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Health Insurance Coverage Projections For The US Population And Sources Of Coverage, By Age, 2024–34

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ABSTRACT In the Congressional Budget Office’s projections of health insurance coverage, 92.3 percent of the US population, or 316 million people, have coverage in 2024, and 7.7 percent, or 26 million, are uninsured. The uninsured share of the population will rise over the course of the next decade, before settling at 8.9 percent in 2034, largely as a result of the end of COVID-19 pandemic–related Medicaid policies, the expiration of enhanced subsidies available through the Affordable Care Act health insurance Marketplaces, and a surge in immigration that began in 2022. The largest increase in the uninsured population will be among adults ages 19–44. Employment-based coverage will be the predominant source of health insurance, and as the population ages, Medicare enrollment will grow significantly. After greater-than-expected enrollment in 2023, Marketplace enrollment is projected to reach an all-time high of twenty-three million people in 2025.

In this article, the Congressional Budget Office (CBO) describes the trends in health insurance coverage in its baseline projections for the next decade, along with projections of health insurance coverage by age. These projections serve as the benchmark for estimating the budgetary and coverage effects of proposed legislation.

By the CBO’s estimates, the all-time low uninsurance rate of 7.2 percent in 2023 will rise to 8.9 percent in 2034 (exhibit 1). The largest increase in those who are uninsured will be among adults ages 19–44. The CBO attributes much of that increase to the end of Medicaid’s continuous eligibility provisions in 2023 and 2024 and the expiration of enhanced Marketplace subsidies after 2025. The surge in immigration that began in 2022 (and that the CBO projects will continue through 2026) will contribute as well, as those newly arrived immigrants will, the agency expects, have a substantially higher uninsurance rate than the overall population.

Employment-based coverage will continue to be the largest source of health insurance, with enrollment between 164 million and 170 million. As the population ages, Medicare enrollment will rise from sixty million in 2023 to seventy-four million in 2034. Following enrollment numbers that were higher than expected in 2023, enrollment through the Marketplaces established by the Affordable Care Act is projected to reach a new high of twenty-three million in 2025 and then decline by roughly seven to eight million after 2025, when the enhanced Marketplace subsidies expire. In addition, after the expiration of Medicaid’s COVID-19 pandemic–related continuous eligibility provisions, the number of people with multiple sources of coverage will decline from twenty-nine million in 2023 to twenty-one million in 2034.

The CBO also looks back at its September 2023 projections¹ and compares them with the latest data on enrollment in 2023 and with its current projections. Recent data point to greater-than-

EXHIBIT 1
Projected US health insurance coverage, millions of people, by calendar year, 2023–34

	2023 ^a	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Total population	338	342	346	349	352	354	355	357	359	360	362	363
Insured people	314	316	319	319	320	321	323	325	327	328	330	331
Uninsured people ^b	24	26	27	30	32	32	32	32	32	32	32	32
Employment-based coverage ^c	164	164	164	166	167	168	168	168	169	169	170	170
Medicaid and CHIP ^d												
People ages 65 and older in Medicaid	6	6	6	6	6	6	6	6	6	7	7	7
Blind and disabled people in Medicaid	8	8	8	8	8	8	8	8	8	8	8	8
Children in Medicaid	35	30	30	30	30	30	30	30	30	30	31	31
Adults made eligible for Medicaid by the ACA	18	13	13	13	13	13	13	14	14	14	14	14
Adults otherwise eligible for Medicaid	18	14	14	14	14	14	14	14	14	14	14	15
CHIP	7	7	7	7	7	7	7	7	7	6	5	4
Subtotal, Medicaid and CHIP	92	79	78	78	79	79	79	79	79	79	79	79
Medicare ^e	60	61	63	64	66	67	69	70	71	72	73	74
Nongroup coverage ^f												
Purchased through Marketplaces												
Subsidized	15	20	21	16	14	14	14	13	13	13	14	14
Unsubsidized	1	2	2	3	2	2	2	2	2	2	2	2
Subtotal, purchased through Marketplaces	16	22	23	19	16	16	16	15	15	15	16	16
Purchased outside Marketplaces	3	3	3	4	4	4	4	4	4	4	4	4
Subtotal, nongroup coverage	19	25	26	23	20	20	20	20	20	20	20	20
Basic Health Program ^g	1	1	1	1	1	1	1	1	1	1	1	1
Other coverage ^h	6	6	7	7	7	7	7	7	7	7	7	7
People with multiple sources of coverage	29	21	20	20	21	21	21	21	21	21	21	21
Uninsured people with Medicare Part A or Part B only	1	1	1	1	1	1	1	1	1	1	1	1
Share of population that is uninsured (%)	7.2	7.7	7.9	8.7	9.1	9.2	9.1	9.0	9.0	9.0	8.9	8.9

SOURCE Congressional Budget Office (CBO). **NOTES** The table shows coverage for the Social Security area population. Estimates reflect average monthly enrollment over the course of a year and include spouses and dependents covered under family policies. Estimates for each source of health insurance exclude people with supplemental or partial coverage that, on its own, would not provide financial protection against major medical expenses and thus would not meet the CBO's definition of health insurance; see Congressional Budget Office. Federal subsidies for health insurance: 2023 to 2033 (note 1 in text). The components exceed the total population because some people enroll in multiple sources of coverage, and in this exhibit, the CBO did not assign them to a primary source. CHIP is Children's Health Insurance Program. ^aAmounts are estimated on the basis of preliminary data and are subject to revision. Information on the individual data sources and how the CBO develops its estimates of 2023 enrollment is in appendix A (see note 5 in text). ^bThe CBO considers people uninsured if they are not covered by an insurance plan or enrolled in a government program that provides financial protection from major medical expenses. Estimates include people enrolled only in Medicare Part A or Part B, people receiving only partial Medicaid benefits, and people enrolled in some short-term plans. ^cIncludes enrollees in the military's TRICARE program and Veterans Affairs health care but does not include people with Medicare wraparound coverage provided through a former employer. ^dMedicaid enrollment includes only enrollees with full benefits. Estimates have been adjusted to account for people enrolled in more than one state. ^eIncludes only people who are enrolled in both Medicare Parts A and B. ^fThe Marketplaces established under the Affordable Care Act (ACA) are operated by the federal government, state governments, or partnerships between the two. Estimates do not include enrollees in supplemental Medigap plans. ^gCreated under the ACA, the Basic Health Program (BHP) allows states to establish a coverage program primarily for people with incomes between 138 percent and 200 percent of the federal poverty level. The federal government provides states with funding equal to 95 percent of the subsidies for which those people would otherwise have been eligible through a Marketplace; see note 27 in text for additional detail. ^hIn 2024, the other sources that cover the most people are student health plans (3 million) and correctional facilities (2 million). The Indian Health Service and foreign sources of coverage account for most of the remaining people in this category.

anticipated effects on enrollment from Medicaid's continuous eligibility provisions and from the availability of zero-premium benchmark plans from the enhanced Marketplace subsidies for those with incomes below 150 percent of the federal poverty level. In addition, the surge in immigration is projected to notably increase enrollment in employment-based coverage and the number of uninsured people, above and beyond what was previously projected. On net, CBO projects an additional 1.7 million uninsured people, on average, each year between 2024 and 2033.

Study Data And Methods

CBO MODELING This year, the CBO presents projections for the entire population, defined by the agency as the Social Security area population. In the CBO's June 2023 article in *Health Affairs*, the projections were for the civilian non-institutionalized population younger than age sixty-five residing in the fifty states and Washington, D.C., constituting 80 percent of the entire population in 2024.^{1,2} Adding those ages sixty-five and older accounts for 18 percent of the Social Security area population. The re-

remainder of the added segments of the population consists of people younger than age sixty-five who are civilian residents of US territories, people who reside in an institution (such as a correctional institution or a residential nursing or mental health care facility), federal civilian employees and members of the US armed forces living abroad and their dependents, US citizens living abroad, and noncitizens living abroad who are eligible for Social Security benefits. The CBO expanded the scope of its population projections in response to questions from members of Congress and their staffs and to better align with analyses in other CBO products.

To make projections for the Social Security area population, the CBO begins with estimates for the civilian noninstitutionalized population younger than age sixty-five and then supplements them with estimates for the additional segments of the population.¹ The estimates for the civilian noninstitutionalized population younger than age sixty-five, including historical estimates, are based on version 2 of the agency's Health Insurance Simulation Model (HISIM2), a structural expected utility model.²

The CBO's projections incorporate the most recent survey and administrative data on enrollment and premiums; recently enacted legislation, judicial decisions, and regulatory changes as of April 3, 2024; the CBO's February 2024 economic projections;³ and the agency's January 2024 population projections.⁴

Data on actual enrollment in 2023 were only partially available as of this publication, so estimates of enrollment in that year are subject to revision as new data emerge. (See online appendix A for details.)⁵

The CBO's projections include the effects of policies in place under current law, such as the enhanced Marketplace subsidies (which extended eligibility for premium tax credits to people with incomes greater than 400 percent of poverty and increased the subsidies for people who were previously eligible) and Medicaid's continuous eligibility provisions (which increased federal funding for Medicaid enrollees beginning in 2020 in exchange for states keeping people enrolled in the program throughout the COVID-19 public health emergency, regardless of changes in eligibility). The projections also incorporate a regulation (in response to what was commonly known as the family glitch) that changed the calculation used to determine whether a family plan offered by an employer is affordable for the purpose of determining eligibility for Marketplace subsidies.

Estimates include spouses and dependents covered by family policies, reflect average monthly enrollment over the course of a year,

The surge in immigration is projected to notably increase enrollment in employment-based coverage and the number of uninsured people.

and apply to full coverage only. Estimates for each source of coverage exclude people with supplemental or partial coverage that, on its own, would not provide financial protection against major medical expenses and thus would not meet the CBO's definition of health insurance. Because some people enroll in multiple sources of coverage, the sum of coverage projections across categories exceeds the total population.

LIMITATIONS The CBO's projections of health insurance coverage are based on the agency's best assessment of the available evidence, yet they remain uncertain because of the complex interactions among federal and state policy makers, employers, households, and insurers. Furthermore, the CBO's models rely on administrative and survey data, which are imperfect. Surveys often have issues with people's recall, nonresponse, and awareness—for instance, many people who had Medicaid coverage during the pandemic did not know that they were still covered, as evidenced from increases in the Medicaid enrollment gap between surveys and administrative data.^{6,7} Surveys were made more imperfect by the pandemic, which increased measurement error in survey estimates.

The CBO's projections are intended to show what would happen to health insurance coverage if current law and regulation remained in place. But over time, applicable laws and regulations do change, and uncertainty increases as the projections extend. Certain changes to laws and regulations, such as extending the temporary enhanced Marketplace subsidies, would cause enrollment outcomes to diverge considerably from the CBO's projections.

As enhanced Marketplace subsidies are set to expire after 2025, the CBO projects a large decline in subsidized Marketplace enrollment.

Study Results

PROJECTED COVERAGE, 2024–34 The CBO presents its projections of health insurance coverage for the entire population over the course of the 2024–34 period (exhibit 1).

► **EMPLOYMENT-BASED COVERAGE:** Enrollment in employment-based coverage is projected to be 164 million in 2024 and 2025, which is essentially unchanged from what it was in 2023 (exhibit 1).⁸ The CBO does not expect employment-based coverage to increase by much in response to the unwinding of Medicaid's continuous eligibility provisions because most of the people losing Medicaid coverage either do not have access to coverage through employment or have both employment-based and Medicaid coverage before losing Medicaid eligibility. (Similarly, the double coverage of many people losing Medicaid coverage will attenuate the increase in the number of people who are uninsured because of the unwinding.)

In 2026 and 2027, employment-based coverage will expand after the scheduled expiration of the enhanced Marketplace subsidies, as some workers newly take up existing offers (particularly those defined as not affordable under the Affordable Care Act) and some employers newly offer coverage to their workers. That increase will be spread over two years because, the agency expects, employers and workers will react slowly to the change. After reaching 167 million in 2027, enrollment will grow steadily to 170 million in 2034. That growth is driven by projected growth in employment and workers' incomes, which reduces eligibility for Medicaid and Marketplace subsidies, and it increases the value of the exclusion of premiums for employment-based coverage from income and payroll taxes.

► **MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM:** Enrollment in Medicaid and the Children's Health Insurance Program (CHIP) is projected to decline significantly, from ninety-two million in 2023 to seventy-nine million in 2024 (exhibit 1). That decline is largely attributable to the ending of Medicaid's continuous eligibility provisions, which expired as of April 1, 2023. The CBO anticipates that states will complete their eligibility redeterminations by September 2024. Accounting for those factors and for people who enrolled in Medicaid during the pandemic who will retain their coverage long term, the agency projects that enrollment in Medicaid and CHIP will stabilize at seventy-eight million beneficiaries in 2025 and 2026.

Later in the ten-year projections, Medicaid enrollment grows modestly because of a continuous coverage requirement for children,⁹ a set of rules to streamline eligibility and enrollment,^{10,11} and population growth. Conversely, under current law, CHIP enrollment is projected to decline beginning in 2032. The program is funded through 2029; thus, new legislation would need to be enacted before 2030 to provide funding adequate to cover all projected CHIP enrollment. For the years after 2029, despite the absence of new appropriations, the CBO is required by statute to assume that annual funding continues at a lower amount without further growth. Under that assumption, in the projections, states maintain enrollment from 2030 to 2032 by drawing on unspent balances from prior appropriations.

► **MEDICARE:** Medicare enrollment in 2024 is projected to be sixty-one million, up from sixty million in 2023 (exhibit 1).¹² In the CBO's projections, enrollment steadily climbs to seventy-four million by 2034, following the growth of the population ages sixty-five and older—the primary demographic that Medicare covers. Notably, more than half of all Medicare enrollees with Parts A and B coverage were enrolled in Medicare Advantage in 2023, and on the basis of trends in enrollment and payments, the CBO projects that share to rise to nearly two-thirds by 2034 (data not shown).

► **NONGROUP INSURANCE:** In 2024, twenty-five million people are projected to enroll in nongroup insurance coverage, which is six million more than in 2023 (exhibit 1). Most of that increase is in Marketplace coverage, as Medicaid's continuous coverage provisions unwind and the enhanced Marketplace subsidies persist. Of the twenty-five million people with nongroup coverage, twenty-two million are projected to have coverage through the Marketplaces, and twenty million of them are projected to receive a premium tax credit.

As enhanced Marketplace subsidies are set to

expire after 2025, the CBO projects a large decline in subsidized Marketplace enrollment, from twenty-one million in 2025 to sixteen million in 2026, before stabilizing at about fourteen million through 2034. That projected reduced enrollment is concentrated among people with incomes above 250 percent of poverty. In the CBO projections, enrollment in unsubsidized Marketplace plans and off-Marketplace plans remains stable during the next ten years, at about two million and four million enrollees, respectively.

Before the pandemic, Marketplace enrollment was much lower—about ten million people in 2019—than it is projected to be during the 2024–34 period. The increase is the net result of temporary and long-term factors with varying levels of impact (exhibit 2). One major temporary factor is the end of Medicaid’s continuous eligibility provisions, as some Medicaid enrollees transition to Marketplace coverage.¹³ Another transient factor is the enhanced subsidies. Notably, those subsidies made zero-premium benchmark plans available to people with incomes below 150 percent of poverty, which, recent data suggest, resulted in a noticeable increase in Marketplace enrollment.¹⁴

The long-term factors that persist through 2034 include the regulatory change to the affordability standards for dependents, the addition of

a continuous special enrollment period for people with incomes less than 150 percent of poverty, the elimination of multiple income verification steps, increased funding for “navigators” (who help consumers shop for insurance in the Marketplaces), longer open enrollment periods, and several other changes to Marketplace coverage (exhibit 2).

The CBO projects that those long-term factors have all contributed to increased Marketplace enrollment since 2019. For example, evidence has shown that the regulatory change to the affordability standards for dependents increased subsidized Marketplace coverage by one million enrollees. According to estimates, the policy increased access to subsidized Marketplace coverage to roughly five million people, so about 80 percent of people newly eligible for subsidies remained in employment-based insurance.¹⁵ In addition, some researchers have suggested that increased funding for navigators and expanded open enrollment periods yield higher enrollment than would otherwise have been the case.^{16,17} For other changes, such as network adequacy requirements and standardized plan options, evidence of their impact on enrollment is lacking, and the CBO anticipates that any impact will be minimal.

► **UNINSURED:** The all-time low level of uninsured seen in 2023 (twenty-four million, or 7.2 percent) is expected to jump up in 2024 (to twenty-six million, or 7.7 percent) as Medicaid’s continuous eligibility provisions unwind (exhibit 1). In the CBO’s projections, the uninsured population continues to increase through 2027. The increase results from the expiration of the enhanced Marketplace subsidies after 2025 and the surge in immigration through 2026. The number of uninsured people is projected to stabilize at about thirty-two million, or 9 percent, between 2027 and 2034. That uninsurance rate is higher than the rate in 2021–23 but lower than the prepandemic rate of 10.0 percent in 2019.¹ The aging of the US population contributes to that lower overall uninsurance rate because nearly all elderly people enroll in Medicare.

A large share of uninsured people have access to subsidized insurance through their employers, Medicaid, or the Marketplaces. Those eligible for Medicaid coverage have more financial protection than others because they can enroll throughout the year—in some cases, as they are seeking care in hospitals or other settings—and may receive coverage retroactively.¹ Although such people may enroll in Medicaid as needed, their usage and spending outcomes are more similar to those of other uninsured low-income adults than they are to those of people who are insured.¹⁸

EXHIBIT 2

US policies that are increasing Affordable Care Act Marketplace enrollment, by level of impact on coverage and years in effect during the 2023–34 projection period

Policies	Impact on coverage	Years in effect
TEMPORARY FACTORS		
Special enrollment period for the unwinding of Medicaid’s continuous eligibility provisions	Large	2023–24
Increased generosity of and eligibility for Marketplace subsidies	Large	2023–25
LONG-TERM FACTORS		
Changes to affordability standards for dependents	Medium	2023–34
Other policies affecting eligibility determinations ^a	Medium	2023–34
Other changes to Marketplace operations ^b	Small	2023–34
Other changes to Marketplace coverage ^c	Small	2023–34

SOURCES Congressional Budget Office (CBO). Extended sources for each row are in appendix B (see note 5 in text). **NOTES** In this article, a large impact on Marketplace enrollment is defined as an increase greater than 1.5 million; medium, as an increase between 0.5 million and 1.5 million; and small, as an increase of less than 0.5 million. The coverage effects shown here are the increases that the CBO anticipates in a given year after the policies have been fully implemented and all parties have fully adjusted to them. People may be affected by multiple policies simultaneously, and the level of impact on coverage does not account for that potential overlap. Inertia in individuals’, insurers’, and employers’ decisions makes the effect on coverage grow over time and continue even after the policies have ended. This exhibit reflects the assumption that the current administration’s actions are the status quo and persist over the projection period. ^aIncludes policies that allow people with incomes below 150 percent of the federal poverty level to enroll at any point during the year and policies that eliminate multiple income verification steps. ^bIncludes policies that increase funding for navigators and create requirements for longer open enrollment periods. ^cIncludes policies such as network adequacy requirements, standardized plan options, and changes to essential health benefits.

The all-time low level of uninsurance seen in 2023 is expected to jump up in 2024 as Medicaid's continuous eligibility provisions unwind.

► **MULTIPLE CONCURRENT SOURCES OF COVERAGE:** By the CBO's estimates, the number of people with multiple concurrent sources of insurance coverage has grown significantly since 2019. Such people typically pay a lower share of their health care costs, as one plan may cover services the other does not or as a secondary plan wraps around the coverage of a primary plan.¹⁹

According to numerous data sources, the number of people with Medicaid and another source of coverage has risen recently. Both survey and administrative data show increases in several coverage sources since 2020, including employment-based coverage; nongroup coverage; and, most substantially, Medicaid. Although surveys do not accurately measure the number of people with multiple sources of coverage, survey-based estimates of the uninsured population have not decreased by the same amount that total coverage from all sources has increased.²⁰ In addition, estimates from administrative data on Medicaid (the Transformed Medicaid Statistical Information System Analytic Files, or T-MSIS) suggest greater levels of concurrent coverage for people with Medicaid and employment-based coverage.²¹

The CBO expects that the recent increase in the number of people with Medicaid and another source of coverage will be reversed after Medicaid's continuous eligibility provisions end. In the agency's projections, the number of people with multiple sources of coverage declines from twenty-nine million in 2023 to an annual average of twenty-one million during the 2024–34 period (exhibit 1).

COMPARISON OF PREVIOUS AND CURRENT COVERAGE PROJECTIONS, 2023–33 Since its previous projections in September 2023, the CBO has incorporated a surge in immigration from 2022 to 2026, leading to substantially higher population and employment projections throughout

the 2023–33 period (exhibit 3).⁴ That surge will, in the CBO's estimation, increase enrollment in employment-based coverage (as more people will be working) and, to a much smaller extent, Medicaid and Marketplace coverage, but it will also increase the number of people without insurance.

For immigrants arriving in the recent surge, the CBO expects the uninsurance rate to be roughly four times the rate for the overall population. Eligibility for major federal health insurance programs (Medicaid, Medicare, and Marketplace coverage) is contingent on a person's specific immigration status. Some of the immigrants arriving in the recent surge have or will eventually gain a status necessary to be eligible for one of those programs. Those who are ineligible have limited options for coverage if they do not have access to employment-based coverage.

Enrollment in employment-based coverage in 2023 (164.2 million) in the June 2024 estimate was 2.9 million more than the agency projected it would be in September 2023 (exhibit 3), despite premiums growing faster than inflation.^{22,23} For the 2024–33 period, average annual enrollment in such coverage (167.3 million) is up by 3.5 million from the amount projected previously. Those higher enrollment projections are the result of higher projections of net immigration and employment growth.

Enrollment in Medicaid and CHIP in 2023 (92.0 million) was 1.6 million more in the June 2024 estimate than the CBO projected in September 2023 (exhibit 3). Medicaid's continuous eligibility provisions had a larger effect on enrollment than expected, and their unwinding began later than expected.²⁴ Those factors also led the CBO to increase its estimate of people with multiple sources of coverage in 2023, particularly simultaneous Medicaid and employment-based coverage. For the 2024–33 period, average annual enrollment in Medicaid and CHIP (78.8 million) is 0.3 million lower than projected in September 2023. The CBO now attributes a larger share of the recent increase in Medicaid and CHIP coverage to Medicaid's continuous eligibility provisions, so their unwinding results in greater disenrollments than previously projected. That change in the agency's projections is partially offset by increased Medicaid enrollment resulting from the final rules to streamline eligibility and enrollment and higher projections of net immigration.

Enrollment in nongroup coverage in 2023 that was purchased outside the Marketplaces (2.9 million) was 0.7 million less than projected in September 2023, and nongroup coverage purchased through the Marketplaces (16.2 million) was 0.9 million more (exhibit 3). For the 2024–

EXHIBIT 3

Comparison of previous and current projections of US health insurance coverage, millions of people, by calendar year, 2023-33

	2023			Average, 2024-33		
	September 2023 projection	June 2024 estimate ^a	Difference	September 2023 projection	June 2024 projection	Difference
Total population	336.0	338.4	2.4	344.8	353.7	8.8
Insured people	311.8	314.1	2.4	315.5	322.7	7.2
Uninsured people ^b	24.3	24.3	0.0	29.3	31.0	1.7
Employment-based coverage ^c	161.3	164.2	2.9	163.8	167.3	3.5
Medicaid and CHIP ^d						
People ages 65 and older in Medicaid	5.9	6.0	0.1	6.1	6.2	0.0
Blind and disabled people in Medicaid	7.9	8.1	0.2	7.9	8.1	0.2
Children in Medicaid	35.3	34.7	-0.5	30.9	30.0	-0.9
Adults made eligible for Medicaid by the ACA	17.4	17.7	0.3	14.4	13.4	-1.0
Adults otherwise eligible for Medicaid	17.0	18.4	1.4	13.2	14.3	1.1
CHIP	7.0	7.1	0.1	6.5	6.8	0.2
Subtotal, Medicaid and CHIP	90.4	92.0	1.6	79.2	78.8	-0.3
Medicare ^e	60.1	60.1	0.0	67.3	67.7	0.5
Nongroup coverage ^f						
Purchased through Marketplaces						
Subsidized	14.2	14.7	0.5	12.5	15.3	2.7
Unsubsidized	1.1	1.5	0.4	1.5	2.0	0.5
Subtotal, purchased through Marketplaces	15.2	16.2	0.9	14.0	17.3	3.2
Purchased outside Marketplaces	3.6	2.9	-0.7	5.0	3.9	-1.1
Subtotal, nongroup coverage	18.9	19.1	0.2	19.1	21.2	2.1
Basic Health Program ^g	1.2	1.3	0.1	1.0	1.4	0.4
Other coverage ^h	6.3	6.1	-0.2	6.7	7.1	0.4
People with multiple sources of coverage	26.5	28.7	2.2	21.5	20.8	-0.7
Uninsured people with Medicare Part A or Part B only	0.7	0.6	-0.1	0.8	0.7	-0.1
Share of population that is uninsured (%)	7.2	7.2	0.0	8.5	8.8	0.2

SOURCE Congressional Budget Office (CBO). **NOTES** The table shows coverage for the Social Security area population. Estimates reflect average monthly enrollment over the course of a year and include spouses and dependents covered under family policies. Estimates for each source of health insurance exclude people with supplemental or partial coverage that, on its own, would not provide financial protection against major medical expenses and thus would not meet the CBO's definition of health insurance; see Congressional Budget Office. Federal subsidies for health insurance: 2023 to 2033 (note 1 in text). The components may exceed the total population because some people enroll in multiple sources of coverage, and in this exhibit, the CBO did not assign them to a primary source. ACA is Affordable Care Act. CHIP is Children's Health Insurance Program. ^aAmounts are estimated on the basis of preliminary data and are subject to revision. Information on the individual data sources and how the CBO develops its estimates of 2023 enrollment is in appendix A (see note 5 in text). ^bDetails are in exhibit 1, note b. ^cDetails are in exhibit 1, note c. ^dDetails are in exhibit 1, note d. ^eDetails are in exhibit 1, note e. ^fDetails are in exhibit 1, note f. ^gDetails are in exhibit 1, note g. ^hDetails are in exhibit 1, note h.

33 period, average annual enrollment in subsidized Marketplace coverage (currently projected to be 15.3 million) is 2.7 million more than previously projected. For unsubsidized coverage, the June 2024 projection (2.0 million) constitutes an increase of 0.5 million over the September 2023 projection. For enrollees in nongroup coverage outside the Marketplaces, the June 2024 projection (3.9 million) is 1.1 million less than the September 2023 projection.

The increase in projected Marketplace enrollment stems from changes to the CBO's economic and demographic forecasts, as well as other factors. Beginning in 2027, more than half of the increased enrollment results from economic and demographic changes that make more people eligible for premium tax credits. In the CBO's current projections, more people transition to

Marketplace coverage as Medicaid's continuous eligibility provisions unwind. In addition, recent data suggest that the availability of enhanced Marketplace subsidies through 2025 have had a larger impact than the CBO previously projected, in part because of the availability of the zero-premium benchmark plans for people with incomes below 150 percent of poverty.²⁵ Finally, the continuous special enrollment period for those with incomes below 150 percent of poverty has been decoupled from the enhanced subsidy provisions set to end in 2025 and will therefore still exist after those provisions expire.

Despite higher Marketplace, Medicaid, and employment-based enrollment in the current projections, the number of uninsured people in 2023 (24.3 million) matched the CBO's earlier projection (exhibit 3) for two main reasons.

First, in the projections, some of that additional enrollment is among people who already had coverage, increasing the number of people with multiple sources of coverage. Second, a substantial percentage of the people arriving during the surge in immigration that began in 2022 are uninsured.

In subsequent years, that larger immigrant population will, the CBO anticipates, increase the number of uninsured people. Greater enrollment in nongroup insurance somewhat offsets the increase. The agency's current projection of the number of uninsured people (31.0 million), on average, each year from 2024 to 2033 is 1.7 million more than the agency previously projected. That larger uninsured population increases the agency's projection of the average uninsurance rate for that period to 8.8 percent, which is 0.2 percentage points higher than previously projected.

COVERAGE BY AGE Health insurance coverage varies considerably by age in 2024 and 2034 (exhibit 4).²⁶ Eligibility for several federal health insurance programs (Medicaid, CHIP, and Medicare) is partially contingent on age. In addition,

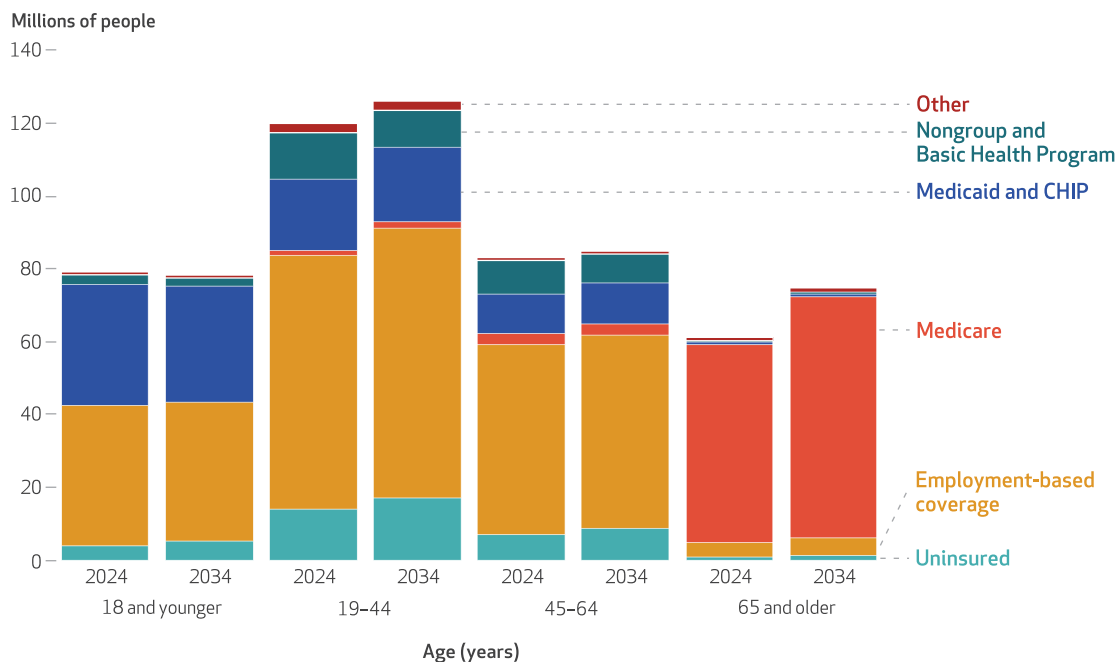
the demand for health care and health insurance varies over the life course, with older people being more likely than younger ones to be enrolled in coverage. In addition, two main drivers of projected changes in coverage—the unwinding of Medicaid's continuous eligibility provisions and the end of enhanced Marketplace subsidies for nongroup coverage—will probably have different effects depending on people's age.

In its analysis, for people with multiple sources of coverage, the CBO assigned a primary source on the basis of which source of coverage generally pays first. The order of that hierarchy, from the coverage most likely to be the primary source to the least likely, is employment-based coverage, Medicare, Medicaid and CHIP, nongroup coverage and the Basic Health Program,²⁷ and other coverage.

► **CHILDREN (AGES 18 AND YOUNGER):** The uninsurance rate for children is substantially lower than the rates for younger adults (ages 19–44) and older nonelderly adults (ages 45–64). Medicaid and CHIP are currently projected to cover 42 percent of children, which is more than the shares for other age groups. Children

EXHIBIT 4

Projections of US health insurance coverage, by age, 2024 and 2034



SOURCE Congressional Budget Office (CBO). **NOTES** People with multiple sources of coverage were assigned to a primary source on the basis of which source of coverage generally pays first. The order of that hierarchy, from the coverage most likely to be the primary source to the least, is employment-based coverage, Medicare, Medicaid and Children's Health Insurance Program (CHIP), nongroup coverage and Basic Health Program, and other coverage. For example, if someone is dually eligible for Medicaid and Medicare, the person appears only in Medicare for purposes of this figure. Estimates of health coverage by age were determined using version 2 of the CBO's Health Insurance Simulation Model (HISIM2), in addition to administrative and survey data for populations that HISIM2 does not cover (for example, people ages 65 and older, civilian residents of US territories, noncitizens, and institutionalized populations).

are more likely than people in other age groups to live in families with incomes below the poverty level, which is a key factor in determining eligibility for those programs.²⁸ Moreover, Medicaid's eligibility rules generally have higher income limits for children, and CHIP has income limits that extend even higher.¹ Employment-based coverage through a parent or guardian is the other most common source of coverage for children, particularly those in higher-income households that are not eligible for Medicaid or CHIP.

The CBO projects relatively few changes in children's health insurance coverage during the 2024–34 period. Medicaid and CHIP continue to be a large source of that coverage, although those programs are projected to cover a smaller share of children in 2034 than in 2024. In the projections, the expiration of Medicaid's continuous eligibility provisions leads to a decline in Medicaid coverage for children through 2024, but rules to streamline enrollment in the program to reduce churn^{10,11} and a law to require twelve months of continuous coverage⁹ contribute to modest growth in children's enrollment in the program in subsequent years.

► **YOUNGER ADULTS (AGES 19–44):** Younger adults have the highest uninsurance rate of any age group. They are more likely to be eligible for Medicaid than older nonelderly adults (ages 45–64) but less likely to take up available private coverage, leading more to be uninsured.²⁹ Younger adults are more likely to be eligible for or enrolled in Medicaid than older adults are, because they tend to have less income, and income limits are generally higher for pregnant women and parents of children younger than age nineteen.

Employment-based coverage is the largest source of health insurance for younger adults, although the proportion of them that have it is smaller than that of older adults, partly because they are less likely to receive and take up an offer of health insurance from an employer. However, young adults can be covered as dependents under their parents' health insurance up to age twenty-six, and about 15 percent of younger adults with employment-based coverage are dependents on a parent's plan.^{30,31}

By 2034, in the CBO's projections, the uninsurance rate for younger adults increases slightly for the reasons discussed earlier: the end of Medicaid's continuous eligibility provisions, the expiration of enhanced Marketplace subsidies, and the surge in immigration during 2022–26. Because a substantial share of the peo-

ple arriving in those years are expected to be younger, working-age adults, the influence of higher net immigration on the uninsured population is expected to be particularly pronounced for this age group.

► **OLDER ADULTS (AGES 45–64):** Older non-elderly adults, those ages 45–64, have a lower uninsurance rate than younger adults, largely driven by greater take-up of employment-based and nongroup coverage. Medicare also constitutes a small source of insurance for older non-elderly adults, as people younger than age sixty-five with certain disabilities or end-stage renal disease can be eligible for the program.

By 2034, in the CBO's projections, the uninsurance rate for older adults increases slightly, largely because of the expiration of the enhanced Marketplace subsidies.

► **ELDERLY ADULTS (AGES 65 AND OLDER):** Elderly adults—those ages sixty-five and older—have the lowest uninsurance rate of the four age groups, at 2 percent. Medicare covers 89 percent of this group, of which 8 percent are dual-eligible beneficiaries enrolled with full benefits in both Medicare and Medicaid.³² At this time, 6 percent of elderly adults are enrolled in employment-based coverage—often supplemented with Medicare Part A—while they continue working. Last, roughly 1 percent have Medicaid coverage alone because they are eligible for Medicaid but not Medicare.

The elderly population is projected to grow substantially faster than the nonelderly population, leading to a larger share of the overall population that is ages sixty-five and older. That population growth leads to a large increase in Medicare enrollment, although the share of the elderly population that is covered by Medicare is not expected to change substantially.

Conclusion

According to recent administrative and survey data, the CBO's September 2023 projections¹ underestimated the enrollment effects of Medicaid's continuous eligibility provisions and the enhanced Marketplace subsidies. Along with updated economic and demographic projections, those outcomes informed the CBO's updated coverage projections presented in this article. In addition to providing updates, the agency has projected coverage by age and explained how the projections are related to the eligibility rules for federal health care programs, age-related factors such as income, and anticipated demographic and policy changes. ■

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