

covering connecticut's kids & families

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UNINSURED CHILDREN IN CONNECTICUT: 2002

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Recently, the US Census Bureau reported that an estimated 71,000 children under 18 in Connecticut were uninsured for the entire year in 2002. This number represents 8.1 percent of all Connecticut children.¹ Even though the number and percentage of uninsured children appears to be higher than in 2001, the difference is not significant

UNINSURED CHILDREN <18 IN CONNECTICUT

YEAR	NUMBER	PERCENT
2002	71,000	8.1%
2001	63,000	7.7%
2000	57,000	6.8%
1999	81,000	8.9%
1998	85,000	10.1%
1997	93,000	10.9%

Source: US Census Bureau, Table HI-5, 2003.

As was seen in national data, a slight decline in employment-based private health insurance in Connecticut (73.2% covered in 2002, down from 77.0% in 2001; change is not statistically significant) was partly offset by an increase in coverage in Medicaid (HUSKY A) or Connecticut's State Children's Health Insurance Program (SCHIP; HUSKY B) (17.5% covered in 2002, up from 14.1% in 2001).

Uninsured Children in Low Income Families

In 2002, an estimated 243,000 Connecticut children under 19 lived in families with income at or below 200% of the federal poverty level (\$30,522 annual income for family of 3; \$36,801 for family of 4). The proportion of children living in low income families was 27.9 percent.

In 2000-2002, an estimated 39,000 of these children (16.0%) were uninsured. This rate is down from 17.6% in 1999-2001 and 18.4% in 1998-2000 and considerably below the rate for 1997-1999 (23.1%)

Comparison with US Rates

In 2002, the uninsured rates for all US children and for US children in low income families were higher than rates for Connecticut children.

In 2002, an estimated 8.5 million US children under 18 were uninsured. The proportion of US children who were uninsured (11.6%) was essentially unchanged from the previous year. An increase in Medicaid and SCHIP coverage for children offset a decline in employer-sponsored insurance coverage for children. Nearly one in four US children was covered by Medicaid or SCHIP.

Children who were more likely to be uninsured were:

- 12 to 17 years old (12.9%), compared with younger children;
- Hispanic (22.7%), compared with non-Hispanic white (7.8%) and non-Hispanic black children (13.9%);
- Poor (28.5%) or near poor (22.2%), compared with children living in higher income families.²

Comparable data by age and race/ethnicity are not available for Connecticut children.

In 2000-2002, the proportion of uninsured US children under 19 in low income families (at or below 200% of the federal poverty level) was 7.5 percent, essentially unchanged from the previous three-year period.

Community-Level Estimates of Uninsured Children

Neither the Census Bureau nor other sources of Connecticut-specific data on the uninsured (2001 survey by the Office for Health Care Access, annual Behavioral Risk Factor Surveillance System data, Connecticut data from 2001 National Survey of Children with Special Health Care Needs) provide local estimates of the number or proportion of uninsured children.

For community-level estimates of the uninsured, state-level estimates can serve as a point of reference against which local socioeconomic conditions (employment and unemployment trends, population trends, differences in the distribution of children by age and race/ethnicity, presence of immigrant groups) can be considered contributors to rates that are likely to be higher or lower than the state rate. For example, the uninsured rate is likely to be higher in a town with a relatively large population of Hispanic residents or a town whose residents are mainly employees of small businesses or service providers that do not typically offer employer-sponsored health insurance.

Effect of Changes to the HUSKY Program

In the past year, acting on recommendations from the Governor, the Connecticut General Assembly enacted changes in the HUSKY program that are likely to affect the number of uninsured children and parents in Connecticut. The following changes have already taken effect:

- **Elimination of continuous eligibility**, a feature of the HUSKY program that protected coverage for one year for children in families with fluctuating income (effective 4/1/03);
- **Elimination of presumptive eligibility**, a program feature that allowed for same-day coverage of needed health care for children who would probably be eligible once paperwork is processed (effective 7/1/03);
- **Elimination of eligibility for most legal immigrants** who have been in the US for less than 5 years, a program feature that provided state-funded coverage in order to protect the health of immigrant children and the communities in which they live (applies to families who apply for HUSKY coverage after 6/30/03);
- **Reduction of income eligibility level from 150% to 100% of the federal poverty level for parents or caretaker relatives**, a feature of the HUSKY program that had undoubtedly contributed to increased enrollment of eligible children (effective 4/1/03).

In addition, the following changes will be implemented, depending on federal approval of state plan amendments and waivers that the Department of Social Services has been directed to prepare and

submit to the Centers for Medicaid and Medicare Services:

- **Premiums for coverage of children, pregnant women, and parents** living in families with income over 50% FPL (\$7,630 annual income for family of 3; \$9,201 annual income for family of 4) (requires waiver);
- **Co-payments for preventive care and other medical services (up to \$3 per visit) and prescriptions (\$1.50 per prescription) for children, pregnant women, and adults in Medicaid (HUSKY A)** (requires waiver for children and pregnant women);
- **Increase in premiums for coverage of all children in HUSKY B** (requires state plan amendment);
- **Elimination of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program**, a feature that ensures access to well-child care and all medically necessary services for low income children who are at greater risk for health problems (requires waiver).

Policy makers, providers, and advocates who are interested in the effect of these changes on health insurance status should monitor family experiences and socioeconomic conditions in Connecticut and their communities. Annual reports on the uninsured from the US Census Bureau are issued September 30 each year.

¹ Mills RJ, Bhandari S. Health insurance coverage in the United States: 2002. Washington, DC: US Census Bureau, September 2003. www.census.gov Limitations: small sample size in small state produces relatively large confidence interval around the estimate, especially for subpopulations; respondents may be confused about time period (full 12 months of the calendar year v. part year v. point-in-time); respondents may be confused about type of coverage (Medicaid v. Title XIX v. HUSKY A v. health plan name); typically produces an underestimate of Medicaid participation; questions can change from year to year. CPS data do not provide any information about the number or percentage of persons who were underinsured or uninsured for part of the year.

² Poor: income <100% FPL; near poor: income 100% to <125% FPL.