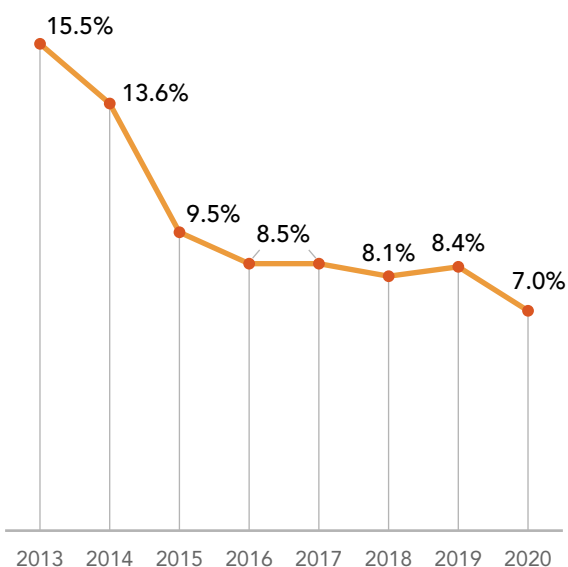




Coverage During a Crisis: Insured Rate for Californians Hits Historic High in First Year of COVID-19 Pandemic

Despite widespread concern that economic fallout from the pandemic could slow California's progress toward covering the uninsured, more Californians had health insurance coverage than ever before in 2020, according to results from the latest California Health Interview Survey (CHIS). The uninsured rate among the total nonelderly California population declined significantly, from 8.4% in 2019 to 7.0% in 2020. The rate in 2020 was less than half the rate of 15.5% in 2013, before the coverage expansions of the Affordable Care Act (ACA) (Figure 1).¹

Figure 1. Uninsured Nonelderly Californians, 2013–20



* Due to changes in California Health Interview Survey (CHIS) design in 2019, comparisons to prior years should be interpreted with caution.

Sources: State Health Access Data Assistance Center (SHADAC) analysis of CHIS data. "A New Design for CHIS 2019–2020," UCLA Center for Health Policy Research.

With full implementation of the ACA in 2014, many Californians obtained health insurance through expanded eligibility for Medicaid (called Medi-Cal in California). The ACA also provided federal government subsidies to make individual coverage purchased through Covered California more affordable for Californians with moderate incomes.

Since then, California has enacted policies beyond the ACA to expand access to coverage. The state extended Medi-Cal coverage to undocumented children and young adults up to 26 in families with low incomes, and increased state-funded premium subsidies for some Covered California enrollees. The state also instituted a tax penalty for being uninsured, in effect reviving an ACA policy that was nullified by Congress in 2017.

In 2020, the federal government enacted provisions that helped protect health insurance coverage during the pandemic. For example, the Families First Coronavirus Response Act (FFCRA) limited the ability of states to disenroll people from Medicaid through its "continuous coverage" provision, which went into effect in March 2020. There were also multiple stimulus checks, providing direct payments to millions of Californians. These cash infusions may have helped consumers continue to pay premiums despite job losses and reduced wages resulting from broad shutdowns targeted at slowing the spread of the virus.

Key Coverage Supports in 2021

There were also important coverage supports enacted in 2021. Although the impacts of these policies are not reflected in the 2020 data discussed here, the policies provide important context for understanding trends that emerge in 2021 and beyond. For example, the American Rescue Plan of 2021 increased premium subsidies available for those purchasing their own coverage through Covered California and other state marketplaces. [Researchers have estimated](#)² that this policy provides an additional \$91 per month to those Californians already enrolled. The federal government also provided 100% premium subsidies for COBRA coverage from April through September 2021, allowing people who lost their jobs during the COVID-19 crisis to keep their work-based health insurance.

The combination of prepandemic state and federal policies that expanded health insurance coverage, along with quick action by policymakers in 2020 to bolster those policies with additional crisis stopgaps, helped protect coverage for many Californians during the pandemic. Below, more detailed information is provided about the coverage landscape in California in 2020, highlighting both encouraging trends and persistent disparities that warrant attention, particularly as federal policies that protect coverage connected to the pandemic end or wind down.

Rates of Uninsured Dropped Across Several Population Subgroups from 2019 to 2020

In addition to the statewide trend toward expanded coverage from 2019 to 2020, the rates of uninsured also declined for several key subgroups in this time period (Table 2, page 3):

- ▶ Californians with incomes up to 138% of the federal poverty guidelines (FPG), dropping from 12.1% in 2019 to 9.6% in 2020. These are people whose income would make them eligible for Medi-Cal, many through the ACA expansion of the program.
- ▶ Californians who identify as Latinx, from 12.9% in 2019 to 10.5% in 2020.
- ▶ Those residing in rural areas of the state, from 9.6% to 6.4%.
- ▶ Adults age 18 to 64, from 10.8% to 9.1%.

There were no statistically significant changes in uninsured rates by citizenship, for urban Californians, children, or for other categories by income or race/ethnicity.

Statistical significance is a mathematical test of whether differences are real or the result of random chance. A confidence level of 95% means that researchers are 95% confident that the results were not due to random chance.

Table 1. Annual Income, by FPG (family of four)

	2019	2020
100% FPG	\$25,750	\$26,200
138% FPG	\$35,535	\$36,156
250% FPG	\$64,375	\$65,500
400% FPG	\$103,000	\$104,800

Source: Office of the Assistant Secretary for Planning and Evaluation, [2019-poverty-guidelines](#) and [2020-poverty-guidelines](#).

Table 2. Uninsured Rates Among Nonelderly Californians, 2019–20

	2020	2019	PERCENTAGE POINT CHANGE, 2019–20	SIGNIFICANCE
Overall	7.0%	8.4%	–1.4	*
AGE				
▶ 0 to 17	1.8%	2.0%	–0.2	
▶ 18 to 64	9.1%	10.8%	–1.8	*
GEOGRAPHY				
▶ Urban	7.1%	8.2%	–1.1	
▶ Rural	6.4%	9.6%	–3.2	*
INCOME, BY FEDERAL POVERTY GUIDELINES				
▶ 0% to 138% FPG	9.6%	12.1%	–2.5	*
▶ 139% to 249% FPG	11.7%	14.2%	–2.4	
▶ 250% to 399% FPG	8.3%	9.1%	–0.7	
▶ 400%+ FPG	4.1%	4.7%	–0.6	
RACE AND ETHNICITY				
▶ Latinx	10.5%	12.9%	–2.4	*
▶ Asian	5.4%	6.4%	–1.0	
▶ Black	5.3%	4.1%	1.2	
▶ Other / Multiple Races	5.1%	4.6%	0.5	
▶ White	3.8%	4.5%	–0.7	
▶ American Indian / Alaska Native	†	†	N/A	
CITIZENSHIP				
▶ Citizen	5.6%	6.4%	–0.8	
▶ Noncitizen	18.4%	22.8%	–4.4	

* Statistically significant difference between 2019 and 2020 at the 95% confidence level. See the box on page 2 for a definition of statistical significance.

† Estimate suppressed due to insufficient sample and/or unstable estimate.

Notes: Source uses *African American* instead of *Black*. N/A is not available. Percentage point difference shown may differ from calculations in the table due to rounding.

Source: SHADAC analysis of CHIS data.

Employer and Individual Coverage Held Steady Statewide, and Increased for Some Groups

There was concern that the deep job losses associated with the pandemic would result in loss of employer-sponsored insurance, which covers the majority of Californians. However, the overall statewide rate of employer coverage among the nonelderly was statistically unchanged from 58.8% in 2019 to 60.1% in 2020. Employer coverage increased significantly from 59.2% to 60.9% among nonelderly adults, from 62.6% to 64.9% among citizens, and from 20.5% to 24.0% among those with incomes 0% to 138% FPG (Table A1, page 8).

The increased rate of employer coverage among those with very low incomes is unusual, and it's likely that the unique circumstances of the pandemic and government supports to help people weather the situation influenced those changes, but the exact mechanisms by which that may have happened are not yet clear. It is possible that the increase in employer coverage among people with lower incomes might be explained by a shift in the composition of the population with low incomes during the pandemic. For example, pandemic-driven job losses may have pushed a larger number of people into this income category temporarily, and these people may have been more likely to have had and kept employer coverage than other Californians with low incomes.

There were no statistically significant changes in employer-sponsored insurance from 2019 to 2020 for Californians in other income categories, children, or noncitizens, or by race/ethnicity or geography.

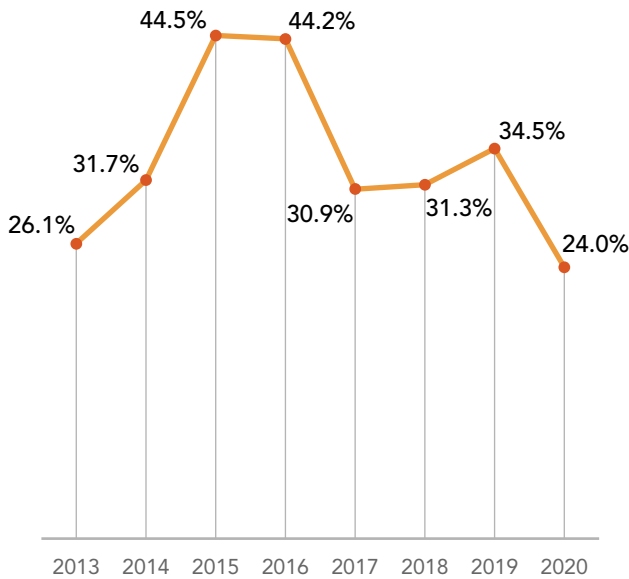
The share of Californians purchasing their own health insurance coverage, either directly from insurers or through Covered California, also held steady from 2019 to 2020, at 5.6%. Changes among subgroups were also limited. Individually purchased coverage increased significantly among Asians from 4.9% to 7.6%, but decreased from 8.1% to 6.8% among White people. There were no statistically significant changes for other racial/ethnic groups, or by age, citizenship, geography, or income (Table A2, page 9).

Medi-Cal Coverage Held Steady Statewide, but Declined Significantly Among Black Californians

Medi-Cal coverage held steady between 2019 and 2020, covering roughly one quarter of the nonelderly population (Table A3, page 10).³ Changes by subpopulation were also limited, with the notable exception that the share of Black Californians with Medi-Cal declined from 34.5% in 2019 to 24.0% in 2020, a difference that was statistically significant, and is a continuation of recent trends. The share of Black Californians covered by Medi-Cal increased for the first few years following implementation of the ACA, but has declined since its peak in 2015 (Figure 2, page 5). As noted above, the percentage of Black Californians without insurance increased from 4.1% to 5.3% between 2019 and 2020. This difference was not statistically significant, but merits continued monitoring.

There were no statistically significant changes in Medi-Cal coverage for other racial/ethnic groups, or by age, citizenship, or geography.

Figure 2. Medi-Cal Among Black Californians, 2013–20



Note: Due to changes in CHIS design in 2019, comparisons to prior years should be interpreted with caution.

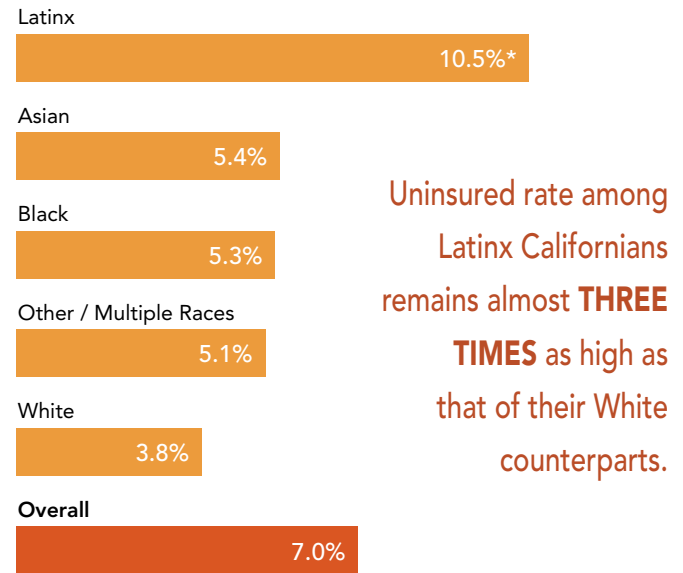
Sources: SHADAC analysis of CHIS data. "A New Design for CHIS 2019–2020," UCLA Center for Health Policy Research.

Despite Measurable Progress, Critical Disparities in Coverage Persist

Despite considerable progress in expanding coverage and historic narrowing of disparities⁴ that CHCF has reported on previously, there remain substantial inequities in the extent to which certain groups remain uninsured in California.

- ▶ The uninsured rate among Latinx Californians remains almost three times as high as that of their White counterparts (10.5% compared to 3.8%), a difference that was statistically significant (Figure 3).
- ▶ Noncitizen adults are uninsured at more than three times the rate of their citizen counterparts (18.4% compared to 5.6%) (Table 2, page 3).
- ▶ Californians with lower incomes are more likely to be uninsured than those with incomes above 400% FPG (Figure 4).

Figure 3. Nonelderly Uninsured, by Race/Ethnicity, 2020

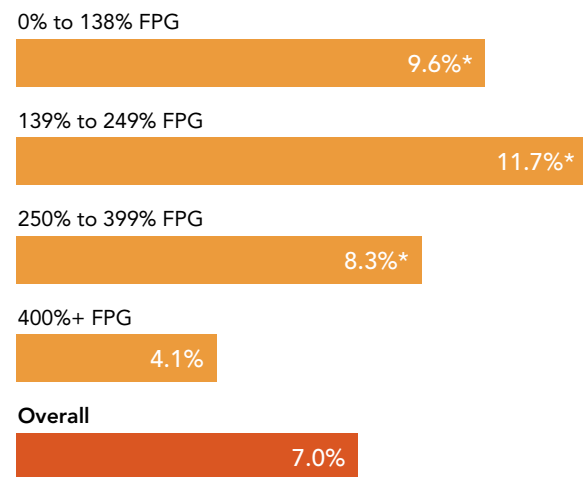


* Statistically significant difference from White at the 95% level of confidence.

Notes: American Indian / Alaska Native suppressed due to unstable estimate. Source uses African American instead of Black.

Source: SHADAC analysis of CHIS data.

Figure 4. Nonelderly Uninsured, by Income, 2020



* Statistically significant difference from 400%+ at the 95% level of confidence.

Source: SHADAC analysis of CHIS data.

Conclusion

California has made remarkable progress in expanding access to health coverage since the passage of the Affordable Care Act in 2013. The state's robust implementation of the ACA and additional state policies over the years, in combination with recent state and federal policies designed to protect against coverage losses during the pandemic, has enabled the rate of coverage among Californians to rise to historic levels, even during a massive public health and economic crisis.

However, there is potential for coverage expansion to slow or even reverse as policies that provided robust protection during the pandemic unwind or scale back. For example, the American Rescue Plan Act subsidies for those purchasing coverage through Covered California are set to expire in 2023 without additional legislative action. The COBRA subsidies will end in 2022. The FFCRA continuous coverage provision for Medicaid will end with the federally declared public health emergency, potentially leading to large numbers of Californians with low incomes losing coverage if flexibilities and consumer-friendly enrollment policies are not embraced.

The sunset of these policies could also reverse or stall California's progress on closing disparities in coverage. [Researchers have pointed out](#)⁵ that the end of the continuous coverage provision for Medicaid, in particular, has the potential to disproportionately impact communities of color. Given that disparities have persisted even during a time with considerable policy action to promote coverage, it will be critical to continue to monitor the impacts of these provisions phasing out in California and to take policy action to protect consumers.

The state is also planning additional provisions to bolster coverage in the coming year, including expanding Medi-Cal coverage to Californians with low incomes age 50 and above regardless of immigration status as well as implementing other Medi-Cal enrollment and eligibility improvements. These interventions should help many Californians get and maintain coverage.

As the pandemic abates, it will be important to monitor not only whether health insurance coverage rates hold steady, continue to improve, or regress — and for whom — but also how coverage translates into tangible benefits for Californians. Ultimately, the value of health insurance is found in enhancing people's access to health care services and insulating them against unaffordable costs, which can sometimes be financially ruinous. Further research in subsequent years should investigate the extent to which and for whom the state's steadily improving health coverage landscape is resulting in improvements to Californians' ability to get and afford health care.

About the Author

Lacey Hartman, MPP, is a senior research fellow at the [State Health Access Data Assistance Center \(SHADAC\)](#), where she leads a range of projects aimed at helping states use data to inform policy.

About the Foundation

The [California Health Care Foundation](#) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Endnotes

1. The survey data reported here rely on self-reported insurance status. When asked by survey researchers about health coverage, some immigrants who are undocumented and who have used restricted scope Medi-Cal may respond that they have Medi-Cal coverage. Restricted-scope Medi-Cal, which covers only emergency and pregnancy-related services, is not comprehensive coverage. If survey respondents with restricted-scope Medi-Cal were instead reported as uninsured, the number of Californians without insurance would be higher.
2. Miranda Deitz et al., [American Rescue Plan Improvements to Covered California Affordability: Who Gains?](#), California Health Care Foundation (CHCF), April 2021.
3. This estimate differs from administrative data from the California Department of Health Care Services, which put Medi-Cal enrollment at 13.1 million in 2020 (or about a third of the California population), because surveys tend to [undercount Medicaid](#). DHCS data as cited in Finocchio et al., [Medi-Cal Facts and Figures, 2021 Edition](#), CHCF, August 2021.
4. Tara Becker, [ACA Reduces Racial/Ethnic Disparities in Health Coverage](#), CHCF, October 2018.
5. Patricia Boozang and Adam Striar, [“The End of the COVID Public Health Emergency: Potential Health Equity Implications of Ending Medicaid Continuous Coverage,”](#) State Health and Value Strategies, September 17, 2021.

Appendix. Supplemental Data Tables

Table A1. Employer Coverage Rates Among Nonelderly Californians, 2019–20

	2020	2019	PERCENTAGE POINT CHANGE, 2019–20	SIGNIFICANCE
Overall	60.1%	58.8%	1.4	
AGE				
▶ 0 to 17	58.1%	57.7%	0.4	
▶ 18 to 64	60.9%	59.2%	1.7	*
GEOGRAPHY				
▶ Urban	59.4%	60.6%	–1.2	
▶ Rural	52.6%	56.5%	–3.9	
INCOME, BY FEDERAL POVERTY GUIDELINES				
▶ 0% to 138% FPG	24.0%	20.5%	3.6	*
▶ 139% to 249% FPG	42.8%	39.4%	3.4	
▶ 250% to 399% FPG	64.2%	63.5%	0.7	
▶ 400%+ FPG	82.0%	82.0%	0.1	
RACE AND ETHNICITY				
▶ White	72.8%	70.4%	2.4	
▶ Asian	66.0%	70.5%	–4.5	
▶ Black	60.0%	53.8%	6.2	
▶ American Indian / Alaska Native	48.5%	†	N/A	
▶ Latinx	47.4%	45.5%	1.9	
▶ Other / Multiple Races	70.7%	74.2%	–3.5	
CITIZENSHIP				
▶ Citizen	64.9%	62.6%	2.3	*
▶ Noncitizen	38.4%	40.5%	–2.2	

* Statistically significant difference from reference category at 95% confidence level. See the box on page 2 for a definition of statistical significance.

† Estimate suppressed due to insufficient sample and/or unstable estimate.

Notes: Source uses *African American* instead of *Black*. N/A is not available. Percentage point difference shown may differ from calculations in the table due to rounding. Source: SHADAC analysis of CHIS data.

Table A2. Individual Market Coverage Rates Among Nonelderly Californians, 2019–20

	2020	2019	PERCENTAGE POINT CHANGE, 2019–20	SIGNIFICANCE
Overall	5.6%	5.6%	0.0	
AGE				
▶ 0 to 17	3.4%	3.1%	0.3	
▶ 18 to 64	6.4%	6.6%	–0.2	
GEOGRAPHY				
▶ Urban	5.3%	5.5%	–0.2	
▶ Rural	7.4%	6.9%	–0.5	
INCOME, BY FEDERAL POVERTY GUIDELINES				
▶ 0% to 138% FPG	4.5%	4.1%	0.5	
▶ 139% to 249% FPG	7.1%	6.2%	0.8	
▶ 250% to 399% FPG	6.7%	8.1%	–1.4	
▶ 400%+ FPG	5.3%	5.0%	0.3	
RACE AND ETHNICITY				
▶ Asian	7.6%	4.9%	2.8	*
▶ White	6.8%	8.1%	–1.3	*
▶ Latinx	4.0%	4.2%	–0.1	
▶ Black	3.8%	2.9%	0.9	
▶ American Indian / Alaska Native	†	†	N/A	
▶ Other / Multiple Races	7.1%	6.0%	1.1	
CITIZENSHIP				
▶ Citizen	5.5%	5.7%	–0.2	
▶ Noncitizen	6.2%	4.7%	1.5	

* Statistically significant difference from reference category at 95% confidence level. See the box on page 2 for a definition of statistical significance.

† Estimate suppressed due to insufficient sample and/or unstable estimate.

Notes: Source uses *African American* instead of *Black*. N/A is not available. Percentage point difference shown may differ from calculations in the table due to rounding. Source: SHADAC analysis of CHIS data.

Table A3. Medi-Cal Rates Among Nonelderly Californians, 2019–20

	2020	2019	PERCENTAGE POINT CHANGE, 2019–20	SIGNIFICANCE
Overall	24.8%	24.7%	0.1	
AGE				
▶ 0 to 17	35.3%	36.7%	–1.4	
▶ 18 to 64	20.8%	20.1%	0.7	
GEOGRAPHY				
▶ Urban	24.6%	24.5%	0.1	
▶ Rural	26.8%	27.3%	–0.5	
INCOME, BY FEDERAL POVERTY GUIDELINES				
▶ 0% to 138% FPG	58.2%	59.7%	–1.5	
▶ 139% to 249% FPG	34.7%	36.3%	–1.6	
▶ 250% to 399% FPG	18.1%	16.2%	1.9	
▶ 400%+ FPG	7.2%	7.0%	0.2	
RACE AND ETHNICITY				
▶ Latinx	35.7%	35.1%	0.6	
▶ Black	24.0%	34.5%	–10.5	*
▶ Asian	20.1%	17.0%	3.1	
▶ White	14.1%	14.1%	0.0	
▶ American Indian / Alaska Native	†	51.1%	N/A	
▶ Other / Multiple Races	14.7%	12.7%	2.0	
CITIZENSHIP				
▶ Citizen	24.3%	25.0%	–0.7	
▶ Noncitizen	34.7%	29.8%	4.9	

* Statistically significant difference from reference category at 95% confidence level. See the box on page 2 for a definition of statistical significance.

† Estimate suppressed due to insufficient sample and/or unstable estimate.

Notes: Source uses *African American* instead of *Black*. N/A is not available. Percentage point difference shown may differ from calculations in the table due to rounding.

Source: SHADAC analysis of CHIS data.

Table A4. Uninsured Rates Among Nonelderly Californians, 2020

	2020	PERCENTAGE POINT DIFFERENCE FROM REFERENCE	SIGNIFICANCE
Overall	7.0%	N/A	*
AGE			
▶ 0 to 17	1.8%	-7.2	*
▶ 18 to 64	9.1%	Reference	
GEOGRAPHY			
▶ Urban	7.1%	Reference	
▶ Rural	6.4%	-0.7	
INCOME, BY FEDERAL POVERTY GUIDELINES			
▶ 0% to 138% FPG	9.6%	5.5	*
▶ 139% to 249% FPG	11.7%	7.6	*
▶ 250% to 399% FPG	8.3%	4.2	*
▶ 400%+ FPG	4.1%	Reference	
RACE AND ETHNICITY			
▶ Latinx	10.5%	6.7	*
▶ Asian	5.4%	1.6	
▶ Black	5.3%	1.5	
▶ White	3.8%	Reference	
▶ American Indian / Alaska Native	†	N/A	
▶ Other / Multiple Races	5.1%	1.2	
CITIZENSHIP			
▶ Citizen	5.6%	Reference	
▶ Noncitizen	18.4%	12.8	*

* Statistically significant difference from reference category at 95% confidence level. See the box on page 2 for a definition of statistical significance.

† Estimate suppressed due to insufficient sample and/or unstable estimate.

Notes: Source uses *African American* instead of *Black*. N/A is not available. Percentage point difference shown may differ from calculations in the table due to rounding. Source: SHADAC analysis of CHIS data.