

Health Insurance Coverage by State: 2023 and 2024

American Community Survey Briefs

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INTRODUCTION

Health insurance coverage is an important measure of our nation's overall well-being, as it provides greater access to medical care, protection from unexpected medical costs, and more economic stability for individuals and families. At the same time, health insurance coverage varies over time, reflecting changes in economic conditions and demographic shifts (such as population aging) and policy changes at the federal and state levels that affect access to care.

Recent policy changes at the federal and state levels may have affected uninsured rates presented in this report. For example, in response to the COVID-19 pandemic, the U.S. Congress passed the Families First Coronavirus Response Act, requiring states to provide continuous coverage for individuals enrolled in Medicaid.^{1,2} As part of the Consolidated Appropriations Act, the provisions requiring continuous Medicaid coverage ended March 31, 2023.³ State policy changes, such as North Carolina's expansion of Medicaid on December 1, 2023, may also affect health insurance coverage rates (Appendix Table 1).⁴ It is important to note that changes in the availability and accessibility of public coverage may also affect the supply and demand for private coverage. As a result, a variety of changes in the uninsured rate are possible.

This brief examines state-level changes in uninsured rates across all ages and for two age groups: working-age adults aged 19 to 64 and children under the age

of 19.⁵ This brief assesses changes in health insurance coverage among all 50 states and the District of Columbia using 2023 and 2024 American Community Survey (ACS) 1-year data.*

HIGHLIGHTS

All Ages

- The uninsured rate for all ages increased in 18 states and the District of Columbia and declined in two states from 2023 to 2024.

Working-Age Adults (Aged 19 to 64)

- The uninsured rate for working-age adults increased in 17 states and the District of Columbia from 2023 to 2024.
- The uninsured rate for working-age adults decreased in California, Mississippi, and North Carolina.

Children (Under the Age of 19)

- The uninsured rate for children increased in 19 states from 2023 to 2024.
- The uninsured rate for children decreased in Connecticut from 2023 to 2024.

* The U.S. Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product (Data Management System [DMS] number: P-7533841 and Disclosure Review Board [DRB] approval number: CBDRB-FY25-0256). For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf>.

WHAT IS HEALTH INSURANCE COVERAGE?

This brief presents state-level estimates of health insurance coverage using data from the American Community Survey (ACS). The U.S. Census Bureau conducts the ACS throughout the year; the survey asks respondents to report their coverage at the time of interview. The resulting measure of health insurance coverage, therefore, reflects an annual average of current comprehensive health insurance coverage status.¹ This uninsured rate measures a different concept than the measure based on the Current Population Survey Annual Social and Economic Supplement (CPS ASEC).

For reporting purposes, the ACS broadly classifies health insurance coverage as private insurance or public insurance. The ACS defines private health insurance as a plan provided through an employer or a union, coverage purchased directly by an individual from an insurance company or through an exchange (such as healthcare.gov), or coverage through TRICARE (Tri-service Medical Care Program). Public insurance coverage includes federal programs (such as Medicare, Medicaid, and the Children's Health Insurance Program or CHIP), individual state health plans, and CHAMPVA (Civilian Health and Medical Program at the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs. In the ACS, people are considered insured if they were covered by any of these types of health insurance at the time of interview. People are considered uninsured if they were not covered by any of these types of health insurance at the time of interview or if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive.

¹ Comprehensive health insurance coverage covers basic health care needs. This definition excludes single-serve plans, such as accident, disability, dental, vision, or prescription medicine plans.

STATE-LEVEL CHANGES IN THE UNINSURED RATE FOR ALL AGES

According to the ACS, the national uninsured rate across all states and the District of Columbia was 8.2 percent in 2024, a statistically significant increase from 7.9 percent in 2023 (Appendix Table 2). This change reflects the increase in the uninsured rate for all ages across 18 states and the District of Columbia from 2023 to 2024. The uninsured rate declined in California and North Carolina. The decline in uninsured rates in California and North Carolina is likely influenced by state-level policy changes that expanded Medicaid eligibility in 2024 (Appendix Table 1).⁶ The remaining 30 states had no significant changes in uninsured rates between 2023 and 2024.

In 2024, the uninsured rate ranged from a low of 2.8 percent in Massachusetts to a high of 16.7

percent in Texas. These differences in health insurance coverage may reflect differences in the age distribution of the population or the extent to which states leveraged federal or state policies or both to ensure access to health insurance. States also had varying Medicaid eligibility renewal timelines following the end of the continuous coverage requirements.⁷ These varying timelines may explain some of the differing levels of uninsured rates across states between 2023 and 2024.

The uninsured rate was higher than the national average in 15 states. Among the 15 states that had uninsured rates above the national average, nearly half of them have not expanded Medicaid eligibility, and North Carolina and Oklahoma have recently expanded eligibility (Appendix Table 1). Of the 15 states that had uninsured rates above the national average, nine were

in the South, ranging from 8.6 percent to 16.7 percent (Figure 1). Twenty-nine states and the District of Columbia had uninsured rates below the national average. Among that group, only Wisconsin had not expanded Medicaid eligibility.

STATE-LEVEL CHANGES IN THE UNINSURED RATE FOR WORKING-AGE ADULTS AGED 19 TO 64

Among adults aged 19 to 64, 17 states and the District of Columbia had a significant increase in uninsured rates between 2023 and 2024 (Appendix Table 3). The uninsured rate decreased in three states among working-age adults: California, Mississippi, and North Carolina. There were no significant changes in the remaining 30 states.

In 2024, the uninsured rate among working-age adults ranged from a low of 3.7 percent in Massachusetts to a high of 21.6 percent in Texas.

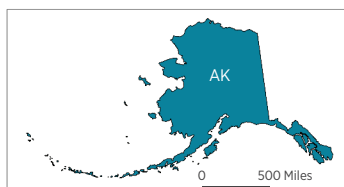
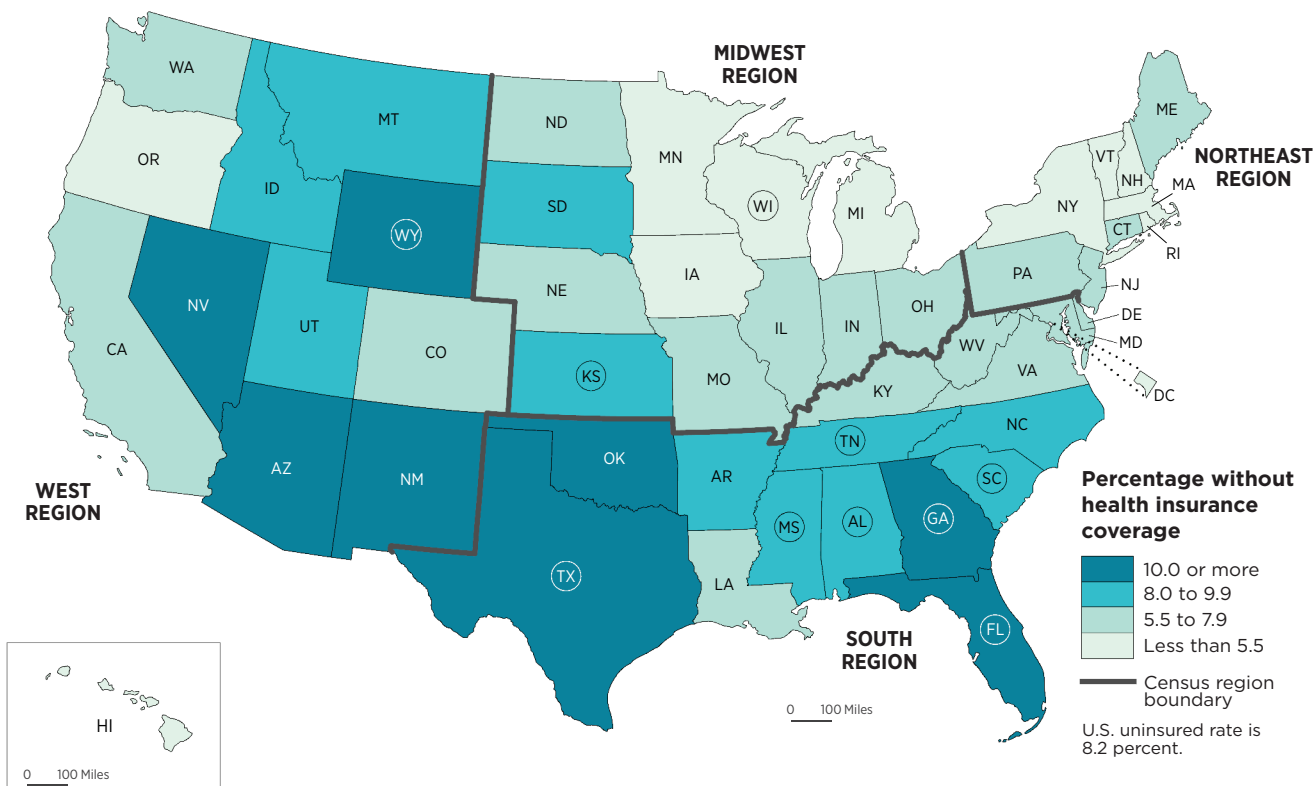


Figure 1.
Uninsured Rate by State: 2024
(Civilian noninstitutionalized population)



A state abbreviation surrounded by the "O" symbol denotes that the state had not expanded Medicaid eligibility on or before January 1, 2024.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf.

Source: U.S. Census Bureau, 2024 American Community Survey 1-year estimates (DMS number P-7533841, DRB approval number CBDRB-FY25-0256).

The uninsured rates for working-age adults were higher than the national average in 17 states. Of the 17 states with uninsured rates above the national average, 10 were in the South, with uninsured rates ranging from 12.1 percent to 21.6 percent (Figure 2). All states in the Northeast had uninsured rates below the national average. Uninsured rates in the Northeast ranged from a low of 3.7 percent to a high of 10.8 percent.

STATE-LEVEL CHANGES IN THE UNINSURED RATE FOR CHILDREN UNDER THE AGE OF 19

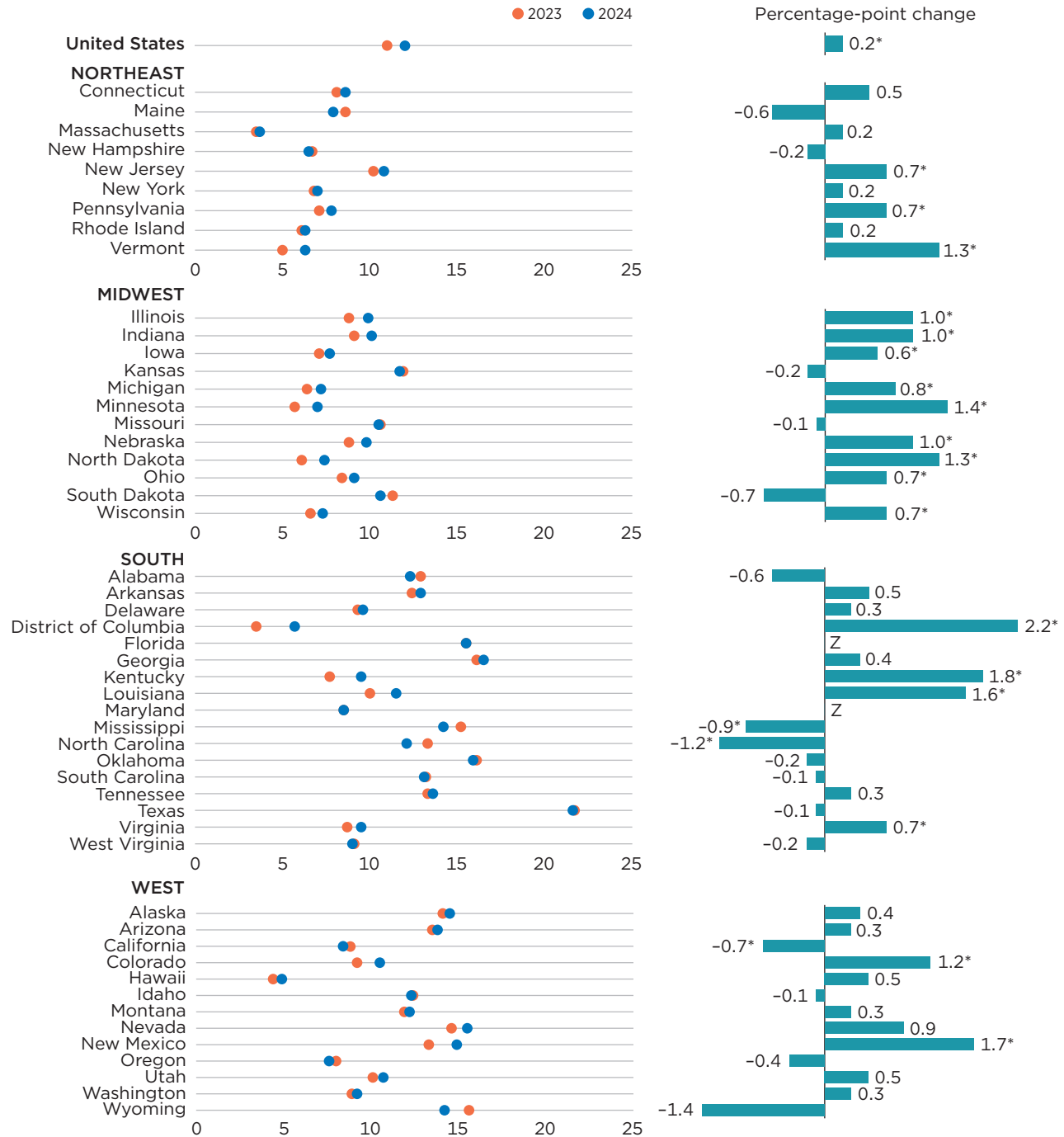
Between 2023 and 2024, uninsured rates significantly increased in 19 states among children under the age of 19 (Appendix Table 4). The uninsured rate decreased in Connecticut. The remaining 30 states and the District of Columbia had no significant changes between 2023 and 2024.

In 2024, uninsured rates among children ranged from a low of 2.1 percent to a high of 13.6 percent. The uninsured rate was higher than the national average in 13 states. Most of these states are in the Southern and Western regions, with Texas having the highest uninsured rate (Figure 3). Twenty-six states and the District of Columbia had an uninsured rate below the national average. All states in the Northeast had uninsured rates below the national average.

Figure 2.

Uninsured Rates for Adults Aged 19 to 64: 2023 to 2024

(Civilian noninstitutionalized population)



* Denotes a statistically significant change between 2023 and 2024 at the 90 percent confidence level.

Z Represents or rounds to zero.

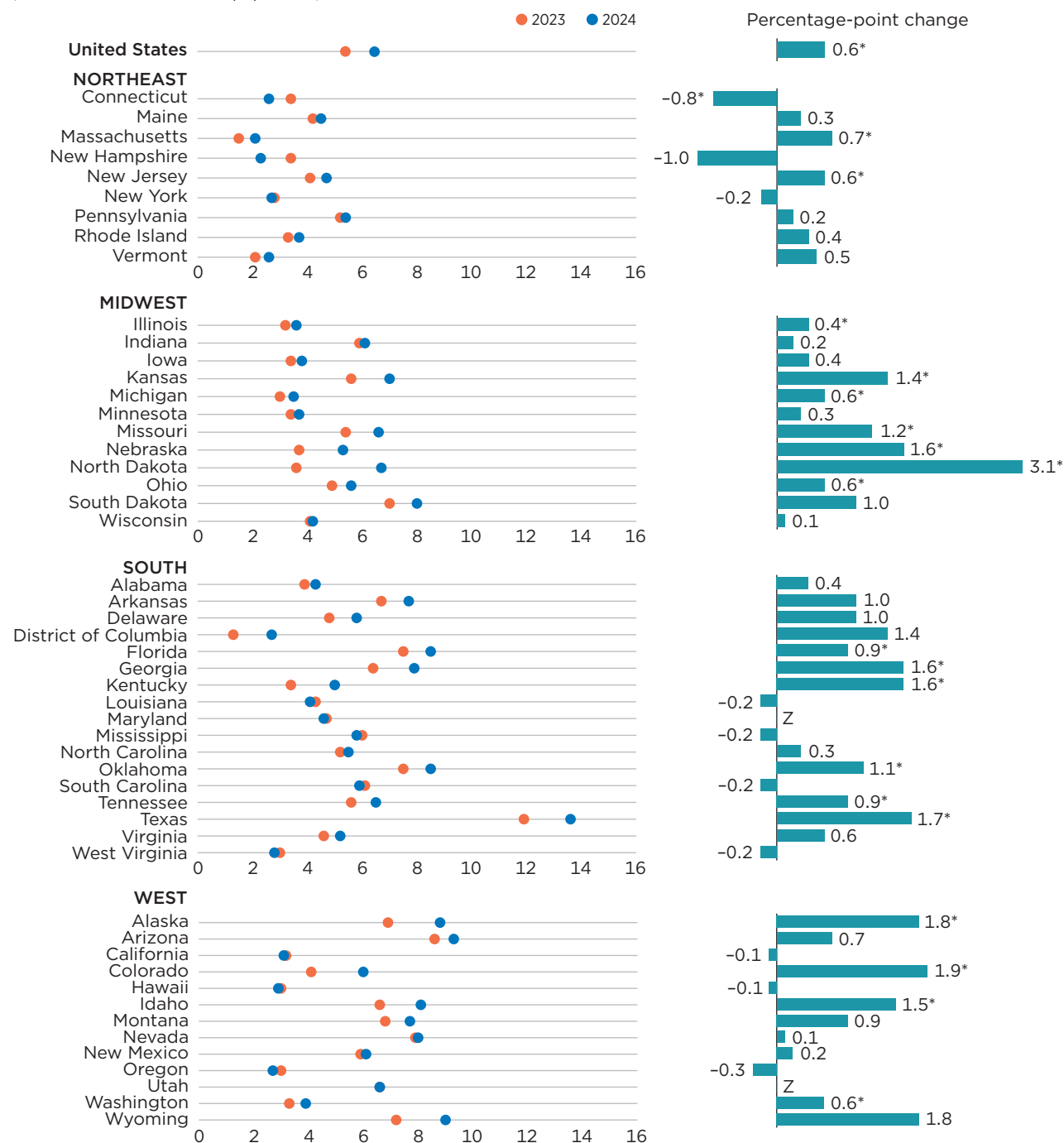
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Source: U.S. Census Bureau, 2023 and 2024 American Community Survey 1-year estimates (DMS number P-7533841, DRB approval number CBDRB-FY25-0256).

Figure 3.

Uninsured Rates for Children Under the Age of 19: 2023 to 2024

(Civilian noninstitutionalized population)



* Denotes a statistically significant change between 2023 and 2024 at the 90 percent confidence level.

Z Represents or rounds to zero.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf>.

Source: U.S. Census Bureau, 2023 and 2024 American Community Survey 1-year estimates (DMS number P-7533841, DRB approval number CBDRB-FY25-0256).

SUMMARY

This brief examined uninsured rates across all states and the District of Columbia for all ages, working-age adults, and children under the age of 19. Uninsured rates varied by geography, with the highest uninsured rates predominantly found in the Southern and Western states. Texas had higher uninsured rates than any other state for all age groups. All Northeastern states had uninsured rates lower than the national average for all age groups.

About one-third of the states and the District of Columbia experienced an increase in uninsured rates across all ages and for working-age adults. Over one-third of the states experienced an increase in the uninsured rates for children under the age of 19. The unwinding of public health policies implemented during the pandemic may explain the increase in uninsured rates. The removal of these federal and state-level policies may have contributed to reduced access to health care coverage across states in 2024.

SOURCE AND ACCURACY

The data presented in this brief are based on the ACS sample interviewed from January 2023 through December 2023 (2023 ACS) and from January 2024 through December 2024 (2024 ACS). The estimates based on these samples describe the average values of person, household, and housing unit characteristics over the period of collection. Data presented in this brief are subject to sampling and nonsampling error. Sampling error is the uncertainty between

an estimate based on a sample and the corresponding value that would be obtained if the estimate were based on the entire population (as from a census). Measures of sampling error are provided in the form of margins of error for all estimates included in this brief. All comparative statements in this brief have undergone statistical testing, and comparisons are significant at the 90 percent confidence level, unless otherwise noted. In addition to sampling error, nonsampling error may be introduced during any of the operations used to collect and process survey data such as editing, reviewing, or keying data from questionnaires. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, refer to the “2024 ACS Accuracy of the Data” document at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf>.

Due to the implementation of the Vintage 2024 population estimates, comparisons of the estimated change in number of people between 2023 and 2024 reflect both demographic change and updates to the methodology. Statistically significant differences shown in this report may be the result of methodological differences and thus may not necessarily reflect changes to the social, economic, housing, or demographic characteristics being compared. For more information, reference “Comparing ACS Data” at <www.census.gov/programs-surveys/acs/guidance/comparing-acs-data.html>.

ENDNOTES

¹ For more information, refer to the “Families First Coronavirus Response Act,” P.L. 116-127, March 18, 2020, at <www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>.

² Medicaid is a joint federal and state program that helps cover costs for some people with limited income and resources. Medicaid primarily provides coverage for people who are unable to afford private coverage and are the most vulnerable to becoming uninsured, such as low-income individuals, children, pregnant people, elderly adults, and people with disabilities. For more information, refer to the Centers for Medicare and Medicaid Services at <www.medicare.gov/medicaid>.

³ For more information, refer to the Consolidated Appropriations Act H.R. 2617-1491 at <www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>.

⁴ For more information, refer to NC Medicaid at <<https://medicaid.ncdhhs.gov/north-carolina-expands-medicare>>.

⁵ Uninsured rates among the population aged 65 and older were not examined in this brief, as national uninsured rates for this group did not significantly change between 2023 and 2024. Among this age group, uninsured rates increased in four states and decreased in four states between 2023 and 2024. For more information on uninsured rates for those aged 65 and older, refer to table S2701 on <<https://data.census.gov>>.

⁶ For more information on California's health insurance policy changes, refer to <www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx>.

⁷ For more information, refer to the Medicaid services 2023 state timelines for initiating unwinding-related renewals at <www.medicare.gov/resources-for-states/downloads/ant-2023-time-init-unwin-reldt-ren-06292023.pdf>.

Appendix Table 1.

Medicaid Expansion States

Medicaid Expansion States	
Year of Expansion	States
As of January 1, 2014	Arizona, Arkansas, California, Colorado, Connecticut, Delaware, the District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia
After January 1, 2014, and on or before January 1, 2015	Michigan, New Hampshire, and Pennsylvania
After January 1, 2015, and on or before January 1, 2016	Alaska, Indiana, and Montana
After January 1, 2016, and on or before January 1, 2017	Louisiana
After January 1, 2017, and on or before January 1, 2018	No states expanded Medicaid during this period
After January 1, 2018, and on or before January 1, 2019	Virginia
After January 1, 2019, and on or before January 1, 2020	Idaho, Maine (coverage retroactive to July 2018), and Utah
After January 1, 2020, and on or before January 1, 2021	Nebraska
After January 1, 2021, and on or before January 1, 2022	Missouri (coverage retroactive to July 2021) and Oklahoma
After January 1, 2022, and on or before January 1, 2023	No states expanded Medicaid during this period
After January 1, 2023, and on or before January 1, 2024	North Carolina and South Dakota

Source: Kaiser Family Foundation, "Status of State Medicaid Expansion Decisions," www.kff.org/status-of-state-medicaid-expansion-decisions/.

Appendix Table 2.

Percentage of Uninsured People by State: 2023 and 2024

(Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf>)

State	2023 uninsured		2024 uninsured		Difference in uninsured (in percent)
	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
United States	7.9	0.1	8.2	0.1	*0.3
Alabama ²	8.5	0.3	8.2	0.3	-0.3
Alaska	10.4	0.7	11.0	0.8	0.6
Arizona	9.9	0.3	10.3	0.4	0.3
Arkansas	8.9	0.4	9.4	0.5	0.5
California	6.4	0.1	5.9	0.1	*-0.4
Colorado	6.7	0.2	7.9	0.3	*1.2
Connecticut	5.7	0.4	5.8	0.3	0.1
Delaware	6.5	0.8	6.9	0.7	0.4
District of Columbia	2.7	0.5	4.5	0.7	*1.8
Florida ²	10.7	0.2	10.9	0.2	0.2
Georgia ²	11.4	0.2	12.0	0.3	*0.6
Hawaii	3.2	0.3	3.5	0.4	0.2
Idaho	8.9	0.5	9.2	0.6	0.3
Illinois	6.2	0.2	6.9	0.2	*0.7
Indiana	6.9	0.3	7.5	0.3	*0.7
Iowa	5.0	0.3	5.4	0.3	0.4
Kansas ²	8.4	0.4	8.5	0.4	0.2
Kentucky	5.4	0.2	6.8	0.3	*1.4
Louisiana	6.9	0.3	7.7	0.3	*0.8
Maine	5.9	0.4	5.5	0.4	-0.4
Maryland	6.3	0.3	6.3	0.3	0.1
Massachusetts	2.6	0.2	2.8	0.2	0.2
Michigan	4.5	0.1	5.1	0.2	*0.5
Minnesota	4.2	0.2	5.1	0.2	*0.9
Mississippi ²	10.3	0.5	9.7	0.4	-0.6
Missouri	7.5	0.3	7.7	0.3	0.2
Montana	8.4	0.6	8.8	0.6	0.3
Nebraska	6.1	0.4	7.1	0.5	*1.0
Nevada	10.8	0.5	11.4	0.5	0.6
New Hampshire	4.7	0.4	4.5	0.4	-0.3
New Jersey	7.2	0.2	7.7	0.3	*0.5
New Mexico	9.1	0.5	10.1	0.6	*1.0
New York	4.8	0.1	5.0	0.1	0.1
North Carolina	9.2	0.3	8.6	0.2	*-0.7
North Dakota	4.5	0.5	6.1	0.7	*1.6
Ohio	6.1	0.2	6.7	0.2	*0.5
Oklahoma	11.4	0.3	11.5	0.3	0.2
Oregon	5.5	0.3	5.2	0.2	-0.3
Pennsylvania	5.4	0.2	5.8	0.2	*0.4
Rhode Island	4.5	0.5	4.6	0.6	0.1
South Carolina ²	9.1	0.3	9.0	0.3	-0.1
South Dakota	8.3	0.7	8.1	0.7	-0.2
Tennessee ²	9.3	0.3	9.7	0.3	0.4
Texas ²	16.4	0.2	16.7	0.2	*0.4
Utah	8.0	0.4	8.3	0.5	0.3
Vermont	3.4	0.4	4.2	0.6	*0.8
Virginia	6.4	0.2	6.9	0.3	*0.5
Washington	6.3	0.2	6.5	0.2	0.3
West Virginia	5.9	0.4	5.8	0.4	-0.1
Wisconsin ²	4.9	0.2	5.3	0.2	*0.4
Wyoming ²	10.7	1.0	10.3	1.0	-0.4

* Denotes a statistically significant change at the 90 percent confidence level.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval.

² These states had not expanded Medicaid as of January 1, 2024. For more information, refer to <www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/>.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: US Census Bureau, 2023 and 2024 American Community Survey 1-year estimates (DMS number P-7533841, DRB approval number CDBRB-FY25-0256).

Appendix Table 3.

Percentage of Uninsured Adults Aged 19 to 64 by State: 2023 to 2024

(Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf>)

State	2023 uninsured		2024 uninsured		Difference in uninsured (in percent)
	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	
United States	11.0	0.1	11.3	0.1	*0.2
Alabama ²	12.9	0.4	12.3	0.4	-0.6
Alaska	14.1	0.9	14.5	1.0	0.4
Arizona	13.5	0.4	13.8	0.5	0.3
Arkansas	12.4	0.5	12.9	0.6	0.5
California	9.0	0.1	8.4	0.1	*-0.7
Colorado	9.2	0.3	10.5	0.4	*1.2
Connecticut	8.1	0.5	8.6	0.5	0.5
Delaware	9.3	1.0	9.6	0.9	0.3
District of Columbia	3.5	0.7	5.7	0.9	*2.2
Florida ²	15.5	0.3	15.5	0.2	Z
Georgia ²	16.1	0.3	16.5	0.4	0.4
Hawaii	4.4	0.5	4.9	0.6	0.5
Idaho	12.4	0.6	12.3	0.7	-0.1
Illinois	8.8	0.2	9.9	0.3	*1.0
Indiana	9.1	0.3	10.1	0.4	*1.0
Iowa	7.1	0.4	7.7	0.4	*0.6
Kansas ²	11.9	0.5	11.7	0.6	-0.2
Kentucky	7.7	0.3	9.5	0.4	*1.8
Louisiana	10.0	0.4	11.5	0.5	*1.6
Maine	8.6	0.5	7.9	0.6	-0.6
Maryland	8.5	0.3	8.5	0.4	Z
Massachusetts	3.5	0.3	3.7	0.2	0.2
Michigan	6.4	0.2	7.2	0.2	*0.8
Minnesota	5.7	0.2	7.0	0.3	*1.4
Mississippi ²	15.2	0.7	14.2	0.6	*-0.9
Missouri	10.6	0.4	10.5	0.3	-0.1
Montana	11.9	0.8	12.2	0.8	0.3
Nebraska	8.8	0.6	9.8	0.6	*1.0
Nevada	14.6	0.6	15.5	0.7	0.9
New Hampshire	6.7	0.6	6.5	0.6	-0.2
New Jersey	10.2	0.3	10.8	0.4	*0.7
New Mexico	13.3	0.7	14.9	0.8	*1.7
New York	6.8	0.2	7.0	0.2	0.2
North Carolina	13.3	0.3	12.1	0.3	*-1.2
North Dakota	6.1	0.7	7.4	0.8	*1.3
Ohio	8.4	0.2	9.1	0.3	*0.7
Oklahoma	16.1	0.4	15.9	0.4	-0.2
Oregon	8.0	0.4	7.6	0.4	-0.4
Pennsylvania	7.1	0.2	7.8	0.2	*0.7
Rhode Island	6.1	0.7	6.3	0.7	0.2
South Carolina ²	13.2	0.4	13.1	0.4	-0.1
South Dakota	11.3	0.8	10.6	0.9	-0.7
Tennessee ²	13.3	0.4	13.6	0.4	0.3
Texas ²	21.7	0.2	21.6	0.3	-0.1
Utah	10.1	0.5	10.7	0.6	0.5
Vermont	5.0	0.6	6.3	0.9	*1.3
Virginia	8.7	0.3	9.5	0.3	*0.7
Washington	8.9	0.3	9.2	0.3	0.3
West Virginia	9.1	0.6	9.0	0.6	-0.2
Wisconsin ²	6.6	0.3	7.3	0.3	*0.7
Wyoming ²	15.6	1.3	14.2	1.3	-1.4

* Denotes a statistically significant change at the 90 percent confidence level.

Z Represents or rounds to zero.

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Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2023 and 2024 American Community Survey 1-year estimates (DMS number P-7533841, DRB approval number CBDRB-FY25-0256).

Appendix Table 4.

Percentage of Uninsured Children Under the Age of 19 by State: 2023 and 2024

(Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, refer to <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2024.pdf>)

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Alaska	6.9	1.0	8.8	1.5	*1.8
Arizona	8.6	0.7	9.3	0.8	0.7
Arkansas	6.7	0.9	7.7	0.9	1.0
California	3.2	0.2	3.1	0.1	-0.1
Colorado	4.1	0.4	6.0	0.6	*1.9
Connecticut	3.4	0.6	2.6	0.4	*-0.8
Delaware	4.8	1.6	5.8	1.5	1.0
District of Columbia	1.3	0.9	2.7	1.3	1.4
Florida ²	7.5	0.3	8.5	0.4	*0.9
Georgia ²	6.4	0.4	7.9	0.5	*1.6
Hawaii	3.0	0.7	2.9	0.7	-0.1
Idaho	6.6	0.8	8.1	1.1	*1.5
Illinois	3.2	0.3	3.6	0.3	*0.4
Indiana	5.9	0.6	6.1	0.5	0.2
Iowa	3.4	0.4	3.8	0.5	0.4
Kansas ²	5.6	0.6	7.0	0.7	*1.4
Kentucky	3.4	0.4	5.0	0.6	*1.6
Louisiana	4.3	0.5	4.1	0.5	-0.2
Maine	4.2	0.8	4.5	0.7	0.3
Maryland	4.7	0.6	4.6	0.6	Z
Massachusetts	1.5	0.3	2.1	0.4	*0.7
Michigan	3.0	0.3	3.5	0.3	*0.6
Minnesota	3.4	0.4	3.7	0.4	0.3
Mississippi ²	6.0	0.8	5.8	0.6	-0.2
Missouri	5.4	0.6	6.6	0.6	*1.2
Montana	6.8	1.2	7.7	1.1	0.9
Nebraska	3.7	0.6	5.3	1.0	*1.6
Nevada	7.9	1.0	8.0	1.0	0.1
New Hampshire	3.4	0.9	2.3	0.6	-1.0
New Jersey	4.1	0.3	4.7	0.4	*0.6
New Mexico	5.9	0.9	6.1	1.0	0.2
New York	2.8	0.2	2.7	0.2	-0.2
North Carolina	5.2	0.4	5.5	0.4	0.3
North Dakota	3.6	0.7	6.7	1.5	*3.1
Ohio	4.9	0.4	5.6	0.4	*0.6
Oklahoma	7.5	0.5	8.5	0.6	*1.1
Oregon	3.0	0.5	2.7	0.4	-0.3
Pennsylvania	5.2	0.4	5.4	0.4	0.2
Rhode Island	3.3	1.1	3.7	1.7	0.4
South Carolina ²	6.1	0.6	5.9	0.5	-0.2
South Dakota	7.0	1.3	8.0	1.5	1.0
Tennessee ²	5.6	0.5	6.5	0.6	*0.9
Texas ²	11.9	0.3	13.6	0.4	*1.7
Utah	6.6	0.7	6.6	0.8	Z
Vermont	2.1	0.8	2.6	0.9	0.5
Virginia	4.6	0.4	5.2	0.4	0.6
Washington	3.3	0.4	3.9	0.4	*0.6
West Virginia	3.0	0.6	2.8	0.5	-0.2
Wisconsin ²	4.1	0.4	4.2	0.4	0.1
Wyoming ²	7.2	2.0	9.0	1.9	1.8

* Denotes a statistically significant change at the 90 percent confidence level.

Z Represents or rounds to zero.

¹ Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval.

² These states had not expanded Medicaid as of January 1, 2024. For more information, refer to <www.kff.org/status-of-state-medicaid-expansion-decisions/>.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: US. Census Bureau, 2023 and 2024 American Community Survey 1-year estimates (DMS number P-7533841, DRB approval number CBDRB-FY25-0256).