

As the COVID-19 Recession Extended into the Summer of 2020, More Than 3 Million Adults Lost Employer-Sponsored Health Insurance Coverage and 2 Million Became Uninsured

Evidence from the Household Pulse Survey, April 23–July 21, 2020

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Timely Analysis of Immediate Health Policy Issues

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The COVID-19 pandemic has had dire economic consequences. As of the week ending August 15, 2020, 29.2 million Americans were receiving unemployment insurance benefits, compared with 1.6 million Americans at that point a year ago.¹ The unemployment rate rose from 3.5 percent in February to 14.7 percent in April and was 8.4 percent in August.² Because most Americans under age 65 get health insurance coverage through their or a family member's employer, many people in families losing jobs are also at risk of losing coverage. Historically, increases in unemployment rates have led to increased uninsurance.³ Though recent evidence suggests the Affordable Care Act (ACA) may have weakened the link between jobs and insurance coverage,⁴ the scale of the current recession threatens employer-sponsored insurance (ESI) for millions of workers and their families. Many of these people may struggle to find replacement coverage because they are unfamiliar with or ineligible for Medicaid or subsidized health plans through the health insurance marketplaces, or because they cannot afford premiums even if eligible for marketplace premium tax credits.

Though several studies have projected the recession could have profound effects on insurance coverage,^{5,6,7,8} rapid-response surveys suggest coverage changed minimally during the initial months of the crisis, between March and May 2020.^{9,10,11} However, these estimated changes do not match the historically

large number of jobs lost during this period, which may be explained by several factors. First, the jobs that were initially lost during this period may have been less likely to offer ESI. Second, many workers may have been placed on temporary layoffs during the recession's initial months, during which their ESI may have been sustained. Third, respondents may not immediately know their coverage status following job loss. However, as the recession prolongs and potentially affects a broader range of workers, ESI losses may become more rapid.

In this brief, we use the U.S. Census Bureau's Household Pulse Survey to assess how coverage changed as the COVID-19 recession extended into the summer months. We do not assess total changes in coverage occurring because of the pandemic's effects. The Census Bureau developed the Household Pulse Survey to assess changes in household employment, spending, food security, health care access, and health in real time as the pandemic and recession unfold. The Household Pulse Survey was first fielded April 23, five weeks after the initial record-breaking surge in weekly unemployment insurance claims starting March 21, by which point at least 26 million people had filed unemployment insurance claims. Therefore, this study analyzes changes in coverage occurring *after* the pandemic's initial shocks.

We focus on changes in ESI, Medicaid and other public coverage, marketplace and other private nongroup coverage,

and uninsurance between the first two waves of the Household Pulse Survey (fielded April 23–May 12) and the most recent two waves of the survey (fielded July 9–21) among adults ages 18 to 64. Between these dates, an additional 28 million Americans filed unemployment insurance claims, but the rate of weekly claims filings steadily decreased. The unemployment rate gradually decreased during this period as well. Nonetheless, these three months represent uncharted territory for U.S. labor markets and therefore for insurance coverage. We find the following:

- An estimated 3.3 million nonelderly adults lost ESI between late April/early May and mid-July. This represents a 1.7 percentage-point decline, from 67.1 percent to 65.4 percent. Public coverage and uninsurance both increased by about 1 percentage point, from 14.1 percent to 15.2 percent for public coverage and from 12.9 to 13.9 percent for uninsurance. The increase in uninsurance represents an estimated 1.9 million additional adults without coverage. We observe no significant change in private nongroup coverage over this period.
- Hispanic adults and non-Hispanic Asian adults saw the largest declines in ESI. Among Hispanic adults, an estimated 1.6 million lost ESI over this period, a 4.3 percentage-point decline. Among non-Hispanic Asian adults, ESI declined by an

estimated 7.6 percentage points, or about 800,000 adults. The share of Hispanic adults with public coverage increased 2.5 percentage points, but uninsurance increased by 3.8 percentage points, representing 1.4 million newly uninsured Hispanic adults. The share of non-Hispanic Asian adults with public coverage increased by 5.0 percentage points.

- We estimate that the number of adults ages 18 to 39 with ESI fell by 2.2 million. Among these adults, uninsurance increased by 1.5 percentage points, but public and private nongroup coverage changed little. Uninsurance did not significantly increase for adults ages 40 to 64, who experienced a 1.8 percentage-point increase in public coverage.
- Nearly all ESI losses observed in the survey (90 percent) occurred among men, 3.0 million of whom lost ESI. Approximately 2.3 million men became uninsured during this period, their uninsurance rate increasing by 2.4 percentage points.
- About 2.1 million adults with a high school degree or less education lost ESI, a 2.8 percentage-point decline for the group. Public coverage among this group climbed by 2.5 percentage points, and uninsurance increased by 1.6 percentage points, equal to 1.2 million more adults without coverage.
- In states that did not expand Medicaid under the ACA, the share of people with ESI fell 2.1 percentage points (1.5 million adults) and the share uninsured increased by 1.7 percentage points (1.1 million adults). In states that expanded Medicaid, the share with ESI fell 1.4 percentage points (1.8 million adults). Though we observe corresponding increases in public coverage and uninsurance in expansion states, these changes are statistically insignificant.

Our analysis of the Census Bureau's Household Pulse Survey suggests that between April 23 and July 21, ESI coverage decreased broadly across most

demographic groups, and such losses were greatest among Hispanic adults, younger adults, men, and adults with a high school degree or less education. As temporary layoffs potentially evolve into permanent job losses, ESI coverage losses could become more widespread. Consequently, federal subsidies for marketplace plans and state Medicaid programs could face additional pressure to prevent rising uninsurance rates. Fiscal and monetary policies intended to support labor markets and reduce unemployment rates, if successful, could help prevent ESI loss.

Our findings indicate that groups experiencing larger losses in ESI coverage experienced corresponding increases in public coverage or uninsurance rates, with smaller observed changes in private nongroup coverage rates. Policies that could blunt the likelihood of ESI losses leading to further increases in uninsurance include expanding Medicaid under the ACA in the 12 states that have not yet done so, extending the income eligibility range for premium subsidies for marketplace plans, and increasing the subsidy amount for marketplace plans.

Data and Methods

Our analysis draws on public use microdata from the Census Bureau's Household Pulse Survey, which measures the COVID-19 pandemic's effects on U.S. households.¹² The survey is designed to produce representative estimates for adults ages 18 and older living in housing units at the national and state levels and in the 15 largest metropolitan statistical areas.^{13,14} Participants are sampled from housing units in the Census Bureau's Master Address File, which are matched with email addresses and phone numbers from the Census Bureau's Contact Frame. Via email or text message, sampled households are asked to complete the online survey. Survey weights adjust for household nonresponse, coverage of housing units in the sampling frame, number of adults per household, and the demographic characteristics of adults within each state, based on age, sex, race/ethnicity, and educational attainment.

The initial survey was fielded weekly between April 23 and July 21, 2020, and fielding for additional weeks resumed in mid-August.¹⁵ The field period for the first "week" was April 23 to May 5 but fielding for subsequent weeks lasted six days. Before August, households completing an interview in one week remained in the sample for the next two weeks. Weekly weighted response rates for this internet-based survey were typically about 3 percent, much lower than those of other major federal surveys.¹⁶ The sample size varies from a low of about 42,000 respondents in week two to a high of about 133,000 in week three, with an average weekly sample size of about 90,000.¹⁷

Our analysis focuses on adults ages 18 to 64, who are most likely to experience changes in health insurance coverage during the pandemic, because nearly all adults ages 65 and older are covered by Medicare. We focus on changes in the share of adults who report being covered by the following types of health insurance at the time of the survey: ESI, including TRICARE; public coverage, including Medicare, Medicaid, and Veterans Affairs coverage; private nongroup coverage, including marketplace coverage; and uninsurance. Because respondents could select multiple coverage types, we establish a hierarchy of responses so estimates sum to 100 percent.¹⁸ Respondents are considered uninsured if they do not identify either ESI, public, or private nongroup coverage. Those who only select Indian Health Service coverage are considered uninsured. One limitation of this analysis is that reported health insurance coverage types are measured with significant error in surveys.^{19,20,21} Though respondents tend to report ESI accurately, greater measurement error occurs in reports of public coverage and private nongroup coverage.²² Moreover, measures of coverage type in the Household Pulse Survey are not subject to the detailed verification and editing typically used in annual federal surveys.²³

In addition, between 8 percent and 11 percent of nonelderly Pulse survey respondents do not answer the

insurance coverage questions across survey weeks.²⁴ However, Pulse survey weights are intended to represent a consistent population when applied to *all* respondents, including those with missing coverage responses. Consequently, using the Pulse survey weights to assess changes in insurance coverage is problematic, because changes in the estimated number of people with each coverage type could be driven by fluctuations in missing responses across weeks. To address this issue, we reweight the set of respondents who answered the coverage questions in each week to total to the average sum of the Pulse weight (i.e., including those with missing responses to coverage questions) for the

same state, age group (18–39, 40–64), educational attainment (high school degree or less, some college or more), and racial/ethnic group (non-Hispanic white, nonwhite or Hispanic) across all fielded weeks. This ensures that among those responding to insurance coverage questions, the population totals and demographic characteristics of respondents evaluated in each survey week are consistent within each of these state, racial/ethnic, age, and education combinations. We estimate standard errors for coverage change estimates using the Pulse survey replicate weights, which we adjust to account for our reweighting approach.

Findings

Between late April/early May and mid-July, more than 3 million adults lost employer-sponsored insurance, and such losses were concentrated among Hispanic adults, young adults, men, and adults who did not attend college.

As shown in Table 1, we first assess changes in ESI between April 23–May 12 (weeks 1 and 2 of the Pulse survey) and July 9–21 (weeks 11 and 12) overall and by key demographic groups. In the initial weeks of the Pulse survey, an estimated 67.1 percent of nonelderly adults had health insurance coverage through an employer. By weeks 11 and 12 of the survey, this estimate fell 1.7 percentage

Table 1. Employer-Sponsored Health Insurance Coverage among Adults Ages 18 to 64, by Selected Characteristics, Late April/Early May to Mid-July 2020

	Percent with ESI			Number with ESI (Millions)		
	April 23-May 12	July 9-21	Percentage-point change	April 23-May 12	July 9-21	Change
Overall	67.1%	65.4%	-1.7**	132.1	128.8	-3.3**
Race/ethnicity^a						
Non-Hispanic white	71.7%	70.8%	-0.8	82.6	81.7	-1.0
Non-Hispanic Black	58.7%	60.2%	1.5	14.6	15.0	0.4
Hispanic	57.0%	52.7%	-4.3**	21.1	19.5	-1.6**
Non-Hispanic Asian	76.0%	68.5%	-7.6**	8.4	7.6	-0.8**
Age						
18–39	63.3%	61.0%	-2.4**	57.7	55.6	-2.2**
40–64	70.4%	69.3%	-1.1	74.3	73.2	-1.1
Gender						
Male	69.3%	66.2%	-3.1**	66.8	63.8	-3.0**
Female	65.0%	64.7%	-0.3	65.3	65.0	-0.3
Education						
High school degree or less	55.1%	52.3%	-2.8**	41.4	39.2	-2.1**
Some college or more	74.5%	73.6%	-1.0**	90.7	89.5	-1.2**
Children in household						
No children in household	68.2%	66.5%	-1.7**	72.9	71.0	-1.8**
Children in household	65.9%	64.2%	-1.7**	59.3	57.7	-1.6**
State Medicaid expansion status						
Has not expanded Medicaid	65.0%	62.9%	-2.1**	44.3	42.8	-1.5**
Expanded Medicaid	68.2%	66.8%	-1.4**	87.8	85.9	-1.8**

Source: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI = employer-sponsored insurance. Differences in columns may not be equal to reported change due to rounding.

**Denotes significance at the $p < 0.05$ level.

^aNon-Hispanic respondents of other races or more than one race are included in the overall analysis but not represented as a residual category.

points to 65.4 percent, meaning an estimated 3.3 million people lost ESI during this period.

For both non-Hispanic white and non-Hispanic Black adults, we did not observe statistically significant changes in ESI over the study period. However, Hispanic adults experienced an estimated 4.3 percentage-point decline in ESI, and non-Hispanic Asian adults experienced an estimated 7.6 percentage-point decline in ESI, equal to 1.6 million and 800,000 adults, respectively.

ESI losses were concentrated among younger adults ages 18 to 39. We estimate this group experienced a 2.4 percentage-point decline in ESI over this period, equal to 2.2 million people. An additional 1.1 million people between the ages of 40 and 64 also lost ESI, though the estimate for older adults ages 40 to 64 is not statistically different from zero. ESI losses are overwhelmingly concentrated among men rather than women, with an estimated 3 million men losing such coverage over this period.

In the initial weeks of the survey, 55.1 percent of people with a high school degree or less education received

insurance coverage through an employer, compared with 74.5 percent of those with some college or more education. For those with a high school degree or less education, the share with ESI fell to 52.3 percent by mid-July, equal to an estimated 2.1 million people. People with some college or more education also experienced a significant, but smaller, 1 percentage-point decline in ESI.

Though the reduction in ESI was partially offset by a rise in public coverage, the number of uninsured adults increased by nearly 2 million. Groups that faced the largest ESI losses also saw the largest increases in uninsurance.

In this section, we assess how Medicaid and other public coverage, private nongroup coverage (including coverage through the ACA's marketplaces), and uninsurance changed between the beginning and ending weeks (weeks 1, 2, 11, and 12) of Phase 1 of the Pulse survey. ESI losses could result in increased take-up of Medicaid, depending on state eligibility rules. Moreover, losing job-based coverage initiates a special enrollment period, in which individuals can purchase a plan on the ACA's

marketplace outside of the marketplace's usual open enrollment period, possibly with subsidized premiums and cost-sharing depending on one's projected household income for the year. However, some adults losing ESI will be ineligible for Medicaid or marketplace subsidies, and others may be eligible but unfamiliar with these options or reluctant to apply.²⁵ In addition, job losses could make it more difficult to afford even subsidized marketplace plan premiums; for these adults, losing ESI could ultimately mean becoming uninsured.

In Table 2, we present the overall shares and numbers of nonelderly adults reporting each coverage type in the first two and the final two weeks of Phase 1 of the survey. Between late April/early May and mid-July, the share of nonelderly adults with public coverage increased from 14.1 percent to 15.2 percent, meaning 2.2 million people gained public coverage over this period. Though the share of adults with private nongroup coverage did not change significantly, uninsurance increased from 12.9 percent to 13.9 percent. Thus, we estimate that 1.9 million people became uninsured during the study period. In Appendix Tables 1 and 2, we present the

Table 2. Changes in Health Insurance Coverage among Adults Ages 18 to 64, Late April/Early May to Mid-July 2020

	ESI	Public	Private nongroup	Uninsured
Share covered (percent)				
April 23-May 12	67.1%	14.1%	5.9%	12.9%
July 9-21	65.4%	15.2%	5.5%	13.9%
Percentage-point change	-1.7 **	1.1 **	-0.4	1.0 **
Total enrolled (millions)				
April 23-May 12	132.1	27.8	11.6	25.4
July 9-21	128.8	30.0	10.8	27.3
Change	-3.3 **	2.2 **	-0.8	1.9 **

Source: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI = employer-sponsored insurance.

**Denotes significance at the $p < 0.05$ level.

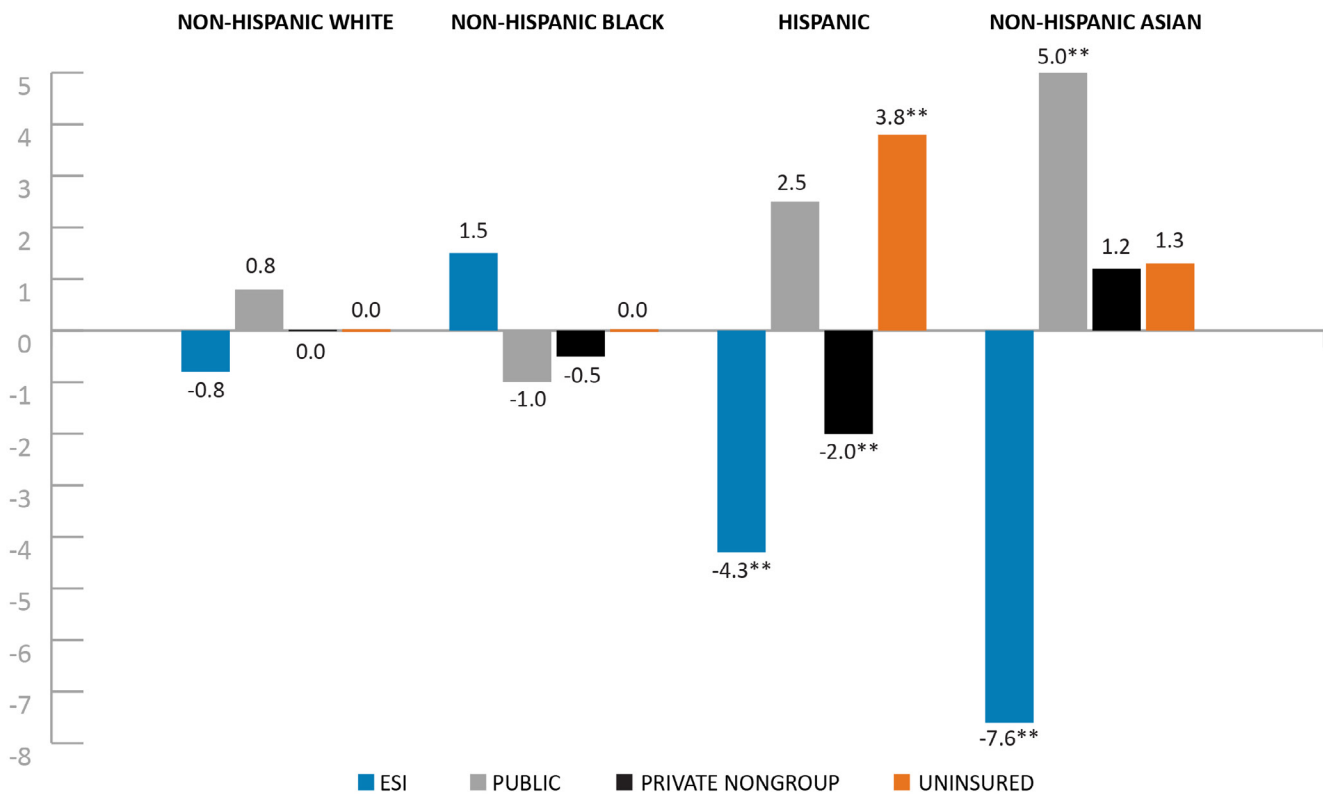
shares and estimated population totals enrolled in each coverage type across these survey weeks and for each major demographic group.

We next highlight changes in coverage type by race and ethnicity (Figure 1). As shown in Table 1, ESI coverage changed little among non-Hispanic white and non-Hispanic Black adults. Figure 1 shows these respondents

faced few corresponding changes in other coverage categories as well. Conversely, Hispanic and non-Hispanic Asian adults experienced large decreases in ESI coverage. For Hispanic adults, their 4.3 percentage-point drop in ESI was accompanied by an additional 2.0 percentage-point decline in private nongroup coverage, equaling roughly 800,000 adults losing private nongroup coverage. These

losses in private coverage were partially offset by an estimated 2.5 percentage-point increase in public coverage, but this change is statistically insignificant. Thus, uninsurance among Hispanic adults increased by an estimated 3.8 percentage points, or about 1.4 million people, over this period. Non-Hispanic Asian adults, who experienced a 7.6 percentage-point decrease in ESI, also saw a 5.0 percentage-point increase

Figure 1. Percentage-Point Changes in Health Insurance Coverage among Adults Ages 18 to 64, by Race and Ethnicity, Late April/Early May to Mid-July 2020



Sources: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI = employer-sponsored insurance. Percentage points represent changes in health insurance coverage between April 23-May 12 and July 9-21.

**Denotes significance at the $p < 0.05$ level.

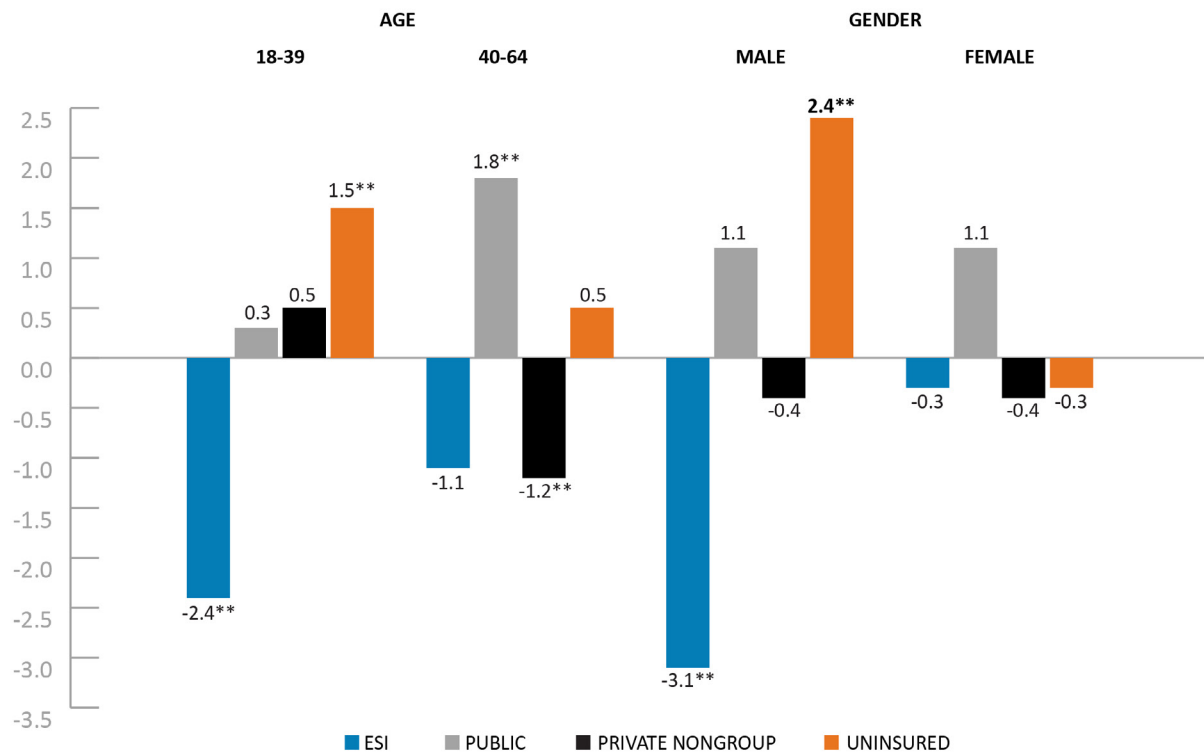
in public coverage and no significant change in private nongroup coverage or uninsurance.

Figure 2 presents changes in coverage by age group and gender. For younger adults ages 18 to 39, 2.2 million of whom lost ESI, we observe small and insignificant changes in public coverage and private nongroup coverage but a 1.5 percentage-point increase in uninsurance,

representing 1.3 million more of these adults becoming uninsured. Older adults ages 40 to 64 saw a smaller estimated change in ESI but also reported significant losses of private nongroup coverage. For these adults, public coverage increased by an estimated 1.8 percentage points and uninsurance changed little over this period. As noted earlier, ESI losses were concentrated among men rather than women. We also estimate men

experienced a 1.1 percentage-point increase in public coverage, nearly no changes in private nongroup coverage, and a significant 2.4 percentage-point increase in uninsurance, representing 2.3 million men becoming uninsured. Across all categories, coverage changed little for women and all estimated changes were statistically insignificant.

Figure 2. Percentage-Point Changes in Health Insurance Coverage among Adults Ages 18 to 64, by Age and Gender, Late April/Early May to Mid-July 2020

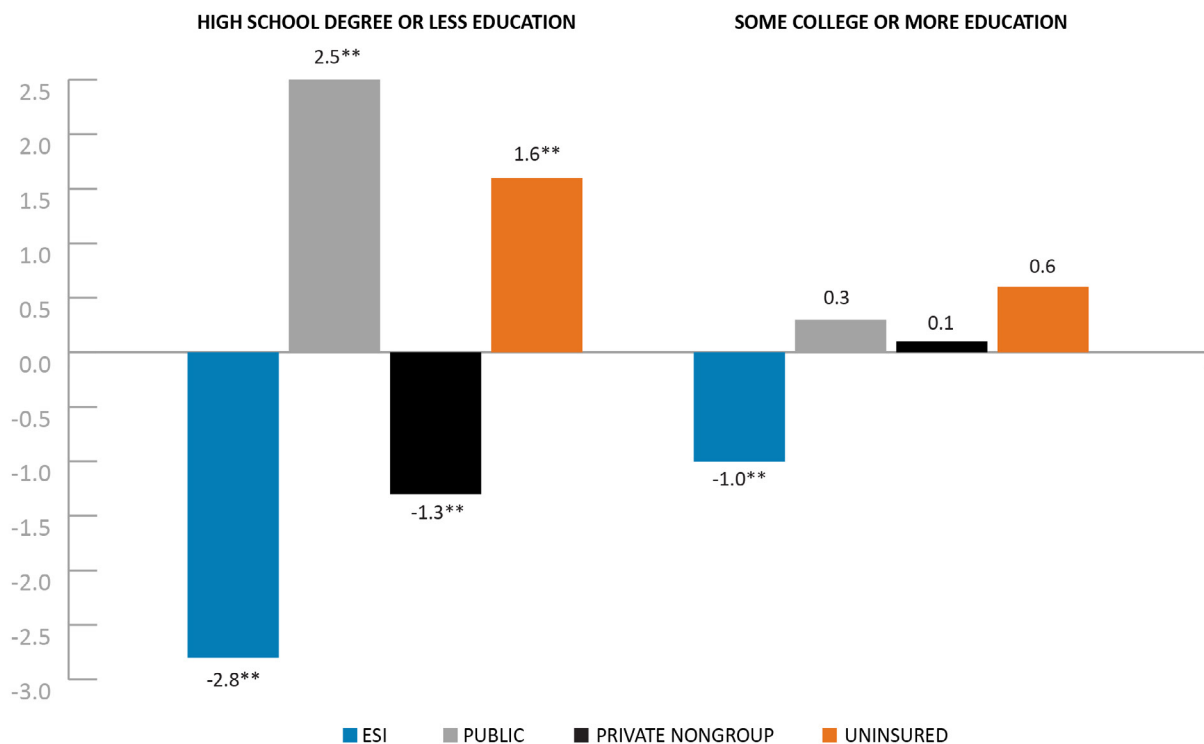


Sources: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI = employer-sponsored insurance. Percentage points represent changes in health insurance coverage between April 23-May 12 and July 9-21.

**Denotes significance at the $p < 0.05$ level.

Figure 3. Percentage-Point Changes in Health Insurance Coverage among Adults Ages 18 to 64, by Educational Attainment, Late April/Early May to Mid-July 2020



Sources: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI = employer-sponsored insurance. Percentage points represent changes in health insurance coverage between April 23-May 12 and July 9-21.

**Denotes significance at the $p < 0.05$ level.

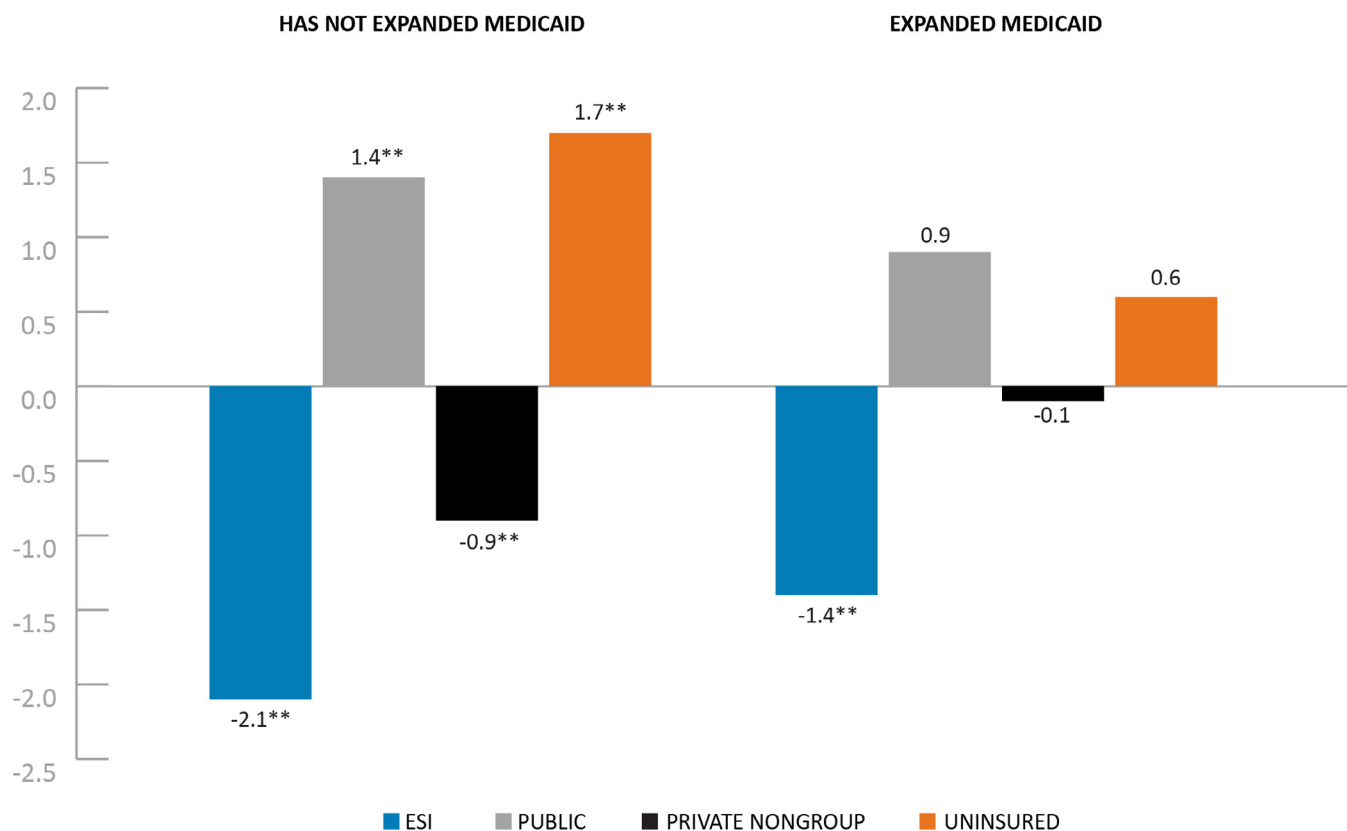
Figure 3 shows estimated changes in coverage types by educational attainment. Nonelderly adults with a high school degree or less education experienced an estimated 2.8 percentage-point decline in ESI (equal to about 2.2 million adults), along with a 2.5 percentage-point increase in public coverage (1.8 million adults), a 1.3 percentage-point decline in private nongroup coverage (1.0 million adults), and a 1.6 percentage-point increase in uninsurance (1.3 million adults). Despite estimating that 1.2 million adults with some college or more education lost ESI, we detect no significant changes in their other coverage types over our study period.

ESI losses occurred across states, and uninsurance increased in states that did not expand Medicaid under the ACA.

Between late April/early May and mid-July, the share of adults with ESI fell in states that did and did not expand Medicaid under the ACA (Medicaid expansion and nonexpansion states). Though estimated ESI losses were greater in nonexpansion states than in expansion states over this period (Table 1), we find that differences by state expansion status were statistically insignificant. Figure 4 shows that adults in nonexpansion states experienced a 2.1 percentage-point

decline in ESI (1.5 million people), as well as a 1.4 percentage-point increase in public coverage and a 0.9 percentage-point decline in private nongroup coverage. Uninsurance increased by 1.7 percentage points, representing an estimated 1.1 million additional adults without coverage in these states. In Medicaid expansion states, the share of adults with ESI fell 1.4 percentage points (1.8 million adults), public coverage increased by 0.9 percentage points, and private nongroup coverage remained virtually unchanged. Though uninsurance increased by 0.6 percentage points in expansion states (800,000 adults), this change was statistically insignificant.

Figure 4. Percentage-Point Changes in Health Insurance Coverage among Adults Ages 18 to 64, by State Medicaid Expansion Status, Late April/Early May to Mid-July 2020



Sources: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI = employer-sponsored insurance. Percentage points represent changes in health insurance coverage between April 23-May 12 and July 9-21.

**Denotes significance at the $p < 0.05$ level.

Discussion

The Household Pulse Survey offers a snapshot of how health insurance coverage changed between April 23–May 12 and July 9–21, 2020, as the COVID-19 recession extended into the summer and millions of adults remained unemployed. We estimate that during these three months, the number of nonelderly adults with ESI fell by 3.3 million, while the number of uninsured adults increased by 1.9 million. These coverage losses have been concentrated among men, Hispanic adults, younger adults, and adults who have not attended college. ESI coverage losses have occurred in both states that did and did not expand Medicaid under the ACA.

However, these estimates do not reflect overall coverage changes that have occurred during the recession up to this point. Both unemployment claims and monthly employment survey data show most job losses occurred in March and early-to-mid April, before the Pulse survey was first fielded,^{1,26} and other rapid-response surveys indicate coverage had already begun to shift before April 23. In a State Health Access Data Assistance Center survey, which was fielded April 24–26 and had about 1,000 respondents, 4 percent of adults ages 18 and older reported losing health insurance during the early months of the pandemic because their employer-based coverage ended or they had to cancel their coverage.¹¹ The survey did not, however, determine whether these adults became uninsured.

In addition, an Urban Institute tracking survey that followed a sample of more than 4,000 nonelderly adults between March 25–April 10 and May 14–27 found that, though overall coverage levels were roughly stable during this period, ESI declined by 5 percentage points among adults in families losing jobs (from 59 percent to 54 percent) and uninsurance increased overall in states that have not expanded Medicaid.⁹

The gradual changes in health insurance coverage found in the above mentioned surveys and the Pulse survey partially owe to the disproportionate impact of the recession on workers with low incomes,²⁷ who were less likely to be covered by ESI before the pandemic began.²⁸ A Commonwealth Fund survey, fielded May 13–June 2, found that fewer than half of adults reporting they or their spouse or partner lost a job or were furloughed during the pandemic were covered by health insurance through the affected job.¹⁰

Even when accounting for these job loss patterns, rapid-response survey data suggest some of the coverage losses projected in earlier studies^{5,6} have not yet materialized.²⁹ This may owe to the unique labor market effects of the COVID-19 recession, in which more than 70 percent of unemployed workers who lost jobs were on temporary layoff as of mid-July.³⁰ Yet, these labor market circumstances also suggest many people remain at risk of losing coverage

as the recession continues and more job losses become permanent. The declining unemployment rate between April and July largely reflects a decline in the number of workers on temporary layoff (from 18 million to 9 million), which coincided with an increasing number facing permanent job loss (from 2 million to 3 million). Thus, changes in ESI and other insurance coverage types may not closely correspond with month-to-month changes in overall unemployment rates.

With continued weakness in the labor market, federal and state policymakers will need to act to prevent job losses from leading to further increases in uninsurance. At the federal level, expanded subsidies for marketplace coverage and restoration of funding for outreach and enrollment assistance can help more unemployed adults afford premiums and navigate their coverage options. At the state level, additional Medicaid expansions can prevent adults from falling into an assistance gap, where they are ineligible for both Medicaid and marketplace subsidies. Indeed, ballot measures to expand Medicaid under the ACA passed in two states (Missouri and Oklahoma) as the pandemic and recession have deepened. Ultimately, stemming coverage losses will require improved efforts to reduce transmission of the novel coronavirus so that more segments of the economy can reopen safely and foster a sustained labor market recovery.

Appendix Table 1. Share of Adults Ages 18 to 64 with Selected Health Insurance Coverage Types, by Selected Characteristics, Late April/Early May to Mid-July 2020

	Share with each coverage type							
	ESI		Public		Private nongroup		Uninsured	
	April 23-May 12	July 9-21	April 23-May 12	July 9-21	April 23-May 12	July 9-21	April 23-May 12	July 9-21
Overall	67.1%	65.4%	14.1%	15.2%	5.9%	5.5%	12.9%	13.9%
Race/ethnicity^a								
Non-Hispanic white	71.7%	70.8%	12.0%	12.9%	6.2%	6.2%	10.1%	10.1%
Non-Hispanic Black	58.7%	60.2%	21.1%	20.1%	3.6%	3.1%	16.5%	16.6%
Hispanic	57.0%	52.7%	16.5%	19.0%	6.5%	4.5%	20.0%	23.8%
Non-Hispanic Asian	76.0%	68.5%	7.6%	12.6%	6.0%	7.2%	10.4%	11.8%
Age								
18–39	63.3%	61.0%	15.6%	16.0%	5.0%	5.5%	16.1%	17.5%
40–64	70.4%	69.3%	12.8%	14.6%	6.6%	5.4%	10.2%	10.7%
Gender								
Male	69.3%	66.2%	10.6%	11.7%	6.1%	5.7%	14.0%	16.3%
Female	65.0%	64.7%	17.5%	18.6%	5.7%	5.2%	11.9%	11.5%
Education								
High school degree or less	55.1%	52.3%	20.2%	22.7%	5.7%	4.4%	19.0%	20.6%
Some college or more	74.5%	73.6%	10.3%	10.6%	6.0%	6.1%	9.2%	9.7%
Children in household								
No children in household	68.2%	66.5%	11.9%	13.6%	7.2%	6.5%	12.7%	13.4%
Children in household	65.9%	64.2%	16.6%	17.2%	4.4%	4.2%	13.1%	14.5%
State Medicaid expansion status								
Has not expanded Medicaid	65.0%	62.9%	9.9%	11.2%	7.3%	6.4%	17.8%	19.5%
Expanded Medicaid	68.2%	66.8%	16.4%	17.3%	5.1%	5.0%	10.3%	10.9%

Sources: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI is employer-sponsored insurance.

** Denotes significance at the $p < 0.05$ level.

^aNon-Hispanic respondents of other races or more than one race are included in the overall analysis but not represented as a residual category.

Appendix Table 2. Number of Adults Ages 18 to 64 with Selected Health Insurance Coverage Types, by Selected Characteristics, Late April/Early May to Mid-July 2020

	Number of people with each coverage type (millions)							
	ESI		Public		Private nongroup		Uninsured	
	April 23-May 12	July 9-21	April 23-May 12	July 9-21	April 23-May 12	July 9-21	April 23-May 12	July 9-21
Overall	132.1	128.8	27.8	30.0	11.6	10.8	25.4	27.3
Race/ethnicity^a								
Non-Hispanic white	82.6	81.7	13.9	14.8	7.2	7.2	11.6	11.6
Non-Hispanic Black	14.6	15.0	5.2	5.0	0.9	0.8	4.1	4.1
Hispanic	21.1	19.5	6.1	7.1	2.4	1.7	7.4	8.8
Non-Hispanic Asian	8.4	7.6	0.8	1.4	0.7	0.8	1.2	1.3
Age								
18–39	57.7	55.6	14.2	14.5	4.6	5.1	14.7	16.0
40–64	74.3	73.2	13.6	15.4	7.0	5.7	10.7	11.3
Gender								
Male	66.8	63.8	10.2	11.2	5.9	5.5	13.5	15.7
Female	65.3	65.0	17.6	18.7	5.7	5.2	11.9	11.6
Education								
High school degree or less	41.4	39.2	15.2	17.0	4.3	3.3	14.2	15.5
Some college or more	90.7	89.5	12.6	12.9	7.3	7.5	11.2	11.8
Children in household								
No children in household	72.9	71.0	12.7	14.5	7.7	7.0	13.5	14.3
Children in household	59.3	57.7	14.9	15.4	4.0	3.8	11.8	13.0
State Medicaid expansion status								
Has not expanded Medicaid	44.3	42.8	6.7	7.7	5.0	4.3	12.1	13.3
Expanded Medicaid	87.8	85.9	21.1	22.3	6.6	6.4	13.2	14.0

Sources: Weeks 1, 2, 11, and 12 of the U.S. Census Bureau's Household Pulse Survey.

Notes: ESI is employer-sponsored insurance.

** Denotes significance at the $p < 0.05$ level.

^aNon-Hispanic respondents of other races or more than one race are included in the overall analysis but not represented as a residual category.

NOTES

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- 16 For instance, response rates are 64 percent for the 2018 National Health Interview Survey (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2018/srvydesc.pdf) and 92 percent for the American Community Survey (<https://www.census.gov/acs/www/methodology/sample-size-and-data-quality/response-rates/>). Though these federal surveys have higher response rates and stronger designs than the Pulse survey, they are fielded throughout the year and data are released after a significant time lag. Estimates of pandemic-related coverage changes from these surveys will likely be unavailable until the second half of 2021.
- 17 Though the Pulse survey's sample size fluctuates across weeks, one of its major advantages over other rapid-response surveys fielded during this period is its large sample size. The Urban Institute's Health Reform Monitoring Survey, fielded between March 25 and April 10, had about 9,000 respondents, and Urban's follow-up tracking survey, fielded May 14–27, had about 4,300 respondents. The State Health Access Data Assistance Center's COVID-19 survey, fielded April 24–26, had just over 1,000 respondents. By comparison, the Pulse survey's sample size is an order of magnitude larger in each fielded week relative to these surveys, better enabling it to detect whether small estimated changes in coverage are statistically significant.
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- ²⁵ Medicaid eligibility for nondisabled, nonpregnant adults varies by whether a state expanded Medicaid under the ACA. In expansion states, nearly all of these adults with incomes up to 138 percent of the federal poverty level (FPL) are eligible for Medicaid. In nonexpansion states, adults not living with dependent children are generally ineligible for Medicaid, and income eligibility thresholds for parents living with children are often very low (e.g., 17 percent of FPL in Texas and 18 percent of FPL in Alabama; see Medicaid income eligibility limits for parents, 2002–2020. Henry J. Kaiser Family Foundation website.) In both groups of states, lawfully residing immigrant adults must typically wait five years after they receive qualified status before qualifying for Medicaid. Adults ineligible for Medicaid can qualify for marketplace premium tax credits if their incomes are between 100 and 400 percent of FPL (138 to 400 percent of FPL in Medicaid expansion states) and they do not have an affordable coverage offer through an employer (defined as a plan in which the premium for the individual does not exceed 9.78 percent of household income). Lawfully residing immigrants ineligible for Medicaid because of immigration status qualify for premium tax credits even if their incomes are below 100 percent of FPL.
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