

## Congress Can Provide Millions of Uninsured Workers with Health Care by Connecting Unemployment Insurance Beneficiaries with Health Insurance Premium Tax Credits

### Findings in Brief

The version of the HEROES bill that the U.S. House of Representatives passed on October 1, 2020, proposed to connect people who benefit from unemployment insurance (UI) with advance premium tax credits (APTCs), which help pay for health coverage. In 2020, the Senate did not take up this proposal or any other House-passed plan to protect private insurance. Now under consideration for the next COVID-19 relief bill, this APTC/UI provision would furnish much-needed health care to people who lost their jobs due to the COVID-19 pandemic, including many who are at disproportionate risk of contracting and dying from the virus.

Based on recent data from the U.S. Census Bureau's Household Pulse Survey:

- » During the average week from November 23, 2020, through January 18, 2021, more than 4 million workers who had no health insurance relied on UI to make ends meet. They and their families would qualify for APTCs under the HEROES plan.
- » Nearly half of these workers (49%) are people of color. A quarter of them (24%) are Latinx, and one in six (16%) are African American. Three out of 4 (76%) are working-class people, who have no college degree.
- » Two in 5 uninsured workers who rely on UI (39%) have minor children living at home.

- » A third of these workers (32%) report not having enough food to eat, and nearly half (47%) have no confidence or only slight confidence in their ability to pay the next month's rent or mortgage.

Based on pre-pandemic data, people who rely on UI and live in rural areas are 21% more likely than those in urban and suburban areas to be uninsured. Unemployed rural workers are thus especially likely to benefit from the HEROES APTC/UI proposal.

At this critical phase of the COVID-19 pandemic, Congress has an important opportunity to provide laid-off workers and their families with health care by enacting, along with other important measures, this HEROES provision to guarantee APTCs to all who benefit from unemployment insurance.

*The HEROES Act would guarantee coverage of all essential health benefits, including prescription drugs and treatment of mental health and substance use disorders.*

### **The HEROES Act's APTC/UI Proposal Would Provide Affordable, Comprehensive Health Coverage to Uninsured Workers Who Lost Their Jobs through No Fault of Their Own**

**Eligibility.** On October 1, 2020, the House passed the second version of the HEROES Act, which proposed to furnish health insurance to UI beneficiaries and their dependents. To obtain UI, workers must prove that they are U.S. citizens or lawful permanent residents who are unemployed through no fault of their own. Every week or two (depending on the state), they must also prove that they are currently looking for work.

**Coverage.** The legislation provided APTCs to UI beneficiaries, classifying them as having income at 139% of the federal poverty level, just above the maximum income level for Medicaid in expansion states. This would guarantee coverage of all essential health benefits, including prescription drugs and treatment of mental health and substance use disorders. Plans would provide an actuarial value (AV) of 94%, which means that the insurance company pays 94% of covered claims for a standard population, limiting deductibles and other out-of-pocket costs. In the federal health insurance

Marketplace, 94%-AV plans now have an average deductible of \$177.<sup>1</sup> Under the current APTC statute, premiums would equal approximately 3.5% of income, or roughly \$105 a month a family of four.<sup>2</sup> If Congress combines the APTC/UI proposal with measures under consideration for the COVID-19 package that would increase APTCs to make coverage substantially more affordable to struggling families,<sup>3</sup> UI beneficiaries and their families would qualify for zero-premium coverage.

### **The HEROES Act's APTC/UI Proposal Would Help Unemployed, Uninsured Workers from Marginalized or Disadvantaged Communities, Including Many Who Are at Higher Risk of Illness and Death Due to COVID-19**

People who rely on UI and lack health insurance come from all walks of life, but they disproportionately include people of color and working-class families, as summarized earlier. Based on Household Pulse Survey (HPS) data obtained through biweekly Census Bureau surveys fielded from November 25, 2020, through December 23, 2020:<sup>4</sup>

<sup>1</sup> Analysis by The National Center for Coverage Innovation at Families USA of Household Pulse Survey (HPS) data from Week 20 (November 25, 2020, through December 7, 2020) and Week 21 (December 9, 2020, through December 21, 2020). The percentages in the text provide averages over this entire four-week period. Our [code](#) is posted online, as are the microdata for [Week 20](#) and [Week 21](#). Similar microdata are not yet available for Week 22, the final two-week period included in our state estimates. The latter are based on the Census Bureau's published HPS tables rather than microdata.

- » Half of uninsured UI beneficiaries (49%) are people of color, including 24% who are Latinx, 16% who are African American, and 4% who are Asian Americans or Pacific Islanders.
- » Three out of 4 uninsured UI beneficiaries (76%) did not graduate from college, including 52% who had no education beyond high school and 25% who attended some college without obtaining either a two-year or a four-year degree.<sup>ii</sup>
- » Almost 2 in 5 uninsured UI beneficiaries (39%) have minor children living at home. The HPS does not ask about children’s health insurance, but research shows that, when parents are uninsured, children are more likely to lack coverage.<sup>4</sup> Children can also experience long-term harm if their parents are uninsured and as a result do not seek treatment for serious chronic conditions, including mental health and substance use disorders.<sup>5</sup>
- » Uninsured UI beneficiaries are almost evenly divided by gender (47% women, 53% men).
- » Many uninsured UI beneficiaries are at risk of hunger or homelessness. A third (32%) reported that they did not have enough food during the week before the survey. A fourth (25%) were already behind on their rent or mortgage payments. Almost half (47%) had no confidence or only slight confidence that they could pay their next month’s rent or mortgage.

<sup>ii</sup> Totals may not sum because of rounding.

## **In Every State, Thousands of Uninsured Workers and Their Families Would Obtain Health Care from the HEROES APTC/UI Plan**

After almost a year of a devastating economic crisis and massive layoffs, many hardworking people have had to turn to UI for financial survival. During the average week from November 25, 2020, through January 18, 2021, 4.1 million adults who claimed UI benefits were also uninsured. As Table 1 shows, in every state, a significant proportion of people who rely on UI also lack health insurance, and a sizable fraction of all uninsured adults benefit from UI and could thus be covered by the HEROES APTC/UI proposal. Nationwide, roughly 1 in 6 UI beneficiaries (16%) were uninsured during the period covered by this Census Bureau data, and UI beneficiaries made up more than 1 out of every 5 uninsured adults (21%).

## **Some States Have Particularly Large Concentrations of Uninsured UI Beneficiaries Who Would Be Helped by the HEROES Proposal**

Two-thirds of all UI beneficiaries without health insurance (67%) live in just 10 states (see Table 2):

1. Texas (776,000)
2. California (639,000)
3. New York (258,000)
4. Florida (249,000)
5. Georgia (213,000)
6. Pennsylvania (171,000)
7. New Jersey (131,000)
8. North Carolina (115,000)
9. Illinois (108,000)
10. Washington (105,000)

In 10 states, 20% or more of all UI beneficiaries have no health insurance (see Table 3):

1. Texas (34%)
2. Mississippi (27%)
3. Georgia (26%)
4. Tennessee (24%)
5. Nevada (22%)
6. Oklahoma (22%)
7. Montana (21%)
8. Alaska (21%)
9. Missouri (20%)
10. Minnesota (20%)

In 10 states, more than a quarter of all uninsured adults benefit from unemployment insurance and could thus gain health care from this HEROES Act proposal (see Table 4):

1. New York (38%)
2. New Jersey (32%)
3. Nevada (32%)
4. Rhode Island (31%)
5. California (30%)
6. Minnesota (30%)
7. Pennsylvania (29%)
8. Mississippi (28%)
9. Maryland (27%)
10. Georgia (26%)

## UI Beneficiaries in Rural Communities Are Particularly Likely to Be Uninsured and Need the HEROES Act Proposal

Pre-pandemic survey data show that, in rural areas, UI beneficiaries were particularly likely to be uninsured. Unlike the Household Pulse Survey data discussed above, the U.S. Census Bureau’s Current Population Survey — Annual Social and Economic Supplement (CPS-ASEC) is available in ways that distinguish between people who live in urban, suburban, and rural areas. Averaging CPS-ASEC data for 2015 through 2017, UI beneficiaries in rural areas were 21% more likely to be uninsured than UI beneficiaries living in other areas (10.4% versus 8.6%).<sup>6</sup>

In 15 states, differences between rural and nonrural insurance coverage among UI beneficiaries were statistically significant. In just two of those states (Illinois and Nevada), rural UI beneficiaries were less likely to be uninsured, compared with those in urban and suburban areas. By contrast, rural UI beneficiaries were significantly more likely to be uninsured in 13 states (Arkansas, Colorado, Hawaii, Idaho, Maine, Maryland, Missouri, North Carolina, Pennsylvania, Texas, Virginia, Wisconsin, and Wyoming) (see Table 5).

## During the Pandemic, Health Insurance Gaps Endanger Laid-off Workers and the Communities Where They Live

For decades, experts in infectious diseases have warned that when many people in an area are uninsured, the entire community is at risk. Without insurance, patients are much more likely to delay seeking care when illness strikes. A highly contagious virus “left undetected” can thus “spread to family, neighbors, and other contacts. Their lack of insurance is a known risk to their own health, but it must now also be recognized as a risk to the nation’s health.”<sup>7</sup>

This warning proved accurate in the COVID-19 pandemic. Despite past congressional efforts extending free COVID-19 tests and treatments to people who are uninsured, health insurance gaps have accelerated COVID-19's spread and caused needless loss of life. **A recent study controlling for a broad range of factors found that, for each 10% increase in the proportion of a county's residents who lack health insurance, the county's COVID-19 cases rise by 70%, and COVID-19 fatalities go up by 48%.**<sup>8</sup>

To address this crisis, President Joe Biden and congressional leadership have proposed several steps to broaden the protective circle of health insurance. Such steps include vitally important measures to increase the generosity of APTCs and to provide full premium subsidies for laid-off workers offered coverage by their former employers under the COBRA health insurance law. It is also essential for Congress to enact the HEROES Act plan to aid uninsured UI beneficiaries, since more than half of the unemployed uninsured are ineligible for COBRA.<sup>9</sup>

*Addressing the urgent health care needs of uninsured workers must to be a top priority for Congress and the Biden administration.*

## Conclusion

Even before the pandemic hit, 30 million people in America did not have health insurance.<sup>10</sup> Now one year into the COVID-19 pandemic, the number of uninsured people in America has grown, largely due to job loss and resulting termination of employer-sponsored insurance. According to survey results published last fall by the Harvard T.H. Chan School of Public Health, the Robert Wood Johnson Foundation, and Kaiser Health News, 6% of all adults reported that someone in their household lost health insurance since the pandemic first hit. Based on Census Bureau population data, that translates into 15.3 million adults who reported that someone in their household lost health insurance during the pandemic — far more than the largest annual loss of employer-sponsored insurance ever recorded.<sup>11</sup>

Even more devastating, the communities hardest hit by COVID-19 have also experienced the greatest coverage losses resulting from the pandemic. That same Harvard/Johnson/Kaiser survey found coverage losses nearly twice as steep for African Americans, Indigenous people, and Asian Americans/Pacific Islanders as among non-Hispanic Whites (7% of adults reporting household coverage losses versus 4%). Losses were three times higher for Latinx adults as for non-Hispanic Whites (12% versus 4%).

Addressing the urgent health care needs of uninsured workers must to be a top priority for Congress and the Biden administration. Policymakers should use every tool at their disposal to connect people who have lost their jobs to high-quality, affordable health insurance. One essential tool is the APTC/UI proposal that was a vital part of the revised HEROES Act.

## Tables

**Table 1. Uninsured Workers Who Rely on UI by State, in Total and as a Percentage of All UI Beneficiaries and All Uninsured Adults: November 25, 2020, through January 18, 2021 (Average Weekly Totals)**

	Number of uninsured workers who rely on UI	Uninsured adults who rely on UI as a percentage of	
		All UI beneficiaries	All uninsured adults
<b>United States</b>	<b>4,126,000</b>	<b>16%</b>	<b>21%</b>
Alabama	35,000	14%	11%
Alaska	12,000	21%	19%
Arizona	51,000	11%	12%
Arkansas	13,000	8%	7%
California	639,000	14%	30%
Colorado	82,000	20%	22%
Connecticut	18,000	7%	15%
Delaware	7,000	9%	20%
District of Columbia	4,000	8%	18%
Florida	249,000	16%	15%
Georgia	213,000	26%	26%
Hawaii	11,000	6%	20%
Idaho	17,000	19%	14%
Illinois	108,000	11%	20%
Indiana	50,000	12%	15%
Iowa	17,000	12%	19%
Kansas	24,000	18%	14%
Kentucky	25,000	9%	14%
Louisiana	29,000	8%	13%
Maine	6,000	7%	11%
Maryland	54,000	10%	27%
Massachusetts	36,000	6%	19%
Michigan	90,000	9%	23%
Minnesota	70,000	20%	30%
Mississippi	64,000	27%	28%

	Number of uninsured workers who rely on UI	Uninsured adults who rely on UI as a percentage of	
		All UI beneficiaries	All uninsured adults
Missouri	70,000	20%	19%
Montana	13,000	21%	19%
Nebraska	10,000	16%	13%
Nevada	84,000	22%	32%
New Hampshire	10,000	14%	16%
New Jersey	131,000	16%	32%
New Mexico	19,000	10%	14%
New York	258,000	13%	38%
North Carolina	115,000	16%	15%
North Dakota	3,000	11%	12%
Ohio	88,000	13%	17%
Oklahoma	51,000	22%	13%
Oregon	48,000	10%	21%
Pennsylvania	171,000	15%	29%
Rhode Island	10,000	10%	31%
South Carolina	37,000	11%	10%
South Dakota	3,000	13%	5%
Tennessee	82,000	24%	18%
Texas	776,000	34%	24%
Utah	14,000	12%	9%
Vermont	4,000	7%	11%
Virginia	41,000	10%	11%
Washington	105,000	17%	23%
West Virginia	12,000	10%	14%
Wisconsin	43,000	13%	21%
Wyoming	3,000	17%	6%

Source: Analysis by The National Center for Coverage Innovation at Families USA of Household Pulse Survey (HPS) data from weeks 20 (November 25-December 7, 2020) through 22 (January 6-January 18, 2021), <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Note: The Census Bureau advises against attempting to compare results from the HPS to other survey results. Health coverage estimates come from “Health Table 3. Current Health Insurance Status, by Select Characteristics.” UI claimant totals come from “Food Table 2b or 2 (depending on the week). Food Sufficiency for Households, in the Last 7 Days, by Select Characteristics.” Totals may not sum because of rounding. Numbers are rounded to the nearest 1,000.

**Table 2. Number of Uninsured Workers Who Rely on UI, by State in Rank Order: November 25, 2020, through January 18, 2021 (Average Weekly Totals)**

Rank	State	Number of uninsured workers who rely on UI	Rank	State	Number of uninsured workers who rely on UI
1	Texas	776,000	27	Massachusetts	36,000
2	California	639,000	28	Alabama	35,000
3	New York	258,000	29	Louisiana	29,000
4	Florida	249,000	30	Kentucky	25,000
5	Georgia	213,000	31	Kansas	24,000
6	Pennsylvania	171,000	32	New Mexico	19,000
7	New Jersey	131,000	33	Connecticut	18,000
8	North Carolina	115,000	34	Idaho	17,000
9	Illinois	108,000	35	Iowa	17,000
10	Washington	105,000	36	Utah	14,000
11	Michigan	90,000	37	Arkansas	13,000
12	Ohio	88,000	38	Montana	13,000
13	Nevada	84,000	39	Alaska	12,000
14	Colorado	82,000	40	West Virginia	12,000
15	Tennessee	82,000	41	Hawaii	11,000
16	Minnesota	70,000	42	Nebraska	10,000
17	Missouri	70,000	43	New Hampshire	10,000
18	Mississippi	64,000	44	Rhode Island	10,000
19	Maryland	54,000	45	Delaware	7,000
20	Arizona	51,000	46	Maine	6,000
21	Oklahoma	51,000	47	District of Columbia	4,000
22	Indiana	50,000	48	Vermont	4,000
23	Oregon	48,000	49	North Dakota	3,000
24	Wisconsin	43,000	50	South Dakota	3,000
25	Virginia	41,000	51	Wyoming	3,000
26	South Carolina	37,000			

Source: Analysis by The National Center for Coverage Innovation at Families USA of Household Pulse Survey (HPS) data from weeks 20 (November 25-December 7, 2020) through 22 (January 6-January 18, 2021), <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Note: The Census Bureau advises against attempting to compare results from the HPS to other survey results. Health coverage estimates come from “Health Table 3. Current Health Insurance Status, by Select Characteristics.” Numbers are rounded to the nearest 1,000.

**Table 3. UI Beneficiaries Who Have No Health Insurance, as a Percentage of All UI Beneficiaries, by State in Rank Order: November 25, 2020, through January 18, 2021 (Average Weekly Totals)**

Rank	State	Percentage of all UI beneficiaries who have no health insurance	Rank	State	Percentage of all UI beneficiaries who have no health insurance
1	Texas	34%	27	Ohio	13%
2	Mississippi	27%	28	Indiana	12%
3	Georgia	26%	29	Utah	12%
4	Tennessee	24%	30	Iowa	12%
5	Nevada	22%	31	South Carolina	11%
6	Oklahoma	22%	32	Illinois	11%
7	Montana	21%	33	Arizona	11%
8	Alaska	21%	34	North Dakota	11%
9	Missouri	20%	35	West Virginia	10%
10	Minnesota	20%	36	Maryland	10%
11	Colorado	20%	37	Virginia	10%
12	Idaho	19%	38	Rhode Island	10%
13	Kansas	18%	39	Oregon	10%
14	Washington	17%	40	New Mexico	10%
15	Wyoming	17%	41	Kentucky	9%
16	Florida	16%	42	Delaware	9%
17	Nebraska	16%	43	Michigan	9%
18	North Carolina	16%	44	District of Columbia	8%
19	New Jersey	16%	45	Louisiana	8%
20	Pennsylvania	15%	46	Arkansas	8%
21	California	14%	47	Maine	7%
22	Alabama	14%	48	Vermont	7%
23	New Hampshire	14%	49	Connecticut	7%
24	South Dakota	13%	50	Hawaii	6%
25	New York	13%	51	Massachusetts	6%
26	Wisconsin	13%			

Source: Analysis by The National Center for Coverage Innovation at Families USA of Household Pulse Survey (HPS) data from weeks 20 (November 25-December 7, 2020) through 22 (January 6-January 18, 2021), <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Note: The Census Bureau advises against attempting to compare results from the HPS to other survey results. Health coverage estimates come from “Health Table 3. Current Health Insurance Status, by Select Characteristics.” UI claimant totals come from “Food Table 2b or 2 (depending on the week). Food Sufficiency for Households, in the Last 7 Days, by Select Characteristics.”



**Table 4. Uninsured Adults Who Rely on UI, as a Percentage of All Uninsured Adults, by State in Rank Order: November 25, 2020, through January 18, 2021 (Average Weekly Totals)**

Rank	State	Percentage of all uninsured adults who rely on UI	Rank	State	Percentage of all uninsured adults who rely on UI
1	New York	38%	27	Ohio	17%
2	New Jersey	32%	28	New Hampshire	16%
3	Nevada	32%	29	Indiana	15%
4	Rhode Island	31%	30	North Carolina	15%
5	California	30%	31	Florida	15%
6	Minnesota	30%	32	Connecticut	15%
7	Pennsylvania	29%	33	Kentucky	14%
8	Mississippi	28%	34	New Mexico	14%
9	Maryland	27%	35	Idaho	14%
10	Georgia	26%	36	West Virginia	14%
11	Texas	24%	37	Kansas	14%
12	Washington	23%	38	Oklahoma	13%
13	Michigan	23%	39	Nebraska	13%
14	Colorado	22%	40	Louisiana	13%
15	Wisconsin	21%	41	Arizona	12%
16	Oregon	21%	42	North Dakota	12%
17	Hawaii	20%	43	Virginia	11%
18	Illinois	20%	44	Maine	11%
19	Delaware	20%	45	Vermont	11%
20	Iowa	19%	46	Alabama	11%
21	Alaska	19%	47	South Carolina	10%
22	Montana	19%	48	Utah	9%
23	Massachusetts	19%	49	Arkansas	7%
24	Missouri	19%	50	Wyoming	6%
25	District of Columbia	18%	51	South Dakota	5%
26	Tennessee	18%			

Source: Analysis by The National Center for Coverage Innovation at Families USA of Household Pulse Survey (HPS) data from weeks 20 (November 25-December 7, 2020) through 22 (January 6-January 18, 2021), <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>. Note: The Census Bureau advises against attempting to compare results from the HPS to other survey results. Health coverage estimates come from “Health Table 3. Current Health Insurance Status, by Select Characteristics.”

**Table 5. Percentage of Uninsured Workers Who Rely on UI in Rural Versus Nonrural areas, in Selected States: 2015-2017 (Annual Average)**

	Rural	Urban and suburban combined	Relative change in uninsured rate when comparing rural to nonrural areas
Arkansas***	18.4 %	11.2%	+64%
Colorado**	13.5%	7.2%	+88%
Hawaii***	7.8%	2.9%	+169%
Idaho**	12.1%	7.7%	+57%
Illinois**	4.1%	8.9%	-54%
Maine*	11.6%	6.8%	+71%
Maryland***	21.5%	6.3%	+241%
Missouri***	18.0%	8.1%	+122%
Nevada*	4.8%	9.8%	-51%
North Carolina**	11.0%	7.0%	+57%
Pennsylvania*	11.7%	8.5%	+38%
Texas***	20.7%	15.1%	+37%
Virginia**	12.4%	7.1%	+75%
Wisconsin***	12.2%	4.0%	+205%
Wyoming**	11.9%	7.7%	+55%

*Source:* The National Center for Coverage Innovation at Families USA analysis of Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) data for 2015-2017. Data obtained through IPUMS CPS, University of Minnesota, [www.ipums.org](http://www.ipums.org).

*Note:* The table is limited to states with statistically significant differences between rural and nonrural percentages of uninsured UI beneficiaries.

\* =  $P \leq .10$

\*\* =  $P \leq .05$

\*\*\* =  $P \leq .01$

## Endnotes

<sup>1</sup> Kaiser Family Foundation, “Cost-Sharing for Plans Offered in the Federal Marketplace, 2014-2021,” January 15, 2021, <https://www.kff.org/slideshow/cost-sharing-for-plans-offered-in-the-federal-marketplace/>.

<sup>2</sup> Kaiser Family Foundation, “Health Insurance Marketplace Calculator,” October 30, 2020, <https://www.kff.org/interactive/subsidy-calculator/#state=&zip=&income-type=percent&income=139&employer-coverage=0&people=1&alternate-plan-family=&adult-count=1&adults%5B0%5D%5Bage%5D=21&adults%5B0%5D%5Btobacco%5D=0&child-count=0>.

<sup>3</sup> Contained both in last year’s Patient Protection and Affordable Care Enhancement Act and legislation recently introduced by Rep. Lauren Underwood, D-Ill., this proposal would both increase the generosity of APTCs for currently eligible people and make APTCs available to people at any income level for whom benchmark marketplace coverage costs more than 8.5% of household income. An important feature is that those with incomes at or below 150% of FPL would not be charged premiums for benchmark coverage, applying to the nation as a whole greater levels of assistance that have galvanized enrollment in Massachusetts and New York.

<sup>4</sup> Lisa Dubay and Genevieve Kenney, “Expanding Public Health Insurance to Parents: Effects on Children’s Coverage under Medicaid,” *Health Services Research* 38, no. 5 (October 2003): 1283–1302; Melissa Yamauchi et al., “Does Health Insurance Continuity among Low-Income Adults Impact Their Children’s Insurance Coverage?” *Maternal and Child Health Journal* 17, no. 2 (February 2013): 248–255; Mary Henderson, Ensuring Health Coverage for Maine Families with Children in 2014 (Augusta, ME: Maine Children’s Alliance, 2014), [https://www.mekids.org/site/assets/files/1372/healthcoverage\\_children\\_2014.pdf](https://www.mekids.org/site/assets/files/1372/healthcoverage_children_2014.pdf). For example, in states that never expanded Medicaid eligibility for adults under the Affordable Care Act (ACA), the percentage of uninsured children is more than twice that in expansion states: 7.9% vs. 3.9%. Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, Health Insurance Coverage in the United States: 2018, Current Population Reports, P60-267(RV) (Washington, DC: U.S. Census Bureau, November 2019), <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>. See also Joan Alker and Olivia Pham, Nation’s Progress on Children’s Health Coverage Reverses Course (Washington, DC: Georgetown University Center for Children and Families,

November 2018), [https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018Final\\_asof1128743pm.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018Final_asof1128743pm.pdf).

<sup>5</sup> David Murphey, Health Insurance Coverage Improves Child Well-Being (Bethesda MD: Child Trends, May 2017), <https://www.childtrends.org/publications/health-insurance-coverage-improveschild-well>.

<sup>6</sup> The National Center for Coverage Innovation at Families USA analysis of the U.S. Census Bureau’s Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) data for 2016-2018, reporting coverage during 2015-2017. Data obtained through IPUMS CPS, University of Minnesota, [www.ipums.org](http://www.ipums.org). As a percentage of all residents, uninsured UI recipients were 26% more prevalent in rural areas than in urban and suburban areas combined (2.6% versus 2.0%).

<sup>7</sup> Matthew K. Wynia and Lawrence Gostin, “Medicine. The Bioterrorist Threat and Access to Health Care,” *Science* 296, no. 5573 (May 2002): 1613, doi: 10.1126/science.1072921. <https://science.sciencemag.org/content/296/5573/1613>

<sup>8</sup> Factors for which the researchers controlled included, in addition to the percentage of residents in each county without insurance, information about race, ethnicity, gender, age, population density, urbanization, housing overcrowding, air pollution, residential housing segregation, education levels, unemployment rates, income, income inequality, rates of diabetes and obesity, smoking prevalence, sexually transmitted disease rates as an indicator of unprotected personal interactions, and patterns of travel and mobility outside the home. John M. McLaughlin et al., “County-Level Predictors of Coronavirus Disease 2019 (COVID-19) Cases and Deaths in the United States: What Happened, and Where Do We Go from Here?” *Clinical Infectious Diseases* (November 2020), ciaa 1729, <https://doi.org/10.1093/cid/ciaa1729>.

<sup>9</sup> An estimated 4.7 million uninsured people in families experiencing 2020 job loss were ineligible for COBRA because they were uninsured before they were laid-off. A much smaller group -- 3.5 million -- had insurance on their former job and became uninsured after job loss and so may have qualified for COBRA in 2020. Jessica Benthin, et al. Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation (Urban Institute, July 2020). [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2020/rwjf462303](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2020/rwjf462303). The latter number is an overestimate of COBRA eligibility, since people are ineligible for COBRA, despite prior employer-based coverage, if their former employer has gone out of business, no longer offers health insurance, or is below a threshold size (depending on the state).

<sup>10</sup> According to American Community Survey data, 29.6 million people were uninsured in 2019. U.S. Census Bureau, 2019 American Community Survey. “Table HI05\_ACS. Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2019.” [https://www2.census.gov/programs-surveys/demo/tables/health-insurance/2020/acs-hi/hi05\\_acs.xlsx](https://www2.census.gov/programs-surveys/demo/tables/health-insurance/2020/acs-hi/hi05_acs.xlsx)

<sup>11</sup> NPR, The Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health. The Impact of Coronavirus on Households Across America, September 2020, [https://cdn1.sph.harvard.edu/wp-content/uploads/sites/21/2020/09/NPR-RWJF-Harvard-National-Report\\_092220\\_Final1-4.pdf](https://cdn1.sph.harvard.edu/wp-content/uploads/sites/21/2020/09/NPR-RWJF-Harvard-National-Report_092220_Final1-4.pdf); NPR, The Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health. The Impact of Coronavirus on Households, by Race/Ethnicity, September 2020, [https://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2020/rwjf462705](https://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2020/rwjf462705); National Center for Coverage Innovation at Families USA analysis of U.S. Census Bureau, Population Division Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-AGESEX) (June 2020), <https://www2.census.gov/programs-surveys/popest/tables/2010-2019/national/asrh/nc-est2019-agesex.xlsx>; National Center for Coverage Innovation at Families USA analysis of U.S. Census Bureau, 2008 to 2019 American Community Surveys (ACS). “Table HIC-4\_ACS. Health Insurance Coverage Status and Type of Coverage by State All Persons: 2008 to 2019.” September 11, 2020. [https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/acs/hic04\\_acs.xlsx](https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/acs/hic04_acs.xlsx).

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