National Health Statistics Reports

Number 168 ■ February 11, 2022

# Geographic Variation in Health Insurance Coverage: United States, 2020

by Emily P. Terlizzi, M.P.H., and Robin A. Cohen, Ph.D.

## Abstract

*Objectives*—This report presents state, regional, and national estimates of the percentage of people who were uninsured, had private health insurance coverage, and had public health insurance coverage at the time of the interview.

*Methods*—Data from the 2020 National Health Interview Survey were used to estimate health insurance coverage. Estimates were categorized by age group, state Medicaid expansion status, urbanization level, expanded region, and state. Estimates by state Medicaid expansion status, urbanization level, and expanded region were based on data from all 50 states and the District of Columbia. State estimates are shown for 32 states and the District of Columbia for people under age 65 and adults aged 18–64, and 16 states for children.

*Results*—In 2020, among people under age 65, 11.5% were uninsured, 64.3% had private coverage, and 26.5% had public coverage at the time of the interview. Among adults aged 18–64, the percentage who were uninsured ranged from 11.8% for those living in large fringe (suburban) metropolitan counties to 17.9% for those living in nonmetropolitan counties. Adults aged 18–64 living in non-Medicaid expansion states (20.7%) were twice as likely to be uninsured compared with those living in Medicaid expansion states (10.3%). A similar pattern was observed among children aged 0–17 years. The percentage of adults aged 18–64 who were uninsured was significantly higher than the national average (13.9%) in Florida (19.5%), Georgia (25.4%), North Carolina (20.3%), and Texas (28.1%), and significantly lower than the national average in California (11.5%), Michigan (6.7%), New York (9.0%), and Pennsylvania (7.7%). The percentage of people under age 65 who were uninsured was lowest in the New England region (3.3%).

**Keywords:** uninsured • private • public • state level • National Health Interview Survey

## Introduction

Health insurance coverage in the United States is a key measure of healthcare access (1–3). Previous research based on national surveys has found geographic variation in insurance coverage in the United States by urbanization level, state Medicaid expansion status, region, and state (4–6). Population estimates of health insurance coverage at the state level are necessary for the development and assessment of federal and state healthcare coverage programs and policies (7–9). A recent study found that more than 4 million people would gain coverage if the remaining non-Medicaid expansion states fully implemented a Medicaid expansion under the provisions of the Affordable Care Act (10,11).

This report is updated annually to provide the most current description of geographic variation in health insurance coverage in the United States (12). Estimates of the percentage of people who were uninsured, had private coverage, and had public coverage at the time of the interview are presented by urbanization level, state Medicaid expansion status, expanded region, and selected states. The primary focus of this report is on people under age 65 because nearly all people in the United States aged 65 and over are eligible for Medicare (13).

## Methods

### Data source

The estimates in this report are based on data from the Sample Adult and Sample Child modules of the 2020 National Health Interview Survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

NCHS reports can be downloaded from: https://www.cdc.gov/nchs/products/index.htm.

(NHIS), a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. One sample adult from each household is randomly selected to answer detailed questions about their health. One sample child, if present, is also randomly selected from each household, and an adult knowledgeable about and responsible for the child's health answers questions on the child's behalf. Interviews are typically conducted in respondents' homes, but follow-ups to complete interviews may be conducted over the telephone when necessary. However, due to the COVID-19 pandemic, NHIS data collection switched the Sample Adult and Child interviews to a telephone-only mode beginning on March 19, 2020 (14). Personal visits to households resumed in selected areas in July 2020 and in all areas of the country in September 2020. However, cases were still attempted by telephone first, and a majority were completed by telephone.

Additionally, starting in August and continuing through the end of December, a subsample of adult respondents who completed NHIS in 2019 were recontacted by telephone and asked to participate again, completing the 2020 NHIS questionnaire. These reinterviewed participants are included as part of the regular Sample Adult file and estimates in this report are based on data from both reinterviewed participants and participants sampled only in the 2020 NHIS. The 2020 NHIS Sample Adult (excluding reinterviewed sample adults) and Sample Child response rates were 48.9% and 47.8%, respectively. A nonresponse bias assessment of the 2020 sample detected no biases for estimates of health insurance coverage (15). For more information about the impact of these changes on the 2020 data and general information about NHIS, visit https://www.cdc.gov/nchs/nhis/2020nhis.htm.

Both the Sample Adult and Sample Child modules include a full range of questions addressing health insurance such as coverage status, sources of coverage, characteristics of coverage, and reasons for no coverage. The sample adult and sample child receive similar sets of health insurance questions, so the Sample Adult and Sample Child files can be combined to create a file that contains people of all ages. Estimates are based on a combined file containing 37,358 people (5,790 sample children and 31,568 sample adults).

State identifiers were used to examine health insurance by state Medicaid expansion status, expanded region, and state. These identifiers are not available on the NHIS public-use data files but are available through the NCHS Research Data Center. For more information, see https://www.cdc.gov/rdc/index.htm.

## Insurance coverage

People were considered uninsured if, at the time of the interview, they did not have coverage through private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), military (TRICARE, Veterans Administration [VA], and CHAMP–VA), other state-sponsored health plans, or other government programs. People also were defined as uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service, such as dental, vision, or prescription drugs.

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 dental, vision, or prescription drugs.

Public health plan coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plans, Medicare, and military plans. A person may have both private and public coverage.

## Definition of geographic terms

*State Medicaid expansion status*—Under provisions of the Affordable Care Act (ACA), states have the option to expand Medicaid eligibility to cover adults who have family incomes 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, 2020, 35 states and the District of Columbia had expanded Medicaid. Medicaid expansion states include: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, 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, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also has expanded Medicaid. States without expanded Medicaid include: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.

*Urbanization level*—In this report, urbanization level is measured using a condensed categorization of the NCHS urban–rural scheme (16,17). The NCHS urban–rural classification is based on metropolitan statistical area (MSA) status defined by the Office of Management and Budget according to published standards that are applied to U.S. Census Bureau data.

This report condenses the NCHS urban–rural classification into four categories: large central metropolitan (similar to inner cities), large fringe metropolitan (similar to suburbs), medium and small metropolitan, and nonmetropolitan (17,18). Large metropolitan areas have populations of 1 million or more. Metropolitan areas with populations of less than 1 million were classified as medium (250,000–999,999 population) or small (less than 250,000 population) metropolitan areas (17).

The MSA classification scheme used in this report is consistent with other

NHIS reports and products (19,20). This classification is available on the public-use data files (21).

*Expanded regions*—Expanded region classifications are based on a subdivision of the four census regions (Northeast, Midwest, South, and West) into nine divisions. For this report, the nine census divisions were modified by moving Delaware, the District of Columbia, and Maryland into the Middle Atlantic division. This approach was used previously by Holahan et al. (22).

- New England—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- Middle Atlantic—Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania
- East North Central—Illinois, Indiana, Michigan, Ohio, Wisconsin
- West North Central—Iowa, Kansas, Nebraska, Minnesota, Missouri, North Dakota, South Dakota
- South Atlantic—Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia
- East South Central—Alabama, Kentucky, Mississippi, Tennessee
- West South Central—Arkansas, Louisiana, Oklahoma, Texas
- Mountain—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
- Pacific—Alaska, California, Hawaii, Oregon, Washington

*State-level estimates*—For this report, direct state-level estimates are provided for 32 states and the District of Columbia. No state-specific estimates are presented for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming because they did not meet the criteria for inclusion, which were determined in a previous report (12). Note that for specific age groups and domains (uninsured, private, and public), fewer state-level estimates may be provided because estimates may not meet additional criteria for inclusion. For example, for the measure of uninsured children, state-level estimates are only provided for five states.

## Statistical analysis

Estimates by urbanization level, state Medicaid expansion status, and expanded region are based on data from all 50 states and the District of Columbia. State estimates are shown for 32 states and the District of Columbia, all of which met the criteria for reporting and calculating state estimates described in more detail below.

NCHS only publishes a direct state-level estimate if the estimate meets NCHS acceptance criteria for measures of estimate uncertainty (for example, standard errors, relative standard errors, and confidence interval [CI] width). Depending on the state sample size, the measure being studied, and possible subdomain of interest, a state may have many publishable estimates, few, or none. NHIS is designed for estimation at the national level, and available statistical software packages (SAS Survey Procedures [SAS, Cary, N.C.] or SUDAAN [RTI International, Research Triangle Park, N.C.]) can be used directly to obtain point estimates along with standard errors. These software packages account for the complex sampling design of NHIS. However, with direct state-level estimation, more attention must be given to the state sampling procedure that produces the data.

The NHIS state-level procedure developed to determine whether an estimate may be published was motivated by the "National Center for Health Statistics Data Presentation Standards for Proportions" (23) and by variations in state sampling design structures encountered, with the 50 states and the District of Columbia using the same methodology provided in more detail in a previous report (12).

For this report, direct state-level point estimates and their standard errors and Korn–Graubard CIs were calculated using SUDAAN software. The Taylor series linearization method was chosen for estimation of standard errors for the 12 states with the largest sample sizes. State-specific estimates are not presented for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming because they did not have at least eight degrees of freedom. For the remaining 20 states and the District of Columbia, an estimated design effect was used to calculate standard errors. Massachusetts was considered a special situation. This state had some small estimated proportions relative to the other states, which led to the state estimate not meeting the relative CI width criterion occasionally. However, because the sample sizes and degrees of freedom met the NCHS criteria for presentation of estimates, estimates for Massachusetts are presented. For a list of the average design effects used in the standard error calculations in this report, see Table I.

Percentages and 95% CIs are presented for prevalence estimates of health insurance coverage based on questions about coverage at the time of the NHIS Sample Adult and Sample Child interviews. The 95% CIs were generated using the Korn–Graubard method for complex surveys (24). Estimates were calculated using the NHIS survey weights and are representative of the U.S. civilian noninstitutionalized population. The weighting adjustment method incorporates robust multilevel models predictive of response propensity. Nonresponse-adjusted weights were further calibrated to U.S. Census Bureau population projections and American Community Survey 1-year estimates for age, sex, race and ethnicity, educational attainment, housing tenure, census division, and MSA status (14).

Point estimates and the corresponding variances were calculated using SUDAAN software version 11.0.0. All estimates in this report meet NCHS standards of reliability as specified in "National Center for Health Statistics Data Presentation Standards for Proportions" (23). Respondents with missing data or unknown information were generally excluded from the analysis unless specifically noted. For the types of health insurance coverage shown in this report (uninsured, private, and public), the item nonresponse rate was about 0.5%.

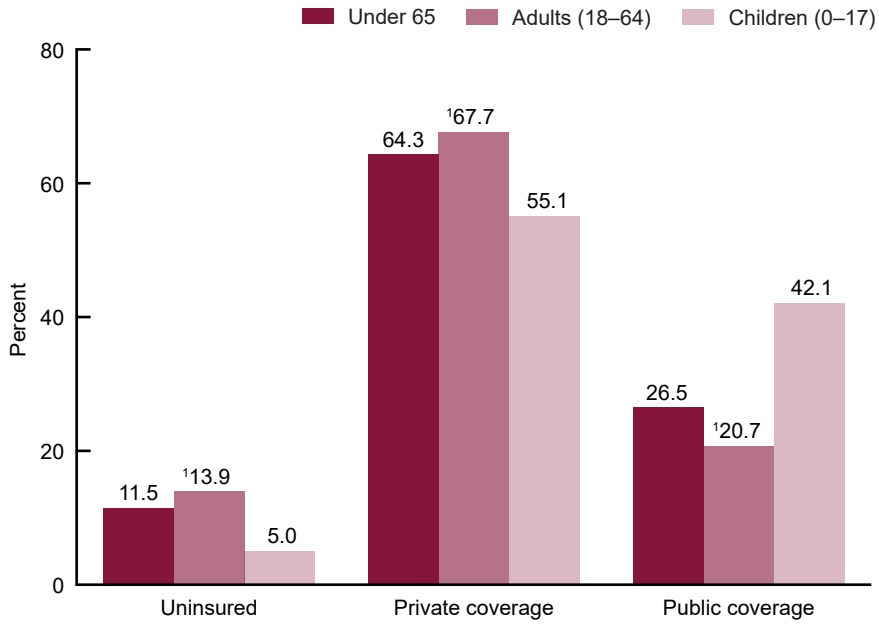
Differences in percentages by state Medicaid expansion status were evaluated using two-sided significance

tests at the 0.05 level (*t* tests). Trends by urbanization level were evaluated using orthogonal polynomials in logistic regression. Differences between national and subnational estimates were tested for statistical significance to identify those expanded regions and states that differ significantly from the national average. The estimated standard errors of the differences between state and national estimates accounted for nonindependence of state and national estimates by incorporating their covariance (and similarly for the differences between regional and national estimates).

Terms such as "higher than" and "lower than" indicate a statistically significant difference. 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. Furthermore, these tests did not take multiple comparisons into account.

Tables 1–3 show national estimates (as well as those by state Medicaid expansion status, urbanization level, region, and state) of the percentages of people who were uninsured, had private coverage, and had public coverage in 2020. Additionally, these estimates are presented by geographic subdivisions and nationally for people of all ages who were uninsured, had private coverage, and had public coverage in Table II. In this report, tables are provided for reference and detailed results may not be discussed.

**Figure 1. Percentage of people under age 65 who were uninsured, had private coverage, or had public coverage at the time of interview, by age group: United States, 2020**




[1]Significantly different from children ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

# Results

## National estimates of health insurance coverage

In 2020, among people under age 65, 11.5% were uninsured, 64.3% had private coverage, and 26.5% had public coverage at the time of the interview (Figure 1). Children aged 0–17 years were less likely than adults aged 18–64 to be uninsured (5.0% and 13.9%, respectively) and have private coverage (55.1% and 67.7%, respectively), but they were more likely to have public coverage (42.1% and 20.7%, respectively).

## National estimates of health insurance coverage by urbanization level

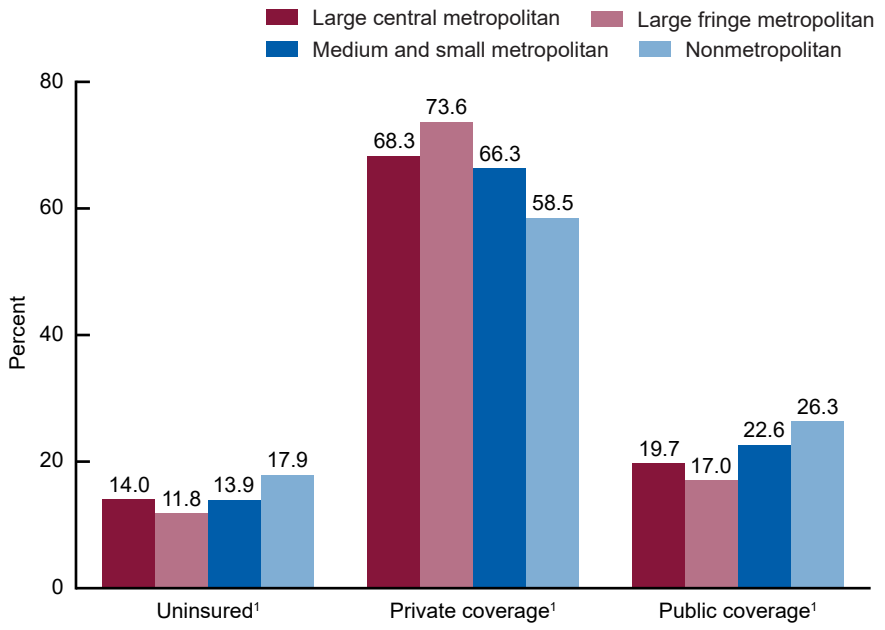
In 2020, among people under age 65, health insurance coverage varied by urbanization level. Among adults aged 18–64, the percentage who were uninsured was lower for those living in large fringe metropolitan counties (11.8%) compared with those living in large central metropolitan counties (14.0%), and then increased with decreasing levels of urbanization (Figure 2). Adults aged 18–64 living in large fringe metropolitan counties (73.6%) were more likely to have private coverage than those living in large central metropolitan (68.3%), medium and small metropolitan (66.3%), and nonmetropolitan (58.5%) counties. The percentage of adults aged 18–64 who had public coverage was lowest among those living in large fringe metropolitan counties (17.0%), followed by those living in large central metropolitan (19.7%), medium and small metropolitan (22.6%), and nonmetropolitan (26.3%) counties.

For children, the percentage who were uninsured among those living in medium and small metropolitan counties (3.3%) was lower than among those living in large central metropolitan (5.9%) and nonmetropolitan (7.7%) counties (Figure 3). Children living in large fringe metropolitan counties (63.9%) were more likely than those living in large central metropolitan (56.4%), medium and small metropolitan (51.8%), and nonmetropolitan (43.5%) counties to have private coverage. Children living in large fringe metropolitan counties (33.1%) were the least likely to have public coverage compared with those living in large central metropolitan (39.5%), medium and small metropolitan (47.6%), and nonmetropolitan (52.0%) counties.

## Health insurance coverage by state Medicaid expansion status

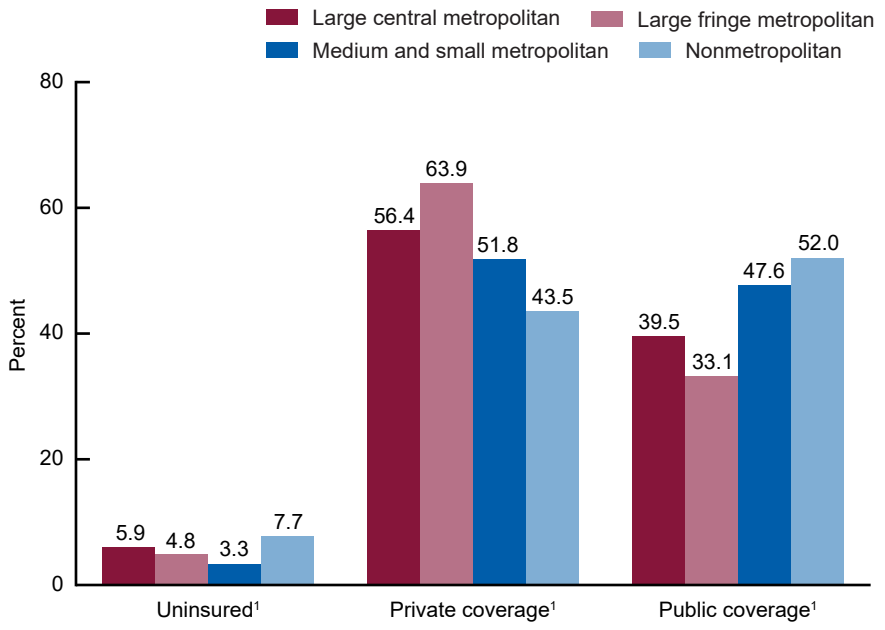
As of January 1, 2020, 35 states and the District of Columbia had expanded Medicaid. Among adults aged 18−64, those living in Medicaid expansion states were less likely to be uninsured (10.3%) and more likely to have private insurance (69.5%) and public coverage (22.7%) than those living in nonexpansion states (20.7%, 64.4%, and 17.2%, respectively) (Figure 4). Children living in Medicaid expansion states were less likely than those in nonexpansion states to be uninsured (3.6% compared with

**Figure 2. Percentage of adults aged 18–64 who were uninsured, had private coverage, or had public coverage, by urbanization level: United States, 2020**




1Significant quadratic trend with decreasing urbanization level ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Figure 3. Percentage of children aged 0–17 years who were uninsured, had private coverage, or had public coverage, by urbanization level: United States, 2020**




1Significant quadratic trend with decreasing urbanization level ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

7.7%) and more likely to have private insurance (57.6% compared with 50.8%) (Figure 5). The observed difference in public coverage for children between Medicaid expansion states (41.2%) and nonexpansion states (43.6%) was not significant.

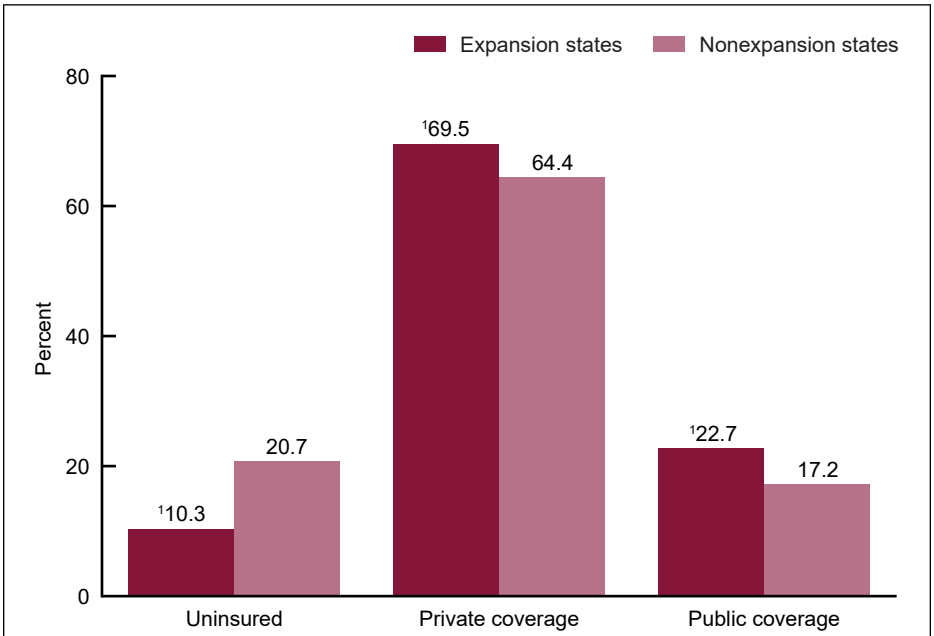
## Regional estimates of health insurance coverage

In 2020, among people under age 65, percentages of uninsured people in the South Atlantic (15.6%) and West South Central (20.5%) regions were significantly higher than the national average (11.5%), and percentages in the New England (3.3%), Middle Atlantic (7.9%), East North Central (8.8%), West North Central (9.4%), and Pacific (8.9%) regions were significantly lower than the national average (Table 1). The percentage with public coverage was significantly higher in the East South Central region (32.4%) than the national average (26.5%), and the percentage in the West North Central region (19.6%) was significantly lower than the national average. Percentages of private coverage were significantly higher in the New England (74.3%), East North Central (68.7%), and West North Central (73.9%) regions than the national average (64.3%), and percentages were significantly lower than the national average in the South Atlantic (59.8%), East South Central (58.0%), and West South Central (55.6%) regions.

## State estimates of health insurance coverage

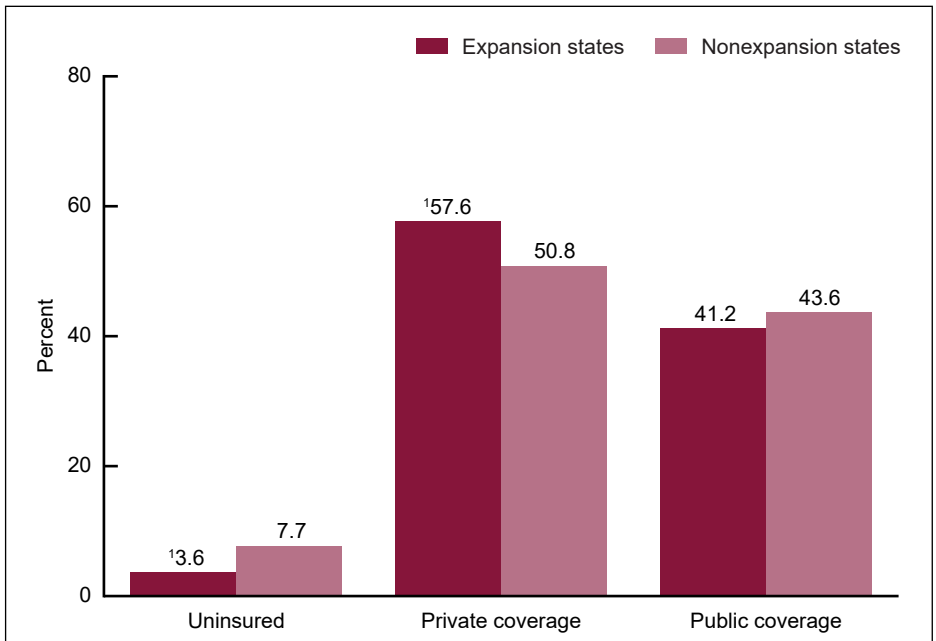
State-level estimates are shown for 32 states and the District of Columbia for people under age 65 and adults aged 18–64. Among adults aged 18−64, the percentage who were uninsured was significantly higher than the national average (13.9%) in Florida (19.5%), Georgia (25.4%), North Carolina (20.3%), and Texas (28.1%), and significantly lower than the national average in California (11.5%), Michigan (6.7%), New York (9.0%), and Pennsylvania (7.7%) (Figure 6, Table 2). Among adults aged 18–64, the percentage who had public coverage was significantly higher than the national average (20.7%) in Louisiana (41.2%), Michigan (27.4%), and New York (29.4%), and significantly lower than the national average in Georgia (16.3%), Illinois (15.3%), and Texas (13.1%) (Figure 7, Table 2). Among adults aged 18–64, the percentages with private insurance were significantly higher

**Figure 4. Percentage of adults aged 18–64 who were uninsured, had private coverage, or had public coverage, by state Medicaid expansion status: United States, 2020**




[1]Significantly different from nonexpansion states ($p < 0.05$).
NOTE: As of January 1, 2020, 35 states and the District of Columbia had expanded Medicaid and 15 states had not.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Figure 5. Percentage of children aged 0–17 years who were uninsured, had private coverage, or had public coverage, by state Medicaid expansion status: United States, 2020**




[1]Significantly different from nonexpansion states ($p < 0.05$).
NOTE: As of January 1, 2020, 35 states and the District of Columbia had expanded Medicaid and 15 states had not.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

than the national average (67.7%) in Illinois (76.2%), Massachusetts (77.4%), Minnesota (80.3%), and Pennsylvania (76.8%), and significantly lower than the national average in Georgia (59.5%), Louisiana (51.4%), and Texas (60.5%) (Figure 8, Table 2).

Among children aged 0–17 years, state-level estimates are shown for 16 states (Table 3). The percentage of children without health insurance coverage was significantly higher than the national average (5.0%) in Texas (11.7%), and significantly lower than the national average in California (2.0%) and Michigan (0.7%). State-level estimates for public coverage among children are shown for 12 states and for private coverage, 13 states. None of the presented state-level estimates of public coverage among children were significantly higher or lower than the national average (42.1%). The percentage of children with private coverage was significantly higher than the national average (55.1%) in Minnesota (83.3%) and Pennsylvania (68.1%), and significantly lower than the national average in Florida (43.4%).

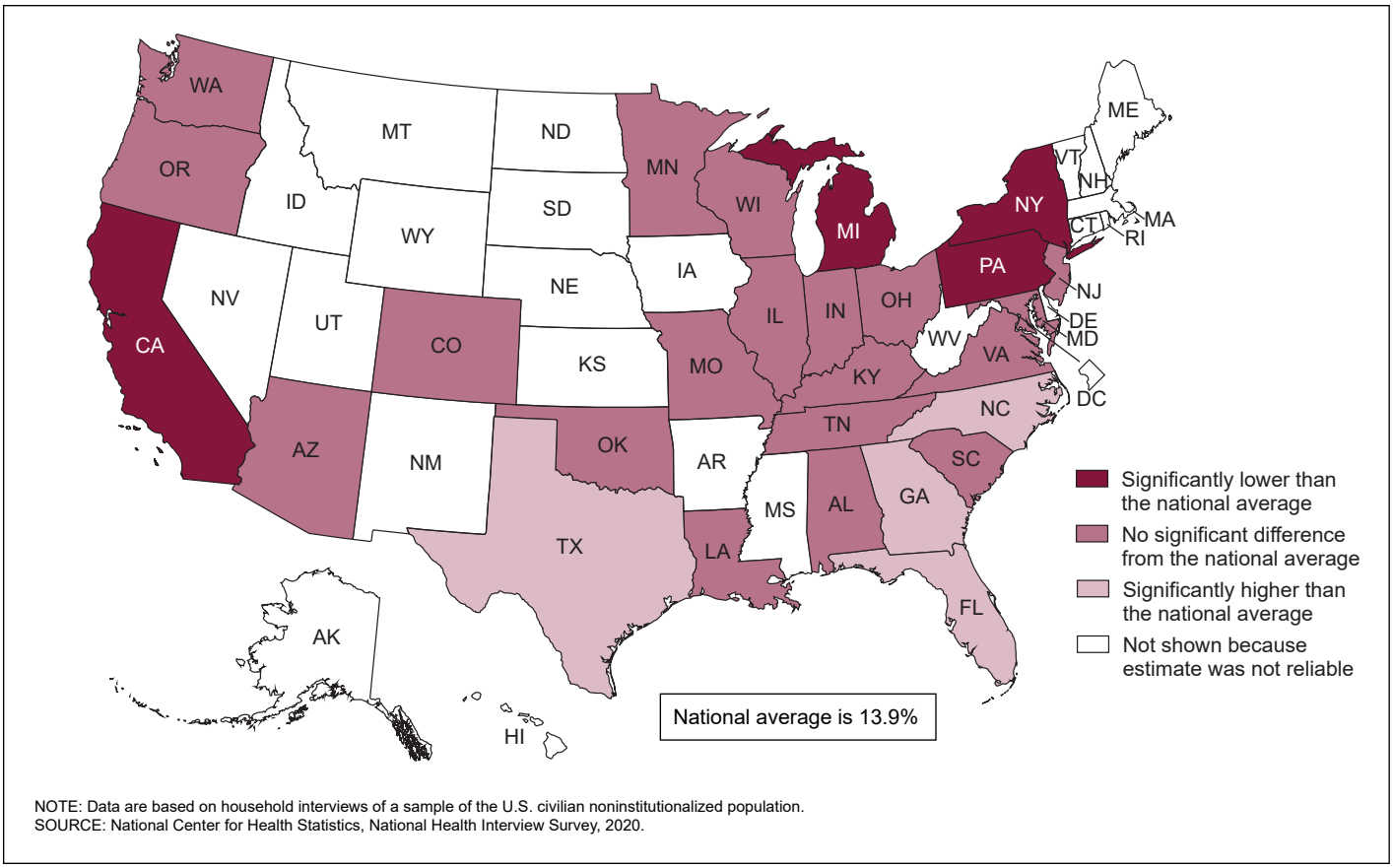
## Summary

This report provides an overall picture of health insurance coverage in the United States by selected geographic subdivisions. In 2020, variation in health insurance coverage was found by urbanization level, state Medicaid expansion status, expanded region, and selected states and the District of Columbia. Generally, people living in Medicaid nonexpansion states, nonmetropolitan counties, and the West South Central region were the most likely to be uninsured. Variation in the percentage of uninsured people was also observed among the selected states shown in this report.

This report is not without limitations. NHIS responses are self-reported, so they may be subject to recall bias. Data collection procedures were modified due to the COVID-19 pandemic, leading to a smaller Sample Child file (14). Moreover, the 2020 NHIS data file retained some biases after weighting adjustments, notably an underrepresentation of adults living alone and those in the lowest income category, and an overrepresentation of adults living in households with both landline and cell telephones (15). However, no biases were detected for estimates of health insurance coverage based on the full sample (15).

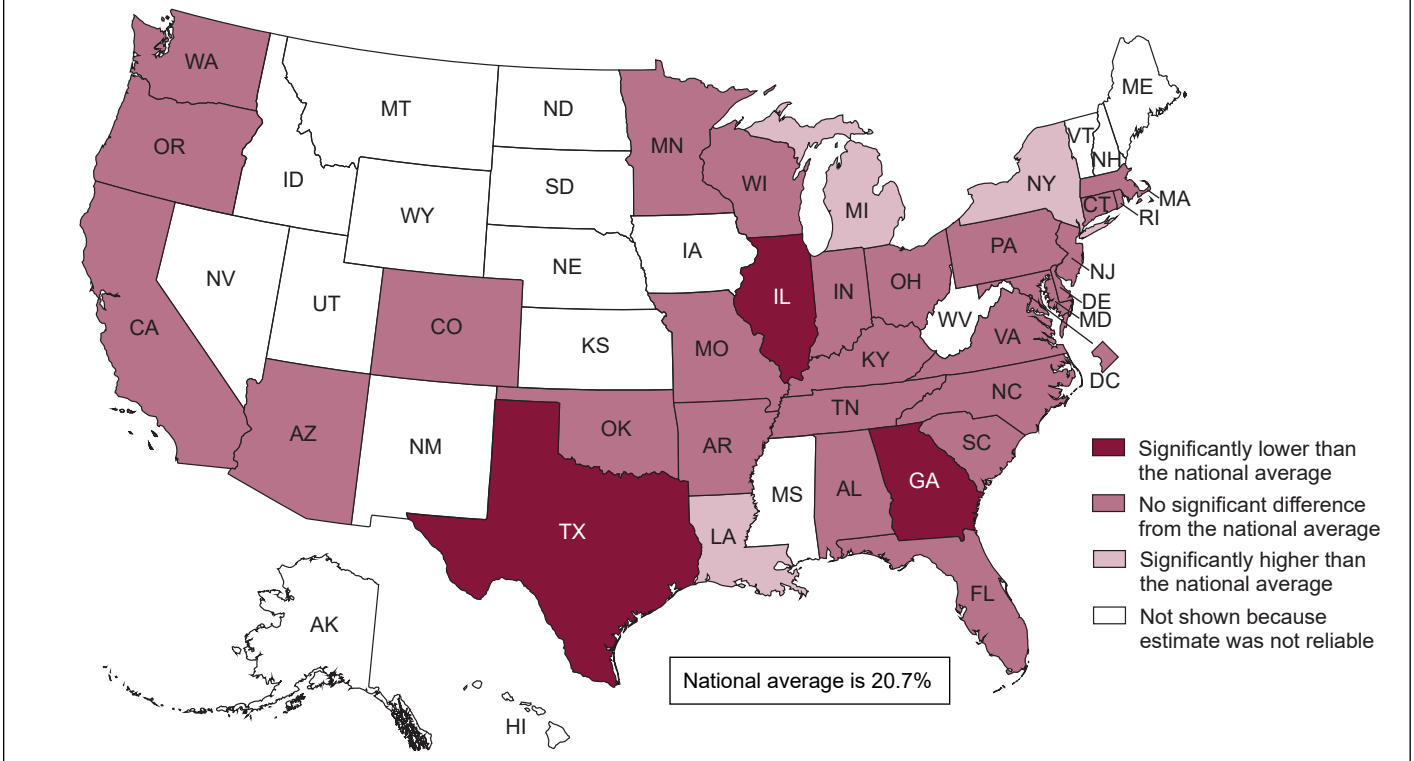
One strength of NHIS is that it has a very low nonresponse rate to questions about the type of health insurance coverage (about 0.5%). Additionally, a

**Figure 6. Adults aged 18–64 who were uninsured at the time of interview: United States, 2020**



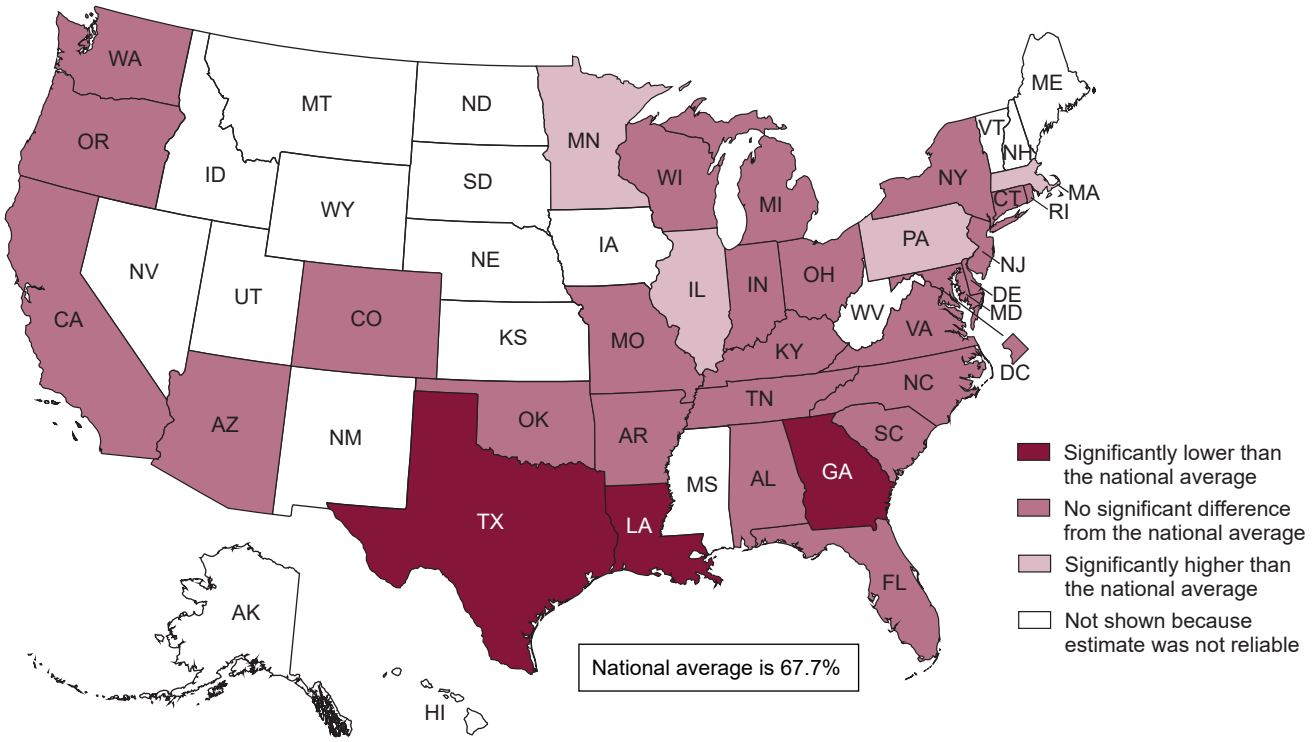

NOTE: Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Figure 7. Adults aged 18–64 who had public coverage at the time of interview: United States, 2020**




NOTE: Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Figure 8. Adults aged 18–64 who had private coverage at the time of interview: United States, 2020**




NOTE: Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

feature that distinguishes NHIS estimates of health insurance coverage from other survey-based estimates is the use of responses to follow-up questions to evaluate the reliability of the reported health insurance coverage and resolve conflicting information (see NHIS, Health Insurance Information: https://www.cdc.gov/nchs/nhis/insurance.htm).

## References


1. Larson K, Cull WL, Racine AD, Olson LM. Trends in access to health care services for US children: 2000–2014. Pediatrics 138(6):e20162176. 2016.
2. Institute of Medicine. Coverage matters: Insurance and health care. Washington, DC: National Academies Press. 2001.
3. Institute of Medicine. America's uninsured crisis: Consequences for health and health care. Washington, DC: National Academies Press. 2009.
4. Ahluwalia IB, Bolen J, Pearson WS, Link M, Garvin W, Mokdad A. State and metropolitan variation in lack of health insurance among working-age adults, Behavioral Risk Factor Surveillance System, 2006. Public Health Rep 124(1):34–41. 2009.
5. Cohen RA, Terlizzi EP, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2018. National Center for Health Statistics. May 2019. Available from: https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf.
6. Keisler-Starkey K, Bunch LN. Health insurance coverage in the United States: 2019. Current Population Reports, P60–271. U.S. Census Bureau. 2020.
7. Blewett LA, Davern M. Meeting the need for state-level estimates of health insurance coverage: Use of state and federal survey data. Health Serv Res 41(3 Pt 1):946–75. 2006.
8. Kosali S. Data needs for policy research on state-level health insurance markets. Inquiry 45(1):89–97. 2008.
9. Drake C, Fried B, Blewett LA. Estimated costs of a reinsurance program to stabilize the individual health insurance market: National- and state-level estimates. Inquiry 56:46958019836060. 2019.
10. Affordable Care Act of 2010. Pub L No 111–148, Pub L No 111–152. 2010.
11. Simpson M. The implications of Medicaid expansion in the remaining states: 2020 update. Urban Institute. 2020.
12. Cohen RA, Terlizzi EP, Cha AE, Martinez ME, Parsons VL, Wei R, He Y. Geographic variation in health insurance coverage: United States, 2019. National Health Statistics Reports; no 163. Hyattsville MD: National Center for Health Statistics. 2021.
13. Social Security Act. Title XVIII: Health insurance for the aged and disabled. 42 USC 1395–1395III. 1965.
14. National Center for Health Statistics. Survey description, National Health Interview Survey, 2020. 2021.
15. Bramlett MD, Dahlhamer JM, Bose J. Weighting procedures and bias assessment for the 2020 National Health Interview Survey. Hyattsville, MD: National Center for Health Statistics. 2021.

16. Office of Management and Budget. Revised delineations of metropolitan statistical areas, micropolitan statistical areas, and combined statistical areas, and guidance on uses of the delineations of these areas. OMB Bulletin No. 13–01. 2013.
17. National Center for Health Statistics. 2013 NCHS urban–rural classification scheme for counties. Available from: https://www.cdc.gov/nchs/data_access/urban_rural.htm#2013_Urban-Rural_Classification_Scheme_for_Counties.
18. Ingram DD, Franco SJ. 2013 NCHS urban–rural classification scheme for counties. National Center for Health Statistics. Vital Health Stat 2(166). 2014.
19. Clarke TC, Norris T, Schiller JS. Early release of selected estimates based on data from the 2018 National Health Interview Survey. National Center for Health Statistics. 2019. Available from: https://www.cdc.gov/nchs/nhis/releases/released201905.htm.
20. National Center for Health Statistics. Technical notes for summary health statistics tables: National Health Interview Survey. 2019. Available from: https://www.cdc.gov/nchs/data/nhis/SHS_Tech_Notes.pdf.
21. National Center for Health Statistics. National Health Interview Survey, 2020. Public-use data file and documentation. Available from: https://www.cdc.gov/nchs/nhis/2020nhis.htm.
22. Holahan J, Buettgens M, Carroll C, Dorn S. The cost and coverage implications of the ACA Medicaid expansion: National and state-by-state analysis. Kaiser Commission on Medicaid and the Uninsured. 2012. Available from: https://www.kff.org/wp-content/uploads/2013/01/8384.pdf.
23. 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.
24. Korn EL, Graubard BI. Confidence intervals for proportions with small expected number of positive counts estimated from survey data. Surv Methodol 24(2):193–201. 1998.

**Table 1. Percentage of people under age 65 who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 64.3 (63.2–65.4) | 26.5 (25.5–27.5) | 11.5 (10.9–12.2) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 65.3 (63.6–67.1) | 24.6 (23.1–26.1) | 12.0 (11.0–13.1) |
| Large fringe metropolitan[7] | 70.9 (68.9–72.9) | 21.4 (19.7–23.3) | 9.9 (8.7–11.1) |
| Medium and small metropolitan[8] | 62.2 (60.1–64.2) | 29.6 (27.6–31.7) | 10.9 (9.9–12.0) |
| Nonmetropolitan[9] | 54.3 (50.4–58.1) | 33.5 (30.4–36.8) | 15.0 (12.6–17.7) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 66.3 (65.0–67.7) | 27.6 (26.4–28.8) | 8.5 (7.8–9.2) |
| Non-Medicaid expansion states[12] | 60.7 (58.8–62.6) | 24.4 (22.8–26.1) | 17.1 (15.9–18.4) |
| Expanded region[13] | | | |
| New England | 74.3 (70.1–78.3) | 24.5 (21.2–28.0) | 3.3 (2.3–4.7) |
| Middle Atlantic | 66.6 (63.7–69.4) | 27.9 (25.0–30.9) | 7.9 (6.4–9.6) |
| East North Central | 68.7 (66.0–71.3) | 25.5 (23.0–28.2) | 8.8 (7.4–10.4) |
| West North Central | 73.9 (70.4–77.2) | 19.6 (17.2–22.1) | 9.4 (7.5–11.6) |
| South Atlantic | 59.8 (57.1–62.5) | 27.1 (24.7–29.6) | 15.6 (13.8–17.4) |
| East South Central | 58.0 (53.3–62.6) | 32.4 (28.5–36.5) | 12.3 (10.3–14.6) |
| West South Central | 55.6 (52.0–59.2) | 25.6 (22.4–29.0) | 20.5 (18.1–23.0) |
| Mountain | 64.9 (59.8–69.7) | 25.6 (22.3–29.2) | 11.8 (9.1–14.9) |
| Pacific | 65.3 (62.9–67.6) | 27.8 (25.7–29.9) | 8.9 (7.7–10.2) |
| Selected states[14] | | | |
| Alabama | 59.3 (48.9–69.2) | 33.4 (23.8–44.1) | 10.0 (5.4–16.5) |
| Arizona | 58.1 (48.3–67.5) | 31.6 (22.7–41.6) | 12.7 (7.8–19.2) |
| Arkansas | 61.4 (45.9–75.3) | 28.9 (16.1–44.7) | * |
| California | 64.4 (61.4–67.3) | 28.4 (25.8–31.1) | 8.9 (7.5–10.4) |
| Colorado | 62.8 (54.5–70.7) | 27.2 (20.0–35.5) | 11.8 (7.7–17.2) |
| Connecticut | 70.0 (59.2–79.4) | 26.2 (17.0–37.3) | * |
| Delaware | * | * | * |
| District of Columbia | 67.8 (53.1–80.4) | 27.9 (15.7–43.0) | * |
| Florida | 59.7 (55.5–63.8) | 25.6 (21.6–29.8) | 16.7 (13.6–20.2) |
| Georgia | 56.3 (49.4–63.1) | 24.6 (19.0–30.9) | 20.3 (16.5–24.5) |
| Illinois | 72.1 (67.5–76.3) | 21.4 (17.3–26.0) | 9.2 (6.6–12.3) |
| Indiana | 64.8 (56.1–72.8) | 27.1 (19.6–35.8) | 10.5 (6.5–15.9) |
| Kentucky | 52.9 (42.8–62.9) | 42.4 (32.3–52.9) | 7.9 (4.0–13.8) |
| Louisiana | 46.2 (36.1–56.6) | 46.9 (36.4–57.7) | * |
| Maryland | 66.7 (56.3–76.1) | 27.4 (18.4–37.9) | * |
| Massachusetts | 76.2 (69.5–82.0) | 22.0 (16.2–28.8) | 2.6 (1.0–5.3) |
| Michigan | 66.3 (58.5–73.5) | 32.3 (25.8–39.3) | 5.3 (3.2–8.2) |
| Minnesota | 81.1 (73.6–87.2) | 13.7 (8.3–20.9) | 7.1 (3.8–11.8) |
| Missouri | 73.9 (65.9–80.9) | 17.8 (11.7–25.4) | 10.4 (6.5–15.7) |
| New Jersey | 66.7 (58.1–74.5) | 24.1 (17.0–32.3) | 11.2 (6.7–17.2) |
| New York | 60.9 (56.4–65.2) | 34.4 (30.2–38.7) | 7.4 (5.0–10.3) |
| North Carolina | 60.5 (52.9–67.8) | 25.9 (19.6–33.1) | 16.9 (12.8–21.7) |
| Ohio | 68.5 (62.9–73.7) | 24.2 (19.3–29.8) | 10.5 (7.1–14.7) |
| Oklahoma | 52.6 (40.0–65.0) | 27.9 (17.3–40.8) | 24.0 (15.6–34.3) |
| Oregon | 62.4 (53.4–70.7) | 29.8 (21.8–38.9) | 11.4 (7.1–17.1) |
| Pennsylvania | 74.7 (68.2–80.6) | 20.9 (14.3–28.8) | 6.9 (4.9–9.4) |
| Rhode Island | 77.7 (62.9–88.6) | 25.3 (13.2–41.0) | * |
| South Carolina | 57.2 (46.8–67.2) | 33.4 (23.8–44.1) | 13.1 (7.8–20.1) |
| Tennessee | 64.2 (55.8–72.0) | 25.3 (18.2–33.4) | 13.3 (8.9–18.9) |
| Texas | 57.0 (52.7–61.2) | 21.5 (18.2–25.0) | 23.1 (20.1–26.3) |
| Virginia | 60.9 (54.3–67.2) | 31.9 (25.6–38.7) | 10.2 (6.6–15.0) |
| Washington | 72.8 (65.6–79.3) | 22.2 (16.0–29.3) | 7.4 (4.4–11.5) |
| Wisconsin | 68.7 (61.9–75.0) | 26.2 (20.1–33.0) | 8.0 (5.1–11.8) |

See footnotes at end of table.

**Table 1. Percentage of people under age 65 who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]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 dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health plan coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People also were defined as uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Urbanization level is measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium or small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes 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, 2020, 35 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2020, states that had expanded Medicaid included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, 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, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2020, states that had not expanded Medicaid included: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

NOTES: Estimates may not add to 100% because a person may have both private and public coverage. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Table 2. Percentage of adults aged 18–64 who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 67.7 (66.7–68.8) | 20.7 (19.9–21.6) | 13.9 (13.2–14.7) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 68.3 (66.6–69.9) | 19.7 (18.3–21.1) | 14.0 (12.8–15.4) |
| Large fringe metropolitan[7] | 73.6 (71.8–75.3) | 17.0 (15.5–18.5) | 11.8 (10.5–13.2) |
| Medium and small metropolitan[8] | 66.3 (64.2–68.2) | 22.6 (20.9–24.4) | 13.9 (12.6–15.3) |
| Nonmetropolitan[9] | 58.5 (54.8–62.1) | 26.3 (23.2–29.7) | 17.9 (15.0–21.1) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 69.5 (68.3–70.8) | 22.7 (21.6–23.7) | 10.3 (9.5–11.1) |
| Non-Medicaid expansion states[12] | 64.4 (62.7–66.2) | 17.2 (15.7–18.6) | 20.7 (19.2–22.3) |
| Expanded region[13] | | | |
| New England | 76.8 (72.3–80.9) | 21.6 (18.0–25.4) | 4.0 (2.7–5.6) |
| Middle Atlantic | 70.5 (68.0–72.9) | 22.8 (20.5–25.2) | 9.4 (7.8–11.3) |
| East North Central | 71.4 (69.0–73.7) | 20.9 (18.8–23.0) | 10.2 (8.8–11.8) |
| West North Central | 75.0 (71.4–78.4) | 16.1 (13.8–18.6) | 11.6 (9.3–14.2) |
| South Atlantic | 64.4 (61.8–66.8) | 19.3 (17.3–21.5) | 18.9 (16.8–21.1) |
| East South Central | 63.6 (59.0–68.1) | 23.9 (20.1–28.0) | 15.6 (13.0–18.4) |
| West South Central | 59.0 (55.7–62.1) | 18.4 (15.7–21.5) | 24.6 (21.5–27.8) |
| Mountain | 67.6 (62.2–72.7) | 20.5 (16.8–24.6) | 14.1 (11.0–17.8) |
| Pacific | 68.1 (65.8–70.3) | 22.5 (20.8–24.3) | 11.3 (9.7–13.0) |
| Selected states[14] | | | |
| Alabama | 66.0 (56.9–74.4) | 23.6 (16.1–32.5) | 13.2 (7.6–20.8) |
| Arizona | 60.8 (51.7–69.3) | 25.0 (17.5–33.8) | 15.6 (9.6–23.3) |
| Arkansas | 59.1 (45.1–72.2) | 28.6 (16.9–42.9) | * |
| California | 67.5 (64.6–70.4) | 22.5 (20.4–24.7) | 11.5 (9.7–13.6) |
| Colorado | 69.9 (62.5–76.6) | 18.1 (12.5–24.9) | 14.6 (9.6–20.9) |
| Connecticut | 74.3 (65.1–82.2) | 21.7 (14.2–30.9) | * |
| Delaware | 71.7 (56.4–84.0) | 22.5 (11.1–37.9) | * |
| District of Columbia | 64.8 (52.4–75.9) | 31.0 (20.1–43.8) | * |
| Florida | 64.9 (60.7–68.9) | 17.5 (14.0–21.5) | 19.5 (15.9–23.4) |
| Georgia | 59.5 (54.6–64.3) | 16.3 (12.3–21.0) | 25.4 (20.9–30.4) |
| Illinois | 76.2 (72.0–80.0) | 15.3 (11.6–19.6) | 11.4 (8.4–15.1) |
| Indiana | 68.5 (60.9–75.4) | 21.7 (15.6–29.0) | 11.6 (7.1–17.6) |
| Kentucky | 60.3 (51.0–69.1) | 32.8 (24.2–42.3) | 10.2 (5.3–17.2) |
| Louisiana | 51.4 (42.4–60.2) | 41.2 (32.3–50.5) | 8.2 (4.0–14.6) |
| Maryland | 74.1 (64.9–82.0) | 18.2 (11.2–27.1) | 10.0 (5.0–17.5) |
| Massachusetts | 77.4 (71.5–82.6) | 20.3 (15.1–26.2) | * |
| Michigan | 69.8 (62.8–76.1) | 27.4 (22.0–33.2) | 6.7 (4.0–10.3) |
| Minnesota | 80.3 (73.6–85.9) | 13.1 (8.3–19.3) | 8.8 (5.0–14.2) |
| Missouri | 74.9 (67.9–81.1) | 15.9 (10.7–22.4) | 11.9 (7.5–17.8) |
| New Jersey | 73.0 (66.6–78.8) | 16.3 (11.9–21.5) | 13.6 (8.6–20.0) |
| New York | 64.6 (60.2–68.8) | 29.4 (25.6–33.3) | 9.0 (6.4–12.2) |
| North Carolina | 64.8 (57.7–71.5) | 18.1 (13.4–23.7) | 20.3 (15.7–25.5) |
| Ohio | 69.3 (63.9–74.4) | 21.4 (17.0–26.3) | 11.2 (8.1–14.9) |
| Oklahoma | 57.2 (46.0–68.0) | 21.9 (13.4–32.7) | 26.5 (17.2–37.5) |
| Oregon | 62.7 (54.8–70.1) | 27.6 (20.7–35.4) | 13.7 (8.7–20.1) |
| Pennsylvania | 76.8 (72.2–81.0) | 18.0 (13.4–23.4) | 7.7 (5.5–10.4) |
| Rhode Island | 81.1 (68.7–90.2) | 23.4 (13.0–37.0) | * |
| South Carolina | 62.5 (53.3–71.1) | 25.1 (17.4–34.1) | 16.2 (10.1–24.2) |
| Tennessee | 68.1 (60.8–74.9) | 19.2 (13.6–26.0) | 15.9 (10.8–22.3) |
| Texas | 60.5 (56.9–64.0) | 13.1 (10.3–16.5) | 28.1 (24.2–32.3) |
| Virginia | 65.1 (58.6–71.2) | 25.5 (19.5–32.3) | 13.1 (8.4–19.1) |
| Washington | 75.1 (68.9–80.7) | 18.4 (13.3–24.4) | 8.7 (5.2–13.4) |
| Wisconsin | 70.3 (64.4–75.8) | 22.0 (17.0–27.8) | 9.7 (6.3–14.1) |

See footnotes at end of table.

**Table 2. Percentage of adults aged 18–64 who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]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 dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health plan coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People also were defined as uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Urbanization level is measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium or small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes 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, 2020, 35 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2020, states that had expanded Medicaid included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, 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, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2020, states that had not expanded Medicaid included: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

NOTES: Estimates may not add to 100% because a person may have both private and public coverage. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Table 3. Percentage of children aged 0–17 years who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 55.1 (53.0–57.2) | 42.1 (40.0–44.2) | 5.0 (4.2–6.0) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 56.4 (52.9–59.8) | 39.5 (36.1–43.0) | 5.9 (4.6–7.5) |
| Large fringe metropolitan[7] | 63.9 (59.7–67.9) | 33.1 (29.2–37.2) | 4.8 (3.4–6.6) |
| Medium and small metropolitan[8] | 51.8 (48.3–55.2) | 47.6 (44.0–51.1) | 3.3 (2.2–4.7) |
| Nonmetropolitan[9] | 43.5 (36.5–50.6) | 52.0 (45.1–59.0) | 7.7 (4.5–12.0) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 57.6 (55.0–60.0) | 41.2 (38.8–43.7) | 3.6 (2.6–4.7) |
| Non-Medicaid expansion states[12] | 50.8 (47.0–54.5) | 43.6 (39.9–47.4) | 7.7 (6.2–9.4) |
| Expanded region[13] | | | |
| New England | 66.6 (58.9–73.6) | 33.6 (26.6–41.2) | 1.4 (0.2–4.4) |
| Middle Atlantic | 55.6 (49.6–61.5) | 41.9 (36.0–48.0) | 3.6 (1.7–6.6) |
| East North Central | 61.3 (55.4–66.9) | 38.3 (32.4–44.5) | * |
| West North Central | 71.1 (62.5–78.6) | 28.7 (21.9–36.4) | * |
| South Atlantic | 46.7 (41.7–51.8) | 49.3 (43.9–54.6) | 6.1 (4.2–8.4) |
| East South Central | 43.3 (37.1–49.7) | 54.9 (49.3–60.5) | 3.8 (2.0–6.4) |
| West South Central | 47.7 (41.7–53.7) | 42.6 (36.6–48.7) | 10.7 (7.9–14.1) |
| Mountain | 57.9 (49.7–65.9) | 39.0 (33.0–45.2) | * |
| Pacific | 57.5 (53.1–61.8) | 42.4 (37.7–47.2) | 2.3 (1.4–3.5) |
| Selected states[14] | | | |
| Alabama | * | * | * |
| Arizona | * | * | * |
| Arkansas | * | * | * |
| California | 56.0 (50.7–61.3) | 44.0 (38.2–49.9) | 2.0 (1.0–3.6) |
| Colorado | * | * | * |
| Connecticut | * | * | * |
| Delaware | * | * | * |
| District of Columbia | * | * | * |
| Florida | 43.4 (35.6–51.5) | 50.7 (41.2–60.1) | 8.1 (4.2–14.1) |
| Georgia | * | * | 7.0 (3.6–12.1) |
| Illinois | 60.6 (51.5–69.1) | 38.6 (30.1–47.7) | * |
| Indiana | * | * | * |
| Kentucky | * | * | * |
| Louisiana | * | * | * |
| Maryland | * | * | * |
| Massachusetts | 72.3 (59.1–83.2) | 27.4 (16.3–41.0) | * |
| Michigan | * | * | 0.7 (0.0–4.4) |
| Minnesota | 83.3 (67.3–93.5) | * | * |
| Missouri | * | 24.0 (11.3–41.3) | * |
| New Jersey | * | * | * |
| New York | 49.7 (41.6–57.9) | 49.2 (41.2–57.2) | * |
| North Carolina | 47.4 (35.2–59.8) | 49.7 (36.3–63.2) | * |
| Ohio | 66.3 (53.0–78.0) | 32.1 (21.3–44.5) | * |
| Oklahoma | * | * | * |
| Oregon | * | * | * |
| Pennsylvania | 68.1 (53.2–80.8) | * | * |
| Rhode Island | * | * | * |
| South Carolina | * | * | * |
| Tennessee | * | * | * |
| Texas | 49.1 (42.0–56.3) | 40.3 (33.5–47.5) | 11.7 (8.3–15.9) |
| Virginia | 50.2 (41.1–59.3) | 48.0 (38.1–57.9) | * |
| Washington | 65.8 (50.6–79.1) | 33.6 (20.2–49.3) | * |
| Wisconsin | 64.7 (49.7–77.9) | 36.7 (23.0–52.1) | * |

See footnotes at end of table.

**Table 3. Percentage of children aged 0–17 years who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]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 dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health plan coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People also were defined as uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Urbanization level is measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium or small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes 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, 2020, 35 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2020, states that had expanded Medicaid included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, 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, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2020, states that had not expanded Medicaid included: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

NOTES: Estimates may not add to 100% because a person may have both private and public coverage. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

# Technical Notes Tables

**Table I. Design effects used for standard error calculations of state estimates in Tables 1–3 and II, except for the 12 states with the largest populations**

| Table | Type of health insurance coverage estimate by age group | Average design effect based on 12 states with the largest populations[1] |
|---|---|---|
| 1 | People under age 65 with private coverage | 3.64 |
| 1 | People under age 65 with public coverage | 3.92 |
| 1 | People under age 65 who are uninsured | 2.72 |
| 2 | Adults aged 18–64 with private coverage | 2.33 |
| 2 | Adults aged 18–64 with public coverage | 2.50 |
| 2 | Adults aged 18–64 who are uninsured | 2.45 |
| 3 | Children aged 0–17 years with private coverage | 2.73 |
| 3 | Children aged 0–17 years with public coverage | 2.87 |
| 3 | Children aged 0–17 years who are uninsured | 2.09 |
| II | People of all ages with private coverage | 3.57 |
| II | People of all ages with public coverage | 3.06 |
| II | People of all ages who are uninsured | 3.01 |

[1]The 12 states with the largest populations are California, Florida, Georgia, Illinois, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, and Virginia. The design effect was defined as the ratio of the true standard error, accounting for the complex survey design, to the standard error for a simple random sample of the same size.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**Table II. Percentage of people of all ages who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 62.0 (61.0–62.9) | 38.2 (37.3–39.0) | 9.7 (9.2–10.3) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 61.9 (60.4–63.5) | 34.9 (33.5–36.3) | 10.4 (9.5–11.4) |
| Large fringe metropolitan[7] | 68.2 (66.5–69.9) | 33.3 (31.8–34.9) | 8.4 (7.4–9.4) |
| Medium and small metropolitan[8] | 60.4 (58.6–62.2) | 41.0 (39.3–42.6) | 9.2 (8.3–10.1) |
| Nonmetropolitan[9] | 54.3 (50.9–57.7) | 47.8 (45.4–50.3) | 11.8 (9.9–14.0) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 64.0 (62.8–65.1) | 38.9 (37.9–39.9) | 7.2 (6.6–7.8) |
| Non-Medicaid expansion states[12] | 58.3 (56.6–60.1) | 36.8 (35.3–38.3) | 14.4 (13.3–15.4) |
| Expanded region[13] | | | |
| New England | 72.2 (68.7–75.5) | 36.6 (33.6–39.7) | 2.8 (2.0–3.9) |
| Middle Atlantic | 64.4 (62.0–66.8) | 40.2 (37.8–42.5) | 6.5 (5.2–7.9) |
| East North Central | 67.3 (65.0–69.6) | 37.2 (35.0–39.4) | 7.4 (6.2–8.7) |
| West North Central | 72.1 (68.9–75.0) | 31.5 (29.1–34.0) | 8.2 (6.5–10.3) |
| South Atlantic | 57.0 (54.6–59.3) | 40.1 (37.8–42.3) | 12.8 (11.4–14.3) |
| East South Central | 56.5 (52.4–60.5) | 44.0 (41.0–47.0) | 10.2 (8.6–12.0) |
| West South Central | 53.7 (50.4–56.9) | 36.5 (33.7–39.4) | 17.4 (15.5–19.6) |
| Mountain | 61.4 (56.9–65.7) | 36.6 (33.8–39.4) | 10.1 (7.8–12.8) |
| Pacific | 62.0 (59.9–64.1) | 38.1 (36.3–40.0) | 7.7 (6.6–8.8) |
| Selected states[14] | | | |
| Alabama | 55.3 (46.7–63.8) | 45.2 (37.4–53.2) | 8.2 (4.5–13.5) |
| Arizona | 54.4 (46.2–62.6) | 42.2 (34.8–49.8) | 10.7 (6.6–16.2) |
| Arkansas | 58.5 (46.5–69.8) | 42.7 (32.2–53.7) | * |
| California | 61.1 (58.5–63.7) | 37.9 (35.7–40.1) | 7.8 (6.6–9.2) |
| Colorado | 61.1 (53.9–68.0) | 36.3 (30.1–42.9) | 10.4 (6.8–15.1) |
| Connecticut | 66.5 (57.2–75.0) | 37.4 (29.3–46.1) | * |
| Delaware | 68.0 (54.3–79.7) | 40.4 (28.6–53.1) | * |
| District of Columbia | 68.0 (55.3–79.0) | 35.6 (25.0–47.5) | * |
| Florida | 54.3 (50.8–57.8) | 41.7 (38.2–45.2) | 13.2 (10.8–15.9) |
| Georgia | 55.3 (49.2–61.2) | 35.0 (29.0–41.5) | 17.3 (14.1–20.9) |
| Illinois | 70.8 (66.6–74.7) | 32.3 (28.7–36.0) | 7.9 (5.8–10.5) |
| Indiana | 65.0 (57.8–71.7) | 38.9 (32.5–45.6) | 8.7 (5.4–13.2) |
| Kentucky | 51.5 (42.9–60.0) | 51.7 (43.8–59.6) | 6.9 (3.5–11.8) |
| Louisiana | 44.9 (36.3–53.7) | 53.3 (45.2–61.3) | 6.5 (3.2–11.5) |
| Maryland | 67.3 (58.4–75.4) | 37.4 (29.5–45.7) | * |
| Massachusetts | 75.6 (69.9–80.6) | 33.4 (28.1–38.9) | 2.2 (0.9–4.5) |

See footnotes at end of table.

**Table II. Percentage of people of all ages who had private health insurance coverage, public health coverage, or were uninsured at the time of the interview, by urbanization level, state Medicaid expansion status, expanded region, and selected states: United States, 2020—Con.**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Selected states[14]—Con. | | | |
| Michigan | 63.3 (57.3–69.1) | 46.6 (40.4–52.8) | 4.2 (2.6–6.3) |
| Minnesota | 80.2 (73.9–85.5) | 28.2 (22.5–34.4) | 5.9 (3.2–9.7) |
| Missouri | 69.6 (62.6–76.1) | 30.1 (24.2–36.6) | 8.9 (5.5–13.4) |
| New Jersey | 65.7 (58.6–72.3) | 36.1 (30.6–41.9) | 9.3 (5.6–14.4) |
| New York | 59.0 (55.0–62.8) | 45.4 (41.9–48.9) | 6.1 (4.1–8.5) |
| North Carolina | 59.1 (52.5–65.4) | 37.9 (33.4–42.5) | 14.0 (10.6–18.0) |
| Ohio | 66.9 (62.1–71.5) | 35.7 (31.6–40.1) | 9.0 (6.1–12.6) |
| Oklahoma | 50.8 (40.7–60.8) | 43.6 (34.6–53.0) | 18.4 (12.0–26.5) |
| Oregon | 60.1 (52.5–67.4) | 40.1 (33.3–47.1) | 9.7 (6.0–14.5) |
| Pennsylvania | 70.2 (65.9–74.3) | 36.1 (31.4–41.1) | 5.5 (3.9–7.6) |
| Rhode Island | 72.0 (59.8–82.2) | 39.5 (28.7–51.1) | * |
| South Carolina | 55.5 (47.0–63.8) | 47.1 (39.4–54.9) | 10.7 (6.5–16.3) |
| Tennessee | 63.6 (56.7–70.1) | 38.5 (32.4–44.9) | 10.9 (7.3–15.4) |
| Texas | 55.1 (51.0–59.0) | 32.2 (29.1–35.4) | 20.0 (17.5–22.7) |
| Virginia | 59.5 (53.3–65.5) | 42.5 (36.2–48.9) | 8.7 (5.7–12.6) |
| Washington | 68.6 (62.5–74.3) | 36.8 (31.2–42.6) | 5.9 (3.5–9.3) |
| Wisconsin | 68.2 (62.4–73.7) | 36.2 (30.9–41.7) | 6.9 (4.4–10.2) |

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]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 dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health plan coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People also were defined as uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Urbanization level is measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium or small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes 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, 2020, 35 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2020, states that had expanded Medicaid included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, 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, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2020, states that had not expanded Medicaid included: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

NOTES: Estimates may not add to 100% because a person may have both private and public coverage. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2020.

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road, Room 4551, MS P08
Hyattsville, MD 20782–2064

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

FIRST CLASS MAIL
POSTAGE & FEES PAID
CDC/NCHS
PERMIT NO. G-284

For more NCHS NHSRs, visit:
https://www.cdc.gov/nchs/products/nhsr.htm.

National Health Statistics Reports ■ Number 168 ■ February 11, 2022

**Suggested citation**

Terlizzi EP, Cohen RA. Geographic variation in health insurance coverage: United States, 2020. National Health Statistics Reports; no 168. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/cdc:112968.

**Copyright information**

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

**National Center for Health Statistics**

Brian C. Moyer, Ph.D., *Director*
Amy M. Branum, Ph.D., *Associate Director for Science*

**Division of Health Interview Statistics**

Stephen J. Blumberg, Ph.D., *Director*
Anjel Vahratian, Ph.D., M.P.H., *Associate Director for Science*

For e-mail updates on NCHS publication releases, subscribe online at: https://www.cdc.gov/nchs/email-updates.htm.
For questions or general information about NCHS: Tel: 1–800–CDC–INFO (1–800–232–4636) • TTY: 1–888–232–6348
Internet: https://www.cdc.gov/nchs • Online request form: https://www.cdc.gov/info • CS328659