



# Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements

by Joan Alker and Alisa Chester

## Key Findings

- The rate of uninsurance among children dropped to a historic low of 6 percent following implementation of the Affordable Care Act in 2014. The improvement was widespread with 25 states recording statistically significant declines in the number of uninsured children and no state reporting a significant increase. Just under 4.4 million children remain uninsured in 2014, and about half of these children live in six states—Texas, California, Florida, Georgia, Arizona, and Pennsylvania.
- Some states saw much greater improvements in children's coverage than others. States with the sharpest declines in the rate of uninsured children were Nevada, Colorado, West Virginia, Mississippi, and Rhode Island. Nevada's decline was considerably larger than any other state.
- States that extended Medicaid coverage to more uninsured adults saw nearly double the rate of decline in uninsured children as compared to states that didn't accept the ACA's Medicaid option. This is likely due to a robust "welcome mat" effect as parents enrolled their children when they signed up for newly available coverage. Even states that did not expand Medicaid appear to have experienced a welcome mat effect due to the ACA.

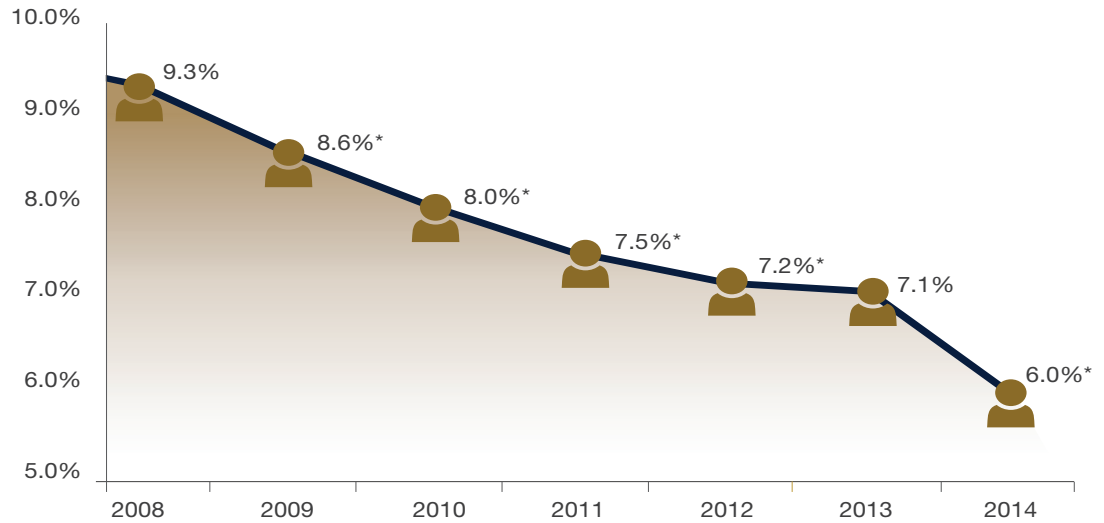
## Children's Uninsured Rate Is at Historic Low Thanks to the Affordable Care Act

On January 1, 2014 many of the key provisions of the Affordable Care Act (ACA) took effect. The ACA created new pathways to coverage primarily for adults either through premium subsidies for those purchasing coverage in new federal or state marketplaces or by extending Medicaid eligibility, which is now a state option. Most of the eligibility expansions were aimed at adults because their insured rates have lagged behind children's for many years; however, the ACA included some important policy changes for children that were expected to have both a direct and indirect impact on children's coverage rates.<sup>1</sup> Health coverage for children leads to improved access to care, better health outcomes, and stronger educational achievement.<sup>2</sup>

This year's American Community Survey (ACS) data from 2014 provide a first look at how the implementation of the ACA is affecting coverage rates for children – both nationwide and in all 50 states and the District of Columbia. Our analysis looks at the profile of uninsured children in 2014 and examines rates of change in coverage for children from 2013 to 2014.<sup>3</sup> *The children's uninsured rate in the United States declined significantly from 7.1 percent in 2013 to 6.0 percent in 2014.* This was welcome news, as 2013 data had shown no significant decline in the children's coverage rate for the first time in many years.<sup>4</sup>



Figure 1: Rate of Uninsured Children from 2008-2014



\* Change is significant at the 90% confidence level. 2013 was the only year that did not show a significant one-year decline in the national rate of uninsured children.

All income and racial groups and areas of the country reflected this national decline in uninsured children, with 25 states showing a significant decrease in the number of uninsured children and no state showing a significant increase. Most of the remaining states showed declines in the number of uninsured children, but they were not large enough to be statistically significant.

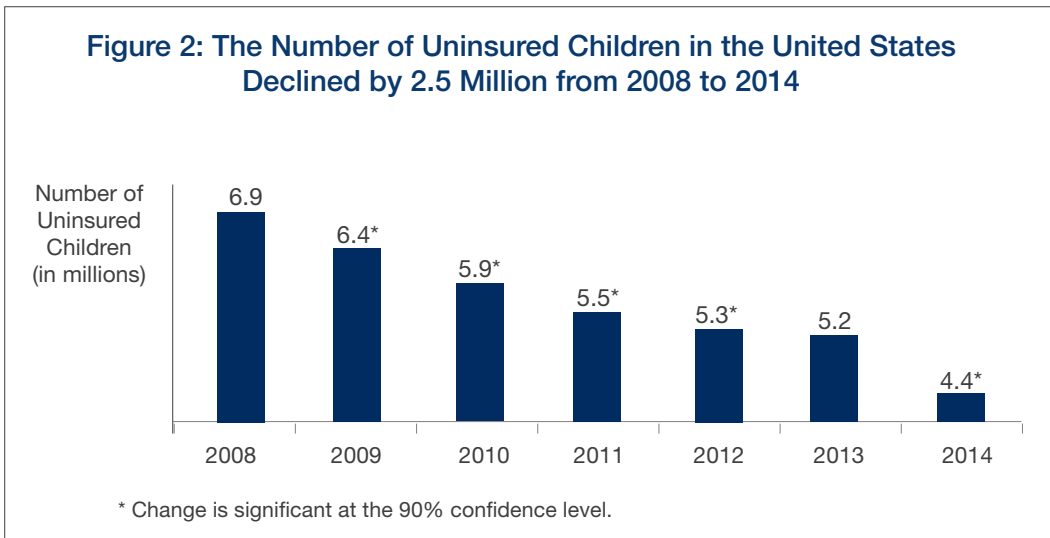
This substantial decline is undoubtedly due in large part to changes in coverage as a result of the ACA. Some of the policy changes affecting children could be expected to have a direct impact on their coverage levels—such as the availability of new tax credits to subsidize the purchase of newly available marketplace

coverage. In 2014, nearly half a million children (498,000) enrolled in marketplace coverage.<sup>5</sup>

Still, eligibility expansions are only part of the story as most uninsured children (67.9 percent in 2012) were already eligible for affordable health care coverage prior to the ACA through Medicaid or CHIP but were not enrolled.<sup>6</sup> Reducing barriers to coverage and enhanced outreach and retention efforts are essential to increasing participation rates for children and reducing the uninsured rate.



**Figure 2: The Number of Uninsured Children in the United States Declined by 2.5 Million from 2008 to 2014**



Other key changes brought about by the ACA that likely contributed to the decline in uninsured children include the following provisions:

- The ACA’s “maintenance of effort” provision requires states to maintain their current eligibility levels for children’s coverage in Medicaid and CHIP through September 2019. Medicaid and CHIP are the primary sources of health care coverage for children living below 200 percent of the federal poverty level.
- The ACA’s outreach and enrollment efforts were primarily targeted to adults but likely resulted in a “welcome mat” effect for children who were previously eligible but not enrolled in Medicaid or CHIP. As parents learned about newly available affordable coverage, many children were likely signed up as their parents enrolled. The welcome mat effect appears to be strongest in those states that expanded Medicaid.
- In 2014, 18 states were required by the ACA to move children ages 6-18 with family incomes between 100 to 138 percent of the federal poverty level from their separate CHIP program to Medicaid.<sup>7, 8</sup> As a result, low-income families in seven states no longer had to pay premiums to enroll their children in 2014.<sup>9</sup> Imposing premiums on low-income families has been shown to suppress enrollment in coverage.<sup>10</sup>

**Figure 3: Uninsured Rates for Children and Other Age Groups**

	2012	2013	2014
Children (under 18)	7.2%	7.1%	6.0%*
Young Adults (19-25)	26.5%	25.5%*	20.4%*
Adults (18-64)	20.6%	20.3%*	16.3%*
Seniors (65+)	1.0%	1.0%	0.9%*

\*Change is significant at the 90% confidence level.



*Children in families living on the brink of poverty (100 to 199 percent of FPL) have the highest rate of uninsurance.*

## Which Children Are More Likely to be Uninsured?

The uninsured rate among children varies based on demographic factors, including income, race, ethnicity, age, and geographic location. School-aged children, those of Hispanic descent, and near-poor children are disproportionately represented among the uninsured. Children living in the South and rural areas also face higher rates of uninsurance than those living in other parts of the country.

### Sources of Coverage

Nearly half of all children (46.7 percent) are covered through employer-sponsored health insurance, while more than one-third (34.9 percent) rely on Medicaid and CHIP coverage (see Figure 4).

In contrast to past trends of declining employer-sponsored insurance (ESI), the number of children covered by ESI increased significantly between 2013 and 2014, and the share of children covered by ESI remained stable. Since 2013, the share of children with Medicaid coverage and direct-purchase coverage has increased. “Direct-purchase” coverage includes new subsidized marketplace coverage.<sup>11</sup>

## Coverage Source by Income

Low-income children are more likely to be covered by their state Medicaid or CHIP programs, while children at higher income levels are more likely to rely on employer-sponsored insurance (see Appendix Table 5). Uninsurance rates for children at every income level significantly decreased as Figure 5 shows.

Despite a significant drop in the rate of child poverty in 2014, more than one in five (21.5 percent), or 15.7 million children, live in poverty. Children below 100 percent of the Federal Poverty Level (FPL, \$20,090 for a family of three in 2014) are more likely to be uninsured than children above 200 percent of the FPL (\$40,180 for a family of three).

Children in families living on the brink of poverty (100 to 199 percent of FPL) are disproportionately uninsured. Children in this income range have the highest rate of uninsurance by income level (9.0 percent) and also saw the greatest decline in uninsurance (1.7 percentage points). Despite the fact that children in this income range constitute 22.4 percent of the child population, they represent 34.5 percent of the uninsured child population). Many of these children may be eligible for public coverage but remain uninsured. Only children with incomes above 300 percent of the FPL have uninsurance rates lower than the national average (3.0 percent).

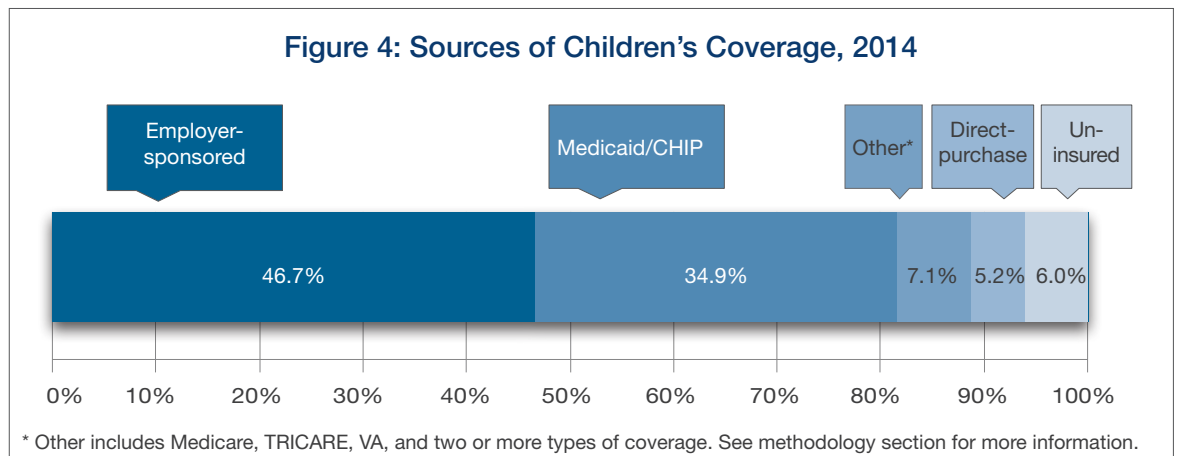
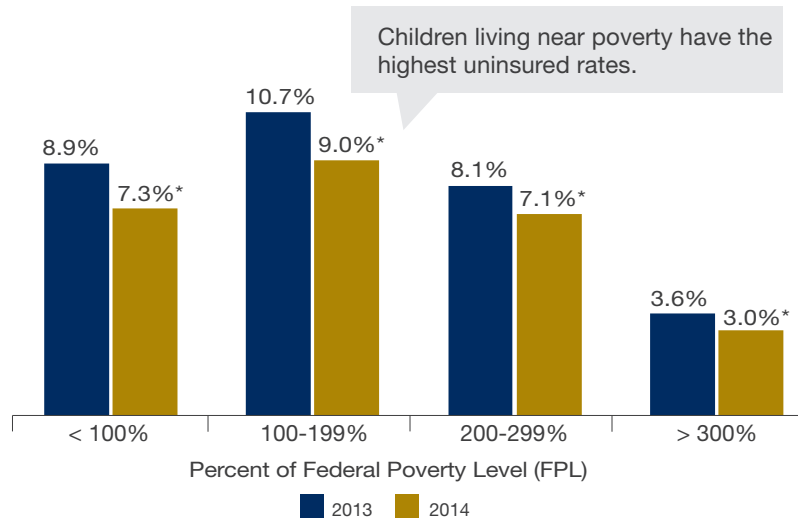




Figure 5: Percent of Uninsured Children by Poverty Level, 2013-2014



\* Change is significant at the 90% confidence level.

## Race and Ethnicity

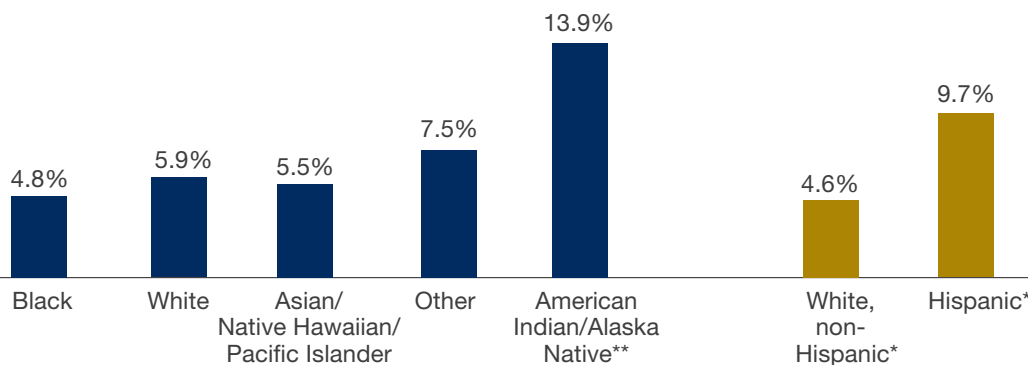
With the exception of white non-Hispanic children, all racial and ethnic groups experienced significant gains in health insurance coverage in 2014. Still, disparities persist (see Figure 6).

American Indian/Alaska Native (AIAN) children have the highest rate of uninsurance (13.9 percent), followed by Hispanic children who can be of any race (9.7 percent). Both groups

are disproportionately represented among uninsured children. AIAN children account for 2.3 percent of uninsured children, which is twice their share (1 percent) of the child population. Hispanic children comprise less than a quarter (24.4 percent) of the total child population, but almost two-fifths (39.5 percent) of uninsured children. An analysis of trends among Hispanic children is forthcoming from Georgetown CCF and the National Council of La Raza.<sup>12</sup>

*Hispanic children comprise less than a quarter of the total child population, but almost two-fifths of uninsured children.*

Figure 6: Children's Uninsured Rate by Race and Ethnicity, 2014

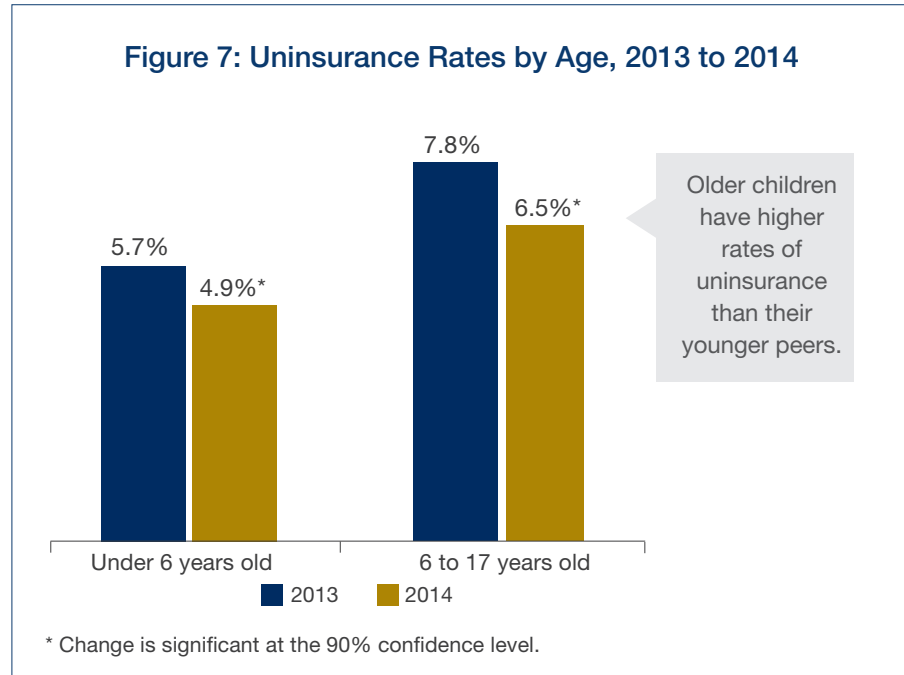


\* For simplicity, racial and ethnic data are displayed in this chart, but Hispanic refers to a person's ethnicity and these individuals may be of any race. See the methodology section for more information.

\*\* Indian Health Service is not considered comprehensive coverage. See the methodology section for more information.



As in past years, school-aged children (ages 6 to 17) are more likely than younger children (under age 6) to be uninsured. Both age groups saw a significant decline in percent uninsured in 2014 (Figure 7), but school-aged children still account for nearly three out of four uninsured children in the nation.



*The South accounts for 38.2 percent of the child population yet almost half (47.3 percent) of the nation's uninsured children live in the region.*

### Where Do Uninsured Children Live?

In 2014, both urban and rural populations saw significant reductions in the percent of uninsured children. Compared to their urban counterparts, children living in rural areas are disproportionately uninsured. Nationally, 18.1 percent of children live in rural areas but uninsured children that live in rural areas comprise more than one fifth (20.8 percent) of all uninsured children. Rural populations have higher rates of uninsurance (6.9 percent) than their urban counterparts (5.8 percent).

### Geographic Region

Children living in the Northeast (3.8 percent) and Midwest (4.7 percent) have lower uninsured rates than the national average,

while children living in the South (7.4 percent) and West (6.3 percent) have higher than average rates.

Uninsured children are disproportionately represented in Southern states (see Appendix Table 7). The South accounts for 38.2 percent of the child population yet almost half (47.3 percent) of the nation's uninsured children live in the region. On the other hand, the Northeast accounts for 16.3 percent of the child population, but only 10.4 percent of the nation's uninsured children. See Appendix Table 6 for a list of the top twenty counties where uninsured children live.



## How Are States Doing?

In 2014, nearly half of all states (25 states) saw a significant decline in the number of uninsured children while no state saw a significant increase. Many of the remaining 26 states saw declines in the number of uninsured children but the declines were not large enough to be statistically significant. See Appendix Tables 1 through 4 for state tables on the number and percent of uninsured children and how they changed from 2013 to 2014.

As the map in Figure 8 shows, 13 states have uninsured rates higher than the national average and these states tend to cluster in the West, particularly the Mountain West, and to some degree in the South.

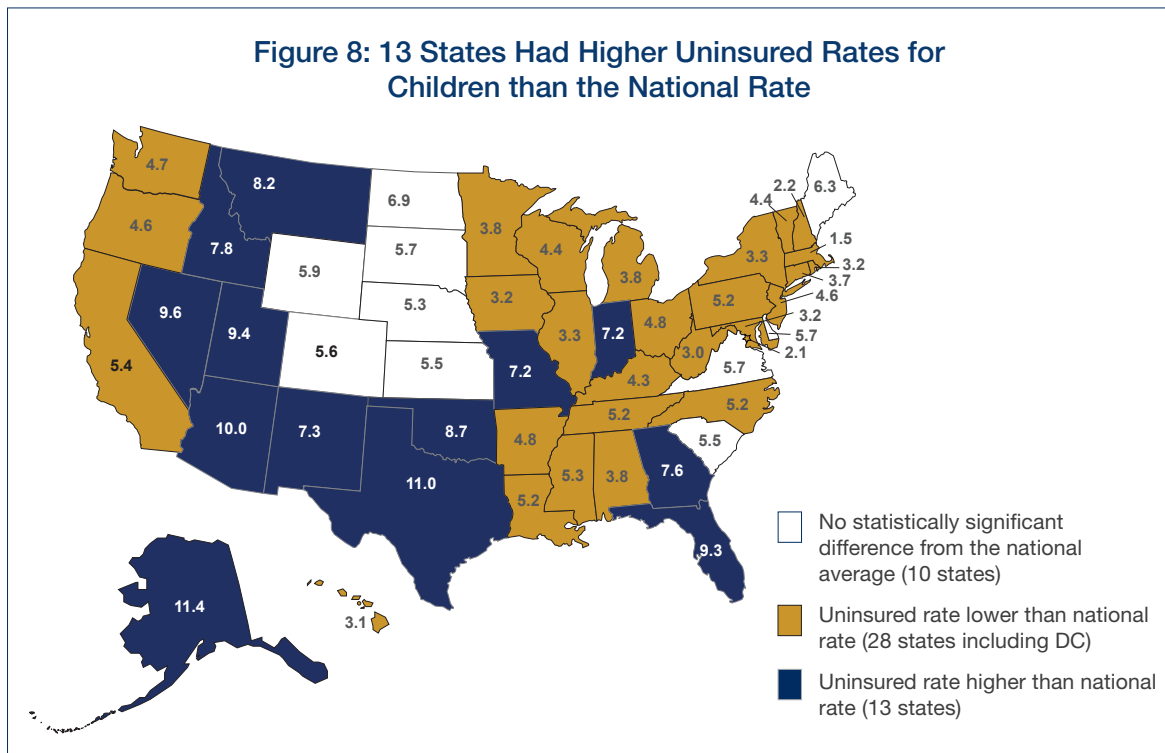




Figure 9 shows the five states with the lowest and highest rates of uninsured children nationwide. The states with the lowest uninsured rates remained stable from 2013 to 2014 except that West Virginia replaced New Hampshire. For the five states with the highest uninsured rates, Utah replaced Florida, which now ranks 46<sup>th</sup>.

**Figure 9: States with the Lowest and Highest Rates of Uninsured Children, 2014**

States with Lowest Uninsured Rates		States with Highest Uninsured Rates	
Massachusetts	1.5	Alaska	11.4
District of Columbia	2.1	Texas	11.0
Vermont	2.2	Arizona	10.0
West Virginia	3.0	Nevada	9.6
Hawaii	3.1	Utah	9.4

Because of differences in state size, demographics, and policy choices, a large share of the nation's uninsured children remain clustered in a small number of states. Almost half of the nation's uninsured children (48.9 percent) live in six states—Texas, California, Florida, Georgia, Arizona and Pennsylvania, while only 36.9 percent of all children live in these states.

**Figure 10: Half of the Nation's Uninsured Children Reside in Six States**

State	2014 Number of Uninsured Children	As a Share of Total Uninsured Children
Texas	783,938	17.8%
California	497,090	11.3%
Florida	377,987	8.6%
Georgia	189,035	4.3%
Arizona	161,854	3.7%
Pennsylvania	139,117	3.2%
Six State Total	2,149,021	48.9%
National Total	4,396,536	





## Which States Saw the Greatest Declines in 2014?

The five states with the *highest percentage point decline* in the rate of uninsured children from 2013 to 2014 were Nevada, Colorado, West Virginia, Mississippi, and Rhode Island (see Figure 11). Improvements in West Virginia and Rhode Island are especially impressive because their uninsured rate was already lower than the national average in 2013. Nevada’s decline was by far the largest in the country— moving the state from a rank of 51st in 2013 to 48th in 2014.

**Figure 11: States with the Greatest Decline in Rate of Uninsured Children, 2013-2014**

State	2013 Percent Uninsured	2014 Percent Uninsured	2013-2014 Percentage Point Change in Uninsured
Nevada	14.9	9.6	-5.3*
Colorado	8.2	5.6	-2.6*
West Virginia	5.3	3.0	-2.3*
Mississippi	7.6	5.3	-2.3*
Rhode Island	5.4	3.3	-2.1*

\* Change is significant at the 90% confidence level.

The states with the *largest decline in the number* of uninsured children from 2013 to 2014 were California, Texas, Florida, Georgia, and Nevada (see Figure 12). The decline in uninsured children in these five states—431,326 children—accounted for more than half (51.5 percent) of the entire decline in uninsured children in the nation.

**Figure 12: States with the Greatest Decline in Number of Uninsured Children, 2013-2014**

State	2013 Number Uninsured	2014 Number Uninsured	2013-2014 Change in Number of Uninsured
California	673,208	497,090	-176,118*
Texas	888,305	783,938	-104,367*
Florida	445,035	377,987	-67,048*
Georgia	238,051	189,035	-49,016*
Nevada	98,509	63,732	-34,777*

\* Change is significant at the 90% confidence level.

West Virginia had the *largest percent decline in number* of uninsured children from 2013 to 2014 (43.7 percent) followed by Rhode Island (38.5 percent), Nevada (35.3 percent), Minnesota (31.9 percent), and Colorado (31.4 percent). Vermont’s decline fell into this range but was not statistically significant. Percent change compares the decline in the number of uninsured children from 2013 to 2014 to the number of uninsured children in 2013. This measure is useful in analyzing the extent to which a state reduced its number of uninsured children – regardless of state size (see methodology section for more information). Refer to Appendix Table 3 for all states’ rate of decline in number of uninsured children.

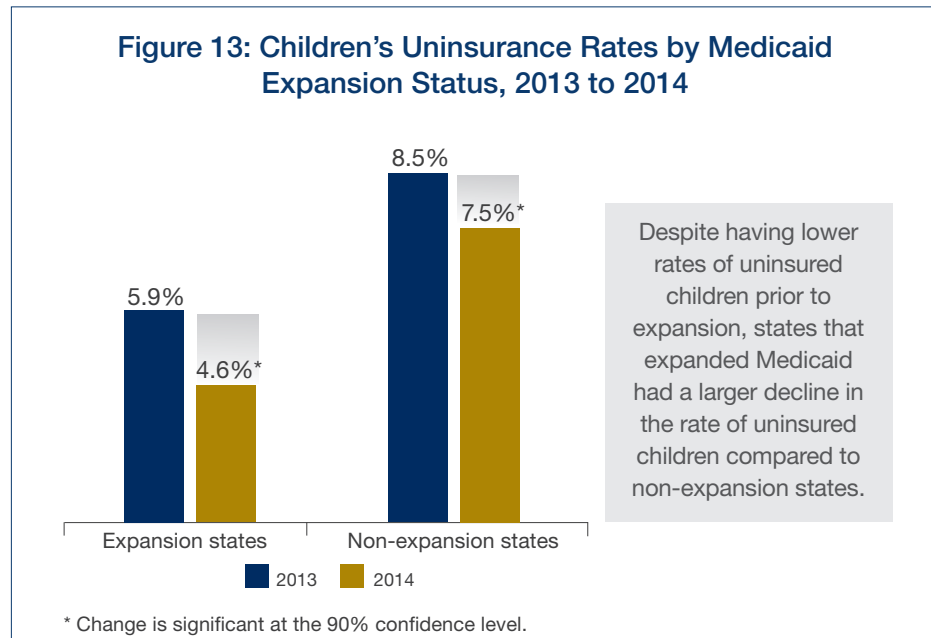


## States that Expanded Medicaid Saw Greater Declines in the Number of the Uninsured Children

*Expansion states had nearly double the percent decline in the number of uninsured children compared to non-expansion states.*

States that extended Medicaid coverage to adults and parents in 2014 saw a larger decline in the number and percent of uninsured children than those states that did not.<sup>13</sup> Prior research has shown that covering parents increases the rate of coverage for their children as well.<sup>14</sup>

As Figure 13 shows, states that expanded Medicaid had lower rates of uninsured children prior to expansion, but despite having fewer uninsured children to begin with these states saw a sharper rate of decline in uninsured children.<sup>15</sup> Figure 15 on page 11 shows a state-by-state comparison of children’s uninsured rates in expansion states and non-expansion states.



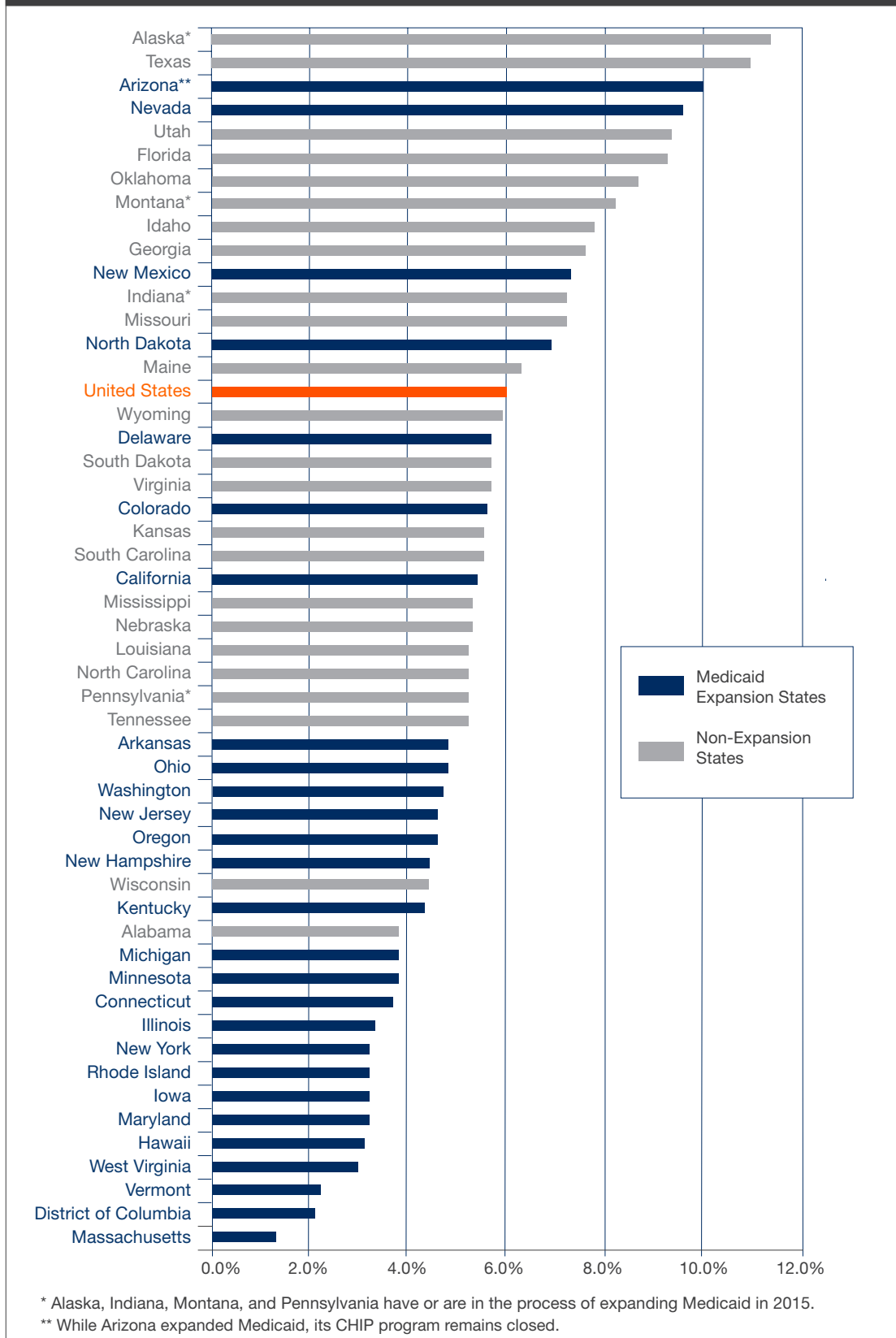
As Figure 14 shows, Medicaid expansion states saw a decline of nearly half a million (495,789) uninsured children while non-expansion states saw a decline of 342,007 in uninsured children. This translates to a 21.7 percent decline in expansion states, nearly double the 11.6 percent decline in non-expansion states.

**Figure 14: Expansion States Saw Nearly Double the Rate of Decline in Uninsured Children Compared to Non-expansion States**

Population	Medicaid Expansion States	Non-Expansion States
2013 Number of Uninsured Children	2,287,593	2,946,739
2014 Number of Uninsured Children	1,791,804	2,604,732
2013-2014 Change in Number of Uninsured Children	-495,789	-342,007
Percent Change in Number of Uninsured Children	-21.7%	-11.6%



Figure 14. Children's Uninsurance Rates in Medicaid Expansion States and Non-Expansion States, 2014



\* Alaska, Indiana, Montana, and Pennsylvania have or are in the process of expanding Medicaid in 2015.

\*\* While Arizona expanded Medicaid, its CHIP program remains closed.



## Conclusion

The Affordable Care Act contributed to a historic decline in the number of America's uninsured children. States that took full advantage of the ACA's coverage options for parents and other adults saw sharper declines in the number of uninsured children. Nationwide, 6 percent of children—or 4.4 million children—remain

uninsured. Those children who remain uninsured are more likely to be school-aged, Hispanic, living in a family with income just over the poverty line, and live in rural areas. States that expanded Medicaid to cover parents saw the number of uninsured children decline considerably faster.

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## Endnotes

<sup>1</sup> G. Kenney, et al., "A First Look at Children's Health Coverage under the ACA in 2014," Urban Institute Health Reform Monitoring Survey and the Georgetown Center for Children and Families (September 2014), available at <http://hrms.urban.org/briefs/Childrens-Health-Insurance-Coverage-under-the-ACA-in-2014.pdf>.

<sup>2</sup> A. Chester & J. Alker, "Medicaid at 50: A Look at the Long-Term Benefits of Childhood Medicaid," Georgetown University Center for Children and Families (July 2015), available at [http://ccf.georgetown.edu/wp-content/uploads/2015/08/Medicaid-at-50\\_final.pdf](http://ccf.georgetown.edu/wp-content/uploads/2015/08/Medicaid-at-50_final.pdf).

<sup>3</sup> Unless otherwise indicated, all data is from Georgetown CCF analysis of U.S. Census Bureau American Community Survey (ACS) data 2014 single year estimates. In previous years we have done a two-year look at coverage changes to account for longer trend impacts. This year, because of the dramatic changes that occurred in 2014, we compared 2013 to 2014. Except where noted, reported differences for estimates are statistically significant at the 90 percent confidence interval.

<sup>4</sup> J. Alker & A. Chester, "Children's Coverage at A Crossroads: Progress Slows," Georgetown University Center for Children and Families (October 2014), available at <http://ccf.georgetown.edu/wp-content/uploads/2014/10/Childrens-Coverage-at-a-Crossroads.pdf>.

<sup>5</sup> Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services "Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period," (May 1, 2014), available at [http://aspe.hhs.gov/sites/default/files/pdf/76876/ib\\_2014Apr\\_enrollment.pdf](http://aspe.hhs.gov/sites/default/files/pdf/76876/ib_2014Apr_enrollment.pdf).

Note that this estimate provides enrollment from the initial annual open enrollment period (October 1, 2013 through March 31, 2014) as well as the special enrollment period (through April 19, 2014). This number does not account for the final counts of effectuated enrollment which is likely lower.

<sup>6</sup> G. Kenney, et al., "Children Eligible for Medicaid or CHIP: Who Remains Uninsured, and Why?" *Academic Pediatrics* 15, no: 3: S36-S43 (2015).

<sup>7</sup> Four states moved children from CHIP to Medicaid prior to the change in law (California, Colorado, New Hampshire, and New York). Some of the remaining 14 states moved children during 2014.

<sup>8</sup> W. Prater & J. Alker, "Aligning Eligibility For Children: Moving the Stairstep Kids to Medicaid," Kaiser Commission on Medicaid and the Uninsured and the Georgetown Center for Children and Families (August 2013), available at <http://ccf.georgetown.edu/wp-content/uploads/2013/08/stair-step.pdf>.



<sup>9</sup> Florida had the highest premiums for children in this income range. For more information on premium levels in 2013, see T. Brooks, et al., “Getting Into Gear for 2014: Findings From a 50-State Survey of Eligibility, Enrollment, Renewal and Cost-Sharing Policies in Medicaid and CHIP, 2012-2013,” Kaiser Commission on Medicaid and the Uninsured and the Georgetown Center for Children and Families (January 2013), available at <http://kff.org/medicaid/report/getting-into-gear-for-2014-findings-from-a-50-state-survey-of-eligibility-enrollment-renewal-and-cost-sharing-policies-in-medicaid-and-chip-2012-2013/>.

<sup>10</sup> Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services, “Financial Condition and Health Care Burdens of People in Deep Poverty,” (July 16, 2015), available at <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.

<sup>11</sup> According to the Census Bureau, direct purchase is “insurance purchased directly from an insurance company.” There is no current option on the American Community Survey for respondents to select state-based or federally facilitated exchange coverage.

<sup>12</sup> For last year’s report, please refer to S. Schwartz, et al., “Hispanic Children’s Coverage: Steady Progress, but Disparities Remain,” Georgetown Center for Children and Families and the National Council of La Raza (November 2014), available at <http://ccf.georgetown.edu/wp-content/uploads/2014/11/HispanicChildrensCoverage.pdf>.

<sup>13</sup> For the purpose of this analysis, the 27 states that expanded Medicaid are Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia. A few of these state covered adults before they began receiving the enhanced match in 2014. Wisconsin is not included as an expansion states as they don’t accept the enhanced match. Medicaid enrollment in Michigan (4/1/14) and New Hampshire (8/15/14) began after January 1, 2014.

<sup>14</sup> L. Dubay & G. Kenney, “Expanding Public Health Insurance to Parents: Effects on Children’s Coverage under Medicaid,” *HSR: Health Services Research*, vol. 38: 1283-1302 (2003).

<sup>15</sup> The 27 states that expanded Medicaid have a population of 38.7 million children and the 24 states that have not expanded Medicaid have a population of 34.8 million children. States that expanded Medicaid also have a smaller population of uninsured children than non-expansion states (1.8 million compared to 2.6 million).



## Methodology

### Data Source

This brief analyzes single year estimates of summary data from the 2013 and 2014 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Where only number estimates are available, percent estimates and their standard errors were computed based on formulas provided in the 2014 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data." All tests for statistical significance use 90 percent confidence intervals. Except where noted, reported differences of rate or number estimates (either between groups, coverage sources, or years) are statistically significant. This year's report provides estimates over a 1-year time period, as opposed to our previous reports, which provided estimates over a 2-year time period.

### Margin of Error and State Rank

The Census provides the 90 percent margin of error (potential error bounds for any given data point). CCF does not take margin of error into account when ranking states by the number and percent of uninsured children by state.

### Percent Change

Percent change measures differences relative to the size of what is being measured. In this report, percent change refers to change in uninsured children from 2013 to 2014 compared to the original population of uninsured children in 2013. For example, from 2013 to 2014, the number of uninsured children in the United States declined by 838,000 children—from 5,234,332 in 2013 to 4,396,536 in 2014. To measure percent change, we take the change (-837,796) and divide by the original population (5,234,332 uninsured children in 2013). The US saw a 16 percent decline in the

number of uninsured children. Percent change is useful to analyze the extent to which a state reduced its number of uninsured children, regardless of their size. Compare this to the percentage point change which measures the change in the rate of uninsurance from 2013 to 2014. For example, the United States saw a 1.1 percentage point change in the rate of uninsured children, from 7.1 percent in 2013 to 6.0 percent in 2014.

### Geographic Location

We report regional data for the U.S. as defined by the Census Bureau. The ACS produces single year estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including D.C.), and county and county equivalents. Urban areas are territories with a population greater than 50,000 people or densely developed territories with 2,500 to 50,000 people. Rural areas are all those territories outside urban areas.

### Poverty Status

Data on poverty levels include only those individuals for whom the poverty status can be determined for the last year. Therefore, this population is slightly smaller than the total non-institutionalized population of the U.S. (the universe used to calculate all other data in the brief). The Census determines an individual's poverty status by comparing their income in the last 12 months to poverty thresholds that account for family size and composition, as well as various types of income.

### Health Coverage

Data on sources of health insurance coverage are point-in-time estimates that convey whether a person has coverage at the time of the survey. Individuals can report more than



one source of coverage, as such totals may add to more than 100 percent. Additionally, the estimates are not adjusted to address the Medicaid undercount often found in surveys, which may be accentuated by the absence of state-specific health insurance program names in the ACS.

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

## Demographic Characteristics

“Children” are defined as those under the age of 18.

In the brief we report data for all seven race categories and two ethnicity categories for which the ACS provides one-year health insurance coverage estimates. The U.S. Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts.

To report on an individual’s race, we merge the data for “Asian alone” and “Native Hawaiian or other Pacific Islander alone.” In addition, we report the ACS category “some other race alone” and “two or more races” as “Other.” Except for “Other,” all other racial categories refer to respondents who indicated belonging to only one race.

We report “Hispanic or Latino,” as “Hispanic.” As this refers to a person’s ethnicity, Hispanic and non-Hispanic individuals may be of any race. We report data for both “white” children and “white non-Hispanic children.” The former refers to all children whose race is reported as white, without regard to their ethnicity; the latter category refers to children who reported their race as white and do not report their ethnicity as Hispanic. For more detail on how the ACS defines racial and ethnic groups see “American Community Survey and Puerto Rico Community Survey 2014 Subject Definitions.”

## Medicaid Expansion Analysis

For the purpose of this analysis, the 27 states that expanded Medicaid are Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia. A few of these state covered adults before they began receiving the enhanced match in 2014. Wisconsin is not included as an expansion states as they don’t accept the enhanced match.

The rate of uninsurance in Medicaid expansion states is calculated by dividing the number of uninsured children living in Medicaid expansion states by the number of children living in Medicaid expansion states. The same method is used to determine the rate of uninsurance in 24 non-expansion states.



**Appendix Table 1. Number of Uninsured Children Under 18, 2013 and 2014**

State	2013 Number Uninsured	2013 State Ranking in Number of Uninsured	2014 Number Uninsured	2014 State Ranking in Number of Uninsured
United States	5,234,332	-	4,396,536	-
Alabama	48,181	22	42,422	24
Alaska	21,842	13	21,252	13
Arizona	191,760	47	161,854	47
Arkansas	39,259	19	34,079	19
California	673,208	50	497,090	50
Colorado	102,149	39	70,084	32
Connecticut	33,655	17	28,870	17
Delaware	9,088	4	11,652	8
District of Columbia	2,630	1	2,385	1
Florida	445,035	49	377,987	49
Georgia	238,051	48	189,035	48
Hawaii	9,335	5	9,552	5
Idaho	38,017	18	33,777	18
Illinois	125,351	41	99,502	39
Indiana	130,004	42	113,495	42
Iowa	29,755	16	23,234	15
Kansas	44,130	21	39,411	23
Kentucky	59,530	26	43,298	26
Louisiana	63,312	28	57,531	28
Maine	15,386	10	16,292	11
Maryland	59,285	25	42,595	25
Massachusetts	21,079	12	21,311	14
Michigan	89,941	33	83,254	36
Minnesota	71,982	29	49,017	27
Mississippi	56,149	24	38,832	21
Missouri	97,546	36	99,972	40
Montana	22,495	14	18,421	12
Nebraska	25,379	15	24,795	16
Nevada	98,509	37	63,732	31
New Hampshire	10,261	6	11,701	9
New Jersey	112,117	40	91,842	38
New Mexico	43,105	20	36,402	20
New York	170,783	46	137,525	45
North Carolina	144,194	44	119,078	43
North Dakota	12,725	8	11,542	7
Ohio	141,368	43	126,139	44
Oklahoma	95,042	35	82,251	35
Oregon	50,172	23	39,033	22
Pennsylvania	147,303	45	139,117	46
Rhode Island	11,564	7	7,107	3
South Carolina	72,595	30	59,983	30
South Dakota	13,122	9	11,912	10
Tennessee	85,287	32	77,613	34
Texas	888,305	51	783,938	51
Utah	84,891	31	84,768	37
Vermont	3,882	2	2,640	2
Virginia	101,251	38	107,102	41
Washington	94,795	34	74,927	33
West Virginia	20,305	11	11,437	6
Wisconsin	61,288	27	57,611	29
Wyoming	7,934	3	8,137	4

Note: CCF does not take margin of error into account when ranking states by the number of uninsured children.





Appendix Table 2. Percent of Uninsured Children Under 18, 2013 and 2014

State	2013 Percent Uninsured	2013 State Ranking in Percent of Uninsured	2014 Percent Uninsured	2014 State Ranking in Percent of Uninsured
United States	7.1	-	6.0	-
Alabama	4.3	10	3.8	12
Alaska	11.6	48	11.4	51
Arizona	11.9	49	10.0	49
Arkansas	5.5	20	4.8	21
California	7.4	36	5.4	29
Colorado	8.2	39	5.6	32
Connecticut	4.3	10	3.7	11
Delaware	4.5	13	5.7	33
District of Columbia	2.4	2	2.1	2
Florida	11.1	47	9.3	46
Georgia	9.6	44	7.6	42
Hawaii	3.0	3	3.1	5
Idaho	8.9	42	7.8	43
Illinois	4.2	9	3.3	8
Indiana	8.2	39	7.2	39
Iowa	4.1	8	3.2	6
Kansas	6.1	31	5.5	30
Kentucky	5.9	28	4.3	15
Louisiana	5.7	24	5.2	23
Maine	5.9	28	6.3	37
Maryland	4.4	12	3.2	6
Massachusetts	1.5	1	1.5	1
Michigan	4.0	6	3.8	12
Minnesota	5.6	22	3.8	12
Mississippi	7.6	37	5.3	27
Missouri	7.0	35	7.2	39
Montana	10.1	46	8.2	44
Nebraska	5.5	20	5.3	27
Nevada	14.9	51	9.6	48
New Hampshire	3.8	5	4.4	16
New Jersey	5.6	22	4.6	18
New Mexico	8.5	41	7.3	41
New York	4.0	6	3.3	8
North Carolina	6.3	32	5.2	23
North Dakota	7.9	38	6.9	38
Ohio	5.3	15	4.8	21
Oklahoma	10.0	45	8.7	45
Oregon	5.8	27	4.6	18
Pennsylvania	5.4	17	5.2	23
Rhode Island	5.4	17	3.3	8
South Carolina	6.7	34	5.5	30
South Dakota	6.3	32	5.7	33
Tennessee	5.7	24	5.2	23
Texas	12.6	50	11.0	50
Utah	9.5	43	9.4	47
Vermont	3.1	4	2.2	3
Virginia	5.4	17	5.7	33
Washington	5.9	28	4.7	20
West Virginia	5.3	15	3.0	4
Wisconsin	4.7	14	4.4	16
Wyoming	5.7	24	5.9	36

Note: CCF does not take margin of error into account when ranking states by the percent of uninsured children..



**Appendix Table 3. Change in the Number of Uninsured Children Under 18, 2013 and 2014**

State	2013 Number Uninsured	2014 Number Uninsured	2013-2014 Change in Number of Uninsured	2013-2014 Percent Change
United States	5,234,332	4,396,536	-837,796*	-16.0
California	673,208	497,090	-176,118*	-26.2
Texas	888,305	783,938	-104,367*	-11.7
Florida	445,035	377,987	-67,048*	-15.1
Georgia	238,051	189,035	-49,016*	-20.6
Nevada	98,509	63,732	-34,777*	-35.3
New York	170,783	137,525	-33,258*	-19.5
Colorado	102,149	70,084	-32,065*	-31.4
Arizona	191,760	161,854	-29,906*	-15.6
Illinois	125,351	99,502	-25,849*	-20.6
North Carolina	144,194	119,078	-25,116*	-17.4
Minnesota	71,982	49,017	-22,965*	-31.9
New Jersey	112,117	91,842	-20,275*	-18.1
Washington	94,795	74,927	-19,868*	-21.0
Mississippi	56,149	38,832	-17,317*	-30.8
Maryland	59,285	42,595	-16,690*	-28.2
Indiana	130,004	113,495	-16,509*	-12.7
Kentucky	59,530	43,298	-16,232*	-27.3
Ohio	141,368	126,139	-15,229*	-10.8
Oklahoma	95,042	82,251	-12,791*	-13.5
South Carolina	72,595	59,983	-12,612*	-17.4
Oregon	50,172	39,033	-11,139*	-22.2
West Virginia	20,305	11,437	-8,868*	-43.7
Pennsylvania	147,303	139,117	-8,186	-5.6
Tennessee	85,287	77,613	-7,674	-9.0
New Mexico	43,105	36,402	-6,703*	-15.6
Michigan	89,941	83,254	-6,687	-7.4
Iowa	29,755	23,234	-6,521*	-21.9
Louisiana	63,312	57,531	-5,781	-9.1
Alabama	48,181	42,422	-5,759	-12.0
Arkansas	39,259	34,079	-5,180	-13.2
Connecticut	33,655	28,870	-4,785	-14.2
Kansas	44,130	39,411	-4,719	-10.7
Rhode Island	11,564	7,107	-4,457*	-38.5
Idaho	38,017	33,777	-4,240	-11.2
Montana	22,495	18,421	-4,074	-18.1
Wisconsin	61,288	57,611	-3,677	-6.0
Vermont	3,882	2,640	-1,242	-32.0
South Dakota	13,122	11,912	-1,210	-9.2
North Dakota	12,725	11,542	-1,183	-9.3
Alaska	21,842	21,252	-590	-2.7
Nebraska	25,379	24,795	-584	-2.3
District of Columbia	2,630	2,385	-245	-9.3
Utah	84,891	84,768	-123	-0.1
Wyoming	7,934	8,137	203	2.6
Hawaii	9,335	9,552	217	2.3
Massachusetts	21,079	21,311	232	1.1
Maine	15,386	16,292	906	5.9
New Hampshire	10,261	11,701	1,440	14.0
Missouri	97,546	99,972	2,426	2.5
Delaware	9,088	11,652	2,564	28.2
Virginia	101,251	107,102	5,851	5.8

\* indicates that the percentage point change is significant at the 90% confidence level.



**Appendix Table 4. Change in the Percent of Uninsured Children Under 18, 2013 and 2014**

State	2013 Percent Uninsured	2014 Percent Uninsured	2013-2014 Percentage Point Change	2013-2014 Ranking
United States	7.1	6.0	-1.1*	
Nevada	14.9	9.6	-5.3*	1
Colorado	8.2	5.6	-2.6*	2
West Virginia	5.3	3.0	-2.3*	3
Mississippi	7.6	5.3	-2.3*	3
Rhode Island	5.4	3.3	-2.1*	5
Georgia	9.6	7.6	-2.0*	6
California	7.4	5.4	-1.9*	7
Arizona	11.9	10.0	-1.9*	7
Montana	10.1	8.2	-1.9	7
Minnesota	5.6	3.8	-1.8*	10
Florida	11.1	9.3	-1.7*	11
Texas	12.6	11.0	-1.6*	12
Kentucky	5.9	4.3	-1.6*	12
Oklahoma	10.0	8.7	-1.4*	14
Oregon	5.8	4.6	-1.3*	15
Washington	5.9	4.7	-1.3*	15
Maryland	4.4	3.2	-1.3*	15
New Mexico	8.5	7.3	-1.2	18
South Carolina	6.7	5.5	-1.2*	18
North Carolina	6.3	5.2	-1.1*	20
Idaho	8.9	7.8	-1.1	20
North Dakota	7.9	6.9	-1.0	22
Indiana	8.2	7.2	-1.0*	22
New Jersey	5.6	4.6	-1.0*	22
Vermont	3.1	2.2	-1.0	22
Iowa	4.1	3.2	-0.9*	26
Illinois	4.2	3.3	-0.8*	27
New York	4.0	3.3	-0.8*	27
Arkansas	5.5	4.8	-0.7	29
Kansas	6.1	5.5	-0.7	29
South Dakota	6.3	5.7	-0.6	31
Connecticut	4.3	3.7	-0.6	31
Ohio	5.3	4.8	-0.6*	31
Louisiana	5.7	5.2	-0.5	34
Alabama	4.3	3.8	-0.5	34
Tennessee	5.7	5.2	-0.5	34
District of Columbia	2.4	2.1	-0.3	37
Pennsylvania	5.4	5.2	-0.3	37
Michigan	4.0	3.8	-0.3	37
Wisconsin	4.7	4.4	-0.3	37
Alaska	11.6	11.4	-0.2	41
Nebraska	5.5	5.3	-0.2	41
Utah	9.5	9.4	-0.1	43
Massachusetts	1.5	1.5	0.0	44
Hawaii	3.0	3.1	0.1	45
Missouri	7.0	7.2	0.2	46
Wyoming	5.7	5.9	0.2	46
Virginia	5.4	5.7	0.3	48
Maine	5.9	6.3	0.4	49
New Hampshire	3.8	4.4	0.6	50
Delaware	4.5	5.7	1.3	51

\* indicates that the percentage point change is significant at the 90% confidence level.

Note: CCF does not take margin of error into account when ranking states by the percentage point change of uninsured children.



**Appendix Table 5: Children’s Coverage Source by Income**

Percent of federal poverty level (FPL)	Source of Coverage**							
	Medicaid/CHIP		Direct-purchase		ESI		Uninsured	
	2013	2014	2013	2014	2013	2014	2013	2014
Under 100% FPL	79.8%	81.5%*	3.2%	3.4%	10.9%	10.8%	8.9%	7.3%*
100-199% FPL	55.5%	57.4%*	5.2%	5.5%	31.9%	31.4%	10.7%	9.0%*
100-137% FPL	66.5%	68.3%*	4.2%	4.7%*	22.0%	21.9%	10.7%	8.9%*
138-199% FPL	47.7%	49.8%*	5.9%	6.1%	39.0%	38.2%*	10.6%	9.0%*
200-299% FPL	25.8%	27.4%*	7.9%	8.3%*	60.2%	59.5%*	8.1%	7.1%*
300% FPL and above	7.8%	8.3%*	8.8%	8.9%	81.2%	81.2%	3.6%	3.0%*

\* Change is significant at the 90% confidence level.

\*\* Individuals can report more than one source of coverage, as such totals may add to more than 100 percent.

**Appendix Table 6: Top Twenty Counties with the Highest Number of Uninsured Children, 2014\***

Geographic Region	Number of Uninsured Children	County Rank by Highest Number of Uninsured Children
Harris County, Texas	143,320	1
Los Angeles County, California	131,339	2
Maricopa County, Arizona	92,551	3
Dallas County, Texas	90,103	4
Riverside County, California	54,554	5
Tarrant County, Texas	51,281	6
San Diego County, California	49,440	7
Miami-Dade County, Florida	48,192	8
Clark County, Nevada	47,679	9
Cook County, Illinois	43,118	10
Broward County, Florida	40,957	11
Hidalgo County, Texas	38,811	12
Bexar County, Texas	38,514	13
Orange County, California	36,094	14
San Bernardino County, California	32,622	15
Salt Lake County, Utah	32,003	16
Orange County, Florida	31,840	17
Palm Beach County, Florida	28,673	18
Travis County, Texas	27,770	19
Gwinnett County, Georgia	23,898	20

\* One-fourth or 24.6 percent of all uninsured children live in these 20 counties.



Appendix Table 7: A Disproportionate Share of Uninsured Children Live in the South

Region	Child Population	Share of the Population	Number of Uninsured Children	Share of Nation's Uninsured Children
Midwest	15,666,085	21.3%	739,884	16.8%
Northeast	11,936,899	16.3%	456,405	10.4%
South	28,029,138	38.2%	2,081,218	47.3%
West	17,808,151	24.2%	1,119,029	25.5%
<b>Total</b>	<b>73,440,272</b>	<b>100.0%</b>	<b>4,396,536</b>	<b>100.0%</b>

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

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

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

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

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