

COVID era's historically low rate of uninsured continued through 2023 — even after public health emergency declared over

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Introduction

The public health emergency (PHE) for the COVID-19 pandemic formally ended on May 11, 2023, more than three years after its declaration.¹ The PHE played an important role in curbing the spread of COVID and has also been the key factor in changes to the nation's health coverage in the last few years. The country's uninsured rate dropped from 9.2% in 2019 (pre-COVID) to 7.9% in 2023. Washington state's uninsured rate followed suit, declining from 6.1% to 4.8% in that time.

The decline of the uninsured rate since 2019 was the second such drop since the implementation of major coverage expansion programs under the Affordable Care Act (ACA) in 2014. The first drop took place immediately after the ACA coverage expansion. Uninsured rates dropped from the pre-ACA high of 14% in 2013 (for both the U.S. and Washington) to around 9% for the U.S. and 6% for the state before the COVID pandemic.

Medicaid was the key factor in both waves of declines in the uninsured rate. During the first drop, Medicaid's eligibility threshold for income was expanded from below 100% of the federal poverty level (FPL) to below 139% under the ACA's Medicaid expansion program. Washington's

Medicaid enrollment increased from the pre-ACA 1.2 million in 2013 to nearly 1.8 million in 2017.²

During the second wave, the federal government suspended Medicaid's routine annual eligibility redetermination under the PHE. The purpose of the suspension was to ensure no interruptions in coverage for the Medicaid enrollees during the COVID pandemic. As a result of the suspension, Washington's Medicaid enrollment during the second wave increased from pre-COVID 1.7 million in 2019 to 2.1 million in 2023. Medicaid eligibility redetermination in Washington resumed in May of 2023 after the end of the PHE. By June, members determined to be no longer eligible started exiting the program.

In the sections below, we first present uninsured rates from 2010 to 2023 for the U.S. and for Washington, followed by a review of changes in coverage rates by source of coverage for the state from 2022 to 2023. We then present uninsured rates for the state's demographic and socio-economic population groups from 2013 to 2023, a span from pre-ACA to post-PHE. We conclude our brief with a review of the June enrollments from 2013 to 2024 for both Medicaid and the Qualified Health Plan (a subsidized coverage plan under the ACA for individuals whose family income is above the Medicaid threshold).

¹ [Fact Sheet: End of the COVID-19 Public Health Emergency | HHS.gov](#)

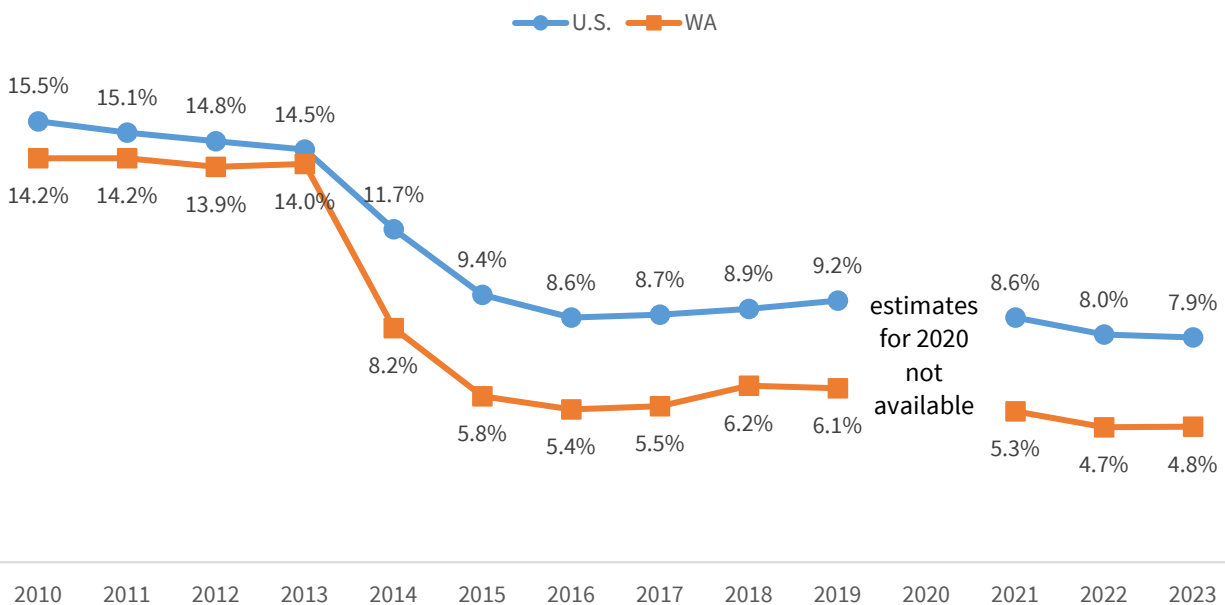
² Based on June enrollment and enrollees receiving full Medicaid benefits. Also see Figure 9.

Washington’s uninsured rate remained essentially unchanged in 2023

Washington’s uninsured rate in 2023 was 4.8%, about one-tenth of a percentage point higher than the historically low rate of 4.7% in 2022 (Figure 1). These two years’ uninsured rates are, however, not statistically different. Two major policies contributed to the dramatic declines of the uninsured rate to historic lows from a high of around 14% in the early 2010s: The first was the ACA and the second was the suspension of Medicaid eligibility redetermination under the PHE declaration for COVID.

Under the ACA, the state implemented Medicaid expansion to provide coverage to those with family income between 100% and 138% of the FPL. Also under the ACA, the state created the Health Benefit Exchange to offer premium subsidies for the Qualified Health Plan (QHP) to those with family income above Medicaid’s eligibility threshold. The ACA’s coverage expansion programs, along with its individual mandate, reduced the state’s uninsured rate from 14% in 2013 to 8.2% in 2014 (the first year of the coverage expansion) to 6.1% in 2019 (the year before the COVID pandemic).

Figure 1. Washington and U.S. uninsured rates: Total population 2010–19 and 2021–23



Then came 2020, when COVID reached the U.S. with its first case confirmed in Washington. Federal, state, and local governments acted quickly to stem the spread of the virus. In January, the CDC declared a Public Health Emergency for COVID. In March, the federal Centers for Medicare and Medicaid Services issued the suspension of Medicaid’s routine annual eligibility redetermination while the PHE remained in effect.

The purpose for the suspension was to allow uninterrupted coverage for Medicaid enrollees during the uncertainty surrounding the pandemic. With the suspension, existing Medicaid beneficiaries could stay in the program past their annual eligibility redetermination dates even if their family income might have increased to levels that would make them no longer eligible.

Although no official estimate of the uninsured rate is available for 2020,³ our internal tracking data indicate that there was significant loss of health coverage as governments at all levels installed measures to curb the pandemic's spread. These measures included closing businesses and factories temporarily. The unemployment rate rose quickly as a result, and some families lost their employment-based insurance along with their jobs. Many of these families later enrolled in Medicaid and some turned to the QHP for coverage. In the second half of 2020, businesses and factories started to reopen, and most of those who had lost their jobs earlier returned to their previous jobs or found other work. Many workers regained health coverage from their employment for themselves and their families. At the same time, Medicaid enrollment continued to grow with new enrollees and almost no departures thanks to the suspension of redetermination.

With growth in Medicaid and QHP and a recovering economy, the state's uninsured rate at the end of 2020 likely fell back to the level right before the pandemic's outbreak, based on our internal tracking data. Estimates for 2021 and 2022 (when the PHE was still in effect) show that the state's uninsured rate continued to decline to 5.3% and 4.7%, respectively.

The suspension of Medicaid eligibility redetermination was lifted when the PHE declaration expired on May 11, 2023. States arranged agreements with the federal government on how and when to restart the redetermination process and when to complete the review of backlog cases for redetermination. Washington resumed redetermination in the spring of 2023

with June being the first month in which Medicaid enrollees determined as no longer eligible began to exit the program. The state planned to complete the review of all backlog cases for redetermination by April 2024.

Since the restart of Medicaid eligibility redetermination, a significant number of beneficiaries left the program. However, the uninsured rate for 2023 only increased very slightly to 4.8%, which is a statistical tie with the 4.7% rate for 2022.

Several factors contributed to the unchanged uninsured rate in 2023 despite a decline in Medicaid enrollment. The first is that from January to May of 2023, Washington's Medicaid enrollment continued to grow under the effect of the redetermination suspension. The second factor is that many of those who left Medicaid had access to other sources for coverage, such as employment-based insurance and Medicare. A third factor is that the state undertook multiple campaigns to encourage and help those leaving Medicaid to seek other sources of coverage. Finally, perhaps because of the state's outreach campaigns, more new Medicaid beneficiaries have entered the program each month since the restart of the redetermination compared to pre-pandemic levels.

Washington's uninsured rate changes from 2010 to 2023 are quite like those experienced throughout the country. However, in any given year, Washington's uninsured rate has always been lower than that of the nation. The U.S. uninsured rate declined from pre-ACA high of 14% to pre-

³ For our analysis of Washington's uninsured rate, we use the U.S. Census Bureau's American Community Survey (ACS). The data collection for the survey in 2020, however, encountered challenges due to the lockdowns during the height of the COVID-19 pandemic. Those challenges affected the quality of the data. After thorough evaluation we opted not to report health coverage estimates using the 2020 ACS. For more information regarding our decision, see [Evaluation of Using the 2020 ACS Experimental Weights for Washington State Health Coverage Estimates](#).

COVID levels of 9.2%, and then further declined to 7.9% at the end of the PHE.

Increased coverage in employment-based insurance and Medicare offset the decrease in Medicaid in 2023

While the uninsured rate remained essentially unchanged from 2022 to 2023, there were shifts in other coverage categories. Figure 2 shows that:

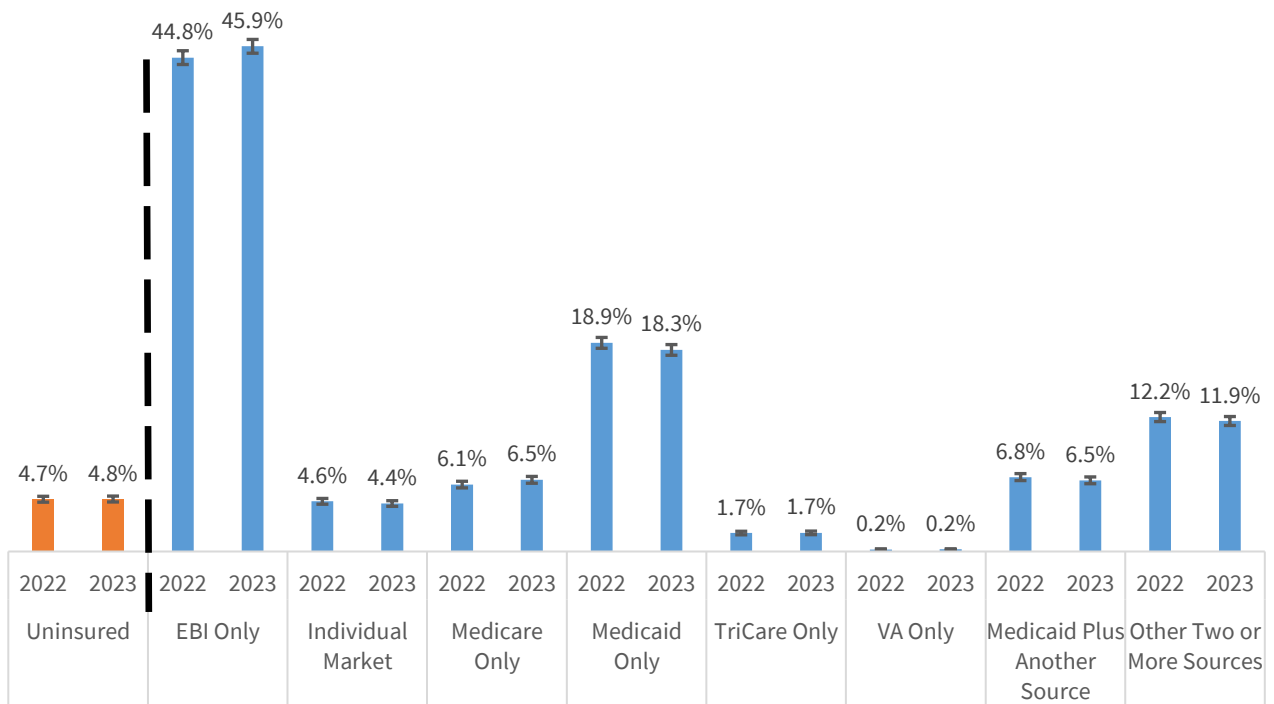
- The “Medicaid-only” category dropped from 18.9% to 18.3%.
- “Medicaid plus another source” dropped from 6.8% to 6.5%.
- “Individual marketplace” plans dropped from 4.6% to 4.4%.⁴

- “Other two or more sources” dropped from 12.2% to 11.9%.
- “Employment-based insurance (EBI) only” increased by about one percentage point from 44.8% to 45.9%
- “Medicare only” increased from 6.1% to 6.5%.

Two other categories had no change: “Tricare only” at 1.7% and “VA only” at 0.2%.

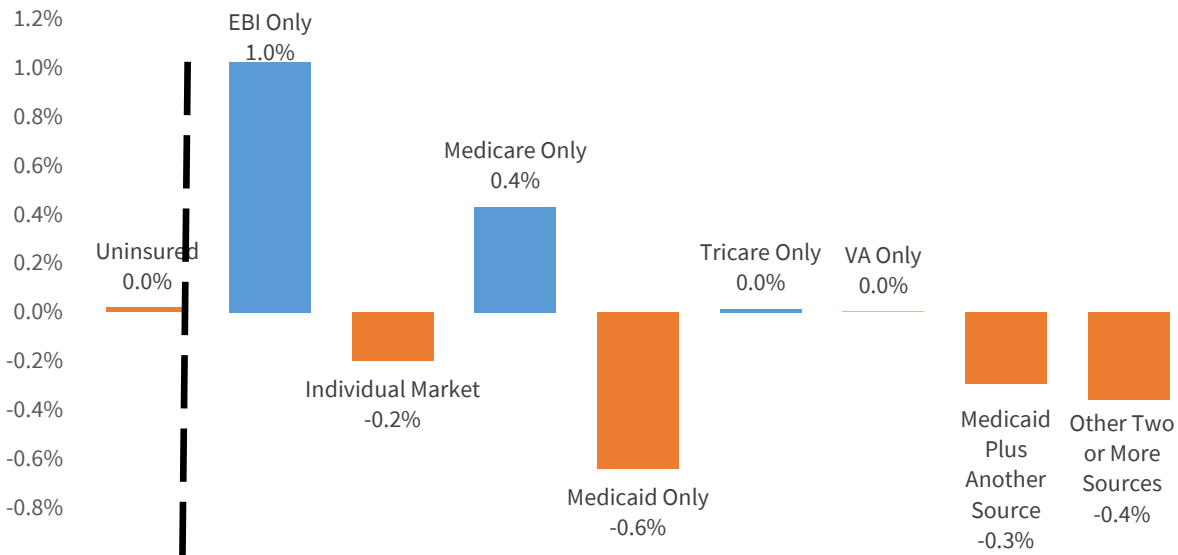
Figure 3 shows that “Medicaid only” and “Medicaid plus another source” had a combined decline of 0.9 percentage points. There was another combined decrease of 0.6 percentage points between the “individual market” category and the category of “other two or more sources.” On the other hand, EBI and Medicare had a combined increase of approximately 1.4 percentage points.

Figure 2. Percentage by source of coverage, 2022 and 2023, Washington



⁴ Individual marketplace plans include the QHP offered on the Exchange and those offered off the Exchange. QHP enrollment increased in 2023 while enrollment in those plans off the Exchange decreased.

Figure 3. Percentage point changes in source of coverage from 2022 to 2023, Washington

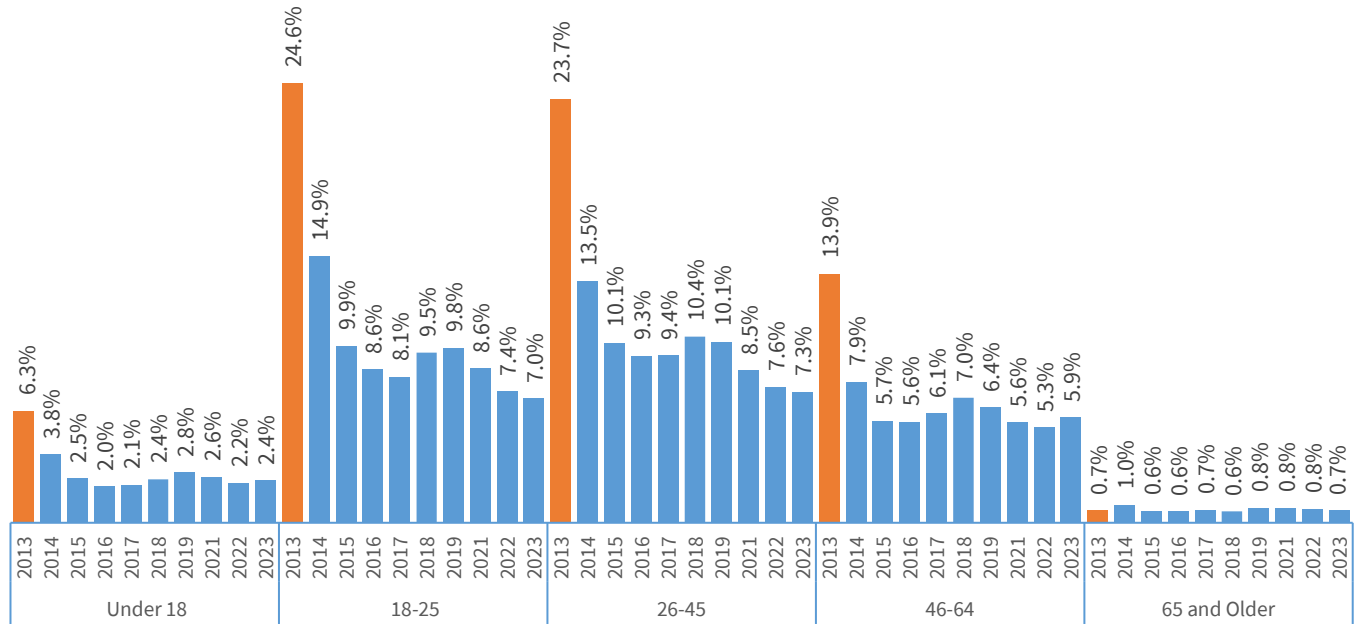


Most age groups experienced small changes in uninsured rates from 2022 to 2023. For the age 46–64 group, however, the uninsured rate bucked the downward trend of the previous few years for the first time.

From 2022 to 2023, changes in the uninsured rates for youngest age group (age 0–17) and elderly group (age 65 and older) were very small, both within 0.2 percentage points. Changes in the three non-elderly adult groups were larger but still less than one percentage point for each group. Of these three non-elderly adult groups, the uninsured rates continued to decline in the two younger adult groups: 7.4% to 7% in the age 18–25 group and 7.6% to 7.3% in the age 26–44 group. The only increase in uninsured rate was experienced by the age 46–64 group, which also had the largest net change (0.6 percentage points). This group’s uninsured rate increased from 5.3% in 2022 to 5.9% in 2023, its first increase since 2017 (see Figure 4).

Across the age groups, the patterns remained unchanged in their uninsured rates. The elderly group still had the lowest rate (at or below 1%). The youngest age group had the second lowest rate, which dropped from 6.3% in 2013 to 2.4% in 2023. The three non-elderly adult groups had significantly higher rates in comparison to the youngest age group and the elderly group, with the two younger adult groups always having the highest rates. However, the two younger adult groups had the largest reductions in their uninsured rates since the ACA coverage expansion started in 2014. In these two groups, the uninsured rates fell by 70% from approximately 24% to 7% in the decade between 2013 and 2023. The 46–64 age group had a smaller, but nonetheless impressive, reduction in its uninsured rate during the same decade, with a decrease in uninsured rate of nearly 60% from 13.9% to 5.9%.

Figure 4. Percentage uninsured by age, 2013–19 and 2021–23: Washington
(data not available for 2020)



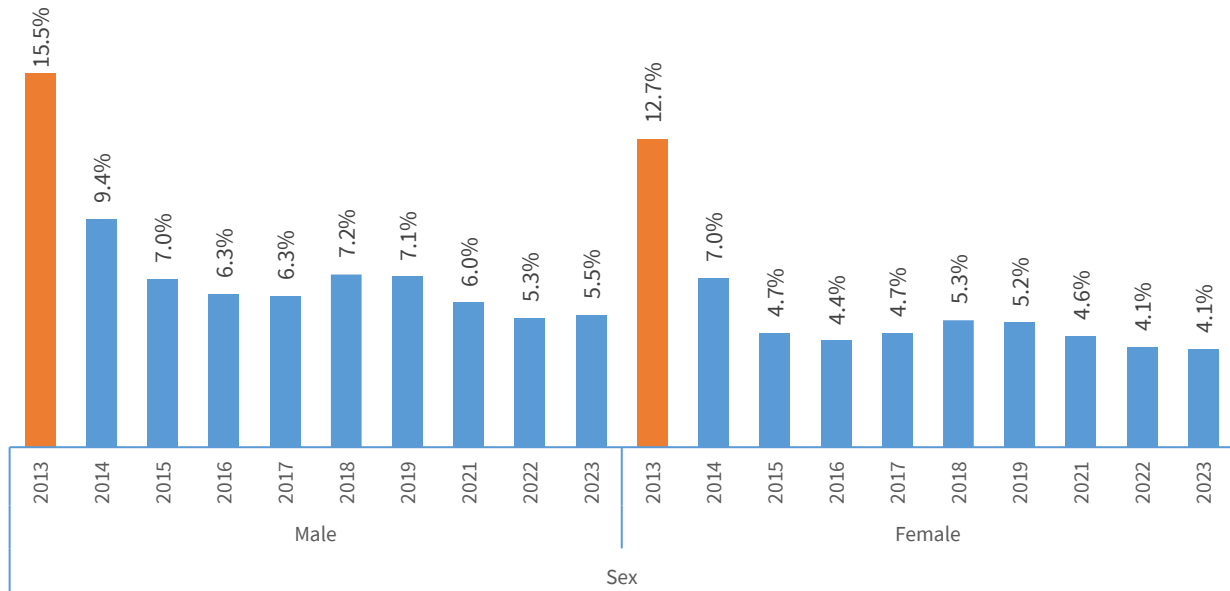
The uninsured rate for the female population remained unchanged while the rate for the male population increased slightly from 2022 to 2023

The uninsured rate for Washington’s female population in 2023 remained at the historic low set the previous year (4.1%). The uninsured rate for the male population increased slightly to 5.5% from its historic low of 5.3%, also set in 2022 (see Figure 5).

The uninsured rate of females in Washington has been consistently lower than that of males by one to two percentage points. Still, both groups had the same trends in their uninsured rates: a first wave of declining rates between 2013 and 2017 thanks to the health insurance coverage expansion

programs under the ACA and a second wave of declining rates between 2019 and 2022 due to the temporary suspension of Medicaid annual eligibility redetermination under the PHE. In the first wave, the uninsured rate dropped from 12.7% to 4.7% for females and from 15.5% to 6.3% for males. In the second wave, the uninsured rate declined from 5.2% to 4.1% for females and from 7.1% to 5.3% for males. For the two years between the two waves, 2018 and 2019, the uninsured rate for both groups were higher than their rates in the three years before and the three years after. The increase in the uninsured rate in those two years was partially caused by the congressional act to remove the penalty for non-compliance to the individual mandate for health coverage under the ACA.

Figure 5. Percentage uninsured, male and female, 2013–19, 2021–23: Washington
(data not available for 2020)



From 2022 to 2023, three of the six race groups had slight increases in their uninsured rates while the other three groups had slight decreases

The uninsured rates fell slightly in three single-race groups from 2022 to 2023: white [3.2% to 3.1%]; American Indian and Alaska Native (AI/AN) [13% to 11.4%]; and Asian American and Pacific Islander (AAPI) [3.9% to 3.4%]. At the same, the uninsured rates increased slightly in two other single-race groups and the multi-race group: black [6% to 6.5%], other one-race [15.6% to 16.7%]; and multiple-race [6.8% to 7.6%] (see Figure 6).

For all race groups, the uninsured rates were significantly lower in 2014–2019 than their respective rates in 2013, thanks to the ACA health coverage expansion. We would expect that the rates for all race groups to be even lower in 2021–

23 due to the suspension of Medicaid’s annual eligibility redetermination under the PHE. However, the U.S. Census Bureau changed how the race question was asked in the American Community Survey (ACS) beginning in 2020,⁵ and the ACS is the original data source for our analysis. Because of this change, estimates for race groups may not be comparable before and after the change. Therefore, we treat the year 2021 as the start of a new trend line for the race groups (2020 data are not available due to ACS data quality issues for that year).

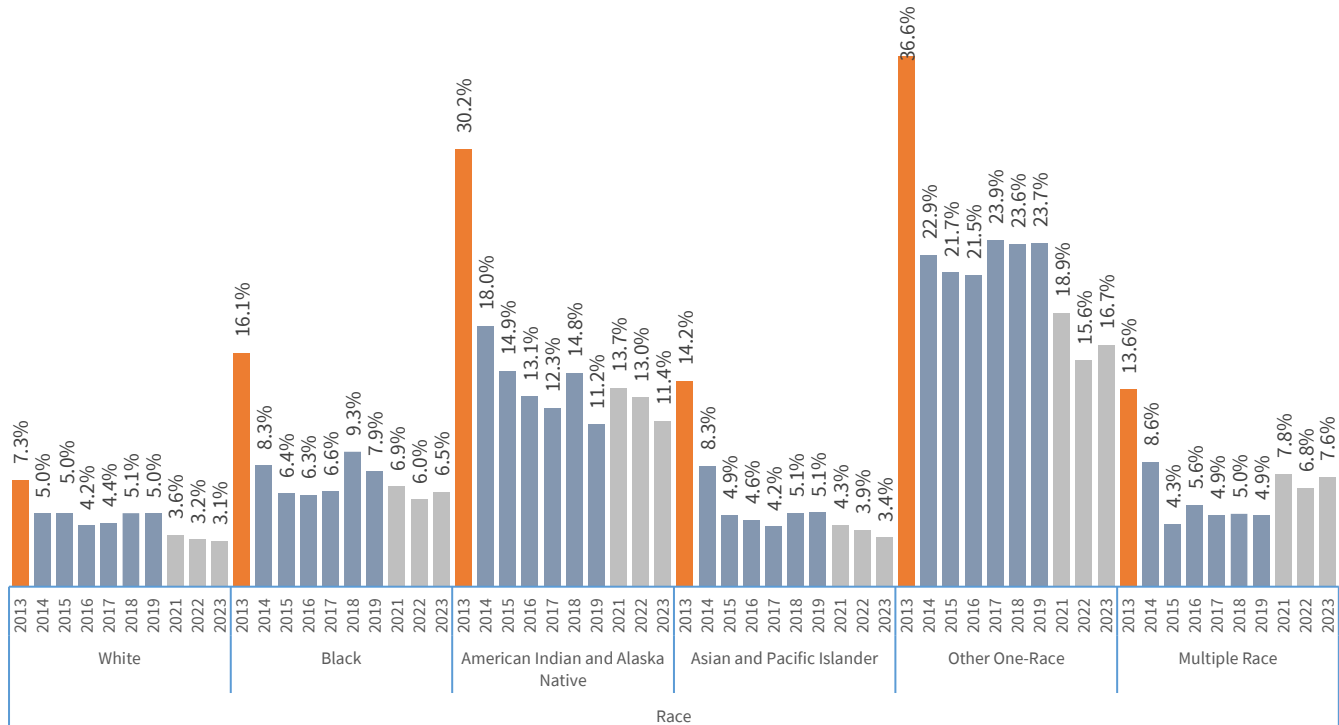
In the 2021–23 period, all race groups had declines in their uninsured rates from 2021 to 2022 because of the redetermination suspension effect. We mentioned earlier that from 2022 to 2023, the uninsured rate fell slightly in three race groups but increased slightly in the other three groups.

⁵ For more information on the changes in the ACS collection of racial data and the impact on race estimates, see relevant discussion in [Record low uninsured rate in 2021 amid COVID-19 pandemic](#).

Despite the discontinuity in the trend line from 2013 to 2023 for the race groups due to the change in how the race question was asked in ACS, we can still establish that the uninsured rates of the white

and AAPI groups have been consistently the lowest of all race groups while the rates have been the highest in the other one-race and AI/AN groups.

Figure 6. Percentage uninsured by race, 2013–19 and 2021–23: Washington
(data not available for 2020)



The uninsured rate for the state’s population group with Hispanic ethnicity increased by one percentage point from 2022 to 2023 while the rate fell slightly in the non-Hispanic group

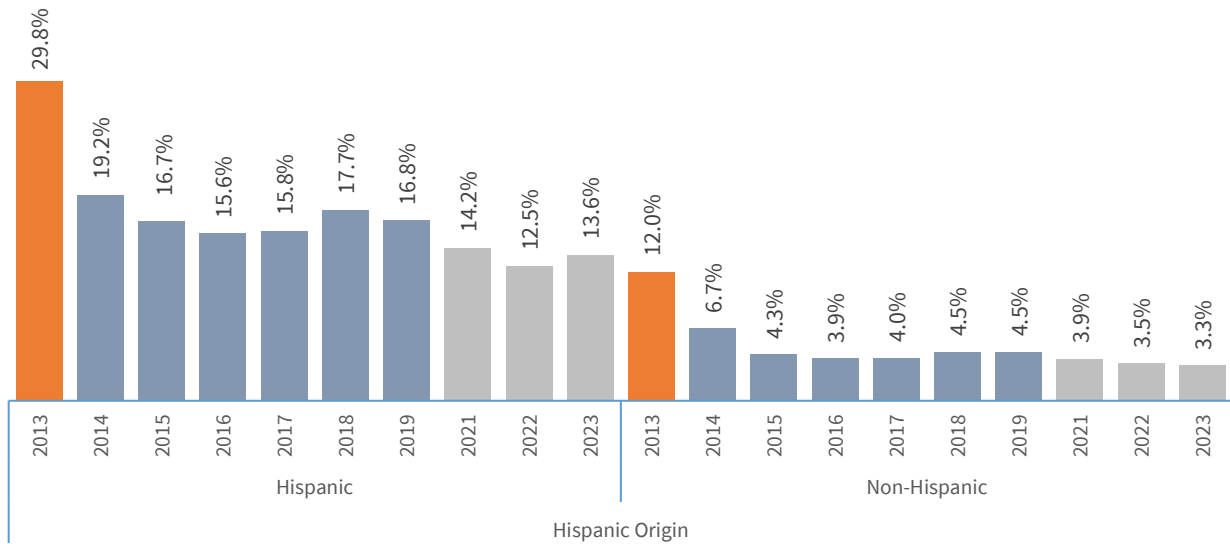
From 2022 to 2023, the uninsured rate of the Hispanic group increased from 12.5% to 13.6% while the uninsured rate of the non-Hispanic group dropped slightly from 3.5% to 3.3% (see Figure 7).

As with the race question in the ACS, the Census Bureau changed how the Hispanic ethnicity question was asked in that survey. Because of this

change, the estimates for the Hispanic and non-Hispanic groups may not be comparable before and after the change that was first implemented in the 2020 ACS.

Still, two patterns emerged from the uninsured estimates for these two groups from 2013 to 2023: First, the uninsured rates for both groups since the ACA were significantly lower than the rates in 2013, the year before ACA’s coverage expansion programs were implemented. Second, the uninsured rate of the Hispanic group has always been at least three times greater than the rate of the non-Hispanic group in any given year.

Figure 7. Percentage uninsured, Hispanic ethnicity, 2013–19, 2021–23: Washington
(data not available for 2020)



In 2023, the uninsured rate fell slightly in the highest income group while it increased slightly in the three lower income groups

We used the measurement of family income as a percentage of the federal poverty level (FPL) to assign the state population into four groups. The first group includes those whose income was 0–99% of the FPL. This was the income threshold used for Medicaid before the ACA’s health coverage expansion in 2014. The next group is for those with income that was 100–138% of the FPL. This is the income threshold for the Medicaid expansion under the ACA. The third group is for those with income in 139–400% range of the FPL. Under the ACA health coverage expansion, individuals in this group qualify for subsidized premiums on a sliding scale for the Qualified Health Plan (QHP) offered on the ACA’s Exchange. The last group is for those whose income was above 400% of the FPL. Prior to 2021, this group did not qualify for QHP subsidies. However, under the 2021 American Rescue Plan Act (ARPA), the QHP subsidy cap was removed so this group could also receive QHP subsidies, although the subsidy becomes smaller for those with higher incomes.

U.S. health coverage changes have largely been driven by government policies in recent years. Two recent policies with large impacts both involved Medicaid, and eligibility for Medicaid is mostly income-tested. The first is the Medicaid expansion from 0–99% to 138% of the FPL under the ACA in 2014, as previously mentioned. The second was the temporary suspension of the annual Medicaid eligibility redetermination under the PHE.

The effects of these two policies can be seen in the changes of the uninsured rates in the first three income groups and, to a lesser degree, in the highest income group as well.

The initial impact of the ACA was dramatic. Figure 8 shows that from 2013 to 2016, the uninsured rates in the two low-income groups fell by about two-thirds, from over 25% to less than 10%. In the middle-income group (139–400% of FPL), the uninsured rate fell by more than half, from 16.2% to 7.4%. In the highest income group, the uninsured rate also fell by about two-thirds, from 5.2% to 1.8%.

While Medicaid was the main reason for falling uninsured rates in the two low-income groups, in

the middle-income group, it would be a combination of the individual mandate and the QHP subsidies. And in the highest income group, the individual mandate would be the chief reason for lower uninsured rates.

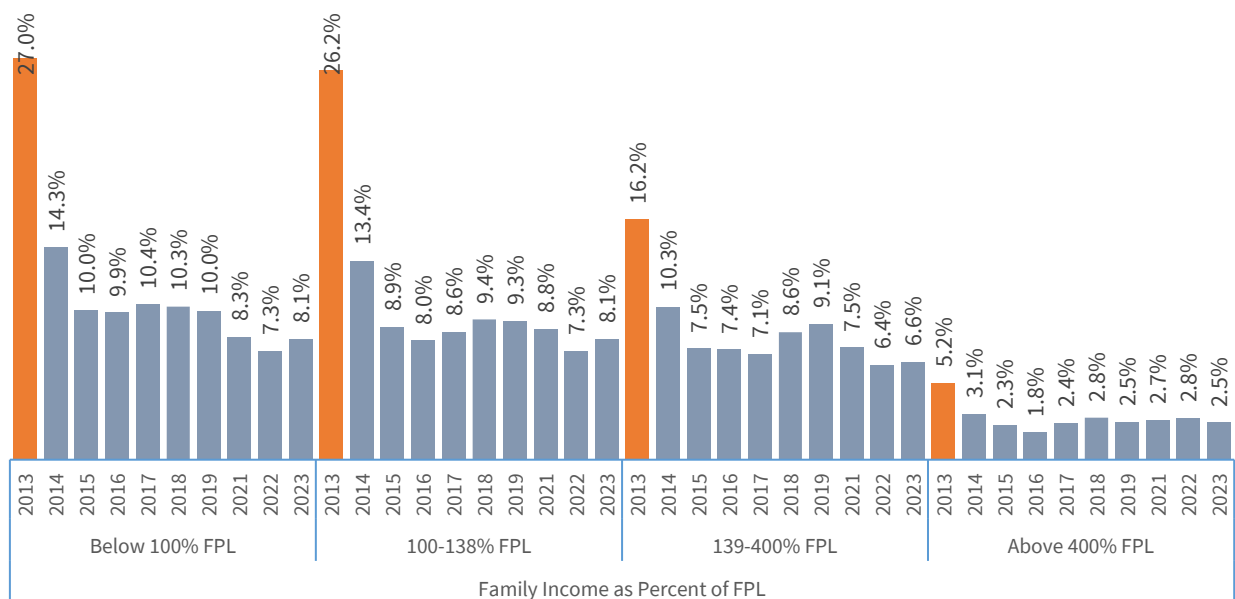
From 2017 to 2019, the uninsured rates in all income groups were slightly higher than their respective rates in 2016 (except for the uninsured rate for the middle-income group in 2017). The increases, though mild, were partially attributable to the removal of the penalty for non-compliance to the ACA’s individual mandate.

Although there are no official estimates for 2020, the first year of the COVID pandemic, our internal tracking data suggest that uninsured rates increased initially in all income groups, but fell back in the second half of 2020 as the job sector recovered and Medicaid enrollment increased (first due to the initial surge from those transitioning from EBI in the early months of the pandemic and later due to the suspension of Medicaid redetermination).

Figure 8 also shows that uninsured rates were lower in 2021–23 than the rates immediately before the pandemic in all income groups except the highest income group. In 2021–22, the lower uninsured rates were attributable to growth in Medicaid and QHP as the job sector was not yet fully recovered to the pre-pandemic level. The 2022 uninsured rates for the two low-income groups and the middle-income group were at their respective lowest levels ever.

From 2022 to 2023, the uninsured rates decreased slightly in the highest income group but increased slightly in the other three groups. In the highest income group, the uninsured rate decreased from 2.8% to 2.5%. In the middle-income group, the rate increased slightly from 6.4% to 6.6%. In the two low-income groups, the uninsured rates were identical in both years, increasing from 7.3% to 8.1%, reflective of the effect from ending the Medicaid redetermination suspension.

Figure 8. Percentage uninsured, family income as percent of federal poverty level (FPL), 2013–19, 2021–23: Washington
(data not available for 2020)



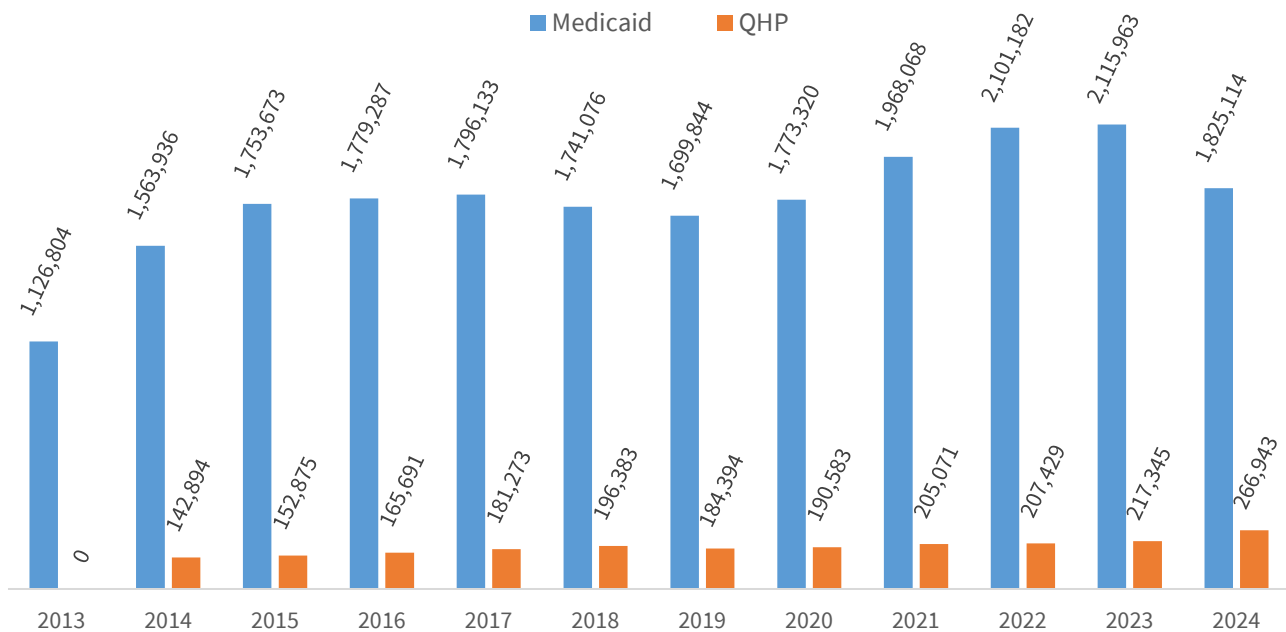
The June administrative reports documented growth of Medicaid and QHP enrollments from the first year of the COVID pandemic to 2023. In June 2024, QHP enrollment continued to grow while Medicaid enrollment declined due to the ending of the suspension of Medicaid eligibility redetermination under the PHE.

Since 2013, we have been reporting June enrollment numbers for Medicaid and QHP as a pseudo-measurement for annual enrollments of these two programs. For Medicaid enrollment, there have been two apparent large increases since 2013. One was during 2014–16 due to the ACA coverage expansion. This increase brought the June Medicaid enrollment from approximately 1,127,000 in 2013 to almost 1,754,000 in 2015. The other was during 2020–23

due to the temporary suspension of the annual Medicaid eligibility redetermination under the PHE. This increase brought the enrollment from roughly 1,700,000 in June 2019 to about 2,116,000 in June 2023.

Since 2013, Medicaid enrollment also experienced two periods of decreases. The first occurred in 2018–19. Enrollment dropped by nearly 100,000 from 1,796,000 in 2017 to roughly 1,700,000 in 2019. The other decrease occurred in 2024 due to the lifting of the temporary suspension of Medicaid eligibility redetermination under the PHE.⁶ The enrollment decreased from 2,116,000 in June 2023 to 1,825,000 in June 2024. The decrease in Medicaid since the ending of eligibility redetermination had actually started in the second half of 2023, but our report on June enrollment for 2023 here does not capture the enrollment reduction in last few months of 2023.⁷

Figure 10. Medicaid and QHP enrollment in June: 2013–24



⁶ Children under age 6 enrolled in Medicaid are exempt from the Medicaid eligibility redetermination thanks to a waiver from the Centers for Medicare and Medicaid Services in a letter to HCA dated April 14, 2023.

⁷ The Medicaid enrollment in December 2023 was 1,964,000.

QHP enrollment has been increasing every year since its inaugural year in 2014, except for 2019. From 2014 to 2024, QHP enrollment increased by approximately 114,000, from 143,000 to 257,000. The largest single year increase was in 2024, by about 40,000 from 217,000 in 2023. Much of the increase in 2024 came from those leaving Medicaid due to the ending of redetermination suspension.⁸

For 2024, barring a significant increase in EBI coverage, the decrease in Medicaid signals a potential increase in the uninsured rate.

Data source and notes

The estimates that we used in this brief, unless noted otherwise, came from the American Community Survey. The ACS is a population survey of U.S. households that the U.S. Census Bureau conducts annually. We obtain estimates for the U.S. from the Census Bureau's website.⁹ Estimates for Washington from the ACS before 2014 are from our analysis of the ACS 1-year PUMS files. Estimates for Washington for 2014–19 and 2021–23 are also from our analysis of the ACS 1-year PUMS files, but OFM adjusted them for the state's Medicaid population count before our analysis.¹⁰

Our adjustment for the Medicaid population in the ACS used the state's administrative reports of Medicaid enrollment in June each year. In most years, the June enrollment represents the annual monthly average well. For 2023, though, the June enrollment is larger than the average monthly average enrollment in 2023 due to large numbers of enrollees leaving the program since the ending of the suspension of Medicaid eligibility redetermination under the PHE. The over-estimation of Medicaid enrollment in 2023, even after our adjustment, may have resulted in an underestimation of the uninsured rates. The first full year of Medicaid eligibility redetermination post-pandemic was completed in the early summer of 2024. We expect our estimates for 2024 uninsured rates to account for the under-estimation in 2023. Our estimates for 2024 estimates will be available at the end of 2025.

⁸ See [Keeping People Covered During the Medicaid Unwind: Summary Report](#) by Washington State Health Benefit Exchange.

⁹ <https://data.census.gov/>

¹⁰ For more information on the adjustment, see [Adjustment to the ACS 2014 Undercount of Medicaid in Washington State](#).