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New Federal 12-Month Continuous Eligibility Expansion: Over 17 Million Children Could Gain New Protections from Coverage Disruptions

Average monthly eligibility for Medicaid and CHIP will increase by 3.5 percent in affected states under a 12-month continuous eligibility requirement with over one million children estimated to gain at least one month of eligibility.

Caroline Hogan, Eden Volkov, Christie Peters, Nancy De Lew, Thomas Buchmueller

KEY POINTS

- National survey data show that children 0-17 years old are among the least likely to be uninsured (4.0 percent). However, short-term changes in household size or income can cause children to lose Medicaid or CHIP eligibility and experience a gap in coverage.
- Under the Consolidated Appropriations Act of 2023 (CAA, 2023), effective January 1, 2024, most children meeting their state's Medicaid or CHIP eligibility requirements will remain continuously eligible for coverage for a full 12-month period, even if they experience a change in circumstances.
- More than seventeen million Medicaid- and CHIP-eligible children who live in states that previously did not have a full 12-month continuous eligibility CE (CE) policy have the potential to benefit from a 12-month CE policy.
- With a new federal continuous eligibility (CE) requirement, average monthly Medicaid and CHIP eligibility for children is estimated to increase by 3.5 percent in states that previously had no or partial CE policies.
- Approximately 1.3 million children are projected to be eligible for at least one additional month over the course of a year under a federal 12-month CE policy.
- Estimated gains vary by child demographics and income: children who are older, non-Hispanic White, or with higher household incomes will comprise the greatest share of children gaining at least one month of eligibility.
- A national 12-month CE policy is expected to further reduce gaps in coverage and uninsurance rates among children, as well as improve their access to health care services and health outcomes

INTRODUCTION

On December 29, 2022, the Consolidated Appropriations Act, 2023 was signed into law (CAA, 2023, P.L. 117-328). Section 5112 requires that most children under the age of 19 who meet their state's Medicaid or Children's Health Insurance Program (CHIP) eligibility requirements remain continuously eligible for coverage for a full 12-month period, effective January 1, 2024.[1] Under this federal continuous eligibility (CE) policy, children would remain eligible for coverage even if they experience an otherwise-disqualifying change in circumstance (e.g., a change in household composition or income). Exceptions to the CE policy include a child turning age 19, ceasing to be a state resident, becoming deceased, or, in the case of a child enrolled in a separate CHIP, becoming eligible for Medicaid. Other exceptions include cases where eligibility is erroneously granted or voluntary terminated.[2]

Prior to the CAA, 2023, states had the option to provide up to 12 months of CE to children under age 19, and could determine both the duration of the CE period as well as the upper age limit for child eligibility.[3] The intended effect of the new federal CE requirement is to help reduce gaps in children's coverage due to fluctuations in family income or other temporary changes in eligibility status. In addition, CE has the potential to promote health equity by reducing coverage loss in groups disproportionately impacted by disenrollment, reduce administrative burden and costs, and promote uninterrupted access to healthcare services for children and youth which is expected to improve their health outcomes.[4]

Given the rapidly changing landscape of children's health coverage following the end of the COVID-19 public health emergency (PHE) and the Families First Coronavirus Response Act (FFCRA) Medicaid continuous enrollment condition in 2023, it is important to understand the potential impacts of a national, 12-month CE policy on state Medicaid and CHIP programs. This issue brief presents national and state-level estimates of children's projected gains in Medicaid and CHIP eligibility under a federal 12-month CE requirement similar to the CAA, 2023. Characteristics and household income of children gaining eligibility under a national, 12-month CE policy are also presented.

BACKGROUND

Medicaid and CHIP are important sources of healthcare coverage and access for children in the U.S. In 2022, nearly 40 percent of children were covered by public insurance alone (34 percent) or a combination of public and private insurance (5 percent).[5] Although child uninsurance rates are low (4 percent in the first 6 months of 2023),[6] data suggest that there are opportunities to increase child coverage. For example, an analysis by the U.S. Census Bureau found that 8.9 percent of children living in families with household incomes less than 100 percent of the federal poverty threshold — about 1 million children — did not have health insurance at any time in 2022.[7] An additional 2.3 million uninsured children lived in households within an income range between 100-399 percent of the poverty threshold, and about 700,000 uninsured children lived in families at 400 percent of the poverty threshold or above. As of January 2022, the median income eligibility level for children in Medicaid and CHIP was 255% of the federal poverty level (FPL).[8,9]

Historically, short-term changes in eligibility status, along with administrative requirements associated with states' Medicaid and CHIP eligibility renewal processes, have been associated with disruptions in children's health insurance coverage – a phenomenon informally known as "churn."[10] Under federal statute, eligibility renewals must occur only once every 12 months for individuals eligible through financial, Modified Adjusted Gross Income (MAGI)-based criteria in Medicaid and CHIP, and at least once every 12 months for those eligible in Medicaid through non-MAGI pathways.[11] However, states must redetermine eligibility between renewals if

they receive information about a potential change in enrollee circumstances that may impact program eligibility, such as an increase in household income.

Research suggests that intra-year income fluctuations have become more common over time (particularly among lower-income households),[12,13,14] and the magnitude of these effects can be substantial. For example, one study using data from the U.S. Financial Diaries found that, on average, low- and middle-income households experienced income spikes or dips that were *at least* 25 percent above or below their average monthly income about 5 months per year.[15] Income volatility was greatest for households below the poverty line, but also affected households in higher income categories. A different analysis using Survey of Income and Program Participation (SIPP) data found that more than 1 in 10 families with children experienced a substantial, within-year income drop of greater than 50 percent, with the lowest and highest income families being the most likely to experience significant income losses.[16] About a quarter of affected households experienced an income spike in the months *before* the drop, again underscoring the income variability that affects many families during the course of a year. Another study documenting the prevalence of income volatility found that households with children were more likely to experience within-year shifts in income.[17]

CE requirements are one policy tool to minimize the impact of income variability and other changes in circumstance that contribute to child enrollment churn in public insurance (which, as recently as 2018, affected 7.5 percent of all children enrolled in Medicaid and 15.6 percent of those enrolled in separate CHIP programs).[18] Prior to the CAA, 2023, state plans had the option to provide Medicaid- and CHIP-eligible children with up to 12 months of CE under section 1902(e)(12) of the Social Security Act.[19] As of January 2023, 23 states provided 12 months of CE to all children enrolled in Medicaid or CHIP, while 10 states provided CE to children in either Medicaid or CHIP (but not both), limited CE to children under a specific age, or provided a CE period of less than 12 months.[20] Since January 2023, an additional 5 states adopted 12-month CE policies consistent with the CAA, 2023 and had implemented the policy as of January 1, 2024 and, as of late 2023, 2 states were approved under a 1902(e)(14) waiver to extend coverage by 12 months to all children enrolled in Medicaid.

Studies suggest that 12-month CE policies are associated with more consistent health coverage and improved health outcomes. Child beneficiaries living in states with 12-month CE are less likely to be uninsured;[21] experience gaps in coverage;[22,23] or churn on and off public insurance[24,25] compared to children living in states without these policies. This may be particularly true for children in families with income levels at or near their state's eligibility thresholds, where smaller income increases may be more likely to exceed state eligibility thresholds and lead to coverage loss. By promoting stable health care coverage and access for children, 12-month CE has the potential to ameliorate negative health consequences associated with coverage gaps and uninsurance, including increased risk of unmet health needs;[26,27] delayed and decreased care;[28,29] lower vaccination coverage;[30] unfilled prescriptions;[31] and increased asthma exacerbations and asthma-related emergency department visits.[32]

METHODS

In this analysis, we sought to understand the potential impacts of 12-month CE expansion on child Medicaid and CHIP eligibility relative to prior state-level policies. Demographic, income, and respondent-reported and Census Bureau-imputed Medicaid and CHIP enrollment data from the calendar year (CY) 2017, 2018, and 2019 installments of the Current Population Survey (CPS) and CPS Annual Social and Economic Supplement (CPS-ASEC) were used to simulate child Medicaid and CHIP eligibility under two policy scenarios: (1) a baseline case utilizing states' child Medicaid and CHIP eligibility criteria and CE policies as of January 2023, and (2) an alternative case utilizing states' child Medicaid and CHIP eligibility criteria as of January 2023 *plus* a national,

12-month CE policy covering all Medicaid- and CHIP-eligible children. Estimates of increased eligibility associated with making 12-month CE universal are based on a comparison of these two scenarios.

State Medicaid and CHIP eligibility rules and CE policies were compiled from a 2023 KFF report.[33] We utilized the Transfer Income Model, version 3 (TRIM3) to generate eligibility estimates under the two policy scenarios for each year of CSP-ASEC data. Estimates for 2017, 2018, and 2019 were then combined and averaged to achieve a sufficient sample. We did not use CPS-ASEC data from 2020 onward in our simulations due to potential confounding from (1) COVID-19 pandemic-related household income volatility, and (2) the implementation of Medicaid continuous enrollment provisions under the Families First Coronavirus Response Act (FFCRA).[34] Relatedly, the analysis does not account for increases in child Medicaid and CHIP enrollment under the FFCRA's Medicaid continuous enrollment condition, nor recent declines in enrollment with PHE unwinding. As a result, the eligibility point-estimates generated by TRIM3 may differ from actual monthly eligibility and enrollment data recently reported by the Centers for Medicare and Medicaid Services (CMS).[35] However, we believe the projected *percentage change* in Medicaid and CHIP eligibility under the scenario of a national CE policy is a policy-relevant metric, and thus the focus of our results and discussion.

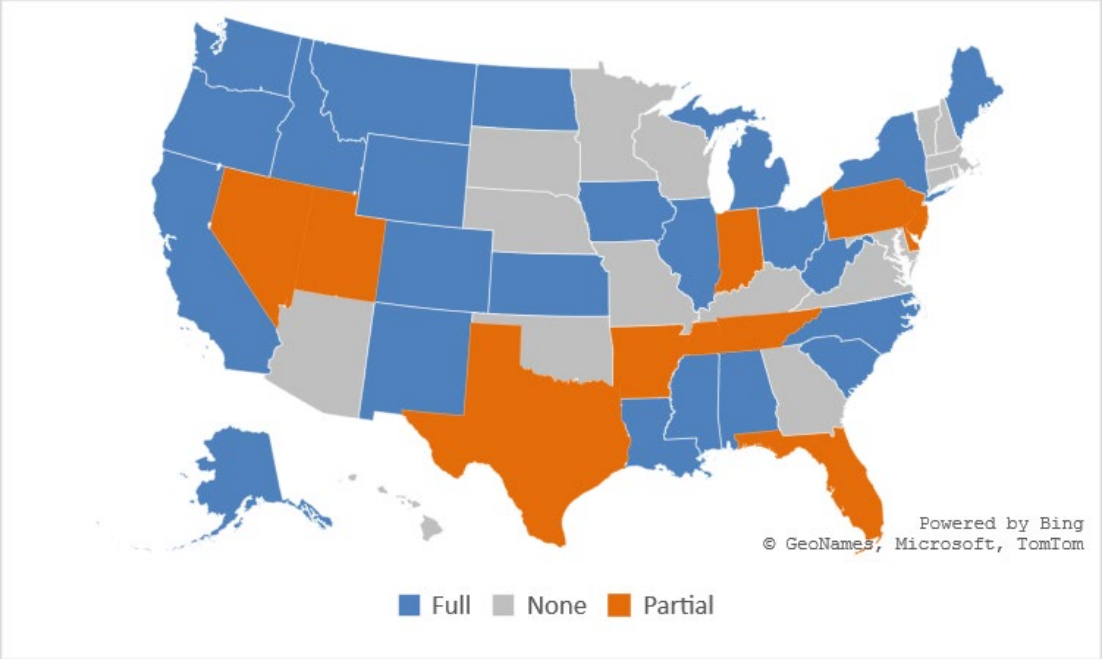
For the purposes of this analysis, children were defined to include non-disabled persons under age 19, as well as non-disabled persons ages 19-20 covered by their state's Medicaid program,[36] consistent with the definition provided in CMS enrollment data.[37] Of note, 19-20 year-olds are not guaranteed continuous eligibility under the CE provisions of the CAA, 2023; however, we included this age group to help generate more accurate eligibility estimates in the states that provided continuous eligibility to eligible 19-20 year-olds as of January 2023.

Eligibility Estimates: Baseline and Alternative Scenarios

Eligibility under the baseline scenario was estimated using states' child Medicaid and CHIP eligibility rules and CE policies as of January 2023. States were classified as having a "full" child CE policy if they provided all Medicaid and/or CHIP-eligible children in their state with 12 months of CE as of January 2023. Twenty-three states met these criteria (Figure 1). Of the remaining 28 states, 10 provided CE to some, but not all, Medicaid- and/or CHIP-eligible children in their state and 18 did not have any CE policy.[1] Of note, several states with partial or no CE policies as of January 2023 did adopt 12-month CE provisions for children prior to January 1, 2024; please see Figure 1 for additional details.

[1] TRIM3 cannot model variations in continuous eligibility policies that apply to sub-groups of children within a state who are eligible for the same program (Medicaid or CHIP). In general, when that occurs, the continuous-coverage policy for children eligible for that program in that state is set to what seems to apply to the majority of income-eligible children. Indiana is a partial CE state, offering children under age 3 with 12-month CE in Medicaid only, and is thus classified as such in this report; however, TRIM3 models Indiana as having no continuous eligibility.

Figure 1: Map of State* Medicaid and CHIP Continuous Eligibility Policies as of January 2023.



*Includes Washington, D.C. (not pictured), which did not have a 12-month CE policy as of January 2023.
Note: Five states without a full CE policy as of January 2023 (Hawaii, Indiana, Kentucky, Maryland, and Tennessee) did adopt 12-month CE for children in Medicaid prior to January 1, 2024. Additionally, 2 states (Kentucky, North Carolina) were approved under a 1902(e)(14)(a) waiver in late 2023 to extend coverage for all children enrolled in Medicaid by 12 months. Three states (New Mexico, Oregon, and Washington) provide multi-year CE for children in Medicaid via section 1115 demonstrations; of these, Oregon's policy – which provides CE for children from birth until age 6, and 24 months of CE for children ages 6 and above – was approved as of January 2023.

Children in the CPS were simulated as eligible for Medicaid or CHIP in a given month if they met their state's January 2023 eligibility requirements for Medicaid or CHIP in that month.[2] They continued to be modeled as eligible for Medicaid or CHIP for the remaining months of the year if, as of January 2023, their state had a full CE policy or a partial CE policy for which they qualified. Children in states with no CE policy, or who were ineligible for their state's partial CE policy, were only simulated as eligible for Medicaid or CHIP in the months they met their state's eligibility requirements.

Eligibility under the alternative scenario was also estimated using states' child Medicaid and CHIP eligibility rules as of January 2023, but with full CE assumed in all states. Only states with no or partial CE policies as of January 2023 could experience an increase in estimated months of eligibility under the policy alternative of full CE. This is because there is no change in policy in states that previously had full CE policies, and thus no expected Medicaid and/or CHIP eligibility gains.

Some scenarios under which children in partial or no CE policy states could gain months of eligibility under the policy alternative that were captured by TRIM3 include:

- Increases in earned income that might otherwise be disqualifying (e.g., a parent switching from part- to full-time work during the year, or returning to work after a spell of unemployment); and

[2] The CPS ASEC collects income data in monthly terms. Before the data are used within the TRIM3 model, each individual's reported earnings are distributed across the year consistent with the number of reported weeks of earnings, and including reported numbers of full-time and part-time weeks of work. Monthly variations are also captured in the receipt of unemployment compensation and child support income, with most other types of unearned income assumed to be received evenly across the year.

- Increases in some types of unearned income that might otherwise be disqualifying (e.g., having a parent start to receive unemployment insurance benefits).

However, TRIM3 does not identify other types of real-world circumstances that could trigger Medicaid or CHIP eligibility gains or losses. For example, one assumption of TRIM3 is that an individual's hourly rate of pay is the same throughout the year. As a result, the model does not capture loss of eligibility due to a parent starting a different job for the same hours-per-week but a higher rate of pay. Another simplifying assumption of the model is that all enrollment spells begin in January of each year; as a result, children who were technically ineligible for Medicaid or CHIP in January but *were* eligible in a prior month and still within a 12-month eligibility period under their state's 12-month CE policy would not be counted as eligible. The net effect of these modeling assumptions on the eligibility estimates under the baseline and alternative scenarios is unclear.

Prior to combining the three years of data, TRIM3 identified 35.2 million children as eligible for Medicaid or CHIP in the average month in CY 2017, 33.9 million in the average month in CY 2018, and 32.0 million in the average month in CY 2019. Averaged across the three years, this produced a national, average monthly eligibility estimate of 33.7 million children under the baseline scenario.

FINDINGS

Table 1 presents estimates of children eligible for Medicaid and CHIP in an average month before and after implementation of 12-months of CE. Of the 33.7 million children simulated as eligible for Medicaid or CHIP in the average month under the baseline scenario, 16.6 million (49.2 percent) resided in the 23 states with full CE policies, and 17.1 million (50.8 percent) resided in the 28 states with partial or no CE policies as of January 2023.

Children's eligibility for Medicaid and CHIP will increase with 12-month CE expansion. Under the policy alternative of full 12-month CE in all states, average monthly child eligibility is projected to increase by 3.5 percent in states with partial or no CE. Overall, children living in states with no CE policy as of January 2023 are projected to experience larger gains in average monthly eligibility (4.5 percent), compared to children living in states with partial CE policies (2.7 percent). In states with partial CE as of January 2023, state-specific increases range from 0.8 percent in Florida to 6.4 percent in Utah (Appendix Table 1). In states with no CE policy as of January 2023, projected increases range from 1.6 percent in the District of Columbia to 7.3 percent in Arizona.

Gains in average monthly eligibility vary by household income. Children in families with income below 100% of FPL are projected to experience no increase in eligibility, as household income increases at this income level may be less likely to exceed state thresholds that would induce eligibility loss. At higher levels of income, fluctuations may be more likely to raise a family's income above the Medicaid eligibility threshold, thus triggering eligibility loss. As a result, increases in months eligible as a percentage of baseline eligibility are projected to be greater for children in higher income families.

With 12-month CE expansion, the average monthly number of eligible children with monthly income between 250-400% of FPL is projected to increase by 24.2 percent in states without full CE. While fewer children in families with monthly household income greater than 400% of FPL are ever eligible for Medicaid or CHIP, they are estimated to experience the largest percent increase in average monthly eligibility (53.1 percent). All states had income eligibility requirements for Medicaid and CHIP below 400% of FPL in 2023 except New York, which covers children ages 0-18 with family incomes up to 400% of FPL in their separate CHIP program. Across

income categories, overall gains in average monthly eligibility are concentrated in states with no prior CE policy.

Table 1: Projected Average Monthly Medicaid and CHIP Eligibility in States with Full, Partial, or No CE Policies as of January 2023 (Baseline vs. Policy Alternative)

		Full CE (n=23 states)	Partial CE (n=10 states)			No CE (n=18 states*)			Partial or No CE (n=28 states)
		Avg. Monthly Eligibility (Baseline & Alternative)	Avg. Monthly Eligibility (Baseline)	Avg. Monthly Eligibility (Alternative)	Absolute Change (% Change)	Avg. Monthly Eligibility (Baseline)	Avg. Monthly Eligibility (Alternative)	Absolute Change (% Change)	Absolute Change (% Change)
Total:		16,553,506	9,878,214	10,145,824	267,610 (2.7)	7,245,465	7,573,697	328,232 (4.5)	595,842 (3.5)
Monthly % of Federal Poverty Level	<100%	8,288,651	5,111,392	5,111,392	0 (0)	3,574,910	3,574,910	0 (0)	0 (0)
	100-138%	2,782,166	1,774,571	1,774,603	32 (0)	1,230,758	1,231,31	553 (0)	585 (0)
	>138-250%	3,975,52	2,309,596	2,421,975	112,378 (4.9)	1,920,347	2,034,268	113,921 (5.9)	226,300 (5.3)
	>250-400%	1,121,105	510,532	607,023	96,490 (18.9)	422,490	551,993	129,503 (30.7)	225,993 (24.2)
	>400%	386,058	172,122	230,832	58,710 (34.1)	96,960	181,215	84,255 (86.9)	142,965 (53.1)

*Includes Washington, D.C.

Note: TRIM3 eligibility estimates use unadjusted weights from the public-use CPS-ASEC for CY 2017 and CY 2018 and the Census Bureau's alternative weights for CY 2019. Eligibility estimates include months in which children are eligible solely due to existing CE policies. Estimates include individuals ages 19-20 covered by their state's Medicaid program. Due to rounding, sub-groups may not add up to totals and percentages may not add up to 100 percent. The data on monthly income relative to poverty compare the family's MAGI to the federal poverty guidelines.

Selected demographic characteristics and income of children gaining at least 1 month of Medicaid or CHIP eligibility under the 12-month CE policy are presented in Table 2. In total, an estimated 1.3 million children will become eligible for at least one additional month of Medicaid or CHIP coverage. An estimated 733,000 (54.3 percent) of these children live in states with no prior CE policy. Most of the children gaining at least one month of Medicaid or CHIP eligibility are non-Hispanic White (56.9 percent); ages 6-20 (64.8 percent); and have family incomes between 138 to 250 percent of FPL (39.6 percent) or 250 to 400 percent of FPL (38.4 percent). The states with the largest number of children projected to gain at least one month of eligibility are Texas (a partial CE policy state in 2023) and Arizona (a no CE policy state in 2023), where 201,000 and 110,000 children, respectively, are estimated to gain at least one month of eligibility for Medicaid or CHIP (Appendix Table 2).

Table 2: Projected Number of Children who will Gain at Least One Month of Medicaid or CHIP Eligibility in States with Partial or No CE Policies as of January 2023

		Partial CE (n=10 states)	No CE (n=18 states*)	Partial or No CE (n=28 states)
		Any Increase in Eligibility # (% of Total)	Any Increase in Eligibility # (% of Total)	Any Increase in Eligibility # (% of Total)
Total:		616,799	732,886	1,349,684
Race and Ethnicity	**White, non-Hispanic**	315,862 (51.2)	451,944 (61.7)	767,806 (56.9)
	Black, non-Hispanic	79,135 (12.8)	63,430 (8.7)	142,566 (10.6)
	AAPI, non-Hispanic	30,409 (4.9)	29,177 (4.0)	59,587 (4.4)
	Other/multiple, non-Hispanic	29,423 (4.8)	52,114 (7.1)	81,537 (6.0)
	Hispanic	161,968 (26.3)	136,221 (18.6)	298,189 (22.1)
Age	**Infants <1 year**	66,754 (10.8)	58,095 (7.9)	124,848 (9.3)
	1-5 years	159,718 (25.9)	190,015 (25.9)	349,733 (25.9)
	6-20 years	390,327 (63.3)	484,776 (66.1)	875,103 (64.8)
Monthly % of Federal Poverty Level	**<100%**	0 (0)	0 (0)	0 (0)
	100-138%	62 (0)	1,525 (0.2)	1,587 (0.1)
	>138-250%	273,085 (44.3)	261,144 (35.6)	534,229 (39.6)
	>250-400%	216,250 (35.1)	301,678 (41.2)	517,927 (38.4)
	>400%	127,401 (20.7)	168,540 (23.0)	295,941 (21.9)

*Includes Washington, D.C.
Note: Estimates include individuals ages 19-20 covered by their state's Medicaid program. Due to rounding, sub-groups may not add up to totals and percentages may not add up to 100 percent. The data on monthly income relative to poverty compare the family's MAGI to the federal poverty guidelines.

DISCUSSION

Twelve-month CE reduces churn in between renewals due to fluctuations in family income or other changes that may cause children enrolled in Medicaid and CHIP to lose coverage. In 2023, nearly 18 million of the children enrolled in Medicaid or CHIP – roughly half of all children enrolled – lived in one of the 23 states that already had a 12-month CE policy in place as of January 2023. Expansion of 12-month CE to the remaining 28 states will mean that 17 million more children could have greater protection from coverage disruptions. The analysis presented in this paper estimates how this change will translate to increased months of Medicaid and CHIP eligibility. For reasons described in the Methods section, these estimates may understate the change in eligibility.

The effect of 12-month CE expansion on enrollment is limited by the fact that to benefit from 12-month CE a child must first be enrolled in Medicaid or CHIP. For a variety of reasons, the percentage of eligible children who are enrolled in Medicaid or CHIP varies considerably across states. The potential impact of 12-month CE will be greater in states that are more successful in enrolling eligible children and will be smaller in states where many eligible children remain uninsured. Medicaid and CHIP participation varies within states as well. The differences in the estimated impact of 12-month CE associated with race and ethnicity arise from several

factors including differences in state populations, Medicaid and CHIP participation, and distribution of income across enrolled populations.

A 12-month CE policy is projected to have less of an impact on average months of eligibility for children with lower family incomes (i.e., below 138 percent of FPL) as these children will likely remain eligible for Medicaid or CHIP even with large income fluctuations as the median income eligibility level for children in these programs was 255% of FPL as of January 2022. Rather, the projected gains in eligibility are driven by children in households with higher incomes, particularly incomes greater than 250 percent of FPL. This finding is consistent with Medicaid and CHIP income thresholds being much higher for children than for adults. Enrolled children at the higher end of income eligibility thresholds will experience greater enrollment stability (e.g., protections from fluctuations in household income) under a federal 12-month CE policy.

CONCLUSION

With national 12-month CE expansion, the number of children eligible for Medicaid and CHIP is estimated to increase by 3.5 percent in states that previously had partial or no CE policies for children as of January 2023. This increase in average monthly eligibility is driven by an estimated 1.3 million children becoming eligible for at least one additional month of Medicaid or CHIP coverage. Ultimately, the impact of any federal 12-month CE policy is dependent on state enrollment of Medicaid- and CHIP-eligible children as only enrolled children can benefit from CE expansion. ASPE will continue to monitor trends in child Medicaid and CHIP enrollment in the coming months, particularly as Medicaid and CHIP eligibility redeterminations continue to unfold following the end of the Medicaid continuous enrollment condition.

APPENDICES

Appendix Table 1: Projected Average Monthly Medicaid and CHIP Eligibility Gains in States with Partial or No CE Policies as of January 2023 (Baseline vs. Policy Alternative)

	State CE Policy as of January 2023	Average Monthly Eligibility, Baseline #	Average Monthly Eligibility, Alternative #	Absolute Change (% Change)
Total (28 States)	**Partial or None**	**17,123,679**	**17,719,521**	**595,842 (3.5)**
Sub-Total (10 states)	**Partial**	**9,878,213**	**10,145,823**	**267,610 (2.7)**
Sub-Total (18 States)	**None**	**7,245,465**	**7,573,697**	**328,232 (4.5)**
Arizona	None	683,147	732,931	49,784 (7.3)
Arkansas	Partial	348,641	356,379	7,739 (2.2)
Connecticut	None	292,269	308,882	16,613 (5.7)
Delaware	Partial	75,677	77,967	2,290 (3.0)
District of Columbia	None	70,582	71,731	1,149 (1.6)
Florida	Partial	2,159,450	2,175,546	16,096 (0.7)
Georgia	None	1,217,943	1,256,187	38,244 (3.1)
Hawaii	None	143,920	148,186	4,267 (3.0)
Indiana	Partial	656,454	692,081	35,627 (5.4)
Kentucky	None	483,390	496,180	12,790 (2.6)
Maryland	None	479,674	501,059	21,384 (4.5)
Massachusetts	None	520,196	541,653	21,456 (4.1)
Minnesota	None	604,646	637,003	32,357 (5.4)
Missouri	None	566,834	592,955	26,121 (4.6)
Nebraska	None	181,004	191,803	10,800 (6.0)
Nevada	Partial	295,104	308,686	13,582 (4.6)
New Hampshire	None	98,400	105,404	7,004 (7.1)
New Jersey	Partial	718,027	735,546	17,519 (2.4)
Oklahoma	None	499,178	522,693	23,515 (4.7)
Pennsylvania	Partial	1,168,821	1,208,600	39,778 (3.4)
Rhode Island	None	87,784	90,350	2,567 (2.9)
South Dakota	None	87,576	93,094	5,518 (6.3)
Tennessee	Partial	701,234	728,250	27,016 (3.9)
Texas	Partial	3,477,863	3,568,061	90,198 (2.6)
Utah	Partial	276,942	294,707	17,765 (6.4)
Vermont	None	67,943	70,841	2,898 (4.3)
Virginia	None	611,342	639,526	28,184 (4.6)
Wisconsin	None	549,637	573,219	23,581 (4.3)

Note: Due to rounding, sub-groups may not add up to totals.

Appendix Table 2: Projected Number of Children who will Gain at Least One Month of Medicaid or CHIP Eligibility in States with Partial or No CE Policies as of January 2023

	State CE Policy as of January 2023	Children with Any Increase in Eligibility #
Total (28 States)	**Partial or None**	**1,349,684**
Sub-Total (10 States)	**Partial**	**616,797**
Sub-Total (18 States)	**None**	**732,886**
Arizona	None	109,689
Arkansas	Partial	15,650
Connecticut	None	43,563
Delaware	Partial	5,369
District of Columbia	None	2,726
Florida	Partial	71,401
Georgia	None	83,465
Hawaii	None	9,850
Indiana	Partial	73,034
Kentucky	None	26,564
Maryland	None	46,590
Massachusetts	None	42,156
Minnesota	None	82,058
Missouri	None	64,878
Nebraska	None	21,884
Nevada	Partial	34,306
New Hampshire	None	14,034
New Jersey	Partial	36,884
Oklahoma	None	51,569
Pennsylvania	Partial	84,820
Rhode Island	None	6,525
South Dakota	None	11,851
Tennessee	Partial	57,712
Texas	Partial	200,892
Utah	Partial	36,729
Vermont	None	5,851
Virginia	None	58,854
Wisconsin	None	50,779

Note: Due to rounding, sub-groups may not add up to totals.

REFERENCES

[1] Consolidated Appropriations Act, 2023, Pub. L. No. 117-328. Congress.gov. Enacted December 29, 2022. Accessed at: https://www.congress.gov/117/plaws/publ328/PLAW-117publ328.pdf

[2] Centers for Medicare & Medicaid Services. State Health Official Letter #23-004 RE: Section 5112 Requirement for all States to Provided Continuous Eligibility to Children in Medicaid and CHIP under the Consolidated Appropriations Act, 2023. Published September 29, 2023. Accessed at: https://www.medicaid.gov/sites/default/files/2023-09/sho23004.pdf

[3] Balanced Budget Act of 1997, Pub. L. No. 105-33. GovInfo.gov. Enacted August 5, 1997. Accessed at: https://www.govinfo.gov/content/pkg/PLAW-105publ33/pdf/PLAW-105publ33.pdf

[4] Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10). Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Published April 12, 2021. Accessed at: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199881/medicaid-churning-ib.pdf

[5] Kids Count Data Center. Children who have health insurance by health insurance type in United States. The Annie E. Casey Foundation. Updated November 2023. Accessed at: https://datacenter.aecf.org/data/bar/10183-children-who-have-health-insurance-by-health-insurance-type?loc=1&loct=1#1/any/false/1095/4847,4848,4849,4153,2807,2811/19707

[6] Cohen RA, Martinez ME. Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2023. National Center for Health Statistics. Published December 2023. Accessed at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202312.pdf

[7] Keisler-Starkey K, Bunch LN, Lindstrom RA. Health Insurance Coverage in the United States: 2022. U.S. Census Bureau. Published September 2023. Accessed at: https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-281.pdf

[8] Brooks T, Gardner A, Osorio A, Tolbert J, Corallo B, Ammula M, Moreno S. Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey. KFF.org. Published March 16, 2022. Accessed at: https://www.kff.org/report-section/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey-report/

[9] Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level. KFF.org. Accessed at: https://www.kff.org/affordable-care-act/state-indicator/medicaid-and-chip-income-eligibility-limits-for-children-as-a-percent-of-the-federal-poverty-level/

[10] Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10). Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Published April 12, 2021. Accessed at: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199881/medicaid-churning-ib.pdf

[11] Medicaid and CHIP Learning Collaboratives. Coverage Learning Collaborative: Medicaid and CHIP Renewals and Redeterminations. Medicaid.gov. Published January 13, 2021. Accessed at: https://www.medicaid.gov/resources-for-states/downloads/renewals-redeterminations.pdf

[12] Bania N, Leete L. Income volatility and food insufficiency in U.S. low-income households, 1992-2003. Institute for Research on Poverty. Published April 2007. Accessed at: https://www.proquest.com/reports/income-volatility-food-insufficiency-u-s-low/docview/1820732826/se-2

[13] Western B, Bloome D, Sosnaud B, Tach LM. Trends in Income Insecurity Among U.S. Children, 1984-2010. Demography. 2016;53(2):419-447. doi:10.1007/s13524-016-0463-0

[14] Morris PA, Hill HD, Gennetian LA, Rodrigues C, Wolf S. Income Volatility in U.S. Households with Children: Another Growing Disparity between the Rich and the Poor? Institute for Research on Poverty. Published July 2015. Accessed at: https://www.irp.wisc.edu/wp/wp-content/uploads/2018/05/dp142915.pdf

[15] Hannagan A, Morduch J. Income Gains and Month-to-Month Income Volatility: Household Evidence from the US Financial Diaries. NYU Wagner Research Paper No. 2659883, US Financial Diaries Working Paper, 2015. Published September 2015. Accessed at: http://dx.doi.org/10.2139/ssrn.2659883

[16] Acs G, Loprest P, Nichols A. Risk and Recovery: Understanding the Changing Risks to Family Incomes. Low-Income Working Families, Paper 14. The Urban Institute. Published October 2009. Accessed at: https://webarchive.urban.org/uploadedpdf/411971_risk_and_recovery.pdf

[17] Shore-Sheppard LD. Income dynamics and the Affordable Care Act. Health Serv Res. 2014;49 Suppl 2(Suppl 2):2041-2061. doi:10.1111/1475-6773.12245

[18] Medicaid and CHIP Payment and Access Commission. An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP. MACPAC.gov. Published October 2021. Accessed at: https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf

[19] Balanced Budget Act of 1997, Pub. L. No. 105-33. GovInfo.gov. Enacted August 5, 1997. Accessed at: https://www.govinfo.gov/content/pkg/PLAW-105publ33/pdf/PLAW-105publ33.pdf

[20] Brooks T, Gardner A, Yee P, Tolbert J, Corallo B, Moreno S, Ammula M. Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision. KFF.org. Published April 4, 2023. Accessed at: https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/

[21] Brantley E, Ku L. Continuous Eligibility for Medicaid Associated With Improved Child Health Outcomes. Med Care Res Rev. 2022;79(3):404-413. doi:10.1177/10775587211021172

[22] Medicaid and CHIP Payment and Access Commission. An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP. MACPAC.gov. Published October 2021. Accessed at: https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf

[23] Brantley E, Ku L. Continuous Eligibility for Medicaid Associated With Improved Child Health Outcomes. Med Care Res Rev. 2022;79(3):404-413. doi:10.1177/10775587211021172

[24] Medicaid and CHIP Payment and Access Commission. An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP. MACPAC.gov. Published October 2021. Accessed at: https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf

[25] Williams E, Corallo B, Tolbert J, Burns A, Rudowitz R. Implications of Continuous Eligibility Policies for Children's Medicaid Enrollment Churn. KFF.org. Published December 21, 2022. Accessed at: https://www.kff.org/medicaid/issue-brief/implications-of-continuous-eligibility-policies-for-childrens-medicaid-enrollment-churn

[26] Olson LM, Tang SF, Newacheck PW. Children in the United States with discontinuous health insurance coverage. N Engl J Med. 2005;353(4):382-391. doi:10.1056/NEJMsa043878

[27] Cassedy A, Fairbrother G, Newacheck PW. The impact of insurance instability on children's access, utilization, and satisfaction with health care. Ambul Pediatr. 2008;8(5):321-328. doi:10.1016/j.ambp.2008.04.007

[28] Olson LM, Tang SF, Newacheck PW. Children in the United States with discontinuous health insurance coverage. N Engl J Med. 2005;353(4):382-391. doi:10.1056/NEJMsa043878

[29] Yu J, Harmon JS, Hall AG, Duncan RP. Impact of Medicaid/SCHIP disenrollment on health care utilization and expenditures among children: a longitudinal analysis. Med Care Res Rev. 2011;68(1):56-74. doi:10.1177/1077558710374620

[30] Smith PJ, Stevenson J, Chu SY. Associations between childhood vaccination coverage, insurance type, and breaks in health insurance coverage. Pediatrics. 2006;117(6):1972-1978. doi:10.1542/peds.2005-2414

[31] Olson LM, Tang SF, Newacheck PW. Children in the United States with discontinuous health insurance coverage. N Engl J Med. 2005;353(4):382-391. doi:10.1056/NEJMsa043878

[32] Gushue C, Miller R, Sheikh S, et al. Gaps in health insurance coverage and emergency department use among children with asthma. J Asthma. 2019;56(10):1070-1078. doi:10.1080/02770903.2018.1523929

[33] Brooks T, Gardner A, Yee P, Tolbert J, Corallo B, Moreno S, Ammula M. Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision. KFF.org. Published April 4, 2024. Accessed at: https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision-tables/

[34] Families First Coronavirus Response Act, Pub. L. No. 116-127. Congress.gov. Enacted March 18, 2020. Accessed at: https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf

[35] Center for Medicaid and CHIP Services. October 2023 Medicaid and CHIP Enrollment Trends Snapshot. Centers for Medicare & Medicaid Services. Published October 2023. Accessed at: https://www.medicaid.gov/sites/default/files/2024-01/october-2023-medicaid-chip-enrollment-trend-snapshot.pdf

[36] Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels. Medicaid.gov. Accessed at: https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html

[37] Health Care Financing Review/2007 Statistical Supplement: Glossary. Centers for Medicare & Medicaid Services. Accessed at: https://www.cms.gov/research-statistics-data-and-systems/research/medicaremedicaidstatsupp/downloads/07glossary.pdf

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ABOUT THE AUTHORS
Caroline Hogan is an ORISE Fellow in the Office of Health Policy in ASPE.
Eden Volkov is an Economist in the Office of Health Policy in ASPE.
Christie Peters is the Director of the Division of Health Care Access and Coverage for the Office of Health Policy in ASPE.
Nancy De Lew is the Associate Deputy Assistant Secretary of the Office of Health Policy in ASPE.
Thomas Buchmueller is the Deputy Assistant Secretary of the Office of Health Policy in ASPE.

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