

THE NATIONAL CENTER FOR  
**COVERAGE INNOVATION**

AT **FAMILIESUSA**







# The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History

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Families USA launched The National Center for Coverage Innovation (NCCI) to help state and federal policymakers and consumer leaders develop and implement innovative approaches to expand and improve health care coverage. NCCI's mission will be complete when every family in America has health coverage that provides the financial security and affordable access to health care that people need to thrive.

NCCI relentlessly pursues creative, pragmatic solutions that expand and strengthen health coverage, seeking the bipartisan support that makes policy gains truly sustainable. NCCI advocates incremental reforms that tangibly benefit people's lives in the near term while it collaborates with diverse state and national partners to build longer-term consensus around bolder transformation. NCCI combines cutting-edge thought leadership, analysis, and technical assistance with the full spectrum of proven advocacy tools that have helped Families USA build a 37-year track record of success improving the health and health care of our nation's families at the federal, state, and community levels.







## Results in Brief

- » An estimated 5.4 million workers are becoming uninsured because of job losses they experienced from February to May of this year.
- » These estimated increases in the number of uninsured adults would be 39% higher than any annual increase ever recorded. The highest previous increase took place over the one-year period from 2008 to 2009, when 3.9 million nonelderly adults became uninsured.
- » Nearly half (46%) of the increases in the uninsured resulting from the COVID-19 pandemic and economic crash have occurred in five states: California, Texas, Florida, New York, and North Carolina.
- » In eight states 20% or more of adults are now uninsured: Texas, where nearly three in ten adults under age 65 are uninsured (29%); Florida (25%); Oklahoma (24%); Georgia (23%); Mississippi (22%); Nevada (21%); North Carolina (20%); and South Carolina (20%). All but Oklahoma are also among the 15 states with the country's highest spike in new COVID-19 cases during the week ending on July 12.
- » Five states have experienced increases in the number of uninsured adults that exceed 40%: Massachusetts, where the number nearly doubled, rising by 93%; Hawaii (72%); Rhode Island (55%); Michigan (46%); and New Hampshire (43%).
- » No federal COVID-19 legislation signed into law has attempted to restore or preserve comprehensive health insurance, which improves health outcomes, limits financial insecurity, and promotes economic recovery. Federal lawmakers can fill that gap in the next COVID-19 bill.

## Introduction

The greatest public health crisis in a century has caused the deepest economic crash since World War II. In a few short months, millions of workers lost their jobs. At least 16 million of them simultaneously lost access to health insurance formerly furnished by their employers.<sup>1</sup>

Despite these historic coverage losses, no COVID-19 legislation yet signed into law has made a serious effort to protect comprehensive health insurance.

One reason for this may be a lack of information.

Policymakers know that millions of people are losing employer-based coverage. But they do not know how many people are becoming uninsured and how many are retaining coverage by shifting to insurance offered by a spousal employer, Medicaid, or the individual insurance market.

Definitive coverage data will be unavailable until mid- to late-2021, when the federal government begins publishing health insurance estimates for 2020.<sup>2</sup> But



policymakers need to know now about the magnitude of coverage losses as they decide whether and, if so, how the next COVID-19 legislation will restore and maintain comprehensive health insurance.

This paper fills these information gaps. To estimate the number of newly uninsured, we started with data from the U.S. Bureau of Labor Statistics showing changes in the number of unemployed workers and adults outside the labor force in each state from February to May of this year.<sup>3</sup> We then applied to those numbers recent research findings on coverage from the Urban Institute. Those findings showed the percentage of unemployed workers who become uninsured (rather than enrolled in spousal coverage, Medicaid or the individual market) since the Affordable Care Act's (ACA) main coverage provisions took effect in 2014.<sup>4</sup> That let us estimate the number of uninsured workers among the newly unemployed in each state.

The next section of this report sets out our findings, putting national results in historical context and analyzing state-level patterns. We then briefly discuss the impact of comprehensive health coverage on families and communities. Next, we explain how legislation recently passed by the House would protect families' health insurance and explore how the Senate could strengthen the House legislation as part of the next COVID-19 bill. In the appendix, we provide additional information about our methodology.

We caution that this report reflects economic conditions as of May, the most recent month for which state-level data are available. The national employment situation improved in mid-June, but many observers expect it to worsen in the coming months, given the extraordinary increase in COVID-19 diagnoses that some states are reporting after attempting to re-open their economies. As the year continues, the number of uninsured workers could rise or fall somewhat from

the numbers reported here, depending on how the pandemic and recession unfold.

## **New Research Results: The COVID-19 Pandemic and Resulting Economic Crash Have Triggered Unprecedented Increases in the Number of Uninsured**

### **Recent National Coverage Losses are the Highest Ever Recorded**

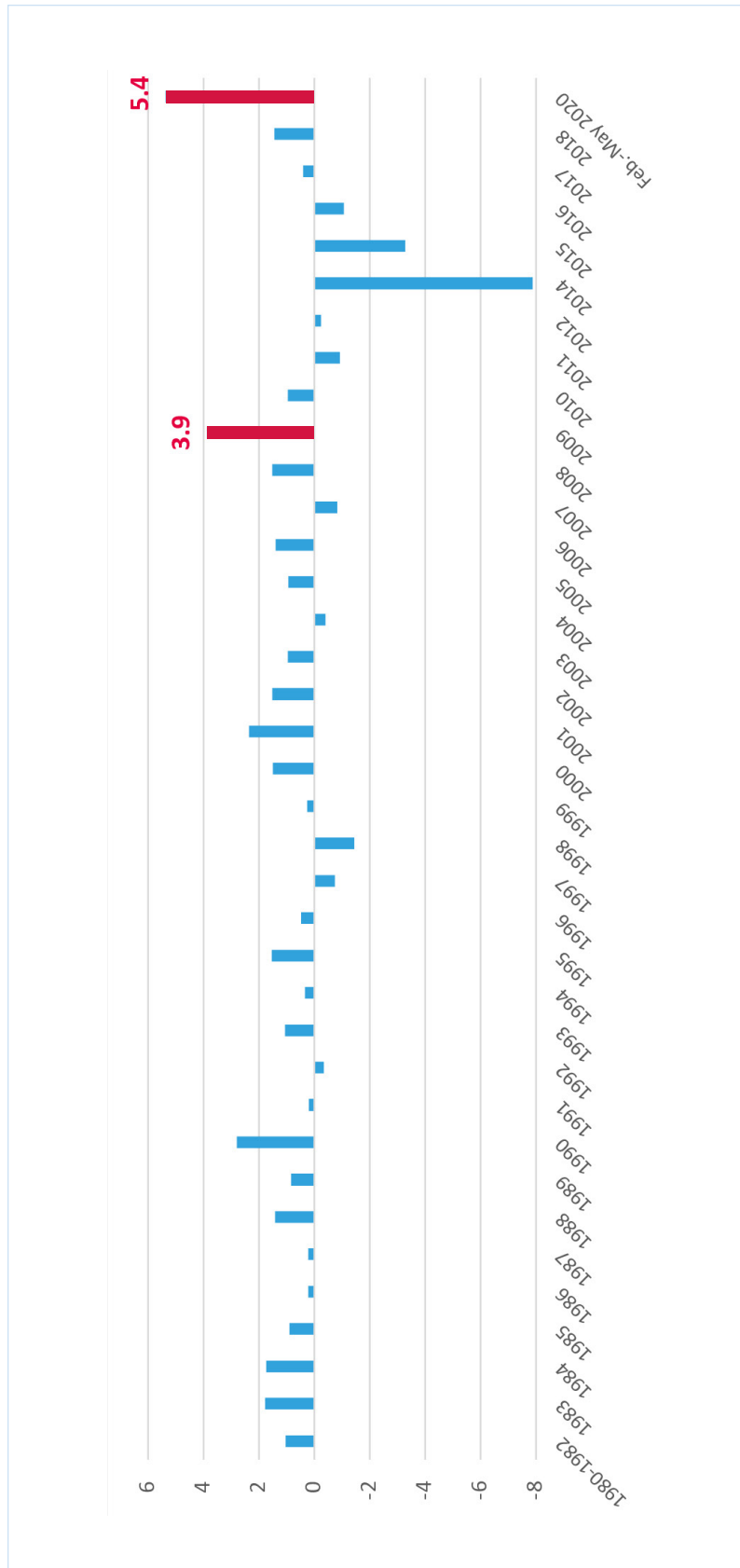
**Between February and May 2020, 21.9 million workers lost their jobs or left the labor force.<sup>5</sup> An estimated 5.4 million of them became uninsured as a result (Table 1, page 6).** This count does not include workers' family members, many of whom also lost health insurance but whose numbers could not be estimated based on the methodology we used for this report.

**This increase in the number of uninsured, which resulted from just three months of economic downturn, was 39% larger than any annual increase ever recorded.** The previous record was set when the number of uninsured adults rose by 3.9 million from 2008 to 2009 (Figure 1, page 5).

Table 1 (page 6) shows the number of newly uninsured workers in each state compared to the number of uninsured adults in 2018, the most recent year for which data are available.



Figure 1. Changes in the Number of Uninsured, Non-Elderly Adults, 1980-2020 (millions)



Sources: National Center for Coverage Innovation at Families USA analysis of data from March Current Population Survey, 1980-2019;<sup>6</sup> Anuj Gangopadhyaya and Bowen Garrett, *Unemployment, Health Insurance, and the COVID-19 Recession*, (Urban Institute, March 31, 2020), <https://www.urban.org/research/publication/unemployment-health-insurance-and-covid-19-recession>; U.S. Bureau of Labor Statistics (BLS), "States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted," *State Employment and Unemployment (Monthly)*, last modified June 19, 2020, <https://www.bls.gov/web/laus/ststdsadata.zip>.

Note: The estimate for 1980 to 1982 shows the change in uninsured adults ages 18-64 over that two-year period, since data for 1981 were not available. Estimates for 1983 through 2018 show changes since the prior year. Estimates before 2020 are for all adults under age 65 and are not limited to the unemployed and adults outside the labor market. Estimates for February-April 2020 are limited to newly unemployed adults and adults leaving the labor force. The change from 2017 to 2018 and the Urban Institute percentages on which the estimates for February through April were based are for adults ages 19-64. Earlier changes are for adults ages 18-64 using the Census Bureau's reporting categories through 2005; BLS estimates are for workers aged 16 and older.



Table 1. Workers Becoming Uninsured Due to Job Losses Between February and May 2020, Compared to Uninsured Adults Under Age 65 in 2018, by State

State	Uninsured Adults, 2018		Workers Becoming Uninsured Due to Job Losses Between February and May 2020		Total Uninsured Adults, May 2020	
	Number	Percentage of All Adults	Number	Percentage Increase Above Uninsured Adults in 2018	Number	Percentage of All Adults
Alabama	475,000	16%	69,000	14%	543,000	19%
Alaska	72,000	16%	7,000	10%	79,000	17%
Arizona	650,000	16%	47,000	7%	696,000	17%
Arkansas	235,000	13%	22,000	10%	257,000	15%
California	2,539,000	10%	689,000	27%	3,227,000	13%
Colorado	379,000	11%	74,000	20%	453,000	13%
Connecticut	165,000	8%	49,000	30%	214,000	10%
Delaware	47,000	8%	16,000	33%	62,000	11%
District of Columbia	21,000	4%	8,000	37%	28,000	6%
Florida	2,486,000	20%	607,000	24%	3,094,000	25%
Georgia	1,278,000	20%	178,000	14%	1,456,000	23%
Hawaii	48,000	6%	34,000	72%	82,000	10%
Idaho	165,000	17%	14,000	8%	179,000	18%
Illinois	796,000	10%	186,000	23%	982,000	13%
Indiana	457,000	12%	79,000	17%	536,000	13%
Iowa	133,000	7%	38,000	29%	171,000	9%
Kansas	216,000	13%	43,000	20%	259,000	15%
Kentucky	223,000	8%	40,000	18%	262,000	10%
Louisiana	353,000	13%	48,000	14%	401,000	14%
Maine	91,000	11%	14,000	16%	106,000	13%
Maryland	314,000	9%	75,000	24%	389,000	11%
Massachusetts	171,000	4%	159,000	93%	331,000	8%
Michigan	485,000	8%	222,000	46%	706,000	12%

Table 1. Workers Becoming Uninsured Due to Job Losses Between February and May 2020, Compared to Uninsured Adults Under Age 65 in 2018, by State, continued

State	Uninsured Adults, 2018		Workers Becoming Uninsured Due to Job Losses Between February and May 2020		Total Uninsured Adults, May 2020	
	Number	Percentage of All Adults	Number	Percentage Increase Above Uninsured Adults in 2018	Number	Percentage of All Adults
Minnesota	197,000	6%	56,000	28%	253,000	8%
Mississippi	350,000	20%	37,000	11%	387,000	22%
Missouri	513,000	14%	100,000	19%	613,000	17%
Montana	74,000	12%	9,000	12%	83,000	13%
Nebraska	131,000	12%	9,000	7%	140,000	12%
Nevada	285,000	16%	97,000	34%	382,000	21%
New Hampshire	67,000	8%	29,000	43%	96,000	11%
New Jersey	578,000	11%	124,000	21%	701,000	13%
New Mexico	170,000	14%	18,000	11%	188,000	16%
New York	930,000	8%	298,000	32%	1,228,000	10%
North Carolina	988,000	16%	238,000	24%	1,226,000	20%
North Dakota	45,000	10%	7,000	15%	52,000	11%
Ohio	645,000	9%	139,000	21%	784,000	11%
Oklahoma	473,000	21%	77,000	16%	550,000	24%
Oregon	270,000	11%	50,000	18%	320,000	13%
Pennsylvania	633,000	8%	137,000	22%	771,000	10%
Rhode Island	38,000	6%	21,000	55%	60,000	9%
South Carolina	490,000	16%	99,000	20%	589,000	20%
South Dakota	69,000	14%	12,000	18%	82,000	16%
Tennessee	629,000	16%	122,000	19%	751,000	19%
Texas	4,274,000	25%	659,000	15%	4,932,000	29%
Utah	220,000	12%	25,000	12%	245,000	13%
Vermont	21,000	5%	7,000	36%	28,000	7%
Virginia	643,000	12%	90,000	14%	733,000	14%



Table 1. Workers Becoming Uninsured Due to Job Losses Between February and May 2020, Compared to Uninsured Adults Under Age 65 in 2018, by State, continued

State	Uninsured Adults, 2018		Workers Becoming Uninsured Due to Job Losses Between February and May 2020		Total Uninsured Adults, May 2020	
	Number	Percentage of All Adults	Number	Percentage Increase Above Uninsured Adults in 2018	Number	Percentage of All Adults
Washington	441,000	10%	103,000	23%	544,000	12%
West Virginia	107,000	10%	18,000	17%	126,000	12%
Wisconsin	281,000	8%	62,000	22%	343,000	10%
Wyoming	51,000	15%	6,000	12%	58,000	17%
<b>U.S.</b>	<b>25,411,000</b>	<b>13%</b>	<b>5,367,000</b>	<b>21%</b>	<b>30,778,000</b>	<b>16%</b>

Sources: Anuj Gangopadhyaya and Bowen Garrett, Unemployment, Health Insurance, and the COVID-19 Recession, (Urban Institute, March 31, 2020), <https://www.urban.org/research/publication/unemployment-health-insurance-and-covid-19-recession>; U.S. Bureau of Labor Statistics (BLS), “States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted,” State Employment and Unemployment (Monthly), last modified June 19, 2020, <https://www.bls.gov/web/laus/ststdsadata.zip>; National Center for Coverage Innovation at Families USA analysis of 2018 data from the American Community Survey, IPUMS USA, University of Minnesota, [www.ipums.org](http://www.ipums.org).

Note: Totals may not add because of rounding. Estimates of adult workers becoming uninsured from February to May 2020 apply, to state-level changes in the number of unemployed workers and the number of adults in the labor force, coverage estimates from Gangopadhyaya and Garrett that estimate average coverage levels in Medicaid-expansion states and non-expansion states from 2014-2018. Estimates of total uninsured adults in May 2020 combine (1) estimates from 2018, the most recent year for which pre-COVID-19 data are available for all 50 states, with (2) coverage losses estimated to result from job losses from February through May 2020. The total number and percentage of uninsured adults in May 2020 is likely higher than the numbers shown here, for two reasons. First, our methodology did not let us estimate the number of adult dependents who lost coverage due to workers' unemployment or departure from the labor force. Second, national data suggest a significant increase in the number of uninsured from 2018 to 2019, which these state-specific estimates could not include. Robin A. Cohen, et al., Health Insurance Coverage: *Early Release of Estimates from the National Health Interview Survey, January–June 2019* (National Center for Health Statistics, May 2020), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202005-508.pdf>.

## Most Newly Uninsured Live in a Small Number of States

Nearly two-thirds (63%) of newly uninsured workers live in 10 states (Table 2):

1. California, where 689,000 workers became uninsured
2. Texas: 659,000
3. Florida: 607,000
4. New York: 298,000
5. North Carolina: 238,000
6. Michigan: 222,000
7. Illinois: 186,000
8. Georgia: 178,000
9. Massachusetts: 159,000
10. Ohio: 139,000

**Table 2. Workers Becoming Uninsured Due to Job Losses Between February and May 2020, by State, Ranked by Number of Workers Losing Coverage**

	State	Number Becoming Uninsured
1	California	689,000
2	Texas	659,000
3	Florida	607,000
4	New York	298,000
5	North Carolina	238,000
6	Michigan	222,000
7	Illinois	186,000
8	Georgia	178,000
9	Massachusetts	159,000
10	Ohio	139,000
11	Pennsylvania	137,000
12	New Jersey	124,000
13	Tennessee	122,000
14	Washington	103,000
15	Missouri	100,000
16	South Carolina	99,000
17	Nevada	97,000
18	Virginia	90,000
19	Indiana	79,000
20	Oklahoma	77,000
21	Maryland	75,000
22	Colorado	74,000
23	Alabama	69,000
24	Wisconsin	62,000
25	Minnesota	56,000
26	Oregon	50,000
27	Connecticut	49,000
28	Louisiana	48,000
29	Arizona	47,000
30	Kansas	43,000



	State	Number Becoming Uninsured
31	Kentucky	40,000
32	Iowa	38,000
33	Mississippi	37,000
34	Hawaii	34,000
35	New Hampshire	29,000
36	Utah	25,000
37	Arkansas	22,000
38	Rhode Island	21,000
39	West Virginia	18,000
40	New Mexico	18,000
41	Delaware	16,000
42	Maine	14,000
43	Idaho	14,000
44	South Dakota	12,000
45	Montana	9,000
46	Nebraska	9,000
47	District of Columbia	8,000
48	Vermont	7,000
49	Alaska	7,000
50	North Dakota	7,000
51	Wyoming	6,000

Sources: Anuj Gangopadhyaya and Bowen Garrett, Unemployment, Health Insurance, and the COVID-19 Recession, (Urban Institute, March 31, 2020), <https://www.urban.org/research/publication/unemployment-health-insurance-and-covid-19-recession>; U.S. Bureau of Labor Statistics (BLS), “States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted,” State Employment and Unemployment (Monthly), last modified June 19, 2020, <https://www.bls.gov/web/laus/ststdsadata.zip>.

Note: Estimates of adult workers becoming uninsured from February to May 2020 apply, to state-level changes in the number of unemployed workers and the number of adults in the labor force, coverage estimates from Gangopadhyaya and Garrett that estimate average coverage levels in Medicaid-expansion states and non-expansion states from 2014-2018.

## **A High Percentage of Adults are Now Uninsured, Especially in States Where the Pandemic is Spreading Rapidly**

**Across the country as a whole, more than one in seven adults (16%) is now uninsured, following three months of COVID-driven unemployment (Table 1, page 6).** This is particularly problematic during a pandemic involving a highly infectious, deadly disease, especially in states that are allowing residents to be in closer personal contact by attempting to reopen their economies – often the same states that are now experiencing significant spikes in COVID-19 infection rates.

Adults in the following states are particularly likely to be uninsured, increasing the odds that, if they contract COVID-19, delays in diagnosis and treatment could endanger both them and their communities (Figure 2, page 12; Table 3, page 14):

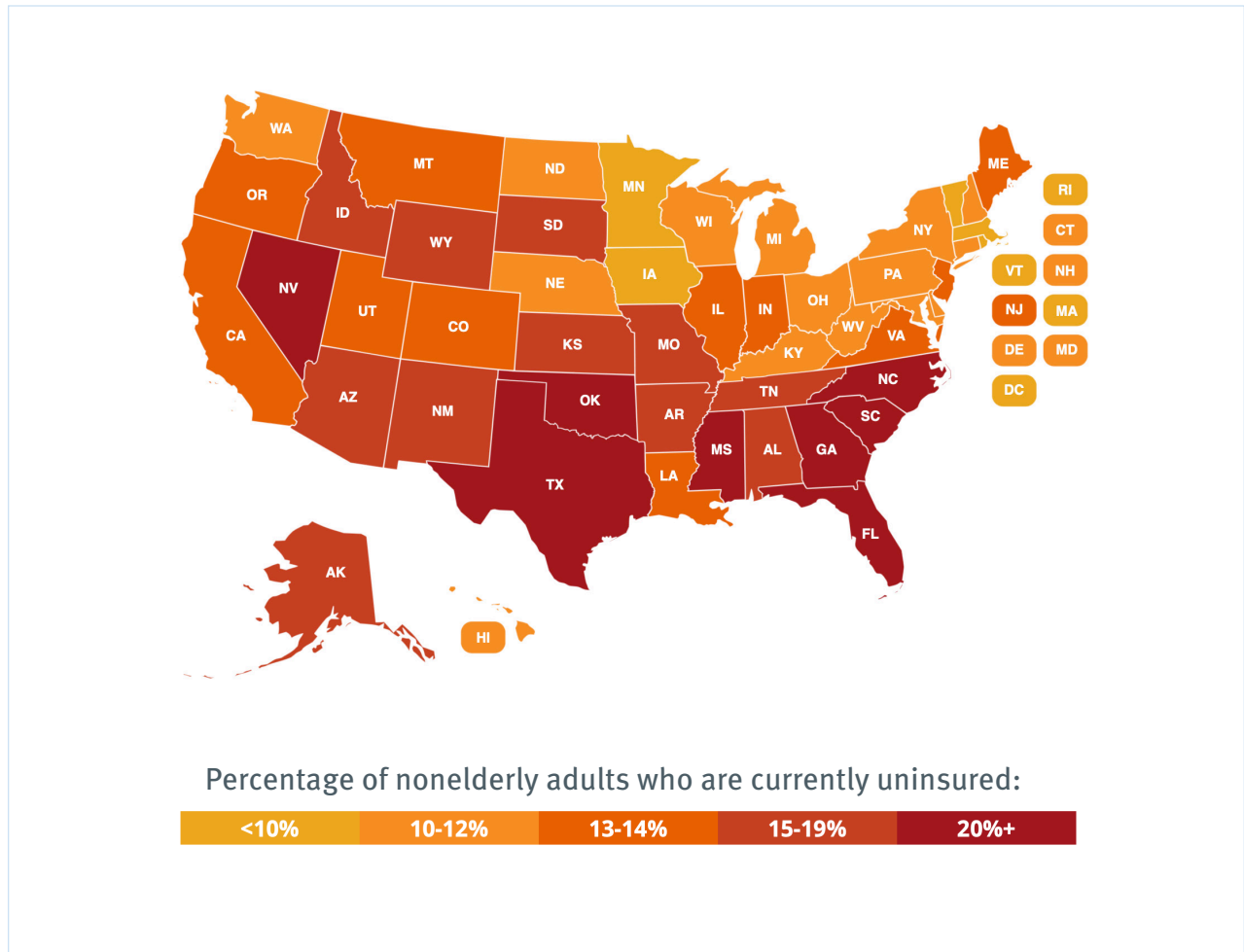
1. In Texas, at least 29% of adults under age 65 are uninsured as of May 2020
2. Florida: 25%
3. Oklahoma: 24%
4. Georgia: 23%
5. Mississippi: 22%
6. Nevada: 21%
7. North Carolina: 20%
8. South Carolina: 20%
9. Alabama: 19%
10. Tennessee: 19%

Nine out of these 10 states — all but Oklahoma — are also among the 15 states that are now experiencing the country's fastest increase in COVID-19 rates (Table 4, page 14):

1. Arizona, which reported 353.9 cases per 100,000 residents during the seven days ending on July 12, 2020
2. Florida: 300.0
3. Louisiana: 290.0
4. South Carolina: 222.5
5. Texas: 204.4
6. Georgia: 200.4
7. Alabama: 185.9
8. Mississippi: 180.4
9. Idaho: 178.7
10. Nevada: 166.7
11. Tennessee: 160.5
12. Arkansas: 154.4
13. California: 145.6
14. Utah: 145.6
15. North Carolina: 116.9



Figure 2. Uninsured as of May 2020



See sources and notes for Table 3, (page 13).

**Table 3. Non-Elderly Adults Who Are Currently Uninsured, by State, in Percentage Order**

	State	Among Non-Elderly Adults, the Approximate Percentage of Uninsured in May 2020
1	Texas	29%
2	Florida	25%
3	Oklahoma	24%
4	Georgia	23%
5	Mississippi	22%
6	Nevada	21%
7	North Carolina	20%
8	South Carolina	20%
9	Alabama	19%
10	Tennessee	19%
11	Idaho	18%
12	Alaska	17%
13	Wyoming	17%
14	Missouri	17%
15	Arizona	17%
16	South Dakota	16%
17	New Mexico	16%
18	Kansas	15%
19	Arkansas	15%
20	Louisiana	14%
21	Virginia	14%
22	Indiana	13%
23	Utah	13%
24	Montana	13%
25	California	13%
26	Maine	13%
27	New Jersey	13%
28	Colorado	13%
29	Illinois	13%
30	Oregon	13%
31	Nebraska	12%
32	West Virginia	12%
33	Michigan	12%
34	Washington	12%
35	New Hampshire	11%
36	Ohio	11%
37	North Dakota	11%
38	Delaware	11%
39	Maryland	11%
40	New York	10%
41	Pennsylvania	10%
42	Wisconsin	10%
43	Connecticut	10%
44	Hawaii	10%
45	Kentucky	10%
46	Iowa	9%
47	Rhode Island	9%
48	Massachusetts	8%
49	Minnesota	8%
50	Vermont	7%
51	District of Columbia	6%

Sources: Anuj Gangopadhyaya and Bowen Garrett, Unemployment, Health Insurance, and the COVID-19 Recession, (Urban Institute, March 31, 2020), <https://www.urban.org/research/publication/unemployment-health-insurance-and-covid-19-recession>; U.S. Bureau of Labor Statistics (BLS), “States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted,” State Employment and Unemployment (Monthly), last modified June 19, 2020, <https://www.bls.gov/web/laus/ststdsadata.zip>; National Center for Coverage Innovation at Families USA analysis of 2018 data from the American Community Survey, IPUMS USA, University of Minnesota, [www.ipums.org](http://www.ipums.org)

Note: Estimates of adult workers becoming uninsured from February to May 2020 apply, to state-level changes in the number of unemployed workers and the number of adults in the labor force, coverage estimates from Gangopadhyaya and Garrett that estimate average coverage levels in Medicaid-expansion states and non-expansion states from 2014-2018. Estimates of total uninsured adults in May 2020 combine (1) estimates from 2018, the most recent year for which pre-COVID-19 data are available for all 50 states, with (2) coverage losses estimated to result from job losses from February through May 2020.



**Table 4. New Reported Cases of COVID-19 During the Seven Days Ending on July 12, 2020: States in Order of New Cases per 100,000 Residents**

	<b>State</b>	<b>New COVID-19 Diagnoses Per 100,000 Residents, Reported to the Centers for Disease Control and Prevention During the Seven Days Ending on July 12, 2020</b>
1	Arizona	353.9
2	Florida	300.0
3	Louisiana	290.0
4	South Carolina	222.5
5	Texas	204.4
6	Georgia	200.4
7	Alabama	185.9
8	Mississippi	180.4
9	Idaho	178.7
10	Nevada	166.7
11	Tennessee	160.5
12	Arkansas	154.4
13	California	145.6
14	Utah	145.6
15	North Carolina	116.9
16	Iowa	113.6
17	Oklahoma	104.8
18	Kansas	92.5
19	Delaware	87.9
20	Wisconsin	83.8
21	New Mexico	81.6
22	Ohio	68.7
23	Missouri	64.0
24	Kentucky	61.4
25	Minnesota	61.2
26	North Dakota	61.0
27	Nebraska	60.7
28	Virginia	57.8
29	Maryland	57.5
30	Indiana	54.5
31	Washington	52.7
32	West Virginia	52.1
33	District of Columbia	50.4
34	Illinois	49.9
35	South Dakota	48.3

	State	New COVID-19 Diagnoses Per 100,000 Residents, Reported to the Centers for Disease Control and Prevention During the Seven Days Ending on July 12, 2020
36	Montana	48.0
37	Colorado	47.8
38	Oregon	45.8
39	Pennsylvania	42.3
40	Wyoming	40.3
41	Michigan	37.9
42	Alaska	37.2
43	Rhode Island	30.4
44	New York City	24.8
45	Massachusetts	22.6
46	New York State (outside New York City)	22.0
47	New Jersey	21.6
48	Connecticut	16.0
49	Hawaii	12.8
50	New Hampshire	12.3
51	Maine	10.6
52	Vermont	7.2

Source: Centers for Disease Control and Prevention (CDC). "United States COVID-19 Cases and Deaths by State." CDC COVID Data Tracker Updated July 12, 2020, 12:15 pm. <https://www.cdc.gov/covid-data-tracker/#cases>.

Note: Data from New York City and New York State outside the city are reported separately to CDC. Rates of newly reported cases per 100,000 residents were calculated based on CDC's reports of total COVID-19 cases and the rate of such cases per 100,000 residents.

### The Percentage of Uninsured Adults Has Grown Substantially, Especially in States that Previously Achieved Significant Progress

**Nationally, the number of uninsured adults has increased by 21% above 2018 levels (Table 1).<sup>7</sup>**

Some states have seen particularly large jumps, with sharp economic declines erasing years of hard-won progress (Table 5, page 16).

1. In Massachusetts, the number of uninsured adults may have nearly doubled from February through May, rising by 93%

2. Hawaii: 72%

3. Rhode Island: 55%

4. Michigan: 46%

5. New Hampshire: 43%

6. District of Columbia: 37%

7. Vermont: 36%

8. Nevada: 34%

9. Delaware: 33%

10. New York: 32%

**Table 5. Workers Becoming Uninsured Due to Job Losses Between February and May 2020, by State, in Order of the Percentage Increase in Uninsured Adults Above 2018 Levels**

	State	Approximate Increase in Uninsured Adults Above 2018 Levels
1	Massachusetts	93%
2	Hawaii	72%
3	Rhode Island	55%
4	Michigan	46%
5	New Hampshire	43%
6	District of Columbia	37%
7	Vermont	36%
8	Nevada	34%
9	Delaware	33%
10	New York	32%
11	Connecticut	30%
12	Iowa	29%
13	Minnesota	28%
14	California	27%
15	Florida	24%
16	North Carolina	24%
17	Maryland	24%
18	Washington	23%
19	Illinois	23%
20	Wisconsin	22%
21	Pennsylvania	22%
22	Ohio	21%
23	New Jersey	21%
24	South Carolina	20%
25	Kansas	20%

	State	Approximate Increase in Uninsured Adults Above 2018 Levels
26	Colorado	20%
27	Missouri	19%
28	Tennessee	19%
29	Oregon	18%
30	South Dakota	18%
31	Kentucky	18%
32	Indiana	17%
33	West Virginia	17%
34	Oklahoma	16%
35	Maine	16%
36	Texas	15%
37	North Dakota	15%
38	Alabama	14%
39	Virginia	14%
40	Georgia	14%
41	Louisiana	14%
42	Wyoming	12%
43	Montana	12%
44	Utah	12%
45	New Mexico	11%
46	Mississippi	11%
47	Alaska	10%
48	Arkansas	10%
49	Idaho	8%
50	Arizona	7%
51	Nebraska	7%

Sources: Anuj Gangopadhyaya and Bowen Garrett, Unemployment, Health Insurance, and the COVID-19 Recession, (Urban Institute, March 31, 2020), <https://www.urban.org/research/publication/unemployment-health-insurance-and-covid-19-recession>; U.S. Bureau of Labor Statistics (BLS), “States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted,” State Employment and Unemployment (Monthly), last modified June 19, 2020, <https://www.bls.gov/web/laus/ststdsadata.zip>; National Center for Coverage Innovation at Families USA analysis of 2018 data from the American Community Survey, IPUMS USA, University of Minnesota, [www.ipums.org](http://www.ipums.org).

Note: Estimates of adult workers becoming uninsured from February to May 2020 apply, to state-level changes in the number of unemployed workers and the number of adults in the labor force, coverage estimates from Gangopadhyaya and Garrett that estimate average coverage levels in Medicaid-expansion states and non-expansion states from 2014-2018. Baseline estimates for 2018 include all nonelderly adults, include those who are neither unemployed nor outside the labor force. Increases estimated for 2020 are limited to the unemployed and adults leaving the labor force, so actual increases, relative to 2018, could be larger.



## Comprehensive Health Insurance Helps Families, Communities, and the Economy

As we explain more fully in our accompanying analysis,<sup>8</sup> [“COVID Coverage” Is Not Enough: The American People Need Comprehensive Health Insurance During the Coronavirus Pandemic and Economic Crash](#), both the newly uninsured and those around them can suffer serious harm:

» **Losing health insurance increases the risks that patients and communities face from COVID-19.**

Without comprehensive health insurance, people who do not know they have contracted the virus often delay seeking care because of cost. This endangers their health, risks their survival, and accelerates the virus’s spread to family members, neighbors, coworkers, and customers.

» **Health insurance protects people from serious illness unrelated to COVID-19.**

Without insurance, people are less likely to get prompt diagnosis and treatment for conditions like cancer and heart disease. Conditions are more likely to worsen until hospitalization is required or treatment becomes ineffective. Losing health insurance thus makes permanent health problems — and even early death — significantly more likely for conditions unrelated to COVID-19.

» **Health insurance protects against financial hardship.** Without health insurance, unpaid medical bills impose extra financial burdens on families that are already having difficulty making ends meet. In May, the Census Bureau estimated that 26 million families did not have enough food to eat,<sup>9</sup> and 38 million adults had little or no confidence in their ability to pay the next month’s mortgage or rent.<sup>10</sup> Without comprehensive health insurance, many of these families will be forced to choose between paying for essential medical care out of pocket and meeting other basic needs.

» **Health insurance saves jobs** by providing revenue for hospitals, doctors, clinics, and other health care providers, which together employ one in seven private sector workers. **An upcoming Families USA report will estimate the magnitude of job losses triggered by the drop in revenue for the health care industry that would result from projected health insurance reductions.**

*Without comprehensive health insurance, many ... families will be forced to choose between paying for essential medical care out of pocket and meeting other basic needs.*

*Families in America are losing comprehensive health insurance in record numbers. This creates particularly serious dangers during a grave public health crisis and deep economic downturn.*

## **Congress Can Address These Coverage Losses by Protecting Comprehensive Health Insurance in the Next COVID-19 Bill**

**The House has passed legislation that would restore lost health insurance coverage and prevent further erosion**

» The Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act) would provide full premium subsidies for laid-off and furloughed workers offered employer coverage, including through COBRA. Among other features, the HEROES Act would also:

- › Give Medicaid programs enhanced federal matching rates in exchange for states' continued agreement not to reduce coverage.
- › Open up the federal health insurance exchange to new enrollment, without making the uninsured wait until January 2021 for insurance to begin.
- › Give states a new Medicaid option, with full federal funding, to cover COVID-19 treatment for uninsured residents.

» **H.R. 1425, the Patient Protection and Affordable Care Enhancement Act, would increase premium tax credits to make private insurance realistically affordable to laid-off workers and other low- and moderate-income uninsured who lack access to COBRA and Medicaid.** The bill

would also enlarge the circle of insurance coverage through such policies as increasing financial incentives for states to expand Medicaid and providing continuous coverage to the lowest-income uninsured.

**The Senate can now build on House legislation by helping laid-off workers enroll in available health insurance**

Along with agreeing to the above key provisions from the House legislation, the Senate can make a major contribution by providing significant funding for health consumer assistance. Generally important to program participation,<sup>11</sup> such assistance is fundamental to providing the newly unemployed with health coverage. Frequently traumatized by job loss<sup>12</sup> and focused on survival, many laid-off workers lack the “bandwidth” to learn about health insurance programs and complete all the forms required to enroll. In the past, providing significant consumer assistance has been essential for unemployed workers and their families to obtain health coverage.<sup>13</sup>

## **Conclusion**

Families in America are losing comprehensive health insurance in record numbers. This creates particularly serious dangers during a grave public health crisis and deep economic downturn.

Federal lawmakers have not yet enacted any COVID-19 legislation that addresses recent, historic health insurance losses. Now is the time to fill that gap by including protections for comprehensive health insurance in the next COVID-19 bill.

## Methodological Appendix

### Health insurance losses in 2020

We estimated the number of newly uninsured workers in each state based primarily on two sets of information.

1. BLS data showing changes between February and May 2020 in the number of unemployed adults and the number of adults in the labor market in each state and the District of Columbia. (The remainder of this methodological appendix uses the term, “state,” to include the District of Columbia.)
2. Urban Institute research showing the average distribution of health insurance for workers ages 19-64 by employment status and state Medicaid expansion status, between 2014, when the ACA’s main coverage provisions took effect, and 2018, the year with the most recent available coverage data for all states.<sup>14</sup>

We identified states with Medicaid expansions in effect between February and May 2020 based on data from the Kaiser Family Foundation.<sup>15</sup> We then took the increased number of unemployed workers in each state and applied the average percentage of such workers who become uninsured, as found by the Urban Institute for 2014-2018, distinguishing between Medicaid expansion states, in which, on average, 22.6% of unemployed workers become uninsured, and non-expansion states, where that average is 42.5%. We also took estimates of changes in the number of workers outside the labor market from February to May and applied the Urban Institute researchers’ finding that 17.5% of such adults are uninsured, on average, under the ACA.

### Health insurance before 2020

Our estimates of changes in national health insurance levels before 2020 were based on March Current Population Survey (CPS) data for adults. This data

source had the advantage of providing continuous coverage information through a single annual survey from 1980 through 2018, offsetting the disadvantage that sample sizes are smaller than for the much more recently initiated American Community Survey (ACS). To trace changes in CPS data over time, we used several different sources:

- » Estimates of changes from 1980 through 1987 come from an article by officials at the Office of the Actuary at the Health Care Financing Administration, now known as the “Centers for Medicare & Medicaid Services,” or CMS.<sup>16</sup>
- » Estimates for 1987 through 2005 come from a Census Bureau report documenting insurance coverage for adults ages 18-64.<sup>17</sup>
- » Estimates from 2005 through 2017 are based on CPS data from IPUMS-CPS, from the University of Minnesota (see [www.ipums.org](http://www.ipums.org)), which showed health coverage for adults ages 18-64.
- » IPUMS did not provide CPS data for 2018, so we based our estimate of the change in adult health insurance from 2017 to 2018 on tables the Census Bureau published showing coverage for adults ages 19-64.<sup>18</sup>

Every year-to-year change shown in Figure 1 uses the identical source of CPS data for consecutive years. Table 1’s state-level estimates of health coverage for adults ages 18-64 in 2018 are based on ACS data, analyzed using IPUMS USA.

### Limitations of our analysis

Our estimates are best viewed as reasonable general approximations of increases in the number and percentage of uninsured adults that result from employment reductions, not as precise and certain counts of individuals who are known to lack health insurance. Our methods have several limitations:

- » Because of limits on the years for which



employment-status data are available from CPS, our comparison of uninsurance increases from 1980 to 2018 to increases seen for February through May 2020 understates the latter's excess over the former. Changes through 2018 include all adults, including those who are neither unemployed nor out of the labor force. Changes from February through May of this year, by contrast, are limited to adults who are unemployed or out of the labor force.

- » Different data sources use different age ranges to define working-age adults. Annual estimates before 2018 are for adults ages 18-64, reflecting age groups used in Census Bureau publications through 2005. Estimates for the change from 2017 to 2018 and for 2018 coverage are for adults ages 19-64, reflecting age groups used in more recent Census Bureau publications. Estimates for 2020 apply Urban Institute research results for adults ages 19-64 to changes in unemployment and labor force participation by adults defined by BLS's age grouping, which includes all those aged 16 and older.
  - » Estimates for 2020 uninsurance by state are based on averages during the five years from 2014 through 2018, estimated by Urban Institute researchers for Medicaid expansion states and non-expansion states separately. State policy interventions, such as extending special enrollment periods and working with unemployment insurance agencies to enroll laid-off workers in health coverage, may cause a particular state's coverage distribution to vary from the 2014-2018 average for states of the applicable category. Moreover, the current pandemic-driven recession may have different relationships between unemployment levels and health coverage than were typical for 2014 through 2018.
  - » Our estimate of the number of uninsured in May 2020 is likely too low, because data are not yet available showing state-level effects of the increased number of uninsured nationally shown by National Health Interview Survey data for the first half of 2019. As a result, our uninsured numbers for May 2020 resulted from adding (1) each state's total uninsured adults in 2018 and (2) the additional uninsured among workers who either became unemployed or left the labor market between February and May 2020.
  - » The Urban Institute's coverage estimates reflect annual coverage levels shown in ACS data, but the health insurance effects of COVID-19-related job losses are still unfolding. Some of the people we count as uninsured may be in the final stages of receiving employer-sponsored insurance. Many who lost their jobs since February were furloughed and so retained health benefits temporarily, even if their salary ceased. Increasingly, these temporary furloughs are turning into permanent job losses,<sup>19</sup> with a resulting end to employer-sponsored health insurance. Projections of high, continuing unemployment levels later in 2020, issued by the Congressional Budget Office and others, assume that a large proportion of temporary furloughs will soon become full employment terminations.<sup>20</sup>
- During the Great Recession, roughly 60% to 90% of workers who were originally furloughed or temporarily laid off never regained their former jobs, with the proportion rising as each worker's separation from employment grew longer.<sup>21</sup> Under current conditions, employer decisions about terminating furloughed employees, rather than calling them back to work, will likely be influenced by how the COVID-19 pandemic unfolds, a factor not present during past economic downturns.

## Endnotes

<sup>1</sup> This estimate comes from Ben Zipperer and Josh Bivens, *16.2 Million Workers Have Likely Lost Employer-Provided Health Insurance Since the Coronavirus Shock Began* (Economic Policy Institute, May 14, 2020), <https://www.epi.org/blog/16-2-million-workers-have-likely-lost-employer-provided-health-insurance-since-the-coronavirus-shock-began/>.

Other published estimates suggest greater losses of employer-sponsored insurance (ESI) to date. For example, the Kaiser Family Foundation estimated that, by May 2, 2020, 47 million ESI recipients lost the jobs that formerly provided them with coverage. Rachel Garfield, Gary Claxton, Anthony Damico, and Larry Levitt, *Eligibility for ACA Health Coverage Following Job Loss* (Kaiser Family Foundation, May 13, 2020), [https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/?utm\\_campaign=KFF-2020-Health-Reform&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=2&\\_hsenc=p2ANqtz-9tOXMMbsyXN8XAnoxfSqHNAKSU9xNdXDuAx4HQzNcqAqWGOsslrkkw5WK6pl2Ct3pF3bl76RVrXWeRockDAF7mONODQ&\\_hsmi=2](https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/?utm_campaign=KFF-2020-Health-Reform&utm_source=hs_email&utm_medium=email&utm_content=2&_hsenc=p2ANqtz-9tOXMMbsyXN8XAnoxfSqHNAKSU9xNdXDuAx4HQzNcqAqWGOsslrkkw5WK6pl2Ct3pF3bl76RVrXWeRockDAF7mONODQ&_hsmi=2). The State Health Access Data Assistance Center of the University of Minnesota School of Public Health estimated that, among the 22.3 million people who had lost employment by mid-April, 18.4 million may have lost ESI. Ezra Golberstein, Jean M. Abraham, Lynn A. Blewett, Brett Fried, Robert Hest, and Elizabeth Lukanen, *Estimates of the Impact of COVID-19 on Disruptions and Potential Loss of Employer-Sponsored Health Insurance (ESI)* (State Health Access Data Assistance Center of the University of Minnesota School of Public Health, April 2020), [https://www.shadac.org/sites/default/files/publications/UMN%20COVID-19%20ESI%20loss%20Brief\\_April%202020.pdf](https://www.shadac.org/sites/default/files/publications/UMN%20COVID-19%20ESI%20loss%20Brief_April%202020.pdf).

Other analysts have projected potential *future* losses of employer-based insurance. See Health Management Associates, “COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State,” (Health Management Associates, April 3, 2020), <https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf>, which projected that between 12 million and 35 million people could lose employer-sponsored coverage, depending on economic conditions; and Bowen Garrett and Anuj Gangopadhyaya, *How the COVID-19 Recession Could Affect Health Insurance Coverage* (Urban Institute, May 4, 2020), [https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage_0.pdf), which estimated that between 18 million and 56 million people would lose ESI, depending on economic conditions and the data sources used to estimate the relationship between unemployment and health coverage.

Several studies have estimated the percentage of laid-off workers who could qualify for various forms of coverage without assessing the proportion of eligible workers who will enroll and the proportion who would remain uninsured, despite available assistance. See, for example, Rachel Garfield, Gary Claxton, Anthony Damico, and Larry Levitt, *Eligibility for ACA Health Coverage Following Job Loss* (Kaiser Family Foundation, May 13, 2020), <https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/>; Linda J. Blumberg, Michael Simpson, John Holahan, Matthew Buettgens, and Clare Wang Pan, *Potential Eligibility for Medicaid, CHIP, and Marketplace Subsidies among Workers Losing Jobs in Industries Vulnerable to High Levels of COVID-19-Related Unemployment* (Urban Institute, April 24, 2020), <https://www.urban.org/research/publication/potential-eligibility-medicaid-chip-and-marketplace-subsidies-among-workers-losing-jobs-industries-vulnerable-high-levels-covid-19-related-unemployment>.

<sup>2</sup> The U.S. Census Bureau’s estimates of 2020 health insurance based on the American Community Survey and the March Current Population Survey are unlikely to be published until relatively late in 2021. For example, estimates for 2018 were not published until September 2019. Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, *Health Insurance Coverage in the United States: 2018* (U.S. Census Bureau, originally published on September 10, 2019, revised November 8, 2019), [https://www.census.gov/library/publications/2019/demo/p60-267.html#:~:text=The%20percentage%20of%20people%20with,in%202017%20\(92.1%20percent\)](https://www.census.gov/library/publications/2019/demo/p60-267.html#:~:text=The%20percentage%20of%20people%20with,in%202017%20(92.1%20percent)).

The National Center for Health Statistics is unlikely to publish National Health Interview Survey (NHIS) coverage estimates for 2020, even in preliminary form, until mid-2021. For example, the first NHIS health insurance numbers for January through June 2019 were not published until May 2020. Robin A. Cohen, Emily P. Terlizzi, Michael E. Martinez, and Amy E. Cha, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–June 2019* (National Center for Health Statistics, May 2020), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202005-508.pdf>.

<sup>3</sup> U.S. Bureau of Labor Statistics (BLS), “States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted,” *State Employment and Unemployment (Monthly)*, last modified June 19, 2020, <https://www.bls.gov/web/laus/ststdsadata.zip>.

<sup>4</sup> Anuj Gangopadhyaya and Bowen Garrett, *Unemployment, Health Insurance, and the COVID-19 Recession* (Urban Institute, March 31, 2020), <https://www.urban.org/research/publication/unemployment-health-insurance-and-covid-19-recession>.

<sup>5</sup> BLS, “Employment Situation Summary Table A. Household Data, Seasonally Adjusted,” *The Employment Situation* — May 2020, USDL-20-1140, June 5, 2020, <https://www.bls.gov/news.release/empisit.a.htm>; BLS, “Employment Situation Summary Table A. Household Data, Seasonally Adjusted,” *The Employment Situation* — April 2020, USDL-20-0815, May 8, 2020, [https://www.bls.gov/news.release/archives/empisit\\_05082020.htm](https://www.bls.gov/news.release/archives/empisit_05082020.htm).

<sup>6</sup> No single source provided March Current Population Survey (CPS) data for the full period of 1980 through 2018. For the years from 1980 through 1987, we relied on Katherine Levit, Gary L. Olin, and Suzanne W. Letsch, “Americans’ Health Insurance Coverage, 1980-91,” *Health Care Financing Review* 14, no. 1 (Fall 1992): 31-57, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4193314/>. For the years 1987 through 2005, our analysis comes from Table C-2 in Carmen DeNavas-Walt, Bernadette D. Proctor, and Cheryl Hill Lee, *Income, Poverty, and Health Insurance Coverage in the United States: 2005* (U.S. Census Bureau, August 2006). Our estimates for the years 2005 through 2017 were based on CPS data from IPUMS-CPS, University of Minnesota, [www.ipums.org](http://www.ipums.org). IPUMS did not provide information for 2018. The number showing changes from 2017 to 2018 comes from a comparison between U.S. Census Bureau, “H-01. Type of Coverage by Characteristics: 2017,” and “H-01. Type of Health Insurance Coverage by Selected Characteristics: 2018,” *Health Insurance Coverage in 2018*, <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi/hi.html>.

<sup>7</sup> The most recent ACS data are for 2018, when an estimated 25.4 million nonelderly adults were uninsured (Table 1). Against that 2018 baseline, the 5.4 million adult workers who lost health insurance earlier this year represent a 21% increase. According to the above-noted preliminary NHIS data for January through June 2019, 27.2 million adults ages 18-64 were then uninsured. Cohen et al., *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–June 2019*. Measured against the latter baseline, the 5.4 million increase we estimate for February through May 2020 represents a 20% increase. Of these two data sources, only ACS has a large enough sample size for meaningful coverage estimates of all 50 states plus the District of Columbia.

<sup>8</sup> Stan Dorn, “COVID Coverage” Is Not Enough: The American People Need Comprehensive Health Insurance During the Coronavirus Pandemic and Economic Crash (Families USA, July 2020).

<sup>9</sup> U.S. Census Bureau, “Food Table 2b. Food Sufficiency for Households, in the Last 7 Days, by Select Characteristics: United States,” *Household Pulse Survey: May 14 - May 19*, May 27, 2020, <https://www.census.gov/data/tables/2020/demo/hhp/hhp3.html>.

[html](https://www.census.gov/data/tables/2020/demo/hhp/hhp3.html).

<sup>10</sup> U.S. Census Bureau, “Housing Table 2a. Confidence in Ability to Make Next Month’s Payment for Owner-Occupied Housing Units, by Select Characteristics: United States,” and “Housing Table 2b. Confidence in Ability to Make Next Month’s Payment for Renter-Occupied Housing Units, by Select Characteristics: United States,” *Household Pulse Survey: May 14-May 19*, May 27, 2020, <https://www.census.gov/data/tables/2020/demo/hhp/hhp3.html>.

<sup>11</sup> Karen Pollitz, Jennifer Tolbert, and Maria Diaz. *Data Note: Further Reductions in Navigator Funding for Federal Marketplace States* (Kaiser Family Foundation, July 2018), <https://www.ncgetcovered.org/wp-content/uploads/2018/08/KFF-article.pdf>

<sup>12</sup> See, for example, Frances M. McKee-Ryan, Zhaoli Song, Connie R. Wanberg, and Angelo J. Kinicki, “Psychological and Physical Well-Being During Unemployment: A Meta-Analytic Study,” *Journal of Applied Psychology* 90, no. 1 (2005): 53–76; Anthony Papa and Robyn Maitoza, “The Role of Loss in the Experience of Grief: The Case of Job Loss,” *Journal of Loss and Trauma* 18 (July 2013): 152–169; Janske H. W. Van Eersel, Toon W. Taris, and Paul A. Boelen, “Reciprocal Relations Between Symptoms of Complicated Grief, Depression, and Anxiety Following Job Loss: A Cross-Lagged Analysis,” *Clinical Psychology* (2020): 1–9, <https://doi.org/10.1111/cp.12212>; Catherine A. Stolovea, Isaac R. Galatzer-Levyb, and George A. Bonanno, “Emergence of Depression Following Job Loss Prospectively Predicts Lower Rates of Reemployment,” *Psychiatry Research* 253 (2017): 79–83.

<sup>13</sup> Such assistance more than doubled take-up under the Health Coverage Tax Credit program. Stan Dorn, *Take-Up of Health Coverage Tax Credits: Examples of Success in a Program with Low Enrollment* (Urban Institute, December 2006), <https://www.urban.org/sites/default/files/publication/50981/411390-take-up-of-health-coverage-tax-credits.pdf>. For evidence of limited enrollment in the absence of intensive consumer assistance, see Christen Linke Young and Sobin Lee, *Making ACA Enrollment More Automatic for the Newly Unemployed* (Brookings Institute, May 28, 2020), <https://www.brookings.edu/research/making-aca-enrollment-more-automatic-for-the-newly-unemployed/>; John A. Graves and Sayeh S. Nikpay, “The Changing Dynamics of U.S. Health Insurance and Implications for the Future of the Affordable Care Act,” *Health Affairs* 36, no. 2 (2017): 297-305; Matthew Buettgens, Stan Dorn, and Hannah Recht, *More than 10 Million Uninsured Could Obtain Marketplace Coverage through Special Enrollment Periods* (Urban Institute, November 2015), <http://www.urban.org/sites/default/files/publication/74561/2000522-More-than-10-Million-Uninsured-Could-Obtain-Marketplace-Coverage-through-Special-Enrollment-Periods.pdf>; Jillian Berk and Anu Rangarajan, *Evaluation of the ARRA COBRA Subsidy: Final Report*



(Mathematica Policy Research, February 18, 2015), <https://www.dol.gov/sites/dolgov/files/EBSA/researchers/analysis/health-and-welfare/evaluation-of-the-arr-cobra-subsidy.pdf>.

<sup>14</sup> Gangopadhyaya and Garrett, *Unemployment, Health Insurance, and the COVID-19 Recession*.

<sup>15</sup> Kaiser Family Foundation, “Status of State Action on the Medicaid Expansion Decision. Timeframe: May 29, 2020,” *State Health Facts*, Accessed on June 26, 2020, <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>16</sup> Levit et al., *Americans’ Health Insurance Coverage, 1980-91*.

<sup>17</sup> DeNavas-Walt et al., *Income, Poverty, and Health Insurance Coverage in the United States: 2005*.

<sup>18</sup> U.S. Census Bureau, “H-01. Type of Coverage by Characteristics: 2017,” and “H-01. Type of Health Insurance Coverage by Selected Characteristics: 2018.”

<sup>19</sup> Jack Kelly, “Don’t Let the Corporations Fool You: Here’s Why Furloughs Will Turn into Permanent Job Losses,” *Forbes*, May 12, 2020, <https://www.forbes.com/sites/jackkelly/2020/05/12/dont-let-the-corporations-fool-you-heres-why-furloughs-will-turn-into-permanent-job-losses/#2611e57e55f2>; “When Do Furloughs

Turn into Layoffs?”, *The Week*, May 30, 2020, <https://theweek.com/articles/916880/when-furloughs-turn-into-layoffs>; Michelle Cheng, “Some Furloughs Are Turning into Layoffs, Tempering Coronavirus Recovery Hopes,” *Quartz*, May 10, 2020, <https://qz.com/1855033/furloughs-become-layoffs-tempering-coronavirus-economic-recovery/>; Denitsa Tsekova, “They Just Couldn’t Afford to Bring Us Back’: Many Furloughs Turn into Permanent Layoffs,” *Yahoo Money*, May, 27, 2020, [https://money.yahoo.com/many-furloughs-turn-into-permanent-layoffs-171535608.html?guccounter=1&guce\\_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLnNvbS8&guce\\_referrer\\_sig=AQAAAB5ZandQIM6gW-Cp6GQL634B9g21urDuzc18N13zSkFWwumCstHLMiix3tf8YxDjNq5tCCRzTzWJEyQEee8iK7l0u\\_V5lowJl\\_uNich5LV0mVI5kxyBT13XtzAng\\_OQH0ly-cN5tMpW7q7O4ZcPlcs9GeCva6s1IAfuNysMSi](https://money.yahoo.com/many-furloughs-turn-into-permanent-layoffs-171535608.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLnNvbS8&guce_referrer_sig=AQAAAB5ZandQIM6gW-Cp6GQL634B9g21urDuzc18N13zSkFWwumCstHLMiix3tf8YxDjNq5tCCRzTzWJEyQEee8iK7l0u_V5lowJl_uNich5LV0mVI5kxyBT13XtzAng_OQH0ly-cN5tMpW7q7O4ZcPlcs9GeCva6s1IAfuNysMSi).

<sup>20</sup> Ashley Kirzinger and Mollyann Brodie, *When Will the Unemployed Go Back to Work? Many Laid Off Workers Expect to Get Jobs Back in The Short-Term but Experts Caution about Long-Term Unemployment* (Kaiser Family Foundation, May 4, 2020), <https://www.kff.org/coronavirus-policy-watch/when-will-the-unemployed-go-back-to-work/>.

<sup>21</sup> See Figure 1, Panel B. Shigeru Fujita and Giuseppe Moscarini, “Recall and Unemployment,” *American Economic Review* 107, no. 12 (2017): 3875–3916, <https://doi.org/10.1257/aer.20131496>.



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Publication ID: COV2020-254







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