



Child Uninsured Rate Could Rise Sharply If States Don't Proceed with Caution

by Joan Alker and Aubrianna Osorio

Key Findings

- Medicaid and the Children's Health Insurance Program (CHIP) successfully brought down the child uninsured rate and proved to be a critical lifeline for more than half of the nation's children during the pandemic. **A highly successful pandemic-era law that helped keep children and families continuously covered will lift gradually starting on April 1, 2023 exposing children and families to a greater risk of becoming uninsured.**
- In March 2020, Congress and former President Trump enacted a bipartisan provision to stabilize health coverage for low-income children and families by increasing the federal government's contribution to state Medicaid programs while requiring states to maintain continuous coverage for all Medicaid beneficiaries for the duration of the COVID-19 public health emergency. The recently enacted Consolidated Appropriations Act, 2023 delinks that continuous coverage protection from the declaration of the public health emergency starting April 1, while phasing down the enhanced federal Medicaid funding for states over the course of 2023. **States have until May 2024 (though some will act more quickly) to complete the unprecedented task of conducting Medicaid eligibility checks for 83.5 million people, including more than 34.2 million children, who are now enrolled.**¹ Approximately four million children enrolled in CHIP-financed Medicaid will need to be renewed as well.²
- Millions of people are expected to lose Medicaid coverage during this so-called "unwinding" process for two reasons: 1) Their income has risen and they are no longer eligible; 2) Red tape barriers or inadequate communication or support from their state prevents families from renewing their coverage even though they remain eligible. We have estimated that as many as 6.7 million children are at risk of losing coverage during the unwinding. **The vast majority of children (73.6 percent) losing coverage will remain eligible for Medicaid but are likely to lose coverage due to bureaucratic snafus.**³ **The uninsured rate for children could easily more than double if states have inadequate staffing levels and overwhelmed call centers and do not take the time and care needed to properly conduct eligibility checks after the federal protections lift.**
- Medicaid/CHIP enrollment grew by 28 percent nationally from February 2020 to August 2022. In some states children account for the majority of Medicaid/CHIP enrollment growth—primarily in states that offer coverage to very few non-pregnant or non-disabled adults. Georgia leads the nation with 69 percent of its Medicaid/CHIP enrollment growth attributable to children; South Dakota, Texas, and Kansas are close behind with children comprising about 64 percent of their enrollment growth. Children also account for the majority of Medicaid/CHIP enrollment growth in Wyoming and Mississippi. **In states that have not adopted the Affordable Care Act Medicaid expansion, the unwinding process will primarily put at risk coverage for children, very poor parents, and new mothers.**
- **Nationally 54 percent of all children are covered through Medicaid/CHIP. Black and Latino children and children living in rural areas are likely covered at higher rates though this data source does not allow for disaggregation.** The five states (excluding DC) with the highest percent of children covered through Medicaid/CHIP are: New Mexico, Louisiana, Mississippi, Florida, and Alabama. Thirty states and the District of Columbia have at least half of their children insured through Medicaid/CHIP.

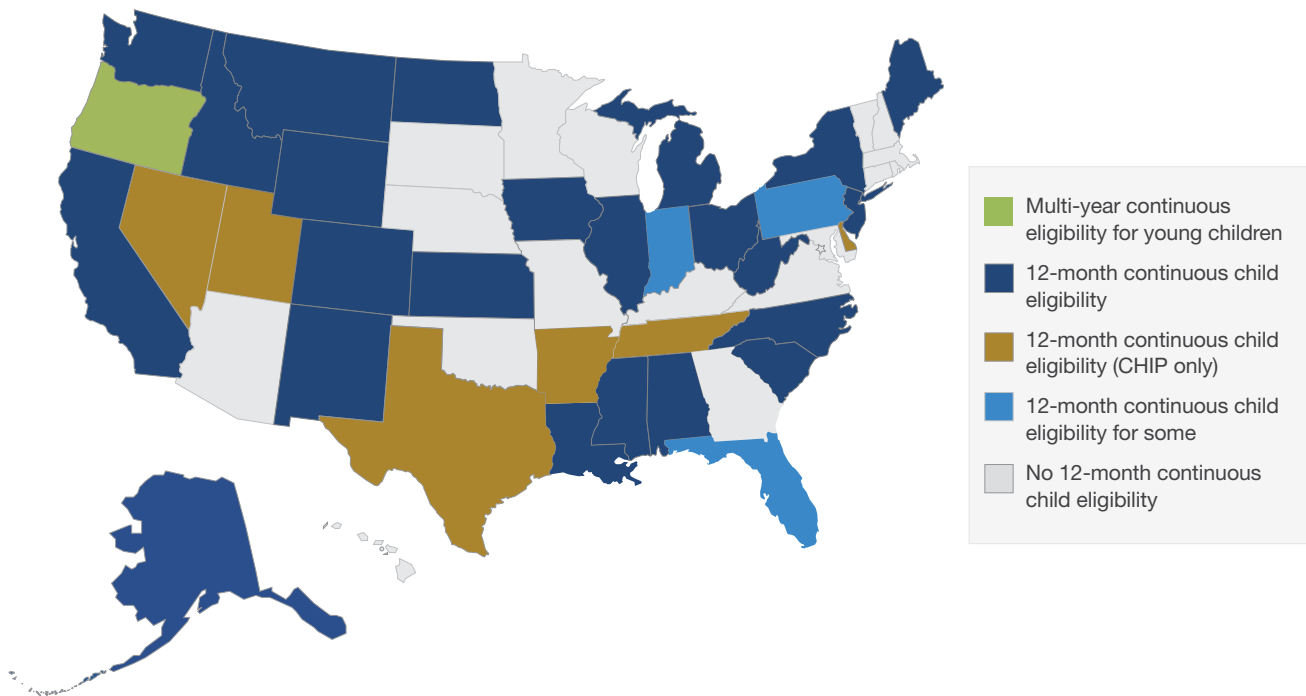


Policy Landscape

Medicaid is the backbone of the nation’s health care system providing coverage to those for whom private insurance is not available or affordable and is now the primary coverage source (along with CHIP) for America’s children. Medicaid covers approximately 83.5 million people (including 34.2 million children)—a 31 percent increase since prior to the COVID-19 pandemic.⁴ This increase in enrollment reflects a federal protection (“continuous coverage”) that has been in place since March of 2020 whereby states cannot disenroll anyone from Medicaid involuntarily in exchange for an increase in the federal Medicaid matching rate. As a consequence of the Consolidated Appropriations Act,⁵ this federal protection will lift gradually on April 1, 2023. Eligibility will have to be checked for all 83.5 million people enrolled in Medicaid and approximately four million children whose coverage is financed by CHIP but provided through Medicaid.⁶ States have until May 2024 to complete this process—it is likely however that some states will act more quickly. This is commonly referred to as the “Medicaid unwinding.”

In recognition of the risk of children becoming uninsured, the Consolidated Appropriations Act requires states to provide 12 months of continuous Medicaid and CHIP eligibility to children under age 19 beginning on January 1, 2024 if they do not already do so. Continuous eligibility, which is an existing state option, ensures that parents who take on extra shifts, receive a raise at work, or have seasonal employment do not risk losing their child’s Medicaid or CHIP coverage. Currently 17 states and the District of Columbia do not have continuous eligibility for Medicaid or CHIP for any children with additional states providing continuous eligibility only in one program or only for some children. (See Figure 1.) Immediately implementing this provision for all children as unwinding takes place would be highly beneficial for children; otherwise, there will likely be a gap in coverage before this provision becomes effective. This continuous eligibility requirement does not apply to parents or other adults leaving low-income families exposed to unpaid medical debt and health care needs.

Figure 1. 12-Month Continuous Eligibility for Children Under Age 19 in Medicaid and CHIP



Source: Georgetown University Center for Children and Families, “Medicaid and CHIP Continuous Coverage for Children” (Georgetown Center for Children and Families: October 2022).

Note: Washington and New Mexico have pending section 1115 demonstration waivers to provide multi-year continuous coverage for young children. California has passed legislation calling on the state to submit an 1115 waiver to adopt multi-year continuous coverage for children up to age 5.



With the majority of the children in the United States receiving their health insurance through Medicaid today, children have much at stake during the unwinding. Because the structure of public coverage differs for children and adults, policymakers must consider the needs of children separately. Researchers have consistently projected that millions of people will lose Medicaid during this process, many of whom will become uninsured.⁷ With respect to children, because Medicaid/CHIP income eligibility levels are much higher than for adults (see Figure 2), there is widespread agreement that *the vast majority of children losing coverage will remain eligible for Medicaid but lose coverage due to procedural errors of one sort or another.*

Prior to the continuous coverage protection taking effect, children eligible for Medicaid would churn off and on coverage due to bureaucratic barriers, confusing renewal notices or notices getting lost in the mail, technology hiccups, or slight income fluctuations. Children with parents who are hourly employees, work seasonal jobs, or work more than one part-time job are particularly susceptible to losing coverage as their family income is more likely to fluctuate and temporarily put them over the Medicaid or CHIP eligibility levels. The continuous coverage protection nearly eliminated churn, protecting children from gaps in health coverage.

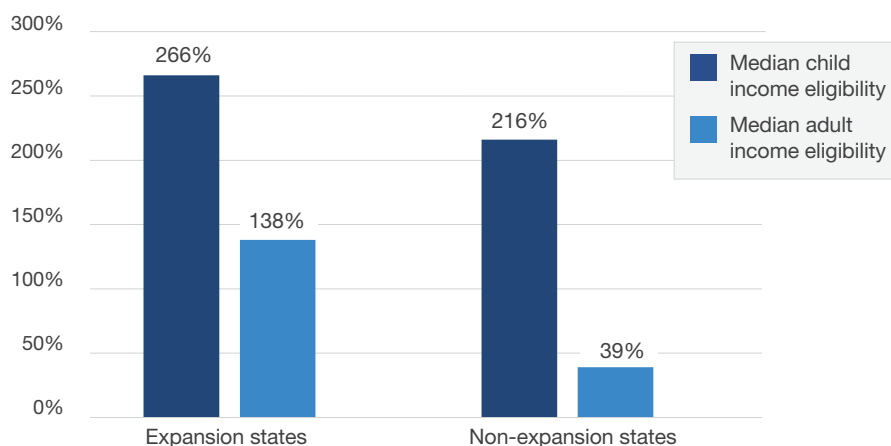
A report from federal researchers finds that 72 percent of children losing Medicaid will remain eligible and that Latino and Black children and families are at greater risk

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of inappropriately losing coverage.⁸ We have previously projected that the uninsured rate for children could easily double especially in states that do not take adequate time and care with the process, are less adept at using electronic data sources in their Medicaid eligibility system, and/or have more complicated and onerous public coverage features for children—such as separate CHIP programs which include premiums or more frequent income checks.⁹

This paper examines Medicaid/CHIP enrollment growth during the continuous coverage period, which states have seen the most substantial growth, and where children’s enrollment has constituted a larger share of the growth. Finally, we look at the percentage of children now covered by Medicaid/CHIP in each state. Unfortunately, this data source does not allow us to disaggregate the data by race, ethnicity, age, or geography. *Recent estimates from the National Health Interview Survey underscore the enormity of the stakes for families of color—with 68 percent of Black children and 60 percent of Latino children now enrolled in public coverage.*¹⁰

Figure 2. Median Income Eligibility for Children and Adults by Expansion Status, 2022



Source: Tricia Brooks et al., “Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings for a 50-State Survey” (Georgetown University Center for Children and Families and Kaiser Family Foundation, March 2022).



Background

Children have the highest rate of poverty in the United States, compared to other age groups.¹¹ This, along with the more generous public coverage levels that exist for children through Medicaid and CHIP and the fact that employer-sponsored coverage is far more expensive for families than individual workers, among other factors, and the continuous coverage requirement have resulted in Medicaid being today the single largest source of coverage for children—with 54.3 percent of all children enrolled in Medicaid and CHIP.¹²

During the early days of the COVID-19 pandemic, Congress enacted a number of relief bills to address the public health and economic crises the nation faced. One of the first such bills, the Families First Coronavirus Response Act (FFCRA), included enhanced federal funding for the Medicaid and CHIP programs. To qualify for the extra 6.2 percentage points in the federal Medicaid match rate, states have been required to meet specific maintenance of effort provisions. The most important of these provisions prohibited states from disenrolling anyone involuntarily who was enrolled in Medicaid on or after March 18, 2020. This provision is referred to in different ways—most commonly as the Medicaid “continuous coverage requirement” or the Medicaid disenrollment freeze. This policy also applied to CHIP children enrolled in Medicaid, but not to CHIP children enrolled in separate state programs.

There is clear evidence that the Medicaid continuous coverage requirement has been an extremely important policy tool to avoid increases in the number of uninsured people during the pandemic. The number of uninsured people generally rises during economic downturns as people lose their jobs and health insurance, but national survey data suggest that the uninsured rate actually went down. For children the Medicaid protections have been key to reversing coverage losses of the period prior to the pandemic and stabilizing the uninsured rate.¹³

Prior to the pandemic, children from low-wage working families, particularly those in families of color, often experienced periods of uninsurance in part due to administrative churn.¹⁴ Families may have difficulty completing the renewal process successfully if they have language barriers or inadequate support throughout the process. Even “returned mail” can and does lead to a child losing their health insurance coverage in “normal” times.¹⁵ Given the considerable housing instability for low-income families and changes in employment patterns and child care due to the pandemic, there has likely been a great deal of movement and changes for these families over the past two years.¹⁶ Many of these families are likely to have outdated addresses and information in the Medicaid eligibility systems.

Any gap in coverage is problematic for children and families as they are exposed to large medical bills in the event of a child becoming sick or breaking a bone. It is even more challenging for families with children who have chronic conditions like asthma or complex medical needs that require regular access to health care services. Uninsured children are also less likely to receive needed primary and preventive care for conditions such as asthma that can worsen and land a child in the emergency room. While children are not expensive to cover, they need access to regular preventive and primary care to grow and thrive as states begin to unwind.





What has happened to Medicaid enrollment?

We examined federal administrative data on Medicaid and CHIP enrollment growth from February 2020 to August 2022, the most recent month for which consistent data from nearly all 50 states and the District of Columbia were reported to the Centers for Medicare and Medicaid Services at the time of this writing.¹⁷ Specifically we looked at total enrollment growth, child only enrollment growth, and analyzed the share of enrollment growth that was attributable to children during this period. Finally, we examine the percent of children overall in each state enrolled in Medicaid/CHIP as of August 2022.

Unsurprisingly, the top two states with the largest total enrollment growth are Oklahoma and Missouri as both of these states implemented the Affordable Care Act’s Medicaid

expansion for low-income adults as a result of voter-backed referenda during the period. (See Appendix Table 1.) While all states experienced enrollment growth during the period, growth rates (excluding Oklahoma and Missouri) ranged from a high of 57.5 percent in Indiana to a low of 16.7 percent in Connecticut. Varying growth rates are likely the result of many factors including differential economic impacts of the pandemic, state policy choices such as suspending premiums or other barriers like periodic income checks during the COVID-19 public health emergency, and, most especially, the level of pre-pandemic burdens imposed by states associated with renewing coverage during “normal” times which results in higher or lower shares of children and families eligible but not enrolled in Medicaid/CHIP.

Which states have seen the largest growth in children’s Medicaid?

Child enrollment growth in Medicaid and CHIP over the period tended to grow most quickly in states that had higher uninsured rates prior to the pandemic. This is to be expected since the majority of uninsured children prior to the pandemic were eligible but not enrolled in Medicaid and CHIP.¹⁸ The protective effect of the continuous coverage requirement has been more valuable to families in these states because they tend to erect more barriers to enrollment and retention of public coverage and/or have lower income eligibility levels.

Table 1 shows the top ten states with respect to Medicaid and CHIP child enrollment growth which ranged from a high of 44.8 percent in Indiana to a low of 7.7 percent in Vermont (see Appendix Table 2 for all states). States that had lower Medicaid and CHIP participation rates at the start of the pandemic had more “room to grow” in child enrollment and thus would be expected to see higher enrollment growth. Indiana and Wyoming are good examples of this with participation rates for children eligible for Medicaid far below the national average prior to the pandemic.¹⁹

Table 1. Top 10 States for Child Enrollment Growth in Medicaid and CHIP

State	February 2020 Child Enrollment	August 2022 Child Enrollment	Number Change	Percent Change	Rank	2019 Uninsured Rate	Rank
United States	35,973,247	42,261,973	6,288,726	17.5%	-	5.7	-
Indiana	716,646	1,037,575	320,929	44.8%	1	7.1	40
Wyoming	37,242	51,421	14,179	38.1%	2	10.6	50
North Dakota	42,563	57,532	14,969	35.2%	3	7.8	43
Missouri	536,875	719,959	183,084	34.1%	4	6.5	39
Georgia	1,268,470	1,678,168	409,698	32.3%	5	7.4	41
Kansas	263,184	343,858	80,674	30.7%	6	5.8	33
Utah	184,630	236,262	51,632	28.0%	7	8.3	46
Oklahoma	502,359	639,712	137,353	27.3%	8	8.6	47
South Dakota	77,955	98,679	20,724	26.6%	9	7.8	43
Texas	3,301,272	4,172,430	871,158	26.4%	10	12.7	51

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022.



We also examined the share of enrollment growth overall that is attributable to children. The top ten states with the largest share of enrollment growth attributable to children are shown in Table 2. All of these states cover far fewer non-pregnant or non-disabled adults because they have not accepted the ACA's Medicaid expansion—except for Indiana. In states that have not expanded Medicaid, children constitute 53 percent of Medicaid enrollment growth as compared to expansion states where children constitute about one quarter of enrollment growth. In every state, policymakers should consider the needs of children separately due to the fact that their eligibility levels are higher so they are most likely to remain eligible even if their parent's income is over the adult eligibility guidelines. In states that have seen a higher share of child enrollment

In states that have not expanded Medicaid, children constitute 53 percent of Medicaid enrollment growth as compared to about 25 percent in expansion states.

growth particular attention must be given to bureaucratic barriers, inertia, or indifference that may result in eligible children losing coverage. In Medicaid non-expansion states, children are far more likely to remain eligible for Medicaid or CHIP than their parents and that large disconnect between eligibility levels could cause confusion for parents, leading to children losing their coverage.

Table 2. Top 10 Child Share of Enrollment Growth in Medicaid and CHIP

State	Total Enrollment Number Change (Feb 2020-Aug 2022)	Child Enrollment Number Change (Feb 2020-Aug 2022)	Child Share of Growth	Rank
United States	19,625,124	6,288,726	32.0%	-
Georgia	589,931	409,698	69.4%	1
South Dakota	32,100	20,724	64.6%	2
Texas	1,354,590	871,158	64.3%	3
Kansas	126,473	80,674	63.8%	4
Wyoming	24,126	14,179	58.8%	5
Mississippi	137,170	80,308	58.5%	6
Alabama	222,233	107,965	48.6%	7
Florida	1,172,881	565,817	48.2%	8
Tennessee	298,182	130,663	43.8%	9
Indiana	768,978	320,929	41.7%	10

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022.





Which states have the largest share of all children covered through Medicaid and CHIP today?

In 30 states and the District of Columbia, more than half of their child population is enrolled in Medicaid and CHIP. (See Appendix Table 4.) Ten states and DC have more than 60 percent of their children insured by Medicaid and CHIP. (See Table 3.) Access to care for children could be severely disrupted in these states if the Medicaid unwinding process does not go well.

Table 3. States with 60 Percent or More of All Children Enrolled in Medicaid/CHIP

State	2021 Child Population	Child Medicaid/CHIP Enrollment (August 2022)	Share of Children with Medicaid/CHIP	Rank
United States	77,831,000	42,261,973	54.3%	-
New Mexico	503,000	380,565	75.7%	1
District of Columbia	134,000	100,287	74.8%	2
Louisiana	1,138,000	796,152	70.0%	3
Mississippi	736,000	497,997	67.7%	4
Florida	4,534,000	2,976,759	65.7%	5
Alabama	1,191,000	768,824	64.6%	6
West Virginia	381,000	243,554	63.9%	7
Oklahoma	1,011,000	639,712	63.3%	8
Georgia	2,684,000	1,678,168	62.5%	9
South Carolina	1,188,000	742,705	62.5%	10
Indiana	1,680,000	1,037,575	61.8%	11

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022. Child population totals from 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.

Conclusion

Medicaid is now the single largest source of health coverage for children in the United States. While some parents may no longer meet the Medicaid income eligibility guidelines, children are still likely to be eligible for Medicaid or CHIP due to higher child income eligibility standards. A separate study found that an estimated 3.2 million children under 18 currently enrolled in Medicaid will become eligible for separate CHIP programs—which is less than ten percent of children currently enrolled in Medicaid.²⁰

Ensuring that children and their families navigate successfully to new sources of coverage will be challenging; an even greater challenge will be retaining eligible children. These children are at grave risk of losing coverage inappropriately in states that do not handle the renewal process with the utmost care. In states that cover few non-pregnant, non-disabled

adults, the Medicaid unwinding process will primarily pose risks to children, very poor parents, and postpartum women.

Coverage losses will be more likely to happen in states that do not reduce bureaucratic hurdles and fail to utilize effective strategies to reach and support parents through the renewal process with a message that their child is likely still eligible for public coverage. States must also work with trusted messengers to reach communities of color who are more likely to lose coverage inappropriately. The potential impact of the unwinding process could double the nation’s uninsured rate for children if not handled well, and worsen existing racial disparities in access to health coverage and care. Families with high levels of recent residential instability, limited English proficiency, or limited internet access are at greater risk of losing coverage.



Coverage losses can be mitigated and gaps in coverage avoided by early state adoption of the soon to be required 12 months of continuous Medicaid and CHIP eligibility for children in states that have not yet implemented it for children of all ages in both Medicaid and CHIP. State leaders in all states must commit to being transparent with data on eligibility denials and call center statistics and halt the process if large numbers of children and adults lose coverage for procedural reasons, call centers become overwhelmed,

or other clear warning signs emerge. A major challenge lies ahead, but states that take their time, work closely with community partners, extend continuous coverage periods for children (which can be even longer than 12 months with approved Section 1115 authority), and dedicate the needed resources to the process could avoid large coverage losses and even reimagine their systems for a brighter future for children.

Acknowledgments

The authors would like to thank Cathy Hope, Edwin Park, Tricia Brooks, and Hannah Klukoff for their contributions to this brief. 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.



Appendix Table 1. Total Enrollment Growth in Medicaid and CHIP by State

State	February 2020 Total Enrollment	August 2022 Total Enrollment	Number Change	Percent Change	Rank
United States	71,097,415	90,722,539	19,625,124	27.6%	-
Alabama	923,320	1,145,553	222,233	24.1%	36
Alaska	222,941	262,417	39,476	17.7%	50
Arizona	1,705,789	2,245,107	539,318	31.6%	20
Arkansas	802,939	1,019,232	216,293	26.9%	27
California	11,590,601	13,820,824	2,230,223	19.2%	47
Colorado	1,266,680	1,656,830	390,150	30.8%	21
Connecticut	844,967	985,813	140,846	16.7%	51
Delaware	231,742	293,136	61,394	26.5%	30
District of Columbia	241,674	287,984	46,310	19.2%	48
Florida	3,600,457	4,773,338	1,172,881	32.6%	16
Georgia	1,833,759	2,423,690	589,931	32.2%	19
Hawaii	325,667	435,501	109,834	33.7%	13
Idaho	319,534	432,974	113,440	35.5%	10
Illinois	2,829,625	3,695,126	865,501	30.6%	22
Indiana	1,337,074	2,106,052	768,978	57.5%	3
Iowa	677,141	833,293	156,152	23.1%	40
Kansas	378,292	504,765	126,473	33.4%	14
Kentucky	1,288,129	1,585,244	297,115	23.1%	39
Louisiana	1,495,354	1,866,372	371,018	24.8%	33
Maine	267,482	356,468	88,986	33.3%	15
Maryland	1,330,660	1,654,583	323,923	24.3%	35
Massachusetts	1,571,761	1,933,081	361,320	23.0%	41
Michigan	2,330,401	2,983,721	653,320	28.0%	26
Minnesota	1,044,409	1,342,340	297,931	28.5%	25
Mississippi	615,262	752,432	137,170	22.3%	44
Missouri	855,282	1,375,658	520,376	60.8%	2
Montana	252,740	315,377	62,637	24.8%	34
Nebraska	248,633	377,726	129,093	51.9%	4
Nevada	625,358	877,180	251,822	40.3%	8
New Hampshire	181,726	243,549	61,823	34.0%	11
New Jersey	1,701,569	2,159,579	458,010	26.9%	28
New Mexico	744,994	879,766	134,772	18.1%	49
New York	5,987,770	7,269,924	1,282,154	21.4%	45
North Carolina	1,770,394	2,295,141	524,747	29.6%	23
North Dakota	89,991	126,517	36,526	40.6%	7
Ohio	2,596,917	3,289,608	692,691	26.7%	29
Oklahoma	716,566	1,248,544	531,978	74.2%	1
Oregon	1,002,190	1,343,029	340,839	34.0%	12
Pennsylvania	2,934,949	3,613,259	678,310	23.1%	38
Rhode Island	289,944	355,465	65,521	22.6%	42
South Carolina	1,036,982	1,269,307	232,325	22.4%	43
South Dakota	109,585	141,685	32,100	29.3%	24
Tennessee	1,447,919	1,746,101	298,182	20.6%	46
Texas	4,198,897	5,553,487	1,354,590	32.3%	18
Utah	313,899	469,333	155,434	49.5%	5
Vermont	151,167	190,063	38,896	25.7%	31
Virginia	1,426,912	1,945,680	518,768	36.4%	9
Washington	1,723,451	2,133,275	409,824	23.8%	37
West Virginia	506,857	635,927	129,070	25.5%	32
Wisconsin	1,050,981	1,391,275	340,294	32.4%	17
Wyoming	56,082	80,208	24,126	43.0%	6

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022.



Appendix Table 2. Child Enrollment Growth in Medicaid and CHIP by State

State	February 2020 Child Enrollment	August 2022 Child Enrollment	Number Change	Percent Change	Rank
United States	35,973,247	42,261,973	6,288,726	17.5%	-
Alabama	660,859	768,824	107,965	16.3%	25
Alaska	97,379	105,055	7,676	7.9%	50
Arizona	752,139	872,134	119,995	16.0%	27
Arkansas	370,840	436,612	65,772	17.7%	21
California	4,806,615	5,241,933	435,318	9.1%	47
Colorado	566,484	640,225	73,741	13.0%	39
Connecticut	331,656	362,198	30,542	9.2%	46
Delaware	105,630	121,590	15,960	15.1%	32
District of Columbia	90,421	100,287	9,866	10.9%	44
Florida	2,410,942	2,976,759	565,817	23.5%	13
Georgia	1,268,470	1,678,168	409,698	32.3%	5
Hawaii	138,826	157,877	19,051	13.7%	38
Idaho	175,309	205,916	30,607	17.5%	22
Illinois	1,347,284	1,536,583	189,299	14.1%	36
Indiana	716,646	1,037,575	320,929	44.8%	1
Iowa	337,748	381,600	43,852	13.0%	40
Kansas	263,184	343,858	80,674	30.7%	6
Kentucky	547,576	635,521	87,945	16.1%	26
Louisiana	717,338	796,152	78,814	11.0%	43
Maine	108,717	133,802	25,085	23.1%	14
Maryland	622,062	718,968	96,906	15.6%	29
Massachusetts	669,192	746,383	77,191	11.5%	42
Michigan	944,233	1,111,865	167,632	17.8%	20
Minnesota	530,743	630,323	99,580	18.8%	18
Mississippi	417,689	497,997	80,308	19.2%	17
Missouri	536,875	719,959	183,084	34.1%	4
Montana	114,894	130,957	16,063	14.0%	37
Nebraska	165,414	200,167	34,753	21.0%	16
Nevada	295,392	365,412	70,020	23.7%	12
New Hampshire	89,507	105,827	16,320	18.2%	19
New Jersey	811,342	946,208	134,866	16.6%	23
New Mexico	332,629	380,565	47,936	14.4%	34
New York	2,389,703	2,583,841	194,138	8.1%	49
North Carolina	1,189,125	1,372,286	183,161	15.4%	30
North Dakota	42,563	57,532	14,969	35.2%	3
Ohio	1,152,914	1,330,435	177,521	15.4%	31
Oklahoma	502,359	639,712	137,353	27.3%	8
Oregon	416,860	485,683	68,823	16.5%	24
Pennsylvania	1,383,641	1,563,140	179,499	13.0%	41
Rhode Island	116,420	126,694	10,274	8.8%	48
South Carolina	648,589	742,705	94,116	14.5%	33
South Dakota	77,955	98,679	20,724	26.6%	9
Tennessee	822,161	952,824	130,663	15.9%	28
Texas	3,301,272	4,172,430	871,158	26.4%	10
Utah	184,630	236,262	51,632	28.0%	7
Vermont	60,890	65,597	4,707	7.7%	51
Virginia	756,692	916,750	160,058	21.2%	15
Washington	826,585	904,229	77,644	9.4%	45
West Virginia	213,391	243,554	30,163	14.1%	35
Wisconsin	506,220	630,899	124,679	24.6%	11
Wyoming	374,242	51,421	14,179	38.1%	2

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022.



Appendix Table 3. Child Share of Enrollment Growth in Medicaid and CHIP by State

State	Total Enrollment Number Change (Feb 2020 – Aug 2022)	Child Enrollment Number Change (Feb 2020 – Aug 2022)	Number Change	Rank
United States	19,625,124	6,288,726	32.0%	-
Alabama	222,233	107,965	48.6%	7
Alaska	39,476	7,676	19.4%	45
Arizona	539,318	119,995	22.2%	37
Arkansas	216,293	65,772	30.4%	20
California	2,230,223	435,318	19.5%	44
Colorado	390,150	73,741	18.9%	47
Connecticut	140,846	30,542	21.7%	39
Delaware	61,394	15,960	26.0%	31
District of Columbia	46,310	9,866	21.3%	41
Florida	1,172,881	565,817	48.2%	8
Georgia	589,931	409,698	69.4%	1
Hawaii	109,834	19,051	17.3%	48
Idaho	113,440	30,607	27.0%	27
Illinois	865,501	189,299	21.9%	38
Indiana	768,978	320,929	41.7%	10
Iowa	156,152	43,852	28.1%	25
Kansas	126,473	80,674	63.8%	4
Kentucky	297,115	87,945	29.6%	22
Louisiana	371,018	78,814	21.2%	42
Maine	88,986	25,085	28.2%	24
Maryland	323,923	96,906	29.9%	21
Massachusetts	361,320	77,191	21.4%	40
Michigan	653,320	167,632	25.7%	33
Minnesota	297,931	99,580	33.4%	17
Mississippi	137,170	80,308	58.5%	6
Missouri	520,376	183,084	35.2%	15
Montana	62,637	16,063	25.6%	34
Nebraska	129,093	34,753	26.9%	28
Nevada	251,822	70,020	27.8%	26
New Hampshire	61,823	16,320	26.4%	30
New Jersey	458,010	134,866	29.4%	23
New Mexico	134,772	47,936	35.6%	14
New York	1,282,154	194,138	15.1%	50
North Carolina	524,747	183,161	34.9%	16
North Dakota	36,526	14,969	41.0%	11
Ohio	692,691	177,521	25.6%	35
Oklahoma	531,978	137,353	25.8%	32
Oregon	340,839	68,823	20.2%	43
Pennsylvania	678,310	179,499	26.5%	29
Rhode Island	65,521	10,274	15.7%	49
South Carolina	232,325	94,116	40.5%	12
South Dakota	32,100	20,724	64.6%	2
Tennessee	298,182	130,663	43.8%	9
Texas	1,354,590	871,158	64.3%	3
Utah	155,434	51,632	33.2%	18
Vermont	38,896	4,707	12.1%	51
Virginia	518,768	160,058	30.9%	19
Washington	409,824	77,644	18.9%	46
West Virginia	129,070	30,163	23.4%	36
Wisconsin	340,294	124,679	36.6%	13
Wyoming	24,126	14,179	58.8%	5

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022.



Appendix Table 4. Share of All Children Enrolled in Medicaid and CHIP by State

State	2021 Child Population	August 2022 Child Enrollment	Share of Children with Medicaid/CHIP Coverage	Rank
United States	77,831,000	42,261,973	54.3%	-
Alabama	1,191,000	768,824	64.6%	6
Alaska	187,000	105,055	56.2%	17
Arizona	1,716,000	872,134	50.8%	29
Arkansas	743,000	436,612	58.8%	14
California	9,275,000	5,241,933	56.5%	16
Colorado	1,318,000	640,225	48.6%	37
Connecticut	775,000	362,198	46.7%	39
Delaware	222,000	121,590	54.8%	21
District of Columbia	134,000	100,287	74.8%	2
Florida	4,534,000	2,976,759	65.7%	5
Georgia	2,684,000	1,678,168	62.5%	9
Hawaii	318,000	157,877	49.6%	33
Idaho	498,000	205,916	41.3%	46
Illinois	2,968,000	1,536,583	51.8%	26
Indiana	1,680,000	1,037,575	61.8%	11
Iowa	782,000	381,600	48.8%	36
Kansas	746,000	343,858	46.1%	41
Kentucky	1,073,000	635,521	59.2%	13
Louisiana	1,138,000	796,152	70.0%	3
Maine	263,000	133,802	50.9%	28
Maryland	1,438,000	718,968	50.0%	31
Massachusetts	1,469,000	746,383	50.8%	30
Michigan	2,277,000	1,111,865	48.8%	35
Minnesota	1,383,000	630,323	45.6%	43
Mississippi	736,000	497,997	67.7%	4
Missouri	1,462,000	719,959	49.2%	34
Montana	248,000	130,957	52.8%	24
Nebraska	509,000	200,167	39.3%	47
Nevada	732,000	365,412	49.9%	32
New Hampshire	273,000	105,827	38.8%	48
New Jersey	2,129,000	946,208	44.4%	44
New Mexico	503,000	380,565	75.7%	1
New York	4,357,000	2,583,841	59.3%	12
North Carolina	2,451,000	1,372,286	56.0%	18
North Dakota	195,000	57,532	29.5%	50
Ohio	2,757,000	1,330,435	48.3%	38
Oklahoma	1,011,000	639,712	63.3%	8
Oregon	911,000	485,683	53.3%	22
Pennsylvania	2,847,000	1,563,140	54.9%	20
Rhode Island	227,000	126,694	55.8%	19
South Carolina	1,188,000	742,705	62.5%	10
South Dakota	232,000	98,679	42.5%	45
Tennessee	1,623,000	952,824	58.7%	15
Texas	7,867,000	4,172,430	53.0%	23
Utah	998,000	236,262	23.7%	51
Vermont	126,000	65,597	52.1%	25
Virginia	2,000,000	916,750	45.8%	42
Washington	1,766,000	904,229	51.2%	27
West Virginia	381,000	243,554	63.9%	7
Wisconsin	1,352,000	630,899	46.7%	40
Wyoming	140,000	51,421	36.7%	49

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly. CCF also substitutes state administrative data for Indiana in August 2022. Child population totals from 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.



Endnotes

¹ Centers for Medicare & Medicaid Services (CMS), “August 2022 Medicaid and CHIP Enrollment Trends Snapshot,” available at <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/august-2022-medicaid-chip-enrollment-trend-snapshot.pdf>. As CMS notes, this number reflects only 49 states and DC and excludes Arizona, which does not report a child enrollment breakout.

² J. Alker and T. Brooks, “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/>.

³ Office of the Assistant Secretary for Planning and Evaluation (ASPE), “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>.

⁴ CMS, op. cit. CHIP enrollment has increased 4.7 percent during the same period; children in CHIP Medicaid programs are protected by the continuous coverage protection; children in “separate” state CHIP programs are not.

⁵ For more information, see Edwin Park et al., “Consolidated Appropriations Act, 2023: Medicaid and CHIP Provisions Explained” (Georgetown University Center for Children and Families: February 2022), available at <https://ccf.georgetown.edu/2023/01/05/consolidated-appropriations-act-2023-medicaid-and-chip-provisions-explained/>.

⁶ Georgetown University Center for Children and Families calculation based on the 6.9 million children enrolled in CHIP as of August 2022 (CMS, op. cit). Approximately 61 percent of these children are in CHIP-funded Medicaid, so we applied this ratio for an estimate. See MACPAC, “Exhibit 32. Child Enrollment in CHIP and Medicaid by State, FY 2021 (thousands),” available at <https://www.macpac.gov/wp-content/uploads/2022/12/EXHIBIT-32.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2021-thousands.pdf>.

⁷ ASPE, op. cit. See also M. Buettgens and A. Green, “The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage” (Urban Institute: December 2022), available at https://www.urban.org/sites/default/files/2022-12/The%20Impact%20of%20the%20COVID-19%20Public%20Health%20Emergency%20Expiration%20on%20All%20Types%20of%20Health%20Coverage_0.pdf; Alker and Brooks op. cit.; and E. Williams, R. Rudowitz, and B. Corallo, “Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends” (Kaiser Family Foundation: May 2022), available at <https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>.

⁸ ASPE, op. cit.

⁹ Alker and Brooks, op. cit.

¹⁰ R. A. Cohen and A. E. Cha, “Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–June 2022” (National Center for Health Statistics: December 2022), available at <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202212.pdf>.

¹¹ C. Benson, “U.S. Poverty Rate Is 12.8% but Varies Significantly by Age Groups” (U.S. Census Bureau: October 2022), available at <https://www.census.gov/library/stories/2022/10/poverty-rate-varies-by-age-groups.html>.

¹² Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. CCF uses updated data whenever possible. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data for child enrollment in all months. CCF also substitutes Indiana state administrative data for both child and total enrollment in August 2022 due to recent changes in the state’s reporting to CMS. More information on data sources and methodology is available online.

¹³ J. Alker, A. Osorio, and E. Park, “Number of Uninsured Children Stabilized and Improved Slightly During the Pandemic” (Georgetown University Center for Children and Families: December 2022), available at <https://ccf.georgetown.edu/2022/12/07/number-of-uninsured-children-stabilized-and-improved-slightly-during-the-pandemic-2/>.

¹⁴ A. Osorio and J. Alker, “Gaps in Coverage: A Look at Child Health Insurance Trends” (Georgetown University Center for Children and Families: November 2021), available at <https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/>.

¹⁵ M. Hawryluk, “Return To Sender? Just One Missed Letter Can Be Enough To End Medicaid Benefits,” National Public Radio, November 1, 2019, available at <https://www.npr.org/sections/health-shots/2019/11/01/774804485/return-to-sender-just-one-missed-letter-can-be-enough-to-end-medicaid-benefits>.

¹⁶ K. Wong, “Housing Insecurity and the COVID-19 Pandemic,” (Consumer Financial Protection Bureau: March 2021), available at https://files.consumerfinance.gov/f/documents/cfpb_Housing_insecurity_and_the_COVID-19_pandemic.pdf.

¹⁷ CMS State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, op. cit.

¹⁸ J. Haley et al., “Uninsurance Rose among Children and Parents in 2019: National and State Patterns” (Urban Institute: July 2021), available at <https://www.urban.org/sites/default/files/publication/104547/uninsurance-rose-among-children-and-parents-in-2019.pdf>.

¹⁹ Georgetown University Center for Children and Families, Children’s Health Care Report Card, available at <https://kidshealthcarereport.ccf.georgetown.edu/states/indiana> and <https://kidshealthcarereport.ccf.georgetown.edu/states/wyoming>.

²⁰ Buettgens and Green, op. cit. Some children will be eligible for employer-sponsored insurance or subsidized Marketplace coverage but this study does not break these numbers out by age.