



Historic Gains in Health Coverage for Hispanic Children in the Affordable Care Act's First Year

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Key Findings

- 1. Uninsurance rates for Hispanic children reached a historic low in the first year that the Affordable Care Act's (ACA) coverage provisions took effect.** The number of uninsured Hispanic children dropped by approximately 300,000 children, from about 2 million uninsured Hispanic children in 2013 to 1.7 million in 2014. The uninsurance rate for Hispanic children declined by nearly 2 percentage points from 11.5 to 9.7 percent in the same one-year time period.
- 2. Hispanic children were much more likely to have health coverage in states that have taken multiple steps to expand coverage for children and parents.** In 2014, 20 states had uninsurance rates for Hispanic children that were significantly below the national average. Of these, 16 states covered children in Medicaid and the Children's Health Insurance Program (CHIP) above 255 percent of the Federal Poverty Level (FPL, the median eligibility level for children), 18 states provided Medicaid and/or CHIP coverage to lawfully residing children in the five-year waiting period, and 17 states extended Medicaid to low-income parents and other adults.
- 3. Despite these gains, health coverage inequities for Hispanic children remained.** Hispanic children accounted for a much greater share of the uninsured child population (39.5 percent) than the child population at large (24.4 percent) in 2014. These inequities existed even though the vast majority of uninsured Hispanic children were eligible for Medicaid and CHIP, but unenrolled.

Introduction

All children should have the opportunity to lead long and healthy lives. While many factors influence a child's health, access to health coverage is a critical component in setting them up for success. Federal and state efforts in the last two decades have cut the uninsurance rate for low-income children in half.¹ This reduction is due in large part to the success of Medicaid and the Children's Health Insurance Program (CHIP).² More recently, the passage and implementation of the Affordable Care Act (ACA) has built upon this success by providing affordable coverage for millions of adults.

The number of uninsured Hispanic children dropped dramatically in the first year that the ACA took effect.



The ACA built on the success of Medicaid and CHIP by extending affordable coverage to more low-income adults and moderate-income children.

The ACA included some important changes in coverage that were expected to have an impact on children’s health insurance coverage rates. Most of the eligibility expansions under the ACA—including the opportunity for states to extend Medicaid and provide premium tax credits for coverage on the health insurance marketplace—targeted adults. Prior to the enactment of the ACA, eligibility for Medicaid was much more limited for adults than for kids, and adults’ insured rates lagged behind children’s for many years. Some moderate-income children also became eligible for affordable coverage options through the health insurance marketplaces and premium tax credits. Hispanic adults had among the highest uninsured rates in the nation with nearly two-fifths of Hispanic adults uninsured before the ACA’s key coverage expansions took effect in 2014.³ National surveys have already identified a large decline—from 40 percent in 2012 to 34 percent in 2014—in uninsurance rates for non-elderly Hispanic adults.⁴

Despite these significant gains, far too many children—more than 4.4 million, of which about 1.7 million are Hispanic—remain uninsured.⁵ (See Figure 1.) For too long, Hispanic children have been more likely than other children to be uninsured. In 2014, Hispanic children had a higher rate of uninsurance than all children (9.7 percent compared to 6 percent respectively). (See Figure 2.)

While this inequity remains, the rate of uninsured Hispanic children has decreased significantly. The uninsurance rate for Hispanic children has been reduced by half since 1997.⁶ This is largely due to a corresponding increase in Medicaid and CHIP enrollment.⁷ Medicaid and CHIP have also helped to reduce inequities in health coverage rates between Hispanic children and other children. The difference between the uninsured rate for Hispanic children and the uninsured rate for all children has narrowed substantially from 7.2 percentage points in 2009 to 3.7 percentage points in 2014. (See Figure 2.)

Figure 1. The Number of Uninsured Hispanic Children Declined While the Number of Hispanic Children Grew, 2009-2014

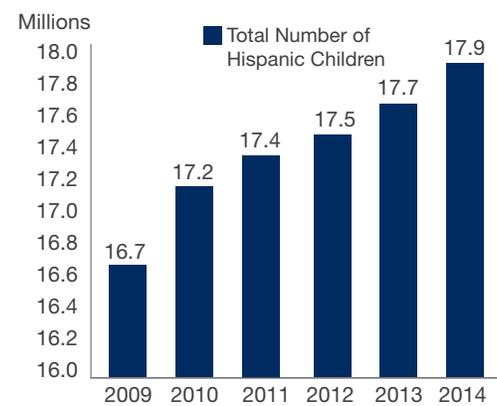
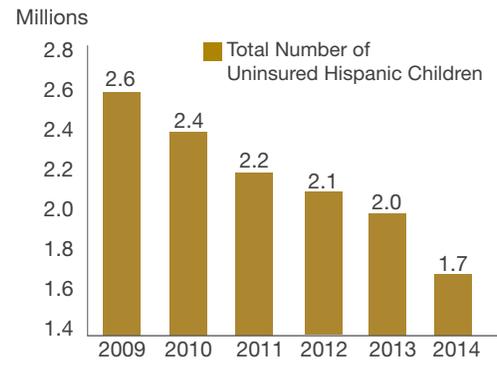
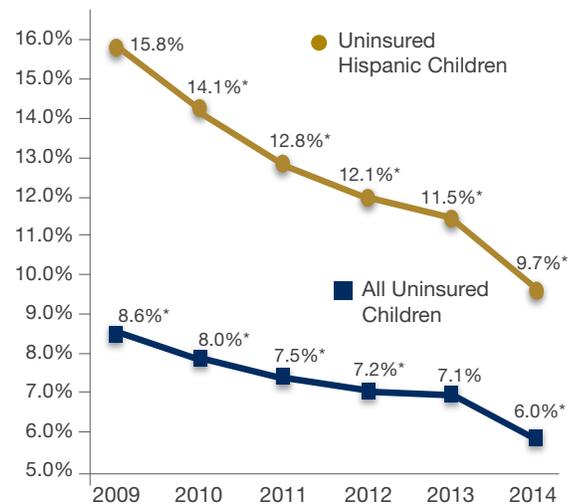


Figure 2. The The Uninsured Rate for Hispanic Children Declined More Quickly than the Uninsured Rate for All Children, 2009-2014



* Indicates change is significant at the 90% confidence level.

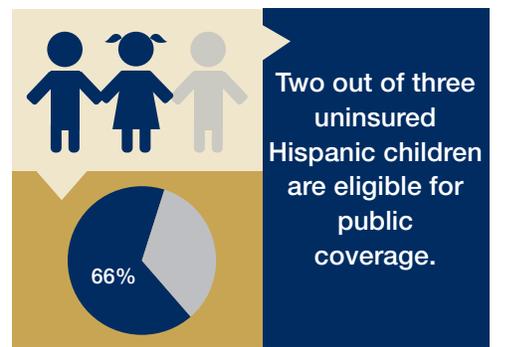
A majority of uninsured Hispanic children are eligible for Medicaid and CHIP but remain unenrolled due to many barriers.

Two-thirds (66 percent) of uninsured Hispanic children were estimated to be eligible for Medicaid and CHIP but remained unenrolled in 2013.⁸ (See Figure 3.) Many Hispanic children are eligible for these public coverage programs because the majority of Hispanic children are U.S. citizens (93 percent) and live in low-income families (62 percent).⁹ As of January 1, 2015, all but two states covered children at or above 200 percent of FPL through Medicaid and CHIP and 19 states covered children at or above 300 percent of the FPL.¹⁰

However, many eligible Hispanic children remain unenrolled in health coverage because their families face barriers to enrollment. These barriers include language access challenges, worries about immigration-related consequences for family members, and the complexity of eligibility rules. More than half of all Hispanic children in 2013 had at least one parent who was foreign born or who did not speak English well.¹¹ State Medicaid and CHIP programs, as well as state and federal marketplaces, may not conduct adequate outreach in Spanish or offer an enrollment experience in high-quality Spanish. Eligible Hispanic children living with immigrant parents can also face barriers because their parents fear immigration-related consequences.

Another barrier to enrollment is that parents may not know their children are eligible due to complex program rules that vary from state to state. Under the 2009 Children’s Health Insurance Program Reauthorization Act (CHIPRA), states have the option to provide coverage to lawfully residing immigrant children using federal Medicaid and CHIP funds. Before CHIPRA, many immigrant children were subject to a five-year waiting period before federal Medicaid or CHIP funds could be used to provide health coverage. As of 2015, 28 states and D.C. had extended Medicaid and CHIP to lawfully residing children by lifting this five-year waiting period.¹² However, some lawfully residing Hispanic children living in the 22 states that have not taken this CHIPRA option continue to be ineligible for coverage. Also, a small percentage of Hispanic children are unauthorized and not eligible for federally-funded coverage in Medicaid or CHIP except for limited-scope emergency Medicaid.¹³

Figure 3.
Most Uninsured Hispanic Children Were Eligible For Medicaid/CHIP Coverage in 2013





Hispanic children are the fastest-growing segment of the child population in the U.S.

Providing health coverage to Hispanic children is not only important for their health and well-being, but it also benefits the social and economic fabric of the nation. There are currently more than 17.5 million Hispanic children in the U.S., representing one in every four children.¹⁴ Hispanic children are the fastest-growing segment of the child population in the U.S. and are expected to represent nearly one in three children by 2050.¹⁵ Consequently, it is projected that by 2050 nearly one-third of the U.S. workforce will be Hispanic.¹⁶

In order to reach their full potential, children need to be healthy. Research shows that children with access to health coverage through Medicaid gain additional and important long-term benefits, such as better educational outcomes as teenagers and adults along with greater economic success.¹⁷ Connecting these children to coverage and care is essential to realizing our nation's bright future.

This brief provides a snapshot of uninsured Hispanic children in the U.S. in 2014, nationwide and in all 50 states and the District of Columbia (D.C.). Unless otherwise noted, this report analyzes national and state data from the 2014 American Community Survey (ACS) to profile uninsured Hispanic children. The brief also highlights the efforts of two states to reduce the number of uninsured children, and offers recommendations to further reduce the number of uninsured children.

National Trends

Uninsurance rates for Hispanic children reached a historic low in the first year that the ACA's coverage provisions took effect.

In 2014, when the full provisions of the ACA went into effect, the number of uninsured Hispanic children dropped by approximately 300,000 children (from 2 million in 2013 to 1.7 million in 2014), a 14.6 percent decline. This decline is roughly three times the size of the prior year's decline for Hispanic children. This decline occurred at a time when the overall Hispanic child population grew by 1.1 percent. (See Figure 1.)

In 2014, the uninsurance rate for Hispanic children also dropped at an unprecedented rate from 11.5 percent in 2013 to 9.7 percent in 2014.¹⁸ This is three times the percentage point drop from 2012 to 2013 (0.6 percentage points), and greater than any one-year percentage point drop since 2009. (See Figure 2.)

The uninsurance rate for Hispanic children declined at a rate much faster than the rate of decline for all children.

From 2013 to 2014, the uninsurance rate for Hispanic children fell by 1.8 percentage points, faster than it fell for all children (1.1 percentage points). In the last five years, the uninsurance rate for Hispanic children fell 6 percentage points, more than double the percentage point drop for all children (2.6 percentage points). (See Figure 2.)

Hispanic children are much more likely to be insured in states that have taken multiple steps to expand health coverage to children and parents.

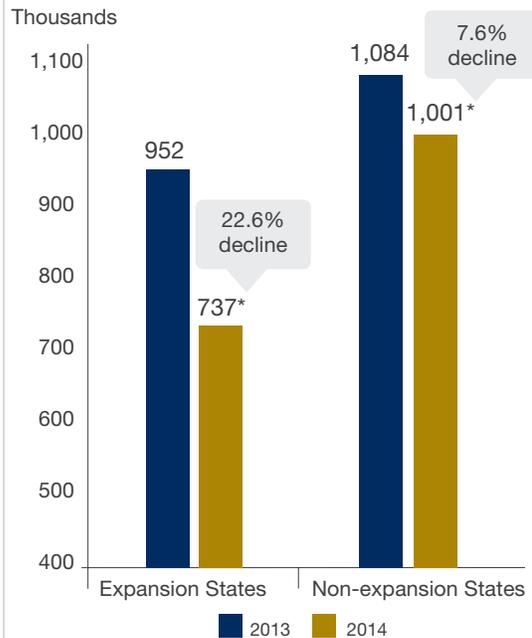
States that have uninsurance rates for Hispanic children that are significantly below the national average are much more likely to have taken multiple steps to expand affordable coverage, including:

- raising Medicaid and CHIP income eligibility levels for children;
- covering lawfully residing immigrant children without a five-year waiting period in Medicaid and CHIP; and
- extending Medicaid coverage to low-income parents and other adults.

In 2014, 20 states had uninsurance rates for Hispanic children that were significantly below the national average. Of these, 16 states covered children in Medicaid and the Children’s Health Insurance Program (CHIP) above 255 percent of the FPL (the median eligibility level for children), 18 states provided Medicaid and/or CHIP coverage to lawfully residing children in the five-year waiting period, and 17 states extended Medicaid to low-income parents and other adults. (See Appendix Table 5.)

In addition, states that extended Medicaid to low-income adults had uninsurance rates for Hispanic children that were half the rate of states that did not expand Medicaid in 2014 (7 percent compared to 13.7 percent respectively).¹⁹ States that expanded Medicaid also had triple the rate of decline of uninsured Hispanic children compared to non-expansion states between 2013 and 2014, despite the fact that most of them started off with fewer uninsured Hispanic children. (See Figure 4 and Appendix Table 6.)

Figure 4. States that Expanded Medicaid Had a Larger Decline in the Rate of Uninsured Hispanic Children Compared to Non-Expansion States, 2013-2014



* Indicates change is significant at the 90% confidence level.

New coverage options for parents under the ACA likely created a “welcome mat” for Hispanic children.

Most uninsured Hispanic children were already eligible for affordable health coverage through Medicaid or CHIP prior to the ACA, but were not enrolled.²⁰ Nonetheless, the ACA still had a positive impact on getting children connected with coverage. It is likely that new eligibility and enrollment opportunities for adults created a “welcome mat” effect when parents enrolled their children in Medicaid or CHIP as they signed themselves up for newly available ACA coverage. Research and state experience shows that covering parents increases the likelihood of children being enrolled in health coverage.²¹ For example, in Oregon, the odds of eligible children receiving Medicaid or CHIP coverage doubled if their parents enrolled in Medicaid.²²



Despite these gains, health coverage inequities for Hispanic children remained.

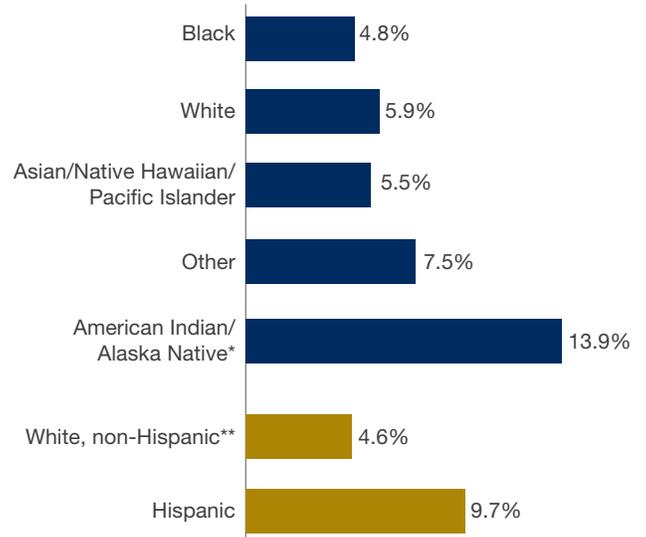
Gaps in uninsurance rates between Hispanic children and other children narrowed considerably between 2009 and 2014, but significant disparities remained. During this period, the gap in coverage between Hispanic children and all children narrowed from 7.2 percentage points to 3.7 points. (See Figure 1.) The gap between Hispanic children and non-Hispanic white children narrowed from 9.9 percentage points to 5.1 points. (See Figure 5.) Although these coverage gaps were cut in half over a five-year period, significant gaps remained in 2014, even after ACA’s first year of implementation.

In addition, Hispanic children continue to make up a disproportionate share of uninsured children. Hispanic children made up 39.5 percent of the uninsured child population, but only 24.4 percent of the overall child population. (See Figure 6.)

The vast majority of uninsured Hispanic children were eligible for Medicaid and CHIP but not enrolled.

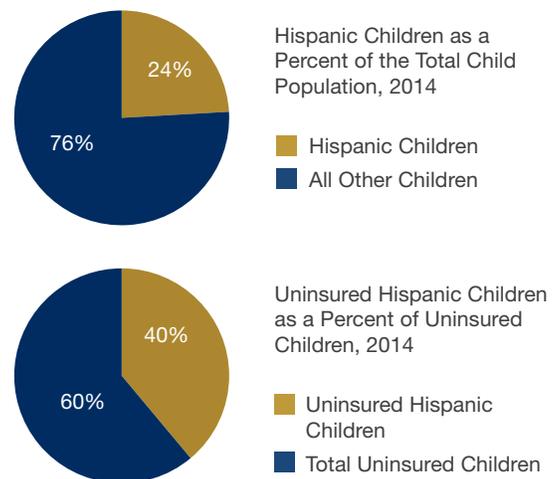
Two-thirds (66 percent) of uninsured Hispanic children were estimated to be eligible for Medicaid and CHIP but not enrolled in 2013.²³ As discussed earlier, Hispanic children are often eligible for Medicaid and CHIP but not enrolled because their parents face barriers to enrolling them.

Figure 5. Hispanic Children Were Twice as Likely as Non-Hispanic White Children to be Uninsured, 2014



* Indian Health Service is not considered comprehensive coverage. See the methodology section for more information.
** For simplicity, racial and ethnic data are displayed in this chart, but Hispanic refers to a person’s ethnicity and these individuals may be of any race. See the methodology section for more information.

Figure 6. Health Coverage Inequities Remain: Hispanic Children Were a Much Larger Share of Uninsured Children Than They Were of All Children, 2014



State Trends

In the ten states with the largest overall number of Hispanic children, rates of uninsured Hispanic children varied widely.

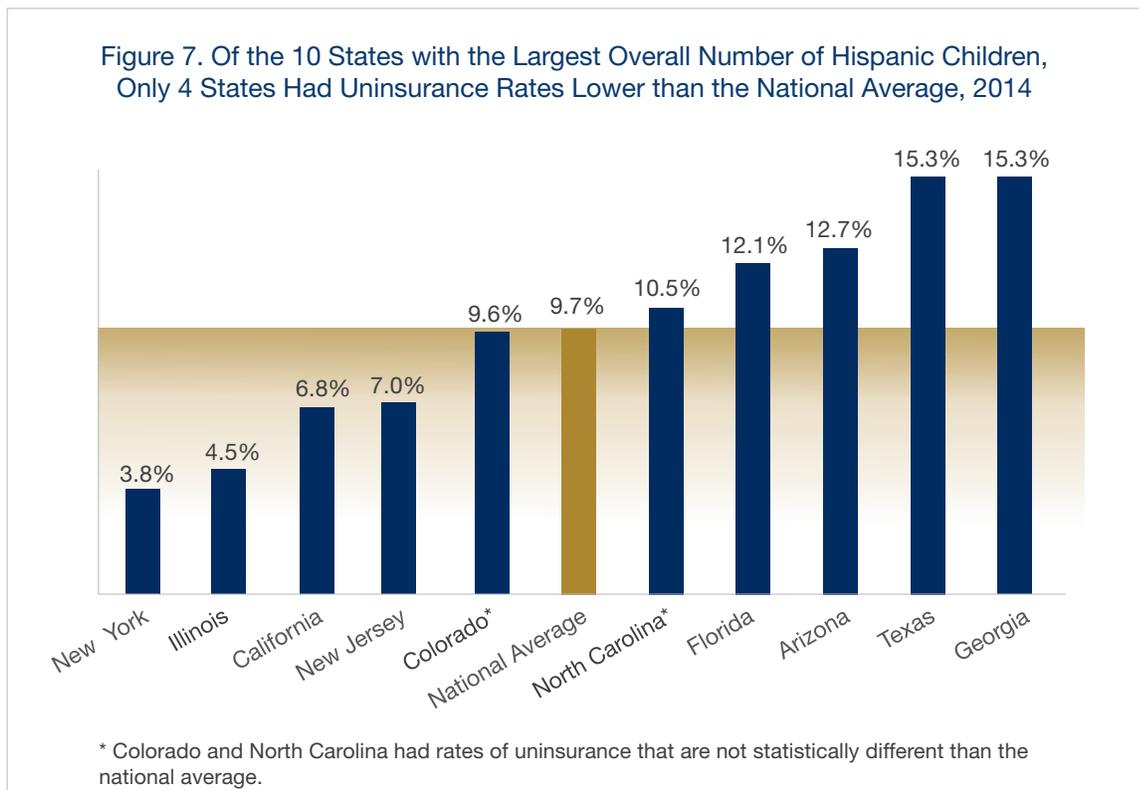
Of the ten states with the largest overall number of Hispanic children, four states—California, New York, Illinois and New Jersey—had rates of uninsured Hispanic children that were significantly lower than the national average. (See Figure 7.) New York’s uninsurance rate for Hispanic children was the lowest by far of these ten states (3.8 percent). California, New York, Illinois, and New Jersey all cover children with incomes above 255 percent of the FPL, cover lawfully residing immigrant children in the five-year waiting period, and have extended Medicaid to low-income adults. (See Figure 7 and Appendix Table 5.)

Four states—Texas, Florida, Arizona, and Georgia—had rates of uninsured Hispanic children that were significantly higher than the national average. Both Georgia and Texas had uninsured rates that were four

times as high as New York’s. Texas, Florida, and Georgia have eligibility levels for children below the national average, and Arizona is the only state in the country to have closed its CHIP program. Of these four states, only Texas covers lawfully residing children in the five-year waiting period, and only Arizona has extended Medicaid to low-income parents and other adults. (See Figure 7 and Appendix Table 5.)

Two states—Colorado and North Carolina—had uninsurance rates for Hispanic children that were on par with the national average. Colorado’s income eligibility levels for children in Medicaid and/or CHIP were above the national median, but North Carolina’s levels were below the national median. Colorado began providing coverage for lawfully residing children in the five-year waiting period in 2015 and North Carolina had already provided coverage to children in the five-year waiting period in 2014.

Colorado expanded Medicaid coverage to low-income adults in 2014, while North Carolina has not. (See Figure 7 and Appendix Table 5.)





The number and percentage of uninsured children fell in 11 states.

Between 2013 and 2014, eleven states—Arizona, California, Colorado, Florida, Georgia, Nevada, New Jersey, New York, Oklahoma, Oregon and Texas—had significant decreases in both the number and percentage of uninsured Hispanic children. Some of the states that improved continued to have the largest number of uninsured Hispanic children in the nation, but showed among the greatest improvements in coverage. For instance, in Texas, a state with many uninsured Hispanic children, a 1.7 percentage point decline in the rate of uninsured Hispanic children translates to a decline of nearly 53,000 children. (See Figure 8.)

Figure 8. The Number and Percentage of Uninsured Hispanic Children Fell in 11 States, 2013-2014

State	Number of Uninsured Hispanic Children			Percent of Uninsured Hispanic Children		
	2013 Number Uninsured	2014 Number Uninsured	2013-2014 Change in Number of Uninsured	2013 Percent Uninsured	2014 Percent Uninsured	2013-2014 Percentage Point Change
Arizona	105,377	89,143	-16,234*	15.1	12.7	-2.4*
California	454,740	322,698	-132,042*	9.6	6.8	-2.8*
Colorado	50,694	37,487	-13,207*	13.1	9.6	-3.5*
Florida	167,917	143,831	-24,086*	14.4	12.1	-2.3*
Georgia	64,489	52,113	-12,376*	19.2	15.3	-3.9*
Nevada	53,142	35,736	-17,406*	20.0	13.3	-6.7*
New Jersey	48,430	35,115	-13,315*	9.8	7.0	-2.8*
New York	47,083	38,268	-8,815*	4.7	3.8	-0.9*
Oklahoma	20,459	17,175	-3,284*	14.0	11.4	-2.5*
Oregon	16,845	11,768	-5,077*	9.1	6.3	-2.8*
Texas	585,498	532,615	-52,883*	17.0	15.3	-1.7*

* Indicates change is significant at the 90 percent confidence level.



State Spotlight: Nevada Had the Greatest Decline in the Uninsurance Rate for Hispanic Children

In Nevada, the uninsurance rate for Hispanic children fell from 20 percent in 2013 to 13.3 percent in 2014, the biggest drop in the nation.²⁵ The number of uninsured Hispanic children in Nevada also declined dramatically from approximately 53,000 in 2013 to about 36,000 in 2014, a 33 percent decline. Despite this encouraging progress, Nevada still had the 9th largest number of uninsured Hispanic children in the nation and a rate that is significantly higher than the national average.

State officials in Nevada took full advantage of coverage options under the ACA to bring down uninsured rates. At the end of 2012, Governor Sandoval announced that he would extend Medicaid coverage to low-income parents and other adults up to 138 percent of the federal poverty level. State officials in Nevada also decided to launch “Nevada Health Link,” a state health insurance marketplace.²⁶ Nevada provides Medicaid and CHIP coverage to children up to 205 percent of the federal poverty level—lower than the national median—and has not provided Medicaid and/or CHIP to lawfully residing children in the five-year waiting period.²⁷

Nevada used federal health insurance marketplace grants to develop a state marketplace website in Spanish and contracted with bilingual navigators who knew how to engage and enroll the Latino community.²⁸ Despite early concerns that Hispanic enrollment numbers in Medicaid and the state marketplace were low, Nevada had a significant reduction in the number and rate of uninsured Hispanic adults. The number of uninsured non-elderly Hispanic adults in Nevada decreased by approximately 31,000 (from about 190,000 in 2013 to 159,000 in 2014) and the rate of uninsured non-elderly Hispanic adults in Nevada declined from 41.4 percent in 2013 to 33.4 percent in 2014.²⁹ This likely resulted in a “welcome mat” effect where providing affordable health coverage options for parents—which could be through Medicaid expansion or the marketplace—increased the likelihood of their children being enrolled in health coverage.³⁰



State Spotlight: New York Continues to Keep its Uninsured Rate for Hispanic Children Low, Year after Year

New York's uninsurance rate for Hispanic children steadily declined in the last five years from 6.2 percent in 2009 to 3.8 percent in 2014. The state had a rate of uninsured Hispanic children in 2014 well below the national average, despite having the fourth *largest* Hispanic child population in the United States. New York has also made great strides in covering Hispanic adults. The uninsurance rate for Hispanic adults fell from 31.5 percent in 2009 to 24.5 percent in 2014.

There are a few likely reasons for New York's success. First, New York has had a long-standing commitment to affordable health coverage for children and adults in Medicaid and CHIP. New York has covered children in Medicaid and CHIP up to 400 percent of the federal poverty level, the highest level in the U.S., for nearly a decade. The state has covered all children regardless of immigration status since the 1990s.³¹ New York also provided Medicaid coverage to low-income parents up to 150 percent of FPL and childless adults up to 100 percent of FPL through a Medicaid waiver before the ACA took effect in 2014.³²

Second, New York built on a vibrant infrastructure of trusted, community-based application assistance through its Facilitated Enrollment (FE) and Community Health Advocate (CHA) programs. Created in 1999, the FE program serves all counties across New York through state-administered contracts with nonprofit service organizations to facilitate enrollment into public health insurance programs.³³ The CHA program also emerged in 1999 to provide enhanced support to consumers, communities, and social service organizations navigating New York's healthcare systems and services. The federal marketplace grants provide additional resources that allowed the state to build on an already-organized and state-funded network of enrollment and renewal assisters that had existed for many years.

Third, New York continues to eliminate administrative barriers in the enrollment and renewal process. The state has also worked to reduce disruptions in coverage—like movement from insured to uninsured or across Medicaid, CHIP and the marketplace—that occur due to small fluctuations in income. In particular, New York has adopted express lane eligibility and 12-month continuous eligibility for children in Medicaid and CHIP, which make it easier for children to be enrolled and stay enrolled regardless of changes in circumstance.



Two-thirds of uninsured Hispanic children are concentrated in just five states.

Two-thirds (66 percent) of all uninsured Hispanic children lived in just five states— Texas, California, Florida, Arizona, and Georgia in 2014. (See Figure 9.) These five states were home to 1.1 million of the 1.7 million uninsured Hispanic children in 2014.

Taking a closer look at these five states provides a better understanding of why they might have such large numbers of uninsured Hispanic children. (See Appendix Table 5 and Figure 9.)

- California’s rate of uninsured Hispanic children (6.8 percent) was significantly below the national average. However, California still drove up the national number of uninsured Hispanic children since it is such a large state. California’s rate was lower than the national average for a few possible reasons. California has more generous child eligibility levels (266 percent of the FPL) for Medicaid and CHIP than the other four states with large numbers of uninsured Hispanic children, and has extended coverage to lawfully residing children in the five-year waiting period. Some California counties have extended coverage to all children regardless of immigration status.³⁴ In addition, California extended Medicaid to low-income parents and other adults under a Medicaid waiver approved in 2010.³⁵ Arizona’s rate of uninsured Hispanic children (12.7 percent) remained significantly above the national average (9.7 percent). Despite extending Medicaid to low-income adults in 2014, Arizona limited eligibility for children in CHIP from 2010 to 2014, by freezing enrollment for

its CHIP program in 2010. In effect, this enrollment freeze limited eligibility for children in Medicaid to 152 percent of the FPL, the lowest income eligibility level in the country.³⁶ Arizona also does not cover lawfully residing children in the five-year waiting period.

- The remaining three states, Texas, Florida, and Georgia, all had significantly higher rates of uninsurance than the national average. Texas, Florida, and Georgia cover children in Medicaid and CHIP below the national median eligibility levels and have not extended Medicaid coverage to low-income parents. Of these states, only Texas covers lawfully residing children in the five-year waiting period. Without improvements in eligibility levels for parents and children, it will likely be difficult for Texas, Florida, and Georgia to bring the rate of uninsured Hispanic children down to the national average.

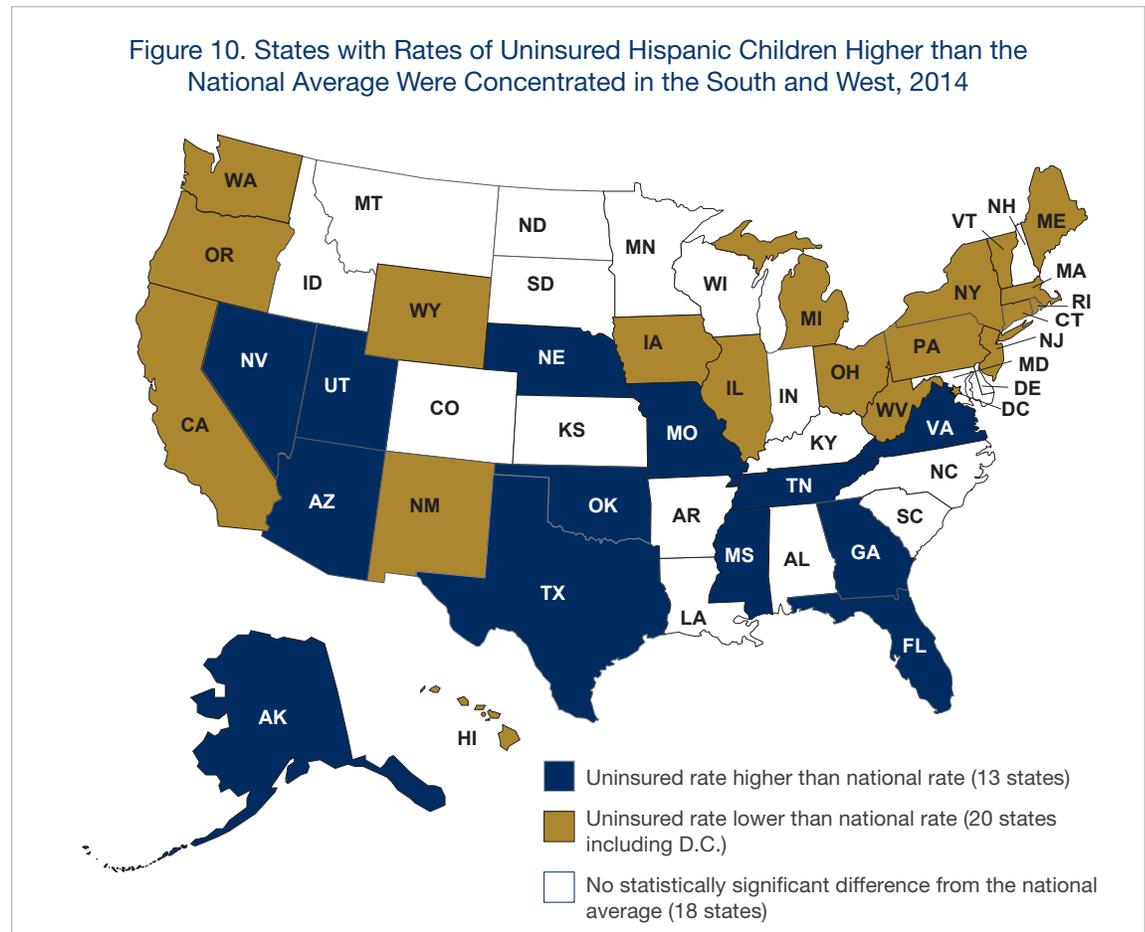
The South had the largest share of the nation’s uninsured Hispanic children and the highest rate of uninsured Hispanic children.

The South accounted for the largest share of the nation’s uninsured Hispanic children in 2014 (51.5 percent), and had the highest rate of uninsured Hispanic children in 2014 (13.8 percent). Only one Southern state, West Virginia, had a lower rate of uninsured Hispanic children than the national average. (See Figure 10.) Meanwhile, in the last decade, the nation’s Hispanic population grew at the fastest rate in the South, including among Southern states with historically small Hispanic populations.³⁷

Figure 9. Two-thirds of Uninsured Hispanic Children Lived in 5 States, 2014

State	2014 Number and Rate of Uninsured Hispanic Children		As a Share of Total Uninsured Hispanic Children
	Number	Rate	
Texas	532,615	15.3%	30.6%
California	322,698	6.8%	18.6%
Florida	143,831	12.1%	8.3%
Arizona	89,143	12.7%	5.1%
Georgia	52,113	15.3%	3.0%
Five State Total	1,140,400	10.9%	65.6%
National Total	1,738,230	9.7%	100%

Figure 10. States with Rates of Uninsured Hispanic Children Higher than the National Average Were Concentrated in the South and West, 2014



The Coverage Landscape for Hispanic Children

What role do Medicaid and CHIP play in the health and long-term success of Hispanic children and families?

Medicaid and CHIP play a vital role in providing health coverage and health care services to low and moderate-income children. Medicaid and CHIP now cover more than half (55 percent) of the nation’s Hispanic children.³⁸ Children enrolled in Medicaid and CHIP have significantly better access to primary and specialty care and fewer cost barriers than those who are uninsured. Furthermore, children enrolled in Medicaid are significantly less likely to have unmet or delayed needs for medical care, dental care, and prescription drugs due to costs compared to low-income uninsured children.³⁹

A new body of research shows that Medicaid has additional long-term benefits for children. Children eligible for Medicaid had better health outcomes as adults and teenagers; better educational outcomes (they were less likely to drop out of high school and more likely to graduate from college); and greater economic success.⁴⁰

Which Hispanic children are more likely to remain uninsured?

Uninsured Hispanic children, like all uninsured children, are more likely to be school-aged. Hispanic children under age 6 are less likely than their older, school-aged peers (6 to 17 years old) to be uninsured (6.9 percent compared to 11.2 percent, respectively). However, Hispanic uninsured children are more likely to live in

poverty than all uninsured children. Hispanic children living in poverty are more likely to be uninsured than those just above poverty (9.9 percent uninsured below 100 percent of the FPL, compared to 8.7 percent at 100 to 125 percent of the FPL).⁴¹

How did the ACA support coverage gains for Hispanic children and families?

On January 1, 2014, many of the key coverage provisions of the ACA took effect. The ACA created new pathways to coverage for adults by extending Medicaid eligibility to low-income adults (which became optional for states as a result of the Supreme Court decision). In addition, the ACA filled a gap in coverage for “lawfully present” immigrants who do not meet a narrower “qualified” immigrant definition for Medicaid. Lawfully present immigrants are now eligible for marketplace coverage and premium subsidies. Given that more than half of Hispanic children have a foreign-born parent, the expansion to lawfully present immigrants provided a new coverage option for parents of many Hispanic children.⁴² Finally, some children also gained a path to coverage through premium subsidies for purchasing health insurance in the new federal or state marketplaces for children in families whose income is too high for Medicaid or CHIP.

As mentioned earlier, despite new coverage options under the ACA, most uninsured Hispanic children were already eligible for affordable health coverage through Medicaid or CHIP prior to the ACA, but were not enrolled.⁴³ It is likely that new eligibility and enrollment opportunities for parents and other adults created a “welcome mat” effect where parents enrolled their children as they signed themselves up for newly available ACA coverage.⁴⁴

The ACA also included a “maintenance of effort” provision requiring states to maintain their current eligibility levels for children in Medicaid and CHIP through September 2019. States were also required to remove administrative barriers to

enrollment, such as removing asset tests and face-to-face interviews that made it harder for families to be determined eligible and enroll in coverage.⁴⁵

Conclusion

For nearly two decades, the number of uninsured children—including Hispanic children—has steadily declined. These gains in health coverage reflect years of concentrated efforts at the federal and state levels to ensure that more children have an opportunity to achieve good health and well-being through access to health insurance. While the number of uninsured children has fallen, certain racial and ethnic groups, especially Hispanics, continue to face inequities in health coverage levels.

While recent trends are promising, additional efforts must continue to educate, engage and enroll the Hispanic community. The ACA has dramatically increased the pace at which the uninsured rate is falling for Hispanic children. Still, Hispanic children are more likely to be uninsured than other children, making them vulnerable to going without health care and leaving their families exposed to financial risk.

Given the high rates of uninsurance among Hispanic children, policymakers, program administrators, and other stakeholders should continue efforts to maximize health coverage for Hispanic children and remove barriers to enrollment. Five particular strategies will support future progress: fully implementing the ACA’s coverage provisions; extending public coverage to lawfully residing children; removing systemic barriers to enrollment and support the application process; supporting states and localities that want to expand coverage to children and families regardless of immigration status; and encouraging states to evaluate changing demographics and adopt strategies to maximize enrollment. Through these efforts, more Hispanic children will not only gain health coverage, but a more equitable opportunity for success in school, work, and as participants in society at large.

Additional efforts must continue to educate, engage and enroll the Hispanic community.

Future Progress



Fully Implement the ACA's Coverage Provisions

To continue to make strong gains in coverage for Hispanic children and their families, states with large populations of uninsured Hispanic children should accept federal funds and extend Medicaid to low-income parents and other adults. Research and experience has shown that coverage for parents has a “welcome mat” effect as parents enroll their children when they sign themselves up for coverage. States with large uninsured Hispanic child populations that have not yet expanded Medicaid include Texas, Florida and Georgia.



Extend Public Coverage to Lawfully Residing Children

Existing programs such as Medicaid and CHIP must be extended to lawfully residing children, including Hispanic children. The vast majority of Hispanic children are citizens, but some Hispanic children who are lawfully residing immigrants are currently ineligible for Medicaid and CHIP in their state based on immigration status. As of 2015, 28 states and D.C. have expanded Medicaid and CHIP to lawfully residing children who face a five-year waiting period through a state option that became available in 2009, while 22 states have not.⁴⁶ Extending this option would provide newly arrived lawfully residing children with an affordable health coverage option that would cost states very little due to increased federal CHIP matching rates.⁴⁷



Remove Systemic Barriers to Enrollment and Support the Application Process

The federal government and states should maintain efforts to provide linguistically, culturally appropriate, and community based enrollment assistance. Hispanic families face unique barriers to coverage programs. While most Hispanic children are U.S. citizens and speak English fluently, the majority of Hispanic children had at least one parent who was foreign-born or who did not speak English well.⁴⁸ To overcome these unique barriers, state Medicaid and CHIP programs and the state and

federal marketplaces should make the full outreach and enrollment experience available in high-quality Spanish. Additionally, education to clarify that families can apply for health coverage programs without fear of immigration-related consequences is needed. Together, these targeted efforts can help ensure that a greater share of eligible children are enrolled in health coverage programs.



Support States and Localities That Want to Expand Coverage to Children and Families Regardless of Immigration Status

The federal government should continue to allow states flexibility to use state funds to fill in gaps for children that exist because of immigration status. Currently, some Hispanic children, including siblings of citizen children, are ineligible for Medicaid and CHIP based on their immigration status.⁴⁹ Many of these children are lawfully present, some have been granted deferred action under the Deferred Action for Childhood Arrivals (DACA) program, and others were brought here by their parents and remain unauthorized.⁵⁰ Over the years, a small number of states and localities have successfully used their own funds to maximize coverage options for children, regardless of immigration status or to subgroups of people ineligible for coverage, such as those granted DACA status.



Encourage States, Particularly Those With Emerging Hispanic Populations, to Evaluate Changing Demographics and Adopt Strategies to Maximize Enrollment

States with high rates of uninsured Hispanic children and fast-growing Hispanic populations—like those in the South—should take steps to connect uninsured Hispanic children to health coverage. Initial steps could include assessing where in the state Hispanic populations are most likely to live; ensuring that applications for health coverage programs are culturally competent and linguistically accessible; and partnering with community leaders and organizations to reach these populations.

Methodology

Data Source

This brief analyzes single year estimates of summary data from the 2013 and 2014 ACS. The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Where only number estimates are available, percent estimates and their standard errors were computed based on formulas provided in the 2014 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data."

Margin of Error

The published Census Bureau data provide a 90-percent margin of error (potential minimum and maximums for any given estimate, based on the sample size and sampling method of the American Community Survey). Except where noted, reported differences of rate or number estimates (either between groups, coverage sources, or years) are statistically significant within a 90 percent of margin of error. This year's report provides estimates over a 1-year time period, as opposed to last year's report, which provided estimates over a 2-year time period. CCF does not take the 90-percent margin of error into account when ranking states by the number and percent of uninsured children by state, and so minor differences in state rankings may not be statistically significant.

Geographic Location

We report regional data for the U.S. 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 D.C.), and county and county equivalents.

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.

Demographic Characteristics

"Children" are defined as those under the age of 18. In the brief we report data for all seven race categories and two ethnicity categories for which the ACS provides one-year health insurance coverage estimates. The U.S. Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts.

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 other racial categories refer to respondents who indicated belonging to only one race.

We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. We report data for both "white" children and "white non-Hispanic children." The former refers to all children whose race is reported as white, without regard to their ethnicity; the latter category refers to children who reported their race as white and do not report their ethnicity as Hispanic. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2014 Subject Definitions."

Medicaid Expansion Analysis

For the purpose of this analysis, the 27 states (including D.C.) that expanded Medicaid are Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia. A few of these state covered adults before they began receiving the enhanced match in 2014. Wisconsin is not included as an expansion states as they don't accept the enhanced match.

The rate of uninsurance in Medicaid expansion states is calculated by dividing the number of uninsured children living in Medicaid expansion states by the number of children living in Medicaid expansion states. The same method is used to determine the rate of uninsurance in 24 non-expansion states.



Appendix Table 1. Number of Uninsured Hispanic Children Under 18, 2013 and 2014

State	2013 Number Uninsured	2013 State Ranking in Number of Uninsured	2014 Number Uninsured	2014 State Ranking in Number of Uninsured
United States	2,035,787	-	1,738,230	-
Alabama	7,068	19	7,694	19
Alaska	1,226	8	3,532	13
Arizona	105,377	48	89,143	48
Arkansas	7,428	20	8,799	21
California	454,740	50	322,698	50
Colorado	50,694	45	37,487	45
Connecticut	10,190	25	10,198	25
Delaware	1,385	11	3,596	14
District of Columbia	62	1	818	4
Florida	167,917	49	143,831	49
Georgia	64,489	47	52,113	47
Hawaii	1,310	10	1,349	8
Idaho	9,963	24	9,541	23
Illinois	37,373	41	32,982	40
Indiana	18,940	34	15,321	33
Iowa	4,749	16	3,212	12
Kansas	12,380	27	13,791	31
Kentucky	5,977	18	4,228	16
Louisiana	8,159	21	7,190	18
Maine	412	3	201	2
Maryland	13,639	29	15,152	32
Massachusetts	2,873	13	4,059	15
Michigan	9,875	23	8,319	20
Minnesota	14,407	30	12,712	29
Mississippi	4,658	15	4,782	17
Missouri	9,272	22	12,217	28
Montana	1,569	12	1,701	9
Nebraska	4,968	17	9,107	22
Nevada	53,142	46	35,736	42
New Hampshire	549	5	1,975	10
New Jersey	48,430	44	35,115	41
New Mexico	24,862	38	21,416	36
New York	47,083	43	38,268	46
North Carolina	41,802	42	36,402	44
North Dakota	709	6	1,107	7
Ohio	10,865	26	10,192	24
Oklahoma	20,459	35	17,175	34
Oregon	16,845	33	11,768	27
Pennsylvania	20,543	36	21,720	37
Rhode Island	3,860	14	2,292	11
South Carolina	13,081	28	10,316	26
South Dakota	1,222	7	825	5
Tennessee	16,584	32	19,079	35
Texas	585,498	51	532,615	51
Utah	33,551	40	36,005	43
Vermont	240	2	67	1
Virginia	23,167	37	31,311	39
Washington	24,982	39	23,943	38
West Virginia	531	4	443	3
Wisconsin	15,436	31	13,591	30
Wyoming	1,246	9	1,096	6

Note: CCF does not take margin of error into account when ranking states by the number of uninsured Hispanic children. The reported number of uninsured Hispanic children are estimates and should be interpreted as approximations of the population size rather than precise population counts.

Appendix Table 2. Percent of Uninsured Hispanic Children Under 18, 2014

State	2014 Percent Uninsured	Rate Compared to National Average
United States	9.7	
Alabama	10.6	-
Alaska	21.2	Greater than the national average
Arizona	12.7	Greater than the national average
Arkansas	11	-
California	6.8	Less than the national average
Colorado	9.6	-
Connecticut	5.9	Less than the national average
Delaware	12.1	-
District of Columbia	4.9	Less than the national average
Florida	12.1	Greater than the national average
Georgia	15.3	Greater than the national average
Hawaii	2.6	Less than the national average
Idaho	12.2	-
Illinois	4.5	Less than the national average
Indiana	9.3	-
Iowa	4.7	Less than the national average
Kansas	10.6	-
Kentucky	7.5	-
Louisiana	10.8	-
Maine	3.5	Less than the national average
Maryland	8.4	-
Massachusetts	1.7	Less than the national average
Michigan	4.7	Less than the national average
Minnesota	11.6	-
Mississippi	17.4	Greater than the national average
Missouri	14	Greater than the national average
Montana	12.9	-
Nebraska	11.9	Greater than the national average
Nevada	13.3	Greater than the national average
New Hampshire	13.7	-
New Jersey	7	Less than the national average
New Mexico	7.2	Less than the national average
New York	3.8	Less than the national average
North Carolina	10.5	-
North Dakota	14.4	-
Ohio	7	Less than the national average
Oklahoma	11.4	Greater than the national average
Oregon	6.3	Less than the national average
Pennsylvania	7.4	Less than the national average
Rhode Island	4.7	Less than the national average
South Carolina	11.4	-
South Dakota	7.1	-
Tennessee	14.9	Greater than the national average
Texas	15.3	Greater than the national average
Utah	23.4	Greater than the national average
Vermont	2.2	Less than the national average
Virginia	13.3	Greater than the national average
Washington	7.3	Less than the national average
West Virginia	5	Less than the national average
Wisconsin	9.3	-
Wyoming	5.6	Less than the national average

Note: "Greater than the national average" and "Less than the national average" indicate that the states' rate of uninsured Hispanic children was statistically greater than or less than the national average of 9.7 percent. A "-" indicates that the states' rate of uninsured Hispanic children was not statistically different than the national average of 9.7 percent.



Appendix Table 3. Change in the Number of Uninsured Hispanic Children Under 18, 2013 and 2014

State	2013 Number Uninsured	2014 Number Uninsured	2013-2014 Change in Number of Uninsured	Ranking 2013-2014 Change in Number of Uninsured
United States	2,035,787	1,738,230	-297,557*	-
California	454,740	322,698	-132,042*	1
Texas	585,498	532,615	-52,883*	2
Florida	167,917	143,831	-24,086*	3
Nevada	53,142	35,736	-17,406*	4
Arizona	105,377	89,143	-16,234*	5
New Jersey	48,430	35,115	-13,315*	6
Colorado	50,694	37,487	-13,207*	7
Georgia	64,489	52,113	-12,376*	8
New York	47,083	38,268	-8,815*	9
North Carolina	41,802	36,402	-5,400	10
Oregon	16,845	11,768	-5,077*	11
Illinois	37,373	32,982	-4,391	12
Indiana	18,940	15,321	-3,619	13
New Mexico	24,862	21,416	-3,446	14
Oklahoma	20,459	17,175	-3,284*	15
South Carolina	13,081	10,316	-2,765	16
Wisconsin	15,436	13,591	-1,845	17
Kentucky	5,977	4,228	-1,749	18
Minnesota	14,407	12,712	-1,695	19
Rhode Island	3,860	2,292	-1,568	20
Michigan	9,875	8,319	-1,556	21
Iowa	4,749	3,212	-1,537	22
Washington	24,982	23,943	-1,039	23
Louisiana	8,159	7,190	-969	24
Ohio	10,865	10,192	-673	25
Idaho	9,963	9,541	-422	26
South Dakota	1,222	825	-397	27
Maine	412	201	-211	28
Vermont	240	67	-173	29
Wyoming	1,246	1,096	-150	30
West Virginia	531	443	-88	31
Connecticut	10,190	10,198	8	32
Hawaii	1,310	1,349	39	33
Mississippi	4,658	4,782	124	34
Montana	1,569	1,701	132	35
North Dakota	709	1,107	398	36
Alabama	7,068	7,694	626	37
District of Columbia	62	818	756*	38
Pennsylvania	20,543	21,720	1,177	39
Massachusetts	2,873	4,059	1,186	40
Arkansas	7,428	8,799	1,371	41
Kansas	12,380	13,791	1,411	42
New Hampshire	549	1,975	1,426*	43
Maryland	13,639	15,152	1,513	44
Delaware	1,385	3,596	2,211*	45
Alaska	1,226	3,532	2,306*	46
Utah	33,551	36,005	2,454	47
Tennessee	16,584	19,079	2,495	48
Missouri	9,272	12,217	2,945	49
Nebraska	4,968	9,107	4,139*	50
Virginia	23,167	31,311	8,144*	51

* indicates that the number change is significant at the 90% confidence level.

Note: CCF does not take margin of error into account when ranking states by the number of uninsured Hispanic children. The reported number of uninsured Hispanic children are estimates and should be interpreted as approximations of the population size rather than precise population counts.

Appendix Table 4. Number and Percent of Hispanic Children Under 18, 2013 and 2014

State	2013 Number of Hispanic Children	2013 Percent of Hispanic Children (compared to total number of children)	2014 Number of Hispanic Children	2014 Percent of Hispanic Children (compared to total number of children)
United States	17,693,070	24.1%	17,883,393	24.4%
Alabama	70,509	6.4%	72,685	6.6%
Alaska	16,453	8.8%	16,638	8.9%
Arizona	698,981	43.3%	703,128	43.4%
Arkansas	82,773	11.7%	79,667	11.3%
California	4,753,124	51.9%	4,741,940	51.9%
Colorado	386,423	31.2%	388,683	31.2%
Connecticut	170,131	21.7%	171,933	22.2%
Delaware	29,090	14.3%	29,776	14.6%
District of Columbia	15,717	14.1%	16,805	14.6%
Florida	1,166,603	29.0%	1,190,665	29.4%
Georgia	335,782	13.5%	340,037	13.7%
Hawaii	50,698	16.5%	52,444	17.0%
Idaho	76,359	17.9%	77,967	18.1%
Illinois	727,139	24.1%	725,926	24.4%
Indiana	162,743	10.3%	164,108	10.4%
Iowa	65,803	9.1%	68,318	9.4%
Kansas	127,573	17.7%	129,684	18.0%
Kentucky	56,179	5.6%	56,684	5.6%
Louisiana	62,235	5.6%	66,417	6.0%
Maine	6,658	2.6%	5,761	2.2%
Maryland	170,561	12.7%	180,325	13.4%
Massachusetts	227,392	16.4%	232,277	16.7%
Michigan	176,244	7.9%	176,497	8.0%
Minnesota	107,254	8.4%	109,761	8.6%
Mississippi	27,172	3.7%	27,444	3.8%
Missouri	86,196	6.2%	87,383	6.3%
Montana	11,975	5.4%	13,142	5.9%
Nebraska	73,399	15.9%	76,218	16.3%
Nevada	265,850	40.2%	268,368	40.6%
New Hampshire	14,259	5.3%	14,383	5.4%
New Jersey	493,370	24.5%	503,586	25.1%
New Mexico	299,266	59.0%	296,628	59.5%
New York	999,710	23.6%	1,007,678	23.9%
North Carolina	335,265	14.7%	347,036	15.2%
North Dakota	5,751	3.6%	7,682	4.6%
Ohio	141,923	5.4%	146,016	5.5%
Oklahoma	146,331	15.5%	150,057	15.8%
Oregon	184,511	21.5%	186,270	21.7%
Pennsylvania	282,961	10.4%	292,170	10.8%
Rhode Island	47,316	22.3%	49,144	23.2%
South Carolina	88,969	8.3%	90,403	8.4%
South Dakota	10,334	5.0%	11,571	5.5%
Tennessee	119,254	8.0%	127,924	8.6%
Texas	3,446,316	49.0%	3,487,097	49.1%
Utah	151,050	16.9%	153,664	17.0%
Vermont	2,907	2.3%	3,079	2.5%
Virginia	225,658	12.1%	234,956	12.6%
Washington	321,703	20.2%	328,847	20.5%
West Virginia	8,760	2.3%	8,774	2.3%
Wisconsin	142,736	10.9%	146,308	11.3%
Wyoming	17,704	12.7%	19,439	14.2%



Appendix Table 5: State Policies Affecting Hispanic Children’s Coverage in 2014

State	Medicaid/CHIP Upper Eligibility Limit ^a	Medicaid/CHIP Coverage of Lawfully Residing Children in the Five Year Waiting Period (ICHIA Option) ^b	Medicaid Expansion Status ^c
United States	Median eligibility level: 255%	Total: 27 states and D.C.	Total: 26 states and D.C. have expanded Medicaid for the purpose of this paper
Alabama	317%	-	-
Alaska	208%	-	- ⁴
Arizona	205% (closed) ¹	-	Expanded
Arkansas	216%	-	Expanded
California	266%	Yes*	Expanded
Colorado	265%	- ²	Expanded
Connecticut	323%	Yes	Expanded
Delaware	217%	Yes	Expanded
District of Columbia	324%	Yes*	Expanded
Florida	215%	-	-
Georgia	252%	-	-
Hawaii	313%	Yes	Expanded
Idaho	190%	-	-
Illinois	318%	Yes*	Expanded
Indiana	255%	-	- ⁴
Iowa	380%	Yes	Expanded
Kansas	250%	-	-
Kentucky	218%	Yes	Expanded
Louisiana	255%	-	-
Maine	213%	Yes	-
Maryland	322%	Yes	Expanded
Massachusetts	305%	Yes*	Expanded
Michigan	217%	-	Expanded ³
Minnesota	288%	Yes	Expanded
Mississippi	214%	-	-
Missouri	305%	-	-
Montana	266%	Yes	- ⁴
Nebraska	218%	Yes	-
Nevada	205%	-	Expanded
New Hampshire	323%	-	Expanded ³
New Jersey	355%	Yes	Expanded
New Mexico	305%	Yes	Expanded
New York	405%	Yes*	Expanded
North Carolina	216%	Yes	-
North Dakota	175%	-	Expanded
Ohio	211%	Yes	Expanded

Appendix Table 5: State Policies Affecting Hispanic Children’s Coverage in 2014 (cont’d)

State	Medicaid/CHIP Upper Eligibility Limit ^a	Medicaid/CHIP Coverage of Lawfully Residing Children in the Five Year Waiting Period (ICHIA Option) ^b	Medicaid Expansion Status ^c
Oklahoma	210%	-	-
Oregon	305%	Yes	Expanded
Pennsylvania	319%	Yes	- ⁴
Rhode Island	266%	Yes	Expanded
South Carolina	213%	-	-
South Dakota	209%	-	-
Tennessee	255%	-	-
Texas	206%	Yes	-
Utah	205%	-	-
Vermont	318%	Yes	Expanded
Virginia	205%	Yes	-
Washington	305%	Yes*	Expanded
West Virginia	305%	Yes	Expanded
Wisconsin	306%	Yes	- ⁵
Wyoming	205%	-	-

Notes:

States in bold indicates states and state policies that have uninsurance rates for Hispanic children that are significantly lower than the national average.

* States have expanded coverage to all children, regardless of immigration status. California covers all children in some counties, and has passed a law to cover all children statewide to be implemented in 2016.

¹ Arizona is the only state in the country to have closed its CHIP program. The state froze enrollment in its CHIP program in 2010 effectively limiting eligibility for children in Medicaid to 152 percent of the FPL, the lowest income eligibility level in the country.

² Colorado expanded coverage to lawfully residing children in the five-year waiting period in July 2015.

³ Medicaid expansion coverage became effective on April 1, 2014 in Michigan and on August 16, 2014 in New Hampshire.

⁴ Four states (AK, IN, MT, and PA) have since expanded Medicaid coverage in 2015/2016.

⁵ Wisconsin covers adults up to 100 percent of FPL, but has not expanded Medicaid coverage through the ACA.

Sources:

^a M. Heberlein, et al, “Getting into Gear for 2014: Shifting New Medicaid Eligibility and Enrollment Policies Into Drive,” The Kaiser Commission on Medicaid and the Uninsured (November 2013), available at <http://kff.org/medicaid/report/getting-into-gear-for-2014-shifting-new-medicaid-eligibility-and-enrollment-policies-into-drive/>.

^b Center for Medicaid and CHIP Services (CMCS), “Medicaid and CHIP Coverage of Lawfully Residing Children and Pregnant Women,” Centers for Medicare & Medicaid Services (March 24, 2014), available at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html>.

^c Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, “Medicaid/CHIP Upper Income Eligibility Limits for Children, 2000-2015,” Kaiser Family Foundation State Health Facts, available at <http://kff.org/medicaid/state-indicator/medicaidchip-upper-income-eligibility-limits-for-children-2000-2015/>.



Appendix Table 6. Expansion States Saw Triple the Rate of Decline in Uninsured Hispanic Children Compared to Non-Expansion States

Population	Medicaid Expansion States	Non-Expansion States
2013 Number of Hispanic Children	10,502,835	7,190,235
2014 Number of Hispanic Children	10,554,619	7,328,774
2013 Number of Uninsured Hispanic Children	952,177	1,083,610
2014 Number of Uninsured Hispanic Children	737,074	1,001,156
2013-2014 Change in Number of Uninsured Children	-215,103	-82,454
Percent Change	-22.6%	-7.6%

Endnotes

¹ Mathematica Policy Research, “CHIPRA Mandated Evaluation of the Children’s Health Insurance Program: Final Findings,” (August 2014), available at <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/413276-CHIPRA-Mandated-Evaluation-of-the-Children-s-Health-Insurance-Program-Final-Findings.PDF> (accessed December 2, 2015).

² The rate of low-income Hispanic children (under 200 percent of FPL) with Medicaid or CHIP coverage rose from 42 percent in 1997 to 65 percent in 2012. *Ibid.*

³ Uninsured rates declined 6 percentage points from 40 percent in 2012 to 34 percent in 2014 among Latinos age 19-64. The Commonwealth Fund, “Latinos Have Made Coverage Gains but Millions Are Still Uninsured,” (April 27, 2015), available at <http://www.commonwealthfund.org/publications/blog/2015/apr/latinos-have-made-coverage-gains> (accessed October 22, 2015).

⁴ *Ibid.*

⁵ Unless otherwise indicated, all data is from a Georgetown CCF and NCLR analysis of U.S. Census Bureau American Community Survey (ACS) data, 2014 single year estimates. Data from outside sources is cited as authors report their findings (e.g., rounded to whole numbers).

⁶ The rate of uninsurance for Hispanic children dropped from 34 percent in 1997 to 17 percent in 2012; *Op. cit.* (1).

⁷ The rate of low-income Hispanic children (under 200 percent of FPL) with Medicaid or CHIP coverage rose from 42 percent in 1997 to 65 percent in 2012; *Op. cit.* (1).

⁸ Tabulations of the 2013 American Community Survey provided by Genevieve Kenny, Patricia Sollefeld, and Jason Gates, November 30, 2014. Urban Institute tabulations from the Health Policy Center’s American Community Survey Medicaid and CHIP Simulation Model based on 2013 data from the Integrated Public Use Microdata Series. Note that estimates for 2014 were not available at the time of publication of this report.

⁹ Low-income here means below 200 percent of the federal poverty level. D. Murphey, et al, “America’s Hispanic Children: Gaining Ground, Looking Forward,” Child Trends Hispanic Institute (September 2014), available at www.childtrends.org/wp-content/uploads/2014/09/2014-38AmericaHispanicchildren.pdf (accessed May 2015).

¹⁰ T. Brooks, et al, “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,” The Kaiser Commission on Medicaid and the Uninsured (January 2015), available

at <http://kff.org/health-reform/report/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/> (accessed December 2, 2015).

¹¹ Eighty-seven percent of Hispanic children speak English well but 53 percent of Latino children who live with both parents have at least one parent who does not speak English well; *Op. cit.* (9).

¹² Center for Children and Families, “CHIP and Health Coverage for Lawfully Residing Children,” (2015), available at <http://ccf.georgetown.edu/wp-content/uploads/2015/06/CCF-ICHIA-KIDS-1-pagerFINAL-1.pdf> (accessed Oct. 26, 2015). Note: this is as of 2015. The table provided in this report refers to health coverage for lawfully residing children as of 2014 the year of the ACS data this report analyzes. Colorado is the only state that extended coverage to lawfully residing children in 2015.

¹³ A small number of states provide state-only funded coverage to undocumented children who are ineligible for federally funded full-scope Medicaid and CHIP. Public Citizens for Children and Youth, “Fulfilling Pennsylvania’s Promise to Cover All Kids,” (June 2015), available at <http://www.pccy.org/wp-content/uploads/2015/06/PCCY-DreamCareReport-June2015.pdf> (accessed December 18, 2015).

¹⁴ *Op. Cit.* (9).

¹⁵ U.S. Census Bureau, “America’s Children in Brief: Key National Indicators of Well-Being,” 2014, “Table POP3,” <http://www.childstats.gov/americaschildren/tables/pop3.asp> (accessed May 2015).

¹⁶ J. S. Passel & D. Cohn, “U.S. Population Projections: 2005-2050,” Pew Research Center (February 2008), available at <http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050/> (accessed December 7, 2015).

¹⁷ A Chester & J. Alker, “Medicaid at 50: A Look at the Long-Term Benefits of Childhood Medicaid,” Georgetown University Center for Children and Families (July 2015), available at http://ccf.georgetown.edu/wp-content/uploads/2015/08/Medicaid-at-50_final.pdf (accessed Oct. 26, 2015).

¹⁸ The ACS first began recording health insurance coverage data in 2008. Due to logical edits made to the 2008 single year estimates, data is not available on age, ethnicity, and health insurance status until 2009; V. Lynch, et al, “Applying and Evaluating Logical Coverage Edits to Health Insurance Coverage in the American Community Survey,” United States Census Bureau (working paper, Washington, D.C.), available at http://www.census.gov/hhes/www/hlthins/publications/coverage_edits_final.pdf.



¹⁹ For the purpose of this analysis, the 27 states that expanded Medicaid are Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia. A few of these state covered adults before they began receiving the enhanced match in 2014. Wisconsin is not included as an expansion states as they do not accept the enhanced match. Medicaid enrollment in Michigan (4/1/14) and New Hampshire (8/15/14) began after January 1, 2014. The 27 states that have expanded Medicaid have a population of 10.6 million Hispanic children and the 24 states that have not expanded Medicaid with a population of 7.3 million children. States that expanded Medicaid also have a smaller population of uninsured children than non-expansion states (0.7 million compared to 1 million).

²⁰ Op. cit. (8).

²¹ Georgetown Center for Children and Families, “Medicaid Expansion: Good for Parents and Children,” (January 2014), available at <http://ccf.georgetown.edu/wp-content/uploads/2013/12/Expanding-Coverage-for-Parents-HelpsChildren-2013.pdf>.

²² J. DeVoe, et al., “Effect of Expanding Medicaid for Parents on Children’s Health Insurance Coverage: Lessons From the Oregon Experiment,” *JAMA Pediatrics* 169 (January 2015).

²³ Op. cit. (8).

²⁴ There is no statistically significant difference in Colorado’s rate of uninsurance (9.6 percent) than the national rate. There is no statistically significant difference in North Carolina’s rate of uninsurance (10.5 percent) than the national rate.

²⁵ Nevada also had the largest percentage point decline of all uninsured children (5.3 percentage points from 2013 to 2014) which was far greater than any other state.

²⁶ Nevada Office of the Governor, Governor Sandoval Statement of Medicaid Expansion, Statement (December 11, 2012), available at <http://gov.nv.gov/News-and-Media/Press/2012/Governor-Sandoval-Statement-on-Medicaid-Expansion/> (accessed November 9, 2015).

²⁷ The median Medicaid/CHIP Income eligibility thresholds for children are 305 percent of FPL for states adopting the Medicaid expansion, and 215 percent of FPL for states not adopting the expansion as of January 2015; Op. cit. (10)

²⁸ For more information, see “Weekend enrollment fairs slated for federal insurance mandate under ACA,” J. Robinson, available at <http://www.reviewjournal.com/business/weekend-enrollment-fairs-slated-federal-insurance-mandate-under-aca> (accessed November 9, 2015).

²⁹ CCF calculations based on ACS 2013 and 2014 data. For more information, see J. Robinson, “Hispanic enrollment in state health insurance exchange proves disappointing,” *Las Vegas Review-Journal* (April 2014), available at <http://www.reviewjournal.com/business/hispanic-enrollment-state-health-insurance-exchange-proves-disappointing> (accessed November 9, 2015).

³⁰ Op. cit. (21).

³¹ Note that children above 200 percent of FPL do pay premiums (on a sliding scale based on income) for coverage. New York also launched the Basic Health Program in 2015, which provides affordable health coverage to citizen adults with incomes above the Medicaid income level to 200 percent of FPL, and lawfully present adults, who are ineligible for Medicaid from zero to 200 percent of FPL. S. Schwartz, “Two States on the Path to the Basic Health Program,” Center For Children and Families, (April 2014), available at <http://ccf.georgetown.edu/all/two-states-on-the-path-to-the-basic-health-program-2/> (accessed December 2, 2015).

³² M. Heberlein, et al, “Getting into Gear for 2014: Shifting New Medicaid Eligibility and Enrollment Policies Into Drive,” The Kaiser Commission on Medicaid and the Uninsured (November 2013), available at <http://kff.org/medicaid/report/getting-into-gear-for-2014-shifting-new-medicaid-eligibility-and-enrollment-policies-into-drive/>.

³³ L. Gonzalez-Camastra, “Children’s Defense Fund NY, Creating a Child and Family Friendly Health Insurance Exchange in New York-An Issue Briefing,” (presentation, January 2013).

³⁴ E. Lewit, “Major Transition with Minor Disruption: Moving Undocumented Children from Healthy Kids to Full-Scope Medi-Cal” The California HealthCare Foundation (November 2015), available at <http://www.chcf.org/publications/2015/11/major-transition-undocumented-children> (accessed January 1, 2016).

³⁵ For information about California’s Bridge To Reform 1115 waivers and California’s Medi-Cal eligibility , see California Department of Health Care Services, “California Bridge To Reform: A Section 1115 Waiver Fact Sheet,” (November 2010), available at <http://www.dhcs.ca.gov/Documents/1115%20Waiver%20Fact%20Sheet%2011.2.10.pdf>.

³⁶ On January 31, 2014, an estimated 14,000 Arizona children lost their health coverage under KidsCare II, a temporary extension of the state’s CHIP; T. Brooks, et al, “Dismantling CHIP in Arizona: How Losing KidsCare Impacts a Child’s Health Care Costs,” Georgetown

University Center for Children and Families (May 2014), available at <http://ccf.georgetown.edu/wp-content/uploads/2014/05/Dismantling-CHIP-in-Arizona.pdf> (accessed December 2, 2015). Note Arizona also does not cover lawfully residing children in the five-year waiting period.

³⁷ From 2000 to 2013, the percent change of the Hispanic population was 70.8 percent in the South as compared to 58.7, 43.6 and 42.2 percent in the Midwest, Northeast and West respectively. Pew Research Center Hispanic Trends, “Statistical Portrait of Hispanics in the United States, 1980-2013,” (March 18, 2015) available at http://www.pewhispanic.org/2015/05/12/statistical-portrait-of-hispanics-in-the-united-states-1980-2013-trends/ph_2015-03_statistical-portrait-of-hispanics-in-the-united-states-2013-trend-54/ (viewed November 12, 2015).

³⁸ Unlike the ACS, which are “point in time” estimates of health coverage, the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) asks respondents if they were covered at any point during the year. The CPS ASEC finds that 9.3 percent of Hispanic children are uninsured in 2014 and the ACS finds that 9.7 percent of Hispanic children are uninsured in 2014. Current Population Survey, “Table HI04_9: Health Insurance Coverage Status and Type of Coverage by Selected Characteristics for Near Poor People in the Poverty Universe: 2014 (Income-to-Poverty Ratio is between 100 and 125 percent),” U.S. Census Bureau, 2015 Annual Social and Economic Supplement (September 2015), available at http://www.census.gov/hhes/www/cpstables/032015/health/hi04_9.xls.

³⁹ Center for Children and Families, “Medicaid and CHIP provide needed access to children and families,” (April 2014), available at <http://ccf.georgetown.edu/wp-content/uploads/2013/11/access-factsheet.pdf> (accessed November 10, 2015).

⁴⁰ Op. cit. (17).

⁴¹ Current Population Survey, “Table HI03_9: Health Insurance Coverage Status and Type of Coverage by Selected Characteristics for Poor People in the Poverty Universe: 2014 (Income-to-Poverty Ratio is below 100 percent),” U.S. Census Bureau, 2015 Annual Social and Economic Supplement (September 2015), available at http://www.census.gov/hhes/www/cpstables/032015/health/hi03_9.xls.

⁴² Op. cit. (9).

⁴³ Op. cit. (8).

⁴⁴ Op. cit. (21).

⁴⁵ Op. cit. (10).

⁴⁶ Op. cit. (12).

⁴⁷ Center for Children and Families, “Medicare Access and CHIP Reauthorization Act of 2015: Summary of Key Provisions Impacting Children,” (May 2015), available at <http://ccf.georgetown.edu/ccf-resources/medicare-access-chip-reauthorization-act-2015-summary-key-provisions-impacting-children/> (accessed December 2, 2015).

⁴⁸ Op. cit. (9).

⁴⁹ J. Hudson & S. Abdus, “Coverage and Care Consequences For Families in Which Children Have Mixed Eligibility For Public Insurance,” *Health Affairs*, 34, no.8 (August 2015), available at <http://content.healthaffairs.org/content/34/8/1340.full.html>.

⁵⁰ DACA grantees are ineligible for Medicaid, CHIP and the marketplace coverage and premium subsidies under federal guidance. For more information, see Dinah Wiley, “For DACA youth, Health Insurance is (Only) a Dream,” available at <http://ccf.georgetown.edu/all-for-daca-youth-health-insurance-is-only-a-dream/> (accessed Oct. 26, 2015).



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