

# Medicaid's Pandemic-Era Continuous Coverage Protections Helped Reduce Number of Uninsured Children

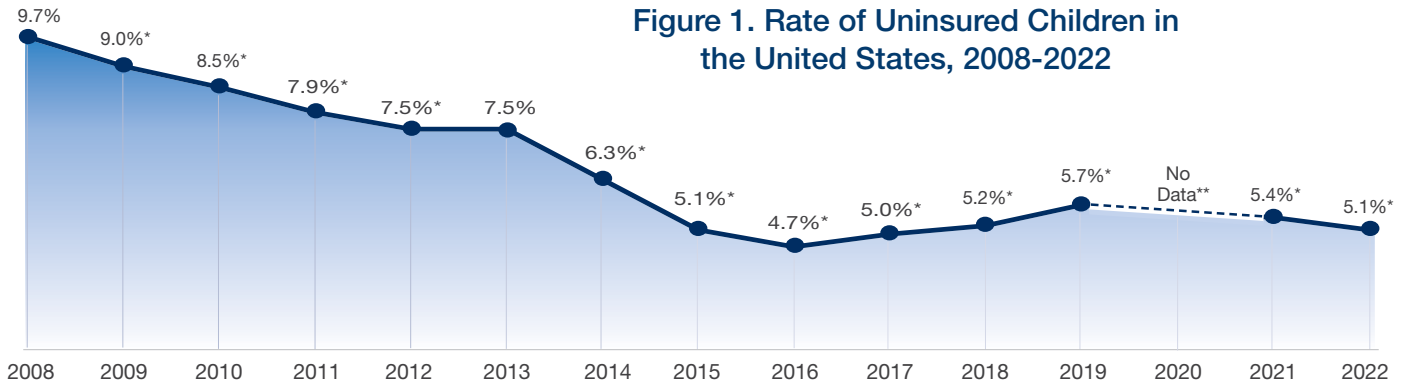
by Joan Alker and Aubrianna Osorio

## Key Findings

- In response to the pandemic, states were temporarily required to keep people covered by Medicaid enrolled over the course of the COVID-19 public health emergency in exchange for enhanced federal funding. **This Medicaid protection helped to reduce the number and rate of uninsured children; 3.9 million children were uninsured in 2022—tying 2017 for the second-lowest number in recent memory.** The only year with fewer uninsured children was 2016. The uninsured rate for children declined to 5.1 percent in 2022 from 5.7 percent in 2019, the year before Medicaid's pandemic-era continuous coverage protection took effect. Prior to the pandemic, the number of uninsured children had been increasing.
- **Twenty-one states saw statistically significant declines in the rate and/or number of uninsured children, with Wyoming, North Dakota, Utah, New Mexico, and Texas seeing the greatest improvements.** Despite these improvements, many of these states still had some of the highest uninsured rates in the country in 2022.
- **Four states moved in the wrong direction, with Iowa, Maryland, Pennsylvania, and Wisconsin seeing statistically significant increases in the number and rate of uninsured children from 2019 to 2022. Iowa saw the largest jump with a 27 percent increase in the number of uninsured children.** More than one in five uninsured children live in Texas, which has far more uninsured children than any other state.
- **Nationally, child uninsured rates fell across demographic groups with children of nearly every age, race and ethnicity, and family income level seeing increased coverage.** American Indian and Alaska Native children and children in low-income families saw the biggest reductions in their uninsured rates, likely reflecting the impact of the Medicaid continuous coverage protection. However, **this protection has now been lifted and coverage losses resulting from the current process of renewing eligibility for all children threaten to reverse much of the progress seen over recent years.** This unprecedented process of redetermining eligibility for nearly everyone covered by Medicaid, otherwise known as “unwinding” of the continuous coverage protection, will likely cause the uninsured rate for children to start moving in the wrong direction again as many eligible children lose Medicaid coverage and become uninsured.



**Figure 1. Rate of Uninsured Children in the United States, 2008-2022**



\* Change is significant at the 90% confidence level relative to the prior year indicated.

\*\* Due to pandemic-related data quality issues, the U.S. Census Bureau did not release standard 1-year ACS estimates in 2020. See methodology for more information.

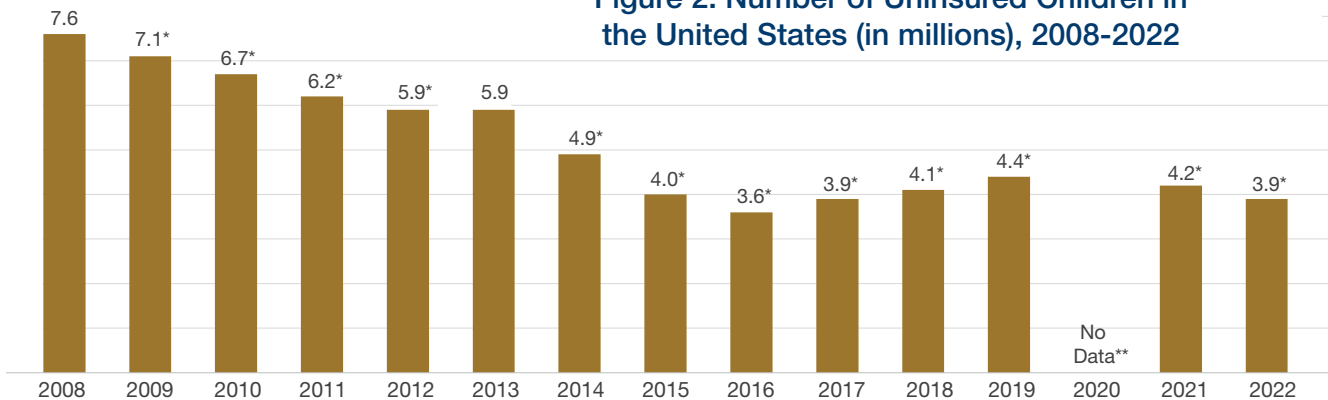
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.

Data from the U.S. Census Bureau’s American Community Survey (ACS) for 2022 finds that the number of uninsured children continued to decline over the pandemic period—most likely as a consequence of the continuous coverage protection in Medicaid put in place by one of the first COVID-19 rescue packages, the Families First Coronavirus Relief Act of 2020 (P.L. 116-127).<sup>1</sup> The uninsured rate for children declined to 5.1 percent in 2022—a significant drop from the year before when the uninsured rate was 5.4 percent (see Figure 1). Medicaid is the single largest source of coverage for children, and children were protected from administrative churning during the pandemic period. Prior to the pandemic the uninsured rate for

children had been rising<sup>2</sup> and it is likely to rise again, absent very aggressive action by federal and state policymakers, now that continuous coverage protections have been lifted and states are reassessing eligibility for everyone covered by Medicaid.<sup>3</sup>

The number of uninsured children nationwide in 2022 was 3.9 million, tying 2022 with 2017 for the second-lowest number in recent memory—with the exception of 2016 when continued implementation of the Affordable Care Act helped drive the number of uninsured children to its lowest level at 3.6 million (see Figure 2).

**Figure 2. Number of Uninsured Children in the United States (in millions), 2008-2022**



\* Change is significant at the 90% confidence level relative to the prior year indicated.

\*\* Due to pandemic-related data quality issues, the U.S. Census Bureau did not release standard 1-year ACS estimates in 2020. See methodology for more information.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.



## How are specific states doing?

Most states (36) saw a decline in the number and rate of uninsured children; twenty states saw a statistically significant decline in number from 2019 to 2022, and 17 states saw a statistically significant decline in rate over the examined time period. Children in Texas saw the greatest improvement in number by a considerable margin (a 141,000 decline in the number of uninsured children); Wyoming saw the greatest improvement in its child uninsured rate moving from 10.6 percent to 7.9 percent in 2022. Tables 1 and 2 list the top ten states where the largest declines in the number and rate of uninsured children occurred.

Only four states saw significant growth in their number and rate of uninsured children during the pandemic period (Iowa, Maryland, Pennsylvania, Wisconsin), with Iowa seeing the largest number increase in the country in percentage terms. See Appendix Tables 3 and 4 for a full list of state changes.

Despite improvement, Texas continues to be home to the largest number of uninsured children by far, accounting for 22 percent of all uninsured children. About 854,000 Texas children are uninsured. Florida and California follow with 336,000 and 287,000 respectively. Together these states account for more than one-third of uninsured children nationwide.

**Table 1. Top 10 Largest Declines in the Number of Uninsured Children by State, 2019-2022**

State	2019 Number Uninsured	2022 Number Uninsured	2019-2022 Change in Number of Uninsured	2019-2022 Percent Change
United States	4,375,000	3,932,000	-443,000*	-10%*
Texas	995,000	854,000	-141,000*	-14%*
California	334,000	287,000	-47,000*	-14%*
Georgia	197,000	166,000	-31,000*	-16%*
Indiana	119,000	91,000	-28,000*	-24%*
North Carolina	142,000	118,000	-24,000*	-17%*
Illinois	120,000	99,000	-21,000*	-18%*
Utah	82,000	61,000	-21,000*	-26%*
Arizona	161,000	142,000	-19,000*	-12%*
Michigan	78,000	60,000	-18,000*	-23%*
Oklahoma	86,000	73,000	-13,000*	-15%*

\* Change is significant at the 90% confidence level relative to the prior year indicated.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.

**Table 2. Top 10 Largest Declines in the Rate of Uninsured Children by State, 2019-2022**

State	2019 Uninsured Rate	2022 Uninsured Rate	Percentage Point Change
United States	5.7%	5.1%	-0.6*
Wyoming	10.6%	7.9%	-2.7*
North Dakota	7.8%	5.5%	-2.3*
Utah	8.3%	6.1%	-2.2*
New Mexico	5.7%	3.8%	-1.9*
Texas	12.7%	10.9%	-1.8*
Indiana	7.1%	5.5%	-1.6*
South Dakota	7.8%	6.2%	-1.6
Delaware	4.8%	3.4%	-1.4
Oklahoma	8.6%	7.3%	-1.3*
Georgia	7.4%	6.2%	-1.2*

\* Change is significant at the 90% confidence level relative to the prior year indicated.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.



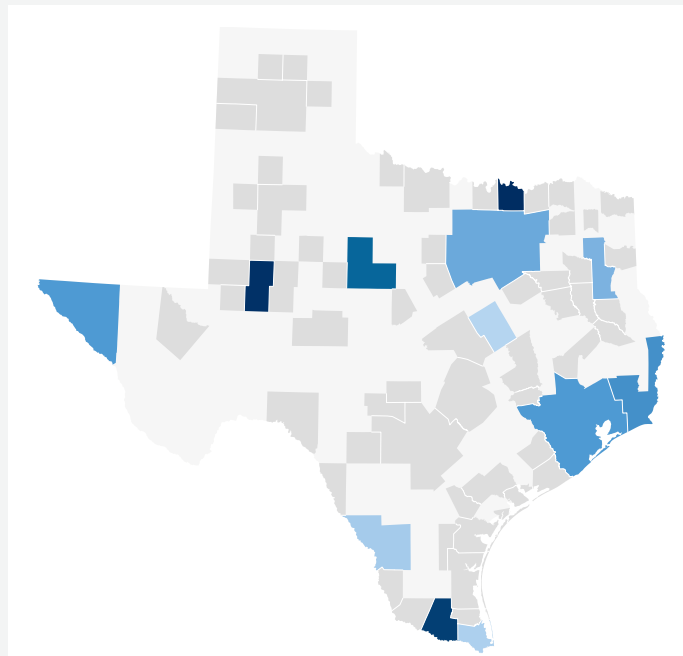
**Table 3. Top 10 United States Metro Areas with Highest Uninsured Rates for Children, 2022**

Metro Area	State	Uninsured Rate
United States	-	5.1%
Lebanon Metro Area	Pennsylvania	21.4%
Lancaster Metro Area	Pennsylvania	16.6%
Sherman-Denison Metro Area	Texas	13.9%
Midland Metro Area	Texas	13.8%
McAllen-Edinburg-Mission Metro Area	Texas	13.5%
Abilene Metro Area	Texas	12.7%
Naples-Marco Island Metro Area	Florida	12.0%
Beaumont-Port Arthur Metro Area	Texas	11.8%
Elkhart-Goshen Metro Area	Indiana	11.7%
El Paso Metro Area	Texas	11.6%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019-2021 American Community Survey (ACS), Table S2701.

Six of the top ten metropolitan areas in the U.S. with the highest rates of uninsured children are in Texas (see Table 3). The map (see Figure 3) shows the 12 Texas metro areas where more than 10 percent of children are uninsured.

**Figure 3. Texas Metro Areas with Child Uninsured Rate of 10 Percent or More, 2022**

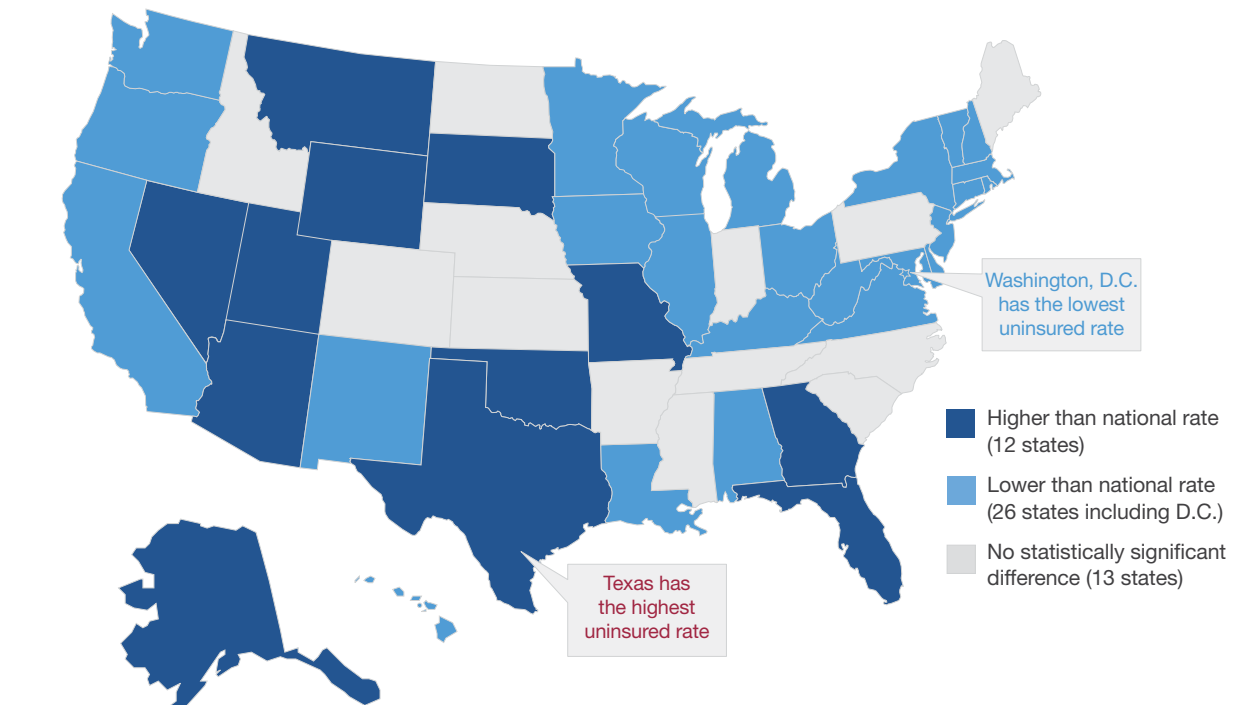


Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2022 American Community Survey (ACS), Table S2701.



While states in the Northeast tend to do better than the national average in terms of child uninsured rates, and states in the South and the Mountain West do worse, there is significant regional variation as Figure 4 shows.

**Figure 4. States with Higher and Lower Rates of Uninsured Children than the National Rate, 2022**



Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.



# What is the demographic profile of uninsured children?

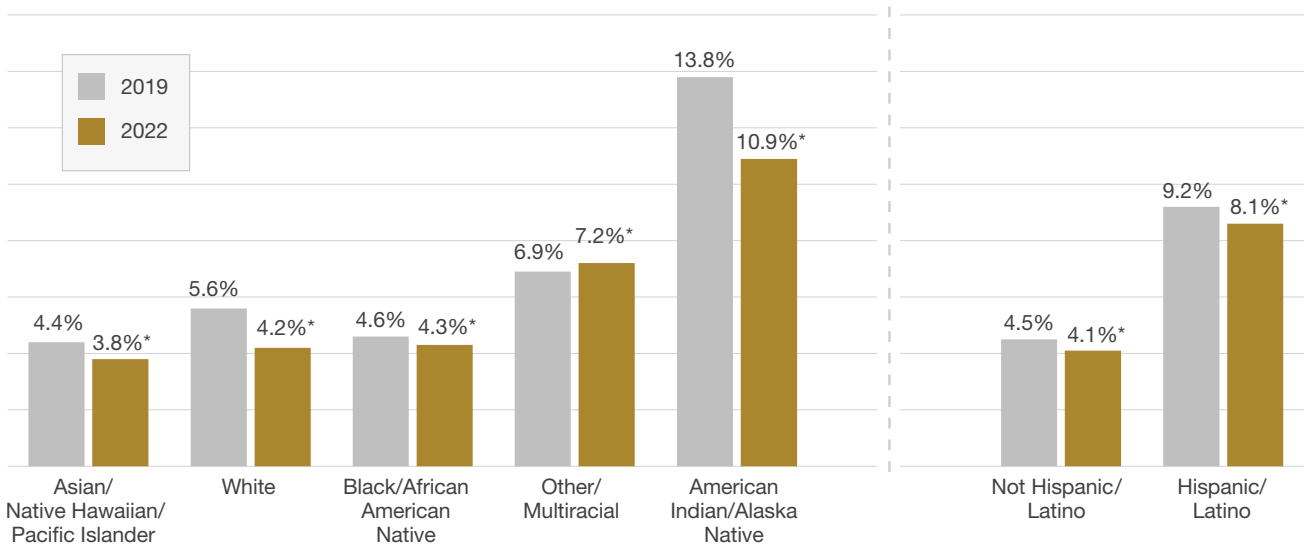
Uninsured rates in the U.S. fell for children of nearly every age, race and ethnicity, and income level. Young children under age 6 saw their uninsured rate fall from 4.7 percent in 2019 to 4.3 percent in 2022, and the uninsured rate for school-aged children (ages 6 to 18) also fell from 6.1 percent in 2019 to 5.4 percent in 2022.

By race, White children and American Indian and Alaska Native children saw the largest improvements in their uninsured rates, although the share of American Indian and Alaska Native children who do not have coverage is still

substantially higher than it is for other groups (see Figure 5). Children of another race or multiple races were the only group to see a significant increase in their uninsured rate, but this is likely related to recent demographic and survey changes that have meant that more children than ever are identified as “some other race” or as multiple races.<sup>4</sup>

Uninsured rates for both Hispanic/Latino and non-Hispanic/Latino children also improved. Although Latino children saw larger coverage gains from 2019-2022, their uninsured rate is still nearly twice as high as for non-Latino children.

**Figure 5. Rate of Uninsured Children in the United States by Race and Ethnicity, 2019-2022**



\* Change is significant at the 90% confidence level relative to the prior year indicated. Note: Hispanic/Latino refers to a person's ethnicity, therefore Hispanic individuals may be of any race. The U.S. Census Bureau made changes to the ACS race and ethnicity questions beginning in 2020, which may affect the changes observed.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019-2022 American Community Survey (ACS), Tables C27001A-I.



Children in lower-income families also saw the largest improvements in uninsurance rates. Children in families at the lowest end of the income spectrum earning less than 138 percent of the Census Poverty Threshold (about \$24,860 for a family of 3) saw the largest improvement from 2019-2022, likely reflecting the protective effect of Medicaid continuous coverage that kept low-income children enrolled in Medicaid

coverage during the pandemic (see Table 4). Citizen children under 138 percent of the poverty line must be covered by Medicaid in every state; 35 states cover lawfully residing children as well and 11 cover all children regardless of immigration status (CA, DC, IL, MA, ME, NJ, NY, OR, RI, VT, WA).<sup>5</sup>

**Table 4. Rate of Uninsured Children in the United States by Poverty Threshold, 2019-2022**

Poverty Threshold**	2019	2022	Percentage Point Change 2019-2022
0-137.99% of poverty	7.7%	6.6%	-1.0*
138-249.99% of poverty	7.7%	6.9%	-0.8*
250% of poverty or above	3.8%	3.7%	-0.1*

\*Change is significant at the 90% confidence level relative to the prior year indicated.

\*\*Census poverty thresholds differ from the Department of Health and Human Services' (HHS) Federal Poverty Levels (FPL). See methodology for more information.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019-2022 American Community Survey (ACS), Table B27016.

## Conclusion

While the number of uninsured children declined over the pandemic period, these gains are unlikely to be sustained given the current Medicaid renewal process that is underway. As of this writing there has been a net decline in child Medicaid enrollment of at least two million.<sup>6</sup> Procedural

termination rates have been high in many states;<sup>7</sup> and since children are more likely to be disenrolled while remaining eligible<sup>8</sup> this does not bode well for child uninsured rates when data become available for 2023 next year.

### Acknowledgments

The authors would like to thank Cathy Hope, Edwin Park, and Emma Ford for their contributions to this brief. Design and layout provided by Nancy Magill.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based at the McCourt School of Public Policy.



**Appendix Table 1. Number of Uninsured Children by State, 2019-2022**

State	2019 Number Uninsured	2019 State Ranking	2022 Number Uninsured	2022 State Ranking
United States	4,375,000	-	3,932,000	-
Alabama	40,000	21	37,000	21
Alaska	18,000	12	15,000	12
Arizona	161,000	47	142,000	46
Arkansas	43,000	23	44,000	25
California	334,000	49	287,000	49
Colorado	73,000	33	62,000	35
Connecticut	27,000	17	25,000	17
Delaware	10,000	5	7,000	4
District of Columbia	3,000	1	2,000	1
Florida	343,000	50	336,000	50
Georgia	197,000	48	166,000	48
Hawaii	9,000	4	9,000	5
Idaho	24,000	16	28,000	19
Illinois	120,000	43	99,000	42
Indiana	119,000	42	91,000	41
Iowa	22,000	14	28,000	19
Kansas	43,000	23	38,000	22
Kentucky	45,000	25	46,000	27
Louisiana	50,000	28	39,000	23
Maine	15,000	8	12,000	10
Maryland	48,000	27	60,000	31
Massachusetts	22,000	14	22,000	15
Michigan	78,000	34	60,000	31
Minnesota	42,000	22	45,000	26
Mississippi	46,000	26	39,000	23
Missouri	95,000	39	83,000	38
Montana	15,000	8	17,000	13
Nebraska	28,000	18	23,000	16
Nevada	58,000	31	55,000	29
New Hampshire	10,000	5	9,000	5
New Jersey	88,000	38	82,000	37
New Mexico	29,000	19	18,000	14
New York	101,000	41	111,000	43
North Carolina	142,000	46	118,000	44
North Dakota	15,000	8	10,000	7
Ohio	131,000	45	122,000	45
Oklahoma	86,000	37	73,000	36
Oregon	38,000	20	27,000	18
Pennsylvania	128,000	44	145,000	47
Rhode Island	4,000	3	5,000	3
South Carolina	69,000	32	56,000	30
South Dakota	18,000	12	14,000	11
Tennessee	80,000	35	86,000	39
Texas	995,000	51	854,000	51
Utah	82,000	36	61,000	34
Vermont	3,000	1	3,000	2
Virginia	97,000	40	87,000	40
Washington	54,000	30	48,000	28
West Virginia	13,000	7	11,000	8
Wisconsin	51,000	29	60,000	31
Wyoming	15,000	8	11,000	8

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.





**Appendix Table 2. Rate of Uninsured Children by State, 2019-2022**

State	2019 Uninsured Rate	2019 State Ranking	2022 Uninsured Rate	2022 State Ranking
United States	5.7	-	5.1	-
Alabama	3.5	12	3.1	11
Alaska	9.4	49	8.4	49
Arizona	9.2	48	8.4	49
Arkansas	5.9	36	5.9	40
California	3.6	15	3.2	12
Colorado	5.5	29	4.8	30
Connecticut	3.5	12	3.2	12
Delaware	4.8	24	3.4	15
District of Columbia	2.0	3	1.4	1
Florida	7.6	42	7.4	46
Georgia	7.4	41	6.2	42
Hawaii	2.8	6	3.0	9
Idaho	5.0	27	5.7	38
Illinois	4.0	18	3.4	15
Indiana	7.1	40	5.5	35
Iowa	2.9	7	3.7	19
Kansas	5.8	33	5.2	32
Kentucky	4.3	20	4.3	23
Louisiana	4.4	22	3.5	18
Maine	5.6	30	4.6	27
Maryland	3.4	10	4.2	22
Massachusetts	1.5	1	1.5	2
Michigan	3.4	10	2.7	6
Minnesota	3.1	8	3.3	14
Mississippi	6.1	37	5.5	35
Missouri	6.5	39	5.8	39
Montana	6.2	38	6.9	44
Nebraska	5.7	31	4.6	27
Nevada	8.0	45	7.6	47
New Hampshire	3.7	16	3.4	15
New Jersey	4.3	20	3.9	21
New Mexico	5.7	31	3.8	20
New York	2.4	5	2.6	4
North Carolina	5.8	33	4.8	30
North Dakota	7.8	43	5.5	35
Ohio	4.8	24	4.5	25
Oklahoma	8.6	47	7.3	45
Oregon	4.1	19	3.0	9
Pennsylvania	4.6	23	5.2	32
Rhode Island	1.9	2	2.1	3
South Carolina	5.8	33	4.7	29
South Dakota	7.8	43	6.2	42
Tennessee	5.0	27	5.3	34
Texas	12.7	51	10.9	51
Utah	8.3	46	6.1	41
Vermont	2.1	4	2.6	4
Virginia	4.9	26	4.4	24
Washington	3.1	8	2.8	7
West Virginia	3.5	12	2.8	7
Wisconsin	3.8	17	4.5	25
Wyoming	10.6	50	7.9	48

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.



Appendix Table 3. Change in the Number of Uninsured Children by State, 2019-2022

State	2019 Number Uninsured	2022 Number Uninsured	Number Change	Percent Change
United States	4,375,000	3,932,000	-443,000 *	-10% *
Alabama	40,000	37,000	-3,000	-8%
Alaska	18,000	15,000	-3,000 *	-17% *
Arizona	161,000	142,000	-19,000 *	-12% *
Arkansas	43,000	44,000	1,000	2%
California	334,000	287,000	-47,000 *	-14% *
Colorado	73,000	62,000	-11,000 *	-15% *
Connecticut	27,000	25,000	-2,000	-7%
Delaware	10,000	7,000	-3,000	-30%
District of Columbia	3,000	2,000	-1,000	-33%
Florida	343,000	336,000	-7,000	-2%
Georgia	197,000	166,000	-31,000 *	-16% *
Hawaii	9,000	9,000	0	0%
Idaho	24,000	28,000	4,000	17%
Illinois	120,000	99,000	-21,000 *	-18% *
Indiana	119,000	91,000	-28,000 *	-24% *
Iowa	22,000	28,000	6,000 *	27% *
Kansas	43,000	38,000	-5,000	-12%
Kentucky	45,000	46,000	1,000	2%
Louisiana	50,000	39,000	-11,000 *	-22% *
Maine	15,000	12,000	-3,000	-20%
Maryland	48,000	60,000	12,000 *	25% *
Massachusetts	22,000	22,000	0	0%
Michigan	78,000	60,000	-18,000 *	-23% *
Minnesota	42,000	45,000	3,000	7%
Mississippi	46,000	39,000	-7,000	-15%
Missouri	95,000	83,000	-12,000 *	-13% *
Montana	15,000	17,000	2,000	13%
Nebraska	28,000	23,000	-5,000	-18%
Nevada	58,000	55,000	-3,000	-5%
New Hampshire	10,000	9,000	-1,000	-10%
New Jersey	88,000	82,000	-6,000	-7%
New Mexico	29,000	18,000	-11,000 *	-38% *
New York	101,000	111,000	10,000	10%
North Carolina	142,000	118,000	-24,000 *	-17% *
North Dakota	15,000	10,000	-5,000 *	-33% *
Ohio	131,000	122,000	-9,000	-7%
Oklahoma	86,000	73,000	-13,000 *	-15% *
Oregon	38,000	27,000	-11,000 *	-29% *
Pennsylvania	128,000	145,000	17,000 *	13% *
Rhode Island	4,000	5,000	1,000	25%
South Carolina	69,000	56,000	-13,000 *	-19% *
South Dakota	18,000	14,000	-4,000 *	-22% *
Tennessee	80,000	86,000	6,000	8%
Texas	995,000	854,000	-141,000 *	-14% *
Utah	82,000	61,000	-21,000 *	-26% *
Vermont	3,000	3,000	0	0%
Virginia	97,000	87,000	-10,000	-10%
Washington	54,000	48,000	-6,000	-11%
West Virginia	13,000	11,000	-2,000	-15%
Wisconsin	51,000	60,000	9,000 *	18% *
Wyoming	15,000	11,000	-4,000 *	-27% *

\* Change is significant at the 90% confidence level relative to the prior year indicated.

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**Appendix Table 4. Change in the Rate of Uninsured Children by State, 2019-2022**

State	2019 Uninsured Rate	2022 Uninsured Rate	Percentage Point Change
United States	5.7	5.1	- 0.6 *
Alabama	3.5	3.1	- 0.4
Alaska	9.4	8.4	- 1.0
Arizona	9.2	8.4	- 0.8
Arkansas	5.9	5.9	0.0
California	3.6	3.2	- 0.4 *
Colorado	5.5	4.8	- 0.7
Connecticut	3.5	3.2	- 0.3
Delaware	4.8	3.4	- 1.4
District of Columbia	2.0	1.4	- 0.6
Florida	7.6	7.4	- 0.2
Georgia	7.4	6.2	- 1.2 *
Hawaii	2.8	3.0	0.2
Idaho	5.0	5.7	0.7
Illinois	4.0	3.4	- 0.6 *
Indiana	7.1	5.5	- 1.6 *
Iowa	2.9	3.7	0.8 *
Kansas	5.8	5.2	- 0.6
Kentucky	4.3	4.3	0.0
Louisiana	4.4	3.5	- 0.9 *
Maine	5.6	4.6	- 1.0
Maryland	3.4	4.2	0.8 *
Massachusetts	1.5	1.5	0.0
Michigan	3.4	2.7	- 0.7 *
Minnesota	3.1	3.3	0.2
Mississippi	6.1	5.5	- 0.6
Missouri	6.5	5.8	- 0.7 *
Montana	6.2	6.9	0.7
Nebraska	5.7	4.6	- 1.1 *
Nevada	8.0	7.6	- 0.4
New Hampshire	3.7	3.4	- 0.3
New Jersey	4.3	3.9	- 0.4
New Mexico	5.7	3.8	- 1.9 *
New York	2.4	2.6	0.2
North Carolina	5.8	4.8	- 1.0 *
North Dakota	7.8	5.5	- 2.3 *
Ohio	4.8	4.5	- 0.3
Oklahoma	8.6	7.3	-1.3 *
Oregon	4.1	3.0	-1.1 *
Pennsylvania	4.6	5.2	0.6 *
Rhode Island	1.9	2.1	0.2
South Carolina	5.8	4.7	-1.1 *
South Dakota	7.8	6.2	-1.6
Tennessee	5.0	5.3	0.3
Texas	12.7	10.9	- 1.8 *
Utah	8.3	6.1	- 2.2 *
Vermont	2.1	2.6	0.5
Virginia	4.9	4.4	- 0.5
Washington	3.1	2.8	- 0.3
West Virginia	3.5	2.8	- 0.7
Wisconsin	3.8	4.5	0.7 *
Wyoming	10.6	7.9	- 2.7 *

\* Change is significant at the 90% confidence level relative to the prior year indicated.

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2022, Health Insurance Historical Tables.



# Methodology

## Data Sources and Changes

This report from the Georgetown University Center for Children and Families (CCF) analyzes data from the U.S. Census Bureau's American Community Survey (ACS). The ACS randomly selects about 3.5 million households each year to be surveyed and conducts the survey year-round, with results published annually.

This report uses two ACS data products: 1) Health Insurance Historical Table HIC-5. Health Insurance Coverage Status and Type of Coverage by State—Children Under 19: 2008 to 2022; and 2) the 2022 1-Year ACS Estimates Detailed Tables published by the Census Bureau on [data.census.gov](https://data.census.gov). **Please note that, because of differences in sample size and data processing, the estimates published in this report may differ from other estimates produced using either the 5-year ACS estimates or ACS microdata (including the Census Bureau's Public Use Microdata Sample (PUMS) or the University of Minnesota's Integrated Public Use Microdata Series (IPUMS)), despite the fact that all of these datasets are based on the American Community Survey.**

Because of data quality issues related to the pandemic, the Census Bureau did not publish standard, comparable 1-year estimates for 2020; CCF excludes 2020 ACS data from all of its analyses.

In 2017, the Census Bureau updated the age categories to define children as individuals under age 19. (In previous years, children were classified as individuals under age 18). As a result, detailed table data from before and after 2017 should not be compared. When examining longer-term trends, CCF instead uses the HIC-5 table, which harmonizes the age group to children under age 19 before and after 2017.

## Margin of Error, Data Reliability and Suppression, and Statistical Significance

The Census Bureau provides a margin of error (MOE) at a 90 percent confidence level for each estimate it publishes. Because ACS data are based on a sample of the population (as opposed to the full population), there is a level of uncertainty associated with each estimate. This uncertainty is captured by the MOE. When CCF calculates a new estimate with ACS data (such as when we combine racial/ethnic groups or calculate percentages/rates), we also calculate its margin of error, using [formulas](#) provided by the Census Bureau. CCF does not account for MOEs when ranking states by the number and percent of uninsured children by state. Although we do not publish MOEs in this report, they are available upon request.

CCF uses the Census Bureau's Statistical Testing Tool to determine statistical significance between estimates at a 90 percent confidence level. Differences between estimates should not be assumed to be statistically significant unless specifically discussed or marked as such.

CCF calculates coefficients of variation (CVs, also known as relative standard errors) to measure data reliability for each estimate. The CV measures the relative amount of error in an estimate by comparing how large its standard error is to the estimate itself, with the lower the CV, the more reliable the estimate. CCF suppresses any estimate with a CV larger than 25 percent.

## Geographic Areas

The Census Bureau publishes 1-year ACS estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including the District of Columbia), and some counties. Please note that 1-year estimates will differ from 5-year estimates, which CCF may use elsewhere for analyses of smaller geographic areas like counties or school districts. CCF uses Census Bureau designations to report regional data. The HIC-5 table used throughout this report does not contain data for Puerto Rico or other territories; please see CCF's [State Data Hub](#) for additional data for Puerto Rico.

## Poverty Status

Data on poverty thresholds only include individuals for whom the Census Bureau could determine poverty status for the past year. This population is slightly smaller than the total non-institutionalized population of the U.S. (the universe for all other data used in this report). The Census Bureau determines an individual's poverty status by comparing that person's income in the past 12 months to Census Poverty Thresholds (CPTs). Census Poverty Thresholds differ from the poverty guidelines (commonly known as the Federal Poverty Level or FPL) determined by the Department of Health and Human Services (HHS), and may differ considerably from the separate FPLs that HHS determines for Alaska and Hawaii. Additionally, Census Poverty Thresholds may include some income sources that state Medicaid and CHIP agencies do not count for purposes of determining income eligibility using Modified Adjusted Gross Income (MAGI).



## Health Insurance Coverage and Medicaid Undercount

ACS data represents a “point-in-time” estimate of an individual’s insurance coverage, meaning that the survey collects information on the respondent’s coverage only at the moment they complete the form, not at another point during the year. (The ACS is conducted over the course of the year.) The ACS groups coverage into the following categories: employer-based health insurance only, direct purchase health insurance only, Medicare coverage only, Medicaid/means-tested public coverage only (including CHIP), TRICARE/military health coverage only, VA health coverage only, two or more types of health insurance coverage, and no health insurance coverage. The Census Bureau does not consider access to Indian Health Service (IHS) services alone as a comprehensive form of health insurance coverage. Consequently, individuals who indicate that IHS is their only source of coverage are designated as uninsured. Individuals can report more than one source of coverage.

Please note that ACS estimates are not adjusted by the Census Bureau (or by CCF) to address the “Medicaid undercount” observed when comparing the number of individuals covered by Medicaid and CHIP in surveys such as the ACS to the reported numbers of individuals enrolled in Medicaid and CHIP using federal and state administrative data. For example, ACS data show that 30.1 million children had Medicaid/CHIP coverage (either alone or in combination with another type of coverage) in 2022, while administrative data show average enrollment over the same period equaled about 41.9 million: a difference of nearly 12 million children. This undercount is not unique to the ACS, though the extent of the undercount varies among federal surveys. Researchers attribute the Medicaid undercount to a combination of factors like sampling error and differences in demographic characteristics (for example, adults and individuals with higher incomes are less likely to report Medicaid coverage); reporting error, where individuals may respond that they do not have coverage or have a type of coverage other than Medicaid; and differences in how surveys and administrative data define coverage, such as estimates taken at a point in time versus over the course of a year. In 2022, the Medicaid continuous coverage provision may affect children’s reported coverage source—including uninsurance—if more misreported their coverage source including families who were unaware that they still had Medicaid coverage. Moreover, previous [research](#) shows that the Medicaid undercount has appeared to increase substantially since the start of the pandemic. Finally, recent [research](#) on the decennial Census shows that young children as a group are consistently and significantly undercounted, likely further worsening the Medicaid undercount among children.

## Demographic Characteristics

“Children” are defined as individuals under age 19 (ages 0-18).

The ACS allows respondents to self-identify as the following races: White, Black/African-American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, “Some other race,” and “Two or more races.” To improve sample sizes and data reliability, CCF combines estimates for Asian and Native Hawaiian or Other Pacific Islander and reports the calculations as “Asian, Native Hawaiian, or Other Pacific Islander” and also combines “Some other race” alone and “Two or more races” and reports the calculations as “Other/Multiracial.” Except for Other/Multiracial, all racial categories refer to individuals who reported belonging only to one race.

The Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts and variables. “Hispanic or Latino” refers to individuals who self-identified as being Hispanic or Latino, while “non-Hispanic/Latino” refers to individuals who indicated that they were not of Hispanic or Latino origin. CCF calculates estimates for non-Hispanic or Latino populations by subtracting estimates for Hispanic or Latino individuals from the total population estimate for children. As “Hispanic or Latino” refers to a person’s ethnicity, Hispanic and non-Hispanic individuals may be of any race.

In 2020, the Census Bureau made changes to the ACS race and ethnicity questions, which may affect health coverage comparisons related to race and ethnicity. These included changes to the instructions and examples listed with some race and Hispanic origin response options, additional write-in response options for “White” and “Black or African American” categories, and changes to the way the Census Bureau processes write-in responses. These changes may affect the “Some Other Race” or multiple race categories in particular. For example, as noted above, 10.2 million children identified as another race or multiracial in 2019, representing 13 percent of the total child population. In 2022, this number increased to 21.3 million or 28 percent of the child population. This increase, which may be related to changes in question design, may also affect the distribution of children across other racial groups. As a result, the Census Bureau recommends caution in comparing 2019-2021 ACS estimates related to race and caution in comparing both 2019-2021 and 2021-2022 ACS estimates related to ethnicity.



## Endnotes

<sup>1</sup> T. Brooks and A. Schneider, “Families First Coronavirus Response Act Medicaid and CHIP Provisions Explained” (Washington: Georgetown University Center for Children and Families, March 2020), available at <https://ccf.georgetown.edu/2020/03/22/families-first-coronavirus-response-act-medicaid-and-chip-provisions-explained/>.

<sup>2</sup> J. Alker and A. Corcoran, “Children’s Uninsured Rate Rises By Largest Annual Jump In A Decade” (Washington: Georgetown University Center for Children and Families, October 2020), available at <https://ccf.georgetown.edu/2020/10/08/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade-2/>.

<sup>3</sup> S. Federman and A. Coleman, “Protecting Kids From Coverage Losses During Medicaid Redeterminations and Beyond: Five Strategies for States” (Commonwealth Fund, July 17, 2023) available at <https://www.commonwealthfund.org/blog/2023/protecting-kids-coverage-losses-during-medicaid-redeterminations-and-beyond-five>.

<sup>4</sup> Beginning in 2020, the Census Bureau made changes to the race and ethnicity questions on the ACS which may affect health coverage comparisons related to race and ethnicity. These changes may affect the “Some Other Race” or multiple race categories in particular. For example, 10.2 million children identified as another race or multiracial in 2019, representing 13 percent of the total child population. In 2022, this number increased dramatically to 21.3 million or 28 percent of the child population.

<sup>5</sup> T. Brooks, et al., “Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision” (Washington: Kaiser Family Foundation and Georgetown University Center for Children and Families, April 2023), available at <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>.

<sup>6</sup> “How many children are losing Medicaid?” Georgetown University Center for Children and Families, <https://ccf.georgetown.edu/2023/09/27/how-many-children-are-losing-medicaid/>.

<sup>7</sup> See “What is happening with Medicaid renewals in each state?” Georgetown University Center for Children and Families, <https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/> and “Medicaid Enrollment and Unwinding Tracker” Kaiser Family Foundation, <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>.

<sup>8</sup> Assistant Secretary for the Office of Planning and Evaluation, “Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches” (Washington: August 2022), available at <https://aspe.hhs.gov/sites/default/files/documents/dc73e82abf7fc26b6a8e5cc52ae42d48/aspe-end-mcaid-continuous-coverage.pdf>.