



# Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2019

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## What's New

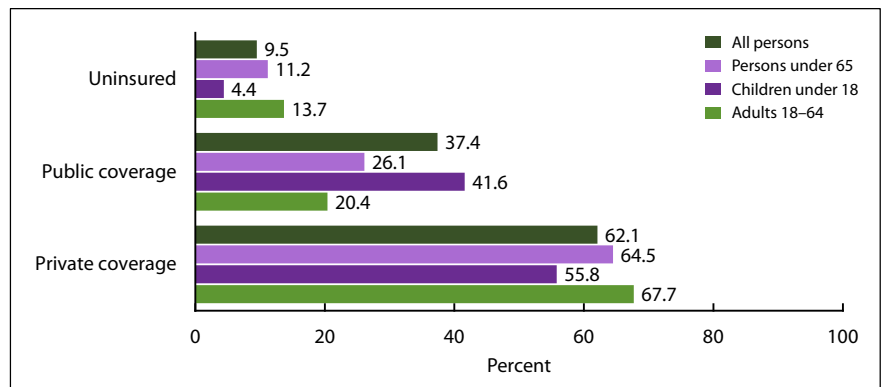
- In January 2019, the National Health Interview Survey launched a redesigned questionnaire. The new design collects health insurance information from one randomly selected adult and child from each household in the survey. Estimates in this report are based on the first two quarters of 2019.

## Highlights

- From January through June 2019, 30.7 million persons of all ages (9.5%) were uninsured at the time of interview.
- Among adults aged 18–64, 13.7% were uninsured at the time of interview, 20.4% had public coverage, and 67.7% had private health insurance coverage.
- Among children aged 0–17 years, 4.4% were uninsured, 41.6% had public coverage, and 55.8% had private health insurance coverage.
- Among adults aged 18–64, men (15.4%) were more likely than women (12.1%) to be uninsured.
- Among adults aged 18–64, Hispanic adults (27.2%) were more likely than non-Hispanic black (13.6%), non-Hispanic white (9.8%), and non-Hispanic Asian (7.4%) adults to be uninsured.
- Among adults aged 18–64, 4.6% (9.0 million) were covered by private health insurance plans obtained through the Health Insurance Marketplace or state-based exchanges.

Since 2001, the National Center for Health Statistics (NCHS) National Health Interview Survey (NHIS) Early Release (ER) Program has released selected estimates of health and health care for the civilian noninstitutionalized U.S. population. In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. The redesign aimed to improve the measurement of covered health topics, reduce respondent burden by shortening the length of the questionnaire, harmonize overlapping content with other federal surveys, establish a long-term structure of ongoing and periodic topics, and incorporate advances in survey methodology and measurement. See [Technical Notes](#) for more information on the potential impact of the questionnaire redesign on insurance estimates. This report presents estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the January–June 2019 NHIS. These estimates are being published prior to final data editing and final weighting to provide access to the most recent information from NHIS. Detailed appendix tables at the end of this report contain all estimates presented in the figures and additional selected population estimates. Estimates for 2019 by quarter, age group, and poverty status in a separate table, as well as more information about NHIS and the ER Program, are available from the NHIS website at <https://www.cdc.gov/nchs/nhis.htm>.

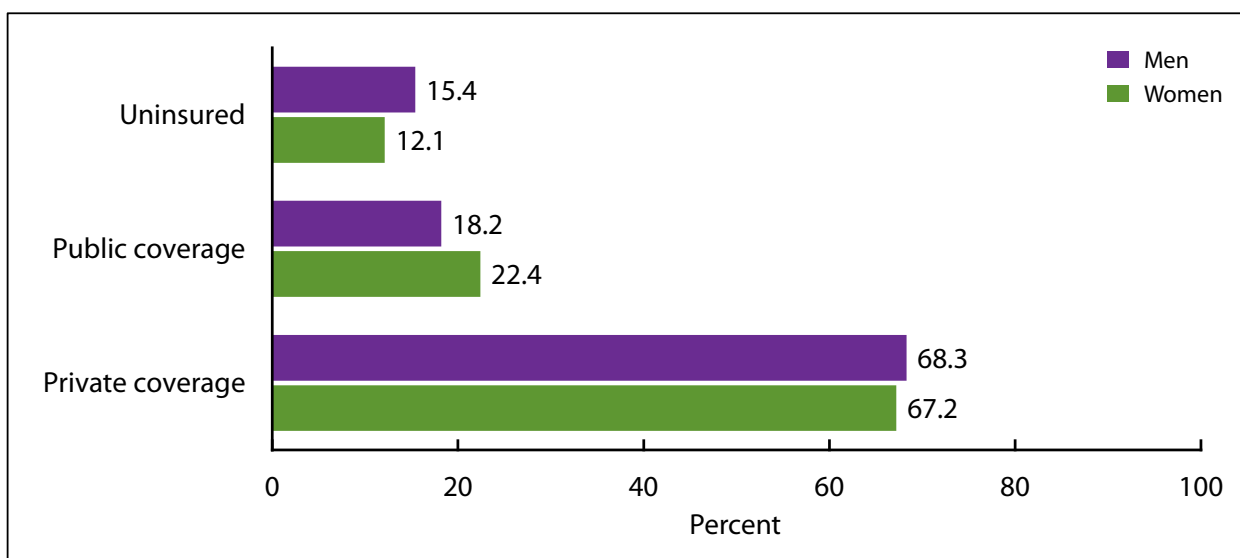
**Figure 1. Percentages of persons who were uninsured or had public or private coverage at the time of interview, by age group: United States, January–June 2019**



NOTES: Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2019.

- From January through June 2019, among persons of all ages, 9.5% were uninsured, 37.4% had public coverage, and 62.1% had private coverage at the time of interview (Figure 1).
- Among persons under age 65, 11.2% were uninsured, 26.1% had public coverage, and 64.5% had private coverage at the time of interview.
- Among children aged 0–17 years, 4.4% were uninsured, 41.6% had public coverage, and 55.8% had private coverage at the time of interview.
- Among adults aged 18–64, 13.7% were uninsured, 20.4% had public coverage, and 67.7% had private coverage at the time of interview.

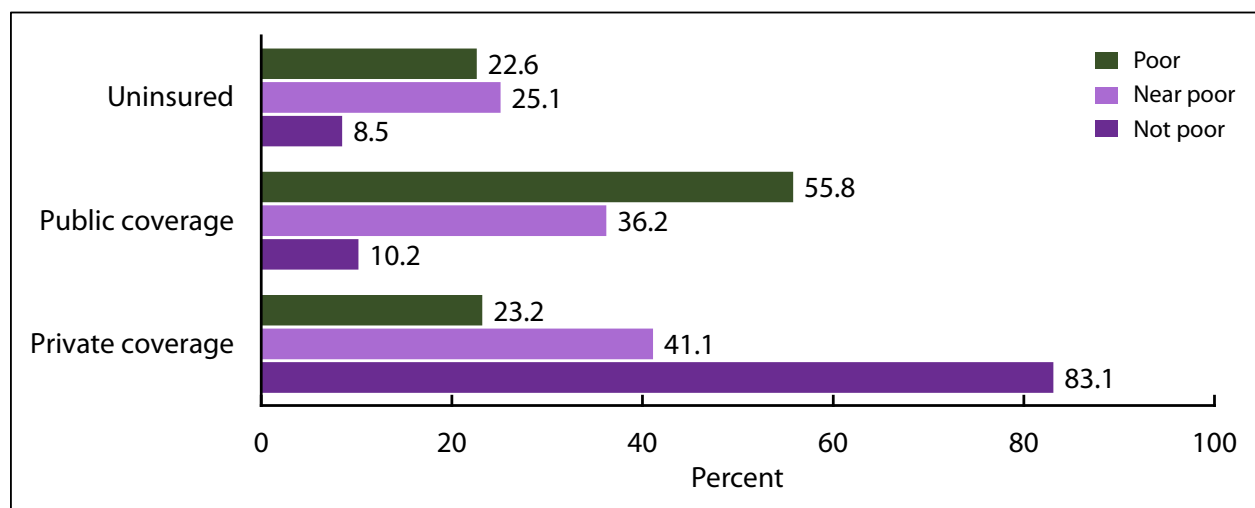
**Figure 2. Percentages of adults aged 18–64 who were uninsured or had public or private coverage at the time of interview, by sex: United States, January–June 2019**



NOTES: Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2019.

- From January through June 2019, among adults aged 18–64, men (15.4%) were more likely than women (12.1%) to be uninsured at the time of interview (Figure 2).
- Men (18.2%) were less likely than women (22.4%) to have public coverage at the time of interview.
- The observed percentage of men (68.3%) with private coverage at the time of interview was higher than, but not significantly different from, the percentage of women (67.2%) with private coverage at the time of interview.

**Figure 3. Percentages of adults aged 18–64 who were uninsured or had public or private coverage at the time of interview, by poverty status: United States, January–June 2019**

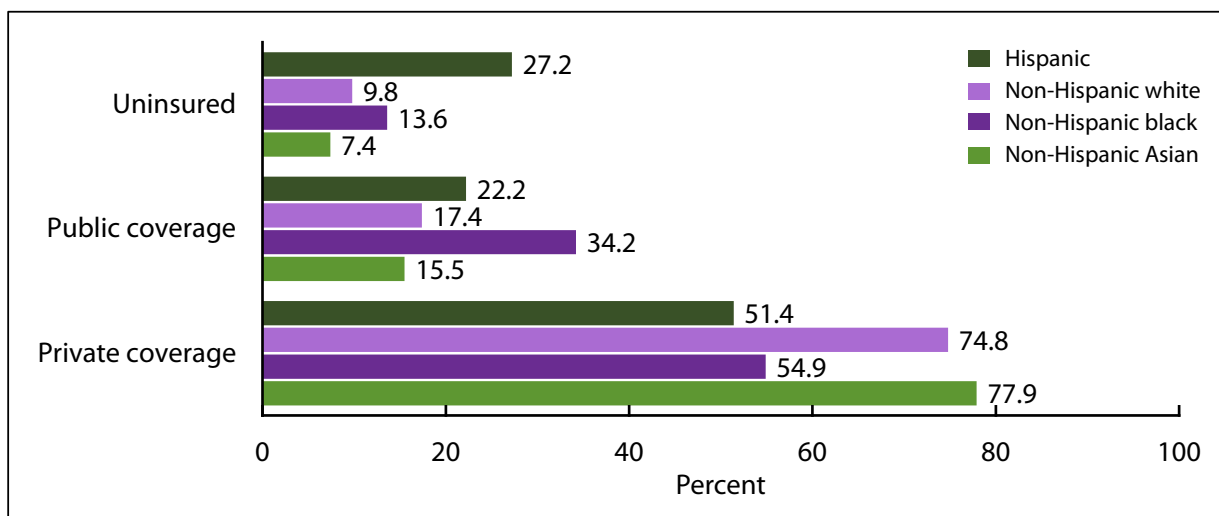


NOTES: Poor persons were defined as those with incomes less than 100% of the federal poverty level (FPL); near-poor persons have incomes 100% to less than 200% of the FPL; not-poor persons have incomes that are 200% of the FPL or greater. Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.

- From January through June 2019, among adults aged 18–64, the percentage who were uninsured at the time of interview was highest among those who were poor (22.6%) and near poor (25.1%) compared with those who were not poor (8.5%) (Figure 3).
- The percentage who had public coverage was highest among those who were poor (55.8%), followed by those who were near poor (36.2%) and those who were not poor (10.2%).
- The percentage who had private coverage was lowest among those who were poor (23.2%), followed by those who were near poor (41.1%) and those who were not poor (83.1%).

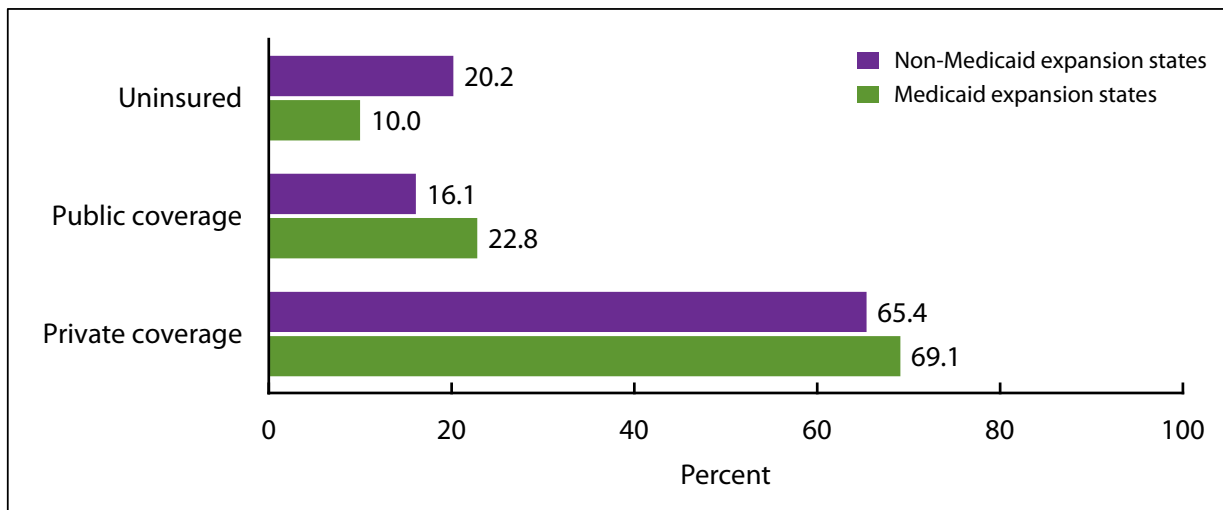
**Figure 4. Percentages of adults aged 18–64 who were uninsured or had public or private coverage at the time of interview, by race and ethnicity: United States, January–June 2019**



NOTES: Non-Hispanic adults of other or multiple races were not included in the analysis. Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
 SOURCE: NCHS, National Health Interview Survey, 2019.

- From January through June 2019, 27.2% of Hispanic, 13.6% of non-Hispanic black, 9.8% of non-Hispanic white, and 7.4% of non-Hispanic Asian adults aged 18–64 were uninsured at the time of interview (Figure 4). Hispanic adults were the most likely to lack health insurance coverage, while non-Hispanic white and non-Hispanic Asian adults were the least likely to be uninsured. Non-Hispanic black adults were more likely than non-Hispanic white and non-Hispanic Asian adults to be uninsured.
- Among adults aged 18–64, 34.2% of non-Hispanic black, 22.2% of Hispanic, 17.4% of non-Hispanic white, and 15.5% of non-Hispanic Asian adults had public coverage at the time of interview. Non-Hispanic black adults were the most likely to have public coverage followed by Hispanic adults, and non-Hispanic white and non-Hispanic Asian adults were the least likely to have public coverage.
- Non-Hispanic Asian (77.9%) and non-Hispanic white (74.8%) adults were more likely than non-Hispanic black (54.9%) and Hispanic (51.4%) adults to have private coverage at the time of interview.

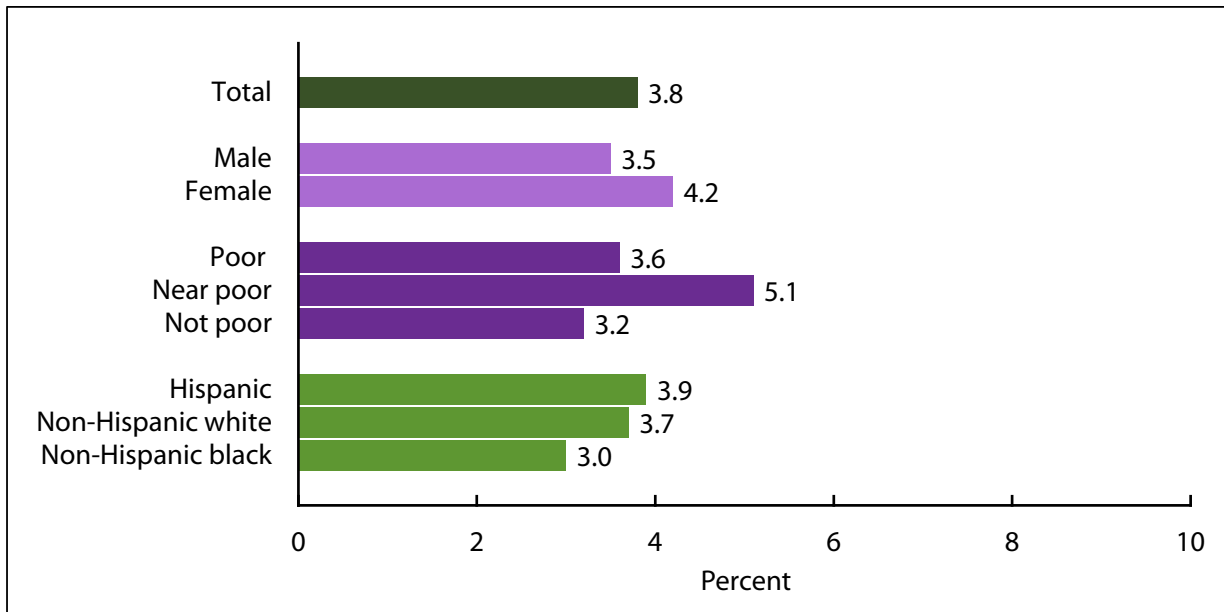
**Figure 5. Percentages of adults aged 18–64 who were uninsured or had public or private coverage at the time of interview, by state Medicaid expansion status: United States, January–June 2019**



NOTES: Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2019.

- From January through June 2019, among adults aged 18–64, those living in non-Medicaid expansion states (20.2%) were twice as likely as those living in Medicaid expansion states (10.0%) to be uninsured at the time of interview (Figure 5).
- Among adults aged 18–64, those living in non-Medicaid expansion states (16.1%) were less likely than those living in expansion states (22.8%) to have public coverage at the time of interview.
- Among adults aged 18–64, those living in non-Medicaid expansion states (65.4%) were less likely than those living in Medicaid expansion states (69.1%) to have private coverage at the time of interview.

**Figure 6. Percentage of persons under age 65 who had exchange-based private health insurance coverage at the time of interview, by selected characteristics: United States, January–June 2019**



NOTES: Poor persons were defined as those with incomes less than 100% of the federal poverty level (FPL); near-poor persons have incomes 100% to less than 200% of the FPL; not-poor persons have incomes that are 200% of the FPL or greater. Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
 SOURCE: NCHS, National Health Interview Survey, 2019.

- From January through June 2019, among persons under age 65, 3.8% were covered by exchange-based coverage (Figure 6).
- Males (3.5%) were less likely than females (4.2%) to be covered by exchange-based coverage.
- Exchange-based coverage was higher among those who were near poor (5.1%) compared to those who were not poor (3.2%). However, the observed difference between those who were near poor and those who were poor (3.6%), was not statistically significant.
- Exchange-based coverage did not vary significantly by race and ethnicity.

## Technical Notes

All estimates in this report are based on preliminary data. The 2019 estimates are being released prior to final data editing and final weighting to provide access to the most recent information from NHIS. Previously, differences between estimates calculated using preliminary data files and final data files were typically less than 0.1 percentage point. In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. The redesign aimed to improve the measurement of covered health topics, reduce respondent burden by shortening the length of the questionnaire, harmonize overlapping content with other federal surveys, establish a long-term structure of ongoing and periodic topics, and incorporate advances in survey methodology and measurement. For more information about the redesigned NHIS, visit the website at: [https://www.cdc.gov/nchs/nhis/2019\\_quest\\_redesign.htm](https://www.cdc.gov/nchs/nhis/2019_quest_redesign.htm).

### Data source

Data used to produce this ER report are derived from the Sample Adult and Sample Child components from the January 2019 through June 2019 NHIS. NHIS is a nationally representative household survey conducted throughout the year to collect information on health status, health-related behaviors, and health care access and utilization. The NHIS interview begins by identifying everyone who usually lives or stays in the household. Then, one “sample adult” aged 18 and over and one “sample child” aged 17 years and under (if any children live in the household) are randomly selected. Information about the sample adults is collected from the sample adults themselves unless they are physically or mentally unable to report, in which case a knowledgeable proxy can answer for them. Information about the sample child is collected from a parent or adult who is knowledgeable about and responsible for the health care of the sample child. This respondent may or may not also be the sample adult. Data analysis was based on information collected on 17,067 sample adults and 4,835 sample children. Visit the NHIS website at: <https://www.cdc.gov/nchs/nhis.htm> for more information about the design, content, and use of NHIS.

### Estimation procedures

NCHS creates survey sampling weights to produce representative national estimates. The base weight is equal to the inverse of the probability of selection of the sample address. In 2019, the adjustment method changed to incorporate more robust multilevel models predictive of response propensity. Nonresponse-adjusted weights are further calibrated to U.S. Census Bureau population projections and American Community Survey (ACS) 1-year estimates for age, sex, race and ethnicity, educational attainment, census division, and metropolitan statistical area status. Prior to 2019, calibration was only to age, sex, and race and ethnicity projections. These changes to the nonresponse adjustment approach and the calibration methods have the potential to impact the weighted survey estimates. See the “2019 questionnaire redesign and comparison of estimates to earlier years” section below and <https://www.cdc.gov/nchs/nhis.htm> for more details.

Point estimates and estimates of their variances were calculated using SUDAAN software (RTI International, Research Triangle Park, N.C.) to account for the complex sample design of NHIS, taking into account stratum and primary sampling unit identifiers. The Taylor series linearization method was chosen for variance estimation.

All estimates shown meet the NCHS standards of reliability as specified in “National Center for Health Statistics Data Presentation Standards for Proportions” (1). All differences discussed are statistically significant unless otherwise noted. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

## 2019 questionnaire redesign and comparison of estimates to earlier years

In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these changes has not been fully evaluated at this time. A working paper entitled, “Preliminary Evaluation of the Impact of the 2019 National Health Interview Survey Questionnaire Redesign and Weighting Adjustments on Early Release Program Estimates” available from the [Early Release Program homepage](#), discusses both these issues in greater detail for three indicators of insurance coverage (lack of health insurance [uninsured], public health plan coverage, and private health insurance coverage). However, the discussion of these health insurance indicators is limited to adults aged 18–64. For this age group, this paper suggests that for those who are uninsured, differences observed between estimates for 2018 and 2019 were not affected by either the questionnaire redesign or the updated weighting approach. For the public health plan coverage indicator, differences observed between estimates for 2018 and 2019 may be partially attributable to the updated weighting approach. For the private health insurance coverage indicator, differences observed between estimates for 2018 and 2019 may be partially attributable to both the NHIS questionnaire redesign and the updated weighting approach.

Among persons of all ages, the percentage who were uninsured was 9.4% in 2018 and 9.5% in the first 6 months of 2019, a 0.1 percentage point difference (Table). The percentage who were uninsured was 9.1% in 2017 and 8.8% in the first 6 months of 2018, a 0.3 percentage point difference. Neither of these differences were statistically significant. Differences in private coverage between 2018 (62.3%) and the first 6 months of 2019 (62.1%), and 2017 (62.6%) and the first 6 months of 2018 (62.2%), were of similar magnitude. However, for public coverage, the percentage point differences between 2018 (36.7%) and the first 6 months of 2019



(37.4%), and between 2017 (36.2%) and the first half of 2018 (37.4%), were slightly higher than private coverage at 0.7 and 1.2, respectively. Although the magnitude of the differences ranged between 0.1 and 1.2 percentage points for persons of all ages between 2018 and the first half of 2019, percentage point differences for subgroups may be larger. In addition to variation as a result of weighting and questionnaire design changes, subgroup estimates can also vary due to small sample sizes.

**Table. Percentages (and standard errors) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview by time period: United States, 2017–June 2019**

Year and time period	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
2017 (Full year)	9.1 (0.25)	36.2 (0.37)	62.6 (0.45)
2018 (Jan–Jun)	8.8 (0.29)	37.4 (0.50)	62.2 (0.61)
2018 (Full year)	9.4 (0.27)	36.7 (0.38)	62.3 (0.46)
2019 (Jan–Jun)	9.5 (0.30)	37.4 (0.51)	62.1 (0.62)

<sup>1</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

<sup>3</sup>Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2017–2019.

## References

1. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez Jr JF, et al. National Center for Health Statistics data presentation standards for proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017. Available from: [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf).

## Suggested citation

Cohen RA, Terlizzi EP, Martinez ME, Cha AE. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2019. National Center for Health Statistics. May 2020. Available from: <https://www.cdc.gov/nchs/nhis/healthinsurancecoverage.htm>.



**Table I. Percentages (and 95% confidence intervals) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group: United States, January–June 2019**

Age group (years)	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
All ages	9.5 (8.9–10.1)	37.4 (36.4–38.4)	62.1 (60.9–63.4)
Under 65	11.2 (10.5–11.9)	26.1 (25.0–27.2)	64.5 (63.2–65.8)
0–17	4.4 (3.7–5.0)	41.6 (39.7–43.5)	55.8 (53.8–57.8)
18–64	13.7 (12.9–14.6)	20.4 (19.4–21.4)	67.7 (66.5–69.0)
65 and over	0.7 (0.4–1.1)	96.0 (95.3–96.6)	49.8 (48.0–51.7)

<sup>1</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

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NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.

**Table II. Number (millions) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group: United States, January–June 2019**

Age group (years)	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
All ages	30.7	121.0	201.0
Under 65	30.4	70.8	175.0
0–17	3.2	30.4	40.8
18–64	27.2	40.3	134.1
65 and over	0.4	50.2	26.1

<sup>1</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

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NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.

**Table III. Percentages (and 95% confidence intervals) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and sex: United States, January–June 2019**

Age group (years) and sex	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Under 65			
Male	12.4 (11.5–13.5)	25.0 (23.7–26.4)	64.3 (62.7–65.9)
Female	10.0 (9.2–10.7)	27.1 (25.7–28.5)	64.7 (63.1–66.3)
0–17			
Male	4.7 (3.8–5.6)	42.8 (40.4–45.3)	54.1 (51.5–56.6)
Female	4.0 (3.2–5.0)	40.3 (37.6–43.1)	57.6 (55.0–60.2)
18–64			
Male	15.4 (14.2–16.7)	18.2 (16.9–19.6)	68.3 (66.5–70.0)
Female	12.1 (11.1–13.1)	22.4 (21.1–23.8)	67.2 (65.6–68.8)

<sup>1</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>2</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

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NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.

**Table IV. Percentages (and 95% confidence intervals) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and poverty status: United States, January–June 2019**

Age group (years) and poverty status <sup>1</sup>	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Under 65			
Poor	15.5 (13.2–18.1)	68.5 (65.2–71.7)	17.6 (14.6–20.9)
Near poor	18.7 (16.5–21.0)	47.6 (45.1–50.0)	36.4 (33.8–39.0)
Not poor	7.4 (6.8–8.0)	11.6 (10.8–12.4)	82.7 (81.7–83.6)
0–17			
Poor	3.4 (1.7–6.1)	90.4 (86.8–93.3)	7.9 (5.2–11.2)
Near poor	6.1 (4.5–8.0)	69.8 (65.8–73.6)	27.1 (23.0–31.6)
Not poor	3.7 (3.0–4.5)	16.1 (14.5–17.9)	81.5 (79.7–83.2)
18–64			
Poor	22.6 (19.1–26.3)	55.8 (51.7–59.8)	23.2 (19.0–27.9)
Near poor	25.1 (22.2–28.2)	36.2 (33.6–38.9)	41.1 (38.6–43.6)
Not poor	8.5 (7.9–9.2)	10.2 (9.4–11.0)	83.1 (82.1–84.1)

<sup>1</sup>Poverty categories are based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children), as defined by the U.S. Census Bureau for that year (Semega JL, Kollar MA, Creamer J, Mohanty A. Income and poverty in the United States: 2018. Current Population Reports, P60–266. 2019). Persons categorized as “poor” have a ratio less than 1.0 (i.e., their family income is below the federal poverty level); “near poor” persons have incomes of 100% to less than 200% of the federal poverty level; and “not poor” persons have incomes that are 200% of the federal poverty level or greater. The percentage of respondents under age 65 with unknown poverty status in the first two quarters of 2019 was 7.7%. Persons with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

<sup>2</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>3</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

<sup>4</sup>Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.

**Table V. Percentages (and 95% confidence intervals) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and race and ethnicity: United States, January–June 2019**

Age group (years) and race and ethnicity <sup>1</sup>	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Under 65			
Hispanic	20.0 (18.1–22.1)	35.0 (32.7–37.4)	45.8 (43.7–47.9)
Non-Hispanic white	8.4 (7.7–9.1)	20.0 (18.9–21.1)	73.6 (72.4–74.8)
Non-Hispanic black	10.7 (9.1–12.4)	41.9 (38.9–44.9)	50.4 (47.2–53.7)
Non-Hispanic Asian	6.2 (3.7–9.7)	17.1 (14.0–20.7)	77.4 (73.4–81.0)
Non-Hispanic, other races and multiple races	15.6 (11.5–20.4)	33.4 (28.0–39.2)	52.6 (46.2–58.9)
0–17			
Hispanic	6.0 (4.6–7.7)	60.1 (56.8–63.4)	34.9 (32.0–38.0)
Non-Hispanic white	3.8 (3.0–4.7)	28.3 (26.3–30.5)	69.6 (67.5–71.7)
Non-Hispanic black	3.2 (1.7–5.5)	61.0 (55.0–66.7)	39.3 (33.7–45.1)
Non-Hispanic Asian	*	23.1 (18.0–28.9)	75.5 (69.6–80.8)
Non-Hispanic, other races and multiple races	6.6 (3.2–11.8)	45.6 (37.9–53.6)	49.5 (41.1–57.9)
18–64			
Hispanic	27.2 (24.6–29.9)	22.2 (19.5–25.2)	51.4 (49.0–53.8)
Non-Hispanic white	9.8 (9.1–10.7)	17.4 (16.3–18.5)	74.8 (73.6–76.1)
Non-Hispanic black	13.6 (11.7–15.8)	34.2 (31.5–36.9)	54.9 (51.8–57.9)
Non-Hispanic Asian	7.4 (4.4–11.6)	15.5 (12.0–19.7)	77.9 (73.1–82.1)
Non-Hispanic, other races and multiple races	22.9 (17.1–29.5)	23.5 (18.1–29.5)	55.1 (47.5–62.5)

\*Estimate is not shown, as it does not meet NCHS standards of reliability.

<sup>1</sup>Hispanic origin and race are two separate and distinct categories. Persons of Hispanic or Latino origin may be of any race or combination of races. Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on a respondent's description of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, black or African American, single race" is referred to as "non-Hispanic black" in the text, tables, and figures. Estimates for non-Hispanic persons of races other than white only, black only, and Asian only, or of multiple races, are combined into the "non-Hispanic, other races and multiple races" category.

<sup>2</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>3</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

<sup>4</sup>Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.

**Table VI. Percentages (and 95% confidence intervals) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and state Medicaid expansion status: United States, January–June 2019**

Age group (years) and state Medicaid expansion status <sup>1</sup>	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Under 65			
Medicaid expansion states <sup>5</sup>	8.2 (7.5–8.9)	27.4 (25.9–28.9)	66.2 (64.7–67.7)
Non-Medicaid expansion states <sup>6</sup>	16.2 (14.8–17.7)	23.9 (22.2–25.6)	61.6 (59.0–64.2)
0–17			
Medicaid expansion states <sup>5</sup>	3.2 (2.6–4.0)	40.2 (37.8–42.5)	58.2 (56.0–60.3)
Non-Medicaid expansion states <sup>6</sup>	6.1 (4.9–7.5)	43.8 (40.0–47.6)	52.0 (48.0–56.1)
18–64			
Medicaid expansion states <sup>5</sup>	10.0 (9.1–10.9)	22.8 (21.4–24.4)	69.1 (67.5–70.6)
Non-Medicaid expansion states <sup>6</sup>	20.2 (18.4–22.1)	16.1 (15.0–17.2)	65.4 (63.1–67.6)

<sup>1</sup>Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have income up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2019, 33 states and the District of Columbia moved forward with Medicaid expansion.

<sup>2</sup>Persons were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. Persons were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

<sup>3</sup>Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

<sup>4</sup>Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

<sup>5</sup>For 2019, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.

<sup>6</sup>For 2019, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: NCHS, National Health Interview Survey, 2019.

**Table VII. Percentage (and 95% confidence interval) and number in millions of persons under age 65 who had exchange-based private health insurance coverage at the time of interview, by selected characteristics: United States, January–June 2019**

Selected characteristics	Percent (95% confidence interval)	Number in millions
Age group (years)		
Under 65	3.8 (3.5–4.2)	10.4
0–17	1.8 (1.5–2.3)	1.3
18–64	4.6 (4.1–5.0)	9.0
Sex		
Male	3.5 (3.0–4.0)	4.7
Female	4.2 (3.7–4.7)	5.7
Poverty status <sup>1</sup>		
Poor	3.6 (2.5–5.1)	1.2
Near poor	5.1 (4.2–6.2)	2.7
Not poor	3.2 (2.9–3.6)	5.9
Race and ethnicity <sup>2</sup>		
Hispanic	3.9 (3.1–4.9)	2.2
Non-Hispanic white	3.7 (3.2–4.2)	5.7
Non-Hispanic black	3.0 (2.2–3.9)	1.0
Medicaid expansion status <sup>3</sup>		
Medicaid expansion states <sup>4</sup>	3.4 (3.0–3.9)	5.8
Non-Medicaid expansion states <sup>5</sup>	4.5 (3.7–5.4)	4.5

<sup>1</sup>Poverty categories are based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children), as defined by the U.S. Census Bureau for that year (Semega JL, Kollar MA, Creamer J, Mohanty A. Income and poverty in the United States: 2018. Current Population Reports, P60–266. 2019). Persons categorized as "poor" have a ratio less than 1.0 (i.e., their family income is below the federal poverty level); "near poor" persons have incomes of 100% to less than 200% of the federal poverty level; and "not poor" persons have incomes that are 200% of the federal poverty level or greater. The percentage of respondents under age 65 with unknown poverty status in the first two quarters of 2019 was 7.7%. Persons with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

<sup>2</sup>Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on a respondent's description of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, black or African American, single race" is referred to as "non-Hispanic black" in the text, tables, and figures.

<sup>3</sup>Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have income up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2019, 33 states and the District of Columbia moved forward with Medicaid expansion.

<sup>4</sup>For 2019, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.

<sup>5</sup>For 2019, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2019.