

# A First Look at Health Insurance Coverage for Children and Parents under the ACA in 2014

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# Today's Webinar

## Discuss topline findings from:

- A First Look at Children's Health Insurance Coverage under the ACA in 2014
  - Genevieve M. Kenney, Joan Alker, Nathaniel Anderson, Stacey McMorrow, Sharon K. Long, Douglas Wissoker, Lisa Clemans-Cope, Lisa Dubay, Michael Karpman, and Tricia Brooks
- Taking Stock: Health Insurance Coverage for Parents under the ACA in 2014
  - Genevieve M. Kenney, Nathaniel Anderson, Sharon K. Long, Lisa Dubay, Stacey McMorrow, Lisa Clemans-Cope, Michael Karpman, and Douglas Wissoker

# Road Map

## Context and Policy Background

- Findings from brief on children
- Findings from brief on parents

# Pre ACA Context for Children

Uninsured rates for children were close to 7 percent in 2012 and 2013—a historic low

- Driven by expansions in public coverage through Medicaid and CHIP and increased take up among eligible children

More than half the states have Medicaid/CHIP eligibility levels at 255 percent FPL or above

- Nationally, 88 percent of children participate in Medicaid/CHIP; 20 states and the District of Columbia have participation rates of 90 percent or higher
- 68% percent of uninsured children are eligible for Medicaid/CHIP

# Pre ACA Context for Parents

Parents are more likely to be uninsured than their children, particularly if they have low incomes

## Prior to the ACA

- Half the states had eligibility thresholds for parents of 66 percent or less
- An estimated two million uninsured parents were eligible for Medicaid but not enrolled

# Enter the Affordable Care Act

## Major coverage provisions of the ACA target uninsured adults,

- Expanded Medicaid for adults with incomes below 138 percent FPL, but just over half the states had elected to expand Medicaid in 2014

## Positive coverage effects expected for children:

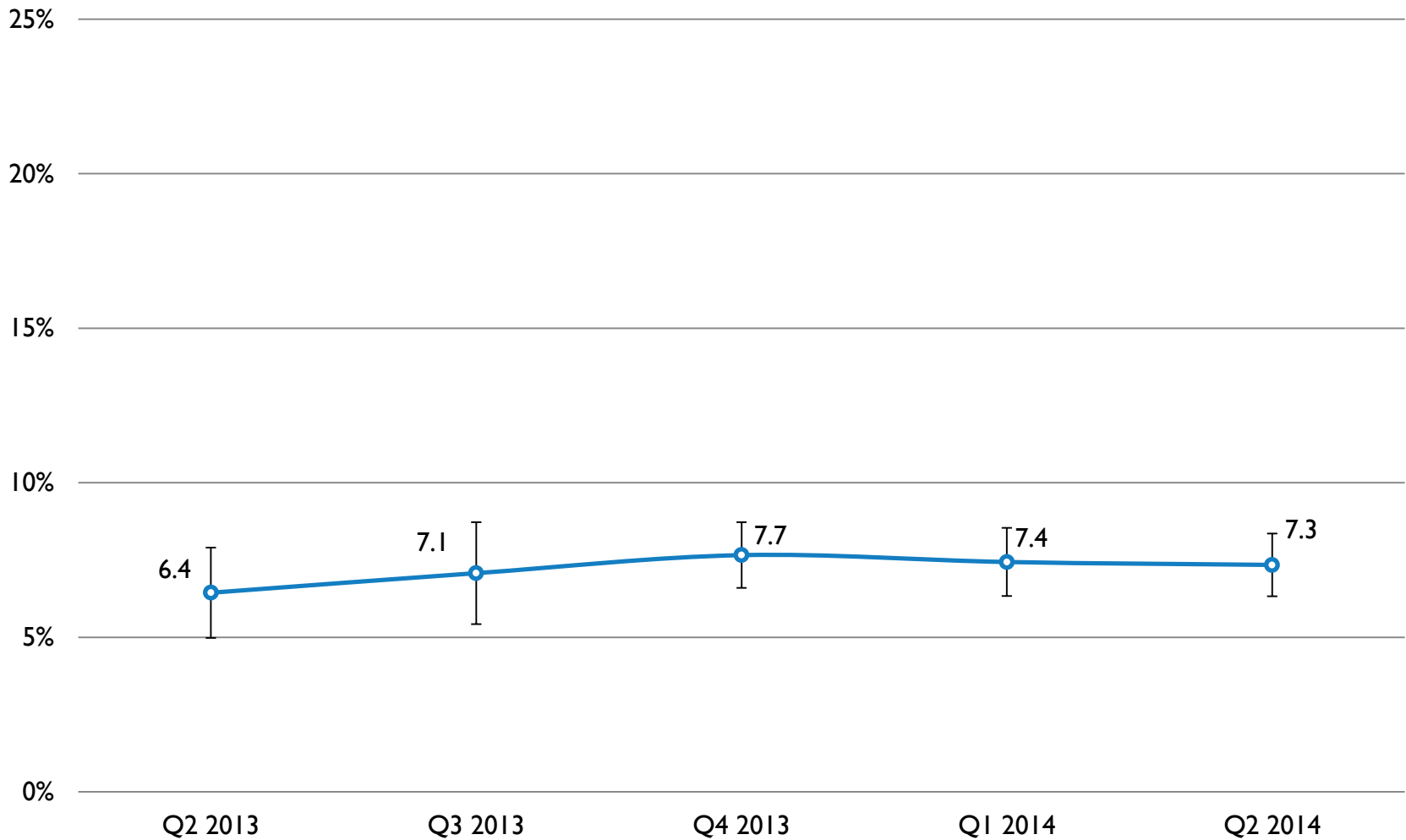
- Individual requirement to obtain coverage
- Spillover effects of expansions to parents
- New outreach and enrollment efforts
- Removal of premiums for some children with incomes between 100 and 138 percent of FPL
- Availability of new subsidies for coverage for families with incomes between 138 and 400 percent FPL

# Data Source

## Health Reform Monitoring Survey

- Quarterly Internet survey with samples of about 2500 children and parents
  - Based on a probability sample and internet access and laptops provided if needed
  - Parent/legal guardian respondent 93% of cases
  - Designed to provide real time feedback, but definitive Assessments of changes won't be possible until we have more data from federal surveys

# Trends in Uninsurance for Children from June-July 2013 Through June 2014

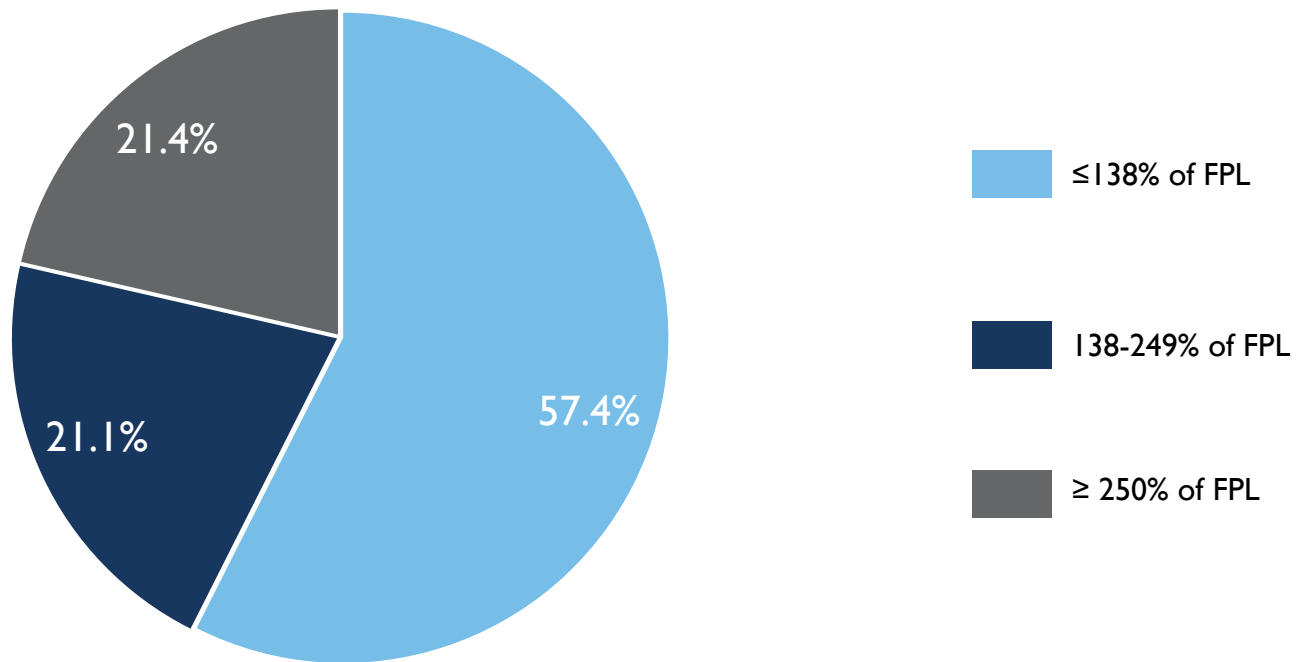


Source: Health Reform Monitoring Survey Child Supplement, quarter 2 2013 through quarter 2 2014,  
Notes: Estimates are regression-adjusted for the child's age, sex, race/ethnicity; and for the respondent's sex, age, race/ethnicity, language, education, number of children that are present in the household, household income, family income as a percent of the federal poverty level, homeownership status, internet access, urban/rural status, marital status, and census region. 95% Confidence Intervals are denoted by brackets. **\*\*** Estimate differs significantly from quarter 2 2014 estimate at the .05/.01 levels, using a two-tailed test.



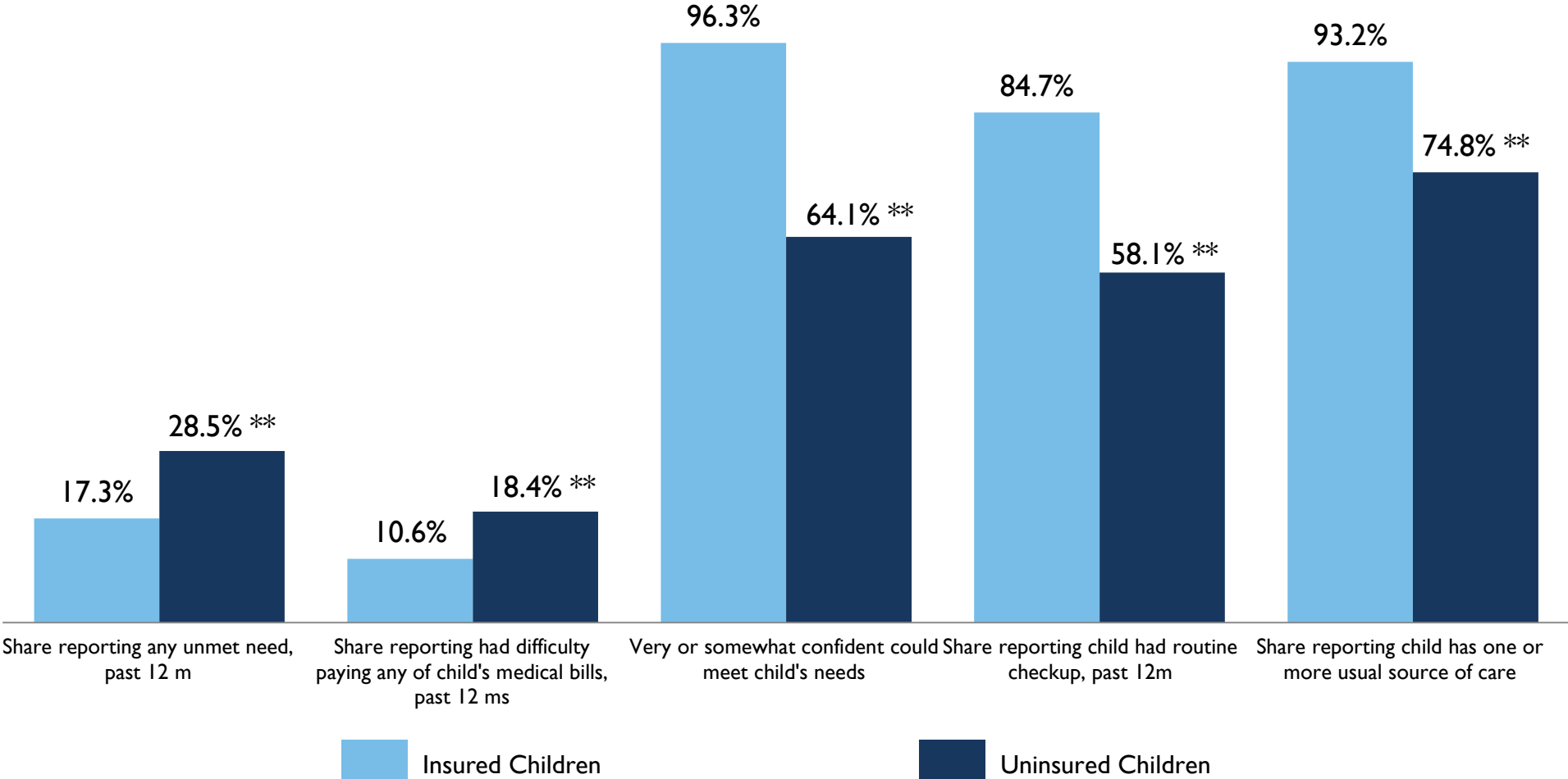
## Distribution of Uninsured Children by Family Income, June/ September 2014

### Family Income



Source: Health Reform Monitoring Survey Child Supplement, quarters 2 2014 and quarter 3 2014.

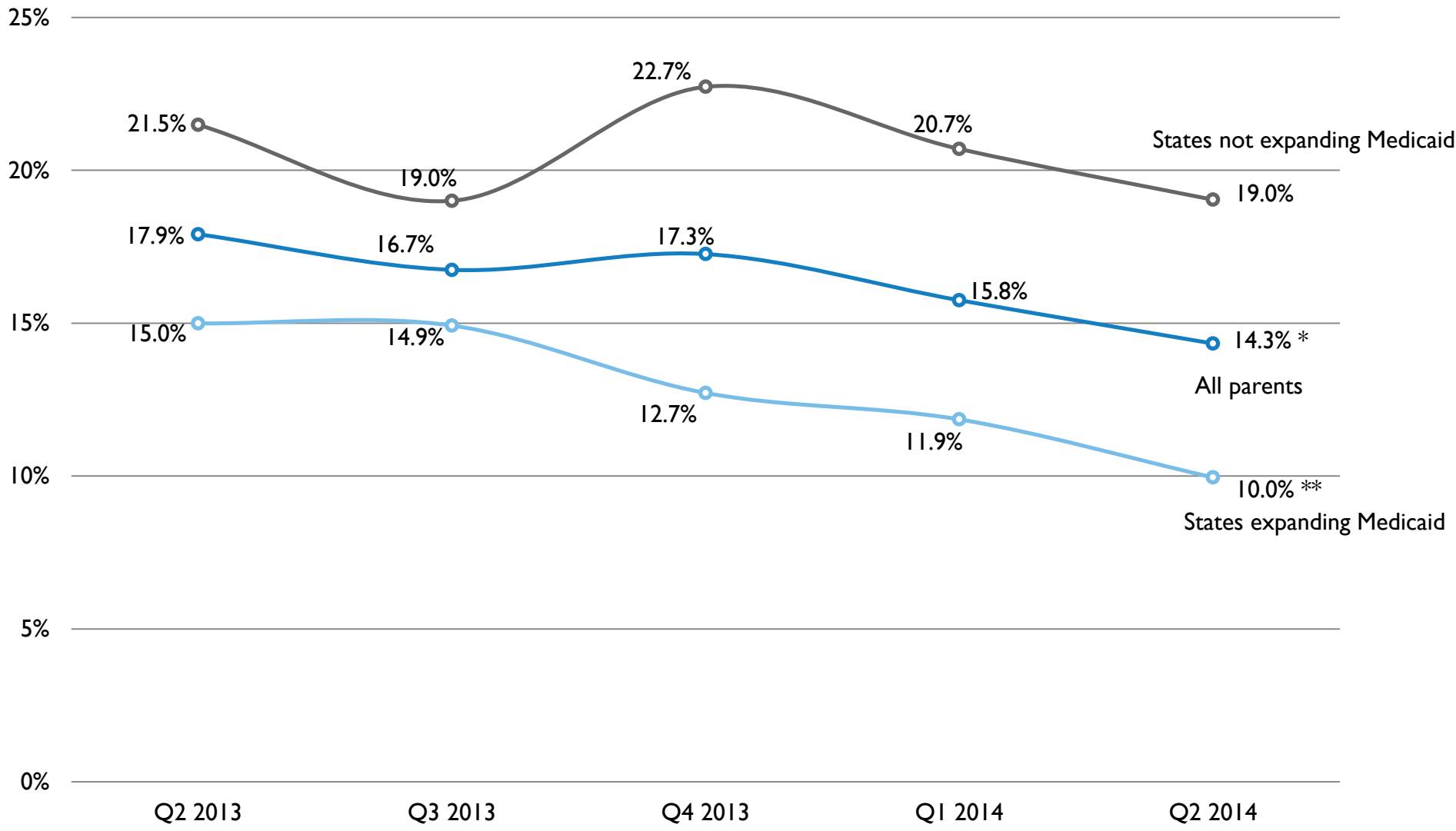
# Access and Affordability for Children in March/ June 2014, by Insurance Status



Source: Health Reform Monitoring Survey Child Supplement, quarter 1 2014 through quarter 2 2014.  
 Notes: FPL is federal poverty level. Any unmet need is defined as an unmet need because of affordability for prescription drugs, medical care, a general doctor, a specialist, medical tests, treatment or follow-up care, dental care, mental health care or counseling, or eyeglasses or vision care. These estimates are regression-adjusted for the child's age, sex, race/ethnicity, general and mental health status, and functional limitations, and for the respondent's marital status, education, family income and homeownership status, census region, and Metropolitan Statistical Area (MSA) status.

\*/\*\* Estimates differ significantly from zero at the .05/.01 levels, using two-tailed tests.

# Trends in Uninsurance for Nonelderly Parents, June-July 2013 Through June 2014



Source: Health Reform Monitoring Survey, quarter 2 2013 through quarter 2 2014.

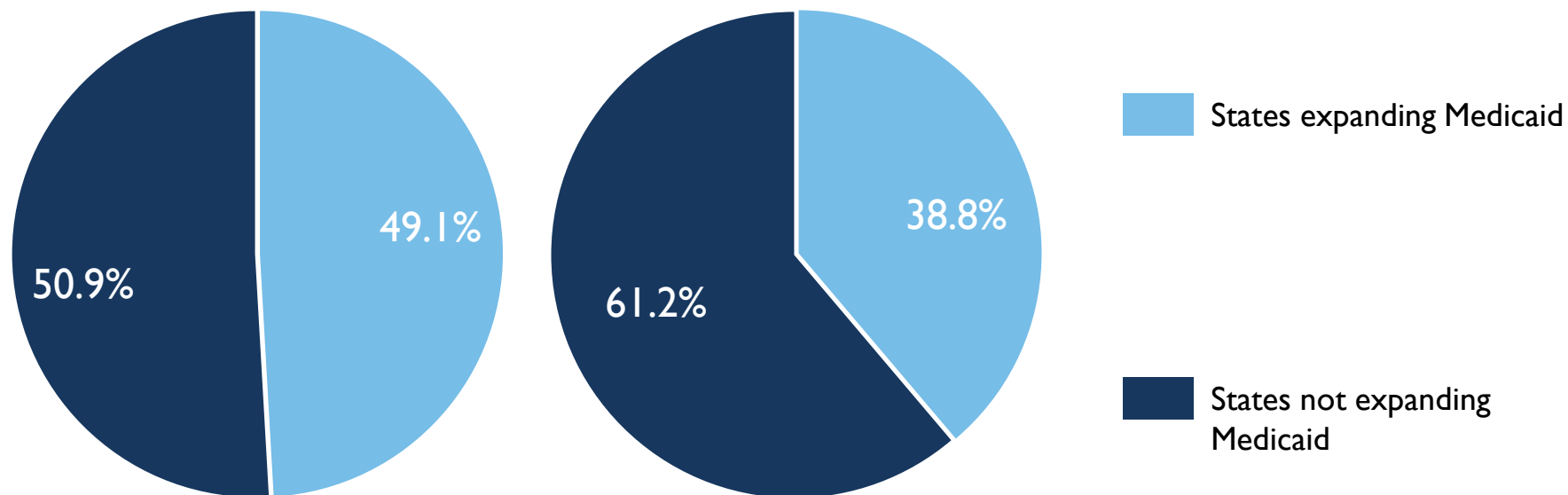
Notes: Estimates are regression adjusted.

\*/\*\* Estimate differs significantly from quarter 3 2013 at the .05/.01 levels, using two-tailed tests.

## Distribution of Uninsured Parents by Medicaid Expansion Status, September 2013 and June/September 2014

September 2013

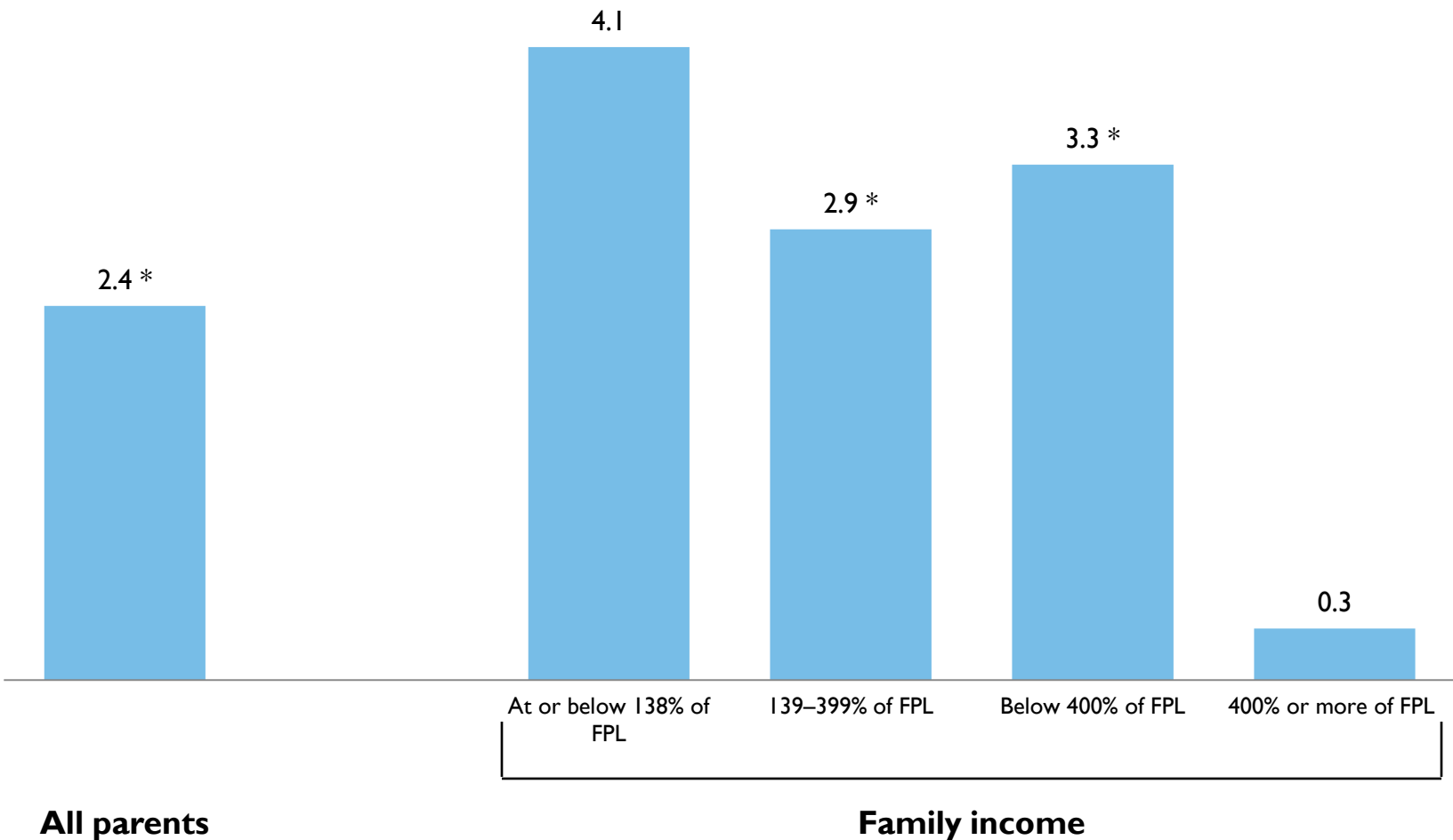
June/September 2014



Source: Health Reform Monitoring Survey, quarter 3 2013, quarter 2 2014, and quarter 3 2014.

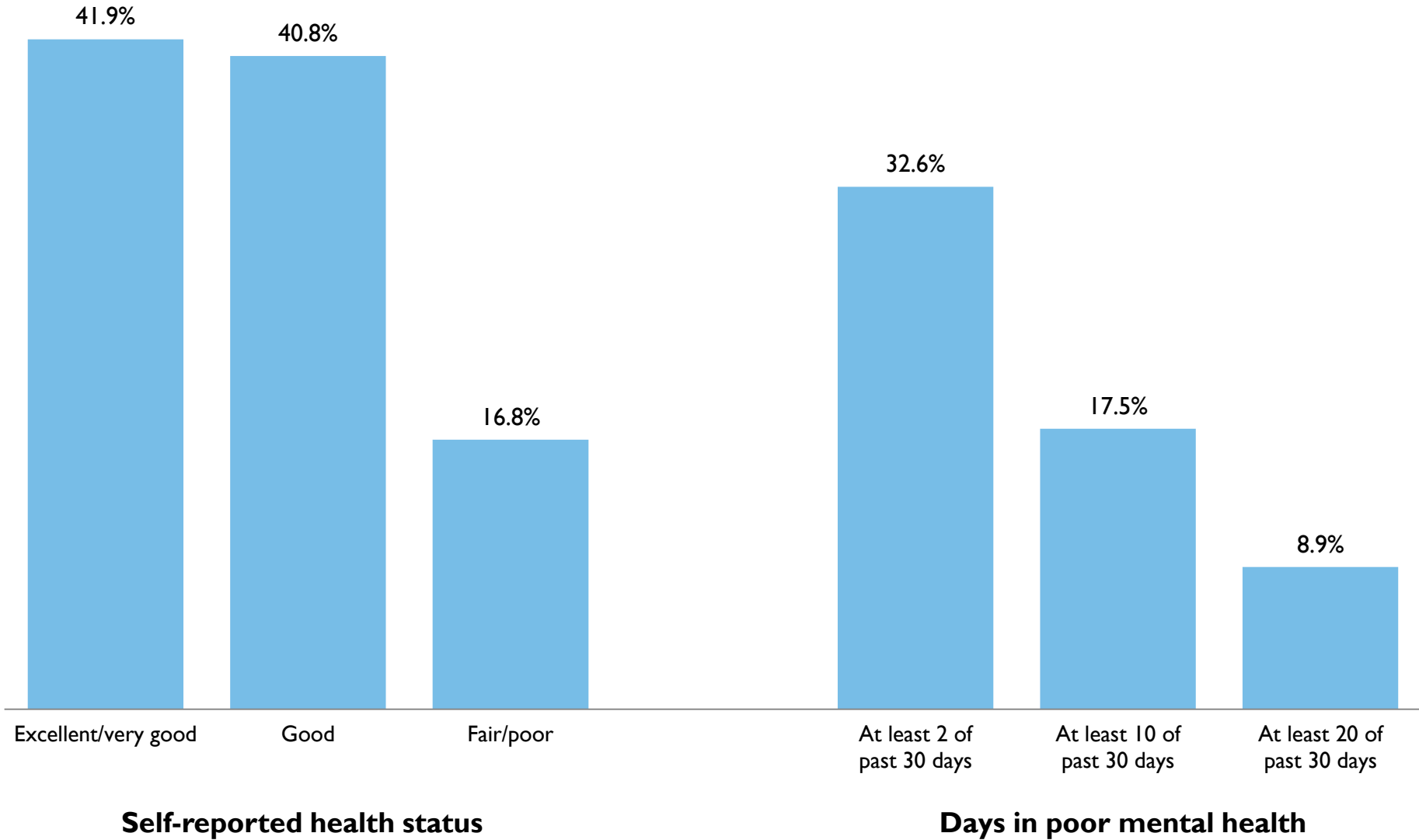
Notes: Change in distribution is significant at the .01 level. States expanding Medicaid are those with income eligibility levels for adults at or above 138 percent of the federal poverty level as of June 2014, based on Centers for Medicare and Medicaid Services, "State Medicaid and CHIP Income Eligibility Standards," accessed July 8, 2014, <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf>.

# Percentage-Point Increase in Insurance Coverage for Nonelderly Parents between Quarter 3 2013 and Quarter 2 2014, by Family Income



Source: Health Reform Monitoring Survey, quarter 3 2013 through quarter 2 2014.  
Note: FPL is federal poverty level.  
\*\* Estimates differ significantly from zero at the .05/.01 levels, using two-tailed tests.

# Health Characteristics of Uninsured Parents, March/June 2014



Source: Health Reform Monitoring Survey, quarter 1 and quarter 2 2014.

# Looking Ahead

## Need ongoing monitoring

- Marketplace/Medicaid/CHIP interface/renewal processes
- Medicaid Expansions
- Federal Subsidies in FFM states
- Future of CHIP

Need to assess whether coverage gains for parents increase their access to care and reduce their financial burdens and in turn improve their health and well being of their children