



B L A I R
C O M P A S S

Guided by Service. Built for Care.

Insurance Story Methodology and Interpretation Guide

BlairCompass.com | Guided by Service. Built for Care.

Purpose

This resource explains the development of health insurance in the United States using official national survey and administrative data.

Point-in-time coverage

NHIS asks whether a person had coverage at the time of interview. The long-run graph uses a federal historical reconstruction through 2013, annual NHIS estimates for 2014 through 2018, and the redesigned NHIS series for 2019 through 2025.

Calendar-year coverage by type

CPS ASEC asks whether a person had coverage during the prior calendar year. The all-American payor graph begins in 1987 because that is the start of the comparable national coverage-by-type series used here.

Why some lines break

The gaps are intentional. They mark major source-series, questionnaire, or processing changes so estimates from different measurement eras are not presented as one perfectly seamless series.

Overlapping categories

Private insurance, Medicare, and Medicaid / CHIP are not mutually exclusive. A person may report more than one type of coverage, so payor percentages should not be added together.

Medicare composition

The Original / Traditional Medicare versus Medicare Advantage graph uses administrative enrollment counts. It shows shares within Medicare, not shares of the total U.S. population.

Historical caution

The 1959, 1963, and 1968 observations measured hospital or surgical insurance. They are not treated as modern comprehensive commercial-insurance percentages.

Update status

Last reviewed August 16, 2026. Policy and coverage developments after this date may not yet be reflected.