



Medicaid and CHIP Provide Health Coverage for Many School-Age Children, Yet Gaps Remain

by Karina Wagnerman and Elisabeth Wright Burak

Key Findings

- The rate of uninsured school-age children declined by nearly half between 2009 and 2016. Nevada experienced the largest declines in uninsured school-age children between 2009 and 2016.
- The rate of uninsured school-age children remains nearly twice as high in states that did not adopt the Medicaid expansion under the Affordable Care Act (7 percent) compared to states that adopted the Medicaid expansion (3.8 percent).
- Medicaid and the Children's Health Insurance Program (CHIP) are crucial for ensuring that school-age children (ages 6-18) have access to health care. About 37 percent of all school-age children and 79 percent of school-age children living in poverty receive health coverage through these programs.
- School-age children are more likely to be uninsured than those under age 6, with 5.1 percent of the older population lacking coverage compared to 3.8 percent of young children.

Introduction

Children need health coverage to help them stay healthy and ready to learn in the classroom. Medicaid and the Children's Health Insurance Program (CHIP), the primary public health coverage sources for children, have worked together in recent decades to bring the rate of uninsured children to historic lows. In 2016, only 4.5 percent of all children were uninsured.¹ Serving 40 percent of all children,² Medicaid and CHIP help children get the health care they need when they need it. Medicaid's child-specific benefits requirement (Early and Periodic Screening, Diagnostic and Treatment or "EPSDT") is designed to ensure diseases and developmental delays are caught and addressed as early as possible, before they disrupt future health and learning.³ Medicaid also provides financial security for families by limiting their exposure to high medical costs, decreasing the chance that they will face onerous medical bills, and reducing the likelihood of medical bankruptcy.⁴

Medicaid and CHIP help schools do their job. Health coverage can reduce school absenteeism by increasing children's physician visits and overall health.⁵ Longitudinal research shows the important role Medicaid can play in children's education and economic success in adulthood, even making the difference in whether a child graduates from high school or college.⁶ Studies have shown linkages between Medicaid eligibility increases for children and improvements in reading test scores in the 4th and 8th grades, decreased high school dropout rates, and increased college completion.⁷



Medicaid also helps schools in more direct ways. Many schools that serve children covered by Medicaid can use the program to pay for child health personnel (e.g. school nurses, therapists, social workers) that provide preventive screenings, therapy, mental health evaluations, or other services.⁸

Medicaid funds can help to reimburse schools for some of these costs if children are eligible and enrolled. Schools are required to meet the educational needs of all students, including those with special needs. The federal Individuals

with Disabilities Education Act (IDEA) requires schools to provide any medical services for children with disabilities that are deemed necessary to their special education plans. Most superintendents report that Medicaid makes it possible to meet special education mandates. About one-third of superintendents say that support from Medicaid for special education needs helps stave off possible cuts to mental health services and/or general education programs and personnel.⁹

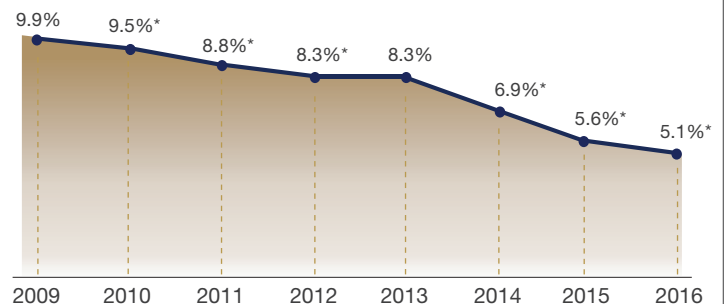
Medicaid's Role for School-Age Children

Medicaid is the leading health insurer of low-income, school-age children in the United States. School-age children benefitted from the progress the nation made decreasing the overall rate of uninsured children between 2009 and 2016. These declines were due, in large part, to Medicaid, CHIP, and the Affordable Care Act (ACA). The rate of uninsured school-age children declined by almost half between 2009 and 2016 (Figure 1), with the steepest drop after full ACA implementation in 2014. Research shows that the share of children covered through employer-sponsored insurance remained stable since the implementation of the ACA.¹⁰ The share of school-age children covered through Medicaid/CHIP grew by about 30 percent between 2009 and 2016 (Figure 2). Almost four in 10 school-age children received their health coverage through Medicaid/CHIP in 2016.

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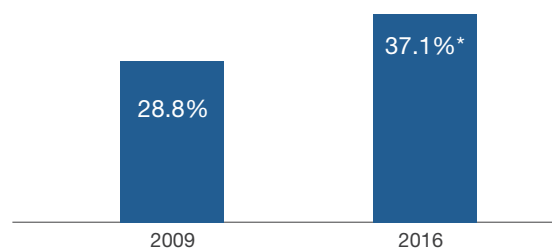
Medicaid/CHIP covered almost half of children with special health care needs in 2016.¹¹ This is particularly important for school-age children as they account for about 80 percent of the children in Medicaid/CHIP with special health care needs.¹² Children with special health care needs exhibit more physical, developmental, behavioral or emotional conditions than the general child population.¹³

Figure 1. Rate of Uninsured School-Age Children, 2009-2016



* Indicates the estimate is statistically different from the prior year at the 0.1 level!
Source: Georgetown University Center for Children and Families tabulations of the 2009-2016 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Figure 2. Percentage of School-Age Children Covered through Medicaid/CHIP, 2009 and 2016



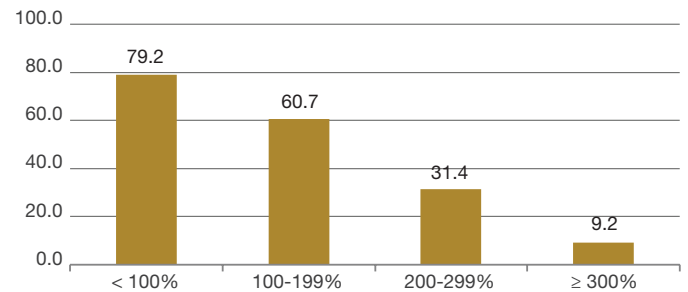
* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level.
Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.



Medicaid and CHIP serve predominately low-income families who do not have access to employer-sponsored insurance or other forms of affordable health coverage. Almost eight in 10 school-age children below the federal poverty threshold receive Medicaid/CHIP coverage (Figure 3). The share of school-age children with Medicaid/CHIP decreases as income increases.

Medicaid/CHIP is a primary source of health coverage for school-age children across the country. In nearly all states, at least one-fifth of school-age children receive their health coverage through Medicaid/CHIP. In the vast majority of states, at least one-third of school-age children receive their health coverage through Medicaid/CHIP. Table 1 presents states with the greatest share of school-age children covered by Medicaid/CHIP. In these states, public coverage is particularly important to children, families, health care providers, and schools. (See Appendix Table 2 for a full list of states.)

Figure 3. Percentage of School-Age Children Covered through Medicaid/CHIP by Income, 2016



Source: Georgetown University Center for Children and Families tabulations of the 2016 ACS data from IPUMS.

In nearly all states, at least one-fifth of school-age children receive their health coverage through Medicaid/CHIP.

Table 1. Top 10 States with the Greatest Share of School-Age Children Covered through Medicaid/CHIP, 2016

State	School-Age Children with Medicaid/CHIP, 2016 (Percent)
New Mexico	54.0
Arkansas	49.3
Louisiana	49.1
West Virginia	48.8
Mississippi	48.4
District of Columbia	48.0
Vermont	45.2
California	43.4
Alabama	42.4
South Carolina	41.4

Source: Georgetown University Center for Children and Families tabulations of the 2016 ACS data from IPUMS.



Medicaid Expansion States Had Greater Success Covering School-Age Children Than Non-Expansion States

The ACA required states to expand Medicaid to all adults with a minimum income level just above the federal poverty line (138 percent FPL), which was made into a state option by a 2012 Supreme Court ruling. To date, 32 states (including the District of Columbia) have accepted federal funds to expand Medicaid to all adults.¹⁴

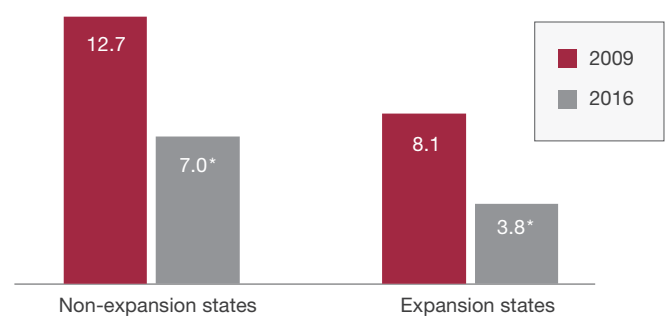
Medicaid expansion is important for children because of the link between coverage for parents and children. The ACA was predominantly designed to extend coverage to uninsured adults because many low-income children already had access to coverage through Medicaid and CHIP. There are children enrolled in coverage through ACA's marketplaces, but it is not a significant source of coverage for children.¹⁵ However, children did gain coverage as their parents and others accessed health coverage for the first time (either through the ACA's marketplaces or Medicaid expansion). Known as the “welcome mat” effect, as parents or other new groups gain coverage, their children are more likely to enroll and stay enrolled.¹⁶

New data reinforce the notion that when parents are insured, their children are almost guaranteed to be covered, too.¹⁷ A study found evidence of the welcome mat effect in states that expanded Medicaid to adults, estimating that over 700,000 children who were already eligible for Medicaid were enrolled between 2013 and 2015.¹⁸ If non-expansion states had also expanded during the time period, an estimated 200,000 additional children would have enrolled in Medicaid coverage by 2015.¹⁹

The benefits of Medicaid expansion to parents extends beyond coverage itself. A *Pediatrics* study found that Medicaid expansions for parents between 2001 and 2013 were associated with an increased probability of low-income children having a well child visit.²⁰ Parent health itself also impacts children. When parents get the care they need to get and stay healthy, it can improve their ability to support their children's learning and engage more in school activities. Health coverage for the whole family eases the financial stress of a medical emergency or accident.

Nationally, there was a welcome mat effect for children gaining coverage as more of their parents gained coverage through Medicaid and the marketplaces. States that adopted the Medicaid expansion under the ACA experienced larger decreases in the rate of uninsured school-age children than states that did not adopt the expansion (Figure 4). Non-expansion states had a higher rate of uninsured children in 2009 than expansion states. Even though expansion states started from a lower rate of uninsured children, they were still able to cut their uninsured rate in half, down to 3.8 percent. Medicaid and CHIP enrollment increases for children in expansion and non-expansion states were similar. Both groups had about a 29 percent increase in the share of children covered through Medicaid/CHIP. In addition, in 12 states, the share of school-age children with Medicaid/CHIP coverage increased at least 10 percentage points between 2009 and 2016. Of these states, nine expanded Medicaid to parents and other adults under the ACA.

Figure 4. Rate of Uninsured School-Age Children by Medicaid Expansion Status, 2009 and 2016



* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level. Medicaid expansion states include states that adopted the Medicaid expansion under the ACA through 2016. Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.

Uninsured Rate for School-Aged Children Improving

Between 2009 and 2016, states made significant progress reducing their rates of school-age uninsured children.²¹ In 19 states, there was a decline of at least five percentage points. Table 2 shows that Nevada had the largest decline in the rate of uninsured children (12.3 percentage points). It was also the state with the largest increase in Medicaid/CHIP coverage (18.1 percentage points) during the time period. (See Appendix Table 1 for a full list of states.)

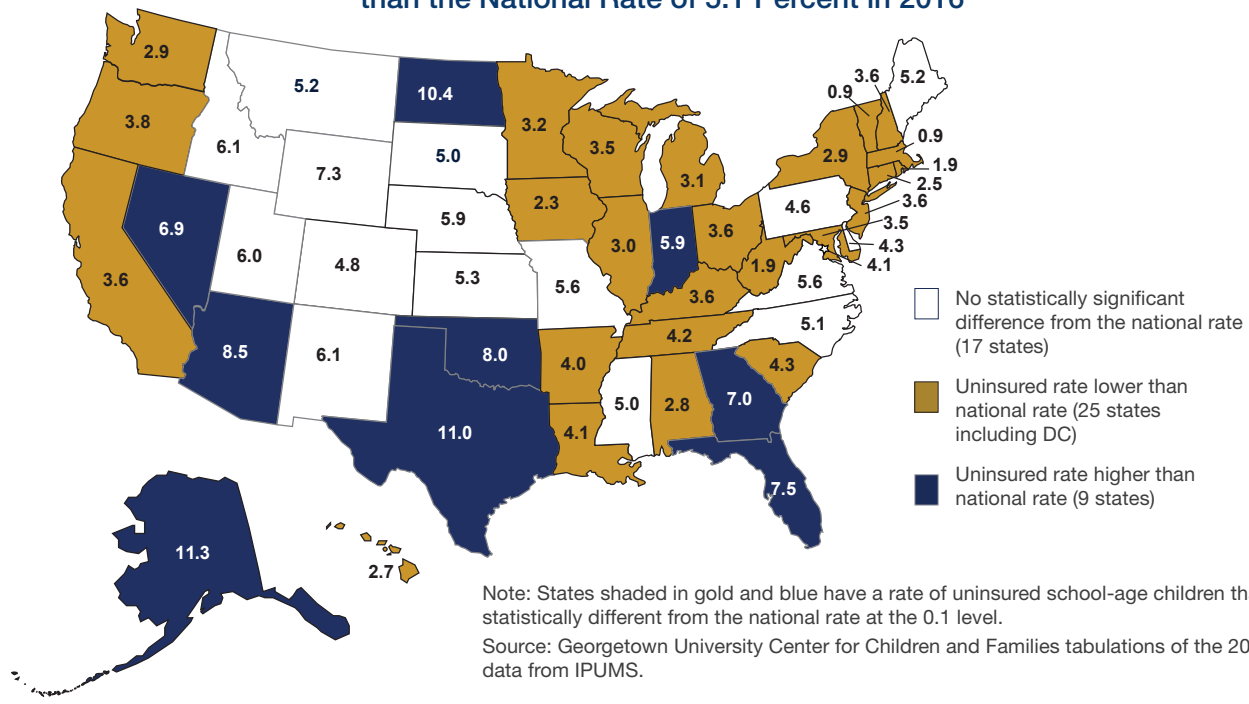
Table 2. Top 10 States with the Greatest Decline in the Rate of Uninsured School-Age Children, 2009 and 2016

State	Uninsured Children, 2009 (percent)	Uninsured Children, 2016 (percent)	Decline in Uninsured Children (percentage point)
Nevada	19.3	6.9	-12.3*
Florida	16.8	7.5	-9.2*
Montana	14.3	5.2	-9.1*
Oregon	12.3	3.8	-8.4*
New Mexico	14.4	6.1	-8.3*
Texas	19.1	11.0	-8.2*
California	11.3	3.6	-7.7*
Idaho	13.4	6.1	-7.4*
Colorado	11.5	4.8	-6.7*
Mississippi	11.5	5.0	-6.5*

* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level.

Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.

Figure 5. Nine States Had Higher Uninsured Rates for School-Age Children than the National Rate of 5.1 Percent in 2016





The Nation's Largest School Districts Serve a Large Share of Children Who Rely on Medicaid/CHIP for Health Coverage, but Many Remain Uninsured

The 10 largest school districts in the country are in California, Florida, Hawaii, Illinois, Nevada, New York, and Pennsylvania. Within the borders of these school districts, the rate of uninsured school children ranges from 2.8 percent in Hawaii to 14.6 percent in the Houston Independent School District (See Table 3 below). In addition, four have more than 10 percent of the school-age children within their borders uninsured, with two in the state of Florida.²² Five of the 10 largest school districts have at least half of the school-age children living within the boundaries of the district covered through Medicaid/CHIP.

Table 3: Uninsured School-Age Children and Medicaid/CHIP Coverage in the Nation's 10 Largest School Districts, 2012-2016

State	School District	Uninsured School-Age Children (percent)	School-Age Children with Medicaid/CHIP (percent)
New York	New York City Department of Education	3.5	53.0
California	Los Angeles Unified School District	7.8	54.2
Illinois	Chicago Public School District 299	4.4	58.5
Florida	Dade County School District	11.8	47.6
Nevada	Clark County School District	12.0	29.6
Florida	Broward County School District	11.2	36.7
Pennsylvania	Philadelphia City School District	4.7	59.2
Texas	Houston Independent School District	14.6	53.3
Florida	Hillsborough County School District	8.2	37.6
Hawaii	Hawaii Department of Education	2.8	30.8

Notes: In this table, school-age children refer to children who are between 6 and 17 years old. The 10 largest school districts were selected based on the estimated population of school-age children living within the boundaries of the school district.

Source: The 2012-2016 American Community Survey.



Coverage Gaps Remain for School-Age Children

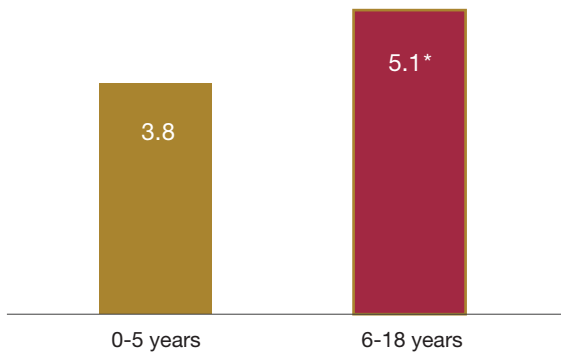
Age

School-age children are significantly more likely to be uninsured than young children (under 6 years old). In 2016, 5.1 percent of children of school-age were uninsured, compared to 3.8 percent of young children (Figure 6). Previous research finds that this may be the case because school-age children have fewer interactions with the health care system; young children have more recommended physician visits and require immunizations to start school.²³ Texas, Florida and Arizona had the largest gaps between

their rate of uninsured school-age children and their rate of uninsured young children (Table 4). No state had a rate of uninsured young children that was significantly higher than their uninsured school-age children.

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Figure 6. Rate of Uninsured Children by Age, 2016



* Indicates the estimate for school-age children is statistically different from the estimate for young children at the 0.1 level.
Source: Georgetown University Center for Children and Families tabulations of the 2016 ACS data from IPUMS.

Table 4. States with the Largest Difference between Uninsured Young Children and Uninsured School-Age Children, 2016

State	Uninsured Rate for Ages 0-5, 2016	Uninsured Rate for Ages 6-18, 2016	Difference (percentage point)
Texas	7.2	11.0	3.8*
Florida	4.6	7.5	2.9*
Arizona	6.0	8.5	2.5*

* Indicates the estimate for school-age children is statistically different from the estimate for young children at the 0.1 level.

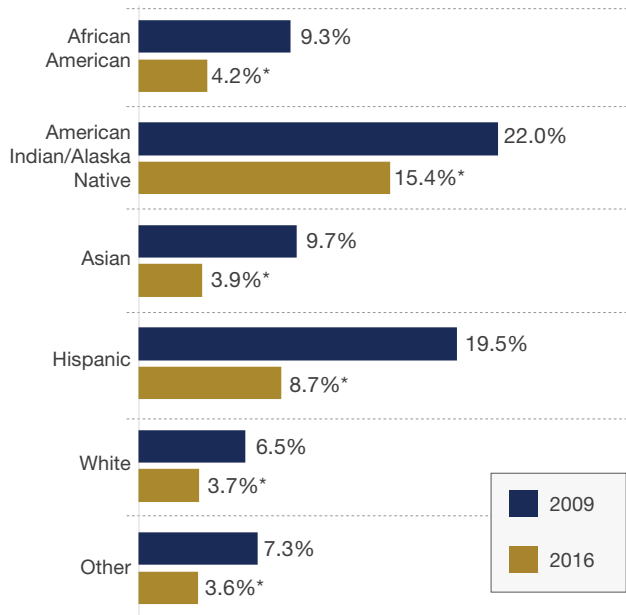
Source: Georgetown University Center for Children and Families tabulations of the 2016 ACS data from IPUMS.



Race and Ethnicity

Children who are Hispanic or American Indian or Alaska Native (AI/AN) are most likely to be uninsured, and this trend is consistent for school-age children, as well (Figure 7).²⁴ Between 2009 and 2016, children of all races and ethnicities had a decline in their uninsured rate of at least 40 percent, except for AI/AN children.²⁵ While some uninsured children may live in immigrant families, the vast majority of uninsured children (more than 90 percent) are U.S. citizens.²⁶ Regardless of race/ethnicity, the majority of uninsured children are eligible for, but not enrolled in health coverage.²⁷

Figure 7. Rate of Uninsured School-Age Children by Race/Ethnicity, 2009 and 2016



* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level.

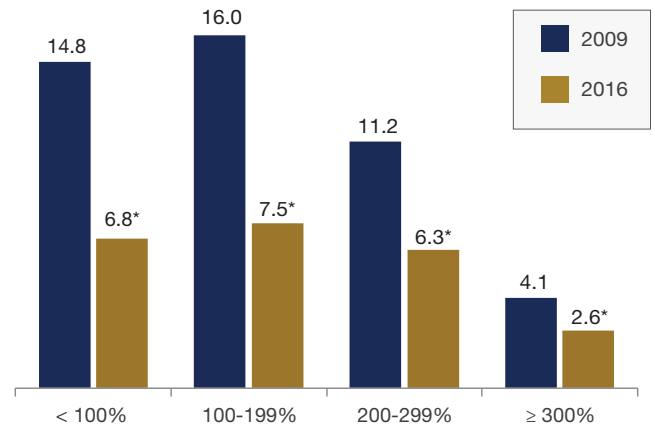
Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.

Income

School-age children at all income levels had significant declines in uninsured rates between 2009 and 2016 (Figure 8). In particular, the rate of uninsured, low-income children decreased by more than half. Even after the large decline, children who live in households with incomes between 100 and 199 percent FPL remain the most likely of any income group to be uninsured.

Nationally, school-age low-income children (under 200 percent FPL, or \$41,560 for a family of three) are more likely to be uninsured than school-age children who live in families that are not low-income. Similar inequalities also exist at the state level. Low-income children are significantly more likely to be uninsured than their higher income counterparts (above 200 percent FPL) in 38 states (see Appendix Table 3).

Figure 8. Rate of Uninsured School-Age Children by Income, 2009 and 2016



* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level.

Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.



Conclusion

Over the last decade, Medicaid, CHIP, and the ACA contributed to gains in insurance coverage for school-age children. Between 2009 and 2016, the rate of uninsured school-age children was cut in half and the rate of school-age children covered through Medicaid/CHIP increased by about 30 percent. States that adopted the ACA's Medicaid expansion had a lower rate of uninsured school-age children and a higher rate of school-age children covered through Medicaid/CHIP in 2016.

School-age children across all income and race and ethnicity groups experienced declines in their uninsured rates, but disparities persist. However, Medicaid's role maintaining coverage gains, filling gaps, and supporting long-term educational outcomes for children depends on the strong engagement of health and education policy leaders. National, state and school level leaders can work together to keep public coverage strong, ensure children are enrolled in Medicaid/CHIP, and prioritize coverage outreach efforts where geographic, racial and ethnic, and income gaps persist.

Methodology

The national and state level estimates included in this report are based on an analysis of the American Community Survey (ACS). We use an augmented version of the 2009-2016 ACS, the Integrated Public Use Microdata Series (IPUMS), prepared by the University of Minnesota Population Center (IPUMS-USA, University of Minnesota, www.ipums.org). We establish single-year national and state level estimates of health coverage and demographic characteristics for children. For purposes of this report, school-age children are between 6 and 18 years old. Young children are under 6 years old. Medicaid coverage may be alone or in combination

with other health insurance. Estimates by income exclude individuals for whom poverty status could not be determined. Medicaid expansion states include states that adopted the Medicaid expansion under the Affordable Care Act (ACA) through 2016. Race and ethnicity categories are defined as: African-American alone, not Hispanic or Latino; American Indian or Alaska Native alone, not Hispanic or Latino; Asian alone, not Hispanic or Latino; Hispanic or Latino (any race); other/multiple races, not Hispanic or Latino; and white, not Hispanic or Latino.



Appendix Table 1. Change in the Rate of Uninsured School-Age Children, 2009 to 2016

State	Rate of Uninsured School-Age Children, 2009	Rate of Uninsured School-Age Children, 2016	Change 2009-2016 (percentage point)
United States	9.9	5.1	-4.8 *
Alabama	6.9	2.8	-4.1 *
Alaska	13.3	11.3	-2.0
Arizona	14.3	8.5	-5.8 *
Arkansas	7.9	4.0	-3.8 *
California	11.3	3.6	-7.7 *
Colorado	11.5	4.8	-6.7 *
Connecticut	4.3	2.5	-1.9 *
Delaware	6.4	4.3	-2.1
District of Columbia	4.1	4.1	0.0
Florida	16.8	7.5	-9.2 *
Georgia	12.6	7.0	-5.6 *
Hawaii	3.9	2.7	-1.2
Idaho	13.4	6.1	-7.4 *
Illinois	5.5	3.0	-2.6 *
Indiana	9.2	5.9	-3.3 *
Iowa	5.1	2.3	-2.8 *
Kansas	9.3	5.3	-4.0 *
Kentucky	7.0	3.6	-3.4 *
Louisiana	8.2	4.1	-4.1 *
Maine	6.3	5.2	-1.1
Maryland	6.0	3.5	-2.5 *
Massachusetts	1.9	0.9	-1.0 *
Michigan	5.4	3.1	-2.3 *
Minnesota	7.6	3.2	-4.4 *
Mississippi	11.5	5.0	-6.5 *
Missouri	8.5	5.6	-2.9 *
Montana	14.3	5.2	-9.1 *
Nebraska	7.0	5.9	-1.0
Nevada	19.3	6.9	-12.3 *
New Hampshire	6.0	3.6	-2.3 *
New Jersey	7.4	3.6	-3.8 *
New Mexico	14.4	6.1	-8.3 *
New York	5.4	2.9	-2.5 *
North Carolina	9.9	5.1	-4.8 *
North Dakota	5.5	10.4	4.9 *
Ohio	7.5	3.6	-3.9 *
Oklahoma	12.6	8.0	-4.6 *
Oregon	12.3	3.8	-8.4 *
Pennsylvania	5.3	4.6	-0.7
Rhode Island	5.6	1.9	-3.7 *
South Carolina	10.6	4.3	-6.3 *
South Dakota	8.4	5.0	-3.4 *
Tennessee	6.8	4.2	-2.7 *
Texas	19.1	11.0	-8.2 *
Utah	11.2	6.0	-5.3 *
Vermont	3.8	0.9	-3.0 *
Virginia	7.3	5.6	-1.7 *
Washington	8.1	2.9	-5.2 *
West Virginia	6.5	1.9	-4.5 *
Wisconsin	5.4	3.5	-2.0 *
Wyoming	9.3	7.3	-2.0

* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level.

Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.



Appendix Table 2. Change in Percent of School-Age Children with Medicaid Coverage, 2009 to 2016

State	Percent with Medicaid/ CHIP, 2009	Percent with Medicaid/ CHIP, 2016	Change, 2009-2016 (percentage point)
United States	28.8	37.1	8.3 *
Alabama	33.5	42.4	8.9 *
Alaska	25.1	33.3	8.2 *
Arizona	31.0	38.3	7.3 *
Arkansas	42.9	49.3	6.4 *
California	31.6	43.4	11.8 *
Colorado	20.7	34.4	13.7 *
Connecticut	23.6	32.3	8.7 *
Delaware	29.8	30.7	0.9
District of Columbia	49.5	48.0	-1.5
Florida	28.1	39.6	11.5 *
Georgia	28.4	37.0	8.6 *
Hawaii	24.6	29.2	4.7 *
Idaho	24.5	32.6	8.1 *
Illinois	32.7	36.5	3.8 *
Indiana	25.7	32.8	7.2 *
Iowa	23.5	32.8	9.4 *
Kansas	21.9	28.8	6.9 *
Kentucky	34.3	40.6	6.3 *
Louisiana	41.4	49.1	7.7 *
Maine	35.5	30.8	-4.7
Maryland	22.9	30.2	7.3 *
Massachusetts	26.6	33.0	6.4 *
Michigan	31.6	36.0	4.3 *
Minnesota	18.9	29.3	10.4 *
Mississippi	39.5	48.4	8.9 *
Missouri	26.7	29.4	2.7 *
Montana	23.7	39.9	16.3 *
Nebraska	23.8	28.1	4.3 *
Nevada	16.3	34.3	18.1 *
New Hampshire	22.5	27.1	4.7 *
New Jersey	19.9	30.1	10.2 *
New Mexico	41.8	54.0	12.3 *
New York	32.1	39.9	7.8 *
North Carolina	29.9	40.2	10.3 *
North Dakota	14.7	19.3	4.5
Ohio	27.2	35.7	8.5 *
Oklahoma	33.8	39.9	6.1 *
Oregon	24.4	37.9	13.5 *
Pennsylvania	29.7	35.4	5.7 *
Rhode Island	25.9	33.2	7.3 *
South Carolina	30.3	41.4	11.1 *
South Dakota	28.6	28.4	-0.2
Tennessee	31.4	39.5	8.2 *
Texas	29.0	37.6	8.6 *
Utah	15.0	18.7	3.6 *
Vermont	40.0	45.2	5.2
Virginia	18.8	24.3	5.5 *
Washington	29.7	38.2	8.5 *
West Virginia	35.9	48.8	12.8 *
Wisconsin	25.6	29.7	4.1 *
Wyoming	20.7	24.7	4.0

* Indicates the 2016 estimate is statistically different from the 2009 estimate at the 0.1 level.

Source: Georgetown University Center for Children and Families tabulations of the 2009 and 2016 ACS data from IPUMS.



Appendix Table 3. The Rate of Uninsured School-Age Children by Income, 2016

State	Rate of Uninsured School-Age Children, under 200% FPL, 2016	Rate of Uninsured School-Age Children, at or above 200% FPL, 2016
United States	7.2	3.7 *
Alabama	4.1	1.6 *
Alaska	14.3	10.2
Arizona	11.4	6.0 *
Arkansas	4.9	3.2 *
California	5.1	2.5 *
Colorado	7.6	3.4 *
Connecticut	2.5	2.3
Delaware	8.0	2.7 *
District of Columbia	6.0	2.7
Florida	10.0	5.3 *
Georgia	10.0	4.6 *
Hawaii	4.0	2.3
Idaho	7.2	5.1
Illinois	3.5	2.5 *
Indiana	8.7	4.1 *
Iowa	3.9	1.6 *
Kansas	8.7	3.2 *
Kentucky	5.3	2.0 *
Louisiana	5.0	3.1 *
Maine	8.9	3.3 *
Maryland	5.0	2.9 *
Massachusetts	1.5	0.7 *
Michigan	4.4	2.3 *
Minnesota	4.3	2.8
Mississippi	6.1	3.8 *
Missouri	8.0	4.1 *
Montana	7.9	3.7 *
Nebraska	10.2	3.7 *
Nevada	9.7	4.7 *
New Hampshire	7.0	2.8 *
New Jersey	6.1	2.4 *
New Mexico	6.9	5.3
New York	3.7	2.4 *
North Carolina	6.9	3.7 *
North Dakota	10.9	10.2
Ohio	4.5	3.1 *
Oklahoma	9.4	6.8 *
Oregon	5.4	2.8 *
Pennsylvania	6.4	3.6 *
Rhode Island	0.8	1.9
South Carolina	5.2	3.6 *
South Dakota	6.8	4.1
Tennessee	5.2	3.3 *
Texas	14.2	8.1 *
Utah	9.7	4.3 *
Vermont	0.9	0.9
Virginia	9.7	3.7 *
Washington	4.7	1.9 *
West Virginia	1.5	2.5
Wisconsin	5.7	2.4 *
Wyoming	8.3	6.9

* Indicates the estimate of uninsured school-age children under 200% FPL is statistically different from the estimate of uninsured school-age children above 200% FPL at the 0.1 level.

Source: Georgetown University Center for Children and Families tabulations of the 2016 ACS data from IPUMS.



Endnotes

- ¹ J. Alker and O. Pham, “Nation’s Uninsured Rate for Children Drops to Another Historic Low in 2016” (Washington: Georgetown University Center for Children and Families, September 2017), available at <https://ccf.georgetown.edu/wp-content/uploads/2017/09/Uninsured-rate-for-kids-10-17.pdf>.
- ² Data retrieved from the American Community Survey Fact Finder, “Public Health Insurance Coverage by Type” (Washington: United States Census Bureau, 2016), available at https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S2704&prodType=table.
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