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Expanding Medicaid Would Help Close Coverage Gap for Latino Children and Parents

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Report Key Findings

- **In 2019, 3.88 million Latino parents and 1.83 million Latino children were uninsured.**
- **Together, California, Florida, and Texas account for 2.08 million uninsured Latino parents**; and over 1.05 million uninsured Latino children.
- Latino children and parents are disproportionately likely to be uninsured across the country, but **the coverage gaps are wider and growing faster in states that have yet to adopt Medicaid expansion.**
- For example, though California, Florida, and Texas are all home to a large number of uninsured Latino parents and children, Latino parents and children are much more likely to be covered in California than in Florida or Texas. **In California, 18.0 percent of Latino parents are uninsured, compared to 25.9 percent in Florida and 41.3 percent in Texas.** For Latino children, California has an uninsured rate of 4.7 percent as opposed to 9.5 percent and 17.7 percent in Florida and Texas respectively.
- **State policymakers have a responsibility to advance health equity by adopting Medicaid expansion and narrowing coverage gaps between Latino and non-Latino parents and children in their state.**

Introduction

The Affordable Care Act (ACA) has lowered the uninsured rate for children and families nationally, but its impact varies across the country based on whether a state has adopted the ACA's Medicaid expansion to cover more adults.[1] For Latino children and families, Medicaid serves an especially important role; while Latinos are more likely to participate in the workforce than non-Latinos,[2] they are less likely to have employer-sponsored insurance.[3]

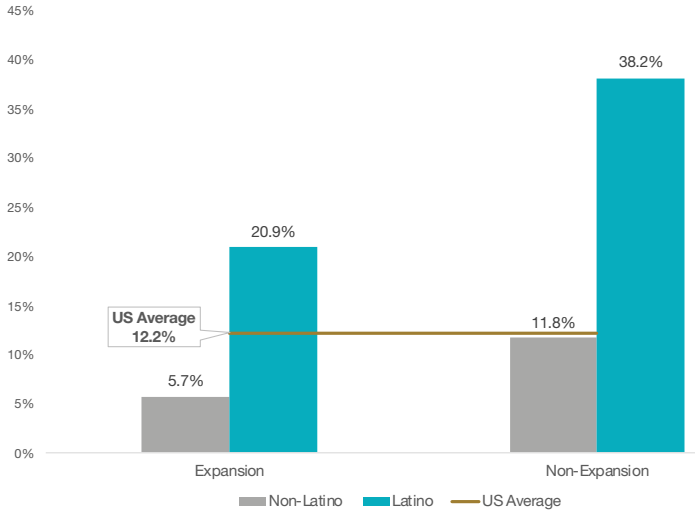
As of May 2021, 37 states have implemented the Medicaid expansion, two states have adopted but not yet implemented, and 12 states have yet to adopt.[4] In this brief, we show that adopting the Medicaid expansion in these 12 states would help narrow coverage gaps for Latino children and families. The COVID-19 pandemic has exposed and exacerbated longstanding health disparities for Latinos and other communities of color. As policymakers consider how to design a more equitable health system, Medicaid expansion is one key lever already at states' disposal.

Coverage Disparities for Latino Families are Larger in Non-Expansion States

Coverage disparities for Latino families persist in both expansion and non-expansion states, but are larger in non-expansion states. While Medicaid expansion was intended to expand access to more adults, research has shown that covering more parents, caretakers, and other adults helps increase children's coverage rates too.[5]

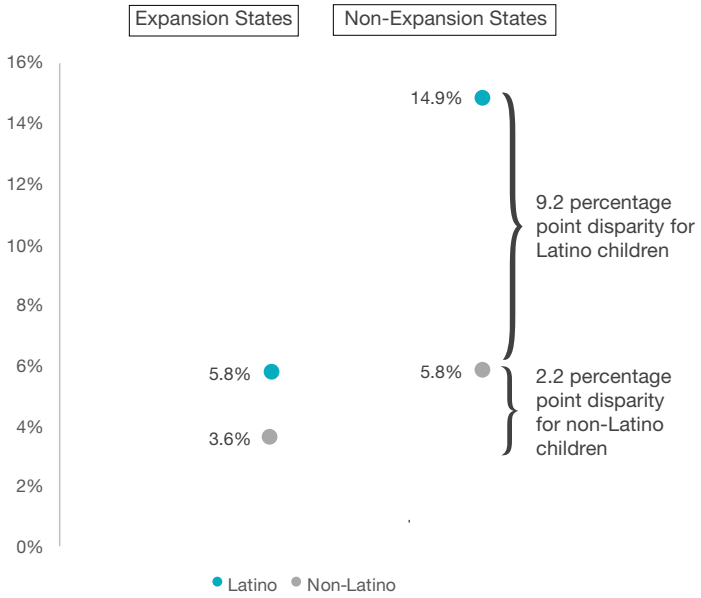
As a result, state decisions to forgo expansion also act as a further impediment to covering all children. In Medicaid expansion states, the uninsured rate for Latino parents is 20.9 percent compared to 38.2 percent in non-expansion states (see Figure 1). For Latino children, the uninsured rate is 5.8 percent in expansion states compared to 14.9 percent in non-expansion states, making Latino children in non-expansion states more than 2.5 times more likely to be uninsured (see Figure 2). Importantly, these data are pre-pandemic. Latino families have suffered disproportionately as a result of

Figure 1. Uninsured Rate for Latino and Non-Latino Parents by Expansion Status



Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). Data includes citizens and non-citizens. Figure excludes Maine and Virginia from expansion category, but includes them in the US average.

Figure 2. Uninsured Rate for Latino and Non-Latino Children by Expansion Status



Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Public Use Microdata Sample (PUMS). Figure excludes Maine and Virginia from calculations.

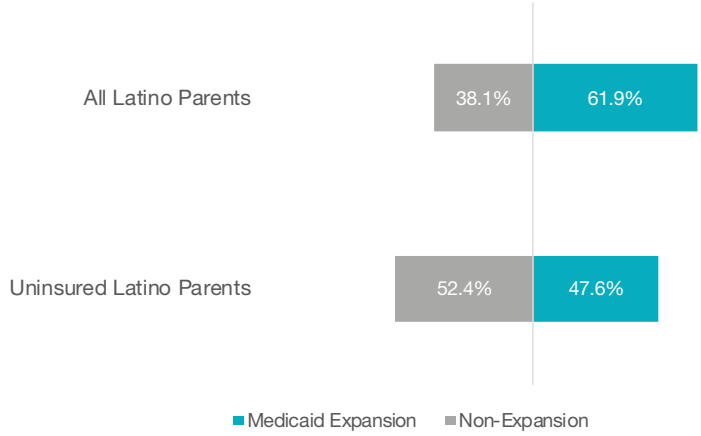
COVID-19, both in terms of health impact and job losses,[6] likely widening these coverage gaps.

While only 38.1 percent of Latino parents live in states that have not yet expanded Medicaid, a disproportionate share of uninsured Latino parents live in these states (52.4 percent) (see Figure 3). The difference is even more stark for Latino children. Although only 38 percent of all Latino children live in non-expansion states, 60.6 percent of uninsured Latino children live in these states (see Figure 4).

States already have an extremely generous, permanent federal matching rate of 90 percent for the expansion population, and the American Rescue Plan Act (ARPA) provides a significant, additional fiscal incentive. States that newly expand Medicaid receive an added incentive for their traditional Medicaid population: an additional five-percentage point increase in the regular federal matching rate for two years, no matter when they adopt and implement expansion (the federal matching rate for the expansion population remains 90 percent).[7] The Kaiser Family Foundation estimates that if all 12 non-expansion states expand in 2022, they will receive a net overall gain of $9.6 billion in federal funds.[8]

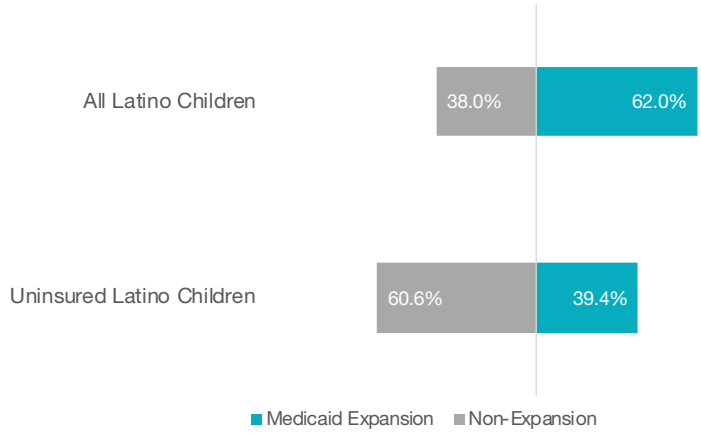
Adopting Medicaid expansion is not only a smart fiscal decision, it will also help advance health equity by narrowing coverage gaps for Latino families. Conversely, state policymakers' decisions to continue blocking access to Medicaid coverage will only worsen these inequities.

Figure 3. A Disproportionate Share of Uninsured Latino Parents Live in Non-Expansion States



Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). Data includes citizens and non-citizens. Figure includes Maine and Virginia in calculations.

Figure 4. A Disproportionate Share of Uninsured Latino Children Live in Non-Expansion States



Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Public Use Microdata Sample (PUMS). Figure includes Maine and Virginia in calculations.

Coverage Remains Out of Reach for Working Latino Parents in Non-Expansion States

State-level data reveal a wide range in uninsured rates for Latino parents, with a low of 7.7 percent in Massachusetts compared to a high of 52.5 percent in Tennessee in 2019 (see Figure 5). A closer look at coverage trends by demographic characteristics dispels the mistaken belief that higher parent uninsured rates in non-expansion states are due to higher shares of non-citizens or individuals with limited English proficiency. While citizenship status contributes to higher uninsured rates among Latinos overall, the share who are non-citizens is only slightly higher in non-expansion states than expansion states. Similarly, the share of Latino parents with limited English proficiency is only slightly higher in non-expansion states (see Table 1).

Greater linguistically appropriate outreach and more coverage options for non-citizens are important, but the data indicate that the main barrier for Latino parents in non-expansion states is lack of access to affordable health coverage, despite high workforce participation rates. This is especially true for Latino parents earning low wages.

Without Medicaid expansion, the income eligibility levels for parents are very low, ranging from 17 percent of the federal poverty level (FPL) to 100 percent of FPL, with a median of 40 percent, or about $8,800 per year for a family of three. (See Appendix A).

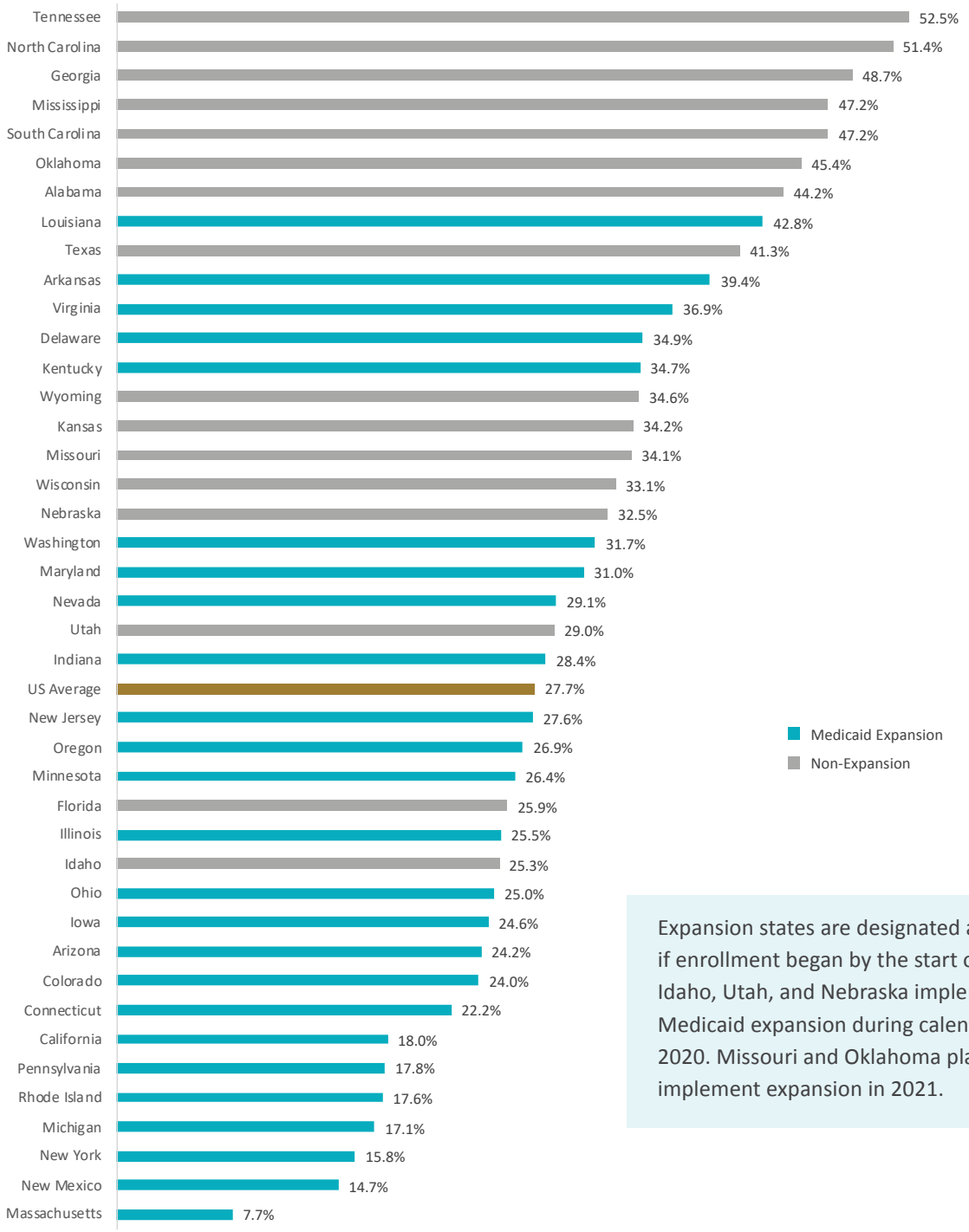
Table 1. Latino Parents' English Proficiency and Citizenship Status Similar in Expansion and Non-Expansion States

	Share of Latino Parents with Limited English Proficiency	Share of Latino Parents who are Not Citizens
Expansion	22.6%	35.3%
Non-Expansion	23.5%*	36.8%*

Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). CCF uses the term limited English proficiency to align with Census Bureau descriptors. The category of non-citizen encompasses a wide variety of statuses, including lawfully-residing permanent residents, lawfully-residing residents under another protected class (for example, temporary protected status, deferred enforcement departure, and special immigrant juveniles), and those without documentation. Figure includes Maine and Virginia in calculations.

* Indicates statistical significance at a 90% confidence interval relative to the expansion category.

Figure 5. Uninsured Rates for Latino Parents by State and Expansion Status



Expansion states are designated as such if enrollment began by the start of 2019. Idaho, Utah, and Nebraska implemented Medicaid expansion during calendar year 2020. Missouri and Oklahoma plan to implement expansion in 2021.

Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). To ensure accuracy and consistency, Georgetown CCF calculates the coefficient of variation (CV; also known as the relative standard error) for each estimate. Estimates with CVs greater than 25 percent are not presented in this analysis. Data includes citizens and non-citizens. See methodology section for full details.

Table 2. Uninsured Latino Parents Have Essential Occupations

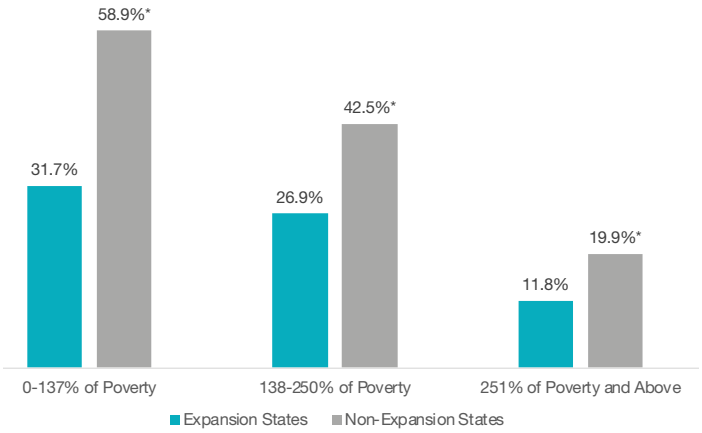
Top Occupations for Low-Wage, Uninsured Latino Parents in Non-Expansion States	
Maids and housekeeping cleaners	4.6%
Cashiers	3.7%
Janitors and building cleaners	3.6%
Cooks	3.4%
Customer service representatives	3.1%
Driver/sales workers and truck drivers	2.7%
Construction laborers	2.5%
Retail salespersons	2.4%
Laborers and freight, stock, and material movers, hand	2.0%
Teaching assistants	1.8%

Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). Low-wage defined as below 138 percent of the census poverty threshold, or approximately $21,330 per year for a family of three in 2019. Workers with no occupation not listed. Data includes citizens and non-citizens.

Latino parents, like all parents, work in a wide variety of jobs across economic sectors.[9] Some of the top industry sectors where Latino parents work include: construction, health care and social assistance, manufacturing, accommodation and food services (hospitality), and retail trade. Taking a closer look at uninsured Latino parents earning low wages in non-expansion states reveals the top occupations where Latino parents would be most likely to benefit from Medicaid expansion (see Table 2). Given the disproportionate impact of COVID-19 on Latinos, it is worth noting that many of these occupations were "essential" during the pandemic, requiring workers to put themselves and their families at greater risk of contracting COVID-19 to support their local communities and the nation.

For low-wage workers without affordable employer-sponsored coverage, private market coverage is often out of reach. Latino parents with lower incomes are more likely to be uninsured in expansion and non-expansion states, and as they move up the income ladder, they are more likely to gain coverage (see Figure 6). But in non-expansion states, the uninsured rates are significantly higher than in expansion states for all income groups studied. After adopting Medicaid expansion, it is important that states conduct robust linguistically and culturally appropriate outreach and enrollment efforts to make sure that families know there are new, affordable coverage options available. Streamlining the renewal process is equally important. Outreach and simplified enrollment and renewal processes would help bring down the uninsured rates in states that have already adopted expansion too.[10]

Figure 6. Latino Parents Across All Income Groups are More Likely to be Uninsured in Non-Expansion States



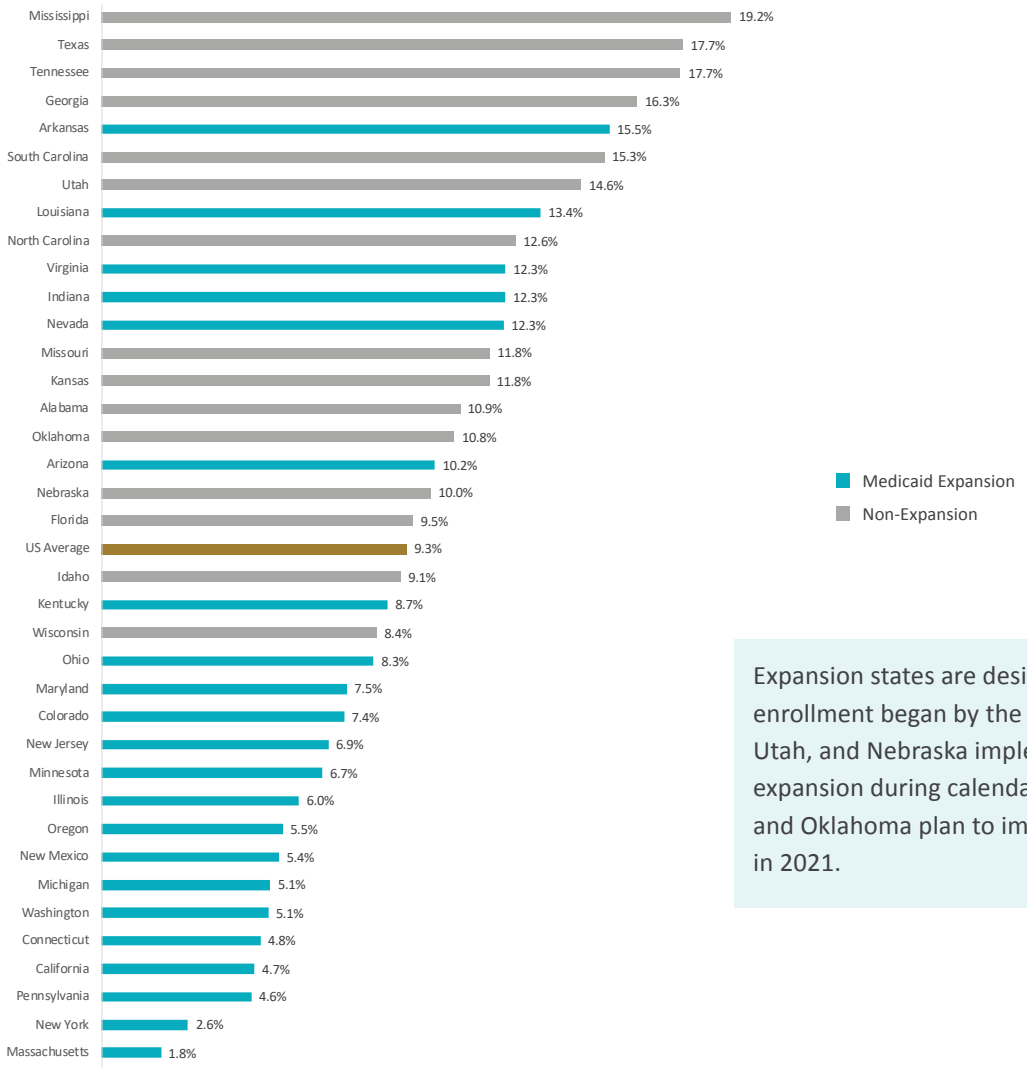
Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). Data includes citizens and non-citizens. CCF uses the Census Poverty Threshold (CPT). See methodology section for more detail. Figure includes Maine and Virginia in calculations.

* Indicates statistical significance at a 90% confidence interval relative to the expansion category.

Coverage Disparities for Latino Children are Wider and Increasing Faster in Non-Expansion States

Like their parents, uninsured rates for Latino children vary widely by state. In Mississippi, the uninsured rate for Latino children is 19.2 percent, compared to 1.8 percent in Massachusetts. In 2019, nearly all non-expansion states had Latino child uninsured rates higher than the national average for Latino children (9.3 percent).

Figure 7. Uninsured Rates for Latino Children by State and Expansion Status



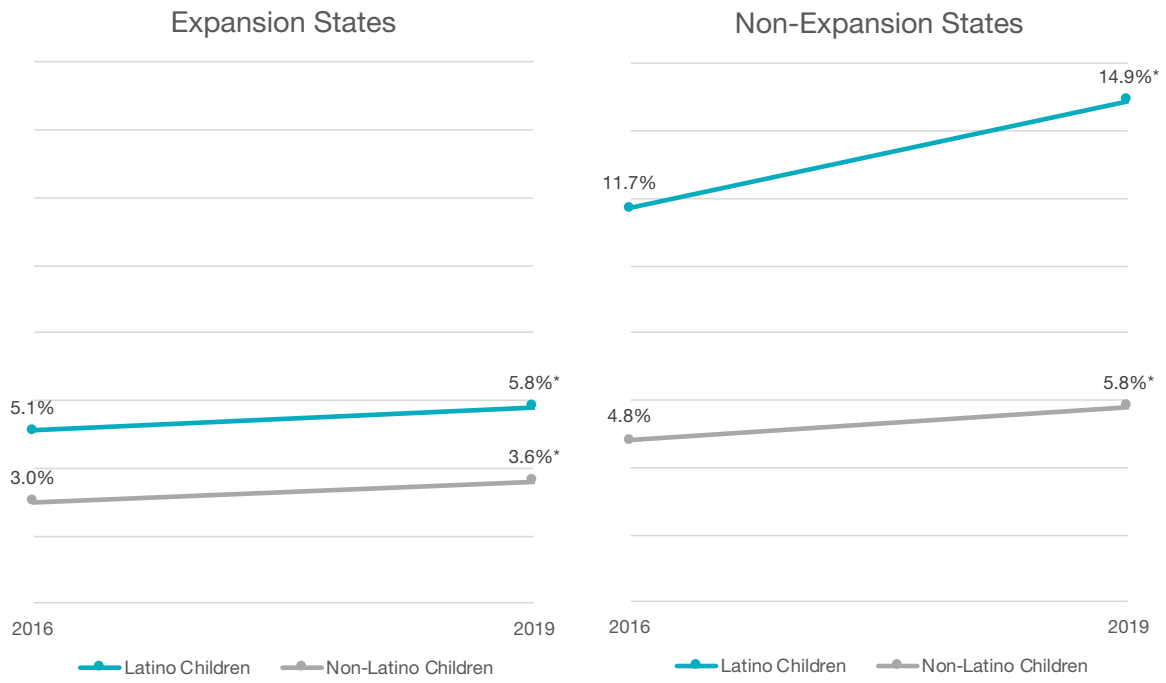
Expansion states are designated as such if enrollment began by the start of 2019. Idaho, Utah, and Nebraska implemented Medicaid expansion during calendar year 2020. Missouri and Oklahoma plan to implement expansion in 2021.

Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Public Use Microdata Sample (PUMS). To ensure accuracy and consistency, Georgetown CCF calculates the coefficient of variation (CV; also known as the relative standard error) for each estimate. Estimates with CVs greater than 25 percent are not presented in this analysis. See methodology section for full details.

Unfortunately, the uninsured rate for Latino children in non-expansion states not only started out higher than the uninsured rate for Latino children in expansion states, it also increased at a faster rate from 2016 to 2019. Consequently, the disparity between Latino children and non-Latino children widened more in non-expansion states than in expansion states (see Figure 8).

This coverage disparity means that out of every 100 school-aged Latino children living in non-expansion states, 17 are uninsured compared to just seven out of every 100 living in expansion states – a difference of 10 children (see Figure 9). Children with Medicaid coverage are not only healthier, they are also more likely to do well in school.[11]

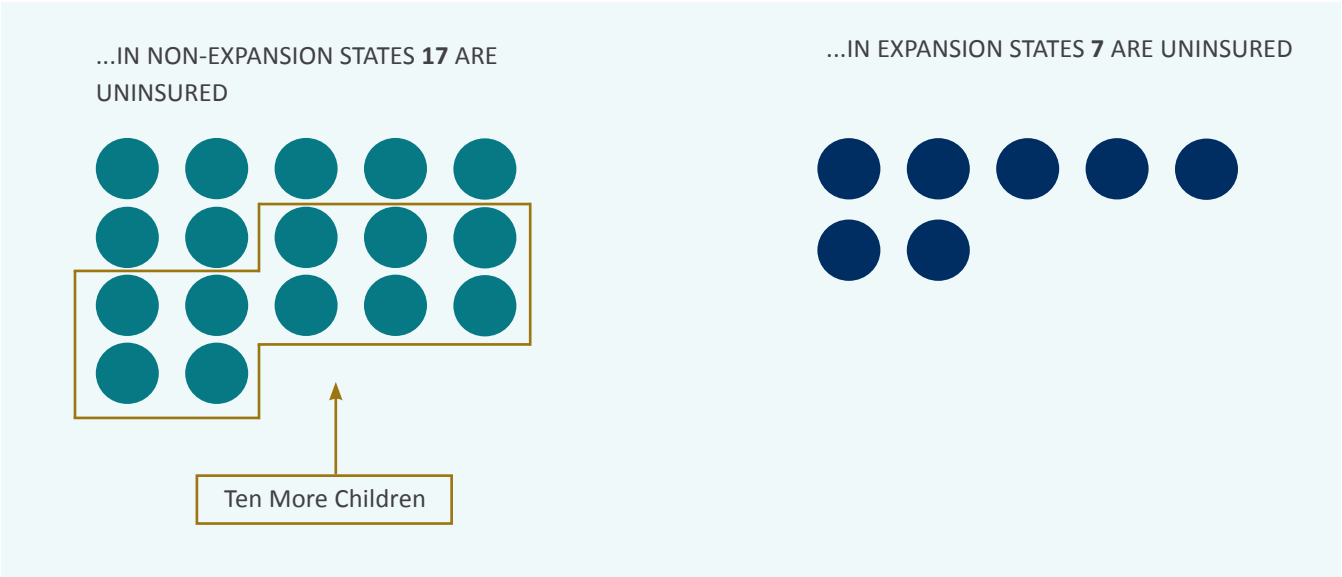
Figure 8. The Uninsured Rate for Latino Children is Growing at a Faster Pace in Non-Expansion States



Source: Georgetown University Center for Children and Families analysis of American Community Survey 2016-2019 Public Use Microdata Sample (PUMS). Figure excludes Maine and Virginia from calculations.

* Indicates statistical significance at a 90% confidence interval relative to the prior year indicated.

Figure 9. Out of Every 100 School-Aged Latino Children Living in Non-Expansion States, 17 are Uninsured, compared to just 7 in Expansion States



Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Public Use Microdata Sample (PUMS). Figure excludes Maine and Virginia from calculations.

Recommendations

The benefits of Medicaid coverage for children and parents are clear: improved health and educational attainment for children, better access to care for the whole family, and financial security for parents.[12] And yet, 1.83 million Latino children and 3.88 million Latino parents remain uninsured.

Whether a Latino family has access to affordable health coverage depends in large part on state policymakers' decisions to expand Medicaid. Texas and Florida alone are home to more than a third of all uninsured Latino parents and nearly half of all uninsured Latino children. While California is also home to a large number of uninsured Latino parents and children, their uninsured rates are well below the national average for both Latino parents and children (18.0 percent and 4.7 percent, respectively) (see Appendices A and B).

→ Expand Medicaid and provide more working families with access to affordable coverage. An estimated 4.3 million people would be newly eligible for Medicaid if the remaining 12 states expand.[13]

→ Conduct robust linguistically and culturally competent outreach and enrollment campaigns with trusted, community-based organizations to help reach eligible Latino families.

Coverage expansions and initial enrollment are just the first two steps – all states must also review Medicaid renewal policies to reduce red tape and make it easier for eligible individuals to stay covered once enrolled. The COVID-19 pandemic both demonstrated the importance of universal access to health care and revealed the many gaps in coverage that disproportionately leave Latinos out. Millions of Latinos continued to serve in essential jobs throughout the pandemic, putting themselves and their families at risk of exposure, while keeping their states and the nation running.

The health disparities exposed and worsened by the pandemic and economic crisis can be addressed in a variety of ways, but the recently-passed ARPA gives states added incentives to adopt Medicaid expansion and begin to address the coverage gaps undermining Latino parents' and children's health. State policymakers have an opportunity to show their commitment to equitable coverage by expanding Medicaid. Doing so would narrow disparities in coverage for Latino parents and children, and ensure that more families have the support needed to thrive.

Federal Action to Close the Coverage Gap

Simply expanding Medicaid is the fastest and best way to reach an estimated 4.3 million people with comprehensive, affordable health coverage. However, despite the clear benefits of Medicaid expansion and extremely generous federal funding, state politics continue to present a barrier to adopting Medicaid expansion.

Meanwhile, federal policymakers are considering alternatives to Medicaid expansion that would be fully federally controlled. For example, President Biden's fiscal year 2022 budget outlines a plan to extend coverage to those who are currently left out by states' failure to expand Medicaid through a federal public option.[14]

However, it may take time for Congress to act and for the Administration to implement a federal fallback whereas Medicaid expansion is an option available now. State policymakers have a responsibility to act now to expand Medicaid and reduce coverage disparities for Latino families.

Appendix A. Parent Eligibility Limits in Non-Expansion States

State	Section 1931 Eligibility Limit for Low-Income Parents (% of FPL)	Annual Income Limit in Dollars for a Family of Three
Median	**40%**	**$8,784**
Alabama	18%	$3,953
Florida	31%	$6,808
Georgia	35%	$7,686
Kansas	38%	$8,345
Mississippi	25%	$5,490
Missouri*	21%	$4,612
North Carolina	41%	$9,004
Oklahoma*	41%	$9,004
South Carolina	67%	$14,713
South Dakota	48%	$10,541
Tennessee	93%	$20,423
Texas	17%	$3,733
Wisconsin	100%	$21,960
Wyoming	52%	$11,419

*Missouri and Oklahoma voters opted to expand Medicaid, but as of the publication of this brief the states had yet to implement.

Note: Dollar eligibility limit calculated based on 2021 Federal Poverty Guidelines.

Source: T. Brooks, et al., "Medicaid and CHIP Eligibility, Enrollment and Cost Sharing Policies as of January 2021: Findings from a 50-State Survey," Georgetown University Center for Children and Families and the Kaiser Family Foundation (March 2021), available at https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-and-Enrollment-Policies-as-of-January-2021-Findings-from-a-50-State-Survey.pdf.

Appendix B. Number of Uninsured Latino Parents and Latino Parent Uninsured Rate by State, 2019

State	Number of Uninsured Latino Parents	Latino Parent Uninsured Rate
United States	3,876,100	27.7%
Alabama	21,200	44.2%
Arizona	131,700	24.2%
Arkansas	25,900	39.4%
California	635,700	18.0%
Colorado	70,000	24.0%
Connecticut	29,400	22.2%
Delaware	8,000	34.9%
Florida	309,800	25.9%
Georgia	126,800	48.7%
Idaho	15,000	25.3%
Illinois	133,800	25.5%
Indiana	33,500	28.4%
Iowa	11,400	24.6%
Kansas	33,000	34.2%
Kentucky	14,700	34.7%
Louisiana	24,400	42.8%
Maryland	50,600	31.0%
Massachusetts	14,500	7.7%
Michigan	20,500	17.1%
Minnesota	22,000	26.4%
Mississippi	10,100	47.2%
Missouri	22,100	34.1%
Nebraska	19,100	32.5%
Nevada	59,800	29.1%
New Jersey	122,000	27.6%
New Mexico	31,500	14.7%
New York	121,100	15.8%
North Carolina	138,600	51.4%
Ohio	28,500	25.0%
Oklahoma	49,400	45.4%
Oregon	37,400	26.9%
Pennsylvania	42,300	17.8%
Rhode Island	7,000	17.6%
South Carolina	33,300	47.2%
Tennessee	49,000	52.5%
Texas	1,132,900	41.3%
Utah	33,100	29.0%
Virginia	78,800	36.9%
Washington	78,100	31.7%
Wisconsin	33,000	33.1%
Wyoming	4,400	34.6%

Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Integrated Public Use Microdata Sample (IPUMS). Number estimates rounded to the nearest 100. Data includes citizens and non-citizens.

Appendix C. Number of Uninsured Latino Children and Latino Child Uninsured Rate by State, 2019

State	Number of Uninsured Latino Children	Latino Child Uninsured Rate
United States	1,830,600	9.3%
Alabama	10,200	10.9%
Arizona	78,400	10.2%
Arkansas	14,300	15.5%
California	227,700	4.7%
Colorado	30,800	7.4%
Connecticut	9,300	4.8%
Florida	136,900	9.5%
Georgia	64,300	16.3%
Idaho	7,800	9.1%
Illinois	44,500	6.0%
Indiana	23,500	12.3%
Kansas	16,200	11.8%
Louisiana	11,300	13.4%
Maryland	17,100	7.5%
Massachusetts	4,900	1.8%
Michigan	9,900	5.1%
Minnesota	8,400	6.7%
Mississippi	6,500	19.2%
Missouri	11,600	11.8%
Nebraska	9,100	10.0%
Nevada	36,700	12.3%
New Jersey	38,900	6.9%
New Mexico	16,400	5.4%
New York	27,800	2.6%
North Carolina	51,000	12.6%
Ohio	14,400	8.3%
Oklahoma	18,800	10.8%
Oregon	11,200	5.5%
Pennsylvania	16,000	4.6%
South Carolina	16,800	15.3%
Tennessee	28,700	17.7%
Texas	686,800	17.7%
Utah	26,300	14.6%
Virginia	34,200	12.3%
Washington	19,200	5.1%
Wisconsin	13,100	8.4%

Source: Georgetown University Center for Children and Families analysis of American Community Survey 2019 Public Use Microdata Sample (PUMS). Number estimates rounded to the nearest 100.

Methodology

Data Sources

Georgetown University Center for Children and Families uses the U.S. Census Bureau American Community Survey (ACS), an annual survey of approximately 3.5 million individuals, to analyze national, state, and local trends in health insurance coverage. The data in this report come from two sources:

→ 2016-2019 Public Use Microdata Sample (PUMS), a two-thirds sample of the full ACS data file. Files are downloaded from census.gov FTP platform.

→ 2019 Integrated Public Use Microdata Sample (IPUMS), a recoded and enhanced version of PUMS which enables the analysis of parental characteristics (such as comfort level with English).

Other analyses and reports from CCF, including kidshealthcarereport.ccf.georgetown.edu and "Children's Uninsured Rate Rises by Largest Annual Jump in More than a Decade" (October 2020) use the American Community Survey detailed tables, published on data.census.gov. The detailed tables are based on the full sample of ACS results, but do not allow for detailed disaggregation. Consequently, estimates may vary between CCF's analyses.

Margin of Error, Statistical Significance, and Data Suppression

Following the instructions given in the "Calculating Margins of Error the ACS Way Using Replicate Methodology to Calculate Uncertainty" webinar (February 2020), standard error and coefficients of variation are computed using successive differences replication (SDR) in STATA statistical software. Margin of error calculations are not published in this report but are available upon request.

Statistical significance is determined using the U.S. Census Bureau "Statistical Testing Tool" with a confidence interval of 90 percent. In other words, when the difference between two values is marked as significant, there is a 90 percent likelihood that the difference is not due to chance or sampling error. Margins of error are a critical part of determining statistical significance. Two estimates with high levels of uncertainty, or high margins of error, indicate that the difference could be due to chance or sampling error. Consequently, they are less likely to "pass" the significance test.

To ensure accuracy and consistency, Georgetown CCF calculates the coefficient of variation (CV; also known as the relative standard error) for each estimate. CCF follows the instructions included in the Census Bureau's publication, "Understanding and Using American Community Survey Data: What All Data Users Need to Know" (September 2020). CVs produce a comparable indicator of how large the error is by dividing the standard error of an estimate by the estimate itself. The lower the CV, the more reliable the estimate. Estimates with CVs greater than 25 percent are not presented in this analysis. Applying this rule results in the suppression of several states in figures 5 and 7.

Demographic Characteristics

Children refers to individuals under age 19 (0 to 18 years of age).

The Census Bureau distinguishes between race and Hispanic origin/Latino ethnicity. For the purposes of this analysis, "Latino" refers to all those who indicated that they were of Hispanic or Latino origin on question five of the ACS. "Latinx" can also be used to respect various gender identities and expressions. "Non-Latino" refers to all those who indicated that they were not of Hispanic or Latino origin on question five of the ACS. Latino and Non-Latino individuals may be of any race.

English Proficiency

Question 14c of the ACS asks respondents "How well does this person speak English?" and provides them with the following options: Very well, Well, Not well, Not at all. For the purposes of this paper, individuals who indicate "Not well" or "Not at all" are categorized as "Limited English Proficiency." Georgetown CCF linked parental language proficiency to children using the Integrated Public Use Microdata Sample's (IPUMS') "attach characteristic" feature.

Health Coverage

ACS data is collected over the course of a year and represents a "point-in-time" estimate of a person's insurance status. That is, the survey collects information on if the respondent is insured at the moment they complete the form, not if they have been

insured/uninsured at any point during the year. The U.S .Census Bureau does not consider Indian Health Service (IHS) access a comprehensive form of coverage. Consequently, those who indicate that IHS is their only source of coverage are designated as uninsured.

Citizenship Status of Child and Parent

Unlike the decennial Census, the American Community Survey collects data on respondents' citizenship status. Citizenship status is not the same as immigration status; the "non-citizen" category includes children and adults who are lawfully-residing permanent residents, lawfully-residing residents under another protected class (for example, temporary protected status, deferred enforcement departure, and special immigrant juveniles), and those without documentation. For the purposes of this analysis, "citizen" includes any person born in the United States, any person born abroad to American parents, and any naturalized citizen. Citizenship status of children's parents was computed using the Integrated Public Use Microdata Sample (IPUMs) "attach characteristic" feature. More information on how the University of Minnesota codes the survey responses to create these enhanced variables, please see "Frequently Asked Questions (FAQ) Extract Option: Attach Characteristics."

Poverty Status

The Census Bureau determines an individual's poverty status by comparing their estimated income to the Census Poverty Thresholds. Though the overall Census Poverty Thresholds are similar to the Department of Health and Human Services Federal Poverty Level Guidelines, there are significant differences for Alaska and Hawaii. Further, the Census does not adhere to the same MAGI formula for computing income that state Medicaid and CHIP programs use when determining income-based eligibility.

Medicaid Expansion Analysis

This report relies on ACS data collected in 2019. For this reason, expansion status is determined based on if a state had *implemented* expansion for the majority of 2019. The expansion states 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. The following states are categorized as non-expansion: Alabama, Florida, Georgia, Idaho (implemented in November 2019), Kansas, Mississippi, Missouri (plans to implement in 2021), Nebraska (implemented in 2020), North Carolina, Oklahoma (plans to implement in 2021), South Carolina, South Dakota, Tennessee, Texas, Utah (implemented in 2020), Wisconsin, and Wyoming. Maine and Virginia were excluded from analyses of change over time, but included in point-in-time estimates (see figure footnotes for figure-specific explanations).

Endnotes

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Acknowledgements

The authors thank Adam Searing, Allie Gardner, and Cathy Hope. The authors also thank Melissa McChesney. Design and layout provided by Oyinade Koyi.

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