King v. Burwell, CHIP, and Medicaid

What Lies Ahead for Children's Health Coverage?

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In Brief

The coming months will be important in determining the framework for children's health insurance coverage. The future availability of tax credits for marketplace coverage under the Affordable Care Act (ACA) in the 34 states that do not have a state-based marketplace (SBM) is in the hands of the Supreme Court, while the fate of the Children's Health Insurance Program (CHIP) and future Medicaid coverage for children rests with Congress. This brief projects the impacts of the discontinuation of separate CHIP and Medicaid coverage for children with incomes above 138 percent of the federal poverty level (FPL) and of marketplace tax credits in states without SBMs that rely on the federally facilitated marketplace (FFM).

If marketplace tax credits continue for residents of states that rely on the FFM, but separate CHIP coverage is eliminated, we project that an additional 1.1 million children would be uninsured. If, in addition, Congress removes the requirement that states maintain their current eligibility for children and states also discontinue Medicaid coverage for children with incomes above 138 percent of FPL, another 800,000 children would be uninsured. Altogether, if Medicaid and CHIP coverage are discontinued for children with incomes above 138 percent of the FPL, an additional 2.0 million children would be uninsured relative to what would prevail if the ACA continued as currently implemented.

If, instead, marketplace tax credits are eliminated for residents of states that rely on the FFM, and separate CHIP coverage is also discontinued, 1.9 million more children would be uninsured nationwide in 2016 relative to the projected number of uninsured children under the ACA as currently implemented. Coverage for children would be most affected in the 26 states that have separate CHIP programs but that do not have an SBM. We find that almost three-quarters (i.e., 73.6 percent) of the additional uninsured children live in one those 26 states.

If marketplace tax credits were eliminated in states without an SBM and all states limited Medicaid and CHIP eligibility to children with incomes below 138 percent of FPL, we find that 3.3 million additional children would be uninsured relative to the projected number of uninsured children under the ACA as currently implemented.

The combination of the discontinuation of tax credits in states without state-based marketplaces and the elimination of separate CHIP coverage would result in an additional 1.9 million uninsured children nationwide in 2016. Up to 3.3 million children could become uninsured if states are also allowed to scale back coverage of Medicaid for children to 138 percent of the federal poverty level.

Introduction

The coming months will be important for the future of children's health coverage. The availability of tax credits for marketplace coverage under the Affordable Care Act (ACA) in the more than 30 states that do not have a state-based marketplace (SBM) is in the hands of the Supreme Court while the fate of the Children's Health Insurance Program (CHIP) and Medicaid coverage for children with incomes above 138 percent of the federal poverty level (FPL) rests with Congress and the states.

In *King v. Burwell*, the Supreme Court is considering whether the federal government can provide financial assistance for health insurance premiums and cost sharing to low- and moderate-income families (i.e., with incomes between 100 and 400 percent of FPL)[1] if a state does not operate its own marketplace and instead relies on the federally facilitated marketplace (FFM) (Blumberg, Buettgens, and Holahan 2015). In prior analysis, Blumberg, Buettgens, and Holahan (2015) projected that an additional 8.2 million people would lose health coverage in 2016 if the Supreme Court finds for the plaintiff.

However, these estimates assume the continuation of separate CHIP and Medicaid coverage for children with incomes above 138 percent of FPL. Very few children are projected to be enrolled in subsidized marketplace plans if current Medicaid and CHIP eligibility levels are maintained for children because the median state has an upper limit on Medicaid and CHIP coverage of 255 percent of FPL, and just three states, Arizona, Idaho, and North Dakota, have thresholds below 200 percent of FPL (CMS 2014).

The CHIP, which was created in 1997 and reauthorized in 2009, had federal funding extended through FY 2015 under the ACA. In the absence of additional federal funding for CHIP, states would not be required to cover children with separate CHIP coverage once their federal funds are exhausted.

States would be required to continue covering children in Medicaid expansion CHIP programs, though they would receive a lower federal matching rate than under CHIP (MACPAC 2015). An estimated 3.7 million children in 36 states are estimated to be receiving coverage through a separate CHIP in 2016, 1.1 million of whom are projected to become uninsured if separate CHIP coverage is discontinued (Dubay, Buettgens, and Kenney 2015; MACPAC 2015). However, this estimate assumes that the ACA will continue with the availability of marketplace tax credits to families and children living in states that do not have a state-based exchange and the continuation of Medicaid coverage at current eligibility levels. Under the ACA, states were required to maintain their eligibility thresholds for children in Medicaid at 2010 levels until 2019 (the so-called maintenance of effort, or MOE). However, this provision may be rolled back as Congress considers reauthorizing CHIP (Park 2015).

This brief considers the implications for children's coverage of a Supreme Court finding for the plaintiff under *King*, the discontinuation of separate CHIP coverage, and the removal of the MOE, separately and in combination. We provide estimates for the nation as a whole and for four groups of states that are differentially affected depending on whether they have a state-based exchange or separate CHIP coverage. Under a worst-case scenario for children's coverage—in which the Supreme Court rules for the plaintiff in *King v. Burwell* and states discontinue Medicaid and CHIP coverage for children above 138 percent of FPL—an estimated 3.3 million children would become uninsured. Children in families with incomes between 138 and 200 percent of FPL would be most affected under this scenario and the rate of uninsurance for this group would rise to 27 percent.

Methodology

These estimates are derived using the Urban Institute's Health Insurance Policy Simulation Model–American Community Survey (HIPSM-ACS). The core data in the model are from the US Census Bureau's American Community Survey (ACS), which is an annual, state and nationally representative survey of 3 million US residents. To trend the data forward to 2013, Census Bureau estimates of individual state population growth from 2010 to 2013 are used. Census Bureau population projections are used to produce estimates through 2016. Additional information such as detailed firm size and unemployment compensation is incorporated into the model based on information from the Census Bureau's Current Population Survey (CPS). Health care use and spending are estimated for each individual for all the possible insurance types based on data from the Household Component of the Medical Expenditure Panel Survey (MEPS) and benchmarked to relevant standards for each type of insurance.

Under work for the Medicaid and CHIP Payment and Access Commission (MACPAC), HIPSM-ACS was enhanced with data provided by the Agency for Healthcare Research and Quality (AHRQ) to allow the modeling of offers and costs of employee-plus-one coverage and of the joint distribution of the employee and employer costs of employee-only, employee-plus-one, and family coverage. We used the enhanced model to project the impacts of discontinuing eligibility for separate CHIP programs and for reducing child eligibility for both Medicaid and CHIP to 138 percent of FPL. For purposes of this

analysis, we classified 38 states as having separate CHIP coverage (MACPAC 2015, table 1.A.3). Further information on the HIPSM-ACS methodology is available online (see Buettgens et al. 2013).

Marketplaces in which the federal government has taken on at least some of the responsibilities of administration are often referred to as federally facilitated marketplaces. For purposes of this analysis, we include 34 states as FFM states, encompassing those where the federal government has taken on complete responsibility (19), those with explicit agreements with the federal government where the state takes on some responsibilities but not others (7), and states without explicit agreements but where the state takes on some responsibilities such as plan management nonetheless (8). We do not include states that had created the legal framework for an SBM but for which technical problems led to use of the federal information technology system (HealthCare.gov).

The estimates provided here build on the analyses conducted for a series of earlier Urban Institute reports on the impact of *King v. Burwell* that were estimated using the version of the HIPSM based on the Current Population Survey (CPS) (Blumberg, Buettgens, and Holahan 2015). We used three key results from our previous analysis of *King v. Burwell* in our HIPSM-ACS modeling of the impact on children's coverage of a loss of marketplace tax credits in FFM states from this earlier research: of the 8.2 million additional uninsured, 730,000 would be children age 18 and under,[2] assuming no change in child eligibility for Medicaid or CHIP; the increase in non-group premiums; and the price elasticity of private health coverage for families with children eligible for subsidized marketplace coverage under the current ACA. We then model the further implications of the discontinuation of separate CHIP coverage and the MOE for children, using the methods we applied in the research conducted for MACPAC (MACPAC 2015).

Importantly, states could make a number of choices in response to the discontinuation of additional federal funding for CHIP and the removal of the MOE. With no additional federal funding for separate CHIP coverage, states could move children covered by separate CHIP programs into the Medicaid program and continue to cover them with the lower Medicaid matching rate. Alternatively, states could eliminate their separate CHIP program and thereby reduce eligibility for children. Still other states, such as California and New Hampshire, who have recently moved children from their separate CHIP program into the Medicaid program, may be able to move them back into a separate CHIP program and then eliminate coverage, though it is not clear whether that would be feasible. Likewise, if the MOE were discontinued, some states could choose to eliminate Medicaid and CHIP coverage for children above 138 percent of FPL (which might be an especially attractive option for states that currently receive the higher federal CHIP matching rate for much of that coverage), and others could choose to maintain eligibility. In this analysis, we do not predict which states would choose which option. Rather, we estimate the effects of all states eliminating coverage for children in separate CHIP programs if CHIP funding is discontinued and of all states eliminating Medicaid coverage for children above 138 percent of FPL if the MOE is discontinued. We do assume that states will continue providing Medicaid coverage to children ages 6 to 18 between 100 and 138 percent of FPL—the so-called stair-step children. If coverage for the stair-step children were also eliminated, an even larger increase in uninsured children would result than we are estimating.

We simulated how many uninsured children there would be in 2016 under seven scenarios (see table 2). The first scenario projects coverage for children under a baseline scenario without the ACA's expansion of Medicaid for adults, marketplace tax credits, and other ACA provisions such as the individual mandate, but with Medicaid and CHIP eligibility at current levels for children. The next three scenarios all assume the ACA is fully implemented with marketplace tax credits available in all states: the second scenario projects coverage under the ACA as fully implemented in 2016 based on 2014 state policy choices and with Medicaid and CHIP eligibility maintained at current levels for children; the third projects coverage under the ACA as fully implemented in 2016 without separate CHIP coverage; and the fourth projects the ACA as fully implemented in 2016 but without Medicaid or CHIP coverage for children above 138 percent of FPL. The final three scenarios model the discontinuation of marketplace tax credits in the FFM states combined with different levels of Medicaid and CHIP eligibility for children.

We provide estimates for the nation as a whole and for four different groups of states that are categorized based on whether they have a SBM or a FFM and whether they have any separate CHIP coverage. Table 1 shows the distribution of states across four categories: (1) separate CHIP and FFM, accounting for 55 percent of all children; (2) no separate CHIP and FFM, accounting for 11 percent of all children; (3) separate CHIP and SBM, accounting for 17 percent of all children; and (4) no separate CHIP and SBM, accounting for 18 percent of all children.

We also project the coverage impacts for children in different income groups under each of the seven scenarios. Children are grouped according to the modified adjusted gross income of their family: less than 138 percent of FPL, 138 to 200 percent of FPL, 200 to 400 percent of FPL, and over 400 percent of FPL.

Our analysis has a number of limitations. First, the rate of participation in the health insurance marketplaces is an important source of uncertainty in these estimates. Marketplace enrollment in FFM states among those eligible for tax credits increased 43 percent between the 2014 and 2015 open-enrollment periods based on enrollment data available as of February 15, 2015. Most analysts expect a further increase in enrollment during the remainder of 2015 and in the 2016 open-enrollment period, which is built into our 2016 enrollment projections. Marketplace participation is also important in estimating the impact of restricting CHIP or Medicaid eligibility.

Second, in forecasting to 2016, this analysis assumes that the economic picture and the structure of employer-sponsored health coverage remain constant. Improvements in the economy could result in fewer children being eligible and enrolled in Medicaid and CHIP, reducing the impact of cuts in eligibility. In contrast, trends in employer-sponsored insurance, such as increasing premiums and deductibles, may make Medicaid and CHIP coverage more attractive to families with eligible children, potentially understating the number of children who would become uninsured if eligibility were to be restricted. Third, income, insurance coverage, and premiums faced by families are subject to measurement and reporting errors.

TABLE 1

States by Type of Marketplace and CHIP Program

Federally Facilitated Marketplaces		State-Based Marketplaces	
Separate CHIP (55% of children)	**No separate CHIP (11% of children)**	**Separate CHIP (17% of children)**	**No separate CHIP (18% of children)**
Alabama	Alaska	Colorado	California
Delaware	Arizona	Connecticut	District of Columbia
Florida	Arkansas	Idaho	Hawaii
Georgia	Nebraska	Kentucky	Maryland
Illinois	New Hampshire	Massachusetts	Minnesota
Indiana	Ohio	Nevada	New Mexico
Iowa	Oklahoma	New York	Rhode Island
Kansas	South Carolina	Oregon	
Louisiana		Vermont	
Maine		Washington	
Michigan			
Mississippi			
Missouri			
Montana			
New Jersey			
North Carolina			
North Dakota			
Pennsylvania			
South Dakota			
Tennessee			
Texas			
Utah			
Virginia			
West Virginia			
Wisconsin			
Wyoming			

Source: Blumberg, Buettgens, and Holahan 2015 and MACPAC 2015

Finally, measurement error is inherent in our estimates of the number of children with separate CHIP and Medicaid coverage whose family incomes are above 138 percent of FPL. In particular, about 2.1 million children report being enrolled in Medicaid or CHIP but are not found eligible by our model. We could observe these ineligible reporters for a number of reasons. There are Medicaid eligibility pathways, notably for the medically needy, that are difficult to model completely from ACS data and for which we likely understate eligibility. In addition, the ACS reflects coverage at the point in time of the survey, whereas income is measured for the past year. It may be the case that some ineligible reporters were eligible for Medicaid at some point in the year, just not based on their annual income. We believe these seemingly ineligible children were at some point covered by Medicaid or CHIP, but we cannot determine the specific program in which they were enrolled. Consequently, we do not consider them in counts of people affected by changes in policy. This means, however, that our estimates may understate the number of children losing coverage if Medicaid and CHIP eligibility is lowered to 138 percent of FPL.

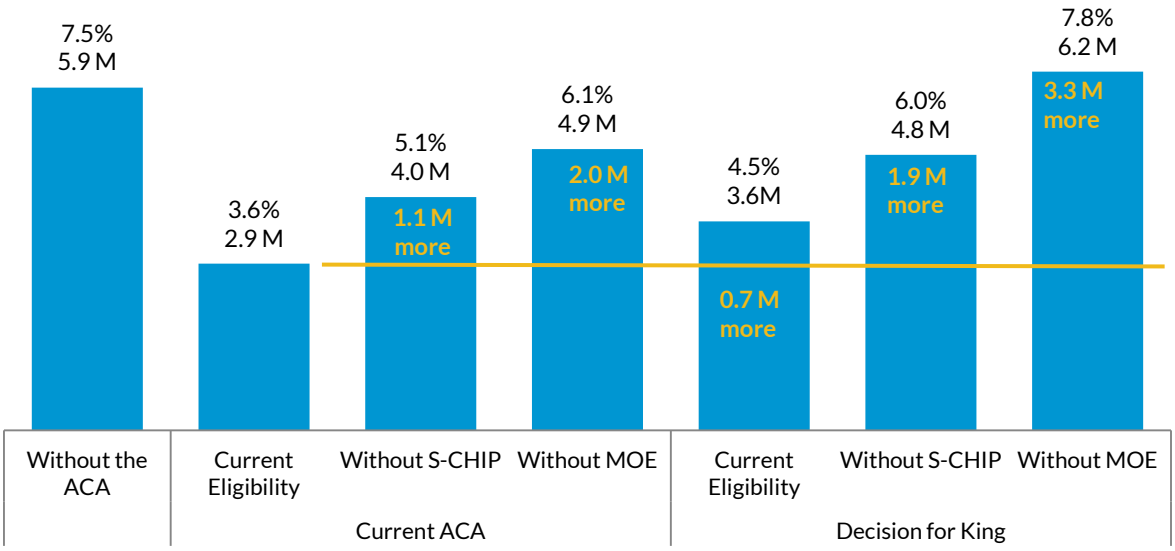
Results

The first scenario shows that if the ACA had never been implemented and eligibility for Medicaid and CHIP remained at current levels for children, 5.9 million children would be uninsured, accounting for 7.5 percent of all children (figure 1). With full implementation of the ACA by 2016 and if Medicaid and CHIP eligibility remained at current levels for children, the number of uninsured children would fall to 2.9 million, or 3.6 percent of all children. Without CHIP funding, 1.1 million children who would have been enrolled in separate CHIP programs would instead become uninsured, raising the number of uninsured children to 4.0 million and the uninsured rate to 5.1 percent. If no Medicaid or CHIP eligibility was available to children over 138 percent of FPL, an additional 828,000 children would become uninsured, that is, 6.1 percent or 4.9 million uninsured children in total.

FIGURE 1

Number of Uninsured Children and Child Uninsured Rate

In 2016 under Alternative ACA, CHIP, and MOE Scenarios



Source: Urban Institute analysis of the HIPSM-ACS enhanced with MEPS-IC data from the AHRQ.
Note: M = millions. Under the "Without S-CHIP" scenario, eligibility for separate CHIP program is eliminated in states that have such programs. Under the "Without MOE" scenario, Medicaid and CHIP eligibility above 138 percent of the federal poverty level is eliminated in all states.

Under a decision for the plaintiff in *King v. Burwell* where marketplace tax credits are no longer available in FFM states, there would be 730,000 more uninsured children compared to what would occur if the marketplace tax credits were available in those states, even if eligibility for Medicaid and CHIP was unchanged. The uninsured rate for children would rise to 4.5 percent, accounting for 3.6 million children. If in addition to a decision for the plaintiff in *King v. Burwell*, separate CHIP coverage

were discontinued, the number of uninsured children would increase to 4.8 million, constituting 6 percent of all children. If, in addition, MOE requirements go away and children above 138 percent of FPL are not eligible for Medicaid or CHIP, then 7.8 percent of all children, or 6.2 million children, would be uninsured. In particular, without Medicaid or CHIP eligibility for children above 138 percent of FPL and with a ruling for the plaintiff in *King v. Burwell*, there would actually be more uninsured children than if the ACA had never been implemented: 6.2 million uninsured children, or 7.8 percent of all children.

Not surprisingly, the states in which children's coverage is most at risk are the 26 FFM states with separate CHIP programs (figure 2 and table 2), where more than half of all children live nationwide. A ruling for the plaintiff in *King v. Burwell* would increase the insurance rate for children in these states from 3.9 to 5.2 percent. The combination of a ruling for the plaintiff and the discontinuation of federal CHIP funding would result in 7.1 percent of children in these states being uninsured. If the MOE was no longer required and states rolled back coverage for children to 138 percent of FPL, 8.9 percent of children in these states would be uninsured.

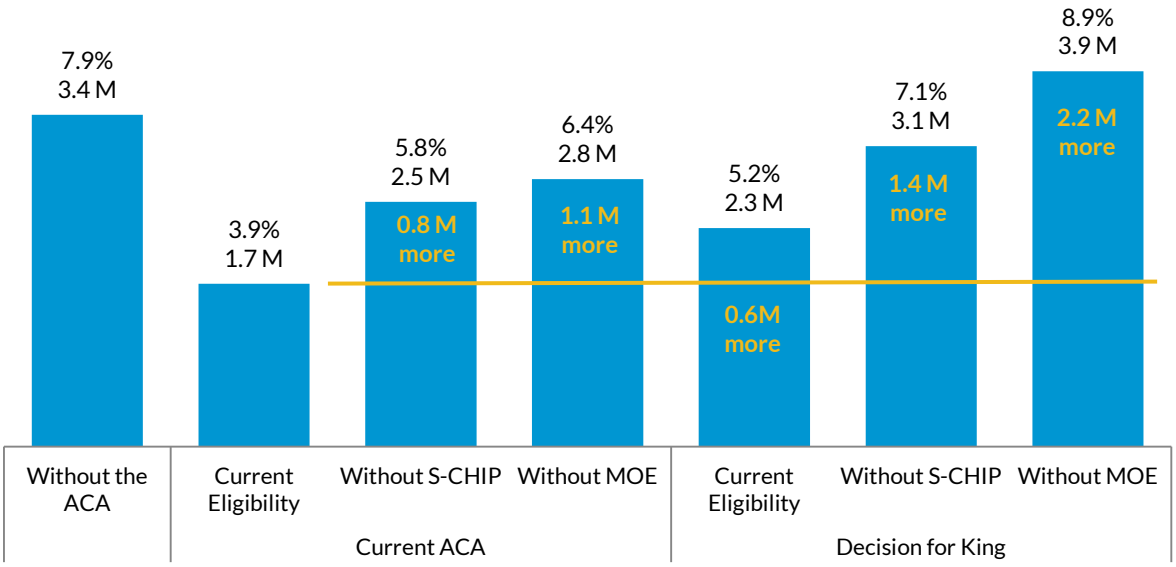
Children in families with incomes below 138 percent of FPL are expected to see the greatest gains in coverage under the ACA, with their uninsured rate going from 9.1 to 2.7 percent under the ACA as currently implemented because of the combination of the new outreach and enrollment efforts and expanded Medicaid eligibility for parents and new tax credits (table 3). Eligibility for Medicaid for children in this income group would not be affected by decisions on CHIP or Medicaid MOE since we assumed that stair-step children would continue to be covered up to 138 percent of FPL. Some children in families with incomes between 100 and 138 percent of FPL in states that have not expanded Medicaid or established SBMs would have parents losing eligibility for marketplace tax credits under a ruling for the plaintiff in *King v Burwell*. When parents are less likely to seek coverage for themselves, their children are less likely to be enrolled, particularly because these families would be exempt from the ACA's individual mandate. So the uninsurance rate of children with family incomes below 138 percent of FPL would increase slightly from 2.7 to 3.4 percent.

Children with family income between 138 and 200 percent of FPL have the most to lose with a contraction of Medicaid and CHIP eligibility and a discontinuation of marketplace tax credits (figure 3). Under the current ACA scenario, their uninsured rate is projected to drop by nearly half, from 10.2 to 5.4 percent relative to the scenario where the ACA was not implemented. If separate CHIP coverage were discontinued, the uninsurance rate for these children would increase from 5.4 to 13.1 percent. If, in addition, MOE requirements were removed, the rate of uninsurance for these children would increase to 20.4 percent. The loss of only marketplace tax credits would also hit this group particularly hard, and uninsurance rates for children would increase from 5.4 to 7.0 percent. Without tax credits in FFM states and with the discontinuation of separate CHIP coverage, the uninsured rate would climb to 14.6 percent. Without Medicaid or CHIP coverage for children above 138 percent of FPL and with no tax credits in the FFM states, 27.3 percent of children between 138 and 200 percent of FPL would be uninsured.

FIGURE 2

Number of Uninsured Children and Child Uninsured Rate for FFM States with Separate CHIP

In 2016 under Alternative ACA, CHIP, and MOE Scenarios



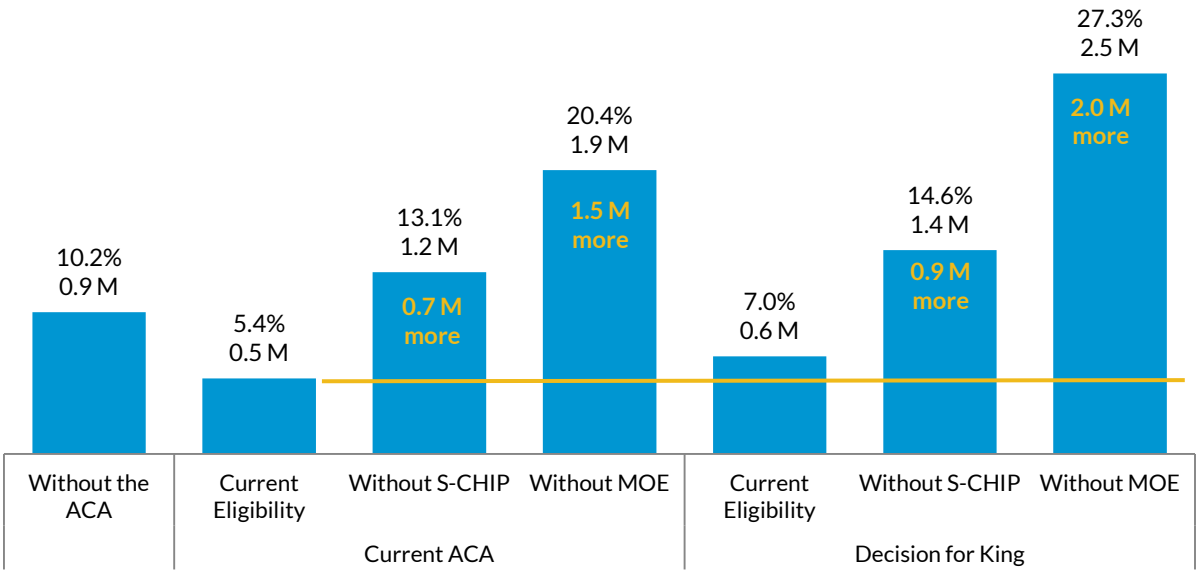
Source: Urban Institute analysis of the HIPSM-ACS enhanced with MEPS-IC data from the AHRQ.
Note: M = millions. Under the "Without S-CHIP" scenario, eligibility for separate CHIP programs is eliminated in states that have such programs. Under the "Without MOE" scenario, Medicaid and CHIP eligibility above 138 percent of the federal poverty level is eliminated in all states.

Children with family incomes between 200 and 400 percent of FPL are much less likely than lower-income children to be uninsured under each scenario, but their coverage is still sensitive to changes in eligibility for tax credits or public coverage (table 3). A decision for the plaintiff in *King v. Burwell* would result in an increase in the rate of uninsurance for these children from 3.5 to 5.2 percent (table 3). These children would also be affected by the discontinuation of CHIP funding, under which their uninsurance rate would increase to 5.6 percent and to 7.3 percent if marketplace tax credits were no longer available in FFM states. Higher-income children would see a modest reduction in their uninsured rate under the ACA, largely because of the individual mandate.

FIGURE 3

Number of Uninsured Children and Child Uninsured Rate for Family Income between 138 and 200 Percent of FPL

In 2016 under Alternative ACA, CHIP, and MOE Scenarios



Source: Urban Institute analysis of the HIPSM-ACS enhanced with MEPS-IC data from the AHRQ.
Note: M = millions; FPL = the federal poverty level.. Under the "Without S-CHIP" scenario, eligibility for separate CHIP programs is eliminated in states that have such programs. Under the "Without MOE" scenario, Medicaid and CHIP eligibility above 138 percent FPL is eliminated in all states.

Discussion

Health insurance coverage for low- and moderate-income children is at risk right now, given pending decisions on whether Congress will continue federal funding for CHIP and the requirement that states maintain Medicaid and CHIP eligibility for children and depending on how the Supreme Court rules in *King v. Burwell*. More than 70 percent of children in the United States live in states with a separate CHIP program. With the discontinuation of separate CHIP coverage, 1.1 million children currently enrolled in CHIP would become uninsured. This loss of coverage would be compounded if, in addition, marketplace tax credits were not available in FFM states. Under this circumstance, nearly 2 million children would become uninsured. If the MOE is no longer required for children above 138 percent of FPL, states have the option of cutting existing eligibility thresholds but are not required to do so. Unlike the case of discontinuation of CHIP funding, states would continue to get some federal matching funds if they left eligibility unchanged. If all states were to contract Medicaid and CHIP eligibility to 138 percent of FPL, then the expected gain in children's coverage associated with the ACA would largely be eliminated. If, in addition, premium tax credits were discontinued in FFM states, and Medicaid and CHIP

eligibility were to contract for children, the number of uninsured children could actually increase relative to the levels that have prevailed in recent years.

Each of these policy changes would have the greatest impact on children in families with incomes between 138 and 200 percent of FPL. Nearly half the children in this income group are projected to rely on public coverage from either Medicaid or CHIP under the ACA as currently implemented. With (1) the discontinuation of separate CHIP coverage and (2) the discontinuation of all Medicaid and CHIP coverage for children above 138 percent of FPL, the uninsurance rate for children in this income group would climb to 13.1 percent and 20.4 percent, respectively. If, in addition, tax credits were no longer available in FFM states, the uninsured rate for children in this income group would reach 27 percent, which would exceed the rate that prevailed for children with incomes between 100 and 200 percent of FPL when CHIP was enacted in 1997 (Rosenbaum and Kenney 2014).

States that use the federal exchange and have a separate CHIP program would see the greatest increase in uninsurance among children. The combination of a decision for the plaintiff in *King v. Burwell* and the discontinuation of separate CHIP coverage would result in a rise in uninsurance rates from 3.9 to 7.1 percent in these states. The rate of uninsurance would rise to 8.9 percent for children if, in addition, the MOE were removed.

In the event of a ruling in favor of the plaintiff in *King v. Burwell*, FFM states could preserve their tax credits and cost-sharing reductions by assuming responsibility for their marketplaces. As a practical matter, however, doing so would be extremely challenging for most of them. Even if a state's political leadership favors the creation of an SBM, substantial human and financial resources would be required to establish and operate it. The deadline for states to apply for federal grants to assist the development of SBMs expired in November 2014, so states would likely have to fund those start-up costs themselves.

Similarly, states could choose to cover children in separate CHIP programs under Medicaid and receive the Medicaid match for these children. This strategy would shift costs to the states, and some may choose instead to discontinue their coverage which would allow some children to enroll in marketplace coverage if marketplace tax credits were available or to enroll in employer-sponsored coverage if it is available. In both these circumstances, families who maintain coverage for their children would on average face higher cost sharing when using services as well as higher premium costs (Blye, Lerche, and Rustagi 2014).

Similarly, states could either maintain their Medicaid and Medicaid expansion CHIP programs or limit eligibility to 138 percent of FPL if the MOE is removed, with similar consequences for children and families. Alternatively, if states decide not to cover stair-step children, uninsurance rates would increase even more.

The ACA was designed to provide a streamlined process to enable families to obtain coverage, whether through Medicaid, CHIP, or the marketplaces. Our estimate of the increase in children's coverage from the ACA depends on the integration between the marketplaces and state Medicaid agencies and the procedures for redetermination and renewal being generally successful. Experience in

2014 was mixed. National surveys found little impact on children's coverage (Kenney et al. 2014) through September 2014, but individual states, such as Washington, saw increases in children's coverage consistent with our estimates (Washington State Caseload Forecast Council n.d.). Continued progress toward the goal of establishing a consumer-friendly "no wrong door" system is essential for realizing the ACA's potential for increasing health coverage among children.

The ACA under current law is expected to reduce the number of uninsured children by roughly half. However, these gains could be eroded or even reversed without the continued availability of premium tax credits and the maintenance of Medicaid and CHIP eligibility for children in all states. This is particularly true in the 26 FFM states that have separate CHIP programs and that are home to 55 percent of the nation's children.

TABLE 2

Number of Uninsured Children and Uninsured Rates by State Group

In 2016 under Alternative ACA, CHIP, and MOE Scenarios

			Federally Facilitated Marketplaces				State-Based Marketplaces			
	All States		S-CHIP states		No S-CHIP states		S-CHIP states		No S-CHIP states	
	Uninsured	Rate	Uninsured	Rate	Uninsured	Rate	Uninsured	Rate	Uninsured	Rate
Without the ACA	5,911,000	7.5%	3,433,000	7.9%	691,000	8.1%	767,000	5.8%	1,020,000	7.2%
Current ACA	2,876,000	3.6%	1,683,000	3.9%	320,000	3.7%	375,000	2.8%	498,000	3.5%
Without S-CHIP	4,024,000	5.1%	2,532,000	5.8%	320,000	3.7%	674,000	5.1%	498,000	3.5%
Without MOE	4,852,000	6.1%	2,766,000	6.4%	446,000	5.2%	782,000	5.9%	858,000	6.1%
ACA under *King*	3,605,000	4.5%	2,260,000	5.2%	472,000	5.5%	375,000	2.8%	498,000	3.5%
Without S-CHIP	4,752,000	6.0%	3,108,000	7.1%	472,000	5.5%	674,000	5.1%	498,000	3.5%
Without MOE	6,185,000	7.8%	3,881,000	8.9%	664,000	7.8%	782,000	5.9%	858,000	6.1%

Source: Urban Institute analysis of HIPSM-ACS enhanced with MEPS-IC data from the AHRQ.
Note: Under the "Without S-CHIP" scenario, eligibility for separate CHIP programs is eliminated in states that have such programs. Under the "Without MOE" scenario, Medicaid and CHIP eligibility above 138 percent of the federal poverty level is eliminated in all states.

TABLE 3

Number of Uninsured Children and Uninsured Rates by Income

In 2016 under Alternative ACA, CHIP, and MOE Scenarios

	All Incomes		Less than 138% of FPL		138–200% of FPL		200–400% of FPL		Over 400% of FPL	
	Uninsured	Rate	Uninsured	Rate	Uninsured	Rate	Uninsured	Rate	Uninsured	Rate
Without the ACA	5,911,000	7.5%	2,726,000	9.1%	939,000	10.2%	1,313,000	6.4%	933,000	4.8%
Current ACA	2,876,000	3.6%	818,000	2.7%	501,000	5.4%	720,000	3.5%	836,000	4.3%
Without S-CHIP	4,024,000	5.1%	818,000	2.7%	1,205,000	13.1%	1,164,000	5.6%	837,000	4.3%
Without MOE	4,852,000	6.1%	818,000	2.7%	1,881,000	20.4%	1,316,000	6.4%	837,000	4.3%
ACA under *King*	3,605,000	4.5%	1,015,000	3.4%	648,000	7.0%	1,071,000	5.2%	871,000	4.5%
Without S-CHIP	4,752,000	6.0%	1,015,000	3.4%	1,351,000	14.6%	1,514,000	7.3%	872,000	4.5%
Without MOE	6,185,000	7.8%	1,015,000	3.4%	2,522,000	27.3%	1,776,000	8.6%	872,000	4.5%

Source: Urban Institute analysis of HIPSM-ACS enhanced with MEPS-IC data from the AHRQ.
Note: FPL = the federal poverty level. Under the "Without S-CHIP" scenario, eligibility for separate CHIP programs is eliminated in states that have such programs. Under the "Without MOE" scenario, Medicaid and CHIP eligibility above 138 percent of FPL is eliminated in all states.

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Notes

1. Cost-sharing reductions are available for those with incomes below 250 percent of FPL, while financial assistance for health insurance premiums is available to those between 100 and 400 percent of FPL.
2. A finding from the underlying analysis not reported in the prior reports.

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