National Health Statistics Reports

Number 194 ■ November 9, 2023

# Geographic Variation in Health Insurance Coverage: United States, 2022

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## Abstract

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

*Methods*—Data from the 2022 National Health Interview Survey were used to estimate health insurance coverage. Estimates were categorized by age group, state Medicaid expansion status, urbanization level, expanded region, and state. Estimates by state Medicaid expansion status, urbanization level, and expanded region were based on data from all 50 states and the District of Columbia. State estimates are shown for 32 states and the District of Columbia for people younger than age 65 and adults ages 18–64, and 27 states for children.

*Results*—In 2022, among people younger than age 65, 10.2% were uninsured, 64.0% had private coverage, and 28.2% had public coverage at the time of the interview. Among adults ages 18–64, the percentage who were uninsured ranged from 10.1% for those living in large fringe (suburban) metropolitan counties to 13.9% for both those living in nonmetropolitan counties and large central metropolitan counties. Adults ages 18–64 living in non-Medicaid expansion states were twice as likely to be uninsured (19.6%) compared with those living in Medicaid expansion states (9.1%). A similar pattern was observed among children ages 0–17 years. The percentage of adults ages 18–64 who were uninsured was significantly higher than the national average (12.4%) in Florida (17.9%), Georgia (21.2%), Tennessee (21.6%), and Texas (27.0%), and significantly lower than the national average in Maryland (7.0%), Massachusetts (3.0%), Michigan (6.5%), New York (5.6%), Ohio (8.6%), Pennsylvania (7.2%), Virginia (8.5%), Washington (7.3%), and Wisconsin (7.0%). The percentage of people younger than age 65 who were uninsured was lowest in the New England region (3.5%).

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

## Introduction

Health insurance coverage in the United States is a key measure of health care access (1–3). Previous research based on national surveys has found geographic variation in insurance coverage in the United States by urbanization level, state Medicaid expansion status, region, and state (4–6). Population estimates of health insurance coverage at the state level are necessary to develop and assess federal and state healthcare coverage programs and policies (7–9). For example, a 2020 study found that more than 4 million people would gain coverage if the remaining non-Medicaid expansion states would fully implement a Medicaid expansion under the provisions of the Affordable Care Act (ACA) (10,11).

This report provides the most current description of geographic variation in health insurance coverage in the United States annually (12). Estimates of the percentage of people who were uninsured, had private coverage, and had public coverage at the time of the interview are presented by urbanization level, state Medicaid expansion status, expanded region, and selected state. The primary focus of this report is on people

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younger than age 65 because nearly all people in the United States age 65 and older are eligible for Medicare (13).

# Methods

## Data source

The estimates in this report are based on data from the Sample Adult and Sample Child modules of the 2022 National Health Interview Survey (NHIS), a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. One sample adult from each household is randomly selected to answer detailed questions about their health. One sample child, if present, is also randomly selected from each household, and an adult knowledgeable about and responsible for the child's health answers questions on the child's behalf. Interviews are typically conducted in respondents' homes, but follow-ups to complete interviews may be conducted over the telephone when necessary. In 2022, 55.7% of the Sample Adult interviews and 56.1% of the Sample Child interviews were conducted at least partially by telephone (14). The 2022 NHIS Sample Adult and Sample Child response rates were 47.7% and 45.8%, respectively (14).

Both the Sample Adult and Sample Child modules include a full range of questions addressing health insurance, such as coverage status, sources of coverage, characteristics of coverage, and reasons for no coverage. The sample adult and sample child receive a similar set of health insurance questions, so the Sample Adult and Sample Child files can be combined to create a file that contains people of all ages. Estimates are based on a combined file containing 35,115 people (7,464 sample children and 27,651 sample adults).

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

## Insurance coverage

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

Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as dental, vision, or prescription drugs.

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

## Definition of geographic terms

*State Medicaid expansion status*—Under provisions of ACA, states have the option to expand Medicaid eligibility to cover adults who have family incomes up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia had expanded Medicaid. These states include: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. States without expanded Medicaid include: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.

*Urbanization level*—In this report, urbanization level is measured using a condensed categorization of the NCHS urban–rural scheme (15,16). The classification is based on metropolitan statistical area status defined by the Office of Management and Budget according to published standards that are applied to U.S. Census Bureau data.

This report uses a condensed four-category NCHS urban–rural classification scheme that is available on the public-use file (17): large central metropolitan (similar to inner cities), large fringe metropolitan (similar to suburbs), medium and small metropolitan, and nonmetropolitan (16,18). Large metropolitan areas have populations of 1 million or more. Metropolitan areas with populations of less than 1 million were classified as medium (250,000–999,999 population) or small (less than 250,000 population) (16). The metropolitan statistical area classification scheme used in this report is consistent with other NHIS reports and products (19,20).

*Expanded regions*—Expanded region classifications are based on a subdivision of the four census regions (Northeast, Midwest, South, and West) into nine divisions. For this report, the nine census divisions were modified by moving Delaware, the District of Columbia, and Maryland into the Middle Atlantic division. This approach was used previously (21).

- New England—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- Middle Atlantic—Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania
- East North Central—Illinois, Indiana, Michigan, Ohio, Wisconsin

- West North Central—Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
- South Atlantic—Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia
- East South Central—Alabama, Kentucky, Mississippi, Tennessee
- West South Central—Arkansas, Louisiana, Oklahoma, Texas
- Mountain—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
- Pacific—Alaska, California, Hawaii, Oregon, Washington

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

## Statistical analysis

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

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

The NHIS state-level procedure developed to determine whether an estimate may be published was based on "National Center for Health Statistics Data Presentation Standards for Proportions" (22) and on variations in state sampling design structures, with the 50 states and the District of Columbia using the same methodology provided in more detail in a previous report (12).

For this report, direct state-level point estimates and their standard errors and Korn–Graubard confidence intervals were calculated using SUDAAN software. The Taylor series linearization method was chosen to estimate standard errors for the 12 states with the largest sample sizes. State-specific estimates are not presented for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming because they did not have at least eight degrees of freedom. For the remaining 20 states and the District of Columbia, an estimated design effect was used to calculate standard errors. For a listing of the average design effects used to calculate the standard errors in this report, see Table I.

Percentages and 95% confidence intervals are presented for prevalence estimates of health insurance coverage based on questions about coverage at the time of the NHIS Sample Adult and Sample Child interviews. The 95% confidence intervals were generated using the Korn–Graubard method for complex surveys (23). Estimates were calculated using NHIS survey weights and are representative of the U.S. civilian noninstitutionalized population.

Point estimates and the corresponding variances were calculated using SUDAAN software version 11.0.0 to account for the complex sampling design of NHIS. Respondents with missing data or unknown information were generally excluded from the analysis unless specifically noted. For the types of health insurance coverage shown in this report (uninsured, private, and public), the item nonresponse rate was about 0.3%. All estimates in this report meet NCHS standards of reliability as specified in "National Center for Health Statistics Data Presentation Standards for Proportions" (22).

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

Terms such as "higher than" and "lower than" indicate a statistically significant difference. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant. Additionally, these tests did not account for multiple comparisons.

Tables 1–3 show national estimates (as well as those by state Medicaid expansion status, urbanization level, region, and state) of the percentages of people who were uninsured, had private coverage, and had public coverage in 2022. Additionally, these estimates are presented by geographic subdivision and nationally for people of all ages who were uninsured, had private coverage, and had public coverage in Table II. In this report, tables are provided for reference and detailed results may not be discussed.

# Results

## National estimates of health insurance coverage

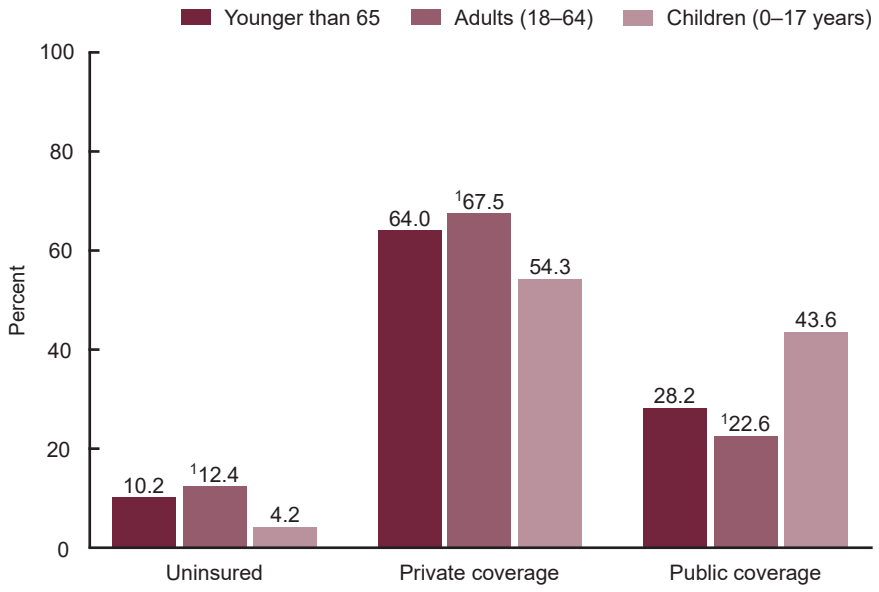
In 2022, among people younger than age 65, 10.2% were uninsured, 64.0% had private coverage, and 28.2% had public coverage at the time of the interview (Figure 1). Children ages 0–17 years were less likely than adults ages 18–64 to be uninsured (4.2% and 12.4%, respectively) and have private coverage (54.3% and 67.5%, respectively), but they were more likely to have public coverage (43.6% and 22.6%, respectively).

## National estimates of health insurance coverage by urbanization level

In 2022, among people younger than age 65, health insurance coverage varied by urbanization level. Among adults ages 18–64, the percentage who were uninsured was higher for those living in large central metropolitan counties (13.9%) compared with those living in large fringe metropolitan counties (10.1%), and then increased with decreasing levels of urbanization (Figure 2). Adults ages 18–64 living in large fringe metropolitan counties were more likely to have private coverage (73.8%) than those living in large central metropolitan (68.0%), medium and small metropolitan (64.9%), and nonmetropolitan (59.8%) counties. The percentage of adults ages 18–64 who had public coverage was lowest among those living in large fringe metropolitan counties (18.5%), followed by those living in large central metropolitan (20.3%), medium and small metropolitan (25.4%), and nonmetropolitan (30.0%) counties.

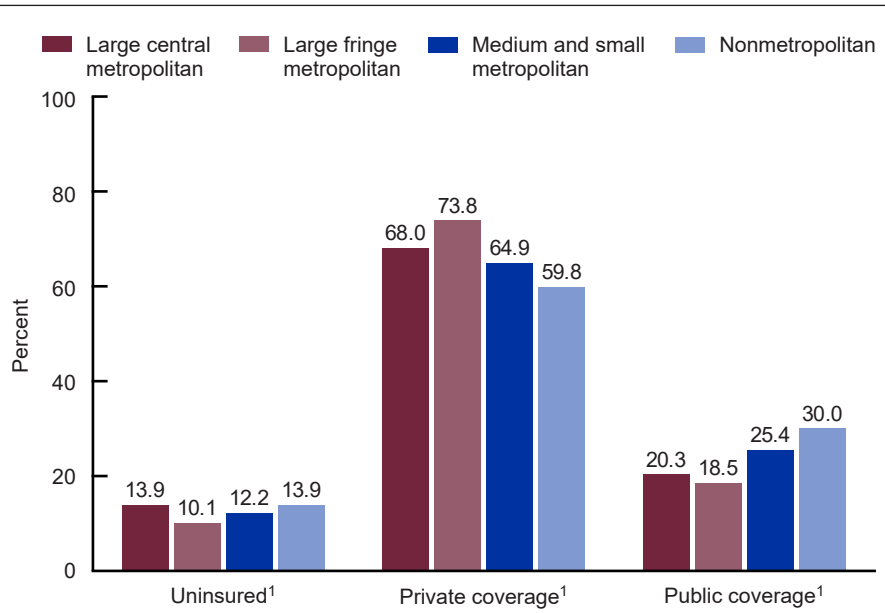
For children, although the percentage who were uninsured was higher in nonmetropolitan areas (5.5%) compared with other areas (about 4.0%), this difference was not significant (Figure 3). Children living in large fringe metropolitan counties (63.7%) were more likely than those living in large central metropolitan (53.7%), medium and small metropolitan (51.2%), and nonmetropolitan (43.7%) counties to have private coverage. Children living in large fringe metropolitan counties (33.6%) were the least likely to have public coverage compared with those living in large central metropolitan (43.9%), medium and small metropolitan (47.4%), and nonmetropolitan (54.3%) counties.

**Figure 1. Percentage of people younger than age 65 who were uninsured, had private coverage, or had public coverage at time of interview, by age group: United States, 2022**



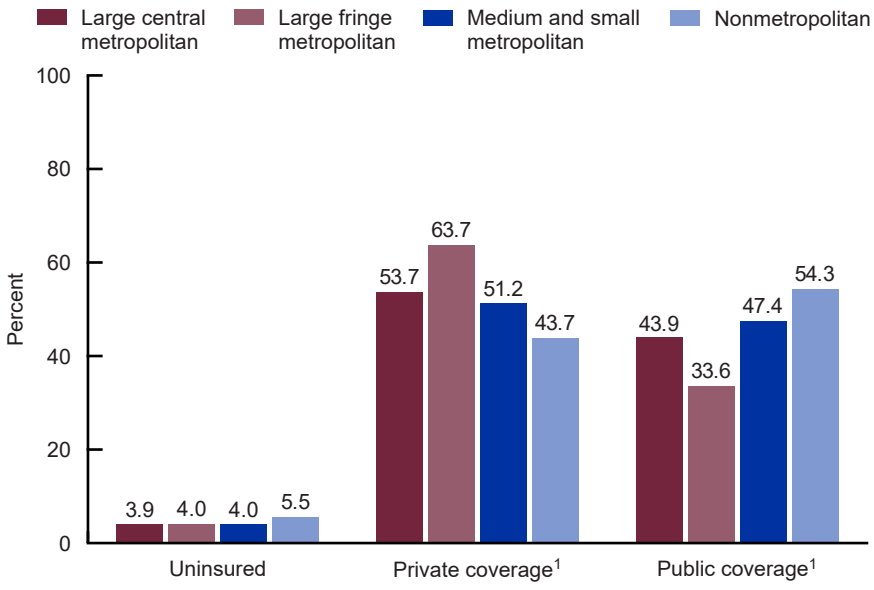

[1]Significantly different from children ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Figure 2. Percentage of adults ages 18–64 who were uninsured, had private coverage, or had public coverage at time of interview, by urbanization level: United States, 2022**



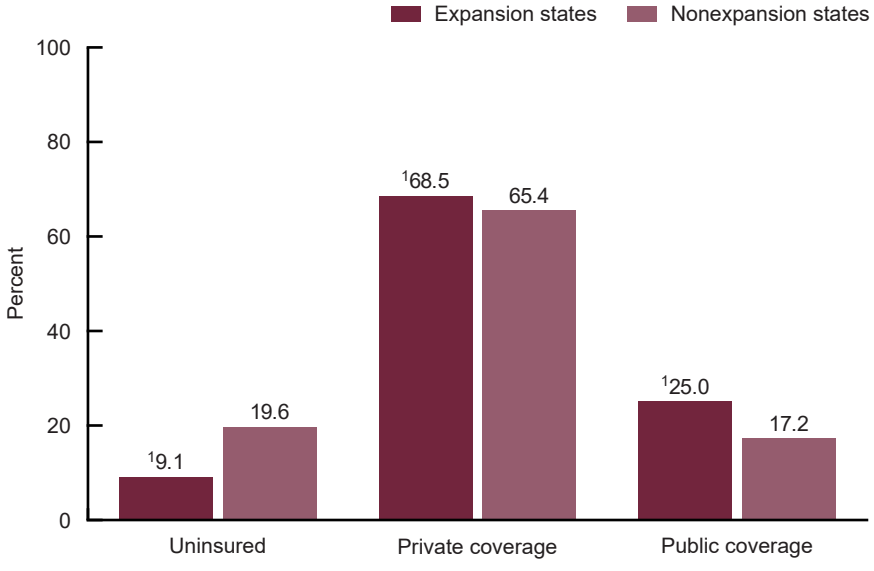

[1]Significant quadratic trend with decreasing urbanization level ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Figure 3. Percentage of children ages 0–17 years who were uninsured, had private coverage, or had public coverage at time of interview, by urbanization level: United States, 2022**




[1]Significant quadratic trend with decreasing urbanization level ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Figure 4. Percentage of adults ages 18–64 who were uninsured, had private coverage, or had public coverage at time of interview, by state Medicaid expansion status: United States, 2022**




[1]Significantly different from nonexpansion states ($p < 0.05$).
NOTE: As of January 1, 2022, 38 states and the District of Columbia had expanded Medicaid and 12 states had not.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

## Health insurance coverage by state Medicaid expansion status

As of January 1, 2022, 38 states and the District of Columbia had expanded Medicaid. Among adults ages 18–64, those living in Medicaid expansion states were less likely to be uninsured (9.1%) and more likely to have private insurance (68.5%) and public coverage (25.0%) than those living in nonexpansion states (19.6%, 65.4%, and 17.2%, respectively) (Figure 4). Children living in Medicaid expansion states were less likely to be uninsured (3.1%) and have public coverage (41.9%), and more likely to have private insurance (57.3%) than those living in nonexpansion states (6.4%, 47.3%, and 47.8%, respectively) (Figure 5).

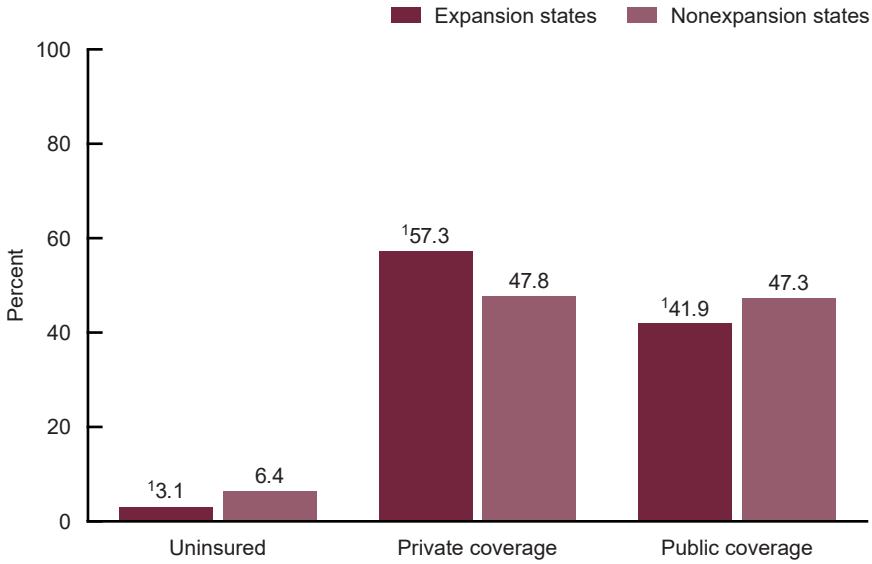
## Regional estimates of health insurance coverage

In 2022, among people younger than age 65, the percentages of uninsured people in the South Atlantic (13.4%) and West South Central (18.7%) regions were significantly higher than the national average (10.2%), and the percentages in the New England (3.5%), Middle Atlantic (5.9%), East North Central (7.2%), West North Central (8.0%), and Pacific (8.7%) regions were significantly lower than the national average (Table 1). The percentage with public coverage was significantly higher in the East South Central (33.9%) and Pacific (31.4%) regions than the national average (28.2%), and the percentage in the West North Central region (21.8%) was significantly lower than the national average. Percentages of private coverage were significantly higher in the New England (72.3%), Middle Atlantic (68.4%), East North Central (67.4%), and West North Central (73.0%) regions than the national average (64.0%), and percentages were significantly lower than the national average in the South Atlantic (60.7%), East South Central (57.4%), and West South Central (56.1%) regions.

## State estimates of health insurance coverage

State-level estimates are shown for 32 states and the District of Columbia for people younger than age 65 and adults ages 18–64. Among adults ages 18–64, the percentage who were uninsured was significantly higher than the national average (12.4%) in Florida (17.9%), Georgia (21.2%), Tennessee (21.6%), and Texas (27.0%) (Figure 6, Table 2). The percentage was significantly lower than the national average in Maryland (7.0%), Massachusetts (3.0%), Michigan (6.5%), New York (5.6%), Ohio (8.6%), Pennsylvania (7.2%), Virginia (8.5%),

**Figure 5. Percentage of children ages 0–17 years who were uninsured, had private coverage, or had public coverage at time of interview, by state Medicaid expansion status: United States, 2022**



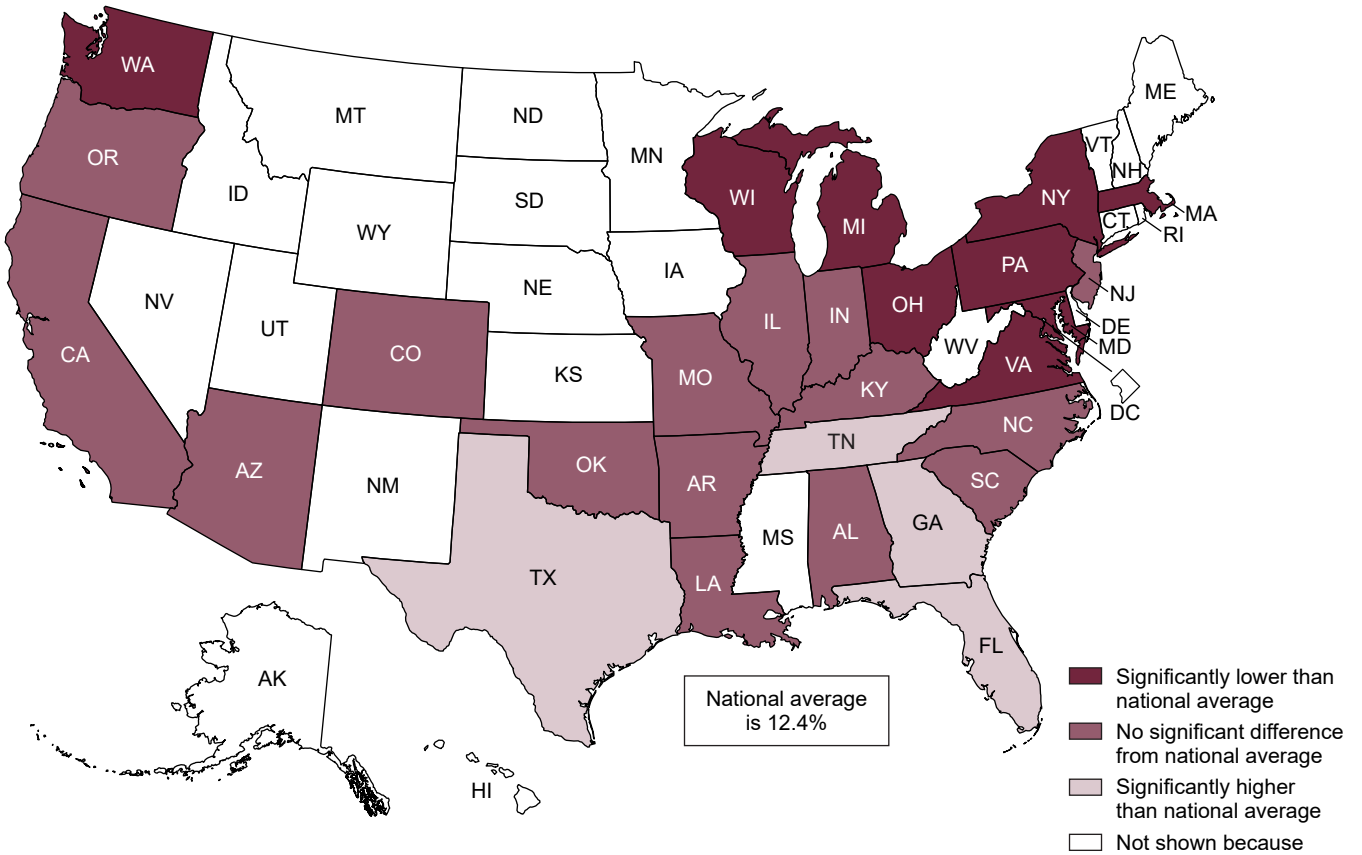

[1]Significantly different from nonexpansion states ($p < 0.05$).
NOTE: As of January 1, 2022, 38 states and the District of Columbia had expanded Medicaid and 12 states had not.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

Washington (7.3%), and Wisconsin (7.0%).

The percentage who had public coverage was significantly higher than the national average (22.6%) in California (27.0%), Kentucky (41.0%), Louisiana (40.2%), Michigan (32.5%), New York (31.8%), and Virginia (27.4%) (Figure 7, Table 2). The percentage was significantly lower than the national average in Florida (17.3%), Georgia (16.1%), Illinois (16.8%), Minnesota (13.5%), Pennsylvania (16.4%), and Texas (12.0%).

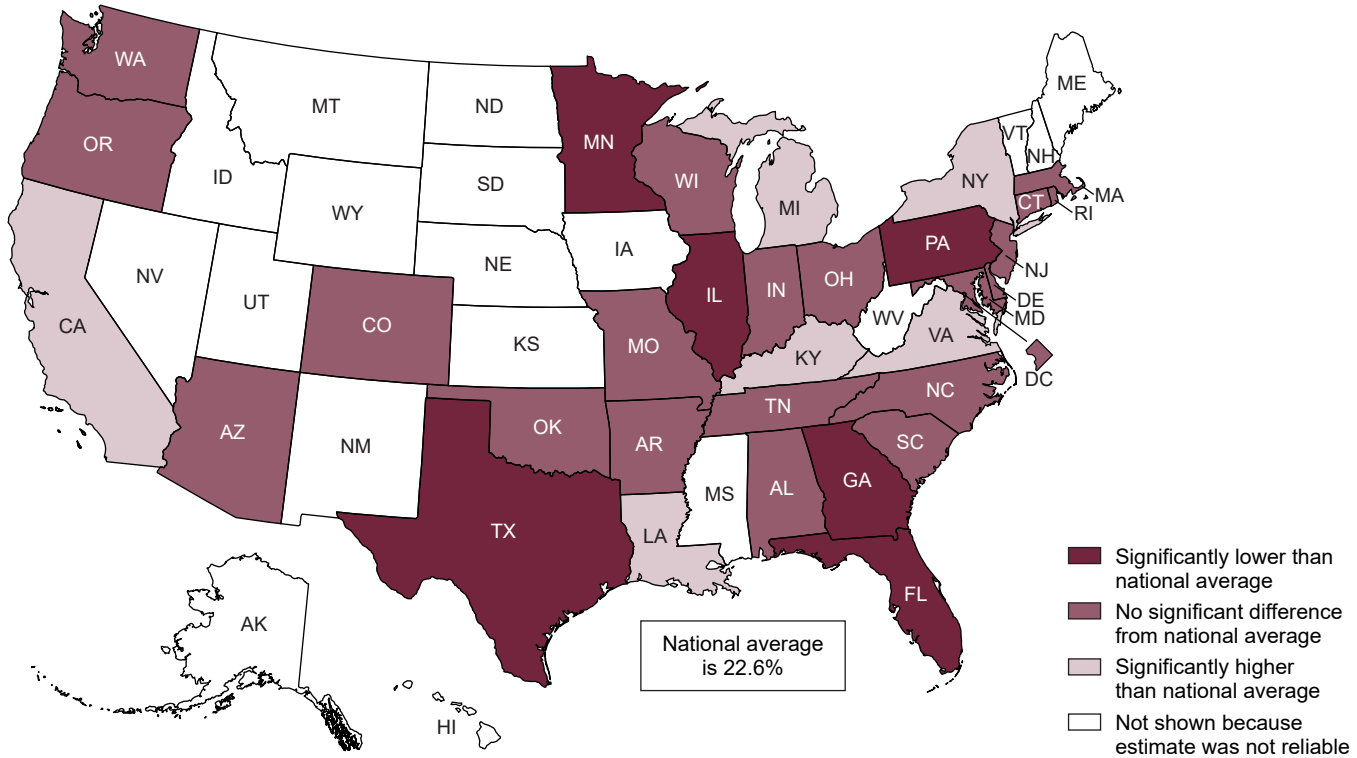
The percentages with private insurance were significantly higher than the national average (67.5%) in the District of Columbia (83.2%), Illinois (73.5%), Massachusetts (76.3%), Minnesota (83.9%), Pennsylvania (78.8%), and Wisconsin (75.6%) (Figure 8, Table 2). The percentage was significantly lower than the national average in California (63.3%), Kentucky

**Figure 6. Adults ages 18–64 who were uninsured at time of interview: United States, 2022**



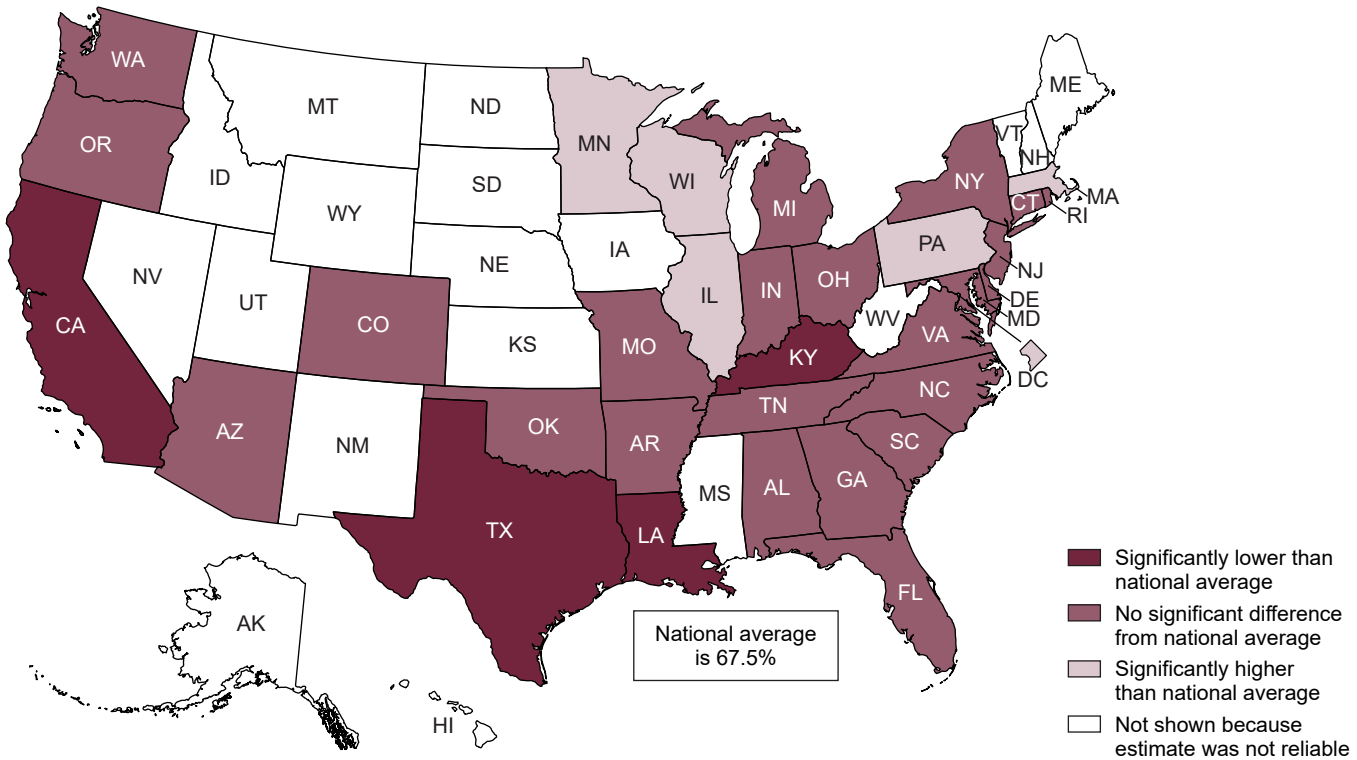

NOTE: Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Figure 7. Adults ages 18–64 who had public coverage at time of interview: United States, 2022**




NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Figure 8. Adults ages 18–64 who had private coverage at time of interview: United States, 2022**




NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

(54.0%), Louisiana (50.4%), and Texas (62.8%).

Among children ages 0–17 years, state-level estimates for the percent uninsured are shown for eight states (Table 3). The percentage of children without health insurance coverage was significantly higher than the national average (4.2%) in Florida (7.6%) and Texas (9.4%), and significantly lower than the national average in Maryland (0.4%) and New York (1.2%). State-level estimates of public and private coverage are shown for 27 states. The percentage of children with public coverage was significantly higher than the national average (43.6%) in Arkansas (67.1%), Louisiana (58.7%), and Michigan (51.2%), and significantly lower than the national average in Minnesota (20.5%). The percentage of children with private coverage was significantly higher than the national average (54.3%) in Colorado (69.0%) and Minnesota (81.9%), and significantly lower than the national average in Arkansas (32.4%), Florida (47.4%), Georgia (44.7%), Louisiana (38.4%), and Texas (46.0%).

## Summary

In 2022, variation in health insurance coverage was found by urbanization level, state Medicaid expansion status, expanded region, and selected state and the District of Columbia. Generally, people living in Medicaid nonexpansion states, nonmetropolitan counties, and the West South Central region were most likely to be uninsured. Variation in the percentages of uninsured people was also observed among the selected states shown in this report.

This report is not without limitations. NHIS responses are self-reported, so they may be subject to recall bias. Additionally, this report could only provide state-level estimates for 32 states and the District of Columbia due to NHIS design constraints. For selected age groups and measures of coverage, estimates for fewer than 32 states and the District of Columbia are provided. For example, estimates are only shown for eight states for the measure of uninsured among children.

One strength of NHIS is that it has a very low nonresponse rate to questions about the type of health insurance coverage (about 0.3% in 2022). Additionally, a feature that distinguishes NHIS estimates of health insurance coverage from other survey-based estimates is the use of responses to follow-up questions to evaluate the reliability of the reported health insurance coverage and to resolve conflicting information (see NHIS, Health Insurance Information: https://www.cdc.gov/nchs/nhis/insurance.htm).

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**Table 1. Percentage of people younger than age 65 who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 64.0 (63.0–64.9) | 28.2 (27.4–29.1) | 10.2 (9.7–10.8) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 64.4 (62.7–66.0) | 26.2 (24.9–27.6) | 11.4 (10.4–12.4) |
| Large fringe metropolitan[7] | 71.0 (69.2–72.8) | 22.7 (21.1–24.2) | 8.4 (7.5–9.4) |
| Medium and small metropolitan[8] | 61.1 (59.1–63.1) | 31.5 (29.8–33.3) | 9.9 (8.9–11.0) |
| Nonmetropolitan[9] | 55.5 (52.1–58.8) | 36.5 (33.4–39.8) | 11.6 (9.9–13.5) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 65.5 (64.3–66.6) | 29.5 (28.5–30.6) | 7.5 (7.0–8.2) |
| Non-Medicaid expansion states[12] | 60.7 (58.8–62.5) | 25.3 (23.9–26.8) | 16.1 (14.9–17.2) |
| Expanded region[13] | | | |
| New England | 72.3 (68.9–75.5) | 26.7 (23.5–30.0) | 3.5 (2.3–5.1) |
| Middle Atlantic | 68.4 (65.8–70.9) | 27.9 (25.7–30.3) | 5.9 (4.9–7.0) |
| East North Central | 67.4 (64.9–69.8) | 28.4 (26.3–30.5) | 7.2 (6.2–8.4) |
| West North Central | 73.0 (68.9–76.9) | 21.8 (18.2–25.8) | 8.0 (6.6–9.5) |
| South Atlantic | 60.7 (58.4–62.9) | 28.1 (26.2–30.1) | 13.4 (12.1–14.8) |
| East South Central | 57.4 (53.8–60.9) | 33.9 (30.5–37.5) | 11.8 (9.5–14.4) |
| West South Central | 56.1 (53.2–59.0) | 27.3 (25.1–29.6) | 18.7 (16.7–20.7) |
| Mountain | 66.5 (62.5–70.3) | 25.5 (22.3–29.0) | 10.4 (7.9–13.3) |
| Pacific | 61.9 (59.3–64.5) | 31.4 (29.3–33.6) | 8.7 (7.6–10.0) |
| Selected state[14] | | | |
| Alabama | 66.1 (55.8–75.4) | 26.8 (19.0–35.8) | 9.4 (5.2–15.3) |
| Arizona | 61.2 (51.2–70.5) | 30.5 (22.6–39.4) | 9.9 (5.7–15.6) |
| Arkansas | 55.2 (45.0–65.2) | 39.2 (30.4–48.5) | 8.2 (4.4–13.8) |
| California | 60.2 (57.1–63.3) | 32.0 (29.5–34.6) | 9.6 (8.2–11.1) |
| Colorado | 72.0 (64.7–78.6) | 22.8 (17.3–29.1) | 7.2 (4.4–11.1) |
| Connecticut | 64.1 (54.6–72.9) | 33.4 (25.5–42.0) | * |
| Delaware | 60.1 (46.6–72.6) | 34.0 (23.2–46.2) | * |
| District of Columbia | 77.3 (65.1–86.9) | 21.3 (12.7–32.2) | * |
| Florida | 62.1 (58.5–65.6) | 23.9 (21.0–27.0) | 15.5 (13.0–18.2) |
| Georgia | 58.4 (52.2–64.4) | 25.8 (21.8–30.1) | 16.7 (13.4–20.5) |
| Illinois | 70.8 (66.1–75.1) | 21.4 (17.7–25.5) | 9.2 (6.9–12.1) |
| Indiana | 67.1 (59.6–74.1) | 29.5 (23.4–36.3) | 7.0 (4.2–10.9) |
| Kentucky | 51.4 (42.6–60.0) | 44.5 (36.7–52.5) | 7.1 (4.0–11.5) |
| Louisiana | 47.0 (39.2–54.8) | 45.4 (38.4–52.6) | 9.6 (6.2–13.9) |
| Maryland | 71.3 (63.5–78.3) | 24.8 (18.8–31.7) | 5.4 (2.8–9.1) |
| Massachusetts | 73.9 (67.6–79.6) | 27.1 (21.8–32.9) | 2.2 (0.9–4.5) |
| Michigan | 60.6 (53.8–67.1) | 37.9 (32.8–43.3) | 5.4 (3.1–8.5) |
| Minnesota | 83.3 (76.5–88.7) | 15.5 (10.7–21.5) | * |
| Missouri | 70.3 (62.8–77.1) | 22.6 (17.1–29.0) | 9.6 (6.3–13.9) |
| New Jersey | 67.1 (58.7–74.7) | 26.1 (19.4–33.7) | 8.7 (6.0–12.0) |
| New York | 63.7 (59.8–67.5) | 34.3 (30.8–37.9) | 4.6 (3.3–6.2) |
| North Carolina | 62.3 (56.6–67.7) | 29.7 (24.5–35.4) | 11.4 (9.2–14.0) |
| Ohio | 65.9 (61.0–70.6) | 30.6 (26.8–34.5) | 7.2 (5.2–9.7) |
| Oklahoma | 55.9 (44.3–67.1) | 36.7 (27.0–47.2) | 14.4 (8.6–22.1) |
| Oregon | 64.0 (55.7–71.7) | 31.5 (24.7–38.8) | 7.5 (4.4–11.8) |
| Pennsylvania | 74.0 (69.0–78.5) | 21.8 (18.0–26.1) | 6.3 (4.1–9.2) |
| Rhode Island | 79.6 (66.1–89.5) | 20.9 (11.6–33.1) | * |
| South Carolina | 53.1 (44.4–61.6) | 35.8 (28.5–43.6) | 14.3 (9.9–19.8) |
| Tennessee | 56.9 (49.4–64.2) | 28.8 (22.9–35.3) | 16.4 (12.2–21.3) |
| Texas | 57.9 (54.0–61.7) | 21.7 (19.1–24.6) | 21.9 (19.5–24.4) |
| Virginia | 63.9 (59.4–68.2) | 31.2 (26.1–36.8) | 7.6 (5.3–10.4) |
| Washington | 68.1 (61.8–73.8) | 28.7 (23.6–34.2) | 6.2 (4.0–9.2) |
| Wisconsin | 72.3 (66.1–78.0) | 24.4 (19.5–29.9) | 6.2 (3.9–9.3) |

See footnotes at end of table.

**Table 1. Percentage of people younger than age 65 who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People were also defined as uninsured if they only had Indian Health Service (IHS) coverage or only had a private plan that paid for one type of service, such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium and small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act (ACA) of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2022, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2022, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

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

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Table 2. Percentage of adults ages 18–64 who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 67.5 (66.5–68.5) | 22.6 (21.8–23.4) | 12.4 (11.8–13.1) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 68.0 (66.3–69.6) | 20.3 (19.0–21.5) | 13.9 (12.7–15.1) |
| Large fringe metropolitan[7] | 73.8 (72.1–75.5) | 18.5 (17.0–20.0) | 10.1 (8.9–11.3) |
| Medium and small metropolitan[8] | 64.9 (62.9–66.9) | 25.4 (23.7–27.1) | 12.2 (10.9–13.6) |
| Nonmetropolitan[9] | 59.8 (56.7–62.8) | 30.0 (27.1–33.1) | 13.9 (11.8–16.2) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 68.5 (67.3–69.6) | 25.0 (24.1–26.0) | 9.1 (8.4–9.9) |
| Non-Medicaid expansion states[12] | 65.4 (63.6–67.2) | 17.2 (15.9–18.5) | 19.6 (18.3–21.1) |
| Expanded region[13] | | | |
| New England | 74.6 (71.1–78.0) | 24.0 (21.0–27.2) | 4.4 (2.8–6.5) |
| Middle Atlantic | 71.7 (69.2–74.0) | 24.0 (21.9–26.1) | 6.9 (5.7–8.2) |
| East North Central | 70.8 (68.3–73.2) | 23.6 (21.6–25.7) | 8.7 (7.4–10.1) |
| West North Central | 76.1 (72.7–79.2) | 16.2 (13.2–19.4) | 10.0 (8.3–12.0) |
| South Atlantic | 65.0 (62.8–67.3) | 21.1 (19.3–23.1) | 16.2 (14.6–17.9) |
| East South Central | 61.7 (58.6–64.8) | 26.6 (23.3–30.2) | 15.1 (12.3–18.3) |
| West South Central | 61.1 (58.3–63.8) | 17.9 (16.1–19.8) | 23.2 (20.7–25.8) |
| Mountain | 67.7 (63.7–71.6) | 21.5 (18.3–24.9) | 12.9 (9.9–16.4) |
| Pacific | 65.0 (62.3–67.6) | 26.6 (24.6–28.7) | 10.6 (9.1–12.1) |
| Selected state[14] | | | |
| Alabama | 72.1 (62.1–80.7) | 18.3 (11.8–26.5) | 12.1 (6.8–19.4) |
| Arizona | 63.5 (53.5–72.8) | 25.4 (18.1–34.0) | 12.6 (7.4–19.8) |
| Arkansas | 64.8 (54.4–74.4) | 27.5 (19.6–36.6) | 11.0 (5.9–18.2) |
| California | 63.3 (60.0–66.5) | 27.0 (24.6–29.6) | 11.6 (9.9–13.6) |
| Colorado | 73.0 (65.6–79.6) | 19.1 (13.9–25.2) | 9.2 (5.6–14.0) |
| Connecticut | 67.2 (57.5–75.9) | 29.5 (21.8–38.1) | * |
| Delaware | 65.2 (51.4–77.3) | 29.0 (18.7–41.2) | * |
| District of Columbia | 83.2 (72.5–91.0) | 16.6 (9.4–26.1) | * |
| Florida | 66.5 (63.1–69.8) | 17.3 (14.5–20.3) | 17.9 (15.0–21.0) |
| Georgia | 63.8 (57.8–69.6) | 16.1 (12.6–20.2) | 21.2 (17.1–25.8) |
| Illinois | 73.5 (68.9–77.7) | 16.8 (13.4–20.6) | 11.1 (8.2–14.5) |
| Indiana | 70.6 (62.9–77.5) | 25.5 (19.5–32.2) | 8.9 (5.3–13.9) |
| Kentucky | 54.0 (45.3–62.5) | 41.0 (33.5–48.9) | 8.3 (4.6–13.6) |
| Louisiana | 50.4 (42.4–58.3) | 40.2 (33.3–47.4) | 11.6 (7.5–17.0) |
| Maryland | 74.3 (66.5–81.1) | 20.7 (15.0–27.4) | 7.0 (3.8–11.8) |
| Massachusetts | 76.3 (70.2–81.8) | 24.8 (19.7–30.4) | 3.0 (1.3–5.8) |
| Michigan | 64.2 (56.5–71.4) | 32.5 (27.4–37.9) | 6.5 (3.6–10.7) |
| Minnesota | 83.9 (77.0–89.3) | 13.5 (8.9–19.4) | * |
| Missouri | 72.6 (65.1–79.2) | 18.5 (13.4–24.5) | 11.6 (7.5–16.8) |
| New Jersey | 71.5 (64.5–77.8) | 21.3 (16.2–27.1) | 9.9 (6.4–14.3) |
| New York | 65.5 (61.3–69.4) | 31.8 (28.1–35.7) | 5.6 (4.0–7.7) |
| North Carolina | 67.4 (61.1–73.3) | 22.2 (16.8–28.5) | 14.1 (11.2–17.4) |
| Ohio | 69.7 (65.2–74.0) | 25.7 (22.2–29.5) | 8.6 (6.1–11.6) |
| Oklahoma | 59.9 (48.1–70.9) | 25.3 (16.9–35.4) | 18.6 (11.3–28.1) |
| Oregon | 65.7 (57.4–73.4) | 26.1 (19.8–33.2) | 9.8 (5.8–15.2) |
| Pennsylvania | 78.8 (74.3–82.8) | 16.4 (13.1–20.1) | 7.2 (4.8–10.2) |
| Rhode Island | 80.3 (66.8–90.1) | 19.3 (10.3–31.4) | * |
| South Carolina | 56.4 (47.6–64.8) | 28.2 (21.5–35.7) | 18.1 (12.5–24.8) |
| Tennessee | 59.2 (51.6–66.5) | 21.8 (16.4–27.9) | 21.6 (16.3–27.7) |
| Texas | 62.8 (59.0–66.4) | 12.0 (10.1–14.2) | 27.0 (24.0–30.3) |
| Virginia | 66.9 (61.9–71.7) | 27.4 (22.7–32.5) | 8.5 (5.9–11.7) |
| Washington | 70.9 (64.6–76.6) | 25.2 (20.3–30.6) | 7.3 (4.5–10.9) |
| Wisconsin | 75.6 (69.6–81.0) | 20.4 (15.8–25.6) | 7.0 (4.3–10.7) |

See footnotes at end of table.

**Table 2. Percentage of adults ages 18–64 who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People were also defined as uninsured if they only had Indian Health Service (IHS) coverage or only had a private plan that paid for one type of service, such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium and small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act (ACA) of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2022, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2022, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

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

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Table 3. Percentage of children ages 0–17 years who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 54.3 (52.8–55.8) | 43.6 (42.1–45.1) | 4.2 (3.6–4.8) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 53.7 (50.9–56.4) | 43.9 (41.3–46.7) | 3.9 (3.0–4.9) |
| Large fringe metropolitan[7] | 63.7 (60.8–66.6) | 33.6 (30.9–36.5) | 4.0 (3.0–5.3) |
| Medium and small metropolitan[8] | 51.2 (48.6–53.9) | 47.4 (44.7–50.2) | 4.0 (3.2–5.0) |
| Nonmetropolitan[9] | 43.7 (38.6–48.8) | 54.3 (49.2–59.4) | 5.5 (3.7–7.8) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 57.3 (55.4–59.1) | 41.9 (40.1–43.8) | 3.1 (2.6–3.8) |
| Non-Medicaid expansion states[12] | 47.8 (45.0–50.6) | 47.3 (44.6–50.0) | 6.4 (5.2–7.7) |
| Expanded region[13] | | | |
| New England | 65.1 (58.8–71.1) | 34.8 (28.7–41.3) | 0.9 (0.1–3.0) |
| Middle Atlantic | 58.6 (54.1–63.0) | 39.5 (35.2–43.9) | 2.8 (1.7–4.5) |
| East North Central | 58.0 (54.0–61.9) | 41.6 (37.7–45.6) | 3.2 (2.0–4.9) |
| West North Central | 65.6 (58.6–72.2) | 35.7 (29.0–42.8) | 2.8 (1.3–5.2) |
| South Atlantic | 48.3 (44.7–51.9) | 48.1 (44.5–51.7) | 5.5 (4.2–7.2) |
| East South Central | 45.6 (38.0–53.4) | 53.7 (46.1–61.1) | 2.7 (1.2–5.0) |
| West South Central | 44.1 (39.7–48.6) | 50.1 (45.9–54.3) | 7.8 (5.9–10.0) |
| Mountain | 63.4 (58.4–68.1) | 35.6 (30.8–40.6) | 4.1 (2.3–6.7) |
| Pacific | 53.3 (49.8–56.8) | 45.0 (41.4–48.6) | 3.5 (2.5–4.8) |
| Selected state[14] | | | |
| Alabama | * | * | * |
| Arizona | * | * | * |
| Arkansas | 32.4 (19.7–47.3) | 67.1 (52.2–79.9) | * |
| California | 51.5 (47.6–55.4) | 45.9 (41.7–50.1) | 3.8 (2.7–5.3) |
| Colorado | 69.0 (57.4–79.0) | 34.4 (24.0–46.1) | * |
| Connecticut | 55.6 (41.3–69.2) | 44.4 (30.8–58.6) | – |
| Delaware | * | * | * |
| District of Columbia | * | * | * |
| Florida | 47.4 (40.7–54.2) | 45.9 (39.6–52.2) | 7.6 (4.6–11.6) |
| Georgia | 44.7 (35.9–53.8) | 50.3 (42.3–58.2) | 5.4 (2.7–9.4) |
| Illinois | 62.4 (53.3–70.8) | 35.7 (27.3–44.9) | 3.5 (1.6–6.5) |
| Indiana | 59.2 (48.0–69.8) | 38.7 (28.3–49.8) | * |
| Kentucky | 44.1 (30.6–58.3) | 54.3 (40.2–68.0) | * |
| Louisiana | 38.4 (27.5–50.2) | 58.7 (46.9–69.8) | * |
| Maryland | 62.7 (50.4–73.8) | 36.9 (25.8–49.1) | 0.4 (0.0–4.8) |
| Massachusetts | 66.4 (55.6–76.1) | 34.2 (24.5–45.0) | – |
| Michigan | 51.7 (43.9–59.4) | 51.2 (43.5–58.9) | * |
| Minnesota | 81.9 (71.1–89.9) | 20.5 (12.0–31.5) | * |
| Missouri | 64.7 (52.6–75.5) | 33.2 (22.6–45.1) | * |
| New Jersey | 56.9 (44.2–69.0) | 37.2 (24.8–50.9) | * |
| New York | 58.2 (51.6–64.5) | 42.1 (36.0–48.4) | 1.2 (0.3–3.2) |
| North Carolina | 49.2 (43.2–55.2) | 49.0 (42.1–55.9) | * |
| Ohio | 55.1 (44.8–65.0) | 44.6 (35.8–53.7) | * |
| Oklahoma | * | * | * |
| Oregon | 58.7 (45.9–70.7) | 47.8 (35.4–60.3) | * |
| Pennsylvania | 59.3 (50.6–67.6) | 38.7 (30.8–47.0) | * |
| Rhode Island | * | * | – |
| South Carolina | 43.6 (30.8–57.1) | 57.9 (44.4–70.5) | * |
| Tennessee | 50.8 (39.4–62.1) | 47.5 (36.3–58.9) | * |
| Texas | 46.0 (40.7–51.5) | 45.4 (40.4–50.4) | 9.4 (7.0–12.3) |
| Virginia | 55.8 (47.7–63.6) | 41.6 (32.5–51.1) | 5.1 (2.5–9.1) |
| Washington | 60.0 (50.3–69.1) | 38.6 (29.6–48.2) | * |
| Wisconsin | 62.8 (52.4–72.4) | 36.0 (26.5–46.3) | * |

See footnotes at end of table.

**Table 3. Percentage of children ages 0–17 years who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
– Quantity zero.
[1]Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People were also defined as uninsured if they only had Indian Health Service (IHS) coverage or only had a private plan that paid for one type of service, such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium and small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act (ACA) of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia moved forward with Medicaid expansion.
[11]For 2022, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion.
[12]For 2022, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
[13]The New England region includes: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The Middle Atlantic region includes: Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania. The East North Central region includes: Illinois, Indiana, Michigan, Ohio, and Wisconsin. The West North Central region includes: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The South Atlantic region includes: Florida, Georgia, North Carolina, South Carolina, Virginia, and West Virginia. The East South Central region includes: Alabama, Kentucky, Mississippi, and Tennessee. The West South Central region includes: Arkansas, Louisiana, Oklahoma, and Texas. The Mountain region includes: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Pacific region includes: Alaska, California, Hawaii, Oregon, and Washington.
[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

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

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

# Technical Notes

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

| Table | Type of health insurance coverage estimate by age group | Average design effect based on 12 states with the largest populations[1] |
|---|---|---|
| 1 | People younger than age 65 with private coverage | 2.74 |
| 1 | People younger than age 65 with public coverage | 2.29 |
| 1 | People younger than age 65 who are uninsured | 1.82 |
| 2 | Adults ages 18–64 with private coverage | 2.03 |
| 2 | Adults ages 18–64 with public coverage | 1.68 |
| 2 | Adults ages 18–64 who are uninsured | 1.68 |
| 3 | Children ages 0–17 years with private coverage | 1.71 |
| 3 | Children ages 0–17 years with public coverage | 1.70 |
| 3 | Children ages 0–17 years who are uninsured | 1.36 |
| II | People of all ages with private coverage | 2.73 |
| II | People of all ages with public coverage | 2.37 |
| II | People of all ages who are uninsured | 2.00 |

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

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

**Table II. Percentage of people of all ages who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022**

| Selected geographic characteristic and Medicaid expansion status | Private[1] | Public[2] | Uninsured[3] |
|---|---|---|---|
| | Percent (95% confidence interval) | | |
| Total[4] | 60.8 (59.9–61.7) | 39.8 (39.0–40.6) | 8.6 (8.1–9.0) |
| Urbanization level[5] | | | |
| Large central metropolitan[6] | 60.5 (59.0–61.9) | 36.3 (35.0–37.6) | 9.8 (8.9–10.6) |
| Large fringe metropolitan[7] | 68.0 (66.4–69.5) | 34.5 (33.1–35.9) | 7.1 (6.3–8.0) |
| Medium and small metropolitan[8] | 58.2 (56.5–60.0) | 43.7 (42.0–45.3) | 8.2 (7.4–9.0) |
| Nonmetropolitan[9] | 53.6 (50.7–56.5) | 49.2 (46.3–52.1) | 9.3 (7.9–10.9) |
| State Medicaid expansion status[10] | | | |
| Medicaid expansion states[11] | 62.4 (61.3–63.4) | 41.0 (40.0–42.0) | 6.3 (5.8–6.8) |
| Non-Medicaid expansion states[12] | 57.3 (55.7–58.9) | 37.1 (35.8–38.5) | 13.5 (12.6–14.5) |
| Expanded region[13] | | | |
| New England | 68.3 (65.1–71.3) | 39.2 (36.1–42.4) | 2.9 (1.9–4.2) |
| Middle Atlantic | 65.3 (63.2–67.4) | 39.7 (37.6–41.9) | 4.9 (4.1–5.8) |
| East North Central | 64.6 (62.4–66.8) | 40.5 (38.6–42.5) | 6.0 (5.2–7.0) |
| West North Central | 70.9 (67.6–74.1) | 35.3 (31.6–39.1) | 6.6 (5.5–7.9) |
| South Atlantic | 57.0 (55.0–59.0) | 40.6 (38.7–42.6) | 11.1 (10.0–12.3) |
| East South Central | 53.9 (50.7–57.2) | 45.7 (42.3–49.1) | 9.6 (7.7–11.8) |
| West South Central | 53.7 (51.1–56.2) | 36.7 (34.6–38.9) | 16.3 (14.6–18.2) |
| Mountain | 61.8 (58.2–65.2) | 37.9 (34.6–41.2) | 8.5 (6.5–11.0) |
| Pacific | 58.5 (56.1–60.9) | 41.6 (39.7–43.5) | 7.4 (6.5–8.5) |
| Selected state[14] | | | |
| Alabama | 59.0 (50.4–67.3) | 41.8 (34.1–49.8) | 7.4 (4.1–12.1) |
| Arizona | 54.2 (46.1–62.2) | 44.8 (37.3–52.3) | 7.7 (4.5–12.1) |
| Arkansas | 53.1 (44.4–61.6) | 49.4 (41.4–57.4) | 6.8 (3.7–11.4) |
| California | 56.7 (53.8–59.5) | 41.6 (39.2–43.9) | 8.3 (7.1–9.6) |
| Colorado | 68.3 (61.7–74.3) | 34.6 (28.8–40.8) | 6.0 (3.6–9.3) |
| Connecticut | 59.3 (51.0–67.2) | 43.8 (36.3–51.6) | * |
| Delaware | 57.3 (46.2–67.9) | 47.7 (37.6–58.0) | * |
| District of Columbia | 73.0 (62.0–82.2) | 33.0 (23.6–43.4) | * |
| Florida | 56.6 (53.6–59.7) | 38.4 (35.4–41.5) | 12.6 (10.6–14.8) |
| Georgia | 55.6 (50.2–61.0) | 37.3 (32.7–42.1) | 14.0 (11.2–17.2) |
| Illinois | 69.1 (64.8–73.2) | 32.7 (29.2–36.4) | 7.8 (5.8–10.2) |
| Indiana | 64.4 (58.1–70.4) | 43.4 (37.6–49.4) | 5.6 (3.4–8.6) |
| Kentucky | 48.8 (41.4–56.2) | 54.1 (47.2–60.9) | 5.8 (3.3–9.4) |
| Louisiana | 44.9 (38.2–51.7) | 52.9 (46.6–59.2) | 8.3 (5.4–12.0) |
| Maryland | 71.6 (64.7–77.8) | 35.5 (29.3–42.1) | 4.5 (2.4–7.7) |
| Massachusetts | 71.4 (65.9–76.4) | 38.8 (33.7–44.2) | 1.9 (0.8–3.7) |
| Michigan | 58.4 (52.6–64.0) | 48.9 (43.8–54.1) | 4.4 (2.6–6.9) |
| Minnesota | 82.0 (76.2–86.9) | 29.3 (23.7–35.4) | 3.3 (1.6–6.1) |
| Missouri | 65.8 (59.2–72.0) | 35.6 (29.8–41.8) | 8.0 (5.2–11.6) |
| New Jersey | 65.6 (58.5–72.3) | 36.5 (30.4–42.9) | 7.4 (5.1–10.3) |
| New York | 60.8 (57.5–64.1) | 44.9 (41.6–48.1) | 3.9 (2.8–5.3) |
| North Carolina | 58.7 (53.6–63.7) | 40.6 (35.2–46.1) | 9.8 (7.9–11.9) |
| Ohio | 62.8 (58.5–67.0) | 42.9 (39.2–46.7) | 6.2 (4.5–8.2) |
| Oklahoma | 54.6 (44.6–64.3) | 47.1 (38.0–56.4) | 12.8 (7.8–19.3) |
| Oregon | 59.6 (52.7–66.3) | 44.2 (37.9–50.7) | 6.1 (3.6–9.5) |
| Pennsylvania | 68.5 (64.6–72.2) | 36.3 (32.1–40.7) | 5.1 (3.3–7.5) |
| Rhode Island | 74.4 (62.9–83.9) | 35.2 (25.1–46.3) | * |
| South Carolina | 50.9 (43.6–58.2) | 47.6 (40.8–54.4) | 11.7 (8.0–16.2) |
| Tennessee | 55.2 (48.8–61.5) | 40.2 (34.5–46.1) | 13.7 (10.2–17.8) |
| Texas | 55.3 (51.9–58.7) | 31.1 (28.7–33.6) | 19.3 (17.1–21.6) |
| Virginia | 61.8 (57.9–65.7) | 43.2 (38.7–47.9) | 6.2 (4.3–8.6) |
| Washington | 65.3 (59.8–70.5) | 39.4 (34.4–44.6) | 5.3 (3.4–7.9) |
| Wisconsin | 67.9 (62.5–73.1) | 37.0 (32.0–42.2) | 5.2 (3.3–7.7) |

See footnotes at end of table.

**Table II. Percentage of people of all ages who had private health insurance coverage, public health coverage, or were uninsured at time of interview, by urbanization level, state Medicaid expansion status, expanded regions, and selected states: United States, 2022—Con.**

* Estimate is not shown because it does not meet National Center for Health Statistics standards of reliability.
[1]Private health insurance coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as dental, vision, or prescription drugs. People with private coverage may also have public coverage.
[2]Public health coverage includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military (TRICARE, Veterans Administration [VA], and CHAMP–VA) plans. People with public coverage may also have private coverage.
[3]People were considered uninsured if they did not have coverage through private health insurance, Medicare, Medicaid, CHIP, military (TRICARE, VA, and CHAMP–VA), other state-sponsored health plans, or other government programs. People were also defined as uninsured if they only had Indian Health Service (IHS) coverage or only had a private plan that paid for one type of service, such as dental, vision, or prescription drugs.
[4]Includes all 50 states and the District of Columbia.
[5]Measured using metropolitan statistical area (MSA) status. The Office of Management and Budget defines MSAs according to published standards that are applied to U.S. Census Bureau data. Generally, an MSA consists of a county or group of counties containing at least one urbanized area with a population of 50,000 or more (see reference 16 in this report). See Methods section in this report for more detail.
[6]Living within a large central MSA with a population of 1 million or more (similar to inner cities).
[7]Living within a large fringe MSA with a population of 1 million or more (similar to suburbs).
[8]Living within a medium and small MSA with a population of less than 1 million.
[9]Not living in an MSA.
[10]Under provisions of the Affordable Care Act (ACA) of 2010 (Pub L No 111–148, Pub L No 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2022, 38 states and the District of Columbia moved forward with Medicaid expansion.
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[12]For 2022, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
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[14]Estimates are not shown for Alaska, Hawaii, Idaho, Iowa, Kansas, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, West Virginia, and Wyoming.

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

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2022.

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National Health Statistics Reports ■ Number 194 ■ November 9, 2023

**Suggested citation**

Terlizzi EP, Cohen RA. Geographic variation in health insurance coverage: United States, 2022. National Health Statistics Reports; no 194. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://doi.org/10.15620/cdc:133320.

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