



New Report: Historic Improvement in Uninsured Rates Across Racial and Ethnic Groups

COVID Response Policies and Medicaid Expansion Led to Notable Coverage Gains for Black and Hispanic Adults, but Millions Could Lose Coverage When COVID Public Health Emergency Ends

During the COVID-19 pandemic, uninsured rates reached record lows for Black, Hispanic, and white adults, driven by the Affordable Care Act (ACA), additional states expanding Medicaid eligibility, and policies that increased marketplace and Medicaid enrollment. Between 2013 and 2021, uninsured rates fell 15.7 percentage points for Hispanic adults, 10.9 points for Black adults, and 6.3 points for white adults, according to a new Commonwealth Fund report.

The report, *Inequities in Health Insurance Coverage and Access for Black and Hispanic Adults: The Impact of Medicaid Expansion and the Pandemic*, examines how adults' health care coverage and access for Black, Hispanic, and white Americans changed during the 2019–21 period and analyzes earlier health care trend data for these groups beginning in 2013, the year before the ACA's major coverage expansions went into effect.

Since 2019, seven states — Idaho, Maine, Missouri, Nebraska, Oklahoma, Utah, and Virginia — have expanded Medicaid. Meanwhile, the Families First Coronavirus Response Act of 2020 required states to keep Medicaid enrollees covered continuously throughout the COVID-19 public health emergency. In addition, the American Rescue Plan Act temporarily enhanced marketplace premium subsidies.

Key findings from the report include:

- **Coverage disparities between Black and Hispanic adults and white adults narrowed considerably from 2013 to 2021.** The insurance gap between Black and white adults dropped from 9.9 to 5.3 percentage points, and the gap between Hispanic and white adults dropped from 25.7 to 16.3 points.
- **From 2019 to 2021, uninsured rates for adults across racial and ethnic groups improved.** Increased marketplace and Medicaid coverage helped lower uninsured rates in both Medicaid expansion and nonexpansion states. Black and Hispanic adults experienced larger Medicaid and individual-market coverage gains than white adults during this period.

EMBARGOED
NOT FOR RELEASE BEFORE
12:01 a.m. E.T.
Thursday, March 16, 2023

For further information,
contact:

Bethanne Fox
212.606.3853
bf@cmwf.org

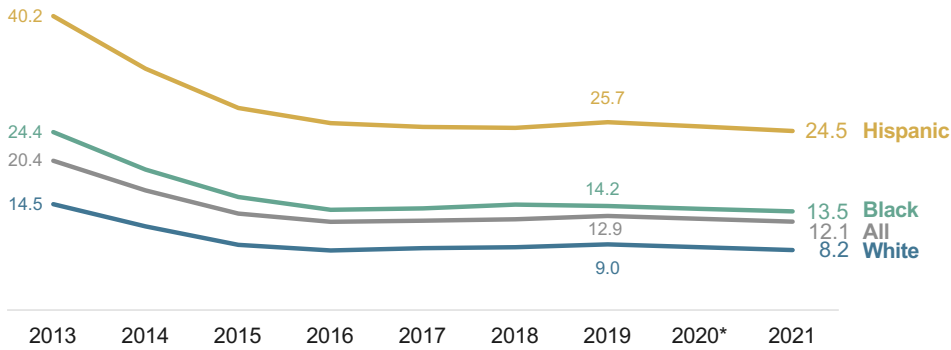
Maya Brod
301.467.4917
mbrod@burness.com

 [@commonwealthfund](https://twitter.com/commonwealthfund)

The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

Coverage inequities between Black, Hispanic, and white adults have narrowed substantially since 2013. All groups reported improvements between 2019 and 2021.

Percentage of U.S. adults ages 19–64 who are uninsured, by race/ethnicity



* The 2020 ACS PUMS was created using alternative “experimental” sample weights to account for disruptions to data collection resulting from the COVID-19 pandemic. Because the Census Bureau advises against comparing 2020 data to previous years, the 2020 data point has been omitted from this chart. Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2021.

FROM THE EXPERTS:

Joseph R. Betancourt, M.D.,
Commonwealth Fund
President

“Health insurance is critical to assuring all Americans get the health outcomes they deserve for the enormous investments we make. The pandemic demonstrated what we can achieve with common-sense strategies to expand coverage — broadening access to care and diminishing longstanding disparities in insurance rates. We must have the courage to maintain these gains, and close the Medicaid gap for good. Going backwards, with millions losing coverage, should not be an option.”

Sara R. Collins,
Commonwealth Fund
Vice President for Health
Care Coverage and
Access & Tracking Health
System Performance

“The Affordable Care Act’s coverage expansions have helped drive historic progress in reducing racial and ethnic gaps in health insurance coverage, but we still have a long way to go. Too many Black and Hispanic adults are still unable to get insurance or the health care they need, which contributes to inequitable health outcomes. If we want to continue making progress toward a more equitable health system, it’s critical to ensure that all people are continuously covered, not just during a pandemic.”

- **Uninsured rates were lower and racial and ethnic disparities were smaller in states that expanded Medicaid.** Nearly 34 percent of Hispanic adults and 18 percent of Black adults in 2021 were uninsured in states that didn’t expand Medicaid, compared to 19 percent of Hispanic adults and 9 percent of Black adults in expansion states.
- **More than two in five Black adults with low income live in states that have not expanded Medicaid.** A disproportionate share of lower-income Black adults (44%) and lower-income Hispanic adults (37%) live in states that have not yet expanded Medicaid. Three of those states — Texas, Florida, and Georgia — have some of the nation’s largest Black populations.

Much of the progress achieved during the pandemic, however, is in jeopardy. The Medicaid continuous enrollment requirement expires March 31, after which states can once again terminate coverage for people they deem ineligible. An estimated 15 million people with low income could lose their Medicaid coverage. And the enhanced ACA marketplace premium subsidies are set to expire after 2025.

The study authors note that federal and state policymakers could pursue a number of actions to advance coverage equity and protect progress made to date, including:

- **Closing the Medicaid coverage gap.** Despite increased financial incentives, 11 states, including several that are among the most populous and racially diverse, have yet to expand Medicaid. North Carolina appears poised

to expand its program after a recent bipartisan agreement in the state legislature. Congress could create a federal fallback option for Medicaid-eligible people in the remaining nonexpansion states.

- **Minimizing Medicaid coverage loss from eligibility redeterminations.** The Biden administration has provided states with guidance on how to conduct redeterminations and has allowed them 14 months to complete the process. But the phase-down of enhanced federal matching funds ends in nine months, which could motivate states to rush the process.
- **Allowing continuous Medicaid eligibility.** Congress could give states the option to maintain continuous eligibility for 12 months without having to apply for a waiver, as it has for children in Medicaid and the Children's Health Insurance Program. This would reduce disruption in coverage because of eligibility changes, administrative errors, and other factors that can leave people unable to get needed health care.
- **Permanently extending enhanced marketplace premium subsidies.** A permanent extension is needed to keep people enrolled in marketplace plans beyond 2025 and encourage new enrollment.

HOW WE CONDUCTED THIS STUDY

Indicators and Data Sources: Percentage of uninsured adults and insurance coverage type distribution for ages 19–64: U.S. Census Bureau, American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2021.

Percentage of adults ages 18–64 who went without care because of cost during the past year and percentage of adults ages 18–64 who had a usual source of care: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2013–2021.

The analysis stratifies survey respondents by their self-reported race or ethnicity: Black (non-Hispanic); Hispanic (any race); and white (non-Hispanic). National and state annual averages were calculated from 2013 to 2021 for the indicators listed above, stratified by race/ethnicity. The average annual rate also was calculated for Black, Hispanic, and white adults from 2013 to 2021 across two categories of states: the Medicaid expansion group, which included the 36 states that, along with the District of Columbia, had expanded their Medicaid programs under the ACA as of January 1, 2021; and the nonexpansion group, which comprised the 14 states that had not expanded Medicaid as of that time (Oklahoma and Missouri implemented in mid-to-late 2021 and were considered nonexpansion for this analysis). Reported values for expansion/nonexpansion categories are averages among survey respondents, not averages of state rates.

The full report will be available after the embargo lifts at:
<https://www.commonwealthfund.org/publications/issue-briefs/2023/mar/inequities-coverage-access-black-hispanic-adults>

ADDITIONAL PERTINENT RESEARCH

The End of the Continuous Medicaid Coverage Requirement Will Mean Coverage Losses for People – Especially in Nonexpansion States

The Far-Reaching Implications of the Georgia Medicaid Work Experiment

Strengthening Marketplace Network Rules for Essential Community Providers Is a Matter of Health Equity

2022 Scorecard on State Health System Performance