

Children's Health Coverage in

# California



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According to a **new report**, an estimated 334,000 California children were uninsured in 2019. The state has the third highest number of uninsured children in the country. Since 2016, the state has seen an 11.3% increase in the number of uninsured children. Health care coverage is important for children because it improves access to pediatrician-recommended care and services that support healthy development. When children get the health care they need, they are more likely to succeed in school, graduate from high school and attend college, earn higher wages, and grow up into healthy adults.

# 3.6%

of **children** do not have health insurance

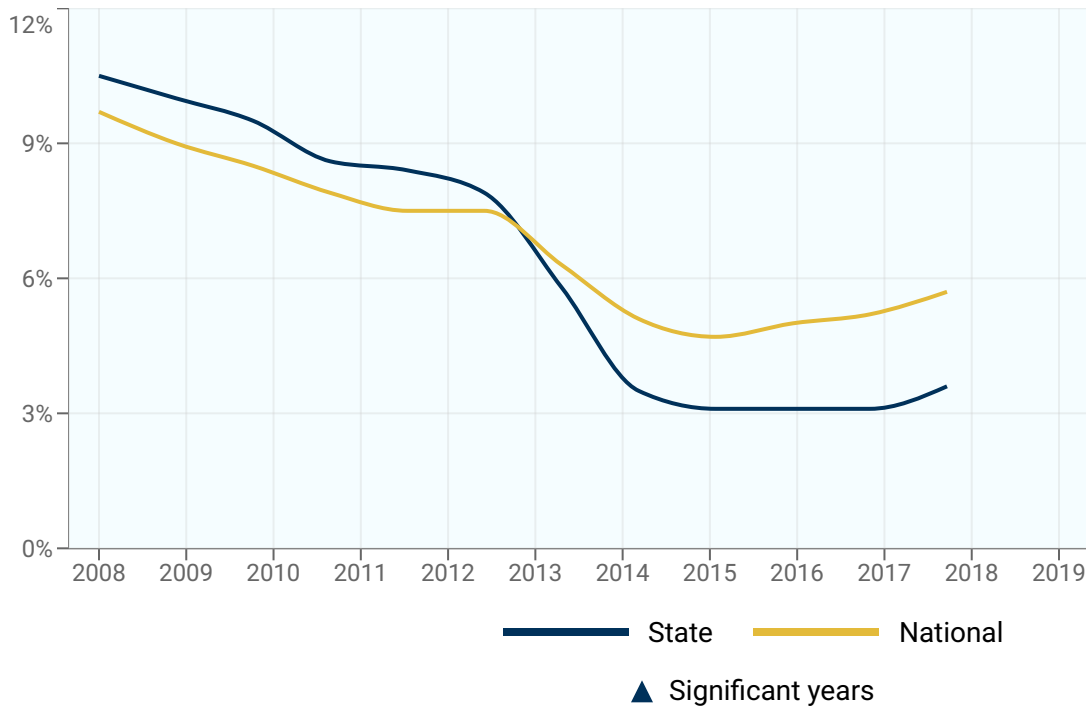
Source: Georgetown University Center for Children and Families analysis of the Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). \*Change is significant at the 90% confidence level relative to the prior year.

Rank among states 2019

# 15<sub>/51</sub>

In California, 3.6% of children do not have health insurance. When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

Rate of uninsured children under 19.



# CHILDREN WITHOUT INSURANCE IN 2019 CALIFORNIA

## Age: Children 18 and under in California

6-18 years old



Under 6



Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27001).

## Race: Children in California

American Indian/Alaskan Native



Asian/ Native Hawaiian/ Pacific Islander



Black/African-American



Hispanic



Other



White



White Alone (Not Hispanic)

**2.6%**

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (C27001A-I). \*Change is significant at the 90% confidence level relative to the prior year. Note: We report "Hispanic or Latino," as "Hispanic." For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2019 Subject Definitions." N/A designates that an estimate is suppressed. Due to small sample sizes, the Census Bureau suppresses some data points in the tabulated charts upon which these estimates are based. In order to further ensure that estimates are robust and reliable, Georgetown CCF suppresses the data when: 1) the estimate of the population minus the margin of error is smaller than 0; or, 2) the estimate has a coefficient of variation (CV) of 25% or greater indicating wide variability in the data spread and high levels of uncertainty.

## Child Uninsured Rate by Poverty Threshold: Income by Percentage/Dollars in California

0-137.99% of poverty

**4.3%**

138-249.99% of poverty

**4.4%**

250% of poverty or above

**2.8%**

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2019 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27016).

# HOW ARE CHILDREN COVERED? CALIFORNIA

## Sources of Coverage for Children in California

Source: Kaiser Family Foundation's "Health Insurance Coverage of Children 0-18," estimates based on the Census Bureau's American Community Survey, 2008-2018.

### Employer-Sponsored



### Direct Purchase



### Medicaid/CHIP



### Other Public



### Uninsured



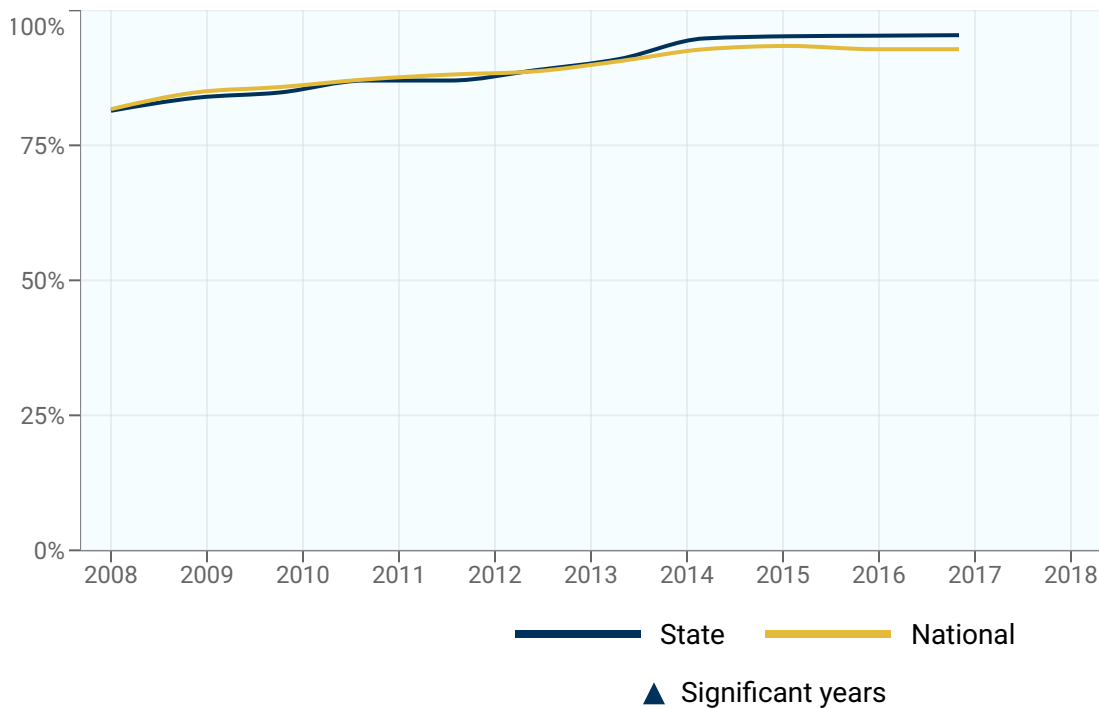
# 95.4%

of all uninsured eligible children participate in Medicaid/CHIP

Source: Haley, J., et al., "Progress in Children's Coverage Continued to Stall Out in 2018: Trends in Children's Uninsurance and Medicaid/CHIP Participation," (District of Columbia: The Urban Institute, October 2020); and Kenney, G., et al., "Medicaid/CHIP Participation Rates Rose among Both Children and Parents in 2015," (District of Columbia: The Urban Institute, May 2017). Statistical significance only reported for last year of available data. All reported statistical significance results directly from the related Urban Institute publication.

Many children who are eligible for Medicaid/CHIP may not be enrolled due to a lack of public outreach or administrative barriers. The child participation rates show the percentage of eligible children who are enrolled in Medicaid/CHIP.

Children's participation rate in Medicaid/CHIP over the last 10 years.



# WHO QUALIFIES? CALIFORNIA

**Eligibility:** Upper income threshold for Medicaid/CHIP

## Children under 19 (family of three)

US Median: 255%

**266%**



A horizontal bar chart comparing California's eligibility rate for children under 19 in a family of three to the US median. The California rate is 266%, shown as a dark blue bar extending past the 255% US median mark, which is indicated by a vertical gold line. The rest of the bar is light gray.

Category	Value
California	266%
US Median	255%

## Parents (family of three)

US Median: 138%

**138%**



A horizontal bar chart comparing California's eligibility rate for parents in a family of three to the US median. Both rates are 138%, shown as a dark blue bar that ends exactly at the 138% US median mark, indicated by a vertical gold line. The rest of the bar is light gray.

Category	Value
California	138%
US Median	138%

## Pregnant women (family of three)

US Median: 205%

**322%**



A horizontal bar chart comparing California's eligibility rate for pregnant women in a family of three to the US median. The California rate is 322%, shown as a dark blue bar extending significantly past the 205% US median mark, indicated by a vertical gold line. The rest of the bar is light gray.

Category	Value
California	322%
US Median	205%

## Single adults without dependent children

US Median: 138%

**138%**



A horizontal bar chart comparing California's eligibility rate for single adults without dependent children to the US median. Both rates are 138%, shown as a dark blue bar that ends exactly at the 138% US median mark, indicated by a vertical gold line. The rest of the bar is light gray.

Category	Value
California	138%
US Median	138%

Source: Georgetown University Center for Children and Families and Kaiser Family Foundation's Annual 50-State Survey entitled, "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey."

## POLICY OPTIONS CALIFORNIA

Medicaid Expansion



12-Month Continuous Child Eligibility (Medicaid)



Child Eligibility for Lawfully Residing Immigrants (CHIP)

N/A (M-CHIP)

Child Eligibility for Lawfully Residing Immigrants (Medicaid)



CHIP Waiting Period

None

Eligibility for Lawfully Residing Immigrant Pregnant Women (CHIP)

N/A

Eligibility for Lawfully Residing Immigrant Pregnant Women (Medicaid)



Presumptive Eligibility for Children (CHIP)

N/A (M-CHIP)

Presumptive Eligibility for Children (Medicaid)



Presumptive Eligibility for Pregnant Women (CHIP)

N/A

Presumptive Eligibility for Pregnant Women (Medicaid)



### Behavioral Health Care

CA Rate

Worst

Median

Best

Follow-Up After Hospitalization for Mental Illness: Ages 6 - 17 (Follow Up Visit Within 30 Days of Discharge)



83.7%



Follow-Up After Hospitalization for Mental Illness: Ages 6 - 17 (Follow Up Visit Within 7 Days of Discharge)



71.2%



Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Ages 6-12 - 1 Follow-Up Visit During the 30-Day Initiation Phase



45.6%



Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Ages 6-12 - at Least 2 Follow-Up Visits During the 10-Month Continuation and Maintenance Phase



56%



Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 1-17 (Two or More Concurrent Antipsychotic Medications)



3%



# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 - 17



61.6%



## California reporting on Care of Acute and Chronic Conditions, 2019

### Care of Acute and Chronic Conditions

CA Rate

Worst

Median

Best

#### Ambulatory Care: Emergency Department (ED) Visits: Ages 0-19



34%



#### Medication Management for People with Asthma: Ages 5-20



28.9%



#### Medication Management for People with Asthma: Ages 5-20 - Ages 12-18



28.5%



#### Medication Management for People with Asthma: Ages 5-20- Ages 5-11



29.2%



#### Ambulatory Care: Emergency Department (ED) Visits: Ages 0 - 19



33%



### Asthma Medication Ratio: Ages 5 - 18



68.2%



### Asthma Medication Ratio: Ages 5 - 11



71%



### Asthma Medication Ratio: Ages 12 - 18



64.2%



## California reporting on Dental and Oral Health Services, 2019

### Dental and Oral Health Services

CA Rate

Worst

Median

Best

#### Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk



23.6%



#### Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 - 20



47.3%



## California reporting on Maternal and Perinatal Health, 2019

### Maternal and Perinatal Health

CA Rate

Worst

Median

Best

Prenatal and Postpartum Care: Timeliness of Prenatal Care (Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment)

★☆☆☆☆

60.8%



Live Births Weighing Less Than 2,500 Grams

★★★★★

7.5%



### California reporting on Primary Care Access and Preventive Care, 2019

## Primary Care Access and Preventive Care

CA Rate

Worst

Median

Best

Adolescent Well-Care Visits: Ages 12-21

★☆☆☆☆

37.4%



Childhood Immunization Status: Age 2 - Up-to-Date on Immunizations (Combination 3)

★★★★★

70.7%



Children and Adolescents' Access to Primary Care Practitioners: Ages 12-19 Years

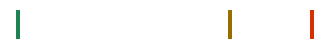
★☆☆☆☆

85.1%



Children and Adolescents' Access to Primary Care Practitioners: Ages 25 Months - 6 Years

★☆☆☆☆





Children and Adolescents' Access to Primary Care Practitioners: Ages 7-11 Years



Children and Adolescents' Access to Primary Care Practitioners: Ages 12-24 Months



Chlamydia Screening in Women Ages 16-20



Developmental Screening in the First Three Years of Life: Ages 0-3



Immunizations for Adolescents: Age 13 - Meningococcal Conjugate and Tdap Vaccines (Combination 1)



Immunizations for Adolescents: Age 13 - Three Doses of Human Papillomavirus (HPV) Vaccine



Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life: Ages 3-6



71.4%



Childhood Immunization Status: Age 2 (Measles, Mumps, and Rubella (MMR) Vaccination by Second Birthday)



89.3%



The Center for Children & Families (CCF), part of the Health Policy Institute at the McCourt School of Public Policy at Georgetown University, is an independent, nonpartisan policy and research center with a mission to expand and improve high-quality, affordable health coverage.



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