



## **Then and Now: The Evolution of Key Worker Support Systems in the 21st Century**

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### **Introduction**

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This is part two of a three-part series that brings together labor market, workforce, occupational, and educational trends since 2000 to tell a story of American workers through data. This is primarily a decennial retrospective, but some sections include additional years to shape a complete story. Part two looks at policy interventions related to unemployment, health care insurance, and retirement savings. The three trends explored here are a lens into the mixed results of interventions meant to shore up workers.

The Then and Now series explores data broadly and granularly with a demographic lens, recognizing that general trends are not experienced universally. We identify where opportunities for some workers have improved and where there may be a need for additional efforts to increase opportunities for enhanced economic mobility.

This is a story told primarily through charts and tables to serve as a visual depiction of how workers are experiencing the labor market. We bring together two decades of data and hope this informs workforce practitioners, policymakers, business leaders, and others as they double down in areas where the trends show positive signs of improvement and continue as change agents in areas where the trends are stagnant or regressing. The three parts of this series are as follows:

## **Part 1: Key Trends and Transformations in the 21st Century Labor Market**

- Earnings
- Labor Force Participation
- Unemployment
- Educational Attainment

## **Part 2: The Evolution of Key Worker Support Systems in the 21st Century**

- Unemployment Insurance
- Unemployment Spells
- Health Insurance Coverage
- Retirement Benefits

## **Part 3: The Changing Landscape of Education Outcomes and Funding in the 21st Century**

- Earnings by Educational Attainment
- College/University Tuition
- Higher Education Grants and Loans
- Funding at historically Black colleges and universities (HBCUs) and tribal colleges and universities (TCUs)

We proceed with part two, which primarily looks at uptake of unemployment insurance over the last two decades and the effect pandemic-era policy had on coverage. It also looks at unemployment spells, health care coverage, and retirement savings approaches.

Note: Throughout this report when we refer to a class of worker by race, ethnicity, or gender, we imply that these are workers who have identified as such in a broad scale survey. Race, ethnicity, and gender are often complex constructs that do not always conform to categories on those surveys. The survey results also include respondents who may have accidentally misclassified their race, ethnicity, or gender when responding to the survey.

Manual recalculation of percentages may not be identical due to rounding.

Readers are invited to use these charts and insights for their presentations and work in creating a more inclusive labor market. We suggest the following citation: Nyerere Hodge, Stuart Andreason, and Carl E. Van Horn. “Then and Now: The Evolution of Key Worker Support Systems in the 21st Century.” *Workforce Currents*. [Center for Workforce and Economic Opportunity](#) at the Federal Reserve Bank of Atlanta in partnership with the [Burning Glass Institute](#) and [Heldrich Center for Workforce Development](#) at Rutgers University, 2023.

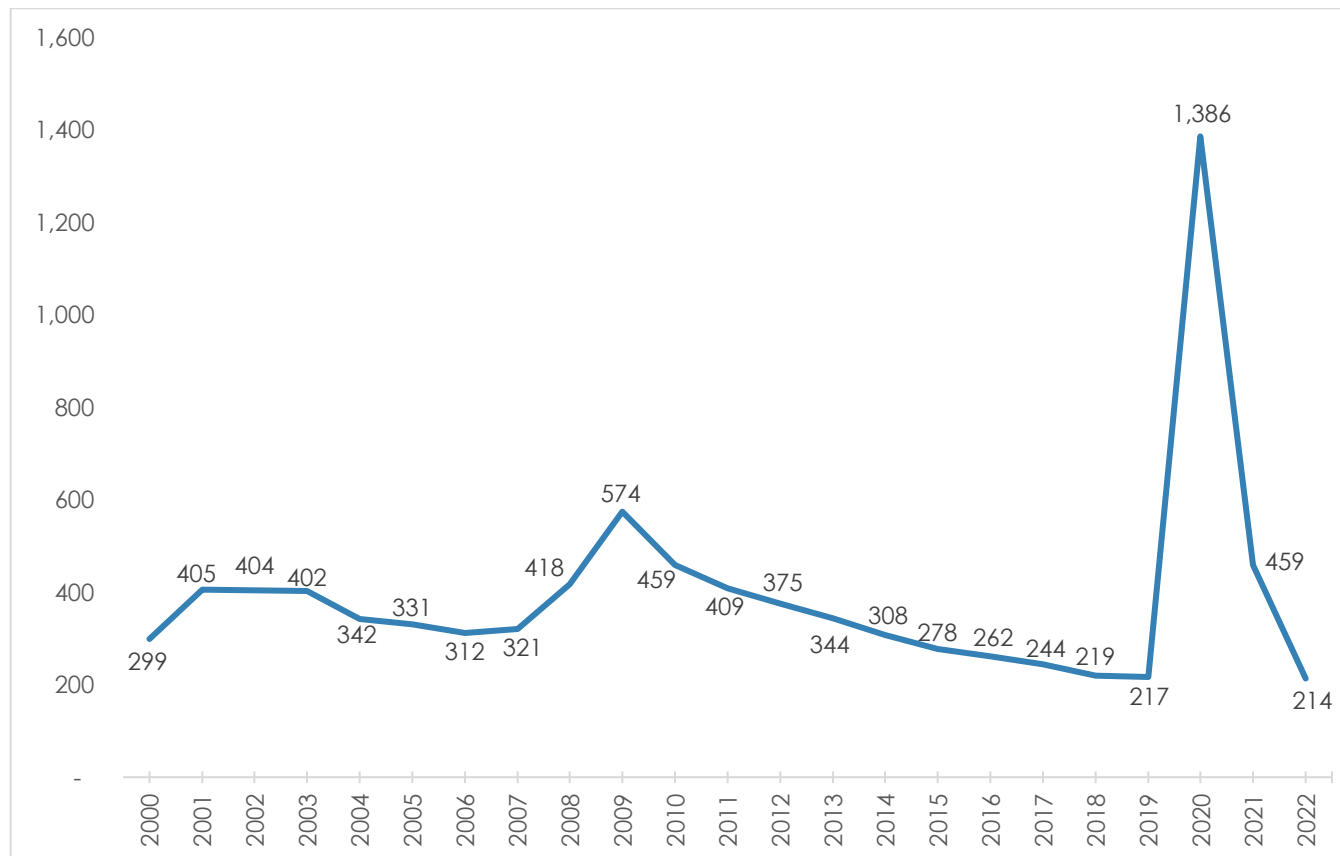
This series builds on a report by Carl E. Van Horn and Nicole Corre, [The Labor Market, Then and Now: Changing Realities in the 21st Century](#) (Heldrich Center for Workforce Development at Rutgers University, 2010) that examined the first decade of the 21st century.

## COVID-19: The Biggest Shock to Unemployment Insurance Since Its Inception

The COVID-19 pandemic caused the biggest shock to the unemployment insurance program since its 1935 inception.<sup>1</sup> The seasonally adjusted average number of initial unemployment claims filed each week in 2020 was nearly 1.4 million (chart 18), which far exceeds the Great Recession era high of 574,279 average weekly claims filed in 2009. Before the pandemic, the largest number of initial claims filed in one week was reported in October 1982 with 695,000 seasonally adjusted claims.<sup>2</sup> Since the start of the pandemic, 51 new highs of initial claim filings have been set with the highest reaching 6.1 million in April 2020. Chart 19 shows the weekly average number of seasonally adjusted continued claims filed in 2020 was almost double that of 2009.

**Chart 18: Average Weekly Initial Unemployment Claim Filings**

Annual, Thousands of Filings, Seasonally Adjusted

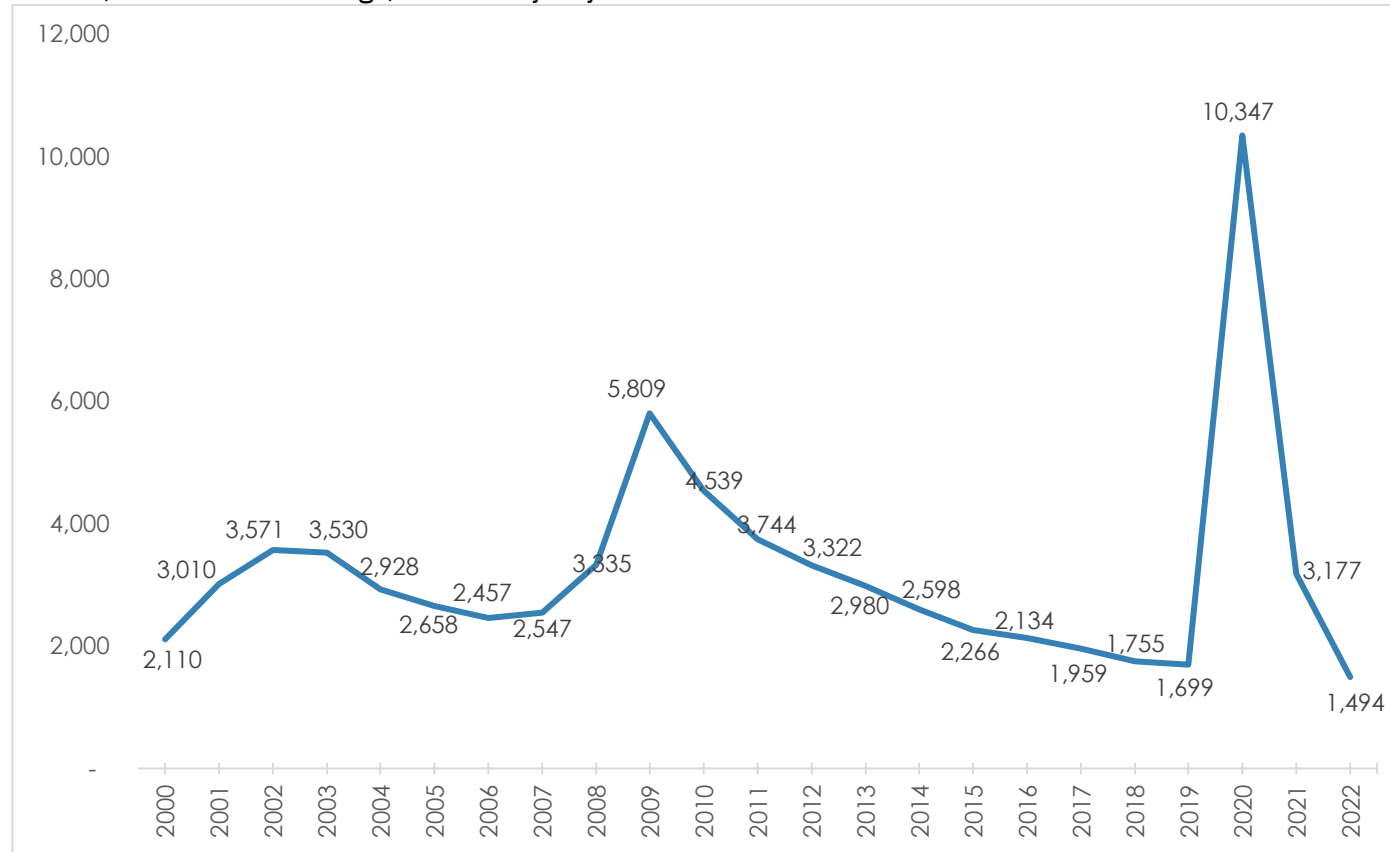


Note: Numbers in thousands. Unit adjusted for chart clarity.

Source: Employment & Training Administration, Department of Labor. <https://oui.doleta.gov/unemploy/claims.asp>

**Chart 19: Average Weekly Continued Claim Filings**

Annual, Thousands of Filings, Seasonally Adjusted



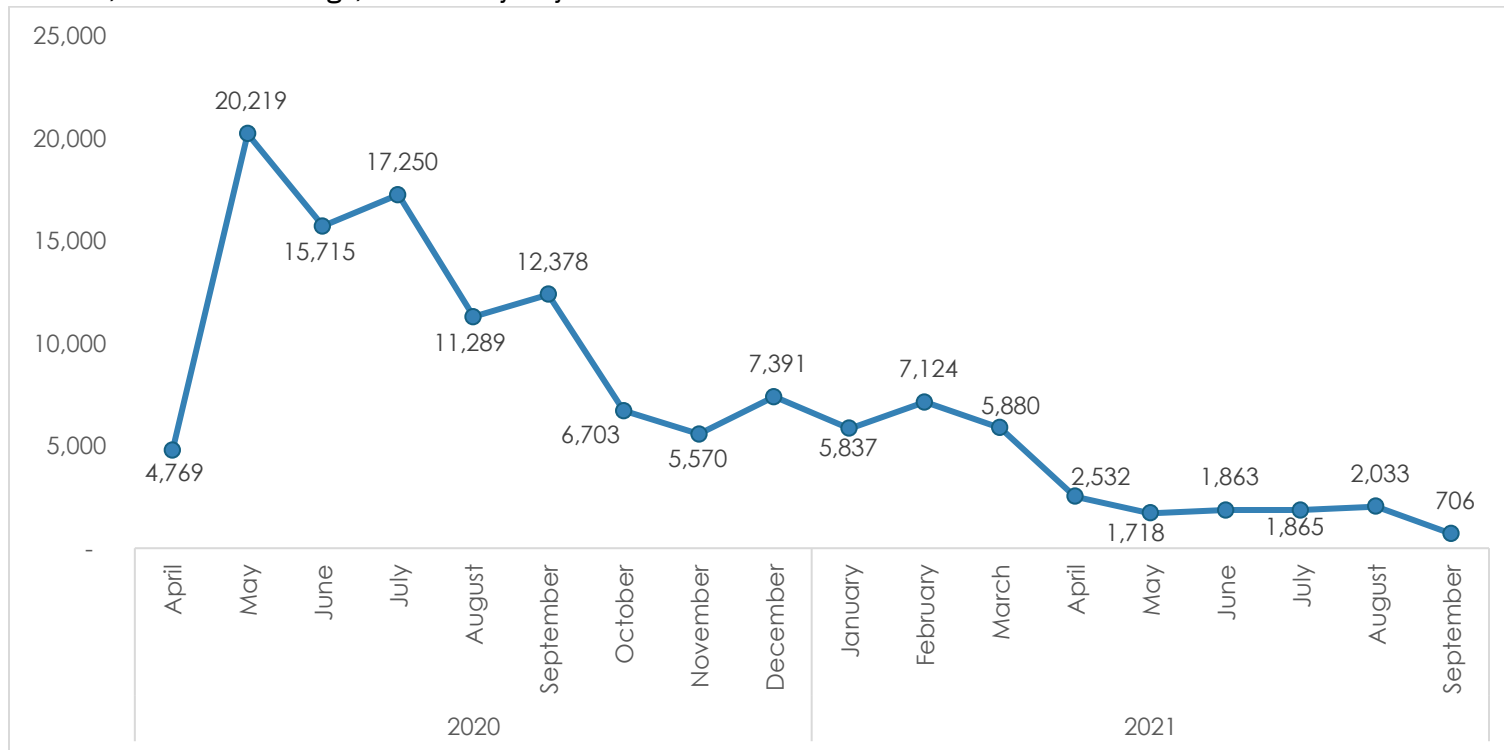
Note: Numbers in thousands. Unit adjusted for chart clarity.

Source: Employment & Training Administration, Department of Labor. <https://oui.doleta.gov/unemploy/claims.asp>

To help ease financial burdens working Americans faced due to pandemic stay-at-home orders, Congress passed the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act, in March 2020. The act, in part, expanded eligibility to workers who otherwise did not qualify under the regular unemployment insurance program. To that end, the act created the Pandemic Unemployment Assistance (PUA) and the Pandemic Emergency Unemployment Compensation (PEUC) programs. The former expanded eligibility to self-employed workers, gig workers, independent contractors, part-time workers, and workers who did not meet the minimum earned wage or hour requirement under the regular program.<sup>3</sup> The latter program extended the number of weeks all impacted workers could file a continued claim. PEUC was initially authorized to extend UI benefits for 13 additional weeks on top of the 26 weeks typically allowed under the regular program.<sup>4</sup> Congress approved two additional extensions ultimately allowing for up to 53 weeks of benefits. Charts 20, 21, and 22 show the average weekly filings per month under the PUA and PEUC programs. Both programs expired in September 2021, though some states ended the program earlier.

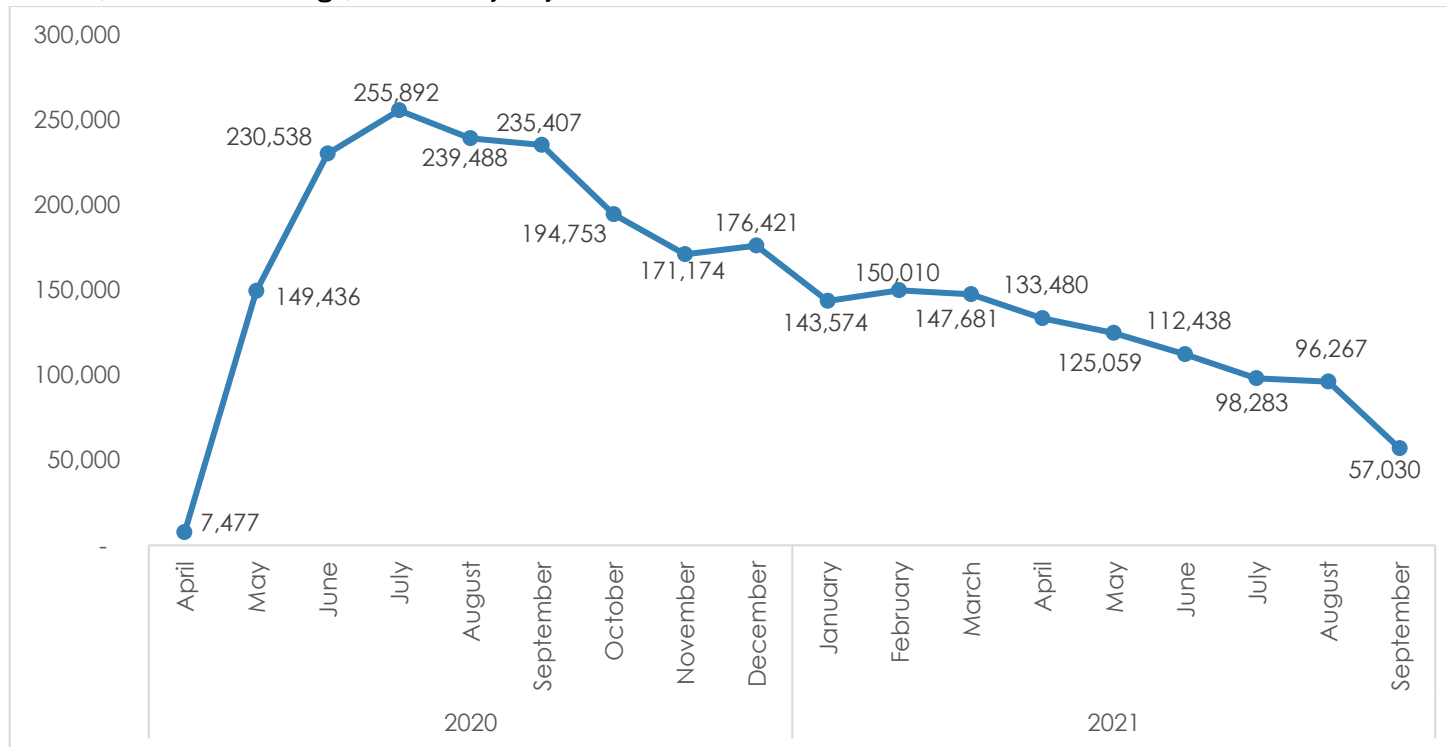
**Chart 20: Average Weekly Pandemic Unemployment Assistance (PUA)–Initial Claims**

Annual, Number of Filings, Seasonally Adjusted



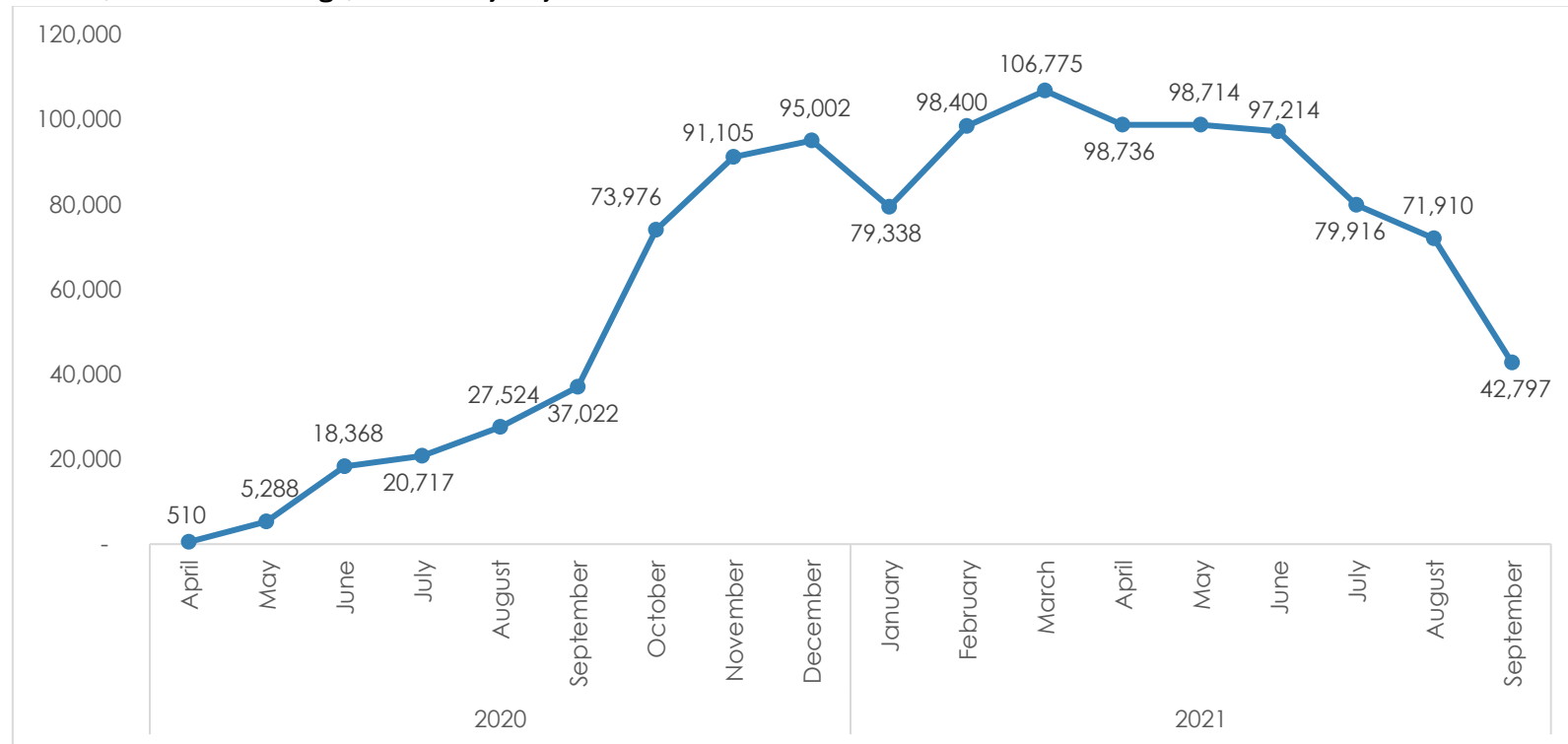
Source: Employment & Training Administration, Department of Labor. <https://oui.doleta.gov/unemploy/claims.asp>

**Chart 21: Average Weekly Pandemic Unemployment Assistance (PUA), Continued Claims**  
Annual, Number of Filings, Seasonally Adjusted



Source: Employment & Training Administration, Department of Labor. <https://oui.doleta.gov/unemploy/claims.asp>

**Chart 22: Average Weekly Pandemic Emergency Unemployment Compensation, Continued Claims**  
Annual, Number of Filings, Seasonally Adjusted

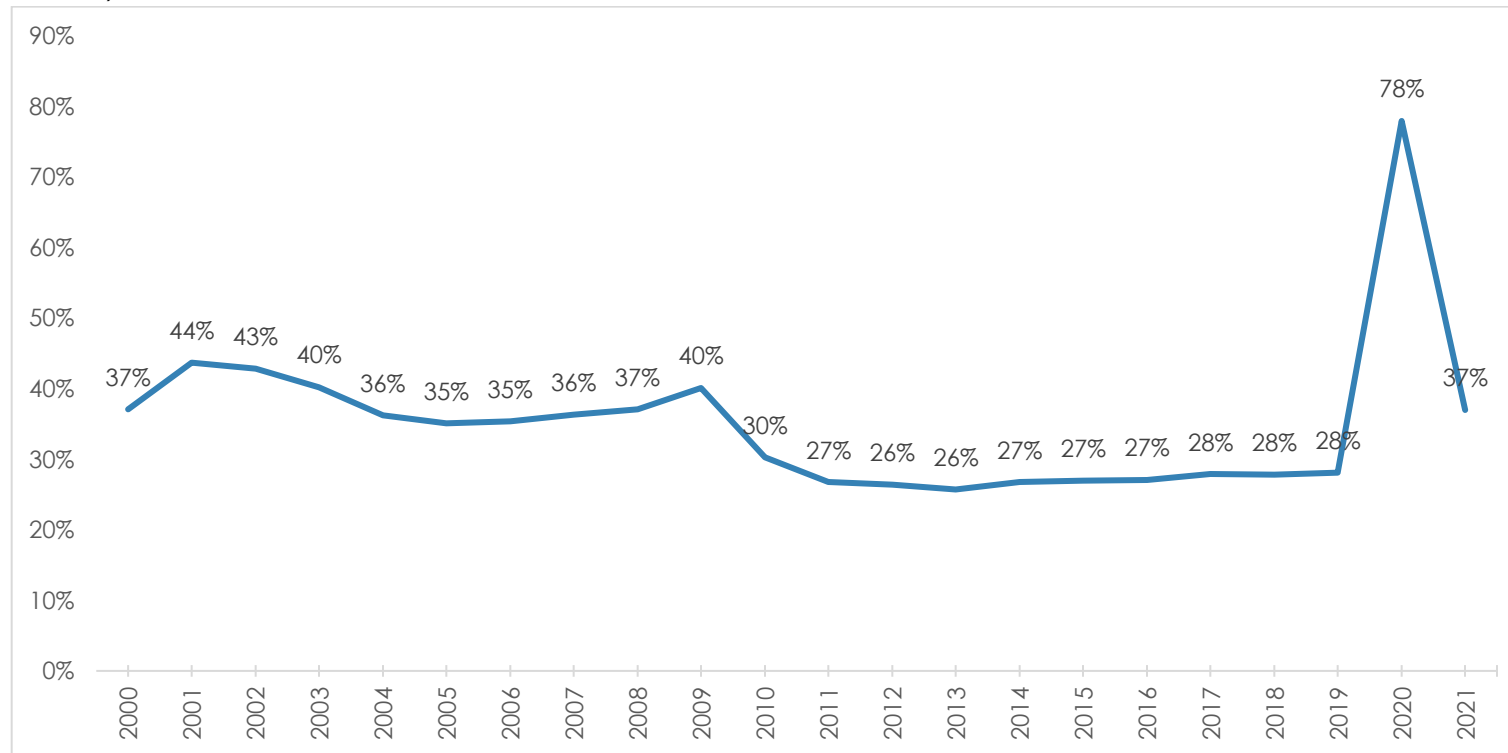


Source: Employment & Training Administration, Department of Labor. <https://oui.doleta.gov/unemploy/claims.asp>

Chart 23 further illustrates the expansion of unemployment insurance coverage to impacted workers. In 2020, 78 percent of unemployed workers received unemployment benefits, nearly double the Great Recession-era high of 40 percent in 2009. The previous high was set in 1958 at 55 percent due to what the Federal Reserve called a recession in world trade.<sup>5</sup> Generally, lawmakers temporarily expand coverage during recessionary periods.<sup>6</sup> When expansion expires, reciprocity rates fall. This is seen in chart 23 with the decline from 2009 to 2010, after the unemployment insurance expansions of 2008 and 2009 expired, and when pandemic-era expansions expired in 2021.<sup>7</sup>

**Chart 23: Unemployment Insurance Reciprocity Rate**

Annual, Percent



Source: Employment & Training Administration, Department of Labor. Unemployment Insurance Chartbook, Section A-12.

<https://oui.doleta.gov/unemploy/chartbook.asp>

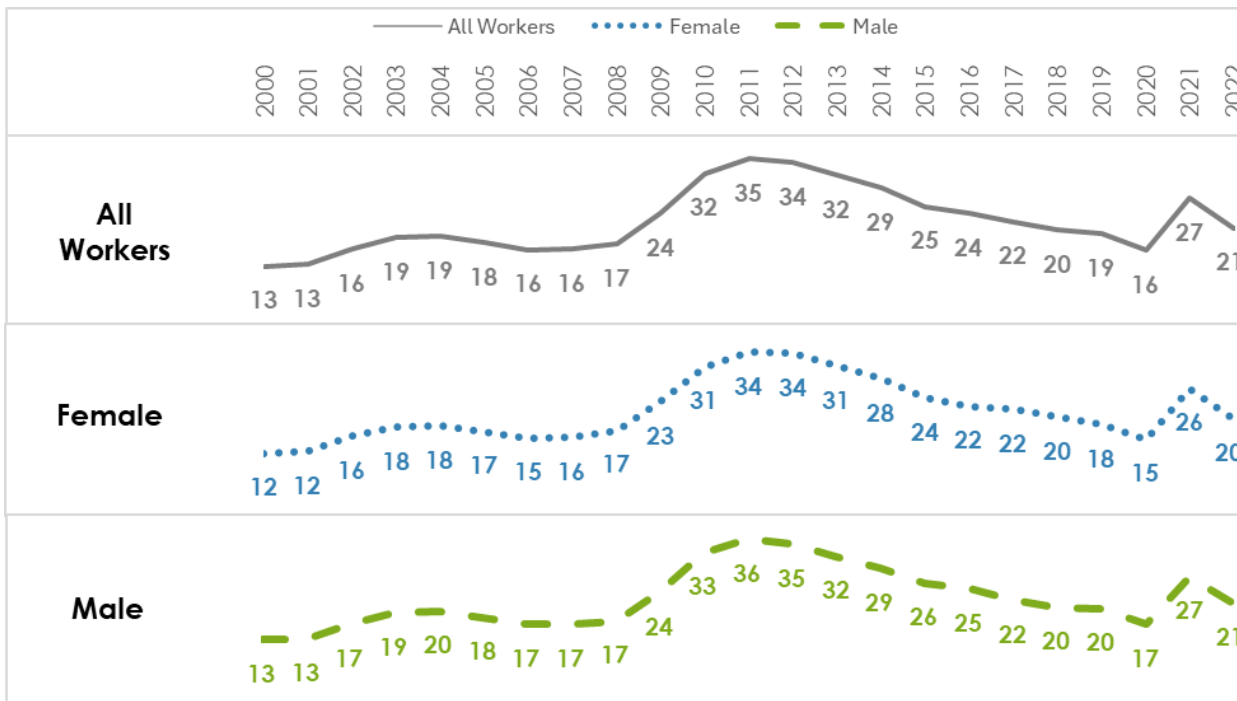
## Tracking Unemployment Spells

The number of weeks previously employed job seekers spend looking for a new job has increased since 2000. Chart 24 shows that at the turn of the century the average worker spent about 13 weeks (solid gray line) unemployed and searching for a new job. It reached an average of 19 weeks in 2003 and dipped to 16 in 2005 before climbing to a two-decade peak of 35 weeks in 2011. Recovery for job seekers was long; the average length of job searches did not return to 16 weeks until 2020. This is due in part to the protracted economic recovery that followed the Great Recession. The Bureau of Labor Statistics says unemployment rates did not return to pre-recessionary levels for all demographic groups until December 2017. The recession ended in June 2009.<sup>8</sup>

The increased length of job searches in 2021 and 2022 is partially related to a shift in job seekers' expectations of working conditions and terms. Some seekers have emerged from the pandemic willing to hold out for jobs that offer work-life balance, remote work, better pay, and are meaningful and fulfilling.<sup>9</sup> This is according to the Worker Voices project conducted by the Federal Reserve in which some job seekers also cited additional reasons like lack of affordable childcare, high commuting costs, and skill mismatches. Chart 24 also reveals females spent one-to-two weeks less searching for jobs than males.

**Chart 24: Average Number of Weeks Workers Spent Unemployed and Job Searching by Sex**

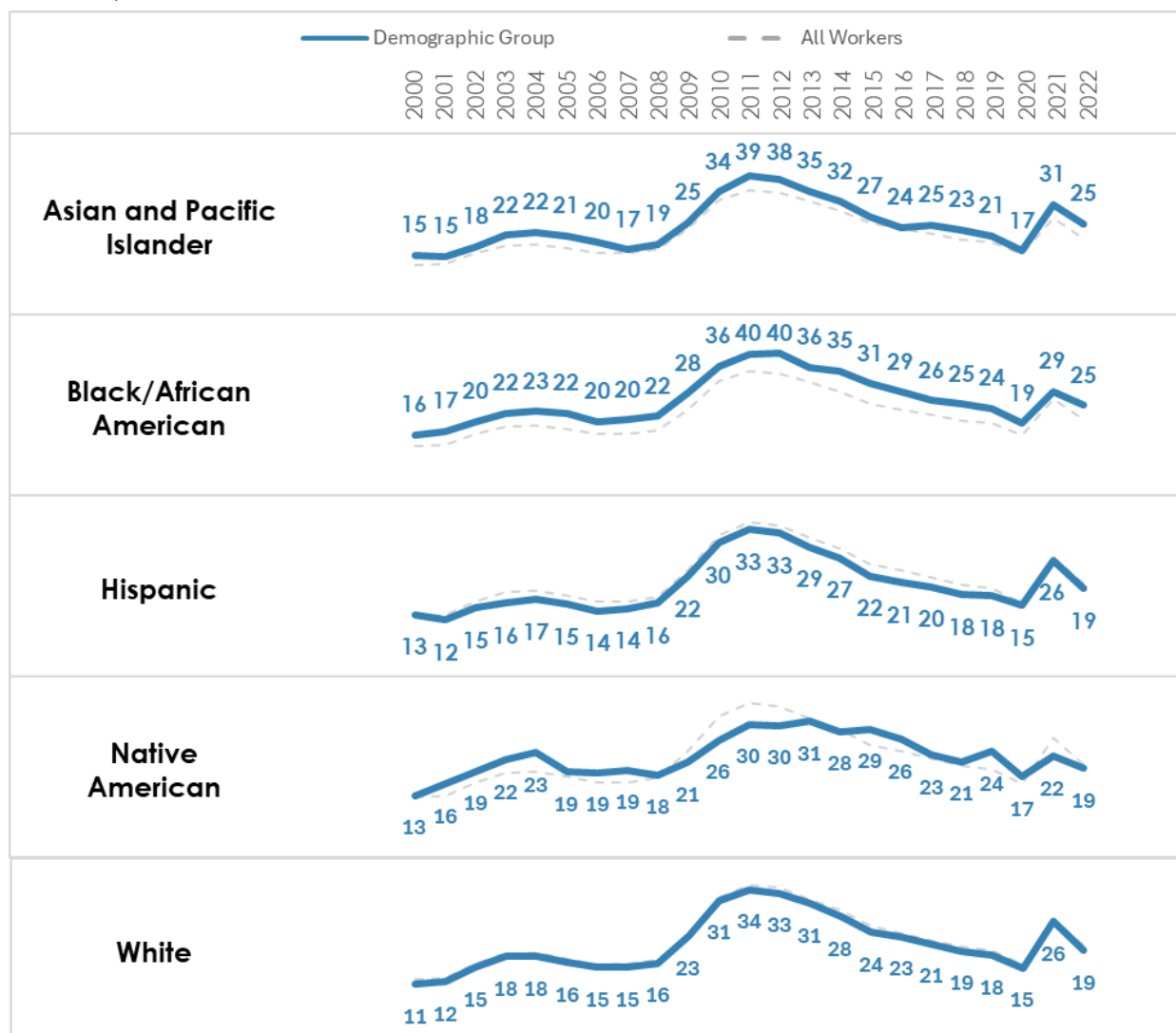
Annual, Number



Source: Current Population Survey, US Bureau of Labor Statistics and Census Bureau retrieved from ipums.org

Asian and Pacific Islander and Black workers spent an above average time unemployed and seeking a job (chart 25). Hispanic and White workers were closer to the average number of weeks unemployed. Unemployment length for Native American workers went both above and below the overall national average during this period.

**Chart 25: Average Number of Weeks Workers Spent Unemployed and Job Searching by Race and Ethnicity**  
Annual, Number

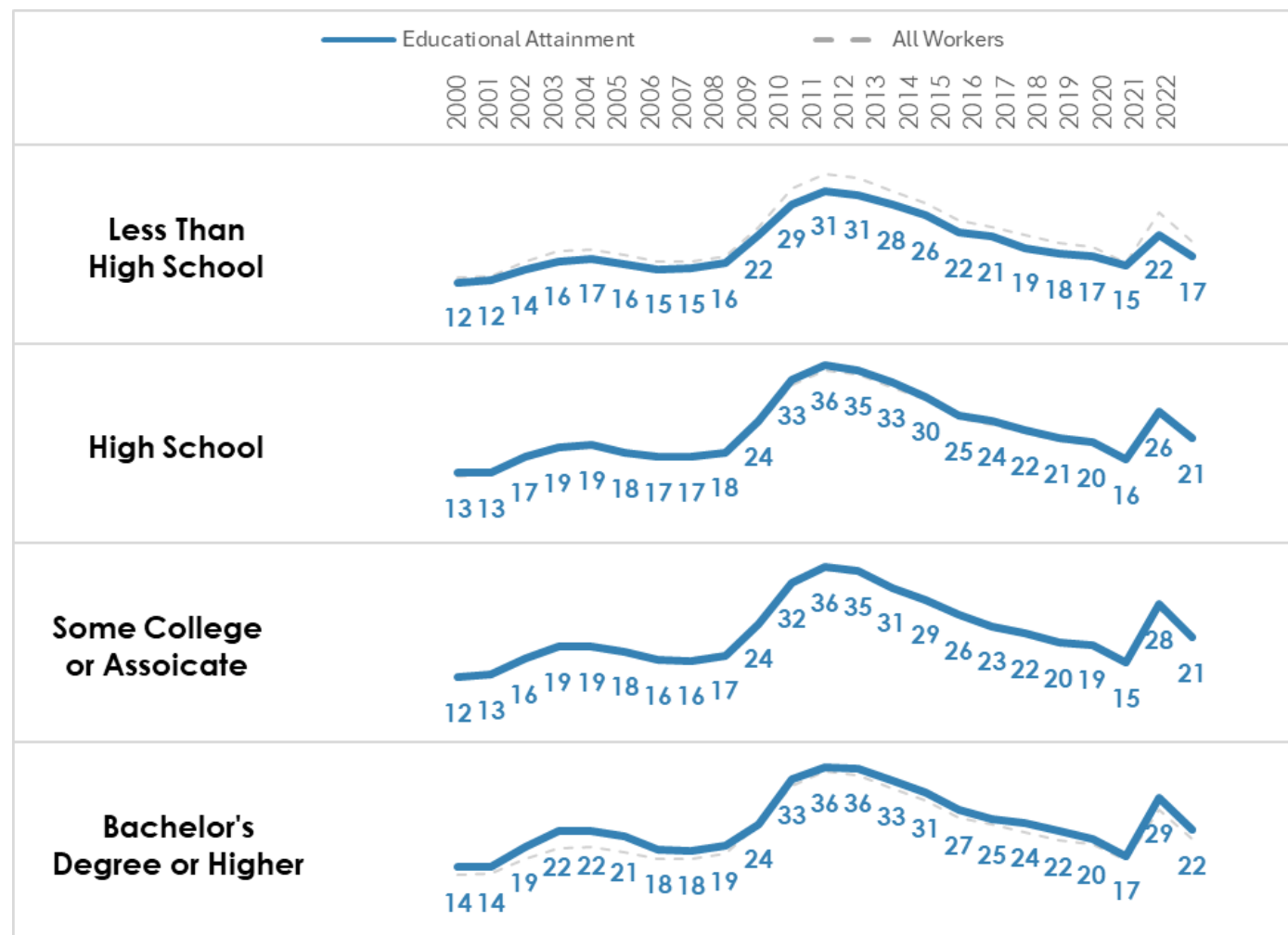


Source: Current Population Survey, US Bureau of Labor Statistics and Census Bureau retrieved from ipums.org

For most levels of education, there is little difference in unemployment spells and length of job search (chart 26). The number of weeks spent unemployed fell around the average for workers varies across levels of educational attainment. The only exception are job seekers without a high school diploma. This group for the most part had shorter unemployment spells and job search periods than the average.

**Chart 26: Average Number of Weeks Workers Spent Unemployed and Job Searching by Educational Attainment**

Annual, Number



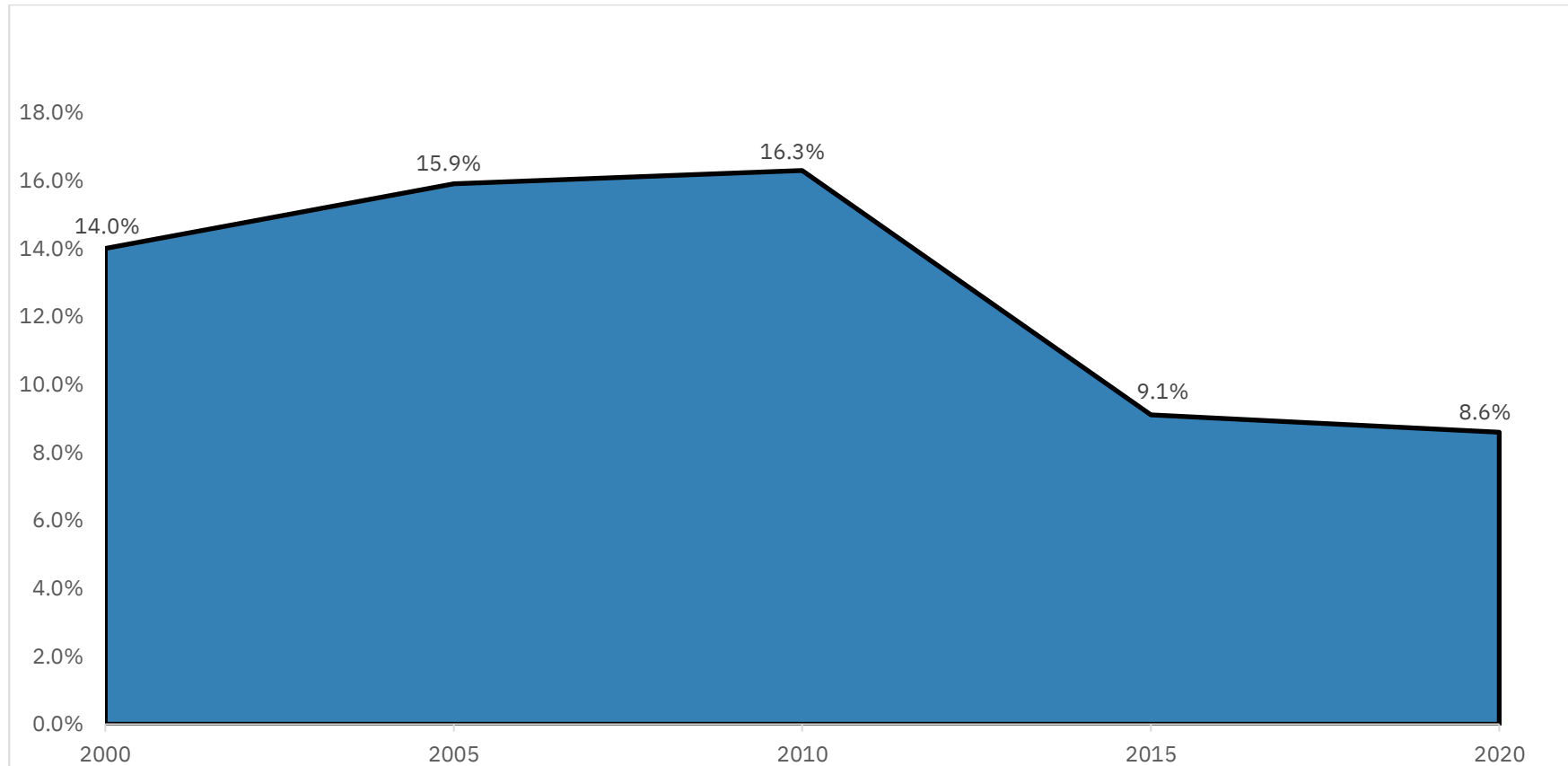
Source: Current Population Survey, US Bureau of Labor Statistics and Census Bureau; retrieved from ipums.org

## Health Coverage Remains Largely Employer Dependent

More Americans have acquired health insurance over the second decade of the 21st century compared to the first. Chart 27 shows the medically uninsured rate climbed from 14 percent in 2000 to 16.3 percent in 2010.<sup>10</sup> It declined steeply over the second decade to 8.6 percent by 2020.<sup>11</sup> This decline was preceded by the implementation of the Patient Protection and Affordable Care Act (ACA) of 2010, which sought to expand health care coverage and reduce out-of-pocket costs.<sup>12</sup> The federal government also passed emergency measures (Families First Coronavirus Response Act and the American Rescue Plan) during the COVID-19 pandemic that included provisions to ensure millions of Americans would not lose health care coverage as mass layoffs ensued. These protections included Medicaid expansion and additional funding for health insurance premiums from ACA marketplaces. Studies suggest these protections actually helped lower the medically uninsured rate in 2020.<sup>13</sup>

**Chart 27: Medically Uninsured Rate**

Annual, Percent

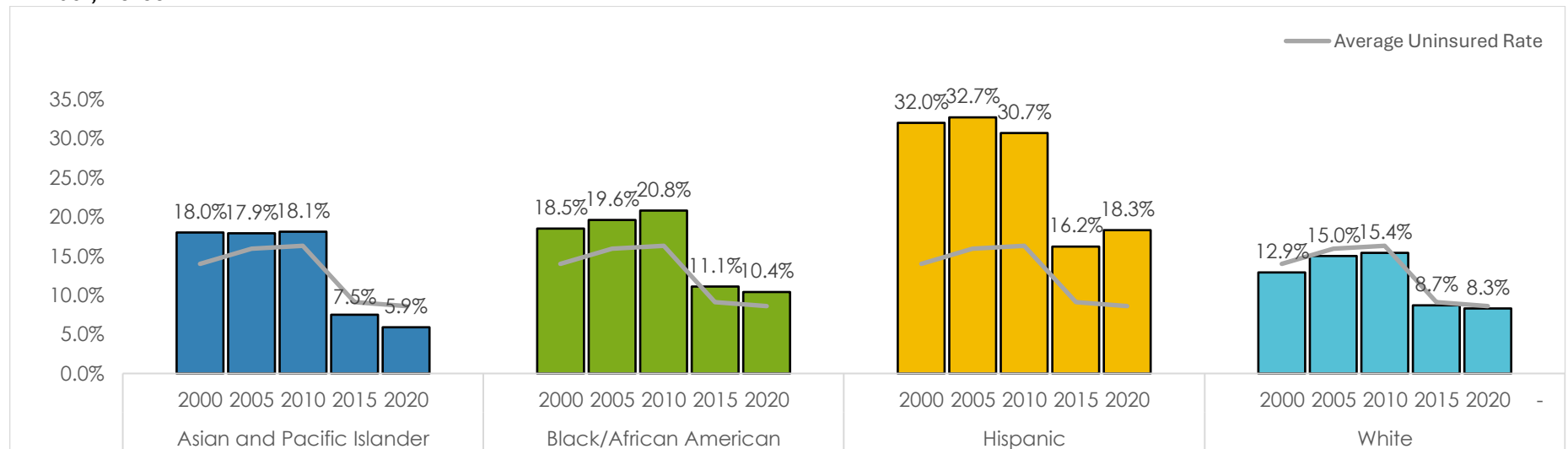


Source: Current Population Reports 2001, 2006, 2011, 2016, 2021. US Census Bureau.

Chart 28 shows the medically uninsured rate by race and ethnicity. The gray line overlaying each cluster is the average uninsured rate for all Americans. Over the last two decades, the uninsured rate for Asian and Pacific Islander Americans has fallen below average. In fact, about 3 times more Asian and Pacific Islanders had health insurance in 2020 compared to 2000. The uninsured rate for Black/African Americans increased during the first decade of the century, reaching 20.8 percent in 2010, and declined by half to 10.4 percent in 2020. Hispanic Americans have faced drastically higher uninsured rates from 2000 to 2020 compared to the average uninsured rate. Nearly one in three Hispanic Americans was uninsured during the first 10 years of the 21st century before declining by less than half to 18.3 percent in 2020. The uninsured rate for White Americans increased during the first decade of the study period but has declined during the second. The rate for this group has stayed below the national average over the last two decades.

As shown in part one of this series, Black/African Americans and Hispanic Americans face higher levels of unemployment and are more likely to be in lower-wage jobs. These factors contribute to a higher uninsured rate among both groups because access to health insurance is primarily tied to employment. Lower-wage jobs are less likely to offer health insurance, and low-wage workers have a diminished ability to afford health insurance. The US Department of Health and Human Services cites states that opted out of implementing ACA provisions, reduced funding for ACA marketplace outreach and assistance, immigration policies, citizenship status, and language barriers as confounding factors.<sup>14</sup>

**Chart 28: Medically Uninsured Rate by Race and Ethnicity**  
Annual, Percent

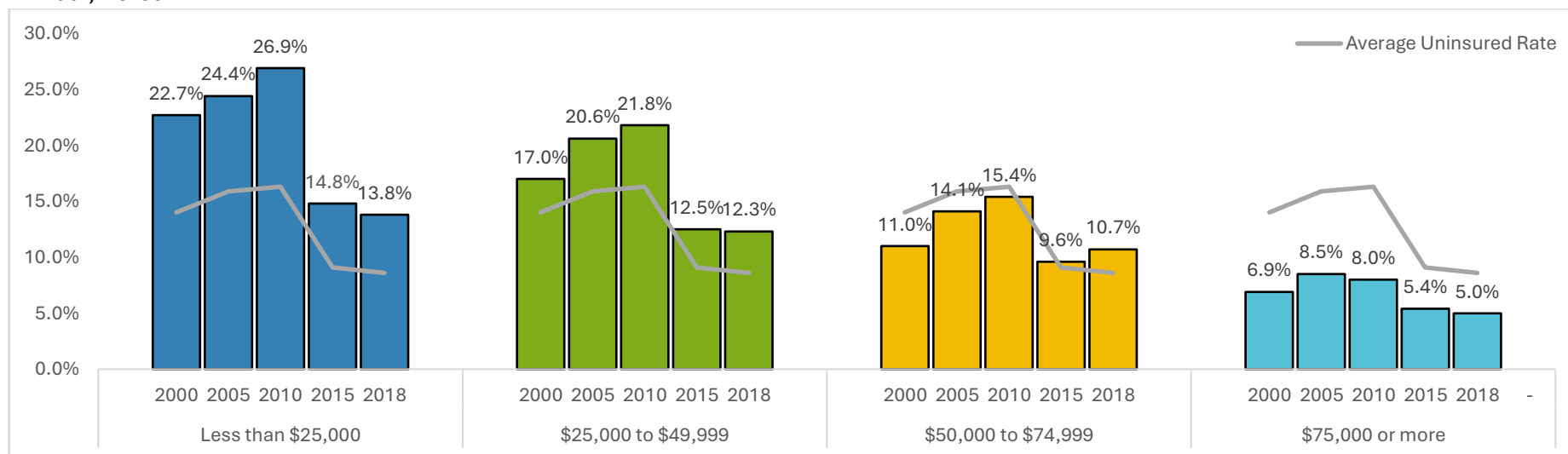


Source: Current Population Reports 2001, 2006, 2011, 2016, 2021. US Census Bureau.

Chart 29 displays the association between income level and uninsured rate. Low-wage workers persistently face higher rates than workers who earn more. After the ACA passed in 2010, the uninsured rate decreased more for workers on the lower end of the wage spectrum; however, their rates remain higher than average. (The chart only goes to 2018 for comparability purposes as it was the last year Current Population Reports analyzed income by range. For 2019 onward, it switched to income-to-poverty groupings.)

**Chart 29: Medically Uninsured Rate by Income Group**

Annual, Percent



Source: Current Population Reports 2001, 2006, 2011, 2016, 2021. US Census Bureau.

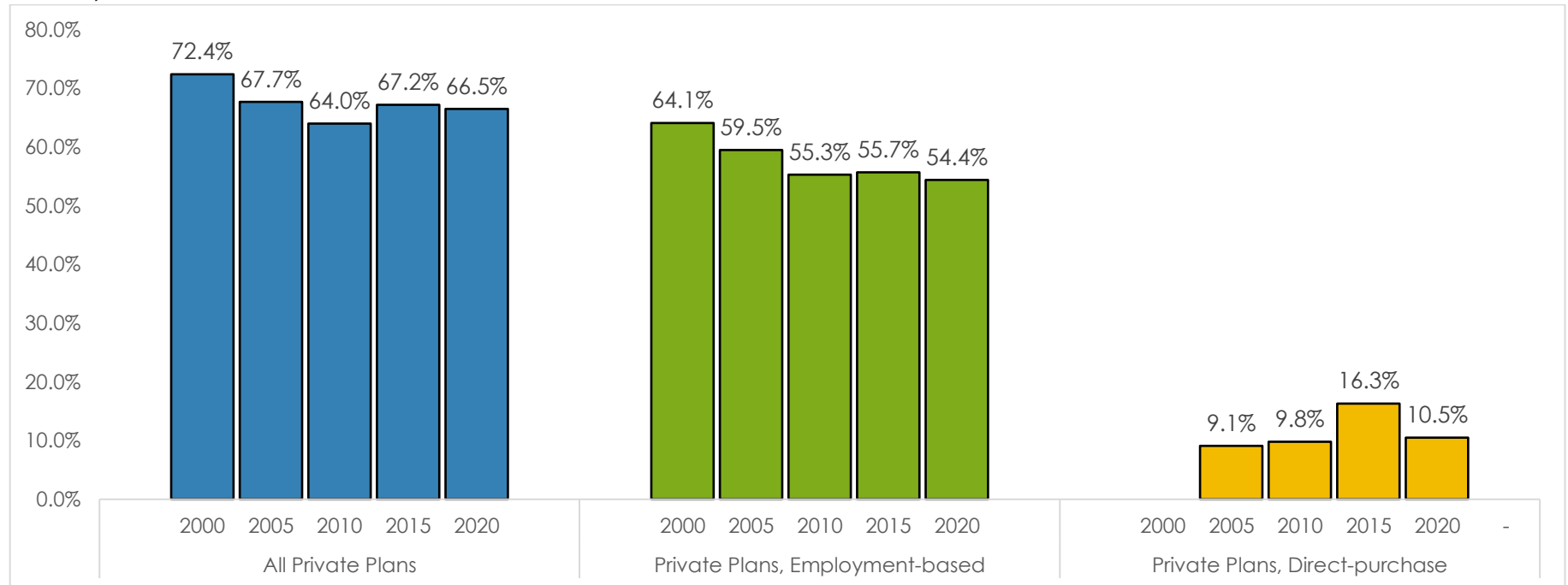
Charts 30 and 31 show private health insurance is still the predominate way in which Americans obtain health insurance. In 2000, 72.4 percent of Americans were on private plans compared to 24.2 percent on public plans. After the passage of the ACA and by 2020, two in three Americans were on private plans and about one in three was on a public plan. (Note: *Any Private Plan*, *Any Public Plan*, and *Uninsured Rate* will not sum to 100 percent as some people have both private and public insurance coverage.) Over the same period, enrollment in employment-based coverage declined from 64.1 percent to 54.4 percent but remains by far the primary method in which people obtain coverage. Coverage through Medicaid, which provides insurance to Americans with limited resources, has increased since 2000 from 10.4 percent to 17.8 percent in 2020.

Coverage spiked in 2015 to 19.6 percent after an ACA expansion provision that lowered the income requirement went into effect in 2014.<sup>15</sup> Healthcare researchers have been unable to attribute the subsequent decline to any particular set of factors.<sup>16</sup> For example, one study suggests improved economic conditions played a part as rising employment and access to higher wages reduced the number of people who are eligible for Medicaid.<sup>17</sup> Enrollment in Medicare, which provides insurance to any American age 65 and older and to some who are under 65 with disabilities, has increased steadily over the period. The US Census attributes this to an aging population.<sup>18</sup> Direct-purchase coverage spiked to 16.3 percent in 2015 due in part to ACA provisions that increased

subsidies and marketplace competition, which drove down the cost of premiums. These went into effect in 2014.<sup>19</sup> Research suggests direct-purchase enrollment declined after 2019, in part because the ACA's penalty on individuals for not having health insurance was repealed.<sup>20</sup>

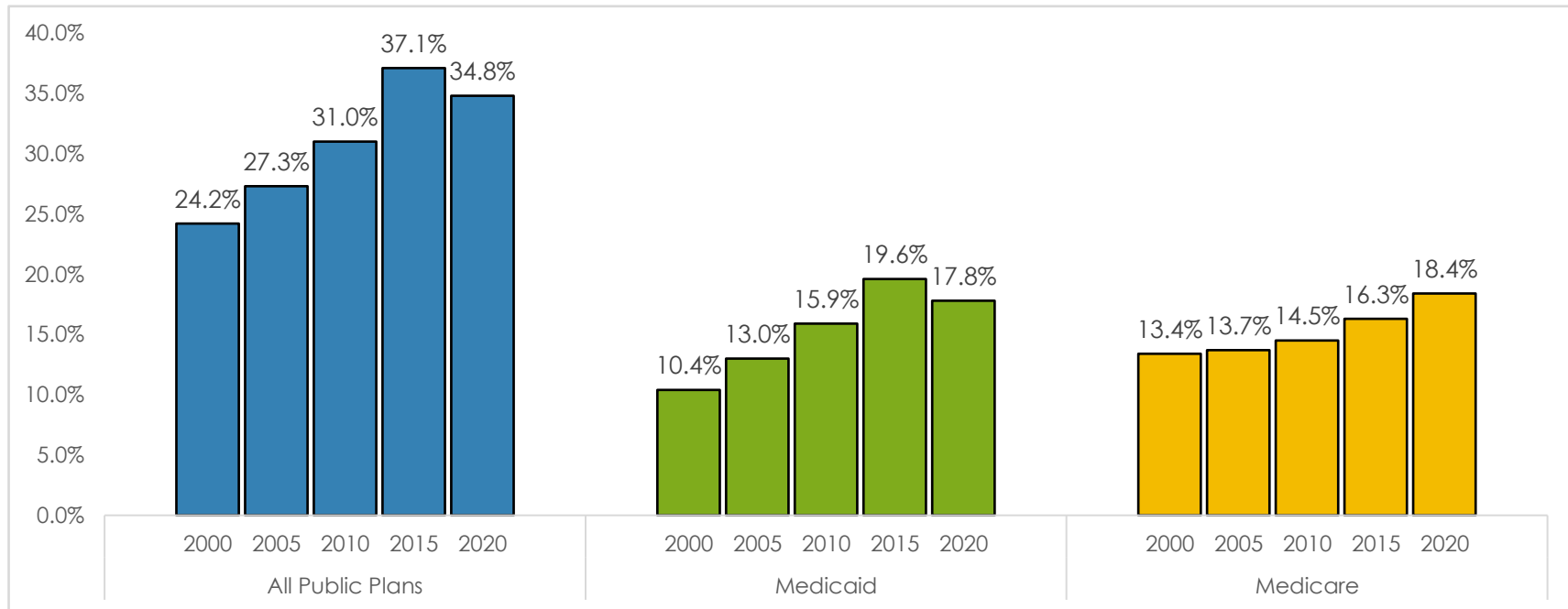
**Chart 30: Private Health Insurance Coverage by Type**

Annual, Percent



Source: Current Population Reports 2001, 2006, 2011, 2016, 2021. US Census Bureau. Note: Listed plan types will not sum to all private plans as not all private plan types are included.

**Chart 31: Public Health Insurance Coverage by Type**  
Annual, Percent



Note: Listed plan types will not sum to all public plans as not all public plan types are included.

Source: Current Population Reports 2001, 2006, 2011, 2016, 2021. US Census Bureau.

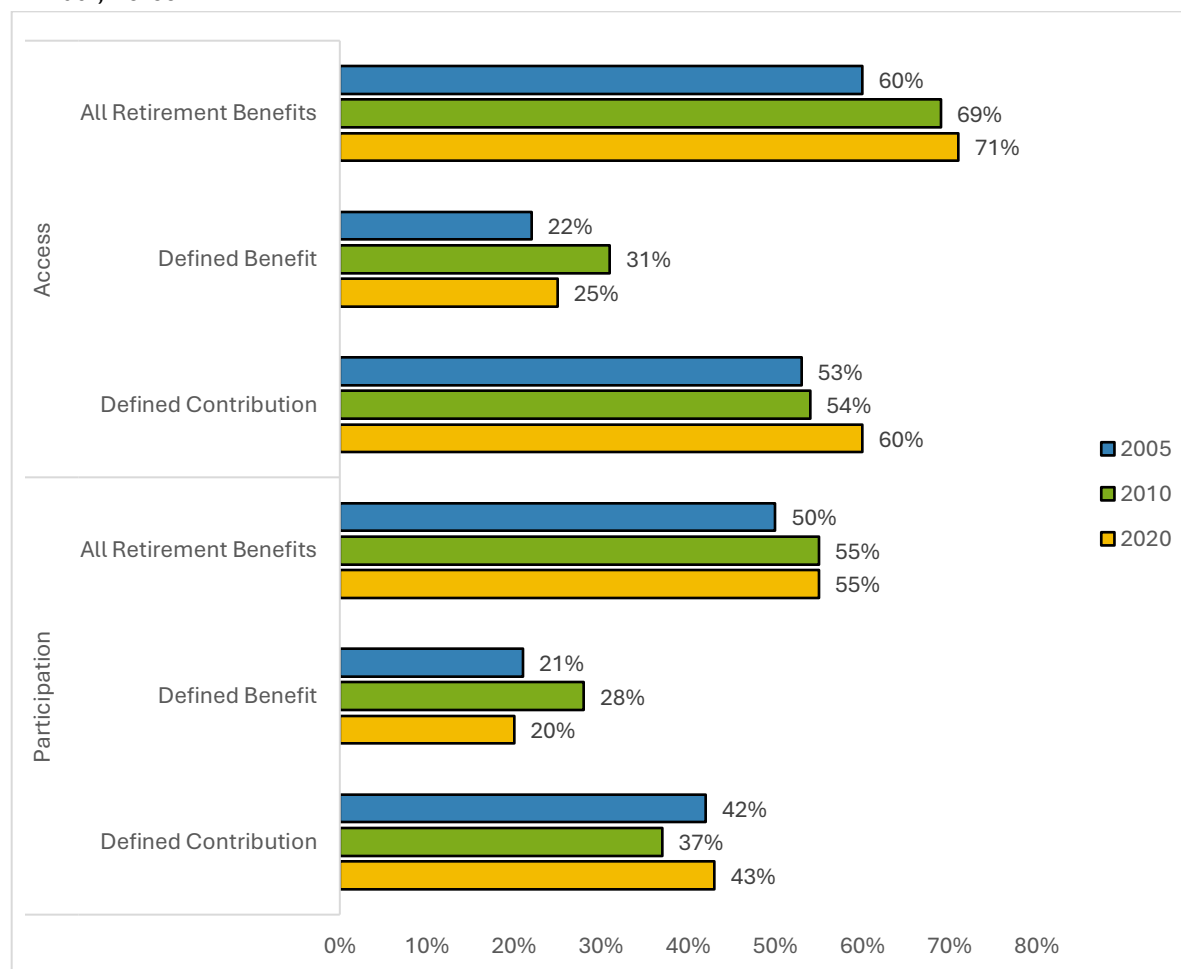
## **More Workers are Responsible for Retirement Savings**

Today more workers have access to retirement benefits than in 2005. (We start at 2005 as this is the earliest year for which we could find Bureau of Labor Statistics (BLS) published reporting on access to retirement benefits for the 21st century.)<sup>21</sup> In 2020, seven in 10 workers had access to some form of retirement benefits, up from six in 10 in 2005 (chart 32). Over the last decade, the share of workers participating in any retirement plan held steady at 55 percent.<sup>22</sup> It is notable that while access increased by 11 percentage points from 2000 to 2020, participation only increased by 5 percentage points. Research attributes this, in part, to low participation rates among younger workers and the barriers low-income workers face to participate.<sup>23</sup>

The BLS has taken note of employers shifting access from defined benefit plans to defined contribution plans, which may leave more workers with an uncertain financial future at retirement.<sup>24</sup> In 2010, one in three workers had access to defined benefit plans, by 2020 it fell to one in four workers. BLS explains that defined benefit plans are generally fully funded by the employer with laws in place to help ensure the plan has sufficient funds to pay retirees what they were promised. In contrast, defined contribution plans are generally individual retirement accounts (as opposed to a company account under the defined benefit program) to which employers and employees contribute.

**Chart 32: Worker Access and Participation in Retirement Benefits**

Annual, Percent



Source: US Bureau of Labor Statistics. See endnotes 33, 34, and 35.

However, the value at retirement is usually uncertain. Some studies noted a shift from defined benefit plans after the passage of the Pension Protection Act of 2006, which aimed to shore up these plans.<sup>25</sup> Another study claims employers shifted because defined contribution plans allow workers to transfer their retirement savings if they switch employers.<sup>26</sup>

## Conclusion

In part two of this three-part series, we saw congressional action shore up unemployment insurance to protect workers effected by mass layoffs due to the COVID-19 pandemic. As a result, a record 78 percent of unemployed people were eligible for unemployment insurance benefits. While the medically uninsured rate dropped substantially from 16.3 percent to 9.1 percent after

Congress passed the Patient Protection and Affordable Care Act, some groups, especially low-wage workers and Hispanic workers, still face chronically higher uninsured rates. Finally, 71 percent of workers have access to retirements benefits, up from 60 percent in 2000. However, despite an 11-percentage-point increase in access, participation only increased 5 percentage points.

In part three of the series, we will look at the rising costs of college and wage disparities across various levels of educational attainment over the last two decades.

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<sup>1</sup> Unemployment insurance is a social safety net derived from taxes collected from employers. It is paid to working people to provide temporary income after they lose their jobs. The program is run by the states, who set their eligibility criteria and benefit levels, but with some federal requirements. In most states, UI provides up to 26 weeks of benefits to unemployed workers and covers on average half of their previous wages.

<sup>2</sup> Employment & Training Administration, US Department of Labor, <https://oui.doleta.gov/unemploy/claims.asp>.

<sup>3</sup> Regular state unemployment insurance has an eligibility component that requires a certain amount of wages earned or time worked over a specified time period. According to the US Department of Labor, in most states, this is usually the first four out of the last five completed calendar quarters prior to the time that your claim is filed, <https://oui.doleta.gov/unemploy/uifactsheet.asp>.

<sup>4</sup> The federal government authorizes states to distribute benefits to a claimant for a maximum of 26 weeks under the regular unemployment insurance program. However, states have discretion in setting a maximum below 26 weeks. PEUC authorized states to add up to an additional 13 weeks of coverage at each state's discretion.

<sup>5</sup> "The 1957-1958 Recession in World Trade," Federal Reserve Bulletin, October 1958, [https://fraser.stlouisfed.org/files/docs/publications/FRB/pages/1955-1959/14330\\_1955-1959.pdf](https://fraser.stlouisfed.org/files/docs/publications/FRB/pages/1955-1959/14330_1955-1959.pdf).

<sup>6</sup> William J. Congdon and Wayne Vroman, "Extending Unemployment Insurance Benefits in Recessions: Lessons from the Great Recession," The Urban Institute, US Department of Labor, February 2021, [https://www.urban.org/sites/default/files/publication/103720/extending-unemployment-insurance-benefits-in-recessions-lessons-from-the-great-recession\\_2.pdf](https://www.urban.org/sites/default/files/publication/103720/extending-unemployment-insurance-benefits-in-recessions-lessons-from-the-great-recession_2.pdf).

<sup>7</sup> Gary Burtless, "Unemployment Insurance for the Great Recession," Brookings, September 9, 2009, [https://www.brookings.edu/wp-content/uploads/2016/06/0915\\_regulation\\_burtless.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/0915_regulation_burtless.pdf); William J. Congdon and Wayne Vroman, "Extending Unemployment Insurance Benefits in Recessions: Lessons from the Great Recession," The Urban Institute, US Department of Labor, February 2021, [https://www.urban.org/sites/default/files/publication/103720/extending-unemployment-insurance-benefits-in-recessions-lessons-from-the-great-recession\\_2.pdf](https://www.urban.org/sites/default/files/publication/103720/extending-unemployment-insurance-benefits-in-recessions-lessons-from-the-great-recession_2.pdf).

<sup>8</sup> Evan Cunningham, "Great Recession, great recovery? Trends from the Current Population Survey," Monthly Labor Review, US Bureau of Labor Statistics, April 2018. <https://doi.org/10.21916/mlr.2018.10>, and Robert Rich, "The Great Recession," Federal Reserve Bank of Cleveland, Federal Reserve History, <https://www.federalreservehistory.org/essays/great-recession-of-200709>.

<sup>9</sup> Sarah Miller, Merissa Piazza, Ashley Putnam, and Kristen Broady, "Worker Voices: Shifting Perspectives and Expectations on Employment," Fed Communities, the Federal Reserve, 2023, <https://doi.org/10.59695/20230524>.

<sup>10</sup> Robert J. Mills, "Current Population Reports: Health Insurance Coverage: 2000," US Census Bureau, September 2001, <https://www2.census.gov/library/publications/2001/demographics/p60-215.pdf>, Carmen DeNavas-Walt, B.D. Proctor, and C.H. Lee, "Current Population Reports: Income, Poverty, and Health Insurance Coverage in the United States: 2005," US Census Bureau, August 2006, <https://www2.census.gov/library/publications/2006/demo/p60-231/p60-231.pdf>; Carmen DeNavas-Walt, B.D. Proctor, and J.C. Smith, "Current Population Reports: Income, Poverty, and Health Insurance Coverage in the United States: 2010," US Census Bureau, September 2011, <https://www2.census.gov/library/publications/2011/demo/p60-239/p60-239.pdf>.

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- <sup>11</sup> Jessica Barnett and M.S. Vornovitsky, “Current Population Reports: Health Insurance Coverage in the United States: 2015,” US Census Bureau, September 2016, <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf>; Katherine Keisler-Starkey, and L.N. Bunch, “Current Population Reports: Health Insurance Coverage in the United States: 2020,” US Census Bureau, September 2021, <https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-274.pdf>.
- <sup>12</sup> “About the Affordable Care Act,” US Department of Health and Human Services, <https://www.hhs.gov/healthcare/about-the-aca/index.html>.
- <sup>13</sup> Gideon Lukens, Jennifer Sullivan, and Farah Erzouki, “COVID Relief Provisions Stabilized Health Coverage, Improved Access and Affordability,” Center on Budget and Policy Priorities, March 2022, <https://www.cbpp.org/research/health/covid-relief-provisions-stabilized-health-coverage-improved-access-and>; Paul D. Jacobs and A.S. Moriya, “Changes In Health Coverage During The COVID-19 Pandemic,” *Health Affairs*, May 2023, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.01469>.
- <sup>14</sup> “Issue Brief No. HP-2022-07: Health Insurance Coverage and Access to Care Among Black Americans: Recent Trends and Key Challenges,” Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, February 2022, <https://aspe.hhs.gov/sites/default/files/documents/08307d793263d5069fdd6504385e22f8/black-americans-coverages-access-ib.pdf>; “Issue Brief No. HP-2021-2: Health Insurance Coverage and Access to Care Among Latinos: Recent Trends and Key Challenges,” Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, October 2021, [https://aspe.hhs.gov/sites/default/files/documents/125e672c9d7b9fa620ec62afe0435160/ASPE\\_Latino\\_Health\\_Coverage\\_IB.pdf](https://aspe.hhs.gov/sites/default/files/documents/125e672c9d7b9fa620ec62afe0435160/ASPE_Latino_Health_Coverage_IB.pdf).
- <sup>15</sup> See “Key Features of the Affordable Care Act by Year,” National Library of Medicine, <https://www.ncbi.nlm.nih.gov/books/NBK241401/>, and Laura Snyder and R. Rudowitz, “Trends in State Medicaid Programs: Looking Back and Looking Ahead,” KFF, June 2016, <https://www.kff.org/medicaid/issue-brief/trends-in-state-medicaid-programs-looking-back-and-looking-ahead/>.
- <sup>16</sup> “Medicaid enrollment changes following the ACA,” Medicaid and CHIP Payment and Access Commission, March 2022 <https://www.macpac.gov/subtopic/medicaid-enrollment-changes-following-the-aca/>
- <sup>17</sup> Bradley Corallo and S. Moreno, “Analysis of National Trends in Medicaid and CHIP Enrollment During the COVID-19 Pandemic,” KFF, April 2023, <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>
- <sup>18</sup> Katherine Keisler-Starkey, and L.N. Bunch, “Current Population Reports: Health Insurance Coverage in the United States: 2020,” US Census Bureau, September 2021, <https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-274.pdf>.
- <sup>19</sup> Rachel Fehr, C. Cox, and L. Levitt, “Data Note: Changes in Enrollment in the Individual Health Insurance Market through Early 2019,” KFF, August 2019, <https://www.kff.org/private-insurance/issue-brief/data-note-changes-in-enrollment-in-the-individual-health-insurance-market-through-early-2019/>.
- <sup>20</sup> Ibid.
- <sup>21</sup> Stephanie Costo, “Trends in retirement plan coverage over the last decade,” Office of Compensation and Working Conditions, Bureau of Labor Statistics, February 2006, <https://www.bls.gov/opub/mlr/2006/02/art5full.pdf>.
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