

Making Sense of Competing Estimates: The COVID-19 Recession's Effects on Health Insurance Coverage

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Since March 2020, millions of U.S. workers have lost their jobs in the wake of the COVID-19 recession. Most workers in the United States get health insurance coverage through their jobs, so policymakers are looking for answers to two main questions: How many workers losing their jobs are also losing their health insurance? And how many workers losing their employer-based coverage will become uninsured? Several estimates have been published in recent months, but they vary widely and are difficult to reconcile. Because definitive data on changes in coverage are not yet available, projections can supply useful information for policymakers. But, the value of these competing estimates lies in their transparent use of available data and careful presentation of final results in the context of considerable uncertainty about when and how insurance coverage will change as a result of the COVID-19 recession.

Introduction

We discuss four analyses of the effects of the COVID-19 recession on employment-based health insurance coverage and the number of uninsured people in 2020 that were published between early May and mid-July of 2020. This is not a comprehensive list of published reports on the topic.¹ We selected these four reports because they came out early, received some media attention, or represent a certain methodological approach. Also, in these four analyses the authors are reasonably transparent about their data and methodologies, allowing us to compare their key assumptions. One of us is an author of one of these reports. The early release of projections can be helpful to policymakers, especially in the face of so much uncertainty as we are experiencing during the coronavirus pandemic. Thus, early projections that provide partial answers to the main questions can still be valuable. To help

policymakers use those early projections, however, it is important for the authors to define where their estimates fit into the larger picture of what remains unknown.

A key reason for widely varying projections, is that not all of these studies fully address the two main policy questions: how many people will lose employer-sponsored insurance and how many people will become uninsured as a result of the COVID-19 recession. One study estimates how many people will lose insurance coverage tied to a lost job, and how many of them are likely to be eligible for subsidized coverage, but stops short of projecting how many people will become uninsured (KFF). Additionally, one study focuses exclusively on the affected workers (Families USA), whereas the others include workers and family members covered as dependents under workers' health insurance policies. While all of these types of estimates can

Study name	Citation
Urban Institute 1	Garrett B, Gangopadhyaya A. How the COVID-19 recession could affect health insurance coverage. Urban Institute. May 4, 2020. https://www.urban.org/research/publication/how-covid-19-recession-could-affect-health-insurance-coverage .
KFF (Henry J. Kaiser Family Foundation)	Garfield R, Claxton G, Levitt L. Eligibility for ACA health coverage following job loss. Henry J. Kaiser Family Foundation. May 13, 2020. https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/ .
Urban Institute 2	Banthin J, Simpson M, Buettgens M, Blumberg LJ, Wang R. Changes in health insurance coverage due to the COVID-19 recession: Preliminary estimates using microsimulation. Urban Institute. July 13, 2020. https://www.urban.org/research/publication/changes-health-insurance-coverage-due-covid-19-recession .
Families USA	Dorn S. <i>The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History</i> . New York: Families USA; July 17, 2020. https://familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/ .

Table 1. Select Outcomes from the Four Studies

	Urban Institute 1	KFF	Urban Institute 2	Families USA
Number of workers losing jobs	23.4 million (15% unemployment rate)	31 million	22.4 million	21.9 million
Number of people living in families with a job loss	Not estimated	78 million	48 million	Not estimated
Number of people losing employer-based coverage	17.7–30.0 million workers and dependents	27 million workers and dependents	10.1 million workers and dependents	5.4 million workers (no estimate of affected dependents)
Number of people becoming uninsured	5.1–8.5 million workers and dependents	Not estimated	2.9 million	5.4 million workers (no estimate of affected dependents)
Number of uninsured people gaining Medicaid after job loss	Not estimated	Not estimated	500,000	Not estimated
Whether other transitions in coverage are modeled	No	No	Yes	No

Source: Authors' analysis of the above-named studies, listed as they appear in the table: Garrett B, Gangopadhyaya A. [How the COVID-19 recession could affect health insurance coverage](#). Urban Institute. 2020; Garfield R, Claxton G, Levitt L. [Eligibility for ACA health coverage following job loss](#). Henry J. Kaiser Family Foundation. 2020; Banthin J, Simpson M, Buettgens M, Blumberg LJ, Wang R. [Changes in health insurance coverage due to the COVID-19 recession: Preliminary estimates using microsimulation](#). Urban Institute. 2020; Dorn S. [The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History](#). New York: Families USA; 2020.

Note: KFF is Henry J. Kaiser Family Foundation.

be useful, policymakers would ideally like to know the effects of job loss on both workers and the family members covered by workers' employment-related coverage. And to consider whether additional policy responses are needed, policymakers also want to know how well existing programs, such as Medicaid and the marketplaces, are replacing lost employer-based coverage.

Another major reason for the disparate projections is that the analyses vary in their methods along several dimensions. First, they differ by their assumptions about the extent of future employment losses. Although employment data are released monthly, and unemployment insurance claim filings are released weekly, there is much uncertainty regarding the extent of employment losses due to the COVID-19 recession. A second major difference between the studies is their assumptions regarding the timing of coverage effects, whether insurance losses happen immediately or over many months or years. One study assumes coverage losses have already occurred (Families USA), while two studies focus on the remainder of 2020 (KFF, Urban 2), and one study takes a longer time horizon and estimates

coverage changes will play out over several months to a year (Urban 1).

Third, studies also differ in their completeness. Only one of the four analyses models all possible transitions in coverage due to COVID-19-related employment losses. Unlike the other studies, the Urban 2 study estimates that some previously uninsured workers become eligible for and enroll in Medicaid following a job loss. A complete picture of the effects of the COVID-19 recession on insurance coverage would ideally include all transitions in coverage, including workers who lost their jobs but did not hold employer-based coverage before the pandemic.

We probably will not fully understand actual shifts in insurance coverage until 2021, when results from large federal household surveys conducted in 2020 are released. Even then, some of the effect of the economic disruption due to the coronavirus pandemic may continue through 2021, and not be evident until 2022. One such survey is the National Health Interview Survey, which yields one of the most reliable estimates of the number of uninsured people in the United States. In the meantime, we can glean

information from other household surveys, such as the Health Reform Monitoring Survey, the Commonwealth Fund survey, and the U.S. Census Bureau's Household Pulse Survey. However, though these surveys provide estimates in a more timely way, their smaller sample sizes and shorter questionnaires provide more limited insights into how coverage is changing. Over the coming months, we will also learn about increases in Medicaid and marketplace enrollment from administrative data released by state and federal agencies and insurers. Higher enrollment rates in those two programs may reflect two trends—reductions in income due to job loss and reductions in employer-provided health insurance.

We first present the headline estimates from each of the four studies, including brief comments on their modeling approach and the completeness of their estimates. We next discuss how differences in underlying assumptions, modeling approaches, and use of available data contribute to differing projections of the number of people losing employer-sponsored health insurance and the number of people who become uninsured. Following that, we summarize

early results from recent household surveys and discuss whether those results support estimates from the four studies. We conclude with a discussion of the value of studies like these when definitive information is not yet available.

Major Findings from the Four Studies

Urban Institute 1

This study, the earliest of the four studies examined, estimated changes in health insurance coverage under 15 percent, 20 percent, and 25 percent unemployment rates. For this comparison we restrict our focus to the 15 percent unemployment scenario because that is closest to current measures of unemployment. The authors provided two sets of point estimates based on two different econometric models of the relationship between unemployment rates and employer-based coverage from historical data. The authors found that 17.7 or 30 million people would lose employer-provided health insurance if unemployment rose to 15 percent under the two versions of their model (Table 1, row 3). These coverage losses lead to an estimated 5.1 or 8.5 million people becoming uninsured over several months to a year after the initial job losses (Table 1, row 4).

This study is the only one of the four to use an econometric approach to estimate the effects of the COVID-19 recession on coverage. The study defined two alternative econometric models to estimate the historical relationship between employer-based coverage and the unemployment rate. The authors then used data from 2014 to 2018 to estimate the resulting insurance status of people projected to lose employer coverage as a result of job loss. The estimates of the number of people losing employer-based coverage and eventually becoming uninsured are somewhat higher than those in the second Urban Institute report described below. This is most likely because past recessions affected a wider range of workers and more workers with employment-based coverage than the current recession has thus far.

One advantage of projections based on econometric models using historical

data is in their timely publication, before extensive contemporaneous data on the current recession is available. Another advantage is that their estimates summarize broad labor market characteristics and patterns that typically follow recessions, for example declines in hours worked or declines in eligibility for employer-based coverage. Also, the econometric model estimates reflect longer term impacts than the estimates of the other studies discussed here. A potential limitation of this approach is how much the COVID-19 recession varies from earlier recessions. Early evidence indicates the current recession is unlike previous recessions and is disproportionately affecting certain sectors of the economy while other sectors are relatively unchanged.

We anticipate that many workers who lose their jobs and employer-sponsored insurance will find other sources of coverage, so in addition to those two key questions, policymakers also want to know how many will enroll in subsidized coverage through Medicaid or the marketplaces. Urban 1 and Urban 2, unlike the other two studies discussed here, both provide estimates of changes in Medicaid and marketplace enrollment as a result of the COVID-19 recession, in addition to their main findings on the number losing ESI and becoming uninsured.

Henry J. Kaiser Family Foundation

In mid-May 2020, the Henry J. Kaiser Family Foundation (KFF) released a report that found nearly 78 million people lived in a family in which someone lost a job between February and May 2020 (Table 1, row 2). They estimate nearly 27 million people would lose employment-based health insurance in May because of that job loss (Table 1, row 3). The authors estimated that nearly 80 percent of the 27 million people losing ESI would be eligible for subsidized coverage through Medicaid or the marketplace. However, the authors refrained from estimating how many people would take up that coverage. Research has shown that people eligible for subsidized coverage do not always take it up; take-up varies by program and age of the enrollee, and it

is always less than 100 percent. Take-up can also vary by awareness of options, access to enrollment portals, and ease of sign-up, among many other factors. Thus, the KFF study provided early estimates of the potential number of uninsured but did not completely answer the second question asked by policymakers: How many of those losing employer-based coverage will likely become uninsured?

The study used an ACA eligibility model calculator developed by KFF. The authors applied the model to data from the 2018 ACS, which were then aged forward to match 2020 state populations. The authors note the ACS data do not distinguish between policyholders and covered dependents within a family, so they made assumptions to account for this lack of information. Later, we examine how these assumptions differ from those in the second Urban Institute study we describe.

Urban Institute 2

This study used detailed U.S. Bureau of Labor Statistics (BLS) data by industry, occupation, and demographic characteristics of reported employment losses through May 2020. The study projected that during the last three quarters of 2020 (the initial COVID-19 period), 48 million nonelderly people will live in a family with a worker estimated to lose their job because of the COVID-19 shutdowns and recession (Table 1, row 2). The study also found that the COVID-19 recession as of May 2020, unlike previous recessions, is disproportionately affecting workers paid low wages. Based on the published characteristics of workers losing jobs at that point in the recession, the authors estimated that many of these workers did not have employment-based coverage through their own jobs. They estimated 10.1 million people will lose employer-based coverage because of a job loss (Table 1, row 3), but many of them find other sources of coverage: about 32 percent switch to another employer-based policy in the family, and 28 percent enroll in Medicaid. Still, 3.5 million are projected to become uninsured. As noted, this is the only study of the four that also examined other insurance coverage transitions beyond those between ESI

coverage and other types. The authors estimated that in the last three quarters of 2020, about 500,000 uninsured people will become eligible for and enroll in Medicaid after they or a family member lose a job, offsetting slightly the number of people newly becoming uninsured. Thus, this study estimated the net increase in the number of uninsured people to be 2.9 million, accounting for all transitions in coverage (table 1, row 4).

This study relies on the Health Insurance Policy Simulation Model (HIPSM), supplementing the model with data from BLS on the characteristics of workers losing employment between February and May 2020. HIPSM is a powerful analytic tool, a detailed microsimulation model of the health insurance system designed to estimate the cost and coverage effects of proposed health care policy options. Models such as HIPSM are few in number because they require a large investment of resources to build and maintain. HIPSM is based on two years of data from the American Community Survey (ACS), which allows it to create a synthetic version of the health insurance system for US residents below age 65, populated by a representative sample of families constituting more than 6 million individuals.² The model thus captures a range of unmeasured correlations between employment, income, family structure, demographics and insurance coverage. Compared with other approaches, a sophisticated microsimulation model like HIPSM can take advantage of available micro data, meaning individual level data on who is losing employment, use that to simulate how each individual's eligibility for public insurance programs changes, and then model the ensuing transitions in coverage, providing a complete picture of potential changes. As mentioned above, Urban 2 and Urban 1 both provide estimates of changes in Medicaid and marketplace enrollment, in addition to their main findings on changes in number with ESI and the number of uninsured.

Families USA

On July 13, 2020, Families USA released a report that found that the number of uninsured workers increased by 5.4 million between February and May

2020 (Table 1, row 4),³ following losses of employment for 21.9 million workers. Unlike the other three studies discussed in this report, the Families USA study assumes that coverage losses have already occurred. Also, it does not incorporate the dependents of workers who were covered by the employer-sponsored insurance. Incorporating dependents would likely increase the estimated effects by an additional number of people, somewhere between 50 to 100 percent of the number of workers.

The analytic approach used in the Families USA report is straightforward. They produced these results by using the BLS data on changes in employment, unemployment, and labor force participation by state from February through May 2020, combining them with coverage estimates from an earlier paper by Gangopadhyaya and Garrett, which preceded and relates to the first Urban Institute study discussed in this report.⁴ Families USA calculated the number of people in each state moving from employed to unemployed or not in the labor force and simply applied uninsurance rates derived in Gangopadhyaya and Garrett to the number of people in each of those categories. Using ACS data on insurance coverage from 2008 to 2018, Gangopadhyaya and Garrett found that unemployed workers and non-elderly adults not in the labor force are less likely to become uninsured now than before the ACA, because of the expansion of Medicaid eligibility in most states and the introduction of marketplaces with subsidized coverage. Specifically, Gangopadhyaya and Garrett found that the 2014–18 uninsurance rate was 29.8 percent for unemployed people and 17.5 percent for those not in the labor force.

The Families USA study reflects how the consequences of losing a job have changed on average since implementation of the ACA. But the analysis does not account for the unusual nature of the current recession and its disproportionate effects on workers with low wages, people who are less likely to have held employer-provided insurance before their job loss. Gangopadhyaya and Garrett's average uninsurance rates following a job loss reflected the 2014–2018 period and these rates may

not apply to workers losing jobs in 2020 due to the pandemic. This recession also seems to have an unusual timeline, because many workers are reporting that their employer-provided insurance is continuing while they are temporarily furloughed from their jobs. This may change in coming months. The Families USA projection that 5.4 million workers have already lost their insurance is not consistent with emerging evidence from household surveys, but it may be a better projection for later in 2020 depending upon the evolution of the recession.

Differences between the Studies' Key Assumptions

Number of workers losing jobs.

One basic reason for these studies' differing estimates is their underlying assumptions of employment losses due to the COVID-19 recession (Table 1, row 1). This is a central assumption and directly affects each study's estimate of the number of people losing employer-provided health insurance. During the early months of the current recession it appeared to many observers of the US economy that labor market effects would be very severe. But some jobs returned after March and April 2020. Though we do not know whether employment losses will grow larger, data released in early August shows there were 16.3 million unemployed people and 7.7 million people out of the labor force who want a job as of July 2020.⁵

One of the earliest studies, KFF assumed a higher number of workers losing their jobs than the other studies, and this is one reason for its higher estimate of the number of people losing employer-provided coverage. The KFF authors summed the number of initial unemployment claims filed between March 7 and May 2, 2020, to reach the estimate of 31 million people losing their jobs. The second Urban Institute report described assumed 22.4 million workers lose their jobs, a very similar number to that in the Families USA analysis (21.9 million workers). The first Urban Institute study presented is the only study discussed here to offer multiple results depending on the unemployment level and included results for 15, 20, and 25 percent unemployment rates. To compare

this study with others, an unemployment rate of 15 percent translates to about 23.4 million workers as of March 2020.

Characteristics of people losing jobs. The second Urban Institute study presented incorporated the characteristics of those currently losing jobs to a greater degree than the other studies. Using a microsimulation model allowed the authors to incorporate a level of detail unachievable with econometric models. Moreover, the authors can update their estimates easily if the characteristics of those losing jobs changes. Both the first Urban Institute study presented and the Families USA study implicitly assumed workers currently losing jobs are similar to those losing jobs in past recessions. But the characteristics of people becoming unemployed thus far in 2020 appear to differ from data used in those two studies. In particular, the health insurance coverage distribution of those losing jobs in the current recession appears to differ from past recessions. If the recession continues, however, the characteristics of those who become unemployed and who leave the labor force could change.

Another unusual aspect of the current recession is the large number of workers on temporary furlough, many of whom may retain their employer-provided health insurance. The second Urban Institute analysis we described, using a microsimulation model, assumed roughly one-quarter of unemployed workers would keep their employer-sponsored insurance through the end of 2020. Two of the other studies do not appear to adjust for this pattern. The first Urban Institute study, using a regression model, presents its projections as longer-term effects that take place several months to a year after the change in employment levels, so the time horizon extends beyond the likely furlough period.

Number of people with employer-based coverage tied to a lost job. A major difference between the KFF study and second Urban Institute study begins with their estimated number of people living in families with a COVID-19-related job loss and receiving coverage through that job (Table 1, rows 2 and 3). KFF estimated that 78 million people live in families with a COVID-19-related job

loss and about 27 million of those people were covered by employer-sponsored insurance through that job, a share of 35 percent. The second Urban Institute study estimated that 48 million people live in families with a COVID-19-related job loss and 10.1 million of those people were covered by employer-sponsored insurance through that job, a share of 21 percent. Urban Institute thus assumed a smaller share of workers and dependents received coverage through the lost job than did KFF.

It is not clear which of these assumptions is more accurate. One of the challenges in estimating the impact of job losses on employment-based coverage is the lack of detailed information in the ACS on relationships within families and how individual family members are covered. In other words, the data do not identify which worker is a policyholder and which other family members are covered as dependents under each worker's plan. Researchers develop their assumptions based on research and data from other household surveys that contain such information. For example, workers with low incomes are more likely to live in families with a mix of insurance plans.⁶⁷ This could mean the children in a low-income household are enrolled in the Children's Health Insurance Program, whereas the working adults may opt for self-only coverage through their job-based plan.

Estimates including family members. Three of the four studies estimate the number of workers and family members likely to lose employer-sponsored coverage because of a pandemic-related job loss, ranging from 10.1 million to 30.0 million people. The Families USA study does not produce a comparable estimate, however, because it does not include family members in its estimates. Families USA found that 5.4 million workers have lost coverage in 2020; the total number losing coverage would be much greater than that, however, since some workers cover family members.

Completeness of estimates regarding all transitions in coverage. Only one study, the second Urban Institute study presented, which is based on a complex microsimulation model, estimated all

transitions in coverage that could flow from the extensive employment losses reported to date. For example, that study estimated that 500,000 uninsured workers become eligible for and enroll in Medicaid after losing their jobs. This movement partially offsets the number of people who become uninsured in the wake of a job loss. The study also estimated the transitions into and out of the marketplace. Though net growth in the marketplace is estimated to be quite low (200,000 people in 2020), that figure hides much larger gross enrollment increases of 700,000 and gross exits of 500,000 (data not shown). Many people exiting the marketplace are estimated to enroll in Medicaid, because their job losses lead to changes in program eligibility. Including estimates of all transitions in coverage help policymakers understand how the safety net is estimated to be working.

Presentation of estimates in the context of uncertainty. Three of the four studies carefully couched their estimates as the COVID-19 recession's potential impacts on insurance coverage. The Families USA study, on the other hand, estimated 5.4 million workers had already lost their employer-sponsored health insurance before the report's publication.⁸ Such statements are misleading, and the analysis is undermined by emerging data that contradict the estimates, as shown below.

Emerging Evidence from Household Surveys

The analytic efforts described above are especially important when so little definitive data are currently available on changes in insurance coverage in the wake of employment losses beginning in March and April 2020. Some evidence is emerging, however, from recent surveys, but none have found large increases in uninsured at this point in the recession.

Urban Institute researchers recently released a brief that used data from the HRMS, conducted between March 25 and April 10, 2020, and the first wave of the Coronavirus Tracking Survey, conducted between May 14 through 27, 2020.⁹ The Coronavirus Tracking Survey is part of the HRMS and is designed to monitor how the pandemic is affecting

adults over time. The tracking survey found no changes in employer-sponsored insurance or in the number of uninsured people for the overall sample of adults. However, for those in families losing jobs, employer-sponsored insurance dropped by 4.9 percentage points. That reduction in coverage was considerably offset by a 3.5 percentage-point increase in private nongroup coverage. The uninsured rate for adults in families losing jobs increased from 14.8 percent to 16.5 percent, but the change was not statistically significant. Among states that did not expand eligibility for Medicaid under the ACA, however, there was a very small but statistically significant increase in the overall number of uninsured adults (1.3 percentage points).

The Commonwealth Fund conducted a telephone survey of 2,271 adults ages 18 and older from May 13 through June 2, 2020.¹⁰ Among adults who reported that either they or their spouse or partner had a job loss or furlough, 59 percent did not have coverage through that job. Of the remaining 41 percent who had such coverage, 53 percent had been furloughed and still maintained coverage through that job. Smaller shares reported having employer coverage through another job, a spouse, COBRA, Medicaid, or the marketplaces. Thus, only a small percentage of people losing jobs (21 percent of 41 percent) became uninsured because they lost employer-sponsored insurance. However, if furloughed workers lose their jobs permanently, uninsurance could change significantly.

The results of these two surveys suggest many people who have lost jobs during the pandemic either did not have

insurance through their jobs to begin with or have maintained employer-sponsored insurance because of a furlough or through a family member or COBRA. Increases in Medicaid or marketplace coverage were generally small. Finally, a third survey, the U.S. Census Bureau's Household Pulse Survey, conducted between April 23 and May 5 and between July 9 to 14 found little net change in private or public coverage or in the uninsurance rate.¹¹ The survey may have missed an increase in uninsurance, because the first wave was conducted just after the sharp increase in unemployment in March/April. However, given the other survey results, significant shifts in coverage may not have occurred yet.

Conclusion

We do not yet know how many people will lose both their jobs and health insurance coverage during the COVID-19 recession, and definitive data will not be available until next year. Though employment rebounded somewhat after the huge job losses in March and April 2020, the economic recovery is uncertain and depends on the course of the coronavirus and efforts to mitigate its spread. Recent household surveys with smaller sample sizes than federal surveys have, however, indicated that net changes in insurance coverage thus far have been small. Without definitive data on how health insurance coverage is currently changing and will change in the coming months, models that predict the effects of widespread employment losses on coverage play an important role in alerting policymakers to potential outcomes. To better understand widely varying estimates, however, it would be

helpful for authors to define where their estimates fit into the larger picture of what remains unknown.

We find these studies' estimates differ for various reasons. One is the studies' different assumptions of the number of workers losing their jobs. Another is the degree to which the studies' analytic approaches incorporated emerging data on the specific characteristics of those losing employment in 2020, or otherwise adjusted for the specific characteristics of the COVID-19 recession relative to past recessions. A third are varying assumptions on the number of family members covered by workers' policies. One study goes further than the others, estimating all coverage transitions following the loss of employment, including movements from uninsurance or nongroup coverage to Medicaid, which effect final estimates, and matter to state and federal policymakers.

The value of these early estimates will only be known once we can measure how well they approximate more definitive data released in the coming months and years. Early evidence indicates there have not yet been large losses of coverage, suggesting that studies predicting smaller changes in the number of uninsured people may be more accurate than those predicting large increases. The four studies compared here present varying estimates of what may happen to the health insurance coverage of people affected by the current recession. In all cases, the authors have included information on their data, methods, and assumptions, enabling us to compare results across studies.

ENDNOTES

- 1 We exclude estimates produced without documentation of data and methods, including those from a report by Health Management Associates. See Health Management Associates. COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State. 2020. <https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf>. Published April 3, 2020. Accessed July 23, 2020.
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- 8 Gangopadhyaya and Garrett (note 4 above) did not present their estimates, used in the Families USA report, as certain.
- 9 Karpman M, Zuckerman S, Peterson G. Adults in families losing jobs during the pandemic also lost employer-sponsored health insurance. Urban Institute. 2020. <https://www.urban.org/research/publication/adults-families-losing-jobs-during-pandemic-also-lost-employer-sponsored-health-insurance>. Published July 10, 2020. Accessed July 27, 2020.
- 10 Summarized in the Karpman, Zuckerman, and Peterson analysis above.
- 11 Health insurance coverage—Household Pulse Survey—COVID-19. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchs/covid19/pulse/health-insurance-coverage.htm>. Updated July 22, 2020. Accessed July 27, 2020.

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