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Decade of Success for Latino Children's Health Now in Jeopardy

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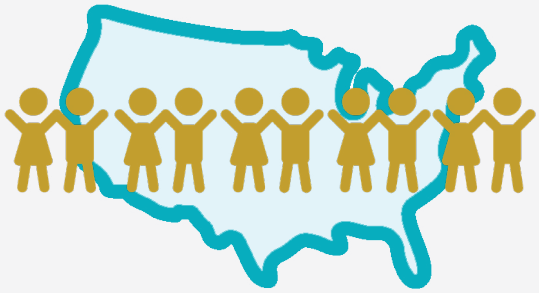
Executive Summary

All children should have the opportunity to lead long, healthy lives. Having health coverage is an essential foundation for children's health and well-being in the present and over their lifetime. While Latino children are more likely than other children to be uninsured, efforts to reduce this inequity by expanding affordable coverage options such as Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act's (ACA) Marketplaces yielded significant results. After years of progress following the implementation of major coverage provisions under the ACA, the rate of uninsured Latino children decreased to a historic low of 7.7 percent in 2016.

Unfortunately, progress to reduce inequities is now eroding as the gap between health coverage rates for Latino children and all children widened in 2018 for the first time in a decade.

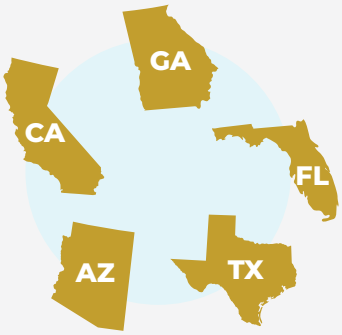
Health Coverage for Latino Children

1.6 million
Latino children in the United States were uninsured in 2018.



Latino children are nearly
2x more
more likely to be uninsured than non-Latino children, with an uninsured rate of 8.1 percent compared to 4.2 percent in 2018.

65%
of uninsured Latino children reside in just five states



Medicaid Helps Children Succeed

While Medicaid and CHIP are important sources of coverage for all children, this is disproportionately true for Latino children, covering nearly 55 percent in 2018 compared to about 39 percent of children overall. Access to Medicaid in childhood leads to longer, healthier lives, and children with Medicaid miss fewer school days and do better in high school and college, which leads to better jobs with higher wages.

> *Medicaid covered nearly 55 percent of Latino children in 2018.*

Efforts to repeal the ACA and cut Medicaid, increased red tape barriers for Medicaid and CHIP, and the general climate of fear and confusion for immigrant families that discourages them from enrolling eligible children in public health coverage have all contributed to a troubling erosion in Latino children's coverage.

We Must Protect Latino Children's Coverage

Latino children already make up a quarter of the overall child population in the U.S. and by 2050, are expected to comprise over one-third. We must reverse the alarming trends in Latino children's coverage so that they can access the health care they need to live long and productive lives, securing a more prosperous future.

For more information and data sources, see https://ccf.georgetown.edu/2020/03/10/decade-of-success-for-latino-childrens-health-now-in-jeopardy/. Visit our websites at ccf.georgetown.edu and unidosus.org.

Report Key Findings

- **The gap between health coverage rates for Latino children and all children widened in 2018 for the first time in a decade.** Progress in reducing inequities in coverage for Latino children is unraveling. The uninsured rate for Latino children rose to 8.1 percent compared to 5.2 percent for all children and 4.2 percent for non-Latino children in 2018.

- **Both the number and rate of uninsured Latino children in the U.S. increased significantly between 2016 and 2018.** The number of uninsured Latino children increased by more than 122,000, bringing the total to almost 1.6 million Latino children without health insurance. Their uninsured rate increased from 7.7 to 8.1 percent.

- **The vast majority of Latino children are citizens (95 percent) but concerns related to immigration status still present a notable barrier to coverage.** State policies to cover all children regardless of immigration status are effective in increasing the coverage rates for Latino children overall.

- **Together, Texas and Georgia account for more than 60 percent of the nationwide increase in the number of uninsured Latino children.** The rate of uninsured Latino children increased the most sharply in Mississippi and Utah – going up by more than six percentage points in each state.

- **California is the only state with statistically significant decreases in the number and rate of uninsured Latino children between 2016 and 2018.** The number of uninsured Latino children in California decreased by almost 11 percent, bringing the uninsured rate down to 3.7 percent, well below the national average for Latino children.

Introduction

All children deserve a healthy, secure foundation that enables them to lead long and productive lives. Although many factors influence a child's trajectory, having access to health coverage is essential to a child's healthy development and is correlated with better educational outcomes, higher paying jobs as an adult, and improved health over a lifetime.[1] To this end, a combination of federal and state bipartisan efforts helped bring the rate of uninsured children down to historic lows in 2016.[2] However, the most recent data show that the number of uninsured children in the United States (U.S.) increased significantly by more than 400,000 between 2016 and 2018, bringing the total number of uninsured children up to more than 4 million.[3] This trend is troubling and suggests that the relentless efforts by the Trump Administration to undermine affordable health coverage programs and target immigrant communities has impacted our nation's most vulnerable children.

All children deserve a healthy, secure foundation that enables them to lead long and productive lives.

The health and well-being of children across the nation is threatened by the Trump Administration's policies. However, proportionally, Latino children face even higher risks. Latino children make up 25.3 percent of the U.S. child population but 39.5 percent of the uninsured child population.[4] Given the expected Latino population growth, America's well-being depends on guaranteeing that the nearly 19.7 million Latino children in the U.S. have every opportunity to succeed and reach their full potential.[5] This includes access to affordable, comprehensive health coverage.

Notably, in the years following implementation of the Affordable Care Act (ACA) and its emphasis on getting families covered, the uninsured rate for Latino children improved at a much faster rate than the rate of improvement for all children.[6] During that time period, certain policies paved the way for remarkable progress in reducing both the overall Latino child uninsured rate and the troubling inequities that exist between Latino children and other children.

Unfortunately, there is increasing evidence that these positive trends are reversing and will continue to worsen absent change. Policy choices that coincided with this period of coverage losses suggest that an environment that prioritizes restricting access and fostering confusion and fear can quickly undo past gains. The lesson is clear. Policymakers would be wise to recognize the importance of Latinos, and Latino children specifically, to the health and well-being of the nation overall and act to reverse the losses in coverage.

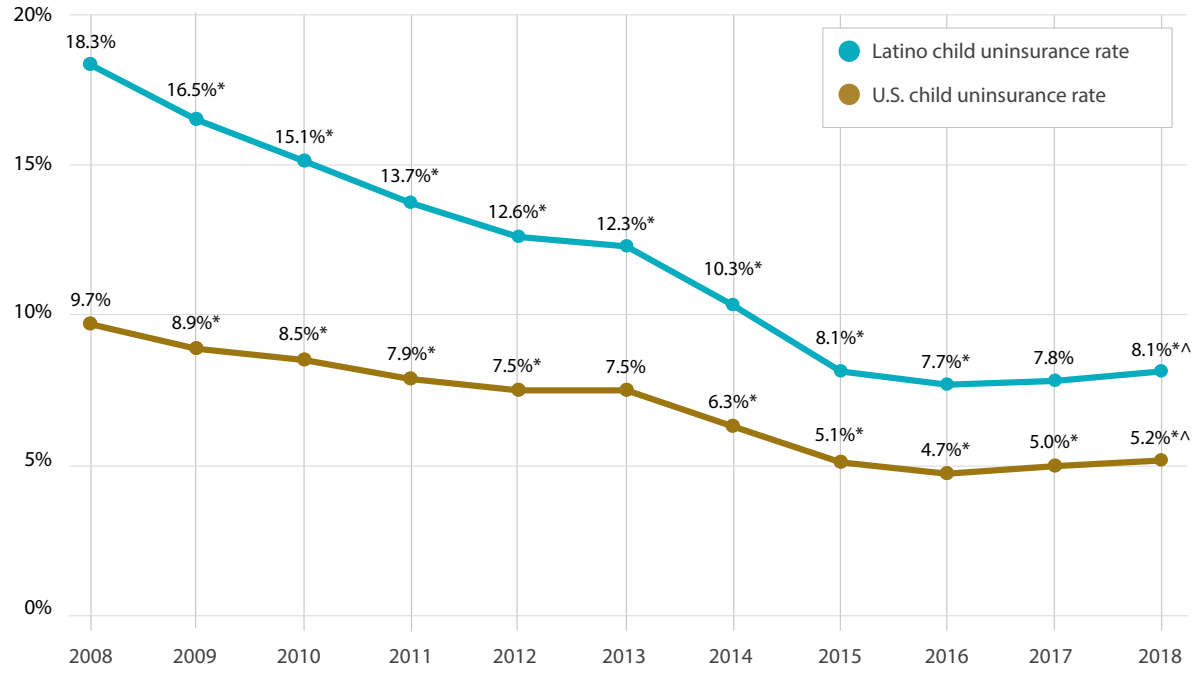
Number and Rate of Uninsured Latino Children Increased, Widening Coverage Inequities for the First Time in a Decade

The gap between health coverage rates for Latino children and all children widened in 2018 for the first time in a decade. Overall, the number of uninsured children in the U.S. increased significantly by more than 400,000 between 2016 and 2018, bringing the total number of uninsured children to over 4 million. Non-Hispanic white children and Latino children both experienced statistically significant increases.[7] In that same time period, the number of uninsured Latino children increased by over 122,000 to reach nearly 1.6 million. Almost 40 percent of uninsured children are Latino, even though Latino children only make up about 25 percent of the U.S. child population. Given that over 30 percent of the child population will be Latino by 2050,[8] this hurts not only Latino children but society as a whole.[9]

The rate of uninsured Latino children increased from 7.7 percent to 8.1 percent over the period studied. Even more troubling, the data show that progress to reduce inequities in coverage for Latino children has begun to erode. Comparing 2017 and 2018 coverage rates shows that after years of progress reducing coverage inequities, the gap widened between Latino children's coverage rates and coverage rates for all children. (See Figure 1.) Similarly, when comparing Latino children's coverage rates to non-Latino children, coverage inequities are increasing after years of progress. In 2018, Latino children were almost twice as likely to be uninsured as non-Latino children nationwide. (See Appendix Table 4.)

The uninsured rate for all children, including Latinos, was 5.2 percent in 2018, while the uninsured rate for non-Hispanic white children was 4.1 percent. Meanwhile, the uninsured rate for all non-Latino children was 4.2 percent, highlighting the inequities in coverage for Latino children across all comparison groups. (See Figure 2 and Appendix Table 4.)

Figure 1. Longstanding Coverage Disparities for Latino Children Increased in 2018 After Years of Steady Declines, 2008-2018

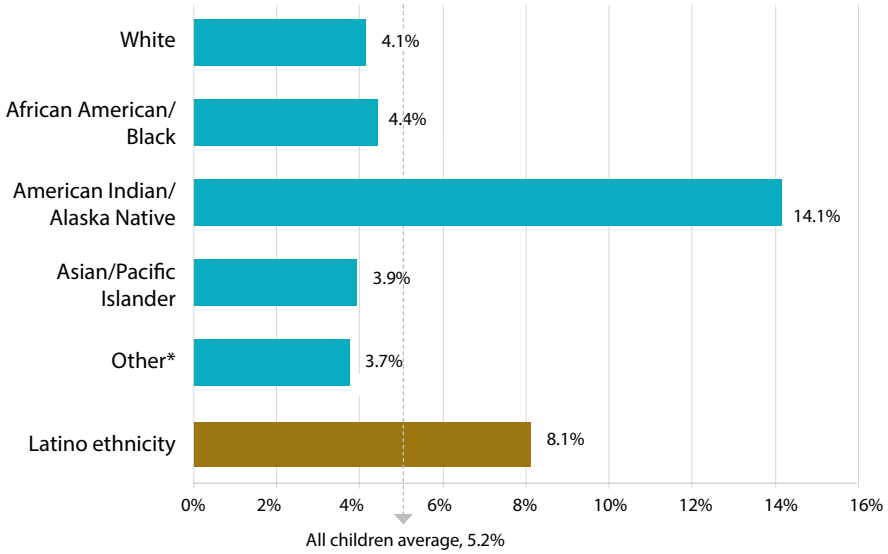


Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

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

^ Change is significant at the 90% confidence level (2016-2018).

Figure 2. Uninsured Rate for Children under 19 by Race/Ethnicity, 2018



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

Note: "Note: For simplicity, racial and ethnic data are displayed in one figure, but data are taken from two separate groups. Latino refers to a person's ethnicity and these individuals may be of any race. All respondents indicating Latino ethnicity are included only in the Latino bar. All of the racial groups exclude Latinos, e.g., 'white' here means non-Hispanic white."

* Other indicates "some other race" or "two or more major races."

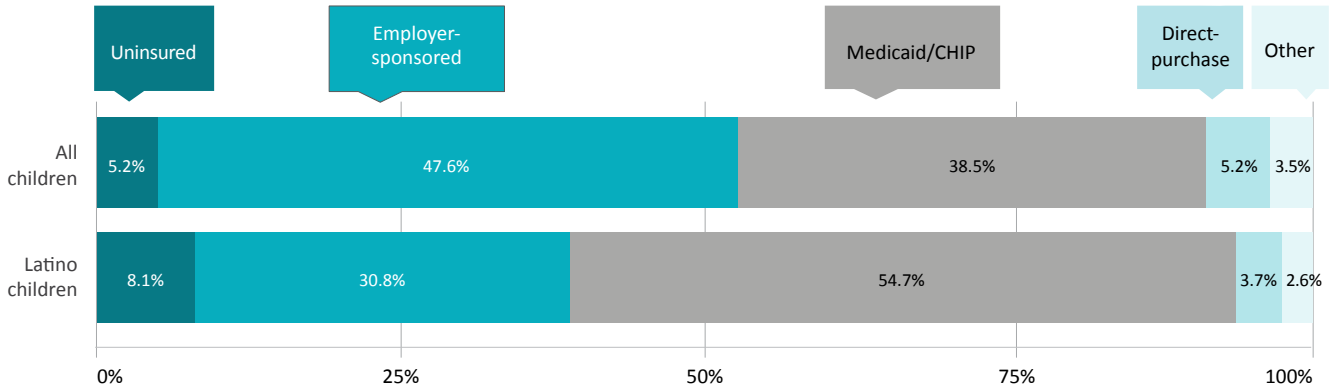
Participation Rates Demonstrate How Critical Medicaid/CHIP Coverage is for Latino Children

While Medicaid and the Children's Health Insurance Program (CHIP) are important sources of coverage for all children, they are especially important to Latino children. By covering over half of all Latino children, Medicaid/CHIP is by far the largest source of coverage for this population. (See Figure 3.) Although the share of Latino children with employer-sponsored insurance (ESI) is increasing, they are still disproportionately likely to be covered by Medicaid/CHIP. Public coverage is particularly important for Latino families with young children, covering about 60 percent of Latino children under age 6.

Latino families have higher labor force participation than the country overall (67.1 percent compared to 63.2 percent in January 2020), but many families still struggle to cover basic necessities because of factors such as insufficient wage growth and the lack of affordable ESI.[10] Despite their robust role in the labor force, Latino parents are less likely to have ESI than their peers, with even greater access inequities for Latino parents born abroad.[11] Due to this shortcoming, Medicaid/CHIP play an even more critical role in helping to fill the gaps in private coverage that may be unavailable or unaffordable for working Latino families.

Unless otherwise noted, the data in this report come from the U.S. Census Bureau's American Community Survey (ACS) using the Integrated Public Use Microdata Series (IPUMS). The Census Bureau reports race and Hispanic or Latino ethnicity as separate variables. Hispanic or Latino individuals may be of any race. Multiple comparison groups can be used to analyze coverage trends for Latino children: all children, non-Hispanic white children, and non-Latino children are used as comparison groups in this report. Comparing Latino children's coverage rates to all children puts the figures into a national context, but also means that Latino children are included in both groups. Comparing Latino children's coverage rates to non-Hispanic white children serves as a useful benchmark because it is the largest racial/ethnic group. Comparing Latino children's coverage to non-Latino children's coverage shows the differences based only on ethnicity, without regard to race. See the methodology section for more details.

Figure 3. Sources of Coverage for Latino Children Compared to All Children, 2018



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

Note: Data may not sum to 100% due to rounding.

The majority of all uninsured children (56.5 percent) are eligible for Medicaid/CHIP but unenrolled.[12] While Latino children historically have had high participation rates in these programs, participation fell slightly in 2017.[13] Inadequate investments in culturally responsive and linguistically appropriate outreach and enrollment resources, along with challenging and confusing systems and application materials, can make it difficult for parents to enroll otherwise-eligible children in Medicaid/CHIP.

Recent political developments have only exacerbated the barriers to access and participation, even among eligible families. Increasingly, Latino families report avoiding public programs for which they are eligible due to either the heightened anti-immigrant climate since 2016 or specific policies that followed such as the Administration's recent "public charge" rule.[14] Families are also vulnerable to misinformation and confusion created by multiple Congressional attempts to repeal the ACA or the Administration's current attempt to undo the law via the ongoing *Texas v. United States* litigation.[15]

Recent political developments have only exacerbated the barriers to access and participation, even among eligible families.

National Data Show the Number of Uninsured Children is on the Rise

A closer look at the national coverage data by income, age, and citizenship status can help pinpoint where policy interventions can maximize coverage opportunities for Latino children.

Income

The uninsured rates for Latino children increased across all income groups between 2016 and 2018. Children from low- and moderate-income families are more likely to be uninsured than children from higher-income families.[16] Unfortunately, Latino children are more likely than other children to live in low-income families, with about two-thirds living in households with income below 250 percent of the federal poverty level (FPL) ($53,325 annually for a family of three) compared to just 37 percent of non-Hispanic white children. Children from low- and moderate-income families earning between 138 percent and 250 percent of FPL ($29,435 - $53,325 annually for a family of three) had the sharpest increase and highest uninsured rate compared to Latino children in other income groups. (See Table 1.)

Enrolling in Medicaid/CHIP helps provide children with access to pediatrician-recommended screenings to monitor their growth and development and early interventions to correct or ameliorate identified health conditions at low or no cost. Medicaid also provides families with economic security by limiting exposure to high, out-of-pocket medical costs, reducing families' difficulties paying bills, and reducing medical debt and related bankruptcies.[17]

The Connection Between Health, Income, and Race/Ethnicity

Income and wealth are strong indicators of health. People with higher incomes and greater wealth often have better access to health insurance and better health outcomes than those who are lower income. A long national history of institutional racism has led to a society where race and ethnicity strongly influence income, wealth, and health. Disparities like the racial wealth gap and longstanding income inequities make it even more difficult for communities of color to maintain and improve their health compared to non-Hispanic white Americans.[18]

Table 1. Percent of Uninsured Latino Children by Census Poverty Threshold, 2016 and 2018

Poverty Threshold	2016	2018
0-137% of poverty	8.3%	8.7%
138-249% of poverty	9%	9.9%*
250% or above of poverty	5.5%	6%*

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

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

Table 2. Rate of Uninsured Latino Children by Age Group, 2016 and 2018

Age	2016	2018
Under 1 year old	3.5%	4.1%
Ages 1-5	5.6%	5.9%
Ages 6-18	8.7%	9.2%*

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

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

Age

Nationally, young children are less likely to be uninsured than their school-age counterparts, though troubling trends show an increase in the uninsured rate for young children in recent years.[19] The American Academy of Pediatrics recommends 15 well-child visits before age 6, more heavily concentrated in a child's first two years when brain development is most rapid. These frequent visits to the doctor may be a factor in keeping young children covered compared to adolescents who visit the doctor less often.[20] Young Latino children also have lower uninsured rates than their older counterparts, but the uninsured rates increased across all age groups from 2016 to 2018. (See Table 2.) Older, school-age Latino children had the highest uninsured rate already, and it increased significantly over the period studied. Though not statistically significant, the increases for babies and children under age 6 is concerning because of the importance and frequency of regular preventive care, immunizations, and developmental screenings during the early years of life.

Citizenship Status

The vast majority of Latino children are citizens (95 percent) but concerns related to immigration status still present a notable barrier. For example, 54 percent of Latino children live in mixed-status households (*i.e.*, with at least one non-citizen parent).[21] Even before recent policy changes, like those to the "public charge" rules, those in mixed-status households were less likely to enroll in coverage for which they are eligible out of fear of immigration consequences for another family member.[22]

For noncitizen children, immigration status presents yet another barrier to coverage. Nineteen percent of lawfully present immigrant children and 31 percent of undocumented children are uninsured – much higher rates than for children overall.[23] About 385,000 uninsured children who met the Medicaid/CHIP income requirements in 2017 were ineligible because of immigration status.[24] Some of these children are lawfully residing but do not meet the specific immigration requirements for health coverage, while others are undocumented.

Medicaid/CHIP coverage for noncitizens is limited to certain lawfully present immigrants, such as legal permanent residents (or "green card" holders), refugees, and asylees, and such coverage is still subject to restrictions. Thus, even among lawfully present immigrants, gaps in eligibility remain. For example, lawfully present immigrants must have a "qualified" immigration status and must generally wait five years after obtaining qualified status before being eligible to enroll in Medicaid/CHIP. Since 2009, states have had the option to waive the five-year waiting period for qualified, lawfully residing children and pregnant women, known as the Immigrant Children's Health Improvement Act (ICHIA) option.[25] As of 2019, 34 states have waived the five-year waiting period for children.[26]

In addition to the ICHIA option, some states have chosen to lead the way on expanding coverage to undocumented children, as well. Currently, six states (California, Illinois, Massachusetts, New York, Oregon, and Washington) and the District of Columbia (D.C.) use state-only funds to cover all Medicaid/CHIP income-eligible children regardless of immigration status.[27] As a result, these states have Latino children's coverage rates well above the national average (ranging from 95.3 to 98.2 percent in 2018).[28] Unfortunately, even forward-thinking states like these are not immune from the national climate of fear and confusion that has resulted from changes to "public charge" and other recent immigration-related policies. Due to both political rhetoric and policy changes over the past few years, it is even less likely that children in immigrant or mixed-status families will participate in public programs like Medicaid/CHIP even when eligible, due to what is known as the chilling effect.[29]

What are the Changes to Public Charge?

Some people who apply for a green card (lawful permanent residence) from within the U.S. or certain types of visas to enter the U.S. are subject to the Department of Homeland Security's "public charge" test – which includes looking at whether the person is likely to use certain government services in the future. The agency recently changed the rules for this assessment. Not all immigrants are subject to a public charge test, and for those who are, important exceptions to benefit use may apply. For example, eligible children under age 21 and pregnant women may continue to use Medicaid, CHIP and Marketplace coverage, and it will not count against them or their family members when applying for a green card from within the U.S.

To learn more about the new public charge rules and how they apply, visit https://protectingimmigrantfamilies.org/know-your-rights/.

Geographic Variation in Latino Child Uninsured Rates Demonstrate the Effects of State-Level Policies

Changes in the number and rate of Latino uninsured children varied significantly across states in the U.S., with both increases and decreases observed. Latino children are more likely to live in the West and the South, but Latino children in the West fare far better. The South is home to about 38 percent of all Latino children, but 60 percent of uninsured Latino children. The Latino population is growing at the fastest rate in the South.[30] Therefore, enacting more inclusive coverage policies in the South is key to improving coverage rates for Latino children overall. Examining differences in coverage numbers and rates by state can help uncover which state-specific policies help or hinder children's coverage and how coverage rates could be improved.

Coverage Trends Among the States

Coverage losses between 2016 and 2018 were widespread for all children regardless of race/ethnicity.[31] For Latino children, six states (Georgia, Illinois, Indiana, Mississippi, Texas, and Utah) had a statistically significant increase in the number and rate of uninsured Latino children while only one state (California) had a statistically significant decrease. (See Appendix Tables 2 and 3.) Increases in the uninsured rate for Latino children were the greatest in Mississippi and Utah, where the rate increased by more than six percentage points in each state.

State Expansion Status

The uninsured rate for Latino children was twice as high in non-Medicaid expansion states compared to expansion states in 2016 (11.7 versus 5.1 percent). Even more alarmingly, the situation worsened in non-expansion states while it stayed flat in expansion states in 2018 as Figure 4 shows. It is well established that when states offer coverage to the whole family, children are more likely to be covered. Of the 21 states with Latino child uninsured rates higher than the national average, 15 had not expanded their Medicaid programs as of 2018. (See Figures 4 and 5.)

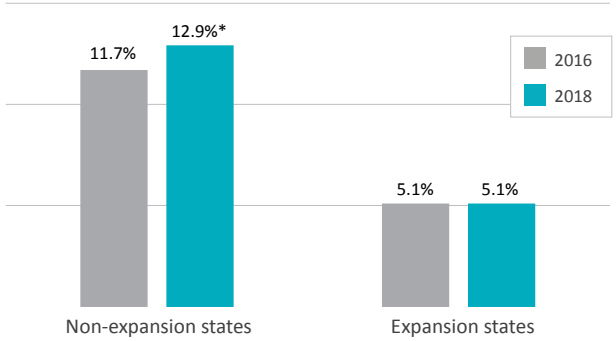
Texas, Georgia, and Florida—three of the five states that are home to the vast majority of uninsured Latino children—have yet to expand their Medicaid programs. When coverage is expanded, the outreach and attention

to new coverage paths help secure coverage for more children.

Coverage Rates by State in 2018

The uninsured rate for Latino children varies widely by state. *Seventeen states have Latino child uninsured rates below the national average and 21 states have rates above.* (See Figure 5.) Some states also have wide inequities in coverage rates for Latino children compared to non-Latino children. In eight states (Arkansas, Kentucky, Louisiana, Maryland, Mississippi, South Carolina, Utah, and Virginia), Latino children are three to four times more likely to be uninsured than non-Latino children. (See Appendix Table 4.)

Figure 4. Rate of Uninsured Latino Children by Medicaid Expansion Status, 2016 and 2018

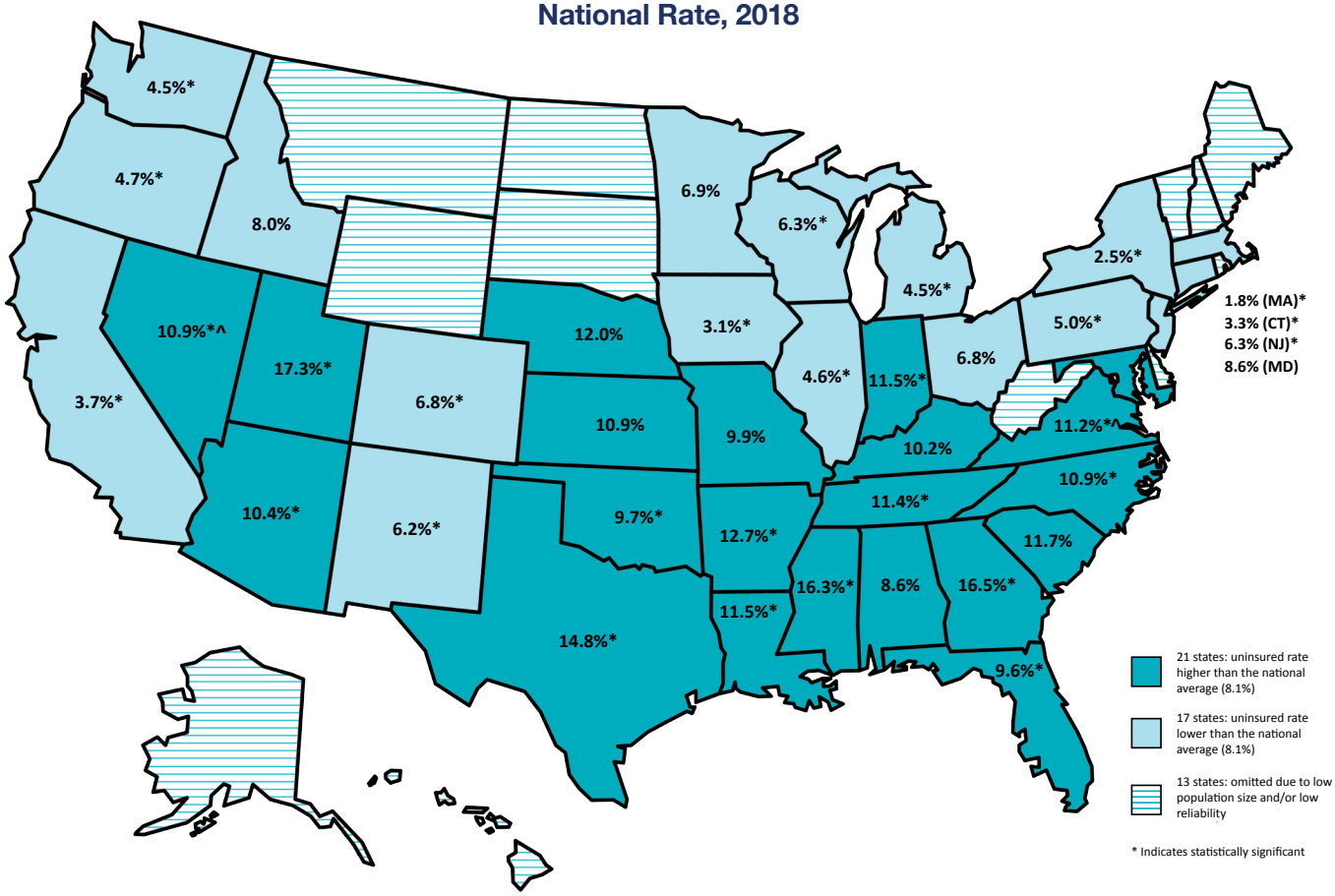


Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

* Change is significant at the 90% confidence level.

Note: Fourteen states have not adopted the Medicaid expansion as of February 2020: AL, FL, GA, KS, MS, MO, NC, OK, SC, SD, TN, TX, WI, and WY. An additional five states are considered non-expansion states in this analysis because their expansions were not in effect at the time the data was collected: ID, ME, NE, UT, and VA.

Figure 5. Twenty-one States Had Higher Rates of Uninsured Latino Children than the National Rate, 2018



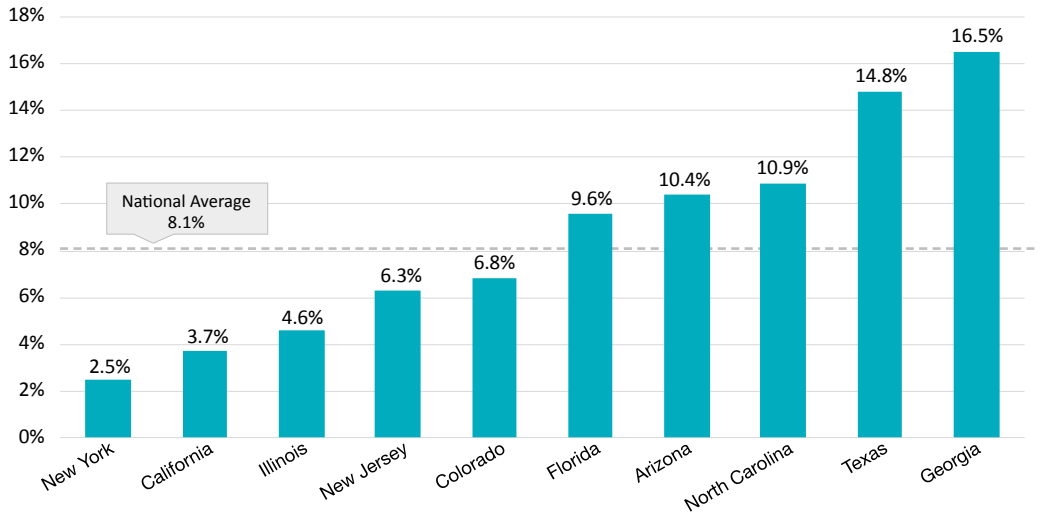
Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

* Change is significant at the 90 percent confidence level.

While states with larger Latino child populations are more likely to have high numbers of uninsured Latino children, the variation in state policies and the degree to which different states have chosen to enable full ACA implementation or resist it gives some insight into which solutions are making real progress and which may be causing more harm.

States with large shares of Latino children will likely have larger shares of uninsured Latino children, but meaningful distinctions can be seen in how each state's uninsured rate compares to the national average. Of the 10 states with the most Latino children, five states had uninsured rates for Latino children significantly below the national average of 8.1 percent in 2018, while five states had rates significantly above the national average. (See Figure 6.) This distinction gives policymakers in other states and at the federal level a useful contrast into what may or may not be working well to address Latino child coverage rates.

Figure 6. National Average Uninsured Rate for Latino Children Compared to the Top 10 States' Rates



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

Significance: The difference in the uninsured rate for Latino children is statistically significant compared to the national average in all 10 states at the 90% confidence level.

Number of Uninsured Latino Children

Nearly two-thirds of uninsured Latino children are concentrated in just five states – Texas, California, Florida, Arizona, and Georgia. (See Table 3.) These five states are home to over a million uninsured Latino children. There are multiple factors at the national and state levels that contribute to these high numbers.

Over half a million uninsured Latino children live in Texas alone, making up more than a third of all uninsured Latino children in the country. Both the number of uninsured Latino children and the trend in the wrong direction may be due in part to the aforementioned national factors. However, the state's decision to implement more frequent eligibility and income checks after 2014 led to decreased enrollment in Medicaid and likely also contributed to the increase in the uninsured rate.[32]

Although California is home to the next largest group of uninsured Latino children (over 182,000), the uninsured rate for Latino children in California is far below the national average at just 3.7 percent. California's success is likely due to a variety of factors, including the state's forward-thinking posture on health policy. In addition to full implementation of the ACA, in recent years, the state expanded Medicaid (Medi-Cal in California) to all children who are income-eligible, regardless of immigration status.

Table 3. Nearly Two-Thirds of Uninsured Latino Children Reside in Just Five States, 2018

State	2018 Number and Rate of Uninsured Latino Children		As a Share of Total Uninsured Latino Children
	Number	Rate	
Texas	572,027	14.8%	35.8%
California	182,447	3.7%	11.4%
Florida	137,301	9.6%	8.6%
Arizona	80,430	10.4%	5%
Georgia	64,952	16.5%	4.1%
Five State Total	1,037,157	9.1%	64.9%
National Total	1,598,282	8.1%	100%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

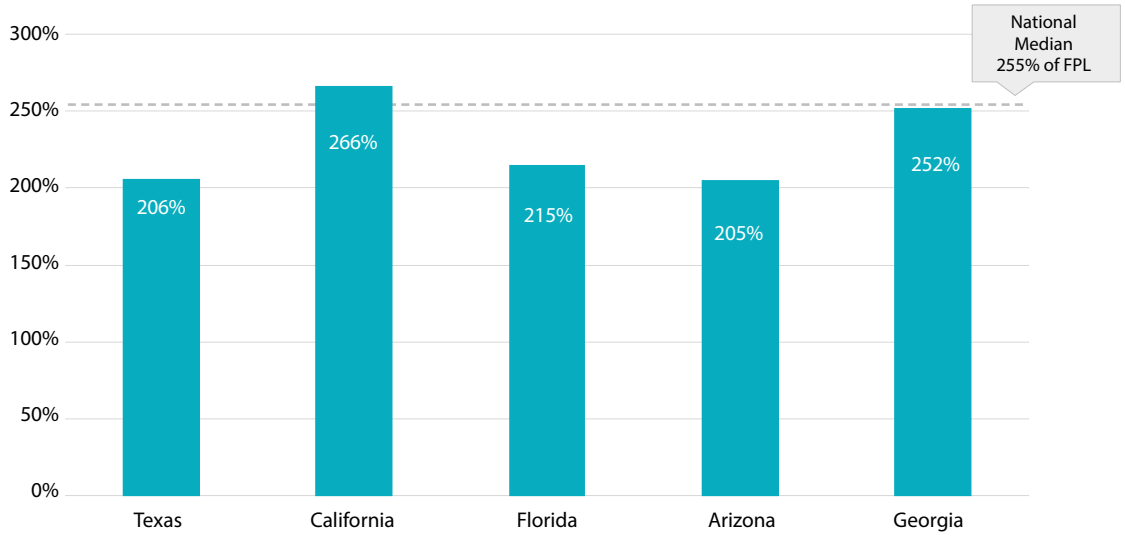
Rates of Uninsured Children

Of the top five states with the largest number of uninsured Latino children, *Georgia had the highest rate of uninsured Latino children at 16.5 percent, more than double the national average for Latino children and 2.5 times the rate for non-Latino children in Georgia.* Latino children in Florida are almost 1.5 times more likely to be uninsured than non-Latino children in the state. (See Appendix Table 4.)

State Policies

Eligibility levels and enrollment policies for Medicaid/CHIP are particularly important state policy decisions for reducing the number of uninsured children. The national median eligibility level for Medicaid/CHIP is 255 percent of FPL, but three of the five states with the largest number of uninsured Latino children have income eligibility levels well below the national average, which is likely contributing to their large share of uninsured Latino children. (See Figure 7.)

Figure 7. Upper Medicaid/CHIP Income Eligibility Level for States with Largest Number of Uninsured Latino Children, by Federal Poverty Line, 2019



Source: Georgetown University Center for Children and Families and Kaiser Family Foundation, "Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies as of January 2019: Findings from a 50-State Survey."

The high uninsured rates for Latino children with family income between 138 and 250 percent of FPL may also be affected by other state-specific CHIP policies. Unlike Medicaid, federal CHIP law allows states to require children to be uninsured for up to 90 days before becoming eligible to enroll in CHIP (known as CHIP waiting periods) and to prevent children from re-enrolling due to nonpayment of premiums (known as lockouts). Though most states (36) do not impose a CHIP waiting period, three of the five states with the largest number of uninsured Latino children do. Similarly, two of the five states with the largest number of uninsured Latino children impose a lockout for failure to make premium payments. (See Table 4.)

In Florida, the complexity of its public coverage options may also play a role. Unlike some states, Florida divides child eligibility among several different programs, including Florida Healthy Kids, MediKids and Children's Medical Services. This complexity can be difficult to navigate for parents and for families with more variable incomes, children's eligibility could fluctuate between programs frequently.[33]

Table 4. Optional Policies that Present Barriers to CHIP Coverage for Low-income Families

State	Waiting Period Before Eligible to Enroll in CHIP	Lockout for Nonpayment of CHIP Premiums
Texas	90 days	None
California	None	None
Florida	2 months	1 month
Arizona	90 days	2 months
Georgia	None	None

Source: Georgetown University Center for Children and Families and Kaiser Family Foundation, "Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies as of January 2019: Findings from a 50-State Survey."

Counties

Seven of the top 10 counties with the largest number of uninsured Latino children are in Texas. (See Table 5.) As is true for states, those counties with large Latino child populations are undoubtedly more likely to have large numbers of uninsured Latino children. But the size of the population is not the only factor. Los Angeles County, Calif., is home to more than double the number of Latino children than Harris County, Texas, but Harris County is home to more than double the number of uninsured Latino children. Although federal and state-level policies attract the most attention and can often have the biggest impact, counties have also taken initiative to improve coverage rates within their jurisdiction. As early as 2001, Santa Clara County, Calif., chose to create its own Children's Health Initiative to extend coverage to all children regardless of immigration status, and in 2018, the uninsured rate for Latino children in Santa Clara County was approximately 2 percent.[34]

Table 5. Top 10 Counties with the Largest Number of Uninsured Latino Children, 2018

County	Total Latino Child Population	Number of Uninsured Latino Children	Rate of Uninsured Latino Children	Rank by Largest Number of Uninsured Latino Children
Harris County, TX	701,596	121,116	17.3%	1
Dallas County, TX	389,135	81,366	20.9%	2
Maricopa County, AZ	488,940	57,257	11.7%	3
Los Angeles County, CA	1,425,337	56,986	4.0%	4
Hidalgo County, TX	286,018	44,996	15.7%	5
Tarrant County, TX	223,284	37,753	16.9%	6
Bexar County, TX	366,303	32,795	9.0%	7
Miami-Dade County, FL	384,204	27,002	7.0%	8
El Paso County, TX	209,273	24,383	11.7%	9
Cameron County, TX	128,147	22,964	17.9%	10

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

Conclusion

One in four children in the U.S. is Latino, and that share is projected to grow in the next two decades. It is more important than ever that Latino children have every opportunity to succeed in order to promote both their well-being and the prosperity of the country as a whole. And yet, decades of progress covering more Latino children has begun to erode due to egregious efforts by the Trump Administration to undermine Medicaid, CHIP and the ACA. Trends at the national level are alarming. State decisions to restrict access to children's coverage options, combined with President Trump's harmful rhetoric about Latinos, have likely contributed to the startling increase in the number of uninsured Latino children in most states.

Yet, there are two factors that must not be overlooked. First, California. The state's relative success amid the hostile national climate indicates that states may be able to take proactive steps to mitigate coverage losses, especially among the Latino and immigrant communities. Second, a large portion of uninsured children are currently eligible for Medicaid/CHIP and have an identified pathway to gain coverage. State policies to streamline eligibility and enrollment processes and conduct robust outreach programs would help more Latino children gain coverage.

There are no signs that this Administration will change course, but states and localities can protect children by taking steps to increase access, remove barriers to coverage, and maximize the opportunity to cover as many children as possible. Continuous health coverage is critical for children because it improves their health and educational outcomes during childhood and sets them up for a healthier and more prosperous future with better opportunities to reach their full potential. Our nation's health and prosperity are linked to that of our children.

State Policy Recommendations to Improve Latino Children's Coverage

- Adopt the Medicaid expansion to cover more parents and caregivers
- Cover all children regardless of immigration status
- Fund targeted culturally-responsive, linguistically-appropriate outreach and enrollment efforts to reach eligible but unenrolled Latino children
- Increase the income eligibility level for Medicaid/CHIP
- Adopt the option to provide 12 months of continuous coverage for children in Medicaid/CHIP
- Remove CHIP waiting periods
- End CHIP lockouts for nonpayment of premiums
- Adopt ICHIA to remove the 5-year bar for lawfully residing children

Methodology

Data Sources

The data presented in this report was derived from the U.S. Census' annual American Community Survey (ACS) using two sources of one-year ACS estimates: 1) an augmented version of the 2008-2018 ACS – the Integrated Public Use Microdata Series (IPUMS) prepared by the University of Minnesota Population Center, and 2) the Census Bureau's new data platform, *Data.Census.Gov* for county-level data analyses as presented in Table 5. Where only number estimates were available, percent estimates, their standard errors, margin of error, and coefficients of variation were computed based on formulas provided in the 2018 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data" and the Census' "Understanding and Using American Community Survey Data: What All Data Users Need to Know."

Margin of Error

The degree of uncertainty for an estimate and percent estimate arising from sampling variability was represented through the use of a margin of error (MOE). The IPUMS computed values have a 95 percent margin of error. The margin of error can be interpreted roughly as providing a 95 percent probability that the interval defined by the estimate plus or minus the margin of error (the lower and upper confidence bounds) contains the true value. Margin of error values were not published in this report, but are available upon request. The Data.Census.Gov data provide a margin of error at a 90 percent confidence level. Where estimates were combined to produce new estimates, margin of error results were computed following the U.S. Census' formulas in their April 18, 2018 presentation entitled, "Using American Community Survey Estimates and Margins of Error" by Sirius Fuller. Significance testing for IPUMS data was computed using Stata/SE 16.0 statistical software with survey design and replicate weights, unless otherwise noted in Figure 5 where significance testing was conducted using the U.S. Census' Statistical Testing Tool.[a] Throughout the report, differences of percent or number estimates were statistically significant at a confidence level of 90 percent in line with the U.S. Census benchmark.

Historic Changes to Age Categories for Children

In order to better align with the current health landscape, the age categories of the 2017 (and 2018) ACS health insurance tables (in American Fact Finder, now Data.Census.Gov) were updated by the Census Bureau so that the age group for children includes individuals under age 19 (0 to 18 years old). In 2016 and previous years, the age group for children included individuals under age 18. Therefore, this report used predominantly IPUMS data, which harmonizes longitudinal ACS data and allows for the examination of trends of the same age group by ethnicity for Latino and non-Latino children across time. The IPUMS data permit analysis of trends for Latino children ages 0-18 from 2008-2018 and also allows for two-year comparisons over the period 2016- 2018. Currently, the Data.Census.Gov platform is limited to one-year data trends for children under age 19 between 2017 and 2018 (and lacks other summary tables with data to examine Latino vs. non-Latino child trends by age, poverty threshold, health coverage types, citizenship status, geographic region, and Medicaid expansion status).

Demographic Characteristics

"Children" were defined as those individuals under age 19 (0 to 18 years). The Census Bureau recognizes and reports race and Hispanic origin/Latino (i.e., ethnicity) as separate and distinct concepts and variables. When we report "all"

children, we mean all U.S. children regardless of race and ethnicity, including Latino children. We report "Hispanic or Latino," primarily as "Latino." "Latino" refers to a person's ethnicity, Latino and non-Latino individuals may be of any race. We report data for children who identify as "white" in Figure 2 and elsewhere which refers to non-Hispanic white children. The "white" group, in addition to all the other race groups: African American/black, American Indian/Alaska Native, Asian/Pacific Islander, and other, are non-Hispanic. Latino ethnicity includes all children who report Latino ethnicity of any race. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2018 Subject Definitions." Citizenship status was derived from a variable named "citizen" in IPUMS which reports on citizenship status of respondents, distinguishing only between a) citizens born abroad to American parents, b) naturalized citizens and c) non-citizens. Note: The non-citizen variable does not differentiate between documented or undocumented immigrant statuses.

Health Coverage

In the ACS, 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. Individuals can report more than one source of coverage, so such totals may add to more than 100 percent. Furthermore, due to rounding percentages may not total to 100 percent. Additionally, the estimates are not adjusted to address the Medicaid "undercount" when comparing federal and state administrative data, which, for example, may be accentuated by the absence of state-specific health insurance program names in the ACS. Children covered by Medicaid/CHIP exclusively or Medicaid/CHIP in combination with another coverage type were reported here as "Medicaid/CHIP." Children covered by Medicare, TRICARE/military, Veteran coverage, or two or more types of health coverage—with the exception of Medicaid in combination with another type— were reported as being covered through "Other source of health coverage." The health coverage categories discussed herein include: uninsured, employer sponsored insurance (ESI), purchased directly from an insurance company/direct purchase, Medicaid/CHIP alone or in combination, and other source of health 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.

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: The Census 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 and household size is determined and other factors.

Geographic Location

We reported 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), county and county equivalents of this size. Regions are defined by the U.S. Census as follows with the following states included in the noted 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; and West – AZ, AK, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY.

Medicaid Expansion Analysis

For the purpose of this analysis, the 32 states (including D.C.) that expanded Medicaid include Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Washington, West Virginia, and Vermont. Maine and Virginia adopted the Medicaid expansion, but implementation was not yet in effect when the ACS data was collected. In Idaho, Utah and Nebraska, voters approved Medicaid expansion but the expansions were not in effect at the time the data was collected. The rate of uninsured Latino children in Medicaid expansion states was calculated by dividing the number of uninsured Latino children living in Medicaid expansion states by the total number of Latino children living in Medicaid expansion states. The same method was used to determine the rate of uninsurance in 19 non-expansion states.

Supplemental Information on Figures in the Text

Table 5: Data were analyzed from the Data.Census.Gov table C27001I with county-level geographies and 1-year estimates. Percentages were calculated with the total estimated number of Latino children by county (under age 19) in 2018 as the denominator and the estimated number of uninsured Latino children residing in each county as the numerator.

Data Suppression

Health indicators can be presented at the most aggregated level (i.e., national means, population estimates or rates) and may also be computed for smaller subgroups, like in this report looking at uninsured rates for Latino children (ages 0-18).[b] In this study, we used domains based on subgroups looking at both a specific racial/ethnic group (in this case Latino children ages 0-18) and also geographic regions (within each of the 50 states in the U.S. plus the District of Columbia).

Data suppression rules were applied to portions of this analysis for the purpose of ensuring reliability. This is due to ACS data quality issues related to some estimates that have a large standard error resulting in states with number and percent estimates with low reliability. The U.S. Census encourages the computation of standard errors and coefficients of variation to calculate the reliability of estimates in the ACS.[c] Therefore, to avoid potentially unreliable estimates which can likely lead to misleading findings and inaccurate conclusions, we have applied the following two data suppression rules in the Appendix tables and Figure 5.

- Rule 1: For states where there is a small estimated number of Latino children residing in the state (less than 20,000 children in the state), the estimated state numbers and rates of uninsured Latino children was suppressed. In this instance, a count of fewer than 20,000 total cases also results in a relatively high standard error of the estimated number and rate, increased range for confidence intervals, less precision, and ultimately estimates and percent estimates with low reliability. Applying Rule 1 resulted in the suppression of estimates for the following states: Alaska, Maine, Montana, New Hampshire, North Dakota, South Dakota, Vermont and West Virginia.
- Rule 2: In cases where estimates and/or percent estimates yield large MOEs, as mentioned above (i.e., 5.0 percent uninsured +/- 3.0 percent), and large coefficients of variation (CV) (states with CVs of 25 percent or greater) have also been suppressed. The following additional states were suppressed on account of Rule 2: Delaware, District of Columbia, Hawaii, Rhode Island and Wyoming.

Citations

a) U.S. Census Bureau, American Community Survey (ACS), Statistical Testing Tool.
b) Institute of Medicine (US) Committee on the State of the USA Health Indicators. State of the USA Health Indicators: Letter Report. Washington (DC): National Academies Press (US); 2009. Appendix C, Domain Estimates, Reliability, and Small-Area Estimation. Available from: https://www.ncbi.nlm.nih.gov/books/NBK215061/; The estimates produced for the purpose of this paper would be considered smaller subgroups. Subgroups for which measures are estimated are called "domains" in the survey research world; and domains of interest can include geographic areas (regions, states, counties, metropolitan areas, rural/urban comparisons) and demographic subgroups (racial/ethnic groups, age groups, socioeconomic strata).
c) Understanding and Using American Community Survey Data What All Data Users Need to Know Issued July 2018, https://www.census.gov/content/dam/Census/library/publications/2018/acs/acs_general_handbook_2018.pdf. For more information on data suppression, visit https://www.census.gov/programs-surveys/acs/technical-documentation/data-suppression.html.

Appendix Table 1. Number and Percent of Latino Children Under 19, 2016 and 2018

State	2016 Number of Latino Children	2016 Percent of Latino Children (as a share of all children in state)	2018 Number of Latino Children	2018 Percent of Latino Children (as a share of all children in state)
United Sates	19,291,097	24.7	19,692,568	25.3
Alabama	82,007	7.0	86,457	7.5
Alaska	18,178	9.2	18,375	9.5
Arizona	757,262	43.8	776,935	44.6
Arkansas	89,856	11.9	91,264	12.2
California	4,977,736	51.8	4,950,235	52.0
Colorado	410,893	30.8	424,210	31.4
Connecticut	185,597	23.1	192,179	24.4
Delaware	32,474	14.9	33,466	15.6
District of Columbia	21,094	16.0	23,860	17.2
Florida	1,335,272	30.4	1,428,327	31.8
Georgia	371,882	13.9	394,588	14.8
Hawaii	57,849	17.9	59,044	18.5
Idaho	82,638	17.9	86,501	18.3
Illinois	755,504	24.4	753,374	24.9
Indiana	178,388	10.7	183,238	11.0
Iowa	73,344	9.5	78,331	10.1
Kansas	134,990	17.9	135,554	18.1
Kentucky	62,847	5.8	64,574	6.1
Louisiana	73,030	6.2	79,413	6.8
Maine	6,591	2.4	6,501	2.5
Maryland	202,810	14.2	223,410	15.7
Massachusetts	261,123	17.6	274,651	18.7
Michigan	190,146	8.2	190,635	8.3
Minnesota	111,889	8.2	117,647	8.6
Mississippi	33,326	4.3	33,355	4.4
Missouri	96,956	6.5	92,980	6.4
Montana	14,404	5.9	13,055	5.4
Nebraska	85,209	17.2	90,272	17.9
Nevada	291,617	40.8	296,760	41.1
New Hampshire	16,083	5.7	17,161	6.1
New Jersey	549,555	26.1	562,492	27.3
New Mexico	311,703	60.7	310,607	60.6
New York	1,087,265	24.5	1,077,172	25.0
North Carolina	380,254	15.5	398,255	16.2
North Dakota	10,050	5.4	8,609	4.7
Ohio	157,554	5.7	167,960	6.1
Oklahoma	170,360	16.6	176,211	17.4
Oregon	201,334	21.9	202,957	21.9
Pennsylvania	329,728	11.6	351,795	12.5
Rhode Island	54,556	24.3	55,571	25.6
South Carolina	104,077	8.9	110,032	9.3
South Dakota	14,152	6.3	12,550	5.5
Tennessee	145,370	9.1	154,942	9.7
Texas	3,789,267	49.2	3,876,220	49.4
Utah	169,752	17.4	175,185	17.8
Vermont	4,897	3.8	3,054	2.5
Virginia	257,534	12.9	274,870	13.8
Washington	358,335	20.9	370,683	21.2
West Virginia	9,791	2.5	7,111	1.8
Wisconsin	153,616	11.3	159,486	11.8
Wyoming	20,952	14.0	20,454	14.5

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

Note: The reported number of Latino children are estimates and should be interpreted as approximations of the population size rather than precise population counts.

Appendix Table 2. Change in Number of Uninsured Latino Children Under 19, 2016 and 2018

State	2016 Number of Uninsured	2018 Number of Uninsured	2016-2018 Change in Number of Uninsured	2016-2018 Percent Change
United States	1,476,215	1,598,282	122,067 *	8.3%
Alabama	5,949	7,431	1,482	24.9%
Alaska[1]	-	-	-	-
Arizona	83,764	80,430	-3,334	-4.0%
Arkansas	8,428	11,568	3,140	37.3%
California	204,845	182,447	-22,398 *	-10.9%
Colorado	30,305	28,869	-1,436	-4.7%
Connecticut	6,660	6,381	-279	-4.2%
Delaware[2]	-	-	-	-
District of Columbia[2]	-	-	-	-
Florida	114,211	137,301	23,090	20.2%
Georgia	49,058	64,952	15,894 *	32.4%
Hawaii[2]	-	-	-	-
Idaho	8,481	6,921	-1,560	-18.4%
Illinois	24,698	34,590	9,892 *	40.1%
Indiana	14,455	20,985	6,530 *	45.2%
Iowa	4,238	2,405	-1,833	-43.3%
Kansas	10,437	14,777	4,340	41.6%
Kentucky	6,123	6,576	453	7.4%
Louisiana	8,477	9,097	620	7.3%
Maine[1]	-	-	-	-
Maryland	14,597	19,136	4,539	31.1%
Massachusetts	4,981	4,823	-158	-3.2%
Michigan	9,257	8,508	-749	-8.1%
Minnesota	10,120	8,152	-1,968	-19.4%
Mississippi	3,191	5,448	2,257 *	70.7%
Missouri	8,746	9,220	474	5.4%
Montana[1]	-	-	-	-
Nebraska	10,279	10,866	587	5.7%
Nevada	28,453	32,331	3,878	13.6%
New Hampshire[1]	-	-	-	-
New Jersey	35,960	35,334	-626	-1.7%
New Mexico	14,661	19,359	4,698	32.0%
New York	29,049	27,238	-1,811	-6.2%
North Carolina	42,611	43,391	780	1.8%
North Dakota[1]	-	-	-	-
Ohio	9,342	11,472	2,130	22.8%
Oklahoma	15,841	17,018	1,177	7.4%
Oregon	11,261	9,465	-1,796	-15.9%
Pennsylvania	20,401	17,436	-2,965	-14.5%
Rhode Island[2]	-	-	-	-
South Carolina	8,850	12,884	4,034	45.6%
South Dakota[1]	-	-	-	-
Tennessee	16,951	17,633	682	4.0%
Texas	510,418	572,027	61,609 *	12.1%
Utah	18,884	30,250	11,366 *	60.2%
Vermont[1]	-	-	-	-
Virginia	34,327	30,685	-3,642	-10.6%
Washington	13,689	16,519	2,830	20.7%
West Virginia[1]	-	-	-	-
Wisconsin	9,783	10,014	231	2.4%
Wyoming[2]	-	-	-	-

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

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

[1, 2] Indicate data suppression rules. See methodology for more information.

Note: The reported number of uninsured Latino children are estimates and should be interpreted as approximations of the population size rather than precise population counts.

Appendix Table 3. Change in the Percent of Uninsured Latino Children Under 19, 2016 and 2018

State	2016 Percent Uninsured	2018 Percent Uninsured	2016-2018 Percentage Point Change
United States	7.7	8.1	0.4*
Alabama	7.3	8.6	1.3
Alaska[1]	-	-	-
Arizona	11.1	10.4	-0.7
Arkansas	9.4	12.7	3.3
California	4.1	3.7	-0.4*
Colorado	7.4	6.8	-0.6
Connecticut	3.6	3.3	-0.3
Delaware[2]	-	-	-
District of Columbia[2]	-	-	-
Florida	8.6	9.6	1.0
Georgia	13.2	16.5	3.3*
Hawaii[2]	-	-	-
Idaho	10.3	8.0	-2.3
Illinois	3.3	4.6	1.3*
Indiana	8.1	11.5	3.4*
Iowa	5.8	3.1	-2.7
Kansas	7.7	10.9	3.2
Kentucky	9.7	10.2	0.5
Louisiana	11.6	11.5	-0.1
Maine[1]	-	-	-
Maryland	7.2	8.6	1.4
Massachusetts	1.9	1.8	-0.1
Michigan	4.9	4.5	-0.4
Minnesota	9	6.9	-2.1
Mississippi	9.6	16.3	6.7*
Missouri	9.0	9.9	0.9
Montana[1]	-	-	-
Nebraska	12.1	12.0	-0.1
Nevada	9.8	10.9	1.1
New Hampshire[1]	-	-	-
New Jersey	6.5	6.3	-0.2
New Mexico	4.7	6.2	1.5
New York	2.7	2.5	-0.2
North Carolina	11.2	10.9	-0.3
North Dakota[1]	-	-	-
Ohio	5.9	6.8	0.9
Oklahoma	9.3	9.7	0.4
Oregon	5.6	4.7	-0.9
Pennsylvania	6.2	5.0	-1.2
Rhode Island[2]	-	-	-
South Carolina	8.5	11.7	3.2
South Dakota[1]	-	-	-
Tennessee	11.7	11.4	-0.3
Texas	13.5	14.8	1.3*
Utah	11.1	17.3	6.2*
Vermont[1]	-	-	-
Virginia	13.3	11.2	-2.1
Washington	3.8	4.5	0.7
West Virginia[1]	-	-	-
Wisconsin	6.4	6.3	-0.1
Wyoming[2]	-	-	-

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

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

[1, 2] Indicate data suppression rules. See methodology for more information.

Note: The reported percentages of uninsured Latino children are estimates and should be interpreted as approximations.

Appendix Table 4. Latino Children in the U.S. are Almost Twice as Likely to be Uninsured as Non-Latino Children: Comparing the Rate of Uninsured Latino Children to Uninsured Non-Latino Children

The Census Bureau reports race and Hispanic or Latino ethnicity as separate variables. Hispanic or Latino individuals may be of any race. Multiple comparison groups can be used to analyze coverage trends for Latino children: all children, non-Hispanic white children, and non-Latino children are used as comparison groups in this report. This chart compares Latino children's coverage to non-Latino children's coverage to show the differences based only on ethnicity, without regard to race. See the methodology section for more details.

State	2018 Percent Uninsured Latino	2018 Percent Uninsured Non-Latino	Latino children are X times as likely to be uninsured as non-Latino children
United States	**8.1***	**4.2****	**Almost 2x**
Alabama	**8.6**	**3.3****	**More than 2.5x**
Arizona	**10.4**	**6.6****	**More than 1.5x**
Arkansas	12.7	3.2	Almost 4x
California	3.7*	2.5	Almost 1.5x
Colorado	6.8	3.9**	More than 1.5x
Connecticut	3.3	2.5	Almost 1.5x
Florida	**9.6**	**7.0****	**Almost 1.5x**
Georgia	**16.5***	**6.6****	**2.5x**
Idaho	**8.0**	**6.2****	**Almost 1.5x**
Illinois	**4.6***	**2.8**	**More than 1.5x**
Indiana	**11.5***	**6.4****	**Almost 2x**
Iowa	3.1	3.1**	-
Kansas	10.9	4.1	More than 2.5x
Kentucky	10.2	3.0	Almost 3.5x
Louisiana	11.5	2.9	Almost 4x
Maryland	8.6	2.1	More than 4x
Massachusetts	1.8	1.0	Almost 2x
Michigan	4.5	2.9	More than 1.5x
Minnesota	6.9	3.2**	More than 2x
Mississippi	16.3*	4.7	Almost 3.5x
Missouri	**9.9**	**4.7**	**More than 2x**
Nebraska	12.0	5.2	Almost 2.5x
Nevada	10.9	6.3**	More than 1.5x
New Jersey	6.3	2.7**	Almost 2.5x
New Mexico	6.2	4.7**	Almost 1.5x
New York	2.5	2.3	-
North Carolina	**10.9**	**4.1****	**More than 2.5x**
Ohio	**6.8**	**4.8****	**Almost 1.5x**
Oklahoma	9.7	7.5	Almost 1.5x
Oregon	4.7	3.7**	Almost 1.5x
Pennsylvania	5.0	4.4	-
South Carolina	11.7	4.1	Almost 3x
Tennessee	**11.4**	**4.4****	**More than 2.5x**
Texas	**14.8***	**7.6****	**Almost 2x**
Utah	**17.3***	**5.1**	**Almost 3.5x**
Virginia	11.2	3.6	More than 3x
Washington	4.5	2.3	Almost 2x
Wisconsin	6.3	3.6	Almost 2x

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2008-2018 American Community Survey (ACS) data using Integrated Public Use Microdata (IPUMS) via usa.ipums.org/usa.

* Change is significant at the 90% confidence level and relative to 2016 Latino uninsured rate, see Appendix Table 3 for 2016 rate.

** Change is significant at the 90% confidence level and relative to 2016 non-Latino uninsured rate (Available upon request).

-States not shown were suppressed due to low reliability. See methodology for more information.

Bold type indicates statistically significant change for all children (regardless of race/ethnicity), 2016-2018, see J. Alker and L. Roygardner, 2019.

Note: The reported percent of uninsured Latino and non-Latino children are estimates and should be interpreted as approximations. In the final column, ratios below 1.25 were excluded. All other ratios are rounded to the nearest half.

Appendix Table 5. State Policy Options to Improve Latino Children's Coverage

State	Medicaid/CHIP Upper Income Eligibility Limit	Medicaid Expansion Status	12-Month Continuous Eligibility		CHIP Waiting Period	CHIP Lockout for Nonpayment of Monthly or Quarterly Premiums	Medicaid/CHIP ICHIA Option		State Coverage for All Children Regardless of Immigration Status
			Medicaid	CHIP			Medicaid	CHIP	
United States	Median: 255%	Total: 37	Total: 24	Total: 26/36	Total: 15	Total: 14	Total: 34	23/36	7
Alabama	317%	✗	✓	✓	None	--	✗	✗	✗
Alaska	208%	✓	✓	N/A (M-CHIP)	None	--	✗	N/A (M-CHIP)	✗
Arizona	205%	✓	✗	✗	90 days	2 months	✗	✗	✗
Arkansas	216%	✓	✗	✓	90 days	--	✓	✓	✗
California	266%	✓	✓	N/A (M-CHIP)	None	N/A (M-CHIP)	✓	N/A (M-CHIP)	✓
Colorado	265%	✓	✓	✓	None	--	✓	✓	✗
Connecticut	323%	✓	✗	✗	None	None	✓	✓	✗
Delaware	217%	✓	✗	✓	None	None	✓	✓	✗
District of Columbia	324%	✓	✗	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✓
Florida	215%	✗	✗	✓	2 months	1 month	✓	✓	✗
Georgia	252%	✗	✗	✗	None	None	✗	✗	✗
Hawaii	313%	✓	✗	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗
Idaho	190%	✓	✓	✓	None	None	✗	✗	✗
Illinois	318%	✓	✓	✓	90 days	None	✓	✓	✓
Indiana	262%	✓	✗	✗	90 days	90 days	✗	✗	✗
Iowa	380%	✓	✓	✓	1 month	None	✓	✓	✗
Kansas	240%	✗	✓	✓	90 days	90 days	✗	✗	✗
Kentucky	218%	✓	✗	✗	None	--	✓	✓	✗
Louisiana	255%	✓	✓	✓	90 days	90 days	✗	✗	✗
Maine	213%	✓	✓	✓	90 days	90 days	✓	✓	✗

Source: Unless otherwise noted, see table indicated above in T. Brooks, L. Roygardner, and S. Artiga (2019). For Medicaid Expansion Status, see Kaiser Family Foundation, Status of State Medicaid Expansion Decisions (February 2020), available at https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

State	Medicaid/CHIP Upper Income Eligibility Limit	Medicaid Expansion Status	12-Month Continuous Eligibility		CHIP Waiting Period	CHIP Lockout for Nonpayment of Monthly or Quarterly Premiums	Medicaid/CHIP ICHIA Option		State Coverage for All Children Regardless of Immigration Status
			Medicaid	CHIP			Medicaid	CHIP	
Maryland	322%	✓	✗	N/A (M-CHIP)	None	N/A (M-CHIP)	✓	N/A (M-CHIP)	✗
Massachusetts	305%	✓	✗	✗	None	90 days	✓	✓	✓
Michigan	217%	✓	✓	N/A (M-CHIP)	None	N/A (M-CHIP)	✗	N/A (M-CHIP)	✗
Minnesota	288%	✓	✗	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗
Mississippi	214%	✗	✓	✓	None	--	✗	✗	✗
Missouri	305%	✗	✗	✗	None	90 days	✗	✗	✗
Montana	266%	✓	✓	✓	None	--	✓	✓	✗
Nebraska	218%	✓	✗	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗
Nevada	205%	✓	✗	✓	None	90 days	✓	✓	✗
New Hampshire	323%	✓	✗	N/A (M-CHIP)	None	--	✗	N/A (M-CHIP)	✗
New Jersey	355%	✓	✓	✓	90 days	90 days	✓	✓	✗
New Mexico	305%	✓	✓	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗
New York	405%	✓	✓	✓	None	None	✓	✓	✓
North Carolina	216%	✗	✓	✓	None	--	✓	✓	✗
North Dakota	175%	✓	✓	✓	90 days	--	✗	✗	✗
Ohio	211%	✓	✓	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗
Oklahoma	210%	✗	✗	N/A (M-CHIP)	None	--	✗	N/A (M-CHIP)	✗
Oregon	305%	✓	✓	✓	None	--	✓	✓	✓
Pennsylvania	319%	✓	✗	✓	None	90 days	✓	✓	✗
Rhode Island	266%	✓	✗	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗
South Carolina	213%	✗	✓	N/A (M-CHIP)	None	--	✓	N/A (M-CHIP)	✗

Source: Unless otherwise noted, see table indicated above in T. Brooks, L. Roygardner, and S. Artiga (2019). For Medicaid Expansion Status, see Kaiser Family Foundation, Status of State Medicaid Expansion Decisions (February 2020), available at https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

State	Medicaid/CHIP Upper Income Eligibility Limit	Medicaid Expansion Status	12-Month Continuous Eligibility		CHIP Waiting Period	CHIP Lockout for Nonpayment of Monthly or Quarterly Premiums	Medicaid/CHIP ICHIA Option		State Coverage for All Children Regardless of Immigration Status
			Medicaid	CHIP			Medicaid	CHIP	
South Dakota	209%	✗	✗	✗	90 days	--	✗	✗	✗
Tennessee	255%	✗	✗	✓	None	--	✗	✗	✗
Texas	206%	✗	✗	✓	90 days	--	✓	✓	✗
Utah	205%	✓	✗	✓	90 days	90 days	✓	✓	✗
Vermont	317%	✓	✗	N/A (M-CHIP)	None	N/A (M-CHIP)	✓	N/A (M-CHIP)	✗
Virginia	205%	✓	✗	✗	None	--	✓	✓	✗
Washington	317%	✓	✓	✓	None	90 days	✓	✓	✓
West Virginia	305%	✓	✓	✓	None	None	✓	✓	✗
Wisconsin	306%	✗	✗	✗	None	90 days	✓	✓	✗
Wyoming	205%	✗	✓	✓	1 month	--	✗	✗	✗
Sources	Table 1	See below	Table 13	Table 13	Table 2	Table 16	Table 3	Table 3	Table 3, Note 7

Source: Unless otherwise noted, see table indicated above in T. Brooks, L. Roygardner, and S. Artiga (2019). For Medicaid Expansion Status, see Kaiser Family Foundation, Status of State Medicaid Expansion Decisions (February 2020), available at https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

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