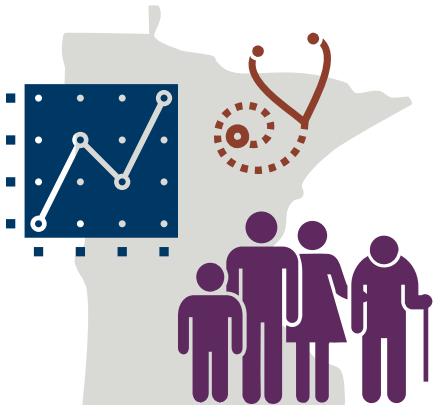
DEPARTMENT OF HEALTH



Findings from the 2025 Minnesota Health Access Survey (MNHA)

UNINSURANCE RATES IN MINNESOTA

MARCH 2026

Key findings

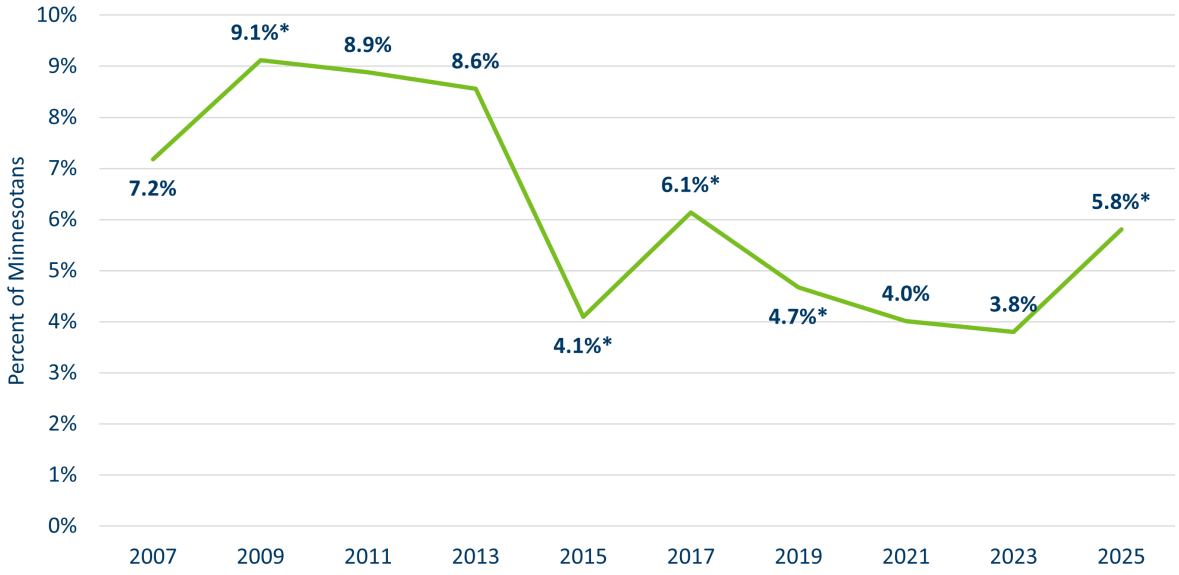
- The percentage of Minnesotans without health insurance in 2025 increased to 5.8%—an estimated 116,000 more Minnesotans were uninsured in 2025, compared to 2023.
- Uninsurance rates increased among almost all groups of Minnesotans by income, race or ethnicity, age, sex, and geography.
- More Minnesotans are concerned about losing coverage in the next year, with the primary concern being increased cost.

In the latest update of the state's long-running Minnesota Health Access Survey, researchers found that the percentage of Minnesotans without health insurance in 2025 increased to 5.8%—an estimated 116,000 more Minnesotans were uninsured in 2025, compared to 2023. The increase in the rate of uninsured Minnesotans in 2025 reverses a long-standing historical trend of declining uninsurance that reached an all-time low of 3.8% in 2023 (Figure 1).

Health insurance is a tool to protect Minnesotans against financial and health risks by helping to cover the costs of and providing access to medical care needed to maintain health, treat illnesses, or recover from injuries. Minnesota Department of Health (MDH) has monitored the rate of uninsurance every two years since 1997. This fact sheet contains initial findings from the most recent investigation.

The increased rate of uninsured appears to be driven in part by a decrease in public coverage (e.g., Medical Assistance, MinnesotaCare, Medicare, Tricare), which dropped from 44.1% to 39.6%. This decline in coverage was not fully offset by the increase in employer coverage that went from 49.3% to 51.4%; the coverage purchased by individuals themselves remained statistically unchanged, at 3.2%.

Figure 1: Percent of Minnesotans without health insurance, 2007-2025



* Indicates a statistically significant difference from previous year shown at $p < 0.05$.
Source: Minnesota Department of Health/Health Economics Program and SHADAC (University of Minnesota) analysis of Minnesota Health Access Survey, 2007-2025.

Uninsurance

More Minnesotans were uninsured in 2025 overall compared to 2023. With few exceptions, these changes were consistent among groups of Minnesotans by income, race/ethnicity, age, sex, and geography (Table 1).

The rates of uninsurance increased among both children and adults. Among children, rates of uninsurance rose from 2.7% in 2023 to 4.6% in 2025. Among adults, uninsurance for those ages 26 to 34 remained highest compared to other age groups and nearly doubled from 7.3% in 2023 to 12.5% in 2025.

Minnesotans living in metropolitan areas also saw a significant increase in uninsurance (from 3.4% to 5.7% in 2025), as did Minnesotans living in rural areas (from 4.3% to 6.7% in 2025).

Long-standing disparities in the uninsurance rate by race/ethnicity and income persisted in 2025. Hispanic Minnesotans continue to have the highest rates of uninsurance by race/ethnicity in the state at 20.7%—more than triple the statewide rate of 5.8%. Black Minnesotans are uninsured at nearly double the rate of all Minnesotans statewide (10.1% vs. 5.8%).

People with lower incomes are more than twice as likely as Minnesotans overall to be uninsured—13% of people with income below 200% FPG were uninsured in 2025, compared with 5.8% of the overall state population.

Table 1: Rates of uninsurance by group, 2023-2025

	2023	2025
Statewide	**3.8%**	**5.8%***
Income		
Less than 200% of Federal Poverty Guidelines	7.3%	13.0%^*
200%+ of Federal Poverty Guidelines	2.7%	3.9%^*
Race/Ethnicity		
White, alone or with any other race/ethnicity	2.5%	3.8%^*
Black, alone or with any other race/ethnicity	6.3%	10.1%^
Hispanic, alone or with any other race/ethnicity	11.4%	20.7%^*
Asian, alone or with any other race/ethnicity	3.3%	3.3%^
American Indian, alone or with any other race/ethnicity	5.7%	10.5%--
Age		
0-18	2.7%	4.6%*
19-25	4.8%	7.8%
26-34	7.3%	12.5%^*
35-54	5.2%	8.0%^*
65+	0.7%	S
Sex		
Male	4.0%	6.9%^*
Female	3.5%	4.6%^
Transgender or Non-binary	8.7%	10.7%--
Geography		
Metropolitan	3.4%	5.7%*
Large Town	6.2%	5.6%
Small Town or Isolated Rural	4.3%	6.7%*

^Indicates a statistically significant difference from the statewide rate at $p < 0.05$
* Indicates a statistically significant difference from previous year shown at $p < 0.05$.
-- Indicates a relative standard error (RSE) higher than 30%. Use caution with interpretation.
'S' Estimate suppressed due to small sample size
Source: Minnesota Department of Health/Health Economics Program and SHADAC (University of Minnesota) analysis of Minnesota Health Access Survey, 2023-2025.

Concerns about future coverage loss

In addition to increased rates of uninsurance in 2025, more insured Minnesotans reported concern about losing coverage in the next year. Among people with health insurance, 12.4% said they were worried about losing coverage—an increase from 7.7% in 2023. The reasons shifted too—more people were worried about it becoming too expensive (28.8% compared to 17.5% in 2023), with fewer citing loss of eligibility (38% compared to 50.4% in 2023).

Conclusions

The 2025 MNHA uncovered a notable change in both the rate and number of uninsured—with nearly all groups of Minnesotans experiencing an increase in uninsurance. It also revealed growing concern among the insured about losing coverage in the near future.

An increase in the number of Minnesotans without health insurance coverage has the potential to impact all Minnesotans, with implications that can harm individuals and families, as well as the health care system itself. For an uninsured individual, research has consistently found that a lack of insurance can lead to negative health impacts, as health conditions worsen while they avoid unaffordable health care, and financial consequences, without insurance to insulate them from high health care costs.[i]

For the insured, an increase in the state's uninsured population could lead to an increase in health care costs, as health care providers increase prices to counterbalance bills that cannot be paid by people without coverage—a problem that could be compounded if people without coverage are disproportionately sicker on average, resulting in higher health care bills that often go partially or completely unpaid.[ii] For the health care system and hospitals in particular, increased financial pressures of serving more people without an ability to pay could stress their economic bottom lines, leaving them with tough business choices, including potentially reducing services.[iii]

The 2025 increase in the uninsured is concerning in its own right because of the impact that research shows it can have on Minnesotans. Those issues are likely to be compounded by forthcoming changes in the federal Reconciliation Act of 2025, or HR-1. Researchers have concluded that policy changes in the law are expected to reduce access to and affordability of health insurance coverage, likely giving rise to more Minnesotans lacking health insurance in the years to come, with resulting pressures on the state's individuals, families, and health care system.[iv]

Methodological notes

The Minnesota Health Access Survey (MNHA) is a legislative required study that is conducted every two years as a partnership between MDH and the University of Minnesota School of Public Health, State Health Access Data Assistance Center (SHADAC). The 2025 survey was fielded between September and December of 2025 and had 16,254 respondents. The margin of sampling error was +/-0.8%. As in previous years, statistical weights were used to ensure that survey results are representative of the state's population.

Endnotes

[i] Tolbert, J., Drake, P., & Damico, A. (2024, December 18). *Key facts about the uninsured population*. Retrieved from KFF website: KFF (https://www.kff.org/uninsured/key-facts-about-the-uninsured-population/)

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[ii] Commonwealth Fund. (2005, June 8). Study finds cost-shifting drives up premium costs. Retrieved from KFF (https://www.commonwealthfund.org/publications/newsletter-article/study-finds-cost-shifting-drives-premium-costs)

[iii] Abir, M., Briscombe, B., Berdahl, C. T., Scott, K. W., Cortner, S., Wang, D., ... Nham, W. (2025). *Strategies for sustaining emergency care in the United States* (Research Report No. RR-A2937-1). Retrieved from RAND Corporation (https://www.rand.org/pubs/research_reports/RRA2937-1.html)

[iv] KFF. (2025, August 20). *How will the 2025 reconciliation law affect the uninsured rate in each state?* Retrieved from KFF (https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/)