent, and a 3.5 percentage-point increase in private nongroup coverage, from 7.9 percent to 11.4 percent.

- Among adults in families losing jobs in Medicaid expansion states, the share reporting ESI fell 4.2 percentage points,<sup>4</sup> from 61.2 percent to 56.9 percent, between March/April and May. The share of these adults reporting Medicaid/CHIP coverage increased 2.0 percentage points, from 14.5 percent to 16.5 percent. Uninsurance remained unchanged in these states, both overall and among those in families losing jobs.
- Uninsurance increased by 1.4 percentage points among adults in nonexpansion states, from 15.7 percent to 17.0 percent. Among adults in families losing jobs in these states, ESI coverage fell by 6.2 percentage points, from 54.2 percent to 48.0 percent, and nongroup coverage increased by 7.0 percentage points.

These findings suggest the ACA may be protecting adults who lose jobs during the pandemic from becoming uninsured, even as the administration filed a brief supporting a challenge to the law before the Supreme Court.<sup>5</sup> If the challenge succeeds, approximately 20 million Americans will be at risk of becoming uninsured (Holahan, Blumberg, and Buettgens 2019).

## Background

Because of social distancing efforts needed to slow transmission of the novel coronavirus, the economy suffered approximately 22 million job losses between February and April 2020, which was followed by a rebound of 7.5 million jobs between April and June.<sup>6</sup> The official unemployment rate increased from 3.5 percent in February to 11.1 percent in June, and would have been about 1 percentage point higher in June if not for a misclassification of unemployed workers on temporary layoffs. These job losses raised concerns that many adults receiving health insurance coverage through their employer or a family member's employer were at risk of losing coverage (Banthin et al. 2020; Blumberg et al. 2020; Garfield et al. 2020; Garrett and Gangopadhyaya 2020).

Recent survey and administrative data provide mixed evidence of how coverage has changed since the COVID-19 recession began. The Census Bureau's new Household Pulse Survey shows the uninsurance rate for adults ages 18 to 64 was relatively stable between April 23–May 5 (12.6 percent) and June 18–23 (12.8 percent).<sup>7</sup> The shares of nonelderly adults reporting private and public coverage were also essentially unchanged. However, the Household Pulse Survey was first fielded more than a month after millions of people had already lost jobs because of the pandemic. Other survey data suggest some adults lost coverage before the Household Pulse Survey was fielded. An April 24–26, 2020, survey of English-speaking adults by the State Health Access Data Assistance Center found that 4.0 percent of adults ages 18 and older, which would equal approximately 10 million people, reported losing health insurance coverage since the pandemic began, either because their employer-based coverage ended or they had to cancel coverage to pay for other expenses.<sup>8</sup> Administrative data also show accelerated Medicaid and Marketplace enrollment.<sup>9</sup>

Other data sources suggest two potential explanations for the discrepancy between widespread job losses reported in federal surveys and the minimal changes in health insurance coverage in the Household Pulse Survey: (1) many people losing jobs were not covered by insurance through those jobs, and (2) those who were covered by ESI may be able to maintain their insurance during a temporary layoff. The recession has disproportionately affected workers with low incomes (Karpman et al. 2020), who are less likely than workers with higher incomes to have access to ESI (Johnston et al. 2020). A simulation of coverage changes based on the characteristics of people losing employment during the pandemic suggests only one in five workers and their family members in this group had ESI coverage through a lost job (Banthin et al. 2020). Similarly, a recent Commonwealth Fund survey found that most households experiencing lost jobs or furloughs had not been receiving coverage through the affected job but were instead covered through a job not affected by the pandemic, enrolled in Medicaid, Medicare, or nongroup coverage, or uninsured (Collins et al. 2020).

Coverage losses may also lag behind job losses because most of the unemployed have been on temporary layoff during the first months of the recession. Between February and June 2020, the number of such workers increased from 801,000 to 10.6 million, whereas the number of people with permanent job losses increased from 1.3 million to 2.9 million.<sup>10</sup> Other workers have had work hours reduced but remain connected to their employers. Employers who instituted temporary layoffs or furloughs are likely keeping affected workers on their company health plans until they can more fully assess how consumer demand will recover (Lucia et al. 2020). The Commonwealth Fund survey supports this conclusion: among households receiving coverage from a job affected by layoffs or furloughs during the pandemic, just over half of respondents and/or their spouses or partners were still receiving coverage from that job at the time of the survey (Collins et al. 2020).

**Study design.** This brief examines how health insurance coverage among nonelderly adults changed between late March/early April and mid-to-late May, approximately two months into the COVID-19 recession. We emphasize changes in coverage rather than coverage levels, which often vary across survey programs because of differences in survey design (Au-Yeung and Hest 2019). We report percentage-point changes statistically different from zero at or below the 5 percent level and provide a 95 percent confidence interval (CI) for key estimates.

We focus on changes among all nonelderly adults who participated in both the March/April HRMS and the May tracking survey and among a subset of these adults who reported in May that they or someone in their family lost or were laid off from a job because of the pandemic. We provide estimates for these groups at the national level and in the 35 states (plus the District of Columbia) that have implemented Medicaid expansion under the ACA and the 15 states that have not (AL, FL, GA, KS, MO, MS, NC, NE, OK, SC, SD, TN, TX, WI, and WY).<sup>11</sup>

Our analysis focuses on the share of adults with the following coverage types:

- ESI, including coverage through the military (e.g., TRICARE, CHAMPVA, or VA health care)
- Medicaid, the Children’s Health Insurance Program (CHIP), or other state- or government-sponsored insurance based on income or disability (hereafter called Medicaid/CHIP)
- private nongroup coverage, including health plans purchased in or outside the ACA’s health insurance Marketplaces
- uninsurance, including coverage solely through the Indian Health Service

In the notes for each figure, we present the shares of adults with Medicare or who were insured but whose type of coverage could not be identified (hereafter called a “nonspecified coverage type”). Because adults could report more than one coverage type, and because of challenges identifying coverage type in surveys, we use a logical editing process for assigning coverage to people reporting more than one coverage type. We provide further detail on this process in the data and methods section at the end of this brief.

## Results

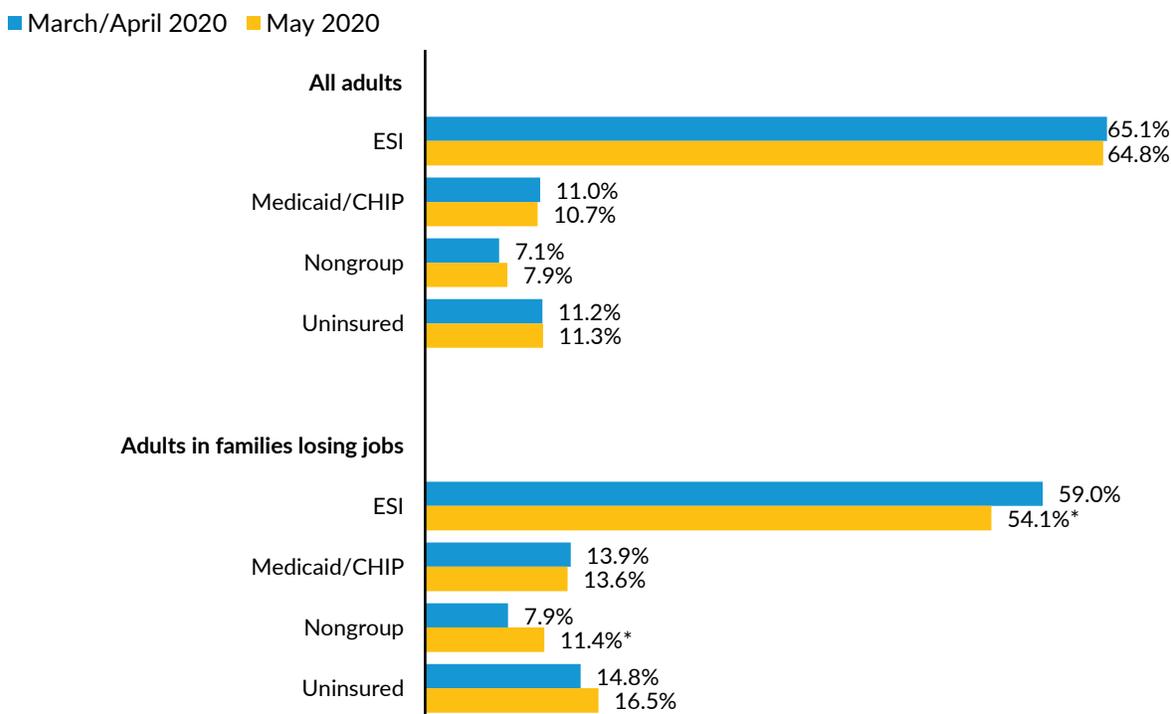
*Though coverage did not change between March/April and May among the overall sample, adults in families losing jobs reported a decline in ESI and an increase in private nongroup coverage during this period.*

Among the national sample of nonelderly adults, we did not find statistically significant changes in any coverage examined or in the share of adults who were uninsured. Figure 1 shows that the share of adults reporting ESI held steady at about 65 percent, and the uninsurance rate remained at about 11 percent.

However, among the adults in families losing jobs because of the pandemic, the share reporting ESI declined by 4.9 percentage points (95% CI, [-7.9, -1.9]), from 59.0 percent in March/April to 54.1 percent in May. This change coincided with a 3.5 percentage-point increase (95% CI, [0.7, 6.2]) in the share of these adults reporting private nongroup coverage, from 7.9 percent to 11.4 percent. Though the share of adults in families losing jobs who reported being uninsured increased from 14.8 percent to 16.5 percent, this change was not statistically significant.

FIGURE 1

**Health Insurance Coverage among Adults Ages 18 to 64, Overall and among those in Families Losing Jobs Because of the Coronavirus Outbreak, March/April and May 2020**



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**Sources:** May estimates are from the Urban Institute Coronavirus Tracking Survey, wave 1. March/April estimates are from the Urban Institute Health Reform Monitoring Survey (HRMS).

**Notes:** ESI is employer-sponsored insurance. CHIP is the Children’s Health Insurance Program. For all adults,  $n = 4,352$ . For adults in families losing jobs,  $n = 811$ . We define family as the respondent, their spouse or partner, and any of their children or stepchildren under 19 who live with them. The Coronavirus Tracking Survey was conducted May 14 through 27, 2020, and 93.1 percent of respondents completed the survey by May 20. The HRMS was conducted March 25 through April 10, 2020, and 74.5 percent of respondents completed the survey by March 31. Tracking survey respondents were sampled from the participants in the March/April HRMS. Estimates are not shown for the shares of adults with Medicare (4.3 percent in March/April, 4.2 percent in May) and adults insured with a nonspecified coverage type (1.3 percent in March/April, 1.1 percent in May).

\* May estimate differs significantly from March/April estimate at the 0.05 level, using two-tailed tests.

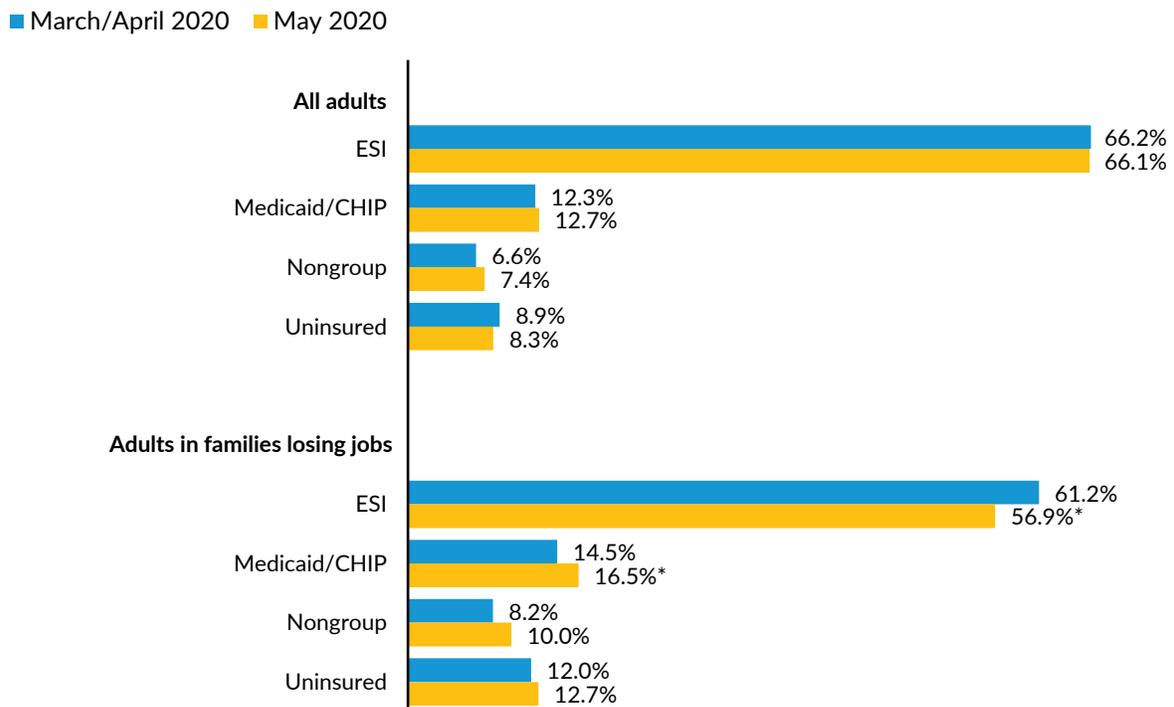
*Among adults in families losing jobs in Medicaid expansion states, the share reporting ESI fell between March/April and May, and the share reporting Medicaid/CHIP increased. Uninsurance remained unchanged in these states, both overall and among those in families losing jobs.*

Changes in coverage for adults in Medicaid expansion states were similar to the national-level results: the share of adults in expansion states with ESI remained unchanged at about 66 percent, and Medicaid/CHIP coverage, nongroup coverage, and uninsurance did not change significantly (figure 2).

More than one in six adults in expansion states reported that they or a family member lost or were laid off from a job because of the pandemic (17.7 percent; data not shown). Among the adults in families losing jobs in expansion states, the share with ESI fell by 4.2 percentage points (95% CI, [-7.6,

-0.9]), from 61.2 percent in March/April to 56.9 percent in May. This decline was partially offset by a 2.0 percentage-point increase (95% CI, [0.1, 4.0]) in Medicaid/CHIP coverage, from 14.5 percent to 16.5 percent. The smaller increases in nongroup coverage and uninsurance were not statistically significant.

**FIGURE 2**  
**Health Insurance Coverage among Adults Ages 18 to 64 in Medicaid Expansion States, Overall and among Those in Families Losing Jobs Because of the Coronavirus Outbreak, March/April and May 2020**



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**Sources:** May estimates are from the Urban Institute Coronavirus Tracking Survey, wave 1. March/April estimates are from the Urban Institute Health Reform Monitoring Survey (HRMS).

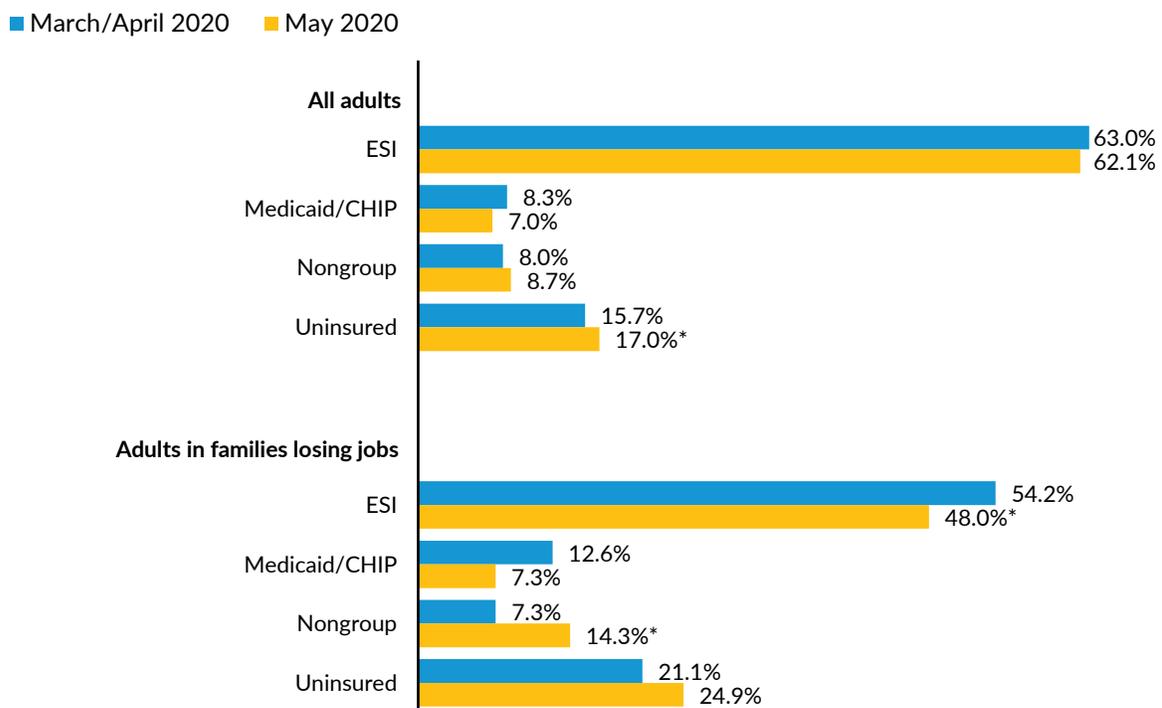
**Notes:** ESI is employer-sponsored insurance. CHIP is the Children’s Health Insurance Program. We define family as the respondent, their spouse or partner, and any of their children or stepchildren under 19 who live with them. For all adults,  $n = 2,841$ . For adults in families losing jobs,  $n = 549$ . State Medicaid expansion status is based on having implemented Medicaid expansion under the Affordable Care Act by March 2020. The Coronavirus Tracking Survey was conducted May 14 through 27, 2020, and 93.1 percent of respondents completed the survey by May 20. The HRMS was conducted March 25 through April 10, 2020, and 74.5 percent of respondents completed the survey by March 31. Tracking survey respondents were sampled from the participants in the March/April HRMS. Estimates are not shown for the shares of adults with Medicare (4.6 percent in March/April, 4.4 percent in May) and adults insured with a nonspecified coverage type (1.4 percent in March/April, 1.1 percent in May).

\* May estimate differs significantly from March/April estimate at the 0.05 level, using two-tailed tests.

Uninsurance increased among adults in nonexpansion states. Among adults in families losing jobs in these states, the share reporting ESI fell, and the share reporting nongroup coverage increased.

In contrast to adults in Medicaid expansion states, those living in nonexpansion states reported a 1.4 percentage-point increase in uninsurance (95% CI, [0.3, 2.4]), from 15.7 percent to 17.0 percent (figure 3). Estimated changes in other coverage types were not statistically significant. However, the small but insignificant declines in ESI and Medicaid/CHIP coverage exceeded the small but insignificant increase in nongroup coverage, thereby increasing estimated uninsurance.

**FIGURE 3**  
**Health Insurance Coverage among Adults Ages 18 to 64 in Medicaid Nonexpansion States, Overall and among Those in Families Losing Jobs Because of the Coronavirus Outbreak, March/April and May 2020**



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**Sources:** May estimates are from the Urban Institute Coronavirus Tracking Survey, wave 1. March/April estimates are from the Urban Institute Health Reform Monitoring Survey (HRMS).

**Notes:** ESI is employer-sponsored insurance. CHIP is the Children’s Health Insurance Program. We define family as the respondent, their spouse or partner, and any of their children or stepchildren under 19 who live with them. For all adults,  $n = 1,511$ . For adults in families losing jobs,  $n = 262$ . State Medicaid expansion status is based on having implemented Medicaid expansion under the Affordable Care Act by March 2020. The Coronavirus Tracking Survey was conducted May 14 through 27, 2020, and 93.1 percent of respondents completed the survey by May 20. The HRMS was conducted March 25 through April 10, 2020, and 74.5 percent of respondents completed the survey by March 31. Tracking survey respondents were sampled from the participants in the March/April HRMS. Estimates are not shown for the shares of adults with Medicare (3.9 percent in March/April, 4.0 percent in May) and adults insured with a nonspecified coverage type (1.2 percent in both March/April and May).

\* May estimate differs significantly from March/April estimate at the 0.05 level, using two-tailed tests.

Roughly the same shares of adults in expansion and nonexpansion states reported that they or a family member lost or were laid off from a job (15.9 percent in nonexpansion states versus 17.7 percent in expansion states, shares that were not statistically different; data not shown). Among adults in families losing jobs in nonexpansion states, the share reporting ESI fell by 6.2 percentage points (95% CI, [-12.1, -0.4]), from 54.2 percent to 48.0 percent. The share of these adults reporting nongroup coverage increased by 7.0 percentage points (95% CI, [0.3, 13.7]), from 7.3 percent to 14.3 percent. The reported 3.9 percentage-point increase (95% CI, [-0.2, 7.9]) in the share of these adults who were uninsured was not statistically significant at the 95 percent confidence level ( $p = 0.06$ ). Additionally, the decline in Medicaid/CHIP coverage for these adults was not statistically significant at the 95 percent and 90 percent confidence levels. Because of the relatively small sample of adults in families losing jobs in nonexpansion states, we have less confidence in the magnitude of estimated changes in coverage for this group than we have in estimated changes for adults in families losing jobs in expansion states.

## Discussion

Though the overall shares of nonelderly adults with ESI and other types of coverage were stable between March/April and May 2020, some adults whose families lost jobs during the pandemic also lost ESI. However, these coverage changes have not yet been large enough to move the needle on overall ESI and uninsurance rates during this period: adults in families losing jobs constitute only about 17 percent of all adults, and a majority of those adults have thus far retained ESI coverage. Others have kept prior coverage or found new coverage through the nongroup market or Medicaid/CHIP. These findings help reconcile stable coverage found in the Census Bureau's Household Pulse Survey with other survey data finding some adults have lost insurance because of the pandemic.<sup>12</sup> Our findings are also consistent with other data indicating that many households losing jobs either retained coverage through lost jobs or never had coverage through those jobs (Banthin et al. 2020; Collins et al. 2020).

We find differences by state Medicaid expansion status in how coverage changed between March/April and May. Though adults whose families lost jobs in both groups of states reported declines in ESI, those in expansion states reported increased enrollment in Medicaid/CHIP, which may have prevented an increase in uninsurance for these adults. In contrast, adults in families losing jobs in nonexpansion states saw a significant rise in nongroup coverage, but it was not enough to offset an overall increase in uninsurance in these states. These differences may at least partially relate to the interaction between Medicaid and the \$600 weekly benefit supplement for unemployment insurance recipients authorized by the Coronavirus Aid, Relief, and Economic Security, or CARES, Act. Regular unemployment insurance benefits are counted as income when determining eligibility for both Medicaid and Marketplace subsidies, but the temporary benefit supplement is only counted as income for Marketplace subsidies. Relatively few people at risk of losing ESI will be eligible for Medicaid in nonexpansion states, but the majority will be eligible for Marketplace subsidies (Blumberg et al. 2020;

Garfield et al. 2020). However, even with ACA subsidies, some adults losing both employment and job-based coverage may forgo health insurance if they cannot afford the premiums.

Modest changes in health insurance coverage following widespread job losses in the first months of the COVID-19 recession likely partially owe to most of the unemployed having been on temporary layoff as of May 2020. If employers do not see consumer demand recover, however, many of these temporary job losses may become permanent, which would have spillover effects on ESI. The most recent economic projections from the Congressional Budget Office estimate that the average unemployment rate will exceed 9 percent in 2021, and without further congressional action, high rates of long-term unemployment could roll back some of the coverage gains made under the ACA (CBO 2020). Such coverage losses would exacerbate the growing health care access challenges that have emerged during the pandemic. A separate analysis of the Coronavirus Tracking Survey data finds that nearly half of adults in families losing work or work-related income because of the pandemic reported that someone in their family did not get care because they could not afford it or because they were afraid of being exposed to coronavirus (Gonzalez et al. 2020).

Though the CARES Act and the earlier Families First Coronavirus Response Act required health insurers to cover testing for COVID-19 without cost sharing, neither law included provisions to expand health insurance for workers and family members losing ESI. However, Congress is considering additional relief legislation that could provide a new opportunity to protect unemployed people and their families against coverage losses. The House recently passed the Health and Economic Recovery Omnibus Emergency Solutions Act, which would further increase the Medicaid matching rate, establish special enrollment periods for Medicare and the Marketplaces, and increase funding for Marketplace outreach and enrollment assistance. It would also cover 100 percent of premiums for COBRA coverage until January 31, 2021, for newly unemployed or furloughed workers and their families who received coverage through their employer. Though subsidizing COBRA premiums would help many people stay covered under their existing health plans, it would not help workers who were not covered by ESI or workers whose employers stop offering coverage or close entirely because of the recession (Straw, Lueck, and Aron-Dine 2020). Expanding Medicaid and Marketplace subsidy eligibility and increasing Marketplace subsidies could complement this approach to ensure a more robust safety net for people at risk of losing coverage, helping them maintain access to care during the pandemic (Blumberg and Mann 2020; Blumberg et al. 2020; Gangopadhyaya and Garrett 2020).

Even as some lawmakers consider strengthening the ACA safety net during the pandemic, recent challenges to the ACA that will ultimately be decided by the Supreme Court once again place the law at risk of being overturned. Overturning the ACA could lead to approximately 20 million nonelderly people in the US becoming uninsured, a number that could be much higher during the pandemic (Holahan, Blumberg, and Buettgens 2019).

## Data and Methods

This brief uses data from the first wave of the Urban Institute's Coronavirus Tracking Survey, a nationally representative, internet-based survey of nonelderly adults designed to assess the impact of the COVID-19 pandemic on adults and their families and how those impacts change over time. A total of 4,352 adults ages 18 to 64 participated in the first wave, which was fielded May 14 through 27, 2020, with 93.1 percent of respondents completing the survey between May 14 and 20. The respondents were sampled from the 9,032 adults who participated in the most recent round of the HRMS, which was fielded March 25 through April 10, 2020. The HRMS sample is drawn from Ipsos's KnowledgePanel, the nation's largest probability-based online panel. The panel is recruited from an address-based sampling frame covering 97 percent of US households and includes households with and without internet access. Participants can take the survey in English or Spanish.

The tracking survey includes an oversample of non-Hispanic Black and Hispanic HRMS participants. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of the national nonelderly adult population based on benchmarks from the Current Population Survey and American Community Survey. The margin of sampling error, including the design effect, for the full sample of adults in the first wave of the tracking survey is plus or minus 1.9 percentage points for a 50 percent statistic at the 95 percent confidence level. The second wave of the tracking survey will be fielded in the summer of 2020. Additional information about the March/April 2020 HRMS and the questionnaires for the HRMS and first wave of the Coronavirus Tracking Survey can be found at [hrms.urban.org](https://hrms.urban.org).

In both the March/April HRMS and the May Coronavirus Tracking Survey, respondents received a question, adapted from the American Community Survey, about their current health insurance coverage. Respondents could report more than one type of coverage, and those who did not report any coverage were asked to verify if they have health insurance. We used additional follow-up questions to determine whether respondents enrolled in their health plan through the Marketplace; whether they enrolled in a private plan through the Marketplace; whether they are covered under certain state programs; and the name of the health plan for their main source of coverage.

Because respondents could report more than one coverage type, we established a hierarchy of responses to assign coverage types so that coverage estimates sum to 100 percent: ESI/military coverage; Medicare; Medicaid/CHIP; nongroup coverage; and other, nonspecified coverage. To address the challenges associated with identifying health insurance coverage type in surveys (Call et al. 2013; Klerman et al. 2009; Pascale 2008; Pascale, Fertig, and Call 2019), we used a logical editing process to identify the most likely type of health insurance coverage held by respondents, based on the information they provided in the survey (Blavin, Karpman, and Zuckerman 2016). However, there is still measurement error in survey estimates of coverage type, particularly in reports of private nongroup coverage (which can be purchased through government-run Marketplaces with public subsidies) and Medicaid coverage (which is often provided through private Medicaid managed-care plans).

Estimates from this brief are not directly comparable to estimates from previous HRMS analyses because of a change in the coverage editing process for respondents who reported having insurance but did not report a specific coverage type and who did not enroll in a health plan through the Marketplace. Under the previous approach, these respondents were identified as insured with a nonspecified coverage type if they reported having a deductible. The updated approach only assigns nonspecified coverage to these respondents if they report the name of a health plan that provides a valid form of comprehensive health insurance coverage. Based on this update, respondents reporting plans that do not offer comprehensive health insurance (e.g., health care sharing ministries) are considered uninsured, yielding slightly higher estimates of uninsurance in this brief than in previous analyses of the HRMS. Under this updated coverage editing approach, estimates of the share of uninsured nonelderly adults in previous rounds of the HRMS would be 1 to 2 percentage points higher than under the previous approach.

## Notes

- <sup>1</sup> Larry Levitt, "COVID-19 and Massive Job Losses Will Test the US Health Insurance Safety Net," *JAMA Health Forum*, May 28, 2020, <https://jamanetwork.com/channels/health-forum/fullarticle/2766729>.
- <sup>2</sup> The ACA expanded eligibility for Medicaid to nonelderly adults with family incomes up to 138 percent of the federal poverty level (FPL) and provided people with incomes up to 400 percent of FPL with subsidies for private nongroup health plans sold through health insurance Marketplaces. However, in states that did not expand Medicaid, parents must typically have much lower incomes to qualify for Medicaid (as low as 17 percent of FPL for parents in Texas), and adults without dependent children are generally ineligible, creating a coverage gap for adults with incomes above the Medicaid eligibility threshold but below the eligibility threshold for Marketplace premium tax credits (100 percent of FPL). See "Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level," Henry J. Kaiser Family Foundation, accessed July 1, 2020, <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level>.
- <sup>3</sup> Of the 4,352 respondents to the first wave of the tracking survey, 93.1 percent completed the survey between May 14 and 20. Of the 9,032 respondents to the March/April 2020 Health Reform Monitoring Survey, 74.5 percent completed the survey between March 25 and 31.
- <sup>4</sup> Because of rounding, some percentage-point change estimates do not exactly match the difference between the two rounded percentages for March/April and May.
- <sup>5</sup> Meagan Flynn and Tim Elfrink, "Trump Administration Asks Supreme Court to Strike Down Obamacare," *Washington Post*, June 26, 2020, <https://www.washingtonpost.com/nation/2020/06/26/trump-obamacare-supreme-court-brief>.
- <sup>6</sup> Bureau of Labor Statistics, "The Employment Situation," news release, July 2, 2020, [https://www.bls.gov/news.release/archives/empsit\\_07022020.pdf](https://www.bls.gov/news.release/archives/empsit_07022020.pdf).
- <sup>7</sup> "Health Insurance Coverage - Household Pulse Survey," National Center for Health Statistics, accessed July 6, 2020, <https://www.cdc.gov/nchs/covid19/pulse/health-insurance-coverage.htm>.
- <sup>8</sup> Colin Planalp, Giovann Alarcon, and Lynn A. Blewett, "Coronavirus Pandemic Caused More Than 10 Million US Adults to Lose Health Insurance," State Health Access Data Assistance Center, May 14, 2020, [https://www.shadac.org/news/SHADAC\\_COVID19\\_AmeriSpeak-Survey](https://www.shadac.org/news/SHADAC_COVID19_AmeriSpeak-Survey).
- <sup>9</sup> Joan Alker, "Medicaid Enrollment Appears to Be Accelerating," *Say Ahhh! Blog*, Georgetown University Health Policy Institute, Center for Children and Families, June 18, 2020, <https://ccf.georgetown.edu/2020/06/18/medicaid-enrollment-appears-to-be-accelerating/>; "Special Trends Report: Enrollment Data and Coverage Options for Consumers during the COVID-19 Public Health

Emergency,” Centers for Medicare & Medicaid Services, June 2020, <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/SEP-Report-June-2020.pdf>.

- <sup>10</sup> Bureau of Labor Statistics, “The Employment Situation,” July 2, 2020.
- <sup>11</sup> In November 2018, Nebraska voters approved a ballot initiative to expand Medicaid, but implementation has been delayed until October 2020. Oklahoma voters approved a June 30, 2020, ballot initiative that will expand Medicaid by July 2021. Wisconsin has used state funds to expand Medicaid for adults with incomes below the federal poverty level.
- <sup>12</sup> Planalp, Alarcon, and Blewett, “Coronavirus Pandemic Caused More Than 10 Million US Adults to Lose Health Insurance,” State Health Access Data Assistance Center.

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