

Health Insurance Coverage for the U.S. Population, 2024 to 2034

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For information about the press briefing, see <https://www.healthaffairs.org/doi/10.1377/he20240612.15215/full/>. For more information about the Congressional Budget Office's 2024 baseline projections of health insurance coverage, see Jessica Hale and others, "Health Insurance Coverage Projections for the U.S. Population and Sources of Coverage by Age, 2024–34," *Health Affairs* (June 2024), www.healthaffairs.org/doi/10.1377/hlthaff.2024.00460. For more information about CBO's baseline projections of federal subsidies for that coverage, see Congressional Budget Office, "Health Insurance and Its Federal Subsidies: CBO and JCT's June 2024 Baseline Projections" (June 2024), www.cbo.gov/data/baseline-projections-selected-programs#6.

Key Points

- In 2023, 7.2 percent of the population did not have health insurance, CBO estimates. That share is projected to rise to 8.9 percent by 2034 because Medicaid's continuous eligibility provisions end, enhanced marketplace subsidies expire, and immigration surges.
- Enrollment in Medicaid and the Children's Health Insurance Program (CHIP) is projected to decline significantly, from 92 million in 2023 to 79 million in 2034.
- Enrollment through marketplaces is projected to reach an all-time high of 23 million people in 2025.
- Employment-based coverage will continue to be the largest source of health insurance, while enrollment in Medicare will grow significantly, from 60 million in 2023 to 74 million in 2034 as the population ages.

CBO's Modeling

- This year's projections are for the entire population (defined as the Social Security area population), expanded from the civilian noninstitutionalized population under age 65 previously used.
 - CBO's Health Insurance Simulation Model (HISIM2) produces estimates for the civilian noninstitutionalized population under age 65, which are supplemented with estimates for the additional segments of the population.
- CBO's projections incorporate the most recent data, recently enacted legislation and other policy changes, and the agency's most recent macroeconomic forecast.
- The estimates are based on an assumption that legislation enacted through May 12, 2024, remains in place.



Projected Health Insurance Coverage, by Calendar Year, 2023 to 2034

Millions of people

	2023	2024	2025	2026	2027	2028	Average, 2029 to 2033	2034
Total population	338	342	346	349	352	354	359	363
Employment-based coverage	164	164	164	166	167	168	169	170
Medicaid and Children’s Health Insurance Program	92	79	78	78	79	79	79	79
Medicare	60	61	63	64	66	67	71	74
Nongroup coverage through marketplaces	16	22	23	19	16	16	16	16
Nongroup coverage outside marketplaces	3	3	3	4	4	4	4	4
Other coverage ^a	7	8	8	9	9	9	9	9
Uninsured	24	26	27	30	32	32	32	32
Multiple sources of coverage	29	21	20	20	21	21	21	21
Share of the population that is uninsured (percent)	7.2	7.7	7.9	8.7	9.1	9.2	9.0	8.9

a. Includes people with other kinds of insurance, such as coverage through the Basic Health Program, student health plans, coverage provided by the Indian Health Service, or coverage from foreign sources.

Explanation of the Increase in Marketplace Enrollment

Policies that are increasing marketplace enrollment, by level of impact on coverage and years in effect during the 2023–2034 projection period

Policies	Impact on coverage	Years in effect
Temporary factors		
Special enrollment period for the unwinding of Medicaid’s continuous eligibility provisions	Large	2023–2024
Increased generosity of and eligibility for marketplace subsidies	Large	2023–2025
Long-term factors		
Changes to affordability standards for dependents	Medium	2023–2034
Other policies affecting eligibility determinations ^a	Medium	2023–2034
Other changes to marketplace operations ^b	Small	2023–2034
Other changes to marketplace coverage ^c	Small	2023–2034

The unwinding of Medicaid’s continuous eligibility provisions and enhanced marketplace subsidies are the most significant factors increasing projected enrollment in 2024 and 2025. After the enhanced subsidies expire at the end of 2025, enrollment declines by an estimated 7 million by 2027.

Long-term factors (for example, the affordability test and other smaller-impact policies) contribute no more than 4 million to estimated marketplace enrollment.

a. Include policies that allow people with income below 150 percent of the federal poverty level to enroll at any point during the year and policies that eliminate multiple income verification steps.

b. Include policies that increase funding for navigators and create requirements for longer open enrollment periods.

c. Include policies such as network adequacy requirements, standardized plan options, and changes to essential health benefits.

Comparison of CBO's Previous and Current Coverage Projections

- CBO's projection of the size of the population each year, on average, over the 2024–2033 period has increased since last year by 8.8 million people, mostly because of higher net immigration.
 - That surge will particularly increase enrollment in employment-based coverage and increase the number of people without insurance.
 - To a much smaller extent, the immigration surge will also increase Medicaid and marketplace coverage.
- For the 2024–2033 period, average annual enrollment in marketplace coverage is 3.2 million more than previously projected.
 - That increase is due to higher-than-expected transitions from Medicaid to marketplace coverage and a larger-than-expected impact of the availability of enhanced marketplace subsidies.

Comparison of Previous and Current Projections of Health Insurance Coverage, by Calendar Year, 2023 to 2033

Millions of people

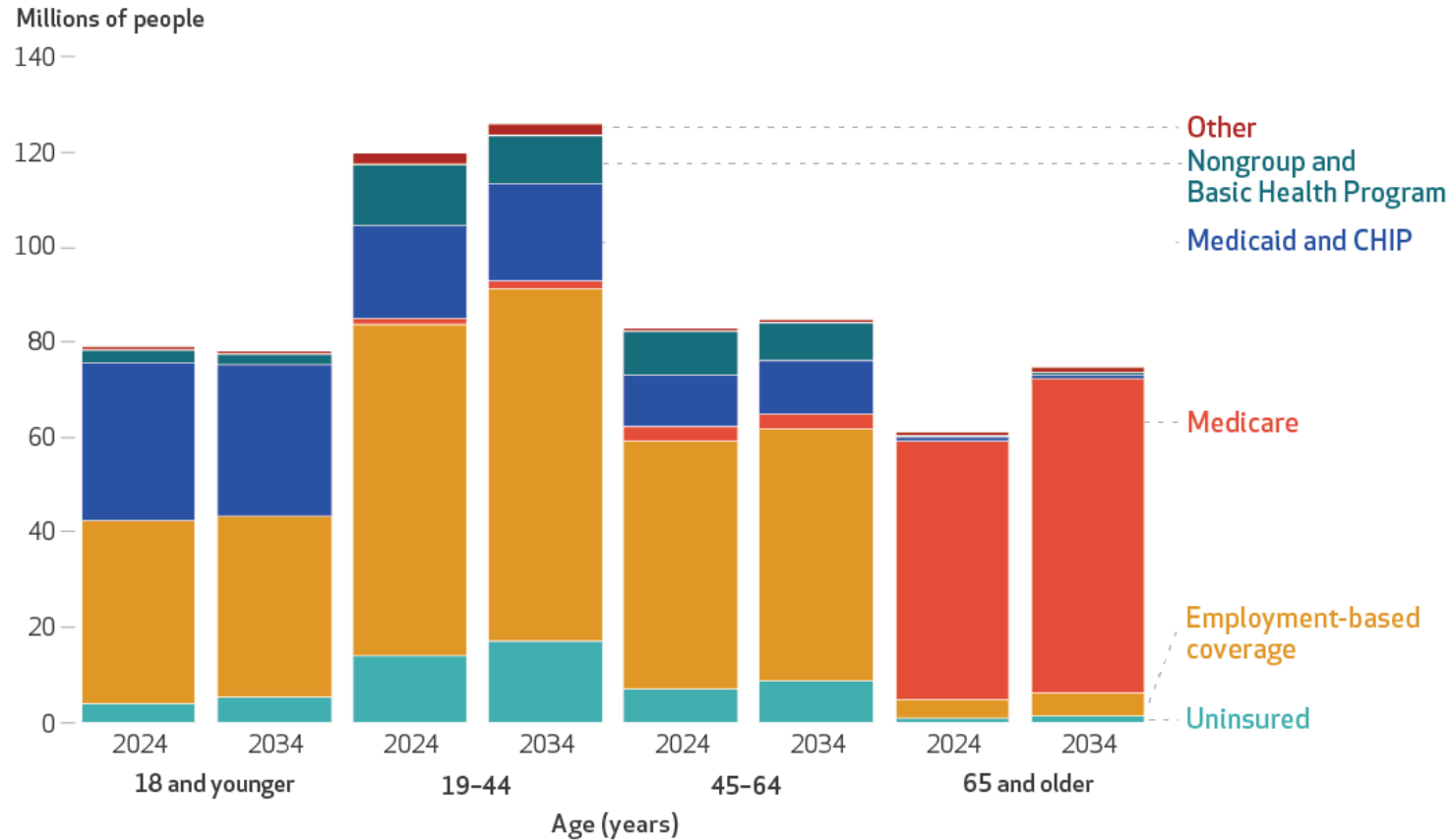
	2023			Average, 2024–2033		
	September 2023 projection	June 2024 estimate	Difference	September 2023 projection	June 2024 projection	Difference
Total population	336.0	338.4	2.4	344.8	353.7	8.8
Employment-based coverage	161.3	164.2	2.9	163.8	167.3	3.5
Medicaid and Children’s Health Insurance Program	90.4	92.0	1.6	79.2	78.8	-0.3
Medicare	60.1	60.1	0	67.3	67.7	0.5
Nongroup coverage through marketplaces	15.2	16.2	0.9	14.0	17.3	3.2
Nongroup coverage outside marketplaces	3.6	2.9	-0.7	5.0	3.9	-1.1
Other coverage ^a	7.5	7.4	-0.1	7.7	8.5	0.8
Uninsured	24.3	24.3	0	29.3	31.0	1.7
Multiple sources of coverage	26.5	28.7	2.2	21.5	20.8	-0.7
Share of the population that is uninsured (percent)	7.2	7.2	0	8.5	8.8	0.2

a. Includes people with other kinds of insurance, such as coverage through the Basic Health Program, student health plans, coverage provided by the Indian Health Service, or coverage from foreign sources.

Health Insurance Coverage by Age

- CBO's projections show that health insurance coverage varies considerably by age.
- In 2024, people ages 19 to 44 have a lower rate of insurance coverage than do people of other ages, for example. That gap widens by 2034, in part because of reduced enrollment in marketplace plans.
- Eligibility for several federal health insurance programs (namely, Medicaid, CHIP, and Medicare) is partially contingent on age.
- Demand for health care and health insurance varies by age, with older people being more likely than younger ones to be enrolled in coverage.

Health Insurance Coverage by Age, 2024 and 2034



Children (age 18 and younger) have the most coverage by Medicaid and CHIP of any group, with 32 million enrolled in 2034.

Younger adults (ages 19 to 44) have the highest number of uninsured, at 17 million in 2034.

Elderly adults (age 65 and older) have the lowest number of uninsured, at 1 million in 2034, and the highest enrollment in Medicare, which is projected to grow substantially, from 54 million to 66 million over the next decade.

Sources of Uncertainty in CBO's Projections

- Complex interactions among federal and state policymakers, employers, households, and insurers make CBO's projections uncertain.
- CBO's models rely on imperfect administrative and survey data. Surveys often have issues with people's recall, nonresponse, and awareness, and the pandemic increased that measurement error.
- CBO's projections are intended to show what would happen to health insurance coverage if current laws and regulations remained in place, but over time, applicable laws and regulations do change, and uncertainty increases as the projections extend.