Nation's Progress on Children's Health Coverage Reverses Course

by Joan Alker and Olivia Pham

Key Findings

- **For the first time in nearly a decade, the number of uninsured children in the United States increased.** Recently released data shows an estimated 276,000 more children were uninsured in 2017 than in 2016. No state (except for the District of Columbia) experienced a significant decline in the number of uninsured children in 2017.

- **Three-quarters of the children who lost coverage between 2016 and 2017 live in states that have not expanded Medicaid coverage to parents and other low-income adults.** The uninsured rates for children increased at almost triple the rate in non-expansion states than in states that have expanded Medicaid.

- The share of children without health insurance nationally increased from 4.7 percent in 2016 to 5 percent in 2017. **Nine states experienced statistically significant increases in their rate of uninsured children (SD, UT, TX, GA, SC, FL, OH, TN, MA).**

- **Texas has the largest share of children without health coverage** with more than one in five uninsured children in the U.S. residing in the state.

- **States with larger American Indian/ Alaska Native populations** tend to have higher uninsured rates for children than the national average.

Introduction

For the first time since comparable data was first collected in 2008, the nation's steady progress in reducing the number of children without health insurance reversed course. The number of uninsured children under age 19[1] nationwide increased by an estimated 276,000 to about 3.9 million (3,925,000) in 2017, according to newly-available data from the U.S. Census Bureau (Figure 1). The rate of uninsured children ticked upward from the historic low of 4.7 percent in 2016 to 5 percent in 2017 (Figure 2). Both of these changes were large enough to be statistically significant.

Also notable was the lack of any statistically significant progress on children's coverage in any state across the country in 2017, with the exception of the District of Columbia. Nine states saw statistically significant increases in the rate of uninsured children in 2017. In order of magnitude of change, they are: South Dakota, Utah, Texas, Georgia, South Carolina, Florida, Ohio, Tennessee, and Massachusetts. No state saw its number of uninsured children decline, except for DC.

Coverage is important for children because it improves their access to needed services, such as well child checkups and medications, and provides better access to a usual source of care. Public coverage is also associated with improved educational outcomes and long-term health and economic gains.[2]

In previous years, states have moved in similar but not uniform directions, reflecting the many ways state policy decisions can impact eligibility and enrollment in Medicaid and the Children's Health Insurance Program (CHIP). The absence of significant progress across the country suggests that even states with the best intentions were unable to withstand strong national currents to protect children from losing health coverage.
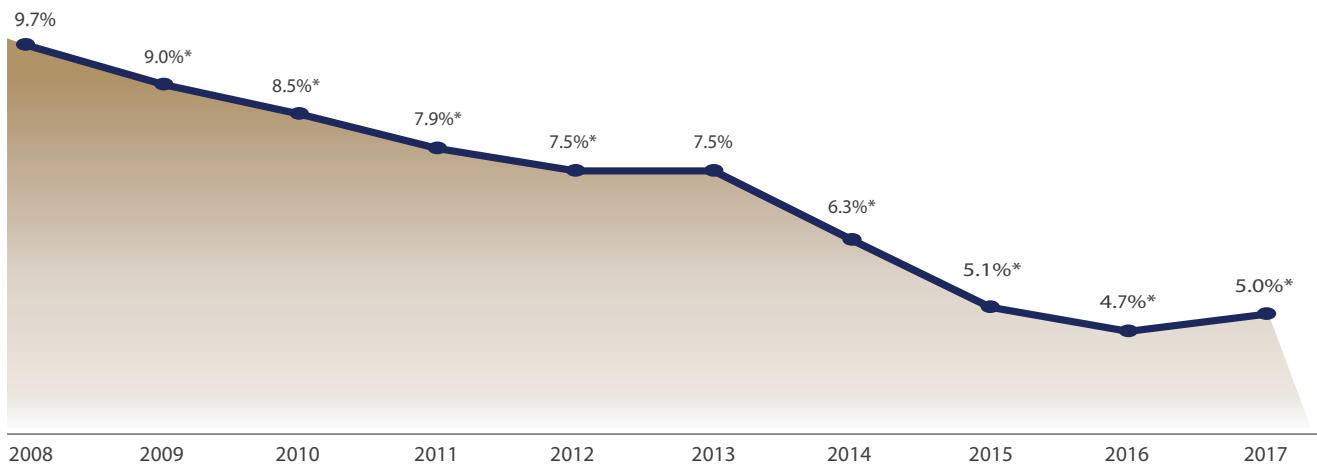
Figure 1. Number of Uninsured Children in the United States (in millions), 2008-2017
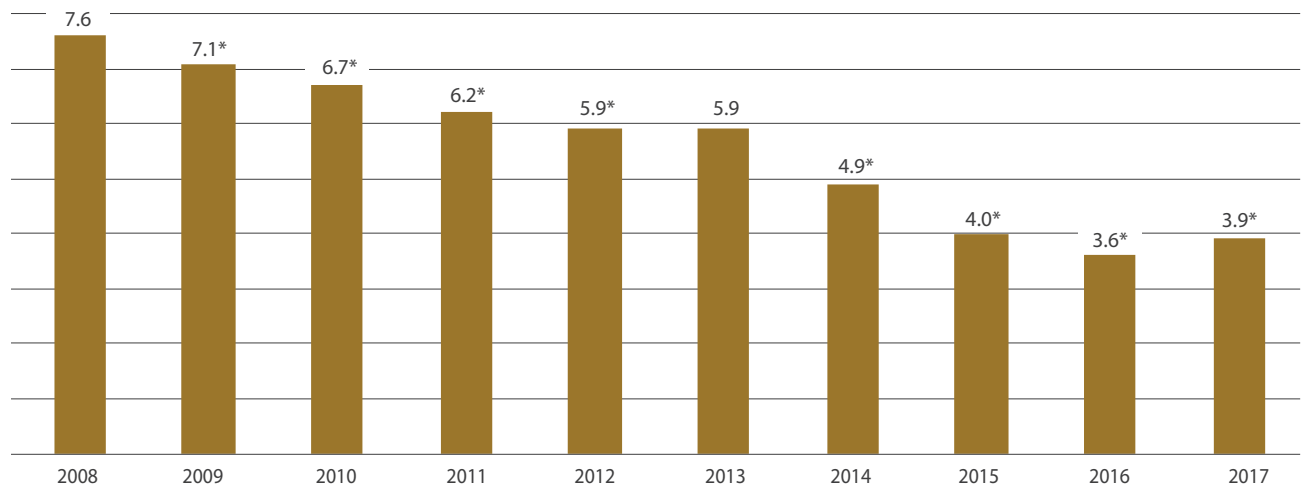
Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

*Change is significant at the 90% confidence level. Significance is relative to the prior year. 2013 was the only year that did not show a significant one-year increase or decrease in the national rate of uninsured children. The Census began collecting ACS data for the health insurance series in 2008, therefore there is no significance available for 2008.

Figure 2. Rate of Uninsured Children, 2008-2017

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

*Change is significant at the 90% confidence level. Significance is relative to the prior year. 2013 was the only year that did not show a significant one-year increase or decrease in the national rate of uninsured children. The Census began collecting data for the health insurance series in 2008, therefore there is no significance available for 2008.

These national currents include a lengthy and ultimately unsuccessful congressional effort to repeal the Affordable Care Act (ACA) and cap federal Medicaid funding, as well as an unprecedented delay by Congress that allowed CHIP funding to lapse temporarily. In addition, Congress repealed the ACA's individual mandate and the Trump Administration made numerous efforts to undermine the ACA Marketplaces, including dramatically cutting outreach and enrollment grants and shortening the open enrollment period.[3]

Finally, one quarter of all children under 18 living in the United States have a parent who is an immigrant.[4] Several policies targeting immigrant communities are likely deterring parents from enrolling their eligible children in Medicaid or CHIP despite the fact that most of these children are U.S. citizens.

All of these changes in the national political and policy realm mark a sharp reversal after many years of successful efforts to reduce the uninsured rate for children and families. Declines in child coverage rates occurred in 2017 despite an improving economy and low unemployment rate, strongly suggesting that federal actions contributed to a perception that publicly funded health coverage options are no longer available or, in the case of an immigrant parent, created concern about enrolling their child in public coverage for fear of reprisal. Another contributor could be changes in state Medicaid IT systems that may have tightened verification procedures.[5]

Because the majority of uninsured children (56.8 percent)[6] are eligible for Medicaid or CHIP but are not currently enrolled, this constellation of national trends has likely created an "unwelcome mat" effect where families are unaware of their options or deterred from seeking coverage.

Sources of coverage: In 2017, the largest source of coverage for children continued to be employer-sponsored insurance (ESI). As Figure 3 shows, ESI as a source of coverage increased in 2017, likely reflecting an improving job market. The share of children enrolled in Medicaid/CHIP and direct purchase coverage (which includes federal and state marketplaces) declined. Even an increase in ESI coverage for children was not able to compensate for the decline in publicly-funded coverage, leading to the increase in uninsured children overall.

Figure 3. Sources of Children's Coverage, 2016 to 2017
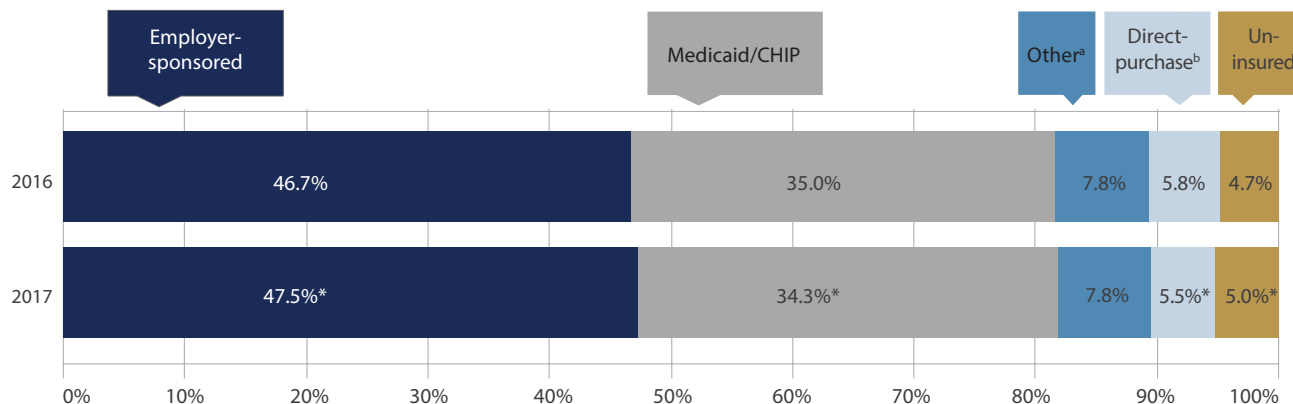
Source: 2016 and 2017 IPUMS ACS data.
* Change is significant at the 90% confidence level.
[a] Other includes Medicare, TRICARE, VA, and two or more types of coverage.
[b] Direct-purchase includes coverage through the Marketplace. See methodology section for more information.

What are the demographic characteristics of uninsured children?

Income: As seen in Figure 4, children living below the federal poverty level (FPL) and children living above 200 percent of FPL experienced significant increases in the uninsured rate from 2016 to 2017. Children living in and near poverty continue to experience the highest uninsured rates. Only children living in families earning above 300 percent of FPL have an uninsured rate lower than the overall average, but this group also saw an increase in their uninsured rate.

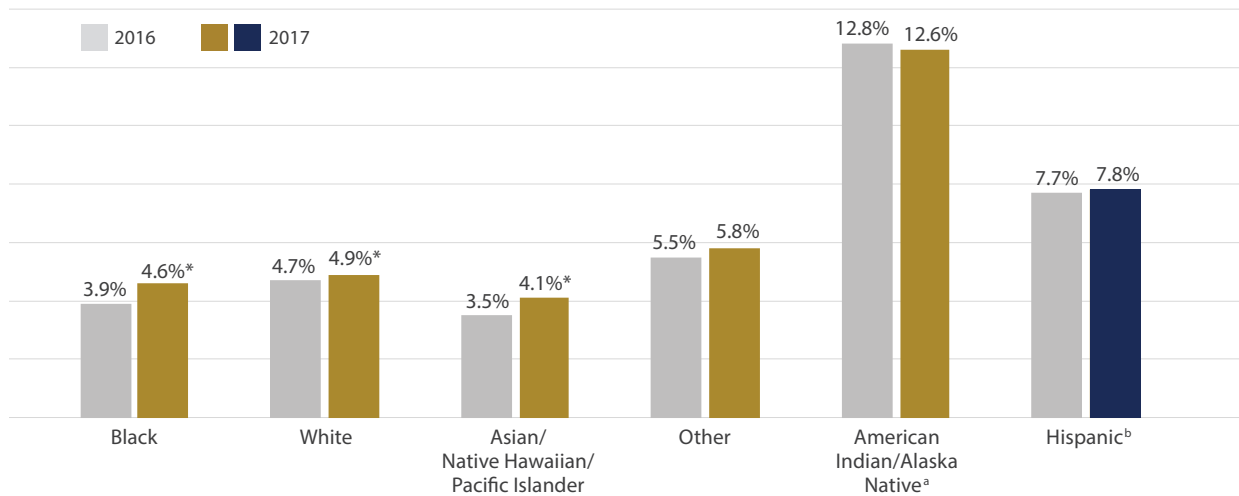### Figure 4. Percent of Uninsured Children by Poverty Level, 2016-2017

Poverty Level	2016	2017
Under 100% FPL	6.0%	6.6%*
100-137% FPL	6.7%	7.0%
138-199% FPL	6.8%	7.0%
200-299% FPL	5.8%	6.3%*
300% FPL or above	2.5%	2.8%*

Source: 2016 and 2017 IPUMS ACS data.
* Change is significant at the 90% confidence level.

Race and Ethnicity: White, Black, Asian, and Native Hawaiian/Pacific Islander children experienced a significant increase in the uninsured rate in 2017 (Figure 5). Children who are Native American/Alaska Native did not see a statistically significant increase in their uninsured rate in 2017, but they continue to have the highest uninsured rate of any race. Hispanic children, who can be of any race, also have high uninsured rates.

Figure 5. Children's Uninsured Rate by Race and Ethnicity, 2016-2017

	2016	2017
Black	3.9%	4.6%*
White	4.7%	4.9%*
Asian/Native Hawaiian/Pacific Islander	3.5%	4.1%*
Other	5.5%	5.8%
American Indian/Alaska Native[a]	12.8%	12.6%
Hispanic[b]	7.7%	7.8%

Source: 2016 and 2017 IPUMS ACS data.
* Change is significant at the 90% confidence level.

[a] Indian Health Service is not considered insurance coverage by the Census Bureau. See the methodology section for more information.

[b] Hispanic refers to a person's ethnicity, and these children may be of any race. See the methodology section for more information.

Age: As Figure 6 shows, school-aged children are more likely to be uninsured than young children, continuing the pattern seen in previous years. Children in both age ranges experienced significant increases in the uninsured rate in 2017.

Figure 6. Uninsurance Rates by Age, 2016-2017

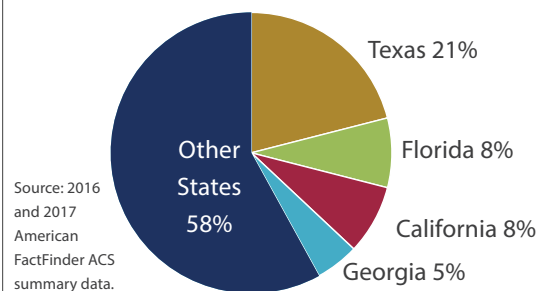| Age	2016	2017
Under 6 years old	3.8%	4.2%*
6 to 18 years old	5.1%	5.4%*

Source: 2016 and 2017 IPUMS ACS data.

* Change is significant at the 90% confidence level.

Where do uninsured children live?

As Figure 7 shows, more than one in five uninsured children lives in the state of Texas. States with more than 200,000 uninsured children include Texas, Florida, California, and Georgia. Appendix Table 1 shows the breakdown by state of all of the nation's 3,925,000 uninsured children.

Figure 7. More than Two-Fifths of the Nation's Uninsured Children Reside in Four States

Texas 21%
Florida 8%
California 8%
Georgia 5%
Other States 58%

Source: 2016 and 2017 American FactFinder ACS summary data.

Which states saw the sharpest increases in their rate and number of uninsured children?

In 2017, 12 states had rates of uninsured children that were significantly higher than the national average. Those states are: Alaska, Arizona, Florida, Georgia, Indiana, Nevada, North Dakota, Oklahoma, South Dakota, Texas, Utah, and Wyoming (see Figure 8). Twenty-eight states have child uninsured rates better than the national average, and 11 have rates similar to the national average.

While there are some clear regional patterns—with the Northeast continuing to have the highest rates of coverage—a pattern is emerging of lagging states having relatively large populations of Hispanic children and/or Native American/Alaska Native children. Both groups have high uninsured rates as shown previously in Figure 5. Appendix Table 2 displays the uninsured rate for all states.

Figure 8. 12 States Had Significantly Higher Rates of Uninsured Children than the National Rate

No statistically significant difference from the national average (11 states)

Uninsured rate significantly lower than national rate (28 states including DC)

Uninsured rate significantly higher than national rate (12 states)

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

As mentioned above, only the District of Columbia saw a statistically significant decline in its child uninsured rate from 2016 to 2017. On the other hand, nine states saw a statistically significant increase, with the greatest jump in South Dakota, where the rate for uninsured children climbed from 4.7 percent in 2016 to 6.2 percent in 2017 (Figure 9). Utah had the next-largest jump with an increase from 6 percent to 7.3 percent. Texas rounds out the top three with an increase of 0.9 percentage points in the uninsured rate, which resulted in an estimated 80,000 additional children lacking coverage in 2017. The remaining states with statistically significant increases are Georgia, South Carolina, Florida, Ohio, Tennessee, and Massachusetts. Appendix Table 4 displays the change for all states from 2016 to 2017.

Figure 9: Nine States with the Significant Increase in Rate of Uninsured Children, 2016 to 2017

State	2016 Uninsured Rate	2017 Uninsured Rate	Percentage Point Change
South Dakota	4.7	6.2	1.5
Utah	6.0	7.3	1.3
Texas	9.8	10.7	0.9
Georgia	6.7	7.5	0.8
South Carolina	4.3	5.1	0.8
Florida	6.6	7.3	0.7
Ohio	3.8	4.5	0.7
Tennessee	3.7	4.4	0.7
Massachusetts	1.0	1.5	0.5

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

* Change is significant at the 90% confidence level. Change in percent of uninsured children may not sum to total due to rounding.

States that have expanded Medicaid to parents and other adults with income below 138 percent of the poverty line saw a smaller increase in their children's uninsured rate.

As Figure 10 shows, the uninsured rate for children increased at almost triple the rate in non-expansion states (0.6 percent) than in states that have expanded Medicaid (0.2 percent). Children whose parents are insured have considerably higher rates of coverage than those whose parents are not.[7]

Of the 276,000 children who lost coverage in 2017, three quarters, or 206,000, lived in states that had not expanded Medicaid.

Figure 10. Children's Uninsured Rate by Medicaid Expansion Status, 2016-2017

■ 2016   ■ 2017

Expansion: 3.5% / 3.7%*
Non-expansion: 6.4% / 7.0%*

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).
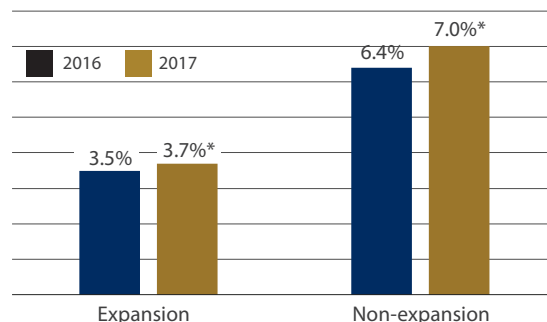
* Change is significant at the 90% confidence level.

Figure 11. Children's Uninsurance Rates in
Medicaid Expansion States and Non-Expansion States, 2017

Legend:
Medicaid Expansion States (dark blue)
Non-Expansion States (gray)

* Maine and Virginia have elected to expand Medicaid, but the expansions are not yet in effect.

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

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

Conclusion

The nation's many years of progress in reducing the number of uninsured children came to a halt and reversed course in 2017. Despite an improving economy, national political trends reinforced the notion that publicly funded coverage was at risk. With a decline in the number of children enrolled in Medicaid/CHIP and non-group coverage, including the Marketplace, the uninsured rate went up.

States that fell further behind are less likely to have expanded Medicaid and/or have higher proportions of Hispanic or Native American/Alaska Native children.

Barring new and serious efforts to get back on track, there is every reason to believe the decline in coverage is likely to continue and may get worse in 2018. If put into effect, a recently proposed federal "public charge" rule (which creates new income and public benefit use tests for legal immigrants who wish to adjust their status) is likely to result in even more uninsured children. A recent study found that implementation of the proposed rule could lead to a reduction in Medicaid enrollment of between 2.1 million to 4.9 million.[8] The study does not specify how many of

these beneficiaries losing coverage would be children but it is likely that children would make up the majority who are disenrolled. In addition, federal efforts to destabilize the ACA's Marketplaces show no sign of abating.

States could mitigate the coverage losses by expanding Medicaid to parents and other adults, allowing children from higher income levels to qualify for Medicaid/CHIP coverage, launching their own efforts to protect consumers and stabilize Marketplace coverage, improving enrollment and retention procedures, and/or investing in more outreach and enrollment activities directed at eligible families.

Uninsured children are more likely to have unmet health needs and lack a usual source of care. Untreated medical conditions such as asthma lead to missed school days and reduce children's chances for success in school. These findings should raise concern about the chances for all children to grow and thrive. A long-term bipartisan effort that has dramatically lowered the uninsured rate for children is now at risk.

Methodology

Data Sources and Changes to Age Categories for Children

In general, this brief uses Georgetown University Center for Children and Families analysis of single-year 2016 and 2017 estimates of summary national and state-level health coverage data from the 2017 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 2017 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data."

 In certain cases (sources of coverage, coverage by poverty level, coverage by race and ethnicity, and coverage by age), this brief uses a Georgetown University Center for Children and Families comparison of 2016 and 2017 single-year national estimates of health coverage

for children age 18 and younger using the Integrated Public Use Microdata Series (IPUMS), an augmented version of the ACS. IPUMS is prepared by the University of Minnesota Population Center (IPUMS-USA, University of Minnesota, www.ipums.org). That is because in the technical documentation for the 2017 ACS single-year estimates, the Census Bureau announced that there would be updates to multiple health insurance tables. In order to better align with the current health insurance landscape, the age categories of the 2017 ACS health insurance tables were updated so that the age group for children includes individuals age 18 and younger. In previous years, the age group for children included individuals age 17 and younger. The Census Bureau, however, did not recalculate previous year detailed estimates using the new age category. This, however, may result in differences between the 2017 data from the American Fact Finder and 2017 IPUMS data. For example, the IPUMS data relies on

a representative sample of ACS data while the Fact Finder uses the entire ACS data set. The IPUMS data also reflects other adjustments to the ACS sample.

Margin of Error

The published U.S. Census Bureau data provide a margin of error (potential error bounds for any given data point) at a 90 percent confidence level. Except where noted, reported differences of percent or number estimates (either between groups, coverage sources, or years) are statistically significant at a confidence level of 90 percent. Georgetown CCF does not take the margin of error into account when ranking states by the number and percent of uninsured children by state. Minor differences in state rankings may not be statistically significant.

Percent Change

Percent change measures differences relative to the size of what is being measured. Percent change is useful in assessing a state's progress in reducing its population of uninsured children by comparing the decline to the size of the population at the starting point. In this report, percent change refers to change in uninsured children from 2016 to 2017 compared to the original population of uninsured children in 2016.

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 the District of Columbia), and county and county equivalents.

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 Bureau determines an individual's poverty status by comparing that person's 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, so such totals may add to more than 100 percent. Additionally, the estimates are not adjusted to address the Medicaid "undercount" often found in surveys, which may be accentuated by the absence of state-specific health insurance program names in the ACS. We report children covered by Medicare, TRICARE/military, VA, or two or more types of health insurance as being covered by an "other" source of health coverage. 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 to be uninsured.

Demographic Characteristics

"Children" are defined as those individuals age 18 and under. We report data for all seven race categories and two ethnicity categories for which the ACS provides one-year health insurance coverage estimates. The 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 racial categories refer to respondents who indicated belonging to only one race. We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2015 Subject Definitions."

Appendix Table 1. Number of Uninsured Children Under Age 19, 2016 and 2017

State	2016 Number Uninsured	2016 State Ranking in Number of Uninsured	2017 Number Uninsured	2017 State Ranking in Number of Uninsured
United States	3,649,000	-	3,925,000	-
Alabama	32,000	22	36,000	22
Alaska	20,000	14	19,000	13
Arizona	132,000	47	133,000	47
Arkansas	30,000	20	33,000	20
California	300,000	50	301,000	49
Colorado	57,000	33	57,000	31
Connecticut	23,000	17	24,000	16
Delaware	7,000	4	8,000	6
District of Columbia	4,000	2	2,000	1
Florida	288,000	49	325,000	50
Georgia	179,000	48	200,000	48
Hawaii	8,000	5	7,000	5
Idaho	22,000	16	22,000	14
Illinois	82,000	40	89,000	40
Indiana	99,000	41	106,000	42
Iowa	20,000	14	24,000	16
Kansas	34,000	23	39,000	25
Kentucky	35,000	24	41,000	26
Louisiana	39,000	26	36,000	22
Maine	13,000	10	13,000	8
Maryland	49,000	29	54,000	30
Massachusetts	15,000	12	22,000	14
Michigan	71,000	36	69,000	34
Minnesota	46,000	27	47,000	28
Mississippi	37,000	25	37,000	24
Missouri	71,000	36	75,000	37
Montana	12,000	9	14,000	9
Nebraska	25,000	18	26,000	18
Nevada	50,000	30	58,000	32
New Hampshire	8,000	5	6,000	4
New Jersey	78,000	38	78,000	38
New Mexico	28,000	19	26,000	18
New York	113,000	44	118,000	43
North Carolina	115,000	45	119,000	44
North Dakota	15,000	12	14,000	9
Ohio	104,000	43	125,000	45
Oklahoma	79,000	39	82,000	39
Oregon	31,000	21	33,000	20
Pennsylvania	126,000	46	125,000	45
Rhode Island	5,000	3	5,000	3
South Carolina	50,000	30	60,000	33
South Dakota	11,000	8	14,000	9
Tennessee	58,000	34	71,000	35
Texas	752,000	51	835,000	51
Utah	59,000	35	71,000	35
Vermont	2,000	1	2,000	1
Virginia	99,000	41	101,000	41
Washington	46,000	27	46,000	27
West Virginia	9,000	7	11,000	7
Wisconsin	50,000	30	53,000	29
Wyoming	13,000	10	14,000	9

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). Data is rounded to the nearest 1,000th.

Appendix Table 2. Percent of Uninsured Children Under 19, 2016 and 2017

State	2016 Percent Uninsured	2016 State Ranking in Percent of Uninsured	2017 Percent Uninsured	2017 State Ranking in Percent of Uninsured
United States	4.7	-	5.0	-
Alabama	2.7	9	3.1	12
Alaska	10.3	51	9.6	50
Arizona	7.6	46	7.7	46
Arkansas	4.0	26	4.4	25
California	3.1	13	3.1	12
Colorado	4.3	27	4.3	24
Connecticut	2.8	12	3.1	12
Delaware	3.1	13	3.5	18
District of Columbia	3.1	13	1.2	1
Florida	6.6	43	7.3	42
Georgia	6.7	44	7.5	44
Hawaii	2.5	5	2.2	5
Idaho	4.9	36	4.6	29
Illinois	2.6	7	2.9	10
Indiana	5.9	41	6.3	41
Iowa	2.6	7	3.1	12
Kansas	4.5	30	5.2	38
Kentucky	3.3	17	3.8	21
Louisiana	3.3	17	3.1	12
Maine	4.8	33	4.9	32
Maryland	3.4	19	3.8	21
Massachusetts	1.0	1	1.5	2
Michigan	3.1	13	3.0	11
Minnesota	3.4	19	3.4	17
Mississippi	4.8	33	4.8	30
Missouri	4.8	33	5.1	33
Montana	4.9	36	5.8	39
Nebraska	5.1	39	5.1	33
Nevada	7.0	45	8.0	47
New Hampshire	2.7	9	2.3	6
New Jersey	3.7	22	3.7	20
New Mexico	5.3	40	5.1	33
New York	2.5	5	2.7	9
North Carolina	4.7	31	4.8	30
North Dakota	8.0	48	7.5	44
Ohio	3.8	25	4.5	28
Oklahoma	7.7	47	8.1	48
Oregon	3.4	19	3.6	19
Pennsylvania	4.4	29	4.4	25
Rhode Island	2.2	3	2.1	4
South Carolina	4.3	27	5.1	33
South Dakota	4.7	31	6.2	40
Tennessee	3.7	22	4.4	25
Texas	9.8	50	10.7	51
Utah	6.0	42	7.3	42
Vermont	1.5	2	1.6	3
Virginia	5.0	38	5.1	33
Washington	2.7	9	2.6	7
West Virginia	2.3	4	2.6	7
Wisconsin	3.7	22	3.9	23
Wyoming	8.8	49	9.5	49

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

Appendix Table 3. Change in the Number of Uninsured Children Under 19, 2016 and 2017

State	2016 Number Uninsured	2017 Number Uninsured	2016-2017 Change in Number of Uninsured	2016-2017 Percent Change
United States	3,649,000	3,925,000	276,000 *	7.6%
Alabama	32,000	36,000	4,000	12.5%
Alaska	20,000	19,000	(1,000)	-5.0%
Arizona	132,000	133,000	1,000	0.8%
Arkansas	30,000	33,000	3,000	10.0%
California	300,000	301,000	1,000	0.3%
Colorado	57,000	57,000	-	0.0%
Connecticut	23,000	24,000	1,000	4.3%
Delaware	7,000	8,000	1,000	14.3%
District of Columbia	4,000	2,000	(2,000)	-50.0%
Florida	288,000	325,000	37,000 *	12.8%
Georgia	179,000	200,000	21,000 *	11.7%
Hawaii	8,000	7,000	(1,000)	-12.5%
Idaho	22,000	22,000	-	0.0%
Illinois	82,000	89,000	7,000	8.5%
Indiana	99,000	106,000	7,000	7.1%
Iowa	20,000	24,000	4,000	20.0%
Kansas	34,000	39,000	5,000	14.7%
Kentucky	35,000	41,000	6,000	17.1%
Louisiana	39,000	36,000	(3,000)	-7.7%
Maine	13,000	13,000	-	0.0%
Maryland	49,000	54,000	5,000	10.2%
Massachusetts	15,000	22,000	7,000 *	46.7%
Michigan	71,000	69,000	(2,000)	-2.8%
Minnesota	46,000	47,000	1,000	2.2%
Mississippi	37,000	37,000	-	0.0%
Missouri	71,000	75,000	4,000	5.6%
Montana	12,000	14,000	2,000	16.7%
Nebraska	25,000	26,000	1,000	4.0%
Nevada	50,000	58,000	8,000 *	16.0%
New Hampshire	8,000	6,000	(2,000)	-25.0%
New Jersey	78,000	78,000	-	0.0%
New Mexico	28,000	26,000	(2,000)	-7.1%
New York	113,000	118,000	5,000	4.4%
North Carolina	115,000	119,000	4,000	3.5%
North Dakota	15,000	14,000	(1,000)	-6.7%
Ohio	104,000	125,000	21,000 *	20.2%
Oklahoma	79,000	82,000	3,000	3.8%
Oregon	31,000	33,000	2,000	6.5%
Pennsylvania	126,000	125,000	(1,000)	-0.8%
Rhode Island	5,000	5,000	-	0.0%
South Carolina	50,000	60,000	10,000 *	20.0%
South Dakota	11,000	14,000	3,000 *	27.3%
Tennessee	58,000	71,000	13,000 *	22.4%
Texas	752,000	835,000	83,000 *	11.0%
Utah	59,000	71,000	12,000 *	20.3%
Vermont	2,000	2,000	-	0.0%
Virginia	99,000	101,000	2,000	2.0%
Washington	46,000	46,000	-	0.0%
West Virginia	9,000	11,000	2,000	22.2%
Wisconsin	50,000	53,000	3,000	6.0%
Wyoming	13,000	14,000	1,000	7.7%

* States with a significant increase in the number of uninsured children from 2016 to 2017.

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). Data is rounded to the nearest 1,000th.

Appendix Table 4. Change in the Percent of Uninsured Children Under 19, 2016 to 2017

State	2016 Percent Uninsured	2017 Percent Uninsured	2016-2017 Percentage Point Change
United States	4.7	5.0	0.3 *
Alabama	2.7	3.1	0.4
Alaska	10.3	9.6	-0.7
Arizona	7.6	7.7	0.1
Arkansas	4.0	4.4	0.4
California	3.1	3.1	0.0
Colorado	4.3	4.3	0.0
Connecticut	2.8	3.1	0.3
Delaware	3.1	3.5	0.4
District of Columbia	3.1	1.2	-1.9 *
Florida	6.6	7.3	0.7 *
Georgia	6.7	7.5	0.8 *
Hawaii	2.5	2.2	-0.3
Idaho	4.9	4.6	-0.3
Illinois	2.6	2.9	0.3
Indiana	5.9	6.3	0.4
Iowa	2.6	3.1	0.5
Kansas	4.5	5.2	0.7
Kentucky	3.3	3.8	0.5
Louisiana	3.3	3.1	-0.2
Maine	4.8	4.9	0.1
Maryland	3.4	3.8	0.4
Massachusetts	1.0	1.5	0.5 *
Michigan	3.1	3.0	-0.1
Minnesota	3.4	3.4	0.0
Mississippi	4.8	4.8	0.0
Missouri	4.8	5.1	0.3
Montana	4.9	5.8	0.9
Nebraska	5.1	5.1	0.0
Nevada	7.0	8.0	1.0
New Hampshire	2.7	2.3	-0.4
New Jersey	3.7	3.7	0.0
New Mexico	5.3	5.1	-0.2
New York	2.5	2.7	0.2
North Carolina	4.7	4.8	0.1
North Dakota	8.0	7.5	-0.5
Ohio	3.8	4.5	0.7 *
Oklahoma	7.7	8.1	0.4
Oregon	3.4	3.6	0.2
Pennsylvania	4.4	4.4	0.0
Rhode Island	2.2	2.1	-0.1
South Carolina	4.3	5.1	0.8 *
South Dakota	4.7	6.2	1.5 *
Tennessee	3.7	4.4	0.7 *
Texas	9.8	10.7	0.9 *
Utah	6.0	7.3	1.3 *
Vermont	1.5	1.6	0.1
Virginia	5.0	5.1	0.1
Washington	2.7	2.6	-0.1
West Virginia	2.3	2.6	0.3
Wisconsin	3.7	3.9	0.2
Wyoming	8.8	9.5	0.7

* States with a significant increase in the uninsured rate from 2016 to 2017.

Source: Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

Endnotes

[1] This report examines children under age 19 because of changes to the health insurance age categories in the 2017 American Community Survey. Our previous reports in this series examined children under 18—hence there are differences in previous years' data, which have been recalculated for the purpose of consistency over time. Unless otherwise indicated, all 2017 data in this report are from a Georgetown University Center for Children and Families analysis of the American Community Survey (ACS). All 2016 data in this report are from Georgetown University Center for Children and Families tabulations of the single-year ACS data from IPUMS. See methodology section for more information.

[2] For a summary of recent studies on the value of Medicaid coverage, see Chester, A. et al., "Medicaid is a Smart Investment in Children" (Washington, D.C.: Georgetown University Center for Children and Families, March 2017).

[3] Skopec, L., "Losses of Private Non-Group Health Insurance a Key Driver Behind 2017 Increases in Uninsurance" (Washington: Urban Institute, September 27, 2018), available at https://www.urban.org/research/publication/losses-private-non-group-health-insurance-key-driver-behind-2017-increases-uninsurance; Semanskee, A., Levitt, L., and Cox, C., "Data Note: Changes in Enrollment in the Individual Health Insurance Market" (Washington, D.C.: Kaiser Family Foundation, July 31, 2018), available at https://www.kff.org/health-reform/issue-brief/data-note-changes-in-enrollment-in-the-individual-health-insurance-market/. Also, see "Sabotage Watch: Tracking Efforts to Undermine the ACA" (Washington, D.C.: Center on Budget and Policy Priorities, September 2018), available at https://www.cbpp.org/sabotage-watch-tracking-efforts-to-undermine-the-aca.

[4] "Children in U.S. Immigrant Families," Migration Policy Institute, available at https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families?width=1000&height=850&iframe=true. (Accessed November 10, 2018.)

[5] Gifford, K. et al., State Focus on Quality and Outcomes Amid Waiver Changes: Results from a 50-State Medicaid Budget Survey (Washington, D.C.: Kaiser Family Foundation, October, 2018).

[6] Haley, J. et al., Uninsurance and Medicaid/CHIP Participation Among Children and Parents: Variation in 2016 and Recent Trends (Washington, D.C.: Urban Institute, September, 2018).

[7] Karpman, M. and Kenney, G., "Health Insurance Coverage for Children and Parents: Changes Between 2013 and 2017" (Washington, D.C.: Urban Institute, September 7, 2017).

[8] Artiga, S. et al., Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid (Washington, D.C.: Kaiser Family Foundation, October, 2018).