



A Profile of Virginia’s Uninsured, 2022

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Laura Skopec, Vincent Pancini, Avani Pugazhendhi, Jennifer Haley, and Adele Shartzter

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Methods

- All data are from the 2013, 2019, 2021, and 2022 American Community Survey (ACS) and the 2021 and 2022 Behavioral Risk Factor Surveillance System (BRFSS), which are conducted by the US Census Bureau and the Centers for Disease Control and Prevention, respectively.
- The family structures and corresponding income and employment estimates presented in the ACS analyses are based on tax units, or groups of individuals whose income would likely be counted together for the purposes of eligibility for the Health Insurance Marketplace or Medicaid. Tax units are generally smaller than Census-reported families, and their income is generally lower than the Census estimates of family-based income. *Therefore, the ACS estimates of the number of uninsured by income may not match those from other sources that are based on alternative family and income units.*
- This year’s Profile does not include additional adjustments for potential misreporting of Medicaid/CHIP coverage, which is consistent with the 2021 Profile. The Medicaid continuous coverage requirement implemented in response to the COVID-19 pandemic has increased the apparent misreporting of Medicaid coverage¹ and made the usual adjustment methodology² less effective.
- In January 2019, Virginia expanded its Medicaid program under the Affordable Care Act to nonelderly adults with family income up to 138% of the federal poverty level (FPL).
- Changes in access to care, health status, and oral health reported in the 2022 BRFSS are likely to lag health insurance coverage changes. These access and use measures include a 12-month look-back period.
- This report provides more in-depth information than tables produced by the US Census.
- “Uninsured rate” refers to the percentage of Virginians in the specified group who are uninsured. “Share of uninsured” refers to the percentage of the uninsured who are in the specified group.

¹ Hest R., Lukanen E., and Blewett, L. “Medicaid Undercount Doubles, Likely Tied to Enrollee Misreporting of Coverage.” SHADAC Brief, December 2022.

https://www.shadac.org/sites/default/files/publications/Medicaid_Undercount%202020-2021.pdf

² See Lynch, V., Kenney, GM, Haley, J, and Resnick, D. 2011. Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits. Washington, DC: The Urban Institute. Available from: <https://www.census.gov/content/dam/Census/library/working-papers/2011/demo/improving-the-validity-of-the-medicaid-chip-estimates-on-the-acps.pdf>.

Distribution of the Nonelderly Uninsured in Virginia (2022)

(See Tables 1-16)

Population Summary

- In 2022, 544,000 Virginians under the age of 65 lacked health insurance coverage according to the American Community Survey (ACS). That was an estimated 7.7% of all nonelderly Virginians (see Table 1).
- Nonelderly adults (19 to 64) constituted 83.8% of all nonelderly uninsured in Virginia in 2022. An estimated 36.4% of all uninsured were between the ages of 19 and 34, while an estimated 16.2% of all uninsured were between the ages of 0 and 18 (see Table 1).
- Just over half (51.0%, or 278,000) of uninsured Virginians were living in families³ with income at or below 200% FPL in 2022.⁴ Many of the uninsured (30.1%, or 163,000) lived in families at or below the FPL. However, the uninsured were also found at higher income levels. Almost three in ten (29.8%, or 162,000) uninsured individuals lived in families with income above 300% FPL (see Table 1).

Uninsured Children

- Among children from birth through age 18 in Virginia, 4.5% (88,000) were uninsured in 2022. An estimated 76.6% (68,000) were between the ages of 6 and 18 years, with a substantial number of uninsured children between the ages of 13 and 18 (39.0%, or 34,000) (see Table 2).

³ For the purposes of producing income and employment estimates, families are defined based on the tax unit. The tax unit represents members of a family who would file taxes together and whose income would be counted together for the purposes of Health Insurance Marketplace or Medicaid eligibility.

⁴ Income estimates are based on tax unit Modified Adjusted Gross Income and use the 2021 FPL Guidelines as defined by the Department of Health and Human Services. Our estimates of uninsurance among those with family income at or below 138 percent FPL reflect eligibility determination approaches in Medicaid, including certain exceptions to the modified adjusted gross income rules that apply in the Health Insurance Marketplace. Estimates for all other income breaks reflect MAGI income as used in eligibility determination for the Health Insurance Marketplaces.

- About four in ten uninsured children (ages 0 to 18) lived in families with income at or below 205% FPL⁵ in 2022 (44.3%, or 39,000). This was also true for adolescents aged 13 to 18, of whom 47.1% (16,000) lived in families with income at or below 205% FPL (derived from Tables 2, 3, and 5).
- In 2022, about one in four uninsured children (24.8%, or 22,000) lived in families with income at or below 100% FPL in 2022. A larger share of uninsured nonelderly adults (31.1%, or 142,000) lived in families with income at or below the poverty level (see Tables 2 and 6).

Uninsured Nonelderly Adults

- Nearly four in ten (38.7%, or 177,000) uninsured nonelderly adults in Virginia lived in families with income at or below 138% FPL. This is the income threshold for Medicaid eligibility for adults under the Affordable Care Act's Medicaid expansion, which went into effect in Virginia on January 1, 2019 (see Table 6).⁶
- One in ten young adults (ages 19 to 26) were uninsured in 2022 (11.0%, or 98,000). Nearly half (47.6%, or 46,000) of uninsured young adults lived in families with income at or below 138% FPL (see Table 12).

Demographics of the Uninsured

- Just over four-fifths (82.2%, or 447,000) of the nonelderly uninsured in Virginia were part of families with at least one adult working part-time or full-time.⁷ Over two-thirds (69.1%, or 376,000) of the uninsured nonelderly were part of families with one or more full-time workers. About one in eight (13.1%, or 71,000) were part of families with at

⁵ This is the income limit for Medicaid and Children's Health Insurance Program coverage for children in Virginia.

⁶ The estimated number of uninsured adults with income \leq 138% FPL in 2022 cannot be interpreted as the number of nonelderly adults in Virginia who are eligible for but unenrolled in Medicaid for many reasons. For example, some of the uninsured in this income group may not meet other Medicaid eligibility requirements due to their immigration status.

⁷ Family work status is based on the highest level of employment among the adults in the tax unit. Full-time workers are defined as those who are currently employed and who usually work more than 35 hours in the weeks worked over the last year. Part-time workers are defined as those who are currently employed and usually worked fewer than 35 hours in the weeks worked over the last year, with no one else in the tax unit employed full-time. Non-workers are not currently employed and have no one else in the tax unit employed full- or part-time.

least one part-time worker (and no one working full-time), and one in six (16.8%, or 91,000) were part of families with no working adults (see Table 1).⁸

- Of the estimated 376,000 nonelderly uninsured individuals in Virginia who were in families with at least one full-time worker, one in five (20.4%, or 76,000) had family income at or below 138% FPL. Among uninsured part-time workers and their families, 66.6%, (48,000) had family income at or below 138% FPL. Among uninsured non-workers and their families, 81.1%, (74,000) had family income at or below 138% FPL. Overall, 27.8% of nonelderly uninsured Virginians who were in families with at least one full-time or part-time worker had family income \leq 138% FPL (derived from Tables 14, 15, and 16).
- Of the estimated 67,000 uninsured children in Virginia who were in families with at least one full-time worker, almost one in three (29.9%, or 20,000) had family income at or below 205% FPL, which is the income limit for Virginia's Family Access to Medical Insurance Security Plan (FAMIS). Among uninsured children in families with only part-time workers, 75.0% (6,000) had family income at or below 205% of the FPL. Among uninsured children in families with only non-workers, 88.9% (8,000) had family income at or below 205% of the FPL (derived from Tables 2 and 3).
- The uninsured were from diverse racial/ethnic backgrounds: 37.8% (206,000) were white, non-Hispanic; 30.5% (166,000) were Hispanic; 19.0% (103,000) were Black, non-Hispanic; 6.3% (34,000) were Asian/Pacific Islander; and 6.4% (35,000) were of other or multiple racial/ethnic backgrounds. Hispanic Virginians were uninsured at higher rates than any other ethnic group (21.2%) (see Table 1).
- Among uninsured children with family incomes at or below 205% of the FPL, 40.0% were Hispanic (16,000). Hispanic children with family incomes at or below 205% of the FPL had an uninsured rate more than double that of children who were of other or multiple racial/ethnic backgrounds in that income group (12.9% compared to 4.5% for white, 3.3% for Black, 5.7% for Asian/Pacific Islander, and 4.2% for other or multiple racial/ethnic backgrounds).

⁸ The remaining 0.6% (3,000) are children not living with their parents and for whom family work status was not determined.

- There remains a large and persistent disparity in uninsurance among noncitizens compared with citizens in Virginia. Among all nonelderly citizens in Virginia, the uninsured rate was 6.1% in 2022, compared to 33.4% for non-citizens (see Table 1).

Uninsurance Trends in Virginia, 2013 to 2022 (ACS)

(See Tables 17-34)

Changes among the Nonelderly Population

- Uninsurance among the nonelderly in Virginia decreased between 2021 (8.0%) and 2022 (7.7%). This change was driven by a significant decrease in the uninsured rate for nonelderly adults (from 9.4% in 2021 to 9.0% in 2022). Uninsurance for children remained about the same in 2021 and 2022 (4.4% and 4.5%, respectively, not a statistically significant change). In contrast, uninsurance decreased 0.3 percentage points for US children as a whole between 2021 and 2022 (from 5.4% to 5.1%). Virginia's uninsured rate for children remained below that for the US in 2022 (see Tables 17, 18, 19, 20, 23 and 24).
- Between 2021 and 2022, the uninsured rate for the nonelderly in the US as a whole decreased 0.7 percentage points, compared to the 0.2 percentage point decrease in uninsurance among nonelderly Virginians. The change in uninsurance for nonelderly Virginians between 2021 and 2022 was not statistically significant. In 2022, the Virginia nonelderly uninsured rate (7.7%) was lower than the US average (9.5%) (see Table 17).
- Between 2013 and 2022, there was a 6.5 percentage point decrease (14.3% to 7.7%) in the uninsured rate among the nonelderly in Virginia, or 453,000 fewer uninsured. This time period encompasses the implementation of many of the Affordable Care Act's coverage provisions in 2014, Virginia's expansion of Medicaid coverage to low-income adults in 2019, the COVID-19 pandemic and associated policy response including Medicaid continuous coverage provisions starting in 2020, and enhanced Marketplace subsidies under the American Rescue Plan implemented in 2020. Statistically significant decreases were found among all groups, including age, income, and work status groups, all racial and ethnic groups, citizens and non-citizens, and SNAP recipients and non-recipients. Nationally, the uninsured rate fell 7.4 percentage points over this time period, constituting 19.6 million fewer uninsured, including statistically significant declines across all demographics groups studied (see Tables 17 and 18).

Changes in Uninsurance Rates among Specific Populations

- The uninsured rate decreased from 15.9% to 11.2% between 2021 and 2022 for all nonelderly Virginians in families with income between 101 and 138 percent of the federal poverty level, resulting in 18,000 fewer uninsured nonelderly Virginians. Over the same time period, uninsurance also decreased significantly for Virginians with family income between 139-200% FPL (15.9% to 12.5%). There was no statistically significant change in uninsurance among families with income at or below the federal poverty level or between 201-250 percent of the FPL (see Tables 17 and 18).
- Between 2021 and 2022, uninsurance increased for nonelderly Virginians with incomes above 250 percent of the FPL. The largest of these increases was for nonelderly Virginians in families with income between 251-300 percent of the FPL (1.3 percentage points). Across the US, uninsurance did not change for the nonelderly with family incomes between 251-300 percent of the FPL between 2021 and 2022 (see Table 18).
- Among all nonelderly Virginians in households receiving SNAP, the uninsured rate fell from 9.2% to 8.1% between 2021 and 2022. This resulted in 5,000 fewer uninsured individuals in households receiving SNAP during this time period (see Tables 17 and 18).
- The uninsured rate among all nonelderly individuals in families with only part-time workers or no workers did not change significantly between 2021 and 2022 (from 13.2% to 13.2% and 11.2% to 11.6%, respectively). Uninsurance decreased for individuals in families with at least one full-time worker (8.7% to 8.2%) (see Table 17).
- The uninsured rate in Virginia declined significantly between 2013 and 2022 among young adults (ages 19-26), falling 11.1 percentage points from 22.2% to 11.0%. Nationally, uninsurance for this age group fell 13.0 percentage points between 2013 and 2022 (26.4% to 13.4%, respectively) (see Tables 27 and 28).

Changes in the Composition of the Uninsured Population

- The share of the nonelderly uninsured with family income at or below 200% FPL decreased between 2013 and 2022, likely due in part to the subsidies that were made available for coverage through the ACA's Marketplaces and the Medicaid expansion to low-income adults. Among the nonelderly uninsured in Virginia, 71.1% (709,000) had family income below 200% FPL in 2013, compared to 51.0% (278,000) in 2022 (derived from Tables 1 and 17).

- Among uninsured nonelderly adults, the share with family income at or below 200% FPL decreased between 2013 and 2022. Just over seven in ten uninsured nonelderly adults in Virginia (72.6%, or 644,000) had family income below 200% FPL in 2013, compared to just over half (52.5%, or 239,000) in 2022 (derived from Tables 6 and 23), a decrease of 20.1 percentage points.
- Between 2013 and 2022, the percentage of uninsured children in Virginia with family income within Medicaid/FAMIS eligibility limits fell. Among uninsured children in Virginia, the share who had family income at or below 205% FPL was 61.8% in 2013 and 44.2% in 2022 (derived from Tables 19 and 21), a decrease of 17.6 percentage points.

How Does Health Insurance Coverage Vary Across Virginia? (ACS)

(See Tables R1-R13; Maps 1-12)

- Maps and tables with regional estimates show uninsured rates and the distribution (“share”) of uninsured by income for 13 regions in Virginia based on 2022 ACS data.⁹
- Five regions in Virginia had uninsured rates among all nonelderly (ages 0 to 64) that were significantly lower than the 7.7% statewide average in 2022. These were the Arlington/Alexandria area (6.3%), Loudoun County (5.4%), the greater Richmond area (6.0%), Roanoke County and western mountain area (7.3 percent), and the far Southwest portion of the state (5.8 %)(see Map 1).
- Four regions had uninsurance rates for the nonelderly that were significantly higher than the state average (7.7%)—the Fredericksburg City and Prince William County area (11.2%), the upper Shenandoah Valley area (10.1%), the Charlottesville area and the upper Piedmont (8.1%), and the Norfolk/Chesapeake area (8.2%)(see Map 1).
- Among nonelderly adults (ages 19 to 64), the Arlington/Alexandria area, (7.5 %), Loudoun County (6.2%), the greater Richmond area, (7.2 %), Roanoke County and western mountain area (7.8%), and the far Southwest portion of the state (7.1%) had uninsured rates significantly lower than the 9.0% statewide uninsured rate (see Map 3).

⁹ For more on the maps and the definitions of the regions, see “Guide to Regions in Virginia.” **Please note that the 2022 ACS uses updated Public Use Microdata Areas based on the 2020 Census. Regional estimates for 2022 are therefore not comparable to prior years, as PUMAs may have shifted across regions.** For further information on methods, see Macri, J., V. Lynch, and G. Kenney. 2012. “Profile of Virginia’s Uninsured”. Washington, DC: The Urban Institute, prepared for the Virginia Health Care Foundation.

- Among nonelderly adults, Fredericksburg City and Prince William County area (12.9%), the upper Shenandoah Valley area (11.8%), Williamsburg/Northern Neck (9.9%), the Charlottesville area and the Upper Piedmont (9.6%), and the Norfolk/Chesapeake area (9.6%) had uninsurance rates that were significantly higher than the state average of 9.0% (see Map 3).
- Among children (ages 0 to 18), five regions had uninsured rates statistically below the 4.5% uninsured rate in the state overall. These were the Arlington/Alexandria area (2.0%), Williamsburg/Northern Neck (3.2%), Loudoun County (3.7%), the greater Richmond area (2.9%), and the far Southwest portion of the state (2.0%)(see Map 2).
- Among children, five regions had an uninsured rate statistically higher than the statewide overall average of 4.5%, including: Fairfax (5.0%), Fredericksburg City and Prince William County area (7.3%), the upper Shenandoah Valley area (6.1%), and Roanoke County and western mountain area (6.0%)(see Map 2).

Access to Care and Health Status among Nonelderly Adults in Virginia (2022) (Behavioral Risk Factor Surveillance System)

(See Tables 35-37)

- In 2022, 75.0% of nonelderly adults overall in Virginia reported having a routine check-up in the past 12 months. This was higher than the 71.7% reported in the rest of the nation (see Table 35).¹⁰
- In 2022, 11.6% of nonelderly adult Virginians reported not seeing a doctor when needed in the past 12 months due to cost. This was lower than the 12.8% in the rest of the nation.
- In Virginia, uninsured nonelderly adults were less likely than those with insurance to report (see Table 37):
 - Having a regular provider (35.3% compared to 85.5%);
 - A routine checkup (50.2% compared to 77.4%); and
 - A flu shot (11.1% compared to 44.9%).

¹⁰ Estimates for the rest of the nation do not include Virginia.

- Uninsured nonelderly adults were also more likely to report unmet needs due to cost of care during the last 12 months (42.1% compared to 8.6%) in 2022 (see Table 37).

Changes in Access to Care, Health Status, and Oral Health among Nonelderly Adults in Virginia (2021-2022) (Behavioral Risk Factor Surveillance System)

(See Table 38-39)

- Changes in access to care, health status, and oral health are likely to lag health insurance coverage changes. These access and use measures include a 12-month look back period which can span the implementation of policy changes affecting health insurance coverage and benefits. Coverage changes may also take time to ramp up.
- Between 2021 and 2022, the share of nonelderly adult Virginians with a regular medical provider did not change significantly (80.8 to 81.1%, not a statistically significant change). In the rest of the United States, the share of nonelderly adults with a regular medical provider decreased slightly (79.7% to 78.7%, a statistically significant change) over the same time period (see Table 38).
- Between 2021 and 2022, the share of nonelderly adult Virginians who did not see a doctor when needed due to cost increased from 9.2% to 11.6%, a statistically significant change. The rest of the nation showed a similar pattern, with this share increasing from 11.8% to 12.8% over the same time period (see Table 38).
- Between 2021 and 2022, the share of nonelderly adult Virginians who reported having a dental visit in the past 12 months declined by 2 percentage points (69.3% to 67.3%, a statistically significant change). In 2022, 30.4% reported having lost any permanent teeth, not statistically different from 32.2% in 2021 (see Table 38).¹¹ In 2018 and 2019, Medicaid in Virginia provided very limited dental benefits for adults; in July 2021, the state implemented expanded dental benefits for all adults enrolled in full-benefit Virginia Medicaid.

¹¹ The 2022 BRFSS included new coding for the “lost any permanent teeth” variable. To allow comparability to 2021, we recoded the 2021 variable to match the 2022 approach. These estimates are therefore different from those reported in the 2021 Profile.

- In 2022, Virginians reported an average of 2.9 days in which poor physical or mental health restricted activities in the past month, not significantly different from 2021 (2.8 days). Virginians also reported their mental health was not good an average of 5.7 days out of the past month in 2022, not a statistically significant change from 2021 (5.4 days). The share of Virginians reporting that they had ever been diagnosed with a depressive disorder¹² increased from 21.1% in 2021 to 23.5% in 2022, a statistically significant change.

¹² This includes major depression, dysthymia, and minor depression.