



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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From: Paul Spitalnic
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Subject: **Certification of Rates of Uninsured**

Under section 1886(r) of the Social Security Act, which provides for an adjustment to the amount available to make uncompensated care payments based on changes in the rate of uninsured, the Chief Actuary of the Centers for Medicare & Medicaid Services (CMS) is required to certify reasonable estimates of the percentage of uninsured persons in both 2013 and 2027. Specifically, section 1886(r)(2)(B)(ii) stipulates that the prescribed formula for determining these estimates be based on the following (known as Factor 2):

For fiscal year 2018 and each subsequent fiscal year, a factor equal to 1 minus the percent change in the percent of individuals who are uninsured, as determined by comparing the percent of individuals—

- (I) who are uninsured in 2013 (as estimated by the Secretary, based on data from the Census Bureau or other sources the Secretary determines appropriate, and certified by the Chief Actuary of the Centers for Medicare & Medicaid Services); and
- (II) who are uninsured in the most recent period for which data is available (as so estimated and certified), minus 0.2 percentage points for each of fiscal years 2018 and 2019.

Based on data from the National Health Expenditure Accounts (NHEA), the applicable rates of uninsured are as follows:

Year	Rate of Uninsured
CY 2013	14.0%
CY 2026	9.0%
CY 2027	9.1%
FY 2027*	9.1%

*Based on a weighted average of CY 2026 and CY 2027 data.

The figures in the table above are based on the latest publicly available projections of the NHEA produced by the CMS Office of the Actuary and published on June 25, 2025. The NHEA represent the government's official estimates of health spending by type of good or service, as well as by source of funding. Comprehensive estimates and projections of health insurance enrollment for the total population are also produced and shown by various categories of coverage including uninsured, Medicare, Medicaid, private health insurance (direct and employer-sponsored), the Children's Health Insurance Program, and other public coverage.¹ Uninsured persons include all individuals not covered by any health insurance (including those who use the Indian Health Service) at a specific point in time (such as at the time of a health insurance survey interview or during a reference period covered by the survey) and, as such, represent an average of the number of uninsured for the estimation period (in the NHEA, this is a calendar year).

Additional Background

Projections for the NHEA reflect an expected increase in the uninsured rate from 8.5 percent in fiscal year 2026 to 9.1 percent in fiscal year 2027. The lower rate for fiscal year 2026 largely reflects the timing of the expiration of the enhanced premium tax subsidies for Marketplace plans. Those enhanced subsidies were included in the American Rescue Plan Act of 2021 and were temporarily extended through 2025 by the Inflation Reduction Act of 2022. As a result, fiscal year 2026 includes the September 2025 through December 2025 period that reflected Marketplace enrollment prior to the expiration of the enhanced subsidies.

Projected rates of uninsurance for calendar years 2026 and 2027 are similar at 9.0 percent and 9.1 percent, respectively. These rates reflect stability in enrollment trends across the various types of health insurance.

The full set of projections, as well as the methodology used to construct the estimates, can be found at the following link: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>

I certify that the published CY and estimated FY rates of uninsured are reasonable and appropriate for use in satisfying section 1886(r)(2)(B)(ii) of the Social Security Act.

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Chief Actuary

¹ For the total population, estimates are from the U.S. Bureau of the Census and reflect a count of U.S. residents less armed forces overseas and population of outlying areas.