

Holding the Line for Kids

*Protecting Children's Health Coverage
in the Face of Major Challenges*



March 2023



Holding the Line for Kids

Protecting Children's Health Coverage in the Face of Major Challenges

by Loretta Alexander
Health Policy Director
and
CaSandra Glover
Health Policy Analyst



Introduction

All Arkansans want our state's children to grow up healthy and happy. It's one of the reasons Arkansas continues to focus on access to medical insurance as a key indicator of overall child well-being. For more than 25 years, Arkansas has prioritized children's health through access to critical programs like ARKids First, one of the most successful children's health initiatives our state has ever created.

Last year, almost 59% of Arkansas's children — more than 430,000 kids — had access to medical care with health insurance through various forms of Medicaid and ARKids First. This is higher than in a typical year, in part because

federal law prohibited families from losing that coverage during the COVID-19 Public Health Emergency. Beginning in April 2023, as that federally declared emergency officially ends, Arkansas will “wind down” the policies that protected that health coverage. As we do this, our state must make every effort to keep children insured.

There's ample reason to make it a top priority to keep children insured: It's good not just for the families who have short- and long-term health benefits, but also for their communities and our overall health system. Keeping children and families insured will also help our state address its ongoing crisis in maternal and infant mortality and in mental health access.

We've made huge strides in children's health over the years, with close to 95% of Arkansas's children covered with health insurance. But that number masks large disparities along racial and ethnic lines and between households with different income levels. Some of these disparities exist because we haven't taken full advantage of the opportunities to protect children's health, such as allowing year-long continuous coverage for all children on ARKids A. Thankfully, federal law now requires that Arkansas adopt that policy in 2024, but it's not soon enough to protect children's coverage as the Public Health Emergency ends this year.

In this report, we'll highlight these challenges, the data on children's insurance and the types of policy initiatives that would help improve coverage. Our goal, the Finish Line for children's health in Arkansas, is 100% health insurance coverage for our state's children. If we want our state to be a great place to be and raise a child, we must continue making the policy changes that will get us there.

Unless otherwise noted, the data presented here is from a Population Reference Bureau analysis of the 2021 American Community Survey from the U.S. Census Bureau.

What's in a Name? *Arkansas health insurance program for children is called ARKids First.*

ARKids First		
Federal Program Name	Arkansas Medicaid	Arkansas Children's Health Insurance Program (CHIP)
Also Known As	ARKids A	ARKids B
Family Income Eligibility as a % of Federal Poverty Guideline	0%–138%	139%–200%
Number Enrolled (as of March 2023)	343,921	40,127

Source: Arkansas Department of Human Services

Children’s Access to Coverage

Arkansas provides health coverage to children in low-income families through two versions of the ARKids First program. ARKids A covers children in families with incomes between 0 and 138% of poverty. ARKids B is also known as CHIP, or the Children’s Health Insurance Program. It covers children in families with incomes of 139% to 200% of poverty. The 2021 Federal Poverty Guidelines for different household sizes are shown in Appendix A.

Besides ARKids First, children in Arkansas have access to health coverage through a variety of sources. Those include employer-sponsored insurance and coverage purchased directly by the family. The following figures are from 2021. The percentage with insurance through ARKids First was higher in 2022 (58.8%), in part due to the requirement that children’s coverage remain continuous during the Public Health Emergency.

In comparison to Medicaid and CHIP, there are fewer children enrolled in the Health Insurance Marketplace.¹ But, in 2022, more than 1.3 million children nationwide were receiving insurance through the Marketplace, a 29% increase

compared to the enrollment levels in 2021. This enrollment increase resulted in 300,000 more children receiving health insurance, nationally. The increase is attributed to the COVID-19 special enrollment period in 2021, which provided families the ability to enroll in coverage without other qualifying life events that would have been required had the Public Health Emergency not been taking place. In Arkansas, almost 9,000 children under age 18 received insurance coverage through the Marketplace in 2022.²

Access to insurance coverage is fundamentally beneficial to children’s healthy development and well-being, and not only in the short term with regular checkups, immunizations, and treatment when they’re sick. Insurance coverage provides children with long-term benefits, as well. Children with health insurance are more likely to get preventative care and necessary treatment when they get sick, as well as seek mental health services when they need it.³

For those reasons and more, health coverage for children is associated with better health into adulthood, with better educational outcomes, and better financial outcomes for children later in life.

Arkansas Children’s Health Insurance Coverage by Type and Percent in 2021

Employer Sponsored	Direct Purchase	ARKids First	Other Public	Uninsured
36.5%	4.3%	52.2%	1.5%	5.4%



Arkansas's Uninsured Children

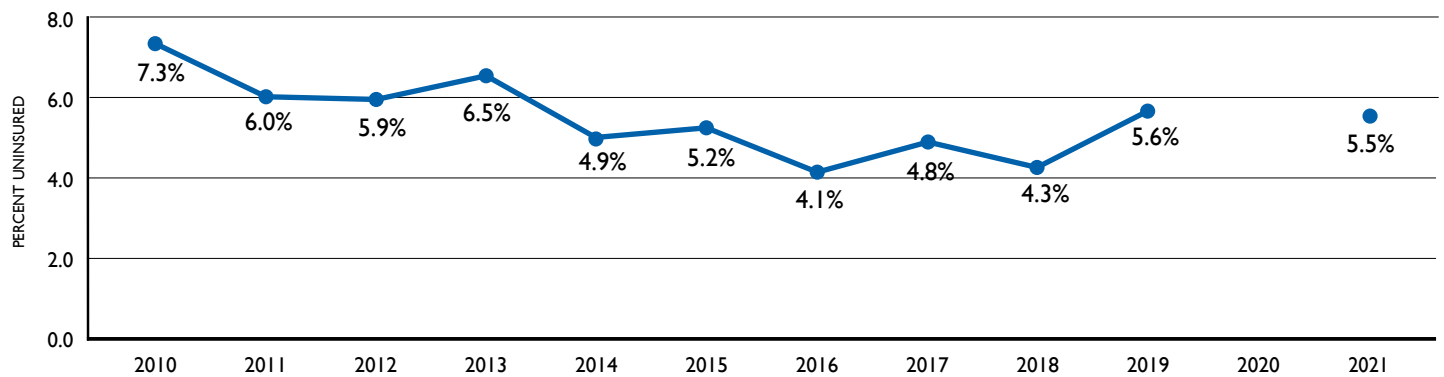
Despite the various programs offering health care coverage, more than 40,000 children remained uninsured in Arkansas in 2021, or about 5.5% of the child population. That number, and the overall percentage, has held steady for a couple of years, but it's up from five years ago, when only about 33,000 of Arkansas's children were uninsured.

Throughout the national Public Health Emergency and during a period of high inflation, children have remained enrolled in Medicaid without needing to jump through bureaucratic hoops to keep their coverage. Continuous health insurance prevents harmful gaps in coverage; increases

access to care including mental health services, checkups and vaccinations; and reduces expensive emergency department visits. It helps parents stay focused on getting their kids to the doctor without worrying whether visits will be covered from one month to the next and allows low-income parents to pick up extra shifts without fear that their kids will lose Medicaid/CHIP eligibility.

The percentage of uninsured children in Arkansas was stable from 2019 to 2021, a reversal of previously rising rates of uninsurance. In the table below, there's no rate listed for 2020. That's because the data weren't available that year.

Percent of Arkansas Uninsured Children, 2010-2021



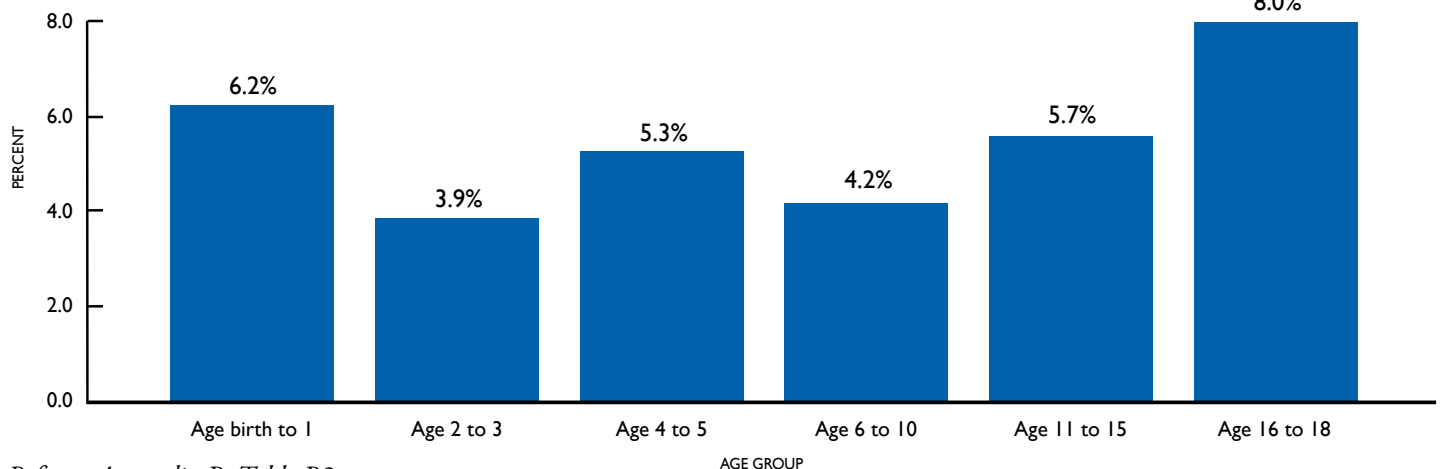
Refer to Appendix B, Table B1

By Age

Certain age groups have higher uninsurance rates than the state average of 5.5%. Even with prolonged Medicaid

coverage under the Public Health Emergency, 4,153 infants remained uninsured, resulting in a 6.2% rate. Teenagers 16-18 were the least likely to have coverage, with an uninsured rate of 8%.

Percent of Arkansas Uninsured Children by Age, 2021



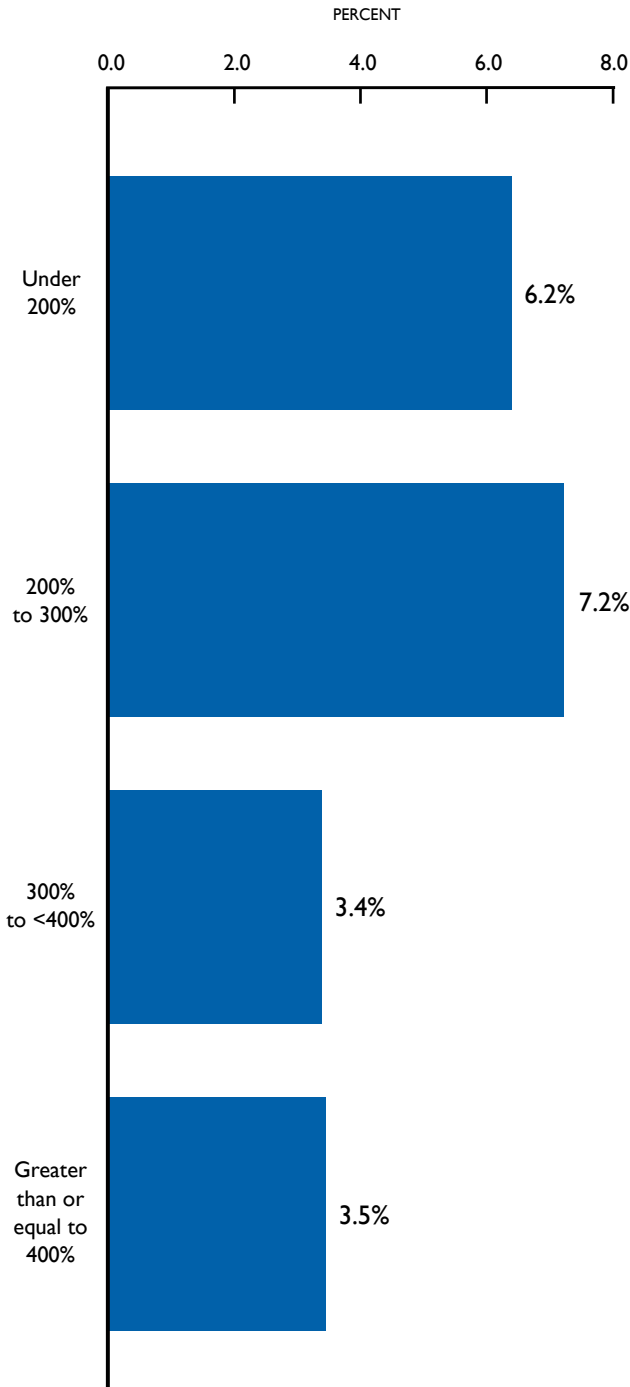
Refer to Appendix B, Table B2

By Household Income

There's good reason to believe that many uninsured children should be eligible today for various forms of Medicaid and ARKids First. That's because more than half of them — about 21,000 — live in households with incomes that would qualify for those programs.

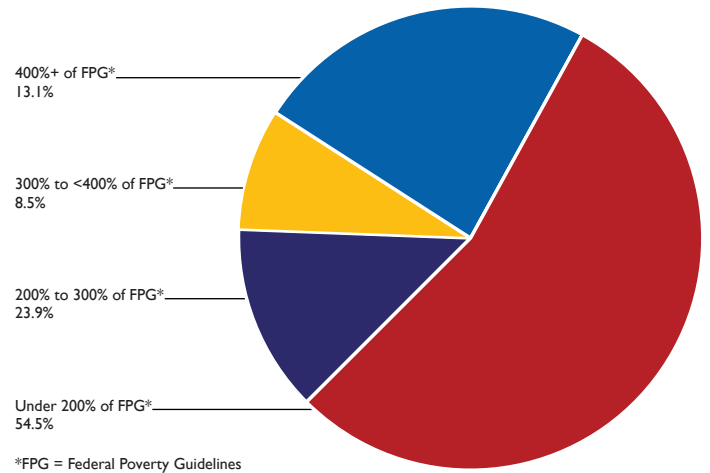
It is also worth noting that children in households within 200% to 300% of the Federal Poverty Guideline have the highest uninsured rate, at 7.2%. These uninsured children are just outside the income eligibility cutoff for the ARKids First program.

Percent of Arkansas Uninsured Children by Federal Poverty Guideline, 2021



Refer to Appendix B, Table B3

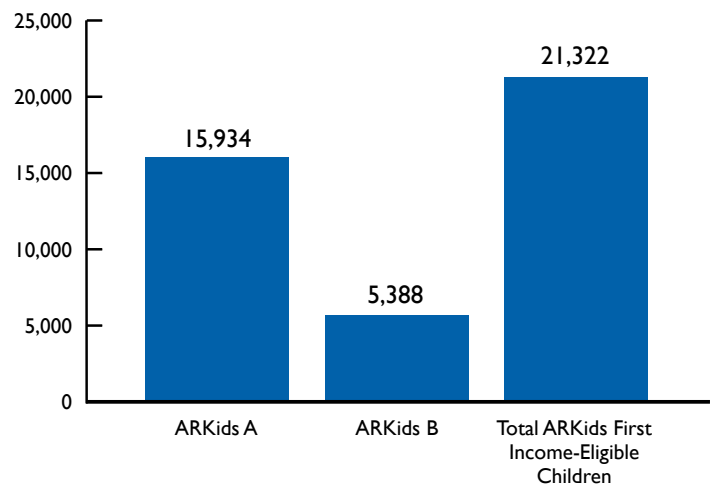
Arkansas Uninsured Children by Household Income, 2021



Refer to Appendix B, Table B3

Families with incomes up to 200% of the Federal Poverty Guidelines typically would qualify for ARKids First programs, if they meet other eligibility criteria such as residency requirements.

Number of Arkansas Uninsured ARKids First Income-Eligible Children, 2021

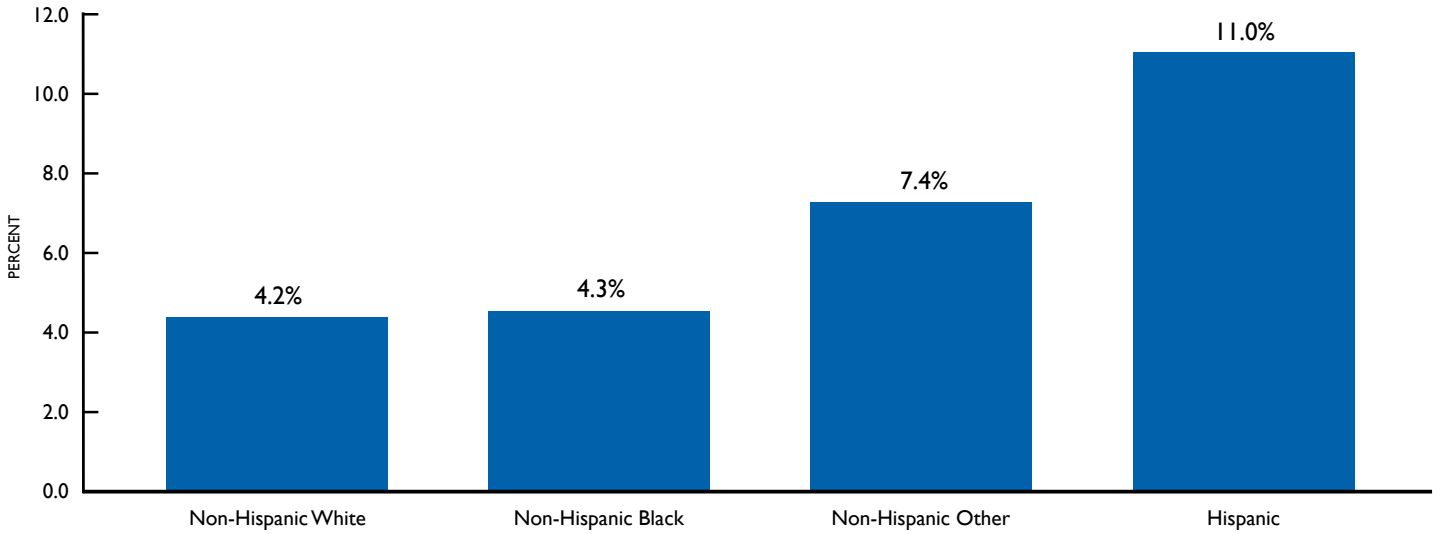


Refer to Appendix B, Table B3

By Race and Ethnicity

When analyzed by race and ethnicity, Hispanic children are the most likely children in Arkansas to be uninsured, across all income levels.

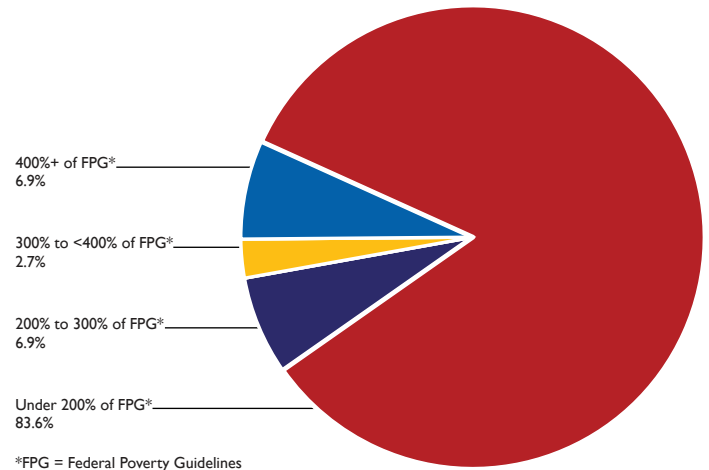
Percent of Arkansas Uninsured Children by Race/Ethnicity, 2021



Refer to Appendix B, Table B4

Among uninsured Hispanic children, more than 80% are in families that would qualify them for ARKids First (200% of the Federal Poverty Guidelines), if they meet the other eligibility criteria.

Arkansas Uninsured Hispanic Children by Family Income Level 2021



*FPG = Federal Poverty Guidelines

Refer to Appendix B, Table B5

Immigration Status and Nativity

There are reasons that some families with low incomes are not eligible for programs like ARKids First. For example, their family's immigration status could be a factor. But because an estimated 85% of children of immigrants in Arkansas are citizens, we know that the great majority of children in low-income families should qualify for ARKids First.

Throughout the years, federal Medicaid and CHIP policies have made it easier for immigrant children to access coverage.⁴ This changed from 2016-2019, when rates of uninsured children dropped year to year. In 2019 at the national level, 74% of federally eligible immigrant children were enrolled in CHIP and Medicaid compared to 92% U.S.-born children.⁵ This is partially attributed to the “chilling effect” that resulted when the Trump Administration made changes to the public charge policies.⁶ This instilled fear within the immigrant community and resulted in a decrease in immigrant families seeking public benefits due to the risk of being categorized as a public charge.

In immigration law, a person who is likely to become dependent on the government in the future is considered a “public charge.”⁷ If a person were deemed a public charge, then they would run the risk of being denied entry to the United States. It could also impact their ability to adjust their immigration status to become a lawful permanent resident.

These changes were extremely harmful to immigrant families during the COVID-19 Public Health Emergency.⁸ There were increased health and financial needs and increased uninsurance among immigrant families throughout the pandemic. At the end of 2022, the federal government returned the public charge policy to what it was prior to the changes created during the Trump Administration.⁹ Health insurance,¹⁰ nutrition, housing, and public health programs are no longer considered in a public charge test. Even though children's Medicaid and CHIP were never part of the changes to the test, many families assumed they were. It remains to be seen whether we'll see a decrease in children's uninsured rates as families learn that the former rules are now back in place.

In 2019, Arkansas was one of the states with the lowest participation rates for income-eligible immigrant children in the Medicaid and CHIP programs. In 2019, only 38% of eligible immigrant children in Arkansas participated in ARKids First, compared to 93% of U.S.-born children in Arkansas. With the restoration of the previous public charge policy, the hope is that more income-eligible immigrant families within Arkansas will feel reassured that they can enroll their children in ARKids First.

Data for Arkansas's uninsured youth ages 0-18 by nativity and household income are included in Appendix B, Table B6. Due to insufficient data collection among families of foreign-born children, the data has high margins of error and has not been analyzed for this report.



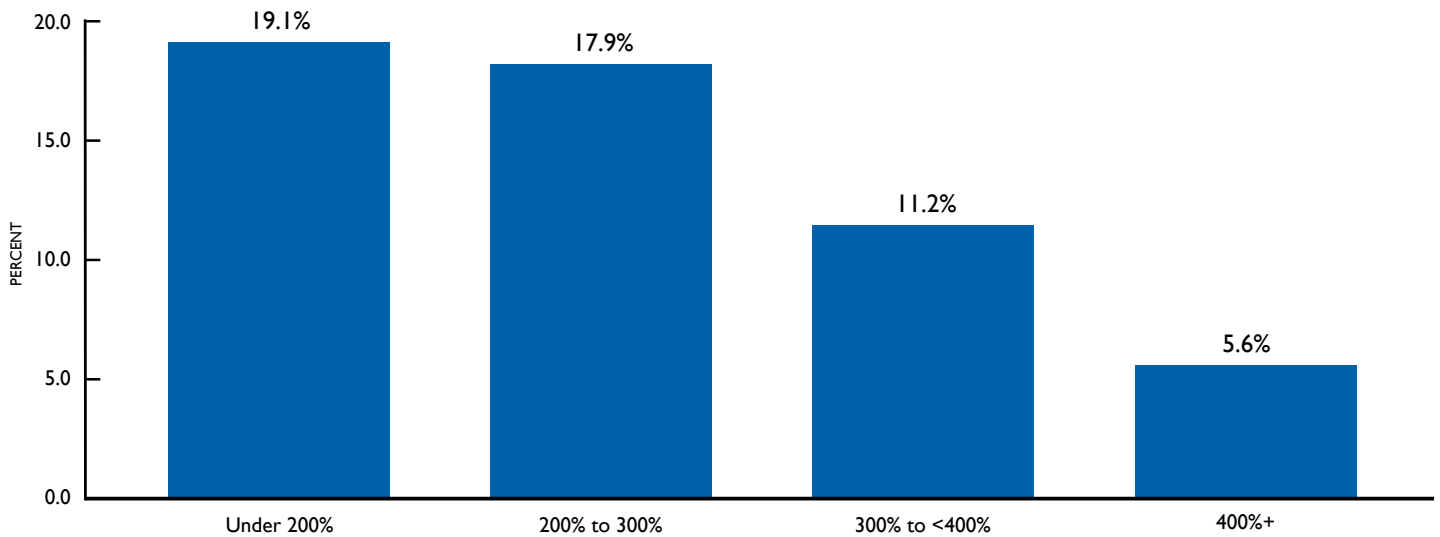
When Adults are Uninsured

Parents' health coverage is critical for a child's health, as well. Arkansas made the wise decision years ago to expand Medicaid coverage to low-income adults, which has been a boon to children's well-being. When parents have health insurance, children are more likely to be covered. After Arkansas expanded Medicaid to more adults, the children's uninsured rate dropped from more than 7% when the Affordable Care Act passed in 2010 to as low as 4.1% in the years following Arkansas's implementation of the Medicaid

expansion. Children benefit when their parents have insurance because the whole family has better access to care, and the family has more financial security.¹¹

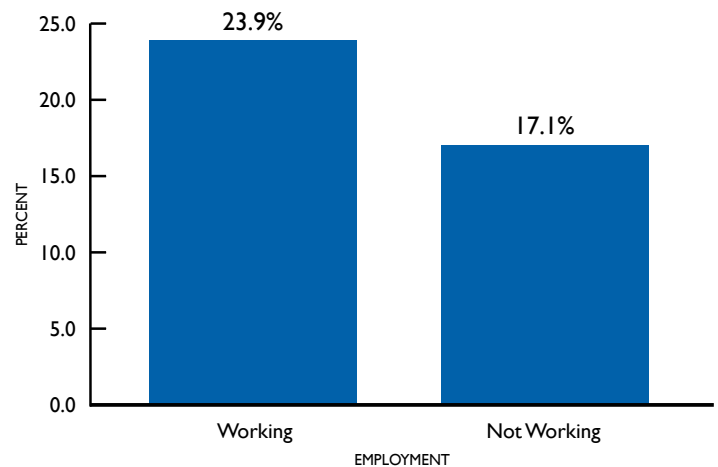
More than 1.1 million Arkansans had health coverage through Medicaid or CHIP last year, more than one-third of our state's residents. That's a higher number than a typical year because so many Arkansans have kept their Medicaid coverage without interruption as the Public Health Emergency continued at the federal level.

Percent of Arkansas Uninsured Adults 19-64 by Household Income, 2021



Refer to Appendix C, Table C1

Arkansas Uninsured ARHOME Income-Eligible Adults 19-64 by Employment Status, 2021



Refer to Appendix C, Table C2

Arkansas has an uninsured adult rate of 14.2%, accounting for 250,088 adults. The greatest predictor of whether an adult has insurance is household income level.

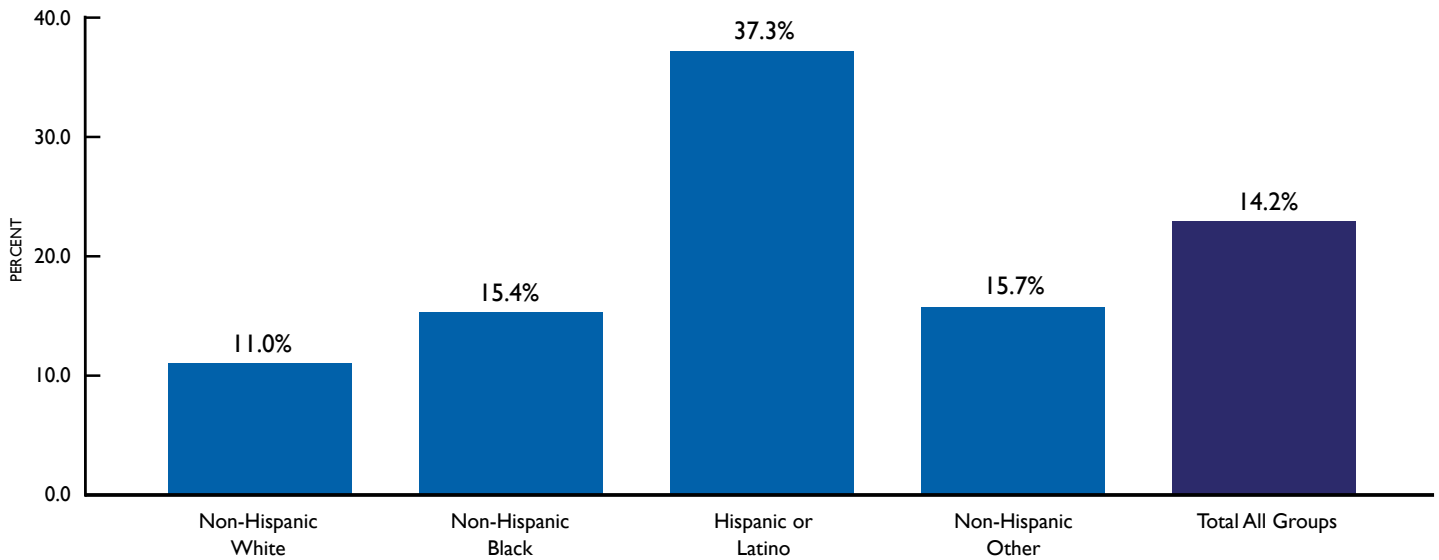
Adults with household incomes less than 139% of the Federal Poverty Guidelines are within Arkansas’s Medicaid expansion program, Arkansas Health and Opportunity for Me (ARHOME) income eligibility guidelines. However, there remain uninsured adults who are income-eligible for ARHOME, the majority of whom are employed.

Within Arkansas’s uninsured adult population, there are large racial and ethnic disparities in coverage rates. For example, the Hispanic or Latino population is the most likely to be uninsured in Arkansas, and nationally as well. The uninsured rate for adult Hispanic or Latino Arkansans, at 37.3%, was more than three times higher than that of the White population, which had an 11% uninsured rate in 2021. There are varying reasons for this, but the Hispanic or Latino adult population is less likely to have coverage through employment, compared to the overall nonelderly population. They face barriers to enrolling in affordable health care programs such



as Medicaid and the Health Insurance Marketplace. Strict immigration requirements prevent some Latinos from being eligible to enroll. And some families may avoid enrolling in Medicaid programs due to fear that it may be harmful or negatively impact their family due to the public charge.¹²

Percent of Arkansas Uninsured Adults 19-64 by Race/Ethnicity, 2021



Refer to Appendix C, Table C3

Racial and ethnic disparities are especially concerning in women of childbearing age (generally defined as age 15 to 45). The overall uninsured rate for women in that age group is 15%, but the rate for Hispanic or Latino women in the same age group is almost 35%.

The Kaiser Family Foundation reports that Arkansas has the nation’s highest maternal mortality rate, at 40.4 deaths per 100,000 live births between 2018 and 2020.¹³ And there are huge racial disparities in those numbers, with Black women more than twice as likely to die of pregnancy-associated deaths, compared to White women. Although 19% of all births in Arkansas were to Black non-Hispanic women, they represented 37% of all pregnancy-associated deaths in 2018.¹⁴

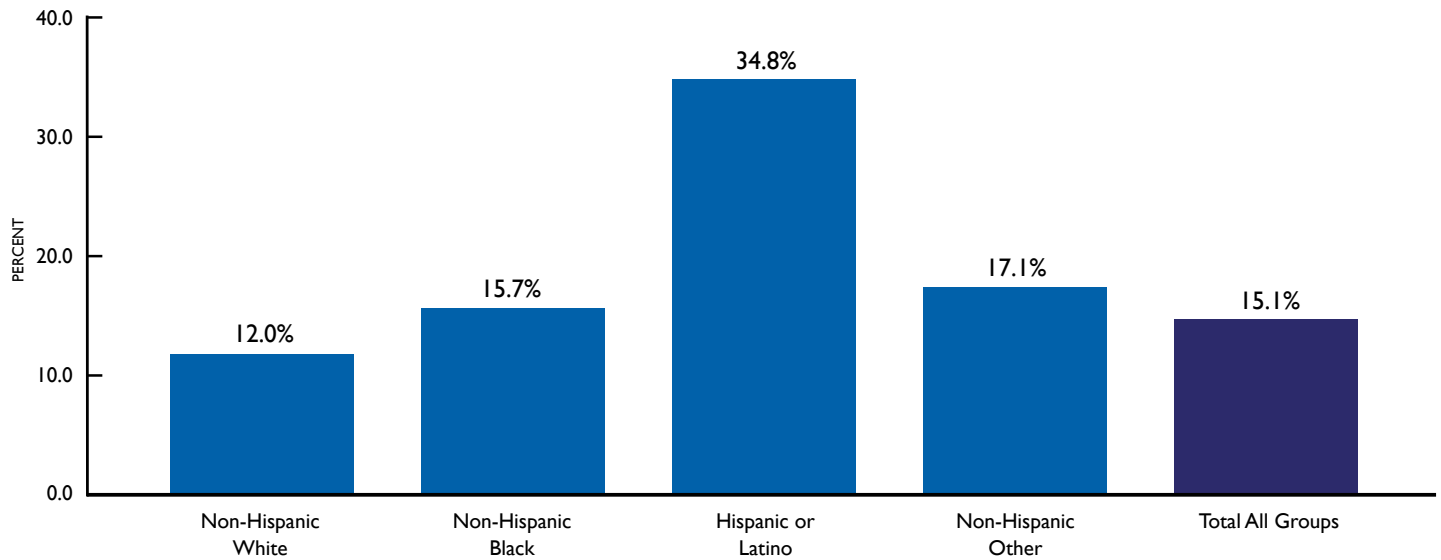
Lack of insurance also results in lack of access to life-saving and necessary care for teens and women who may become

mothers, as well. Since Arkansas currently is tied with Mississippi for the highest teen birth rate in the nation, at 28 per births per 1,000 females ages 15 to 19,¹⁵ the importance of improving insurance coverage rates cannot be overstated.

Arkansas also has the third-highest infant mortality rate in the nation, only behind Mississippi and Louisiana.¹⁶ In 2020, the Arkansas rate was 7.4 deaths in the first year of life for every 1,000 births. The national rate was 5.4 per 1,000.¹⁷ And again, Black babies in Arkansas die at almost twice the rate of White babies, with an infant mortality rate of 11.6 per 1,000, compared to 6.4 per 1,000 for White babies.¹⁸

Better access to health coverage for women of childbearing age, especially targeted outreach to Black, Indigenous, and Other Women of Color, could help Arkansas address its maternal health, teen birth and infant mortality crises.

Uninsured Women Ages 15-45 by Race/Ethnicity, 2021



Refer to Appendix C, Table C4



Current Events

Continuous Coverage for Kids

Continuous coverage — keeping insurance for a full year rather than being at risk of losing it month to month — is good for children’s health. Children on ARKids B already have had this kind of steady, year-long coverage for many years. But the lowest-income children, those on ARKids A, have not had such continuity in their coverage. While Arkansas had ample opportunity to extend better, more consistent coverage to those children, the state never did so.

Now, a change in federal law will extend that continuous coverage to children on ARKids A. Beginning in January 2024, Arkansas will be required to offer year-long eligibility to all children on Medicaid. That’s a new requirement under the Consolidated Appropriations Act, which became law in early 2023. That means that children on ARKids A — 343,921 children¹⁹ — will have coverage for a full year after they sign up, rather than having to continually qualify every month and risk losing their coverage.



“Unwinding” Medicaid Coverage

Because we know that health coverage is good for children’s long-term well-being, it’s critical that Arkansas make every effort to keep children and their families insured as the federal Public Health Emergency ends on April 1.

For three years, states have been limited to terminating Medicaid coverage except for death, moving out of state, request by the beneficiary, or incarceration (if the states wanted to maintain a higher rate of federal funding to pay for the programs, which Arkansas did).²⁰ During that time, Arkansas’s total enrollment in these programs increased to 1.1 million.²¹

Now the federal government has told states to go back to the way they were operating before the pandemic. This is called “unwinding.” States may have about a year to conduct this process to determine who should still be eligible for coverage. Arkansas, however, only has six months.²² That’s because a state law — Act 780 of 2021 — shortens the timeframe for this “unwinding” process. It’s the most restrictive timeframe in the nation.²³

Although the Arkansas Department of Human Services (DHS) continued to conduct Medicaid redeterminations and process renewals throughout the Public Health Emergency, the agency did not terminate Medicaid coverage based on that information. In early April, the first Arkansans will start losing their Medicaid and ARKids First coverage through this process.

Alarming, the agency has already identified 455,925 Arkansans they were unable to contact or were deemed ineligible based on the renewal information gathered.²⁴ This group of Arkansans has been identified as the “extended” Medicaid population, and they make up more than 40% of the current Arkansas Medicaid population. DHS reports that this extended group will be the only group whose eligibility will be redetermined during the 6-month unwinding period, plus the usual annual Medicaid renewals that are due at that time.²⁵

In February 2023, DHS began sending out Medicaid renewal notices to this subset of Medicaid and ARKids beneficiaries. DHS and organizations like Arkansas Advocates for Children and Families have worked to spread the word about what's coming. Our hope is that no one loses coverage who should be eligible, but we know that many will.

Of the extended cases, 153,491 are children.²⁶ They're at significant risk of losing their ARKids First, Tax Equity and Fiscal Responsibility Act (TEFRA), and newborn coverage. Many of these children actually are still eligible for the program, but their families may not be aware of the ongoing redetermination process.

If children and families are found to be ineligible, there should be a smooth transition to a different type of coverage. We should work to make sure that they maintain affordable health coverage on the federal Health Insurance Marketplace. For example, if their family income has increased to a level that makes them ineligible for Medicaid or CHIP, they still may qualify for a federally subsidized plan in the Marketplace. Families may also find insurance through employment.

With ARKids First and Medicaid now covering 58.8% of Arkansas' children,²⁷ and with more than a third of all Arkansans being covered by Medicaid and CHIP, it's imperative that we ensure that eligible families do not end up uninsured.



Policy Recommendations

This is a critical time for children’s health coverage in Arkansas. Though we have better policies coming soon, like continuous coverage for the lowest-income children on ARKids First, we expect to see a sharp decrease in children’s health coverage even before those changes are in place. A large number of those who lose their insurance will be eligible for ARKids First, but they’ll lose coverage because of red tape.

We know what’s coming, so we have to do all we can to keep coverage in place for the most children possible. It’s good for their health, and it’s good for their long-term opportunities and success in school and life. To keep more children healthy, there are several important policy changes we could put in place.

Our recommendations include:

- Closely monitor the number of children losing coverage during redeterminations of Medicaid and ARKids First eligibility as the Public Health Emergency winds down, and be prepared to change course. If it’s clear that many children are losing coverage because of paperwork issues, and not because of changes in their families’ circumstances, the state should pause or slow down the unwinding to see if better communication or other changes could make the process work better for children.
- If necessary for the reasons stated above, seek legislative approval to take more time for the unwinding process. This would require amending Act 780 of 2021.
- Create a seamless transition to the Marketplace for families who lose coverage because they’re no longer eligible for Medicaid and ARKids First. Make sure families have ready access to the information about what coverage alternatives are available to them, and how they might be eligible for tax credit subsidies to help pay for the plans.

- To improve infant and maternal health, adopt a policy that allows pregnant women with low incomes to more quickly have access to pregnancy Medicaid coverage. This policy is known as “presumptive eligibility,” and 30 states already have adopted it. When the state’s Medicaid enrollment process produces a backlog, it creates months-long waits for coverage, which should never be allowed, especially in prenatal health.
- Extend pregnancy Medicaid coverage to a full year postpartum. Most states already have adopted this policy as well (29 adopted and eight currently implementing it). This would help address the state’s maternal mortality crisis.
- Increase efforts to raise awareness and conduct outreach to ensure that eligible children are located and enrolled in ARKids First and that all children receive the health care they need.

If we’re ever to reach the Finish Line in this race to 100% children’s coverage, we first have to do all we can not to fall behind where we are now.



Appendix A

Table A. The 2021 Federal Poverty Guidelines for Different Household Sizes

ARKids First		
1 Individual	\$12,880	\$25,760
For a family of 2	\$17,420	\$34,840
For a family of 3	\$21,960	\$43,920
For a family of 4	\$26,500	\$53,000

Appendix B

Table B1. Percent of Arkansas Uninsured Children, 2010-2021

Year	Percent Uninsured
2010	7.3
2011	6.0
2012	5.9
2013	6.5
2014	4.9
2015	5.2
2016	4.1
2017	4.8
2019	5.6
2020	Data unavailable
2021	5.5

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

Table B2. Number and Percent of Arkansas Uninsured Children by Age, 2021

Age Group	Uninsured	Percent
Age birth to 1	4,153	6.2
Age 2 to 3	2,879	3.9
Age 4 to 5	4,075	5.3
Age 6 to 10	8,217	4.2
Age 11 to 15	11,840	5.7
Age 16 to 18	9,684	8.0
Age birth to 18	40,848	5.5

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

Table B3. Number and Percent of Arkansas Uninsured Children by Household Income Level as a Percent of Federal Poverty Guideline, 2021

Percent Federal Poverty Guideline	Uninsured	Total	Percent
Under 139%	15,934	238,455	6.7
139% to 200%	5,388	107,898	5.0
200% to 300%	9,347	130,304	7.2
300% to 400%	3,332	97,241	3.4
400%+	5,138	148,790	3.5

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

Table B4. Number and Percent of Arkansas Uninsured Children 0-18 by Race/Ethnicity and Household Income, 2021

Percent Federal Poverty Guideline	Race/Ethnicity	Uninsured	Total	Percent	Percent Margin of Error +/-
Under 139%	Non-Hispanic White	4,259	110,658	3.8	1.3
	Non-Hispanic Black	2,051	63,034	3.3	1.9
	Non-Hispanic other	2,927	24,361	12	5.8*
	Hispanic	6,697	40,402	16.6	5.2*
139% to <200%	Non-Hispanic White	2,071	54,611	3.8	2.2
	Non-Hispanic Black	975	20,380	4.8	4
	Non-Hispanic other	260	12,048	2.2	2.8
	Hispanic	2,082	20,859	10	7.4*
200% to 300%	Non-Hispanic White	4,376	73,541	6	2
	Non-Hispanic Black	1,893	19,393	9.8	11*
	Non-Hispanic other	2,351	16,123	14.6	9.7*
	Hispanic	727	21,247	3.4	3.7
300% to <400%	Non-Hispanic White	2,185	69,467	3.1	1.6
	Non-Hispanic Black	387	9,283	4.2	4.1
	Non-Hispanic other	479	11,362	4.2	3.1
	Hispanic	281	7,129	3.9	4
400%+	Non-Hispanic White	4,331	113,344	3.8	1.3
	Non-Hispanic Black	42	9,488	0.4	0.9
	Non-Hispanic other	45	19,417	0.2	0.4
	Hispanic	720	6,541	11	11.2*
Total	Non-Hispanic White	18,190	434,225	4.2	0.7
	Non-Hispanic Black	5,431	126,089	4.3	2.1
	Non-Hispanic other	6,389	86,057	7.4	2.8
	Hispanic	10,838	97,651	11.1	2.7

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

* The margin of error for the highlighted results are too high to consider the indicator as representative of the entire population.

Table B5. Number and Percent of Arkansas Uninsured Children 0-18 by Race/Ethnicity and Household Income, 2021

Percent Federal Poverty Guideline	Race/Ethnicity	Uninsured	Total	Percent	Percent Margin of Error +/-
Under 200%	Non-Hispanic White	6,330	165,269	3.8	1.3
	Non-Hispanic Black	3,026	83,414	3.6	1.7
	Non-Hispanic other	3,187	36,409	8.8	4.3
	Hispanic	8,779	61,261	14.3	4.3
200% to 300%	Non-Hispanic White	4,376	73,541	6	2
	Non-Hispanic Black	1,893	19,393	9.8	11*
	Non-Hispanic other	2,351	16,123	14.6	9.7*
	Hispanic	727	21,247	3.4	3.7
300% to 400%	Non-Hispanic White	2,185	69,467	3.1	1.6
	Non-Hispanic Black	387	9,283	4.2	4.1
	Non-Hispanic other	479	11,362	4.2	3.1
	Hispanic	281	7,129	3.9	4
400%+	Non-Hispanic White	4,331	113,344	3.8	1.3
	Non-Hispanic Black	42	9,488	0.4	0.9
	Non-Hispanic other	45	19,417	0.2	0.4
	Hispanic	720	6,541	11	11.2*
Total	Non-Hispanic White	18,190	434,225	4.2	0.7
	Non-Hispanic Black	5,431	126,089	4.3	2.1
	Non-Hispanic other	6,389	86,057	7.4	2.8
	Hispanic	10,838	97,651	11.1	2.7

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

* The margin of error for the highlighted results are too high to consider the indicator as representative of the entire population.

Table B6. Number and Percent of Arkansas Uninsured Children 0-18 by Nativity and Household Income, 2021

Percent Federal Poverty Guideline	Nativity	Uninsured	Total	Percent	Percent Margin of Error +/-
Under 139%	Native	13,379	234,444	5.7	1.3
	Foreign-born	2,555	4,011	63.7	20.2*
139% to <200%	Native	4,238	105,911	4	1.5
	Foreign-born	1,150	1,987	57.9	35.6*
200% to 300%	Native	8,924	128,445	6.9	2.1
	Foreign-born	423	1,859	22.8	19.4*
300% to <400%	Native	3,219	96,026	3.4	1.3
	Foreign-born	113	1,215	9.3	14.3*
400%+	Native	4,762	147,284	3.2	1.1
	Foreign-born	376	1,506	25	33.5*
Total	Native	36,231	732,963	4.9	0.6
	Foreign-born	4,617	11,059	41.7	14.8*

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2019 and 2021 American Community Survey, Public Use Microdata Sample.

* The margin of error for the highlighted results are too high to consider the indicator as representative of the entire population.

Appendix C

Table C1. Number and Percent of Arkansas Uninsured Adults 19-64 by Household Income, 2021

Percent Federal Poverty Guideline	Uninsured	Total	Percent
Under 200%	111,209	582,202	19.1
200% to 300%	57,807	322,367	17.9
300% to <400%	27,417	245,846	11.2
400%+	31,253	557,676	5.6
Total	250,088	1,757,140	14.2

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

Table C2. Number and Percent of Arkansas Uninsured Adults 19-64 by Employment Status and Household Income, 2021

Percent Federal Poverty Guideline	Employment	Uninsured	Total	Percent	Percent Margin of Error +/-
Under 139%	Working	40,615	169,667	23.9	1.3
	Not working	39,094	228,951	17.1	0.9
139% to <200%	Working	28,190	147,159	19.2	1.1
	Not working	12,913	72,272	17.9	1.6
200% to 300%	Working	31,683	230,688	13.7	0.9
	Not working	12,080	77,957	15.5	1.4
300% to <400%	Working	17,036	189,950	9	0.8
	Not working	5,742	46,890	12.2	1.5
400%+	Working	19,614	463,442	4.2	0.4
	Not working	6,057	79,940	7.6	1
Total	Working	137,638	1,207,640	11.4	0.4
	Not working	98,132	550,433	17.8	0.5

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

Table C3. Number and Percent of Arkansas Uninsured Adults 19-64 by Race/Ethnicity, 2021

Race/Ethnicity	Uninsured	Total	Percent
Non-Hispanic White	130,954	1,190,432	11
Non-Hispanic Black	40,572	262,910	15.4
Hispanic or Latino	53,409	143,245	37.3
Non-Hispanic Other	25,153	160,553	15.7
Total	250,088	1,757,140	14.2

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2021 American Community Survey, Public Use Microdata Sample.

Table C4. Number and Percent of Arkansas Uninsured Women 15-45 by Race/Ethnicity, 2021

Race/Ethnicity	Uninsured	Total	Percent
Non-Hispanic White	96,907	809,840	12
Non-Hispanic Black	31,767	202,754	15.7
Hispanic or Latino	39,719	114,209	34.8
Non-Hispanic Other	12,878	75,418	17.1
Total	181,271	1,202,221	15.1

Endnotes

- 1 Osorio, Aubrianna. “More Children Enrolled in ACA Marketplace Coverage in 2022, but Marketplaces Still Remain Modest Source of Health Coverage for Children.” *Center for Children and Families*, 21 Apr. 2022, cf.georgetown.edu/2022/04/21/more-children-enrolled-in-aca-marketplace-coverage-in-2022/. Accessed 8 Mar. 2023.
- 2 <https://www.cms.gov/files/zip/2022-ocp-state-level-public-use-file.zip>
- 3 <https://www.clasp.org/sites/default/files/publications/2017/04/Children-Need-Health-Insurance-1.pdf>
- 4 Whitener, Kelly. *Restoring the Public Charge Policy Background*. 2022.
- 5 Lupien, John R. “Executive Summary.” *Asia Pacific Journal of Clinical Nutrition*, vol. 11, no. 1, 26 Sept. 2020, pp. S97–S97, <https://doi.org/10.1046/j.1440-6047.11.s.6.6.x>.
- 6 Whitener, Kelly. *Restoring the Public Charge Policy Background*. 2022.
- 7 Whitener, Kelly. *Restoring the Public Charge Policy Background*. 2022.
- 8 Artiga, Samantha, and Matthew Rae. “Health and Financial Risks for Noncitizen Immigrants due to the COVID-19 Pandemic.” *KFF*, 18 Aug. 2020, www.kff.org/racial-equity-and-health-policy/issue-brief/health-financial-risks-noncitizen-immigrants-covid-19-pandemic/
- 9 US Citizenship and Immigration Services. “Public Charge | USCIS.” *www.uscis.gov*, 17 Feb. 2022, www.uscis.gov/public-charge.
- 10 Whitener, Kelly. *Restoring the Public Charge Policy Background*. 2022.
- 11 Schubel, Jessica. “Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children.” *Center on Budget and Policy Priorities*, 21 Oct. 2020, www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and.
- 12 Hayes, Kyle. “Eliminating Structural Barriers Can Improve Latino People’s Access to Health Coverage.” *Center on Budget and Policy Priorities*, 5 Oct. 2021, <https://www.cbpp.org/blog/eliminating-structural-barriers-can-improve-latino-peoples-access-to-health-coverage>.
- 13 KFF. “Maternal Deaths and Mortality Rates per 100,000 Live Births.” *KFF*, 7 July 2022, www.kff.org/other/state-indicator/maternal-deaths-and-mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22.
- 14 [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_\(10-29-2021\)LR_transparent_logo_11-10-21_\(2\).pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_(10-29-2021)LR_transparent_logo_11-10-21_(2).pdf)
- 15 Annie E. Casey Foundation, Kids Count Databook, 2022.
- 16 ACHI. “For Maternal Health Awareness Day, ACHI Highlights State’s Rock-Bottom Ranking.” *ACHI*, 23 Jan. 2023, achi.net/news-releases/for-maternal-health-awareness-day-achi-highlights-states-rock-bottom-ranking/#:~:text=Arkansas%20has%20the%20third%2Dhighest. Accessed 8 Mar. 2023.
- 17 March of Dimes. “2022 March of Dimes Report Card for Arkansas.” *March of Dimes | PeriStats*, www.marchofdimes.org/peristats/reports/arkansas/report-card.
- 18 March of Dimes. “Infant Mortality Rates by Race: Arkansas, 2017-2019 Average.” *March of Dimes | PeriStats*, www.marchofdimes.org/peristats/data?reg=99&top=6&stop=94&lev=1&slev=4&obj=1&sreg=05. Accessed 8 Mar. 2023.
- 19 Lesnick, Gavin (DHS). Email to Laura Kellams (AACF). 15 March 2023.
- 20 2021. “Medicaid Provisions in the American Rescue Plan Act.” *KFF*, 18 Mar. 2021, www.kff.org/medicaid/issue-brief/medicaid-provisions-in-the-american-rescue-plan-act/.
- 21 Goldstein, Amy. “Millions of Vulnerable Americans Likely to Fall off Medicaid Once the Federal Public Health Emergency Ends.” *Washington Post*, 14 Mar. 2022, www.washingtonpost.com/health/2022/03/14/medicaid-loss-of-coverage/.

- 22 Arkansas Center for Health Improvement. “Arkansas Medicaid Preparing for Massive Eligibility Redetermination Effort After COVID-19 Public Health Emergency Ends.” 23 March, 2022. “<https://achi.net/newsroom/arkansas-medicaid-preparing-for-massive-eligibility-redetermination-effort-after-covid-19-public-health-emergency-ends/#:~:text=In%20Arkansas%2C%20the%20timeline%20for,of%20the%20public%20health%20emergency>.”
- 23 Politico. “Why One State’s Plan to Unwind a Covid-era Medicaid Rule is Raising Red Flags.” 27 February, 2023. <https://www.politico.com/news/2023/02/27/arkansas-medicaid-unwinding-gop-00084388>
- 24 Arkansas Department of Human Services. *Ending the Continuous Enrollment Condition: Arkansas Medicaid Comprehensive Unwinding Plan Overview Powerpoint*. Arkansas Department of Human Services, 20 Feb. 2023.
- 25 Arkansas Department of Human Services. *ARKANSAS COMPREHENSIVE UNWINDING PLAN*. 2023.
- 26 Arkansas Department of Human Services. *ARKANSAS COMPREHENSIVE UNWINDING PLAN*. 2023.
- 27 Alker, Joan, and Aubrianna Osorio. “Child Uninsured Rate Could Rise Sharply If States Don’t Proceed with Caution.” *Center for Children and Families*, 1 Feb. 2023, ccf.georgetown.edu/2023/02/01/child-uninsured-rate-could-rise-sharply-if-states-dont-take-care/. Accessed 8 Mar. 2023.



Arkansas Advocates for Children and Families

Main Office:

Union Station
1400 W. Markham St., Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office:

614 E. Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

Learn more at

www.aradvocates.org



facebook.com/aradvocates



twitter.com/aacf



[@aradvocates](https://instagram.com/aradvocates)