Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

The Number of Uninsured Children Is On the Rise

by Joan Alker and Lauren Roygardner

Key Findings

- **The number of uninsured children in the United States increased by more than 400,000 between 2016 and 2018 bringing the total to over 4 million uninsured children in the nation.** Bipartisan initiatives and the Affordable Care Act that successfully reduced the child uninsured rate for many years have been undercut by recent policy changes, and the U.S. is now reverting backward on children's health coverage. The number of uninsured children and the child uninsured rate are now at the highest levels since 2014, when the ACA's major coverage expansions first took effect. This trend is particularly troubling as it occurred during a period of economic growth when children should be gaining health coverage. The child uninsured rate may increase more rapidly should an economic downturn occur.
- **These coverage losses are widespread with 15 states showing statistically significant increases in the number and/or rate of uninsured children** (Alabama, Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Missouri, Montana, North Carolina, Ohio, Tennessee, Texas, Utah, West Virginia), and only one state (North Dakota) moving in the right direction. States where the uninsured rate for children has increased most sharply are Tennessee, Georgia, Texas, Utah, West Virginia, Florida, and Ohio. With respect to the number of uninsured children, West Virginia, Tennessee, Idaho, Alabama, Ohio, and Montana saw increases of 25 percent or more between 2016 and 2018.
- **Loss of coverage is most pronounced for white children and Latino children (some of which may fall into both categories), young children under age 6, and children in low- and moderate-income families who earn between 138 percent and 250 percent of poverty ($29,435 - $53,325 annually for a family of three).** Children whose families are in this income range also have the highest uninsured rates. American Indian/Alaska Native children continue to have the highest uninsured rates by race. African American children saw a slight improvement in their coverage rates during the period examined.
- **States that have not expanded Medicaid to parents and other adults under the Affordable Care Act have seen increases in their rate of uninsured children three times as large as states that have.** Children in non-expansion states are nearly twice as likely to be uninsured as those in states that have expanded Medicaid.

Introduction

For many years, the nation has been on a positive trajectory reducing the number and rate of uninsured children. Having health insurance is important for children as they are more likely to receive needed services, have better educational outcomes, and their family is protected from the financial risks associated with being uninsured—even for a short period of time. *Recently released data show that this progress is now in jeopardy. For the second year in a row, the uninsured rate and number of uninsured children moved in the wrong direction.*[1] This is unprecedented since comparable data began to be collected in 2008.

The number of uninsured children now exceeds 4 million—*wiping out a sizable share of the gains in coverage made following the implementation of the Affordable Care Act (ACA) in 2014* (see Figure 1). Coverage improvements for children began many years before the ACA was enacted through expansions of Medicaid and the creation of the Children's Health Insurance Program (CHIP). The ACA primarily improved children's coverage rates by increasing the likelihood that eligible children would be enrolled in Medicaid/CHIP when their parents obtained coverage, simplifying eligibility and enrollment procedures, funding new outreach and enrollment efforts, and establishing the individual mandate. Some children benefited from newly available subsidized coverage in the ACA Marketplaces as well.

While children's health coverage rates had been improving for many years prior to 2014, the ACA pushed uninsured rates and numbers for children to their lowest levels on record in 2016. However, since 2016 the nation's progress has reversed course. Starting early in 2017, the new Administration and Congress made an unsuccessful attempt to repeal the Affordable Care Act and deeply cut Medicaid. At the end of 2017, Congress repealed the individual mandate penalty and delayed the extension of the Children's Health Insurance Program (CHIP) for many months—resulting in confusion for families and an ensuing delay in the distribution of CHIP outreach and enrollment grants missing the critical back-to-school outreach opportunity.[2] At a time when families need more help navigating the confusing health coverage landscape, fewer resources are available for ACA outreach and enrollment efforts as a result of cuts made by the Administration in 2017.[3]

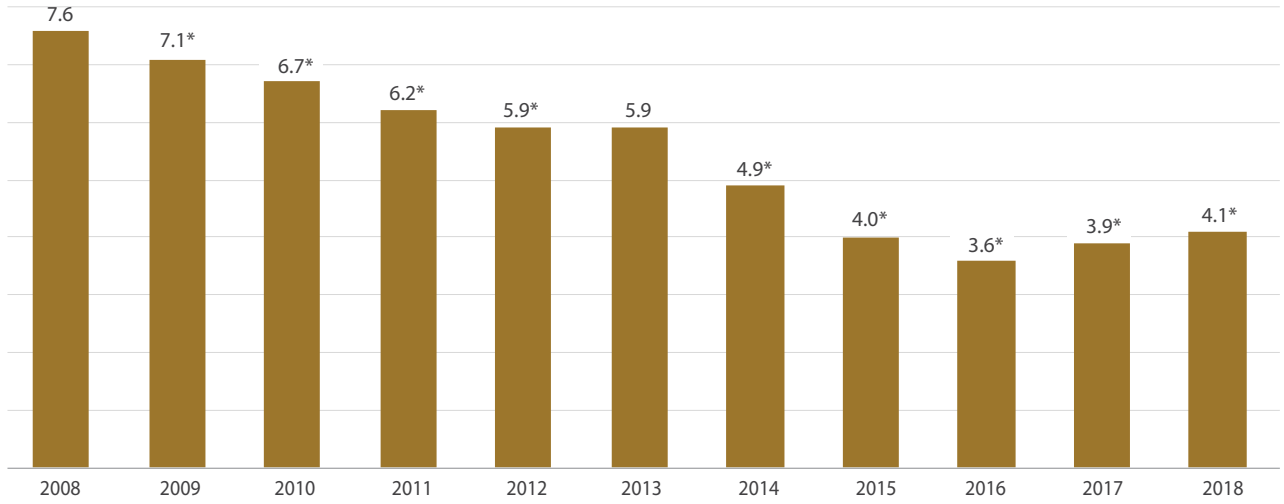
In addition, there are clear signs that efforts over many years to streamline Medicaid enrollment and renewal processes for children and their parents are slowing or turning around in many states with more frequent eligibility checks notably on the rise.[4] These factors have contributed to a diminishing infrastructure to support families in need of coverage and an "unwelcoming" climate that is less focused on ensuring that eligible children are enrolled and remain enrolled. Children's participation rates in Medicaid/CHIP went down slightly from 2016 to 2017—the first time that has happened since 2008, when participation began to be measured.[5]

Meanwhile, the Trump Administration has ramped up its rhetoric and policies targeting immigrant communities with a campaign of fear and hostility. These policies are now clearly deterring parents from enrolling their eligible children in Medicaid or CHIP—despite the fact that most of these children are U.S. citizens.[6]

From 2016 to 2018 there were more than 400,000 more children uninsured in the United States.[7] These losses were widespread with 15 states showing statistically significant increases in the number or rate of uninsured children, and usually both. Only one state (North Dakota) showed improvement during this two-year time period. The lack of forward progress suggests that even well-intentioned states are hard pressed to overcome a negative national climate which is reducing children's enrollment in public coverage programs.

Over the two-year period, according to the U.S. Census Bureau American Community Survey (ACS), the uninsured rate for children under 19 moved up half of a percentage point from 4.7 percent to 5.2 percent. Results from the Census Bureau's Current Population Survey show a similar jump in the uninsured rate for children from 2017 to 2018—from 5 percent to 5.5 percent.[8]

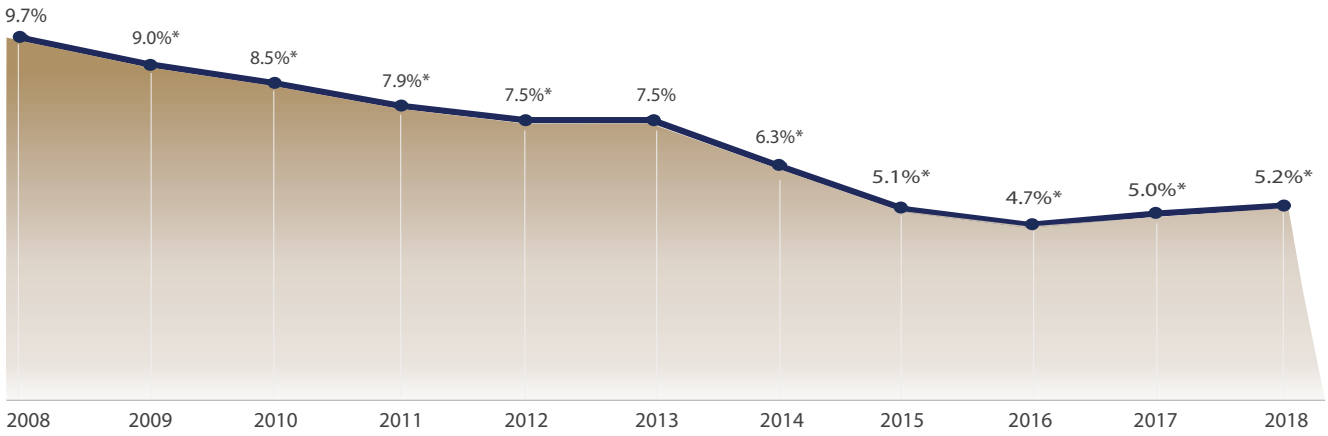
Figure 1. Number of Uninsured Children in the United States (in millions), 2008-2018



Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated.

Figure 2. Rate of Uninsured Children, 2008-2018



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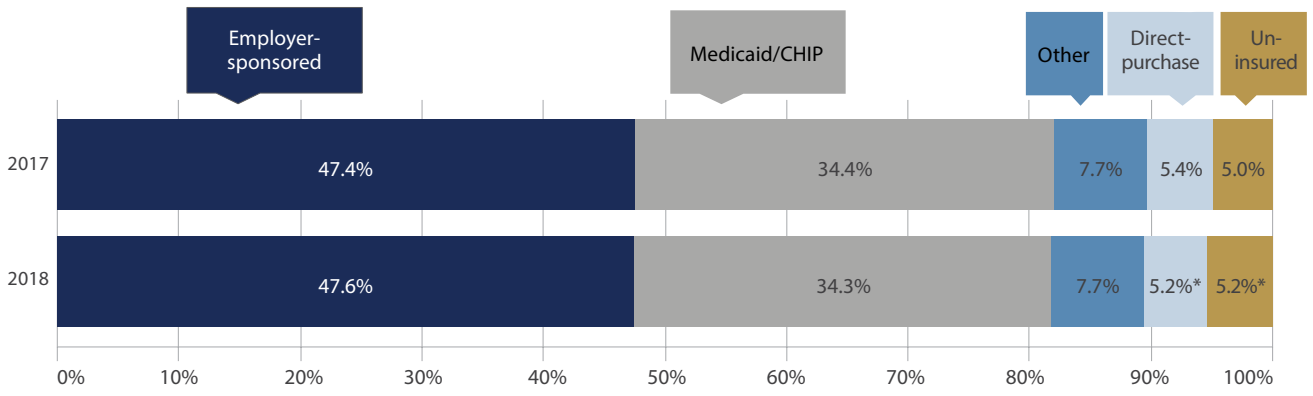
Sources of coverage

In 2018, the largest source of coverage for children continued to be employer-sponsored insurance, though there was no statistically significant change between 2017 and 2018 despite the continued strong economy and low unemployment rates.[9] Medicaid/CHIP coverage also showed no statistically significant change for the one-year period 2017 to 2018, although administrative data clearly show that Medicaid/CHIP enrollment has declined substantially for children.[10] Comparable information for 2016 was not available because of a change in the age range used by the Census Bureau. In assessing the 2018 Current Population Survey, the Census Bureau stated in September that the increase in the rate of uninsured children was "largely because of a decline in public coverage." That conclusion is consistent with our ACS findings from last year that found the increase in uninsured children from 2016 to 2017 occurred as Medicaid/CHIP enrollment dropped substantially.[11]

From 2017 to 2018, fewer children were enrolled in direct purchase (or non-group) coverage, which includes subsidized coverage through the federal and state Marketplaces established by the Affordable Care Act. That likely was the result of higher premiums in the non-group market inside and outside the Marketplaces due to actions taken by the Administration and elimination of the individual mandate penalty. The U.S. Centers for Medicare and Medicaid Services data show the number of children under age 18 in families selecting Marketplace plans nationwide during open enrollment actually declined by more than 64,000 between 2017 and 2018.[12] Data on children's enrollment in individual market plans purchased outside of the Marketplaces is not available, but the Congressional Budget Office recently estimated that overall non-elderly individual market enrollment outside of the Marketplaces fell by 1.1 million between 2017 and 2018, on top of a 1.4 million reduction between 2016 and 2017.[13] As a result, *the individual market inside and outside the Marketplaces likely did not provide an alternative coverage source for children losing their Medicaid and CHIP coverage in 2018.*

Figure 3. Sources of Children's Coverage, 2017-2018



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27010).

* Change is significant at the 90% confidence level relative to the prior year.

What are the demographic characteristics of uninsured children?

Income: As seen in Table 1, children from low- and moderate-income families earning between 138 percent and 250 percent of the federal poverty level ($29,435 - $53,325 annually for a family of three) had the sharpest increase in their uninsured rate and the highest uninsured rate compared to other children. Most of these children are likely eligible for Medicaid or CHIP but not currently enrolled. The national median eligibility level for Medicaid/CHIP across states is 255 percent of federal poverty line.[14] However, there are some states whose CHIP eligibility is lower than this, which is likely contributing to the fact that they have large numbers of uninsured children—most notably Texas and Florida (see Figure 4).

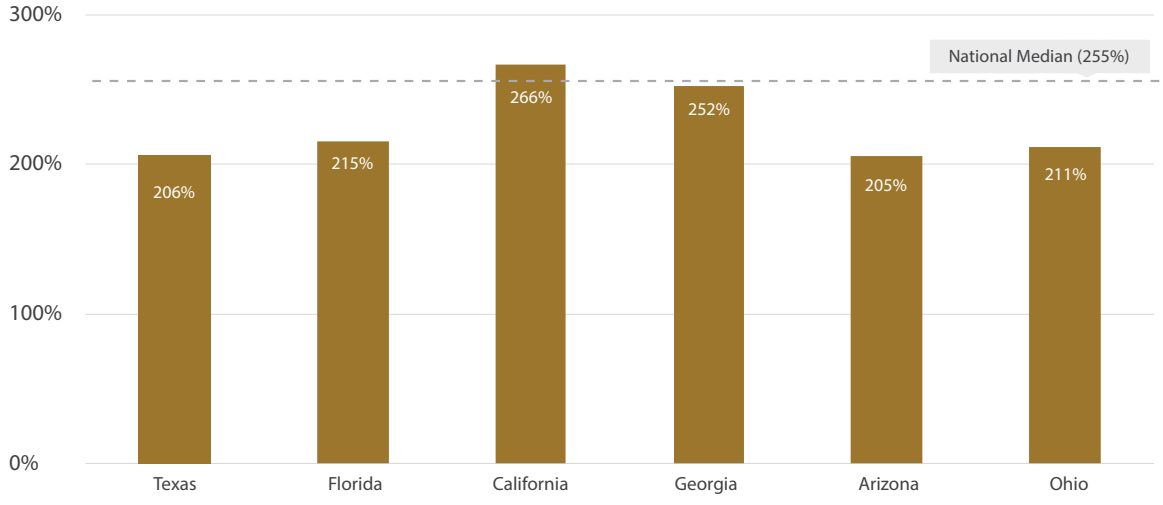
Table 1. Percent of Uninsured Children by Census Poverty Threshold, 2017-2018

Poverty Threshold	2017	2018
0-137%	6.8%	6.8%
138-250%	6.9%	7.3%*
250% or above	3.2%	3.5%*

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27016).

* Change is significant at the 90% confidence level relative to the prior year.

Figure 4. Upper Medicaid/CHIP Income Eligibility for States with Highest Number of Uninsured Children, by Federal Poverty Line



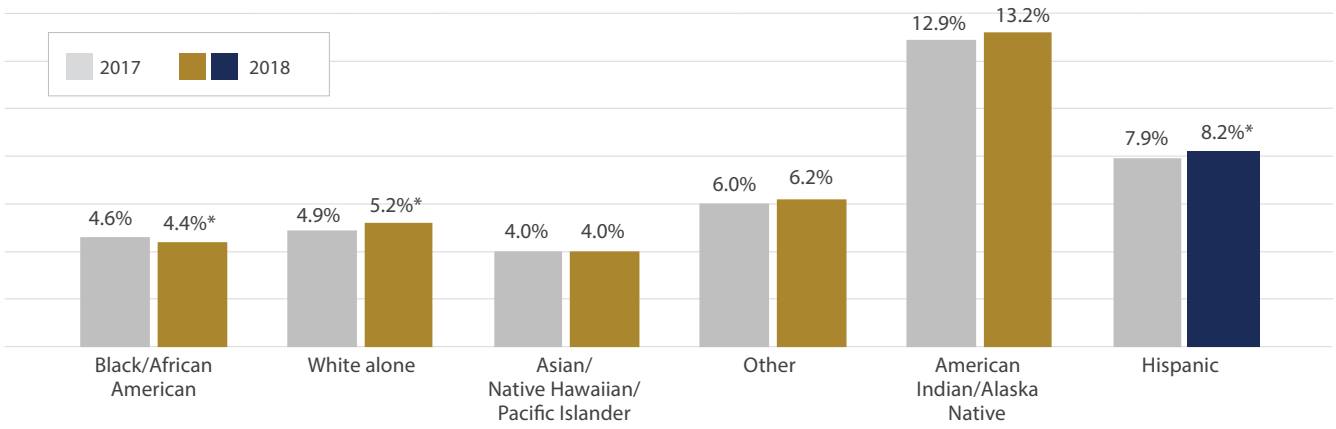
Source: Georgetown University Center for Children and Families and Kaiser Family Foundation's Annual 50-State Survey, "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey."

Children from higher-income families are also seeing increases in their uninsured rates, though those rates are still considerably lower than the national average. This likely reflects the rapidly increasing cost of employer-sponsored family coverage,[15] reduced participation in subsidized Marketplace coverage, and the repeal of the individual mandate penalty. The "family glitch" may be contributing to the difficulties that families are facing in accessing marketplace subsidies.[16]

Race and Ethnicity: While comparable 2016 data was not available for this indicator, the one-year trend from 2017 to 2018 shows a clear pattern that *Hispanic children (who can be of any race) are seeing significant increases in their uninsured rates* (see Figure 5). These children already have very high rates of uninsurance, and increases are likely the result of a "chilling effect" where mixed status and immigrant families with a parent who is an immigrant and a child who is a citizen are reluctant to enroll their child in public coverage for fear of deportation or being deemed a "public charge."[17] (It is important to note that the proposed public charge rule changes have been temporarily blocked by courts. Even if the changes proceed, children's use of Medicaid, in and of itself, will not affect a parent's determination of being a public charge.) Similarly, the Census Bureau's Current Population Survey shows a very large increase of 1 percentage point in the rate of uninsured Hispanic children.[18]

White children also saw a statistically significant increase in their uninsured rate from 4.9 percent to 5.2 percent, while African American children actually saw a slight improvement and have the lowest rate of uninsured children apart from Asian/Native Hawaiian/Pacific Islander children.

Figure 5. Children's Uninsured Rate by Race and Ethnicity, 2017-2018



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (C27001A-I).

*Change is significant at the 90% confidence level relative to the prior year.

Note: Hispanic refers to a person's ethnicity, therefore Hispanic individuals may be of any race.

Age: A disturbing trend is emerging for babies, toddlers and preschool age children whose uninsured rates are increasing. As Table 2 shows, from 2016 to 2018, their uninsured rate jumped from 3.8 percent to 4.3 percent—*an increase of over 13 percent*. Similarly, the Current Population Survey shows a decline in Medicaid/CHIP for this age group and an even bigger increase in their uninsured rate—from 4.5 percent to 5.3 percent.[19] Young children have long had the lowest uninsured rates but this positive trend has been reversed, and their rate now approaches the national average for all children. The importance of regular preventive care, immunizations, routine care and developmental screenings at this age underscores how essential it is for these young children to have continuous coverage.[20] Older children (age 6 to 18) also saw a significant increase in their uninsured rate from 2017 to 2018 moving up from 5.4 percent to 5.6 percent.

Table 2. Uninsurance Rates by Age, 2016-2018

Age	2016	2018
Under 6 years old	3.8%	4.3%*

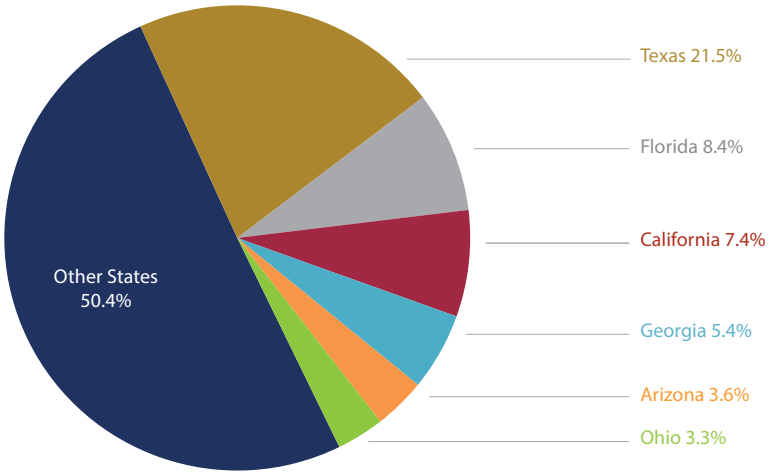
Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27001).

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated.

Where do uninsured children live?

Approximately half of the nation's uninsured children reside in six states (see Figure 6). More than one in five live in Texas alone. Florida, California, and Georgia all have more than 200,000 uninsured children. Appendix Table 1 shows the state-by-state breakdown of where the nation's 4,055,000 uninsured children reside.

Figure 6. Half of the Nation's Uninsured Children Reside in Six States



Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

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Uninsured children are much more likely to live in the South as Table 3 shows. W*hile 39 percent of the nation's children live in the South, 53 percent of uninsured children do.* No other region of the country has a larger share of uninsured children relative to their overall number of children.

Table 3: Share of Uninsured Children by Region, 2018

Geographic Region	Share of the Total Child Population	Number of Uninsured Children	Share of Nation's Uninsured Children	Uninsurance Rate
Midwest	21.0%	710,000	17.5%	4.3%
Northeast	15.9%	378,000	9.3%	3.1%
South	38.9%	2,142,000	52.8%	7.1%
West	24.2%	824,000	20.3%	4.4%
Total	100.0%	4,054,000	100.0%	5.2%

Midwest - IA, IN, IL, KS, MI, MN, MO, NE, ND, OH, SD, WI

Northeast - CT, ME, MA, NH, NJ, NY, PA, RI, VT

South – AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West – AZ, AK, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated. Data may not sum due to rounding.

Six of the top 10 counties with the highest number of uninsured children are in the South (see Table 4).

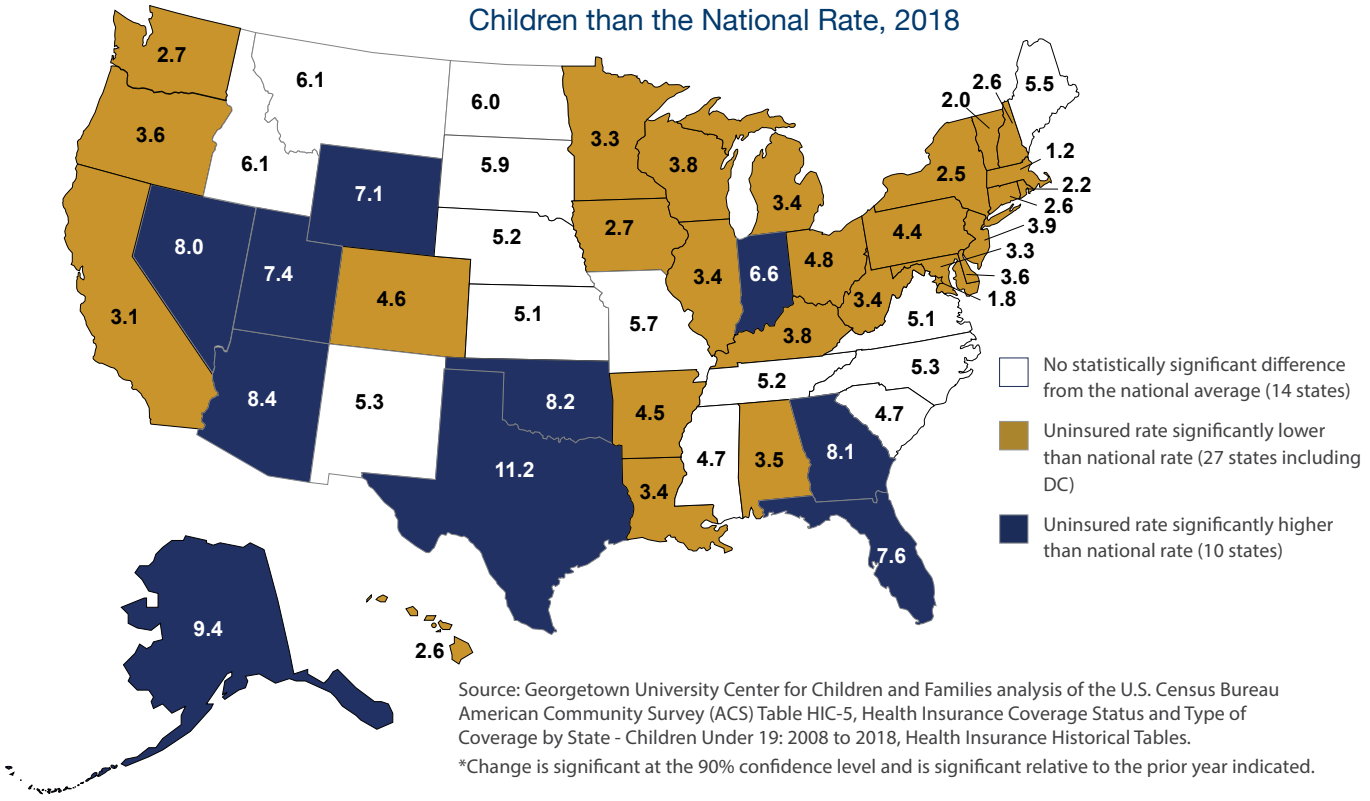
Table 4: Top 10 Counties with the Highest Number of Uninsured Children, 2018

County	Total Child Population	Number of Uninsured Children	Rate of Uninsured Children	County Rank by Highest Number of Uninsured Children
United States	77,817,110	4,055,370	5.2%	-
Harris County, TX	1,316,616	166,019	12.6%	1
Dallas County, TX	725,809	110,627	15.2%	2
Maricopa County, AZ	1,111,591	91,989	8.3%	3
Los Angeles County, CA	2,319,159	80,971	3.5%	4
Tarrant County, TX	579,751	62,622	10.8%	5
Cook County, IL	1,191,757	47,618	4.0%	6
Hidalgo County, TX	297,617	46,530	15.6%	7
Bexar County, TX	537,946	44,137	8.2%	8
Miami-Dade County, FL	590,331	41,534	7.0%	9
Clark County, NV	541,860	38,863	7.2%	10

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27010).

As Figure 7 shows, 10 states have child uninsured rates that are significantly higher than the national average. These states (in order of highest rates) are Texas, Alaska, Arizona, Oklahoma, Georgia, Nevada, Florida, Utah, Wyoming, and Indiana. Twenty-seven states are doing better than the national average.

Figure 7. 10 States Had Significantly Higher Rates of Uninsured Children than the National Rate, 2018



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Which states have the worst trends?

During the time period examined, no state except North Dakota, went in the right direction. This suggests that it will be very difficult for any state, especially for those with high rates of uninsured children, to continue moving in the right direction until the prevailing national climate changes. *Twelve states (Alabama, Arizona, Florida, Georgia, Illinois, Missouri, North Carolina, Ohio, Tennessee, Texas, Utah, and West Virginia) saw statistically significant increases in both the number and rate of uninsured children from 2016 to 2018.* Three additional states (Idaho, Indiana, and Montana) saw significant increases in either the number or rate during the same period (see Tables 5 and 6).

Table 5 shows the states with significant increases in their uninsured rate—which is the best indicator to compare across states to account for their different sizes. *The states with increases in their uninsured rates of 1 percentage point or higher are: Tennessee, Georgia, Texas, Utah, West Virginia, Florida and Ohio.*

Table 6 shows states with the biggest percentage jumps in the number of uninsured children. *West Virginia, Tennessee, Idaho, Alabama, Ohio, and Montana all saw increases of 25 percent or more in their number of uninsured children.*

Table 5: 13 States with Significant Increase in Rate of Uninsured Children, 2016-2018

State	2016	2018	Percentage Point Change
Tennessee	3.7%	5.2%	1.5%
Georgia	6.7%	8.1%	1.4%
Texas	9.8%	11.2%	1.4%
Utah	6.0%	7.4%	1.4%
West Virginia	2.3%	3.4%	1.1%
Florida	6.6%	7.6%	1.0%
Ohio	3.8%	4.8%	1.0%
Missouri	4.8%	5.7%	0.9%
Alabama	2.7%	3.5%	0.8%
Arizona	7.6%	8.4%	0.8%
Illinois	2.6%	3.4%	0.8%
Indiana	5.9%	6.6%	0.7%
North Carolina	4.7%	5.3%	0.6%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

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Table 6: 14 States with Significant Increase in Number of Uninsured Children, 2016-2018

State	2016-2018 Change in the Number of Uninsured	2016-2018 Percent Change
West Virginia	4,000	44.4%
Tennessee	25,000	43.1%
Idaho	7,000	31.8%
Alabama	9,000	28.1%
Ohio	29,000	27.9%
Montana	3,000	25.0%
Illinois	20,000	24.4%
Utah	13,000	22.0%
Georgia	38,000	21.2%
Florida	51,000	17.7%
Missouri	12,000	16.9%
Texas	121,000	16.1%
North Carolina	15,000	13.0%
Arizona	14,000	10.6%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

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States that have not expanded Medicaid are lagging even further behind.

States that have not expanded Medicaid to parents and other adults earning 138 percent of the federal poverty level or below are more likely to have higher rates of uninsured children to begin with, and the situation in those states is worsening more rapidly (see Figures 8 and 9). It is well established that when states offer coverage to the whole family, children are more likely to be enrolled.

As Figure 8 shows, the rate of uninsured children grew three times as fast from 2016 to 2018 in states that have not expanded Medicaid compared to states that expanded Medicaid. These results are generally similar to those found by the Census Bureau in its recent report using CPS data.

Figure 8. Children's Uninsured Rate by Medicaid Expansion Status, 2016-2018

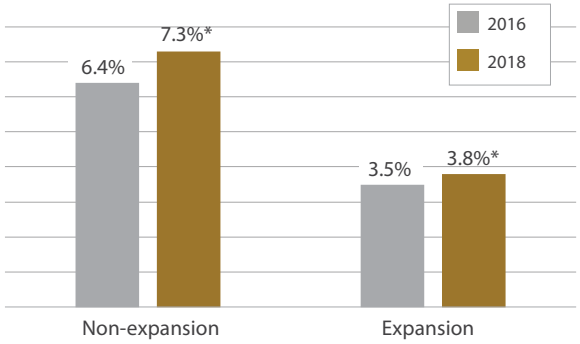

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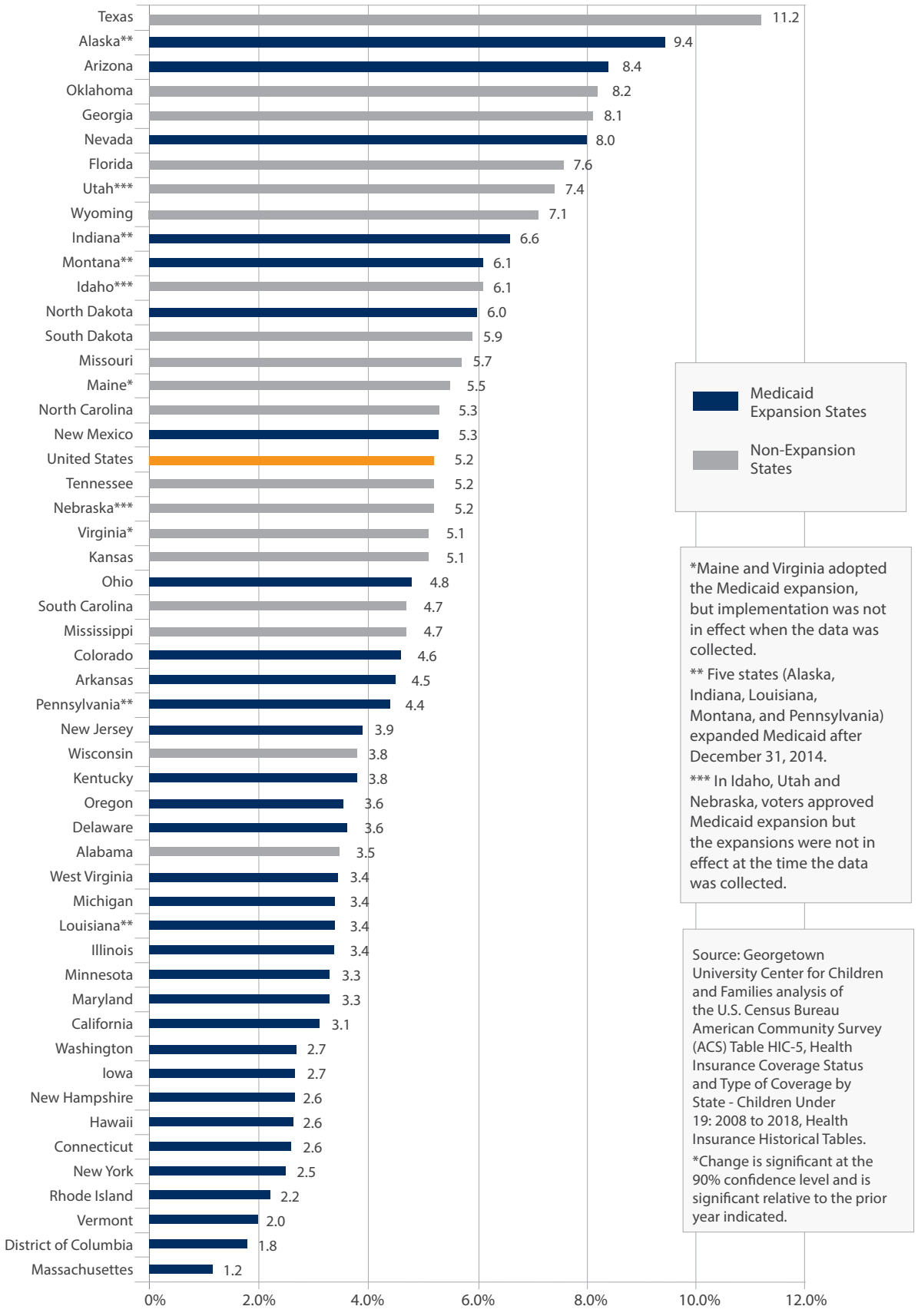
Figure 9. Children's Uninsurance Rates in Medicaid Expansion States and Non-Expansion States, 2018



*Maine and Virginia adopted the Medicaid expansion, but implementation was not in effect when the data was collected.

** Five states (Alaska, Indiana, Louisiana, Montana, and Pennsylvania) expanded Medicaid after December 31, 2014.

*** In Idaho, Utah and Nebraska, voters approved Medicaid expansion but the expansions were not in effect at the time the data was collected.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

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Conclusion

The alarming increase in the number of uninsured children — up by more than 400,000 children between 2016 and 2018— reverses a longstanding, positive trend that was driven by a bipartisan commitment to children's health coverage and, more recently, implementation of the ACA. The state-by-state analysis found this reversal is widespread, with only one state showing improvement on this critical child health metric. This is particularly troubling as more children became uninsured during a period of economic growth when more people are working and earning more and children should be gaining coverage.

This serious erosion of child health coverage is likely due in large part to the Trump Administration's actions that have made health coverage harder to access and have deterred families from enrolling their eligible children in Medicaid and CHIP. These actions include attempting to repeal the ACA and deeply cut Medicaid, cutting outreach and advertising funds, encouraging states to put up more red tape barriers that make it harder for families to enroll or renew their eligible children in Medicaid or CHIP (or ignoring it when they do), eliminating the ACA's individual mandate penalty, and creating a pervasive climate of fear and confusion for immigrant families. That has left many of these families reluctant to enroll their (largely) citizen children in public coverage for fear of having this held against them.

Continuous health coverage is essential for children— improving their access to needed preventive and routine care, improving their health, educational and economic outcomes as adults, and protecting their families from medical debt and bankruptcy when a child breaks a bone, or worse, has cancer.

There are no signs that this disturbing trend in children's health coverage will abate unless national and state leaders fully rededicate themselves on a bipartisan basis to the goal of ensuring that all children have access to affordable, comprehensive health insurance.

This brief was written by Joan Alker and Lauren Roygardner. The authors would like to thank Edwin Park for his thoughtful comments and editing, and Allexa Gardner Dunakey and Lina Stolyar for their diligent research assistance. Design and layout provided by Nancy Magill.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based in the McCourt School of Public Policy's Health Policy Institute.

Methodology

Data Sources and Historic Changes to Age Categories for Children

The data presented in this brief derive from the U.S. Census Bureau's annual American Community Survey (ACS) as presented in two sources: 1) Health Insurance Historical Table HIC-05. Health Insurance Coverage Status and Type of Coverage by State – Children Under 19: 2008 to 2018, and 2) the Census Bureau's new data platform, Data.Census.Gov. Where only number estimates are available, percent estimates were computed based on formulas provided in the 2018 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data."

In order to better align with the current health landscape, the age categories of the 2017 (and 2018) ACS health insurance tables (in American Fact Finder, now Data.Census.Gov) were updated so that the age group for children includes individuals age 18 and younger. In 2016 and previous years, the age group for children included individuals age 17 and younger. Therefore, this report uses the HIC-05 table for analysis of two-year data trends over the period 2016-2018, while using Data.Census.Gov for analysis of certain one-year data trends between 2017 and 2018 (with the exception of children under 6 as the change in age range did not impact this group for purposes of 2016 data). Given that the second data source (Data.Census.Gov) is limited to exploring an annual trend from 2017-2018, we plan to release an addendum to this report in late Winter 2019 when the IPUMS microdata files become available to explore the two-year trend (2016-2018) for health coverage sources, race/ethnicity and FPL uninsurance changes.

For this report and most previous similar reports, we have examined two-year trends in the ACS data (in this case, 2016-2018). On two occasions we have departed from this methodology when a significant one-year change occurred (2013-2014) after the Affordable Care Act was implemented; and 2016-2017 when the number of uninsured children began increasing as a result of efforts to pull back coverage and when Census also changed the age category for children in the ACS).

Margin of Error

The published U.S. Census Bureau data provide a margin of error (potential error bounds for any given estimate) at a 90 percent confidence level. All significance testing was conducted using the Census' Statistical Testing Tool. Except where noted, reported differences of percent or number estimates (either between groups, coverage sources, or years) are statistically significant at a confidence level of 90 percent. Georgetown CCF does not take the margin of error into account when ranking states by the number and percent of the uninsured children by state. Minor differences in state rankings may not be statistically significant. Where estimates were combined to produce new estimates, margin of error results were computed following the U.S. Census' formulas in their April 18, 2018, presentation entitled, "Using American Community Survey Estimates and Margins of Error" by Sirius Fuller.

Geographic Location

We report regional data as defined by the Census Bureau. The ACS produces single-year estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including the District of Columbia), and country and county equivalents.

Poverty Status

Data on poverty levels include only those individuals for whom the poverty status can be determined for the past year. Therefore, this population is slightly smaller than the total non-institutionalized population of the U.S. (the universe used to calculate all other data in the brief). The Census Bureau determines an individual's poverty status by comparing that person's income in the past 12 months to poverty thresholds that account for family size and composition, as well as various types of income. (Note that the Census definition of income may vary considerably from how state Medicaid and CHIP programs measure income for purposes of determining eligibility due to differences in how income is counted and household size is determined and other factors.)

Health Coverage

Data on sources of health insurance coverage are point-in-time estimates that convey whether a person has coverage at the time of the survey. Individuals can report more than one source of coverage, so such totals may add to more than 100 percent. Additionally, the estimates are not adjusted to address the Medicaid "undercount" often found in surveys when compared to federal and state administrative data, which, for example, may be accentuated by the absence of state-specific health insurance program names in the ACS.

We report children covered by Medicare, TRICARE/military, VA, or two or more types of health coverage as being covered by an "other" source of health coverage. The Census Bureau provides the following categories of coverage for respondents to indicate sources of health insurance: current or former employer, purchased directly from an insurance company, Medicare, Medicaid or means-tested (includes CHIP), TRICARE or other military health coverage, VA, Indian Health Service (IHS), or other. People who indicate IHS as their only source of health coverage do not have comprehensive coverage according to ACS survey definitions and are therefore considered to be uninsured.

Demographic Characteristics

"Children" are defined as those individuals age 18 and under. The ACS provides one-year health insurance coverage estimates for the following race/ethnicity categories in tables C27001A-I: (A-White alone, B-Black/African-American, C-AI/AN, D-Asian, E- Native Hawaiian/Pacific Islander, F- Some other race, G-More than 1 race, H-White, Non-Hispanic and I-Hispanic). The Census Bureau recognizes and reports race and Hispanic origin (i.e. ethnicity) as separate and distinct concepts and variables. To report on an individual's race, we merge the data for "Asian alone" and "Native Hawaiian or other Pacific Islander alone." In addition, we report the ACS category "some other race alone" and "two or more races" as "other." Except for "other", all racial categories refer to respondents who indicated belonging to only one race. We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2015 Subject Definitions."

Appendix Table 1. Number of Uninsured Children Under Age 19, 2016-2018

State	2016 Number Uninsured	2016 State Ranking	2018 Number Uninsured	2018 State Ranking
United States	3,649,000	-	4,055,000	-
Alabama	32,000	22	41,000	26
Alaska	20,000	14	18,000	13
Arizona	132,000	47	146,000	47
Arkansas	30,000	20	34,000	21
California	300,000	50	299,000	49
Colorado	57,000	33	62,000	33
Connecticut	23,000	17	20,000	15
Delaware	7,000	4	8,000	5
District of Columbia	4,000	2	2,000	1
Florida	288,000	49	339,000	50
Georgia	179,000	48	217,000	48
Hawaii	8,000	5	8,000	5
Idaho	22,000	16	29,000	19
Illinois	82,000	40	102,000	40
Indiana	99,000	41	109,000	43
Iowa	20,000	14	21,000	16
Kansas	34,000	23	38,000	23
Kentucky	35,000	24	40,000	25
Louisiana	39,000	26	39,000	24
Maine	13,000	10	15,000	11
Maryland	49,000	29	47,000	28
Massachusetts	15,000	12	18,000	13
Michigan	71,000	36	78,000	35
Minnesota	46,000	27	45,000	27
Mississippi	37,000	25	35,000	22
Missouri	71,000	36	83,000	37
Montana	12,000	9	15,000	11
Nebraska	25,000	18	26,000	17
Nevada	50,000	30	58,000	32
New Hampshire	8,000	5	7,000	4
New Jersey	78,000	38	80,000	36
New Mexico	28,000	19	27,000	18
New York	113,000	44	107,000	42
North Carolina	115,000	45	130,000	45
North Dakota	15,000	12	11,000	8
Ohio	104,000	43	133,000	46
Oklahoma	79,000	39	83,000	37
Oregon	31,000	21	33,000	20
Pennsylvania	126,000	46	124,000	44
Rhode Island	5,000	3	5,000	3
South Carolina	50,000	30	56,000	31
South Dakota	11,000	8	13,000	9
Tennessee	58,000	34	83,000	37
Texas	752,000	51	873,000	51
Utah	59,000	35	72,000	34
Vermont	2,000	1	2,000	1
Virginia	99,000	41	102,000	40
Washington	46,000	27	47,000	28
West Virginia	9,000	7	13,000	9
Wisconsin	50,000	30	51,000	30
Wyoming	13,000	10	10,000	7

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated.

Appendix Table 2. Percent of Uninsured Children Under 19, 2016-2018

State	2016 Percent Uninsured	2016 State Ranking	2018 Percent Uninsured	2018 State Ranking
United States	4.7	-	5.2	-
Alabama	2.7	9	3.5	18
Alaska	10.3	51	9.4	50
Arizona	7.6	46	8.4	49
Arkansas	4.0	26	4.5	25
California	3.1	13	3.1	11
Colorado	4.3	27	4.6	26
Connecticut	2.8	12	2.6	6
Delaware	3.1	13	3.6	19
District of Columbia	3.1	13	1.8	2
Florida	6.6	43	7.6	45
Georgia	6.7	44	8.1	47
Hawaii	2.5	5	2.6	6
Idaho	4.9	36	6.1	40
Illinois	2.6	7	3.4	14
Indiana	5.9	41	6.6	42
Iowa	2.6	7	2.7	9
Kansas	4.5	30	5.1	30
Kentucky	3.3	17	3.8	21
Louisiana	3.3	17	3.4	14
Maine	4.8	33	5.5	36
Maryland	3.4	19	3.3	12
Massachusetts	1.0	1	1.2	1
Michigan	3.1	13	3.4	14
Minnesota	3.4	19	3.3	12
Mississippi	4.8	33	4.7	27
Missouri	4.8	33	5.7	37
Montana	4.9	36	6.1	40
Nebraska	5.1	39	5.2	32
Nevada	7.0	45	8.0	46
New Hampshire	2.7	9	2.6	6
New Jersey	3.7	22	3.9	23
New Mexico	5.3	40	5.3	34
New York	2.5	5	2.5	5
North Carolina	4.7	31	5.3	34
North Dakota	8.0	48	6.0	39
Ohio	3.8	25	4.8	29
Oklahoma	7.7	47	8.2	48
Oregon	3.4	19	3.6	19
Pennsylvania	4.4	29	4.4	24
Rhode Island	2.2	3	2.2	4
South Carolina	4.3	27	4.7	27
South Dakota	4.7	31	5.9	38
Tennessee	3.7	22	5.2	32
Texas	9.8	50	11.2	51
Utah	6.0	42	7.4	44
Vermont	1.5	2	2.0	3
Virginia	5.0	38	5.1	30
Washington	2.7	9	2.7	9
West Virginia	2.3	4	3.4	14
Wisconsin	3.7	22	3.8	21
Wyoming	8.8	49	7.1	43

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated.

Appendix Table 3. Change in the Number of Uninsured Children Under 19, 2016 and 2018

State	2016 Number Uninsured	2018 Number Uninsured	2016-2018 Change in Number of Uninsured	2016-2018 Percent Change
United States	3,649,000	4,055,000	406,000 *	11.1%
Alabama	32,000	41,000	9,000 *	28.1%
Alaska	20,000	18,000	(2,000)	-10.0%
Arizona	132,000	146,000	14,000 *	10.6%
Arkansas	30,000	34,000	4,000	13.3%
California	300,000	299,000	(1,000)	-0.3%
Colorado	57,000	62,000	5,000	8.8%
Connecticut	23,000	20,000	(3,000)	-13.0%
Delaware	7,000	8,000	1,000	14.3%
District of Columbia	4,000	2,000	(2,000)	-50.0%
Florida	288,000	339,000	51,000 *	17.7%
Georgia	179,000	217,000	38,000 *	21.2%
Hawaii	8,000	8,000	-	0%
Idaho	22,000	29,000	7,000 *	31.8%
Illinois	82,000	102,000	20,000 *	24.4%
Indiana	99,000	109,000	10,000	10.1%
Iowa	20,000	21,000	1,000	5.0%
Kansas	34,000	38,000	4,000	11.8%
Kentucky	35,000	40,000	5,000	14.3%
Louisiana	39,000	39,000	-	0%
Maine	13,000	15,000	2,000	15.4%
Maryland	49,000	47,000	(2,000)	-4.1%
Massachusetts	15,000	18,000	3,000	20.0%
Michigan	71,000	78,000	7,000	9.9%
Minnesota	46,000	45,000	(1,000)	-2.2%
Mississippi	37,000	35,000	(2,000)	-5.4%
Missouri	71,000	83,000	12,000 *	16.9%
Montana	12,000	15,000	3,000 *	25.0%
Nebraska	25,000	26,000	1,000	4.0%
Nevada	50,000	58,000	8,000	16.0%
New Hampshire	8,000	7,000	(1,000)	-12.5%
New Jersey	78,000	80,000	2,000	2.6%
New Mexico	28,000	27,000	(1,000)	-3.6%
New York	113,000	107,000	(6,000)	-5.3%
North Carolina	115,000	130,000	15,000 *	13.0%
North Dakota	15,000	11,000	(4,000) *	-26.7%
Ohio	104,000	133,000	29,000 *	27.9%
Oklahoma	79,000	83,000	4,000	5.1%
Oregon	31,000	33,000	2,000	6.5%
Pennsylvania	126,000	124,000	(2,000)	-1.6%
Rhode Island	5,000	5,000	-	0%
South Carolina	50,000	56,000	6,000	12.0%
South Dakota	11,000	13,000	2,000	18.2%
Tennessee	58,000	83,000	25,000 *	43.1%
Texas	752,000	873,000	121,000 *	16.1%
Utah	59,000	72,000	13,000 *	22.0%
Vermont	2,000	2,000	-	0%
Virginia	99,000	102,000	3,000	3.0%
Washington	46,000	47,000	1,000	2.2%
West Virginia	9,000	13,000	4,000 *	44.4%
Wisconsin	50,000	51,000	1,000	2.0%
Wyoming	13,000	10,000	(3,000)	-23.1%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated.

Appendix Table 4. Change in the Percent of Uninsured Children Under 19, 2016-2018

State	2016 Percent Uninsured	2018 Percent Uninsured	2016-2018 Percentage Point Change
United States	4.7	5.2	0.5 *
Alabama	2.7	3.5	0.8 *
Alaska	10.3	9.4	-0.9
Arizona	7.6	8.4	0.8 *
Arkansas	4.0	4.5	0.5
California	3.1	3.1	0
Colorado	4.3	4.6	0.3
Connecticut	2.8	2.6	-0.2
Delaware	3.1	3.6	0.5
District of Columbia	3.1	1.8	-1.3
Florida	6.6	7.6	1.0 *
Georgia	6.7	8.1	1.4 *
Hawaii	2.5	2.6	0.1
Idaho	4.9	6.1	1.2
Illinois	2.6	3.4	0.8 *
Indiana	5.9	6.6	0.7 *
Iowa	2.6	2.7	0.1
Kansas	4.5	5.1	0.6
Kentucky	3.3	3.8	0.5
Louisiana	3.3	3.4	0.1
Maine	4.8	5.5	0.7
Maryland	3.4	3.3	-0.1
Massachusetts	1.0	1.2	0.2
Michigan	3.1	3.4	0.3
Minnesota	3.4	3.3	-0.1
Mississippi	4.8	4.7	-0.1
Missouri	4.8	5.7	0.9 *
Montana	4.9	6.1	1.2
Nebraska	5.1	5.2	0.1
Nevada	7.0	8.0	1.0
New Hampshire	2.7	2.6	-0.1
New Jersey	3.7	3.9	0.2
New Mexico	5.3	5.3	0
New York	2.5	2.5	0
North Carolina	4.7	5.3	0.6 *
North Dakota	8.0	6.0	-2.0 *
Ohio	3.8	4.8	1.0 *
Oklahoma	7.7	8.2	0.5
Oregon	3.4	3.6	0.2
Pennsylvania	4.4	4.4	0
Rhode Island	2.2	2.2	0
South Carolina	4.3	4.7	0.4
South Dakota	4.7	5.9	1.2
Tennessee	3.7	5.2	1.5 *
Texas	9.8	11.2	1.4 *
Utah	6.0	7.4	1.4 *
Vermont	1.5	2.0	0.5
Virginia	5.0	5.1	0.1
Washington	2.7	2.7	0
West Virginia	2.3	3.4	1.1 *
Wisconsin	3.7	3.8	0.1
Wyoming	8.8	7.1	-1.7

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables.

*Change is significant at the 90% confidence level and is significant relative to the prior year indicated.

Endnotes

[1] Unless otherwise noted, all data in this report is based on a Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey data for the time period 2016 to 2018. Please see the methodology for more information. Our analysis of last year's data found that the rate and number of uninsured children increased for a one-year period—2016 to 2017. See Alker and Pham, "Nation's Progress on Children's Health Coverage Reverses Course," Georgetown University Center for Children and Families, November 2018.

[2] Brooks, T., "CMS Awards $48 million in Outreach Funds for Children's Coverage," Georgetown University Center for Children and Families SayAhh! Blog, July 9, 2019.

[3] See Brooks, T., Park, E., and Roygardner, L., "Medicaid and CHIP Enrollment Decline Suggest the Child Uninsured Rate May Rise Again," Georgetown University Center for Children and Families, May 2019, Figure 11.

[4] Artiga, S. and Pham, O., "Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage," Kaiser Family Foundation, September 24, 2019.

[5] Haley, J. et al., "Improvements in Uninsurance and Medicaid/CHIP Participation among Children and Parents Stalled in 2017," Urban Institute, May, 2019.

[6] Bernstein, H. et al., "With Public Charge Rule Looming, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018," Urban Institute blog, May 2019.

[7] The Census Bureau's American Community Survey shows an increase of 406,000 children as noted in Appendix Table 1. The Census Bureau's Current Population Survey shows an increase of 425,000 uninsured children from 2017 to 2018. Berchik, E. and Mykta, L., "Children's Public Health Insurance Coverage Lower Than in 2017," U.S. Census Bureau, September 11, 2019.

[8] Berchik, E. and Mykta L., ibid.

[9] At this time, we are unable to calculate the two-year trend and have examined one-year trends from 2017 to 2018 in Figure 3. When additional data becomes available later this year, we will issue an updated version of this chart. This is also the case for the income and race/ethnicity data displayed in Figures 4 and 5 both of which are one-year trends. Other figures represent two year trends, or longer, as indicated.

[10] Brooks, Park, and Roygardner, op. cit.

[11] Alker and Pham, op. cit., p. 3.

[12] Georgetown University Center for Children and Families analysis of Centers for Medicare and Medicaid Services Marketplace Open Enrollment period public Use Files for 2017, 2018 and 2019, available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/index.html. Enrollment in 64,257 from 1,068,082 in 2017 to 1,003,825 in 2018, with a reduction of another 21,052 between 2018 and 2019.

[13] See Congressional Budget Office, "Health Insurance Coverage for People Under age 65: Definitions and Estimates for 2015 to 2018," op. cit. and Eibner, C. and Nowak, S., "The Effect of Eliminating the individual Mandate penalty and the Role of Behavioral Factors," (Washington: The RAND Corporation, July 2018), available at https://www.commonwealthfund.org/publications/fund-reports/2018/jul/eliminating-individual-mandate-penalty-behavioral-factors.

[14] Brooks, T., Roygardner, L. and Artiga, S. et al., "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey," Georgetown University Center for Children and Families, available at https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2019-findings-from-a-50-state-survey/.

[15] See Claxton, G. et al., "Health Benefits in 2019: Premiums Inch Higher and Employers Respond to Federal Policy," Health Affairs, September 25, 2019.

[16] Whitener, K. et al., "Future of Children's Health Coverage: Children in the Marketplace" Georgetown University Center for Children and Families, June 2016, p. 7.

[17] See Artiga, S., Garfield, R., and Damico, A., "Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage," Kaiser Family Foundation, September 18, 2019.

[18] Berchick, E., op. cit.

[19] Ibid.

[20] Georgetown University Center for Children and Families is preparing a companion report looking specifically at this age cohort.

[21] Hudson, J.L. and Moriya, A.S. (2017), "Medicaid expansion for adults had measurable 'welcome mat' effects on their children," Health Affairs, 36, n.p. Retrieved from https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347; also see Committee on the Consequences of Uninsurance, Institute of Medicine, and Burak, E.W. (2019), "Parents' and caregivers' health insurance supports children's healthy development," Society for Research in Child Development Child Evidence Brief, 4. Retrieved from https://www.srcd.org/sites/default/files/resources/%E2%80%A2FINAL%20Child%20Evidence%20Brief%20No4_HealthInsurance.pdf.

[22] Berchick, E., op. cit.

Georgetown University
Center for Children and Families
McCourt School of Public Policy
Box 571444
3300 Whitehaven Street, NW, Suite 5000
Washington, DC 20057-1485
Phone: (202) 687-0880
Email: childhealth@georgetown.edu


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