In the years leading up to the pandemic Idaho had experienced unprecedented increases in its child uninsured rate, putting Idaho kids in a vulnerable position even before the public health crisis began. Based on pandemic-related challenges, the 2020 Census ACS health insurance data will not be released, but this brief overviews what we do know about children’s coverage in 2020.

What We Know about Kids Coverage in Idaho Pre-COVID-19

- In 2019, 5% of Idaho kids did not have health coverage.\(^1\) That equates to roughly 24,000 Idaho children who were uninsured, with no way of accessing crucial health services other than paying out of pocket.

- Diving deeper into the data reveals disparities in different health coverage categories. Children from lower income families, children from rural areas, and non-white children all experienced higher uninsured rates than the state average.

What We Know About the Uninsured Rate in 2020

- The Census Bureau produces yearly uninsured rate estimates through the American Community Survey (ACS), but due to data collection challenges caused by COVID-19 was unable to produce state estimates for 2020.\(^2\) However, other trends in Medicaid can help show us what happened with children’s coverage in 2020.

- Enrollment in Medicaid for both children and adults increased during 2020 due to various factors like the economic impact of the COVID-19 recession, an emergency change to the Medicaid federal medical assistance percentage (FMAP) rate which allowed more children and families to keep health coverage during the national public health emergency, and the timely implementation of Medicaid Expansion.

- Emergency flexibilities like the Medicaid Maintenance of Effort (MOE) suspended disenrollment during the pandemic and prevented Idahoans from losing Medicaid coverage during the pandemic, which provided a safety net for families who lost jobs and income during 2020.

- Data from the Current Population Survey suggests that children in lower income families felt the impact of the pandemic hardest; the uninsured rate for children living below the poverty line nationally increased, while conversely the highest income children saw a decrease in their uninsured rate.\(^3\) There is still work to be done to ensure that all eligible Idaho kids are enrolled in programs like Medicaid to keep them covered.

<table>
<thead>
<tr>
<th>National Child Uninsured Rates by Income Level</th>
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<tbody>
<tr>
<td>Below 100% of Poverty Level</td>
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<tr>
<td>2018</td>
</tr>
<tr>
<td>7.8%</td>
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<td>2.6%</td>
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What We Can do to Prevent Child Uninsured Rates from Increasing

• Available national data show that the federal emergency Medicaid protections prevented the uninsured rate for children from drastically increasing due to COVID-19. However, when these emergency protections expire, tens of thousands of Idaho kids could lose their Medicaid coverage. Idaho officials estimate there are currently over 90,000 Idahoans who could potentially be at risk of losing coverage, approximately 36,000 are children.

• Expiring emergency Medicaid protections could lead to gaps in coverage for Idaho kids. Research shows that interruptions in continuous coverage for kids is associated with delayed care, unmet medical needs, and unfilled prescriptions.

• Idaho officials will need to explore every avenue possible to ensure that no eligible children are disenrolled from coverage or terminated due to procedural errors. Policymakers can take the following steps today to prevent coverage interruptions as the emergency Medicaid protections expire:
  ° Taking advantage of extended expiration timelines,
  ° Upgrading systems and technology to process influx of Medicaid renewals,
  ° Funding the state’s full share of Medicaid for children and families,
  ° Coordinating with private health insurance providers,
  ° Utilizing multiple forms of contact (phone calls, traditional mail, email, text messages) to reach enrollees and update eligibility information, and
  ° Conducting robust outreach and notification to enrollees.

2. The pandemic prevented typical data collection for the ACS; the response rate from the survey was too low and data collection at the state level was too difficult due to the health crisis. Only national estimates were produced.