



Proposed Public Charge Rule Could Jeopardize Recent Coverage Gains among Citizen Children

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On October 10, 2018, the administration proposed a rule that would change regulations governing “public charge” determinations for applicants seeking lawful permanent residence (a “green card”) or a temporary visa.¹ Though the new rule explicitly indicates that benefit use by citizen children would not be counted in parents’ public charge determinations and that certain groups will not be affected, experience suggests such policy changes can have broad “chilling effects” that lead to immigrant families opting out of public benefits and avoiding interactions with government authorities. Among a range of such concerns, the rule is expected to discourage immigrant families from seeking out public health insurance coverage through Medicaid or the Children’s Health Insurance Program (CHIP) for their children (Artiga, Garfield, and Damico 2018; Batalova, Fix, and Greenberg 2018; Fix and Passel 1999; Kaiser Family Foundation 2018; Zallman et al. 2018).²

Our analysis finds that in 2016, 6.8 million citizen children living with one or more noncitizen parents had Medicaid/CHIP coverage. Overall, one in five Medicaid/CHIP-enrolled children were citizens living with noncitizen parents, indicating that disenrollment from Medicaid/CHIP among even a small share of this group would have large effects nationally. Using data from the American Community Survey (ACS), this brief examines trends in uninsurance and Medicaid/CHIP participation among citizen children with and without noncitizen parents between 2008 and 2016.³ Over that period, federal and state-level policies to increase health insurance coverage rates among the general population also

included outreach, eligibility, and enrollment efforts targeted at immigrant families. We find the following:

- **Between 2008 and 2016, the uninsurance rate fell by 10.0 percentage points among citizen children with any noncitizen parents and by 3.5 percentage points among those with only citizen parents.** Nationally, the uninsurance rate was more than halved for both groups, and the uninsurance gap between citizen children with and without noncitizen parents narrowed from 9.0 percentage points to 2.6 percentage points.
- **Between 2008 and 2016, Medicaid/CHIP participation increased by 15.5 percentage points to 93.3 percent for citizen children with noncitizen parents and by 10.5 percentage points to 94.0 percent for those with citizen parents.**⁴ The gap in participation between these two groups nearly closed over this period. Further, participation rates rose in each region, and like trends in uninsurance, changes in Medicaid/CHIP participation reduced regional differences between children with and without noncitizen parents.
- **In 2016, an estimated 10.3 million citizen children lived with one or more noncitizen parents, constituting 13.2 percent of all US children.** Younger, Hispanic, and Asian/Pacific Islander children were more likely than other children to live with noncitizen parents; more than one in six infants and toddlers, more than a quarter of Asian/Pacific Islander children, and more than a third of Hispanic children were citizens living with noncitizen parents.
- **At least one in six children was a citizen with noncitizen parents in California (27.6 percent), Nevada (24.0 percent), Texas (21.3 percent), Arizona (17.3 percent), New Jersey (17.0 percent), and New York (16.6 percent).** In 2016, nearly half of all citizen children with noncitizen parents (48.7 percent) lived in just three of these states—2.6 million in California, 1.6 million in Texas, and 733,000 in New York.
- **Nationally, 6.8 million citizen children with noncitizen parents were enrolled in Medicaid/CHIP in 2016, a fifth of all Medicaid/CHIP-enrolled children.** The share of Medicaid/CHIP-covered children who were citizens with noncitizen parents was higher than 20 percent in nine states—California (40.2 percent), Nevada (35.5 percent), Texas (31.5 percent), New Jersey (27.2 percent), Arizona (26.9 percent), New York (23.8 percent), Colorado (23.2 percent), Illinois (22.6 percent), and Washington (21.8 percent).

The proposed public charge rule puts the recent coverage progress for citizen children at risk. If the regulation's chilling effects reduce Medicaid/CHIP coverage in immigrant families, the impact could be large, given that one in five Medicaid/CHIP-enrolled children is a citizen child with noncitizen parents. Further, infants and toddlers; Hispanic and Asian/Pacific Islander children; and children living in states such as Arizona, California, Colorado, Illinois, Nevada, New Jersey, New York, Texas, and Washington, where a higher share of children enrolled in Medicaid/CHIP are citizens with noncitizen parents than the national average, would be disproportionately affected. Moreover, the proposed rule will likely reduce Medicaid coverage among lawfully present noncitizen parents.⁵ We find that 2.2 million Medicaid/CHIP-enrolled citizen children had a noncitizen parent with Medicaid coverage in 2016. The

anticipated declines in Medicaid/CHIP enrollment among citizen children and their parents under the proposed rule would likely increase uninsurance and reduce access to health care for both children and parents; increase financial strains and stresses on families; and adversely affect children's long-term educational attainment, future earnings, and health and well-being—not only limiting their own potential but their ability to contribute to society later in life (Blau and Mackie 2017; Cohodes et al. 2014; Goodman-Bacon 2016; Howell and Kenney 2012; Miller and Wherry 2016; Paradise and Garfield 2013; Shonkoff, Boyce, and McEwen 2009; Sommers, Gawande, and Baicker 2017; Wherry, Kenney, and Sommers 2016).

Introduction

On October 10, 2018, the administration published a proposed rule in the Federal Register that would change immigration regulations governing public charge for applicants seeking lawful permanent residence (a “green card”) or a temporary visa.⁶ Under the proposed rule, assessments of applicants’ potential for becoming public charges would expand to include new programs, benefits, and factors including nonemergency Medicaid, the Supplemental Nutrition Assistance Program, housing assistance, income, work status, education, English proficiency, age, household size, and health status. The proposed rule suggests some groups applying for a green card, such as refugees and asylees, would be exempt, and that children’s Medicaid or CHIP coverage would not affect their parents’ public charge determination, but it is unclear how children’s receipt of benefits might affect their future green card applications in adulthood. Experience indicates that immigration policy changes reach beyond just the immigrants whose statuses are directly implicated, leading to a broader chilling effect that reduces public benefit take-up by others in immigrant families, including citizen children (Fix and Passel 1999). Thus, children may still be adversely affected, because their parents lose public benefits or confusion and concern about a noncitizen parent or child’s future prospects for legal permanent residence leads families to disenroll or not seek public benefits (Artiga, Garfield, and Damico 2018; Batalova, Fix, and Greenberg 2018; Kaiser Family Foundation 2018; Zallman et al. 2018).⁷ Because parents’ coverage affects the entire family, reduced take-up or disenrollment from public coverage for parents or their children would put children’s coverage and access to care and the family’s financial stability and well-being at risk.⁸

This brief assesses citizen children living with noncitizen parents and examines changes in health insurance coverage and participation in Medicaid/CHIP for citizen children with and without noncitizen parents between 2008 and 2016. We focus on citizen children living with noncitizen parents because they are the largest group of US children who would be affected by potential declines in coverage under the rule’s implementation. However, the impacts of the proposed rule would likely extend beyond the families of noncitizens; immigrant families with naturalized citizens and even nonimmigrant families could be affected if the rule affects others in their extended family or community. Historically, children with noncitizen parents have had higher levels of uninsurance and lower participation in Medicaid/CHIP than those with citizen parents, which could be associated with barriers to enrollment and retention such as language challenges, confusion about enrollment processes, and misconceptions about eligibility

(Kenney et al. 2010, 2012; Kenney, Lynch, et al. 2011; Pereira et al. 2012). The period from 2008 to 2016 was one of rapid policy change, including CHIP reauthorization and enactment of the Affordable Care Act (ACA). Federal policies implemented over this time, such as the ACA's Medicaid expansion, the provision of subsidies for Marketplace coverage, enrollment and outreach efforts, and the imposition of an individual coverage mandate, were expected to increase coverage among all children, including citizen children with noncitizen parents (Kenney, Buettgens, et al. 2011). In addition, some policies were targeted to children in immigrant families.

Under CHIP reauthorization in 2009 and 2015, many of the outreach grants awarded to local organizations to boost Medicaid/CHIP enrollment and retention focused on immigrants, linguistic minorities, Hispanic communities, and children living with noncitizen parents (Hill et al. 2013).⁹ States were also permitted to cover “lawfully present” children (and pregnant women) who meet the income eligibility criteria for Medicaid/CHIP and had been in the country fewer than five years, a policy that has been adopted by two-thirds of states; states can also receive enhanced federal match rates for translation services for children in Medicaid and CHIP, which could aid enrollment and retention (Brooks et al. 2018; Kaiser Commission on Medicaid and the Uninsured 2009).¹⁰ Additional relevant changes under the ACA included new options for some immigrant parents to purchase subsidized Marketplace coverage or enroll in Medicaid coverage, regulations prohibiting the use of immigration status information provided on Medicaid/CHIP or Marketplace applications for immigrant enforcement purposes, availability of translated information for non-English speakers, and enrollment efforts targeting Hispanic communities (Schwartz and Brooks 2016).¹¹ Together these policy changes were expected to increase awareness of immigrant families’ insurance coverage options and take-up of public health insurance programs available to immigrants’ children. In addition to improving access to preventive care and other services for children and families’ financial stability, evidence shows that increased public coverage contributes to better long-term educational, financial, health, and related outcomes for children (Cohodes et al. 2014; Goodman-Bacon 2016; Howell and Kenney 2012; Miller and Wherry 2016; Paradise and Garfield 2013; Shonkoff, Boyce, and McEwen 2009; Sommers, Gawande, and Baicker 2017; Wherry, Kenney, and Sommers 2016).

We use data from the 2008–16 ACS and the Urban Institute’s Medicaid/CHIP Eligibility Simulation Model to assess changes in uninsurance and Medicaid/CHIP participation for citizen children with noncitizen parents, defined as those living in a family with one or more noncitizen parents present in the household, and citizen children with citizen parents, defined as living in a family with only citizen parents (either native-born or naturalized) present in the household.¹² We assess patterns nationally, regionally, and for selected states and subgroups. We also assess the number and characteristics of Medicaid/CHIP-covered citizen children with noncitizen parents, who are most likely to be affected by shifts in Medicaid/CHIP enrollment under the new regulations, both nationally and for selected states and subgroups.

Results

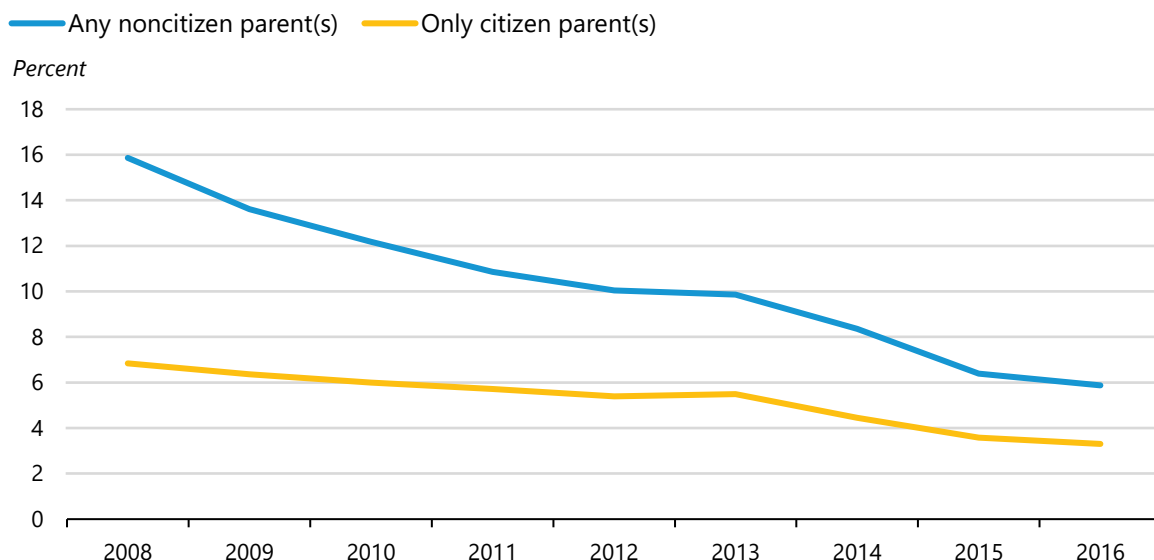
How Did Uninsurance among Citizen Children with Noncitizen Parents Change between 2008 and 2016?

Between 2008 and 2016, uninsurance fell by 10.0 percentage points among citizen children with any noncitizen parents and by 3.5 percentage points among those with only citizen parents (figure 1). The uninsurance rate was more than halved for both groups, and the uninsurance gap between citizen children with and without noncitizen parents narrowed from 9.0 percentage points to 2.6 percentage points. In 2016, however, citizen children with noncitizen parents were still nearly twice as likely as those with only citizen parents to be uninsured (5.9 percent compared with 3.3 percent).

FIGURE 1

Uninsurance among Citizen Children, 2008–16

By parents' citizenship status



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Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

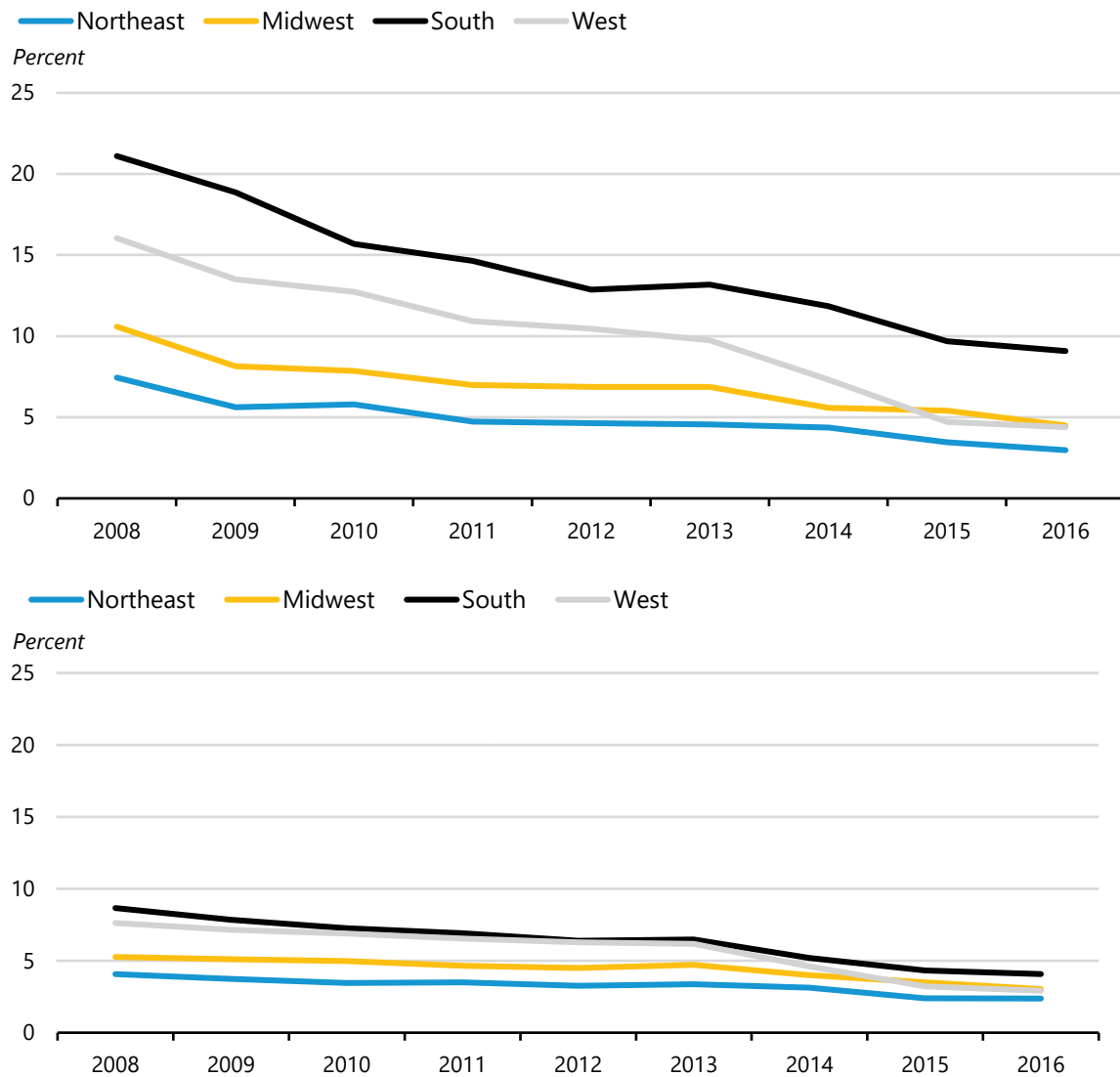
Notes: Children are ages 18 and younger. Excludes children not living in a household with a parent and noncitizen children.

Uninsurance fell between 2008 and 2016 in each region of the country among both groups of citizen children (figure 2). Consistent with national patterns, declines were over twice as large among citizen children with noncitizen parents than among citizen children with only citizen parents in each region. Declines reduced differences in uninsurance across regions, especially among children with noncitizen parents, yet regional differences remained; those with noncitizen parents in the South remained over twice as likely as other children to be uninsured in 2016.

FIGURE 2

Uninsurance among Citizen Children by Region, 2008–16

With any noncitizen parents (top) versus only citizen parents (bottom)



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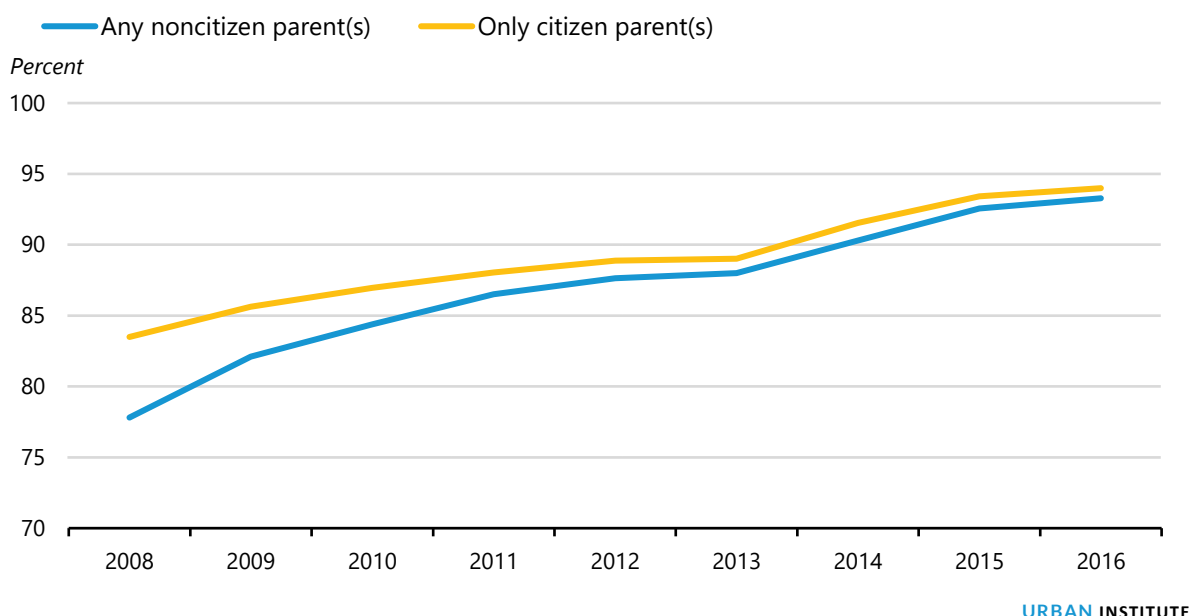
Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Notes: Children are ages 18 and younger. Excludes children not living in a household with a parent and noncitizen children.

How Did Medicaid/CHIP Participation among Citizen Children with Noncitizen Parents Change between 2008 and 2016?

Over the period that uninsurance rates declined for these children, the Medicaid/CHIP participation rate among eligible citizen children with both noncitizen and citizen parents increased (figure 3). The participation increases among children with any noncitizen parents were larger than those with only citizen parents, substantially narrowing the gap in participation rates between the two groups from 5.7 percentage points in 2008 to 0.7 percentage points in 2016. In 2008, an estimated 77.8 percent of Medicaid/CHIP-eligible citizen children with noncitizen parents and 83.5 percent of those with citizen parents participated in Medicaid/CHIP. Between 2008 and 2016, participation rose by 15.5 percentage points to 93.3 percent for children with noncitizen parents and by 10.5 percentage points to 94.0 percent for those with only citizen parents.

FIGURE 3
Medicaid/CHIP Participation among Citizen Children, 2008–16
By parents' citizenship status



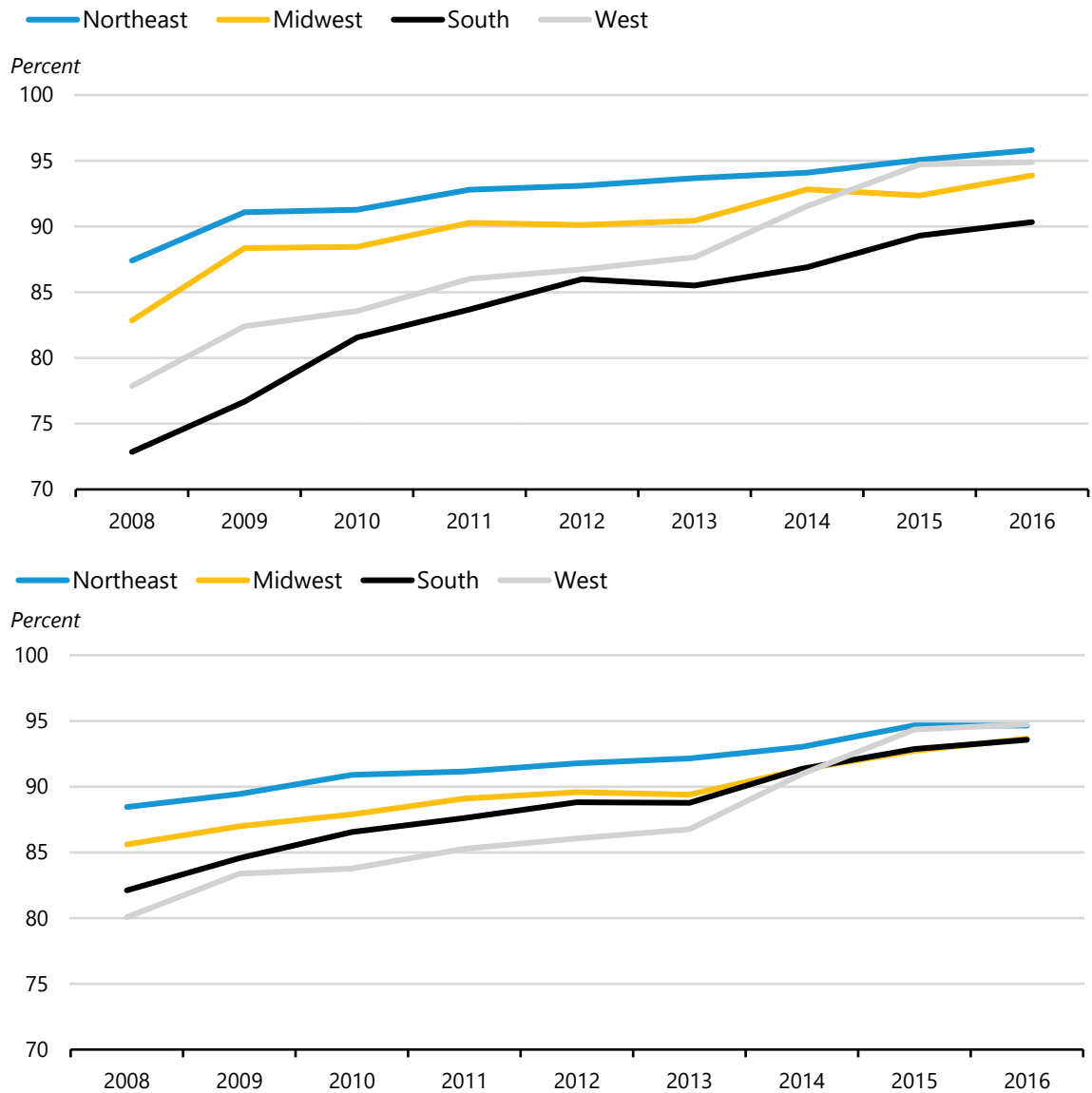
Source: Authors' tabulations of American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are ages 18 and younger. Excludes children not living in a household with a parent and noncitizen children.

Between 2008 and 2016, Medicaid/CHIP participation rose by 8.4 percentage points to 17.5 percentage points across regions among children with noncitizen parents and by 6.2 percentage points to 14.7 percentage points among those with citizen parents, with larger increases among those with noncitizen parents in each region (figure 4). Thus, like trends in uninsurance, gaps in participation between citizen children with and without noncitizen parents narrowed within and across regions over this period. However, some regional differences in participation remained among citizen children with noncitizen parents; for instance, participation was nearly 95.0 percent in the West and Northeast,

compared with 90.3 percent in the South.

FIGURE 4
Participation in Medicaid/CHIP among Citizen Children by Region, 2008–16
With any noncitizen parents (top) versus only citizen parents (bottom)



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Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Notes: Children are ages 18 and younger. Excludes children not living in a household with a parent and noncitizen children.

How Many Citizen Children Lived with Noncitizen Parents in 2016?

Though children gained coverage between 2008 and 2016, the proposed public charge rule could reverse this trend, leading to reductions in Medicaid/CHIP coverage among children, particularly if they have noncitizen parents. In 2016, 10.3 million citizen children lived with one or more noncitizen parents, and 62.4 million citizen children lived with only citizen parents (table 1). One in every seven citizen children living with parents in 2016 (14.2 percent) had at least one noncitizen parent.¹³ Another 3.1 million citizen children did not live in a household with parents, and an estimated 2.1 million children were not citizens.

TABLE 1

Family Structure and Citizenship Status among Children, 2016

	Number (thousands)	Percent of citizen children living with parents	Percent of all children
Citizen children with any noncitizen parents	10,306	14.2	13.2
Only noncitizen parents	6,201	8.5	8.0
Both noncitizen and citizen parents	4,105	5.6	5.3
Citizen children with only citizen parents	62,426	85.8	80.1
Citizen children not living in a household with parents	3,109	NA	4.0
Noncitizen children	2,077	NA	2.7

Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Note: NA = not applicable. Children are ages 18 and younger. Only parents present in the child's household are included.

What Are the Characteristics of Citizen Children with Noncitizen Parents?

Citizen children with any noncitizen parents tended to be younger than those with only citizen parents; though most children in both groups were over age 5, 37.0 percent of children with noncitizen parents were age 5 or younger, compared with 30.3 percent of children with only citizen parents (table 2). About one in six infants and toddlers was a citizen with noncitizen parents, compared with about one in ten adolescents. Over two-thirds of citizen children with noncitizen parents were Hispanic (68.6 percent), 10.9 percent were Asian/Pacific Islander, 10.7 percent were non-Hispanic white, and 5.6 percent were non-Hispanic black. Over a third of Hispanic children in the US (37.6 percent) and more than a quarter of Asian/Pacific Islander children in the US (29.4 percent) were citizens living with noncitizen parents.

TABLE 2

Characteristics of Children Living with Parents, 2016

By parents' citizenship status

	Any Noncitizen Parents			Only Citizen Parents		
	Number (thousands)	Percent in subgroup	Percent of all children	Number (thousands)	Percent in subgroup	Percent of all children
Age						
Birth to 2	1,944	18.9	16.7	9,331	14.9	80.0
3 to 5	1,864	18.1	15.5	9,622	15.4	80.2
6 to 12	4,043	39.2	13.9	23,527	37.7	81.1
13 to 18	2,455	23.8	9.7	19,947	32.0	79.1
Race/ethnicity						
White	1,106	10.7	2.8	36,808	59.0	92.4
Black	581	5.6	5.5	9,101	14.6	86.3
Hispanic	7,065	68.6	37.6	10,207	16.4	54.4
Asian/Pacific Islander	1,125	10.9	29.4	2,080	3.3	54.4
US total	10,306	100.0	13.2	62,426	100.0	80.1

Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Notes: Does not show children not living in a household with a parent or noncitizen children. Excludes from race/ethnicity panel children whose race was classified as American Indian/Alaska Native or other/multiple races because of small sample size.

Where Do Most Citizen Children with Noncitizen Parents Live?

Twenty states had 100,000 or more citizen children with noncitizen parents in 2016 (table 3). Together, these states were home to 87.4 percent of all citizen children with noncitizen parents. Ten states—Arizona, California, Florida, Georgia, Illinois, New Jersey, New York, North Carolina, Texas, and Washington—had at least 250,000 citizen children with noncitizen parents. In 2016, nearly half of citizen children with noncitizen parents (48.7 percent) lived in just three states—2.6 million lived in California, 1.6 million in Texas, and 733,000 in New York. At least one in six children was a citizen living with noncitizen parents in California (27.6 percent), Nevada (24.0 percent), Texas (21.3 percent), Arizona (17.3 percent), New Jersey (17.0 percent), and New York (16.6 percent).

TABLE 3

Citizen Children Living with Any Noncitizen Parents, 2016

	Number (thousands)	Percent ^a
California	2,645	27.6
Texas	1,639	21.3
New York	733	16.6
Florida	609	13.9
Illinois	437	14.2
New Jersey	355	17.0
Georgia	301	11.3
Arizona	299	17.3
North Carolina	255	10.4
Washington	253	14.7
Virginia	195	9.8
Colorado	182	13.7
Maryland	176	12.4
Nevada	171	24.0
Massachusetts	158	10.7
Pennsylvania	148	5.2
Michigan	122	5.3
Oregon	116	12.6
Tennessee	106	6.7
Indiana	106	6.3
Other 31 states	1,299	6.0
US total	10,306	13.2

Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Notes: Includes states with 100,000 or more citizen children with any noncitizen parents, sorted by total number of citizen children with noncitizen parents. Children are ages 18 and younger.

^a Percent refers to citizen children living with any noncitizen parents as a share of the total child population in the state or nation.

How Many Citizen Children with Noncitizen Parents Were Enrolled in Medicaid or CHIP in 2016?

To the extent that the proposed changes to the public charge rule are implemented, fear over immigration-related repercussions could lead noncitizen parents to drop Medicaid or CHIP coverage for their children. Nationally, 6.8 million citizen children enrolled in Medicaid/CHIP lived with noncitizen parents in 2016, constituting one in five Medicaid/CHIP-enrolled children nationwide (table 4).¹⁴ Previous research indicates that though nearly all citizen children with noncitizen parents have at least one full-time worker in the family, many of these workers are in low-wage jobs, which often have limited access to employer-sponsored coverage (Artiga, Garfield, and Damico 2018). Overall, we find 2.5 million Medicaid/CHIP-enrolled citizen children age 5 and under with noncitizen parents, of which nearly 1.3 million are age 2 or under. Another 2.7 million are ages 6 to 12, and 1.5 million are ages 13 to 18. Nearly half of all Medicaid/CHIP-enrolled children who were Hispanic (47.3 percent) and a third who were Asian/Pacific Islander (33.4 percent) were citizens living with noncitizen parents.

TABLE 4

Medicaid/CHIP-Enrolled Citizen Children Living with Any Noncitizen Parents, 2016

	Number (thousands)	Percent ^a
Age		
Birth to 2	1,273	22.3
3 to 5	1,230	21.9
6 to 12	2,722	21.0
13 to 18	1,537	16.3
Race/ethnicity		
White	473	3.8
Black	335	5.2
Hispanic	5,354	47.3
Asian/Pacific Islander	397	33.4
US total	6,762	20.0

Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Notes: Does not show children not living in a household with a parent or noncitizen children. Excludes from race/ethnicity panel children whose race was classified as American Indian/Alaska Native or other/multiple races because of small sample size.

^a Percent refers to Medicaid/CHIP-enrolled citizen children living with any noncitizen parents as a share of the total Medicaid/CHIP-enrolled child population in the subgroup or nation.

What Are the Patterns of Medicaid/CHIP Coverage among Citizen Children with Noncitizen Parents across States?

Among the 20 states with at least 100,000 citizen children with noncitizen parents in 2016, the share of all Medicaid/CHIP-covered children who were citizens with noncitizen parents ranged from 6.4 percent to 40.2 percent (table 5). In nine of these states—California (40.2 percent), Nevada (35.5 percent), Texas (31.5 percent), New Jersey (27.2 percent), Arizona (26.9 percent), New York (23.8 percent), Colorado (23.2 percent), Illinois (22.6 percent), and Washington (21.9 percent)—more than one in five children covered by Medicaid/CHIP was a citizen child with noncitizen parents, higher than the national average of 20.0 percent. These children constituted more than one in four Medicaid/CHIP-covered children in Arizona, California, Nevada, New Jersey, and Texas. An estimated 1.9 million children in California and nearly 1.1 million in Texas—along with over 200,000 in Florida, Illinois, New Jersey, and New York and over 100,000 in Arizona, Colorado, Georgia, Maryland, Nevada, North Carolina, and Washington—were Medicaid/CHIP-covered citizen children with noncitizen parents.

The impacts of the proposed rule are likely to be even greater for Medicaid/CHIP-enrolled citizen children who have noncitizen parents enrolled in Medicaid, because parents may drop coverage and become uninsured. Nationwide, an estimated 2.2 million Medicaid/CHIP-enrolled citizen children had a noncitizen parent with Medicaid coverage in 2016 (figure 5).¹⁵

TABLE 5

Medicaid/CHIP-Enrolled Citizen Children with Noncitizen Parents, 2016

	Number (thousands)	Percent ^a
California	1,876	40.2
Texas	1,071	31.5
New York	498	23.8
Florida	399	19.1
Illinois	296	22.6
New Jersey	207	27.2
Arizona	199	26.9
Georgia	193	16.1
North Carolina	187	16.4
Washington	163	21.9
Colorado	121	23.2
Nevada	104	35.5
Maryland	101	19.8
Massachusetts	95	17.6
Pennsylvania	88	7.5
Virginia	82	13.7
Oregon	79	18.8
Tennessee	74	9.9
Indiana	69	10.5
Michigan	62	6.4
Other 31 states	799	8.7
US total	6,762	20.0

Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

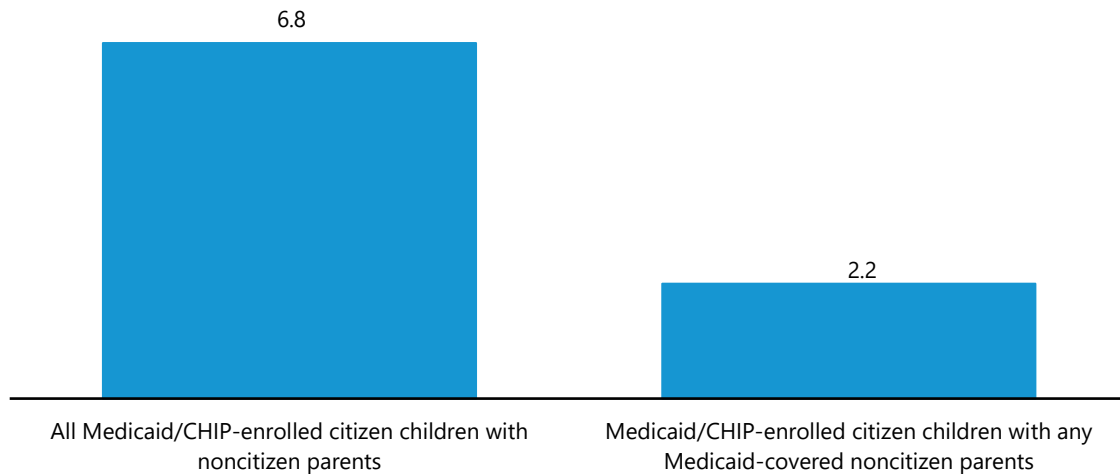
Notes: Includes states with 100,000 or more citizen children with any noncitizen parents, sorted by number of Medicaid/CHIP-enrolled citizen children with noncitizen parents. Children are ages 18 and younger.

^a Percent refers to Medicaid/CHIP-enrolled citizen children living with any noncitizen parents as a share of the total Medicaid/CHIP-enrolled child population in the state or nation.

FIGURE 5

Medicaid/CHIP Coverage among Citizen Children and Their Noncitizen Parents, 2016

Millions of children



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Source: Authors' tabulations of American Community Survey data from Integrated Public Use Microdata Series.

Notes: Children are ages 18 and younger. Children having a Medicaid-enrolled noncitizen parent lived with at least one noncitizen parent reporting Medicaid coverage at the time of the survey.

Conclusion

Several recent federal policy changes have aimed to increase health insurance coverage rates among children that also included outreach, eligibility, and enrollment investments targeted at immigrant families. Between 2008 and 2016, Medicaid/CHIP participation rose and uninsurance fell among citizen children, with larger gains among those with noncitizen parents, substantially narrowing participation and uninsurance gaps between children with and without noncitizen parents. But under the administration's proposed public charge rule, concerns about consequences for parents' immigration status could cause families to drop coverage for which their children remain eligible, eroding these gains. Data from the ACS suggest the impact could be large: an estimated 6.8 million citizen children with noncitizen parents in 2016 had Medicaid/CHIP coverage. Nationally, one in five Medicaid/CHIP-enrolled children was a citizen child living with noncitizen parents, indicating that disenrollment from Medicaid/CHIP among even a small share of this group would have large effects nationally. Furthermore, the impact could be even greater among infants and toddlers and Hispanic and Asian/Pacific Islander children, because a larger share of them are citizens living with noncitizen parents, as well as children who live in states such as Arizona, California, Colorado, Illinois, Nevada, New Jersey, New York, Texas, and Washington, where the share of citizen children living with noncitizen parents was greater than the national average. Effects on families would be compounded if noncitizen

parents also disenroll from Medicaid, potentially affecting the estimated 2.2 million Medicaid/CHIP-enrolled citizen children with Medicaid-enrolled noncitizen parents nationwide.

Immigration policy shifts are already leading to worries about immigration-related consequences for public benefit use, which are reportedly reducing enrollment of children in public programs (Artiga and Ubri 2017; Bovell-Ammon et al. 2018).¹⁶ In addition to effects on citizen children with noncitizen parents, the proposed regulation, if adopted, will also likely affect noncitizen children who are legally present, who were not the focus of this analysis but some of whom qualify for Medicaid/CHIP. These children may not enroll in or maintain Medicaid/CHIP coverage for fear that it would prohibit them from seeking legal permanent residence later. If fewer legally present noncitizen children enroll in Medicaid/CHIP because of these concerns, research indicates that their rates of uninsurance will rise and access to care will fall (Saloner, Koyawala, and Kenney 2014). Moreover, eligible uninsured children may be less likely to receive coverage for which they qualify. The rule's effects could also extend beyond families with noncitizens; for example, immigrant families with naturalized citizens and nonimmigrant families could also be affected if the rule affects their extended family or others in their community. The rule could also create operational and financial challenges for states' Medicaid programs, which would have adverse implications for states' budgets and economies.¹⁷

The anticipated declines in Medicaid/CHIP enrollment under the proposed public charge rule would likely lead to higher uninsurance among citizen children in immigrant families (Artiga, Garfield, and Damico 2018; Batalova, Fix, and Greenberg 2018; Fix and Passel 1999; Kaiser Family Foundation 2018; Zallman et al. 2018),¹⁸ putting their recent coverage gains at risk. This would not only reverse longstanding Medicaid/CHIP policy goals but would likely reduce citizen children's access to health care and cause financial strains for their families, as well as harm their long-term development, educational and work prospects, and health and well-being (Blau and Mackie 2017; Cohodes et al. 2014; Goodman-Bacon 2016; Howell and Kenney 2012; Miller and Wherry 2016; Paradise and Garfield 2013; Shonkoff, Boyce, and McEwen 2009; Sommers, Gawande, and Baicker 2017; Wherry, Kenney, and Sommers 2016), limiting their potential and ability to contribute to society later in life.

Data and Methods

Data Source

This brief uses the 2008–16 ACS, an annual survey fielded by the US Census Bureau.¹⁹ This analysis focuses on noninstitutionalized civilian children ages 18 and under who were US citizens at the time of the survey and lived in a family with at least one parent. We analyze citizen children with noncitizen parents, defined as living in a family with one or more noncitizen parents in the household, and citizen children with citizen parents, defined as living in a family with only citizen parents in the household.²⁰ An additional 3.1 million citizen children did not live in households with their parents, and 2.1 million children were not citizens; these groups are excluded from some tabulations in this brief.

Noncitizens include both lawfully present individuals, such as legal permanent residents, refugees, asylees, and those otherwise temporarily or permanently authorized to live in the United States, and undocumented noncitizens. Although the proposed public charge rule applies only to green card applications, with some exceptions for groups such as refugees and asylees, chilling effects will likely extend into the broader immigrant community (Kaiser Family Foundation 2018). Each year of the ACS includes a national public use sample of at least 75,000 citizen children with noncitizen parents. State-level analyses included the 20 states with an estimated population of 100,000 or more citizen children living with noncitizen parents in 2016, all of which had state-specific samples of at least 500 cases. The ACS is fielded continuously throughout the year, so the estimates reported here reflect averages for each year.

Medicaid/CHIP Eligibility and Participation

To assess Medicaid/CHIP eligibility, we use the individual and family information survey respondents provide and apply the Medicaid/CHIP eligibility rules (including income, immigration, and other rules) for each person's state of residence in the survey year (the District of Columbia is considered a state in this analysis). For 2008 through 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). For 2014 through 2016, 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 during 2014, 2015, and 2016, including the shift to eligibility determination procedures based on modified adjusted gross income (Brooks et al. 2015, 2016; Buettgens 2011; Buettgens et al. 2013). Further detail on this methodology is available in Kenney and colleagues (2016).

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.

Analysis

We assess changes in uninsurance and Medicaid/CHIP participation among citizen children with and without noncitizen parents between 2008 and 2016 nationally and regionally, and, using 2016 data, we assess patterns nationally and for selected states and subgroups. We also assess the number and characteristics of citizen children with noncitizen parents who are covered by Medicaid/CHIP, nationally and for selected states and subgroups. Health insurance coverage is measured as status at the time of the survey; coverage categories analyzed here are being uninsured (including exclusively using Indian Health Service coverage, which by convention is treated as lack of coverage) or having

Medicaid/CHIP coverage (which is defined on the ACS as having “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability”).²¹ We also estimated parental coverage status among citizen children with noncitizen parents; children were identified as having a Medicaid-enrolled noncitizen parent if at least one noncitizen parent reported Medicaid coverage 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).

We tested changes over time and differences across groups using two-tailed tests and note changes/differences with p-values less than 0.01. State-level analyses included the 20 states with an estimated 100,000 or more citizen children living with noncitizen parents in 2016.

Limitations

As with all studies of health insurance coverage and Medicaid eligibility and participation, we note that both coverage and eligibility status are likely measured with error. 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 then over- or understate differences between pre- and post-ACA periods (Kenney et al. 2016, 2017).¹⁸ Though our estimates of the number and composition of citizen children with noncitizen parents are consistent with other analyses using other data sources or methodologies (Artiga, Garfield, and Damico 2018; Batalova, Fix, and Greenberg 2018),²² there may be inherent error in self-reported citizenship status in survey data. Finally, although changes in uninsurance and Medicaid/CHIP participation we observe between 2008 and 2016 occurred under ACA implementation, CHIP reauthorization, and policy efforts to boost participation in Medicaid/CHIP, including among immigrant families, other economic and demographic changes also occurred, so the changes cannot be directly attributed to these policy shifts.

Notes

¹ Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114, 51296. (Oct. 10, 2018).

² Hamutal Bernstein and Archana Pyati, “Expanding the ‘public charge’ rule jeopardizes the well-being of immigrants and citizens,” *Urban Wire* (blog), Urban Institute, October 3, 2018, <https://www.urban.org/urban-wire/expanding-public-charge-rule-jeopardizes-well-being-immigrants-and-citizens>; “Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard,” Manatt, October 11, 2018, <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.

³ See the data and methods section for more detail on the data source and methodology.

⁴ Participation rates are defined 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 and those with Medicaid/CHIP coverage who do not have a known eligibility pathway. See data and methods section for more detail.

⁵ Emily Johnston, Genevieve M. Kenney, and Jennifer M. Haley, “Penalizing immigrants for obtaining Medicaid coverage puts child and family well-being at risk,” *Urban Wire* (blog), Urban Institute, forthcoming.

⁶ Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114, 51296. (Oct. 10, 2018).

- ⁷ Hamutal Bernstein and Archana Pyati, “Expanding the ‘public charge’ rule jeopardizes the well-being of immigrants and citizens,” *Urban Wire* (blog), Urban Institute, October 3, 2018, <https://www.urban.org/urban-wire/expanding-public-charge-rule-jeopardizes-well-being-immigrants-and-citizens>; “Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard,” Manatt, October 11, 2018, <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.
- ⁸ Emily Johnston, Genevieve M. Kenney, and Jennifer M. Haley, “Penalizing immigrants for obtaining Medicaid coverage puts child and family well-being at risk,” *Urban Wire* (blog), Urban Institute, forthcoming.
- ⁹ “Outreach and enrollment grants,” Centers for Medicare & Medicaid Services, accessed November 12, 2018, <https://www.insurekidsnow.gov/campaign/funding/index.html>.
- ¹⁰ As used in the Children’s Health Insurance Program Reauthorization Act of 2009, “lawfully present” people include lawful permanent residents; refugees; asylees; and other foreign-born people permitted to stay temporarily or indefinitely, who are not legal permanent residents and otherwise qualify for Medicaid/CHIP (Fortuny and Chaudry 2011). By 2012, 13 states had opted to receive enhanced federal match rates for translation services for children in Medicaid and CHIP.
- ¹¹ In addition to these federal policy changes, by 2018, seven states, including the District of Columbia, used state funds to cover all income-eligible children regardless of immigration status. See Rebecca J. Adams, “Undocumented kids get health care in six states, DC,” USC Annenberg, Center for Health Journalism, January 22, 2018, <https://www.centerforhealthjournalism.org/fellowships/projects/undocumented-kids-get-health-care-six-states-dc>.
- ¹² Medicaid/CHIP participation is calculated as the ratio of enrolled children to the sum of enrolled and eligible uninsured children. Health insurance coverage estimates have been adjusted to account for likely misreporting on the ACS (Kenney et al. 2016; Lynch et al. 2011). See data and methods section for more detail.
- ¹³ Less than 2 percent of children with citizen parents had additional noncitizen family members in the household, few of whom were siblings or other children.
- ¹⁴ Another 843,000 noncitizen children were enrolled in Medicaid or CHIP; data not shown.
- ¹⁵ Children with Medicaid-enrolled noncitizen parents were identified by having one or more noncitizen parents reporting Medicaid coverage at the time of the survey.
- ¹⁶ Helena Bottemiller Evich, “Immigrants, fearing Trump crackdown, drop out of nutrition programs,” *Politico*, September 3, 2018, <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>; Erica Greenberg and Archana Pyati, “Could ‘public charge’ reduce public preschool participation among immigrant families?,” *Urban Wire* (blog), Urban Institute, November 5, 2018, <https://www.urban.org/urban-wire/could-public-charge-reduce-public-preschool-participation-among-immigrant-families>; Paige Winfield Cunningham, “The Health 202: Under Trump, immigrants back away from Medicaid, Obamacare subsidies,” the *Washington Post*, April 11, 2018, https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2018/04/11/the-health-202-under-trump-immigrants-back-away-from-medicaid-obamacare-subsidies/5accda4e30fb0406a5a122fe/?noredirect=on&utm_term=.f8caf943d53f.
- ¹⁷ Anita Cardwell and Maureen Hensley-Quinn, “State health officials concerned about the proposed public charge rule,” State Health Policy Blog, National Academy for State Health Policy, November 20, 2018, <https://nashp.org/state-health-officials-concerned-about-the-proposed-public-charge-rule/>.
- ¹⁸ Hamutal Bernstein and Archana Pyati, “Expanding the ‘public charge’ rule jeopardizes the well-being of immigrants and citizens,” *Urban Wire* (blog), Urban Institute, October 3, 2018, <https://www.urban.org/urban-wire/expanding-public-charge-rule-jeopardizes-well-being-immigrants-and-citizens>; “Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard,” Manatt, October 11, 2018, <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.
- ¹⁹ Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek, “Integrated Public Use Microdata Series: Version 7.0,” University of Minnesota, accessed November 12, 2018, <https://doi.org/10.18128/D010.V7.0>.
- ²⁰ The number and composition of citizen children with noncitizen parents we identify are similar to those identified in other analyses using different data sources or methodologies (Artiga, Garfield, and Damico 2018; Batalova,

Fix, and Greenberg 2018). Analyses of the impact of the proposed rule are sensitive to the definition of the population of children studied; for example, the Children's Partnership (2018) identified a somewhat smaller number of Medicaid/CHIP-enrolled citizen children with noncitizen parents in California, but our analysis studied a different age group, used different data years, and incorporated edited coverage indicators. Artiga and Damico (2018) used a much broader definition of the population potentially affected by the new rule, identifying 19.8 million children in Current Population Survey data who were either noncitizens or citizens with a citizen or noncitizen immigrant parent. The comparable estimate from the 2016 ACS would be similar, at 19.0 million.

²¹ The proposed rule includes Medicaid, but not CHIP, as a public benefit to be considered in public charge determinations; however, the proposed rule requests comments about inclusion of CHIP in the regulation, indicating CHIP coverage may be included as a negative factor in the final rule. However, very few parents have CHIP coverage.

²² "Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard," Manatt, October 11, 2018, <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.

References

- Artiga, Samantha, and Anthony Damico. 2018. "Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies." Menlo Park, CA: Kaiser Family Foundation.
- Artiga, Samantha, Rachel Garfield, and Anthony Damico. 2018. "Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid." Menlo Park, CA: Kaiser Family Foundation.
- Artiga, Samantha, and Petry Ubri. 2017. "Living in an Immigrant Family in America: How Fear and Toxic Stress Are Affecting Daily Life, Well-Being, and Health." Menlo Park, CA: Kaiser Family Foundation.
- Batalova, Jeanne, Michael Fix, and Mark Greenberg. 2018. *Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use*. Washington, DC: Migration Policy Institute.
- Blau, Francine D., and Christopher Mackie, eds. 2017. *The Economic and Fiscal Consequences of Immigration*. Washington, DC: National Academies Press.
- Bovell-Ammon, Allison, Stephanie Ettinger de Cuba, Diana Cutts, and Sharon Coleman. 2018. "Trends in Food Insecurity and SNAP Participation among Immigrant Families of US Born Young Children." Presented at the American Public Health Association 2018 Annual Conference, San Diego, November 12.
- Brooks, Tricia, Sean Miskell, Samantha Artiga, Elizabeth Cornachione, and Alexandra Gates. 2016. *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies As of January 2016: Findings from a 50-State Survey*. Menlo Park, CA: Kaiser Family Foundation.
- Brooks, Tricia, Joe Tuschner, Samantha Artiga, Jessica Stephens, and Alexandra Gates. 2015. *Modern Era Medicaid: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP As of January 2015*. Menlo Park, CA: Kaiser Family Foundation.
- Brooks, Tricia, Karina Wagnerman, Samantha Artiga, and Elizabeth Cornachione. 2018. *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies As of January 2018: Findings from a 50-State Survey*. Menlo Park, CA: Kaiser Family Foundation.
- Buettgens, Matthew. 2011. *Health Insurance Policy Simulation Model Methodology Documentation*. Washington, DC: Urban Institute.
- Buettgens, Matthew, Dean Resnick, Victoria Lynch, and Caitlin Carroll. 2013. *Documentation on the Urban Institute's American Community Survey Health Insurance Policy Simulation Model (ACS-HIPSM)*. Washington, DC: Urban Institute.
- Children's Partnership. 2018. "Potential Effects of Public Charge Changes on California Children." Los Angeles, CA: The Children's Partnership.

- Cohodes, Sarah, Daniel Grossman, Samuel Kleiner, and Michael F. Lovenheim. 2014. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions." Working paper 20178. Cambridge, MA: National Bureau of Economic Research.
- Fix, Michael E., and Jeffrey S. Passel. 1999. "Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform: 1994–97." Washington, DC: Urban Institute.
- Fortuny, Karina, and Ajay Chaudry. 2011. *A Comprehensive Review of Immigrant Access to Health and Human Services*. Washington, DC: Urban Institute.
- Goodman-Bacon, Andrew. 2016. "The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes." Working paper 22899. Cambridge, MA: National Bureau of Economic Research.
- Hill, Ian, Sarah Benatar, Embry Howell, Brigitte Courtot, Margaret Wilkinson, Sheila Hoah, Cara Orfield, and Victoria Peebles. 2013. "CHIPRA Evaluation of the Children's Health Insurance Program: Cross Cutting Report on Findings from Ten State Case Studies." Ann Arbor, MI: Mathematica Policy Research.
- Howell, Embry M., and Genevieve M. Kenney. 2012. "The Impact of the Medicaid/CHIP Expansions on Children: A Synthesis of the Evidence." *Medical Care Research and Review* 69 (4): 372–96.
- Kaiser Commission on Medicaid and the Uninsured. 2009. "New Option for States to Provide Federally Funded Medicaid and CHIP Coverage to Additional Immigrant Children and Pregnant Women." Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
- Kaiser Family Foundation. 2018. "Proposed Changes to 'Public Charge' Policies for Immigrants: Implications for Health Coverage." San Francisco, CA: Kaiser Family Foundation.
- Kenney, Genevieve M., Matthew Buettgens, Jocelyn Guyer, and Martha Heberlein. 2011. "Improving Coverage for Children under Health Reform Will Require Maintaining Current Eligibility Standards for Medicaid and CHIP." *Health Affairs* 30 (12): 2371–81.
- Kenney, Genevieve M., Jennifer Haley, Clare Pan, Victoria Lynch, and Matthew Buettgens. 2017. "Medicaid/CHIP Participation Rates Rose among Both Children and Parents in 2015." Princeton, NJ: Robert Wood Johnson Foundation.
- . 2016. "Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation under the ACA." Princeton, NJ: Robert Wood Johnson Foundation.
- Kenney, Genevieve, and Michael Huntress. 2012. "The Affordable Care Act: Coverage Implications and Issues for Immigrant Families." Washington, DC: US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.
- Kenney, Genevieve M., Victoria Lynch, Allison Cook, and Samantha Phong. 2010. "Who and Where Are the Children Yet to Enroll in Medicaid and the Children's Health Insurance Program?" *Health Affairs* 29 (10): 1920–29.
- Kenney, Genevieve, Victoria Lynch, Jennifer Haley, Michael Huntress, Dean Resnick, and Christine Coyer. 2011. *Gains for Children: Increased Participation in Medicaid and CHIP in 2009*. Princeton, NJ: Robert Wood Johnson Foundation.
- Kenney, Genevieve, Victoria Lynch, Michael Huntress, Jennifer Haley, and Nathaniel Anderson. 2012. "Medicaid/CHIP Participation Among Children and Parents." Princeton, NJ: Robert Wood Johnson Foundation.
- Lynch, Victoria, Jennifer Haley, and Genevieve M. Kenney. 2014. *The Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model*. Washington, DC: Urban Institute.
- Lynch, Victoria, Genevieve M. Kenney, Jennifer Haley, and Dean Resnick. 2011. "Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits." Suitland, MD: US Census Bureau.
- Miller, Sarah, and Laura R. Wherry. 2016. "The Long-Term Effects of Early Life Medicaid Coverage." Rochester, NY: Social Science Research Network.

- Paradise, Julia, and Rachel Garfield. 2013. [“What Is Medicaid’s Impact on Access to Care, Health Outcomes, and Quality of Care? Setting the Record Straight on the Evidence.”](#) Menlo Park, CA: Kaiser Family Foundation.
- Pereira, Krista M., Robert Crosnoe, Karina Fortuny, Juan Manuel Pedroza, Kjersti Ulvestad, Christina Weiland, Hirokazu Yoshikawa, and Ajay Chaudry. 2012. [“Barriers to Immigrants’ Access to Health and Human Services Programs.”](#) Washington, DC: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Saloner, Brendan, Neel Koyawala, and Genevieve M. Kenney. 2014. [“Coverage for Low-Income Immigrant Children Increased 24.5 Percent in States that Expanded CHIPRA Eligibility.”](#) *Health Affairs* 33 (5): 832–39.
- Schwartz, Sonya, and Tricia Brooks. 2016. [“Getting Enrollment Right for Immigrant Families: Steps the Federally Facilitated Health Insurance Marketplace Can Take to Improve the Application Process for Eligible Lawfully Present Immigrants.”](#) Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- Shonkoff, Jack P., W. Thomas Boyce, and Bruce S. McEwen. 2009. [“Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention.”](#) *JAMA* 301 (21): 2252–59.
- Sommers, Benjamin D., Atul A. Gawande, and Katherine Baicker. 2017. [“Health Insurance Coverage and Health — What the Recent Evidence Tells Us.”](#) *New England Journal of Medicine* 377: 586–93.
- Wherry, Laura R., Genevieve M. Kenney, and Benjamin Sommers. 2016. [“The Role of Public Health Insurance in Reducing Child Poverty.”](#) *Academy Pediatrics* 16 (3): S98–S104.
- Zallman, Leah, Karen Finnegan, David Himmelstein, and Steffie Woolhandler. 2018. [“Changing Public Charge Immigration Rules: The Potential Impact on Children Who Need Care.”](#) Oakland, CA: California Health Care Foundation.

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