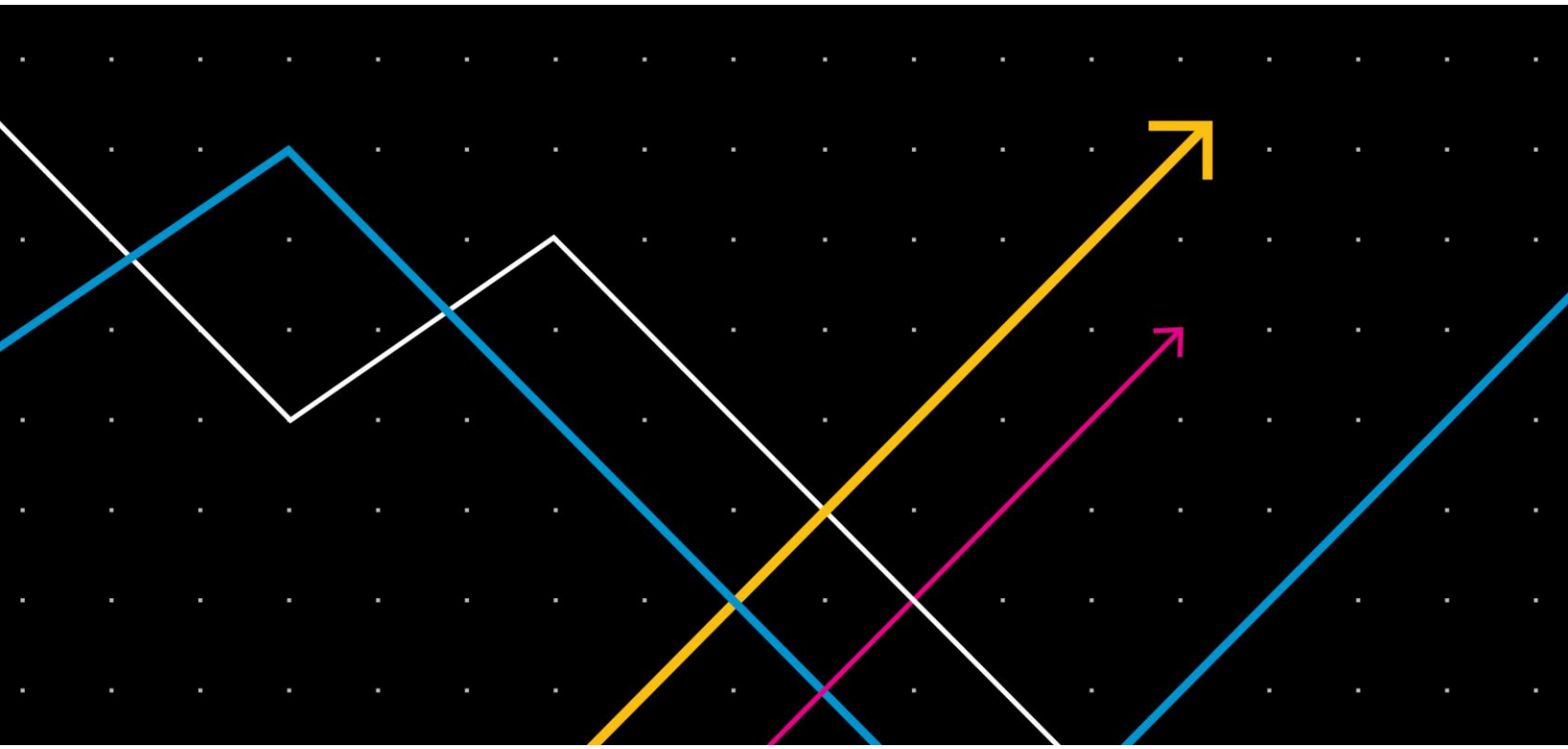

RESEARCH REPORT

Improvements in Uninsurance and Medicaid/CHIP Participation among Children and Parents Stalled in 2017

Jennifer Haley *Genevieve M. Kenney* *Robin Wang* *Clare Pan*
Victoria Lynch *Matthew Buettgens*

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Executive Summary

Between 2013 and 2016, following the implementation of the major coverage provisions of the Affordable Care Act (ACA) in 2014, insurance coverage and participation in Medicaid and the Children's Health Insurance Program (CHIP) rose and the number of Medicaid/CHIP-eligible uninsured children and parents fell (Haley et al. 2018a, 2018b; Kenney et al. 2016a, 2016b, 2017). New analysis of data from 2017 indicates that these trends may be stalling or reversing. Key findings are as follows:

- Between 2013 and 2016, the uninsurance rate fell from 7.0 percent to 4.3 percent among children and from 17.6 percent to 11.0 percent among parents, a nearly 40 percent drop for both groups during the first three years of implementation of the ACA's major coverage provisions. However, in 2017, children's coverage gains stalled, and the uninsurance rate rose from 4.3 percent in 2016 to 4.6 percent in 2017, an increase of 281,000 uninsured children. Coverage gains also stalled for parents, with an uninsurance rate of about 11 percent in both 2016 and 2017.
- Among both children and parents, the Medicaid/CHIP participation rate (the share of eligible people without other coverage enrolled in either Medicaid or CHIP) rose between 2013 and 2016, from 88.7 percent to 93.7 percent for children and from 67.6 percent to 79.9 percent for parents. However, in 2017 Medicaid/CHIP participation declined slightly for children to 93.1 percent and held steady for parents at 79.6 percent.
- In states that did not participate in the ACA's Medicaid expansion in 2017, uninsurance rose between 2016 and 2017 among both children and parents. In expansion states, uninsurance rose slightly among children but remained steady among parents between 2016 and 2017. Both children and parents remained much more likely to be uninsured in nonexpansion states than in expansion states, and as in prior years, Medicaid/CHIP participation remained higher in expansion states than in nonexpansion states in 2017.
- In 2017, 2.0 million children and 1.7 million parents were estimated to be eligible for Medicaid/CHIP but unenrolled, compared with 1.9 million and 1.7 million, respectively, in 2016. Nationally, 56.5 percent of uninsured children and 24.4 percent of uninsured parents appeared eligible for Medicaid or CHIP in 2017.
- Using combined data from 2016 and 2017, we find that over half of eligible uninsured children and parents lived in just eight large states: California, Florida, Georgia, Illinois, Indiana, New York, Pennsylvania, and Texas.

- As in prior years, we find that parents were over twice as likely as children to be uninsured in 2017 nationally. In addition, parents were more likely than children to be uninsured in every state. Uninsurance among children in 2017 was below 5 percent in most states and below 10 percent in almost every state. In contrast, uninsurance among parents was below 5 percent in only four states and was higher than 10 percent in nearly half the states.
- Though coverage and participation rose following ACA implementation among every subgroup of children and parents we examined, some of these gains stalled in 2017. Declines in children's coverage and Medicaid/CHIP participation occurred among multiple subgroups between 2016 and 2017, and disparities across subgroups persisted, and in some cases increased, in 2017.

Improvements in Uninsurance and Medicaid/CHIP Participation among Children and Parents Stalled in 2017

Introduction

The Affordable Care Act (ACA) coverage provisions implemented in 2014 were primarily aimed at expanding coverage options for adults, including a new minimum Medicaid threshold of 138 percent of the federal poverty level (FPL) in participating states, new availability of unsubsidized and subsidized Marketplace coverage, an individual federal coverage mandate with associated penalties, and investments in outreach, enrollment assistance, and enrollment processes. Though the typical (i.e., median) state offered Medicaid to parents with incomes under 61 percent of FPL in 2013, by January 1, 2017, 32 states had Medicaid eligibility levels at the ACA threshold of 138 percent of FPL or higher,[1] which dramatically increased public coverage eligibility for parents in those states (Heberlein et al. 2013; Kenney, Lynch, Haley, et al. 2012; MACPAC 2012). Eligibility remained lower for parents in the 19 nonexpansion states; though every state offered coverage to some low-income parents, the median Medicaid income threshold in 2017 in nonexpansion states was just 44 percent of FPL (Brooks et al. 2017).

Public coverage options for children were more expansive than for parents before the ACA because of eligibility expansions in Medicaid and the Children's Health Insurance Program (CHIP) over recent decades. In 2017, the median state covered children with family incomes up to 255 percent of FPL, and nearly every state covered children with incomes up to 200 percent of FPL or higher, with 19 states extending eligibility to 300 percent of FPL or higher (Brooks et al. 2017). Still, the ACA altered the coverage landscape for children, including by mandating that states maintain children's eligibility at levels in place when the ACA was enacted in 2010 and shifting some children from CHIP to Medicaid (Miskell and Alker 2015; Prater and Alker 2013). Furthermore, coverage expansions for parents have boosted coverage levels among children (Alker and Pham 2017; Burak 2017; Hudson and Moriya 2017; Kenney et al. 2016b, 2017; Lukanen, Schwehr, and Fried 2018; Venkataramani, Pollack, and Roberts 2017).

Before ACA implementation, uninsurance had been falling among children but rising among parents, with parents' uninsurance levels consistently higher than those of children (Dubay and Kenney

2018; Gates et al. 2016; Karpman et al. 2016; Rosenbaum and Kenney 2014). Following ACA implementation, uninsurance fell among both children and parents (Alker and Chester 2015; Haley et al. 2018a, 2018b; Henry J. Kaiser Family Foundation 2017; Karpman, Kenney, and Gonzalez 2018; Kenney et al. 2016a, 2016b, 2017; Lukanen, Schwehr, and Fried 2018; McMorrow et al. 2017; McMorrow and Kenney 2018). Consistent with administrative data showing increases in Medicaid/CHIP enrollment since 2013, Medicaid/CHIP participation also rose over this period (Centers for Medicare & Medicaid Services 2016; Haley et al. 2018a, 2018b; Kenney et al. 2016a, 2016b, 2017). By 2016, the national participation rate for children (the share of eligible children without other coverage who were enrolled in the programs) was 93.7 percent and over 90 percent in most states; and though participation was lower among parents than children, participation rose among parents from 67.6 percent in 2013 to 79.9 percent in 2016 (Haley et al. 2018a, 2018b).

However, recent data indicate that the steep declines in uninsurance among children and parents during the early years of ACA implementation appear to be leveling off and may even be reversing in some places. Though slowing of the large enrollment growth in the ACA's early years would be expected over time,[2] both Medicaid/CHIP and private nongroup coverage appear to be falling (Alker and Pham 2018; Henry J. Kaiser Family Foundation 2018; Lukanen, Schwehr, and Fried 2019; Martinez, Zammitti, and Cohen 2018; McMorrow and Kenney 2018).[3] Administrative data also indicate Medicaid enrollment gains have stalled in many states, with declines in some states in 2017 (MACPAC 2018).

In this report, we examine uninsurance, Medicaid/CHIP participation, and the number of eligible but uninsured children and parents from 2013 to 2017, using the latest available data from the American Community Survey (ACS). We also assess differences across states, by whether states adopted the ACA's Medicaid expansion, and across socioeconomic and demographic subgroups. This analysis updates for 2017 our prior research tracking these trends (Haley et al. 2018a, 2018b; Kenney, Anderson, and Lynch 2013; Kenney et al. 2011, 2015, 2016a, 2016b, 2017; Kenney, Lynch, Haley, et al. 2012; Kenney, Lynch, Huntress, et al. 2012). As in those analyses, we note that though the observed changes since 2013 occurred following the implementation of the ACA, they cannot be wholly attributed to the law's effects because other factors, such as the improving economy, may also have contributed to these changes. Our analysis includes several additional caveats, most notably the intrinsic measurement error and methodological challenges associated with developing robust estimates of uninsurance, Medicaid/CHIP eligibility, and Medicaid/CHIP participation (see appendix B for more on data source, methods, and limitations).

Results

Trends in Uninsurance among Children and Parents, 2013–17

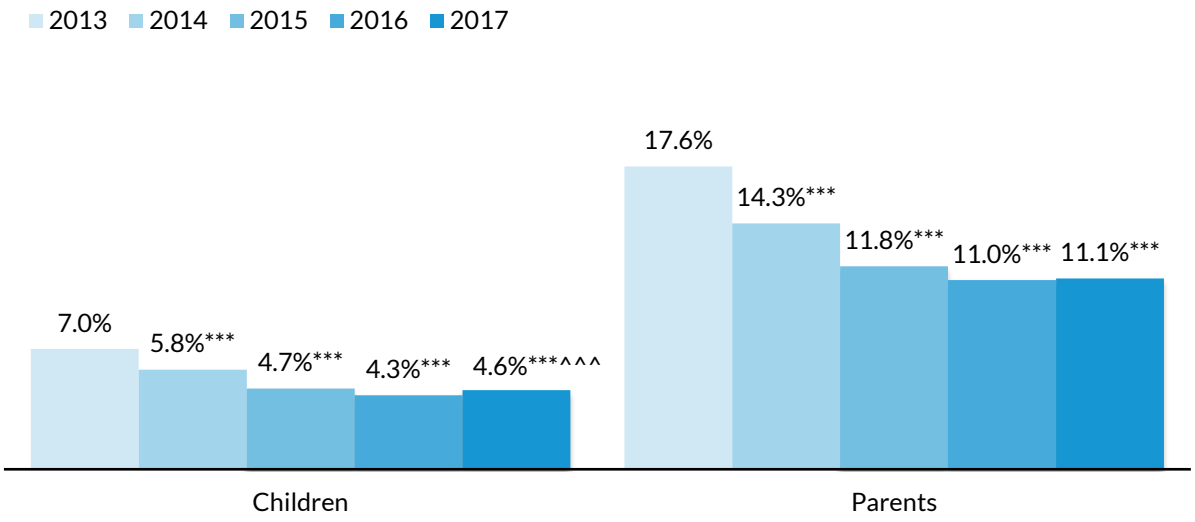
Between 2013 and 2016, the first three years of implementation of the major coverage provisions of the ACA, the uninsurance rate fell from 7.0 percent to 4.3 percent among children and from 17.6 percent to 11.0 percent among parents (figure 1). Though parents' uninsurance experienced a larger percentage-point decline than that of children (6.6 percentage points versus 2.7 percentage points), uninsurance dropped by nearly 40 percent for both groups. The number of uninsured children fell from 5.4 million to 3.3 million, and the number of uninsured parents fell from 10.9 million to 6.8 million (table 1)—a combined decline of 6.2 million uninsured children and parents. Though we observed declines in 2014, 2015, and 2016, decreases diminished over time, in line with expectations of slowed growth as the ACA matured; the coverage gains in 2016 (0.4 percentage points for children and 0.8 percentage points for parents) were smaller than those in the ACA's first year (1.2 percentage points and 3.3 percentage points, respectively) and second year (1.1 percentage points and 2.5 percentage points, respectively).

In contrast to the 2013–16 period, children's coverage declined and parents' gains stalled in 2017. Uninsurance among children rose from 4.3 percent in 2016 to 4.6 percent in 2017, and the estimated number of uninsured children grew from 3.3 million to 3.6 million—an increase of 281,000 uninsured children. This is not only the first time since ACA implementation in 2013 that uninsurance rose among children but the first increase in uninsurance among children observed since the ACS began collecting coverage status in 2008 (Alker and Pham 2018; Haley et al. 2018a, 2018b; Kenney, Anderson, and Lynch 2013; Kenney et al. 2011, 2015, 2016a, 2016b, 2017; Kenney, Lynch, Haley, et al. 2012; Kenney, Lynch, Huntress, et al. 2012). Parents experienced no further coverage gains in 2017, with 11.1 percent of parents (6.9 million) lacking coverage in 2017, similar to the 11.0 percent (6.9 million) who were uninsured in 2016.

Changes in 2017 continued to narrow differences in uninsurance between children and parents; the uninsurance gap between children and parents fell from 10.6 percentage points in 2013 to 6.5 percentage points in 2017. However, parents remained over twice as likely as children to be uninsured in 2017 (11.1 percent compared with 4.6 percent).

FIGURE 1

Uninsurance Rates among Children and Parents, 2013–17



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Source: Urban Institute analysis of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.
*** Estimate differs significantly from 2013 estimate at the 0.01 level.
^^^ 2017 estimate differs significantly from 2016 estimate at the 0.01 level.

TABLE 1

Uninsurance and Medicaid/CHIP Eligibility among Children and Parents, 2013–17

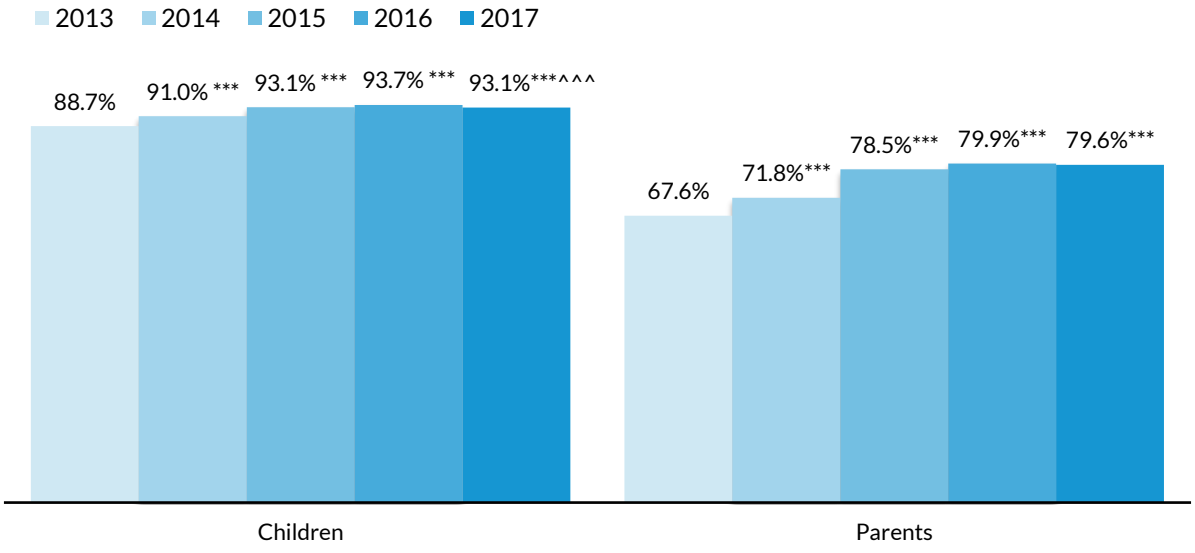
	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17
All children							
Uninsurance rate	7.0%	5.8%***	4.7%***	4.3%***	4.6%***	-2.4%***	0.3%^^^
Number of uninsured (thousands)	5,428	4,519	3,655	3,339	3,620	-1,808	281
All parents							
Uninsurance rate	17.6%	14.3%***	11.8%***	11.0%***	11.1%***	-6.5%***	0.1%
Number of uninsured (thousands)	10,918	8,842	7,279	6,836	6,934	-3,984	98
Medicaid/CHIP-eligible children	**45,874**	**43,930**	**43,148**	**42,130**	**41,355**	**-4,519**	**-775**
Uninsurance rate	7.7%	6.4%***	4.9%***	4.5%***	5.0%***	-2.8%***	0.4%^^^
Number of uninsured (thousands)	3,548	2,807	2,116	1,898	2,047	-1,501	149
Medicaid-eligible parents	**11,756**	**15,971**	**16,024**	**15,252**	**14,859**	**3,103**	**-393**
Uninsurance rate	17.9%	15.8%***	12.1%***	11.4%***	11.4%***	-6.5%***	-0.1%
Number of uninsured (thousands)	2,100	2,524	1,937	1,743	1,690	-410	-52

Source: Urban Institute tabulations of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: CHIP = Children's Health Insurance Program. Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how eligibility and uninsurance are defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.
*** Estimate differs significantly from 2013 estimate at the 0.01 level.
^^^ 2017 estimate differs significantly from 2016 estimate at the 0.01 level.

Trends in Medicaid/CHIP Eligibility and Participation among Children and Parents, 2013–17

Corresponding with the declines in uninsurance between 2013 and 2016, the Medicaid/CHIP participation rate (the share of Medicaid/CHIP-eligible people without other coverage who enrolled in the programs) rose among both groups between 2013 and 2016, from 88.7 percent to 93.7 percent among children and from 67.6 percent to 79.9 percent among parents (figure 2). For children, these increases occurred as eligibility thresholds remained relatively constant and improving economic conditions and other changes slightly reduced the number of eligible children (table 1).[4] For parents, the gains in Medicaid participation occurred under the ACA's eligibility expansions, with the number of Medicaid-eligible parents rising by about 30 percent between 2013 and 2016.[5]

FIGURE 2
Medicaid/CHIP Participation Rates among Children and Parents, 2013–17



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Source: Urban Institute analysis of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how eligibility and particpation are defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. Participation rates for parents exclude people with Supplemental Security Income–based eligibility.

*** Estimate differs significantly from 2013 estimate at the 0.01 level.
^^^ 2017 estimate differs significantly from 2016 estimate at the 0.01 level.

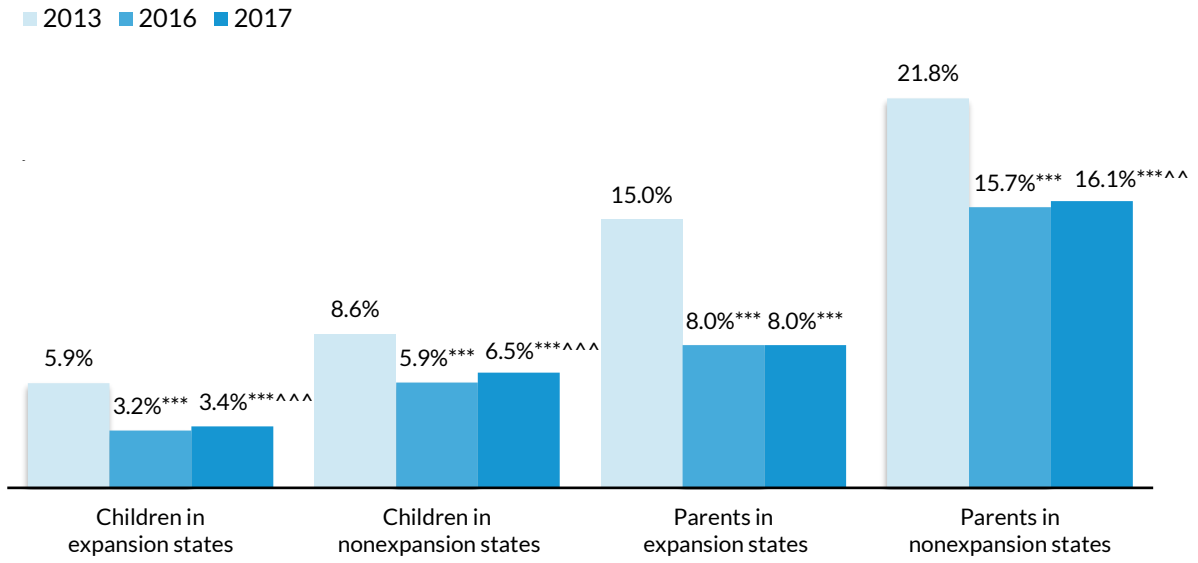
Though increases in participation were smaller from 2015 to 2016 than from 2013 to 2015, improvements continued through 2016. However, these gains halted in 2017. The growth in participation reversed for children, falling from 93.7 percent to 93.1 percent, a statistically significant decline of 0.6 percentage points and the first time that Medicaid/CHIP participation rates fell among children since we began measuring this statistic in 2008 (Haley et al. 2018a, 2018b; Kenney, Anderson, and Lynch 2013; Kenney et al. 2011, 2015, 2016a, 2016b, 2017; Kenney, Lynch, Haley, et al. 2012; Kenney, Lynch, Huntress, et al. 2012). These gains also plateaued for parents, with an estimated participation rate of 79.6 percent in 2017, not significantly different from the rate of 79.9 percent in 2016. Despite a narrowing participation gap between children and parents from 2013 to 2017, Medicaid/CHIP participation continued to be lower among parents (79.6 percent) than among children (93.1 percent) in 2017.

Coverage and Participation Patterns by State ACA Medicaid Expansion Status

Between 2013 and 2016, average declines in uninsurance were larger in states adopting the ACA's Medicaid expansion than in nonexpansion states, widening the gap between the two groups of states (figure 3). Before ACA implementation in 2013, uninsurance was already lower for children in states that had expanded by 2017 (5.9 percent) than those in nonexpansion states (8.6 percent), and the gap was even larger for parents (15.0 percent versus 21.8 percent). Larger coverage gains in expansion states further widened these gaps, and by 2016, children in nonexpansion states were 1.8 times as likely, and parents nearly twice as likely, to be uninsured than those in expansion states.

FIGURE 3

Uninsurance Rates among Children and Parents, by State ACA Medicaid Expansion Status, 2013, 2016, and 2017



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Source: Urban Institute analysis of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. State expansion status refers to status as of July 1, 2017.
*** Estimate differs significantly from 2013 estimate at the 0.01 level.
^^/^^^ 2017 estimate differs significantly from 2016 estimate at the 0.05/0.01 level.

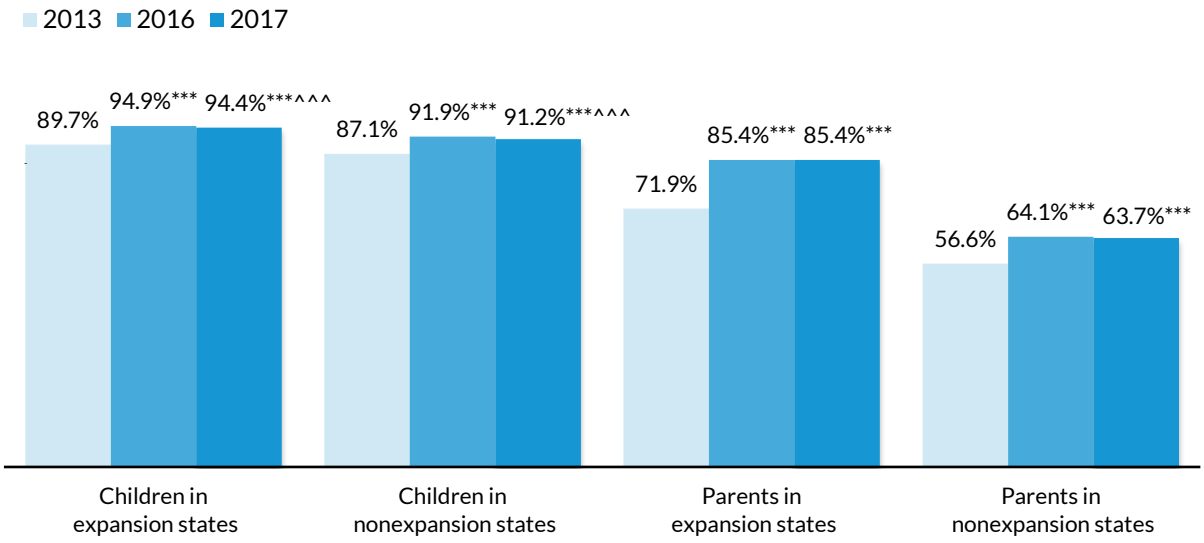
We found statistically significant increases in uninsurance among both children and parents in nonexpansion states between 2016 and 2017, with children's uninsurance rising from 5.9 percent to 6.5 percent and parents' uninsurance rising from 15.7 percent to 16.1 percent in nonexpansion states. In contrast, uninsurance remained steadier in expansion states, at 3.2 percent in 2016 and 3.4 percent in 2017 among children and 8.0 percent in both years among parents. Thus, not only did both children and parents remain much more likely to be uninsured in nonexpansion states than expansion states, changes in 2017 further widened the coverage gap between the two groups of states, consistent with other research (Alker and Pham 2018).[6]

As in prior years, we also found that Medicaid/CHIP participation remained higher in expansion states than in nonexpansion states in 2017. Participation fell slightly from 94.9 percent to 94.4 percent among children in expansion states and from 91.9 percent to 91.2 percent among children in nonexpansion states between 2016 and 2017 (figure 4), while parents' participation was steady in both expansion states (at 85.4 percent in both years) and nonexpansion states (at 64.1 percent in 2016 and

63.7 percent in 2017). Though participation was higher among children in expansion states (94.4 percent) than nonexpansion states (91.2 percent) in 2017, the difference was even larger among parents, averaging 85.4 percent and 63.7 percent, respectively—a participation gap of over 20 percentage points between expansion and nonexpansion states.

FIGURE 4

Medicaid/CHIP Participation Rates among Children and Parents, by State ACA Medicaid Expansion Status, 2013, 2016, and 2017



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Source: Urban Institute analysis of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. State expansion status refers to status as of July 1, 2017.
*** Estimate differs significantly from 2013 estimate at the 0.01 level.
^^^ 2017 estimate differs significantly from 2016 estimate at the 0.01 level.

Coverage and Participation Patterns by State

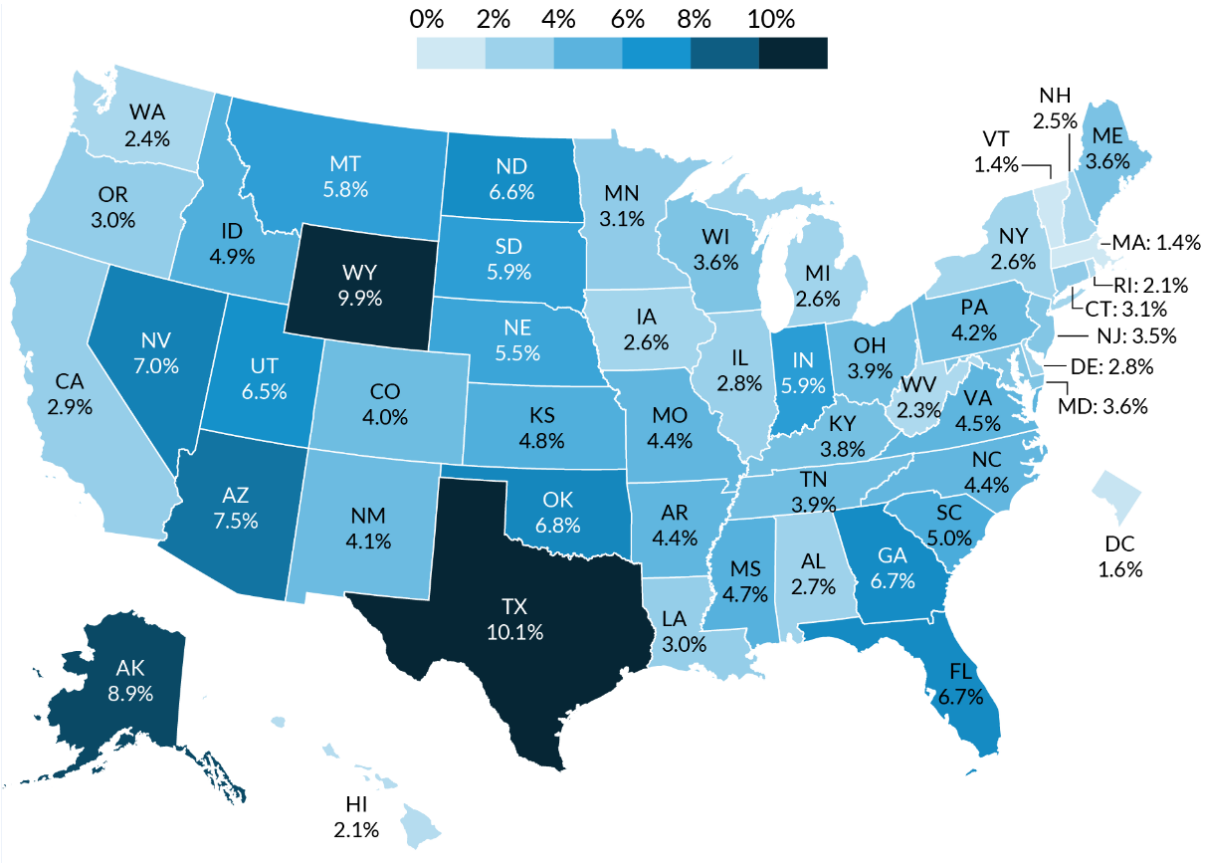
Uninsurance among children and parents fell in most states after 2013 (table A.1).[7] Children's uninsurance rates fell by a statistically significant margin in most states from 2013 to 2016, and in 2016, uninsurance was below 10 percent in every state and below 5 percent in most states. Over that period, parents' uninsurance declined by more than 6 percentage points in half of states, and nine expansion states (Arkansas, California, Kentucky, Montana, Nevada, New Mexico, Oregon, Washington, and West Virginia) experienced declines of 10 percentage points or more.

In contrast, between 2016 and 2017, children's uninsurance rose by a statistically significant margin in 10 states[8]—Arkansas, Connecticut, Florida, Kentucky, Massachusetts, Ohio, South Carolina, Texas, Utah, and West Virginia—and fell in only one state, New Mexico.[9] And for parents, uninsurance rose in nine states[10]—Connecticut, the District of Columbia, Florida, Maine, Massachusetts, Ohio, Oregon, South Carolina, and Wyoming—and fell in only one state, Louisiana, which implemented the ACA's Medicaid expansion in July 2016 and saw a large decline in uninsurance from 15.9 percent in 2015 to 13.6 percent in 2016 to 9.8 percent in 2017.

Despite coverage losses between 2016 and 2017 in some states, both children and parents experienced net coverage gains between 2013 and 2017 in most states, and average gains for parents were larger than for children. But parents were more likely to be uninsured than children in every state. Uninsurance among children in 2017 was below 5 percent in 36 states, ranging from below 2 percent in the District of Columbia, Massachusetts, and Vermont to about 10 percent in Texas and Wyoming (figure 5). In contrast, uninsurance among parents was below 5 percent in only four states (Hawaii, Massachusetts, Minnesota, and Vermont) and was 10 percent or higher in nearly half of states, with rates above 15 percent in Florida, Georgia, Oklahoma, Texas, and Wyoming (figure 6).[11]

FIGURE 5

Uninsurance Rates among Children, by State, 2017



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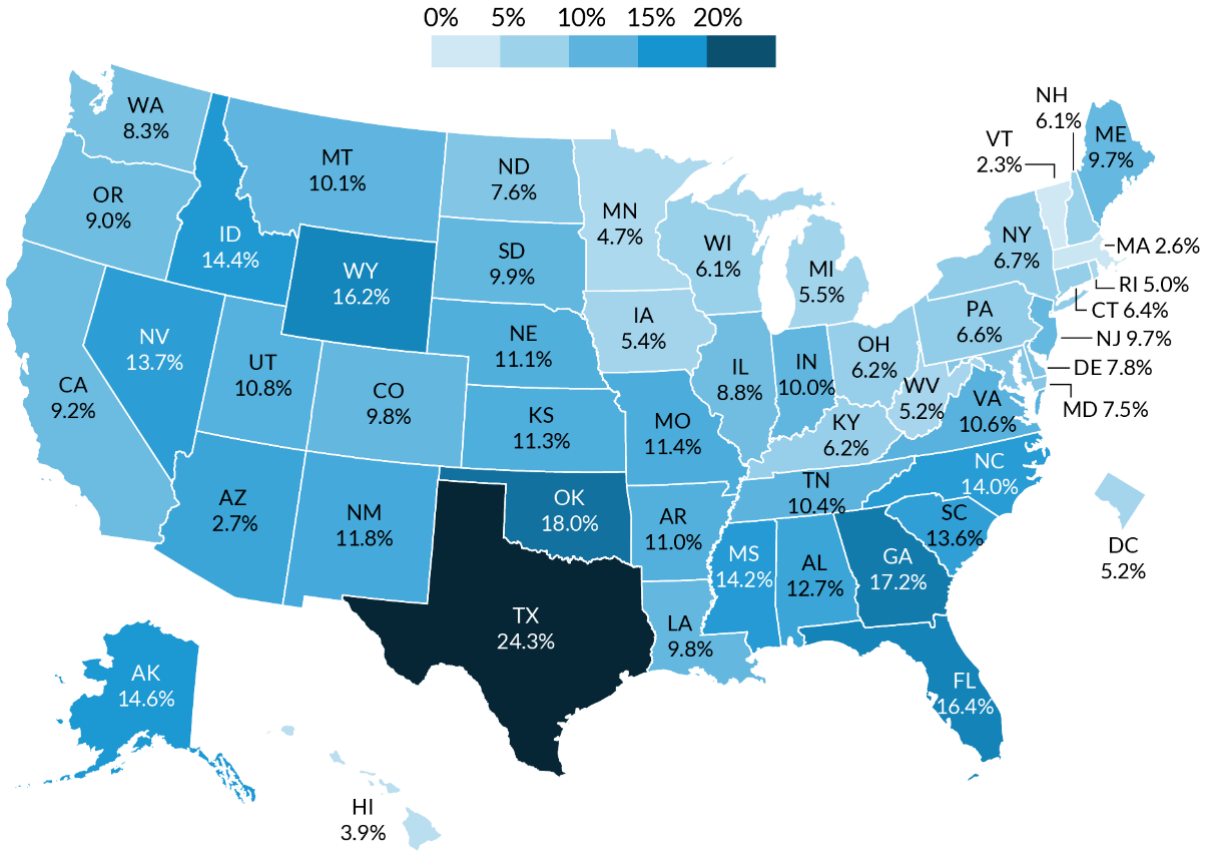
Source: Urban Institute analysis of 2017 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. See appendix B for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

FIGURE 6

Uninsurance Rates among Parents by State, 2017



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Source: Urban Institute analysis of 2017 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Parents are ages 19 to 64. See appendix B for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

Medicaid/CHIP participation also rose in most states between 2013 and 2017 among both children and parents but continued to vary across states (table A.2).[12] In 2013, participation among children ranged from below 80 percent in 2 states (Nevada and Utah) to above 95 percent in 2 states (the District of Columbia and Massachusetts) and was above 90 percent in 24 states. Though participation among children fell by a statistically significant margin in 11 states and rose in only 1 state between 2016 and 2017, participation was above 90 percent in most states in 2017. Among parents, participation ranged from below 50 percent in seven states to above 90 percent in two states in 2013. But by 2017, parents' participation had risen in most states and was above 70 percent in nearly every expansion state and 5 of the 19 nonexpansion states.

In some cases, shifts between 2013 and 2017 were largest among states with higher levels of uninsurance before the ACA. For instance, the largest percentage-point decline in children's uninsurance between 2013 and 2017 occurred in Nevada (6.4 percentage points), which had the highest uninsurance rate for children in 2013 (13.4 percent). Similarly, uninsurance fell by 13.9 percentage points among parents in Montana and 15.0 percentage points among parents in New Mexico, two expansion states with some of the highest uninsurance rates for parents in 2013. These states also experienced some of the largest gains in Medicaid/CHIP participation over this period, suggesting that increases in Medicaid/CHIP coverage may help drive coverage gains.

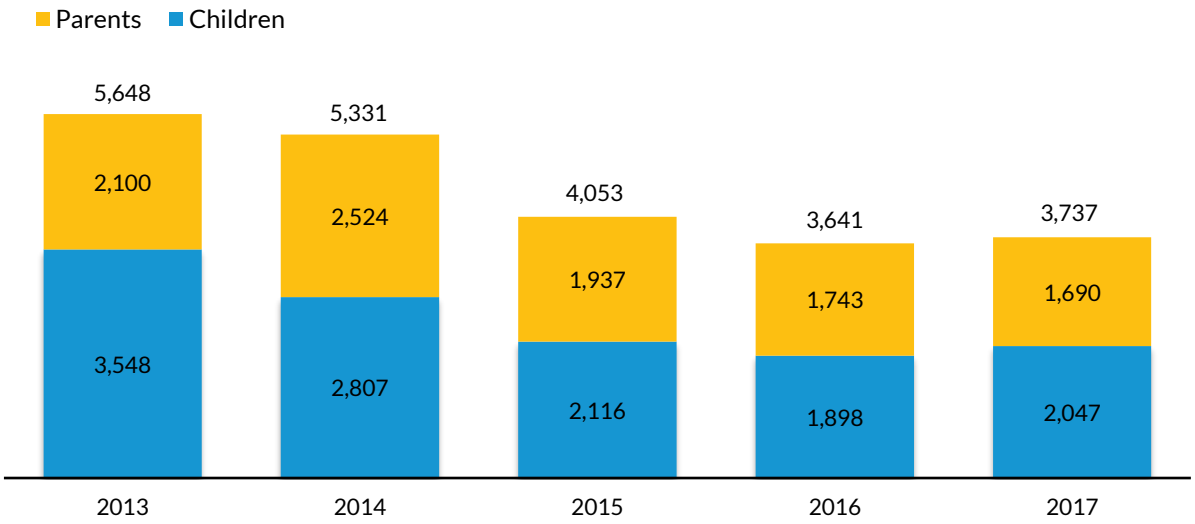
Medicaid/CHIP-Eligible Uninsured Children and Parents, 2013–17

The number of children who were estimated to be eligible for Medicaid/CHIP but uninsured fell by 46 percent during the first three years of implementation of the ACA's coverage provisions, from 3.5 million in 2013 to 1.9 million in 2016 (figure 7). During this period, Medicaid/CHIP eligibility levels remained relatively steady, increased participation in the programs reduced the number of children not enrolled, and improving economic conditions slightly reduced the number of children who qualified. This reduction built on an earlier decline in the number of eligible uninsured children from 4.9 million in 2008 to 3.5 million in 2013 (Kenney et al. 2016b). These declines stalled in 2017, and the number of eligible uninsured children rose slightly, growing by an estimated 149,000 between 2016 and 2017 to 2.0 million.

FIGURE 7

Number of Medicaid/CHIP-Eligible Uninsured Children and Parents, 2013–17

Thousands



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Source: Urban Institute analysis of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how uninsurance and eligibility are defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

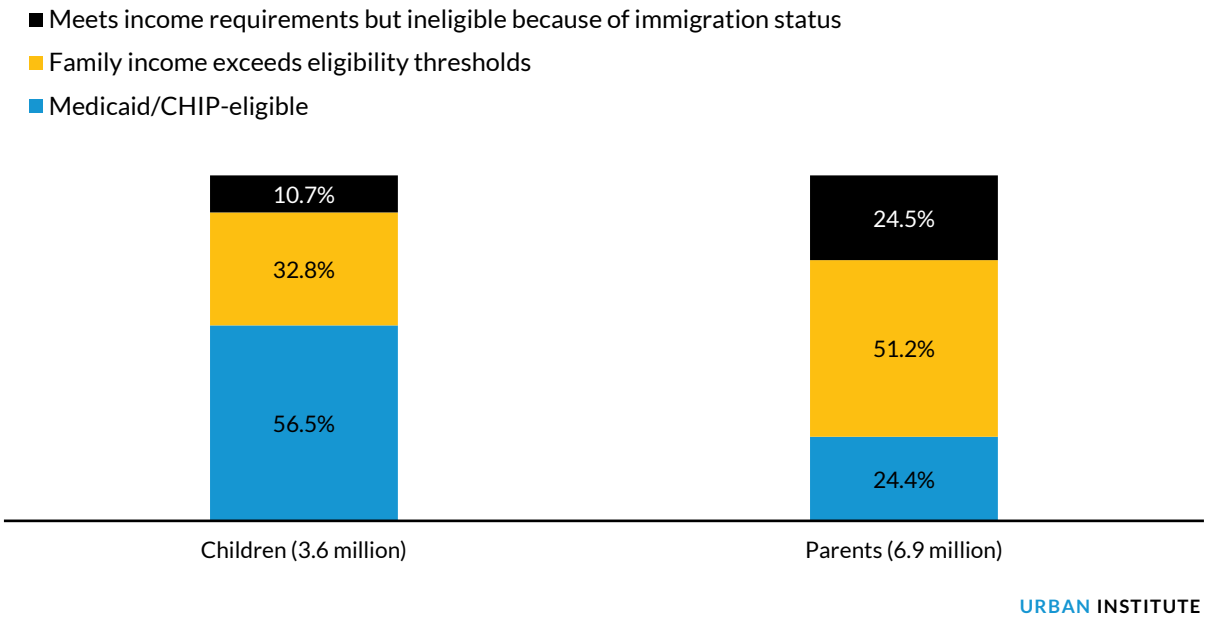
The number of Medicaid-eligible but uninsured parents rose from 2.1 million in 2013 to 2.5 million in 2014 as the total number of eligible parents jumped from 11.8 million to 16.0 million under Medicaid expansion in some states and other ACA-related shifts. But the number of eligible uninsured parents fell by 586,000 in 2015 and another 195,000 in 2016 as participation grew, reaching 1.7 million in 2016. However, declines in the number of Medicaid-eligible uninsured parents halted in 2017, remaining relatively steady at about 1.7 million. In 2017, a combined 3.7 million children and parents were eligible for Medicaid/CHIP but not enrolled.

Because of their much more expansive Medicaid/CHIP eligibility and different income and immigration profile, a larger share of uninsured children than uninsured parents were eligible for Medicaid/CHIP in 2017. Over half of uninsured children (56.5 percent), compared with just under a quarter of uninsured parents (24.4 percent), appeared eligible for Medicaid/CHIP in 2017 (figure 8). We estimate that about a third of uninsured children were ineligible for Medicaid/CHIP because their family incomes exceeded their state's eligibility thresholds, and another 10.7 percent fell below the income thresholds but were ineligible because they did not meet the immigration requirements. Among uninsured parents, the share not meeting the income or immigration requirements was much higher—51.2 percent had incomes exceeding their state's eligibility thresholds and 24.5 percent had incomes

below their state's Medicaid thresholds but did not meet immigration requirements—in line with lower eligibility thresholds for parents and more restrictions related to immigration status.[13] The shares of uninsured children and parents estimated to be eligible for Medicaid/CHIP in 2017 (56.5 percent and 24.4 percent, respectively) are similar to those in 2016 (56.8 percent and 25.5 percent, respectively; Haley et al. 2018b), indicating no further improvement in the share of eligible uninsured in 2017.

FIGURE 8

Share of Uninsured Children and Parents Eligible for Medicaid/CHIP in 2017



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Source: Urban Institute analysis of 2017 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how uninsurance and eligibility are defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

Thus, 3.7 million of the 10.6 million uninsured children and parents appeared to be eligible for Medicaid/CHIP in 2017, about half (1.9 million) in expansion states and half (1.8 million) in nonexpansion states (data not shown). Together, Medicaid/CHIP-eligible uninsured children and parents constituted about half of all eligible uninsured nonelderly people (data not shown).

When combining 2016 and 2017 data to ensure adequate sample size at the state level, we find that over half of the nation's estimated 3.7 million Medicaid/CHIP-eligible but uninsured children and parents during that period lived in just eight large states (California, Florida, Georgia, Illinois, Indiana, New York, Pennsylvania, and Texas), as shown in table 2. Three states had over 200,000 uninsured children and parents each: an estimated 604,000 lived in Texas, 320,000 lived in California, and

224,000 lived in Florida. Thirty states were home to at least 40,000 eligible uninsured children and parents.

TABLE 2

Number of Medicaid/CHIP-Eligible Uninsured Children and Parents by State, 2016–17

Thousands

	Children	Parents	Total
Total	**1,972**	**1,716**	**3,689**
Texas	355	249	604
California	162	159	320
Florida	130	94	224
Georgia	111	83	194
Pennsylvania	92	63	155
New York	79	69	148
Indiana	71	60	131
Illinois	59	57	116
Ohio	57	56	113
Arizona	65	48	113
North Carolina	52	60	112
Missouri	52	34	86
New Jersey	41	40	81
Michigan	33	45	78
Virginia	42	35	76
Oklahoma	36	39	75
Tennessee	31	39	71
Louisiana	20	47	67
South Carolina	29	34	64
Washington	28	28	56
Wisconsin	35	19	54
Alabama	21	31	52
Colorado	28	20	48
Arkansas	17	31	47
Maryland	27	18	45
Kentucky	24	21	45
Mississippi	21	24	45
Utah	29	15	45
Minnesota	25	16	42
Nevada	23	18	40
Oregon	20	18	38
Kansas	19	14	33
New Mexico	14	14	28
Alaska	12	10	22
All other states	**113**	**106**	**219**

Source: Urban Institute tabulations of 2016–17 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are ages 18 and younger. Parents are ages 19 to 64. See appendix B for how eligibility and uninsurance are defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. States with unweighted sample size of fewer than 200 Medicaid/CHIP-eligible uninsured children or parents are not shown.

Patterns across Demographic and Socioeconomic Subgroups

Every subgroup of children and parents we examined experienced coverage gains between 2013 and 2016 (table 3). We found large drops in uninsurance among some groups who had higher-than-average uninsurance levels in 2013, such as adolescents (ages 13 to 18), young parents (ages 19 to 24), Hispanics, American Indians/Alaska Natives,[14] citizen children with noncitizen parents, and noncitizens. However, despite these gains, higher levels of uninsurance persisted for these groups.

Reductions in children's coverage between 2016 and 2017 occurred among most of the subgroups we examined, with slightly larger declines in some subgroups such as non-Hispanic black and Asian/Pacific Islander children, children at or below 100 percent of FPL, citizen children with noncitizen parents, and noncitizen children. This suggests that coverage shifts in 2017 may have contributed to increased disparities across groups. For instance, recent research found that citizen children with noncitizen parents experienced larger declines in uninsurance and increases in Medicaid/CHIP participation between 2008 and 2016 than citizen children with citizen parents, narrowing coverage and participation gaps between these two groups (Kenney, Haley, and Wang 2018). However, larger coverage losses among those with noncitizen parents would reverse some of these gains. In 2017, the uninsurance rate was nearly 6 percent or higher among adolescents, Hispanic and American Indian/Alaska Native children, citizen children with noncitizen parents, and noncitizen children. And consistent with prior years, one in six parents or more who were ages 19 to 24, Hispanic or American Indian/Alaska Native, below 100 percent of FPL, receiving SNAP benefits, or noncitizen were uninsured in 2017.

Medicaid/CHIP participation rose across various subgroups of children and parents after 2013. By 2016, some subgroups such as children from birth to age 5, non-Hispanic black children, those of multiple races or "other" race/ethnicity, children at or below 100 percent of FPL, and those in families receiving Supplemental Nutrition Assistance Program benefits had participation rates above 95 percent (table 4).[15] Though participation remained high for many subgroups in 2017, participation fell slightly between 2016 and 2017 among various subgroups and did not rise significantly for any subgroup.

TABLE 3

Uninsurance among Children and Parents by Socioeconomic/Demographic Characteristics, 2013, 2016, and 2017

Percent

	Children					Parents				
	2013	2016	2017	Change 2013–17	Change 2016–17	2013	2016	2017	Change 2013–17	Change 2016–17
National	**7.0**	**4.3*** **	**4.6*** **	**-2.3*** **	**0.4^^^**	**17.6**	**11.0*** **	**11.1*** **	**-6.5*** **	**0.1**
Age										
Birth to 5	5.3	3.4***	3.8***	-1.5***	0.4^^^					
6–12	6.2	3.9***	4.2***	-2.0***	0.3^^^					
13–18	9.4	5.6***	5.9***	-3.5***	0.3^^^					
19–24						28.7	18.1***	17.8***	-10.9***	-0.3
25–34						22.4	14.1***	14.2***	-8.1***	0.2
35–44						16.7	11.0***	11.1***	-5.6***	0.1
45–64						13.0	7.6***	7.9***	-5.1***	0.3
Sex										
Male	7.0	4.3***	4.7***	-2.3***	0.4^^^	17.1	10.9***	11.2***	-5.9***	0.3
Female	7.0	4.3***	4.6***	-2.4***	0.3^^^	18.0	11.1***	11.1***	-6.9***	0.0
Race/ethnicity										
White	5.2	3.3***	3.6***	-1.6***	0.3^^^	11.1	6.2***	6.4***	-4.7***	0.2^^
Black	5.9	3.3***	4.2***	-1.7***	0.9^^^	17.9	10.3***	10.6***	-7.3***	0.3
Hispanic	11.4	7.1***	7.2**	-4.1***	0.2^^^	38.4	26.8***	26.4***	-12.0***	-0.4
Asian/Pacific Islander	7.2	3.2***	3.8***	-3.4***	0.6^^^	14.0	6.0***	6.0***	-8.0***	0.0
American Indian/Alaska Native	11.8	8.0***	8.4***	-3.4***	0.4^^^	24.8	17.0***	16.6***	-8.3***	-0.4
Other/multiple	4.8	3.0***	2.8***	-2.0***	-0.2^^^	15.4	8.1***	8.0***	-7.4***	-0.1
Family income										
At or below 100% of FPL	7.1	4.3***	5.0***	-2.1***	0.7^^^	30.2	16.6***	16.6***	-13.6***	-0.1
Greater than 100% but less than 138% of FPL	9.5	5.3***	5.2***	-4.3***	-0.1	19.4	11.3***	11.6***	-7.8***	0.4
At or above 138% of FPL	6.6	4.1***	4.4***	-2.1***	0.3^^^	14.1	9.8***	10.0***	-4.1***	0.2^^

	Children					Parents				
	2013	2016	2017	Change 2013–17	Change 2016–17	2013	2016	2017	Change 2013–17	Change 2016–17
Household SNAP/food stamp status										
Does not receive SNAP/food stamps	7.8	4.8***	5.2***	-2.6***	0.4^^^	14.6	9.1***	9.7***	-4.9***	0.5
Receives SNAP/food stamps	4.7	2.7***	2.9***	-1.9***	0.1^^^	30.5	20.1***	19.1	-11.4***	-1.0
State expansion status										
Expansion	5.9	3.2***	3.4***	-2.5***	0.2^^^	15.0	8.0***	8.0***	-7.0***	0.0
Nonexpansion	8.6	5.9***	6.5***	-2.2***	0.6^^^	21.8	15.7***	16.1***	-5.8***	0.4^^
Citizenship										
Citizen	6.3	3.8***	4.1***	-2.2***	0.3^^^	13.3	7.4***	7.7***	-5.6***	0.3^^
Citizen child with citizen parents	5.7	3.4***	3.7***	-2.0***	0.3^^^					
Citizen child with noncitizen parents	10.1	5.7***	6.4***	-3.7***	0.6^^^					
Noncitizen	32.7	22.8***	23.4***	-9.3***	0.6^^^	47.4	35.0***	34.5***	-12.9***	-0.4^^

Source: Urban Institute tabulations of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level; SNAP = Supplemental Nutrition Assistance Program. Children are ages 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See appendix B for definition of uninsurance. State expansion status refers to status as of July 1, 2017.

/* Estimate differs significantly from 2013 estimate at the 0.05/0.01 level.

^^/^^^ 2017 estimate differs significantly from 2016 estimate at the 0.05/0.01 level.

TABLE 4

Medicaid/CHIP Participation among Eligible Children and Parents by Socioeconomic/Demographic Characteristics, 2013, 2016, and 2017

Percent

	Medicaid/CHIP-Eligible Children					Medicaid-Eligible Parents				
	2013	2016	2017	Change 2013–17	Change 2016–17	2013	2016	2017	Change 2013–17	Change 2016–17
National	**88.7**	**93.7*** **	**93.1*** **	**4.4*** **	**-0.6^^^**	**67.6**	**79.9*** **	**79.6*** **	**12.0*** **	**-0.3**
Age										
Birth to 5	91.6	95.1***	94.2***	2.6***	-0.8^^^					
6–12	89.6	94.2***	93.8***	4.2***	-0.4^^^					
13–18	83.6	91.5***	90.8***	7.2***	-0.6^^^					
19–24						69.6	80.9***	81.5***	11.9***	0.6
25–34						69.8	79.8***	79.5***	9.6***	-0.3
35–44						67.2	80.1***	79.6***	12.5***	-0.5
45–64						62.2	79.3***	79.1***	16.9***	-0.2
Sex										
Male	88.6	93.7***	93.0***	4.4***	-0.7^^^	61.2	77.0***	77.4***	16.2***	0.4
Female	88.7	93.7***	93.2***	4.5***	-0.6^^^	70.0	80.9***	80.3***	10.3***	-0.5
Race/ethnicity										
White	87.1	92.7***	92.1***	5.1***	-0.6^^^	66.5	79.3***	79.2***	12.7***	-0.1
Black	92.3	96.1***	94.7***	2.4***	-1.4^^^	71.0	81.1***	81.6***	10.6***	0.4
Hispanic	88.5	93.5***	93.2***	4.7***	-0.2	66.1	79.7***	78.3***	12.2***	-1.3^^
Asian/Pacific Islander	86.1	94.8***	93.0***	6.9***	-1.8^^^	71.1	84.1***	84.4***	13.2***	0.3
American Indian/Alaska Native	83.6	89.6***	89.1***	5.5***	-0.4	63.4	72.9***	74.8***	11.4***	1.9
Other/multiple	91.6	95.4***	95.7***	4.1***	0.2	73.3	86.0***	84.2***	10.9***	-1.8
Family income										
At or below 100% of FPL	91.9	95.3***	94.5***	2.5***	-0.8^^^	68.0	82.0***	82.0***	14.0***	0.0
Greater than 100% but less than 138% of FPL	86.8	93.3***	93.4***	6.6***	0.1	65.3	76.2***	75.8***	10.5***	-0.5
At or above 138% of FPL	82.4	91.0***	90.7***	8.3***	-0.4	66.6	81.4***	76.6***	10.0***	-4.8
Household SNAP/food stamp status										
Does not receive SNAP/food stamps	80.0	89.6***	89.0***	8.9***	-0.6	46.9	72.2***	71.4***	40.5***	-0.8

	Medicaid/CHIP-Eligible Children					Medicaid-Eligible Parents				
	2013	2016	2017	Change 2013–17	Change 2016–17	2013	2016	2017	Change 2013–17	Change 2016–17
Receives SNAP/food stamps	95.8	97.7***	97.5***	1.7***	-0.2	78.1	86.6***	87.4***	-6.7***	0.8
State expansion status										
Expansion	89.7	94.9***	94.4***	4.6***	-0.6^^^	71.9	85.4***	85.4***	13.5***	0.0
Nonexpansion	87.1	91.9***	91.2***	4.1***	-0.7^^^	56.6	64.1***	63.7***	7.1***	-0.4
Citizen children, by parents' citizenship status	**88.6**	**93.7*** **	**93.1*** **	**4.5*** **	**-0.6**					
Citizen child with citizen parents	88.8	93.8***	93.3***	4.5***	-0.5					
Citizen child with noncitizen parents	87.7	93.2***	92.3***	4.6***	-0.8					

Source: Urban Institute tabulations of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program; FPL = federal poverty level; SNAP = Supplemental Nutrition Assistance Program. Children are ages 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See appendix B for definitions of eligibility and participation. State expansion status refers to status as of July 1, 2017.

*** Estimate differs significantly from 2013 estimate at the 0.01 level.

^^/^^^ 2017 estimate differs significantly from 2016 estimate at the 0.05/0.01 level.

Conclusion

Following substantial improvements in insurance coverage and Medicaid/CHIP participation during the first three years of ACA implementation, gains halted among both children and parents in 2017. Among children, uninsurance rose from 4.3 percent in 2016 to 4.6 percent in 2017, and Medicaid/CHIP participation fell from 93.7 percent to 93.1 percent. Levels of uninsurance and Medicaid/CHIP participation among children in 2017 were similar to those in 2015, in effect negating the coverage and participation increases during 2016. Among parents, the large gains between 2013 and 2016 stopped in 2017, and their uninsurance and participation rates in 2017 were nearly identical to those in 2016. This signifies the first increase in children's uninsurance observed in the ACS since it began collecting coverage status in 2008 and the first time parents' coverage gains stalled since full ACA implementation began in 2014.

Parents remained over twice as likely as children to be uninsured in 2017, consistent with prior years, and the uninsurance rate among parents was higher than among children in every state. Changes during 2017 also reinforced and expanded coverage gaps between ACA Medicaid expansion and nonexpansion states. Most of the decline in coverage among children between 2016 and 2017 occurred in nonexpansion states, and though the uninsurance rate among parents did not change significantly in 2017 nationally or in expansion states, uninsurance rose among parents in nonexpansion states. Furthermore, some subgroups such as adolescents, young parents, Hispanics, American Indians/Alaska Natives, noncitizens, and citizen children with noncitizen parents remained much more likely to be uninsured in 2017, despite gains over the preceding years. Overall, we find that many of the large coverage gaps seen in prior years between children and parents, between expansion and nonexpansion states, and across subgroups persisted—or even grew—in 2017.

Though the enrollment growth in Medicaid and Marketplace coverage observed during the first several years of ACA implementation would be expected to slow over time, stalling improvements in health insurance coverage are surprising given the country's continued economic gains during 2017, with the unemployment rate near a record low.[16] In fact, employer-based coverage rose between 2016 and 2017 among children, but the increase was not sufficient to counteract declines in Medicaid and private nongroup coverage (Alker and Pham 2018; Lukanen, Schwehr, and Fried 2019). Several policy decisions and contextual factors, including reductions in ACA enrollment assistance, public debates over the future of the ACA, and delay in CHIP reauthorization during 2017, could have sowed confusion about coverage options and undermined enrollment in public coverage. Enforcement of new state-level policies also may have contributed to declining enrollment. For instance, 128,000 children were

reportedly dropped from public coverage during 2017 and 2018 for failure to complete renewal processes in Tennessee.[17]

Moreover, the stalling of coverage gains found in 2017 may be continuing. For example, recent federal reporting indicated that Medicaid/CHIP enrollment among children fell by 840,000 nationally during 2018, with declines in most states, and plan selections for enrollment in Marketplace coverage for 2019 fell by 400,000 compared with the prior year.[18] Adoption of the ACA's Medicaid expansion by additional states (e.g., Virginia and Maine began implementing the Medicaid expansion in 2019) could boost public coverage among parents in newly expanding states and result in positive spillover coverage effects for children. But other policy shifts, such as new state-level cost-sharing and work requirements in Medicaid or other restrictions, may diminish enrollment. For example, in October 2018, the administration proposed an expansion of public charge rules related to immigration status, which would be expected to contribute to reductions in Medicaid/CHIP enrollment among eligible children in mixed–immigration status families in 2018 and beyond (Kenney, Haley, and Wang 2018).

Given the considerable evidence that public health insurance coverage is associated with greater access and use of needed health care, stalling coverage gains may ultimately harm health and well-being among both children and parents (Howell and Kenney 2012; Miller and Wherry 2016; Paradise and Garfield 2013; Sommers, Gawande, and Baicker 2017).

Appendix A. Estimates of Uninsurance and Medicaid/CHIP Participation by State, 2013–17

TABLE A.1

Uninsured Rates among Children and Parents by State, 2013–17

Percent

	Children							Parents						
	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17
US total	**7.0**	**5.8*** **	**4.7*** **	**4.3*** **	**4.6*** **	**-2.3*** **	**0.4^^^**	**17.6**	**14.3*** **	**11.8*** **	**11.0*** **	**11.1*** **	**-6.5*** **	**0.1**
Expansion states	**5.9**	**4.6*** **	**3.6*** **	**3.2*** **	**3.4*** **	**-2.5*** **	**0.2^^^**	**15.0**	**11.1*** **	**8.7*** **	**8.0*** **	**8.0*** **	**-7.0*** **	**0.0**
Alaska[a]	12.1	11.6	8.6***	9.7***	8.9	-3.1	-0.8	19.3	17.8	11.3***	15.6	14.6**	-4.7**	-0.9
Arizona	11.9	9.8***	8.6***	7.3***	7.5***	-4.4***	0.2	20.4	16.5***	13.7***	12.4***	12.7***	-7.7***	0.2
Arkansas	5.9	4.4***	4.6***	3.6***	4.4	-1.5	0.9^	23.7	16.7***	13.1***	12.1***	11.0***	-12.8***	-1.1
California	7.3	5.2***	3.3***	2.9***	2.9***	-4.3***	0.0	20.2	14.7***	10.6***	9.5***	9.2***	-11.0***	-0.3
Colorado	8.4	6.0**	4.1***	4.1***	4.0***	-4.4***	-0.1	16.0	12.8***	10.7***	9.3***	9.8***	-6.3***	0.5
Connecticut	4.1	3.8	3.5***	2.4***	3.1	-1.0	0.8^	8.4	6.5***	6.6***	5.3***	6.4***	-2.0***	1.2^
Delaware	4.9	5.1	2.6*	3.4	2.8	-2.1	-0.6	11.9	8.1***	6.9***	6.1***	7.8***	-4.2***	1.7
DC	2.5	2.3	1.4*	3.1	1.6	-1.0	-1.6	4.4	5.0	3.0	3.0	5.2	0.8	2.2^
Hawaii	3.0	2.3*	1.4**	2.1	2.1	-0.9	0.0	6.9	4.2***	2.8***	3.6***	3.9***	-3.0***	0.3
Illinois	4.3	3.8***	2.4***	2.5***	2.8***	-1.5***	0.3	13.0	11.1***	9.0***	8.7***	8.8***	-4.2***	0.2
Indiana	8.2	6.9***	6.5***	5.2***	5.9***	-2.2***	0.7	17.3	15.1***	12.0***	10.6***	10.0***	-7.3***	-0.7
Iowa	4.5	2.9***	3.2***	2.0***	2.6*	-2.0*	0.6	10.7	7.1***	6.0***	5.1***	5.4***	-5.3***	0.3
Kentucky	5.9	4.2***	4.3***	2.8***	3.8***	-2.1***	1.0^	18.9	10.4***	6.8***	5.6***	6.2***	-12.6***	0.6
Louisiana	5.6	4.8***	3.4***	3.2***	3.0***	-2.7***	-0.2	21.0	18.6***	15.9***	13.6***	9.8***	-11.2***	-3.8^^^
Maryland	4.5	3.4***	3.9**	3.2***	3.6	-0.9	0.4	10.6	8.6***	7.2***	6.7***	7.5***	-3.2***	0.8
Massachusetts	1.5	1.7***	1.1***	0.9***	1.4	-0.1	0.5^^	3.4	2.8***	2.2***	1.8***	2.6***	-0.8***	0.8^^^
Michigan	4.1	3.3***	3.0***	2.6***	2.6***	-1.5***	0.0	12.1	8.7***	6.2***	5.7***	5.5***	-6.7***	-0.3
Minnesota	5.9	3.1***	3.0***	2.7***	3.1	-2.8	0.5	8.3	5.6***	5.0***	5.0***	4.7***	-3.5***	-0.2
Montana[a]	9.0	8.3***	6.4***	4.1***	5.8	-3.2	1.8	24.0	16.0***	11.8***	8.3***	10.1***	-13.9***	1.8
Nevada	13.4	9.4***	7.6***	6.0***	7.0	-6.4	1.1	24.5	18.7***	15.4***	14.5***	13.7***	-10.8***	-0.8
New Hampshire	3.5	4.7***	3.3***	3.0***	2.5***	-1.0***	-0.6	11.7	10.3	8.5	7.2	6.1***	-5.6***	-1.1
New Jersey	5.5	4.4***	3.8***	3.0***	3.5***	-2.1***	0.4	14.7	11.7***	10.1***	9.4***	9.7***	-5.0***	0.3
New Mexico[a]	8.5	7.5***	4.1***	5.3***	4.1***	-4.4***	-1.2^	26.9	19.5***	16.1***	12.5***	11.8***	-15.0***	-0.7

	Children							Parents						
	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17
New York	3.9	3.2***	2.4***	2.4***	2.6***	-1.4***	0.2	11.5	10.0***	8.3***	7.1***	6.7***	-4.8***	-0.4
North Dakota[a]	6.9	6.2	8.5*	9.2***	6.6	-0.3	-2.6	10.6	9.6***	7.8***	9.1***	7.6***	-2.9***	-1.5
Ohio	4.9	4.6***	4.0***	3.2***	3.9*	-1.0*	0.7^	10.3	7.7***	6.5***	5.5***	6.2***	-4.1***	0.7^^
Oregon	6.1	4.1***	3.3***	2.9***	3.0***	-3.0***	0.1	17.7	12.2***	9.2***	7.3***	8.9***	-8.7***	1.6^^
Pennsylvania	4.6	4.9	3.9*	4.3	4.2	-0.5	-0.1	11.6	10.1***	6.9***	6.5***	6.6***	-5.0***	0.1
Rhode Island	5.6	3.1***	2.8***	1.9***	2.1***	-3.5***	0.2	11.3	7.2***	5.7***	5.2***	5.1***	-6.2***	-0.1
Vermont	3.0	0.8*	1.0*	1.0*	1.4	-1.6	0.5	5.8	4.3**	3.1***	3.5***	2.3***	-3.5***	-1.2
Washington	6.1	4.2***	2.7***	2.4***	2.4***	-3.7***	0.0	18.1	11.1***	8.5***	7.7***	8.3***	-9.9***	0.5
West Virginia	4.6	3.1***	2.5***	1.4***	2.3***	-2.3***	0.9^	16.9	10.1***	6.0***	4.9***	5.2***	-11.7***	0.3
Nonexpansion states	**8.6**	**7.5*****	**6.2*****	**5.9*****	**6.5*****	**-2.2*****	**0.6^^^**	**21.8**	**18.8*****	**16.2*****	**15.7*****	**16.1*****	**-5.7*****	**0.4^^**
Alabama	4.6	3.7***	2.6***	2.3***	2.7***	-1.8***	0.4	18.9	16.9***	13.0***	12.1***	12.7***	-6.2***	0.5
Florida	10.9	8.9***	6.6***	6.0***	6.7***	-4.2***	0.7^	24.8	20.6***	16.7***	15.6***	16.4***	-8.3***	0.9^
Georgia	9.0	7.1***	6.8***	6.1***	6.7***	-2.4***	0.6	23.3	20.3***	17.5***	16.9***	17.2***	-6.1***	0.3
Idaho	8.4	7.4*	5.1***	5.3***	4.9***	-3.6***	-0.4	21.5	18.9***	14.7***	14.3***	14.4***	-7.1***	0.1
Kansas	6.6	6.0	5.2	4.6	4.8***	-1.8***	0.3	17.3	14.7***	12.8***	11.3***	11.3***	-6.0***	0.0
Maine	5.0	5.9	6.0	4.7	3.6	-1.3	-1.1	10.1	10.0	9.3	7.1	9.7	-0.4	2.6^
Mississippi	7.1	5.3***	4.2***	4.2***	4.7***	-2.4***	0.5	19.7	18.2***	15.2***	14.6***	14.2***	-5.5***	-0.4
Missouri	6.8	6.6	5.6	4.7	4.4***	-2.4***	-0.3	15.9	15.0*	11.3***	11.6***	11.4***	-4.5***	-0.3
Nebraska	5.5	4.5***	4.8***	5.0	5.5***	0.0***	0.5	14.3	12.2***	9.8***	12.0***	11.1***	-3.2***	-0.9
North Carolina	6.0	5.0***	4.5***	4.2***	4.4***	-1.7***	0.2	20.8	17.5***	15.5***	14.0***	14.0***	-6.8***	0.0
Oklahoma[a]	10.3	8.6***	7.6***	7.1***	6.8***	-3.5***	-0.3	24.4	19.4***	18.2***	17.9***	18.0***	-6.4***	0.1
South Carolina	6.7	5.2***	4.0***	3.8***	5.0**	-1.7**	1.2^^	19.2	17.1***	12.7***	12.0***	13.6***	-5.7***	1.6^^
South Dakota[a]	6.9	7.2	7.2	4.3**	5.9	-1.0	1.6	14.2	11.3***	12.0***	9.3***	9.9***	-4.4***	0.6
Tennessee	5.4	4.9***	4.0***	3.4***	3.9***	-1.5***	0.5	16.4	13.0***	11.2***	9.9***	10.4***	-6.0***	0.5
Texas	12.2	11***	9.2***	9.1***	10.1***	-2.2***	1.0^^^	30.6	26.4***	24.2***	23.9***	24.3***	-6.3***	0.4
Utah	8.6	8.5	7.1	5.2	6.5**	-2.1**	1.3^	15.9	13.9***	12.6***	10.4***	10.8***	-5.1***	0.5
Virginia	5.5	5.8	4.7	4.9	4.5**	-1.0**	-0.4	14.3	13.1***	10.2***	10.7***	10.6***	-3.7***	-0.2
Wisconsin	4.4	4.4	3.4*	3.2**	3.6	-0.9	0.4	7.5	7.5	6.2	6.0	6.1	-1.4	0.1
Wyoming[a]	6.3	6.9	6.2	7.2	9.9**	3.6**	2.7	16.3	12.4***	11.8***	9.8***	16.2	-0.1	6.4^^^

Source: Urban Institute tabulations of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are ages 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See appendix B for how uninsurance is defined. State expansion status refers to status as of July 1, 2017. Estimates with smaller samples are more volatile and likely more sensitive to methodological differences across survey years.
[a] Estimate is sensitive to treatment of Indian Health Service access. By convention, exclusive reliance on the Indian Health Service is considered uninsurance; 2017 estimate for either parents or children would change by 1 percentage point or more if Indian Health Service access were considered coverage.
*/**/*** Estimate differs significantly from 2013 estimate at the 0.10/0.05/0.01 level.

^/^^/^^^ 2017 estimate differs significantly from 2016 estimate at the 0.10/0.05/0.01 level.

TABLE A.2

Medicaid/CHIP Participation Rates among Children and Parents by State, 2013–17

Percent

	Children							Parents						
	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17
US total	**88.7**	**91.0*** **	**93.1*** **	**93.72*** **	**93.1*** **	**4.4*** **	**-0.6^^^**	**67.6**	**71.8*** **	**78.5*** **	**79.9*** **	**79.6*** **	**12.0*** **	**-0.3**
Expansion states	**89.7**	**92.4*** **	**94.6*** **	**94.9*** **	**94.4*** **	**4.6*** **	**-0.6^^^**	**71.9**	**77.2*** **	**83.9*** **	**85.4*** **	**85.4*** **	**13.5*** **	**0.0**
Alaska[a]	81.8	81.5	87.6	80.7	85.7	4.0	5.0	50.4	53.6	72.3***	56.4	69.5**	19.2**	13.2^^
Arizona[a]	81.6	87.8***	89.4***	90.5***	88.6***	6.9***	-2.0^^	67.6	73.9***	80.6***	81.9***	81.4***	13.8***	-0.5
Arkansas[a]	93.1	95.8***	94.2***	96.0***	94.7***	1.6***	-1.3	42.8	61.1***	70.1***	71.5***	75.8***	33.0***	4.2
California	88.9	92.3***	95.9***	96.1***	95.9***	7.0***	-0.2	70.1	78.1***	87.9***	89.1***	88.7***	18.6***	-0.5
Colorado	84.0	89.0***	94.9***	94.1***	93.5***	9.5***	-0.6	68.1	76.3***	84.8***	87.5***	84.4***	16.3***	-3.1^
Connecticut	93.0	95.1***	94.5***	96.3***	95.7**	2.7**	-0.6	79.6	87.3***	89.4***	92.2***	89.0***	9.4***	-3.2
Delaware	92.5	90.8	95.7***	95.3***	96.6***	4.2***	1.3	79.0	80.5	86.6***	87.1***	88.7**	9.7**	1.6
DC	97.8	98.1	98.6*	94.5***	98.3	0.5	3.8^	91.8	95.2	96.8***	92.4	95.3*	3.4*	2.9
Hawaii	92.7	95.2*	97.7***	96.6***	94.5	1.8	-2.1	74.1	84.2	88.7***	91.3***	82.9**	8.8**	-8.4^^
Illinois	92.3	93.3***	96.2***	95.7***	94.4***	2.1***	-1.2^^	74.9	78.4***	86.6***	85.4***	85.3***	10.4***	-0.1
Indiana	84.3	86.9***	88.0***	89.4***	87.9**	3.6**	-1.5	61.5	60.1	65.5	72.6	71.8***	10.3***	-0.8
Iowa	89.7	94.0***	93.5***	96.1***	93.5**	3.8**	-2.6^	72.2	78.0	78.2**	85.4***	82.8**	10.6**	-2.6
Kentucky	90.3	94.0***	93.6***	95.7***	93.8***	3.4***	-1.9	50.5	72.6***	84.4***	88.1***	86.5***	36.0***	-1.6
Louisiana	92.4	92.6	95.1***	96.3***	96.5***	4.1***	0.2	50.8	51.6	57.5	67.1***	80.5***	29.7***	13.4^^^
Maryland	91.5	94.1***	94.1***	95.0***	93.2	1.7	-1.8	76.5	83.1***	86.6***	86.7***	84.3***	7.8***	-2.4
Massachusetts	96.8	97.0	98.0***	98.4***	97.8	0.9	-0.6	90.4	93.8	95.2*	95.6	93.7***	3.3***	-1.9
Michigan	92.8	94.7***	94.8***	96.0***	96.1***	3.3***	0.1	74.6	76.3	84.4***	86.1***	86.9***	12.3***	0.8
Minnesota	84.9	93.0***	94.2***	94.2***	93.1***	8.2***	-1.1	70.5	84.7***	86.8***	86.7***	86.4***	15.9***	-0.3
Montana[a]	85.8	86.1	87.4	93.4***	89.1	3.3	-4.3^	36.1	56.9***	64.1***	75.0***	75.6***	39.5***	0.6
Nevada	74.3	85.7***	88.3***	91.3***	90.5***	16.1***	-0.8	47.5	65.5***	76.6***	77.1***	80.0***	32.5***	2.9
New Hampshire	90.3	89.8	92.8***	94.2***	94.6***	4.3***	0.4	56.1	60.2	69.5***	72.2***	86.1***	30.0***	13.9^^^
New Jersey	89.8	91.4***	93.7***	94.9***	93.5***	3.7***	-1.4^	67.3	72.6***	80.3***	83.0***	79.3***	12.0***	-3.7^
New Mexico[a]	90.3	91.2	95.4***	94.4***	95.4***	5.2***	1.1	60.1	67.1***	80.3***	85.8***	86.0***	25.9***	0.2
New York	93.0	94.5***	96.1***	96.0***	96.0***	3.0***	0.0	79.8	82.8***	86.9***	89.2***	89.3***	9.5***	0.1
North Dakota[a]	84.3	86.7	87.4***	83.2	83.7	-0.5	0.5	57.2	64.1*	75.3***	69.2***	65.8	8.6	-3.4
Ohio	90.3	92.1***	93.1***	94.4***	93.6***	3.4***	-0.8	78.1	80.7*	84.5***	86.5***	85.4***	7.3***	-1.0
Oregon	89.1	93.5***	94.4***	95.0***	94.5***	5.4***	-0.4	74.2	78.7	85.6***	87.4***	85.3***	11.1***	-2.1

	Children							Parents						
	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17	2013	2014	2015	2016	2017	Change 2013–17	Change 2016–17
Pennsylvania	90.5	89.5*	91.9**	91.4**	91.6	1.1	0.2	69.9	72.2	78.1***	82.4***	81.3***	11.4***	-1.1
Rhode Island	90.3	94.8***	96.0***	97.2***	96.9***	6.6***	-0.2	73.1	92.4	89.2***	88.2***	92.5***	19.4***	4.3
Vermont	94.3	99.9***	98.7***	98.4***	98.0	3.7	-0.3	86.1	93.3*	91.5***	94.7***	95.1***	9.1***	0.4
Washington	88.1	92.7***	95.7***	95.4***	96.0***	7.9***	0.6	56.0	73.9***	87.1***	84.8***	85.2***	29.2***	0.3
West Virginia	91.7	95.9***	96.6***	97.9***	96.3***	4.6***	-1.6^^	66.1	78.0	87.7***	88.6***	89.2***	23.1***	0.6
Nonexpansion states	**87.1**	**88.6*** **	**91.2*** **	**91.9*** **	**91.2*** **	**4.1*** **	**-0.7^^^**	**56.6**	**58.7*** **	**63.6*** **	**64.1*** **	**63.7*** **	**7.1*** **	**-0.4**
Alabama	91.6	93.7***	95.7***	96.3***	95.9***	4.3***	-0.4	50.0	50.0	61.7***	64.0***	63.7***	13.6***	-0.4
Florida	85.0	88.4***	92.1***	93.0***	92.6***	7.6***	-0.4	55.2	63.1***	69.6***	71.3***	70.8***	15.6***	-0.5
Georgia	85.5	89.2***	89.9***	90.6***	89.4***	3.9***	-1.2^	45.6	53.6***	57.9***	55.3***	56.3***	10.7***	0.9
Idaho	87.8	90.6**	93.3***	92.8***	93.9***	6.2***	1.2	53.9	54.4	62.9***	63.2***	65.4**	11.5**	2.2
Kansas	87.7	88.2	90.5***	91.8***	92.1***	4.5***	0.4	45.0	54.5	60.1	62.2***	64.1***	19.1***	1.9
Maine	94.0	93.7	88.6***	90.6***	94.3	0.3	3.7	79.7	78.7	73.8	87.1***	73.7	-6.0	-13.4^^^
Mississippi	89.2	93.2***	95.3***	94.8***	93.9***	4.7***	-1.0	59.8	57.7	62.1	64.7***	63.5***	3.7***	-1.2
Missouri	85.5	86.2	88.6***	90.6***	91.0***	5.5***	0.4	63.9	54.2***	61.7	63.2	67.2	3.3	4.0
Nebraska	88.4	90.4*	88.9	91.0	88.8	0.4	-2.3	61.5	65.0	66.6*	58.8	64.0	2.4	5.2
North Carolina	91.9	93.4***	94.2***	95.0***	94.5***	2.6***	-0.5	55.5	62.5***	66.4***	69.3***	69.0***	13.5***	-0.3
Oklahoma[a]	85.6	87.6***	89.2***	91.2***	91.6***	5.9***	0.3	44.8	53.1***	56.1***	57.1***	57.1***	12.2***	0.0
South Carolina	89.9	92.7***	94.2***	95.6***	92.2	2.2	-3.4^^^	54.7	60.4*	70.5***	72.6***	66.9***	12.2***	-5.7
South Dakota[a]	86.2	87.2	85.4***	91.8***	88.8	2.6	-2.9	51.6	49.2	68.9***	61.3***	59.0	7.5	-2.3
Tennessee	91.1	92.4***	94.2***	95.5***	94.9***	3.8***	-0.6	68.1	70.6	76.6***	79.6***	80.3***	12.2***	0.7
Texas	84.7	86.0***	88.9***	89.1***	88.1***	3.4***	-1.0^	35.4	43.2***	45.3***	44.0***	45.2***	9.8***	1.2
Utah	79.0	79.8	82.9***	87.6***	84.9**	5.9**	-2.7	60.3	66.1	66.0*	72.3**	73.5***	13.2***	1.1
Virginia	89.1	88.3	91.2***	90.9*	92.6***	3.5***	1.7	61.8	58.3	69.5*	68.4**	69.6***	7.8***	1.2
Wisconsin	90.9	90.4	92.4***	92.8***	91.0	0.1	-1.8^^	80.2	81.8	87.4**	83.0	81.8**	1.6**	-1.2
Wyoming[a]	88.4	82.9*	84.7***	90.0***	78.1	-10.3	-11.9^^	50.3	58.2	70.5***	71.6***	55.7	5.4	-15.8

Source: Urban Institute tabulations of 2013–17 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are ages 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See appendix B for definitions of eligibility, participation, and uninsurance (estimates of Medicaid participation for parents exclude those eligible for Supplemental Security Income–based Medicaid). State expansion status refers to status as of July 1, 2017.

[a] Estimate is sensitive to treatment of Indian Health Service access. By convention, exclusive reliance on the Indian Health Service is considered uninsurance; 2017 estimate for either parents or children would change by 1 percentage point or more if Indian Health Service access were considered coverage.

*/**/*** Estimate differs significantly from 2013 estimate at the 0.10/0.05/0.01 level.

^/^^/^^^ 2017 estimate differs significantly from 2016 estimate at the 0.10/0.05/0.01 level.

Appendix B. Data and Methods

Data Source

This report uses data from the 2013–17 ACS, an annual survey fielded by the US Census Bureau, from the Integrated Public Use Microdata Series.[19] This analysis is limited to noninstitutionalized civilians. We examine coverage status, Medicaid/CHIP eligibility, and Medicaid/CHIP participation among parents ages 19 to 64 and children ages 18 and under. A parent is defined as an adult ages 19 to 64 living in a household with a biological child, adoptive child, or stepchild younger than age 19. Each year of the ACS includes a public use sample of over 570,000 parents and over 690,000 children. The ACS is fielded continuously over the course of the year, so the estimates reported here reflect averages for each year.

Medicaid/CHIP Eligibility

To assess Medicaid/CHIP eligibility, we combine the individual and family information survey respondents provide with the Medicaid/CHIP eligibility rules for each person's state of residence in the survey year (the District of Columbia is considered a state in this analysis). For 2013, we use the Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model, which applies the pre-ACA Medicaid eligibility rules for 2013 by using information on eligibility guidelines, including the amount and extent of income disregards and asset tests, which varied widely across states (Lynch, Haley, and Kenney 2014). Our model identifies parents' eligibility for comprehensive Medicaid or Medicaid-equivalent benefits by using state rules for major pathways for adults, such as Section 1931 coverage, Section 1115 waivers, and other less common pathways (Kenney, Lynch, Haley, et al. 2012). We also define as eligible people who qualified for early ACA expansions in Connecticut, the District of Columbia, and Minnesota in 2013; though additional states, such as California, implemented early ACA expansions, we only define such eligibility for states with statewide, comprehensive early ACA expansions (Heberlein et al. 2013).[20]

For 2014 through 2017, we use the Health Insurance Policy Simulation Model–ACS version, which builds on the Medicaid/CHIP Eligibility Simulation Model and applies ACA rules that took effect in 2014 and any changes from 2014 to 2017 (Brooks et al. 2015, 2016, 2017, 2018; Buettgens 2011; Buettgens et al. 2013). This model reflects both the increase in eligibility to 138 percent of FPL in participating states and the shift to eligibility determination procedures based on modified adjusted gross income. Further detail on this methodology is available in Kenney et al. (2016a, 2016b). Eligibility rules in the

2016 and 2017 models were very similar; except for the reopening of the CHIP program in Arizona in September 2016 (which was modeled for 2017 but not 2016 because the change was implemented after the midpoint of the year), changes consisted of very slight shifts in eligibility thresholds in a few states or new information on eligibility rules that did not meaningfully affect overall eligibility, participation, or coverage estimates.

For noncitizens, both the 2013 model and the 2014–17 models account for individuals' length of US residency and documentation status where this factors into eligibility determination; documentation status is imputed (Kenney et al. 2016a, 2016b). For the 2017 model, the imputation of documentation status incorporated updated estimates of the size of the undocumented population that were lower than previously estimated (Passel and Cohn 2018). Though the model using 2017 data thus identified fewer undocumented people (e.g., 10.4 million undocumented children and adults, compared with 11.2 million for the 2016 model), this change did not have a large effect on overall estimates of uninsurance, eligibility, or participation for children or parents. For example, estimates of uninsurance (4.6 percent and 11.1 percent for children and parents, respectively), Medicaid/CHIP eligibility (41.3 million and 14.8 million), Medicaid/CHIP participation (93.1 percent and 79.7 percent), and the number of eligible uninsured (2.0 million and 1.7 million) using the 2017 data and undocumented population estimates used in prior years are almost identical to those using the 2017 data and the updated undocumented population estimates reported here. This methodological change had a small effect on estimates of uninsurance among noncitizen parents; though uninsurance among noncitizen children is estimated at 23.4 percent in 2017 regardless of the undocumented population benchmarks used, uninsurance among noncitizen parents would be slightly lower (34.3 percent) if the 2016 undocumented benchmarks had been used than if the model used 2017 benchmarks (34.5 percent). Estimates of participation tend to be more sensitive to methodological changes, and comparing participation rates among noncitizens under this methodological change would be misleading; therefore, we do not present changes in participation among noncitizens over time.

Medicaid/CHIP Participation

Medicaid/CHIP participation rates are calculated as the ratio of Medicaid/CHIP-eligible enrolled people to the sum of Medicaid/CHIP-eligible enrolled people plus Medicaid/CHIP-eligible uninsured people, excluding those with both Medicaid and private coverage (including military coverage) and those with Medicaid/CHIP coverage who do not have a known eligibility pathway. Participation rates excluding people with private coverage are often used to indicate how successfully programs reach their primary target populations. We also exclude from calculations of participation rates parents who qualify for

Medicaid based on Supplemental Security Income (SSI) eligibility (almost all of whom participate in Medicaid), so that our measure of participation reflects eligibility for the general population and does not risk bias. Those who qualify for Medicaid based on SSI eligibility reflect a small minority of all eligible parents. Excluding them reduces the population included in our calculations of participation by less than 6 percent in 2017, and excluding them from the calculation reduces the overall Medicaid participation rate for parents somewhat (for instance, participation among parents in 2017 would be 1.4 percentage points higher, at 81.0 percent, if SSI-eligible parents were included). Parents eligible for Medicaid based on SSI are a larger share of all Medicaid-eligible parents in nonexpansion states than in expansion states and a larger share of eligible parents in the pre-ACA period than the post-ACA period, because eligibility was less often available through other pathways in nonexpansion states and in 2013 compared with later years. Though this approach aligns with some earlier analyses (Haley et al. 2018a, 2018b), it differs from other analyses that included adults identified as eligible through SSI receipt in estimates of participation (Kenney et al. 2016a, 2017; Kenney, Lynch, Haley, et al. 2012). Though this methodological change can lead to differences in participation rates for specific groups or states, this change does not meaningfully affect our topline findings. For instance, parents' participation would remain higher in expansion states than in nonexpansion states and in 2017 compared with 2013 if adults eligible for Medicaid based on SSI receipt were included in calculations of participation. (Adults eligible for SSI-based Medicaid are included in other analyses in this report, such as estimates of uninsurance and Medicaid eligibility.)

Analysis

We assess levels in 2017 and changes over time in uninsurance, Medicaid/CHIP participation, and the estimated number of eligible uninsured children and parents nationally, by state and Medicaid expansion status as of July 1, 2017 (the middle of the 2017 data-collection period, when 32 states, including the District of Columbia, participated in the expansion), and for selected socioeconomic and demographic subgroups. Health insurance coverage is measured as status at the time of the survey. To address potential misclassification of coverage in the ACS, we applied a set of coverage edits (Lynch et al. 2011). Consequently, coverage estimates presented here may differ from other analyses of the same data source that do not incorporate coverage edits; however, the magnitude of differences between subgroups and changes over time should be similar. For instance, Alker and Pham (2018) and Lukanen, Schwehr, and Fried (2019) found unedited uninsurance rates for children of 4.7 percent in 2016 and 5.0 percent in 2017, changing from 3.6 million to 3.9 million, or an increase of 276,000 uninsured children nationwide. The analysis presented here using the Integrated Public Use Microdata Series subset of the

ACS sample incorporating coverage edits finds uninsurance rates of 4.3 percent in 2016 and 4.6 percent in 2017, changing from 3.3 million to 3.6 million, or an increase of 281,000 uninsured children. (Estimates presented here also use an edited parental status indicator that incorporates family structure edits, so estimates will not line up exactly with estimates using unedited data, such as those presented in "Rise in Children's Uninsurance in 2017 Compounded by Rise in Parents' Uninsurance in Medicaid Nonexpansion States."[21])

Estimates of uninsurance and participation for American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service (IHS) access; by convention, exclusive reliance on the IHS is considered uninsurance. The 2017 uninsurance rate for American Indian/Alaska Native children would drop from 8.4 percent to 3.1 percent if IHS access were considered coverage, and the comparable rate for parents would drop from 16.6 percent to 8.5 percent. Likewise, Medicaid/CHIP participation for American Indian/Alaska Native children and parents would rise to 95.6 percent and 89.0 percent, respectively, from 89.1 percent and 74.8 percent, if IHS access were considered coverage. Some state estimates of uninsurance and participation are also sensitive to the treatment of IHS access. For example, 2017 uninsurance rates would be 1 to 5 percentage points lower for either children or parents in Alaska, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, and Wyoming if IHS access were treated as coverage.

We tested changes over time and differences across groups using two-tailed tests and note changes/differences with *p*-values less than 0.10. This report uses a different approach to calculating statistical significance of changes over time and differences across groups than in some recent reports that are more in line with our earlier research, so some state-level changes indicated to be significant in earlier reports are not indicated to be significant in this report (Haley 2018a, 2018b). In this report, we adhere to the Census Bureau's methodology recommendations and adopt replicate weights for measuring standard errors and conducting tests of changes or differences.[22]

Limitations

We assess changes after 2013, when the ACA's major coverage provisions were implemented. However, other changes, particularly related to the economy, occurred between 2013 and 2017 that could also affect trends in coverage nationally and across states. Therefore, the observed changes in participation and coverage over this period cannot be wholly attributed to the policies instituted under the ACA because other factors, such as the improving economy, may also have contributed to these changes. Further, as in our prior estimates of health insurance coverage and Medicaid eligibility and

participation, we note that both coverage and eligibility status are likely measured with error. Modeling eligibility for adults is particularly complex, and modeling eligibility before and after implementation of the ACA's coverage provisions requires different approaches that could introduce bias into comparisons of model results between the two periods. This could, in turn, over- or understate differences between the two periods (Kenney et al. 2016a, 2017).

Notes

[1] Though most expansion states apply the ACA's eligibility limit of 138 percent of FPL for adults, three expansion states (Alaska, Connecticut, and the District of Columbia) have eligibility thresholds higher than 138 percent of FPL (Brooks et al. 2017).

[2] Laura Skopec, Genevieve Kenney, Stephen Zuckerman, "The Uninsured Dropped but Continued between 2014 and 2015," *Health Affairs Blog*, October 5, 2016, https://www.healthaffairs.org/do/10.1377/hblog20161005.056965/full/.

[3] Jennifer Haley, Emily M. Johnston, and Robin Wang, "Rise in Children's Uninsurance in 2017 Compounded by Rise in Parents' Uninsurance in Medicaid Nonexpansion States," *Health Affairs Blog*, December 20, 2018, https://www.healthaffairs.org/do/10.1377/hblog20181218.972124/full/.

[4] The number of children modeled to be eligible for Medicaid/CHIP dropped slightly after 2013, which may stem from changes in eligibility determination procedures under the ACA (e.g., treatment of certain types of income, definitions of the family unit, and income disregard policies), as well as from other population shifts (e.g., changes in income distribution). Policy changes for children during this time also included expansions in Medicaid/CHIP eligibility to higher-income groups and additional immigrant children, as well as improvements to outreach, enrollment, and renewal processes under CHIP reauthorization. Evidence suggests that other ACA provisions related to children's coverage could be contributing to increased participation. For example, seven states (Alabama, Arizona, Delaware, Florida, Georgia, Nevada, and Utah) transitioned children ages 6 to 18 from separate CHIP coverage with premiums to Medicaid coverage with no required premium payments in 2014. Between 2013 and 2015, participation rates for children ages 6 to 18 in families with incomes below 138 percent of FPL increased more in these seven states than in other states (Kenney et al. 2017).

[5] Increases in parents' eligibility were larger in states participating in the ACA's Medicaid expansion but also rose in nonexpansion states because of changes in Medicaid eligibility determination procedures, such as the shift to using modified adjusted gross income and a standard 5 percent disregard, as well as differences in measurement of eligibility in survey data for the pre- and post-ACA periods and changes in the underlying income distribution over time (Kenney et al. 2016a).

[6] Jennifer Haley, Emily M. Johnston, and Robin Wang, "Rise in Children's Uninsurance in 2017 Compounded by Rise in Parents' Uninsurance in Medicaid Nonexpansion States."

[7] As explained in appendix B, this analysis uses an updated methodology for computing statistical significance compared with some prior research (Haley et al. 2018a, 2018b). In both approaches, uninsurance among children and parents fell by a statistically significant margin in most states between either 2013 and 2015, 2013 and 2016, or both. For children, the only states not experiencing statistically significant declines using the updated method were Kansas, Missouri, and Utah, where uninsurance fell but the change was not significant using the new method, and Maine, Virginia, and Wyoming, where uninsurance was volatile during this period and neither fell nor rose significantly. For parents, the only states without statistically significant declines in uninsurance after 2013 under both methods were the District of Columbia, Maine, New Hampshire, and Wisconsin. In addition, we note that estimates for smaller states tend to have larger standard errors. In 2017, 29 states (AL, AK, CT, DE, DC, HI, ID, IA, KS, MD, ME, MS, MO, MT, NE, NV, NH, NM, ND, OK, RI, SC, SD, UT, VA, VT, WI, WV, and WY) had sample sizes of fewer than 1,000 cases for estimates of parents' participation, and 12 states (AK, DE, DC, HI, ME, MT, NH, ND, RI, SD, VT, and WY) had sample sizes smaller than 1,000 for children's participation. Estimates with smaller samples are more volatile and likely more sensitive to methodological differences across survey years.

[8] Increases in uninsurance between 2016 and 2017 were statistically significant at the 0.01 level in Texas, 0.05 level in Massachusetts and South Carolina, and 0.10 level in the other seven states.

[9] The magnitude and significance of changes in children's uninsurance between 2016 and 2017 are largely consistent with analysis by Alker and Pham (2018), which uses a larger sample of the ACS and does not incorporate coverage edits. For instance, both approaches find statistically significant increases in uninsurance at the 0.10 level in 6 of these 10 states: Florida, Massachusetts, Ohio, South Carolina, Texas, and Utah. In addition, both analyses find increases in uninsurance but find different significance levels of changes in Georgia, South Dakota, and Tennessee (which were statistically significant in the Alker and Pham analysis but not significant in this analysis) and in Arkansas, Connecticut, Kentucky, and West Virginia (which were not statistically significant in the Alker and Pham analysis but are significant in this analysis). The results are also consistent with those found by Lukanen, Schwehr, and Fried (2019), which identified four states (Florida, Massachusetts, South Carolina, and Texas) with statistically significant increases in uninsurance among children at the 0.05 level.

[10] Increases in uninsurance between 2016 and 2017 were statistically significant at the 0.01 level in Massachusetts and Wyoming, 0.05 level in Ohio, Oregon, and South Carolina, and 0.10 level in the other four states.

[11] As explained in appendix B, estimates of uninsurance among American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service access, which by convention is considered uninsurance. Uninsurance rates in 2017 would be 1 to 5 percentage points lower for either children or parents in Alaska, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, and Wyoming if Indian Health Service access were treated as coverage.

[12] As explained in the appendix, we exclude parents who qualify for Medicaid based on SSI eligibility (almost all of whom participate in Medicaid) from calculations of participation rates, so that our measure of participation better reflects eligibility for the general population. This approach is different from some of our earlier analyses, which included adults identified as eligible through SSI receipt in our estimates of participation (Kenney et al. 2016a, 2017; Kenney, Lynch, Haley, et al. 2012). Because participation among parents eligible through the SSI pathway is higher than through other pathways, the overall rate is lower when excluding this group. Further, the effect of the methodological approach is smaller in 2014 through 2017 than in 2013 because more parents were eligible for Medicaid after 2013. If we include SSI-eligible parents, participation in 2013 would be 4.1 percentage points higher (71.7 percent) and participation in 2017 would be 1.4 percentage points higher (81.0 percent). Though excluding these parents makes 2013–17 differences slightly larger, we find large increases in participation since 2013 under both methodological approaches.

[13] For example, though legally present immigrant adults who have lived in the country for fewer than five years are prohibited from enrolling in Medicaid, 31 states have eliminated this five-year ban for lawfully residing immigrant children, and 6 states use state funds to cover immigrant children regardless of legal status (Brooks et al. 2017).

[14] Estimates of uninsurance among American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service access, which by convention is considered uninsurance. For instance, the 2017 uninsurance rate for American Indian/Alaska Native children would drop from 8.4 percent to 3.1 percent if Indian Health Service access were considered coverage, and the comparable rate for parents would drop from 16.6 percent to 8.5 percent. See appendix B.

[15] Estimates of Medicaid/CHIP participation among American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service access, which by convention is considered uninsurance. The participation rate for American Indian/Alaska Native children in 2016 would be 96.4 percent if Indian Health Service access were considered coverage. The impact of this treatment also applies for 2017: participation among American Indian/Alaska Native children would rise from 89.1 percent to 95.6 percent if Indian Health Service access were considered coverage, and the comparable rate for parents would rise from 74.8 percent to 89.0 percent. See appendix B.

[16] Bureau of Labor Statistics, "Unemployment Rate Held at 4.1 Percent in November 2017," *TED: The Economics Daily*, December 13, 2017, https://www.bls.gov/opub/ted/2017/unemployment-rate-held-at-4-point-1-percent-in-november-2017.htm.

[17] Brett Kelman, "Tennessee Erased Insurance for at Least 128,000 Kids. Many Parents Don't Know.," *Tennessean*, April 1, 2019, https://www.tennessean.com/story/news/health/2019/04/02/tennessee-tenncare-coverkids-medicaid-erased-health-care-coverage-for-children/3245116002/.

[18] "January 2019 Medicaid and CHIP Enrollment Data Highlights," Medicaid.gov, accessed May 7, 2019, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html?elq_cid=2877043&x_id=&elqTrackId=a7aa17c58af84e1a8bf842efe5d54d6d&elq=aa60944d8ce04d8c8c2e39da2967bd8c&elqaid=81942&elqat=1&elqCampaignId=39324; Tricia Brooks, "New Data Show Widespread Decline in Child Enrollment in Medicaid/CHIP Coverage in 2018," *Say Ahhh!* (blog), Georgetown University Health Policy Center, Center for Children and Families, March 2, 2019, https://ccf.georgetown.edu/2019/04/25/child-enrollment-loss-in-medicaid-and-chip-tops-860000-in-2018-impacting-children-in-40-states/; Peter Sullivan, "ObamaCare Enrollment Declines Slightly to 11.4M Sign-Ups for 2019," *The Hill*, March 25, 2019, https://thehill.com/policy/healthcare/435694-obamacare-enrollment-declines-slightly-to-114m-signups-for-2019?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_source=hs_email&utm_medium=email&utm_content=71133015&_hsenc=p2ANqtz-8pz8cx5pu4zfrCjIhYadPoufQeamHtip1eASxnFgvGFaujUXsWkuOTSFdE6nYx0hthezI-htbE_7WRGxbIvbJMoh3GFQ&_hsmi=71133015.

[19] Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek, "Integrated Public Use Microdata Series: Version 7.0 [dataset]," University of Minnesota, accessed April 24, 2019, https://doi.org/10.18128/D010.V7.0.

[20] Six states (California, Connecticut, the District of Columbia, Minnesota, New Jersey, and Washington) took advantage of the ACA provision to expand Medicaid before 2014; estimates for 2013 include the effects of Medicaid expansion in these early-expander states when their coverage was comprehensive and statewide. We classify Connecticut, the District of Columbia, and Minnesota as having comprehensive statewide early ACA expansion programs in 2013. To the extent that some adults in the remaining early expansion states could have qualified for ACA coverage in 2013 but could not be identified as eligible because of methodological limitations, differences between 2013 and 2014 eligibility could be overstated in those states. We also exclude programs that do not provide comprehensive Medicaid or Medicaid-equivalent benefits.

[21] Jennifer Haley, Emily M. Johnston, and Robin Wang, "Rise in Children's Uninsurance in 2017 Compounded by Rise in Parents' Uninsurance in Medicaid Nonexpansion States."

[22] See note 7 above.

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About the Authors

Jennifer Haley is a research associate in the Health Policy Center at the Urban Institute. Her research focuses on topics including the implications of the Affordable Care Act on adults' and children's health insurance coverage, barriers to enrollment in Medicaid and the Children's Health Insurance Program (CHIP), disparities across states and subgroups of the population, and uninsurance among military veterans. In addition, she has conducted federally mandated evaluations of CHIP and developed detailed simulation models of Medicaid/CHIP eligibility. She has an MA in Sociology from Temple University.

Genevieve M. Kenney is a senior fellow and codirector of the Health Policy Center. She has been conducting policy research for over 25 years and is a nationally renowned expert on Medicaid, the Children's Health Insurance Program (CHIP), and broader health insurance coverage and health issues facing low-income children and families. Kenney has led a number of Medicaid and CHIP evaluations, and published over 100 peer-reviewed journal articles and scores of briefs on insurance coverage, access to care, and related outcomes for low-income children, pregnant women, and other adults. In her current research, she is examining implications of the Affordable Care Act, how access to primary care varies across states and insurance groups, and emerging policy questions related to Medicaid and CHIP. She received a master's degree in statistics and a PhD in economics from the University of Michigan.

Robin Wang is a research analyst in the Health Policy Center, where he helps develop Urban's Health Insurance Policy Simulation Model. The model provides technical assistance for health reform implementation in Massachusetts, Missouri, New York, Virginia, and Washington, as well as to the federal government. He is an MPA graduate of the London School of Economics and Political Science.

Clare Pan is a research analyst in the Health Policy Center, where she primarily works on the Health Insurance Policy Simulation Model. Pan holds a Master of Public Policy degree from the McCourt School of Public Policy at Georgetown University.

Victoria Lynch is a senior research associate in the Health Policy Center. She is a survey methodologist with in-depth understanding of public policy on Medicaid, CHIP, and other health insurance.

Matthew Buettgens is a senior fellow in the Health Policy Center, where he is the mathematician leading the development of Urban's Health Insurance Policy Simulation Model (HIPSM). The model is currently being used to provide technical assistance for health reform implementation in Massachusetts, Missouri, New York, Virginia, and Washington as well as to the federal government. His recent work includes a number of research papers analyzing various aspects of national health insurance reform, both nationally and state by state. Research topics have included the costs and coverage implications of Medicaid expansion for both federal and state governments; small firm self-insurance under the Affordable Care Act and its effect on the fully insured market; state-by-state analysis of changes in health insurance coverage and the remaining uninsured; the effect of reform on

employers; the affordability of coverage under health insurance exchanges; and the implications of age rating for the affordability of coverage.

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