



# Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade

by Joan Alker and Alexandra Corcoran

## Key Findings

- After reaching a historic low of 4.7 percent in 2016, the child uninsured rate began to increase in 2017, and as of 2019 jumped back up to 5.7 percent. *This increase of a full percentage point translates to approximately 726,000 more children without health insurance since the beginning of the Trump Administration when the number of uninsured children began to rise.* Much of the gain in coverage that children made as a consequence of the Affordable Care Act's major coverage expansions implemented in 2014 has now been eliminated.
- *The number of uninsured children increased every year during the Trump Administration. The largest increase was observed between 2018 and 2019 when, despite a continued strong economy, the number of children without health insurance rose by 320,000. This increase in the number of uninsured children was the largest annual jump seen in more than a decade.* Moreover, since this data was collected prior to the pandemic, the number of uninsured children is likely considerably higher in 2020, as families have lost their jobs and employer-sponsored insurance, though it is impossible to know yet by precisely how much.
- *One-third of the total increase in the number of uninsured children from 2016 to 2019 live in Texas.* The state saw by far the greatest coverage loss over the period with an estimated 243,000 more children living without health coverage. Florida has the next biggest loss, adding about 55,000 children to the uninsured count over the three-year period. As a consequence, *41 percent of children's coverage losses during the Trump Administration occurred in Texas and Florida.* Twenty-nine states experienced an adverse change for children from 2016 to 2019. The only state that bucked national trends and significantly reduced its number of uninsured children during this three-year time period was New York.
- These coverage losses were widespread across income, age, and race/ethnicity, but were largest among White and especially Latino children (who can be of any race).



## Introduction

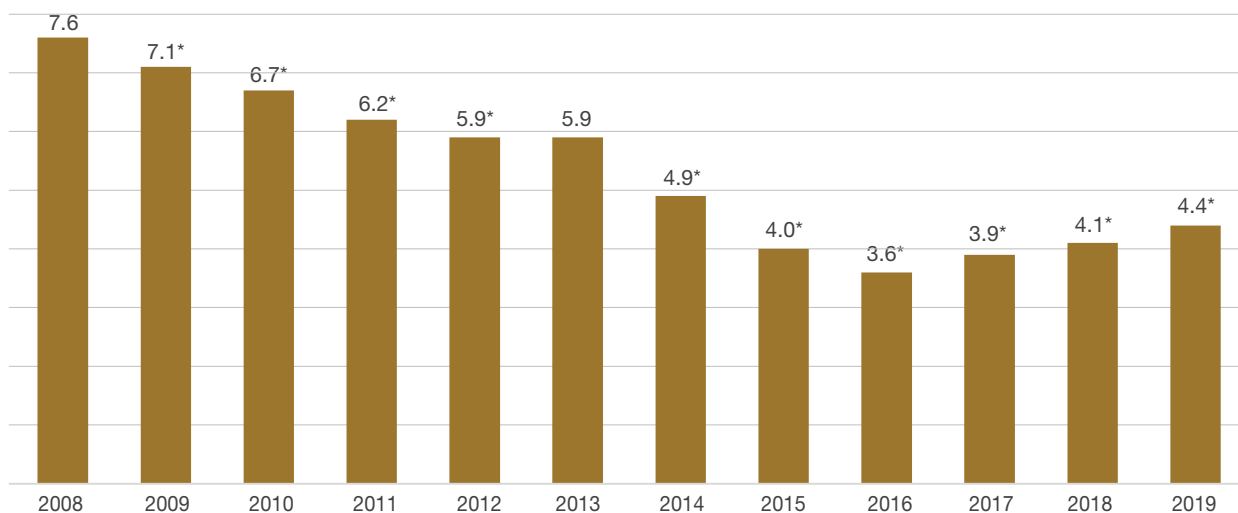
For many years, the United States was on a positive trajectory in reducing the number and rate of uninsured children; in 2016, the nation attained a historic low of 3.6 million uninsured children. This progress occurred as a result of expansions of public coverage—primarily Medicaid and the Children’s Health Insurance Program (CHIP)—and was accelerated by the implementation of the Affordable Care Act’s (ACA) major coverage expansions in 2014.<sup>1</sup> As employer-sponsored insurance became increasingly unaffordable for dependents,<sup>2</sup> public coverage ameliorated the impacts of private coverage losses for children.<sup>3</sup>

However, the number of uninsured children began to increase in 2017 as Medicaid enrollment began to decline, and as Figure 1 shows, reached 4.4 million in 2019.<sup>4</sup> This represents an increase of 726,000 children during this three-year period. The rate of uninsured children rose a full percentage point from 4.7 percent to 5.7 percent (Figure 2). Much of the gain in coverage that children made as a

consequence of the ACA’s major coverage expansions has now been eliminated. Moreover, the most recent year of data (2018 to 2019) shows the biggest one-year loss in children’s coverage during this time period, with 320,000 more children becoming uninsured (Figure 3). These coverage losses occurred in a healthy economy with the lowest unemployment rate in decades prior to the economic shocks and job loss associated with the COVID-19 pandemic.<sup>5</sup>

*These coverage losses occurred in a healthy economy with the lowest unemployment rate in decades prior to the economic shocks and job loss associated with the COVID-19 pandemic.*

**Figure 1. Number of Uninsured Children in the United States (in millions), 2008-2019**

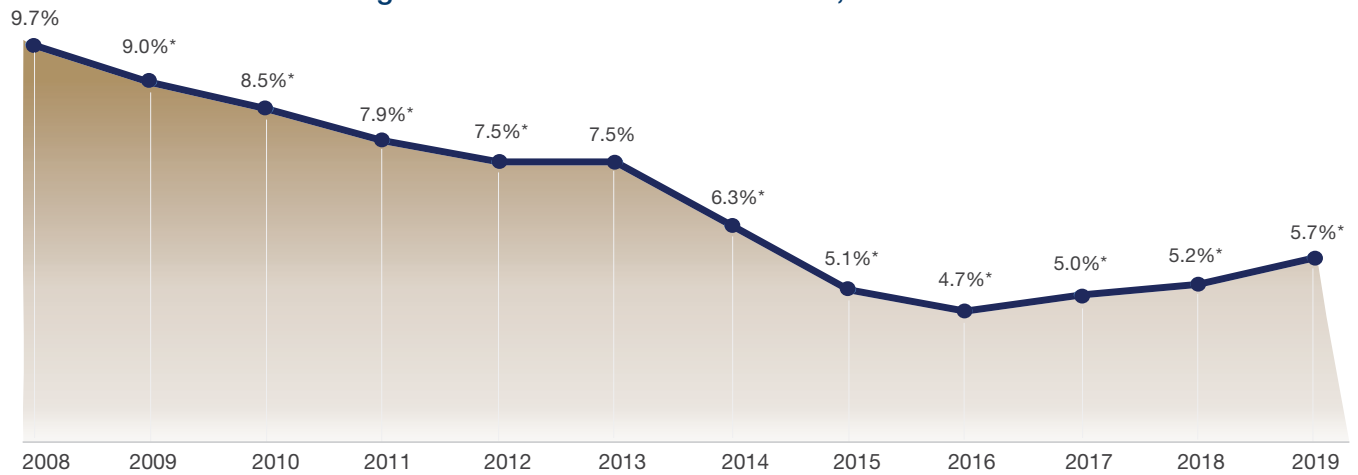


Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.

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



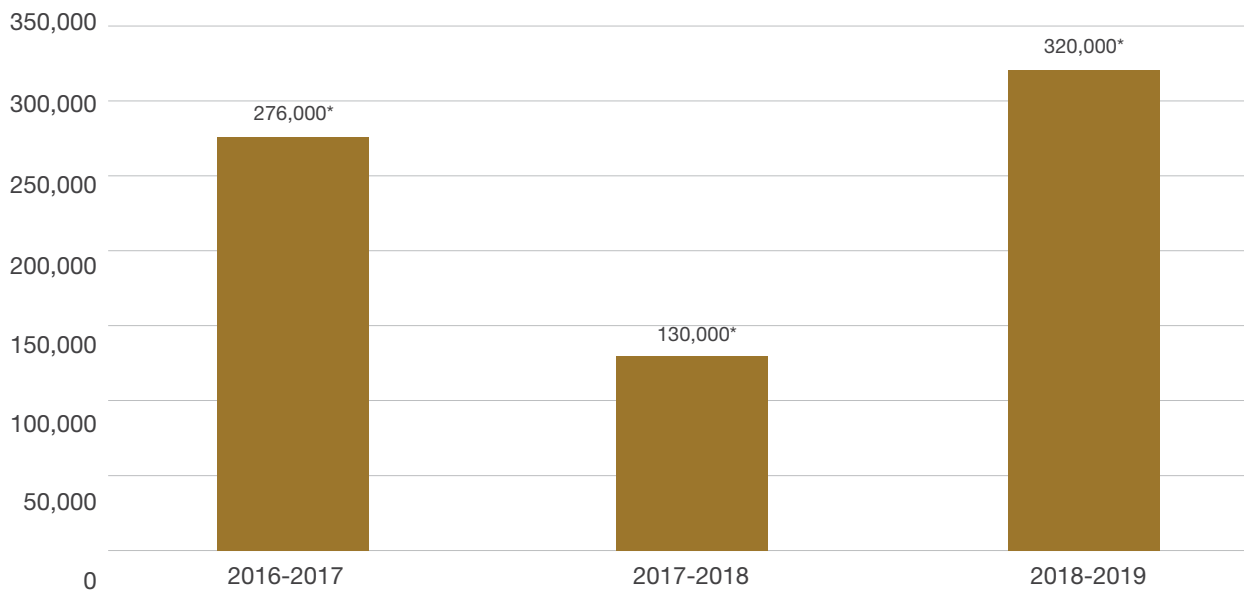
**Figure 2. Rate of Uninsured Children, 2008-2019**



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 2019, Health Insurance Historical Tables.

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

**Figure 3. Annual Growth in the Number of Uninsured Children, 2016-2019**



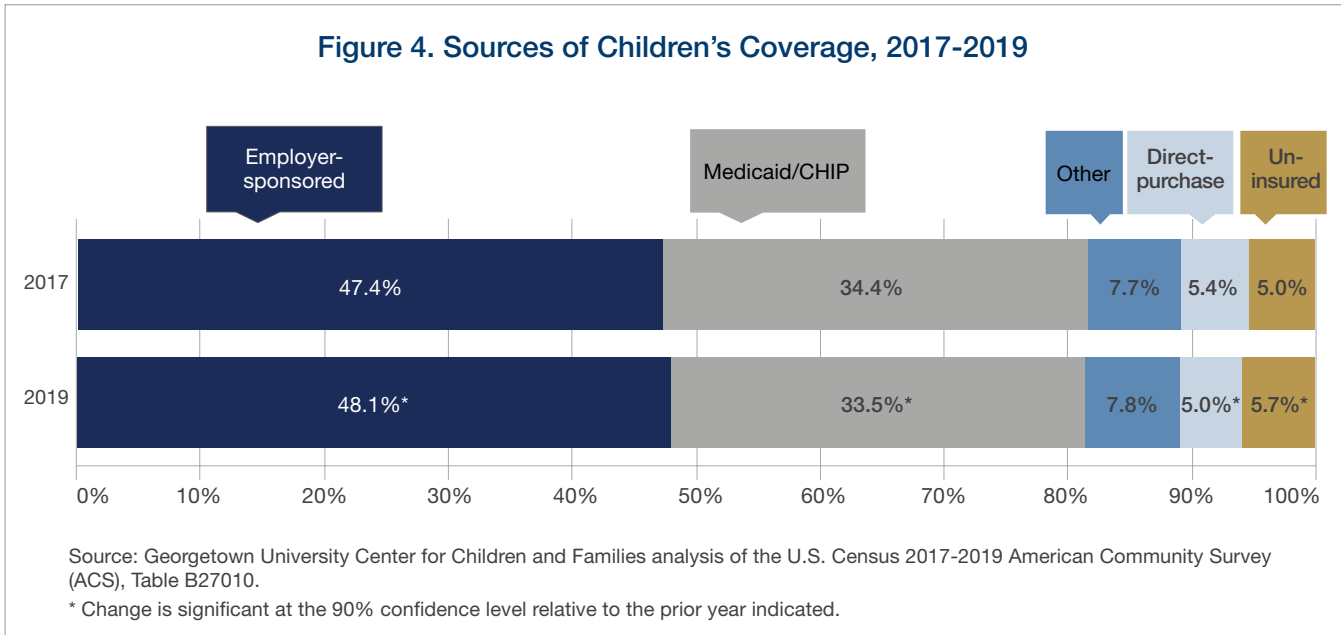
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables.

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



Figure 4 shows how the sources of children’s coverage have changed, though data is not yet available to look at the three-year trend. From 2017 to 2019, a small increase in employer-sponsored insurance for children was not large enough to offset the loss of Medicaid/CHIP coverage that has contributed to the rise in the uninsured rate. The share of children covered by insurance purchased directly from an insurance company or subsidized coverage through a federal or state Marketplace created by the ACA, has also declined.

The loss of public coverage can be attributed to a range of factors including large cuts in outreach and enrollment assistance and efforts to undermine the ACA;<sup>6</sup> a “chilling effect” created by the Trump Administration’s public charge regulation and other actions leading to a hostile climate for immigrant families that has deterred many mixed-status families from enrolling their eligible children (most of whom are citizens) in Medicaid and the Children’s Health Insurance Program (CHIP);<sup>7</sup> and red tape barriers that make it harder for families to enroll or stay enrolled in Medicaid/CHIP.<sup>8</sup>





## Which states are seeing the biggest increases?

Over the three-year period, 26 states have seen a significant jump in their number of uninsured children since national progress halted and began reversing in 2017 (see Table 1). Texas saw an enormous increase of 243,000 children, accounting for about one-third of the increase in uninsured children nationwide. Approximately 1 million children in Texas were uninsured in 2019. In Florida, about 55,000 more children were uninsured bringing its total to an estimated

343,000 uninsured children in 2019—the second largest number in the nation. These two states account for 41 percent of the increase in children without health insurance coverage nationwide. Other states that saw increases of more than 20,000 uninsured children during the three-year period include: Illinois, California, Arizona, North Carolina, Ohio, Missouri, Utah, Tennessee, and Indiana. See Table 1.

**Table 1. 26 States with Significant Increase in Number of Uninsured Children, 2016-2019 (ranked by largest to smallest number change)**

State	2016 Number Uninsured	2019 Number Uninsured	2016-2019 Change in Number of Uninsured
United States	3,649,000	4,375,000	726,000
Texas	752,000	995,000	243,000
Florida	288,000	343,000	55,000
Illinois	82,000	120,000	38,000
California	300,000	334,000	34,000
Arizona	132,000	161,000	29,000
North Carolina	115,000	142,000	27,000
Ohio	104,000	131,000	27,000
Missouri	71,000	95,000	24,000
Utah	59,000	82,000	23,000
Tennessee	58,000	80,000	22,000
Indiana	99,000	119,000	20,000
South Carolina	50,000	69,000	19,000
Colorado	57,000	73,000	16,000
Arkansas	30,000	43,000	13,000
Louisiana	39,000	50,000	11,000
Kentucky	35,000	45,000	10,000
Kansas	34,000	43,000	9,000
Mississippi	37,000	46,000	9,000
Alabama	32,000	40,000	8,000
Nevada	50,000	58,000	8,000
Washington	46,000	54,000	8,000
Massachusetts	15,000	22,000	7,000
Oregon	31,000	38,000	7,000
South Dakota	11,000	18,000	7,000
West Virginia	9,000	13,000	4,000
Montana	12,000	15,000	3,000

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 2019, Health Insurance Historical Tables.



Only one state, New York, saw a significant improvement in the number of uninsured children. The remaining states saw no significant change one way or the other (Appendix Table 3).

The rate of uninsured children (as opposed to the number) is an important indicator to examine how states are doing in comparison with each other and accounting for relative size. As a whole, the country experienced a 1 percentage point increase in the child uninsured rate during the three-

year period, with 26 states seeing statistically significant change on this measure. In total, 29 states experienced a statistically significant adverse change in rate or number during the three-year period.

As Table 2 shows, the states with the biggest jumps, of more than 1.5 percentage points, are: South Dakota, Texas, Utah, Arkansas, Missouri, Delaware, Arizona, and South Carolina.

**Table 2. 26 States with Significant Increase in Rate of Uninsured Children, 2016-2019 (ranked by largest to smallest rate change)**

State	2016 Percent Uninsured	2019 Percent Uninsured	2016-2019 Rate Change
United States	4.7	5.7	1.0
South Dakota	4.7	7.8	3.1
Texas	9.8	12.7	2.9
Utah	6.0	8.3	2.3
Arkansas	4.0	5.9	1.9
Missouri	4.8	6.5	1.7
Delaware	3.1	4.8	1.7
Arizona	7.6	9.2	1.6
South Carolina	4.3	5.8	1.5
Illinois	2.6	4.0	1.4
Kansas	4.5	5.8	1.3
Mississippi	4.8	6.1	1.3
Montana	4.9	6.2	1.3
Tennessee	3.7	5.0	1.3
Colorado	4.3	5.5	1.2
West Virginia	2.3	3.5	1.2
Indiana	5.9	7.1	1.2
Louisiana	3.3	4.4	1.1
North Carolina	4.7	5.8	1.1
Florida	6.6	7.6	1.0
Kentucky	3.3	4.3	1.0
Ohio	3.8	4.8	1.0
Oklahoma	7.7	8.6	0.9
Alabama	2.7	3.5	0.8
New Jersey	3.7	4.3	0.6
California	3.1	3.6	0.5
Massachusetts	1.0	1.5	0.5

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 2019, Health Insurance Historical Tables.



# Uninsured children are disproportionately living in the South

A disproportionate share of uninsured children live in the South (52.7 percent), and this trend has worsened over the three-year period. (See Table 3.) Sixty-one percent of the increase in uninsured children has been in the South. The Midwest and the West also saw increases over this time period, albeit smaller. As a region, the Northeast has the

lowest child uninsured rate and did not see any significant rise in the number of uninsured children during the period examined. (See Table 4.) Appendix Table 5 shows the top 20 counties, located in eight states, where uninsured children live—the counties where Houston, Dallas, and Phoenix are located all have more than 100,000 such children.

**Table 3. Share of Uninsured Children by Region, 2019**

Geographic Region	Share of the Total Child Population	Number of Uninsured Children	Share of Nation's Uninsured Children	Uninsured Rate
Midwest	21.0%	762,000	17.4%	4.7%
Northeast	15.8%	398,000	9.1%	3.3%
South	39.0%	2,307,000	52.7%	7.6%
West	24.2%	910,000	20.8%	4.9%
United States	100.0%	4,377,000	100%	5.7%

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 2019, Health Insurance Historical Tables. Data may not sum due to rounding.

**Table 4. Change in Number of Uninsured Children by Region, 2016-2019**

Geographic Region	Number of Uninsured Children 2016	Number of Uninsured Children 2019	Change in Number of Uninsured Children
Midwest	628,000	762,000	134,000*
Northeast	383,000	398,000	15,000
South	1,862,000	2,307,000	445,000*
West	778,000	910,000	132,000*
United States	3,651,000	4,377,000	726,000*

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 2019, Health Insurance Historical Tables. Data may not sum due to rounding.

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

## Geographic Regions:

Midwest - IA, IN, IL, KS, MI, MN, MO, NE, ND, OH, SD, WI

Northeast - CT, ME, MA, NH, NJ, NY, PA, RI, VT

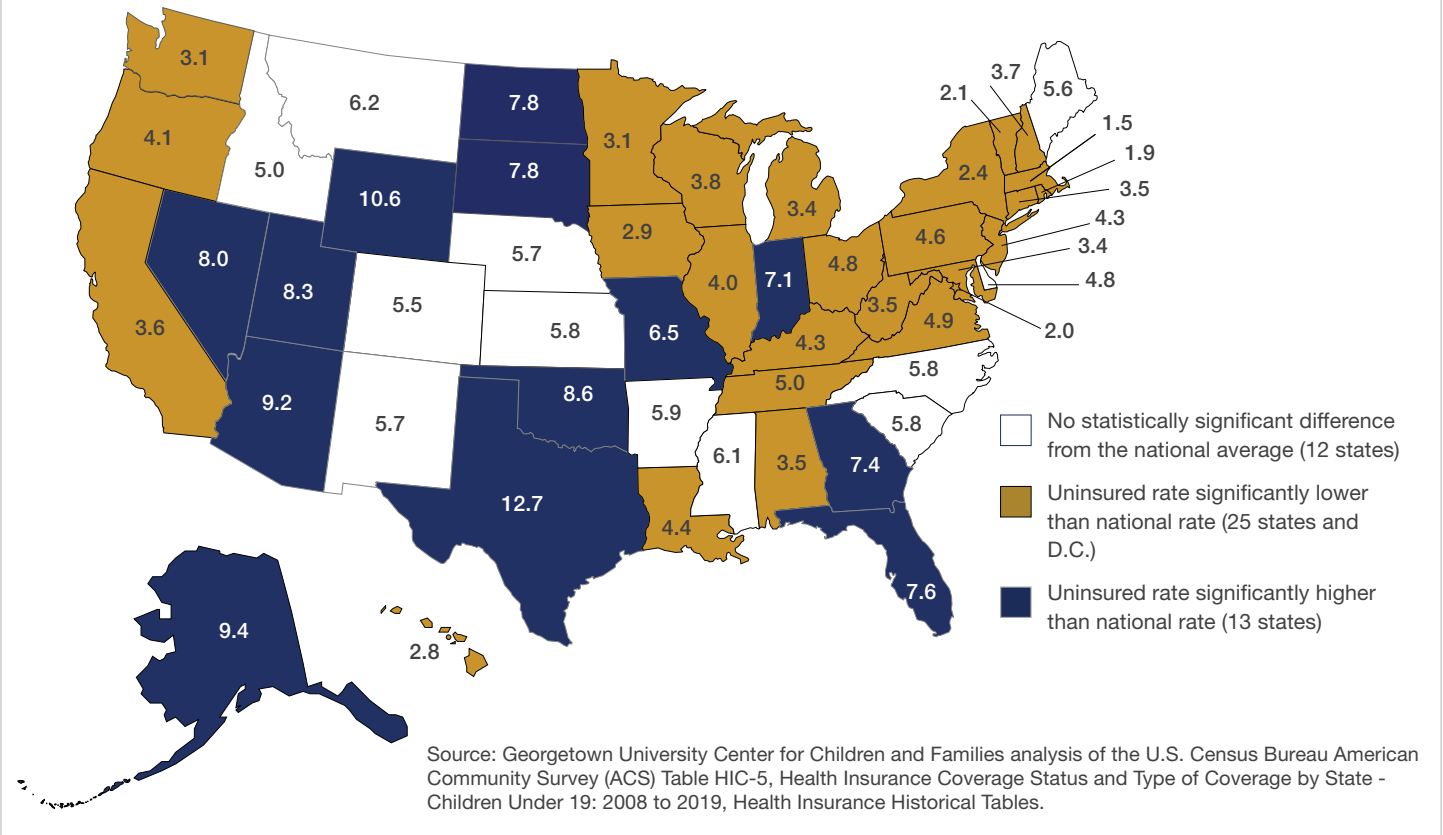
South - AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West - AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY



In 2019, 13 states had rates of uninsured children that were significantly higher than the national average, 12 states were at the national average, and 25 states and D.C. were doing better than the national average. See Figure 5.

**Figure 5. 13 States Had Significantly Higher Rates of Uninsured Children than the National Rate in 2019**



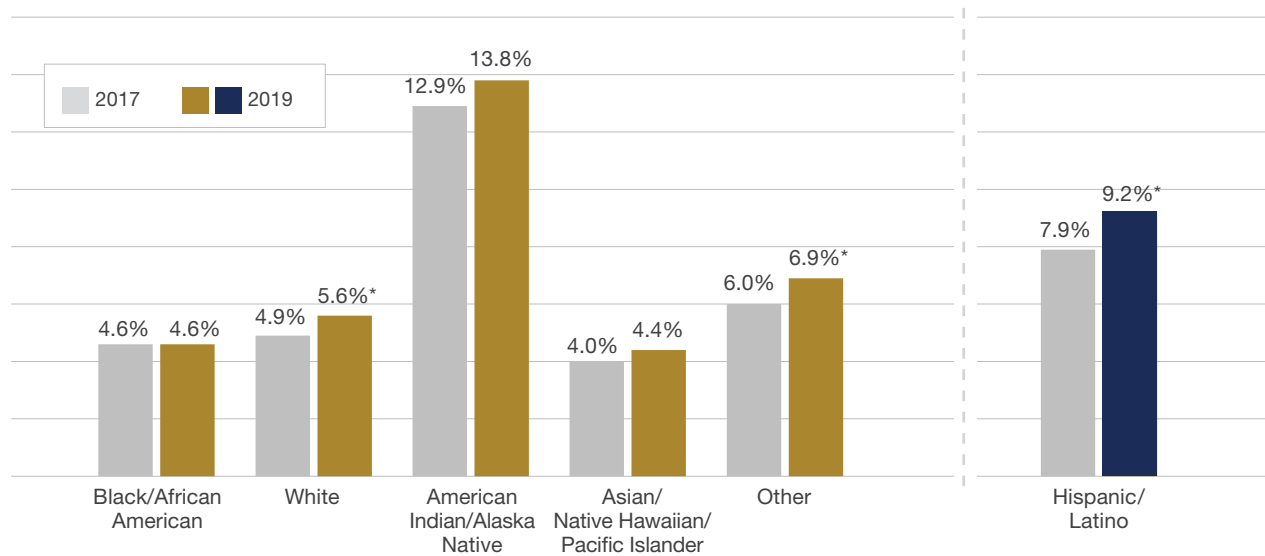
## Which children were more likely to be uninsured?

Latino children (who can be of any race) saw the biggest jump in their uninsured rate from 7.9 to 9.2 percent for the last two years of the data examined (due to data limitations it is not yet possible to do a three-year look). This increase is very troubling as Latino children already have some of the highest uninsured rates nationally. (See Figure 6.) However, there is considerable state variability. Of the top 10 states with the highest number of Latino children, the uninsured

rate ranged from 2.3 percent in New York to 17.5 percent in Texas in 2019. (See Figure 7.) In addition to Latino children, White children (4.9 percent to 5.6 percent) and children whose race is recorded as “Other” also saw statistically significant increases (6.0 percent to 6.9 percent for the latter) in the uninsured rate. American Indian/Alaska Native children continue to have the highest uninsured rates by race. (See Figure 6.)



**Figure 6. Children’s Uninsured Rate by Race and Ethnicity, 2017-2019**

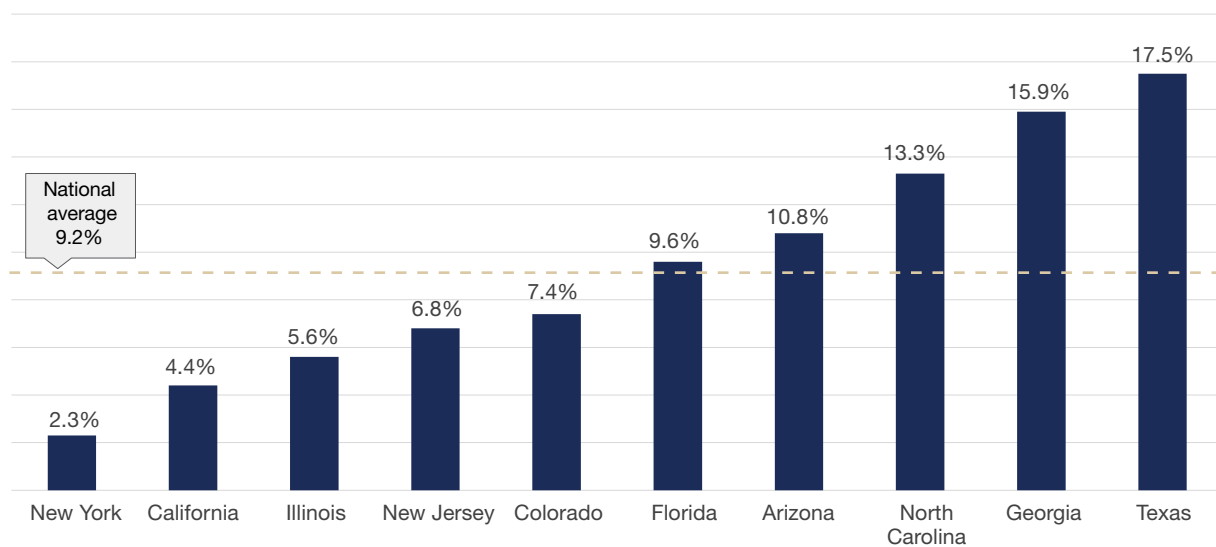


Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2019 American Community Survey (ACS), Tables C27001A-I.

\* 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.

**Figure 7. Latino Children’s Uninsured Rate for the 10 Largest States, 2019**



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019 American Community Survey (ACS), Table C27001I. Top 10 states with the highest number of Latino children determined using U.S. Census 2019 American Community Survey (ACS) Table C27001I.

Note: Hispanic/Latino refers to a person’s ethnicity, therefore Hispanic individuals may be of any race.



Children across all income groups examined lost health insurance. (See Table 5.) The biggest jump occurred for the poorest children living in families with incomes below 138 percent of the federal poverty level; their uninsured rates jumped almost a percentage point from 6.8 percent to 7.7 percent between 2017 and 2019, putting them at parity with children living in families with incomes just above the poverty level, who in the past have had the highest uninsured rates. Young children under age six saw a statistically significant increase in their uninsured rate from 3.8 percent to 4.7 percent over the three-year period.<sup>10</sup>

States that have not expanded Medicaid are falling further behind with respect to covering children.<sup>11</sup> The uninsured rate for children living in states that had not adopted the ACA's Medicaid expansion for parents and other adults is almost double that of children living in states that have expanded Medicaid as of 2019 (8.1 percent in non-expansion states versus 4.2 percent in expansion states).

**Table 5. Rate of Uninsured Children by Federal Poverty Level, 2017-2019**

Poverty Level	2017	2019
0-137% FPL	6.8%	7.7%*
138-250% FPL	6.9%	7.7%*
250% FPL or above	3.2%	3.8%*

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2019 American Community Survey (ACS), Table B27016.

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

## How many children have lost coverage in 2020?

The data presented here are all pre-pandemic. The economic recession associated with the COVID-19 pandemic has caused considerable growth in unemployment. Some children are likely losing employer-sponsored insurance coverage when their parents lose their jobs, especially as permanent layoffs increase; however, many of those losing jobs, at least initially, were likely in positions that did not offer employer-sponsored insurance. The best estimate available indicates that 2.9 million people under age 65 will become uninsured by the end of 2020 as a consequence of the current recession.<sup>12</sup> Of the almost 3 million increase in the uninsured, about 300,000 are estimated to be children, on top of any increase that may have otherwise occurred in 2020 pre-pandemic.<sup>13</sup> While many of these children are likely eligible for Medicaid or CHIP, this depends on where they live and it is unclear how many of them will enroll. There is no national effort to inform newly unemployed families about their public coverage options. Moreover, the difficulties experienced by many in applying for unemployment benefits may have deterred families from attempting to receive other public benefits.<sup>14</sup>

Federal law tied to the COVID-19 public health emergency prohibits states from disenrolling children (and others) from Medicaid, cutting eligibility, or making it harder for eligible children to enroll—which is likely mitigating some of the coverage losses in 2020.<sup>15</sup> Today, as Medicaid enrollment rises, the disenrollment freeze in particular is an important protection against the losses of coverage seen due to inappropriate terminations of children's Medicaid coverage in many states over the past three years.<sup>16</sup> However, the disenrollment freeze does not extend to separate state CHIP programs nor does it address the ongoing “chilling effect” on eligible children whose parents are immigrants and likely fearful of enrolling them in public coverage as a consequence of the public charge regulation and other hostile actions towards immigrant families. While the precise number of children that are becoming uninsured in 2020 will not be known for some time, there is very little chance that the number is going in the right direction.



# Conclusion

Having health insurance is an essential pre-condition for children to get the care they need to grow and thrive. Being insured leads to better health, educational, and economic outcomes—both in the short and long term.<sup>17</sup> The recent losses of health coverage during the examined period are very troubling as they reverse years of progress in reducing the number of uninsured children. And the current COVID-19 pandemic and associated recession have only made matters worse. Children, especially those in communities of color, face a host of challenges associated with the economic, educational, and health impacts of the COVID-19

pandemic. The United States must renew its commitment to ensuring that all children have high quality, affordable, and comprehensive health coverage.

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## Methodology

### Data Sources and Historic Changes to Age Categories for Children

The data presented in this brief derive from the U.S. Census Bureau’s annual American Community Survey (ACS) as presented in two sources: 1) Health Insurance Historical Table HIC-5. Health Insurance Coverage Status and Type of Coverage by State – Children Under 19: 2008 to 2019, and 2) the Census Bureau’s platform, Data.Census.Gov.

Where only number estimates are available, percent estimates were computed based on formulas provided in Chapter 7 and Chapter 8 of the U.S. Census Bureau’s handbook “Understanding and Using American Community Survey Data: What All Data Users Need to Know” (published July 2018). In order to better align with the current health landscape, the age categories of the ACS health insurance tables were updated in 2017 so that the age group for children includes individuals age 18 and younger. In 2016 and previous years, the age group for children included individuals age 17 and younger. Therefore, this report uses the HIC-05 table for analysis of most three-year data trends over the period 2016 to 2019, while using other data tables from Data.Census.Gov for analyses of certain three-year and two-year trends.

### Margin of Error

The published U.S. Census Bureau data provide a margin of error (potential error bounds for any given estimate) at a 90 percent confidence level. All significance testing was conducted using the Census Bureau’s Statistical Testing Tool. Differences of percent or number estimates (either between groups, coverage sources, or years) that are statistically significant at a confidence level of 90 percent are marked with an asterisk (\*). Georgetown CCF does not take the margin of error into account when ranking states by the number and percent of the uninsured children by state. Minor differences in state rankings may not be statistically significant. States that have the same number or percent of uninsured children are assigned the same ranking. Where estimates are combined to produce new estimates, margin of error results were computed following formulas in Chapter 8 of the U.S. Census Bureau’s handbook “Understanding and Using American Community Survey Data: What All Data Users Need to Know” (published July 2018).

### Geographic Location

We report regional data as defined by the Census Bureau. The ACS produces single-year 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.



## Poverty Status

Data on poverty levels include only those individuals for whom the poverty status can be determined for the past year. Therefore, this population is slightly smaller than the total non-institutionalized population of the U.S. (the universe used to calculate all other data in the brief). The Census Bureau determines an individual's poverty status by comparing that person's income in the past 12 months to poverty thresholds that account for family size and composition, as well as various types of income. (Note that the Census Bureau's definition of income may vary considerably from how state Medicaid and CHIP programs measure income for purposes of determining eligibility due to differences in how income is counted, household size is determined, and other factors.)

## Health Coverage

Data on sources of health insurance coverage are point-in-time estimates that convey whether a person has coverage at the time of the survey. The Census Bureau provides the following categories of coverage for respondents to indicate sources of health insurance: employer-based health insurance only, direct purchase health insurance only, Medicare coverage only, Medicaid/means-tested public coverage only (includes CHIP), TRICARE/military health coverage only, VA health coverage only, two or more types of health insurance coverage, and no health insurance coverage. People who indicate Indian Health Service (IHS) as their only source of health coverage do not have comprehensive coverage according to ACS survey definitions and are therefore considered to be uninsured. Individuals can report more than one source of coverage, so coverage sources totals may add to more than 100 percent. Additionally, the ACS estimates are not adjusted to address the Medicaid "undercount" often found when surveys are compared to federal and state administrative data. This bias in the data

may be accentuated by the absence of state-specific health insurance program names in the ACS. Further, Georgetown CCF combines children covered by Medicare, TRICARE/military, VA, or two or more types of health insurance (including Medicaid in combination) into the "other" category. Therefore, children with Medicaid/CHIP in addition to another type of health insurance are not included in the Medicaid/CHIP total, which would lower the number and share of children covered by Medicaid. For more detail on how the ACS defines sources of health insurance coverage, see "[American Community Survey and Puerto Rico Community Survey 2019 Subject Definitions](#)" (78).

## Demographic Characteristics

"Children" are defined as those individuals age 18 and under. The ACS provides one-year health insurance coverage estimates for the following race/ethnicity categories in tables C27001A-I: (A-White alone, B-Black/African-American, C-American Indian/Alaska Native (AI/AN), D-Asian, E- Native Hawaiian/Pacific Islander, F- Some other race, G- Two or more races, H-White, Non-Hispanic or Latino and I-Hispanic or Latino). The Census Bureau recognizes and reports race and Hispanic origin (i.e. ethnicity) as separate and distinct concepts and variables. To report on an individual's race, we merge the data for "Asian alone" and "Native Hawaiian or other Pacific Islander alone." In addition, we report the ACS category "some other race alone" and "two or more races" as "other." Except for "other," all racial categories refer to respondents who indicated belonging to only one race. As "Hispanic/Latino" refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. For more detail on how the ACS defines racial and ethnic groups, see "[American Community Survey and Puerto Rico Community Survey 2019 Subject Definitions](#)" (113-118).

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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 in the McCourt School of Public Policy's Health Policy Institute.



Appendix Table 1. Number of Uninsured Children Under Age 19, 2016-2019

State	2016 Number Uninsured	2016 State Ranking	2019 Number Uninsured	2019 State Ranking
United States	3,649,000	-	4,375,000	-
Alabama	32,000	22	40,000	21
Alaska	20,000	14	18,000	12
Arizona	132,000	47	161,000	47
Arkansas	30,000	20	43,000	23
California	300,000	50	334,000	49
Colorado	57,000	33	73,000	33
Connecticut	23,000	17	27,000	17
Delaware	7,000	4	10,000	5
District of Columbia	4,000	2	3,000	1
Florida	288,000	49	343,000	50
Georgia	179,000	48	197,000	48
Hawaii	8,000	5	9,000	4
Idaho	22,000	16	24,000	16
Illinois	82,000	40	120,000	43
Indiana	99,000	41	119,000	42
Iowa	20,000	14	22,000	14
Kansas	34,000	23	43,000	23
Kentucky	35,000	24	45,000	25
Louisiana	39,000	26	50,000	28
Maine	13,000	10	15,000	8
Maryland	49,000	29	48,000	27
Massachusetts	15,000	12	22,000	14
Michigan	71,000	36	78,000	34
Minnesota	46,000	27	42,000	22
Mississippi	37,000	25	46,000	26
Missouri	71,000	36	95,000	39
Montana	12,000	9	15,000	8
Nebraska	25,000	18	28,000	18
Nevada	50,000	30	58,000	31
New Hampshire	8,000	5	10,000	5
New Jersey	78,000	38	88,000	38
New Mexico	28,000	19	29,000	19
New York	113,000	44	101,000	41
North Carolina	115,000	45	142,000	46
North Dakota	15,000	12	15,000	8
Ohio	104,000	43	131,000	45
Oklahoma	79,000	39	86,000	37
Oregon	31,000	21	38,000	20
Pennsylvania	126,000	46	128,000	44
Rhode Island	5,000	3	4,000	3
South Carolina	50,000	30	69,000	32
South Dakota	11,000	8	18,000	12
Tennessee	58,000	34	80,000	35
Texas	752,000	51	995,000	51
Utah	59,000	35	82,000	36
Vermont	2,000	1	3,000	1
Virginia	99,000	41	97,000	40
Washington	46,000	27	54,000	30
West Virginia	9,000	7	13,000	7
Wisconsin	50,000	30	51,000	29
Wyoming	13,000	10	15,000	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 2019, Health Insurance Historical Tables.



**Appendix Table 2. Percent of Uninsured Children Under 19, 2016-2019**

State	2016 Percent Uninsured	2016 State Ranking	2019 Percent Uninsured	2019 State Ranking
United States	4.7	-	5.7	-
Alabama	2.7	9	3.5	12
Alaska	10.3	51	9.4	49
Arizona	7.6	46	9.2	48
Arkansas	4.0	26	5.9	36
California	3.1	13	3.6	15
Colorado	4.3	27	5.5	29
Connecticut	2.8	12	3.5	12
Delaware	3.1	13	4.8	24
District of Columbia	3.1	13	2.0	3
Florida	6.6	43	7.6	42
Georgia	6.7	44	7.4	41
Hawaii	2.5	5	2.8	6
Idaho	4.9	36	5.0	27
Illinois	2.6	7	4.0	18
Indiana	5.9	41	7.1	40
Iowa	2.6	7	2.9	7
Kansas	4.5	30	5.8	33
Kentucky	3.3	17	4.3	20
Louisiana	3.3	17	4.4	22
Maine	4.8	33	5.6	30
Maryland	3.4	19	3.4	10
Massachusetts	1.0	1	1.5	1
Michigan	3.1	13	3.4	10
Minnesota	3.4	19	3.1	8
Mississippi	4.8	33	6.1	37
Missouri	4.8	33	6.5	39
Montana	4.9	36	6.2	38
Nebraska	5.1	39	5.7	31
Nevada	7.0	45	8.0	45
New Hampshire	2.7	9	3.7	16
New Jersey	3.7	22	4.3	20
New Mexico	5.3	40	5.7	31
New York	2.5	5	2.4	5
North Carolina	4.7	31	5.8	33
North Dakota	8.0	48	7.8	43
Ohio	3.8	25	4.8	24
Oklahoma	7.7	47	8.6	47
Oregon	3.4	19	4.1	19
Pennsylvania	4.4	29	4.6	23
Rhode Island	2.2	3	1.9	2
South Carolina	4.3	27	5.8	33
South Dakota	4.7	31	7.8	43
Tennessee	3.7	22	5.0	27
Texas	9.8	50	12.7	51
Utah	6.0	42	8.3	46
Vermont	1.5	2	2.1	4
Virginia	5.0	38	4.9	26
Washington	2.7	9	3.1	8
West Virginia	2.3	4	3.5	12
Wisconsin	3.7	22	3.8	17
Wyoming	8.8	49	10.6	50

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 2019, Health Insurance Historical Tables.





**Appendix Table 3. Change in the Number of Uninsured Children Under 19, 2016-2019**

State	2016 Number Uninsured	2019 Number Uninsured	2016-2019 Change in Number of Uninsured	2016-2019 Percent Change
United States	3,649,000	4,375,000	726,000 *	19.9%
Alabama	32,000	40,000	8,000 *	25.0%
Alaska	20,000	18,000	-2,000	-10.0%
Arizona	132,000	161,000	29,000 *	22.0%
Arkansas	30,000	43,000	13,000 *	43.3%
California	300,000	334,000	34,000 *	11.3%
Colorado	57,000	73,000	16,000 *	28.1%
Connecticut	23,000	27,000	4,000	17.4%
Delaware	7,000	10,000	3,000	42.9%
District of Columbia	4,000	3,000	-1,000	-25.0%
Florida	288,000	343,000	55,000 *	19.1%
Georgia	179,000	197,000	18,000	10.1%
Hawaii	8,000	9,000	1,000	12.5%
Idaho	22,000	24,000	2,000	9.1%
Illinois	82,000	120,000	38,000 *	46.3%
Indiana	99,000	119,000	20,000 *	20.2%
Iowa	20,000	22,000	2,000	10.0%
Kansas	34,000	43,000	9,000 *	26.5%
Kentucky	35,000	45,000	10,000 *	28.6%
Louisiana	39,000	50,000	11,000 *	28.2%
Maine	13,000	15,000	2,000	15.4%
Maryland	49,000	48,000	-1,000	-2.0%
Massachusetts	15,000	22,000	7,000 *	46.7%
Michigan	71,000	78,000	7,000	9.9%
Minnesota	46,000	42,000	-4,000	-8.7%
Mississippi	37,000	46,000	9,000 *	24.3%
Missouri	71,000	95,000	24,000 *	33.8%
Montana	12,000	15,000	3,000 *	25.0%
Nebraska	25,000	28,000	3,000	12.0%
Nevada	50,000	58,000	8,000 *	16.0%
New Hampshire	8,000	10,000	2,000	25.0%
New Jersey	78,000	88,000	10,000	12.8%
New Mexico	28,000	29,000	1,000	3.6%
New York	113,000	101,000	-12,000 *	-10.6%
North Carolina	115,000	142,000	27,000 *	23.5%
North Dakota	15,000	15,000	-	-
Ohio	104,000	131,000	27,000 *	26.0%
Oklahoma	79,000	86,000	7,000	8.9%
Oregon	31,000	38,000	7,000 *	22.6%
Pennsylvania	126,000	128,000	2,000	1.6%
Rhode Island	5,000	4,000	-1,000	-20.0%
South Carolina	50,000	69,000	19,000 *	38.0%
South Dakota	11,000	18,000	7,000 *	63.6%
Tennessee	58,000	80,000	22,000 *	37.9%
Texas	752,000	995,000	243,000 *	32.3%
Utah	59,000	82,000	23,000 *	39.0%
Vermont	2,000	3,000	1,000	50.0%
Virginia	99,000	97,000	-2,000	-2.0%
Washington	46,000	54,000	8,000 *	17.4%
West Virginia	9,000	13,000	4,000 *	44.4%
Wisconsin	50,000	51,000	1,000	2.0%
Wyoming	13,000	15,000	2,000	15.4%

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 2019, Health Insurance Historical Tables.

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



**Appendix Table 4. Change in the Rate of Uninsured Children Under 19, 2016-2019**

State	2016 Percent Uninsured	2019 Percent Uninsured	2016-2019 Rate Change
United States	4.7	5.7	1.0 *
Alabama	2.7	3.5	0.8 *
Alaska	10.3	9.4	-0.9
Arizona	7.6	9.2	1.6 *
Arkansas	4.0	5.9	1.9 *
California	3.1	3.6	0.5 *
Colorado	4.3	5.5	1.2 *
Connecticut	2.8	3.5	0.7
Delaware	3.1	4.8	1.7 *
District of Columbia	3.1	2.0	-1.1
Florida	6.6	7.6	1.0 *
Georgia	6.7	7.4	0.7
Hawaii	2.5	2.8	0.3
Idaho	4.9	5.0	0.1
Illinois	2.6	4.0	1.4 *
Indiana	5.9	7.1	1.2 *
Iowa	2.6	2.9	0.3
Kansas	4.5	5.8	1.3 *
Kentucky	3.3	4.3	1.0 *
Louisiana	3.3	4.4	1.1 *
Maine	4.8	5.6	0.8
Maryland	3.4	3.4	-
Massachusetts	1.0	1.5	0.5 *
Michigan	3.1	3.4	0.3
Minnesota	3.4	3.1	-0.3
Mississippi	4.8	6.1	1.3 *
Missouri	4.8	6.5	1.7 *
Montana	4.9	6.2	1.3 *
Nebraska	5.1	5.7	0.6
Nevada	7.0	8.0	1.0
New Hampshire	2.7	3.7	1.0
New Jersey	3.7	4.3	0.6 *
New Mexico	5.3	5.7	0.4
New York	2.5	2.4	-0.1
North Carolina	4.7	5.8	1.1 *
North Dakota	8.0	7.8	-0.2
Ohio	3.8	4.8	1.0 *
Oklahoma	7.7	8.6	0.9 *
Oregon	3.4	4.1	0.7
Pennsylvania	4.4	4.6	0.2
Rhode Island	2.2	1.9	-0.3
South Carolina	4.3	5.8	1.5 *
South Dakota	4.7	7.8	3.1 *
Tennessee	3.7	5.0	1.3 *
Texas	9.8	12.7	2.9 *
Utah	6.0	8.3	2.3 *
Vermont	1.5	2.1	0.6
Virginia	5.0	4.9	-0.1
Washington	2.7	3.1	0.4
West Virginia	2.3	3.5	1.2 *
Wisconsin	3.7	3.8	0.1
Wyoming	8.8	10.6	1.8

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 2019, Health Insurance Historical Tables.

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





Appendix Table 5. Top 20 Counties with the Highest Number of Uninsured Children, 2019

County	Total Child Population	Number of Uninsured Children	Percent of Children Uninsured	County Rank (descending)
United States	77,350,000	4,375,000	5.7%	-
Harris County, Texas	1,303,000	195,000	15.0%	1
Dallas County, Texas	717,000	122,000	17.0%	2
Maricopa County, Arizona	1,114,000	101,000	9.1%	3
Los Angeles County, California	2,268,000	91,000	4.0%	4
Tarrant County, Texas	578,000	67,000	11.6%	5
Cook County, Illinois	1,171,000	54,000	4.6%	6
Hidalgo County, Texas	294,000	49,000	16.7%	7
Bexar County, Texas	535,000	48,000	9.0%	8
Broward County, Florida	433,000	46,000	10.6%	9
Clark County, Nevada	547,000	44,000	8.0%	10
Miami-Dade County, Florida	581,000	43,000	7.4%	11
Travis County, Texas	285,000	35,000	12.3%	12
San Diego County, California	757,000	30,000	4.0%	13
El Paso County, Texas	238,000	30,000	12.6%	14
Orange County, California	730,000	29,000	4.0%	15
Gwinnett County, Georgia	260,000	29,000	11.2%	16
Salt Lake County, Utah	325,000	28,000	8.6%	17
Palm Beach County, Florida	302,000	27,000	8.9%	18
San Bernardino County, California	599,000	26,000	4.3%	19
Riverside County, California	649,000	25,000	3.9%	20

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2019 American Community Survey (ACS) data, Table B27010. Data may not sum due to rounding.



## Endnotes

<sup>1</sup> Alker, J. and Pham, O., “Nation’s Uninsured Rate for Children Drops to Another Historic Low in 2016,” Georgetown University Center for Children and Families, October 2017, available at <https://ccf.georgetown.edu/2017/10/22/nationwide-rate-of-uninsured-children-reaches-historic-low/#:~:text=Nationwide%2095.5%20percent%20of%20children,the%20ACA%20was%20fully%20implemented>.

<sup>2</sup> Rae, M., Copeland, R., and Cox, C., “Tracking the Rise in Premium Contributions and Cost-sharing for Families with Large Employer Coverage,” Peterson-KFF Health System Tracker, August 14, 2019, available at <https://www.healthsystemtracker.org/brief/tracking-the-rise-in-premium-contributions-and-cost-sharing-for-families-with-large-employer-coverage/>.

<sup>3</sup> Artiga, S. and Ubri, P., “Key Issues in Children’s Health Coverage” Kaiser Family Foundation, February 2017, available at <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/>.

<sup>4</sup> Unless otherwise noted, all data in this report is based on a Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey data for the time period 2016 to 2019. Due to a change in the ACS’s age categorization for children in 2017, a few data points are presented as two-year trends, from 2017 to 2019. Please see the methodology for more information.

<sup>5</sup> “Civilian Unemployment Rate,” Bureau of Labor Statistics, available at <https://www.bls.gov/charts/employment-situation/civilian-unemployment-rate.htm>. For more on current challenges facing families see “Tracking the COVID-19 Recession’s Effects on Food, Housing, and Employment Hardships,” September 2020, available at <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>.

<sup>6</sup> The Trump administration reduced funding for Navigator programs from \$63 million in 2016 to \$10 million in 2018. Additionally, the funds set aside for outreach and advertising efforts during open enrollment periods suffered a 90 percent reduction. See Pollitz, K., Tolbert, J., and Diaz, M., “Data Note: Limited Navigator Funding for Federal Marketplace States,” Kaiser Family Foundation, November 2019, available at <https://www.kff.org/health-reform/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/>; Pollitz, K., Tolbert, J., Hamel, L., and Kearney, A., “Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need,” Kaiser Family Foundation, August 2020, available at <https://www.kff.org/report-section/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need-issue-brief/>; and Hoppe, O., “Affordable Care Act Navigators: Lack of Funding Leads to Consumer Confusion, Decreased Enrollment,” Georgetown University Center for Health Insurance Reform, CHIRblog, January 18, 2019, available at <http://chirblog.org/lack-of-navigator-funding-leads-confusion-decreased-enrollment/>.

<sup>7</sup> Haley, J. et al., “One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019,” Urban Institute, June 2020, available at <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>.

<sup>8</sup> Brooks, T., Park, E., and Roygardner, L., “Medicaid and CHIP Enrollment Decline Suggests the Child Uninsured Rate May Rise Again,” Georgetown University Center for Children and Families, May 2019, available at <https://ccf.georgetown.edu/2019/05/28/medicaid-and-chip-enrollment-decline/>; Brooks, T., “Child Enrollment in Medicaid and CHIP Remains Down in 2019,” Georgetown University Center for

Children and Families, SayAhh! Blog, February 18, 2020, available at <https://ccf.georgetown.edu/2020/02/18/child-enrollment-in-medicaid-and-chip-remains-down-in-2019/#:~:text=As%20of%20October%202019%2C%20the,enrollment%20data%20posted%20by%20CMS>.

<sup>9</sup> Our analysis merges the American Community Survey estimates of children of “two or more races” and “some other race” into “Other.” The Census Bureau defines the category of “some other race” as: “Includes all other responses not included in the ‘White,’ ‘Black or African American,’ ‘American Indian or Alaska Native,’ ‘Asian,’ and ‘Native Hawaiian or Other Pacific Islander’ race categories [...] Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic, Latino, or Spanish group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category.” See “American Community Survey and Puerto Rico Community Survey 2019 Subject Definitions” (District of Columbia: US Census Bureau), available at [https://www2.census.gov/programs-surveys/acs/tech\\_docs/subject\\_definitions/2019/ACSSubjectDefinitions.pdf](https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2019/ACSSubjectDefinitions.pdf).

<sup>10</sup> The ACS updated its age categories in 2017, changing the upper bound of the child population from 18 years of age to 19 years of age. Consequently, at this time, it is only possible to analyze a three-year trend in the uninsured rate for children under six. Please see the methodology section for more detail. A separate analysis from Georgetown CCF will provide state-by-state data for the under six group.

<sup>11</sup> A forthcoming analysis from Georgetown CCF will explore this trend in more detail.

<sup>12</sup> Banthin, J. et al., “Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation,” Urban Institute, July 2020, available at [https://www.urban.org/sites/default/files/publication/102552/changes-in-health-insurance-coverage-due-to-the-covid-19-recession\\_4.pdf](https://www.urban.org/sites/default/files/publication/102552/changes-in-health-insurance-coverage-due-to-the-covid-19-recession_4.pdf).

<sup>13</sup> Unpublished tabulations from Banthin, J. et al., op. cit.

<sup>14</sup> Evermore, M., “Long Lines for Unemployment: How Did We Get Here and What Do We Do Now?” National Employment Law Center, April 2020, available at <https://www.nelp.org/publication/long-lines-for-unemployment-how-did-we-get-here-and-what-do-we-do-now/>; Roll, S., and Grinstein-Weiss, M., “Did CARES Act Benefits Reach Vulnerable Americans? Evidence from a National Survey,” The Brookings Institution, August 2020, available at <https://www.brookings.edu/research/did-cares-act-benefits-reach-vulnerable-americans-evidence-from-a-national-survey/>; and Akhtar, A. and Lichtenberg, N., “A State-by-State Breakdown of Failures in Unemployment Systems Across the US During the Pandemic,” *Business Insider*, September 9, 2020, available at <https://www.businessinsider.com/how-states-unemployment-insurance-programs-ended-in-disaster-2020-9>.

<sup>15</sup> Brooks, T. and Schneider, A., “The Families First Coronavirus Response Act: Medicaid and CHIP Provisions Explained,” 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>16</sup> Brooks, T., Park, E., and Roygardner, L., op. cit.

<sup>17</sup> Wagnerman, K., Chester, A., and Alker, J., “Medicaid Is A Smart Investment in Children,” Georgetown University Center for Children and Families, March 2017, available at <https://ccf.georgetown.edu/2017/03/13/medicaid-is-a-smart-investment-in-children/>.



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Georgetown University  
Center for Children and Families  
McCourt School of Public Policy  
600 New Jersey Avenue, NW  
Washington, DC 20001  
Phone: (202) 687-0880  
Email: [childhealth@georgetown.edu](mailto:childhealth@georgetown.edu)



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