



LEFT BEHIND



*America's
Uninsured
Children*

Families USA
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Left Behind: America's Uninsured Children

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INTRODUCTION

According to the most recent estimates from the Census Bureau, 8.6 million children in the United States lacked health coverage in 2007. That same year, Congress debated and passed two pieces of legislation that would have reduced the number of uninsured children by almost half, covering as many as 4 million additional children. President Bush vetoed both bills. This year, the mounting national economic crisis has driven up unemployment rates at a time when working families are already struggling with the rising cost of everything from food to health insurance premiums. When the economy plunges, the number of uninsured Americans typically increases. This, in turn increases the demand for safety net programs like Medicaid and the State Children's Health Insurance Program (CHIP). Just a year ago, states were working to expand CHIP to finish the job of covering uninsured children. Since then, the Bush Administration's opposition to expanding CHIP and the economic downturn have put new pressure on states to deal with increasing demands for coverage at the same time that their budgets are facing shortfalls.

In August 2008, the Census Bureau released new data showing that, after two consecutive years of increases, the number of uninsured children declined slightly in 2007.¹ Last year, 8.6 million children were uninsured, about 6 percent fewer than in 2006. While this decline should be good news for working families, it underscores how hard families are being hit in this time of economic uncertainty. The Census Bureau reports that, last year, Medicaid and CHIP prevented half a million children from becoming uninsured. And that was just the beginning. The economy has deteriorated at an alarming rate in 2008, and next year, we are likely to see even more families in search of health coverage for children who have recently become uninsured. While Medicaid and CHIP have been able to pick up the slack thus far, these programs cannot continue to absorb this increased demand unless the next Congress and President take important steps to strengthen them through key policy changes and increases in funding.

This report presents data generated by the U.S. Census Bureau from the Current Population Survey (CPS), a national survey of health coverage that is performed annually. Families USA contracted with the Census Bureau to provide detailed national and state-level data about health coverage for children between the ages of 0 and 18. (For state-level estimates, a three-year data merge [2005-2007] was used to improve data reliability. A detailed methodology is available upon request.) This report examines these new data and what they mean for the future of children's health coverage.

KEY FINDINGS

8.6 Million Children Are Uninsured

- One in nine American children (11.1 percent) is uninsured (Table 1).
- The five states with the *largest number* of uninsured children are Texas, California, Florida, New York, and Georgia. Together, the uninsured children in these five states account for nearly half of all uninsured children in the country (48.3 percent).
- The five states with the *highest rates* of uninsured children are Texas, Florida, New Mexico, Arizona, and Nevada. More than 15 percent of children in each of these states are uninsured, compared to a national median of 9.2 percent.²

Medicaid and the State Children's Health Insurance Program (CHIP) Are Picking up the Slack

- Between 2006 and 2007, the number of uninsured children declined by 521,000 (Table 2).
- The number of children covered by private health coverage declined by 65,000.
- The number of children covered in Medicaid and CHIP increased by 954,000.

Uninsured Children Come from Working Families

- The majority of uninsured children (88.2 percent) come from families where at least one parent works (Table 3).
- More than two-thirds of uninsured children (68.5 percent) live in households where at least one family member works full-time, year-round.
- Still, 60.4 percent of uninsured children come from low-income families (families with incomes at or below twice the poverty level—\$35,200 for a family of three in 2008).

Most Uninsured Children Come from Two-Parent Households

- Among uninsured children living with a parent, more than half—58.8 percent—live in two-parent households (Table 3).

Table 1.
Number and Percent of Children Who Are Uninsured by State, 2005-2007

State	Number of Children Uninsured		Percent of Children Uninsured	
	Number	Rank	Percent	Rank
Alabama	76,000	31	6.5%	45
Alaska	19,000	43	9.9%	20
Arizona	278,000	8	16.1%	4
Arkansas	66,000	33	9.2%	25
California	1,253,000	2	12.5%	12
Colorado	170,000	13	13.7%	7
Connecticut	58,000	34	6.7%	43
Delaware	22,000	41	10.3%	19
District of Columbia	8,000	51	6.8%	42
Florida	797,000	3	18.8%	2
Georgia	307,000	5	12.1%	14
Hawaii	18,000	45	5.8%	47
Idaho	50,000	36	11.8%	17
Illinois	294,000	7	8.7%	27
Indiana	131,000	19	7.9%	34
Iowa	38,000	38	5.2%	50
Kansas	51,000	35	7.0%	39
Kentucky	89,000	29	8.4%	29
Louisiana	143,000	14	12.7%	11
Maine	19,000	44	6.4%	46
Maryland	137,000	16	9.5%	22
Massachusetts	71,000	32	4.6%	51
Michigan	142,000	15	5.5%	49
Minnesota	90,000	28	6.9%	41
Mississippi	119,000	22	14.7%	6
Missouri	135,000	17	9.2%	24
Montana	31,000	39	13.7%	8
Nebraska	39,000	37	8.4%	30
Nevada	107,000	24	15.8%	5
New Hampshire	21,000	42	6.7%	44
New Jersey	267,000	9	12.1%	15
New Mexico	93,000	27	17.6%	3
New York	402,000	4	8.5%	28
North Carolina	296,000	6	12.8%	9
North Dakota	14,000	48	9.2%	26
Ohio	214,000	11	7.4%	37
Oklahoma	112,000	23	12.0%	16
Oregon	107,000	25	11.7%	18
Pennsylvania	220,000	10	7.5%	35
Rhode Island	18,000	46	7.1%	38
South Carolina	132,000	18	12.2%	13
South Dakota	17,000	47	8.4%	31
Tennessee	125,000	20	8.2%	32
Texas	1,400,000	1	20.5%	1
Utah	107,000	26	12.8%	10
Vermont	11,000	50	7.9%	33
Virginia	184,000	12	9.6%	21
Washington	120,000	21	7.5%	36
West Virginia	29,000	40	7.0%	40
Wisconsin	79,000	30	5.7%	48
Wyoming	12,000	49	9.4%	23
U.S. Total	8,618,000		11.1%	

Source: Analysis conducted by the Census Bureau for Families USA based on the 2007 Current Population Survey. State estimates represent a three-year merge of data from 2005, 2006, and 2007. The national total represents only 2007 data. Therefore, state estimates do not sum to the U.S. total.

Table 2.

Sources of Health Coverage, All Children, 2006, 2007

Health Coverage	2006		2007	
	Number	Percent	Number	Percent
Medicaid	20,557,000	26.6%	21,511,000	27.6%
Other Public Coverage*	2,121,000	2.7%	2,241,000	2.9%
Private Coverage	45,587,000	58.9%	45,522,000	58.4%
Uninsured	9,139,000	11.8%	8,618,000	11.1%
		100.0%		100.0%

Source: Analysis conducted by the Census Bureau for Families USA based on the 2006 and 2007 Current Population Surveys. A detailed methodology and more information about sample sizes and confidence intervals are available upon request.

* Other public coverage includes Medicare and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Table 3.

Family and Working Status, and Family Income, of Uninsured Children, 2007

	Number	Percent
Family and Working Status*		
Uninsured Children with at Least One Working Parent	6,737,000	88.2%
Uninsured Children with at Least One Parent Working Full-Time	5,230,000	68.5%
Uninsured Children in Two-Parent Families	4,489,000	58.8%
Income*		
0-200% of Poverty	5,164,000	60.4%
201-400% of Poverty	2,450,000	28.7%
401% of Poverty or More	931,000	10.9%
		100.0%

Source: Analysis conducted by the Census Bureau for Families USA based on the 2007 Current Population Survey. A detailed methodology and more information about sample sizes and confidence intervals are available upon request.

* Note that statistics for family and working status, and for income, do not add up to the total number of uninsured children because data availability for these indicators is more limited. More information is available in the methodology.

DISCUSSION

Too Many Children Are Still Uninsured

Although the number of uninsured children decreased slightly in 2007 compared to the previous year (approximately 521,000 more children had health insurance in 2007 than in 2006), 8.6 million is still far too many children who are missing out on the crucial benefits of health coverage. Moreover, although having fewer uninsured children is always good news, a closer look at the data reveals a disturbing reality: More children had health coverage in 2007 than in 2006 largely because child poverty rates increased, and the more children there are living in poverty, the more children are eligible for Medicaid. There were half a million more children living in poverty in 2007 than in 2006—roughly the same as the number of children who gained coverage between 2006 and 2007.³ This is no coincidence. The gains in children's coverage were not due to gains in employer-based coverage. In fact, in 2007, children's enrollment in private coverage declined for the third year in a row. The increase in the number of children with health coverage was due almost exclusively to increased enrollment in public coverage, primarily Medicaid.⁴ Through Medicaid and CHIP, all but seven states offer health coverage for children in families with incomes up to twice the federal poverty level (\$35,200 for a family of three in 2008).⁵ Without the Medicaid and CHIP safety nets, the half-million children whose family incomes dropped below the poverty level would likely have become uninsured.

Why Did So Many Children Stay Uninsured in 2007?

While the safety net worked for thousands of children whose families were hit hardest by the tough economic times, 8.6 million children remain without health coverage. Several factors contributed to this phenomenon:

- Health insurance premiums rose far faster than wages, making it harder for families to afford employer-based coverage.⁶
- Fewer families who were employed by small firms were even offered coverage through their jobs.⁷
- Last year also saw the national unemployment rate climb by nearly half a percentage point,⁸ and workers who lost their jobs often lost health coverage for themselves and their families.

These conditions, together with record increases in food and gasoline prices, made it a tough year for low-income families to make ends meet. And while it is true that more than half of uninsured children are likely eligible for Medicaid or CHIP in their state, their parents may not be aware of the programs or think that their children are eligible, or they cycle on and off public coverage due to fluctuations in family income.

Unfortunately, conditions have only gotten worse in 2008. With the banking and mortgage crises, continually rising food prices, and rising unemployment (a net loss of approximately 1.2 million jobs in 2008),⁹ family budgets have been stretched even thinner this year. States' Medicaid and CHIP programs have been stretched thin, too, struggling to keep up with the influx of new enrollees and rising health care costs at the same time that state revenues are rapidly shrinking.

Who Are Uninsured Children?

Contrary to popular belief, the majority of uninsured children live in families where at least one parent works (Table 3). And among two-thirds of uninsured children (68.5 percent), at least one parent works full-time, year-round. Uninsured children tend to come from low-income, working families that are trying to make ends meet, but these families are coming up short when it comes to health coverage. Their employer might not offer coverage, or the offer might be too expensive for the family to afford. In 2007, the average annual out-of-pocket cost to an employee for family coverage was \$3,281.¹⁰ For a family of three earning twice the poverty level, that constitutes nearly 10 percent of their annual income. For employees of small businesses, average annual out-of-pocket costs are even higher—\$4,236 for family coverage. For parents who are forced to seek coverage in the private market because they have jobs that do not offer health coverage, costs can be even higher—if they are able to obtain coverage at all. This is why Medicaid and CHIP play such an important role. They offer children (and sometimes parents) in these families high-quality, affordable coverage. In fact, since nearly two-thirds of uninsured children live in families with incomes at or below twice the poverty level, these children are likely to be eligible for Medicaid or CHIP.¹¹ (See the Appendix on page 13 for state-level data on uninsured children.)

Fortifying Medicaid and CHIP

Experts predict that the decline in employer-based coverage is likely to continue in 2008, given the faltering economy.¹² This adds new urgency to the need to shore up Medicaid and CHIP. Demand for these programs will continue to grow, and unless they are funded sufficiently, the ranks of the uninsured, including children, will grow as well.

The marked increase in Medicaid and CHIP enrollment in 2007 belies the difficulty that states are having funding these programs. In 2007, states had to grapple with the federal citizenship and identity documentation requirement, which went into effect in 2006. Failure to meet this requirement continues to cause thousands of otherwise eligible Medicaid applicants to be denied coverage, and research has shown that those who are most harmed by the

requirement are children.¹³ The requirement is also increasing administrative costs to states, despite few, if any, gains in program integrity. A year later, state budgets are stretched increasingly thin, and enforcing this requirement has caused states to shift scarce public dollars to the task of administering this burdensome, arguably unnecessary requirement—dollars that could otherwise be used for coverage.

But there is an even more fundamental problem with children's coverage: CHIP still needs to be reauthorized. In 2007, Congress debated reauthorizing and strengthening CHIP. The program needed more money to meet the rising cost of providing health coverage for the children who were already enrolled and to meet the growing need to cover more uninsured children, and that was before the economy really began to go downhill. (Fourteen states experienced CHIP funding shortfalls in the 2007 federal fiscal year.¹⁴) But despite strong bipartisan support in Congress for expanding CHIP to cover as many as 4 million uninsured children, the reauthorization process ground to a halt following two presidential vetoes.

The program was ultimately extended through March 2009, and states were provided with a little extra money to help maintain their programs. But as the economic situation has worsened in 2008, states have encountered rapidly growing Medicaid and CHIP enrollment for which they are financially unprepared. As of July 2008, eight states were expected to run out of federal CHIP funding before March 31, 2009,¹⁵ and as of September 2008, 14 states have implemented or were considering cuts to their health programs, including Medicaid and CHIP.¹⁶

Ongoing uncertainty about CHIP funding is giving many states pause as they look ahead.¹⁷ Some states, such as Kansas, have passed children's coverage expansions that are due to take effect next year, but these expansions are contingent on new federal funding. Other states, like California, have taken a defensive approach, issuing regulations that will allow them to close CHIP enrollment and start a waiting list if the program does not have the federal funding needed to continue enrolling new children.¹⁸ If additional federal funding does not come soon, and if CHIP does not have a predictable funding stream over the next few years, states will have to cut program costs, which often means increasing enrollees' cost-sharing, cutting benefits, or dropping children from the rolls. In addition, although only a few states cut Medicaid or CHIP to balance their budgets in 2008, more states are likely to be forced to make such cuts in their 2009 legislative sessions.

Why Are Medicaid and CHIP Crucial?

Children comprise about half of Medicaid's 42 million enrollees. All children enrolled in Medicaid are guaranteed a benefit package that covers all their medically necessary health care needs, referred to as Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Most families pay nothing or only small copayments for their children's Medicaid coverage. This ensures that even very impoverished families can afford to take their children to the doctor.

CHIP was created in 1997 in response to the rising number of American children without health insurance at that time. More than 11 million children were uninsured in 1998, but as CHIP took hold across the country, this number rapidly declined. The program "sits on top of" each state's Medicaid program and is an affordable source of coverage for children in working families who make too much money to be eligible for Medicaid, but who still cannot afford employer-based or other private coverage. During the years after CHIP was implemented, despite steady and sizable increases in the number of uninsured adults, the number of uninsured children declined by nearly a third.¹⁹ Children enrolled in CHIP are more likely to have a usual source of care, have fewer unmet health care needs, and experience improved access to dental care compared to uninsured children.²⁰ CHIP has also been shown to reduce racial and ethnic disparities in access to health care.²¹ CHIP provided coverage for more than 7 million children in 2007,²² and it is widely regarded as a successful program.

NEXT STEPS

The new Congress and President should take several steps in early 2009 to shore up the health care safety net for children.

■ Reauthorize CHIP

The program's current extension expires on March 31, 2009. It is imperative that Congress take action before this deadline to guarantee future federal support for the program. The reauthorization should contain, at a minimum, the level of new federal funding and the new funding distribution and enrollment policies that were part of the Children's Health Insurance Program Reauthorization Act of 2007 (CHIPRA; H.R. 976).

If state policy makers enter their 2009 legislative sessions without a guarantee of continued federal support for CHIP, many are likely to halt expansion plans, and others may need to make cuts in order to meet state budget requirements.

■ **Temporarily Increase Federal Support for Medicaid**

During the last significant economic downturn, one of the steps Congress took to boost state economies and fortify Medicaid was to enact a 15-month increase in the federal matching rate for the program (known as the Federal Medical Assistance Percentage, or FMAP). As a condition of receiving this increased federal support, states were not permitted to cut their Medicaid programs. This was an excellent way of simultaneously boosting ailing state economies, providing relief to state budgets strained by rising Medicaid costs, and ensuring the program's availability to vulnerable Americans during the downturn.

Because Medicaid is a countercyclical program (enrollment increases when the economy declines), states must spend more money on the program at a time when they have decreased revenue and strained budgets. Temporarily increasing the federal Medicaid matching rate gives *immediate* relief to states, who are saddled with increasing Medicaid costs, and allows them to continue the program *without cutting eligibility or services*. The injection of new federal dollars into state economies also creates additional business activity, jobs, and wages.

Bills were introduced in both the House and the Senate in 2008 to boost the federal Medicaid matching rate, but they were ultimately not included in the economic stimulus package that Congress passed.²³ The economy is now in even worse shape than it was when the first stimulus bill was passed, and there is interest among members of Congress in passing a second stimulus package immediately after the new Congress convenes in January. Any future stimulus package should include an increase in the federal Medicaid matching rate, both to improve state economies and to ensure that Medicaid will be there for the growing numbers of people who will need it, a large portion of whom are children.

■ **Overtake Harmful CHIP Policies**

In August 2008, the Administration imposed a new regulation on CHIP that makes it nearly impossible for states to cover children in families with incomes greater than 250 percent of the federal poverty level. This has prevented tens of thousands of children from getting coverage,²⁴ and the coverage of thousands more (in states that already

cover children with incomes greater than 250 percent of poverty) is at risk as long as this policy remains in place. A recent study points out the misguided nature of this policy: Children in families with incomes between 200 and 399 percent of poverty (between \$35,200 and \$70,224 for a family of three in 2008) accounted for the bulk of the increase in uninsured children between 2005 and 2006.²⁵ Restricting states from using CHIP to cover children in these families is shortsighted and prevents the program from serving those who need it the most.

Although the Bush Administration has recently relaxed enforcement of this regulation, it is still in place, and it retains its stranglehold over the safety net for America's children.

It is of utmost importance that the next Congress and President take these important steps to strengthen Medicaid and CHIP. As the economy continues to take a beating, more and more families will likely lose employer-based coverage, and if the safety net is not strong enough to respond to this growing demand, low-income children will suffer.

ENDNOTES

- ¹ Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, *U.S. Census Bureau, Current Population Reports, P60-235, Income, Poverty, and Health Insurance Coverage in the United States: 2007* (Washington: U.S. Government Printing Office, August 2008).
- ² Note that state data are based on three-year merges of 2005-2007 CPS data, while the national data are for 2007 only.
- ³ Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, op. cit.
- ⁴ The Current Population Survey does not differentiate between Medicaid and CHIP. Some families may report CHIP coverage as public, whereas others may report it as private coverage, since it tends to more closely resemble private coverage because of its vendors, provider network, etc.
- ⁵ Only seven states have upper eligibility limits for children's coverage that are less than twice the poverty level. They are: Alaska, Idaho, Montana, Nebraska, North Dakota, Oklahoma, and Oregon. Montana recently passed a ballot initiative to expand CHIP eligibility from 175 percent to 250 percent of poverty. *Medicaid and State Children's Health Insurance Program (CHIP) Eligibility by State (as a percentage of the federal poverty level)* (Washington: Families USA, July 2008), available online at <http://familiesusa.org/assets/pdfs/kids-and-parents-medicaid-and-chip-eligibility.pdf>.
- ⁶ Kim Bailey, *Premiums vs. Paychecks: A Growing Burden for State Workers* (Washington: Families USA, September 2008), available online at <http://www.familiesusa.org/resources/publications/reports/premiums-vs-paychecks-2008.html>.
- ⁷ *Survey of Employer Health Benefits* (Washington: Kaiser Family Foundation and Health Research and Educational Trust, September 2007).
- ⁸ *Labor Force Statistics from the Current Population Survey* (Washington: Bureau of Labor and Statistics, August 2008), available online at http://data.bls.gov/PDQ/servlet/SurveyOutputServlet?data_tool=latest_numbers&series_id=LNS14000000, accessed on September 12, 2008.
- ⁹ *The Unemployment Situation: October 2008* (Washington: U.S. Department of Labor Statistics, November 7, 2008), available online at <http://www.bls.gov/news.release/pdf/empsit.pdf>.
- ¹⁰ *Survey of Employer Health Benefits*, op. cit.
- ¹¹ Only seven states have upper eligibility limits for children's coverage that are less than twice the poverty level, op. cit.
- ¹² Paul Fronstin, *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of March 2008 CPS Survey* (Washington: Employee Benefit Research Institute, September 2008).
- ¹³ *GAO Report 07-889, Medicaid: States Reported That Citizenship Documentation Requirement Resulted in Enrollment Declines for Eligible Citizens and Posed Administrative Burdens* (Washington: Government Accountability Office, June 2007). Donna Cohen Ross, *New Medicaid Citizenship Documentation Requirement Is Taking a Toll: States Report Enrollment Is Down and Administrative Costs Are Up* (Washington: Center on Budget & Policy Priorities, revised March 13, 2007).
- ¹⁴ Chris L. Peterson, *SCHIP Financing: Funding Projections and State Redistribution Issues* (Washington: Congressional Research Service, updated January 20, 2007).
- ¹⁵ Chris L. Peterson, *What Happens to SCHIP after March 31, 2009?* (Washington: Congressional Research Service, July 22, 2008).
- ¹⁶ Nicholas Johnson, Elizabeth Hudgins, and Jeremy Koulisch, *Facing Deficits, Many States Are Imposing Cuts That Will Harm Vulnerable Residents* (Washington: Center on Budget & Policy Priorities, March 13, 2008, updated September 30, 2008).
- ¹⁷ Lisa Finneran, "Thousands of Our Kids May Lose Health Care: Federal Money for the Family Access to Medical Insurance Security Plan Expires in March," *Daily Press*, September 7, 2008, available online at http://www.dailypress.com/news/dp-local_famis_0907sep07,0,5944217.story.
- ¹⁸ Managed Risk Medical Insurance Board, *Healthy Families Information* (Sacramento, CA: State of California, 2007), available online at <http://www.mrmib.ca.gov/mrmib/HFP.shtml>, accessed on September 17, 2008.
- ¹⁹ Genevieve Kenney and Justin Yee, "SCHIP at a Crossroads: Experience to Date and Challenges Ahead," *Health Affairs* March/April 2007: 356-369.
- ²⁰ Margo Rosenbach, *Increasing Children's Coverage and Access: A Decade of SCHIP Lessons* (Washington: Mathematica Policy Research, Inc., September 2007).
- ²¹ M. Seid, J. W. Varni, L. Cummings, and M. Schonlau, "The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program," *Journal of Pediatrics* 149, no. 3 (September 2006): 354-361.

²² Chris L. Peterson, *Memorandum: REVISED: Estimates of SCHIP Child Enrollees up to 200% of Poverty, above 200% of Poverty, and of SCHIP Adult Enrollees, FY2007* (Washington: Congressional Research Service, May 30, 2008).

²³ The House included an increase in the federal Medicaid matching rate in an economic stimulus bill that it passed in September 2008 (H.R. 7110), but the Senate was unable to pass a similar bill.

²⁴ *9 Million Children and Counting: The Administration's Attack on Health Coverage for America's Children* (Washington: Families USA, February 2008).

²⁵ John Holahan and Allison Cook, *What Happened to the Insurance Coverage of Children and Adults in 2006?* (Washington: Kaiser Commission on Medicaid and the Uninsured, September 2007).

APPENDIX TABLES

**Table 1:
Sources of Children's Health
Coverage, 2005-2007**

**Table 2:
Family Income of Uninsured Children,
As a Percent of Poverty, 2005-2007**

**Table 3:
Family and Working Status of
Uninsured Children, 2005-2007**

Appendix Table 1. Sources of Children's Health Coverage, 2005-2007

State	Medicaid		Other Public*		Private Insurance		Uninsured	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alabama	352,000	30.2%	40,000	3.4%	697,000	59.8%	76,000	6.5%
Alaska	50,000	26.0%	25,000	13.3%	97,000	50.6%	19,000	10.1%
Arizona	527,000	30.5%	37,000	2.1%	886,000	51.3%	278,000	16.1%
Arkansas	298,000	41.4%	19,000	2.6%	337,000	46.8%	66,000	9.2%
California	3,007,000	30.1%	228,000	2.3%	5,500,000	55.1%	1,253,000	12.5%
Colorado	190,000	15.3%	51,000	4.1%	832,000	66.9%	170,000	13.7%
Connecticut	185,000	21.4%	17,000	2.0%	607,000	70.0%	58,000	6.6%
Delaware	47,000	22.1%	9,000	4.2%	135,000	63.4%	22,000	10.3%
District of Columbia	53,000	45.2%	1,000	0.8%	55,000	46.9%	8,000	7.1%
Florida	989,000	23.4%	150,000	3.5%	2,297,000	54.3%	797,000	18.8%
Georgia	750,000	29.5%	143,000	5.6%	1,344,000	52.8%	307,000	12.1%
Hawaii	70,000	22.6%	40,000	12.8%	182,000	58.9%	18,000	5.7%
Idaho	99,000	23.3%	11,000	2.6%	264,000	62.4%	50,000	11.8%
Illinois	812,000	24.1%	53,000	1.6%	2,213,000	65.6%	294,000	8.7%
Indiana	431,000	25.8%	18,000	1.1%	1,089,000	65.3%	131,000	7.8%
Iowa	179,000	24.4%	17,000	2.4%	499,000	68.0%	38,000	5.2%
Kansas	194,000	26.7%	27,000	3.7%	455,000	62.6%	51,000	7.0%
Kentucky	327,000	31.1%	37,000	3.5%	601,000	57.0%	89,000	8.5%
Louisiana	373,000	33.1%	19,000	1.7%	590,000	52.5%	143,000	12.7%
Maine	95,000	31.9%	12,000	4.2%	172,000	57.6%	19,000	6.3%
Maryland	290,000	20.1%	55,000	3.8%	961,000	66.6%	137,000	9.5%
Massachusetts	364,000	23.5%	9,000	0.6%	1,104,000	71.4%	71,000	4.6%
Michigan	708,000	27.3%	38,000	1.5%	1,703,000	65.7%	142,000	5.5%
Minnesota	247,000	18.8%	15,000	1.1%	961,000	73.2%	90,000	6.8%
Mississippi	306,000	37.7%	35,000	4.3%	351,000	43.3%	119,000	14.7%
Missouri	428,000	29.2%	20,000	1.4%	885,000	60.3%	135,000	9.2%
Montana	58,000	25.7%	6,000	2.8%	131,000	57.7%	31,000	13.7%
Nebraska	94,000	20.4%	22,000	4.7%	307,000	66.4%	39,000	8.5%
Nevada	98,000	14.4%	14,000	2.1%	458,000	67.7%	107,000	15.7%
New Hampshire	51,000	16.1%	6,000	1.9%	238,000	75.5%	21,000	6.5%
New Jersey	365,000	16.4%	20,000	0.9%	1,564,000	70.6%	267,000	12.0%
New Mexico	193,000	36.6%	19,000	3.7%	223,000	42.2%	93,000	17.6%
New York	1,514,000	32.0%	35,000	0.8%	2,773,000	58.7%	402,000	8.5%
North Carolina	655,000	28.4%	93,000	4.0%	1,261,000	54.7%	296,000	12.8%
North Dakota	31,000	20.2%	6,000	4.2%	102,000	66.6%	14,000	8.9%
Ohio	771,000	26.7%	49,000	1.7%	1,858,000	64.3%	214,000	7.4%
Oklahoma	311,000	33.2%	54,000	5.8%	457,000	49.0%	112,000	12.0%
Oregon	222,000	24.4%	12,000	1.4%	571,000	62.5%	107,000	11.8%
Pennsylvania	733,000	25.1%	32,000	1.1%	1,940,000	66.3%	220,000	7.5%
Rhode Island	74,000	29.0%	6,000	2.4%	157,000	61.7%	18,000	6.9%
South Carolina	320,000	29.7%	31,000	2.8%	596,000	55.2%	132,000	12.2%
South Dakota	48,000	23.9%	10,000	4.7%	127,000	63.0%	17,000	8.4%
Tennessee	470,000	31.0%	78,000	5.1%	843,000	55.6%	125,000	8.3%
Texas	1,887,000	27.6%	228,000	3.3%	3,317,000	48.5%	1,400,000	20.5%
Utah	158,000	18.9%	14,000	1.7%	556,000	66.6%	107,000	12.8%
Vermont	52,000	37.5%	3,000	2.3%	74,000	52.6%	11,000	7.6%
Virginia	346,000	18.1%	216,000	11.3%	1,165,000	61.0%	184,000	9.6%
Washington	388,000	24.2%	101,000	6.3%	994,000	62.0%	120,000	7.5%
West Virginia	152,000	36.7%	15,000	3.6%	219,000	52.7%	29,000	7.0%
Wisconsin	339,000	24.5%	21,000	1.5%	942,000	68.2%	79,000	5.7%
Wyoming	29,000	22.8%	7,000	5.5%	80,000	62.4%	12,000	9.3%

Source: Analysis conducted by the Census Bureau for Families USA based on the Current Population Survey. Data reflect a three-year merge of the 2005-2007 CPS data. A detailed methodology and more information about sample sizes and confidence intervals are available upon request.

* Other public coverage includes Medicare and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Appendix Table 2. Family Income of Uninsured Children, As a Percent of Poverty, 2005-2007

State	0-200% of Poverty		201-400% of Poverty		401% of Poverty or More	
	Number	Percent	Number	Percent	Number	Percent
Alabama	48,000	64.3%	19,000	25.2%	8,000	10.5%
Alaska	11,000	54.8%	7,000	34.4%	2,000	10.8%
Arizona	191,000	68.6%	75,000	27.0%	12,000	4.4%
Arkansas	42,000	64.3%	18,000	26.8%	6,000	8.9%
California	750,000	60.6%	349,000	28.2%	139,000	11.2%
Colorado	109,000	65.1%	36,000	21.4%	23,000	13.6%
Connecticut	27,000	47.8%	20,000	34.3%	10,000	18.0%
Delaware	11,000	54.0%	7,000	34.0%	3,000	12.0%
District of Columbia	6,000	68.2%	1,000	17.9%	1,000	13.9%
Florida	477,000	60.7%	229,000	29.2%	79,000	10.1%
Georgia	203,000	67.3%	66,000	22.0%	32,000	10.7%
Hawaii	8,000	48.9%	6,000	36.8%	2,000	14.3%
Idaho	28,000	56.2%	18,000	36.3%	4,000	7.5%
Illinois	169,000	58.9%	74,000	25.6%	44,000	15.4%
Indiana	63,000	48.2%	45,000	34.7%	22,000	17.2%
Iowa	18,000	47.3%	13,000	34.9%	7,000	17.8%
Kansas	32,000	63.9%	14,000	28.0%	4,000	8.1%
Kentucky	59,000	66.2%	23,000	26.0%	7,000	7.8%
Louisiana	90,000	63.2%	27,000	19.3%	25,000	17.5%
Maine	10,000	55.7%	6,000	31.7%	2,000	12.6%
Maryland	72,000	53.1%	41,000	30.0%	23,000	16.8%
Massachusetts	30,000	42.7%	26,000	36.2%	15,000	21.1%
Michigan	76,000	53.0%	45,000	31.4%	22,000	15.6%
Minnesota	49,000	55.5%	28,000	31.5%	12,000	13.0%
Mississippi	88,000	76.6%	21,000	17.8%	6,000	5.6%
Missouri	82,000	61.0%	36,000	27.1%	16,000	11.9%
Montana	19,000	60.6%	8,000	25.6%	4,000	13.8%
Nebraska	23,000	59.7%	12,000	29.8%	4,000	10.5%
Nevada	61,000	57.5%	36,000	34.4%	9,000	8.1%
New Hampshire	7,000	35.7%	9,000	43.8%	4,000	20.5%
New Jersey	139,000	52.4%	81,000	30.5%	45,000	17.2%
New Mexico	60,000	64.6%	25,000	27.1%	8,000	8.3%
New York	226,000	56.5%	116,000	29.1%	57,000	14.4%
North Carolina	186,000	63.6%	80,000	27.4%	26,000	9.0%
North Dakota	9,000	66.9%	3,000	22.7%	1,000	10.4%
Ohio	126,000	60.2%	60,000	28.6%	24,000	11.3%
Oklahoma	63,000	56.9%	37,000	33.1%	11,000	10.0%
Oregon	63,000	58.5%	30,000	28.0%	14,000	13.5%
Pennsylvania	142,000	66.1%	53,000	24.8%	19,000	9.0%
Rhode Island	9,000	50.4%	6,000	31.6%	3,000	18.1%
South Carolina	76,000	57.9%	39,000	29.5%	17,000	12.5%
South Dakota	9,000	53.4%	5,000	30.7%	3,000	15.9%
Tennessee	75,000	60.2%	35,000	27.8%	15,000	11.9%
Texas	910,000	65.7%	374,000	27.0%	101,000	7.3%
Utah	59,000	55.5%	33,000	31.3%	14,000	13.2%
Vermont	4,000	40.8%	4,000	38.8%	2,000	20.4%
Virginia	103,000	56.7%	50,000	27.3%	29,000	16.0%
Washington	55,000	46.6%	37,000	31.4%	26,000	22.0%
West Virginia	14,000	49.2%	10,000	34.2%	5,000	16.7%
Wisconsin	41,000	52.7%	27,000	34.7%	10,000	12.6%
Wyoming	5,000	43.9%	5,000	40.2%	2,000	16.0%

Source: Analysis conducted by the Census Bureau for Families USA based on the Current Population Survey. Data reflect a three-year merge of the 2005-2007 CPS data. A detailed methodology and more information about sample sizes and confidence intervals are available upon request.

* Note that statistics for income do not add up to the total number of uninsured children in the state because data availability for these indicators is more limited. More information is available in the methodology.

Appendix Table 3. Family and Working Status of Uninsured Children, 2005-2007

State	Two-Parent Families		One- or Two-Parent Families			
	Uninsured Children in Two-Parent Families		Uninsured Children with At Least One Working Parent		Uninsured Children with At Least One Parent Working Full-Time	
	Number	Percent	Number	Percent	Number	Percent
Alabama	29,000	47.4%	47,000	76.6%	40,000	65.4%
Alaska	11,000	64.8%	16,000	89.9%	11,000	61.3%
Arizona	145,000	56.8%	215,000	84.5%	169,000	66.4%
Arkansas	32,000	57.5%	50,000	89.7%	37,000	66.0%
California	733,000	65.3%	1,017,000	90.5%	820,000	73.0%
Colorado	107,000	69.2%	145,000	93.9%	110,000	71.3%
Connecticut	22,000	48.4%	40,000	89.4%	28,000	61.8%
Delaware	12,000	62.7%	18,000	93.9%	15,000	76.4%
District of Columbia	3,000	45.9%	7,000	85.8%	4,000	49.8%
Florida	418,000	58.6%	627,000	87.8%	510,000	71.4%
Georgia	143,000	55.4%	223,000	86.1%	180,000	69.6%
Hawaii	7,000	47.1%	13,000	86.1%	8,000	55.3%
Idaho	33,000	71.9%	44,000	94.6%	36,000	77.0%
Illinois	122,000	47.5%	218,000	85.1%	155,000	60.5%
Indiana	75,000	62.3%	115,000	95.3%	81,000	67.1%
Iowa	21,000	61.9%	34,000	97.7%	26,000	75.3%
Kansas	25,000	53.3%	44,000	93.0%	28,000	58.6%
Kentucky	42,000	55.9%	63,000	84.5%	46,000	61.6%
Louisiana	65,000	54.8%	97,000	81.7%	79,000	66.6%
Maine	10,000	56.3%	17,000	93.2%	12,000	67.4%
Maryland	56,000	48.5%	93,000	80.7%	73,000	63.5%
Massachusetts	26,000	41.8%	53,000	83.8%	41,000	65.0%
Michigan	60,000	47.4%	111,000	86.9%	76,000	59.4%
Minnesota	47,000	54.9%	75,000	88.8%	53,000	63.0%
Mississippi	44,000	45.8%	68,000	71.3%	53,000	55.3%
Missouri	57,000	47.6%	107,000	88.5%	81,000	67.2%
Montana	17,000	59.3%	26,000	92.0%	20,000	71.0%
Nebraska	22,000	63.4%	30,000	85.7%	22,000	63.1%
Nevada	53,000	55.5%	81,000	85.5%	64,000	67.9%
New Hampshire	12,000	63.2%	18,000	94.5%	14,000	74.9%
New Jersey	144,000	59.5%	215,000	88.9%	169,000	69.9%
New Mexico	55,000	62.7%	75,000	85.9%	64,000	72.8%
New York	200,000	57.1%	301,000	85.7%	230,000	65.5%
North Carolina	149,000	56.3%	236,000	88.7%	178,000	67.0%
North Dakota	7,000	58.5%	12,000	94.1%	9,000	72.3%
Ohio	96,000	50.5%	165,000	87.2%	134,000	70.7%
Oklahoma	60,000	60.9%	85,000	86.4%	71,000	72.0%
Oregon	64,000	66.8%	84,000	87.8%	64,000	67.2%
Pennsylvania	100,000	52.8%	166,000	87.1%	139,000	73.0%
Rhode Island	9,000	57.9%	13,000	84.2%	11,000	69.6%
South Carolina	64,000	53.8%	105,000	88.6%	94,000	79.2%
South Dakota	7,000	49.6%	12,000	87.8%	11,000	77.7%
Tennessee	67,000	58.6%	103,000	90.9%	73,000	64.3%
Texas	822,000	65.1%	1,129,000	89.4%	933,000	73.9%
Utah	77,000	76.8%	91,000	90.9%	79,000	78.6%
Vermont	7,000	68.1%	9,000	100.0%	8,000	86.6%
Virginia	99,000	61.9%	140,000	88.1%	112,000	70.3%
Washington	74,000	67.8%	101,000	92.4%	69,000	63.5%
West Virginia	13,000	51.2%	22,000	84.0%	18,000	69.0%
Wisconsin	38,000	54.8%	66,000	95.3%	51,000	73.3%
Wyoming	7,000	65.6%	10,000	93.8%	8,000	78.5%

Source: Analysis conducted by the Census Bureau for Families USA based on the Current Population Survey. Data reflect a three-year merge of the 2005-2007 CPS data. A detailed methodology and more information about sample sizes and confidence intervals are available upon request.

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