

Health E-Stat 114: Trends in Selected Reasons for Being Uninsured Among Adults Ages 18–64: United States, 2019–2024

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Health insurance coverage improves access to and reduces the cost of medical care (1,2). Some studies have examined reasons for being uninsured (3–7). Most of these studies point to affordability as the major reason, with lack of knowledge and complexity of enrollment as other driving factors. However, there is a lack of information on how these reasons may have changed over the last 5 years in light of the COVID-19 pandemic and legislation designed to relieve some of the impact it may have had on uninsured people (8–10). This *Health E-Stat* describes trends in reasons for being uninsured among currently uninsured adults ages 18–64 from 2019 through 2024.

Among currently uninsured adults ages 18–64, those who reported only affordability as a reason for being uninsured decreased from 28.2% in 2019 to 20.9% in 2024 (Figure, Table 1). Similarly, those who reported affordability along with other additional reasons for being uninsured decreased from 45.7% in 2019 to 41.0% in 2024. In contrast, those who reported only reasons other than affordability increased from 21.7% in 2019 to 33.3% in 2024.

Among the subset of currently uninsured adults ages 18–64 who reported only reasons other than affordability, those who indicated not needing or wanting coverage increased from 40.7% in 2019 to 44.1% in 2024 (Table 2). Similarly, those who indicated the sign-up process was too difficult increased from 17.2% in 2019 to 21.3% in 2024.

Data sources and methods

Data from the 2019–2024 National Health Interview Survey, a survey of the U.S. civilian noninstitutionalized population, were used to provide estimates for selected reasons for being uninsured among adults ages 18–64. Reasons for being currently uninsured are based on positive responses to a series of questions asking, “Are you currently uninsured because... ‘coverage is not affordable,’ ‘you do not need or want coverage,’ ‘you are not eligible for coverage,’ ‘the process of signing up for coverage is too difficult or confusing,’ ‘you cannot find a plan that meets your needs,’ and ‘you applied for coverage but it has not started yet?’” An adult may indicate more than one reason for being currently uninsured.



Point estimates and the corresponding confidence intervals are calculated by year for all years. All estimates were evaluated using National Center for Health Statistics presentation standards for proportions (11). Trends by time were evaluated using orthogonal polynomial contrasts. All analyses were conducted using SAS-callable SUDAAN software.

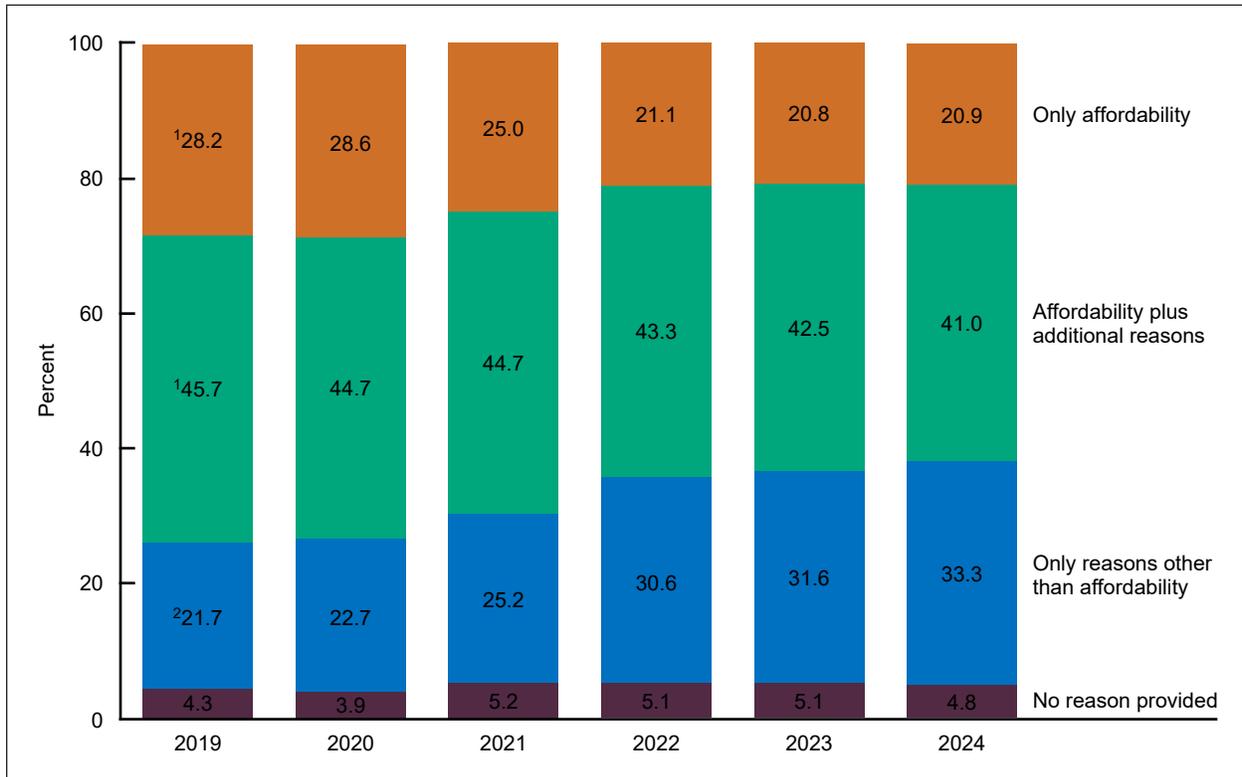
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Suggested citation

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Figure. Percent distribution of reasons for being uninsured among uninsured adults ages 18–64, by year: United States, 2019–2024



¹Significant linear decrease over time.

²Significant linear increase over time.

NOTES: Percentages may not add to 100 due to rounding. 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, 2019–2024.

Table 1. Percentage of currently uninsured adults ages 18–64, by reason for being uninsured and year: United States, 2019–2024

Reason for being currently uninsured	2019	2020	2021	2022	2023	2024
	Percent (standard error)					
Only affordability	¹ 28.2 (26.0–30.4)	28.6 (26.0–31.3)	25.0 (22.6–27.4)	21.1 (18.9–23.4)	20.8 (18.6–23.1)	20.9 (18.8–23.1)
Affordability plus additional reasons	¹ 45.7 (43.3–48.2)	44.7 (41.7–47.7)	44.7 (41.9–47.5)	43.3 (40.6–46.0)	42.5 (39.8–45.2)	41.0 (38.4–43.6)
Only reasons other than affordability	² 21.7 (19.8–23.8)	22.7 (20.4–25.3)	25.2 (22.8–27.6)	30.6 (28.3–33.0)	31.6 (28.9–34.3)	33.3 (30.8–35.9)
No reason	4.3 (3.3–5.5)	3.9 (2.9–5.2)	5.2 (4.1–6.5)	5.1 (4.0–6.3)	5.1 (4.0–6.5)	4.8 (3.7–6.1)

¹Significant linear decrease over time.²Significant linear increase over time.

NOTES: An adult was considered uninsured if they currently did not have coverage through private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), military (TRICARE, VA, and CHAMP-VA), other state-sponsored health plans, or other government programs. Adults were also considered uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service such as dental, vision, or prescription drugs. Percentages may not add to 100 due to rounding. 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, 2019–2024.

Table 2. Percentage of currently uninsured adults ages 18–64 who reported only reasons other than affordability for being uninsured, by reason and year: United States, 2019–2024

Reason other than affordability	2019	2020	2021	2022	2023	2024
	Percent (standard error)					
Do not want or need coverage	¹ 40.7 (35.5–46.0)	37.1 (31.5–42.9)	40.4 (35.4–45.5)	42.5 (37.5–47.6)	45.4 (40.4–50.5)	44.1 (39.4–48.8)
Not eligible for coverage	28.6 (24.2–33.4)	32.3 (26.7–38.3)	31.2 (26.6–36.1)	33.1 (28.4–38.1)	30.1 (25.3–35.2)	31.4 (27.1–35.9)
Signing up too difficult	¹ 17.2 (13.3–21.7)	14.7 (10.6–19.5)	15.8 (12.0–20.3)	19.4 (15.5–23.7)	21.7 (17.5–26.3)	21.3 (17.6–25.4)
Cannot find plan to meet needs	9.6 (6.9–12.9)	9.6 (6.6–13.5)	11.2 (8.2–14.8)	10.2 (7.6–13.2)	11.7 (8.7–15.3)	12.1 (9.2–15.6)
Signed up for a plan and waiting to start	² 18.2 (14.8–22.1)	17.0 (13.1–21.5)	15.7 (12.2–19.7)	15.0 (11.6–18.8)	16.8 (13.3–20.8)	20.6 (16.9–24.7)
Other reasons	² 20.5 (16.5–24.9)	25.5 (20.3–31.2)	21.9 (17.9–26.4)	18.6 (14.8–22.9)	20.9 (17.0–25.3)	11.4 (8.8–14.5)

¹Significant linear increase over time.²Significant quadratic trend over time.

NOTES: An adult was considered uninsured if they currently did not have coverage through private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), military (TRICARE, VA, and CHAMP-VA), other state-sponsored health plans, or other government programs. Adults were also considered uninsured if they only had Indian Health Service coverage or only had a private plan that paid for one type of service such as dental, vision, or prescription drugs. 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, 2019–2024.