

Children's Health Coverage in

# North Carolina



According to a **new report**, an estimated 142,000 North Carolina children were uninsured in 2019. This represents an increase of approximately 24% since 2016. Over the past three years, the state has seen a statistically significant increase in the number and rate of uninsured children. Hispanic/Latino children (who can be of any race) in North Carolina have an uninsured rate of 13.3%, more than twice that of children overall (5.8%). 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. Scroll down for an in-depth look at child health care trends across North Carolina.

# 5.8%

of **children** do not have health insurance

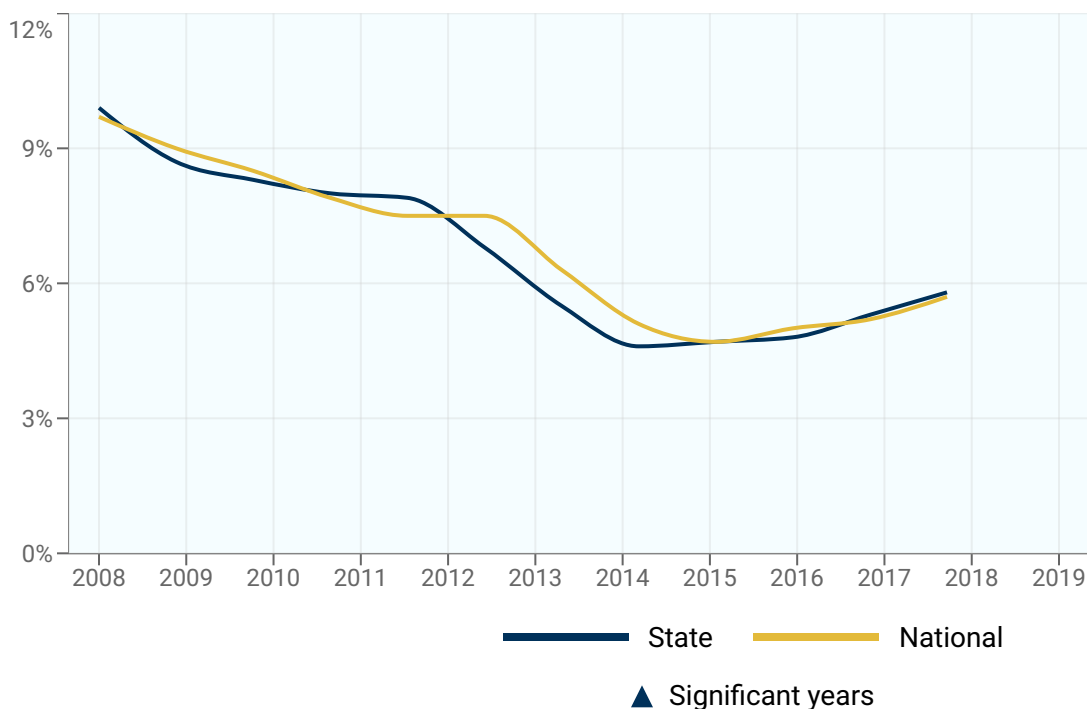
Source: Georgetown University Center for Children and Families analysis of the Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). \*Change is significant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

Rank among states 2019

# 33<sub>/51</sub>

In North Carolina, 5.8% 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 NORTH CAROLINA

### Age: Children 18 and under in North Carolina

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 North Carolina

American Indian/Alaskan Native



Asian/ Native Hawaiian/ Pacific Islander



Black/African-American



Hispanic



Other



White



White Alone (Not Hispanic)



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 North Carolina

0-137.99% of poverty



138-249.99% of poverty



250% of poverty or above



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? NORTH CAROLINA

## Sources of Coverage for Children in North Carolina

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



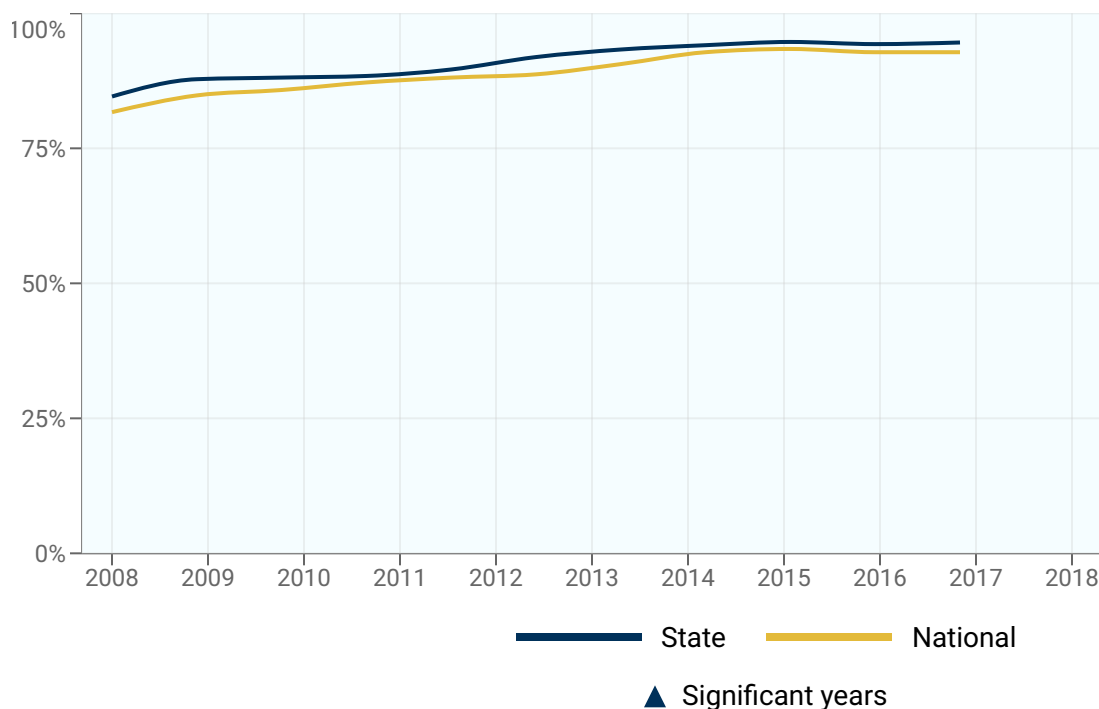
# 94.6%

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.



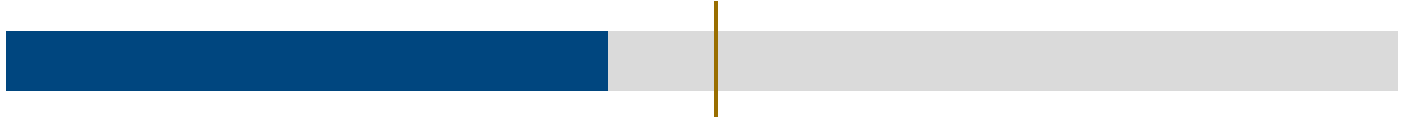
## WHO QUALIFIES? NORTH CAROLINA

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

### Children under 19 (family of three)

US Median: 255%

**216%**



### Parents (family of three)

US Median: 138%

**41%**



### Pregnant women (family of three)

US Median: 205%

**201%**



### Single adults without dependent children

US Median: 138%

**0%**



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 NORTH CAROLINA

Medicaid Expansion



12-Month Continuous Child Eligibility (Medicaid)



Child Eligibility for Lawfully Residing Immigrants (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)



Presumptive Eligibility for Children (Medicaid)



Presumptive Eligibility for Pregnant Women (CHIP)

N/A

Presumptive Eligibility for Pregnant Women (Medicaid)





## North Carolina reporting on Behavioral Health Care, 2019

### Behavioral Health Care

NC Rate

Worst

Median

Best

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

★★★★★

58.6%



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

★★★★★

36.2%



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

★★★★★

49.7%



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

★★★★★

60.3%



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

★★★★★

2.9%



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

★★★★★



North Carolina reporting on Care of Acute and Chronic Conditions, 2019

Care of Acute and Chronic Conditions

NC Rate Worst Median Best

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

★★★★★



Medication Management for People with Asthma: Ages 5-20

★★★★★



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

★★★★★



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

★★★★★



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

★★★★★



Asthma Medication Ratio: Ages 5 - 18



Asthma Medication Ratio: Ages 5 - 11



Asthma Medication Ratio: Ages 12 - 18



North Carolina reporting on Dental and Oral Health Services, 2019

Dental and Oral Health Services

NC Rate Worst Median Best

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



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



North Carolina reporting on Maternal and Perinatal Health, 2019

Maternal and Perinatal Health

NC 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)

★ ★ ★ ★

36.3%



Live Births Weighing Less Than 2,500 Grams

★ ★ ★ ★

11.5%



## North Carolina reporting on Primary Care Access and Preventive Care, 2019

### Primary Care Access and Preventive Care

NC Rate

Worst

Median

Best

Adolescent Well-Care Visits: Ages 12-21

★ ★ ★ ★

41.7%



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

★ ★ ★ ★

63.1%



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

★ ★ ★ ★

88.4%



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

★★★★★



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index Assessment for Children/Adolescents: Ages 3 to 17



**38.4%**



Well-Child Visits in the First 15 Months of Life (6 or More Well-Child Visits with a Primary Care Practitioner)



**65%**



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



**70.1%**



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



**89.5%**



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.



