



New York State Comptroller  
**THOMAS P. DiNAPOLI**

# Health Insurance Coverage in New York State

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August 2023

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## Introduction

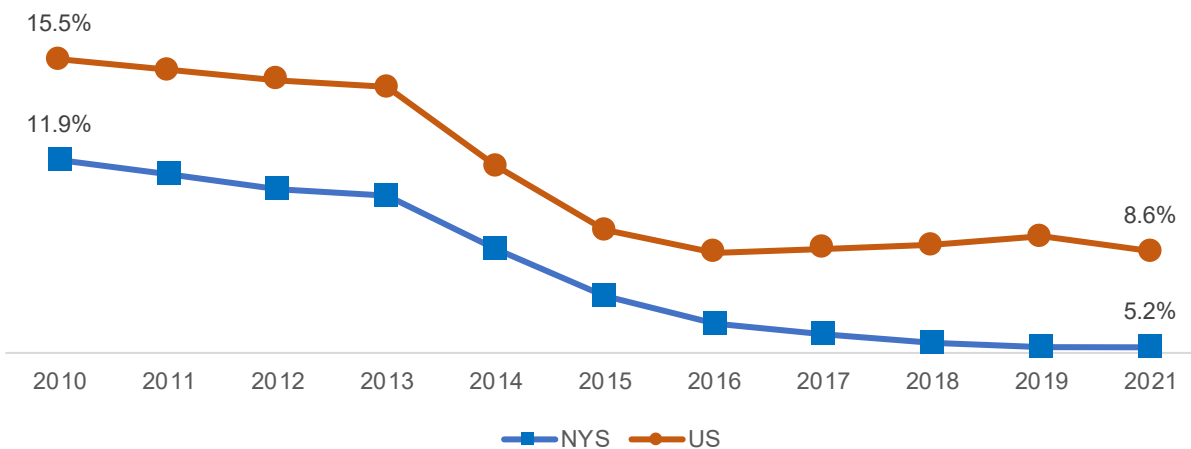
Public policies over the last decade have had a significant impact in reducing the number of uninsured people nationally and especially in New York, where the share of those without health insurance declined to 5.2 percent in 2021, well below the national average of 8.6 percent. In New York, however, some disparities persist among the uninsured: greater rates of Blacks or African Americans, Asians and Hispanics or Latinos were uninsured, and higher rates were prevalent among low- and moderate-income groups, all exceeding the statewide rate.

Rates of uninsured New Yorkers are lower than the nation largely due to the State's higher rates of enrollment in public health insurance programs, which provided coverage to 4 in 10 New Yorkers in 2021. Public health care coverage rates increased in 2021, reflecting higher enrollments in Medicaid during the pandemic. As the State begins reprocessing eligibility determinations for public health insurance, continued transparency and reporting will be essential for understanding the implications for coverage rates and on the State's budget.

## Who Is Uninsured?

From 2010 through 2021 (the last year for which U.S. Census Bureau data are available), the percentage of New Yorkers without health insurance declined every year to 5.2 percent in 2021 – less than half of what it was in 2010 (11.9 percent).<sup>1</sup> Nationally, uninsured rates dropped to 8.6 percent in 2021, following three years of increases, as shown in Figure 1. In 2021, Massachusetts had the lowest rate (2.5 percent) and Texas had the highest (18 percent). New York was tied with Connecticut for the 10<sup>th</sup> best rate of coverage.

**Figure 1**  
**Percentage of People without Health Insurance Coverage, New York and the U.S., 2010 to 2021**



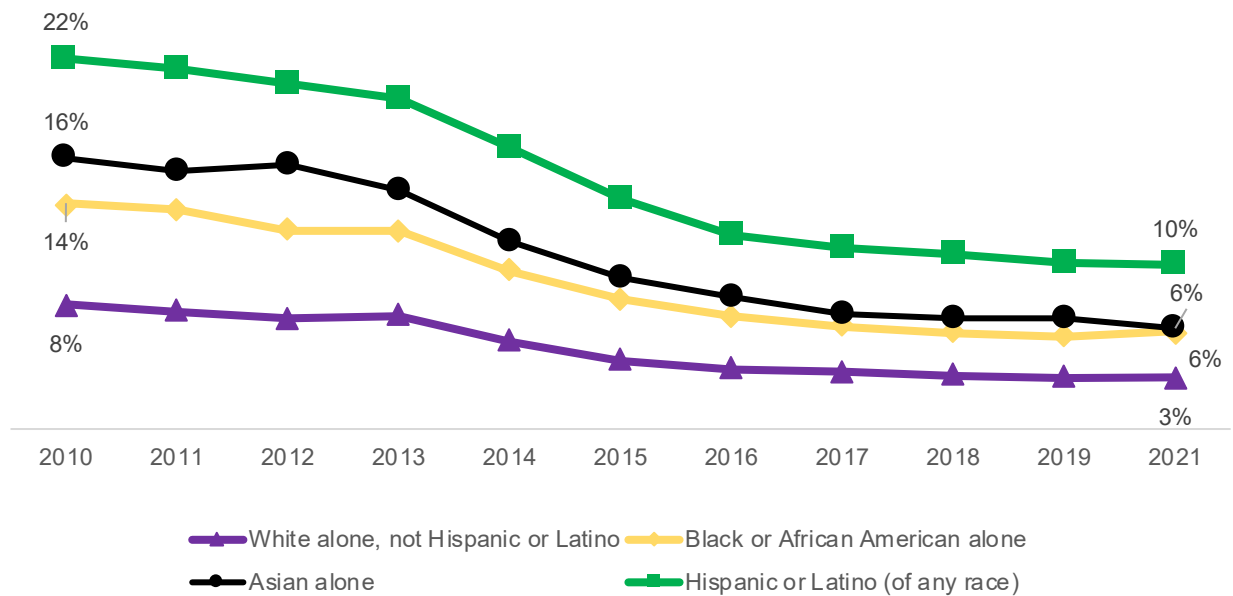
Note: The Census Bureau did not release estimates for 2020 due to significant data collection disruptions related to the coronavirus pandemic.

Source: U.S. Census Bureau

Census Bureau data for New York and the nation show improving, but persistent, disparities in rates of the uninsured by race and Hispanic origin, as well as household income, from 2010 through 2021. In New York, uninsurance rates for whites, Blacks or African Americans, Asians and Hispanics or Latinos all declined by more than half, or about the same percentage decrease as in the State’s overall uninsurance rate. However, the data also show continuing differences in coverage, with uninsurance rates among white New Yorkers consistently lower than other racial groups, as shown in Figure 2.<sup>2</sup> In 2021, 10 percent of Hispanics did not have any health insurance coverage, compared to approximately 6 percent of Black and Asian and 3 percent of white New Yorkers.

Nationally, the rates of uninsured are greater across racial and ethnic categories, and the 2021 gaps in coverage are greatest for those of Hispanic origin – 17.7 percent of Hispanics were without health insurance, compared to 9.6 percent of blacks, 5.9 percent of Asians and 5.7 percent of whites.

**Figure 2**  
**New York Rates of Persons without Health Insurance by Race and Hispanic Origin, 2010 to 2021**

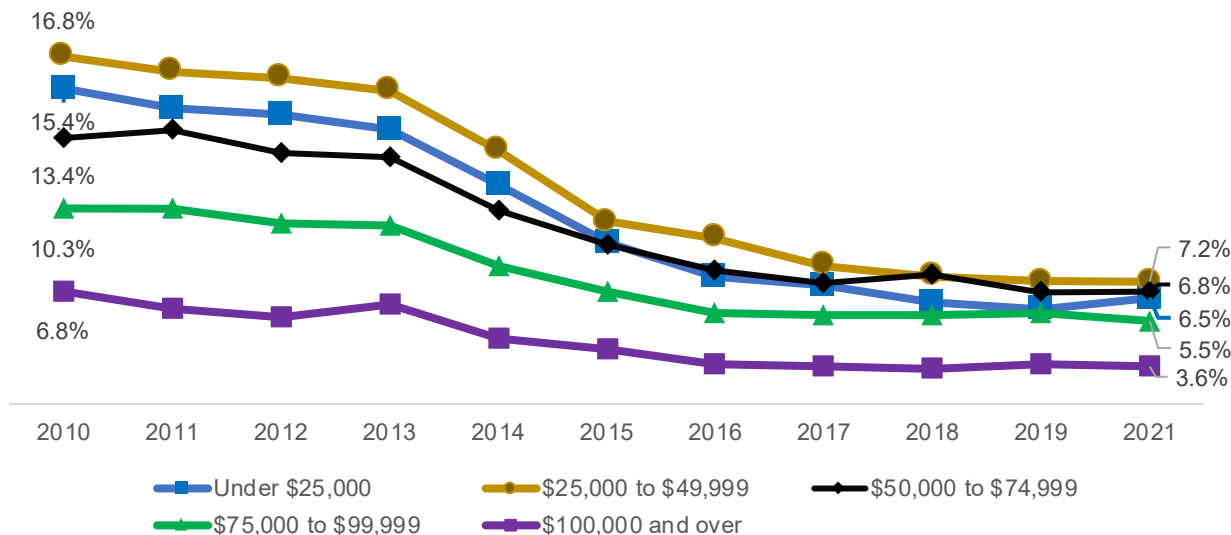


Note: The Census Bureau did not release estimates for 2020 due to significant data collection disruptions related to the coronavirus pandemic.

Source: U.S. Census Bureau

Health insurance coverage by household income also improved from 2010 to 2021, with rates of the uninsured in New York decreasing for all income groups by about half. However, disparities among income groups persist, with the highest uninsurance rates in households with incomes between \$25,000 and \$49,000. The second highest rate is among households making between \$50,000 and \$74,999, followed closely by those with incomes of less than \$25,000. The highest earning households have the lowest uninsured rates, as shown in Figure 3.<sup>3</sup>

**Figure 3**  
**New York Rates of Persons without Health Insurance by Household Income, 2010 to 2021**



Note: The Census Bureau did not release estimates for 2020 due to significant data collection disruptions related to the coronavirus pandemic.

Source: U.S. Census Bureau

Less than 1 percent of persons aged 65 or older do not have insurance, regardless of where they live. Most people without health coverage are adults from 19 to 64 years old: 7.4 percent in New York and 12.2 percent nationally in 2021. From 2016 to 2021, the percentage of New Yorkers without health insurance under the age of 19 increased slightly to 2.6 percent; the national rate increased to 5.4 percent in 2021.

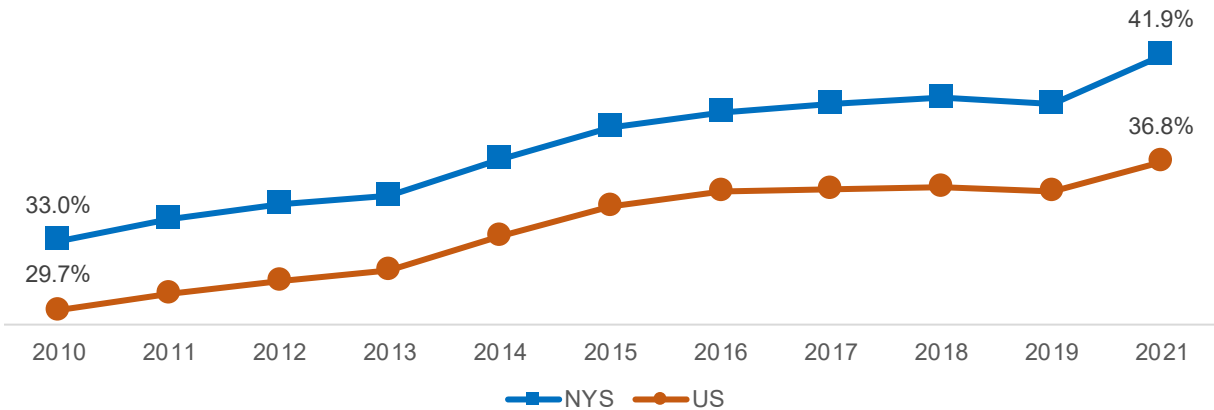
## The Importance of Public Health Insurance in New York

Health insurance is available through public and private insurers. Private health insurance is often provided through employers; in New York, for many health insurance plans, rate increases are reviewed and approved by the State Department of Financial Services.<sup>4</sup> Seniors and others with disabilities, as well as economically disadvantaged populations, are eligible for public coverage through the federal government.

The State Department of Health (DOH) administers coverage under Medicaid, the Essential Plan, Child Health Plus (CHP) and New York’s health plan marketplace (NY State of Health). According to DOH, there were 8 million enrolled in Medicaid, 1.2 million in the Essential Plan and 367,589 in CHP in June 2023. CHP coverage is for children under the age of 19 who are residents but ineligible for Medicaid, and is available through NY State of Health for families earning up to 400 percent of poverty (\$120,000 for a family of four).

Most people with insurance both nationally (67 percent) and in New York (65.9 percent) have private health insurance; however, relative to the nation, a greater share of New Yorkers are enrolled in public health insurance programs. As shown in Figure 4, rates of New Yorkers enrolled in public health insurance programs increased from 33 percent in 2010 to 41.9 percent in 2021 and exceeded national rates every year.<sup>5</sup>

**Figure 4**  
**Percentage of People with Public Health Insurance Coverage, New York and the U.S., 2010 to 2021**

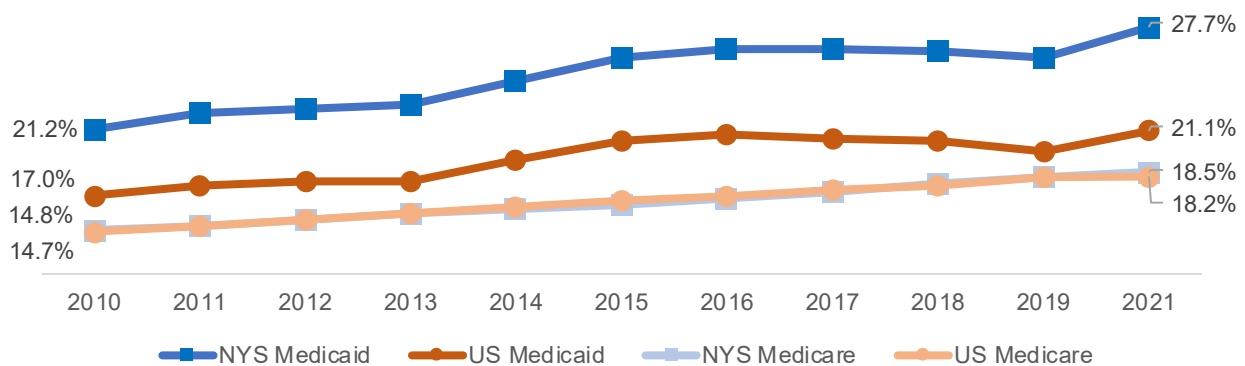


Note: The Census Bureau did not release estimates for 2020 due to significant data collection disruptions related to the coronavirus pandemic.

Source: U.S. Census Bureau

Medicaid and Medicare account for the largest shares of the historical increase in public health insurance coverage. As shown in Figure 5, rates of New Yorkers enrolled in Medicaid increased from 21.2 percent in 2010 to 27.7 percent in 2021 and surpassed national Medicaid enrollment rates every year.<sup>6</sup> These rates do not account for the 4.7 percent of New Yorkers who were dually eligible for Medicaid and Medicare in 2021, as well as 1.3 percent of New Yorkers who were covered by the U.S. Department of Veterans Affairs (VA) health benefits program.

**Figure 5**  
**Percentage of People with Medicaid or Medicare Coverage, New York and the U.S., 2010 to 2021**



Note: The Census Bureau did not release estimates for 2020 due to significant data collection disruptions related to the coronavirus pandemic. Rates for dual eligibles and individuals covered by the U.S. Veterans Affairs (VA) health benefits program are excluded from this analysis. Dual eligibles in New York ranged from about 3 percent of persons with public coverage in 2010 to 4.7 percent in 2021; New Yorkers receiving VA health benefits accounted for about 1.3 percent of persons with public coverage per year.

Source: U.S. Census Bureau

## Public Policies and Health Insurance Coverage

New York has made notable progress in increasing levels of health insurance coverage and reducing the rate of uninsured New Yorkers to historic low levels, 5.2 percent in 2021. Increases in public coverage in New York and nationwide are largely due to the impact of the federal Affordable Care Act (ACA) coverage expansion starting in 2014 and, more recently, continuous coverage provisions implemented during the COVID pandemic starting in 2020. State policy changes have also played an important role.

State and federal policy changes implemented during and after the Great Recession of 2007-09 preserved and expanded access to the Medicaid program.<sup>7</sup> These changes included increasing the limits on allowable dollar amounts or resources applicants are permitted to have in reserve and still be eligible for Medicaid, eliminating the resource test for Medicaid applicants and recipients who are not 65 or over and certified blind or disabled, and eliminating the personal interview requirement for all Medicaid applicants. As a result of the ACA coverage expansion, New York's Medicaid program covers nearly all non-elderly adults with incomes at or below 138 percent of the federal poverty level.<sup>8</sup>

The ACA also authorized the State to implement its official health plan marketplace (NY State of Health), which provides “one-stop shopping” for individuals and families who may qualify for enrollment in private health insurance (with or without subsidies), Medicaid, CHP or the Essential Plan. The Essential Plan was developed in response to an ACA option that allowed states to offer health coverage for individuals with family incomes between 138 and 200 percent of the poverty level, as well as individuals with family incomes below 138 percent FPL who are lawfully present in the United States but do not qualify for federally financed Medicaid due to their immigration status. Minnesota was the only other state to exercise the ACA option, and has an uninsured rate of 4.5 percent.

Federal COVID legislation allowed participants in the State's public health insurance programs – Medicaid, CHP and the Essential Plan – to remain eligible for coverage for 12 continuous months regardless of changes in employment or income levels that might otherwise make them ineligible. Continuous enrollment requirements ended on March 31, 2023.<sup>9</sup> New York State began sending renewal notices that spring to Medicaid, CHP, and Essential Plan enrollees notifying them that eligibility determinations would resume.

The State published its first progress report on its recertification efforts through June 30, 2023. The “[New York State Public Health Emergency Unwind Dashboard](#)” indicates that 65.2 percent of Medicaid and CHP beneficiaries due for renewal in the June reporting period were re-enrolled in either program.<sup>10</sup> Nearly a third were removed from either program's enrollment – 17.2 percent were terminated for procedural reasons, like a failure to respond, and 15.4 percent because they were deemed ineligible. Some of those deemed ineligible may have returned to work, surpassing the earnings threshold, and obtained private health insurance. Continued reporting during recertification for the more than 8 million enrollees will indicate whether these re-enrollment shares will change significantly as the process is underway and completed.

## Conclusion

A high level of transparency is essential for understanding the implications of the “unwind” on health insurance coverage and on the State budget. As described by the Office of the State Comptroller in a [report](#) on the State Fiscal Year 2023-24 Enacted Budget Financial Plan, Medicaid is projected to decrease to 6.9 million recipients by April 2024; however, if enrollment exceeds projections, the Financial Plan may incur significant additional unbudgeted costs.

The State must continue to educate New Yorkers with public health insurance coverage about impending program changes and facilitate renewals of coverage for those eligible. In addition, policymakers should also continue to identify solutions to expand the number of New Yorkers with insurance. Notably, the State has submitted a waiver application to the federal government that would expand the Essential Plan to persons with incomes up to 250 percent of the Federal Poverty Level, providing access to nearly 100,000 more New Yorkers in need. A letter from DOH to Biden Administration officials accompanying the application anticipates including the Deferred Action for Childhood Arrivals (DACA) population in the proposal, and notes the need for “new federal solutions to support coverage of undocumented New Yorkers.”

The reduction in the number of individuals in New York without health insurance coverage is a policy accomplishment with wide-ranging benefits for individuals, families and the State, and continuing to reduce the number of and disparities among the uninsured should remain a key policy concern.

# Endnotes

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- <sup>1</sup> U.S. Census Bureau, American Community Survey (ACS), Table HIC-4\_ACS, Health Insurance Coverage Status and Type of Coverage by State--All Persons: 2008 to 2021, available at <https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html>.
- <sup>2</sup> U.S. Census Bureau, ACS 1-Year Estimates Subject Tables, Table ID S2701, available at <https://data.census.gov/table?q=s2701&tid=ACSST1Y2012.S2701>.
- <sup>3</sup> Ibid.
- <sup>4</sup> New York State Department of Financial Services, press release, “DFS Announces 2023 Health Insurance Premium Rates, Saving New Yorkers \$799.5 million,” August 17, 2022, available at [https://www.dfs.ny.gov/reports\\_and\\_publications/press\\_releases/pr202208171](https://www.dfs.ny.gov/reports_and_publications/press_releases/pr202208171).
- <sup>5</sup> U.S. Census Bureau, ACS, Table HIC-4\_ACS.
- <sup>6</sup> Ibid.
- <sup>7</sup> Emily Arsen, et al., *Lessons from the Great Recession: New York Medicaid Enrollment During the COVID-19 Crisis*, United Hospital Fund, June 9, 2020, available at [https://uhfnyc.org/media/filer\\_public/a4/3e/a43e07a9-dff6-43cb-b188-f4d03eb5cca5/medicaid-enrollment-20200608-b.pdf](https://uhfnyc.org/media/filer_public/a4/3e/a43e07a9-dff6-43cb-b188-f4d03eb5cca5/medicaid-enrollment-20200608-b.pdf).
- <sup>8</sup> The State’s Family Health Plus program had previously expanded coverage up to 100 percent of poverty level to adults without dependent children and to 150 percent of poverty level for parents with dependent children. The State stopped accepting applications for Family Health Plus after December 31, 2013.
- <sup>9</sup> Medicaid.gov, “Unwinding and Returning to Regular Operations after COVID-19,” available at <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.
- <sup>10</sup> An additional 2.3 percent of renewals for the June 2023 reporting period were not completed, but coverage was extended manually.



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