Number of Uninsured Children Stabilized and Improved Slightly During the Pandemic

by Joan Alker, Aubrianna Osorio, and Edwin Park

Key Findings

- The number of uninsured children declined during the COVID-19 pandemic largely due to federal law which has protected access to health care for Medicaid beneficiaries by requiring states to keep them enrolled during the federally declared COVID-19 public health emergency in exchange for enhanced federal funding. This reverses the trend from 2016 to 2019 when the number of uninsured children had been going up. Medicaid protections helped ensure coverage for children whose families lost their employer-sponsored coverage during the early period of the pandemic. The continuous coverage protection also prevented eligible children from losing coverage due to "procedural reasons," which is a common occurrence for children under normal operating procedures in many states. Procedural losses occur when eligible children fall off the program because their coverage isn't renewed due to administrative barriers.

- Twelve states saw significant declines in their rate and/or number of uninsured children with Oklahoma, Connecticut, Indiana, Colorado and Texas seeing the largest improvements. Despite the improvement, Texas continues to rank last in the country with the highest rate (11.8 percent) and number (930,000) of uninsured children.

- Idaho, Maryland and New York went in the wrong direction with Idaho seeing the largest jump in the number of uninsured children—an increase of 46 percent.

- Children in low-wage working families with annual incomes between $30,305 and $54,900 (for a family of three) saw the biggest reductions in their uninsured rates.

- These coverage gains are at risk when the Medicaid continuous coverage protection lifts at the end of the federal COVID-19 public health emergency. According to a separate analysis conducted by Georgetown University Center for Children and Families researchers, an estimated 6.7 million children are at risk of losing coverage and the child uninsured rate could more than double if states do not do a good job of keeping eligible children enrolled when the continuous coverage protection ends. Most of the children losing coverage will remain eligible but their coverage will be dropped due to procedural rather than eligibility reasons.[1] As of this writing, the public health emergency is expected to remain in place until at least April 11, 2023.

Data released by the U.S. Census Bureau's American Community Survey (ACS) for 2021 finds that nationally the estimated number and rate of uninsured children went down slightly from 2019 to 2021. This data provides the first comprehensive look at what happened to children with respect to this metric during the first part of the COVID-19 pandemic—as standard ACS data were not available for 2020.

Prior to the pandemic, the number and rate of uninsured children had been rising for the first time in many years.[2] Substantial job losses in the early months of the pandemic led many to fear that large increases in the rate of uninsured children and adults would ensue.[3] Fortunately, this prediction did not pan out and, in fact as these new data show, the uninsured rate for children got slightly better. This reversal of fortune during a difficult period is generally attributed to federal protections[4] put in place that ensure that no one can be disenrolled involuntarily from Medicaid during the federally-declared COVID-19 public health emergency—in return for enhanced federal funding to support state Medicaid programs.[5] Medicaid enrollment has increased substantially during the pandemic with child enrollment increasing by 16.1 percent from February 2020 (prior to the continuous coverage protections being established in March 2020) to June 2022.[6, 7]

Enrollment increases in the Affordable Care Act's Marketplace due to enhanced subsidies and greater outreach and enrollment efforts have also played a positive, albeit smaller, role for children. Overall, increases in public coverage (primarily Medicaid) more than offset any losses of employer-sponsored coverage early in the pandemic. Medicaid's continuous coverage protections also minimized loss of coverage common in normal times for low- and moderate-income children due to procedural reasons—also known as administrative "churn."

Procedural (non-eligibility) losses at renewal occur when there is insufficient information to verify ongoing eligibility. Disenrollment for procedural reasons is more prevalent in states that have not kept pace with others in automating their renewal systems to efficiently and accurately verify ongoing eligibility using income and other electronic data available to the state.[8] In turn, families in states that have not modernized have to navigate their way through more administrative hurdles in order to keep their children enrolled in Medicaid. This leaves open many potential points of failure
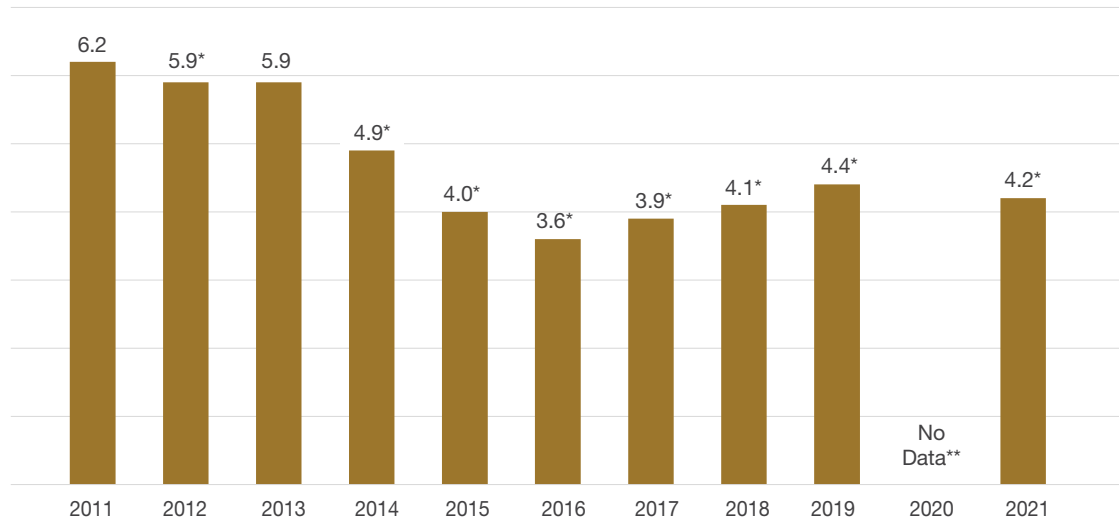
in the system that could leave more children uninsured. For example, if families never receive the paper renewal notice in the mail or find it confusing and are unable to get through to the call center for assistance, or the state loses their paperwork, coverage is terminated.[9,10] Procedural disenrollments are a bureaucratic failure to streamline the process and remove unnecessary administrative barriers to enrollment and retention. In addition, some states have done a better job than others in working with providers, plans, and community-based organizations to educate and engage families in the enrollment and renewal processes.

The number of uninsured children declined from 4.375 million in 2019 to 4.165 million in 2021—a five percent decline of 210,000 (see Figure 1). The rate of uninsured children nationally declined from 5.7 percent to 5.4 percent (see Figure 2). Both of these changes are statistically significant. This slight decline followed a period of rising numbers of uninsured children from 2016 to 2019 when an estimated one million more children became uninsured.[11] Prior to 2016, the number of uninsured children had been declining for many years largely as a consequence of expansions of public coverage for children through Medicaid and the Children's Health Insurance Program (CHIP) and steps to make it easier for eligible children to enroll. Other federal data sources show an even sharper decline in the child uninsured rate from 2019 to 2021 with approximately 700,000 fewer uninsured children.[12]

Figure 1. Number of Uninsured Children in the United States (in millions), 2011-2021

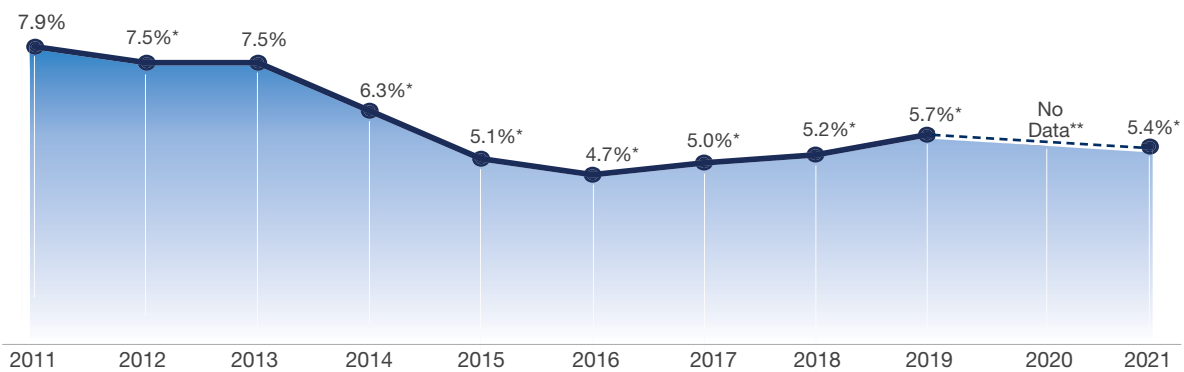| 2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.2	5.9*	5.9	4.9*	4.0*	3.6*	3.9*	4.1*	4.4*	No Data**	4.2*

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 2021, Health Insurance Historical Tables.

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

** Due to data quality issues related to the pandemic, the U.S. Census Bureau did not release standard 1-year ACS estimates in 2020. See methodology section for more information.

Figure 2. Rate of Uninsured Children in the United States, 2011-2021

2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.9%	7.5%*	7.5%	6.3%*	5.1%*	4.7%*	5.0%*	5.2%*	5.7%*	No Data**	5.4%*

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 2021, Health Insurance Historical Tables.

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

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What has happened at the state level?

Twelve states saw statistically significant improvements in the number or rate of uninsured children or (in most cases) both during the examined period; the largest number of children gaining coverage was in Texas with 65,000 more children insured—although Texas continues to have the largest number of uninsured children in the country by far with 930,000 (see Table 1). Three states saw significant increases in their number and/or rate of uninsured children (Idaho, Maryland and New York) with Idaho showing the largest increase of 46 percent in their uninsured child population. See Appendix Tables for more information.

Children in Oklahoma saw the biggest improvement with the uninsured rate declining from 8.6 percent to 7.4 percent (see Table 2) although the state still ranks 44th in the country. In addition to the continuous coverage protection that was in place in all states, Oklahoma's improvement is likely in part a reflection of the "welcome mat" effect of the passage of a ballot initiative to implement the ACA's Medicaid expansion for adults—for which enrollment began in Oklahoma in June of 2021 and the number of enrollees grew quickly.[13]

Table 1. Twelve States with Significant Decrease in Number of Uninsured Children, 2019-2021

State	2019 Number Uninsured	2021 Number Uninsured	2019-2021 Change in Number of Uninsured
United States	4,375,000	4,165,000	-210,000
Arizona	161,000	146,000	-15,000
Colorado	73,000	61,000	-12,000
Connecticut	27,000	19,000	-8,000
Georgia	197,000	176,000	-21,000
Illinois	120,000	95,000	-25,000
Indiana	119,000	100,000	-19,000
Maine	15,000	11,000	-4,000
Michigan	78,000	69,000	-9,000
New Jersey	88,000	76,000	-12,000
Oklahoma	86,000	75,000	-11,000
Oregon	38,000	31,000	-7,000
Texas	995,000	930,000	-65,000

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 2021, Health Insurance Historical Tables.

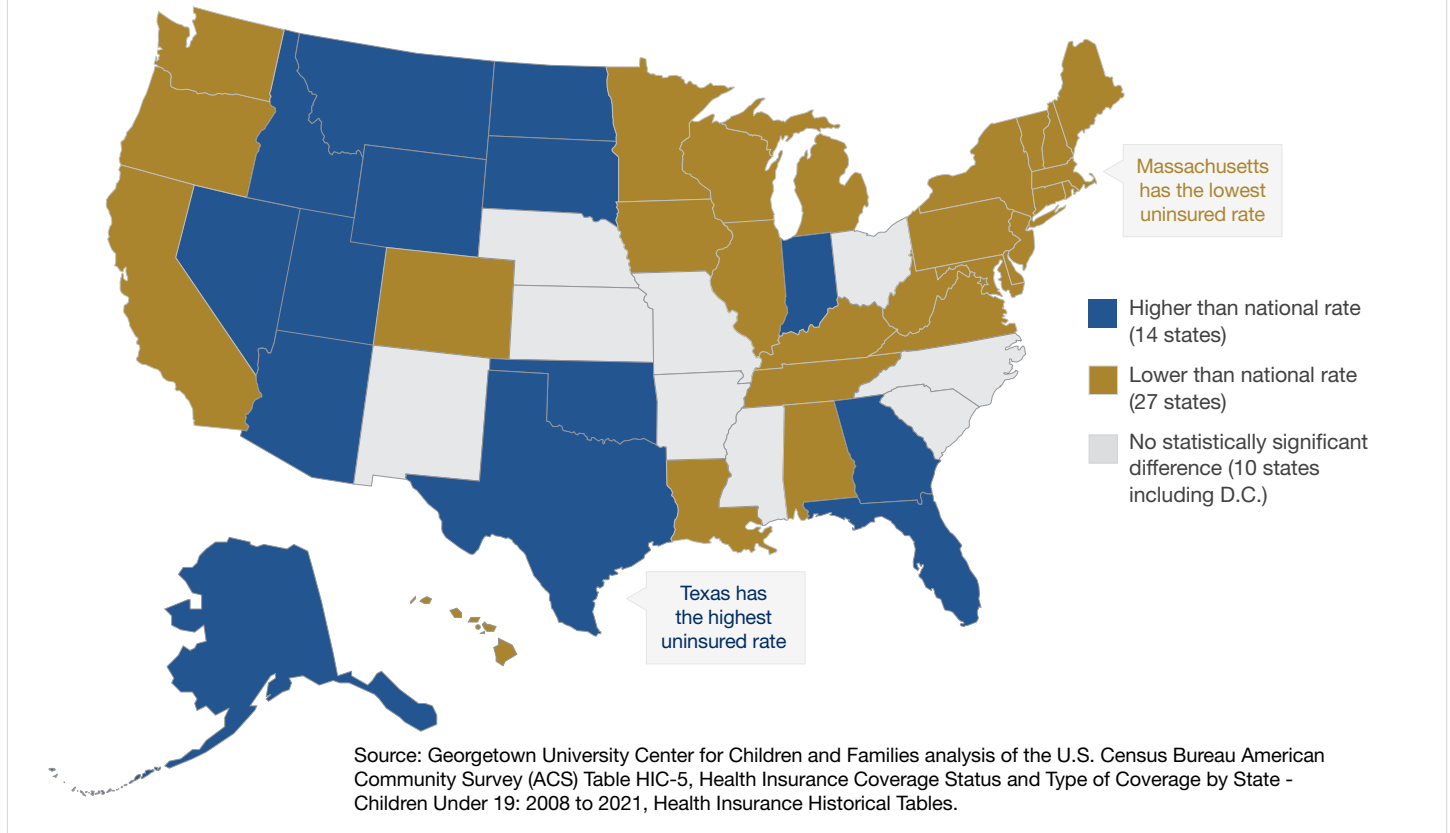## Table 2. Nine States with Significant Decrease in Rate of Uninsured Children, 2019-2021

State	2019 Uninsured Rate	2021 Uninsured Rate	2019-2021 Percentage Point Change
United States	5.7	5.4	-0.3
Colorado	5.5	4.6	-0.9
Connecticut	3.5	2.4	-1.1
Georgia	7.4	6.6	-0.8
Illinois	4.0	3.2	-0.8
Indiana	7.1	6.0	-1.1
Michigan	3.4	3.0	-0.4
New Jersey	4.3	3.6	-0.7
Oklahoma	8.6	7.4	-1.2
Texas	12.7	11.8	-0.9

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 2021, Health Insurance Historical Tables.

States in New England continue to have the lowest uninsured rates for children. The South is a mixed picture with Texas having the highest rate and number of uninsured children in the country, and Florida and Georgia continuing to have a large percentage of the uninsured children overall and relatively high rates in general. As a region, the Mountain West is falling most consistently behind the national average (with the exception of Colorado). See Figure 3.

Figure 3. States with Higher and Lower Rates of Uninsured Children than the National Rate, 2021

Massachusetts has the lowest uninsured rate

Texas has the highest uninsured rate

■ Higher than national rate (14 states)

■ Lower than national rate (27 states)

□ No statistically significant difference (10 states including D.C.)

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 2021, Health Insurance Historical Tables.

Which Children Were More Likely to Gain Coverage?

The uninsured rate for children overall has declined since 2019, but some groups of children have seen bigger coverage gains. American Indian and Alaska Native children saw the largest decline in the uninsured rate of any racial group, falling by two percentage points between 2019 and 2021 (see Figure 4). White children and Asian, Native Hawaiian, and Pacific Islander children also saw statistically significant declines in uninsurance, but the uninsured rate for children of another race or multiple races increased in 2021.[14]

Looking at ethnicity, uninsured rates for both Hispanic/Latino and non-Hispanic/Latino children fell (see Figure 4). The disparity between Hispanic and non-Hispanic children also narrowed somewhat in 2021, although the uninsured rate for Hispanic children is still more than twice as high as it is for non-Hispanic children.

Figure 4. Rate of Uninsured Children in the United States by Race and Ethnicity, 2019-2021
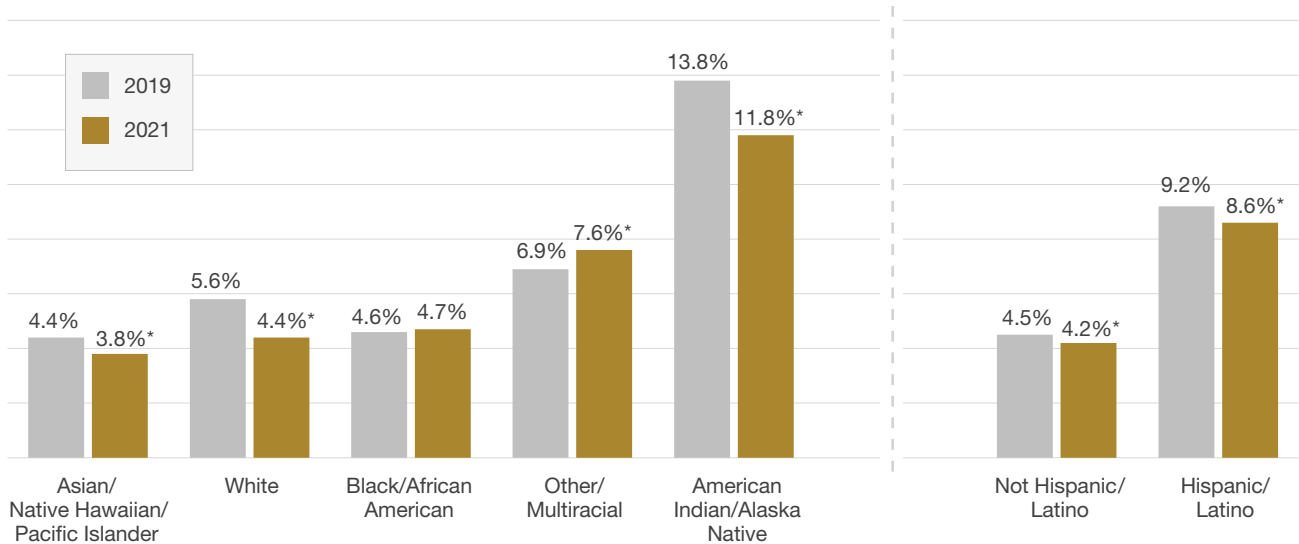
Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019-2021 American Community Survey (ACS), Tables C27001A-I.

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

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

Children in low-wage working families were more likely to gain coverage. Children in families earning between 138 percent and under 250 percent of the Census poverty threshold ($30,305 to under $54,900 for a family of 3) saw the largest gains, and children at the lowest end of the income scale also saw a significant improvement in their health coverage rates (see Table 3).

The uninsured rates for children across all ages fell. For young children under age 6 the uninsured rate declined from 4.7 percent in 2019 to 4.5 percent in 2021, and the rate for school-age children fell from 6.1 percent in 2019 to 5.7 percent in 2021.

Table 3. Rate of Uninsured Children in the United States by Poverty Threshold, 2019-2021

Poverty Threshold**	2019	2021
0-137% of poverty	7.7%	7.4%*
138-250% of poverty	7.7%	7.0%*
250% of poverty or above	3.8%	3.7%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019-2021 American Community Survey (ACS), Table B27010.

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

** Census poverty thresholds differ from the Department of Health and Human Services' (HHS) Federal Poverty Levels (FPL). See methodology section for more information.

Conclusion

The improvement of the child uninsured rate has been a bright spot for children during the dark days of the pandemic. However, troubled waters likely lie ahead. Medicaid's continuous coverage protection will expire when the federal COVID-19 public health emergency ends, putting millions of children at risk of losing Medicaid. Separately, we have estimated that 6.7 million children are at risk for a period of uninsurance.[15] Of the children projected to lose Medicaid after the continuous coverage protection is removed, an estimated 3 out of 4 will still be eligible.[16] Unfortunately, there are numerous potential points of failure in the system that put children and their families at risk of falling through the cracks as states take up the unprecedented challenge of redetermining eligibility for over 80 million people currently covered by Medicaid.[17]

Eligible children in states with less advanced systems and more red tape and administrative barriers to enrollment will be at greater risk of inappropriately losing Medicaid while children in states with 12-month or longer periods of continuous eligibility and other strategies in place will be better protected from becoming uninsured. While there is a longstanding option for states to provide up to 12 months of continuous eligibility for children in their Medicaid and CHIP programs, as of January 2022, only 24 states did so for all children in Medicaid and CHIP.[18] Seventeen states and the District of Columbia do not have continuous eligibility for Medicaid or CHIP for any children. Congress should consider guaranteeing 12 months of continuous eligibility for children in Medicaid and CHIP regardless of where they live.[19] States can also pursue longer periods of Medicaid eligibility for young children through Section 1115 authority as was recently approved for Oregon and is in process in Washington, New Mexico and California.[20] These policies will help reduce but not eliminate the perpetual problem of administrative churn that leaves children with gaps in health coverage.

Children continue to face increased threats to their health from COVID-19, RSV and other viruses while families continue to struggle to make ends meet. The Medicaid continuous coverage provision provided stability during a tumultuous time and policymakers should proceed with caution when they remove that important protection.

Methodology

Data Sources

This report from the Georgetown University Center for Children and Families (CCF) uses data from the U.S. Census Bureau American Community Survey (ACS). CCF analyzes two ACS data products: 1) Health Insurance Historical Table HIC-5. Health Insurance Coverage Status and Type of Coverage by State — Children Under 19: 2008 to 2021, and 2) the 2021 1-Year ACS Estimates Detailed Tables published by the Census Bureau on data.census.gov. *Please note that, because of differences in sample size and data processing, the estimates published in this report may differ from other estimates produced using either the 5-year ACS estimates or ACS microdata (including the Census Bureau's Public Use Microdata Sample (PUMS) or the University of Minnesota's Integrated Public Use Microdata Series (IPUMS)), despite the fact that all of these datasets are based on the same American Community Survey*.

Because of data quality issues related to the pandemic, the Census Bureau did not publish standard 1-year estimates for 2020 but instead only released a set of 1-year experimental estimates. The experimental estimates are not available through data.census.gov and the Census Bureau notes that these experimental estimates should not be compared to other ACS 1-year estimates, so CCF excludes 2020 ACS data from all of its analyses.

Margin of Error, Data Reliability and Suppression, and Statistical Significance

The Census Bureau provides a margin of error at a 90 percent confidence level for each estimate it publishes. When CCF calculates a new estimate (such as when we combine racial/ethnic groups or calculate percentages/rates), we also calculate its margin of error, using formulas provided by the Census Bureau in their handbook: "Understanding and Using American Community Survey Data: What All Data Users Need to Know" (September 2020). CCF does not take the margin of error into account when ranking states by the number and percent of uninsured children by state. Although we do not publish margins of error in this report, they are available upon request.

CCF calculates coefficients of variation (also known as relative standard errors) to measure data reliability for each estimate. CCF suppresses any estimate with a CV larger than 25 percent.

CCF uses the Census Bureau's Statistical Testing Tool to determine statistical significance between estimates at a 90 percent confidence level. Differences between estimates should not be assumed to be statistically significant unless specifically discussed or marked as such.

Geographic Levels

The Census Bureau publishes 1-year ACS estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including the District of Columbia), and some counties. *Please note that 1-year estimates will differ from 5-year estimates, which CCF may use elsewhere for analyses of smaller geographic levels like counties or school districts. CCF uses Census* Bureau designations to report and characterize regional data.

Poverty Status

Data on poverty thresholds only include individuals for whom the Census Bureau could determine poverty status for the past year. This population is slightly smaller than the total non-institutionalized population of the U.S. (the universe for all other data used in this report). The Census Bureau determines an individual's poverty status by comparing that person's income in the past 12 months to Census Poverty Thresholds (CPTs). Notably, Census Poverty Thresholds differ from the poverty guidelines (commonly known as the Federal Poverty Level or FPL) determined by the Department of Health and Human Services (HHS), and may differ considerably for the separate FPLs that HHS determines for Alaska and Hawaii.

Health Insurance Coverage and Medicaid Undercount

ACS data represents a "point-in-time" estimate of an individual's insurance coverage, meaning that the survey collects information on the respondent's coverage only at the moment they complete the form, not at another point during the year. The ACS considers individuals who reported no health insurance coverage through any of the response options (employer-based health insurance, direct purchase health insurance, Medicare coverage, Medicaid/means-tested public coverage, TRICARE/military health coverage, VA health coverage, Indian Health Service (IHS), or another type of comprehensive health coverage) to be uninsured.

The Census Bureau does not consider access to Indian Health Service (IHS) alone as a comprehensive form of health insurance coverage. Consequently, individuals who indicate that IHS is their only source of coverage are also designated as uninsured.

ACS estimates are not adjusted by the Census Bureau (or by CCF) to address the "Medicaid undercount" often observed when comparing surveys to the reported numbers of individuals enrolled in Medicaid and CHIP using federal and state administrative data. For example, ACS data show that 30.5 million children had Medicaid coverage (either alone or in combination with another type of coverage) in 2021, while administrative data show average enrollment over the same period equal to 40.3 million, a difference of nearly 10 million children. Additionally, [recent research](#) on the decennial Census shows that young children are consistently and significantly undercounted, likely worsening the Medicaid undercount among children. In 2021, the Medicaid continuous coverage provision may affect children's reported coverage source—including uninsurance—if families are unaware that they still have Medicaid coverage.

Demographic Characteristics

"Children," as noted above, are defined as individuals under age 19 (ages 0-18).

The American Community Survey allows respondents to self-identify as the following races: White alone, Black/African-American alone, American Indian/Alaska Native alone, Asian alone, Native Hawaiian/Pacific Islander alone, "Some other race" alone, and "Two or more races." To improve sample sizes and data reliability, CCF combines estimates for Asian alone and Native Hawaiian or Other Pacific Islander alone and reports the calculations as "Asian, Native Hawaiian, or Other Pacific Islander" and combines "Some other race" alone and "Two or more races" and reports the calculations as "Other or Multiracial." Except for "Other or Multiracial," all racial categories refer to individuals who reported belonging only to one race.

The Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts and variables. "Hispanic or Latino" refers to individuals who self-identified as being Hispanic or Latino, while "non-Hispanic/Latino" refers to individuals who indicated that they were not of Hispanic or Latino origin. CCF calculates estimates for non-Hispanic or Latino populations by subtracting estimates for Hispanic or Latino individuals from the total population estimate for children. As "Hispanic or Latino" refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race.

In 2020, the Census Bureau made changes to the race and ethnicity questions on the ACS which may affect health coverage comparisons related to race and ethnicity between the 2021 and 2019 1-year estimates. These changes may affect the "Some Other Race" or multiple race categories in particular, whose numbers more than doubled between 2019 and 2021. This increase, which may be related to changes in question design, may also affect the distribution of children across other racial groups. As a result, the Census Bureau recommends caution in comparing 2021 and 2019 ACS estimates related to race/ethnicity.

A more detailed account of CCF's methodology for this report is available online.

Appendix Table 1. Number of Uninsured Children by State, 2019-2021

State	2019 Number Uninsured	2019 State Ranking	2021 Number Uninsured	2021 State Ranking
United States	4,375,000	-	4,165,000	-
Alabama	40,000	21	47,000	27
Alaska	18,000	12	15,000	10
Arizona	161,000	47	146,000	47
Arkansas	43,000	23	43,000	22
California	334,000	49	321,000	49
Colorado	73,000	33	61,000	30
Connecticut	27,000	17	19,000	15
Delaware	10,000	5	8,000	4
District of Columbia	3,000	1	5,000	2
Florida	343,000	50	332,000	50
Georgia	197,000	48	176,000	48
Hawaii	9,000	4	9,000	5
Idaho	24,000	16	35,000	20
Illinois	120,000	43	95,000	41
Indiana	119,000	42	100,000	42
Iowa	22,000	14	26,000	17
Kansas	43,000	23	38,000	21
Kentucky	45,000	25	43,000	22
Louisiana	50,000	28	45,000	25
Maine	15,000	8	11,000	6
Maryland	48,000	27	62,000	31
Massachusetts	22,000	14	18,000	13
Michigan	78,000	34	69,000	34
Minnesota	42,000	22	44,000	24
Mississippi	46,000	26	46,000	26
Missouri	95,000	39	86000	39
Montana	15,000	8	17000	12
Nebraska	28,000	18	24000	16
Nevada	58,000	31	63,000	32
New Hampshire	10,000	5	11,000	6
New Jersey	88,000	38	76,000	36
New Mexico	29,000	19	32,000	19
New York	101,000	41	115,000	43
North Carolina	142,000	46	135,000	45
North Dakota	15,000	8	14,000	9
Ohio	131,000	45	140,000	46
Oklahoma	86,000	37	75,000	35
Oregon	38,000	20	31,000	18
Pennsylvania	128,000	44	126,000	44
Rhode Island	4,000	3	6,000	3
South Carolina	69,000	32	63,000	32
South Dakota	18,000	12	18,000	13
Tennessee	80,000	35	80,000	38
Texas	995,000	51	930,000	51
Utah	82,000	36	79,000	37
Vermont	3,000	1	2,000	1
Virginia	97,000	40	88,000	40
Washington	54,000	30	55,000	29
West Virginia	13,000	7	13,000	8
Wisconsin	51,000	29	54,000	28
Wyoming	15,000	8	16,000	11

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 2021, Health Insurance Historical Tables.

Appendix Table 2. Rate of Uninsured Children by State, 2019-2021

State	2019 Uninsured Rate	2019 State Ranking	2021 Uninsured Rate	2021 State Ranking
United States	5.7	-	5.4	-
Alabama	3.5	12	4	18
Alaska	9.4	49	7.9	46
Arizona	9.2	48	8.5	48
Arkansas	5.9	36	5.8	34
California	3.6	15	3.5	14
Colorado	5.5	29	4.6	27
Connecticut	3.5	12	2.4	3
Delaware	4.8	24	3.7	16
District of Columbia	2	3	3.7	16
Florida	7.6	42	7.3	42
Georgia	7.4	41	6.6	39
Hawaii	2.8	6	2.8	6
Idaho	5	27	7	40
Illinois	4	18	3.2	9
Indiana	7.1	40	6	36
Iowa	2.9	7	3.4	12
Kansas	5.8	33	5	30
Kentucky	4.3	20	4	18
Louisiana	4.4	22	4	18
Maine	5.6	30	4.3	23
Maryland	3.4	10	4.3	23
Massachusetts	1.5	1	1.3	1
Michigan	3.4	10	3	7
Minnesota	3.1	8	3.2	9
Mississippi	6.1	37	6.2	37
Missouri	6.5	39	5.9	35
Montana	6.2	38	7	40
Nebraska	5.7	31	4.7	28
Nevada	8	45	8.6	49
New Hampshire	3.7	16	4	18
New Jersey	4.3	20	3.6	15
New Mexico	5.7	31	6.4	38
New York	2.4	5	2.6	5
North Carolina	5.8	33	5.5	33
North Dakota	7.8	43	7.3	42
Ohio	4.8	24	5.1	31
Oklahoma	8.6	47	7.4	44
Oregon	4.1	19	3.4	12
Pennsylvania	4.6	23	4.4	25
Rhode Island	1.9	2	2.5	4
South Carolina	5.8	33	5.3	32
South Dakota	7.8	43	7.6	45
Tennessee	5	27	4.9	29
Texas	12.7	51	11.8	51
Utah	8.3	46	7.9	46
Vermont	2.1	4	1.9	2
Virginia	4.9	26	4.4	25
Washington	3.1	8	3.1	8
West Virginia	3.5	12	3.3	11
Wisconsin	3.8	17	4	18
Wyoming	10.6	50	11.4	50

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 2021, Health Insurance Historical Tables.

Appendix Table 3. Change in the Number of Uninsured Children by State, 2019 and 2021

State	2019 Number Uninsured	2021 Number Uninsured	2019-2021 Change in Number of Uninsured	2019-2021 Percent Change
United States	4,375,000	4,165,000	-210,000*	-4.8%
Alabama	40,000	47,000	7,000	17.5%
Alaska	18,000	15,000	-3,000	-16.7%
Arizona	161,000	146,000	-15,000*	-9.3%
Arkansas	43,000	43,000	0	0.0%
California	334,000	321,000	-13,000	-3.9%
Colorado	73,000	61,000	-12,000*	-16.4%
Connecticut	27,000	19,000	-8,000*	-29.6%
Delaware	10,000	8,000	-2,000	-20.0%
District of Columbia	3,000	5,000	2,000	66.7%
Florida	343,000	332,000	-11,000	-3.2%
Georgia	197,000	176,000	-21,000*	-10.7%
Hawaii	9,000	9,000	0	0.0%
Idaho	24,000	35,000	11,000*	45.8%
Illinois	120,000	95,000	-25,000*	-20.8%
Indiana	119,000	100,000	-19,000*	-16.0%
Iowa	22,000	26,000	4,000	18.2%
Kansas	43,000	38,000	-5,000	-11.6%
Kentucky	45,000	43,000	-2,000	-4.4%
Louisiana	50,000	45,000	-5,000	-10.0%
Maine	15,000	11,000	-4,000*	-26.7%
Maryland	48,000	62,000	14,000*	29.2%
Massachusetts	22,000	18,000	-4,000	-18.2%
Michigan	78,000	69,000	-9,000*	-11.5%
Minnesota	42,000	44,000	2,000	4.8%
Mississippi	46,000	46,000	0	0.0%
Missouri	95,000	86,000	-9,000	-9.5%
Montana	15,000	17,000	2,000	13.3%
Nebraska	28,000	240,00	-4,000	-14.3%
Nevada	58,000	63,000	5,000	8.6%
New Hampshire	10,000	11,000	1,000	10.0%
New Jersey	88,000	76,000	-12,000*	-13.6%
New Mexico	29,000	32,000	3,000	10.3%
New York	101,000	115,000	14,000*	13.9%
North Carolina	142,000	135,000	-7,000	-4.9%
North Dakota	15,000	14,000	-1,000	-6.7%
Ohio	131,000	140,000	9,000	6.9%
Oklahoma	86,000	75,000	-11,000*	-12.8%
Oregon	38,000	31,000	-7,000*	-18.4%
Pennsylvania	128,000	126,000	-2,000	-1.6%
Rhode Island	4,000	6,000	2,000	50.0%
South Carolina	69,000	63,000	-6,000	-8.7%
South Dakota	18,000	18,000	0	0.0%
Tennessee	80,000	80,000	0	0.0%
Texas	995,000	930,000	-65,000*	-6.5%
Utah	82,000	79,000	-3,000	-3.7%
Vermont	3,000	2,000	-1,000	-33.3%
Virginia	97,000	88,000	-9,000	-9.3%
Washington	54,000	55,000	1,000	1.9%
West Virginia	13,000	13,000	0	0.0%
Wisconsin	51,000	54,000	3,000	5.9%
Wyoming	15,000	16,000	1,000	6.7%

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 2021, Health Insurance Historical Tables.

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

Appendix Table 4. Change in the Rate of Uninsured Children by State, 2019-2021

State	2019 Uninsured Rate	2021 Uninsured Rate	2019-2021 Percentage Point Change
United States	5.7	5.4	-0.3*
Alabama	3.5	4.0	0.5
Alaska	9.4	7.9	-1.5
Arizona	9.2	8.5	-0.7
Arkansas	5.9	5.8	-0.1
California	3.6	3.5	-0.1
Colorado	5.5	4.6	-0.9*
Connecticut	3.5	2.4	-1.1*
Delaware	4.8	3.7	-1.1
District of Columbia	2.0	3.7	1.7
Florida	7.6	7.3	-0.3
Georgia	7.4	6.6	-0.8*
Hawaii	2.8	2.8	0
Idaho	5.0	7.0	2.0*
Illinois	4.0	3.2	-0.8*
Indiana	7.1	6.0	-1.1*
Iowa	2.9	3.4	0.5
Kansas	5.8	5.0	-0.8
Kentucky	4.3	4.0	-0.3
Louisiana	4.4	4.0	-0.4
Maine	5.6	4.3	-1.3
Maryland	3.4	4.3	0.9*
Massachusetts	1.5	1.3	-0.2
Michigan	3.4	3.0	-0.4*
Minnesota	3.1	3.2	0.1
Mississippi	6.1	6.2	0.1
Missouri	6.5	5.9	-0.6
Montana	6.2	7.0	0.8
Nebraska	5.7	4.7	-1.0
Nevada	8.0	8.6	0.6
New Hampshire	3.7	4.0	0.3
New Jersey	4.3	3.6	-0.7*
New Mexico	5.7	6.4	0.7
New York	2.4	2.6	0.2
North Carolina	5.8	5.5	-0.3
North Dakota	7.8	7.3	-0.5
Ohio	4.8	5.1	0.3
Oklahoma	8.6	7.4	-1.2*
Oregon	4.1	3.4	-0.7
Pennsylvania	4.6	4.4	-0.2
Rhode Island	1.9	2.5	0.6
South Carolina	5.8	5.3	-0.5
South Dakota	7.8	7.6	-0.2
Tennessee	5.0	4.9	-0.1
Texas	12.7	11.8	-0.9*
Utah	8.3	7.9	-0.4
Vermont	2.1	1.9	-0.2
Virginia	4.9	4.4	-0.5
Washington	3.1	3.1	0
West Virginia	3.5	3.3	-0.2
Wisconsin	3.8	4.0	0.2
Wyoming	10.6	11.4	0.8

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 2021, Health Insurance Historical Tables.

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

Endnotes

1 Office of the Assistant Secretary for Planning and Evaluation, "Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches" (Office of the Assistant Secretary for Planning and Evaluation, August 2022), available at https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision.

2 Alker, J. and Corcoran, A., "Children's Uninsured Rate Rises by Largest Annual Jump in More Than A Decade" (Georgetown University Center for Children and Families, October 2020) available at https://ccf.georgetown.edu/wp-content/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf.

3 Alker, J., "How much will COVID-19 drive up uninsured numbers? New report underscores how hard it is to know" (Georgetown University Center for Children and Families, July 2020) available at https://ccf.georgetown.edu/2020/07/15/how-much-will-covid-19-drive-up-uninsured-numbers-new-report-underscores-how-hard-it-is-to-know/.

4 For an explainer of the federal law, see Brooks, T. and Schneider, A., "The Families First Coronavirus Relief Act: Medicaid and CHIP Provisions Explained" (Georgetown University Center for Children and Families, March 2020) available at https://ccf.georgetown.edu/wp-content/uploads/2020/03/Families-First-Final-3.30-V2.pdf.

5 See Slide 3 of "July 2022 Medicaid and CHIP Enrollment Trends Snapshot" (Centers for Medicare and Medicaid Services) available at https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/july-2022-medicaid-chip-enrollment-trend-snapshot.pdf. See also Corallo, B. and Moreno, S. "Analysis of Recent National Trends in Medicaid and CHIP Enrollment" (Kaiser Family Foundation, October 2022) available at https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/.

6 Georgetown University Center for Children and Families analysis of February 2020-June 2022 Centers for Medicare and Medicaid Services State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, available at https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360.

7 As in many national surveys, Medicaid coverage as reported in ACS data is often lower compared to the actual numbers of Medicaid enrollees reflected in administrative data sources. This is known as the "Medicaid undercount." See, for example, Michel Boudreaux et al., "Medicaid expansion and the Medicaid undercount in the American Community Survey," *Health Services Research* 54, no. 6 (December 2019): 1263-1272. Please see methods section for more information.

8 Medicaid and CHIP Payment and Access Commission (MACPAC), "An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP" (MACPAC, October 2021) available at https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf.

9 Office of the Assistant Secretary for Planning and Evaluation (ASPE), "Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic" (ASPE, April 2021), available at https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199881/medicaid-churning-ib.pdf.

10 Wikle, S., "States Must Plan Now to Limit Medicaid Churn When Continuous Coverage Ends" (The Center for Law and Social Policy (CLASP), July 2022) available at https://www.clasp.org/wp-content/uploads/2022/07/2022.07.28_States-Must-Plan-Now-to-Limit-Medicaid-Churn-When-Continuous-Coverage-Ends.pdf.

11 Alker, J. and Corcoran, A., "Children's Uninsured Rate Rises by Largest Annual Jump in More Than A Decade" (Georgetown University Center for Children and Families, October 2020) available at https://ccf.georgetown.edu/wp-content/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf.

12 Jennifer M. Haley et al., "Children's Uninsurance Fell Between 2019 to 2021, but Progress Could Stall When Pandemic Protections Expire" (Urban Institute, June 2022) available at https://www.urban.org/research/publication/childrens-uninsurance-fell-between-2019-and-2021-progress-could-stall-when.

13 Searing, A., "A Tale of Two Medicaid Expansions: Missouri v. Oklahoma" (Georgetown University Center for Children and Families, November 2021) available at https://ccf.georgetown.edu/2021/11/30/a-tale-of-two-medicaid-expansions-missouri-v-oklahoma/.

14 The Census Bureau made changes to the ACS race and ethnicity questions beginning in 2020, which may affect the changes observed between 2019 and 2021. There are now many more children in this category which may confound these results. Please see methodology section for more information.

15 Alker, J. and Brooks, T., "Millions of Children May Lose Medicaid: What Can Be Done to Help Prevent Them from Becoming Uninsured?" (Georgetown University Center for Children and Families: February 2022), available at https://ccf.georgetown.edu/2022/02/17/millions-of-children-may-lose-medicaid-what-can-be-done-to-help-prevent-them-from-becoming-uninsured/.

16 ASPE 2022, op. cit.

17 CCF analysis of CMS enrollment data, op. cit.

18 Some additional states provide continuous eligibility for only some children. For example, Florida offers 12 months continuous eligibility only for children under age 6, with older children receiving only 6 months of eligibility. Other states like Texas provide continuous eligibility only for children in separate state CHIP programs. See Tricia Brooks et al., "Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey" (Georgetown University Center for Children and Families and Kaiser Family Foundation, March 2022) available at https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/.

19 Georgetown University Center for Children and Families, "Medicaid and CHIP Continuous Coverage for Children" (Georgetown University Center for Children and Families, October 2022) available at https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/.

20 See Alker, J. and Burak, E., "Oregon Leads the Nation in Covering Children from Birth to Kindergarten: What State Will be Next" (Georgetown University Center for Children and Families, September 2022) available at https://ccf.georgetown.edu/2022/09/28/oregon-leads-the-nation-by-covering-children-in-medicaid-from-birth-to-kindergarten-which-state-will-be-next/.