



Extending the American Rescue Plan Act's Enhanced Marketplace Affordability Provisions Could Benefit Nearly 1 Million Uninsured Children and Parents

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Signed into law in March 2021, the American Rescue Plan Act (ARPA) contained numerous provisions aimed at supporting recovery from the COVID-19 pandemic and associated recession.¹ Among these provisions are changes to the subsidy schedule governing access to financial assistance to purchase health insurance coverage in the Affordable Care Act (ACA) Marketplaces. These changes give Americans access to greater financial assistance purchasing coverage through 2022 and have the potential to reduce uninsurance and make coverage more affordable for those already purchasing nongroup coverage. Making these provisions permanent is a topline priority in Senate Democrats' fiscal year 2022 budget resolution.²

Though children were not the primary target of the ACA coverage expansions or subsequent efforts to strengthen the ACA, recent increases in children's uninsurance rates and the critical need to address unmet health needs and catch up on forgone care during the pandemic suggest that removing barriers to health care for children could be particularly important in the coming years (Alker and Corcoran 2020; McMorrow et al. 2020; Gonzalez, Karpman, and Haley 2021). These risks for children are also exacerbated by parents' rising uninsurance rates and pandemic-related unmet health needs (Gonzalez et al. 2020; Haley, Kenney, Wang Pan, et al. 2021).

Children may benefit from extending the ARPA's enhanced subsidies if they gain coverage or their parents gain coverage or experience premium or OOP cost savings (Wright Burak 2019). In this brief, we consider the impacts of extending the enhanced subsidies on all children and their parents and

children under age 6 and their parents. Using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM), we find the following:

- Nearly 1 million uninsured children and parents, including approximately 300,000 uninsured children, would gain insurance coverage if ARPA subsidy enhancements were made permanent.
- About 67,000 uninsured children who would gain coverage through these provisions would be under age 6, and approximately 267,000 uninsured parents who would gain coverage would have a child under age 6. This suggests even more young children could benefit when their parents gain coverage.
- Nearly two-thirds of the coverage gains for families would be concentrated among children and parents with incomes between 200 and 400 percent of the federal poverty level (FPL).
- If ARPA subsidy enhancements were made permanent, we project that about 3.3 million children and 6.3 million parents would remain uninsured in 2022, unless additional policy changes are introduced. Most remaining uninsured children would be eligible for Medicaid or the Children's Health Insurance Program, or CHIP (57.2 percent), or tax credits (13.6 percent). But about 41.2 percent of parents would be ineligible for subsidized coverage because of their immigration status or residence in a state that has not expanded Medicaid under the ACA; this represents approximately 2.6 million parents, including 636,000 uninsured parents who would become eligible for Medicaid if their state were to expand Medicaid under the ACA.
- Approximately 4.5 million children and parents who had nongroup coverage before the ARPA would experience household premium reductions of 28 percent per person, on average; those with incomes below 200 percent of FPL would save even more, 41 percent per person. Total household spending on premiums and OOP costs would fall by averages of 18 percent per person overall and 25 percent per person in families with income below 200 percent of FPL.

Background

The ACA expanded coverage options for millions of Americans, and though such options focused largely on childless adults, children's and parents' uninsurance also declined (Karpman et al. 2016). From 2013 to 2016, uninsurance fell from 7.0 to 4.3 percent among children and from 17.6 to 11.0 percent among parents (Haley, Kenney, Wang Pan, et al. 2021). In recent years, however, declines in children's and parents' uninsurance have stalled (Haley et al. 2019, 2020), and uninsurance increased for both groups in 2019 (Haley, Kenney, Wang Pan, et al. 2021). From 2018 to 2019, uninsurance increased from 4.8 to 5.2 percent among children and from 11.2 to 11.7 percent among parents.

Thus, many families with children faced precarious health care access and affordability as the COVID-19 pandemic and resulting recession took hold in 2020, and numerous families experienced additional economic and health challenges in the ensuing months. Many families with children lost jobs and incomes during the recession, but parents who kept working through the pandemic also faced

challenges related to child care safety and availability (Karpman, Gonzalez, and Kenney 2020). Both children and parents have reportedly faced significant mental health challenges during the pandemic (Hamel et al. 2020; Panchal et al. 2021), as well as forgone and delayed care (Gonzalez et al. 2020, 2021). As of now, no definitive estimates of the number of children and parents who lost health insurance coverage during the pandemic exist,³ but several protections have likely prevented catastrophic coverage losses. Under the Families First Coronavirus Response Act, for example, states became eligible for an increase in federal Medicaid funding throughout the public health emergency, so long as they maintain eligibility for those enrolled on or after March 18, 2020. As the recovery continues and some of these protections expire, it will be critical for families to be able to access affordable coverage and care, especially given the urgent need for children and parents to catch up on care they missed during the pandemic. Moreover, both physical and mental health care needs for children and families may have increased because of the pandemic and the associated stressors of remote learning and social isolation.

The ARPA included numerous provisions with the potential to benefit families and children, including a child tax credit and efforts to make insurance coverage more widely available and affordable (Acs and Werner 2021; Wheaton, Giannarelli, and Dehry 2021). The changes to the Marketplace subsidy schedule were particularly important for children and parents, especially those whose families may have lost jobs and access to employer-sponsored insurance during the pandemic. Specifically, premium contributions for those with incomes below 150 percent of FPL were reduced to zero; required premium contributions were significantly reduced for those with incomes between 150 and 400 percent of FPL; and premium contributions were capped at 8.5 percent of income for people with incomes above 400 percent of FPL, who were previously ineligible for any subsidies (table 1). As under current law, people not meeting immigration requirements and those with access to an employer-sponsored plan deemed affordable under the ACA (i.e., with employee premiums at or below 9.8 percent of household income) would remain ineligible for subsidies under extended ARPA subsidies.

TABLE 1
Subsidy Schedules under Current Law and the American Rescue Plan Act, 2022
Premium contribution percentage-of-income limits for benchmark coverage

| Income (% of FPL) | Before ARPA | Under ARPA |
|-------------------|-------------|------------|
| < 138 | 2.07 | 0.0–0.0 |
| 138–150 | 3.10–4.14 | 0.0–0.0 |
| 150–200 | 4.14–6.52 | 0.0–2.0 |
| 200–250 | 6.52–8.33 | 2.0–4.0 |
| 250–300 | 8.33–9.83 | 4.0–6.0 |
| 300–400 | 9.83 | 6.0–8.5 |
| 400–500 | n/a | 8.5–8.5 |
| 500–600 | n/a | 8.5–8.5 |
| 600+ | n/a | 8.5–8.5 |

Sources: Internal Revenue Service, Health and Human Services Department, and American Rescue Plan Act of 2021, Pub. L. No. 117-2.

Notes: FPL is federal poverty level. ARPA is American Rescue Plan Act. n/a is not applicable; people with incomes above 400 percent of FPL are ineligible for subsidies under current law. Percentage-of-income caps applied in 2022; current-law caps are for 2021 and indexed each year. Annual adjustments to caps have been modest and are not made until close to the end-of-year open enrollment period.

Children and their parents may benefit from these enhanced affordability provisions in at least three ways. First, uninsured children may gain coverage if subsidy enhancements allow families to newly purchase coverage for children. Second, uninsured parents may gain coverage with newly affordable options, and their already insured children may benefit from the associated health and financial improvements for their family (Wright Burak 2017). Finally, household spending on premiums would decline for families who already had nongroup coverage before the subsidy enhancements, which frees up resources for other needs. Understanding these effects will provide policymakers with insights for strengthening the health and financial well-being of children and families and identify remaining gaps in coverage affordability and accessibility.

Methods

We used the Urban Institute’s Health Insurance Policy Simulation Model to produce the estimates in this brief. HIPSM is a detailed microsimulation model of the health care system designed to estimate the cost and coverage effects of proposed health care policy options. The model simulates household and employer decisions and models the way changes in one insurance market interact with changes in other markets. Results from HIPSM simulations have been shown to be consistent with actual policy outcomes and other respected microsimulation models (Glied, Arora, and Solís-Román 2015).

An earlier report modeled the effects of the ARPA’s enhanced subsidies on coverage for the entire nonelderly population in 2022 (Banthin et al. 2021). That simulation assumed the ARPA’s changes to the subsidy schedule were permanent and the changes were fully phased in by 2022. In other words, consumers, employers, and insurers in the model had fully adapted their decision making to the new schedule. Additional details on the 2022 HIPSM baseline estimates, including assumptions about the pandemic’s economic effects, can be found in the earlier report.

In this brief, we present estimates from the same simulation for children and parents overall and young children and their parents. We describe changes in the coverage distribution for children and parents under the enhanced subsidy schedule, and we consider changes in premiums and OOP spending for families who had nongroup coverage before the ARPA. Children are those ages 18 and younger and parents are nonelderly adults (ages 19 to 64) with a child in their tax unit. We produce estimates for young children ages 5 and younger and their parents because of the importance of early childhood to future health and well-being.

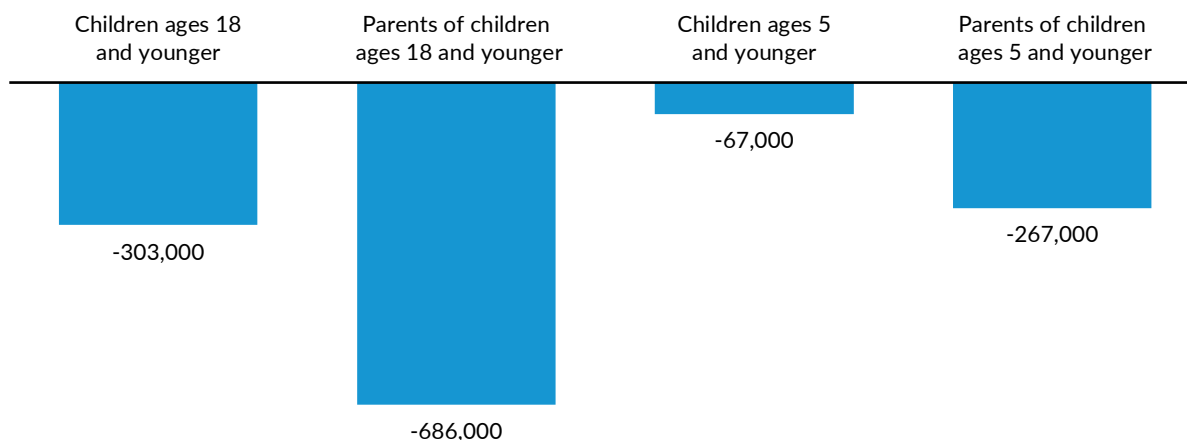
This analysis has some limitations. First, assumptions about population, income, and health cost growth are always somewhat uncertain, but the additional uncertainty associated with the current economic recovery and frequently changing pandemic-related policies exacerbate the issue. For example, the current projections assume the Medicaid maintenance-of-effort provisions will expire in

early 2022, and states have up to 12 months to complete the redetermination process.⁴ It is impossible to predict how quickly individual states will work through verifications, redeterminations, and renewals, however, so Medicaid enrollment may be higher in 2022 than these estimates indicate. In addition, our definition of parents excludes noncustodial parents and some unmarried parents living together with their children but assigned to different tax units.

Results

If the ARPA’s enhanced subsidies were made permanent, we find that the number of uninsured children would fall by approximately 303,000, and the number of uninsured parents would fall by about 686,000 (figure 1). The number of uninsured young children would fall by about 67,000, and about 267,000 parents of young children would gain coverage.

FIGURE 1
Change in the Numbers of Uninsured Children and Parents under a Permanent ARPA Marketplace Premium Subsidy Schedule, 2022



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Source: Urban Institute Health Insurance Policy Simulation Model, 2021.

Note: ARPA is American Rescue Plan Act.

Uninsurance rates would drop from 4.6 to 4.2 percent for children and from 10.8 to 9.8 percent for parents (table 2). The increases in private nongroup coverage, of 0.5 and 1.2 percentage points for children and parents, are the key drivers of the projected decline in uninsurance. Young children have somewhat lower uninsurance rates than children overall, whereas their parents have somewhat higher uninsurance rates than parents overall both before and under the permanent ARPA subsidy schedule. But, the projected effects of the subsidies on young children and their parents are similar to those for parents and children overall; for both groups, reductions in uninsurance under the ARPA would be largely offset by gains in private nongroup coverage.

TABLE 2

Coverage Distribution of Children and Parents before and under a Permanent ARPA Marketplace Premium Subsidy Schedule, 2022

| | Children ages 18 and younger | | | Parents of children ages 18 and younger | | |
|-----------------------|------------------------------|----------------|-------------------------|---|----------------|-------------------------|
| | Before ARPA (%) | Under ARPA (%) | Percentage-point change | Before ARPA (%) | Under ARPA (%) | Percentage-point change |
| Employer | 46.0 | 45.9 | -0.1 | 60.2 | 60.0 | -0.2 |
| Private nongroup | 1.7 | 2.2 | 0.5 | 4.8 | 6.0 | 1.2 |
| Medicaid/CHIP | 45.1 | 45.1 | 0.1 | 21.4 | 21.5 | 0.1 |
| Other public | 1.8 | 1.8 | 0.0 | 2.2 | 2.2 | 0.0 |
| Noncompliant nongroup | 0.8 | 0.7 | -0.1 | 0.6 | 0.5 | -0.1 |
| Uninsured | 4.6 | 4.2 | -0.4 | 10.8 | 9.8 | -1.1 |

| | Children ages 5 and younger | | | Parents of children ages 5 and younger | | |
|-----------------------|-----------------------------|----------------|-------------------------|--|----------------|-------------------------|
| | Before ARPA (%) | Under ARPA (%) | Percentage-point change | Before ARPA (%) | Under ARPA (%) | Percentage-point change |
| Employer | 42.1 | 42.1 | 0.0 | 55.9 | 55.7 | -0.2 |
| Private nongroup | 1.3 | 1.7 | 0.4 | 4.1 | 5.2 | 1.1 |
| Medicaid/CHIP | 50.3 | 50.3 | 0.0 | 25.3 | 25.4 | 0.1 |
| Other public | 2.1 | 2.1 | 0.0 | 2.1 | 2.1 | 0.0 |
| Noncompliant nongroup | 0.7 | 0.7 | -0.1 | 0.6 | 0.5 | -0.1 |
| Uninsured | 3.4 | 3.1 | -0.3 | 12.0 | 11.0 | -0.9 |

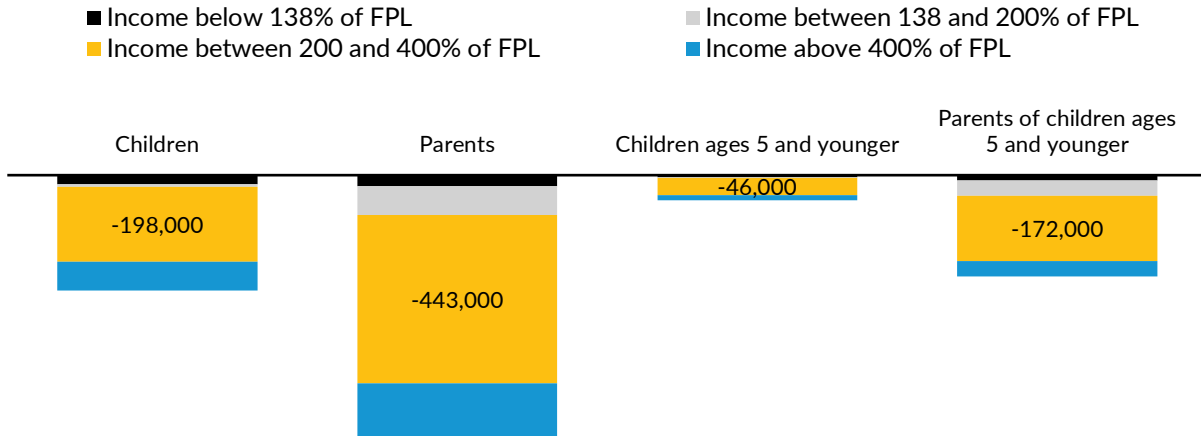
Source: Urban Institute Health Insurance Policy Simulation Model, 2021.

Notes: ARPA is American Rescue Plan Act. CHIP is Children's Health Insurance Program. Estimates may not add to 100 percent because of rounding.

If the ARPA subsidies were made permanent, the declines in uninsurance would be concentrated among children and families with incomes between 200 and 400 percent of FPL (figure 2). Of the approximately 303,000 children who would gain coverage, about 198,000 would live in families with moderate incomes. About 443,000 of the 686,000 parents expected to gain coverage would have incomes in this range. An additional 75,000 children and 139,000 parents expected to gain coverage would have incomes above 400 percent of FPL. These patterns are similar for young children and their parents. However, compared with all parents, a slightly larger share of parents of young children gaining coverage would have incomes between 138 and 200 percent of FPL.

FIGURE 2

Change in the Numbers of Uninsured Children and Parents under a Permanent ARPA Marketplace Premium Subsidy Schedule, by Income Group, 2022



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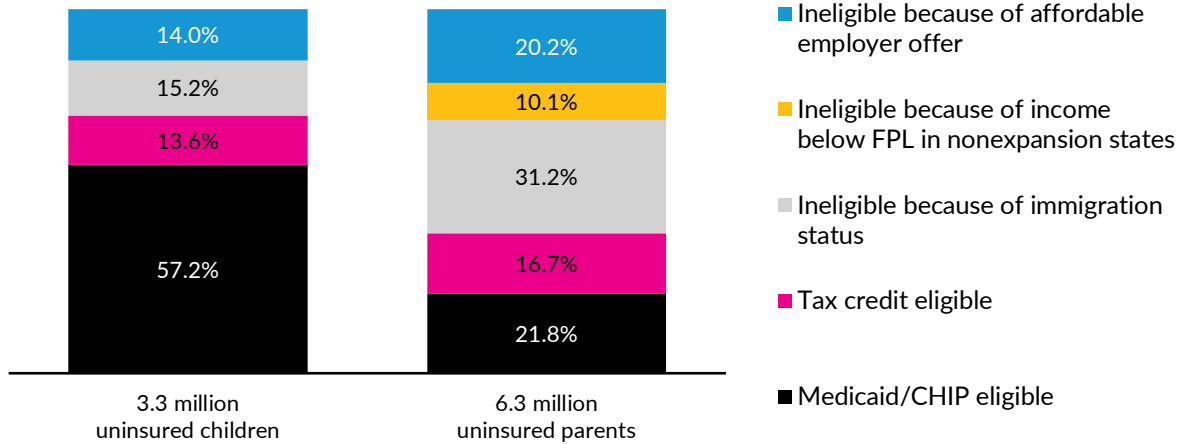
Source: Urban Institute Health Insurance Policy Simulation Model, 2021.

Notes: FPL is federal poverty level. ARPA is American Rescue Plan Act. Income groups are based on calculations for Medicaid eligibility.

If the ARPA subsidy schedule were made permanent and no other coverage changes were enacted, we project 3.3 million children and 6.3 million parents would remain uninsured in 2022 (figure 3). Among the remaining uninsured children, we estimate about 57.2 percent would be eligible for Medicaid or CHIP coverage and another 13.6 percent would be eligible for Marketplace subsidies. About 29.2 percent of uninsured children would be ineligible for publicly subsidized coverage, including 15.2 percent ineligible because of their immigration status and 14.0 percent ineligible because they have access to an affordable employer offer of coverage.

FIGURE 3

Eligibility for Publicly Subsidized Coverage among Uninsured Children and Parents under a Permanent ARPA Marketplace Premium Subsidy Schedule, 2022



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Source: Urban Institute Health Insurance Policy Simulation Model, 2021.

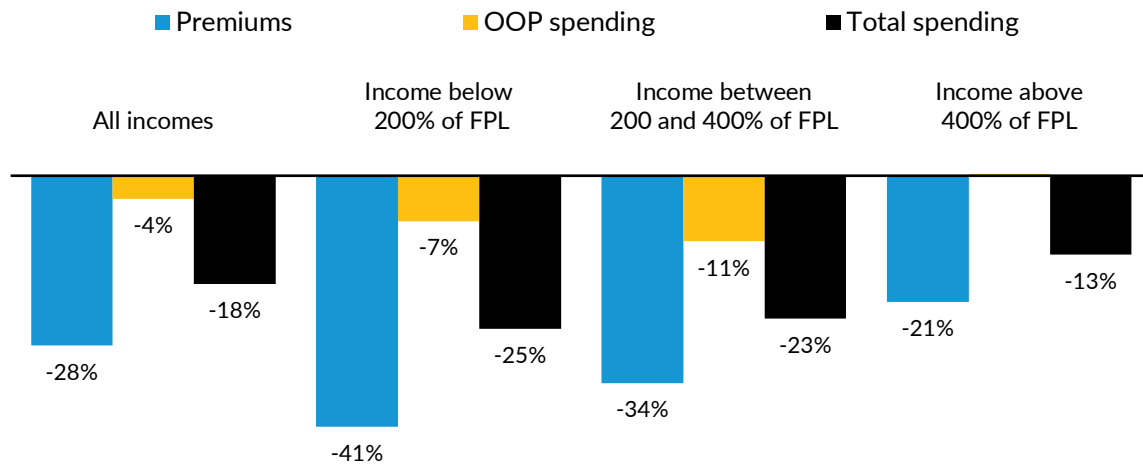
Notes: ARPA is American Rescue Plan Act. FPL is federal poverty level. CHIP is Children’s Health Insurance Program. Income groups are based on calculations for Medicaid eligibility.

This distribution differs markedly for uninsured parents. Compared with more than 70 percent of uninsured children, only 38.5 percent of uninsured parents would be eligible for Medicaid/CHIP (21.8 percent) or Marketplace subsidies (16.7 percent). Nearly one-third of uninsured parents would be ineligible for publicly subsidized coverage because of their immigration status, and another 10.1 percent (or about 636,000 parents) would be ineligible for having income below the FPL in a state that did not expand Medicaid under the ACA. Finally, 20.2 percent of uninsured parents would be ineligible because they have access to an affordable employer offer. These patterns are quite similar to those for young children and their parents, except young children are far less likely to be ineligible because of their immigration status (data not shown).

Approximately 4.5 million children and parents who had nongroup coverage before the ARPA could also benefit from the enhanced subsidies through reductions in household premiums and OOP spending. Across all income groups, these families would experience an average reduction in premium spending of about 28 percent per person and an average reduction in OOP spending of 4 percent per person; the overall reduction in household spending would be 18 percent per person (figure 4). These cost savings would be larger for families with incomes below 400 percent of FPL. On average, families with incomes below 200 percent of FPL would experience a 41 percent reduction in premiums per person and a 7 percent reduction in OOP spending per person. Those with incomes between 200 and 400 percent of FPL would experience an average premium reduction of about 34 percent per person and an average OOP spending reduction of about 11 percent per person. Total household spending on premiums and OOP costs would decline by an average of 25 percent per person for those with

incomes below 200 percent of FPL and by 23 percent per person for those with incomes between 200 and 400 percent of FPL.

FIGURE 4
Change in Households' per Person Health Care Spending under a Permanent ARPA Marketplace Premium Subsidy Schedule among Families Who Had Nongroup Coverage before the ARPA, by Income Group, 2022



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Source: Urban Institute Health Insurance Policy Simulation Model, 2021.

Notes: ARPA is American Rescue Plan Act. OOP is out-of-pocket. FPL is federal poverty level. Sample includes families in which at least one parent or child had nongroup coverage before the ARPA. Income groups are based on calculations for Medicaid eligibility. There is a small (0.3 percent) increase in OOP spending for families with incomes above 400 percent of FPL.

Discussion

This analysis finds that almost 1 million children and parents could gain coverage under extension of the ARPA Marketplace subsidy enhancements. These coverage gains would be concentrated among families with incomes between 200 and 400 percent of FPL and would likely improve access to needed care for children and parents in lower- and moderate-income families. In addition to those directly gaining coverage through the enhanced subsidies, many already insured children will likely benefit if their uninsured parents gain coverage. Evidence strongly suggests that parents having health insurance coverage has both health and economic benefits for children and families (Wright Burak 2017). Further, more than 4 million children and parents who had nongroup coverage before the ARPA could experience significant household premium and OOP cost savings, especially those with incomes below 400 percent of FPL.

Both children's and parents' uninsurance rates were increasing leading up to the pandemic (Haley, Kenney, Wang Pan, et al. 2021), and many families with children were struggling to meet health care and other basic needs (Karpman et al. 2018; Karpman, Kenney, and Gonzalez 2018). Since early 2020, pandemic-related job losses, fears of coronavirus exposure, and associated concerns have contributed

to continued problems accessing needed health care and affording food, housing, and other basic needs (Gonzalez et al. 2020, 2021; Gonzalez, Karpman, and Haley 2021; Karpman et al. 2020; Karpman, Gonzalez, and Kenney 2020). Though some of these concerns may ease as the pandemic recedes and the economy recovers, new complications will likely arise as pandemic protections run out and prepandemic inequities remain unchanged. Thus, making the enhanced ARPA subsidies permanent will provide much needed relief for many families struggling to afford health insurance and health care, and the additional cost savings may free up resources for other family needs.

Still, we project that more than 3 million children and 6 million parents would remain uninsured in 2022 even if the ARPA subsidies were made permanent. Congress and the Biden administration are tackling several of the remaining barriers to coverage identified in this analysis. First, a federal program targeting people in the Medicaid coverage gap has been identified as a priority in Senate Democrats' fiscal year 2022 budget resolution.⁵ Urban Institute estimates indicate that in combination with the extension of the ARPA subsidies, filling the Medicaid coverage gap would reduce the number of nonelderly uninsured people by 7.0 million, or about 2.8 million more than extending the ARPA subsidies alone (Banthin, Simpson, and Green 2021). Our analysis suggests an estimated 636,000 uninsured parents with incomes below the FPL in the 12 states that have not yet expanded Medicaid under the ACA would become eligible for subsidized coverage under the Democrats' proposed reforms.

Second, the Biden administration is committed to improving outreach and enrollment efforts to ensure people are aware of their eligibility for assistance and have the support needed to enroll.⁶ In addition to the 2021 COVID-19 special enrollment period, which has resulted in at least 2.5 million new Marketplace enrollees,⁷ the administration intends to expand the 2022 open enrollment period by 30 days and to invest \$80 million in the navigator program. The latter will provide outreach and enrollment assistance targeted to people of color; rural communities; immigrant communities; people facing language, transportation, or internet access barriers; and other underserved populations. The administration has also proposed creating a special enrollment period for certain consumers with low incomes who may be eligible for the most generous Marketplace subsidies.⁸ Taken together, these outreach and enrollment efforts could have meaningful impacts for the 70 percent of uninsured children and nearly 40 percent of uninsured parents who are already eligible for Medicaid or Marketplace tax credits.

Changing the employer affordability provision, which restricts otherwise eligible people from accessing Marketplace subsidies if they have access to an employer plan that costs the employee less than 9.8 percent of their household income, could affect about 20 percent of uninsured parents. One modest policy change would be eliminating the "family glitch," which restricts eligibility for subsidized coverage for the whole family even when the only affordable employer offer is for a single employee plan. Analyses of such a proposal have not found large effects on uninsurance, but they have found potential for household cost savings (Buettgens and Banthin 2021). To further reduce uninsurance for people affected by the employer affordability provision, however, lowering or eliminating the affordability threshold may be necessary.

Addressing immigration restrictions on receiving Medicaid and Marketplace subsidies will also be critical to closing coverage gaps, because almost one-third of uninsured parents are ineligible for publicly subsidized coverage because of their immigration status. Though the Biden administration reversed the Trump administration's changes to the public charge rule that made many immigrant families afraid to use public benefits for which they were eligible (Haley, Kenney, Bernstein, et al. 2021), further efforts to expand eligibility for affordable coverage to undocumented or otherwise ineligible immigrants will be needed to achieve universal coverage. Finally, children and families need far more than health insurance to thrive, so ongoing attention to paid leave, child care, and educational and income supports will also be critical to ensure all children and their families have the opportunity for healthy, stable futures.

Notes

- ¹ [American Rescue Plan Act](#), Pub. L. No. 117-2 (2021).
- ² "FY2022 Budget Resolution Toplines," US Senate Democratic Leadership, August 9, 2021, <https://www.democrats.senate.gov/imo/media/doc/Topline%20Summary%20of%20FY2022%20Budget%20Resolution.pdf>.
- ³ Joan Alker, "Q: How Many Children Were Uninsured in 2020?" *Say Ahhh!* (blog), Georgetown University Health Policy Institute, Center for Children and Families, August 10, 2021, <https://ccf.georgetown.edu/2021/08/10/how-many-children-were-uninsured-in-2020/>.
- ⁴ Daniel Tsai (deputy administrator and director, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services), letter to state health officials, regarding "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations upon Conclusion of the COVID-19 Public Health Emergency," August 13, 2021, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>.
- ⁵ "FY2022 Budget Resolution Toplines," Senate Democratic Leadership.
- ⁶ Katie Keith, "ACA Round-Up: Navigator Grantees, GAO Investigation, Contraceptive Mandate, and More," *Health Affairs Blog*, September 1, 2021, <https://www.healthaffairs.org/doi/10.1377/hblog20210901.961047/full>.
- ⁷ Katie Keith, "Marketplace Special Enrollment Reaches 2.5 Million; Administration Announces Health Care Reconciliation Priorities," *Health Affairs Blog*, August 10, 2021, <https://www.healthaffairs.org/doi/10.1377/hblog20210810.821428/full>.
- ⁸ Centers for Medicare & Medicaid Services, "CMS Proposed Rule to Increase Americans' Access to Health Coverage for 2022," news release, June 28, 2021, <https://www.cms.gov/newsroom/press-releases/cms-proposed-rule-increase-americans-access-health-coverage-2022>.

References

- Acs, Gregory, and Kevin Werner. 2021. "How a Permanent Expansion of the Child Tax Credit Could Affect Poverty." Washington, DC: Urban Institute.
- Alker, Joan, and Alexandra Corcoran. 2020. *Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade*. Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- Banthin, Jessica, Matthew Buettgens, Michael Simpson, and Robin Wang. 2021. "What If the American Rescue Plan's Enhanced Marketplace Subsidies Were Made Permanent? Estimates for 2022." Washington, DC: Urban Institute.

- Banthin, Jessica, Michael Simpson, and Andrew Green. 2021. "The Coverage and Cost Effects of Key Health Insurance Reforms Being Considered by Congress." Washington, DC: Urban Institute.
- Buettgens, Matthew, and Jessica Banthin. 2021. "Changing the 'Family Glitch' Would Make Health Coverage More Affordable for Many Families." Washington, DC: Urban Institute.
- Glied, Sherry A., Anupama Arora, and Claudia Solís-Román. 2015. "How Well Did the CBO Forecast the Effects of the ACA?" New York: Commonwealth Fund.
- Gonzalez, Dulce, Michael Karpman, and Jennifer M. Haley. 2021. "Worries about the Coronavirus Caused Nearly 1 in 10 Parents to Delay or Forgo Needed Health Care for Their Children in Spring 2021." Washington, DC: Urban Institute.
- Gonzalez, Dulce, Michael Karpman, Genevieve M. Kenney, and Stephen Zuckerman. 2021. "Delayed and Forgone Health Care for Children during the COVID-19 Pandemic." Washington, DC: Urban Institute.
- Gonzalez, Dulce, Stephen Zuckerman, Genevieve M. Kenney, and Michael Karpman. 2020. "Almost Half of Adults in Families Losing Work during the Pandemic Avoided Health Care Because of Costs or COVID-19 Concerns." Washington, DC: Urban Institute.
- Haley, Jennifer M., Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez. 2021. "Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships." Washington, DC: Urban Institute.
- Haley, Jennifer M., Genevieve M. Kenney, Robin Wang, Clare Wang Pan, Victoria Lynch, and Matthew Buettgens. 2019. *Improvements in Uninsurance and Medicaid/CHIP Participation among Children and Parents Stalled in 2017*. Washington, DC: Urban Institute.
- Haley, Jennifer M., Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. 2019. "Progress in Children's Coverage Continued to Stall Out in 2018." Washington, DC: Urban Institute.
- . 2021. "Uninsurance Rose among Children and Parents in 2019: National and State Patterns." Washington, DC: Urban Institute.
- Hamel, Liz, Audrey Kearney, Ashley Kirzinger, Lunna Lopes, Calley Muñana, and Mollyann Brodie. 2020. *KFF Health Tracking Poll - July 2020*. San Francisco: Kaiser Family Foundation.
- Karpman, Michael, Jason A. Gates, Genevieve M. Kenney, and Stacey McMorrow. 2016. "Uninsurance among Parents, 1997–2014: Long-Term Trends and Recent Patterns." Washington, DC: Urban Institute.
- Karpman, Michael, Dulce Gonzalez, and Genevieve M. Kenney. 2020. "Parents Are Struggling to Provide for Their Families during the Pandemic: Material Hardships Greatest among Low-Income, Black, and Hispanic Parents." Washington, DC: Urban Institute.
- Karpman, Michael, Dulce Gonzalez, Stephen Zuckerman, and Gina Adams. 2018. "What Explains the Widespread Material Hardship among Low-Income Families with Children?" Washington, DC: Urban Institute.
- Karpman, Michael, Genevieve M. Kenney, and Dulce Gonzalez. 2018. "Health Care Coverage, Access, and Affordability for Children and Parents: New Findings from March 2018." Washington, DC: Urban Institute.
- Karpman, Michael, Stephen Zuckerman, Dulce Gonzalez, and Genevieve M. Kenney. 2020. "The COVID-19 Pandemic Is Straining Families' Abilities to Afford Basic Needs: Low-Income and Hispanic Families the Hardest Hit." Washington, DC: Urban Institute.
- McMorrow, Stacey, Dulce Gonzalez, Clara Alvarez Caraveo, and Genevieve M. Kenney. 2020. "Urgent Action Needed to Address Children's Unmet Health Care Needs during the Pandemic." Washington, DC: Urban Institute.
- Panchal, Nirmita, Rabah Kamal, Cynthia Cox, and Rachel Garfield. 2021. "The Implications of COVID-19 for Mental Health and Substance Use." San Francisco: Kaiser Family Foundation.
- Wheaton, Laura, Linda Giannarelli, and Ilham Dehry. 2021. *2021 Poverty Projections: Assessing the Impact of Benefits and Stimulus Measures*. Washington, DC: Urban Institute.
- Wright Burak, Elizabeth. 2017. *Health Coverage for Parents and Caregivers Helps Children*. Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.

———. 2019. *Parents' and Caregivers' Health Insurance Supports Children's Healthy Development*. Ann Arbor, MI: Society for Research in Child Development.

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