

# Racial and Ethnic Inequities in Health Care Coverage and Access, 2013–2019

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## INTRODUCTION

The Affordable Care Act (ACA) helped to significantly reduce U.S. racial and ethnic disparities in health insurance coverage and to improve access to care, especially in states that expanded eligibility for their Medicaid programs.<sup>1</sup> But, after 2016, coverage gains stalled and slightly eroded. Combined with job and income losses stemming from COVID-19, this interruption in progress has left many people vulnerable to the health and economic risk of lacking comprehensive and affordable insurance during a public health crisis, particularly lower-income residents of the 14 states that have not expanded Medicaid.<sup>2</sup>

However, the American Rescue Plan Act (ARP) provides nonexpansion states with even greater incentives to expand their Medicaid programs to include all low-income adults. States that pursue expansion will receive a temporary increase in the federal matching rate for their existing Medicaid population and will still pay only 10 percent of the cost for the new enrollees.<sup>3</sup> In addition, the ARP temporarily enhances premium subsidies for plans purchased through the marketplaces, including \$0 premium plans for individuals with incomes up to \$19,140 and for families of four earning up to \$39,300. President Biden's American Families Plan proposes to make these subsidies permanent.

In this brief, we update our 2020 report on coverage and access inequities using 2013–2019 data from the American Community Survey Public Use Microdata Sample (ACS PUMS) and the Behavioral Risk Factor Surveillance System (BRFSS).<sup>4</sup> We examine trends in Black and Latinx/Hispanic disparities across the following measures, with a particular focus on the effects of Medicaid expansion on equity at the state level:

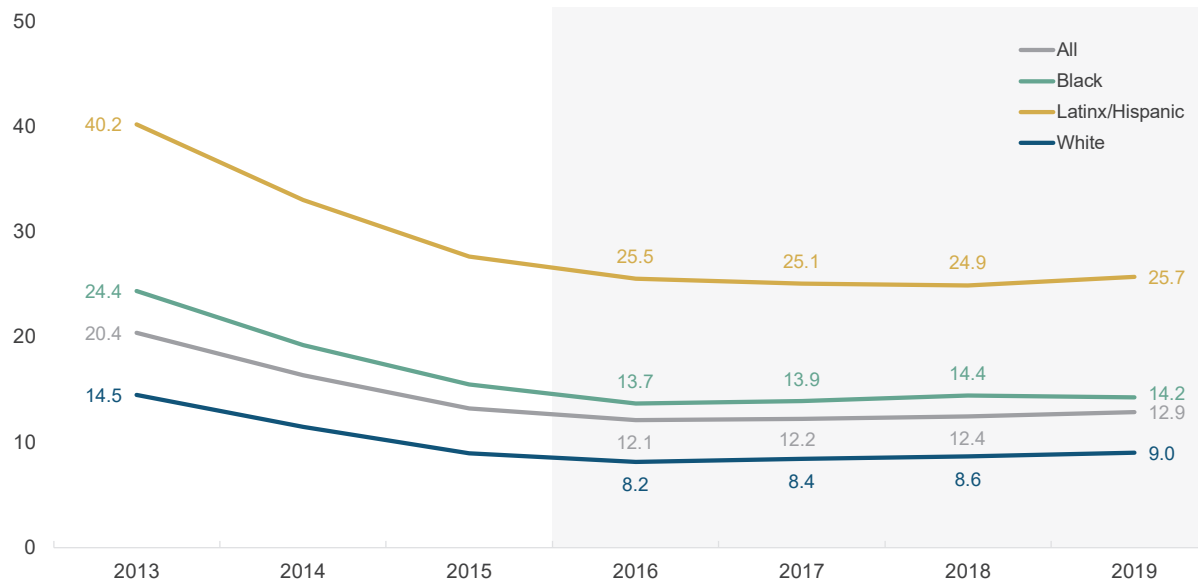
- adults ages 19 to 64 who are uninsured
- adults ages 18 to 64 who went without care in the past 12 months because of cost
- adults ages 18 to 64 who report having a usual health care provider.

## HIGHLIGHTS

- Adult uninsured rates and racial and ethnic coverage inequities declined in almost every state from 2013 to 2019, leading to both increased and more equitable health care access. But progress stalled nationally after 2016, and all groups have reported recent drops in coverage or access.
- The coverage gap between Black and white adults dropped by 4.6 percentage points between 2013 and 2019 to 5.3 points, with the gains largely concentrated between 2013 and 2016. The difference between the Latinx/Hispanic and white uninsured rates fell by 9 percentage points to 16.7 points between 2013 and 2019, reaching a low of 16.3 points in 2018. But the uninsured rates among Black and Latinx/Hispanic adults remain significantly higher than that of white adults.
- Adults in Medicaid expansion states reported better coverage and access rates, narrower disparities between groups, and greater improvements across nearly every measure between 2013 and 2019.
- After Louisiana and Virginia expanded Medicaid in 2016 and 2019, respectively, their uninsured rates for lower-income Black adults dropped significantly in comparison to Georgia and North Carolina, which have not yet expanded.
- Medicaid expansion is associated with increased coverage equity, but adults with income below 138 percent of the federal poverty level (FPL) in the remaining nonexpansion states are disproportionately Black and Latinx/Hispanic.

## Health insurance inequities between white, Black, and Latinx/Hispanic adults declined significantly after 2013, but progress stalled after 2016.

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



Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

Black and Latinx/Hispanic adults have historically reported much higher uninsured rates than white adults. This disparity reflects economic inequities, for these communities are less likely than white adults to receive coverage through their jobs,<sup>5</sup> as well as immigration policies that can constrain coverage options for Latinx/Hispanic families in particular.<sup>6</sup>

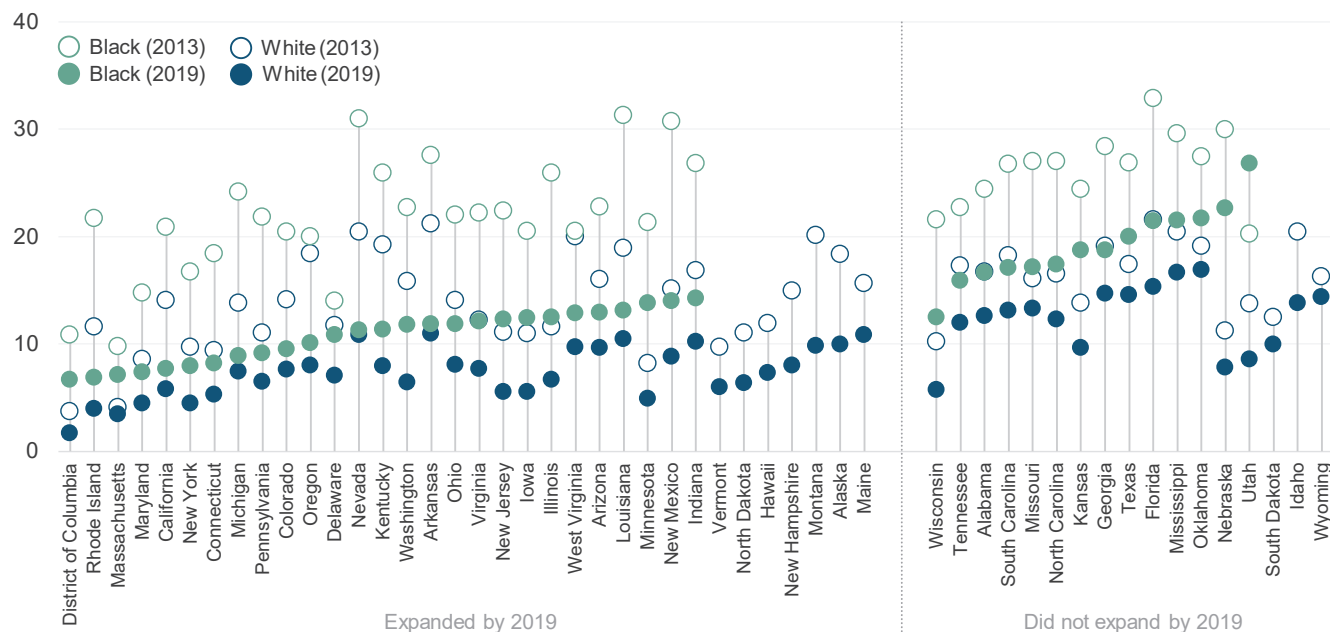
The ACA promised to increase coverage equity by funding 100 percent of state Medicaid expansions in the first three years, phasing down to 90 percent over time, and by subsidizing individual marketplace plans.

Uninsured rates for all three groups fell after coverage expansions went into effect in 2014, and Black and Latinx/Hispanic adults made the largest gains. The Black adult uninsured rate dropped from 24.4 percent in 2013 to a low of 13.7 percent in 2016, before rising slightly to 14.2 percent in 2019. The Latinx/Hispanic uninsured rate decreased from 40.2 percent in 2013 to a low of 24.9 percent in 2018 but has since edged upward to 25.7 percent in 2019 (Table 1). These trends reduced coverage disparities in relation to white adults by 4.6 percentage points for Black adults and 9 points for Latinx/Hispanic adults (Table 6).

But progress stalled under the Trump administration, and coverage has eroded for all groups since 2016. The Latinx/Hispanic uninsured rate rose by nearly 1 percentage point between 2018 and 2019. This increase may reflect immigration policies initiated by the Trump administration that have led to reduced enrollment in public programs.

# Black adult uninsured rates and coverage disparities declined in most states after 2013, with lower rates and larger improvements in states that expanded Medicaid.

Percentage of uninsured adults ages 19–64 in each state, by race and Medicaid expansion status



Between 2013 and 2019, Black adult uninsured rates dropped by at least 7 percentage points in 33 states,<sup>7</sup> and the disparity in relation to white adults decreased by at least 4 points in 23 states (Table 2). Similar to the national trend, this progress occurred largely between 2013 and 2016.

The ACA allowed states to expand eligibility for Medicaid to everyone below 138 percent of FPL (\$17,608 for an individual and \$36,156 for a family of four), funded exclusively by the federal government in the first three years. Expanded Medicaid provided a comprehensive coverage option, at little or no cost, to eligible low-income people, who are disproportionately Black and Latinx/Hispanic.

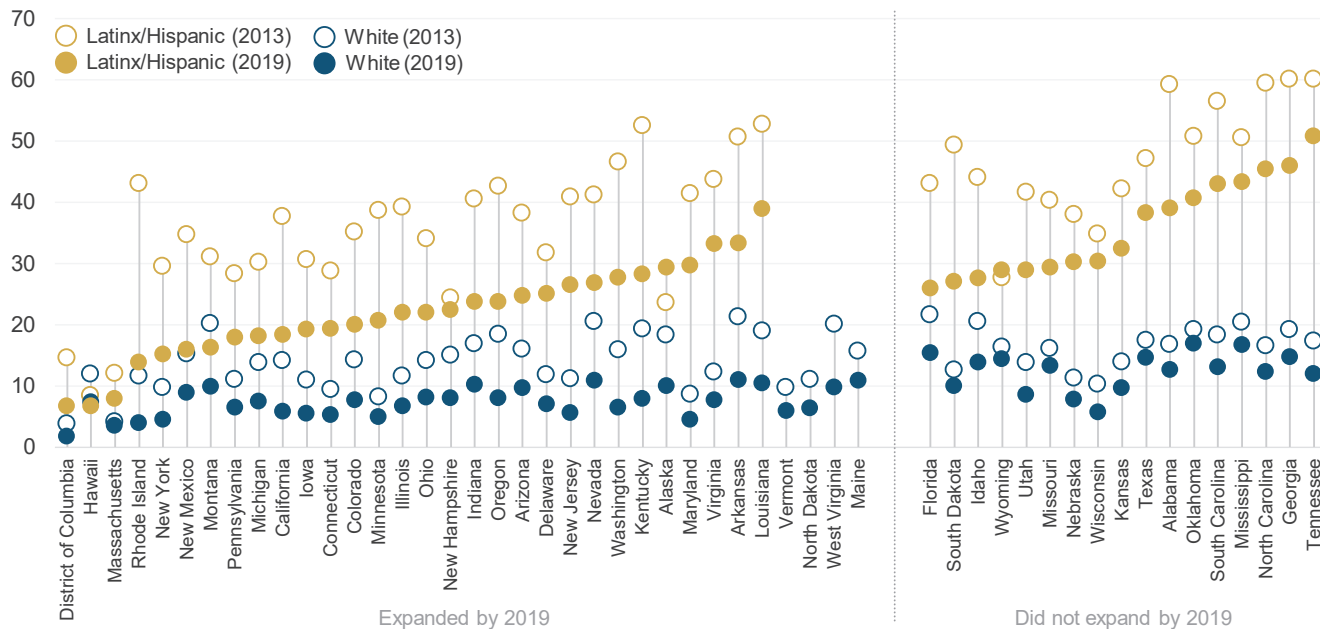
States that had expanded Medicaid under the ACA by 2019 (left side of exhibit) typically reported lower uninsured rates among Black and white adults, larger improvements since 2013, and smaller disparities. Nonexpansion states like Georgia and Mississippi, home to large Black communities, reported some of the highest uninsured rates for both Black and white adults.

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 ACS data. States are separated by Medicaid expansion status and ordered by 2019 Black adult uninsured rate. Alaska, Hawaii, Idaho, Maine, Montana, New Hampshire, North Dakota, South Dakota, Vermont, and Wyoming do not have sufficient sample size to estimate Black adult uninsured rates.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013, 2019.

# Latinx/Hispanic adult uninsured rates are lower in Medicaid expansion states, and disparities with white adults are less.

Percentage of uninsured adults ages 19–64 in each state, by race/ethnicity and Medicaid expansion status



Latinx/Hispanic adults continue to face significant coverage barriers. These include ACA limits that do not allow undocumented immigrants to access Medicaid or the marketplaces, as well as other U.S. immigration policies.

Latinx/Hispanic uninsured rates in 2019 were at least 10 percentage points below 2013 rates in 33 states,<sup>8</sup> and disparities with white adults were at least 7 percentage points smaller in 25 states (Table 2). States that had expanded Medicaid by 2019 (left side of exhibit) typically reported lower uninsured rates for Latinx/Hispanic and white adults and smaller disparities between the two. Nonexpansion states typically reported higher uninsured rates for Latinx/Hispanic and white adults; these included Texas and Florida, which are home to around 30 percent of the U.S. Latinx/Hispanic population.

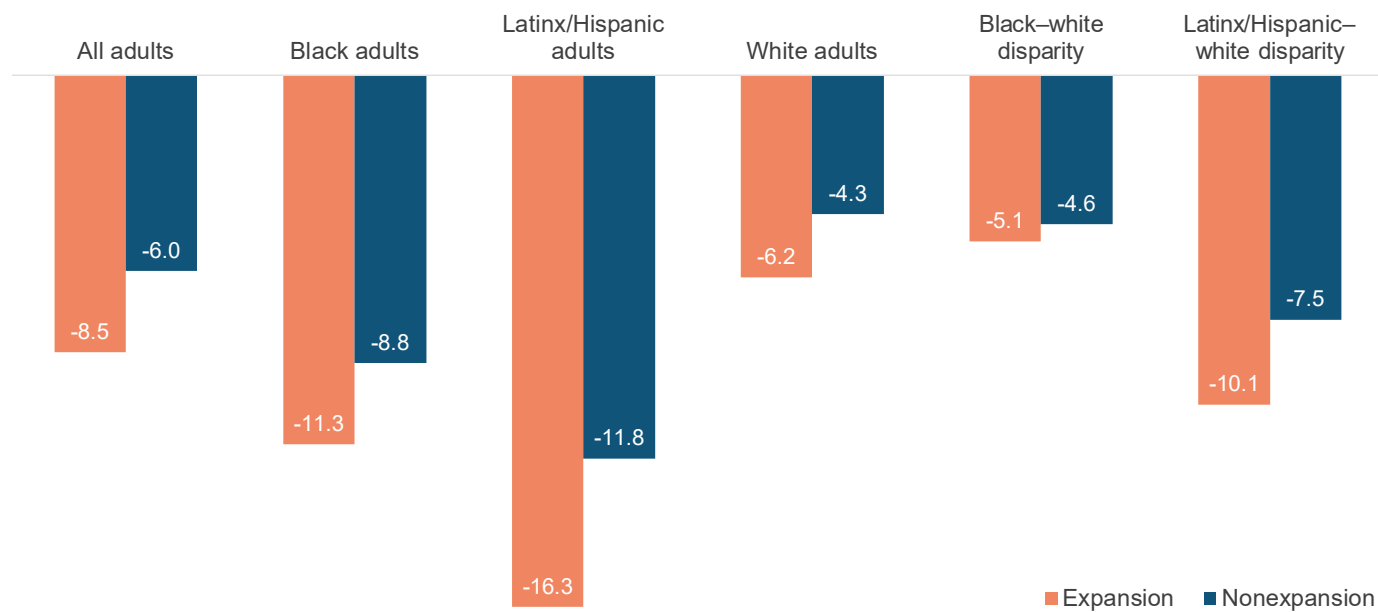
But progress has largely stalled since 2016—likely, at least in part, because of Trump administration actions that may have discouraged eligible Latinx/Hispanic families from seeking coverage. Those included the public-charge rule that allows the government to deny citizenship based on past Medicaid use,<sup>9</sup> which the Biden administration has already stopped enforcing.<sup>10</sup>

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 ACS data. States are separated by Medicaid expansion status and ordered by 2019 Latinx/Hispanic adult uninsured rate. Maine, North Dakota, Vermont, and West Virginia do not have sufficient sample size to estimate Latinx/Hispanic adult uninsured rates.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013, 2019.

## Despite starting from a higher baseline, adults living in Medicaid expansion states reported greater coverage gains and disparity improvements from 2013 to 2019.

Percentage-point change in uninsured rate for U.S. adults ages 19–64, 2013 to 2019



We also analyzed pooled uninsured rates for individuals across two categories of states — the 33 states and the District of Columbia that had expanded their Medicaid program under the ACA as of January 1, 2019, and the 17 that had not.<sup>11</sup>

Despite lower pre-ACA uninsured rates, Black, Latinx/Hispanic, and white adults living in expansion states all reported larger coverage gains between 2013 and 2019 than those in nonexpansion states. The uninsured rate among Black adults living in expansion states dropped 11.3 percentage points, while the uninsured rate for Latinx/Hispanic adults dropped by 16.3 points (Table 1). Those gains largely occurred between 2013 and 2016.

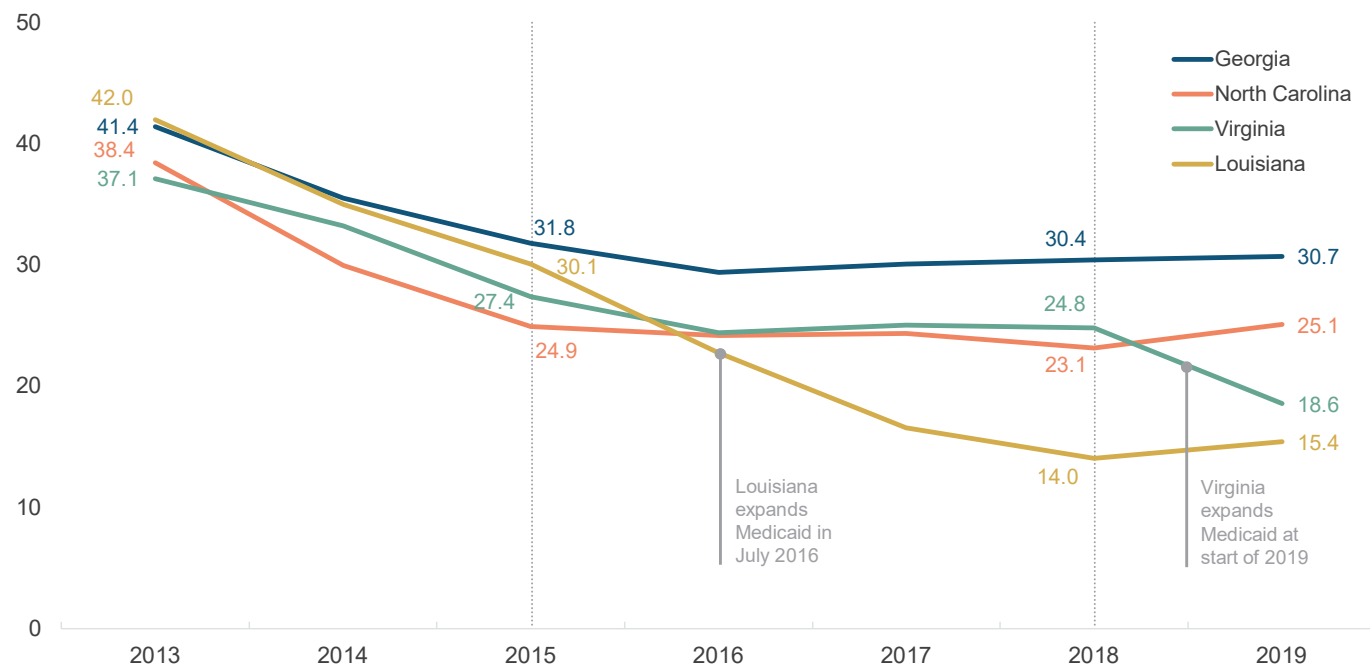
Coverage disparities between Black and Latinx/Hispanic and white adults also narrowed more in Medicaid expansion states (Table 6) — declining by 5.1 points for Black adults and 10.1 points for Latinx/Hispanic adults.

Notes: Reported values for expansion/nonexpansion categories are averages among survey respondents, not averages of state rates. Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020 and are considered nonexpansion for this analysis.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

## After Louisiana and Virginia expanded Medicaid, uninsured rates for lower-income Black adults dropped significantly compared to Georgia and North Carolina.

Percentage of Black uninsured adults ages 19–64 living at 0–199% FPL



Note: FPL = federal poverty level.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

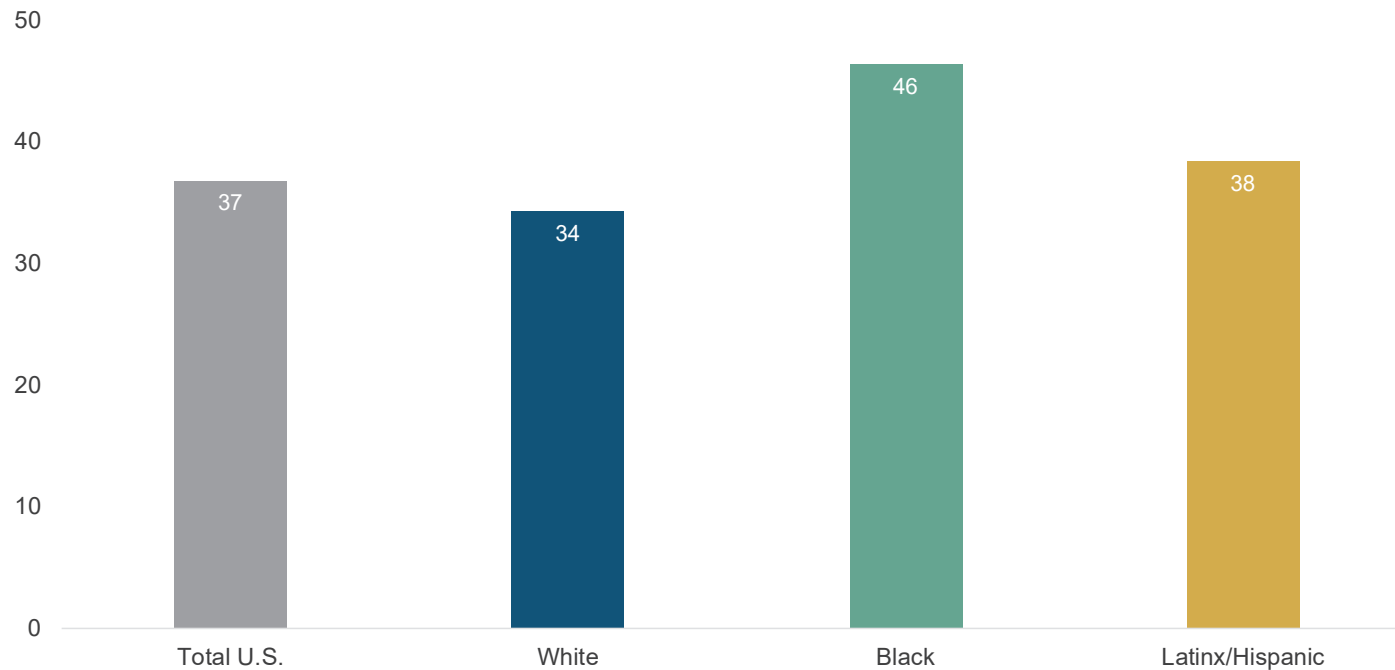
To further examine the effects of Medicaid expansion on coverage inequities, we look more closely at four states. Georgia, Louisiana, North Carolina, and Virginia did not expand their Medicaid programs immediately in 2014, when the ACA's coverage expansions took effect. Louisiana and Virginia eventually expanded in 2016 and 2019, but Georgia and North Carolina have not.

The uninsured rate for Black adults with incomes below 200 percent of FPL (\$25,760 for an individual and \$53,000 for a family of four in 2021) dropped in all four states, but progress stalled after 2016 in Georgia and North Carolina (Table 3).

In contrast, in Louisiana the uninsured rate among low-income Black adults dropped by an additional 14.7 percentage points after expansion. Virginia expanded Medicaid in 2019 and reported a 6.2-point coverage improvement for the same group. Expansion in these two states also further narrowed the coverage gap between Black and white adults (Table 3).

## Low-income Black and Latinx/Hispanic adults are more likely than white adults to live in the 14 states that have not expanded Medicaid.

Percentage of low-income U.S. adults (<138% FPL) ages 19–64 who live in Medicaid nonexpansion states, by race/ethnicity



The ACA's coverage expansions have been a key tool for increasing coverage and improving racial and ethnic health care equity.

But even though Black and Latinx/Hispanic adults are disproportionately lower-income and more likely to be eligible for coverage under the law's Medicaid expansion, they are also more likely to live in states that have chosen not to expand Medicaid eligibility.

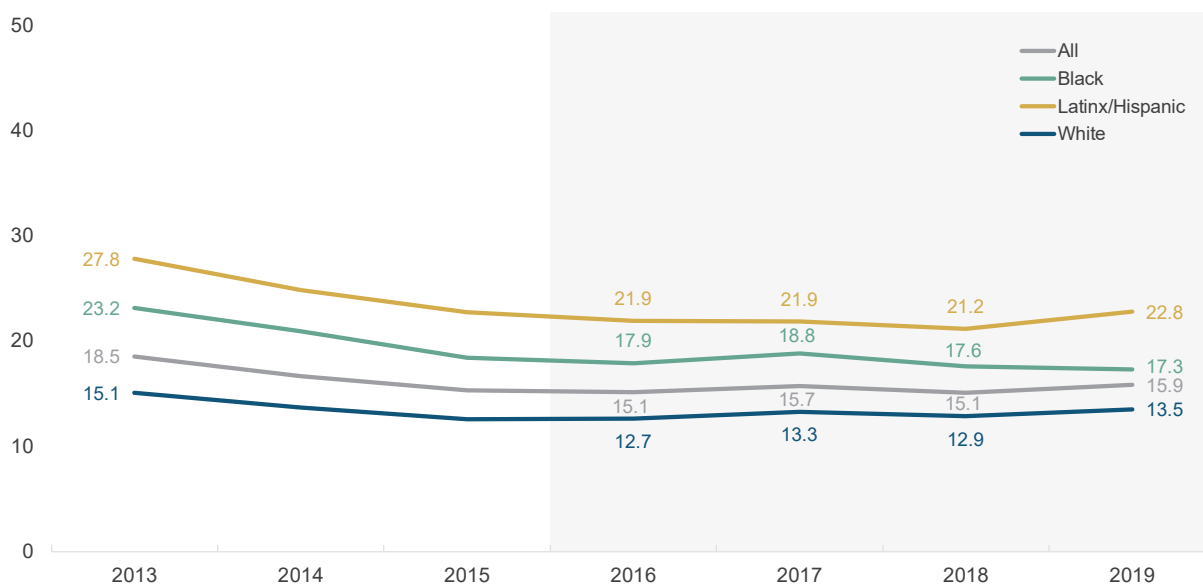
Among those with income less than 138 percent of poverty, 46 percent of Black adults, 38 percent of Latinx/Hispanic adults, and 34 percent of white adults live in the 14 states that have not yet expanded Medicaid.

Notes: Calculation based on whether states have expanded Medicaid; currently, 14 states have not yet expanded. FPL = federal poverty level.  
Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2019.



## Black–white differences in cost-related access problems were cut in half between 2013 and 2019. Gains for white and Latinx/Hispanic adults have eroded slightly since 2016.

Percentage of U.S. adults ages 18–64 who avoided care because of cost in the past 12 months, by race/ethnicity



Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013–2019.

By expanding coverage options and reducing out-of-pocket cost exposure for lower-income people, the Affordable Care Act lowered financial barriers that can deter patients from getting timely health care.<sup>12</sup>

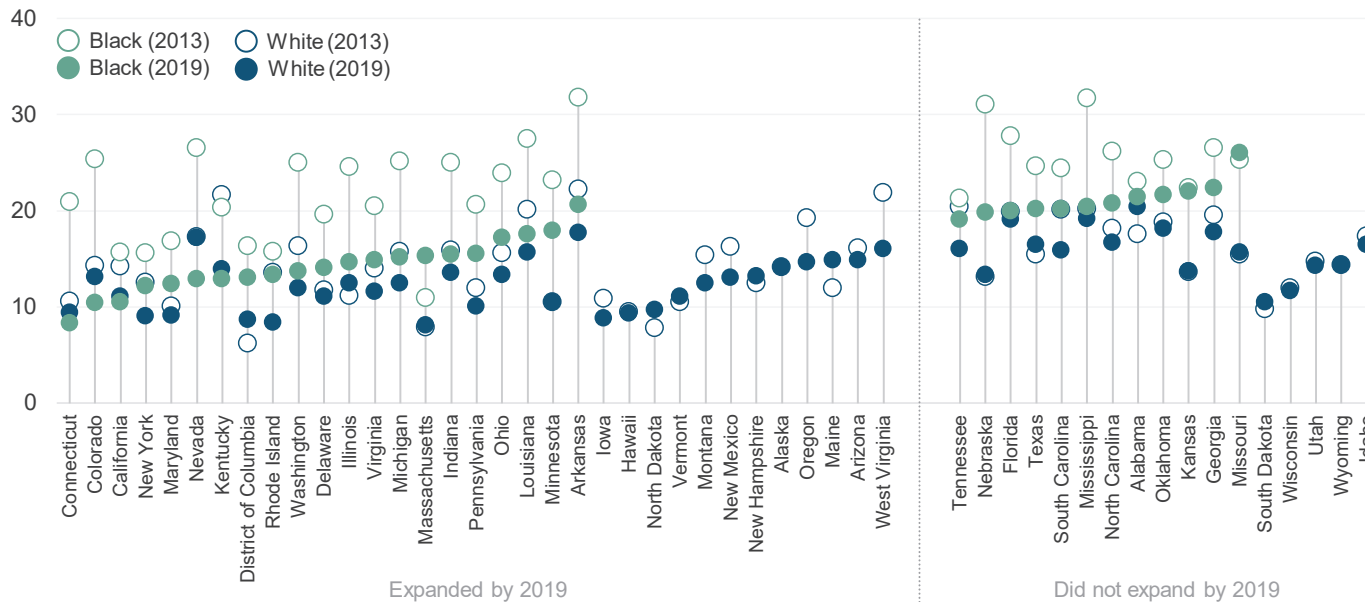
Black and Latinx/Hispanic adults were much more likely to be uninsured prior to the ACA's coverage expansions and have seen the largest improvements since then. Greater coverage has been associated with improvements in access to health care.

The proportion of Black adults reporting they had avoided care because of cost dropped from 23.2 percent in 2013 to a low of 17.3 percent in 2019, with most of the gains concentrated between 2013 and 2016. Latinx/Hispanic adults reported a similar improvement trend: those with cost-related access problems fell from 27.8 percent in 2013 to a low of 21.2 percent in 2018, but rose to 22.8 percent in 2019 (Table 4). Gains for white adults also eroded slightly after 2016.

These improvements in access to care narrowed the disparity between Black and white adults by more than half, from 8.1 percentage points in 2013 to 3.8 points in 2019. The gap between Latinx/Hispanic and white adults fell from 12.7 points to a low of 8.3 points in 2018, but it has since increased (Table 6). Latinx/Hispanic adults reported an increase in cost-related access problems in 2019 that coincided with an uptick in their uninsured rate.<sup>15</sup>

# Cost-related access problems for Black adults declined between 2013 and 2019. Disparities are less in Medicaid expansion states.

Percentage of adults ages 18–64 in each state who avoided care because of cost in the past 12 months, by race and Medicaid expansion status



Cost-related access problems declined for Black and Latinx/Hispanic adults in most states between 2013 and 2019 (see also exhibit on next page), though changes were not statistically significant for all states (see Table 5).

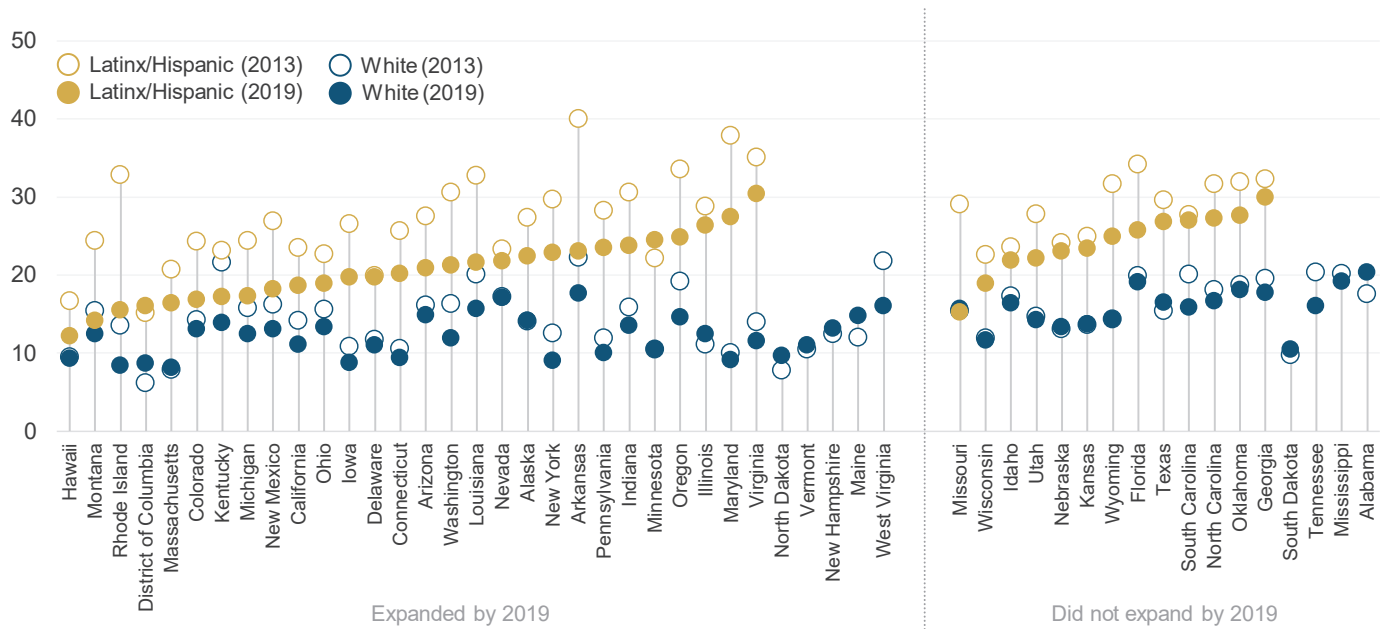
Mirroring coverage, states that had expanded Medicaid by 2019 (left side of exhibit here and on next page) typically reported lower rates of cost-related access problems for all three groups and larger improvements since 2013 — particularly among Black and Latinx/Hispanic adults.

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 BRFSS data. States are separated by Medicaid expansion status and ordered by 2019 Black adult rate. Alaska, Arizona, Hawaii, Idaho, Iowa, Maine, Montana, New Hampshire, New Mexico, North Dakota, Oregon, South Dakota, Utah, Vermont, West Virginia, Wisconsin, and Wyoming do not have sufficient sample size to estimate Black adult rates. New Jersey did not report BRFSS measures for 2019 because of a reporting error.

Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013, 2019.

# Latinx/Hispanic adults in Medicaid expansion states experienced fewer cost-related access problems and greater improvements between 2013 and 2019.

Percentage of adults ages 18–64 in each state who avoided care because of cost in the past 12 months, by race/ethnicity and Medicaid expansion status



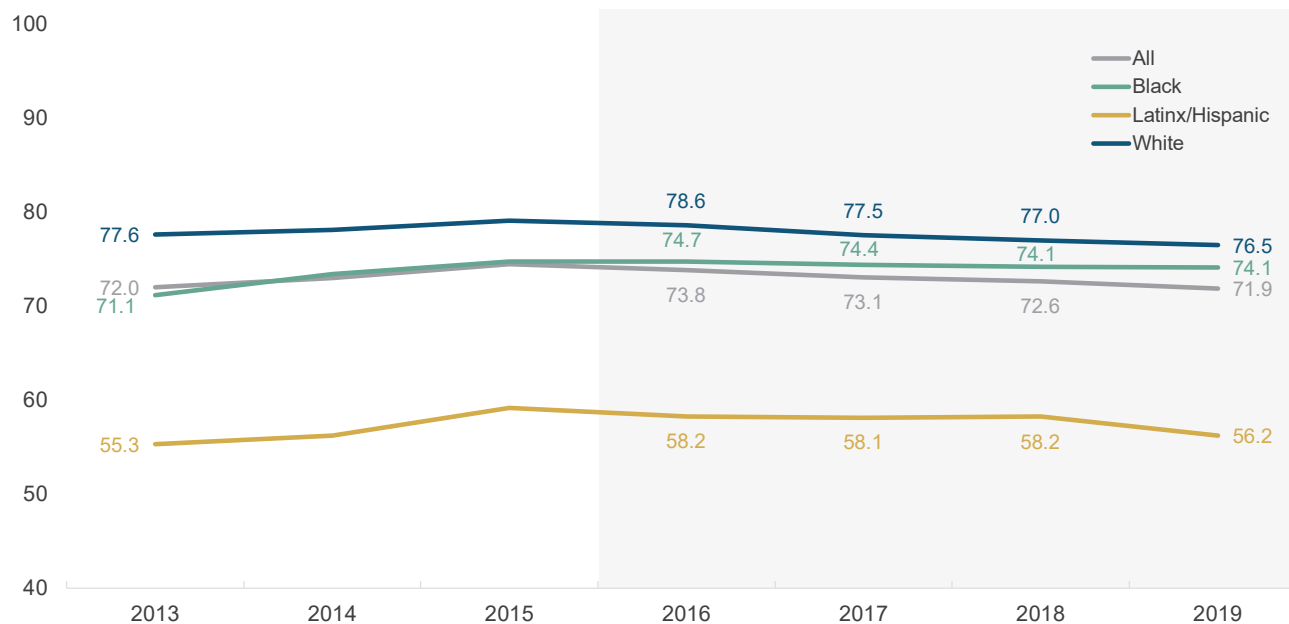
In our pooled analysis, people living in expansion states also reported smaller disparities than those in nonexpansion states, and Black adults in expansion states had narrowed the gap with white adults to just 2.3 percentage points by the end of 2019 (Table 6).

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 BRFSS data. States are separated by Medicaid expansion status and ordered by 2019 Latinx/Hispanic adult rate. Alabama, Maine, Mississippi, New Hampshire, North Dakota, South Dakota, Tennessee, Vermont, and West Virginia do not have sufficient sample size to estimate Latinx/Hispanic adult rates. New Jersey did not report BRFSS measures for 2019 because of a reporting error.

Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013, 2019.

Black adults reported the largest improvement in having a usual care provider between 2013 and 2019. Access has eroded since 2016 for both Latinx/Hispanic and white adults.

Percentage of U.S. adults ages 18–64 who reported a usual source of care, by race/ethnicity



Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013–2019.

Having a usual source of care — a personal doctor or other provider — is generally seen as a strong indicator of health care access.<sup>14</sup>

White adults were the most likely to have a usual source of care in 2013, at 77.6 percent, but after 2016 they reported a decline, down to 76.5 percent in 2019. Around 71 percent of Black adults reported a usual care provider in 2013. That improved to a high of 74.7 percent in 2016, though gains stalled after that point. This more than halved the disparity with white adults to 2.4 percentage points (Tables 4 and 6).

Only around 55 percent of Latinx/Hispanic adults had a usual source of care in 2013. After improving to a high of 59.1 percent in 2015, this rate declined to 56.2 percent in 2019.<sup>15</sup>

People living in Medicaid expansion states are much more likely to have a usual source of care, and Black adults in those states are as likely as white adults to report a usual care provider (Table 4).

## POLICY IMPLICATIONS

New policies to expand health insurance coverage, and to help those who are eligible to enroll, will be necessary to cover more U.S. adults and further narrow racial and ethnic disparities.<sup>16</sup> Since taking office, the Biden administration has taken several steps to improve coverage, through executive actions and legislative proposals. These include opening the ACA marketplaces for a special open enrollment period ending in August; funding new outreach and advertising efforts to increase Americans' awareness of coverage options available to them; and issuing executive orders to reverse Trump administration rules that undermined insurance markets and make other improvements, such as fixing the "family glitch."<sup>17</sup> Biden also has issued executive orders on immigration policy and ended enforcement of the public-charge rule that has dissuaded even legal immigrants from seeking coverage for themselves and their children.<sup>18</sup> And he has begun to unwind state efforts to impose work requirements in Medicaid and undermine insurance markets.<sup>19</sup>

On the legislative front, the American Rescue Plan includes a significant, though temporary, enhancement of marketplace premium subsidies.<sup>20</sup> It also provides temporary premium subsidies for people who sign up for COBRA coverage following job loss, as well as temporary access to zero-premium marketplace plans for people who file for unemployment this year. And the law incentivizes the 14 Medicaid nonexpansion states to move forward with a substantial, though temporary, increase in the federal Medicaid matching rate for their full Medicaid populations.

President Biden's American Families Plan proposes to make the ARP subsidies permanent.<sup>21</sup> The Urban Institute estimates this change would reduce the number of uninsured by 4.2 million in 2022 and lower household health care costs for people enrolled in the marketplaces and the individual market by nearly one-quarter.<sup>22</sup> Recent estimates also indicate that the infusion of federal spending if all 14 states expanded could create more than 1 million new jobs nationwide.<sup>23</sup>

The fraught politics over Medicaid expansion in states like Florida and Texas will continue to stall forward movement on expansion, despite the new incentives in the ARP. In the meantime, 2 million people in the Medicaid coverage gap — too poor to qualify for marketplace subsidies and ineligible for their state Medicaid programs — will ride out the pandemic and beyond without access to affordable health insurance.<sup>24</sup> This group, among the poorest in the country, is disproportionately Black and Latinx/Hispanic. Allowing eligible people in these states to enroll in a plan offered through the marketplaces at \$0 premium and \$0 deductible and Medicaid equivalent benefits would provide health and economic security.<sup>25</sup>

In the longer term, Congress may pursue additional reforms that build on these changes, such as adding a public insurance plan choice for everyone in the marketplaces<sup>26</sup> and creating a mechanism for automatically enrolling people in coverage.<sup>27</sup> Research shows that reforms like these could place the nation on a path toward universal, and more equitable, coverage and access to care.<sup>28</sup>

## HOW WE CONDUCTED THIS STUDY

### Indicators and Data Sources

- *Percentage of uninsured adults ages 19–64*: U.S. Census Bureau, American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.
- *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), 2013–2019.

The ACS PUMS and BRFSS are large federal surveys used to track demographic and health characteristics of the U.S. population. The ACS samples approximately 3.5 million individuals each year, with annual response rates typically above 90 percent. The Census Bureau makes a portion of the ACS response records available to researchers in the Public Use Microdata Sample. The Centers for Disease Control and Prevention conducts the BRFSS each year in partnership with implementing agencies in each state. The 2019 BRFSS had a response rate just below 50 percent, with approximately 418,000 completed responses; similar response rates were seen in previous years.

### Analytical Approach

We stratified survey respondents by their self-reported race and ethnicity: white (non-Latinx/Hispanic), Black (non-Latinx/Hispanic), or Latinx/Hispanic (any race). We calculated national and certain state annual averages from 2013 to 2019 for each of the indicators listed above, stratified by race/ethnicity. We also calculated the average annual rate for white, Black, and Latinx/Hispanic adults from 2013 to 2019 across two categories of states: the Medicaid expansion group, which included the 33 states that, along with the District of Columbia, had expanded their Medicaid programs under the ACA as of January 1, 2019; and the nonexpansion group, which comprised the 17 states that had not expanded Medicaid as of that time (Idaho, Nebraska, and Utah are considered nonexpansion states in this analysis because they implemented their Medicaid expansions in 2020). Oklahoma and Missouri have passed ballot initiatives to expand Medicaid, but these have not yet been implemented. Reported values for expansion/nonexpansion categories are averages among survey respondents, not averages of state rates.

Subpopulation rates based on small samples were suppressed. Estimates derived from ACS PUMS and BRFSS were suppressed if the measures' relative standard error (standard error divided by the estimate) was less than 30 percent.

## NOTES

1. Jesse C. Baumgartner et al., *How the Affordable Care Act Has Narrowed Racial and Ethnic Disparities in Access to Health Care* (Commonwealth Fund, Jan. 2020); and Munira Z. Gunja et al., *Gap Closed: The Affordable Care Act's Impact on Asian Americans' Health Coverage* (Commonwealth Fund, July 2020).
2. Jessica Banthin et al., *Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation* (Urban Institute, July 2020).
3. Akeiisa Coleman, "How Will the American Rescue Plan's Medicaid Funding Help States?," *To the Point* (blog), Commonwealth Fund, Mar. 29, 2021.
4. Baumgartner et al., *How the Affordable Care Act Has Narrowed*, 2020.
5. Katherine Keisler-Starkey and Lisa N. Bunch, *Health Insurance Coverage in the United States: 2019* (U.S. Census Bureau, Sept. 2020).
6. Jeffrey S. Passel and D'Vera Cohn, "Mexicans Decline to Less Than Half the U.S. Unauthorized Immigrant Population for the First Time," *Fact Tank* (blog), Pew Research Center, June 12, 2019.
7. Change between 2013 and 2019 was statistically significant in 28 of the 33 states. See [Table 2](#) for details.
8. Change between 2013 and 2019 was statistically significant in 31 of the 33 states. See [Table 2](#) for details.
9. Sara Rosenbaum, "The New 'Public Charge' Rule Affecting Immigrants Has Major Implications for Medicaid and Entire Communities," *To the Point* (blog), Commonwealth Fund, last updated Aug. 15, 2019; and Timothy S. Jost and Christen Linke Young, "The Presidential Proclamation Requiring Immigrants to Be Insured Will Not Reduce Uncompensated Care," *To the Point* (blog), Commonwealth Fund, Feb. 21, 2020.
10. Camilo Montoya-Galvez, "Biden Administration Stops Enforcing Trump-Era 'Public Charge' Green Card Restrictions Following Court Order," CBS News, Mar. 10, 2021; Kelly Whitener, "President Biden's Executive Order on Public Charge," *Say Ahhh!* (blog), Georgetown University Health Policy Institute, Center for Children and Families, Feb. 8, 2021; and Camilo Montoya-Galvez, "Biden to Rescind Trump's Pandemic-Era Limits on Immigrant and Work Visas, Top Adviser Says," CBS News, Jan. 29, 2021.
11. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020 and are considered nonexpansion for this analysis.
12. Sherry A. Glied, Sara R. Collins, and Saunders Lin, "Did the ACA Lower Americans' Financial Barriers to Health Care?," *Health Affairs* 39, no. 3 (Mar. 2020): 379–86.
13. Difference between 2018 and 2019 for cost-related access problems is not statistically significant.
14. See "Access to Health Services," *Healthy People 2020*, [healthypeople.gov](https://www.healthypeople.gov).
15. Difference between 2018 and 2019 is not statistically significant.
16. Sara R. Collins and Gabriella N. Aboulafia, "Will the American Rescue Plan Reduce the Number of Uninsured Americans?," *To the Point* (blog), Commonwealth Fund, Mar. 22, 2021.
17. Timothy S. Jost, "Eliminating the Family Glitch," *To the Point* (blog), Commonwealth Fund, May 18, 2021; and Timothy S. Jost, "President Biden Announces Priorities for Medicaid, the Affordable Care Act, Women's Health, and COVID-19," *To the Point* (blog), Commonwealth Fund, Feb. 4, 2021.
18. The White House, "Fact Sheet: President Biden Outlines Steps to Reform Our Immigration System by Keeping Families Together, Addressing the Root Causes of Irregular Migration, and Streamlining the Legal Immigration System," Feb. 2, 2021.

19. Sara Rosenbaum, “Biden Administration Begins Process of Rolling Back Approval for Medicaid Work Experiments, But Supreme Courts Hangs On,” *To the Point* (blog), Commonwealth Fund, Apr. 8, 2021; “Letter from Centers for Medicare and Medicaid Services Administrator Chiquita Brooks-LaSure to Georgia Governor Brian Kemp,” June 3, 2021; and Justin Giovannelli, JoAnn Volk, and Kevin Lucia, “Georgia’s ACA Waiver Flouts Federal Law, Drawing a Legal Challenge,” *To the Point* (blog), Commonwealth Fund, Jan. 26, 2021.
20. Collins and Aboulaflia, “Will the American Rescue Plan?,” 2021.
21. Sara R. Collins, “Affordable Health Care Is Fundamental to Families’ Economic Security,” *To the Point* (blog), Commonwealth Fund, Apr. 28, 2021.
22. Jessica Banthin et al., *What if the American Rescue Plan’s Enhanced Marketplace Subsidies Were Made Permanent? Estimates for 2022* (Urban Institute, Apr. 2021).
23. Leighton Ku and Erin Brantley, *The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan* (Commonwealth Fund, May 2021).
24. Rachel Garfield, Kendal Orgera, and Anthony Damico, *The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid* (Henry J. Kaiser Family Foundation, Jan. 2021).
25. Sara Rosenbaum, Morgan Handley, and Rebecca Morris, “How the Experience of Insuring Legal Immigrants Can Offer Insights into Insuring Eligible Residents in Medicaid Nonexpansion States,” *To the Point* (blog), Commonwealth Fund, June 3, 2021; and Sara Rosenbaum, “Confronting the Consequences of *National Federation of Independent Business v Sebelius* to Insure the Poor,” *Milbank Quarterly Opinion* (blog), Milbank Memorial Fund, Apr. 13, 2021.
26. Medicare-X Choice Act of 2021, S. 386, 117th Cong. (2021).
27. Linda J. Blumberg, John Holahan, and Jason Levitis, *How Auto-Enrollment Can Achieve Near-Universal Coverage: Policy and Implementation Issues* (Commonwealth Fund, forthcoming June 2021).
28. Linda J. Blumberg et al., *Comparing Health Insurance Reform Options: From “Building on the ACA” to Single Payer* (Commonwealth Fund and Urban Institute, Oct. 2019).



**TABLE 1. U.S. UNINSURED RATES BY DEMOGRAPHICS, 2013–2019  
(ADULTS AGES 19–64)**

	United States					Expansion states					Nonexpansion states				
	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)
<b>TOTAL</b>	20.4	12.1	12.4	12.9	-7.6	18.3	9.3	9.4	9.8	-8.5	24.5	17.2	18.0	18.4	-6.0
<b>Race/Ethnicity</b>															
White	14.5	8.2	8.6	9.0	-5.5	13.1	6.3	6.5	6.9	-6.2	17.3	11.8	12.6	13.0	-4.3
Black	24.4	13.7	14.4	14.2	-10.1	21.5	10.1	10.4	10.2	-11.3	27.8	17.9	19.1	18.9	-8.8
Latinx/Hispanic	40.2	25.5	24.9	25.7	-14.5	36.4	20.3	19.4	20.1	-16.3	47.0	34.7	34.4	35.2	-11.8
<b>Income</b>															
0–199% FPL	37.9	23.1	23.2	23.9	-14.0	34.7	17.5	17.1	17.5	-17.2	43.2	32.1	32.7	33.8	-9.4
200%–399% FPL	20.0	12.9	13.9	15.0	-5.0	18.9	10.9	11.4	12.6	-6.3	22.0	16.1	18.0	18.9	-3.1
400%+ FPL	6.7	4.1	4.8	5.2	-1.6	6.2	3.4	3.9	4.2	-2.0	7.9	5.6	6.8	7.1	-0.8
<b>Race/Ethnicity, by income</b>															
0–199% FPL															
White	31.2	17.5	18.0	18.6	-12.6	28.7	13.0	13.0	13.4	-15.3	35.4	25.2	26.2	27.0	-8.4
Black	34.4	20.3	20.8	20.6	-13.9	30.6	14.3	14.3	13.5	-17.1	38.6	26.9	27.9	28.1	-10.5
Latinx/Hispanic	54.0	36.7	36.0	37.8	-16.2	48.8	28.6	27.4	28.6	-20.2	62.9	50.0	49.4	51.5	-11.3
200%–399% FPL															
White	15.3	9.6	10.6	11.4	-3.9	14.5	8.1	8.7	9.6	-4.9	16.7	12.1	13.7	14.4	-2.2
Black	20.5	11.9	13.3	13.9	-6.6	19.2	10.2	10.6	11.0	-8.3	21.9	13.8	16.1	16.8	-5.1
Latinx/Hispanic	35.5	23.2	23.7	25.3	-10.3	32.9	19.4	19.4	21.2	-11.7	40.3	29.8	31.0	32.1	-8.2
400%+ FPL															
White	5.2	3.1	3.7	4.0	-1.3	4.8	2.6	3.0	3.2	-1.6	6.2	4.3	5.1	5.6	-0.6
Black	10.2	5.6	7.1	6.8	-3.5	9.7	4.7	5.7	5.9	-3.8	11.1	7.1	9.1	8.0	-3.0
Latinx/Hispanic	15.0	9.5	10.7	11.3	-3.7	13.9	8.1	8.8	9.3	-4.6	17.1	12.2	14.3	15.3	-1.8

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020 and are considered nonexpansion for this analysis.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

**TABLE 2. STATE UNINSURED RATES AND DISPARITIES, 2013–2019  
(ADULTS AGES 19–64)**

State	2013						2019					
	All	White rate	Black rate	Black-white disparity	Latinx/Hispanic rate	Latinx/Hispanic-white disparity	All	White rate	Black rate	Black-white disparity	Latinx/Hispanic rate	Latinx/Hispanic-white disparity
<b>United States</b>	<b>20.4</b>	<b>14.5</b>	<b>24.4</b>	<b>9.9</b> b	<b>40.2</b>	<b>25.7</b> b	<b>12.9</b> a	<b>9.0</b> a	<b>14.2</b> a	<b>5.3</b> b	<b>25.7</b> a	<b>16.7</b> b
Alabama	20.4	16.7	24.4	7.7	59.2	42.4	14.9	12.6	16.7	4.0	39.0	26.4
Alaska*	23.9	18.3	29.1	10.7	23.6	5.2	15.3	10.0	—	—	29.3	19.4
Arizona*	23.7	16.0	22.8	6.8	38.2	22.2	15.4	9.6	13.0	3.3	24.7	15.1
Arkansas*	24.2	21.2	27.6	6.4	50.6	29.4	13.1	11.0	11.8	0.9	33.3	22.3
California*	24.0	14.1	20.9	6.8	37.7	23.6	11.0	5.8	7.7	1.9	18.3	12.5
Colorado*	18.5	14.2	20.4	6.3	35.1	20.9	10.4	7.6	9.5	1.9	20.0	12.4
Connecticut*	13.3	9.4	18.4	9.0	28.7	19.3	8.2	5.3	8.2	2.9	19.3	14.0
Delaware*	14.2	11.7	14.0	2.3	31.7	19.9	9.6	7.0	10.8	3.8	25.0	18.0
District of Columbia*	8.3	3.7	10.9	7.1	14.5	10.8	4.4	1.7	6.7	5.0	6.7	5.0
Florida	28.9	21.6	32.9	11.3	43.0	21.4	19.4	15.3	21.5	6.1	25.9	10.6
Georgia	26.0	19.1	28.4	9.3	60.1	41.0	18.9	14.7	18.8	4.0	46.0	31.3
Hawaii*	10.2	11.9	—	—	8.4	-3.6	5.9	7.3	—	—	6.7	-0.6
Idaho	23.3	20.4	—	—	44.0	23.6	15.9	13.8	—	—	27.5	13.7
Illinois*	18.3	11.6	26.0	14.4	39.1	27.5	10.3	6.7	12.5	5.8	22.0	15.3
Indiana*	19.3	16.8	26.8	10.0	40.5	23.7	11.6	10.2	14.3	4.0	23.7	13.5
Iowa*	12.4	10.9	20.5	9.6	30.6	19.6	6.9	5.5	12.4	6.9	19.2	13.6
Kansas	17.5	13.8	24.4	10.6	42.2	28.3	13.2	9.7	18.7	9.1	32.4	22.8
Kentucky*	21.0	19.2	25.9	6.7	52.5	33.3	9.0	7.9	11.3	3.4	28.2	20.3
Louisiana*	24.7	18.9	31.3	12.4	52.7	33.8	13.0	10.4	13.1	2.7	38.8	28.4
Maine*	16.1	15.6	—	—	33.7	18.0	11.4	10.8	—	—	—	—
Maryland*	14.0	8.6	14.8	6.2	41.3	32.8	8.3	4.4	7.4	3.0	29.7	25.2
Massachusetts*	5.4	4.1	9.8	5.7	12.1	7.9	4.3	3.5	7.1	3.7	7.9	4.4
Michigan*	16.1	13.8	24.2	10.4	30.1	16.3	8.3	7.4	8.9	1.4	18.1	10.6
Minnesota*	10.8	8.2	21.3	13.1	38.6	30.5	6.6	4.9	13.8	8.9	20.6	15.7
Mississippi	24.9	20.4	29.6	9.2	50.5	30.1	19.5	16.6	21.5	4.9	43.3	26.6
Missouri	18.3	16.1	27.0	10.9	40.3	24.2	14.3	13.3	17.2	3.9	29.3	16.0
Montana*	23.3	20.1	—	—	31.0	10.9	11.7	9.8	—	—	16.3	6.4
Nebraska	15.0	11.2	30.0	18.8	38.0	26.7	11.3	7.8	22.7	14.9	30.2	22.4
Nevada*	27.2	20.4	31.0	10.5	41.1	20.7	15.7	10.8	11.3	0.5	26.8	16.0
New Hampshire*	15.7	14.9	—	—	24.4	9.4	8.9	8.0	—	—	22.4	14.4
New Jersey*	18.9	11.1	22.4	11.3	40.8	29.7	11.2	5.5	12.3	6.8	26.5	20.9
New Mexico*	27.9	15.2	30.7	15.6	34.6	19.5	14.5	8.8	14.0	5.2	15.9	7.0
New York*	15.4	9.7	16.7	7.0	29.5	19.7	7.5	4.5	7.9	3.4	15.1	10.6
North Carolina	22.7	16.5	27.0	10.5	59.4	42.9	16.5	12.3	17.4	5.1	45.4	33.1
North Dakota*	13.6	11.0	—	—	—	—	8.6	6.3	—	—	18.2	11.9
Ohio*	15.8	14.1	22.0	8.0	34.0	20.0	9.2	8.1	11.8	3.8	22.0	13.9
Oklahoma	24.5	19.1	27.4	8.3	50.8	31.6	21.5	16.9	21.7	4.8	40.6	23.7
Oregon*	21.4	18.4	20.0	1.6	42.6	24.1	10.1	8.0	10.1	2.1	23.8	15.8
Pennsylvania*	13.6	11.0	21.8	10.8	28.3	17.2	7.8	6.5	9.2	2.7	17.9	11.4
Rhode Island*	16.6	11.6	21.7	10.1	43.0	31.4	6.0	3.9	6.9	3.0	13.8	9.9
South Carolina	22.8	18.2	26.8	8.5	56.5	38.3	15.9	13.1	17.1	4.0	43.0	29.9
South Dakota	17.4	12.5	—	—	49.2	36.7	13.6	10.0	—	—	27.0	17.0
Tennessee	20.3	17.3	22.7	5.4	60.1	42.9	14.8	12.0	15.9	3.9	50.7	38.8
Texas	29.8	17.4	26.9	9.4	47.1	29.6	24.5	14.6	20.0	5.4	38.2	23.7
Utah	17.8	13.7	20.2	6.5	41.6	27.9	12.1	8.6	26.8	18.3	28.9	20.4
Vermont*	9.8	9.7	—	—	—	—	6.7	6.0	—	—	—	—
Virginia*	17.3	12.3	22.2	9.9	43.7	31.4	11.1	7.7	12.1	4.5	33.2	25.5
Washington*	19.9	15.8	22.7	6.9	46.5	30.7	9.4	6.4	11.8	5.3	27.7	21.3
West Virginia*	20.3	20.0	20.5	0.5	54.1	34.1	9.9	9.7	12.8	3.1	—	—
Wisconsin	12.7	10.2	21.6	11.4	34.7	24.5	8.1	5.7	12.5	6.8	30.3	24.6
Wyoming	17.9	16.3	—	—	27.7	11.4	16.8	14.4	—	—	28.9	14.5

Notes: (a) 2019 uninsured rate for group is significantly different from 2013 ( $p < 0.05$ ). (b) Black or Latinx/Hispanic uninsured rate is significantly different from white uninsured rate ( $p < 0.05$ ). \* Expanded Medicaid as of January 1, 2019. As of January 1, 2019, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 ACS data. Missouri and Oklahoma have passed ballot initiatives to expand Medicaid, but these have not yet been implemented. (—) means there was not sufficient sample size to estimate the rate.

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

**TABLE 3. GEORGIA, LOUISIANA, NORTH CAROLINA, VIRGINIA UNINSURED RATES BY DEMOGRAPHICS, 2013–2019 (ADULTS AGES 19–64)**

	Georgia					Louisiana					North Carolina					Virginia				
	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)
<b>TOTAL</b>	26.0	18.1	19.1	18.9	-7.1	24.7	15.4	11.8	13.0	-11.7	22.7	15.3	15.7	16.5	-6.2	17.3	12.2	12.2	11.1	-6.1
<b>Race/Ethnicity</b>																				
White	19.1	13.9	14.9	14.7	-4.4	18.9	11.8	9.5	10.4	-8.5	16.5	11.1	11.8	12.3	-4.2	12.3	8.9	8.7	7.7	-4.6
Black	28.4	18.0	19.2	18.8	-9.7	31.3	17.3	11.3	13.1	-18.1	27.0	16.3	16.0	17.4	-9.6	22.2	13.3	14.8	12.1	-10.1
Latinx/Hispanic	60.1	46.8	45.5	46.0	-14.1	52.7	43.8	39.6	38.8	-13.9	59.4	43.9	43.9	45.4	-14.0	43.7	34.2	32.3	33.2	-10.5
<b>Income</b>																				
0–199% FPL	46.3	35.0	35.9	36.1	-10.2	41.8	25.9	17.8	19.3	-22.5	42.0	29.3	29.9	31.0	-11.0	38.3	28.7	27.8	23.4	-14.9
200%–399% FPL	21.9	16.4	18.8	19.7	-2.2	21.3	14.4	11.6	14.9	-6.4	18.9	14.1	15.5	17.0	-1.9	18.4	13.4	14.3	14.6	-3.8
400%+ FPL	8.1	5.6	7.3	6.7	-1.4	9.7	5.5	5.9	5.7	-4.0	6.0	4.2	5.0	5.8	-0.1	5.7	3.8	4.3	4.4	-1.3
<b>Race/Ethnicity, by income</b>																				
0–199%FPL																				
White	40.9	32.3	33.1	32.9	-8.0	37.7	24.3	16.5	17.8	-19.9	35.7	24.5	25.3	26.6	-9.1	31.6	24.4	23.2	18.0	-13.5
Black	41.4	29.4	30.4	30.7	-10.7	42.0	22.8	14.0	15.4	-26.6	38.4	24.2	23.1	25.1	-13.4	37.1	24.4	24.8	18.6	-18.6
Latinx/Hispanic	75.5	62.6	63.4	64.9	-10.6	70.7	58.5	54.0	54.0	-16.6	73.2	59.8	60.3	60.4	-12.8	67.0	58.0	54.1	52.7	-14.3
200%–399% FPL																				
White	17.9	13.7	16.4	18.3	0.4	19.0	12.0	10.9	13.5	-5.5	14.9	11.1	13.4	13.8	-1.1	14.2	10.1	10.7	10.9	-3.3
Black	21.0	14.1	16.4	15.2	-5.8	22.5	14.3	8.7	12.8	-9.7	20.4	13.0	14.0	16.4	-4.0	18.0	12.1	13.7	13.3	-4.8
Latinx/Hispanic	50.0	40.4	40.7	42.5	-7.4	45.3	38.4	34.8	37.9	-7.4	47.2	35.3	34.3	39.1	-8.1	42.6	34.3	33.8	37.6	-5.0
400%+ FPL																				
White	5.9	4.5	5.7	5.3	-0.6	7.4	4.5	4.6	4.3	-3.0	4.8	3.5	4.1	4.6	-0.2	4.0	2.9	3.3	3.2	-0.8
Black	12.4	6.5	9.3	8.8	-3.5	14.6	6.4	7.9	9.5	-5.1	10.0	5.9	8.0	7.6	-2.5	8.8	4.5	6.9	5.8	-3.0
Latinx/Hispanic	21.3	16.2	18.6	16.3	-5.0	31.4	20.0	20.4	11.8	-19.6	16.3	10.2	13.5	23.0	6.7	16.3	10.8	11.5	13.7	-2.6

Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

**TABLE 4. RATES FOR ADDITIONAL ACCESS INDICATORS BY RACE/ETHNICITY, 2013–2019  
(ADULTS AGES 18–64)**

	United States					Expansion states					Nonexpansion states				
	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)
<b><i>Care avoided because of cost in previous 12 months</i></b>															
<b>TOTAL</b>	18.5	15.1	15.1	15.9	-2.7	17.0	13.3	13.2	13.8	-3.2	21.4	18.4	18.4	19.4	-2.0
<b>Race/Ethnicity</b>															
White	15.1	12.7	12.9	13.5	-1.6	14.0	11.3	11.2	11.8	-2.2	17.2	15.3	15.9	16.5	-0.7
Black	23.2	17.9	17.6	17.3	-5.9	20.8	15.1	14.4	14.1	-6.7	26.0	21.2	21.2	20.8	-5.2
Latinx/Hispanic	27.8	21.9	21.2	22.8	-5.0	26.3	19.8	19.6	20.5	-5.8	30.5	25.5	23.8	26.4	-4.1
<b><i>Usual source of care</i></b>															
<b>TOTAL</b>	72.0	73.8	72.6	71.9	-0.2	74.0	76.4	75.0	74.2	0.2	68.4	69.2	68.3	67.8	-0.6
<b>Race/Ethnicity</b>															
White	77.6	78.6	77.0	76.5	-1.1	79.0	80.5	79.1	78.5	-0.5	74.8	75.0	73.1	72.9	-1.9
Black	71.1	74.7	74.1	74.1	3.0	73.5	77.8	77.2	78.0	4.6	68.3	71.1	70.7	69.8	1.6
Latinx/Hispanic	55.3	58.2	58.2	56.2	0.9	58.2	62.6	61.2	58.4	0.3	50.0	50.7	53.2	52.6	2.6

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020 and are considered nonexpansion for this analysis. New Jersey did not report BRFSS measures for 2019 because of a reporting error.

Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013–2019.

**TABLE 5. CARE AVOIDED BECAUSE OF COST IN PREVIOUS 12 MONTHS, STATE RATES AND DISPARITIES, 2013–2019 (ADULTS AGES 18–64)**

State	2013						2019					
	All	White rate	Black rate	Black-white disparity	Latinx/Hispanic rate	Latinx/Hispanic-white disparity	All	White rate	Black rate	Black-white disparity	Latinx/Hispanic rate	Latinx/Hispanic-white disparity
<b>United States</b>	<b>18.5</b>	<b>15.1</b>	<b>23.2</b>	<b>8.1</b> b	<b>27.8</b>	<b>12.7</b> b	<b>15.9</b> a	<b>13.5</b> a	<b>17.3</b> a	<b>3.8</b> b	<b>22.8</b> a	<b>9.3</b> b
Alabama	19.0	17.6	23.0	5.4 b	—	—	21.6	20.4	21.4	1.0	32.6	12.2
Alaska*	15.9	14.1	27.3	13.2	27.3	13.2 b	15.0	14.2	—	—	22.4	8.3
Arizona*	19.8	16.1	—	—	27.6	11.4 b	16.5	14.9	14.4	-0.5	20.9	6.0 b
Arkansas*	25.2	22.2	31.8	9.6 b	40.0	17.8 b	18.9 a	17.7	20.6	2.9	23.0	5.3
California*	17.9	14.2	15.7	1.4	23.5	9.3 b	13.8 a	11.1 a	10.5	-0.6	18.6 a	7.6 b
Colorado*	17.0	14.3	25.4	11.1 b	24.3	10.1 b	13.8 a	13.1	10.4 a	-2.7	16.9 a	3.7 b
Connecticut*	14.0	10.6	20.9	10.4 b	25.7	15.1 b	11.6	9.4	8.3 a	-1.1	20.2	10.8 b
Delaware*	14.2	11.7	19.6	7.8 b	19.9	8.2 b	12.9	11.1	14.1	3.0	19.8	8.7 b
District of Columbia*	11.8	6.2	16.3	10.1 b	15.2	9.0	11.4	8.7	13.0	4.3	16.0	7.3
Florida	25.7	19.9	27.8	7.9 b	34.2	14.3 b	20.8 a	19.1	20.0	0.9	25.7 a	6.6 b
Georgia	22.5	19.5	26.5	7.0 b	32.3	12.8 b	20.6	17.8	22.4	4.6	30.0	12.2 b
Hawaii*	10.1	9.5	—	—	16.7	7.2 b	9.1	9.3	—	—	12.2	2.8
Idaho	18.9	17.3	58.9	41.5 b	23.6	6.3	17.3	16.4	—	—	21.9	5.5
Illinois*	16.1	11.1	24.6	13.4 b	28.8	17.7 b	15.6	12.5	14.6 a	2.2	26.4	13.9 b
Indiana*	18.1	15.9	25.0	9.1 b	30.6	14.7 b	14.9 a	13.5	15.5	2.0	23.8	10.3 b
Iowa*	11.8	10.9	—	—	26.5	15.7 b	9.9	8.8	10.0	1.3	19.7	10.9 b
Kansas	15.9	13.6	22.4	8.7 b	25.0	11.3 b	15.9	13.7	22.0	8.3 b	23.4	9.7 b
Kentucky*	21.6	21.6	20.3	-1.3	23.1	1.5	14.5 a	13.9 a	12.9	-1.1	17.2	3.3
Louisiana*	23.2	20.1	27.5	7.4 b	32.7	12.7	16.9 a	15.7	17.6 a	1.9	21.6	5.9
Maine*	12.3	12.0	—	—	—	—	15.4 a	14.8 a	—	—	19.4	4.6
Maryland*	14.7	10.1	16.8	6.8 b	37.9	27.8 b	12.4 a	9.1	12.4 a	3.3 b	27.4 a	18.3 b
Massachusetts*	9.7	7.9	10.9	3.0	20.7	12.8 b	9.8	8.1	15.3	7.2 b	16.4	8.3 b
Michigan*	17.7	15.8	25.1	9.4 b	24.4	8.7 b	13.6 a	12.5 a	15.1 a	2.7	17.3	4.9
Minnesota*	11.9	10.5	23.2	12.7 b	22.1	11.6 b	11.8	10.5	17.9	7.4 b	24.5	14.0 b
Mississippi	25.1	20.2	31.7	11.5 b	34.5	14.3	20.0 a	19.2	20.4 a	1.2	—	—
Missouri	19.1	15.4	25.2	9.8 b	29.1	13.7	17.4	15.7	26.0	10.4 b	15.2	-0.5
Montana*	16.1	15.4	—	—	24.4	9.0	12.5 a	12.5 a	—	—	14.2	1.7
Nebraska	15.3	13.1	31.0	17.9 b	24.1	11.0 b	15.0	13.4	19.8	6.4	23.0	9.6 b
Nevada*	19.8	17.3	26.5	9.3	23.4	6.1	18.1	17.2	12.9	-4.3	21.8	4.7
New Hampshire*	13.7	12.5	33.7	21.2 b	32.4	19.9 b	13.8	13.2	—	—	—	—
New Mexico*	21.4	16.3	29.7	13.5	26.9	10.6 b	15.8 a	13.1	—	—	18.2 a	5.2 b
New York*	17.1	12.5	15.6	3.1	29.7	17.1 b	13.2 a	9.1 a	12.2	3.1	22.8 a	13.8 b
North Carolina	21.3	18.2	26.1	8.0 b	31.7	13.6 b	18.8	16.7	20.8	4.1	27.3	10.6 b
North Dakota*	8.3	7.8	—	—	—	—	10.9	9.7	—	—	—	—
Ohio*	17.3	15.6	23.9	8.3 b	22.7	7.1	14.5 a	13.3	17.2	3.8	19.0	5.6
Oklahoma	20.4	18.8	25.3	6.5	31.9	13.2 b	19.5	18.1	21.6	3.5	27.7	9.5 b
Oregon*	21.7	19.2	—	—	33.6	14.3 b	16.2 a	14.6 a	—	—	24.9	10.2 b
Pennsylvania*	14.3	11.9	20.6	8.7 b	28.2	16.3 b	11.8 a	10.1	15.5	5.4 b	23.5	13.4 b
Rhode Island*	17.0	13.5	15.7	2.2	32.9	19.3 b	9.8 a	8.4 a	13.4	5.0	15.5 a	7.1 b
South Carolina	22.6	20.1	24.4	4.3 b	27.7	7.6	18.2 a	15.9 a	20.2	4.3	27.0	11.1 b
South Dakota	11.4	9.8	—	—	22.6	12.8 b	11.8	10.5	—	—	—	—
Tennessee	20.6	20.4	21.3	0.9	—	—	17.8	16.0 a	19.1	3.0	37.5	21.5 b
Texas	22.0	15.5	24.6	9.2 b	29.6	14.2 b	21.6	16.5	20.2	3.7	26.8	10.3 b
Utah	17.1	14.8	—	—	27.8	13.1 b	16.3	14.2	19.6	5.4	22.1	7.9 b
Vermont*	10.7	10.5	—	—	—	—	11.3	11.1	—	—	—	—
Virginia*	17.6	14.0	20.5	6.5 b	35.0	21.1 b	14.1 a	11.6	14.8	3.2	30.4	18.8 b
Washington*	17.9	16.3	25.0	8.6	30.6	14.2 b	13.2 a	11.9 a	13.7	1.7	21.2 a	9.3 b
West Virginia*	22.2	21.8	35.5	13.7 b	—	—	16.2 a	16.0 a	—	—	—	—
Wisconsin	14.1	11.9	33.1	21.1 b	22.6	10.7	12.5	11.7	—	—	19.0	7.3
Wyoming	16.6	14.3	—	—	31.7	17.3 b	16.2	14.4	—	—	24.9	10.5 b

Notes: (a) 2019 rate for group is significantly different from 2013 (p<0.05). (b) Black or Latinx/Hispanic rate is significantly different from white rate (p<0.05). \* Expanded Medicaid as of January 1, 2019. As of January 1, 2019, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, which is not captured by 2019 ACS data. Missouri and Oklahoma have passed ballot initiatives to expand Medicaid, but these have not yet been implemented. New Jersey did not report BRFSS measures for 2019 because of a reporting error. (—) means there was not sufficient sample size to estimate the rate.

Data: Behavioral Risk Factor Surveillance System, 2013–2019.

**TABLE 6. TRENDS IN BLACK-WHITE AND LATINX/HISPANIC-WHITE DISPARITIES IN INSURANCE COVERAGE AND ACCESS, 2013–2019**

	Black-white disparity (percentage points)					Latinx/Hispanic-white disparity (percentage points)				
	2013	2016	2018	2019	Net change (% points)	2013	2016	2018	2019	Net change (% points)
<b>Uninsured rates (adults ages 19–64)*</b>										
U.S. average	9.9	5.5	5.8	5.3	–4.6	25.7	17.4	16.3	16.7	–9.0
Expansion states	8.4	3.9	3.9	3.3	–5.1	23.4	14.1	12.9	13.2	–10.1
Nonexpansion states	10.5	6.1	6.4	5.9	–4.6	29.8	23.0	21.8	22.3	–7.5
<b>Care avoided because of cost (adults ages 18–64)**</b>										
U.S. average	8.1	5.2	4.7	3.8	–4.3	12.7	9.3	8.3	9.3	–3.5
Expansion states	6.8	3.9	3.2	2.3	–4.5	12.3	8.6	8.4	8.7	–3.6
Nonexpansion states	8.7	5.9	5.3	4.2	–4.5	13.3	10.2	7.9	9.9	–3.4
<b>Usual source of care (adults ages 18–64)**</b>										
U.S. average	6.5	3.9	2.8	2.4	–4.1	22.4	20.4	18.7	20.3	–2.1
Expansion states	5.5	2.7	1.9	0.4	–5.1	20.9	17.9	17.9	20.0	–0.8
Nonexpansion states	6.5	3.9	2.4	3.0	–3.5	24.7	24.4	19.9	20.3	–4.5

Notes: Expansion states are those that expanded Medicaid by January 1, 2019. As of that date, there were 17 states that had not yet expanded Medicaid. Idaho, Nebraska, and Utah implemented Medicaid expansion in 2020, and are considered nonexpansion for this analysis.

\* Data: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013–2019.

\*\* Data: Behavioral Risk Factor Surveillance System (BRFSS), 2013–2019.

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