

The Number of Uninsured Children in Georgia Has Declined Thanks to Federal Law But May Rise Soon



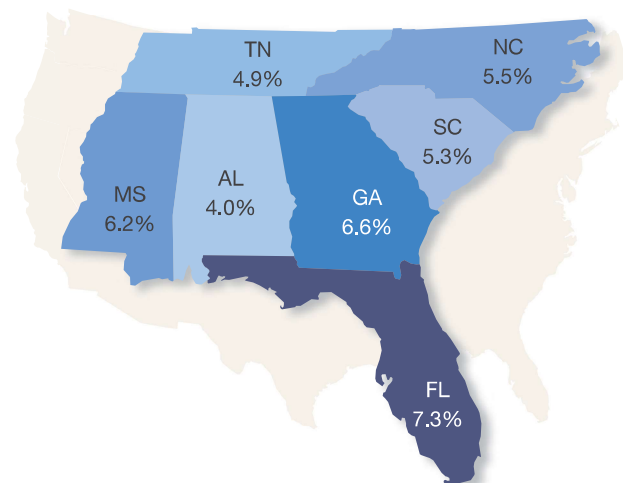
The state of Georgia has the fourth highest number of uninsured children with an estimated 176,000 Georgia children going without health coverage. Georgia performs poorly in comparison to its neighbors in the deep south. All of Georgia's neighboring states—with the exception of Florida—have better child uninsured rates (see Figure 1). Children without health insurance have worse educational and health outcomes¹ and their families can be exposed to large medical bills if a child goes without insurance even for a short period of time.

The majority of uninsured children in the United States are uninsured despite the fact that they are eligible for public coverage—either Medicaid or the Children's Health Insurance Program (known as PeachCare in Georgia).

A number of factors contribute to eligible children being uninsured. Families may not be aware that their children are eligible, paperwork could get lost in the mail during renewal, or parent's efforts to enroll their children may be thwarted by the complex maze of red tape.

Prior to the onset of the COVID-19 pandemic, the number and rate of uninsured children in Georgia (and the nation) had been going up for the first time in decades.² However, a change in federal law ensured that children and others enrolled in Medicaid cannot be terminated involuntarily by any state during the federally-declared COVID-19 Public Health Emergency (PHE)—which remains in effect at this writing.³ Georgia and other states were given increased federal funding to help them fulfill this obligation designed to prevent health coverage loss during the pandemic.⁴

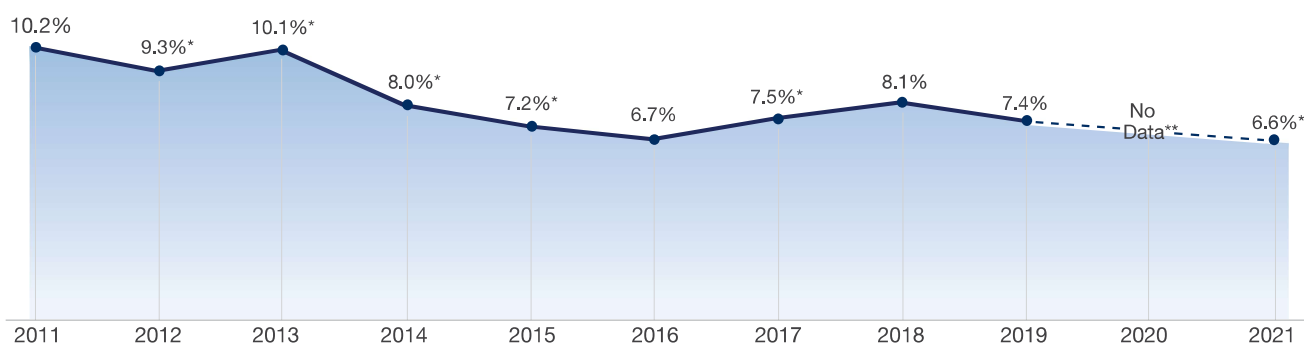
Figure 1. Rates of Uninsured Children in the Deep South, 2021



Source: Georgetown University Center for Children and Families analysis of the 2021 U.S. Census American Community Survey (ACS) Table HIC-5, Health Insurance Status and Type of Coverage by State - Children Under 19, Health Insurance Historical Tables.

New data from the U.S. Census Bureau from 2021 finds that the number of uninsured children has gone down nationally largely thanks to this protection for children enrolled in Medicaid.⁵ Georgia's children have seen some of the most significant benefits in the country from this continuous coverage protection. Georgia's child uninsured rate dropped to 6.6 percent in 2021, its lowest level in recent history. This represents a 19 percent decline from a recent peak of 8.1 percent in 2018 (see Figure 2).

Figure 2. Rate of Uninsured Children in Georgia, 2011-2021



Source: Georgetown University Center for Children and Families analysis of the 2011-2021 U.S. Census American Community Survey (ACS) Table HIC-5, Health Insurance Status and Type of Coverage by State - Children Under 19, Health Insurance Historical Tables.

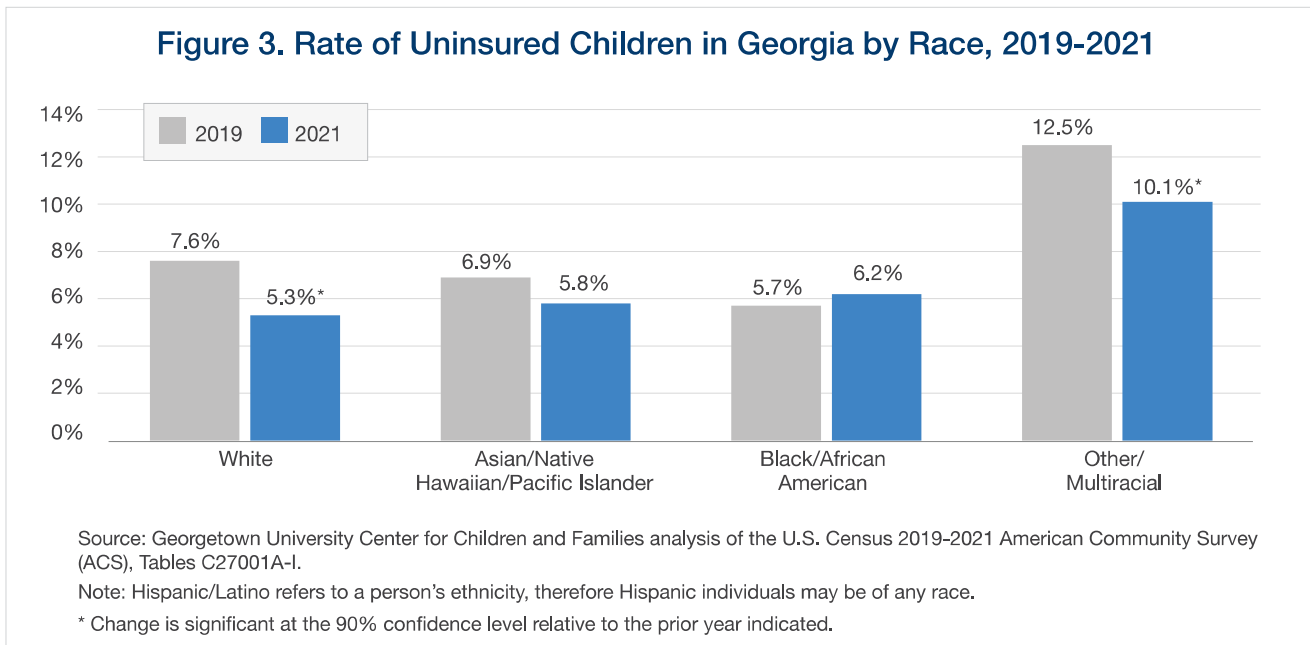
* Change is significant at the 90% confidence level relative to the prior year indicated.

** Due to data quality issues related to the pandemic, the U.S. Census Bureau did not release standard 1-year ACS estimates in 2020. See methodology section for more information.

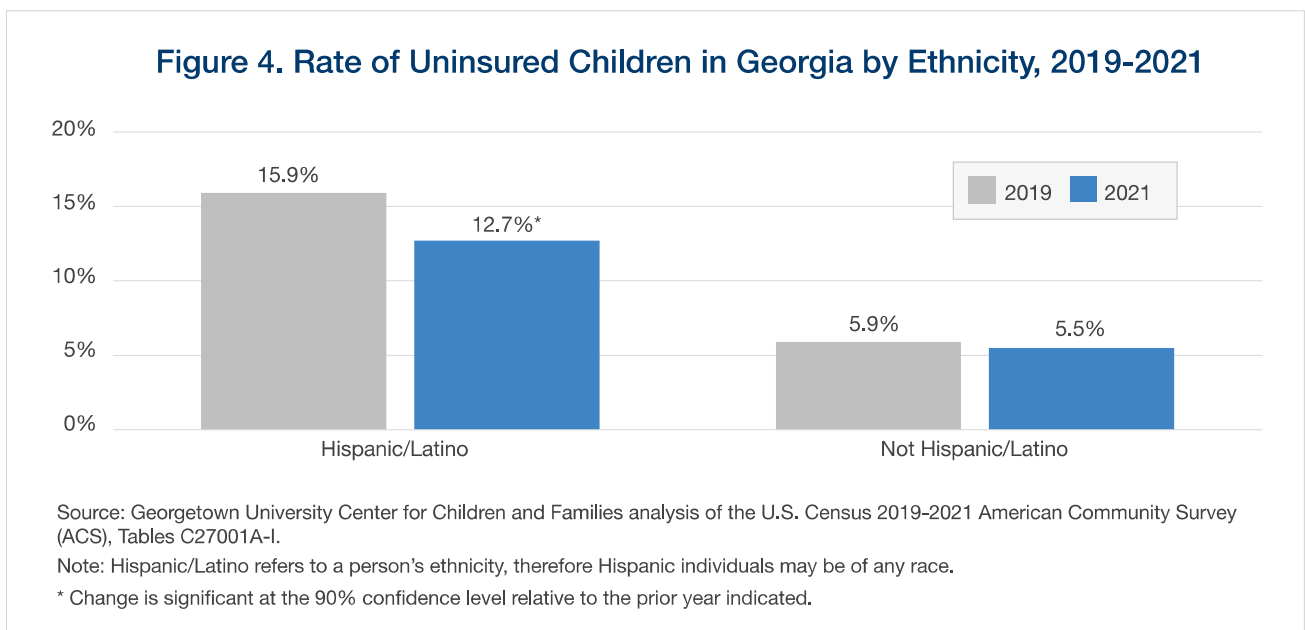
Which children in Georgia have seen the biggest gains in coverage?

Children in families with the lowest incomes (below \$31,781 per month for a family of 3) have seen the biggest improvements in coverage—with the uninsured rate dropping approximately 19 percent. Children in the highest income families, who have low uninsured rates, have seen little change. School aged children had bigger declines compared to younger children—likely because they had higher uninsured rates to begin with.

Looking at race and ethnicity, multi-racial and White children have seen considerable improvements in their uninsured rates; Black children and Asian/Pacific Islander children did not see any statistically significant changes in their rates (see Figure 3).



The uninsured rate improved by 20 percent for Hispanic/Latino children who can be of any race and tend to have very high uninsured rates (see Figure 4).



Conclusion

The significant improvement in children’s coverage status has been a silver lining of the pandemic for Georgia families. Having Medicaid ensures that a child can get needed primary and preventive care without cost barriers. For example, a child with asthma can see the doctor, get needed prescriptions, and be ready to learn in school—rather than winding up in the emergency room.

However, this progress is at risk when federal Medicaid continuous coverage protections lift—which could be as soon as January, 2023. At that time, regular state procedures will resume and many children will be likely to lose coverage due to red tape barriers even though most of them will still be eligible. Children are at greatest risk of this kind of administrative churn.⁶

Georgia is one of six states nationwide identified as having the greatest number of risk factors due to state policies and procedures in place that increase the likelihood that children will become uninsured.⁷ These state choices include

the lack of 12-month continuous eligibility for children in Medicaid/CHIP, which creates more paperwork for families to maintain their child’s coverage, and a separate CHIP program (PeachCare) that charges premiums. If Georgia reinstates premiums when the public health emergency ends, it will make it harder for families whose income has increased slightly to enroll their child in PeachCare. These premiums have been suspended during the public health emergency but the state describes this suspension as “temporary” so they are likely to be reinstated.⁸ Finally, Georgia could do a much better job of automating coverage renewals.

CMS recently approved Georgia’s application to implement Express Lane Eligibility, allowing the state to use SNAP and TANF application data to automatically determine Medicaid eligibility, starting in October. If properly implemented, this policy could help to relieve the renewal paperwork burden for a large portion of children currently enrolled in Medicaid, who will undergo redeterminations after the PHE ends.

This factsheet was written by Joan Alker and Aubrianna Osorio. The authors would like to thank Catherine Hope for her assistance. Design and layout provided by Nancy Magill.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America’s children and families. CCF is based at the McCourt School of Public Policy’s Health Policy Institute.

Endnotes

¹ Park, E., Alker, J., and Corcoran, A., “Jeopardizing a Sound Investment: Why Short-Term Cuts to Medicaid Coverage During Pregnancy and Childhood Could Result in Long-Term Harm” (Commonwealth Fund, December 2020), available at <https://www.commonwealthfund.org/publications/issue-briefs/2020/dec/short-term-cuts-medicaid-long-term-harm>.

² Alker, J. and Corcoran, A., “Children’s Uninsured Rate Rises by Largest Annual Jump in More Than A Decade” (Georgetown University of Children and Families, October 2020), available at https://ccf.georgetown.edu/wpcontent/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf.

³ It is unclear when the Biden Administration will terminate the COVID-19 public health emergency—the earliest date would be mid January 2023.

⁴ Williams E. et al., “Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends” (Kaiser Family Foundation, May 2022) available at <https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>.

⁵ United States Census Bureau, “Uninsured Rate of U.S. Children Fell to 5.0% in 2021” (United States Census Bureau, September 2022), available at <https://www.census.gov/library/stories/2022/09/uninsured-rate-of-children-declines.html>.

⁶ Office of the Assistant Secretary for Planning and Evaluation, “Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches” (Office of the Assistant Secretary for Planning and Evaluation, August 2022), available at <https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>.

⁷ Alker, J. and Brooks, T., “Millions of Children May Lose Medicaid: What Can Be Done to Help Prevent Them from Becoming Uninsured?” (Georgetown Center for Children and Families, February 2022) available at <https://ccf.georgetown.edu/2022/02/17/millions-of-children-may-lose-medicaid-what-can-be-done-to-help-prevent-them-from-becoming-uninsured/>.

⁸ Georgia Department of Community Health, “PeachCare for Kids,” available at <https://dch.georgia.gov/peachcare-kids>.