Health Insurance Coverage in the United States: 2022

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By Katherine Keisler-Starkey, Lisa N. Bunch, and Rachel A. Lindstrom

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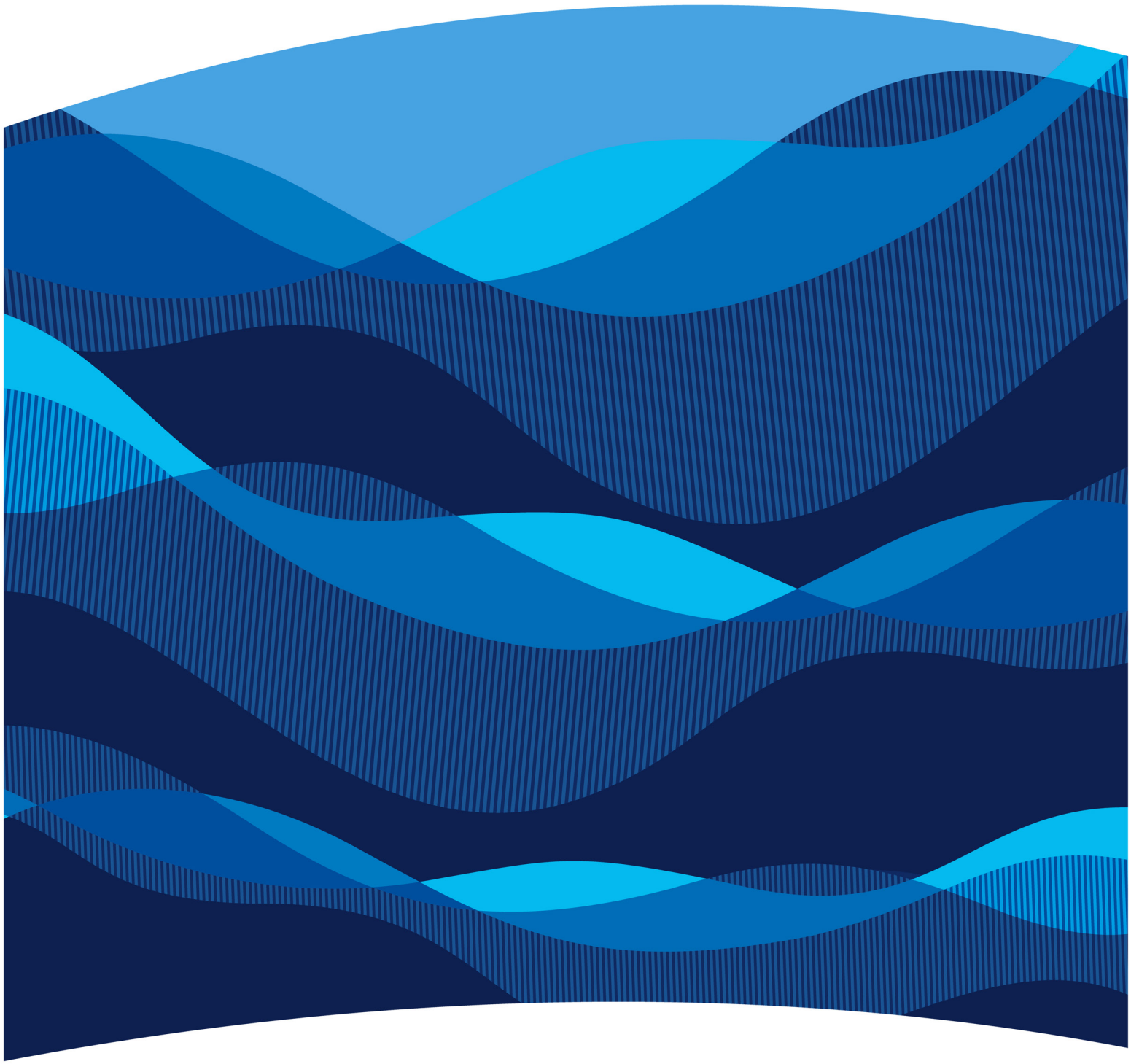

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Contents

TEXT

Introduction 1
What Is Health Insurance Coverage? 1
Highlights 2

Estimates of Health Insurance Coverage in the United States 3
Health Insurance Coverage by Type and Selected Characteristics . . . 4
Health Insurance Coverage by Age 4
Private Coverage 4
Public Coverage 6

Uninsured Rates for Children and Working-Age Adults by Selected Characteristics 6
Children Under the Age of 19 6
Working-Age Adults 19 to 64 Years Old 8

Public and Private Health Insurance Coverage by Selected Characteristics 10
Coverage Type for Children and Working-Age Adults by Income-to-Poverty Ratio 10
Coverage Type by Demographic and Social Characteristics 12

Summary 14

Accessing Health Insurance Coverage Data 14
State and Local Estimates of Health Insurance Coverage 14
Additional Data 14
Data.census.gov 15
Public-Use Microdata 15
Census Data API 15

Source and Accuracy of the Estimates 15

Comments 16
Endnotes 16

TABLE

Table 1. Number and Percentage of People by Health Insurance Coverage Status and Type: 2021 to 2022 . . . 2

FIGURES

Figure 1. Percentage of People by Type of Health Insurance Coverage and Change From 2021 to 2022 3
Figure 2. Percentage of People Uninsured by Age Group: 2021 and 2022 4
Figure 3. Percentage of People With Selected Coverage Types and Uninsured by Age Group: 2021 and 2022. 5
Figure 4. Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2021 and 2022 7
Figure 5. Percentage of Working-Age Adults Without Health Insurance Coverage by Selected Characteristics: 2021 and 2022 9
Figure 6. Uninsured Rate by Income-to-Poverty Ratio and Medicaid Expansion Status of State for Adults Aged 19 to 64: 2021 and 2022 10
Figure 7. Health Insurance by Type and Income-to-Poverty Ratio for Children Under the Age of 19 and Adults Aged 19 to 64: 2021 and 2022 11
Figure 8. Health Insurance Coverage Type by Selected Characteristics: 2021 and 2022 13

APPENDIX A TABLES

Table A-1. Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2021 and 2022 18
Table A-2. Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2021 and 2022 20
Table A-3. Health Insurance Coverage Status and Type by Household Relationship and Family Income-to-Poverty Ratio: 2021 and 2022. 22

Health Insurance Coverage in the United States: 2022

INTRODUCTION

Health insurance offers a means for financing a person's health care expenses. Health insurance coverage provides access to medical care, protection from high unexpected costs, and more economic stability for people and families. While the majority of people in the United States have private health insurance, primarily through an employer, others obtain coverage through programs offered by the government. Yet some do not have health insurance coverage at all (refer to the "What Is Health Insurance Coverage?" text box).

Year-to-year, the rate of health insurance coverage and the distribution of coverage types may change due to economic trends, shifts in the demographic composition of the population such as population aging, and policy changes that affect access to care. Economic changes include returning to work after the COVID-19 pandemic. Policy changes include updates to the Medicaid program in response to the COVID-19 pandemic or other economic or social forces. For example, Congress extended mandated continuous coverage for those with Medicaid, which continued throughout 2022.[1]

This report presents statistics on health insurance coverage in the United States in 2022 and changes in health insurance coverage rates between 2021 and 2022. The statistics in this report are based on information collected by the Current Population Survey Annual Social and Economic Supplement (CPS ASEC).*

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage at any time during the calendar year for the civilian, noninstitutionalized population of the United States.* For reporting purposes, the U.S. Census Bureau broadly classifies health insurance coverage as private insurance or public insurance.

Private Coverage

- ***Employment-based***: Plan provided through an employer or union.
- ***Direct-purchase***: Coverage purchased directly from an insurance company, or through a federal or state Marketplace (e.g., healthcare.gov).
- ***TRICARE***: Coverage through TRICARE, formerly known as Civilian Health and Medical Program of the Uniformed Services.

Public Coverage

- ***Medicare***: Federal program that helps to pay health care costs for people aged 65 and older and for certain people under the age of 65 with long-term disabilities.
- ***Medicaid***: This report uses the term Medicaid to include the specific Medicaid government program and other programs for low-income individuals administered by the states such as Children's Health Insurance Program (CHIP) and Basic Health Programs.
- ***VA and CHAMPVA***: Care provided by the Department of Veterans Affairs, the military, and the Civilian Health and Medical Program of the Department of Veterans Affairs.

Additionally, people are considered uninsured if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive.

* Comprehensive health insurance covers basic health care needs. This definition excludes single service plans such as accident, disability, dental, vision, or prescription medicine plans.

* The U.S. Census Bureau reviewed these data and associated products for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release: Disclosure Review Board (DRB) approval number: CBDRB-FY23-0432. To further protect respondent privacy, all estimates in this report have undergone additional rounding. As a result, this year's estimates may differ from previous publications and details may not sum to totals. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted.

The CPS is the longest-running household survey conducted by the Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance is an important part. The Census Bureau has integrated improvements to the CPS ASEC as the needs of data users and the health insurance environment have changed.

The estimates in this report are based on data collected in the 2023 and earlier CPS ASECs conducted by the Census Bureau. This report is released alongside two other reports focused on household income and poverty in the United States. These estimates can be found in "Income in the United States: 2022" and "Poverty in the United States: 2022." Respondents were asked to report any health insurance coverage they had during the previous calendar year. People are only considered uninsured if they did not have health insurance coverage for the entire calendar year.[2]

Highlights

- More people were insured in 2022 than 2021. In 2022, 92.1 percent of people, or 304.0 million, had health insurance at some point during the year, representing an increase in the insured rate and number of insured from 2021 (91.7 percent or 300.9 million) (Table 1).
- In 2022, private health insurance coverage continued to be more prevalent than public coverage, at 65.6 percent and 36.1 percent, respectively.[3]
- Of the subtypes of health insurance coverage, employment-based insurance was the most common, covering 54.5 percent of the population for some or all of the calendar year, followed by Medicaid (18.8 percent), Medicare (18.7 percent), direct-purchase coverage (9.9 percent), TRICARE (2.4 percent), and VA and CHAMPVA coverage (1.0 percent) (Table 1 and Figure 1).[4, 5]
- Between 2021 and 2022, the rate of Medicare coverage

Table 1.
Number and Percentage of People by Health Insurance Coverage Status and Type: 2021 to 2022
(Numbers in thousands. Margins of error in thousands or percentage points as appropriate. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

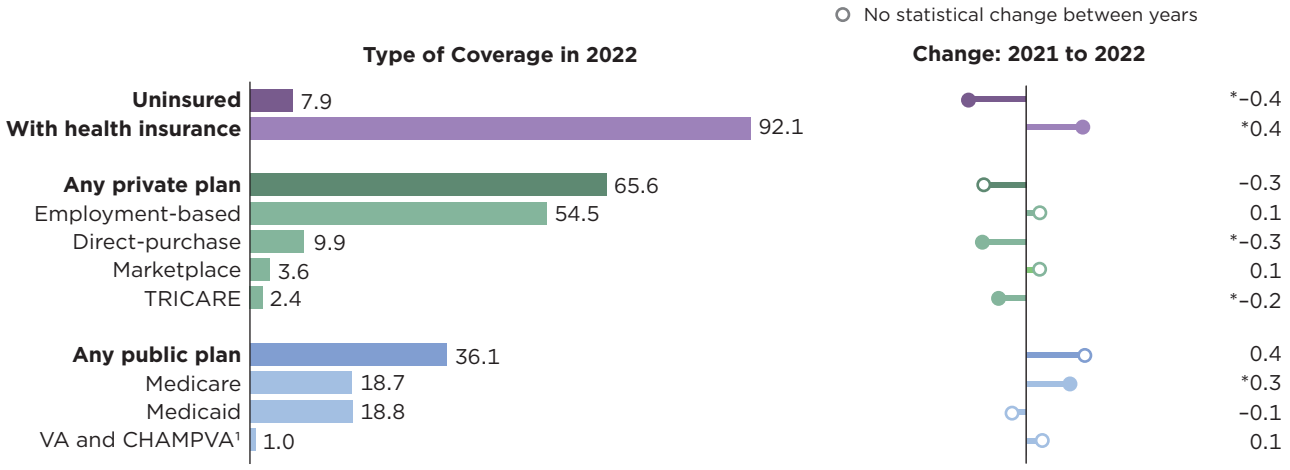
Coverage type	2021				2022				Change in percent (2022 less 2021)
	Number	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Number	Margin of error[1] (±)	Percent	Margin of error[1] (±)	
Total	**328,100**	**148**	**X**	**X**	**330,000**	**130**	**X**	**X**	**X**
Any health plan	**300,900**	**748**	**91.7**	**0.2**	**304,000**	**746**	**92.1**	**0.2**	***0.4**
Any private plan[2, 3]	216,400	1,077	66.0	0.3	216,500	1,399	65.6	0.4	–0.3
Employment-based[2]	178,300	1,123	54.3	0.3	179,800	1,369	54.5	0.4	0.1
Direct-purchase[2]	33,550	705	10.2	0.2	32,800	661	9.9	0.2	*–0.3
Marketplace coverage[2]	11,390	447	3.5	0.1	11,840	461	3.6	0.1	0.1
TRICARE[2]	8,299	527	2.5	0.2	7,817	485	2.4	0.1	*–0.2
Any public plan[2, 4]	117,100	911	35.7	0.3	119,100	1,183	36.1	0.4	0.4
Medicare[2]	60,230	378	18.4	0.1	61,570	392	18.7	0.1	*0.3
Medicaid[2]	61,940	843	18.9	0.3	62,050	1,112	18.8	0.3	–0.1
VA and CHAMPVA[2, 5]	3,151	192	1.0	0.1	3,354	214	1.0	0.1	0.1
Uninsured[6]	**27,190**	**727**	**8.3**	**0.2**	**25,940**	**739**	**7.9**	**0.2**	***–0.4**

* An asterisk preceding an estimate indicates change is statistically different from zero at the 90 percent confidence level.
X Not applicable.
[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.
[2] The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.
[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.
[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.
[5] Includes CHAMPVA, as well as care provided by the Department of Veterans Affairs and the military.
[6] In the CPS ASEC, individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.
Note: Estimates may differ from previous publications due to additional rounding implemented to protect respondent privacy.
Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2021 to 2022

(Population as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

[1] Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA) and the military.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

increased by 0.3 percentage points to cover 18.7 percent of people (Table 1 and Figure 1).[6]

- The uninsured rate among working-age adults aged 19 to 64 decreased 0.8 percentage points to 10.8 percent between 2021 and 2022, driven in part by a decrease in uninsured rates for workers (Figure 5).

ESTIMATES OF HEALTH INSURANCE COVERAGE IN THE UNITED STATES

This report classifies health insurance coverage into three different categories: overall coverage, private coverage, and public coverage (refer to the "What Is Health Insurance Coverage?" text box). In the CPS ASEC, people are considered insured if they were covered by any type of health insurance for part or all of the previous calendar year. People are considered uninsured if, for the entire year, they were not covered by any type of insurance.[7]

In 2022, most people (92.1 percent) had health insurance coverage at some point during the calendar year (Table 1 and Figure 1). That means 7.9 percent of people were uninsured for the entire calendar year. More people had private health insurance (65.6 percent) than public coverage (36.1 percent).

Employment-based insurance was the most common subtype of health insurance in the civilian, noninstitutionalized population (54.5 percent), followed by Medicaid (18.8 percent), Medicare (18.7 percent), direct-purchase insurance (9.9 percent), TRICARE (2.4 percent), and VA and CHAMPVA health care (1.0 percent) (Table 1).[8]

The percentage of people covered by any type of health insurance in 2022 was higher than in 2021. The percentage of people covered by health insurance increased 0.4 percentage points between 2021 and 2022, though there were no statistically significant changes in overall public coverage or overall private coverage.

Of the subtypes of private health insurance, employment-based coverage was not statistically different between 2021 and 2022. The percentage of people covered by direct-purchase insurance decreased to 9.9 percent, and TRICARE coverage decreased to 2.4 percent between 2021 and 2022.

Of the three subtypes of public health insurance, Medicare rates increased between 2021 and 2022, while the Medicaid and VA and CHAMPVA rates did not

have any significant change. The percentage of people covered by Medicare increased 0.3 percentage points to 18.7 percent in 2022. This increase was in part due to growth in the number of people aged 65 and older.[9]

HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS

Health Insurance Coverage by Age

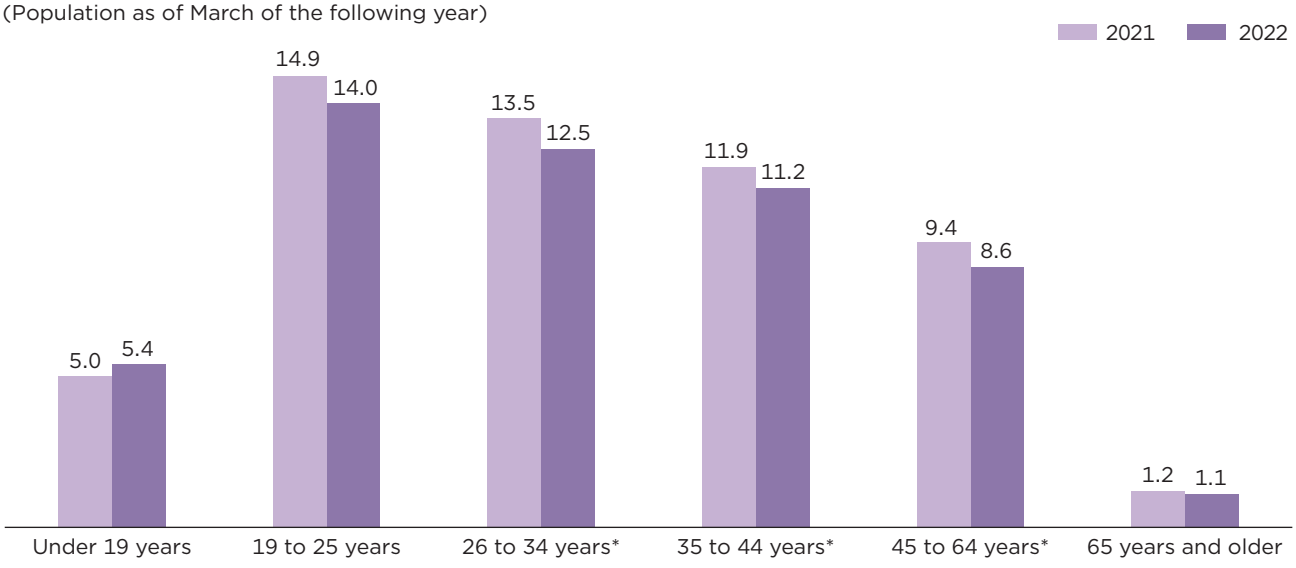
Age is associated with the likelihood that a person has health insurance coverage, as well as with health coverage type. In general, older adults (aged 65 and older) and children (under the age of 19) are more likely to have health insurance coverage than those aged 19 to 64, in part because their age makes them eligible for certain public health insurance programs. Medicare provides health coverage benefits for most adults aged 65 and older. Children and young adults may receive coverage through a parent or guardian's plan up to the age of 25, and children under the age of 19 may qualify for coverage through Medicaid or the Children's Health Insurance Program (CHIP).[10]

Between 2021 and 2022, the uninsured rate for working-age adults aged 19 to 64 decreased 0.8 percentage points. When looking at specific age groups of those working-age adults in 2022, 12.5 percent of adults aged 26 to 34 did not have insurance, compared with 13.5 percent in 2021 (Figure 2). The uninsured rate for adults aged 35 to 44 decreased from 11.9 percent in 2021 to 11.2 percent in 2022, while the rate for adults aged 45 to 64 was 8.6 percent in 2022, a decrease from 9.4 percent in 2021.[11] For those under the age of 26 (including adults aged 19 to 25 and children under the age of 19) and for adults aged 65 and older, there were no statistical changes in the uninsured rates between years. In addition to changes between years, there were differences in the uninsured rate between age groups. Among working-age adults, those aged 19 to 25 had the highest rate (14.0 percent) uninsured for the entire calendar year of 2022, followed by those aged 26 to 34 (12.5 percent), adults aged 35 to 44 (11.2 percent), and those aged 45 to 64 (8.6 percent). In 2022, only 1.1 percent of adults aged 65 and older were uninsured for the entire calendar year. Overall, the uninsured rate for adults decreased as age increased.

Private Coverage

Private coverage rates varied by broad age groups (Figure 3). For example, the percentage of working-age adults aged 19 to 64 with private coverage was 72.9 percent, compared with 61.8

Figure 2.
Percentage of People Uninsured by Age Group: 2021 and 2022
(Population as of March of the following year)

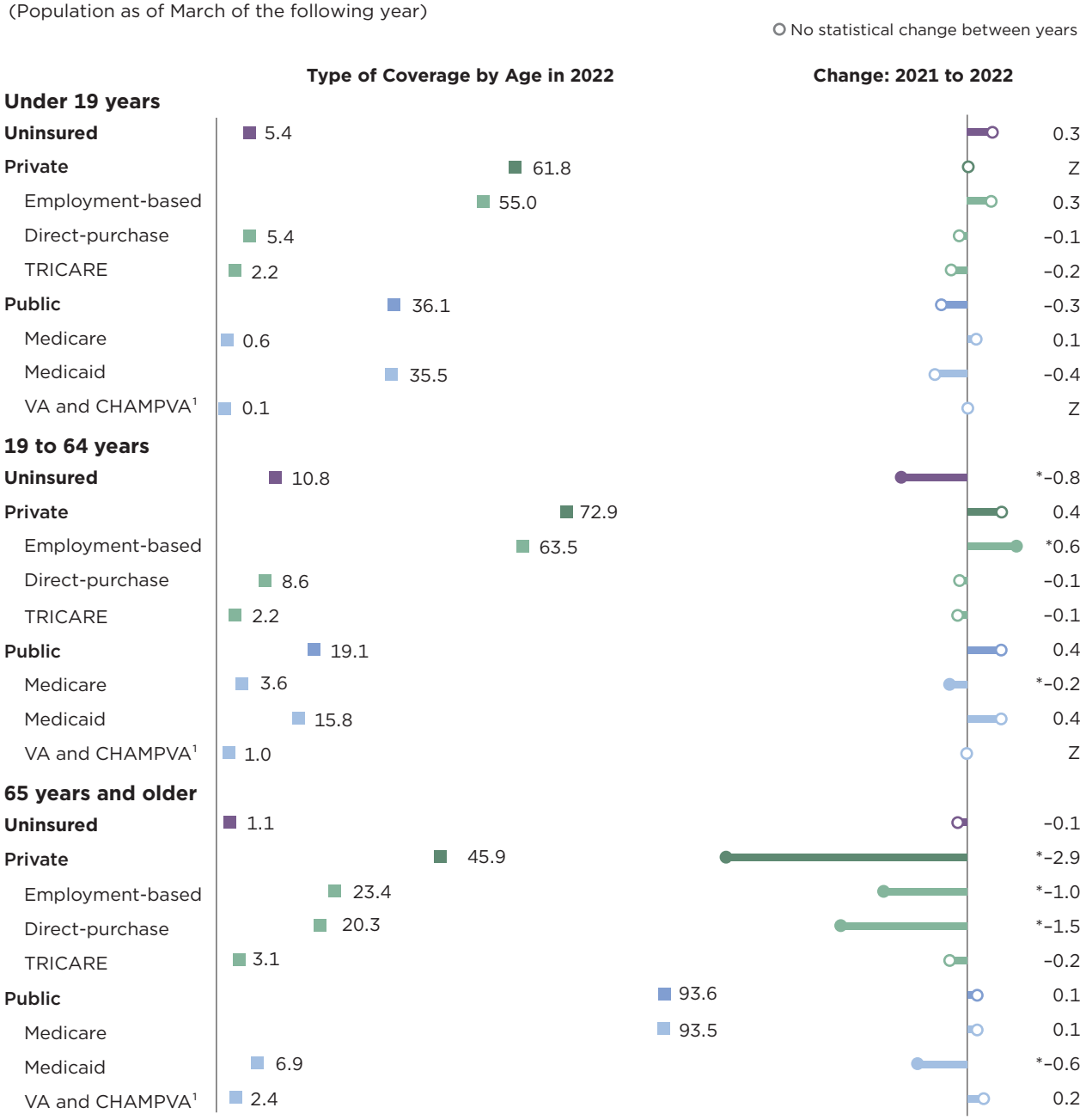


* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.
Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

Figure 3.

Percentage of People With Selected Coverage Types and Uninsured by Age Group: 2021 and 2022

(Population as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

Z Rounds to zero.

[1] Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA) and the military.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

percent of children under 19 years old, and 45.9 percent of those 65 years and older in 2022. Among adults 19 to 64 years old, most had employment-based coverage (63.5 percent). In 2022, 23.4 percent of adults aged 65 and older had employment-based coverage, and 20.3 percent had coverage they purchased directly.[12]

Between 2021 and 2022, there was no statistical change in private coverage or any private coverage subtype for children under 19 years old. For working-age adults aged 19 to 64, there was a decrease in the uninsured rate, driven by an increase in employment-based coverage. Among those 65 years and older, however, the rates of private coverage decreased as employment-based and direct-purchase coverage decreased by 1.0 percentage point and 1.5 percentage points, respectively.[13]

Public Coverage

In 2022, more than one-third of children under 19 years old had public health coverage, compared with 19.1 percent of adults 19 to 64 years old. Most adults 65 years and older (93.6 percent) held public coverage. Among children under 19 years old, 35.5 percent were covered through Medicaid or CHIP; among adults aged 65 and older, 93.5 percent were covered through the Medicare program. About 15.8 percent of working-age adults aged 19 to 64 were covered through Medicaid and 3.6 percent held Medicare.

Between 2021 and 2022, there were very few changes in public coverage by age group. Medicaid coverage for adults 65 years and older decreased by 0.6 percentage points. Despite the decrease in Medicaid coverage and the decrease in private coverage due to drops in employment-based and direct-purchase coverage rates, the uninsured rate for adults 65 years and older did not change, possibly because the Medicare rate remained high at 93.5 percent. Medicare coverage rates did not statistically change for adults aged 65 and older; however, a larger percentage of the U.S. population was 65 years and older and eligible for the program.

UNINSURED RATES FOR CHILDREN AND WORKING-AGE ADULTS BY SELECTED CHARACTERISTICS

While people 65 years and older have nearly universal access to Medicare, those under the age of 65 are more likely to be uninsured and more likely to have variability in their type and continuity of coverage over time. Therefore, this section focuses on children under 19 years old and working-age adults aged 19 to 64, for whom health insurance coverage status and coverage type varies.

Children Under the Age of 19

Although the uninsured rate was not statistically different for children between 2021 and 2022, health insurance coverage in 2022 among children under the age of 19 differed across several demographic factors (Figure 4).

The uninsured rate for non-Hispanic White children increased from 3.4 percent in 2021 to 4.1 percent in 2022. However, the uninsured rate did not change for Black children, Asian children, or Hispanic children, who had uninsured rates of 4.7 percent, 4.1 percent, and 8.6 percent, respectively.[14, 15]

The uninsured rate for children varied by nativity status. In 2022, 4.7 percent of native-born children were uninsured. However, among foreign-born children, 20.6 percent were uninsured, including 6.9 percent of children who were naturalized citizens and 24.6 percent of children who were not citizens. These rates were not statistically different from 2021.[16]

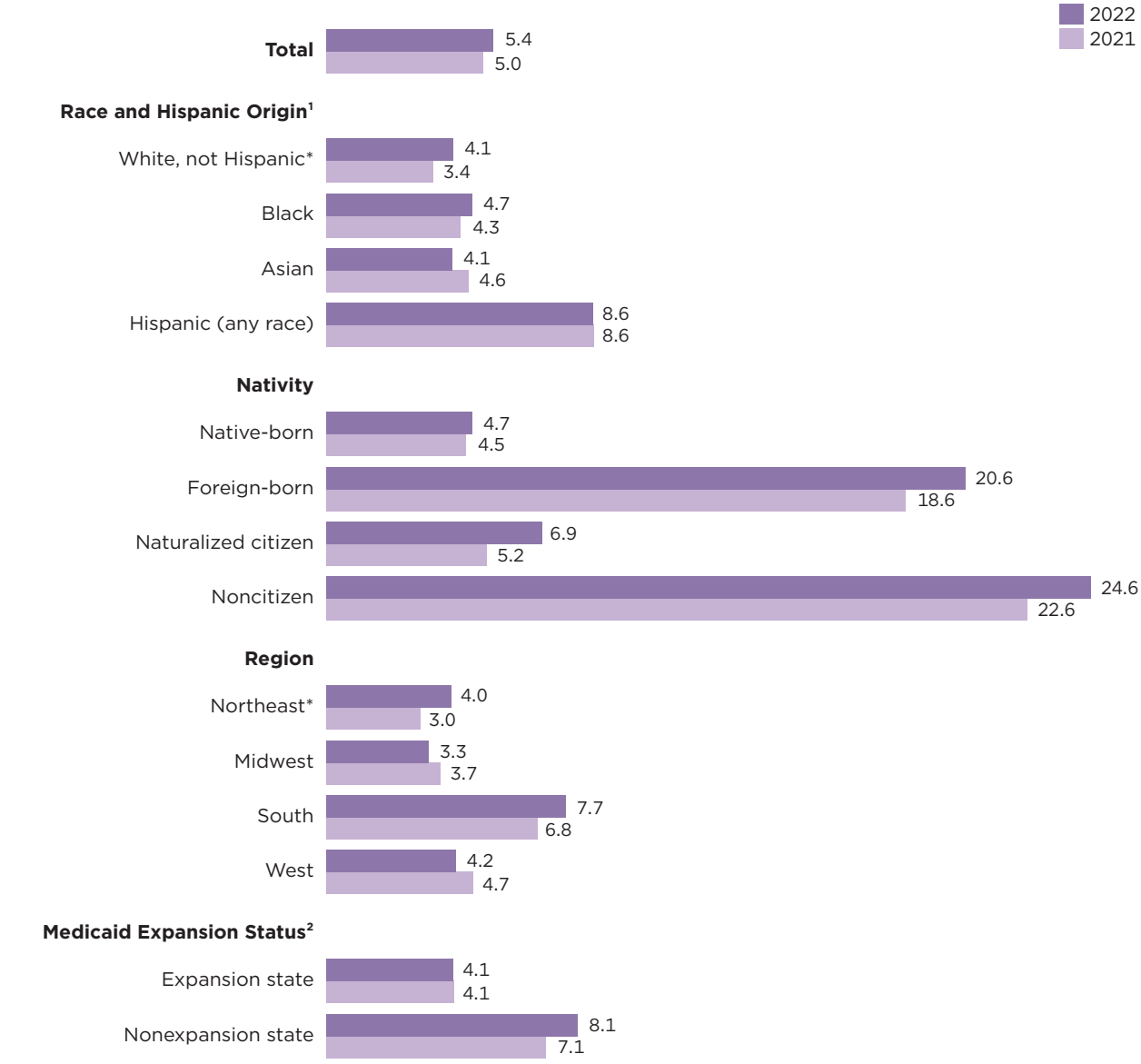
Health insurance rates for children also varied by region.[17] For example, 4.0 percent of children living in the Northeast were uninsured in 2022, 1.0 percentage point higher than in 2021 (3.0 percent). The uninsured rates for children in the Midwest (3.3 percent), the South (7.7 percent), and the West (4.2 percent) were not statistically different from 2021.[18]

The Patient Protection and Affordable Care Act (ACA) provides the option for states to expand Medicaid eligibility to people whose income-to-poverty ratio falls under a particular threshold. Thirty-eight states and the District of Columbia had expanded Medicaid eligibility requirements (referred to as "expansion states") as of January 1, 2022.

Figure 4.

Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2021 and 2022

(Population of children under the age of 19 as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

[1] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This figure shows estimates for the race-alone population.

[2] Medicaid expansion status as of January 1, 2022. Expansion states on or before January 1, 2022, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

The remaining twelve states had not expanded Medicaid eligibility ("nonexpansion states"). The uninsured rate for children living in expansion states in 2022 was 4.1 percent, and the uninsured rate for children living in nonexpansion states was 8.1 percent.

Working-Age Adults 19 to 64 Years Old

Working-age adults (aged 19 to 64) may have different health insurance outcomes from other age groups because they do not qualify for certain programs intended for children, such as CHIP. Some other programs, such as Medicare, are widely available to adults aged 65 and older, but working-age adults only qualify under limited circumstances. In 2022, 10.8 percent of adults aged 19 to 64 did not have health insurance coverage, a decrease of 0.8 percentage points since 2021 (Figure 5).

Between 2021 and 2022, the uninsured rate for working-age Hispanic adults decreased by 1.7 percentage points (to 23.4 percent). The uninsured rate also decreased by 1.2 percentage points for working-age Black adults (to 11.4 percent) and by 0.7 percentage points for working-age White, non-Hispanic adults (to 6.8 percent). There was no significant change for Asian adults (7.4 percent) in this age group.[19]

There was a significant decrease in the uninsured rate for native-born adults aged 19 to 64 between 2021 and 2022. In 2022, 8.2 percent of native-born adults aged 19 to 64 were uninsured, compared with 9.1 percent in 2021. While in 2022 the uninsured rate for all foreign-born adults aged 19 to 64 was not statistically different from 2021, the uninsured rate for naturalized citizens decreased from 10.3 percent in 2021 to 8.8 percent in 2022.

For many adults aged 19 to 64, health insurance coverage is related to employment status, such as working full-time, year-round; working less than full-time, year-round; or not working at all. The overall decrease in the uninsured rate for adults aged 19 to 64 was driven by the decline in the uninsured rate among workers. In 2022, 9.8 percent of workers were uninsured, a decline of 0.9 percentage points from 2021. This decline occurred for both full-time, year-round workers, whose uninsured rate decreased by 0.6 percentage points to 8.4 percent, and less than full-time, year-round workers whose uninsured rate decreased by 1.4 percentage points to 13.8 percent.[20]

Marital status is also related to health insurance coverage, as many married adults share their health plans. Among adults aged 19 to 64, the uninsured rate in 2022 for those who were married (7.8 percent) was lower than separated adults (19.2 percent), never married adults (14.5 percent), widowed adults (13.7 percent), or divorced adults (11.3 percent).[21]

Health insurance rates for adults aged 19 to 64 varied by region. For example, 15.2 percent of working-age adults aged 19 to 64 living in the South were uninsured in 2022, a 0.8 percentage-point decrease from 2021. For working-age adults aged 19 to 64, there was also a significant decrease in the uninsured rate in the Northeast (6.7 percent), which declined by 0.7 percentage points, and in the West (9.7 percent), which declined by 1.3 percentage points. There was no significant change in the uninsured rate for adults aged 19 to 64 in the Midwest, at 7.2 percent in 2022.[22]

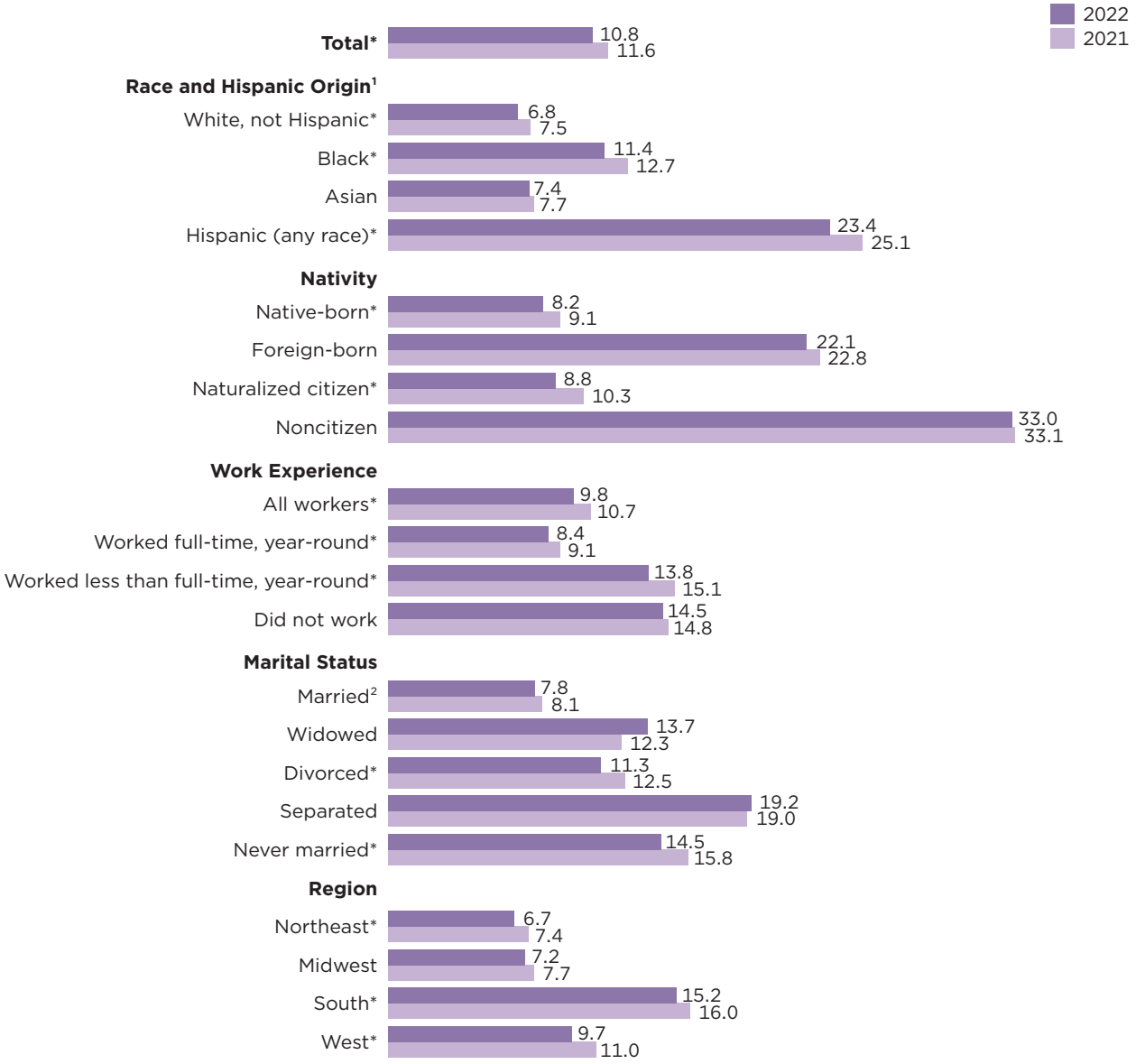
For working-age adults aged 19 to 64, health insurance coverage may be related to both poverty status and residence in an expansion state.[23]

The uninsured rates for working-age adults aged 19 to 64 by income-to-poverty group were lower in expansion states compared with nonexpansion states. In 2022, the uninsured rate for adults aged 19 to 64 in poverty was 17.0 percent in expansion states, compared with 37.9 percent in nonexpansion states (Figure 6). In expansion states, there was a decrease in the uninsured rate for adults aged 19 to 64 between 100 and 399 percent of their poverty threshold (by 1.3 percentage points) and at or above 400 percent of their poverty threshold (by 0.6 percentage points). Overall, the uninsured rate decreased in expansion states by 0.8 percentage points.

Figure 5.

Percentage of Working-Age Adults Without Health Insurance Coverage by Selected Characteristics: 2021 and 2022

(Population of adults aged 19 to 64 as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

[1] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This figure shows estimates for the race-alone population.

[2] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

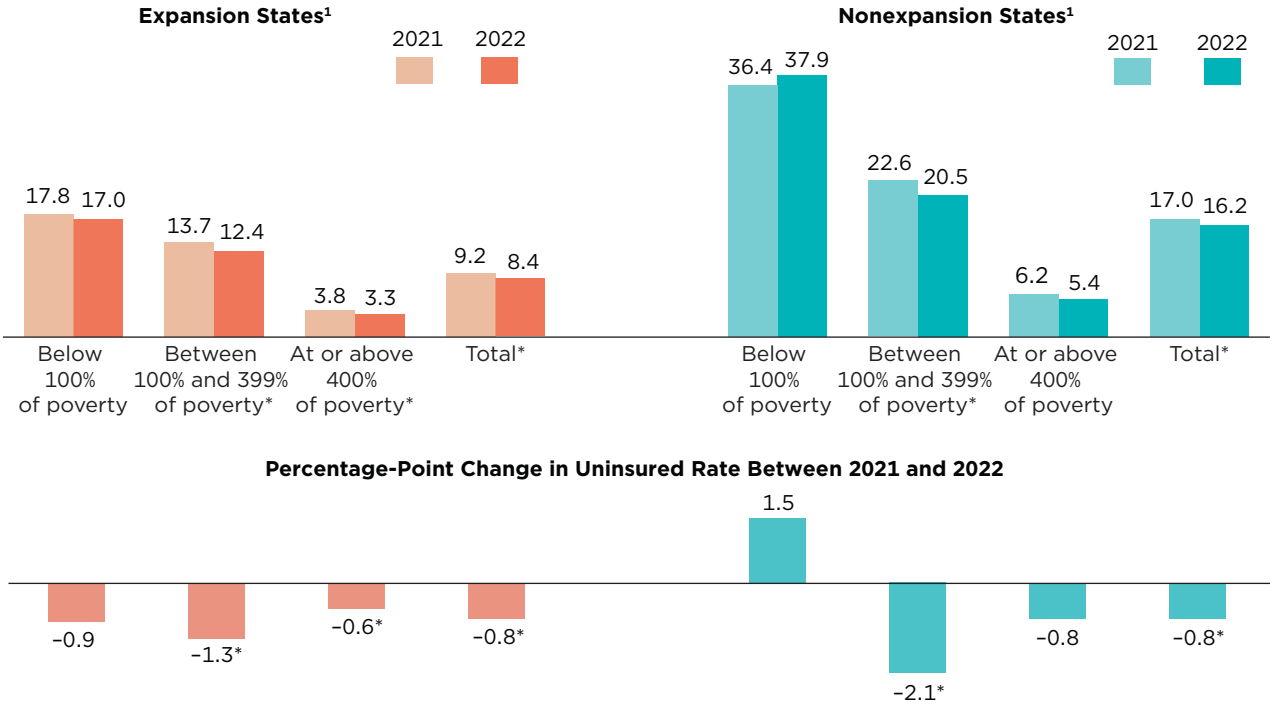
Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

Figure 6.

Uninsured Rate by Income-to-Poverty Ratio and Medicaid Expansion Status of State for Adults Aged 19 to 64: 2021 and 2022

(Population of adults aged 19 to 64 as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

[1] Medicaid expansion status as of January 1, 2022. Expansion states on or before January 1, 2022, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>. As of March 2023, about 134 million adults aged 19 to 64 lived in expansion states and about 62 million adults aged 19 to 64 lived in nonexpansion states.

Note: Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

For adults aged 19 to 64 who were between 100 and 399 percent of their poverty threshold in nonexpansion states, the uninsured rate fell by 2.1 percentage points between 2021 and 2022. This decrease was significant and contributed to an overall decrease in the uninsured rates for working-age adults in nonexpansion states (by 0.8 percentage points). There were no statistical changes in the uninsured rates for other income-to-poverty groups in nonexpansion states.

PUBLIC AND PRIVATE HEALTH INSURANCE COVERAGE BY SELECTED CHARACTERISTICS

The CPS ASEC can also be used to look more closely at health insurance coverage types for selected economic, demographic, and social characteristics. Examining changes in health coverage by type also highlights how these changes affect the uninsured rate for different groups.

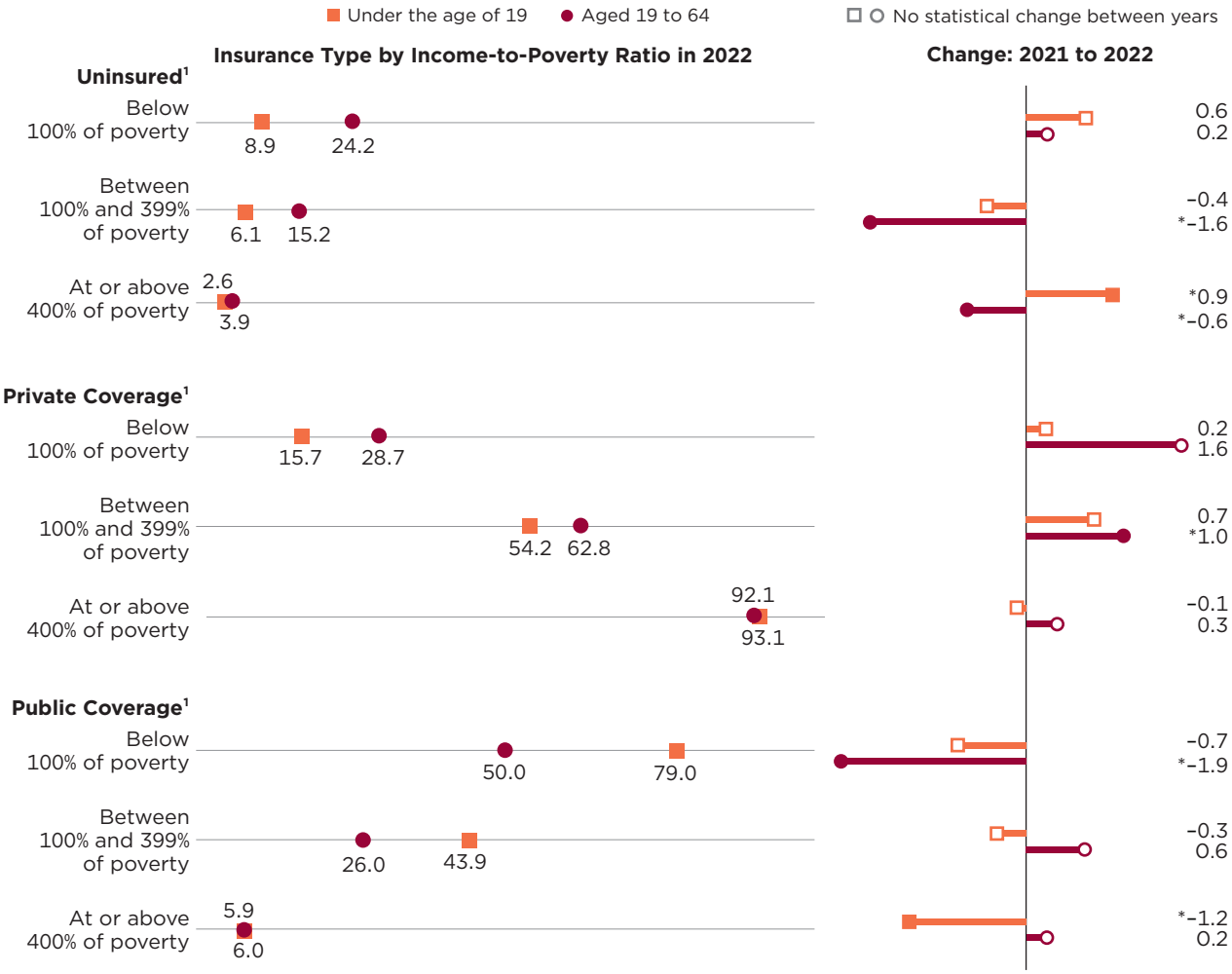
Coverage Type for Children and Working-Age Adults by Income-to-Poverty Ratio

Health insurance coverage and type is associated with family income-to-poverty ratio, which provides a measure of a family's economic resources. Family

Figure 7.

Health Insurance by Type and Income-to-Poverty Ratio for Children Under the Age of 19 and Adults Aged 19 to 64: 2021 and 2022

(In percent. Population as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

[1] The poverty universe excludes unrelated individuals under the age of 15 such as foster children.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

resources may determine the ability to afford private health insurance, and families below certain income-to-poverty thresholds may qualify for public health insurance options. Further, policies implemented in 2020 in response to the COVID-19 pandemic may have increased access to and affordability of public and private health coverage.

As the income-to-poverty ratio increased, the percentage of uninsured in 2022 decreased for children under 19 years old and working-age adults aged 19 to 64 (Figure 7). Among working-age adults, those living in poverty had the highest uninsured rate (24.2 percent), while those living at or above 400 percent of their poverty threshold had the lowest uninsured rate for 2022 (3.9 percent). The uninsured rate for working-age adults aged 19 to 64 between 100 and 399 percent of

their poverty threshold decreased by 1.6 percentage points, to 15.2 percent in 2022. The uninsured rate for working-age adults aged 19 to 64 who were at or above 400 percent of their poverty threshold also decreased by 0.6 percentage points.

Among children living in families in poverty and children living in families between 100 and 399 percent of their poverty threshold, there was no statistically significant change in the uninsured rate between 2021 and 2022. In 2022, 8.9 percent of children living in families in poverty, or about 1.0 million, did not have health insurance at any time, and 6.1 percent of children living in families between 100 and 399 percent of their poverty threshold (about 2.3 million) did not have health insurance. However, for children living in families at 400 percent of their poverty threshold or above, the uninsured rate increased 0.9 percentage points to 2.6 percent, or about 700,000 children, in 2022.

Among people in poverty, the private health insurance coverage rates were 15.7 percent for children under the age of 19 and 28.7 percent for working-age adults aged 19 to 64. Each group with a higher income-to-poverty ratio had a higher rate of private insurance. Those living at or above 400 percent of their poverty threshold were the most likely to have private health insurance (93.1 percent for children and 92.1 percent for working-age adults). The rate of private coverage increased by 1.0 percentage point between 2021 and 2022 among working-age adults living between 100 and 399 percent of their poverty threshold. Private coverage rates for other age and income-to-poverty groups were not statistically different in 2022 compared with 2021.

In contrast, those living in poverty were the most likely to have public insurance (79.0 percent for children and 50.0 percent for working-age adults), while those living at or above 400 percent of their poverty threshold were the least likely to have public health insurance (6.0 percent for children and 5.9 percent for working-age adults). The percentage of people with public insurance decreased as the income-to-poverty ratio increased. Between 2021 and 2022, public coverage decreased 1.2 percentage points for children under the age of 19 living in families at or above 400 percent of their poverty threshold. Public coverage also decreased 1.9 percentage points for adults aged 19 to 64 in poverty.[24]

Coverage Type by Demographic and Social Characteristics

Among people of all ages, differences in coverage type and changes in coverage can be seen across demographic and social groups. For example, coverage rates varied by race and Hispanic origin. In 2022, non-Hispanic White individuals had the highest rate of private coverage (72.3 percent), followed by Asian (72.2 percent), Black (56.6 percent), and Hispanic individuals (49.4 percent).[25] Although there was no significant change in private coverage between 2021 and 2022 for Hispanic and Asian individuals, private coverage rates decreased by 0.9 percentage points for non-Hispanic White individuals and increased by 1.5 percentage points for Black individuals (Figure 8).

Between 2021 and 2022, public coverage rates increased for non-Hispanic White individuals by 0.8 percentage points and decreased for Black individuals by 1.4 percentage points. There were no significant changes in public coverage rates between 2021 and 2022 for other race groups. Black individuals had the highest public coverage rate of 41.2 percent in 2022, followed by Hispanic (37.7 percent), non-Hispanic White (35.4 percent), and Asian individuals (27.8 percent).

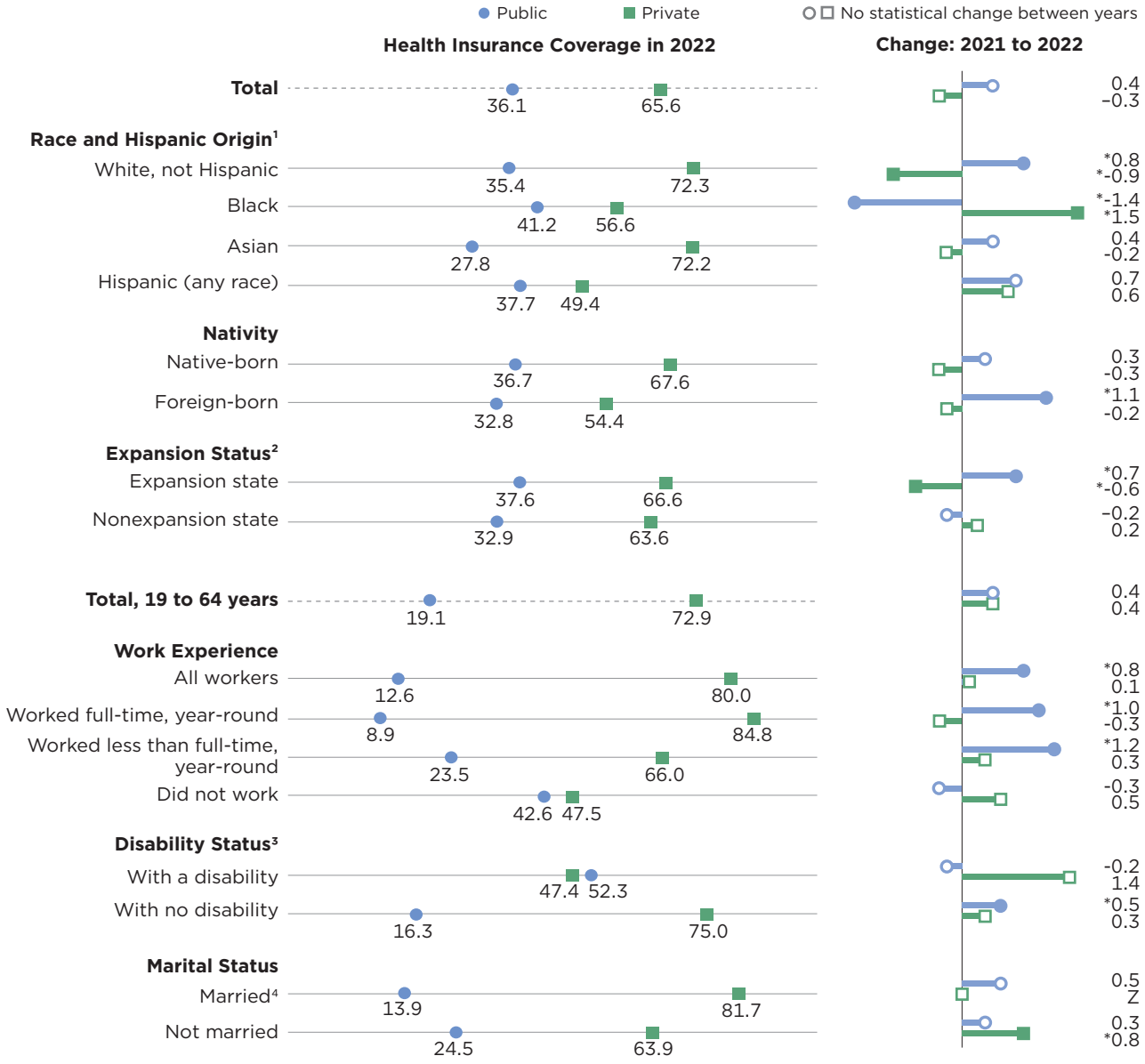
Private and public coverage rates also varied by nativity status. In 2022, 67.6 percent of native-born individuals had private coverage, compared with 54.4 percent of foreign-born individuals. The public coverage rate for native-born individuals was 36.7 percent in 2022. While the public coverage rate for native-born individuals did not statistically change between 2021 and 2022, the public coverage rate for foreign-born individuals increased by 1.1 percentage points to 32.8 percent in 2022.

Private coverage rates decreased by 0.6 percentage points and public coverage rates increased by 0.7 percentage points in expansion states between 2021 and 2022. In 2022, 66.6 percent of people in expansion states had private coverage and 37.6 percent had public coverage. There were no significant year-to-year changes to either private or public coverage in nonexpansion states. In nonexpansion states in 2022, 63.6 percent of people had private coverage, while 32.9 percent had public coverage.

Figure 8.

Health Insurance Coverage Type by Selected Characteristics: 2021 and 2022

(In percent. Population as of March of the following year)



* Denotes a statistically significant change between 2021 and 2022 at the 90 percent confidence level.

Z Rounds to zero.

[1] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This figure shows estimates for the race-alone population.

[2] Medicaid expansion status as of January 1, 2022. Expansion states on or before January 1, 2022, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

[3] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

[4] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

When looking at health insurance by work experience, disability status, or marital status, the population of interest includes adults aged 19 to 64. For many adults aged 19 to 64, health insurance coverage is related to work status, as many workers may be covered by their employers' health plans. Indeed, private health insurance coverage rates for workers were higher than for nonworkers. In 2022, 84.8 percent of full-time, year-round workers and 66.0 percent of those working less than full-time, year-round were covered through a private insurance plan. By comparison, those who did not work at all had the lowest rates of private health insurance coverage, at 47.5 percent. There were no statistically significant year-to-year changes in rates of private coverage for either workers or nonworkers.

Rates of public coverage followed a different pattern. Nonworkers were more likely than workers to have public coverage (42.6 percent of nonworkers and 12.6 percent of workers). Full-time, year-round workers had the lowest rate of public coverage at 8.9 percent, while 23.5 percent of workers who worked less than full-time, year-round were covered by public coverage in 2022. Public coverage rates increased for all workers by 0.8 percentage points in 2022, as public coverage rates increased for both full-time, year-round workers (by 1.0 percentage point) and for those who worked less than full-time, year-round (by 1.2 percentage points).[26]

Among adults aged 19 to 64, those with a disability were less likely than those with no disability to have private health insurance coverage and were more likely to have public coverage. In 2022, 47.4 percent of working-age adults with a disability had private coverage, compared with 75.0 percent with no disability. At the same time, 52.3 percent of adults aged 19 to 64 with a disability and 16.3 percent with no disability had public coverage.

There were also differences in the distribution of coverage type by marital status. For example, in 2022, 81.7 percent of married adults aged 19 to 64 had private coverage, compared with 63.9 percent of those who were not married. Married adults aged 19 to 64 were also less likely to hold public coverage (13.9 percent) than their nonmarried counterparts (24.5 percent). Although there was no significant change in public coverage for either group between 2021 and 2022, the percentage of nonmarried adults aged 19 to 64 with private coverage increased by 0.8 percentage points.

SUMMARY

In 2022, the uninsured rate decreased by 0.4 percentage points, and Medicare rates increased by 0.3 percentage points, likely due to population aging. Overall, private coverage continued to be more prevalent than public insurance. People in many social and demographic groups saw their uninsured rate decline since 2021; notably, the uninsured rate declined for Black, non-Hispanic White, and Hispanic adults aged 19 to 64, and residents of both expansion and nonexpansion states in the same age group. The uninsured rates for workers also declined between 2021 and 2022, due to increased rates of public coverage for both full-time, year-round workers and those who worked less than full-time, year-round.

ACCESSING HEALTH INSURANCE COVERAGE DATA

State and Local Estimates of Health Insurance Coverage

The Census Bureau publishes annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the American Community Survey (ACS). Single-year estimates are available for geographic units with a population of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program also produces single-year estimates of health insurance for all states and counties. These estimates are based on statistical models using data from a variety of sources including current surveys, administrative records, and annual population estimates. In general, SAHIE estimates have lower variances than ACS estimates but are released later because they incorporate these additional data into their models.

SAHIE estimates are available at <www.census.gov/programs-surveys/sahie.html>. The most recent estimates are for 2021.

Additional Data

Additional estimates from the CPS ASEC are available on the Census Bureau's Health Insurance website. This includes detailed tables, historical tables, press releases, briefings, and working papers. The websites may be accessed through the Census Bureau's

home page at <www.census.gov> or directly at <www.census.gov/topics/health/health-insurance.html>.

For assistance with health insurance data, contact the Census Bureau Customer Services Center at 1-800-923-8282 (toll free), or search your topic of interest using the Census Bureau's "Question and Answer Center" found at <https://ask.census.gov>.

Data.census.gov

Data.census.gov is a platform to access data and digital content from the Census Bureau. It allows access to the Census Bureau's most popular surveys and programs such as the CPS, ACS, decennial census, economic census, and more.

To learn more about data.census.gov, check out the release notes at <https://www2.census.gov/data/api-documentation/data-census-gov-release-notes.pdf>.

Public-Use Microdata

Data users can create custom statistics from Public Use Microdata files using the Microdata Access Tool (MDAT), available at <https://data.census.gov/mdat>. Microdata for the 2023 CPS ASEC and earlier years are available online at <www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html>. Technical methods have been applied to CPS microdata to avoid disclosing respondents' identities.

Microdata for the CPS ASEC are available online at <www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html>. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

Census Data API

The Census Data Application Programming Interface (API) gives the public access to pretabulated data from various Census Bureau data programs. It is an efficient way to query data directly from Census Bureau servers with many advantages, including the ability to easily download target variables and geographies and immediately access the most current data. Users can find which datasets are currently available via API online at <www.census.gov/data/developers/data-sets.html>.

SOURCE AND ACCURACY OF THE ESTIMATES

The CPS is the longest-running survey conducted by the Census Bureau. The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian, noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parent's home. Since the CPS is a household survey, people who are homeless and not living in shelters are not included in the sample.

The CPS ASEC, which estimates in this report are based on, collects data in February, March, and April each year, asking detailed questions categorizing income into over 50 sources and determining health insurance coverage status and health insurance type. The key purpose of the CPS ASEC is to provide timely and comprehensive estimates of income, poverty, and health insurance and to measure change in these national-level estimates. The CPS ASEC is the official source of national poverty estimates calculated in accordance with the Office of Management and Budget's Statistical Policy Directive 14.

The CPS ASEC collects data in the 50 states and the District of Columbia; these data do not represent residents of Puerto Rico or U.S. Island Areas.[27] The 2023 CPS ASEC sample consists of about 89,000 addresses. The CPS ASEC includes military personnel who live in a household with at least one civilian adult, regardless of whether they live off post or on post. All other armed forces personnel are excluded. The estimates in this report are controlled to March 2023 independent national population estimates by age, sex, race, and Hispanic origin. Beginning with the "Health Insurance Coverage in the United States: 2021" report, population estimates are based on 2020 Census population counts and are updated annually taking into account births, deaths, emigration, and immigration.

The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level unless otherwise noted.

In this report, the variances of estimates were calculated using replication methods. For estimates prior to 2010, or as noted in historical tables, the Generalized Variance Function method was used. More information on replicate weights, standard errors, income top-coding and data swapping on the public-use file, and changes to the CPS ASEC data file from the prior year is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

COMMENTS

The Census Bureau welcomes the comments and advice of data and report users. If you have suggestions or comments on the health insurance coverage report, contact:

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U.S. Census Bureau
Washington, DC 20233-8500

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ENDNOTES

[1] For more information, refer to "Families First Coronavirus Response Act, P.L. 116-127," March 18, 2020, <www.congress.gov/116/plaws/publ127/plaw-116publ127.pdf>; Congressional Research Service, "Health Care Provisions in the Families First Coronavirus Response Act, P.L. 116-127," R46316, April 17, 2020, <https://crsreports.congress.gov/product/pdf/R/R46316>; "American Rescue Plan Act of 2021," P.L. 117-2, March 11, 2021, <www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>; Katie Keith, "Final Coverage Provisions in the American Rescue Plan and What Comes Next," Health Affairs Blog, DOI: 10.1377/hblog20210311.725837, March 11, 2021.

[2] The CPS ASEC also includes a measure of health insurance coverage held at the time of the interview. Although this measure of coverage cannot predict coverage in a given calendar year, it offers a snapshot of health insurance coverage early in the year when CPS ASEC data are collected.

[3] Some people may have more than one coverage type during the calendar year.

[4] The final category includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) coverage and care provided by the Department of Veterans Affairs and the military.

[5] In 2022, the percentage of people with Medicare coverage was not statistically different from the percentage of people with Medicaid coverage.

[6] Throughout this report, details may not sum to totals because of rounding.

[7] Infants born after the calendar-year reference period are excluded from estimates in this report.

[8] The percentage of Medicare coverage was not statistically different from the percentage of Medicaid coverage.

[9] The proportion of the population 65 years and older with Medicare coverage did not statistically change between 2021 and 2022. The percentage of the U.S. population 65 years and older, however, increased between 2021 and 2022.

[10] CHIP is a public program that provides health insurance to children in families with income too high to qualify for Medicaid, but who are likely unable to afford private health insurance.

[11] The percentage-point change in the uninsured rate for adults aged 26 to 34 was not statistically different from the percentage-point change in the uninsured rate for adults aged 35 to 44 or the percentage-point change in the uninsured rate for adults aged 45 to 64. The percentage-point change in the uninsured rate for adults aged 35 to 44 was not statistically different from the percentage-point change in the uninsured rate for adults aged 45 to 64.

[12] Although most people aged 65 and older held coverage through Medicare, 48.3 percent of people aged 65 and older reported holding more than one type of coverage concurrently for some or all of calendar year 2022.

[13] The percentage-point change in the uninsured rate for adults 19 to 64 years old was not statistically different from the percentage-point change in the rate of employment-based coverage or direct-purchase coverage for adults aged 65 and older. The percentage-point change in rate of employment-based coverage for adults aged 65 and older was not statistically different from the percentage-point change in the rate of direct-purchase coverage for adults aged 65 and older.

[14] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). The body of this report (text and figures) shows data using the first approach (race alone). Primary use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. In this report, the terms "White, not Hispanic" and "non-Hispanic White" are used interchangeably and refer to people who are not Hispanic and who reported White and no other race. This report uses non-Hispanic White as the comparison group for other race and Hispanic origin groups. Since Hispanic individuals may be any race, data in this report for the Hispanic population overlap with data for race groups. Of those who reported only one race, Hispanic origin was reported by 16.6 percent of White householders, 5.6 percent of Black householders, 2.9 percent of Asian householders, and 29.7 percent of American Indian and Alaska Native householders. Data users should exercise caution when interpreting aggregate results for the Hispanic population or for race groups because these populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and nativity. Data were first collected for Hispanic individuals in 1972 and for Asian and Pacific Islander and American Indian and Alaska Native individuals in 1987. More information is available at <www.census.gov/programs-surveys/cps.html>.

[15] The small sample size of the Asian population and the fact that the CPS ASEC does not use separate population controls for weighting the Asian sample to national totals contributes to the large variances surrounding estimates for this group. As a result, the CPS ASEC may be unable to detect statistically significant differences between some estimates for the Asian population.

[16] In 2022, the percentage of native-born children with no health insurance coverage was not statistically different from the percentage of naturalized citizen children with no health insurance.

[17] For information about how the Census Bureau classifies regions, refer to <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

[18] In 2022, the percentage of children in the Northeast with no health insurance coverage was not statistically different from the percentage of children in the Midwest or West with no health insurance.

[19] In 2022, the percentage of non-Hispanic White adults aged 19 to 64 with no health insurance coverage was not statistically different from the percentage of Asian adults aged 19 to 64 with no health insurance.

[20] The percentage of uninsured adults aged 19 to 64 who worked less than full-time, year-round was not statistically different from the percentage of uninsured adults aged 19 to 64 who did not work at least 1 week in 2022. The percentage-point change in the uninsured rate for adults aged 19 to 64 who worked less than full-time, year-round was not statistically different from the percentage-point change in the uninsured rate for adults aged 19 to 64 who worked full-time, year-round or the percentage-point change in the uninsured rate for all workers aged 19 to 64.

[21] In 2022, the percentage of uninsured widowed adults aged 19 to 64 was not statistically different from the percentage of uninsured never married adults aged 19 to 64.

[22] In 2022, the percentage of uninsured adults aged 19 to 64 in the Northeast was not statistically different from the percentage of uninsured adults aged 19 to 64 in the Midwest. The percentage-point changes in the uninsured rates for adults aged 19 to 64 in the Northeast, Midwest, West, and South were not statistically different from one another.

[23] The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of "Poverty in the United States: 2022" provides a more detailed description of how the Census Bureau calculates poverty. More information is available at <www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf>.

[24] In 2022, the percentage of children living in families at or above 400 percent of their federal poverty threshold with public insurance was not statistically different from the percentage of adults aged 19 to 64 at or above 400 percent of their poverty threshold with public insurance. Between 2021 and 2022, the percentage-point change in the rate of children living in families at or above 400 percent of their poverty threshold with public insurance was not statistically different from the percentage-point change in the rate of adults aged 19 to 64 in poverty with public insurance.

[25] In 2022, the percentage of non-Hispanic White individuals with private insurance was not statistically different from the percentage of Asian individuals with private insurance.

[26] In 2022, the percentage-point change in private coverage for workers, the percentage-point change in private coverage for full-time, year-round workers, and the percentage-point change in private coverage for those who worked less than full-time, year-round were not statistically different from each other.

[27] U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.

APPENDIX A.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2021 and 2022

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2022 Total	**330,000**	**92.1**	**0.2**	**65.6**	**0.4**	**36.1**	**0.4**	**7.9**	**0.2**
Race[5] and Hispanic Origin									
White	248,700	92.1	0.2	67.1	0.5	35.7	0.4	7.9	0.2
White, not Hispanic	193,100	95.1	0.2	72.3	0.5	35.4	0.4	4.9	0.2
Black	44,540	91.7	0.6	56.6	1.1	41.2	1.0	8.3	0.6
Asian	21,550	94.1	0.6	72.2	1.3	27.8	1.2	5.9	0.6
Hispanic (any race)	63,790	82.8	0.6	49.4	0.8	37.7	0.7	17.2	0.6
Age									
Under 65 years	272,100	90.7	0.3	69.8	0.5	23.9	0.4	9.3	0.3
Under 19 years[6]	76,200	94.6	0.4	61.8	0.7	36.1	0.7	5.4	0.4
19 to 64 years	195,900	89.2	0.3	72.9	0.5	19.1	0.4	10.8	0.3
19 to 25 years[7]	30,430	86.0	0.7	68.8	0.9	19.5	0.8	14.0	0.7
26 to 34 years	40,580	87.5	0.5	70.9	0.9	19.5	0.7	12.5	0.5
35 to 44 years	43,490	88.8	0.5	74.1	0.7	17.6	0.6	11.2	0.5
45 to 64 years	81,390	91.4	0.3	74.9	0.7	19.6	0.6	8.6	0.3
65 years and older	57,880	98.9	0.1	45.9	0.8	93.6	0.3	1.1	0.1
Nativity									
Native-born	281,200	94.0	0.2	67.6	0.4	36.7	0.4	6.0	0.2
Foreign-born	48,780	81.2	0.7	54.4	1.0	32.8	0.8	18.8	0.7
Naturalized citizen	23,940	93.2	0.5	63.2	1.1	39.3	0.9	6.8	0.5
Not a citizen	24,840	69.6	1.2	46.0	1.3	26.7	1.1	30.4	1.2
Region									
Northeast	56,290	94.9	0.4	66.9	1.0	38.7	0.9	5.1	0.4
Midwest	67,800	94.9	0.4	70.4	0.9	35.9	0.8	5.1	0.4
South	127,900	88.9	0.4	63.5	0.7	33.9	0.6	11.1	0.4
West	78,000	93.0	0.4	64.0	0.9	38.1	0.8	7.0	0.4
State Medicaid Expansion Status[8]									
Lived in Medicaid expansion state	226,100	93.9	0.2	66.6	0.5	37.6	0.4	6.1	0.2
Did not live in Medicaid expansion state	103,900	88.2	0.5	63.6	0.8	32.9	0.7	11.8	0.5

Footnotes provided at end of table.

Table A-1.

Percentage of People by Health Insurance Coverage Status and Type by Selected Characteristics: 2021 and 2022—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2021 Total	**328,100**	**91.7**	**0.2**	**66.0**	**0.3**	**35.7**	**0.3**	**8.3**	**0.2**
Race[5] and Hispanic Origin									
White	248,800	91.8	0.2	67.8	0.4	35.0	0.3	8.2	0.2
White, not Hispanic	194,200	94.8	0.2	73.2	0.4	34.6	0.3	5.2	0.2
Black	43,960	91.0	0.6	55.1	1.2	42.7	1.0	9.0	0.6
Asian	20,680	93.8	0.7	72.4	1.4	27.4	1.3	6.2	0.7
Hispanic (any race)	62,520	81.7	0.6	48.8	0.9	37.0	0.8	18.3	0.6
Age									
Under 65 years	271,900	90.2	0.3	69.5	0.4	23.7	0.3	9.8	0.3
Under 19 years[6]	77,030	95.0	0.3	61.9	0.6	36.4	0.6	5.0	0.3
19 to 64 years	194,900	88.4	0.3	72.5	0.4	18.7	0.3	11.6	0.3
19 to 25 years[7]	29,050	85.1	0.6	68.2	0.8	19.2	0.7	14.9	0.6
26 to 34 years	40,310	86.5	0.6	70.6	0.8	18.8	0.6	13.5	0.6
35 to 44 years	43,190	88.1	0.6	73.6	0.7	17.5	0.6	11.9	0.6
45 to 64 years	82,310	90.6	0.4	74.5	0.5	19.1	0.5	9.4	0.4
65 years and older	56,190	98.8	0.1	48.7	0.8	93.5	0.3	1.2	0.1
Nativity									
Native-born	281,200	93.6	0.2	67.8	0.4	36.4	0.3	6.4	0.2
Foreign-born	46,850	80.5	0.8	54.6	0.9	31.7	0.8	19.5	0.8
Naturalized citizen	22,880	92.1	0.6	62.5	1.2	38.7	1.1	7.9	0.6
Not a citizen	23,970	69.4	1.3	47.1	1.2	25.0	1.1	30.6	1.3
Region									
Northeast	56,070	94.7	0.4	68.1	1.0	38.8	1.0	5.3	0.4
Midwest	67,930	94.5	0.4	71.0	0.8	35.3	0.9	5.5	0.4
South	126,100	88.6	0.4	63.3	0.6	34.0	0.5	11.4	0.4
West	77,930	92.1	0.4	64.4	0.7	36.6	0.6	7.9	0.4
State Medicaid Expansion Status[8]									
Lived in Medicaid expansion state	225,500	93.4	0.2	67.1	0.4	36.9	0.4	6.6	0.2
Did not live in Medicaid expansion state	102,500	88.0	0.5	63.4	0.7	33.1	0.6	12.0	0.5

[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

[2] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[3] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[4] Individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

[5] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

[6] Children under the age of 19 are eligible for Medicaid/CHIP.

[7] This age group is of special interest because of the Affordable Care Act's dependent coverage provision. Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

[8] Medicaid expansion status as of January 1, 2022. Expansion states on or before January 1, 2022, include AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, and WV. For more information, refer to <www.medicaid.gov/state-overviews/index.html>.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Estimates may differ from previous publications due to additional rounding implemented to protect respondent privacy.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2021 and 2022

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2022									
Total, 15 to 64 years old	**213,600**	**89.5**	**0.3**	**72.2**	**0.5**	**20.2**	**0.4**	**10.5**	**0.3**
Disability Status[5]									
With disability	16,550	92.7	0.6	47.8	1.3	52.2	1.3	7.3	0.6
With no disability	196,200	89.2	0.3	74.1	0.5	17.6	0.4	10.8	0.3
Work Experience									
All workers	158,000	90.3	0.3	79.8	0.4	13.0	0.3	9.7	0.3
Worked full-time, year-round	114,800	91.5	0.3	84.7	0.4	8.9	0.3	8.5	0.3
Worked less than full-time, year-round	43,240	87.1	0.6	66.8	0.8	23.7	0.7	12.9	0.6
Did not work at least 1 week	55,640	87.3	0.5	50.7	0.8	40.8	0.8	12.7	0.5
Total, 19 to 64 years old	**195,900**	**89.2**	**0.3**	**72.9**	**0.5**	**19.1**	**0.4**	**10.8**	**0.3**
Marital Status									
Married[6]	99,680	92.2	0.3	81.7	0.5	13.9	0.4	7.8	0.3
Widowed	3,239	86.3	2.0	54.2	2.5	35.1	2.5	13.7	2.0
Divorced	17,960	88.7	0.9	64.6	1.2	26.8	1.1	11.3	0.9
Separated	3,802	80.8	1.9	52.1	2.4	31.6	2.1	19.2	1.9
Never married	71,200	85.5	0.5	64.7	0.7	23.0	0.6	14.5	0.5
Total, 26 to 64 years old	**165,500**	**89.7**	**0.3**	**73.7**	**0.5**	**19.0**	**0.4**	**10.3**	**0.3**
Educational Attainment									
No high school diploma	13,330	68.8	1.4	35.6	1.4	36.5	1.4	31.2	1.4
High school graduate (includes equivalency)	44,730	85.9	0.5	62.1	0.8	27.4	0.7	14.1	0.5
Some college, no degree	23,280	90.4	0.6	71.5	1.0	22.7	0.9	9.6	0.6
Associate degree	17,410	92.6	0.6	77.4	1.1	18.9	1.1	7.4	0.6
Bachelor's degree	41,650	94.8	0.4	87.2	0.6	9.8	0.4	5.2	0.4
Graduate or professional degree	25,060	96.8	0.4	91.9	0.6	6.9	0.6	3.2	0.4

Footnotes provided at end of table.

Table A-2.

Health Insurance Coverage Status and Type by Age and Selected Characteristics: 2021 and 2022—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2021									
Total, 15 to 64 years old	**212,500**	**88.9**	**0.3**	**71.9**	**0.4**	**19.9**	**0.3**	**11.1**	**0.3**
Disability Status[5]									
With disability	16,780	91.5	0.7	46.3	1.1	52.3	1.3	8.5	0.7
With no disability	194,800	88.6	0.3	73.9	0.4	17.2	0.3	11.4	0.3
Work Experience									
All workers	155,800	89.5	0.3	79.7	0.4	12.1	0.3	10.5	0.3
Worked full-time, year-round	111,000	90.9	0.3	85.0	0.3	7.9	0.2	9.1	0.3
Worked less than full-time, year-round	44,760	85.8	0.5	66.5	0.7	22.6	0.6	14.2	0.5
Did not work at least 1 week	56,760	87.2	0.5	50.3	0.7	41.2	0.7	12.8	0.5
Total, 19 to 64 years old	**194,900**	**88.4**	**0.3**	**72.5**	**0.4**	**18.7**	**0.3**	**11.6**	**0.3**
Marital Status									
Married[6]	99,080	91.9	0.3	81.7	0.5	13.4	0.4	8.1	0.3
Widowed	3,267	87.7	1.6	55.6	2.5	36.1	2.4	12.3	1.6
Divorced	18,140	87.5	0.7	64.5	1.1	25.8	1.1	12.5	0.7
Separated	3,898	81.0	2.1	55.1	2.6	29.1	2.3	19.0	2.1
Never married	70,470	84.2	0.5	63.5	0.6	23.0	0.5	15.8	0.5
Total, 26 to 64 years old	**165,800**	**88.9**	**0.3**	**73.3**	**0.4**	**18.6**	**0.3**	**11.1**	**0.3**
Educational Attainment									
No high school diploma	13,600	69.8	1.3	34.3	1.1	38.4	1.3	30.2	1.3
High school graduate (includes equivalency)	45,600	84.3	0.7	61.4	0.9	26.4	0.7	15.7	0.7
Some college, no degree	23,510	89.3	0.6	71.3	0.9	22.1	0.8	10.7	0.6
Associate degree	17,730	91.6	0.6	77.2	0.9	18.0	0.8	8.4	0.6
Bachelor's degree	41,220	94.6	0.4	87.7	0.5	9.0	0.4	5.4	0.4
Graduate or professional degree	24,150	96.7	0.3	92.2	0.6	6.5	0.5	3.3	0.3

[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

[2] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[3] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[4] Individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

[5] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

[6] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Estimates may differ from previous publications due to additional rounding implemented to protect respondent privacy.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

Table A-3.

Health Insurance Coverage Status and Type by Household Relationship and Family Income-to-Poverty Ratio: 2021 and 2022

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2022 Total	**330,000**	**92.1**	**0.2**	**65.6**	**0.4**	**36.1**	**0.4**	**7.9**	**0.2**
Household Relationship									
Married couple family	196,800	93.9	0.3	73.4	0.5	30.9	0.5	6.1	0.3
With children under 18 years	107,600	92.9	0.4	74.7	0.7	21.9	0.6	7.1	0.4
Unmarried male reference person	43,640	88.6	0.6	58.0	0.9	38.7	0.8	11.4	0.6
With children under 18 years	10,310	89.0	1.4	52.9	2.2	40.3	1.9	11.0	1.4
Unmarried female reference person	71,790	91.9	0.4	50.3	0.7	51.6	0.7	8.1	0.4
With children under 18 years	30,010	91.2	0.7	42.0	1.3	53.6	1.2	8.8	0.7
Unrelated subfamilies	917	86.9	4.5	56.7	6.2	34.2	6.0	13.1	4.5
Secondary individuals	16,840	81.9	1.1	60.5	1.4	24.8	1.2	18.1	1.1
Income-to-Poverty Ratio									
Total, poverty universe[5]	329,400	92.1	0.2	65.7	0.4	36.1	0.4	7.9	0.2
Below 100 percent of poverty	37,820	83.5	0.9	23.7	0.9	65.3	1.1	16.5	0.9
Below 138 percent of poverty	57,150	84.2	0.7	25.3	0.8	64.9	0.9	15.8	0.7
Between 100 and 199 percent of poverty	52,810	87.3	0.6	38.3	0.8	57.9	0.8	12.7	0.6
Between 200 and 299 percent of poverty	51,720	90.1	0.6	60.0	0.9	40.6	1.0	9.9	0.6
Between 300 and 399 percent of poverty	45,990	92.6	0.5	70.9	0.9	31.8	0.9	7.4	0.5
At or above 400 percent of poverty	141,100	96.9	0.2	87.6	0.4	19.7	0.4	3.1	0.2

Footnotes provided at end of table.

Table A-3.

Health Insurance Coverage Status and Type by Household Relationship and Family Income-to-Poverty Ratio: 2021 and 2022—Con.

(Numbers in thousands. Population as of March of the following year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>)

Characteristic	Total								
		Any health insurance						Uninsured[4]	
				Private health insurance[2]		Public health insurance[3]			
	Number	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Percent	Margin of error[1] (±)
2021 Total	**328,100**	**91.7**	**0.2**	**66.0**	**0.3**	**35.7**	**0.3**	**8.3**	**0.2**
Household Relationship									
Married couple family	193,900	93.9	0.3	74.2	0.4	30.4	0.4	6.1	0.3
With children under 18 years	106,800	93.1	0.4	74.8	0.6	21.7	0.6	6.9	0.4
Unmarried male reference person	43,650	87.1	0.6	57.8	0.8	37.2	0.8	12.9	0.6
With children under 18 years	10,730	87.5	1.4	55.0	2.0	36.5	1.8	12.5	1.4
Unmarried female reference person	72,590	91.2	0.4	50.6	0.7	51.3	0.7	8.8	0.4
With children under 18 years	31,730	90.8	0.7	42.3	1.3	53.8	1.2	9.2	0.7
Unrelated subfamilies	1,024	84.3	4.5	46.3	6.6	40.6	5.7	15.7	4.5
Secondary individuals	16,890	81.5	1.1	59.7	1.2	25.1	1.2	18.5	1.1
Income-to-Poverty Ratio									
Total, poverty universe[5]	327,500	91.7	0.2	66.0	0.3	35.6	0.3	8.3	0.2
Below 100 percent of poverty	37,810	83.8	0.8	22.6	0.9	66.7	1.0	16.2	0.8
Below 138 percent of poverty	56,840	84.3	0.7	23.9	0.8	66.4	0.8	15.7	0.7
Between 100 and 199 percent of poverty	52,530	86.8	0.5	38.6	0.8	57.4	0.8	13.2	0.5
Between 200 and 299 percent of poverty	49,920	89.0	0.6	60.1	0.8	39.3	0.8	11.0	0.6
Between 300 and 399 percent of poverty	42,690	91.1	0.5	71.1	0.9	30.8	0.8	8.9	0.5
At or above 400 percent of poverty	144,600	96.7	0.2	87.9	0.3	19.7	0.4	3.3	0.2

[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights.

[2] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[3] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[4] Individuals are considered to be uninsured if they did not have health insurance coverage for the entire calendar year.

[5] The poverty universe excludes unrelated individuals under the age of 15 such as foster children.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Estimates may differ from previous publications due to additional rounding implemented to protect respondent privacy.

Source: U.S. Census Bureau, Current Population Survey, 2022 and 2023 Annual Social and Economic Supplements (CPS ASEC).

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