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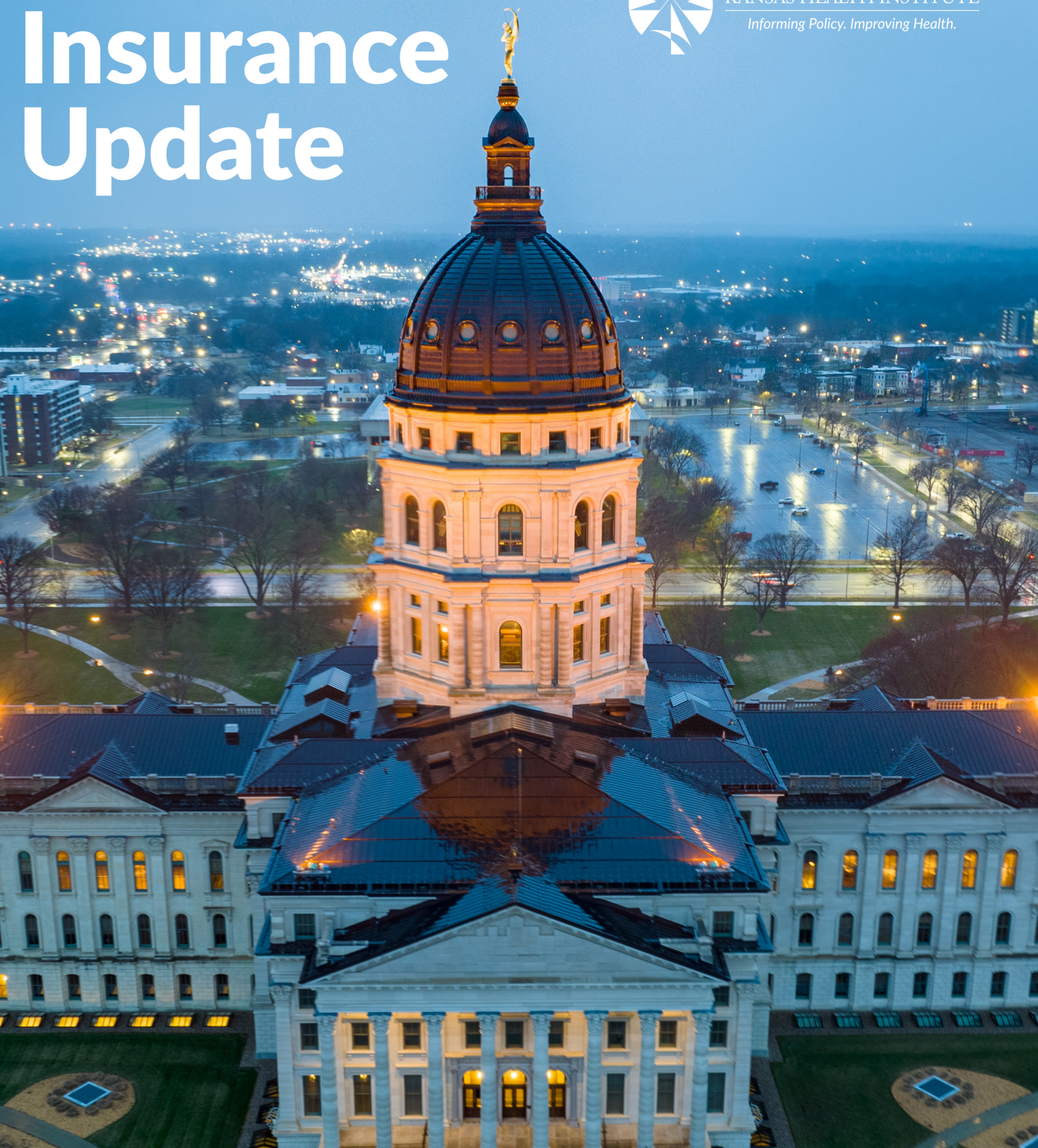
Annual Insurance Update

HEALTH INSURANCE IN KANSAS



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Annual Insurance Update 2023

HEALTH INSURANCE IN KANSAS

June 2023

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About this Report

The *Annual Insurance Update 2023* provides a comprehensive review of health insurance coverage in Kansas using the most recent data available. This report provides detailed information on the kinds of insurance coverage that Kansans have, groups that are more likely to remain uninsured, and trends in coverage since 2009 — the year prior to enactment of the Affordable Care Act (ACA). This is the first *Annual Insurance Update* that uses data collected after the COVID-19 pandemic began.

After providing a national perspective and an overview of health insurance coverage for all Kansans, the analyses in this report focus on Kansas adults age 19–64 and children age 0–18, because nearly all Kansans age 65 and older are covered by the federal Medicare program. Data are presented by population group of interest: age, race and ethnicity, family income and employment status. Appendices B and C provide definitions for sources of insurance coverage and these population groups of interest.

In the last section, the report provides county-level estimates on uninsured rates using the latest available data from the 2020 U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE). This report also provides county-specific Medicaid and Children’s Health Insurance Program (CHIP) enrollment in 2020 using data from the Kansas Department of Health and Environment (KDHE) KanCare beneficiary file extract.

This report uses 2009 through 2019 and 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files from the U.S. Census Bureau as the primary data source. The Census Bureau did not release its standard 2020 ACS 1-year PUMS data because of low response rates among several population groups due to the impacts of the COVID-19 pandemic. The ACS PUMS data are the most recent and comprehensive data available on insurance coverage in Kansas and across the U.S.

INTERPRETING THE DATA

Data from 2009–2019 and 2021 were analyzed to understand trends in health insurance coverage. The U.S. Census Bureau did not release its standard ACS PUMS data for 2020 due to low response rates among several population subgroups during the COVID-19 pandemic.

The Affordable Care Act (ACA) was enacted in 2010 and major insurance expansion provisions of the ACA were implemented in 2014. For the purposes of this report, the year 2009 will be used as the baseline year unless otherwise noted.

The 2021 PUMS data represented 2,896,361 Kansans not residing in institutions, providing accurate and robust state-level estimates of insurance coverage. In the survey question related to sources of health insurance coverage, respondents could report more than one kind of insurance coverage. All figures in this report use a standard hierarchy to report only the main coverage (see Appendix C, page C-2).

Definitions for population groups of interest — including age, race and ethnicity, family income and employment status — are provided in Appendix B (page B-1). Whenever possible, disaggregated data are used to show the impact on each group. When needed to enhance confidence around the estimates, subpopulation groups with small sample sizes are combined for analysis. For example, this report uses the CDC-preferred term “racial and ethnic minority groups” to describe people from three or more subgroups.

Due to rounding, some percentages may not add to subtotals or 100 percent. Differences specifically noted in the text are statistically significant at a p-value <0.05.

In addition to patterns and trends observed in the past decade, findings for 2021 in this report also reflect the potential impacts of the COVID-19 pandemic. Policy changes that maintained eligibility for Medicaid and CHIP enrollees during the pandemic and federal legislation that extended the special enrollment period and expanded financial assistance for ACA marketplace enrollees impacted insurance coverage. Uncertainties resulting from the economy also could have impacted the affordability of insurance coverage and health care and adverse outcomes associated with the pandemic could have changed people’s perceptions regarding an individual’s needs for accessing care and coverage.

More information on the data used in this report and other technical aspects of the analysis are available in the appendices. Icons are used in Sections 2, 3 and 4, in lieu of bullet points to:



= indicate key points related to the pie chart in the subsection,



= indicate key points related to the bar chart in the subsection, and



= indicate key points related to the trend chart in the subsection.

Executive Summary

Health insurance coverage provides financial protection against injury and illness and has increasingly been associated in research with improved health outcomes such as reduced mortality and increased self-reported well-being. Health insurance coverage is therefore an important tool for promoting the health of Kansans.

Health insurance coverage in Kansas has improved since the implementation of the Affordable Care Act (ACA) in 2010, but gains in coverage from the ACA have stalled since 2016. Nevertheless, the COVID-19 pandemic brought several changes not seen in the past decade. Between 2019 and 2021, the COVID-19 pandemic significantly affected health, employment and income in Kansas and around the country. The rate of employment-based coverage, which had been steady since 2016, declined between 2019 and 2021. The rate of public coverage, which had been steadily increasing in recent years, increased even more between 2019 and 2021 as policymakers maintained Medicaid and Children's Health Insurance Program (CHIP) eligibility for those enrolled. The rate of direct-purchase coverage reversed a declining trend since 2016 as federal legislation extended the special enrollment period and provided more generous tax credits to more people enrolled in ACA marketplace plans.

In 2021, the uninsured rate in Kansas (9.2 percent) surpassed the overall U.S. uninsured rate (8.6 percent). This marked the first time that Kansas experienced a higher uninsured rate compared to the national average. While the U.S. overall rate decreased, the Kansas uninsured rate remained unchanged. This *Annual Insurance Update 2023* provides information about insurance coverage in Kansas, highlights trends over the last decade and identifies groups that are experiencing disparities in coverage.

COVID-19 Impacts

During the COVID-19 pandemic, including calendar year 2021, health insurance coverage was retained or expanded through public policy changes. The

Families First Coronavirus Response Act of 2020 (FFCRA) mandated continuous Medicaid enrollment throughout the federal COVID-19 public health emergency for nearly all individuals enrolled in Medicaid on or after March 18, 2020, and also provided additional financial assistance to states that maintained this eligibility. The March 2021 COVID-19 relief legislation, the American Rescue Plan Act (ARPA), extended the special enrollment period that began on February 15, 2021, through August 15, 2021, and expanded the eligibility for ACA health insurance subsidies to those with income above 400 percent of the federal poverty level (FPL). ARPA also authorized states to extend postpartum coverage from 60 days to 12 months and made it possible for eligible individuals who chose COBRA continuation coverage to maintain that coverage without paying their monthly premiums for a period of six months, from April 1, 2021, through September 30, 2021.

In addition to public policies to retain or expand coverage, people's preferences for health insurance coverage may have changed during the public health emergency, although the direction of change was subjective. At the same time, there were concerns about the affordability of employment-based coverage and health care as the volatile economy brought uncertainties to small business communities and employment.

Uninsured Rate in Kansas

In 2021, more than a quarter million Kansans were uninsured, including 38,490 children and 227,624 adults. This translates to an overall uninsured rate in Kansas of 9.2 percent. The overall uninsured rate in Kansas decreased from 12.6 percent in 2009, to 8.4 percent in 2016, but steadily began increasing slightly each year. Kansas' uninsured rate was higher than the U.S. rate for the first time (9.2 percent for Kansas compared to 8.6 percent for the U.S.).

Kansas had enjoyed a long-standing edge over the U.S. in insurance coverage. But in 2021, that edge disappeared. Kansas had the 17th highest uninsured rate among states and Washington, D.C., in 2021, a slip of 13 positions from 2009, when

Kansas had a lower uninsured rate than the U.S. as a whole (12.6 percent compared to 15.1 percent).

Likewise, the uninsured rate in Kansas used to be similar to states that have since expanded Medicaid (12.6 percent for Kansas in 2009, compared to 13.6 percent for expansion states). However, in 2014, the year after major provisions of the ACA took effect in some states, the uninsured rate in Kansas was higher than in expansion states as a group (10.5 percent compared to 9.9 percent). The gap widened through 2021 (9.2 percent compared to 6.5 percent), as the uninsured rate for Kansas decreased only by 12.4 percent from 2014 to 2021, while the expansion states group decreased by one-third.

Still, many uninsured Kansans might have qualified for subsidized coverage but remained uninsured. Of the estimated 266,114 uninsured Kansans, 29,473 (11.1 percent) might have been eligible for Medicaid or CHIP even without expansion. Another 179,583 (67.5 percent) might have qualified for subsidies on the federally facilitated Kansas health insurance marketplace established by the ACA. If Kansas had expanded its Medicaid program to cover adults at or below 138 percent FPL, at least 72,355 uninsured Kansas adults age 19–64 would have become newly eligible for Medicaid.

Disparities in Insurance Coverage

Although insurance coverage has improved for Kansans overall, many disparities remain, especially for members of racial and ethnic minority groups and for low-income Kansans.

Compared to 2009, disparities in insurance coverage between racial and ethnic groups narrowed but still remained in 2021. Hispanic Kansans of all race groups were three times more likely to be uninsured than non-Hispanic White Kansans in 2021 (20.4 percent compared to 6.7 percent). Non-Hispanic Black Kansans were twice as likely to be uninsured as non-Hispanic White Kansans (15.1 percent compared to 6.7 percent). Other/multiple race Kansans were one and a half times more likely to be uninsured than non-Hispanic White Kansans (10.6 percent compared to 6.7 percent).

In 2009, Kansans with family income below the poverty level were eight times more likely to be uninsured than Kansans with income above 400 percent FPL (29.7 percent compared to 3.7 percent), and those with family income between 100 percent and 199 percent FPL were six times more likely to be uninsured than Kansans with income above 400 percent FPL (22.2 percent compared to 3.7 percent). Those gaps have narrowed, but disparities remain in 2021 (20.5 percent and 14.9 percent respectively, compared to 3.6 percent).

WHERE DOES KANSAS STAND IN INSURANCE COVERAGE?

- Prior to full implementation of the ACA, Kansas had an uninsured rate below the national average and similar to states that would later expand Medicaid; however, the advantage for Kansas has disappeared.
- In 2021, the uninsured rate in Kansas (9.2 percent) was higher than the U.S. overall rate (8.6 percent).
- The uninsured rate in Kansas (9.2 percent) was higher than the uninsured rate for all Medicaid expansion states combined (6.5 percent), but lower than the rate for all non-expansion states combined (12.6 percent).

HOW DO KANSANS GET INSURANCE COVERAGE?

- More than half (54.1 percent) of Kansans obtained their health insurance in 2021 through an employer. The percent of Kansans receiving health insurance through an employer has declined since 2009 when 57.1 percent had employment-based coverage.
- Employment-based coverage among young adults age 19 to 25 increased from 55.7 percent in 2009 to 63.4 percent in 2021, likely a result of remaining on their parents' employment-based insurance as allowed by the ACA. However, there was a drop in employment-based coverage for young adults between 2019 and 2021.

- Three in 10 (30.6 percent) Kansans had public coverage in 2021, primarily Medicare, Medicaid and CHIP, which was an increase from 23.9 percent in 2009.
- The percentage of Kansans who purchase insurance themselves through a broker or on the ACA marketplace (i.e., direct-purchase coverage) was 6.1 percent in 2021, which is statistically unchanged from 6.4 percent in 2009.

WHO ARE UNINSURED KANSANS?

- Most uninsured Kansans were in their prime working years. More than 4 in 10 (41.2 percent) were age 26–44, while nearly 3 in 10 (27.9 percent) were age 45–64.
- More than half (53.2 percent) of uninsured Kansans were non-Hispanic White, while nearly 3 in 10 (28.5 percent) were Hispanic, of any race.
- Nearly three-quarters (73.4 percent) of uninsured Kansans had income above the poverty line.
- More than 1 in 3 (35.9 percent) uninsured nonelderly adults in Kansas were employed full time, year round.

WHICH KANSANS ARE MORE LIKELY TO BE UNINSURED?

- While the overall uninsured rate for Kansans was 9.2 percent, it was 13.4 percent for nonelderly adults age 19–64, 5.2 percent for children age 0–18 and 0.4 percent for adults age 65 and older.
- Adults age 19–25 and 26–44 were 1.4 to 1.5 times more likely to be uninsured than those age 45–64 (14.6 percent, 15.6 percent and 10.7 percent, respectively).
- The ACA allowed young adults under age 26 to remain on their parents' insurance. The uninsured rate for young adults age 19–25 fell from 24.6 percent in 2009 to 14.6 percent in 2021.
- Hispanic Kansans of any race were three times more likely to be uninsured than non-

Hispanic White Kansans in 2021 (20.4 percent compared to 6.7 percent), while non-Hispanic Black (15.1 percent) and other/multiple race (10.6 percent) Kansans were 2.3 and 1.6 times more likely to be uninsured than non-Hispanic White Kansans.

- Kansans with family income below the poverty line were nearly 5.7 times more likely to be uninsured than those with income above 400 percent FPL (20.5 percent compared to 3.6 percent).
- For working Kansas adults age 19–64, part-time workers were 2.6 times more likely to be uninsured than were those working full time, year round (21.5 percent compared to 8.2 percent).

HOW DOES INSURANCE COVERAGE VARY ACROSS KANSAS COUNTIES?

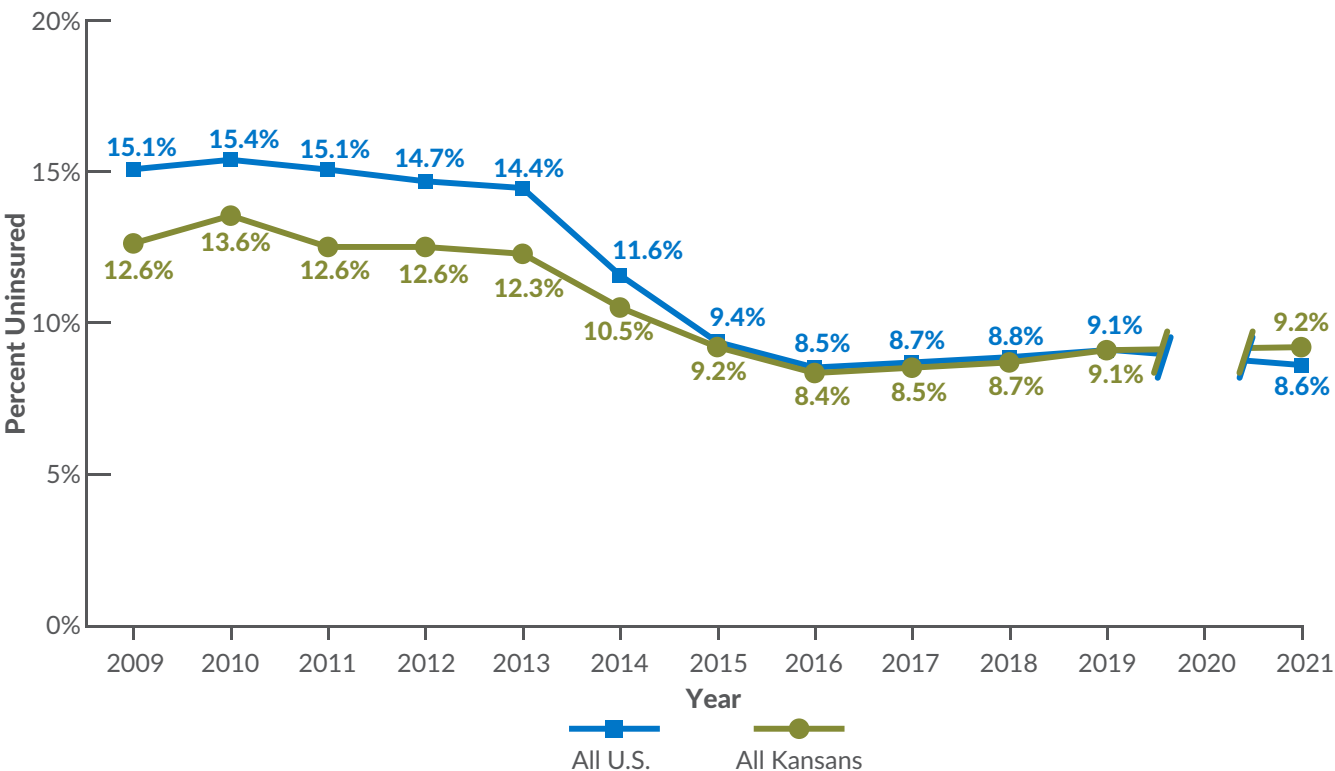
- There was a more than three-fold difference between Kansas counties with the highest and lowest uninsured rate for nonelderly adults: 26.4 percent in Seward County in Southwest Kansas and 7.2 percent in Johnson County in Northeast Kansas.
- Counties in Southwest Kansas generally had higher uninsured rates for nonelderly adults, while counties in Northeast Kansas generally had lower uninsured rates.
- The uninsured rate for nonelderly adults in Wyandotte County was more than two times higher than in neighboring Johnson and Leavenworth counties (20.1 percent, 7.2 percent and 9.9 percent, respectively).
- More than half of uninsured nonelderly adults (53.1 percent) and just under half of uninsured children (46.1 percent) lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- Frontier counties (those with less than 6.0 persons per square mile) had the highest uninsured rate for Kansans age 0–64 (13.3 percent), while the lowest rate was in urban counties (9.5 percent).

Key Health Insurance Policy, 2009–2021

February 4, 2009 President Obama signed the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009, which extended and expanded the program.	January 1, 2010 Kansas expansion of CHIP to children in households up to 250 percent of the 2008 federal poverty level took effect.	March 23, 2010 President Obama signed the Affordable Care Act (ACA). Provisions began to be adopted gradually to increase access to affordable care.	September 23, 2010 ACA provision allowing young adults to stay on their parents' health care plan until age 26 went into effect.
June 28, 2012 U.S. Supreme Court rules in the case of <i>National Federation of Independent Business vs. Kathleen Sebelius</i> that the individual mandate is constitutional and states have the option to expand Medicaid or not.	October 1, 2013 First open enrollment period began in the ACA marketplaces for plan year 2014. Kansas uses the federally facilitated marketplace.	January 1, 2014 Kansas high risk pool dissolved. ACA provision allowing states to expand Medicaid to 138 percent of FPL as a provision of the ACA went into effect. Kansas has not expanded Medicaid.	October 12, 2017 President Donald Trump issued Executive Order promoting ACA alternatives, including short-term limited duration insurance (STLDI) and association health plans (AHP).
January 1, 2019 The individual mandate penalty was reduced to zero under the federal Tax Cut and Jobs Act of 2017.	March 18, 2020 President Donald Trump signed the Families First Coronavirus Response Act (FFCRA), which provided additional financial assistance to states that maintained eligibility for all Medicaid and CHIP enrollees during the COVID-19 public health emergency.	March 11, 2021 President Joe Biden signed the American Rescue Plan Act (ARPA) of 2021, which extended the special enrollment period through August 15, 2021, increased the value of the premium tax credits for plans purchased on the ACA marketplace, and extended those tax credits to households with income above 400 percent FPL.	

Note: Please see *Appendix F* for a timeline of important health insurance events in Kansas from 1965–2021.
Source: Kansas Health Institute.

Figure ES.1 Uninsured Rates for Kansas and United States, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019, 2021 American Community Survey Public Use Microdata Sample files.

1. NATIONAL PERSPECTIVE

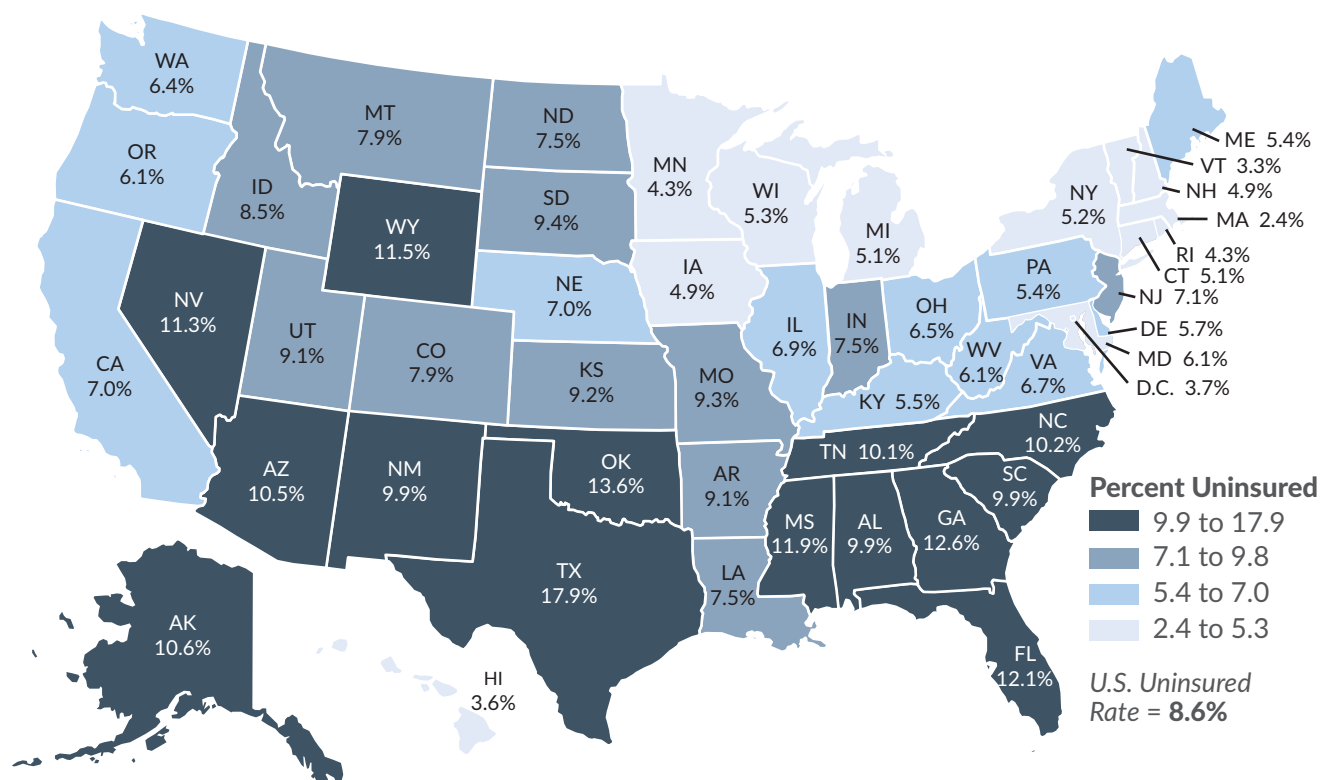
1.1 Uninsured Rate by State, 2021

NATIONAL PERSPECTIVE

The number of people who are uninsured in each state depends on a combination of local, state and federal policies, as well as economic conditions, availability of employment-based coverage, cost of health care, demographics, and state Medicaid and Children's Health Insurance Program (CHIP) eligibility levels.

The Uninsured Rate in Kansas was 17th Highest Among States and Washington, D.C., in 2021

Figure 1.1 Percentage of Uninsured Residents by State, 2021



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate in Kansas (9.2 percent) was higher than the U.S. overall (8.6 percent).
- Upper Midwest, Northeast and West Coast states continued to have lower uninsured rates, while the remaining Sun Belt states had higher rates.
- The uninsured rate in Kansas remained similar between 2019 and 2021, but its ranking in the country moved from the 19th highest uninsured rate to the 17th highest uninsured rate among all states and Washington, D.C.
- Uninsured rates varied more than seven-fold among states and Washington, D.C., ranging from a low of 2.4 percent in Massachusetts to a high of 17.9 percent in Texas.

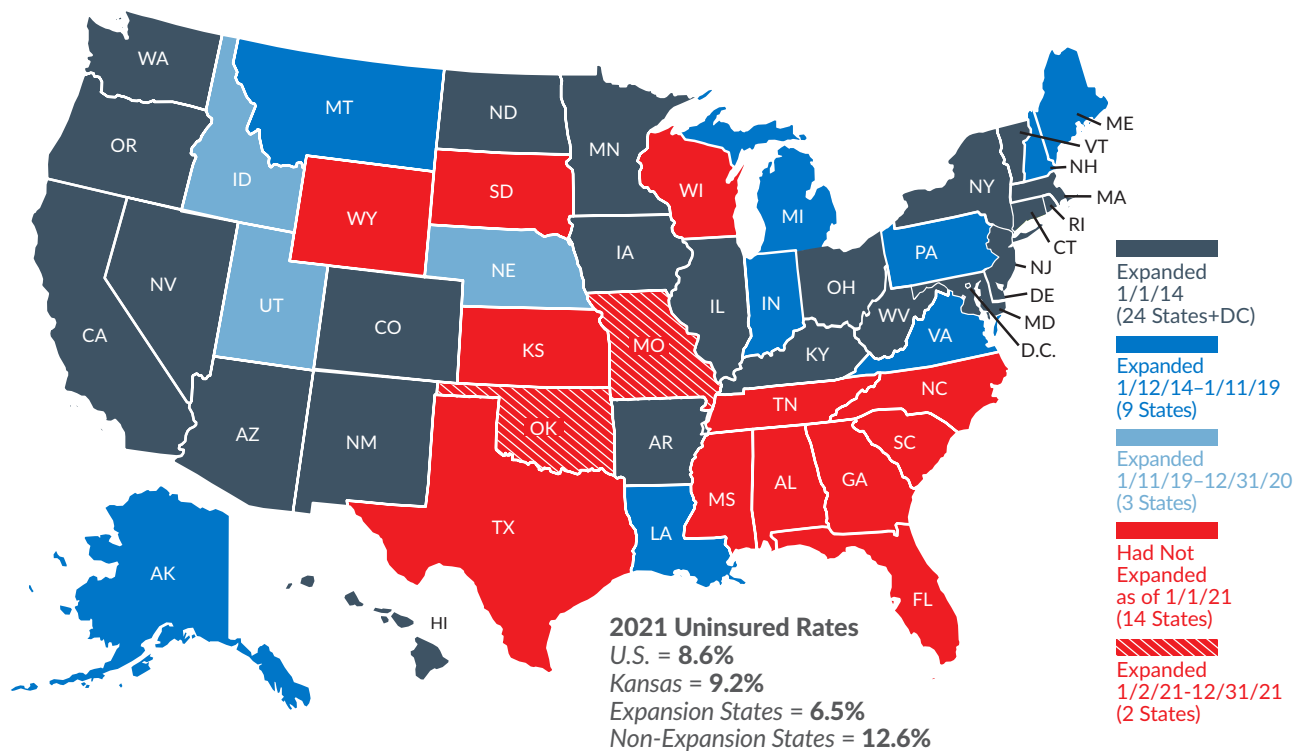
1.2 Medicaid Expansion Status by State, 2021

NATIONAL PERSPECTIVE

Beginning January 1, 2014, the Affordable Care Act (ACA) allowed states to expand Medicaid to adults age 19–64 with family income at or below 138 percent FPL (equivalent to \$36,570 for a family of four in 2021). As of January 1, 2021, 36 states and Washington, D.C., had expanded their Medicaid programs. Since that time, two additional states have expanded Medicaid (Missouri and Oklahoma, in July 2021). One is poised to expand Medicaid later in 2023 (South Dakota). North Carolina adopted Medicaid expansion in 2023, contingent upon passage of the state fiscal year 2023–2024 biennial budget appropriations. As of June 1, 2023, Kansas has not expanded its Medicaid program.

Kansas Remained a Non-Expansion State Along With 13 Other States

Figure 1.2 Medicaid Expansion Status by State, 2021



Note: Two states (Missouri, Oklahoma) implemented Medicaid expansion in 2021 after January 1, 2021, and are therefore not considered an expansion state in this analysis of 2021 uninsured rates. One state (South Dakota) adopted Medicaid expansion in November 2022 and is poised to implement expansion later in 2023. One state (North Carolina) adopted Medicaid expansion in 2023, contingent upon passage of the state fiscal year 2023–2024 biennial budget appropriations.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files for uninsured rates and from the U.S. Census Bureau Health Insurance Coverage in the United States: 2021 for Medicaid expansion status.

Key Points

- People living in non-expansion states were more likely to be uninsured than people living in expansion states (12.6 percent compared to 6.5 percent).
- The uninsured rate in Kansas (9.2 percent) was lower than most non-expansion states but higher than all expansion states except New Mexico, Arizona and Nevada (9.9, 10.5 and 11.3 percent, respectively).

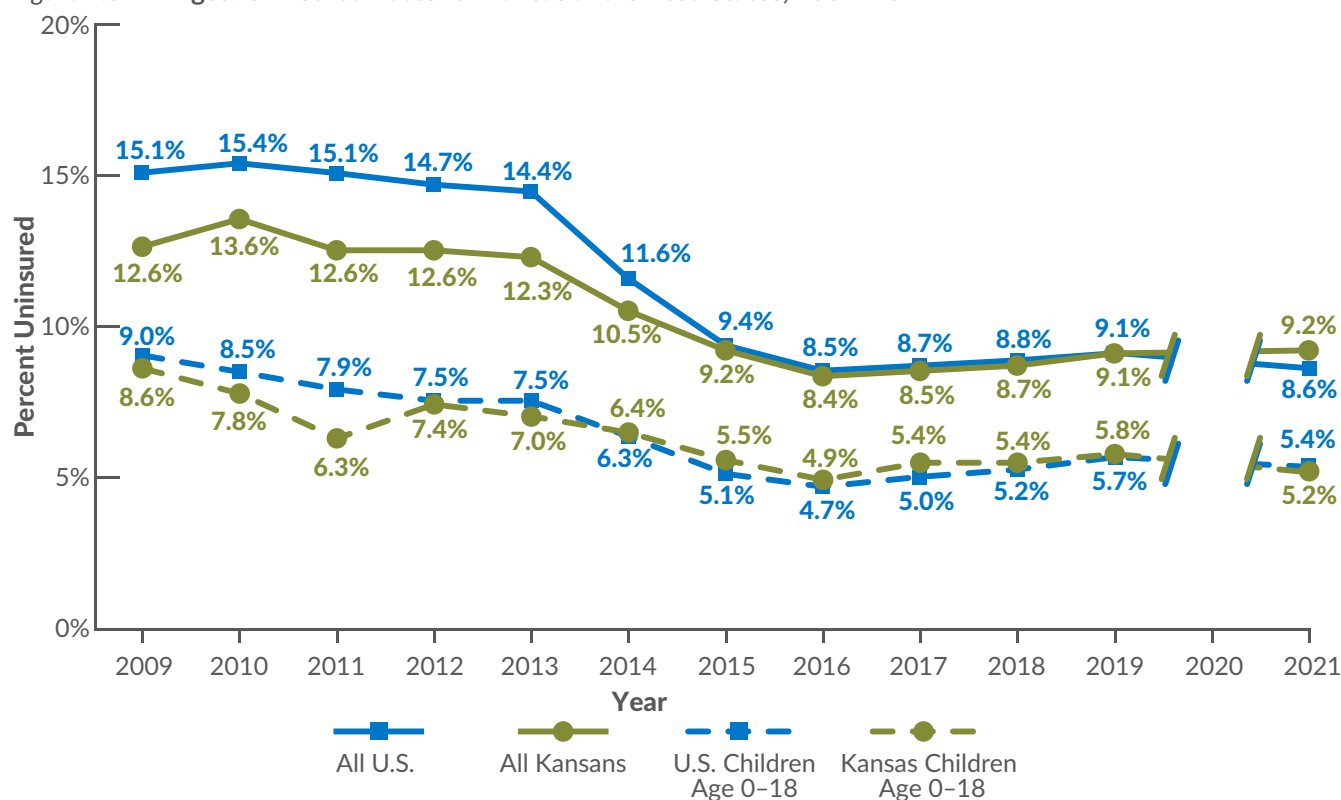
1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2021

NATIONAL PERSPECTIVE

Since 2009, the year before enactment of the ACA, the improvement of insurance coverage rates in Kansas has not kept pace with the U.S. as a whole. In the years before full implementation of the ACA in 2014, the Kansas uninsured rate was well below the national average. As states responded differently to changes in federal law, the advantage in the uninsured rate for Kansas compared to the U.S. disappeared and in 2021, for the first time, the uninsured rate in Kansas was higher.

For the First Time, Kansas Uninsured Rate in 2021 Higher than the U.S. Rate

Figure 1.3 All Ages: Uninsured Rates for Kansas and United States, 2009-2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009-2019, 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate across the U.S. and in Kansas has decreased since the implementation of the ACA in 2010.
- While the uninsured rate in Kansas remained similar between 2019 and 2021, it decreased from 9.1 percent to 8.6 percent for the U.S. overall during this time.
- Prior to full implementation of the ACA, Kansas had an uninsured rate well below the national average; however, the advantage for Kansas has disappeared and Kansas began to trail behind in 2021.
- Despite a declining advantage in the uninsured rate for Kansas overall, the uninsured rate for Kansas children has remained similar to the U.S. overall since 2009.

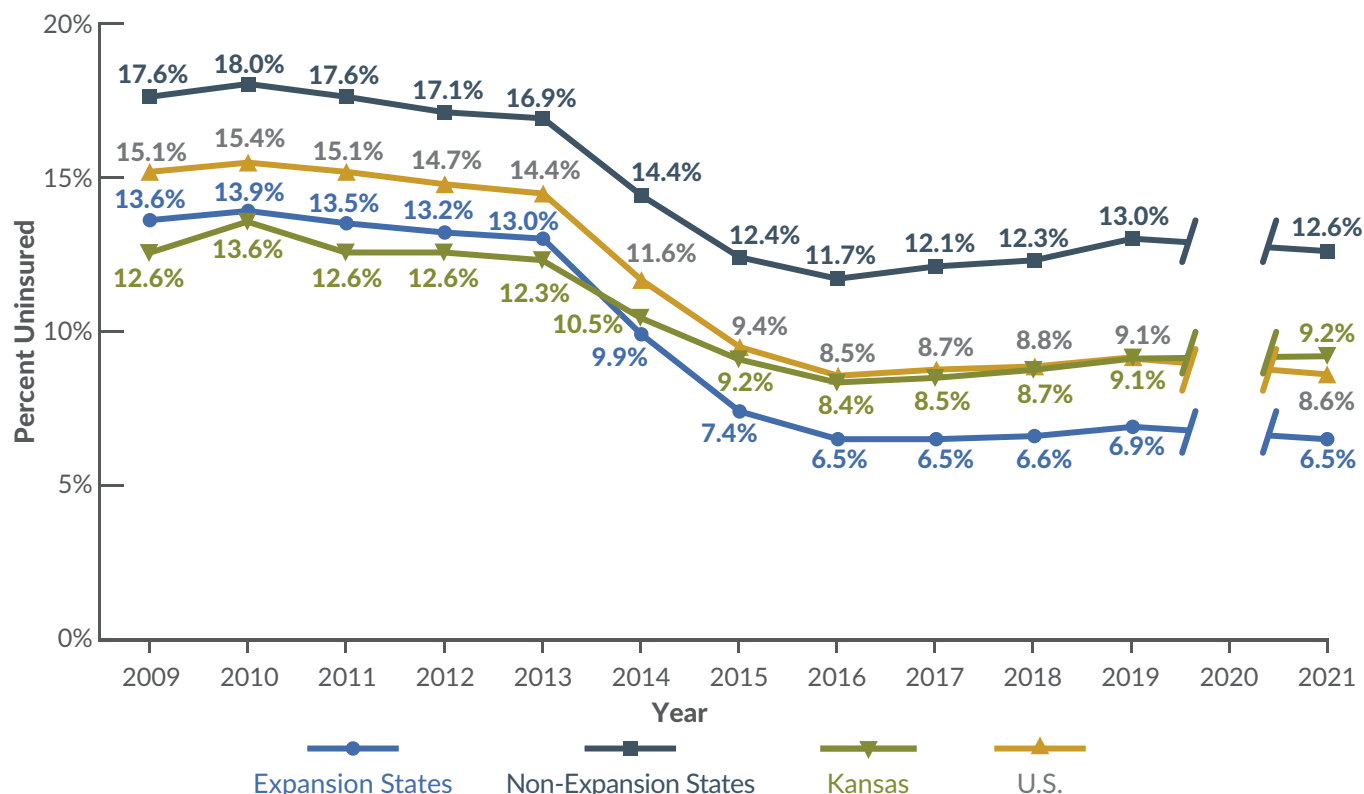
1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2021

NATIONAL PERSPECTIVE

Insurance coverage in each state depends on a combination of policies and economic conditions. Medicaid expansion, as allowed by the ACA beginning January 1, 2014, is an example of a policy decision that affects insurance coverage. As of June 1, 2023, Kansas has not expanded its Medicaid program.

Kansas Lags Behind Expansion States on Gains in Health Insurance Coverage

Figure 1.4a Trends in Insurance Coverage for Medicaid Expansion and Non-Expansion States, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Expansion states include 36 states and the District of Columbia that implemented Medicaid expansion as of January 1, 2021.

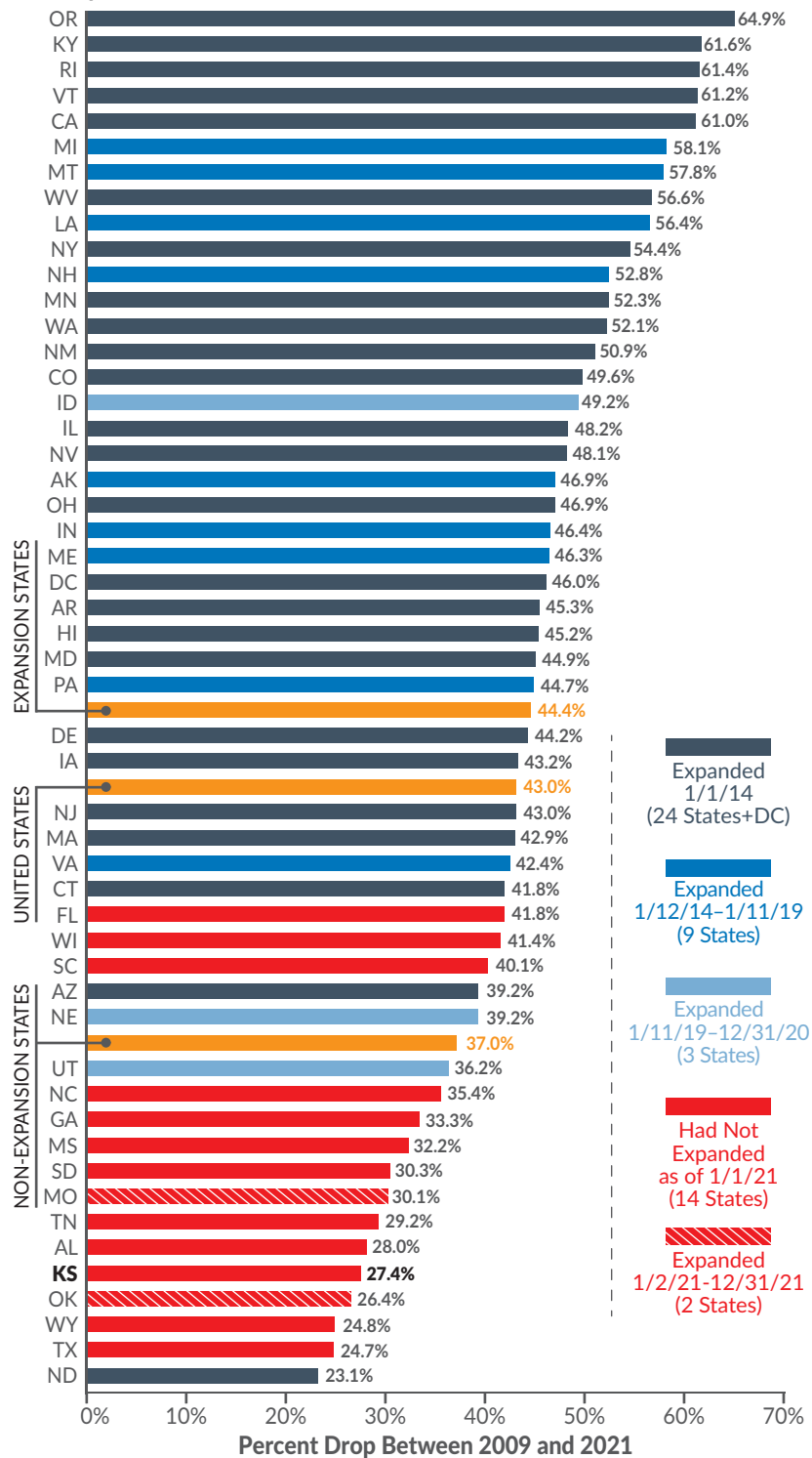
Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019, 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate for expansion states was cut in half between 2009 and 2021 (from 13.6 percent to 6.5 percent) compared to a drop of more than a quarter for non-expansion states (from 17.6 percent to 12.6 percent).
- The gap in uninsured rates has widened between expansion and non-expansion states (from 1.3 times higher for non-expansion states prior to the ACA expansion option in 2009 to 1.9 times higher in 2021).
- In 2013, the year before implementation of the major insurance expansion provisions of the ACA, Kansas had an uninsured rate similar to other states that eventually would expand Medicaid (12.3 percent compared 13.0 percent). In 2021, the uninsured rate in Kansas, a non-expansion state, was higher than the uninsured rate in expansion states (9.2 percent compared to 6.5 percent).

Uninsured Rate Declined in All States Between 2009 and 2021; Kansas Rate Declined Less Than All But Four Other States

Figure 1.4b Percent Drop in Uninsured Rate for Medicaid Expansion and Non-Expansion States, 2009 and 2021



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Improvement in the uninsured rate varied widely among states between 2009 and 2021. Oregon experienced the biggest improvement, as the uninsured rate there was cut by almost two-thirds (a 64.9 percent decrease). North Dakota experienced the smallest improvement, a reduction of about a quarter (a 23.1 percent decrease).
- Kansas had the 5th lowest decrease in the uninsured rate among all states and Washington, D.C., with a drop of slightly over a quarter (a 27.4 percent decrease between 2009 and 2021).

Note: Figure 1.4b shows Medicaid expansion status by state as of January 1, 2021. Missouri and Oklahoma implemented Medicaid expansion in 2021 after January 1, 2021. South Dakota adopted Medicaid expansion in 2022 and is poised to implement expansion later in 2023. North Carolina adopted Medicaid expansion in 2023, contingent upon passage of the state fiscal year 2023–2024 biennial budget appropriations. Percent drop indicates the percent change in the uninsured rate between 2009 and 2021 for each state and is calculated by subtracting the 2021 uninsured rate from the 2009 uninsured rate and then dividing the difference by the 2009 uninsured rate.

2. ALL KANSANS

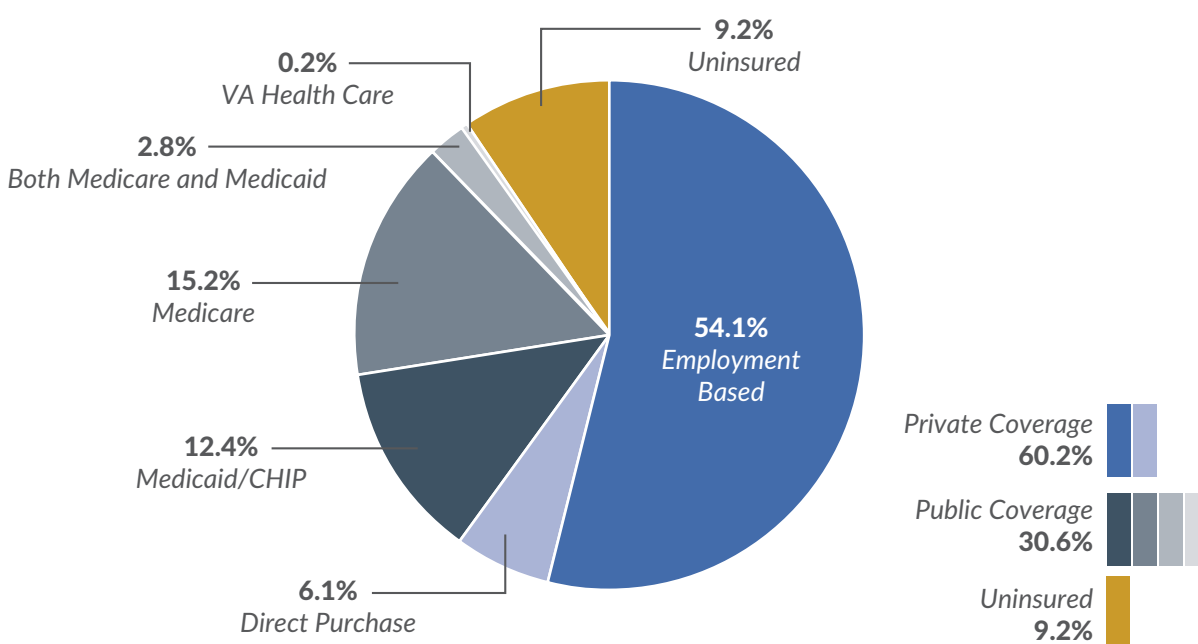
2.1 Sources of Health Insurance Coverage

ALL KANSANS

Health insurance coverage has typically been divided into private and public coverage. Private coverage is most commonly provided through a current or former employer, including the military, but also might include insurance directly purchased by individuals, including insurance purchased on the federally facilitated Kansas health insurance marketplace established by the ACA. Public coverage includes Medicare, Medicaid, CHIP and VA health care (Appendix C, page C-1).

Over Half of Kansans Have Insurance Through an Employer

Figure 2.1a All Kansans: Sources of Health Insurance Coverage, 2021

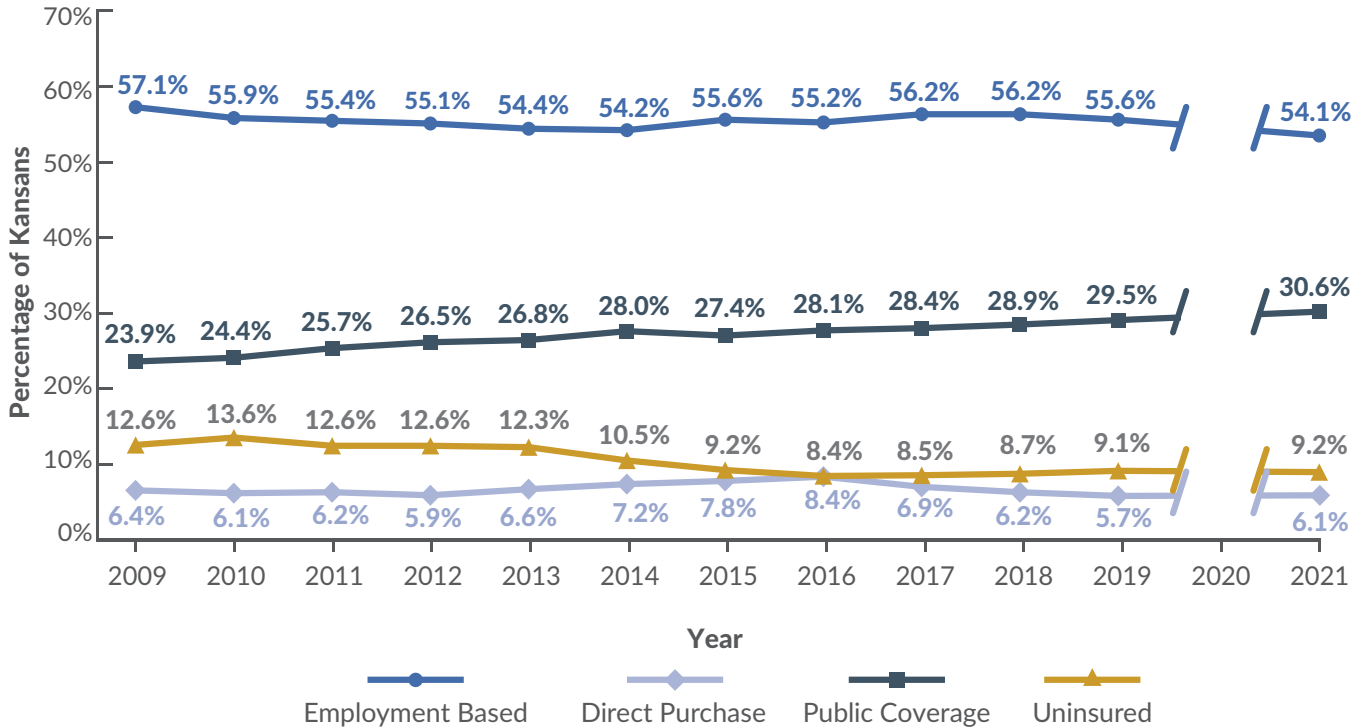


Note: All Kansans (not in institutions) = 2,896,361. Percentages may not sum to 100 percent because of rounding. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA health care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. armed forces. (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Uninsured Rate In Kansas Has Risen Gradually Since Lowest Point in 2016

Figure 2.1b All Kansans: Trends in Sources of Health Insurance Coverage, 2009-2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Public coverage includes Medicaid/CHIP, Medicare, both Medicaid and Medicare, and VA health care (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- More than half (54.1 percent) of Kansans obtained their health insurance through an employer.
- About 3 in 10 (30.6 percent) Kansans had public coverage, primarily Medicare, Medicaid or CHIP.
- The uninsured rate in Kansas hit the lowest point in 2016 (8.4 percent). After rising steadily for the next few years, the uninsured rate in 2021 (9.2 percent) was significantly higher than in 2016.
- Public coverage increased over the last decade, from 23.9 percent in 2009 to 30.6 percent in 2021.
- Employment-based coverage in 2021 decreased to the lowest point since 2009. While not a statistically significant change from 2019 to 2021, the trend is worth watching in future years.
- The percentage of Kansans who had direct-purchase insurance slowly increased following implementation of the ACA from 6.4 percent in 2009 to a peak of 8.4 percent in 2016 and has remained lower since.

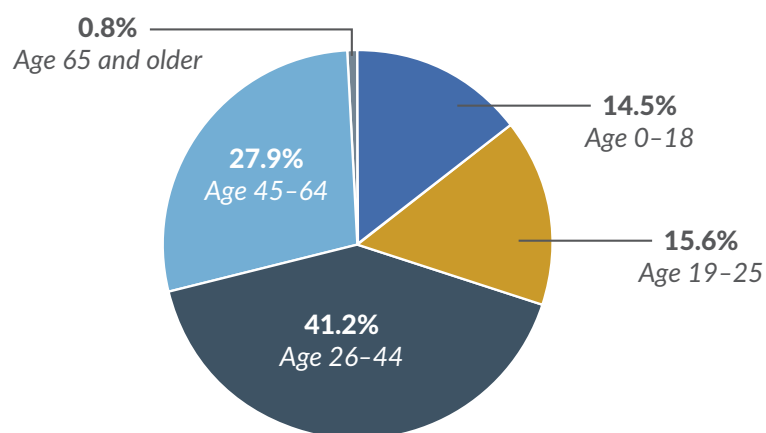
2.2 Uninsured by Age

ALL KANSANS

Adults in their working years are more likely than other age groups to have jobs with benefits, including health insurance. Public policy, therefore, has primarily targeted improved coverage for groups such as children (age 0–18), young adults who might be entering the job market (age 19–25), older adults (age 65 and older), and people with disabilities.

Most Uninsured Kansans Are Working-Age Adults

Figure 2.2a Percentage of Uninsured by Age, 2021

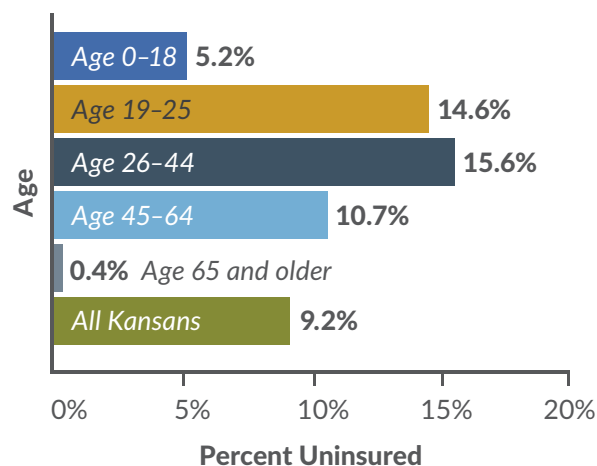


Note: Uninsured Kansans (not in institutions) = 266,114. Percentages may not sum to 100 percent because of rounding.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Adults Age 26–44 Most Likely to be Uninsured

Figure 2.2b All Kansans: Uninsured Rates by Age, 2021

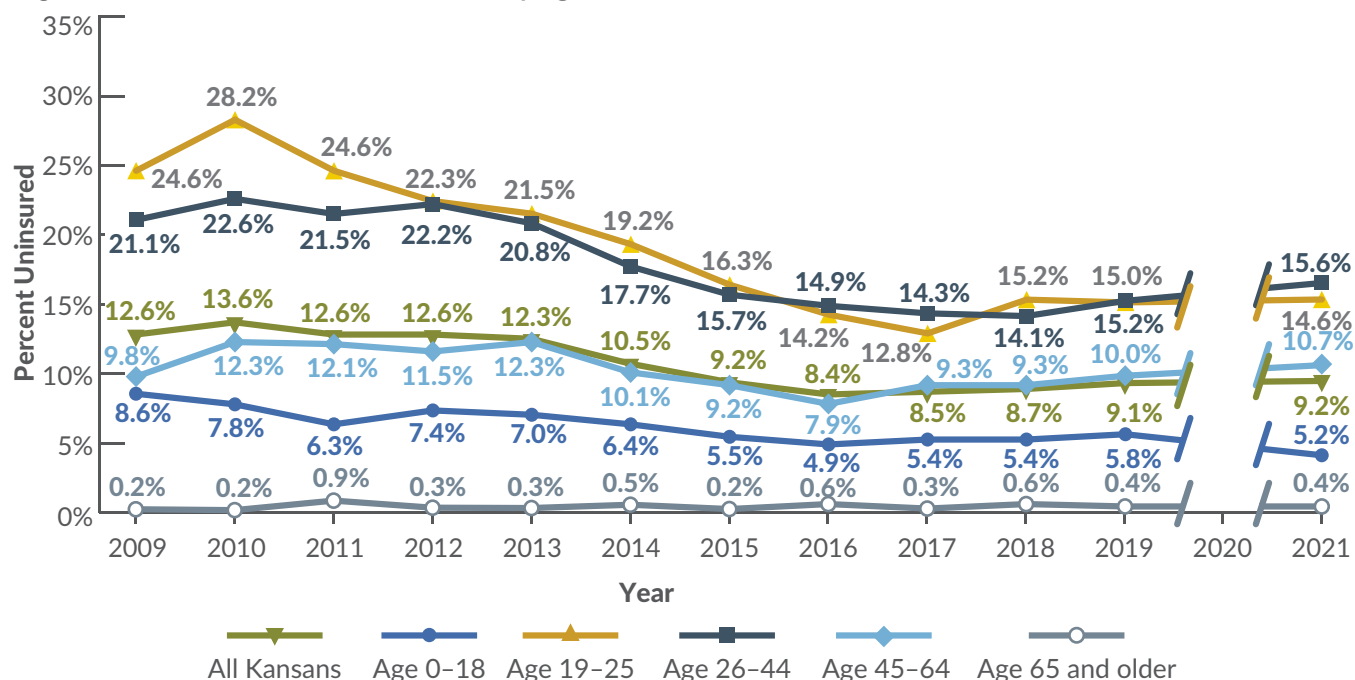


Note: All Kansans (not in institutions) = 2,896,361.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Compared to Other Age Groups, Insurance Coverage for Kansans Age 19–25 Improved Most in Past Decade

Figure 2.2c All Kansans: Uninsured Rates by Age, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Most uninsured Kansans were in their prime working years. Nearly 4 in 10 (41.2 percent) were age 26–44, and more than a quarter (27.9 percent) were age 45–64.
- Despite more generous rules for public coverage for children, 14.5 percent of uninsured Kansans were age 18 and younger.
- Adults age 19–25 and 26–44 were almost 1.5 times more likely to be uninsured than those age 45–64 (14.6 percent, 15.6 percent and 10.7 percent, respectively).
- Comparing uninsured rates in 2009 and 2021, rates decreased for all age groups except those above age 45, which remained similar.
- No age group had a significant change in its uninsured rate between 2019 and 2021.
- After gaining the ability to remain enrolled in their parents' coverage in 2010, the uninsured rate for young adults age 19–25 decreased consistently from 2010 to 2017 (28.2 percent to 12.8 percent). In the three subsequent years for which there is data (2018, 2019 and 2021), the uninsured rate for this age group was higher than in 2017, but not significantly. A better understanding of the reversed trend in the uninsured rate for this age group could help improve insurance coverage.

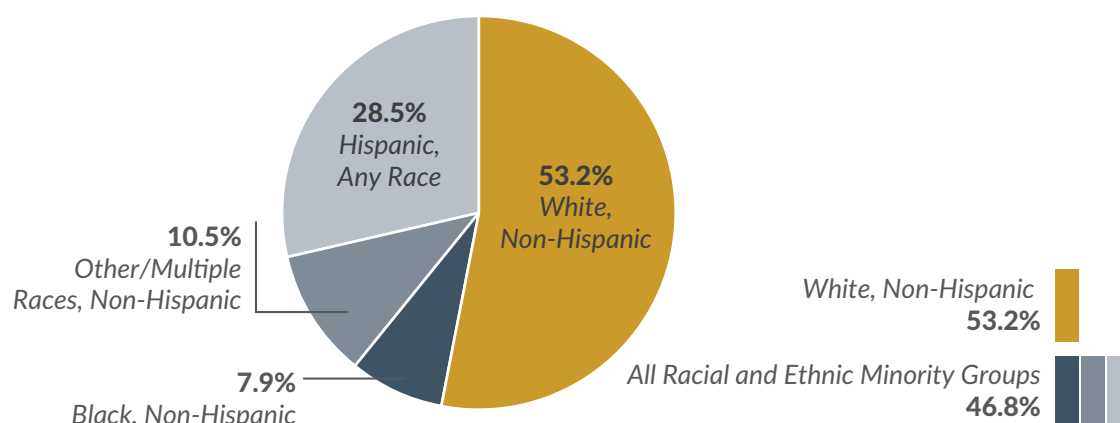
2.3 Uninsured by Race and Ethnicity

ALL KANSANS

All racial and ethnic minority groups have had higher uninsured rates than non-Hispanic White persons since first measured in the U.S. and Kansas. Many historic, economic and social factors explain this persistent inequity. State policies, additional outreach and education can help reduce this inequity.

Most Uninsured Kansans Are Non-Hispanic White

Figure 2.3a Uninsured Kansans by Race and Ethnicity, 2021

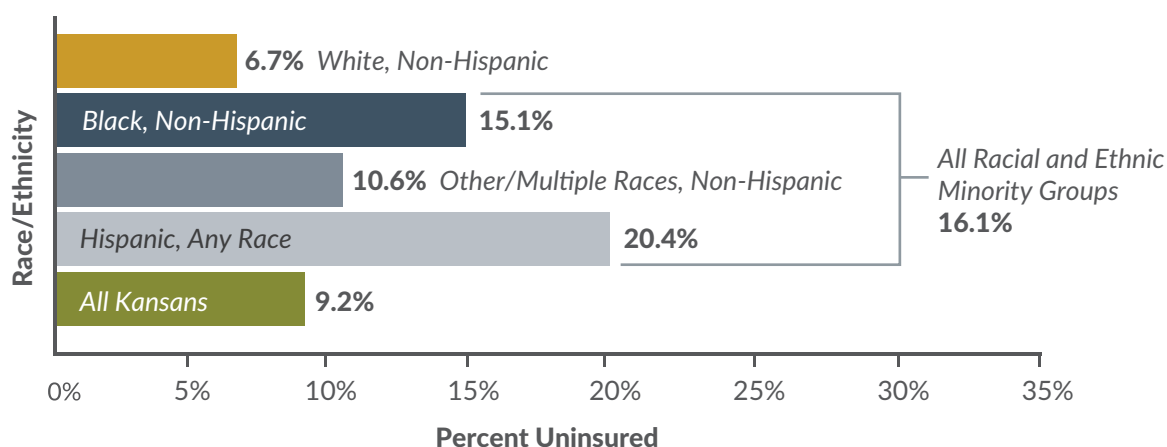


Note: Uninsured Kansans (not in institutions) = 266,114. Percentages may not sum to subtotals or 100 percent because of rounding. All racial and ethnic minority groups include Kansans who are non-Hispanic Black, non-Hispanic other/multiple races, and Hispanic, any race (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Hispanic Kansans of Any Race Are Most Likely to be Uninsured

Figure 2.3b All Kansans: Uninsured Rates by Race and Ethnicity, 2021

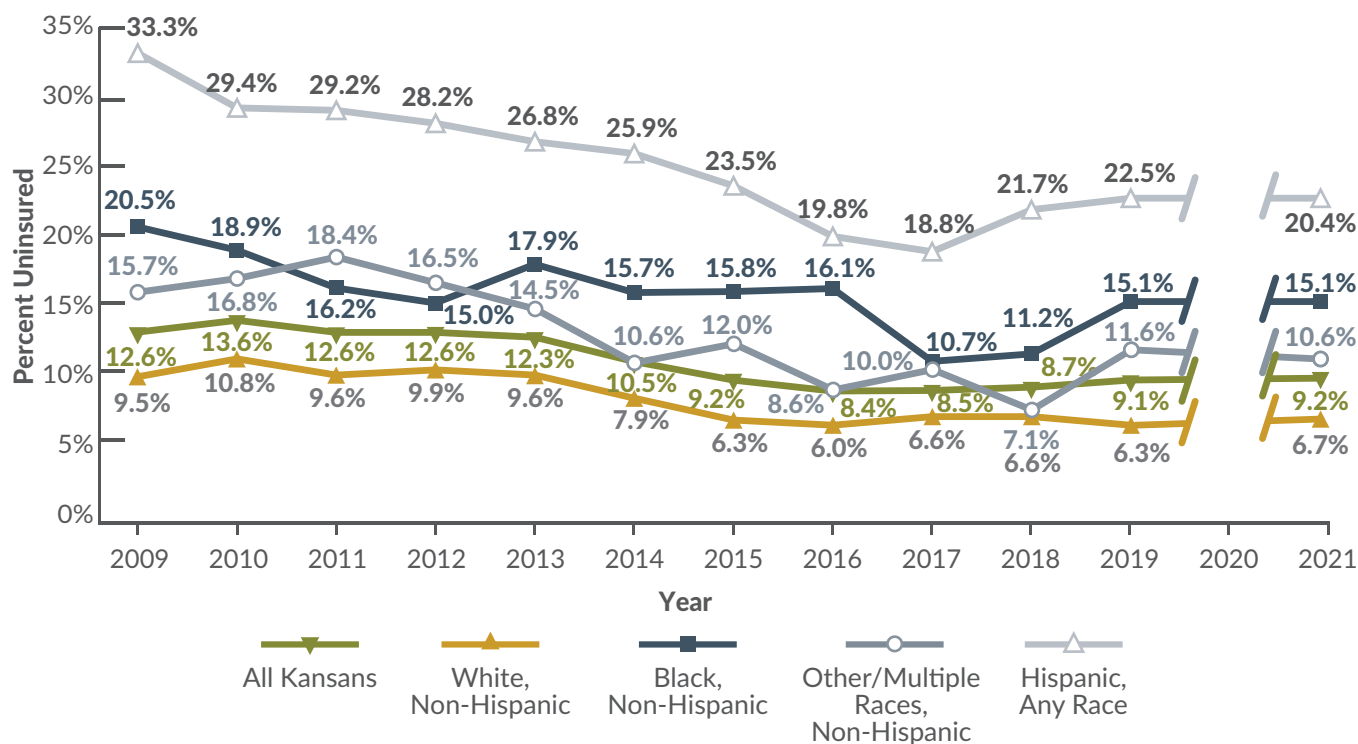


Note: All Kansans (not in institutions) = 2,896,361. See Appendix B, page B-1, for definitions of specific race and ethnicity groups.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Uninsured Rate Has Improved but Remains High for Hispanic Kansans of Any Race

Figure 2.3c All Kansans: Uninsured Rates by Race and Ethnicity, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. See Appendix B, page B-1, for definitions of specific race and ethnicity groups.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

More than half (53.2 percent) of uninsured Kansans were non-Hispanic White, and almost 3 in 10 (28.5 percent) uninsured Kansans were Hispanic of any race.

Kansans from racial and ethnic minority groups were 2.4 times more likely to be uninsured than non-Hispanic White Kansans (16.1 percent compared to 6.7 percent).

Kansans who are Hispanic of any race had the highest uninsured rate at 20.4 percent and non-Hispanic White Kansans had the lowest uninsured rate at 6.7 percent.

The uninsured rates in 2021 for all racial and ethnic groups in Kansas were lower than in 2009. However, Kansans who are Hispanic of any race have always had the highest uninsured rate compared to other racial and ethnic groups.

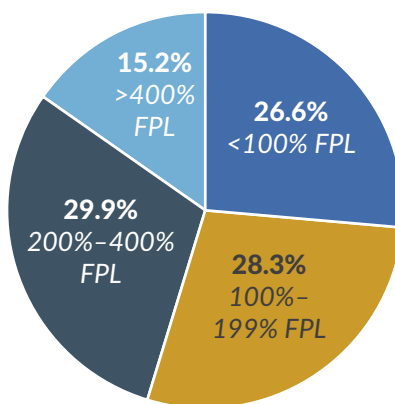
2.4 Uninsured by Family Income

ALL KANSANS

Several provisions of the ACA target affordability of health insurance for people with low- and middle-income. The ACA provides two types of financial assistance: premium tax credits and cost sharing reduction. Under the ACA, premium tax credits help pay premiums for those with income between 100 percent and 400 percent FPL (\$26,500 to \$106,000 for a family of four in 2021). Cost sharing reduction assists with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$26,500 to \$66,250 for a family of four in 2021). The March 2021 COVID-19 relief legislation, the American Rescue Plan Act (ARPA), expanded eligibility for ACA health insurance subsidies to those with income above 400 percent FPL and extended the special enrollment period through August 15, 2021. During this special enrollment period, 21,220 additional Kansans enrolled in marketplace coverage.

Three-Quarters of Uninsured Kansans Live Above the Poverty Line

Figure 2.4a Uninsured Kansans by Family Income, 2021

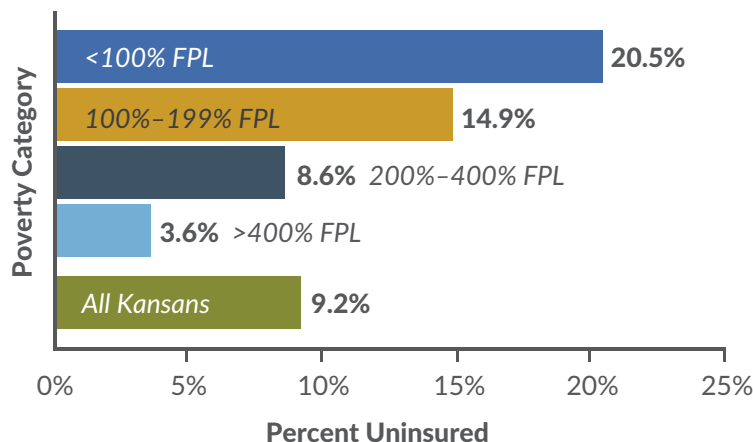


Note: Uninsured Kansans with income information (not in institutions) = 262,276. Percentages may not sum to 100 percent because of rounding. The federal poverty level for a family of four in 2021 was \$26,500.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Kansans Living Below Poverty Line Most Likely to Be Uninsured

Figure 2.4b All Kansans: Uninsured Rates by Family Income, 2021

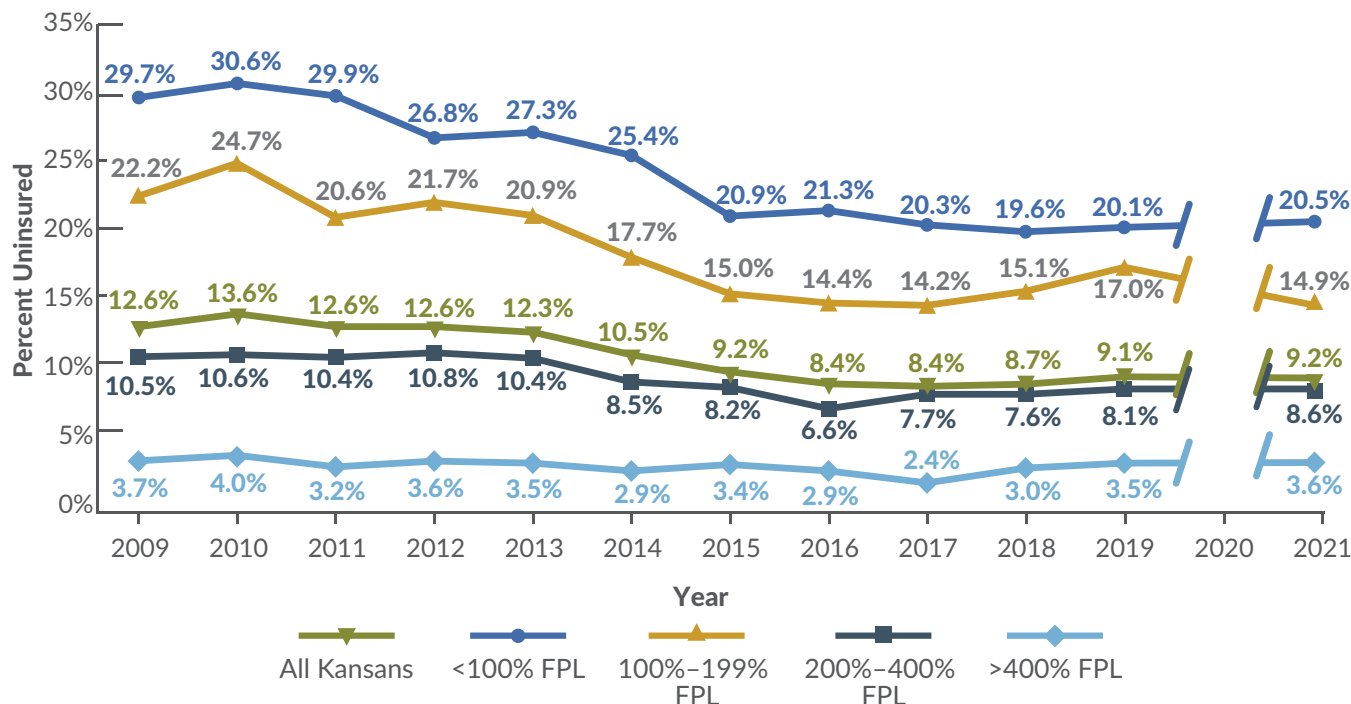


Note: All Kansans with income information (not in institutions) = 2,855,403. The federal poverty level for a family of four in 2021 was \$26,500.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Gains in Insurance Coverage Stall for All Income Groups






Figure 2.4c All Kansans: Uninsured Rates by Family Income, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. The federal poverty level for a family of four in 2021 was \$26,500.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau's 2009–2019, 2021 American Community Survey Public Use Microdata Sample files.

Key Points

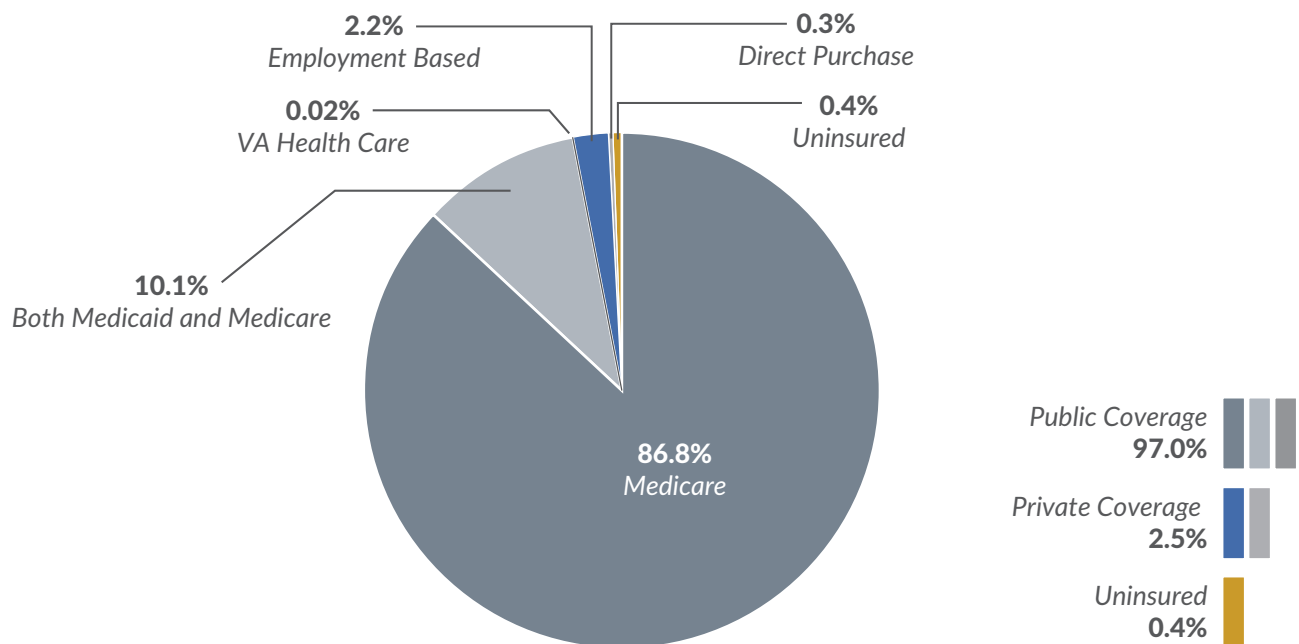
-  About three-quarters (73.4 percent) of uninsured Kansans had income above the poverty line and might have been eligible for financial assistance to purchase health insurance on the federally facilitated Kansas health insurance marketplace.
-  Kansans with family income below the poverty line were 5.7 times more likely to be uninsured than those with income above 400 percent FPL (20.5 percent compared to 3.6 percent).
-  Similarly, Kansans with family income between 100 and 199 percent FPL were a little more than four times more likely to be uninsured than those with income above 400 percent FPL (14.9 percent compared to 3.6 percent).
-  The uninsured rate was lower in 2021 than in 2009 for Kansans in income categories below 400 percent FPL, but the uninsured rate remained similar for Kansans with income higher than 400 percent FPL.
-  Despite the economic effects of the COVID-19 pandemic, uninsured rates for all income categories did not change significantly between 2019 and 2021.

2.5 Kansas Adults, Age 65 and Older

Essentially all older adults in the U.S. have comprehensive public health insurance, typically Medicare or both Medicare and Medicaid. With 99.6 percent insurance coverage, this age group is not the focus of this report, and older adults are excluded from analyses after this section.

Nearly All Older Adults in Kansas Covered by Public Insurance


Figure 2.5 Kansas Adults, Age 65 and Older: Sources of Health Insurance Coverage, 2021




Note: Kansas adults age 65 and older (not in institutions) = 471,950. Percentages may not sum to subtotals or 100 percent because of rounding. VA health care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. armed forces. Medicaid alone had no enrollees. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas health insurance marketplace (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Key Points

 Nearly all (97.0 percent) Kansans age 65 and older had public insurance coverage.

 One in 10 (10.1 percent) Kansas adults age 65 and older had Medicaid in addition to Medicare. These so-called “dually eligible” older adults qualify for Medicaid due to limited financial resources.

3. KANSAS ADULTS AGE 19-64

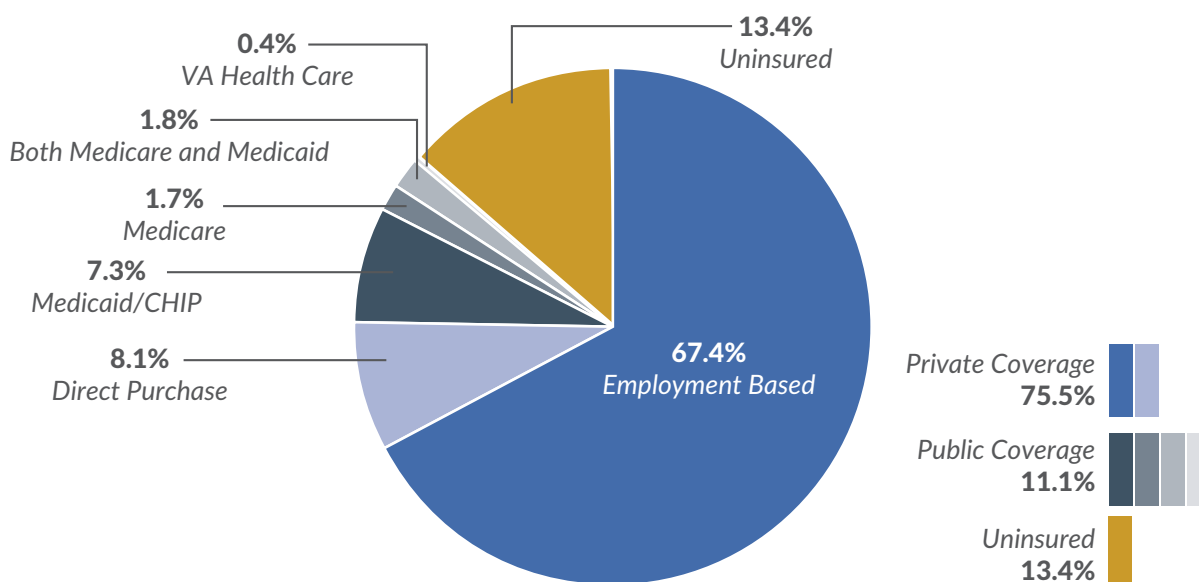
3.1 Sources of Health Insurance Coverage

KANSAS ADULTS, AGE 19–64

Health insurance coverage has typically been divided into private and public coverage. Private coverage most commonly is provided through a current or former employer, but also includes insurance directly purchased by individuals, including insurance purchased on the federally facilitated Kansas marketplace established by the ACA. Public coverage for adults age 19-64 includes Medicaid, Medicare (for those with certain disabilities) and VA health care (Appendix C, page C-1).

Nearly 7 in 10 Nonelderly Adults Have Insurance Through an Employer

Figure 3.1a Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2021

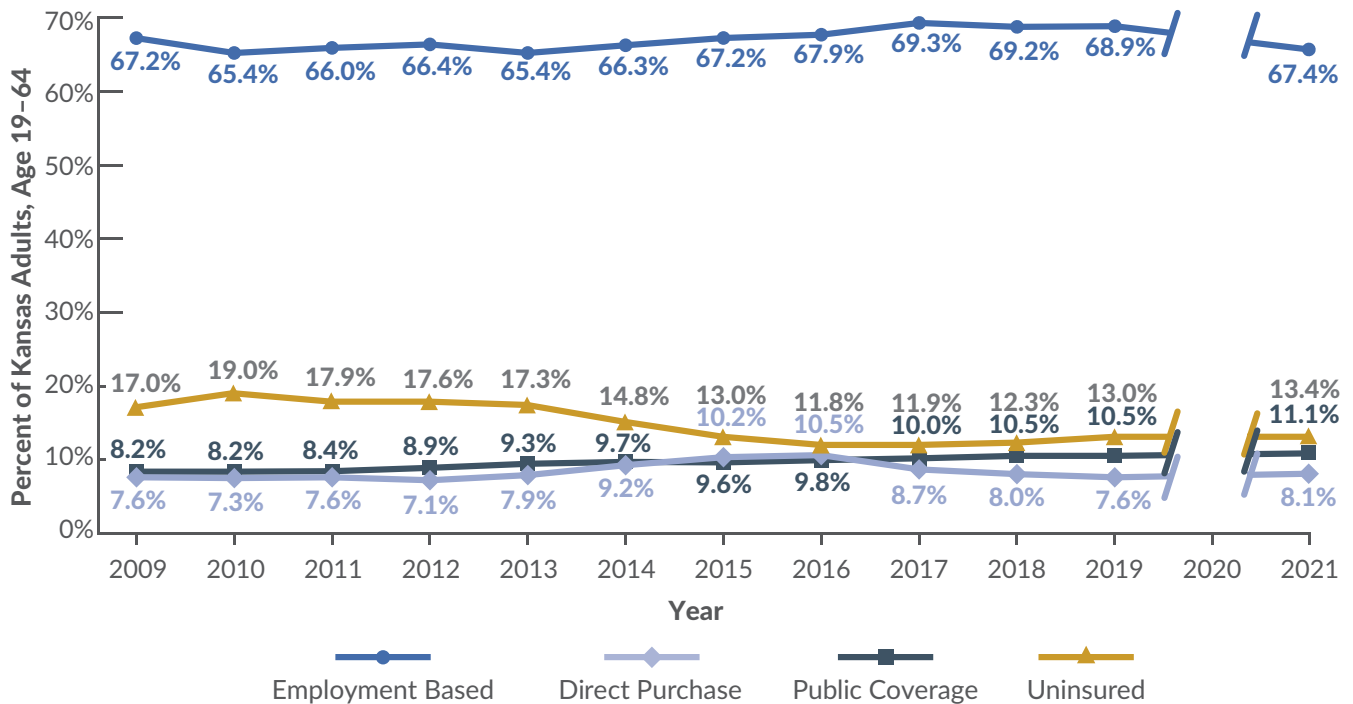


Note: Kansas adults age 19–64 (not in institutions) = 1,682,773. Percentages may not sum to 100 percent because of rounding. Military/ TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA health care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. armed forces. (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Employment-Based Coverage Decreased in 2021

Figure 3.1b Kansas Adults Age 19–64: Trends in Sources of Health Insurance Coverage, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Public coverage includes Medicaid/CHIP, Medicare, both Medicaid and Medicare, and VA health care. (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Two-thirds (67.4 percent) of nonelderly adults received coverage through an employer and 8.1 percent purchased insurance directly through a broker or the ACA marketplace.
- Among nonelderly adults in 2021, 11.1 percent had public coverage, and 13.4 percent were uninsured.
- Despite earlier gains this decade in insurance coverage for nonelderly adults, the uninsured rate began to gradually increase after 2016.
- There was a decrease in employment-based coverage from 2019 to 2021 (68.9 percent to 67.4 percent). This is a significant drop and should be monitored. Changes in employment status and reduction in working hours could be pandemic-related impacts on employment-based coverage.
- Direct-purchase coverage for nonelderly adults rose after 2013 (7.9 percent) when the ACA marketplace became available, peaked in 2016 (10.5 percent), but then began to drop back to a level similar to pre-ACA marketplace implementation (7.9 percent in 2013 and 8.1 percent in 2021).

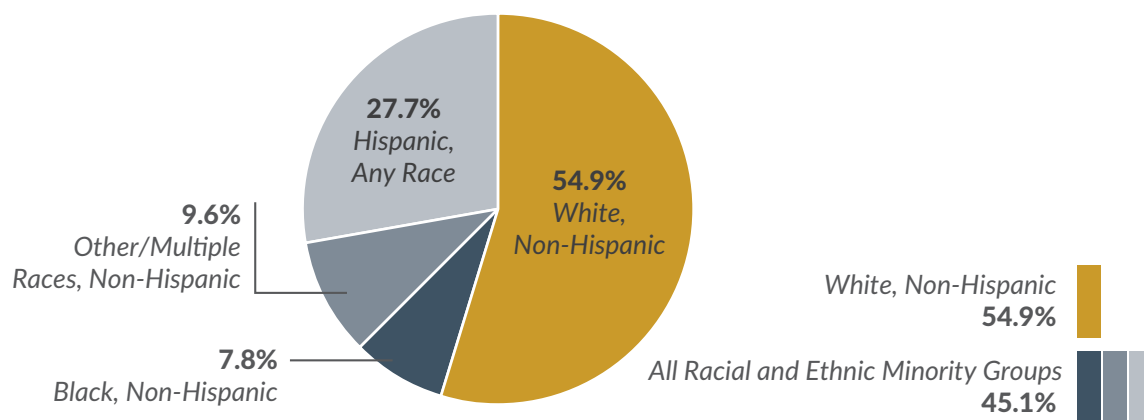
3.2 Uninsured by Race and Ethnicity

KANSAS ADULTS, AGE 19–64

Kansans from racial and ethnic minority groups have had higher uninsured rates than non-Hispanic White Kansans since first measured. These disparities have been particularly striking among nonelderly adults. Although the coverage gaps among racial and ethnic groups have narrowed, disparities remain. Better understanding the underlying historic, economic and social factors contributing to this persistent inequity could help policymakers design outreach and engagement efforts to improve health insurance coverage.

More Than Half of Uninsured Nonelderly Adults Are Non-Hispanic White Kansans

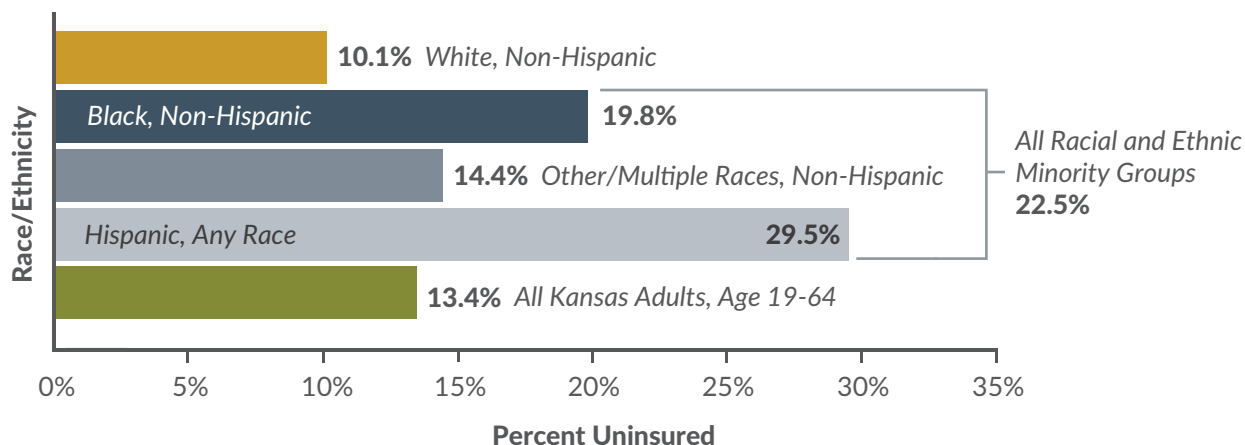
Figure 3.2a Uninsured Kansas Adults Age 19–64 by Race and Ethnicity, 2021



Uninsured Kansas adults age 19–64 (not in institutions) = 225,515. Percentages may not sum to subtotals or 100 percent because of rounding. All racial and ethnic minority groups include Kansans who are non-Hispanic Black, non-Hispanic other/multiple races, and Hispanic, any race (Appendix B, page B-1).

Nonelderly Adults Who Are Hispanic of Any Race Are Most Likely to be Uninsured

Figure 3.2b Kansas Adults, Age 19–64: Uninsured Rates by Race and Ethnicity, 2021

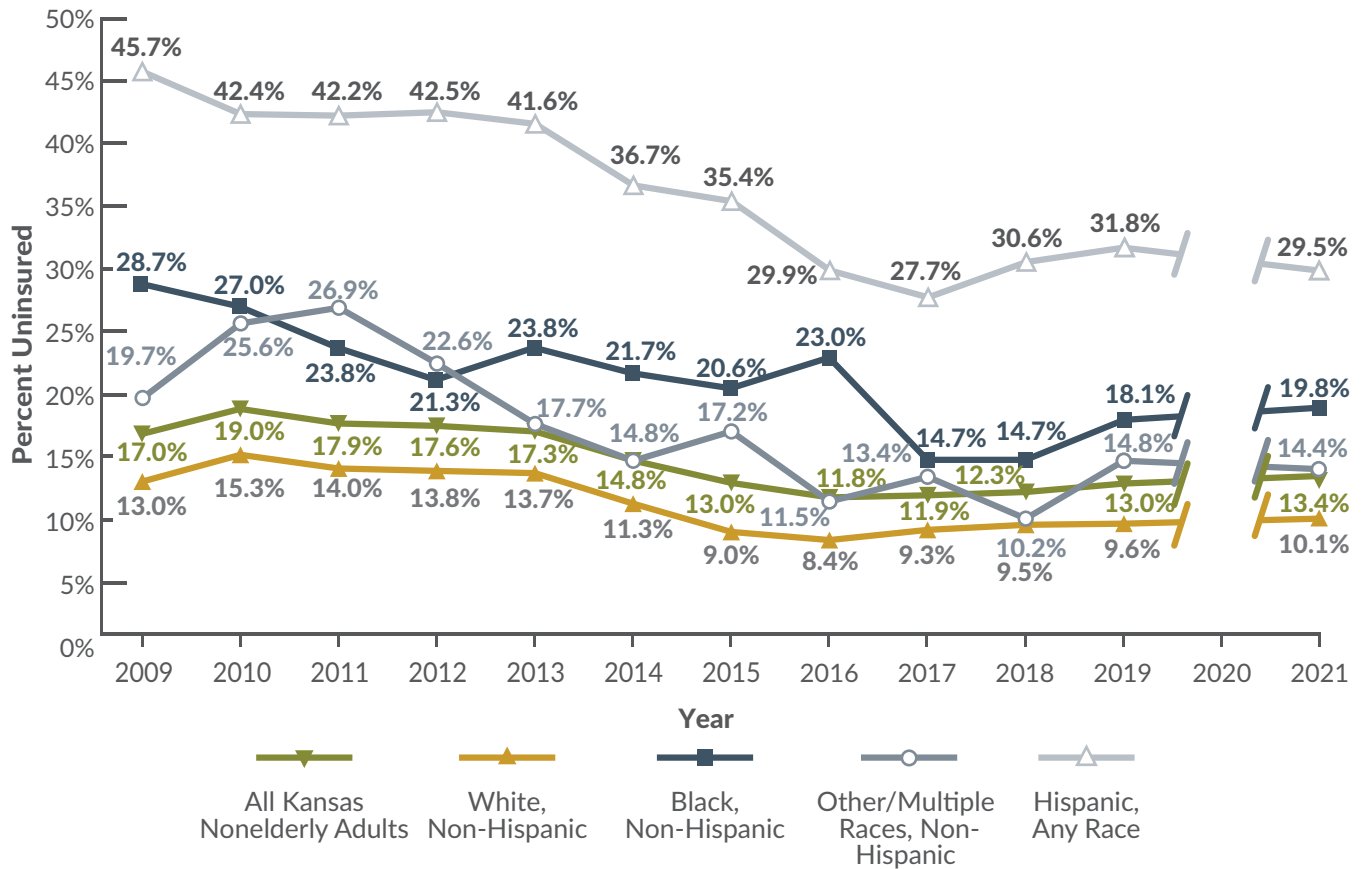


Note: All Kansas adults age 19–64 (not in institutions) = 1,682,773. See Appendix B, page B-1, for definitions of specific racial and ethnic groups.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Uninsured Rate Consistently Higher Among Hispanic Nonelderly Adults of Any Race

Figure 3.2c Kansas Adults Age 19–64: Uninsured Rates by Race and Ethnicity Group, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. See Appendix B, page B-1, for definitions of specific racial and ethnic groups.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- More than half (54.9 percent) of uninsured nonelderly adults were non-Hispanic White Kansans.
- 3 in 10 (27.7 percent) uninsured nonelderly adults were Hispanic of any race.
- Among nonelderly adults, non-Hispanic Black Kansans were nearly twice as likely to be uninsured as non-Hispanic White Kansans (19.8 percent compared to 10.1

percent) and Kansans who are Hispanic of any race were almost three times more likely than non-Hispanic White Kansans to be uninsured (29.5 percent compared to 10.1 percent).

All nonelderly adult racial and ethnic groups have experienced decreases in uninsured rates compared to 2009; however, Hispanic Kansans of any race continue to have the highest uninsured rate.

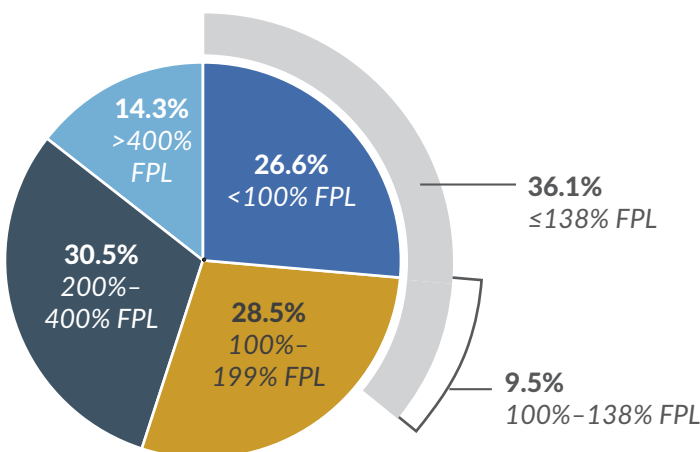
3.3 Uninsured by Family Income

KANSAS ADULTS, AGE 19–64

Several provisions of the ACA target affordability of health insurance for people with low income. The ACA provides financial assistance to help pay premiums for those with income between 100 percent and 400 percent FPL (\$26,500 to \$106,000 for a family of four in 2021), and assistance with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$26,500 to \$66,250 for a family of four in 2021). Additionally, the March 2021 COVID-19 relief legislation, the American Rescue Plan Act (ARPA), extended eligibility for ACA premium assistance to those with income above 400 percent FPL. To improve coverage specifically among nonelderly adults, the ACA allowed states to expand Medicaid coverage to those with income at or below 138 percent FPL (\$36,570 for a family of four in 2021). As of June 1, 2023, Kansas has not expanded Medicaid coverage.

More Than a Third of Uninsured Kansas Nonelderly Adults Could Qualify for Medicaid if Expanded

Figure 3.3a Uninsured Kansas Adults, Age 19–64, by Family Income, 2021

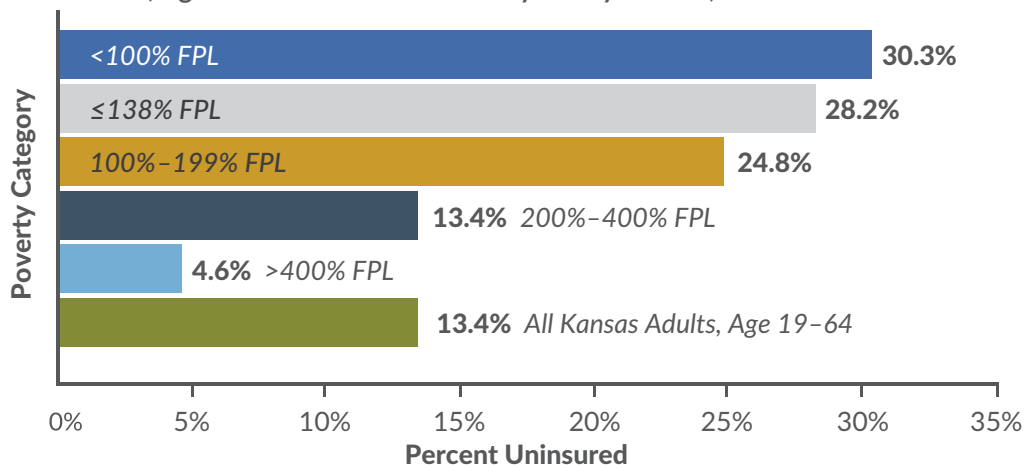


Note: Uninsured Kansas adults age 19–64 with income information (not in institutions) = 224,114. Percentages may not sum to 100 percent because of rounding. Adults with family income at or below 138 percent FPL (\$36,570 for a family of four in 2021) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Lack of Insurance Strongly Linked to Family Income

Figure 3.3b Kansas Adults, Age 19–64: Uninsured Rates by Family Income, 2021

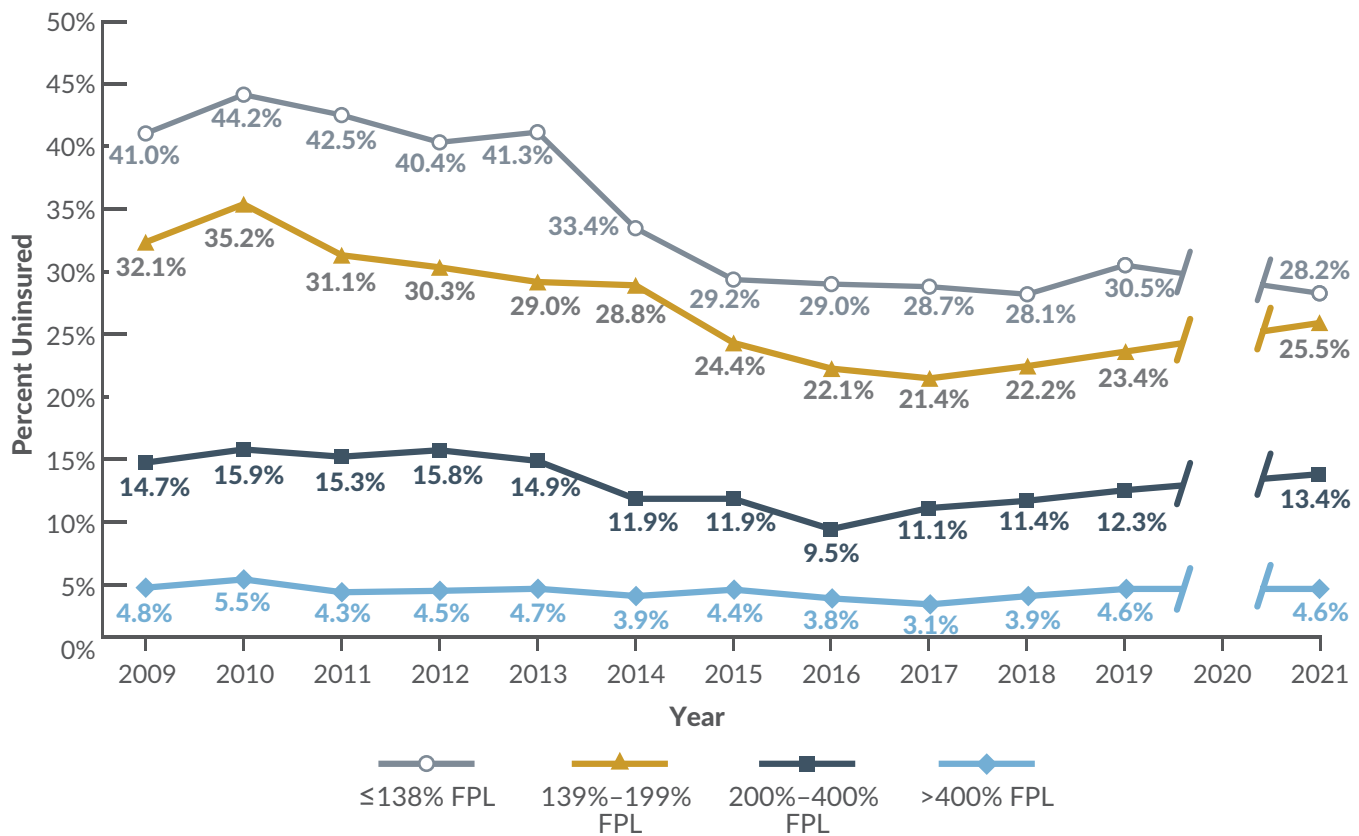


Note: Kansas adults age 19–64 with income information (not in institution) = 1,660,131. Adults with family income at or below 138 percent FPL (\$36,570 for a family of four in 2021) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Decreases in Uninsured Rate Stall for Nonelderly Adults in All Income Groups

Figure 3.3c Kansas Adults Age 19–64: Uninsured Rates by Family Income, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Adults with family income at or below 138 percent FPL (\$36,570 for a family of four in 2021) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Three-quarters (73.4 percent) of uninsured nonelderly adults had family income at or above the poverty line.
- More than a third (36.1 percent) of uninsured nonelderly adults had family income at or below 138 percent FPL and might have qualified for Medicaid if it had been expanded.
- Nonelderly adults with family income at or below 138 percent FPL were a little more than 6 times more likely to be uninsured than those with family income greater than 400 percent FPL (28.2 percent compared to 4.6 percent), and twice as likely to be uninsured as those with family income between 200 and 400 percent FPL (28.2 percent compared to 13.4 percent).
- Insurance coverage has improved for all income groups below 400 percent FPL between 2009 and 2021. Insurance coverage has remained stable for those above 400 percent FPL.
- The uninsured rate for nonelderly adults with income at or below 138 percent FPL — the Medicaid expansion target population — decreased by nearly a third between 2009 and 2021 (41.0 percent compared to 28.2 percent) but remained higher than the rate for nonelderly adults in all other income groups.

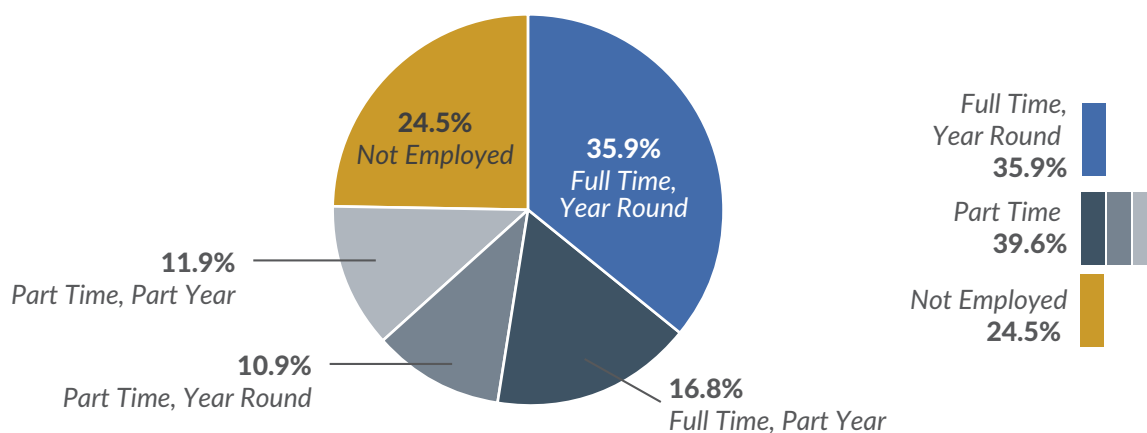
3.4 Uninsured by Employment Status

KANSAS ADULTS, AGE 19–64

While employment makes it more likely a person will be insured, it does not guarantee it. Whether or not an employer offers health insurance, the eligibility of the employee and dependents for coverage, and the affordability and value of the health insurance are all factors that contribute to the likelihood an employee is insured. In this publication, employment is considered full time if an individual worked 35 hours or more per week, and year round if an individual worked at least 50 weeks in the last 12 months.

Three-Quarters of Uninsured Nonelderly Adults Are Working

Figure 3.4a Uninsured Kansas Adults, Age 19–64, by Employment Status, 2021

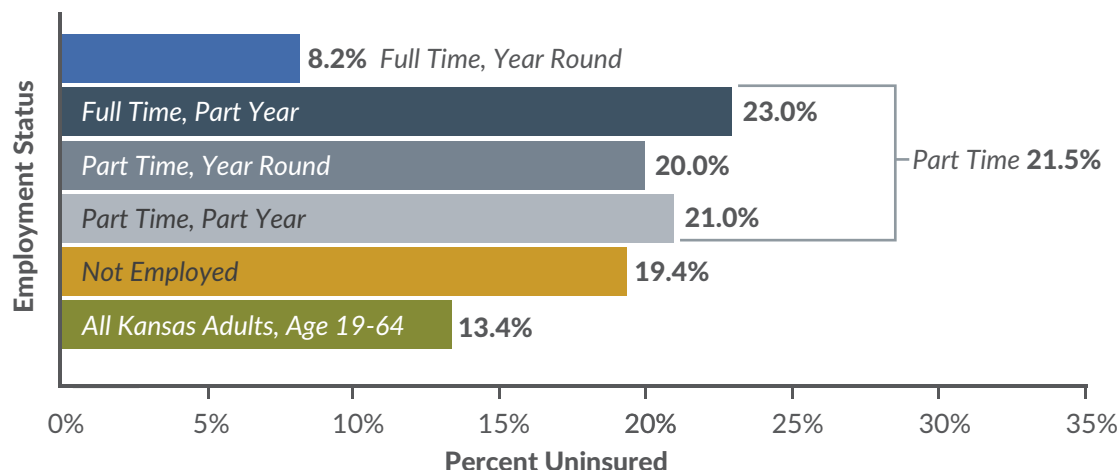


Note: Uninsured Kansas adults age 19–64 (not in institutions) = 225,515. Percentages may not sum to 100 percent because of rounding. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1.)

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Part-Time Workers Two and a Half Times as Likely as Full-Time Workers to be Uninsured

Figure 3.4b Kansas Adults Age 19–64: Uninsured Rates by Employment Status, 2021

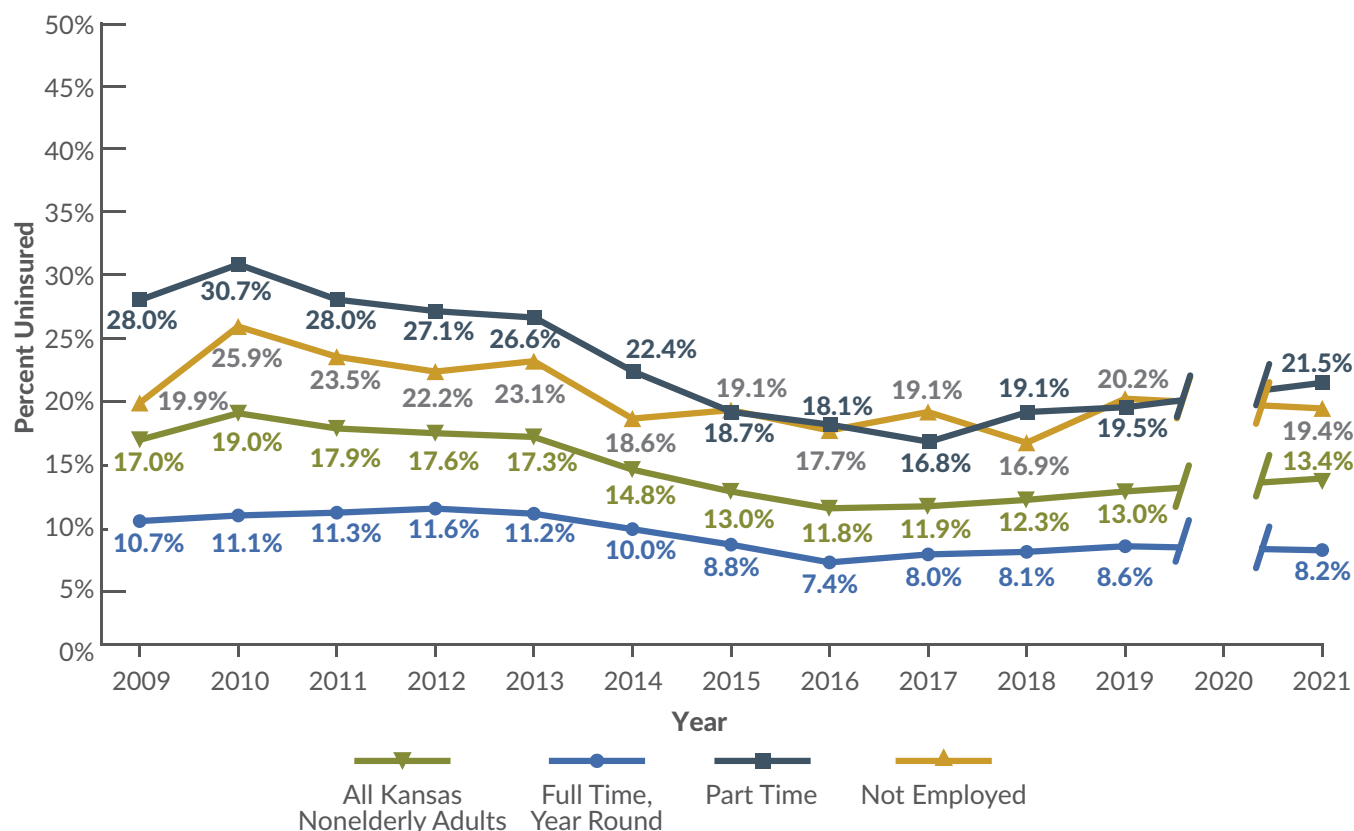


Note: All Kansas adults age 19–64 (not in institutions) = 1,682,773. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months. Part time combines workers who reported full-time, part-year; part-time, year-round; or part-time, part-year employment (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Gains in Insurance Coverage Have Flattened Regardless of Employment Status

Figure 3.4c Kansas Adults Age 19–64: Uninsured Rates by Employment Status, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months. Part time combines workers who reported full-time, part-year; part-time, year-round; or part-time, part-year employment (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

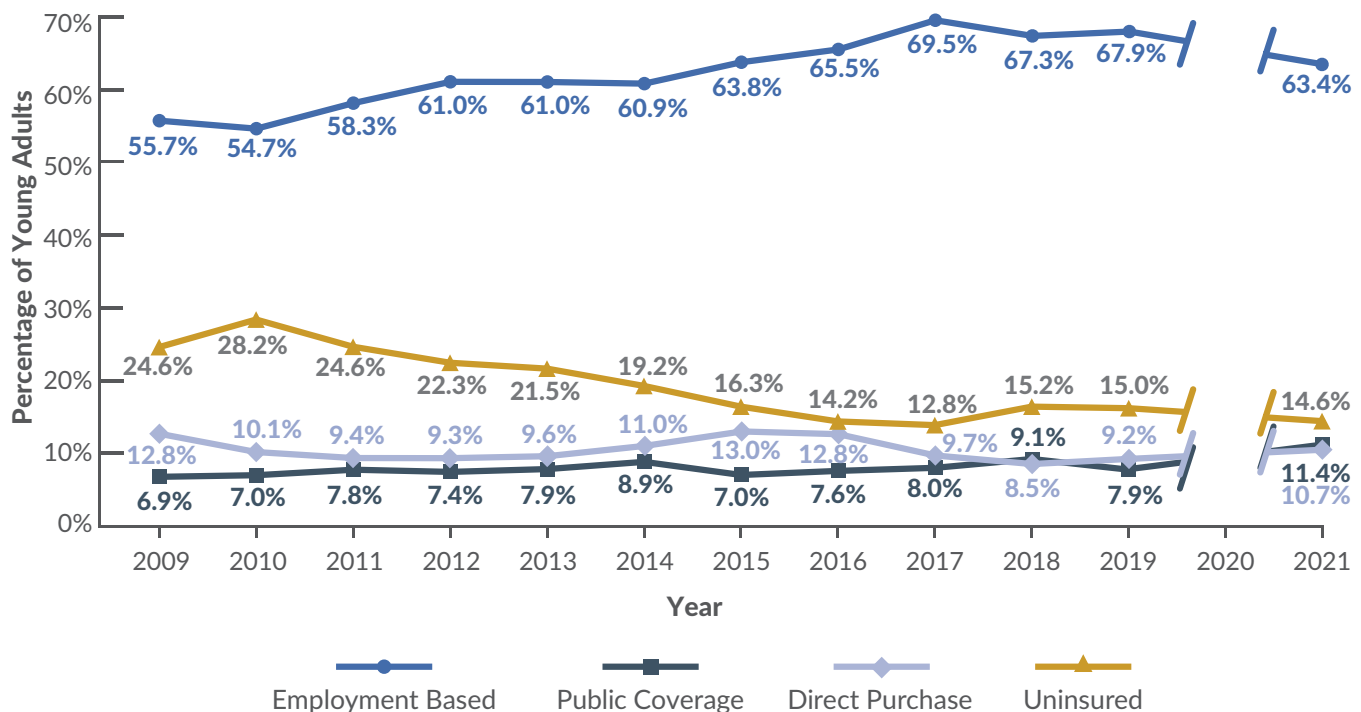
- Three-quarters (75.5 percent) of uninsured nonelderly adults were working at least part time or part year.
- More than a third (35.9 percent) of uninsured nonelderly adults were employed full time, year round.
- Among working Kansas adults age 19–64, part-time workers were 2.6 times more likely to be uninsured than those working full time, year round (21.5 percent compared to 8.2 percent).
- The uninsured rate for unemployed nonelderly adults was similar in 2019 (20.2 percent) to 2021 (19.4 percent).
- Between 2009 and 2021, the uninsured rate for nonelderly adults working part time (28.0 percent and 21.5 percent) and those working full time (10.7 percent and 8.2 percent) decreased by almost a quarter, but for the unemployed, the uninsured rate was similar.

3.5 Young Adults, Age 19–25

Historically, young adults have had the highest uninsured rate due to several factors — they tend to have entry-level jobs that are less likely to offer health insurance or have not yet entered the workforce, and some might not see the value of health insurance compared to the cost. The ACA specifically targeted this age group by allowing young adults to stay on the insurance policies of their parents until age 26. Since the ACA, there have been two policy changes that may have disproportionately impacted this age group. In 2017, a change to the tax code zeroed out the penalty for not maintaining minimum essential coverage starting in 2019. This removed the tax penalty disincentive to ending coverage. The Families First Coronavirus Response Act (FFCRA) included a requirement that Medicaid programs keep people continuously enrolled through the end of the COVID-19 public health emergency. Young adult women who gained Medicaid coverage while pregnant are an example of those who benefited from continuous coverage.

Employment-Based Coverage Drops While Public Coverage Increases

Figure 3.5 Young Kansas Adults Age 19–25: Trends in Sources of Health Insurance Coverage, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Military/TRICARE coverage is included in employment-based coverage. Public coverage includes Medicaid/CHIP, Medicare, both Medicaid and Medicare, and VA health care. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace (Appendix C, page C-1).

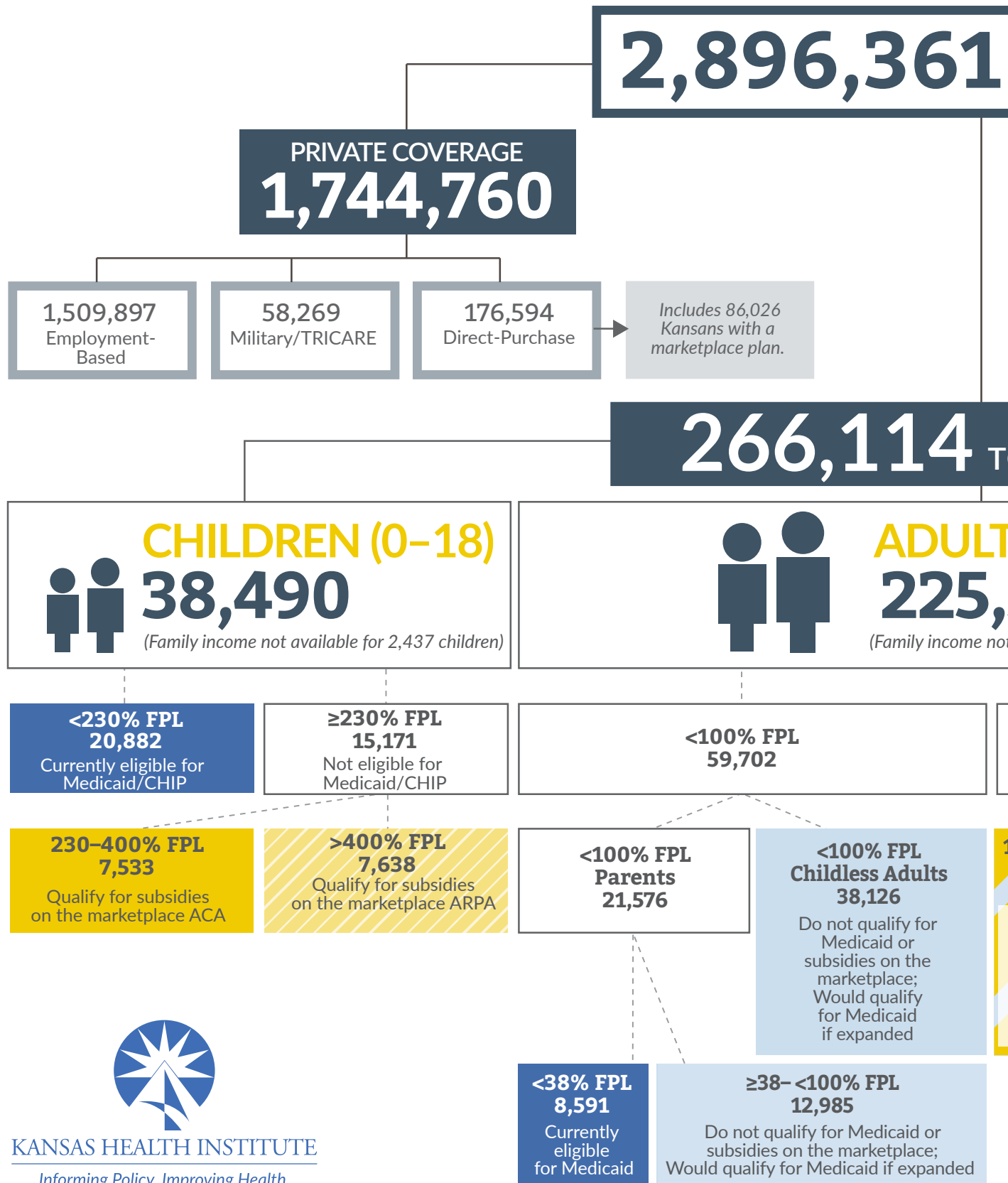
Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Between 2009 and 2021, the uninsured rate for young adults decreased by 40.1 percent (24.6 percent to 14.6 percent).
- Between 2009 and 2017, the uninsured rate for young adults dropped by almost half (24.6 percent and 12.8 percent,

respectively). Since 2017, the gain in insurance coverage has stalled. Although not statistically significant, the uninsured rate among adults age 19–25 increased in 2018 to 15.2 percent and has remained stable since.

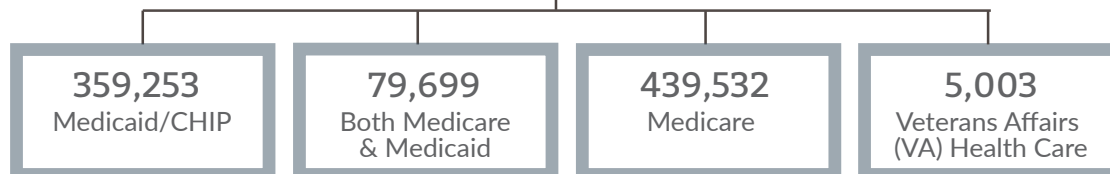
HEALTH INSURANCE



CE IN KANSAS 2021

KANSAS POPULATION

PUBLIC COVERAGE
885,487



TOTAL UNINSURED

ADULTS (19-64)
1,401

(Not available for 1,401 adults)



SENIORS (65+)
2,109

(Likely eligible for Medicare)

≥100% FPL
164,412

Qualify for subsidies on the marketplace

100-138% FPL
21,244

Qualify for subsidies on the marketplace ACA; Would qualify for Medicaid if expanded

>138-400% FPL
111,042

Qualify for subsidies on the marketplace ACA

>400% FPL
32,126

Qualify for subsidies on the marketplace ARPA

LEGEND

- Currently eligible for Medicaid and/or CHIP — 29,473
- Would qualify for Medicaid if expanded — 72,355
- Qualify for subsidies on the marketplace ACA — 139,819
- Qualify for subsidies on the marketplace ARPA — 39,764

Federal Poverty Level (FPL) — Family of Four, 2021



38% of FPL = \$10,070
100% of FPL = \$26,500
138% of FPL = \$36,570
230% of FPL = \$60,950
400% of FPL = \$106,000

Source: KHI analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample and the Early 2022 and Full Year 2021 Average Effectuated Enrollment Snapshot Report from the Centers for Medicare and Medicaid Services.

4. KANSAS CHILDREN AGE 0-18

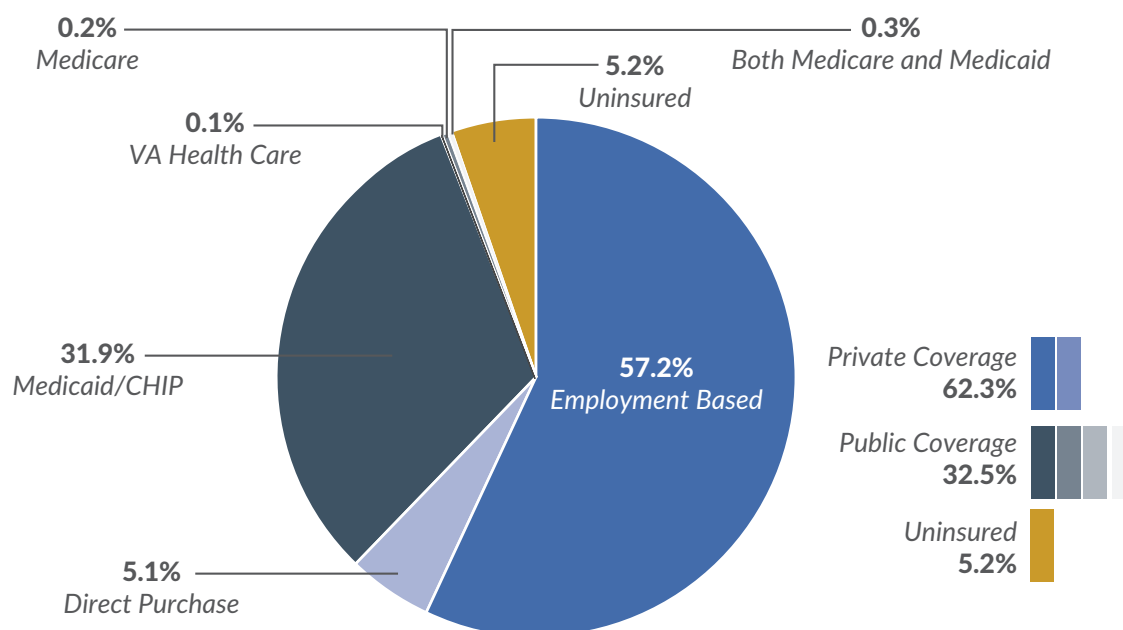
4.1 Sources of Health Insurance Coverage

KANSAS CHILDREN, AGE 0–18

Health insurance coverage typically has been divided into private and public coverage. Private coverage for children may be available through the current or former employer of a parent, or parents may directly purchase coverage for their children, including through the federally facilitated Kansas health insurance marketplace created by the ACA. Public coverage, including Medicaid or CHIP, is more common among children than nonelderly adults because the eligibility rules are more generous for children than adults (Appendix D, page D-2). Kansas has continuous eligibility for Medicaid and CHIP coverage which ensures children stay enrolled in health coverage and continue to have access to services for 12 months. The Public Health Emergency (PHE) also provided extended coverage in Medicaid and CHIP during the COVID-19 pandemic. During the Medicaid unwinding process, increased coverage that resulted from the PHE may decline.

Nearly a Third of Children Are Covered by Medicaid or CHIP

Figure 4.1a Kansas Children Age 0–18: Sources of Health Insurance Coverage, 2021

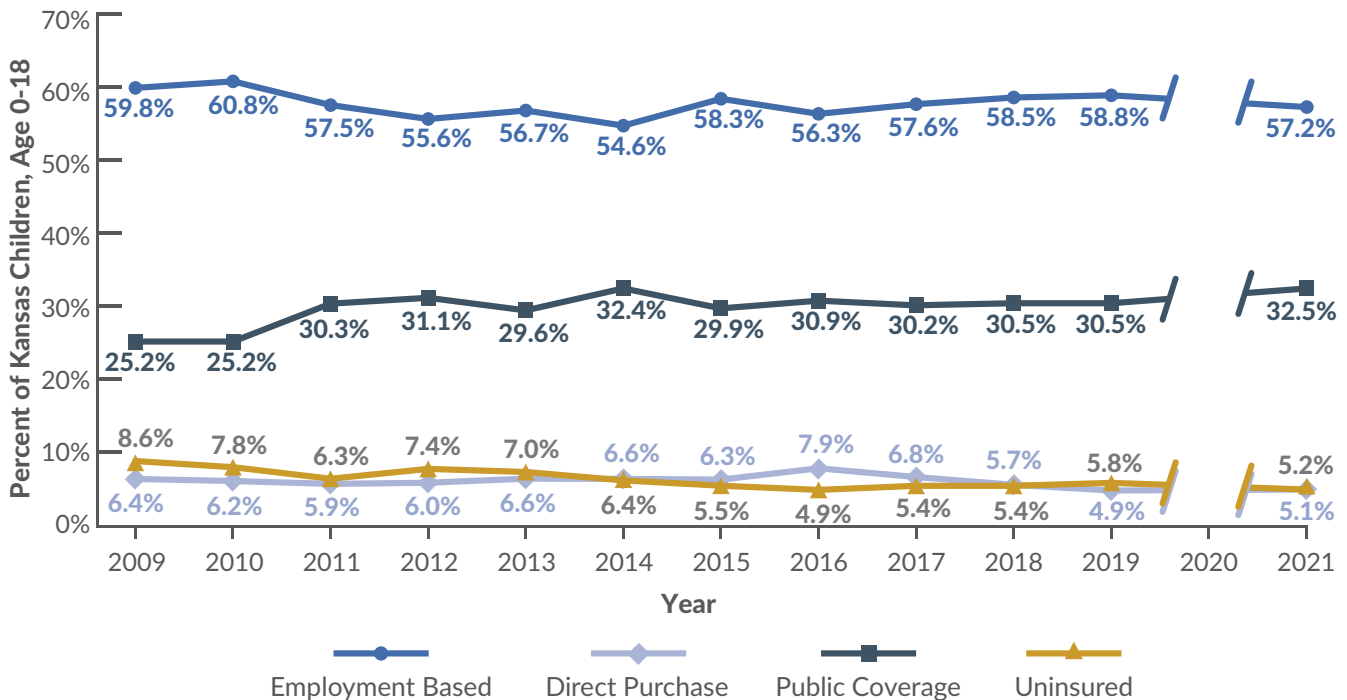


Note: Kansas children age 0–18 (not in institutions) = 741,638. Percentages may not sum to subtotals or 100 percent because of rounding. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA health care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. armed forces (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Gains in Health Insurance Coverage for Children Have Stalled

Figure 4.1b Kansas Children Age 0–18: Trends in Sources of Health Insurance Coverage, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Public coverage includes Medicaid/CHIP, Medicare, both Medicaid and Medicare, and VA health care (Appendix C, page C-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly 6 in 10 (57.2 percent) children were covered by employment-based insurance through a parent's employer.
- Nearly one-third (31.9 percent) of children were covered by Medicaid or CHIP.
- The employment-based coverage rate for children in 2021 was similar to recent years.
- While the uninsured rate for children in 2021 (5.2 percent) was lower than in 2009, it remained similar to recent years.
- While public coverage for children increased overall between 2009 and 2021, it has remained stable since 2011.
- Direct-purchase coverage reached its lowest point in 2019 since the start of the ACA. Although it is not statistically significant, this rate did increase in 2021.

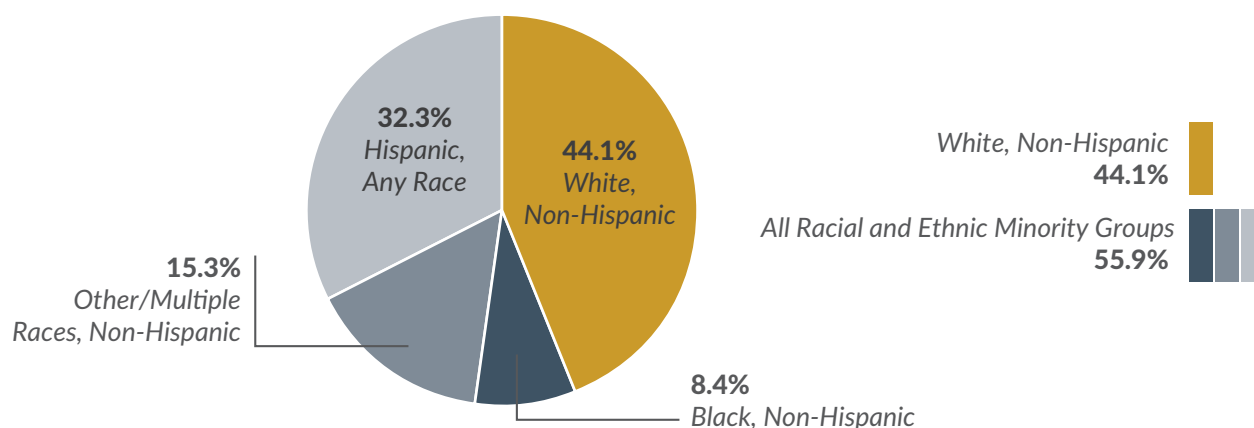
4.2 Uninsured by Race and Ethnicity

KANSAS CHILDREN, AGE 0–18

Even among children, those in racial and ethnic minority groups historically have had higher uninsured rates than their non-Hispanic White peers. While there has been a drop in the uninsured rate for racial and ethnic minority children in Kansas, it could be due to small sample sizes for subgroups of children, which presents a challenge to concluding whether the change is statistically significant.

Nearly 2 in 5 Uninsured Kansas Children Are Non-Hispanic White

Figure 4.2a Uninsured Kansas Children Age 0–18 by Race and Ethnicity, 2021

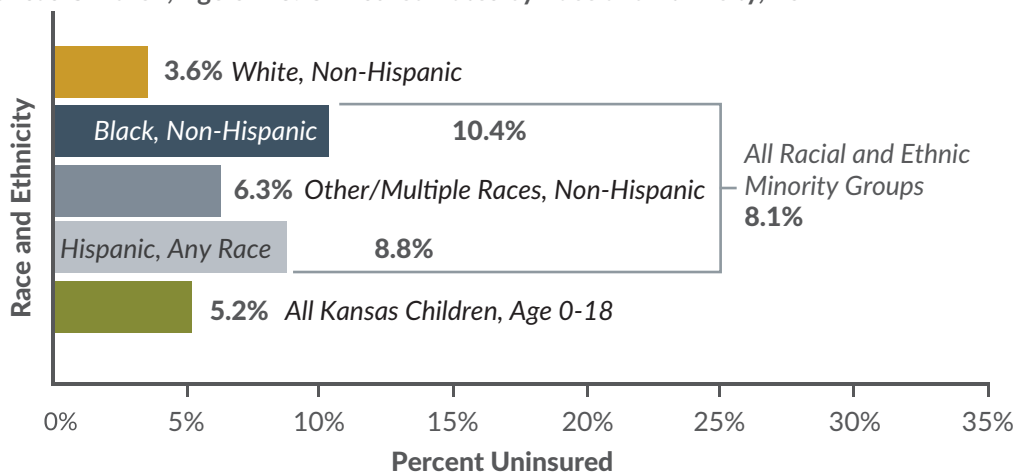


Note: Uninsured Kansas children age 0–18 (not in institutions) = 38,490. Percentages may not sum to 100 percent because of rounding. All racial and ethnic minority groups include Kansans who are non-Hispanic Black, non-Hispanic other/multiple races, and Hispanic, any race (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Children in Racial and Ethnic Minority Groups Are More Likely to be Uninsured

Figure 4.2b Kansas Children, Age 0–18: Uninsured Rates by Race and Ethnicity, 2021

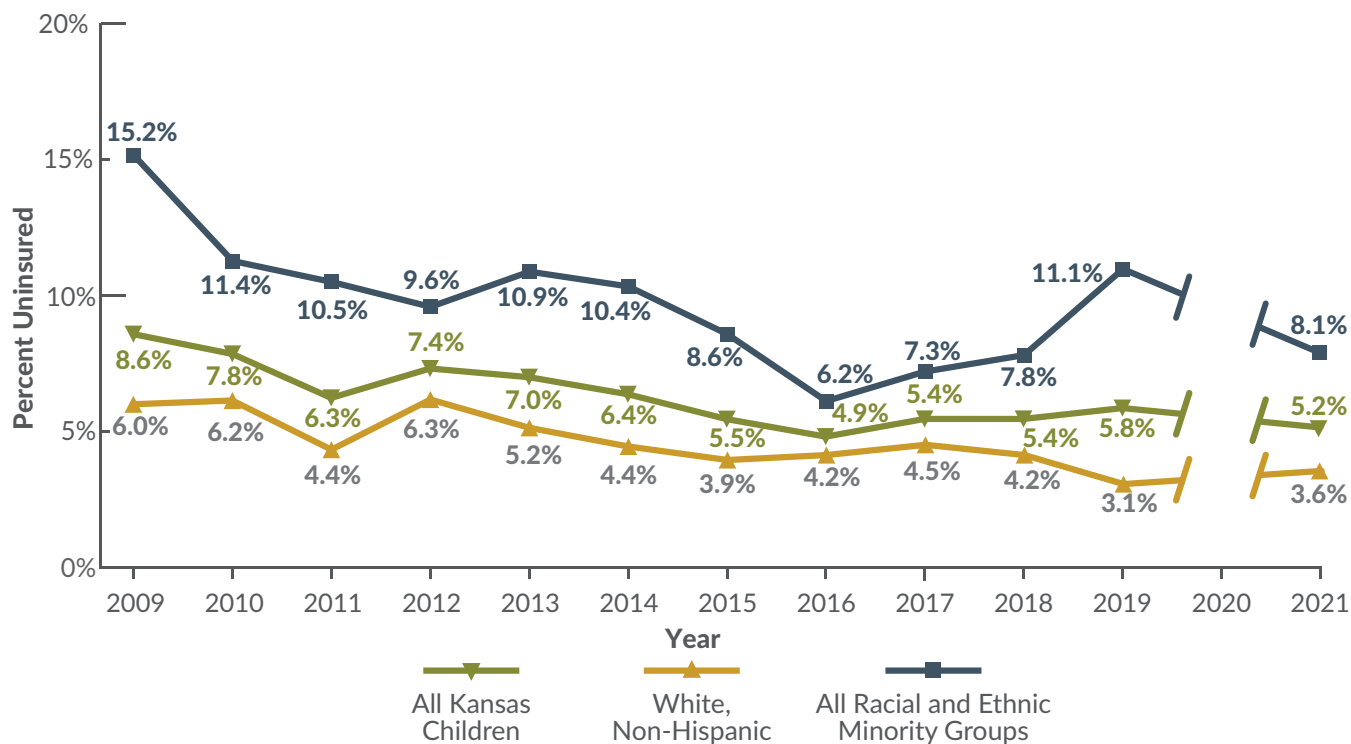


Note: All Kansas children age 0–18 (not in institutions) = 741,638. See Appendix B, page B-1, for definitions of specific racial and ethnic groups.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Racial and Ethnic Disparities in Insurance Coverage for Children Narrow





Figure 4.2c Kansas Children Age 0–18: Uninsured Rates by Race and Ethnicity, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. All racial and ethnic minority groups include Kansans who are non-Hispanic Black, non-Hispanic other/multiple races, and Hispanic, any race (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

-  In 2021, more than 4 in 10 (44.1 percent) uninsured children were non-Hispanic White.
-  In 2021, nearly 1 in 3 (32.3 percent) uninsured children were Hispanic, of any race.
-  In 2021, children in racial and ethnic minority groups were more likely to be uninsured than non-Hispanic White children. The disparity was nearly three times for non-Hispanic Black children (10.4 percent were uninsured compared to 3.6 percent of non-Hispanic White children), followed by more than two times for Hispanic children of any race (8.8 percent were uninsured) and almost two times for non-Hispanic children who identify with more than one race and children from small racial minority groups (6.3 percent were uninsured).
-  While uninsured rates for children in racial and ethnic minority groups and their non-Hispanic White peers have decreased since 2009, the racial and ethnic disparities remain high in 2021 (8.1 percent compared to 3.6 percent).

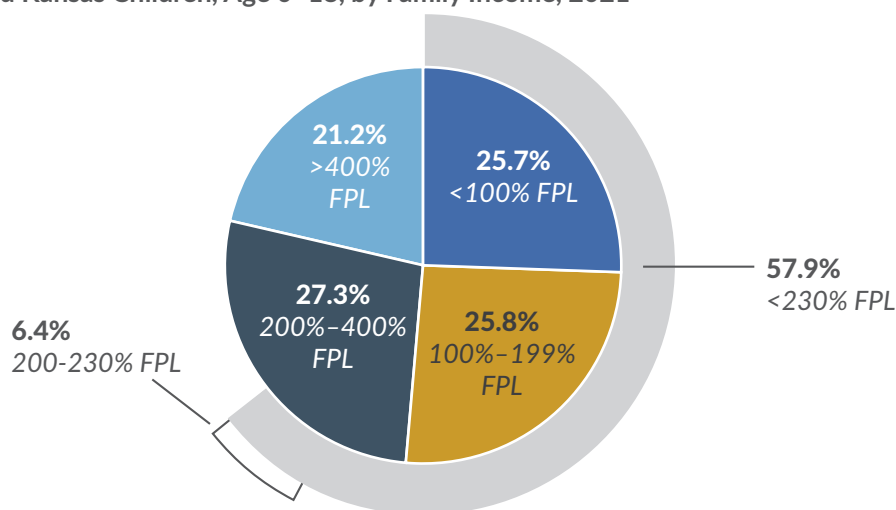
4.3 Uninsured by Family Income

KANSAS CHILDREN, AGE 0–18

The Children's Health Insurance Program (CHIP) and other policies have made insurance coverage for children more affordable. Kansas children living in families earning less than 230 percent FPL (\$60,950 for a family of four in 2021) qualified for Medicaid or CHIP in 2021. Additionally, the ACA made financial assistance to purchase health insurance from the federally facilitated Kansas marketplace available to families with income over the CHIP eligibility threshold up to 400 percent FPL (\$106,000 for a family of four in 2021). This cap was removed in 2021 by the American Rescue Plan Act (ARPA), allowing families with income greater than 400 percent FPL to receive some financial assistance.

Nearly Two-Thirds of Uninsured Children in Kansas Might Already Be Eligible for Medicaid or CHIP

Figure 4.3a Uninsured Kansas Children, Age 0–18, by Family Income, 2021

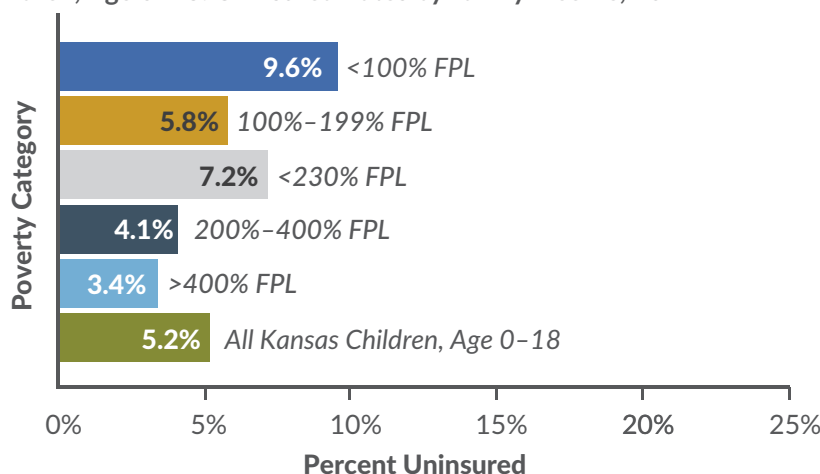


Note: Uninsured Kansas children age 0–18 with income information (not in institutions) = 36,053. Percentages may not sum to 100 percent because of rounding. Children living in families with income less than 230 percent FPL (\$60,950 for a family of four in 2021) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Children Living Below Poverty Most Likely to Lack Insurance

Figure 4.3b Kansas Children, Age 0–18: Uninsured Rates by Family Income, 2021

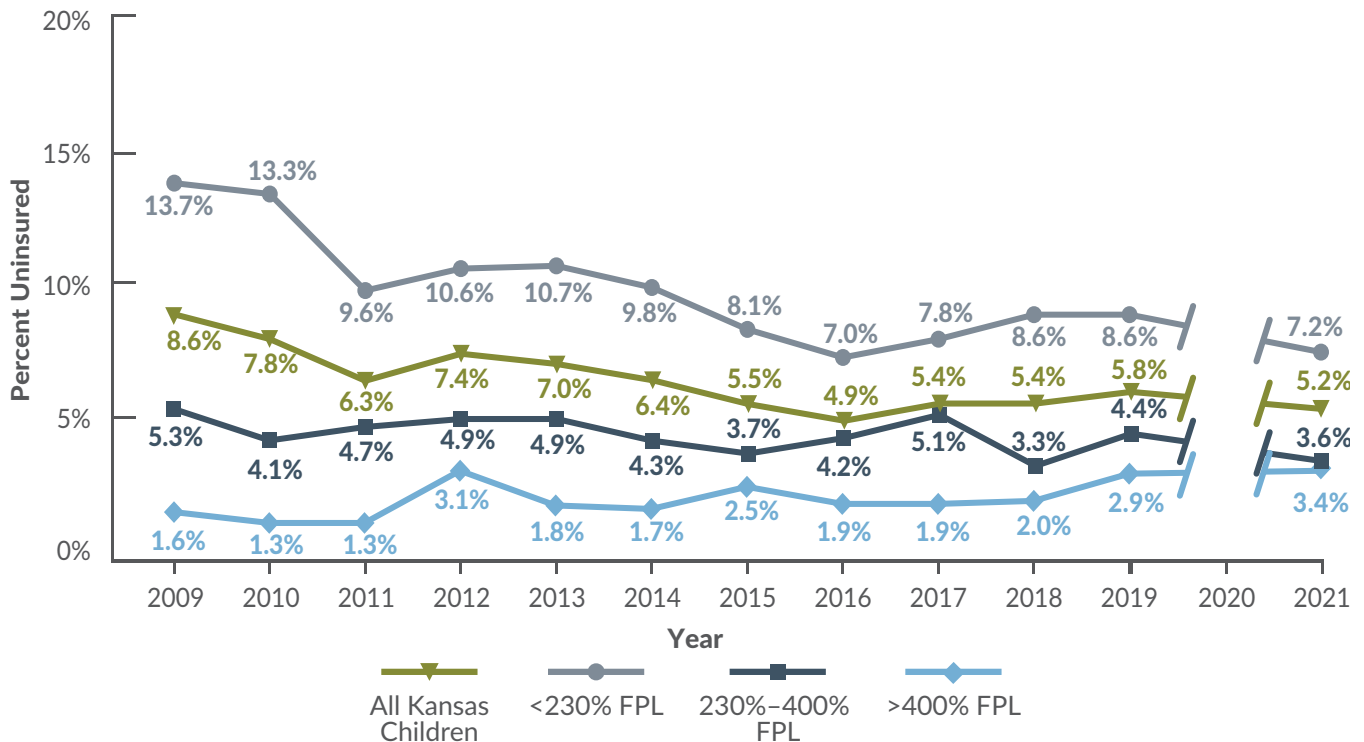


Note: Kansas children age 0–18 with income information (not in institution) = 723,322. Children living in families with income below 230 percent FPL (\$60,950 for a family of four in 2021) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Uninsured Rate for Children Likely Eligible for Medicaid or CHIP Has Improved but Remains High

Figure 4.3c Kansas Children Age 0-18: Uninsured Rates by Family Income, 2009-2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Children living in households with income below 230 percent FPL (\$60,950 for a family of four in 2021) might qualify for Medicaid or CHIP (Appendix D, page D-1). The eligibility threshold for CHIP changes each year.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009-2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- More than half (57.9 percent) of uninsured children were living in families with income less than 230 percent FPL and might have qualified for Medicaid or CHIP in 2021.
- An additional 1 in 5 (20.9 percent) uninsured children might have qualified for financial assistance on the Kansas marketplace under the ACA, as their family income was between 230 and 400 percent FPL.
- Children in families with income below the federal poverty level were nearly 2.8 times more likely to be uninsured than those in families with income more than 400 percent FPL (9.6 percent compared to 3.4 percent).
- While the uninsured rate for children living in families with income less than 230 percent FPL decreased between 2009 and 2021 (13.6 percent compared to 8.6 percent), it remained the same for those children from 2019 to 2021.

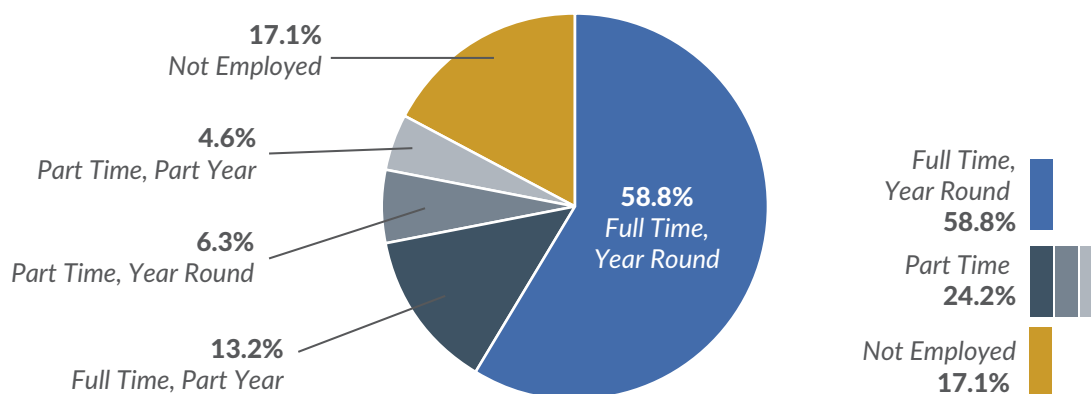
4.4 Uninsured by Head of Household Employment Status

KANSAS CHILDREN, AGE 0–18

While employment makes it more likely a person will be insured, it does not guarantee it. Whether or not an employer offers health insurance, the eligibility of the employee and dependents for coverage, and the affordability and value of health insurance are all factors that contribute to the likelihood the employees and dependents are insured. In this section, the employment of the head of household (employed parent) is considered full time if an individual worked 35 hours or more per week and year round if an individual worked at least 50 weeks in the last 12 months.

Eight in 10 Uninsured Children Live in Working Families

Figure 4.4a Uninsured Kansas Children, Age 0–18, by Head of Household Employment Status, 2021

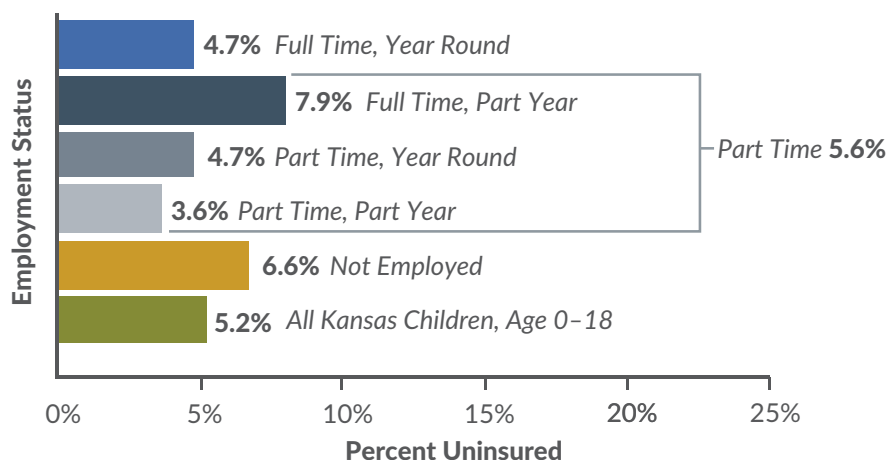


Note: Uninsured Kansas children age 0–18 (not in institutions) = 38,490. Percentages may not sum to 100 percent or subtotal because of rounding. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Uninsured Rates for Children are Similar Among Households with Varied Employment Status

Figure 4.4b Kansas Children, Age 0–18: Uninsured Rates by Householder Employment Status, 2021

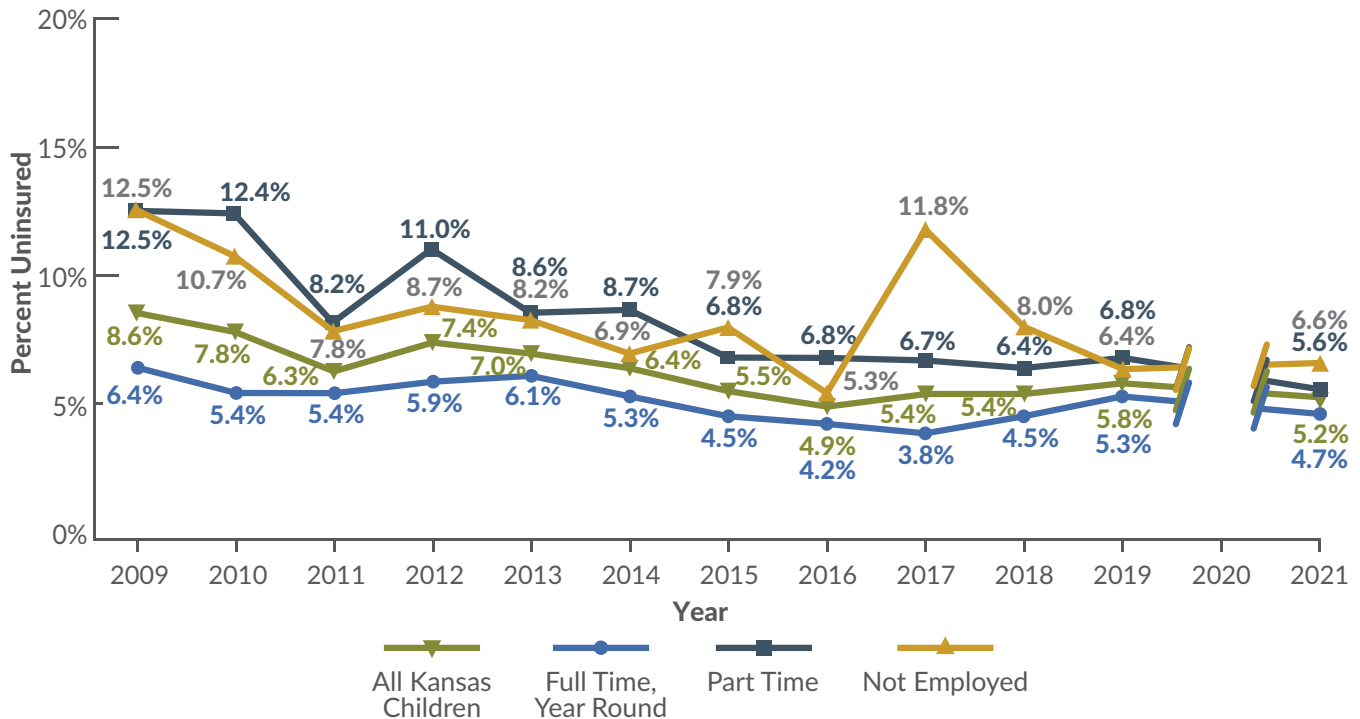


Note: All Kansas children age 0–18 (not in institutions) = 741,638. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months. Part time combines workers who reported full-time, part-year; part-time, year-round; or part-time, part-year employment (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 American Community Survey Public Use Microdata Sample files.

Uninsured Rate Remains Steady in Recent Years Among Children Living in Working Families

Figure 4.4c Kansas Children Age 0–18: Uninsured Rates by Employment Status of Head of Household, 2009–2021



Note: Due to the COVID-19 pandemic's effect on federal survey data collection, the U.S. Census Bureau did not provide standard ACS 1-Year data for 2020. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months. Part time combines workers who reported full-time, part-year; part-time, year-round; or part-time, part-year employment (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly 6 in 10 (58.8 percent) uninsured Kansas children age 0–18 lived in families where the head of household worked full time, year round.
- Most (82.9 percent) uninsured children lived in families where the head of household was working at least part time during the year.
- Across various employment statuses of the heads of household, there were no statistically significant differences in the uninsured rates among children living with them.

Between 2009 and 2021, the uninsured rate for children in families headed by unemployed Kansans or part-time workers decreased (12.5 percent to 6.6 percent, and 12.5 percent to 5.6 percent, respectively), but it remained similar for children in families headed by full-time, year-round workers.

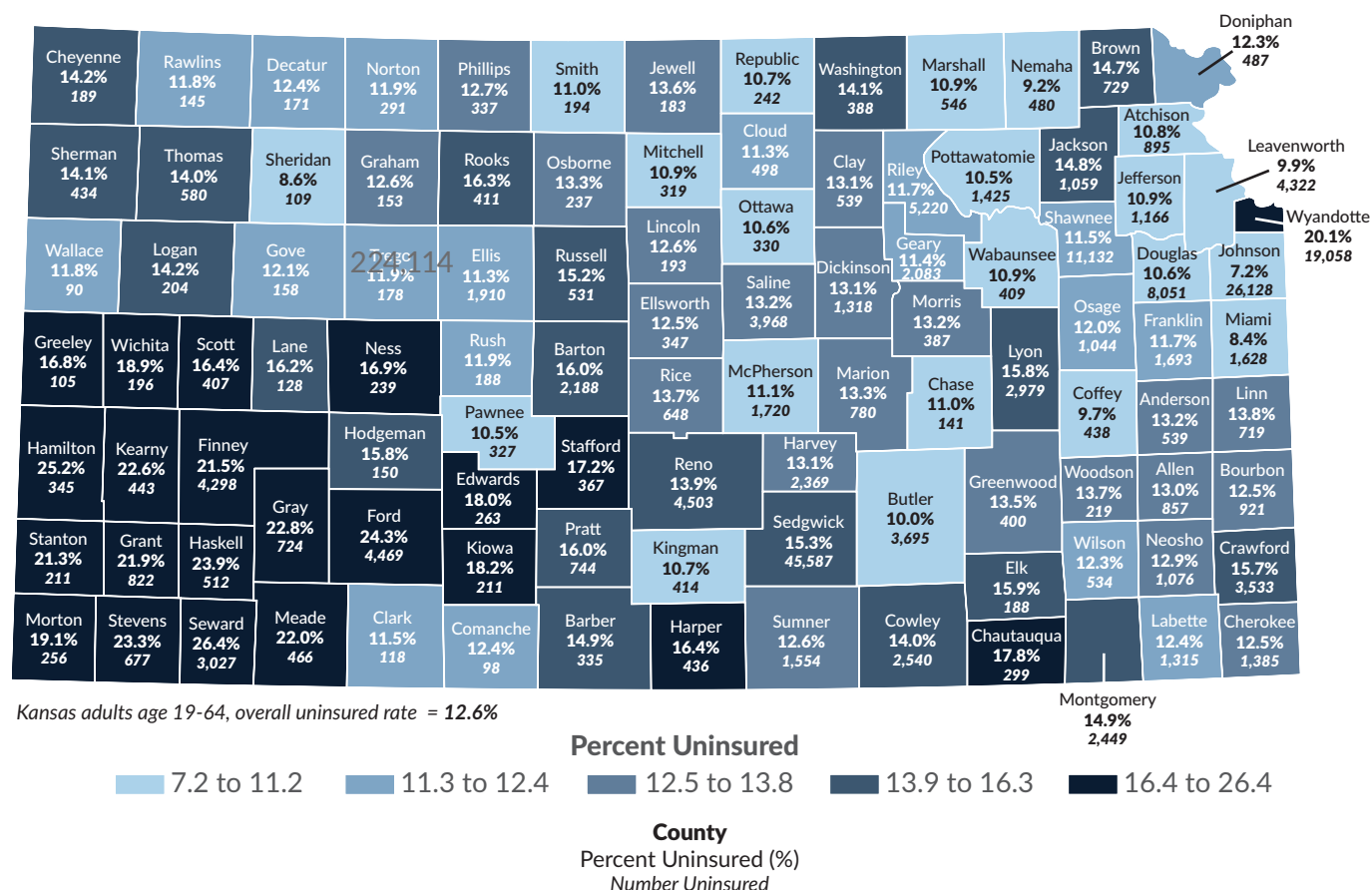
5. KANSAS COUNTY PERSPECTIVE

5.1 Uninsured Adults by County

At the beginning of 2022, the U.S. Census Bureau released the 2020 Small Area Health Insurance Estimates (SAHIE), which provide county-level uninsured rates. While the earlier sections in this report provide the 2021 statewide uninsured rate, the county-level data in this section of the report are one year older due to when the U.S. Census Bureau releases the data.

Uninsured Rate for Nonelderly Adults Varies More Than Three-Fold Across Kansas Counties

Figure 5.1 Kansas Adults, Age 19–64: Uninsured Rates and Numbers by County, 2020



Note: Uninsured Kansas adults age 19-64 (noninstitutionalized civilians) = 207,141.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2020 Small Area Health Estimates.

Key Points

- More than half (53.1 percent) of uninsured nonelderly adults lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- The uninsured rate differed by 3.7 times between Kansas counties with the highest and lowest uninsured rates for nonelderly adults: 26.4 percent in Seward County (Southwest Kansas) and 7.2 percent in Johnson County (Northeast Kansas).
- The uninsured rate for nonelderly adults in Wyandotte County was 2.8 times higher than in Johnson County and 2.1 times higher than in Leavenworth County (20.1 percent, 7.2 percent and 9.9 percent, respectively).

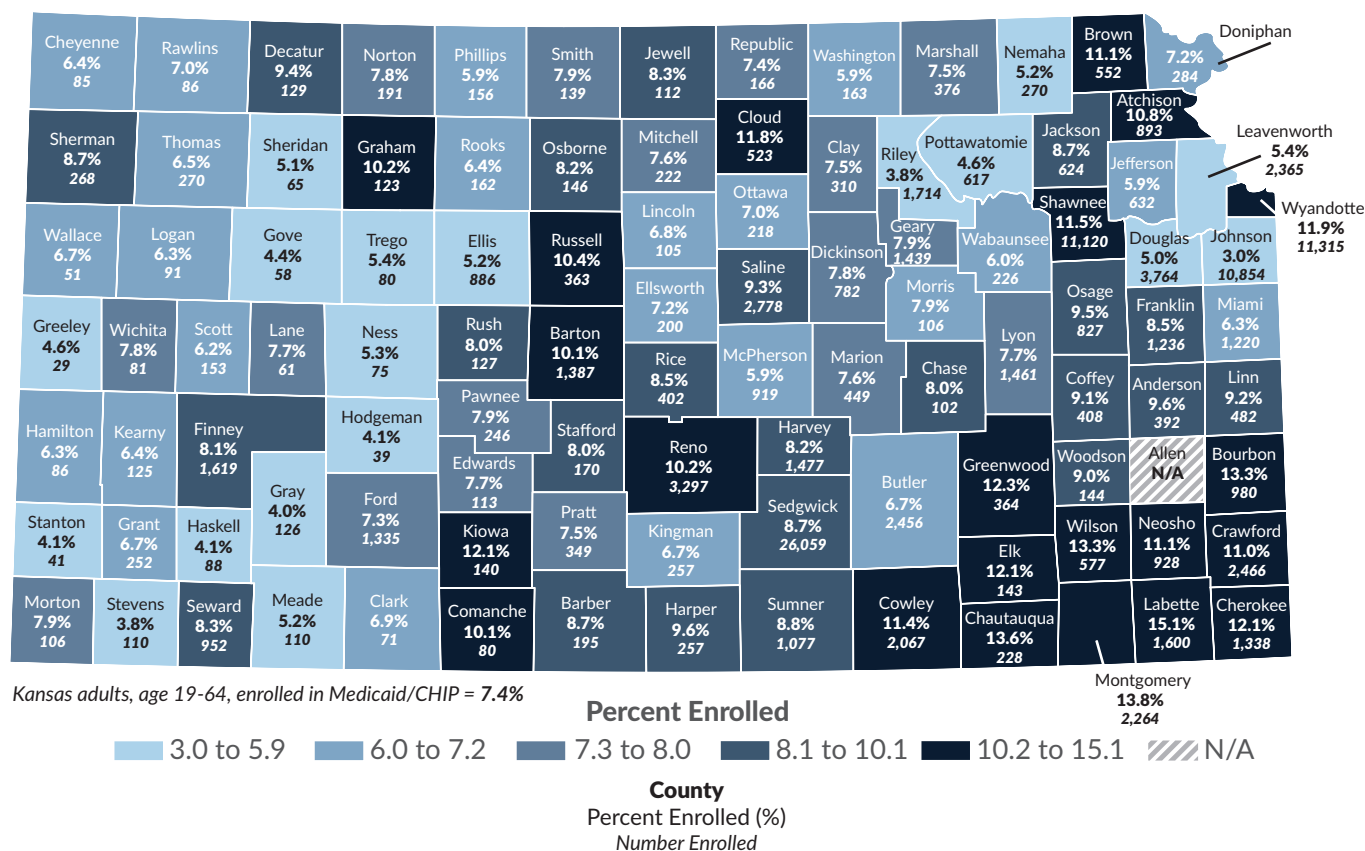
5.2 Adults Enrolled in Medicaid/CHIP by County

KANSAS ADULTS, AGE 19–64

Some Kansas adults age 19–64 qualify for public health insurance programs such as Medicaid. Eligibility for adults is based on a variety of factors (e.g., assets) and varying income requirements, and is mainly offered to parents or caretakers of children, pregnant women, and Kansans with disabilities. See *Figure D.2*, page D-2, for more information on eligibility guidelines for these programs.

Medicaid Enrollment for Nonelderly Adults Varies Five-Fold Across Kansas Counties

Figure 5.2 Kansas Adults, Age 19–64: Percent Enrolled in Medicaid/CHIP by County, 2020



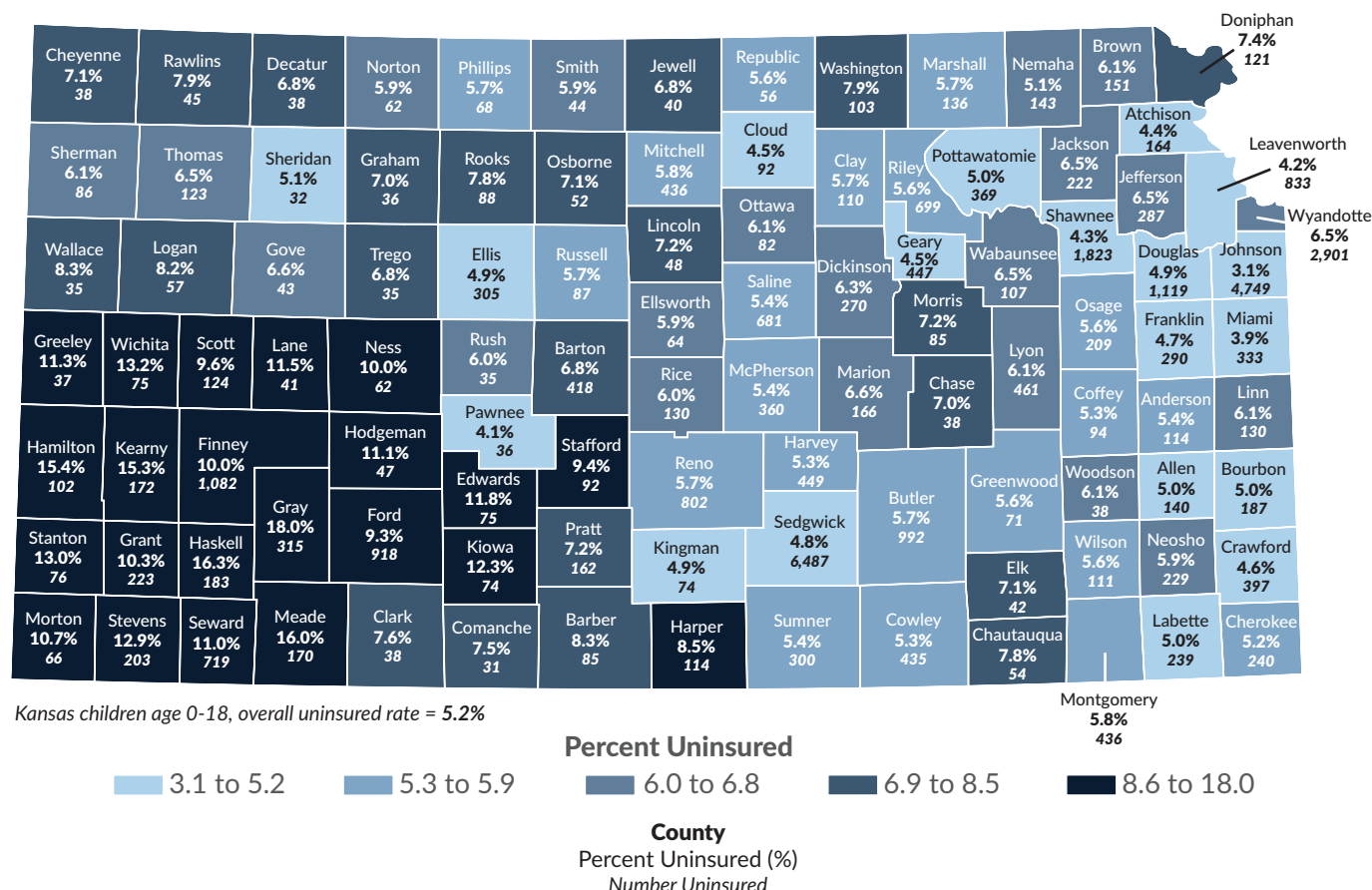
5.3 Uninsured Children by County

KANSAS CHILDREN, AGE 0–18

At the beginning of 2022, the U.S. Census Bureau released the 2020 Small Area Health Insurance Estimates (SAHIE), which provides county-level uninsured rates. While the earlier sections in this report provide the 2021 statewide uninsured rate, the county-level data in this section of the report are one year older due to when the U.S. Census Bureau releases the data.

Children's Uninsured Rate Varies Five-Fold Across Kansas Counties

Figure 5.3 Kansas Children, Age 0–18: Uninsured Rates and Numbers by County, 2020



Note: Uninsured Kansas children age 0-18, (noninstitutionalized civilians) = 37,071.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2020 Small Area Health Estimates.

Key Points

- While uninsured rates for children were relatively low in the five largest counties — Douglas, Johnson, Sedgwick, Shawnee and Wyandotte — almost half (46.1 percent or 17,079) of uninsured children lived in these counties.
- Counties in Southwest Kansas generally had the highest uninsured rate for children age 0–18, while counties in Northeast Kansas generally had the lowest uninsured rate for children.
- There was a nearly six-fold difference between Kansas counties with the highest and lowest uninsured rates for children in 2020 (18.0 percent in Gray County and 3.1 percent in Johnson County).

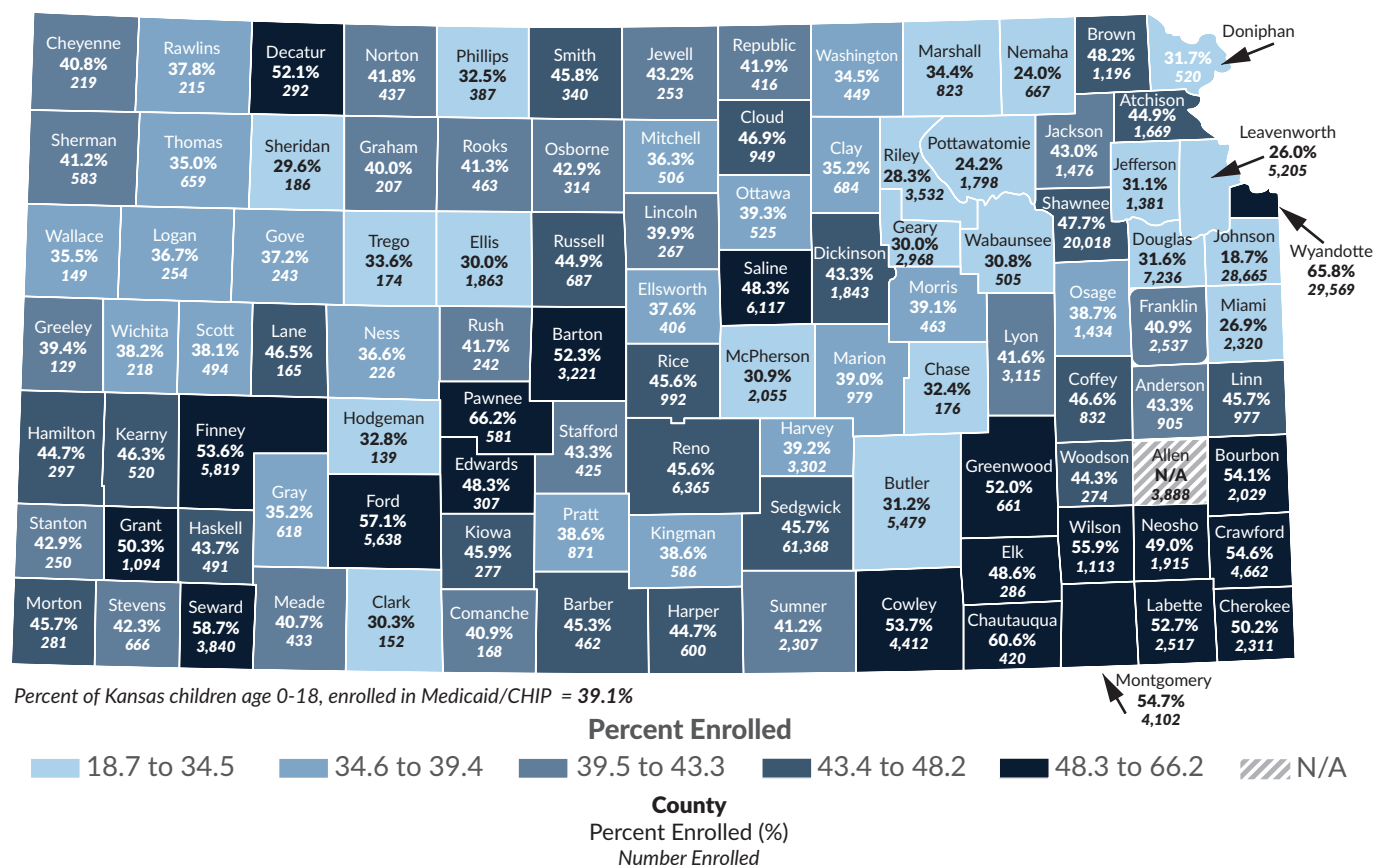
5.4 Children Enrolled in Medicaid/CHIP by County

KANSAS CHILDREN, AGE 0–18

Some Kansas children age 0–18 qualify for public health insurance programs like Medicaid or CHIP. Eligibility for children is based on age and family income. In 2020, children in families making up to 232 percent FPL (\$60,784 for a family of four in 2020) were eligible for Medicaid or CHIP.

Medicaid Enrollment for Children is Higher in Southeast Kansas

Figure 5.4 Kansas Children Age 0–18: Percent and Number Enrolled in Medicaid/CHIP by County, 2020



Note: Medicaid/CHIP enrollees age 0–18 = 280,716. Percent enrolled in Medicaid/CHIP is calculated using the average monthly enrollment of Kansas children age 0–18 in each county and dividing by the population of children age 0–18 in each county. Data for Allen County are under review and excluded from this analysis.

Source: Kansas Health Institute analysis of beneficiary file extract from the Kansas Department of Health and Environment.

Key Points

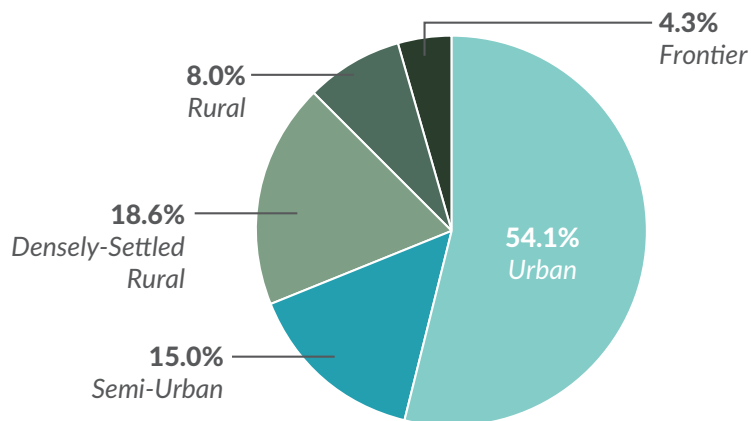
- Nearly 4 in 10 (39.1 percent) Kansas children were enrolled in Medicaid or CHIP.
- More than half (52.3 percent) of Kansas children enrolled in Medicaid or CHIP lived in one of the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- In 2020, there was more than a three-fold difference between Kansas counties with the highest and lowest percentage of children age 0–18 enrolled in Medicaid or CHIP (66.2 percent in Pawnee County and 18.7 percent in Johnson County).

5.5 Uninsured by County Urban-Rural Classification, Kansans Age 0–64

While Kansas has made strides in reducing the uninsured rate since 2009, there is a gap in insurance coverage between urban and rural areas. Kansans living in less densely populated counties (those with 39.9 persons per square mile or fewer) had higher uninsured rates (12.2 percent) than Kansans in more densely populated counties (9.7 percent). The highest uninsured rate, 13.3 percent, was for residents of frontier counties (those with less than 6.0 persons per square mile). Counties were classified into five peer groups by population density for the analysis. While most sections of this report provide statewide data from 2021, the county-level data here are one year older due to when the U.S. Census Bureau releases the Small Area Health Insurance Estimates (SAHIE).

Most Uninsured Kansans Age 0–64 Live in Urban Areas

Figure 5.5a Uninsured Kansans, Age 0–64, by County Urban-Rural Classification, 2020

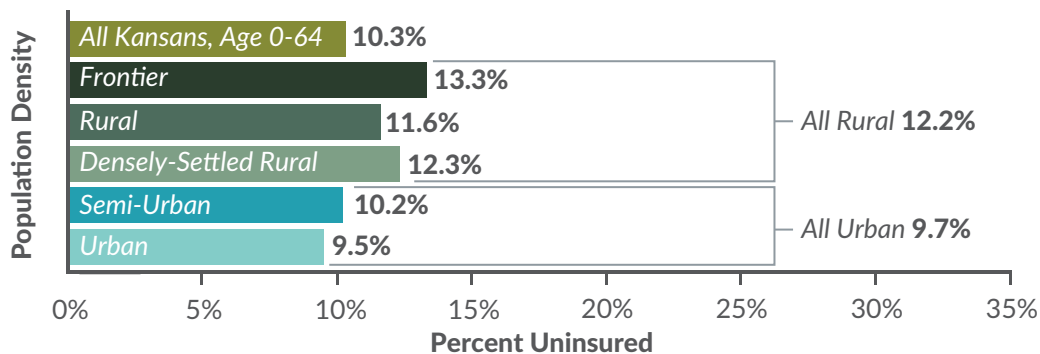


Note: Uninsured Kansans age 0–64 (not in institutions) = 244,212. The uninsured rate for Kansans age 0–64 was calculated by taking the number of uninsured Kansans age 0–64 and dividing by the total number of Kansans age 0–64. Peer groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2020 Small Area Health Insurance Estimates.

Kansans Age 0–64 Living in Frontier Counties Most Likely to be Uninsured

Figure 5.5b Kansans Age 0–64: Uninsured Rate by County Urban-Rural Classification, 2020

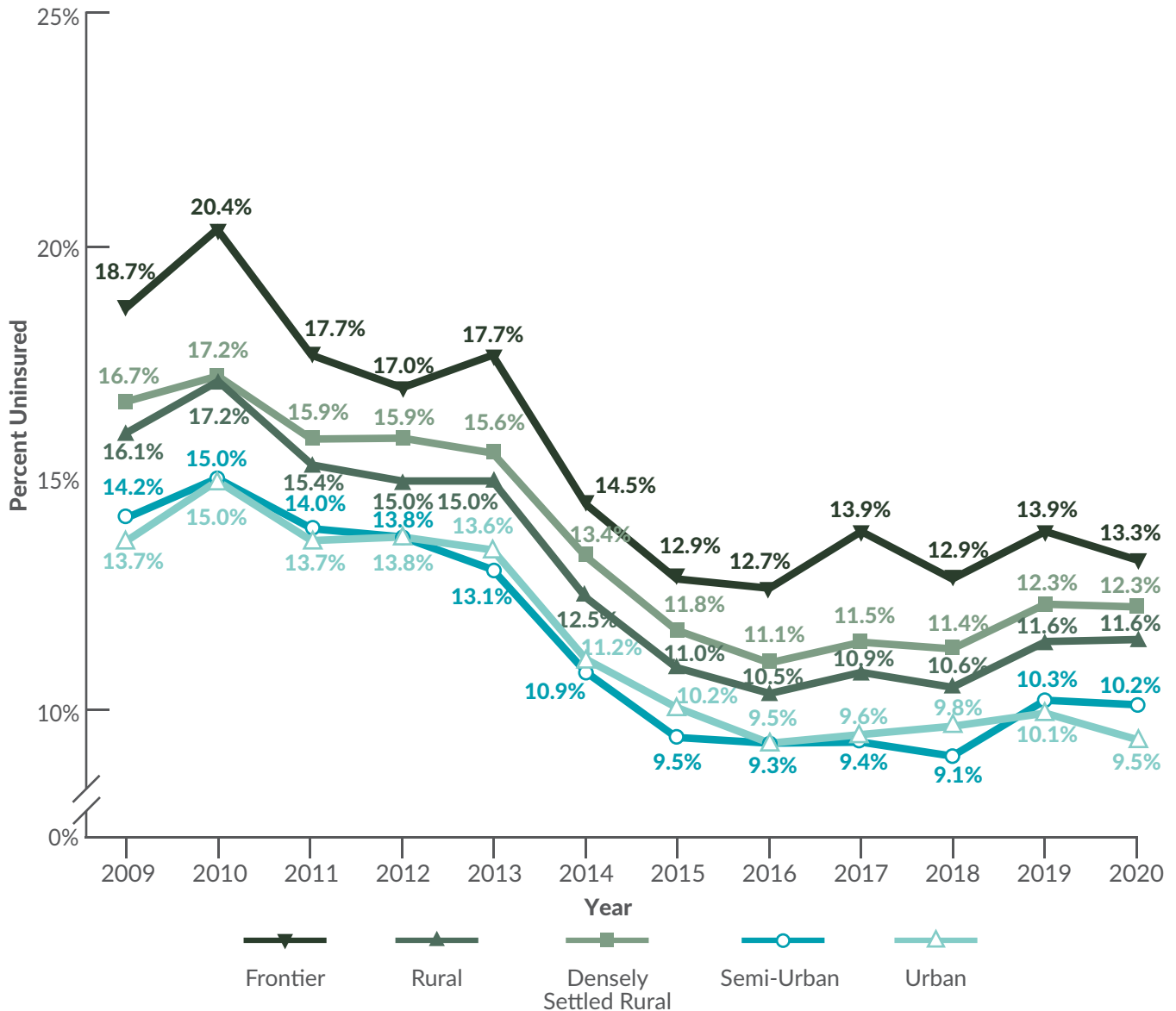


Note: Uninsured Kansans age 0–64 (not in institutions) = 2,363,952. The uninsured rate for Kansans age 0–64 was calculated by taking the number of uninsured Kansans age 0–64 and dividing by the total number of Kansans age 0–64. Peer groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2020 Small Area Health Insurance Estimates.

The Disparities in Insurance Coverage Have Remained Constant Between Urban and Rural Areas

Figure 5.5c Percent Uninsured Kansans Age 0–64 by Rural-Urban Classification, 2009–2020

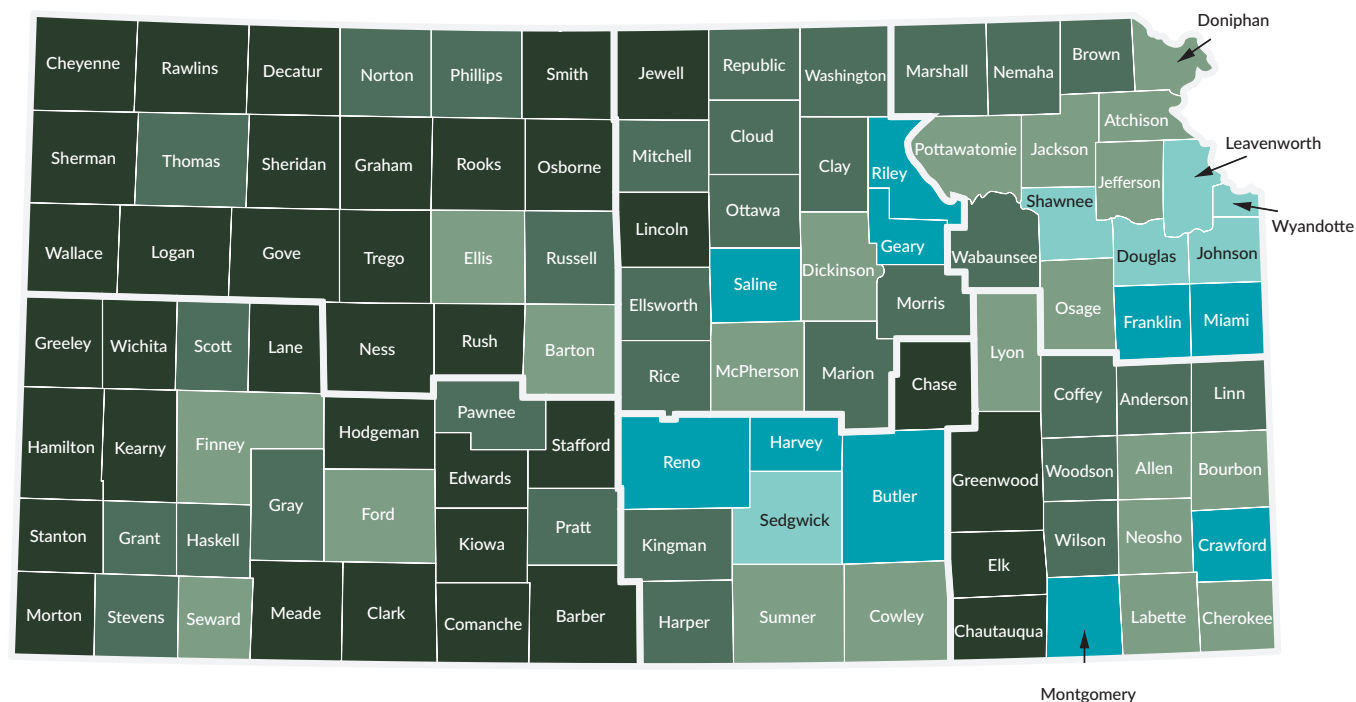


Note: The uninsured rate for Kansans age 0–64 was calculated by taking the number of uninsured Kansans age 0–64 and dividing by the total number of Kansans age 0–64. Peer groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2020 Small Area Health Insurance Estimates.

89 of 105 Kansas Counties are Rural

Figure 5.5d County Urban-Rural Classification, 2020



County Peer Group	Percent Enrolled					All Uninsured Kansans Age 0-64
	Frontier	Rural	Densely Settled Rural	Semi-Urban	Urban	
Uninsured Rate (%)	13.3%	11.6%	12.3%	10.2%	9.5%	10.3%
Number Uninsured	10,396	19,651	45,308	36,667	132,190	244,212

ALL RURAL

- Frontier Counties: <6.0 persons per square mile
- Rural Counties: 6.0-19.9 persons per square mile
- Densely Settled Rural Counties: 20.0-39.9 persons per square mile

ALL URBAN

- Semi-Urban Counties: 40.0-149.9 persons per square mile
- Urban Counties: 150.0 or more persons per square mile

Note: Uninsured Kansans age 0-64 (not in institutions) = 244,212. The uninsured rate for Kansans age 0-64 was calculated by taking the number of uninsured Kansans age 0-64 and dividing by the total number of Kansans age 0-64. Peer groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2020 Small Area Health Insurance Estimates.

Key Points

- A majority of uninsured Kansans lived in urban counties (54.1 percent).
- Residents of densely settled rural, rural and frontier counties on average had higher uninsured rates than their urban counterparts.
- Frontier counties had the highest uninsured rate for Kansans age 0-64 (13.3 percent), while the lowest rate was in urban counties (9.5 percent).
- Despite the decline of the uninsured rate across all county groups since 2009, the disparities in insurance coverage have remained constant between urban and rural areas.

APPENDICES

A. About the Data

Health insurance coverage rates in Kansas and the U.S. typically are estimated through survey responses. Surveys can differ in their design, target population and sample size. The timing of data collection varies between surveys from a short span of days to months or on a rolling basis throughout the year. The surveys can be administered by postal mail, internet, phone or in person. The options and organization for questions related to the source of insurance coverage also can differ. Respondents could be asked whether they have insurance coverage currently (a point in time) or at any time during the past month or the past year. Therefore, because of different survey designs, differences in the insurance coverage rate across surveys are expected. The sources of data used in this report are described below and on page A-2.

THE AMERICAN COMMUNITY SURVEY PUBLIC USE MICRODATA SAMPLE

The American Community Survey (ACS), administered by the U.S. Census Bureau, is an ongoing nationwide survey sent to approximately 295,000 addresses per month. Of households that receive the ACS form, a subset also receives a follow-up, in-person interview. The ACS collects population and housing information every year, thus providing up-to-date information about the U.S. population. As part of the survey, respondents are asked if they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent point-in-time coverage for a large sample of individuals throughout the year.

This report uses the ACS Public Use Microdata Sample (PUMS) data set, which is a subsample of ACS housing units and group quarters that contains the full range of responses collected on individual ACS questionnaires. The PUMS files allow for a reliable, detailed and customized analysis of health insurance status by several demographic characteristics at the state level.

The PUMS files contain responses for households and individuals, where individuals are organized into households, so that it is possible to study insurance status within the context of people's families or other household members.

The 2021 PUMS sample included 28,957 Kansans not residing in institutional settings — meaning people not living in institutions such as correctional facilities, nursing facilities or state hospitals — representing about one percent of the population.

PUMS files contain cases from nearly every town and county in the United States. However, towns and counties are not identified in the PUMS datasets. The most detailed unit of geography available in PUMS data is the Public Use Microdata Area (PUMA). PUMAs are special non-overlapping areas that partition each state into contiguous geographic units containing no fewer than 100,000 people each. Beginning with the 2012 ACS PUMS, the files rely on PUMA boundaries that were drawn by state governments after the 2010 Census. An interactive mapping application, TIGERweb, can be used to view the PUMA boundaries.

SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE)

The Small Area Health Insurance Estimates (SAHIE) program was created by the U.S. Census Bureau to provide model-based estimates of health insurance coverage for counties and states. SAHIE is the only source for single-year estimates of health insurance coverage in all counties in the U.S.

The model-based estimates are derived from the ACS health insurance estimates of the civilian population not residing in institutions. Adjustments to the ACS estimates are made with demographic input from the Census Bureau's Current Population Estimates and the 2010 Census; economic input from aggregated federal tax returns and the Census Bureau's

County Business Patterns; and federal program participation data from sources such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children's Health Insurance Program (CHIP).

SAHIE data can be used to analyze geographic variations in health insurance coverage, as well as disparities in coverage by race and ethnicity, sex, age and income levels that reflect thresholds for state and federal assistance programs. Consistent estimates are available from 2008 to 2020.

Each year's estimates are adjusted so that, before rounding, the county estimates sum to their respective state totals. For key demographics, the state estimates sum to the national ACS estimates of the number of insured and uninsured. The most recent year of SAHIE data available is 2020 which is used in this report to provide estimates of the uninsured rate for each county in Kansas.

MARKETPLACE ENROLLMENT

The marketplace enrollment data used in the Infographic for Health Insurance in Kansas 2021 were retrieved from the 2021 Marketplace Open Enrollment Period Public Use Files from the Centers for Medicare and Medicaid Services. Individuals, families and small employers in Kansas can compare private health insurance plans and directly purchase health insurance coverage on the federally facilitated marketplace. The U.S. Department of Health and Human Services established the marketplace in Kansas on October 1, 2013, using the federal HealthCare.gov platform. In 2021, the six insurers offering plans on the marketplace were Blue Cross Blue Shield of Kansas, Blue Cross Blue Shield of Kansas City, Ambetter from Sunflower Health Plan, Medica Insurance Company, Cigna Health and Life Insurance Company, and Oscar Insurance Company. The 2021 plan year open enrollment period was held from November 1 – December 15, 2020, and the special enrollment period was extended to August 15, 2021, due to the American Rescue Plan Act.

STATISTICAL SIGNIFICANCE

KHI calculated and compared the percentages of uninsured Kansans across time and by subgroups of interest (e.g., age, poverty category) using PUMS data. KHI also examined the percentage of Kansans with various forms of private and public health insurance. The observed differences between population groups were not necessarily statistically different, particularly when there was a small number of Kansans from a population group represented in the survey. Therefore, statistical tests were performed to account for the number of people in each population group and the variability in the data. Unless otherwise noted, all differences noted in the text are statistically significant at the 95 percent confidence level (p-value <0.05).

B. Glossary of Terms

The following terms were used by KHI in this report. Unless attributed to a specific source, the terms reflect broadly used definitions.

AGE

- Children: Persons age 0–18.
- Nonelderly Adults: Persons age 19–64.
- Young Adults: Persons age 19–25.
- Older Adults: Persons age 65 and older.

RACE AND ETHNICITY

- White, Non-Hispanic: Race reported as White (origins in any of the original peoples of Europe, the Middle East or North Africa) but not of Hispanic or Latino origin.
- Black, Non-Hispanic: Race reported as Black or African American (origins in any of the Black racial groups of Africa) but not of Hispanic or Latino origin.
- Other/Multiple Races, Non-Hispanic: Includes non-Hispanic ethnicity in the following racial categories: American Indian alone; Alaska Native alone; American Indian and Alaska Native tribes, specified or American Indian or Alaska Native, not specified and No Other Races; Asian alone; Native Hawaiian and Other Pacific Islander alone; Some Other Race alone; and/or Two or More Races.
- Hispanic, Any Race: Ethnicity of Hispanic or Latino origin (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) and can be of any race.
- All Racial and Ethnic Minority Groups: Race reported as Black, Non-Hispanic; Other/Multiple Races, Non-Hispanic; and Hispanic, Any Race.

FAMILY INCOME

Family income is defined as the total reported income of the householder and anyone related to the householder by birth, marriage or adoption. For the purposes of this report, income is presented as a percentage of the federal poverty level (FPL), which is based upon the U.S. Census Bureau's definition of federal poverty thresholds.

The FPL varies by family size, the number of children in the family, and for one- or two-person households whether the person or couple is age 65 and older. The same FPL is assigned to all people in the household who are related to the householder by birth, marriage or adoption.

EMPLOYMENT STATUS

- Full Time, Year Round: Works 35 hours or more per week (not necessarily for one employer) and was employed or worked for 50 weeks or more in the last 12 months.
- Part Time: Employment reported as full time, part year; part time, year round; or part time, part year. Each is defined as:
 - › Full Time, Part Year: Works 35 hours or more per week (not necessarily for one employer) and was employed or worked fewer than 50 weeks in the last 12 months.
 - › Part Time, Year Round: Works fewer than 35 hours per week (not necessarily for one employer) and was employed or worked for 50 weeks or more in the last 12 months.
 - › Part Time, Part Year: Works fewer than 35 hours per week (not necessarily for one employer) and was employed or worked fewer than 50 weeks in the last 12 months.
- Not Employed: Has not worked for the last 12 months, or not in the labor force.

C. Types of Health Insurance Coverage

PRIVATE HEALTH INSURANCE

Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company. The U.S. Census Bureau classifies private health insurance in the following ways:

- Employment-based health insurance coverage is offered through an individual's or family member's employment. It could be offered by an employer or by a union.
 - › Military/TRICARE is considered employment-based coverage. It is a military health care program for active duty and retired members of the uniformed services, their families and survivors.
- Direct-purchase health insurance is purchased either directly from a private company or on the federally facilitated marketplace created by the ACA.

PUBLIC HEALTH INSURANCE

Public health insurance refers to coverage provided through government-sponsored health programs — plans funded at the federal, state or local levels. The U.S. Census Bureau classifies public health insurance in the following ways:

- Medicare,
- Medicaid,
- Children's Health Insurance Program (CHIP), and
- VA Health Care.

Medicare is a federal health care program that provides coverage for people age 65 and older, and for certain people under age 65 with long-term disabilities.

Medicaid is a program administered at the state level that provides medical assistance. Families with dependent children, pregnant women,

people with disabilities, children of families with low income and older adults who meet eligibility requirements might be eligible for Medicaid (Fig. D.2, page D-2). The ACA provides enhanced federal funding to cover newly eligible adults with income up to 138 percent of FPL; however, as of June 1, 2023, Kansas has not expanded Medicaid under the ACA.

In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. States can apply to the Centers for Medicare and Medicaid Services for a waiver of federal law to expand health insurance coverage beyond these groups.

Dual eligibles are individuals who qualify for both Medicare and Medicaid due to limited financial resources and high expected service needs.

The Children's Health Insurance Program (CHIP) is a federal program administered at the state level that provides health care coverage to children who are not eligible for the Medicaid program and who live in families that earn less than a certain percent of FPL. The Kansas CHIP income eligibility for 2021 was a family income under 230 percent FPL, or \$60,950 for a family of four.

Figure D.2 (page D-2) outlines applicable Kansas income eligibility requirements for Medicaid and CHIP.

KanCare, the program through which the state of Kansas administers Medicaid and CHIP, began in January 2013. Kansas contracted with three publicly traded, for-profit health plans — or managed care organizations (MCOs) — to coordinate health care for nearly all Medicaid and CHIP beneficiaries. The KanCare health plans in 2021 were Aetna Better Health of Kansas, Sunflower Health Plan and United

Healthcare Community Plan of Kansas. The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the state of Kansas. KDHE maintains financial management and contract oversight of the KanCare program, while KDADS administers the Medicaid programs for disability services and mental health and substance use disorders, operates the state hospitals, and oversees long-term care facilities.

VA health care is care provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. armed forces.

UNINSURED

People without private or public health insurance are considered uninsured. Kansans with only Indian Health Service (IHS) coverage are included in the uninsured category, consistent with how the ACS classifies such persons. IHS is a health care program offered through the U.S. Department of Health and Human Services that provides medical assistance to eligible American Indians/Alaska Natives through IHS facilities. In addition, IHS helps pay the cost of selected health care services provided at non-IHS facilities.

People with alternative health coverage through health care sharing ministries (HCSM) also are considered uninsured, again consistent with how the ACS classifies such persons. HCSMs enroll members who “share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs.” HCSMs are not regulated by state insurance commissioners and are not considered minimum essential coverage under the ACA.

OTHER COVERAGE OPTIONS

Short-term limited duration insurance (STLDI) is a type of health insurance originally designed to allow consumers to fill temporary gaps in coverage for short periods of time. However, in 2018, the Trump administration issued a federal rule extending the permissible terms of these

policies to up to 364 days. Kansas law (K.S.A. 40-12,193) limits terms to six or 12 months based upon policy design. Newly defined STLDI plans were available in 2021. In November 2020, KID reported eight companies which may offer STLDI policies in Kansas.

Kansas Farm Bureau Health Plans became available for enrollment starting October 1, 2019, with coverage effective January 2020. Kansas House Bill 2209, which passed into law in 2019 without the governor’s signature, allows the Kansas Farm Bureau to sell health care benefit coverage to its members. The coverage does not comply with the requirements of the ACA (e.g., it does not cover pre-existing health conditions), is not subject to the jurisdiction of the Kansas Insurance Department and is not defined as health insurance. In ACS 2021 data, enrollees in Farm Bureau Health Plans were considered uninsured.

HEALTH INSURANCE COVERAGE HIERARCHY

Because ACS respondents can report more than one type of insurance, KHI uses a standard hierarchy to assign health insurance coverage in this report, as follows:

- Medicaid and Medicare (“dual eligibles”);
- Medicaid or CHIP;
- Medicare;
- Employment based;
- VA health care; and
- Direct purchase.

D. Income Eligibility Guidelines for Public Coverage

FEDERAL POVERTY GUIDELINES

As a federally designated entitlement program, Medicaid requires states to provide coverage to all eligible individuals in certain population categories. Kansas offers public health insurance through KanCare (Medicaid and CHIP) for those who meet certain income requirements, but eligibility also depends on age, availability of financial resources and, in some cases, health care needs. For many enrollees, income eligibility criteria are based on federal poverty guidelines, as shown in *Figure D.1*. Medicaid and CHIP coverage is mainly offered to children, pregnant women, parents or caretakers of children and people with disabilities, as shown in *Figure D.2* (page D-2). Medicaid also is available to adults age 65 or older who have limited resources.

Figure D.1 Federal Poverty Guidelines for 48 Contiguous States and the District of Columbia, 2021

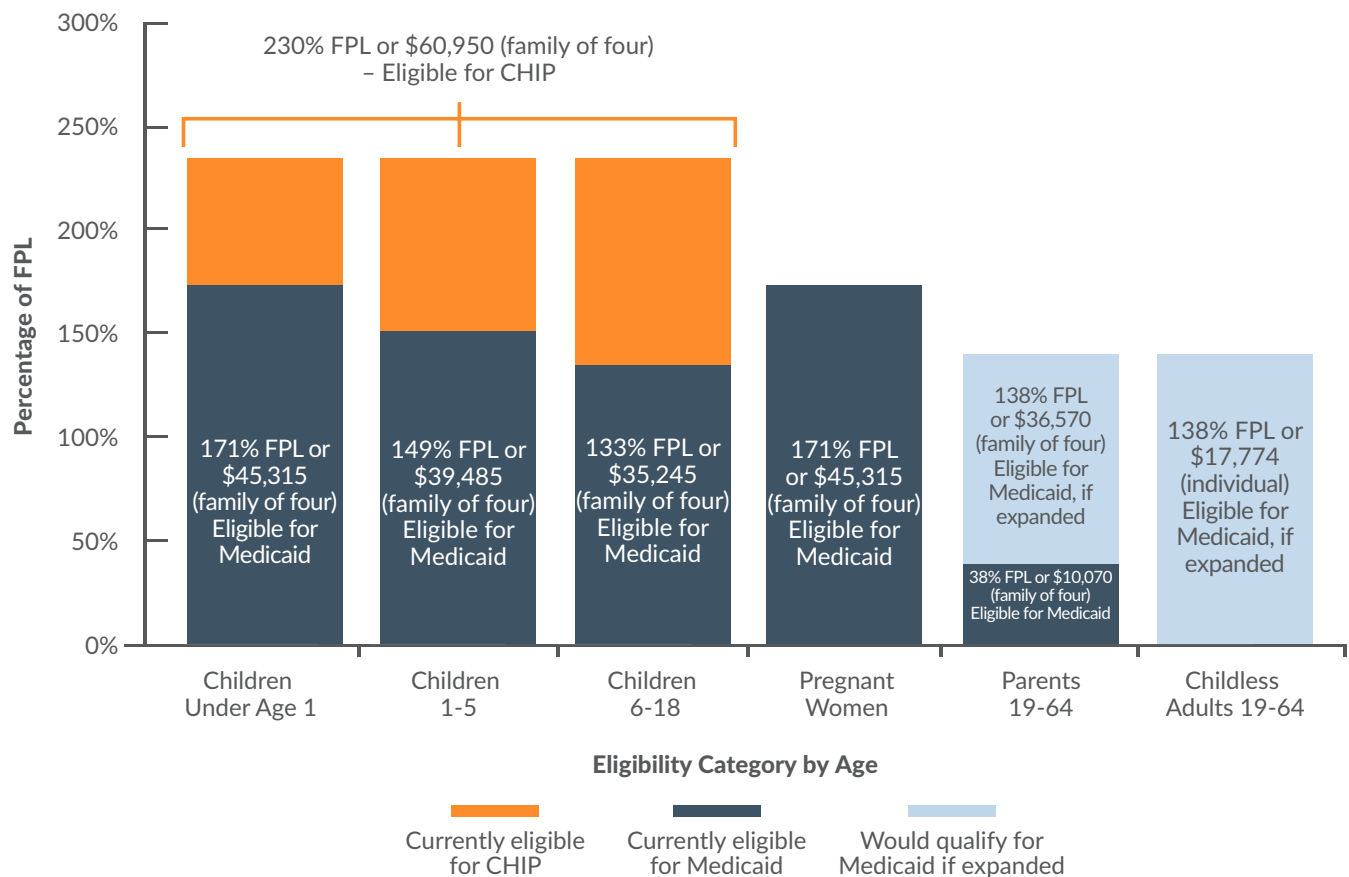
Household Size	Annual Income	Monthly Income	Weekly Income
1	\$12,880	\$1,073	\$268
2	\$17,420	\$1,452	\$363
3	\$21,960	\$1,830	\$458
4	\$26,500	\$2,208	\$552
5	\$31,040	\$2,587	\$647
6	\$35,580	\$2,965	\$741
7	\$40,120	\$3,343	\$836
8	\$44,660	\$3,722	\$930
For each additional family member add:	\$4,540	\$4,540	\$268

Source: Federal Register (February 1, 2021), 84FR 1167, <https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines>.

MEDICAID AND CHIP ELIGIBILITY

Kansas offers public health insurance through KanCare (Medicaid and CHIP) for those who meet certain income requirements. This assistance is mainly offered to children, pregnant women, parents or caretakers of children and Kansans with disabilities. Assistance also is available to adults age 65 or older who have limited resources. This assistance is based on a variety of factors (e.g., assets) and varying income requirements.

Figure D.2 Income Eligibility Levels for Kansas Medicaid and CHIP, 2021



Note: Income levels shown are applicable to children and nonelderly adults without disabilities or other health needs that could make them eligible at a different income level. Income eligibility levels reflect Modified Adjusted Gross Income (MAGI) rules, including a 5 percent income disregard that might be applied on an individual basis.

Source: Kansas Health Institute analysis of Kansas Medical Assistance Standards Report, Division of Health Care Finance, Kansas Department of Health and Environment, 2021.

E. Detailed Tables

Figure E.1 All Kansans by Source of Coverage, Age, Race and Ethnicity, and Family Income, 2021

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
All Kansans	2,896,361	2,630,247	90.8%	266,114	100.0%	9.2%
Sources of Coverage						
Public Coverage		885,487	30.6%			
<i>Medicaid/CHIP</i>		359,253	12.4%			
<i>Medicare</i>		439,532	15.2%			
<i>Both Medicaid and Medicare</i>		79,699	2.8%			
<i>VA Health Care</i>		7,003	0.2%			
Private Coverage		1,744,760	60.2%			
<i>Employment Based</i>		1,568,166	54.1%			
<i>Direct Purchase</i>		176,594	6.1%			
Age						
Kansas Children, Age 0-18	741,638			38,490	14.5%	5.2%
Kansas Adults, Age 19-64	1,682,773			225,515	84.7%	13.4%
<i>Age 19-25</i>	285,071			41,570	15.6%	14.6%
<i>Age 26-44</i>	704,275			109,662	41.2%	15.6%
<i>Age 45-64</i>	693,427			74,283	27.9%	10.7%
Kansas Adults, Age 65 and Older	471,950			2,109	0.8%	0.4%
Race and Ethnicity						
White, Non-Hispanic	2,122,578			141,488	53.2%	6.7%
All Racial and Ethnic Minority Groups	773,783			124,626	46.8%	16.1%
<i>Black, Non-Hispanic</i>	139,954			21,072	7.9%	15.1%
<i>Other/Multiple Races, Non-Hispanic</i>	262,243			27,822	10.5%	10.6%
<i>Hispanic, Any Race</i>	371,586			75,732	28.5%	20.4%
Family Income						
<100% FPL	341,305			69,823	26.6%	20.5%
100%-199% FPL	497,995			74,101	28.3%	14.9%
200%-400% FPL	908,190			78,394	29.9%	8.6%
>400% FPL	1,107,913			39,958	15.2%	3.6%

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income is not available for all respondents. Military/TRICARE is included in employment-based coverage.

Source: Kansas Health Institute analysis of data from the 2021 American Community Survey Public Use Microdata Sample files.

Figure E.2 Kansas Adults Age 19–64 by Source of Coverage, Race and Ethnicity, Family Income, and Employment Status, 2021

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 19-64	1,682,773	1,457,258	86.6%	225,515	100.0%	13.4%
Sources of Coverage						
Public Coverage		186,591	11.1%			
<i>Medicaid/CHIP</i>		122,332	7.3%			
<i>Medicare</i>		27,966	1.7%			
<i>Both Medicaid and Medicare</i>		29,807	1.8%			
<i>VA Health Care</i>		6,486	0.4%			
Private Coverage		1,270,667	75.5%			
<i>Employment Based</i>		1,333,755	67.4%			
<i>Direct Purchase</i>		136,912	8.1%			
Race and Ethnicity						
White, Non-Hispanic	1,230,633			123,745	54.9%	10.1%
All Racial and Ethnic Minority Groups	452,140			101,770	45.1%	22.5%
<i>Black, Non-Hispanic</i>	89,010			17,582	7.8%	19.8%
<i>Other/Multiple Races, Non-Hispanic</i>	151,159			21,747	9.6%	14.4%
<i>Hispanic, Any Race</i>	211,971			62,441	27.7%	29.5%
Family Income						
<100% FPL	197,136			59,702	26.6%	30.3%
100%–199% FPL	257,515			63,966	28.5%	24.8%
200%–400% FPL	509,749			68,320	30.5%	13.4%
>400% FPL	695,731			32,126	14.3%	4.6%
≤138% FPL	268,529			80,946	36.1%	28.2%
100%–138% FPL	89,829			21,244	9.5%	23.6%
139%–199% FPL	167,686			42,722	19.1%	25.5%
Employment Status						
Full Time, Year Round	983,165			81,040	35.9%	8.2%
Part Time	415,644			89,297	39.6%	21.5%
<i>Full Time, Part Year</i>	164,844			37,869	16.8%	23.0%
<i>Part Time, Year Round</i>	122,857			24,581	10.9%	20.0%
<i>Part Time, Part Year</i>	127,943			26,847	11.9%	21.0%
Not Employed	283,964			55,178	24.5%	19.4%

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income is not available for all respondents. Military/TRICARE is included in employment-based coverage.

Source: Kansas Health Institute analysis of data from the 2021 American Community Survey Public Use Microdata Sample files.

Figure E.3 Kansas Children Age 0–18 by Source of Coverage, Race and Ethnicity, Family Income, and Householder Employment Status, 2021

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Children, Age 0-18	741,638	703,148	94.8%	38,490	100.0%	5.2%
Sources of Coverage						
Public Coverage		241,074	32.5%			
Medicaid/CHIP		236,921	31.9%			
Medicare		1,715	0.2%			
Both Medicaid and Medicare		2,020	0.3%			
VA Health Care		418	0.1%			
Private Coverage		462,074	62.3%			
Employment Based		424,031	57%			
Direct Purchase		38,043	5.1%			
Race and Ethnicity						
White, Non-Hispanic	475,871			16,958	44.1%	3.6%
All Racial and Ethnic Minority Groups	265,767			21,532	55.9%	8.1%
Black, Non-Hispanic	30,960			3,227	8.4%	10.4%
Other/Multiple Races, Non-Hispanic	92,963			5,887	15.3%	6.3%
Hispanic, Any Race	141,844			12,418	32.3%	8.8%
Family Income						
<100% FPL	96,620			9,276	25.7%	9.6%
100%–199% FPL	160,554			9,289	25.8%	5.8%
200%–400% FPL	242,121			9,850	27.3%	4.1%
>400% FPL	224,027			7,638	21.2%	3.4%
<230% FPL	290,929			20,882	57.9%	7.2%
200%–230% FPL	35,324			2,317	6.4%	6.6%
230%–400% FPL	206,797			7,533	20.9%	3.6%
Householder Employment Status						
Full Time, Year Round	477,579			22,628	58.8%	4.7%
Part Time	165,184			9,296	24.2%	5.6%
Full Time, Part Year	64,544			5,094	13.2%	7.9%
Part Time, Year Round	51,620			2,419	6.3%	4.7%
Part Time, Part Year	49,020			1,783	4.6%	3.6%
Not Employed	98,875			6,566	17.1%	6.6%

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income is not available for all respondents. Military/TRICARE is included in employment-based coverage.

Source: Kansas Health Institute analysis of data from the 2021 American Community Survey Public Use Microdata Sample files.

Figure E.4 Kansas Adults, Age 65 and Older by Source of Coverage, 2021

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 65 and Older	471,950	469,841	99.6%	2,109	100.0%	0.4%
Sources of Coverage						
Public Coverage		457,822	97.0%			
Medicaid/CHIP		0	0.0%			
Medicare		409,851	86.8%			
Both Medicaid and Medicare		47,872	10.1%			
VA Health Care		99	0.02%			
Private Coverage		12,019	2.5%			
Employment Based		10,380	2.2%			
Direct Purchase		1,639	0.3%			

Note: Percentages may not sum to 100 percent due to rounding. Definitions of types of health insurance coverage are in Appendix C. Military/TRICARE is included in employment-based coverage.

Source: KHI analysis of data from the 2019 American Community Survey Public Use Microdata Sample files.

Figure E.5 Kansas Adults Age 19–25, by Source of Coverage, 2021

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 65 and Older	285,071	243,501	85.4%	41,570	100.0%	14.6%
Sources of Coverage						
Public Coverage		32,500	11.4%			
Medicaid/CHIP		29,528	10.4%			
Medicare		1,363	0.5%			
Both Medicaid and Medicare		1,450	0.5%			
VA Health Care		159	0.1%			
Private Coverage		211,001	74.0%			
Employment Based		180,639	63.4%			
Direct Purchase		30,362	10.7%			

Note: Percentages may not sum to 100 percent due to rounding. Definitions of types of health insurance coverage are in Appendix C. Military/TRICARE is included in employment-based coverage.

Source: Kansas Health Institute analysis of data from the 2021 American Community Survey Public Use Microdata Sample files.

F. Timeline of Important Events

HEALTH INSURANCE IN KANSAS, 1965–2021

Year	Action
1965	Medicaid enacted into law with Medicare.
1990	Federal Medicaid rules required coverage for children age 6–18 in families under 100 percent of FPL and created special low-income Medicare beneficiaries.
1997	Federal Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP).
1999	Kansas implemented the State Children's Health Insurance Program (CHIP) based on state law.
1999	Ticket to Work and Work Incentives Improvement Act allowed states to cover working people with disabilities up to 250 percent of FPL and charge income-based premiums.
2006	The Deficit Reduction Act of 2006 required verification of citizenship and identity for people applying for Medicaid.
2009	President Obama signed the Children's Health Insurance Program Reauthorization Act of 2009, which extended and expanded the program.
2010	Kansas expansion of CHIP to children in households up to 250 percent of the 2008 federal poverty level took effect.
2010	Affordable Care Act (ACA) passed, including an expansion of Medicaid that was to be effective in 2014 to all adults under 138 percent of the federal poverty level.
2010	ACA provision allowing young adults to stay on their parents' health insurance plan until age 26 went into effect.
2010	ACA extended CHIP two additional years to 2015.
2012	Supreme Court ruled in the case of <i>National Federation of Independent Business vs. Sebelius</i> that the individual mandate is constitutional but Medicaid expansion to low-income adults is optional for states.
2013	First open enrollment period began in the ACA marketplaces for plan year 2014. Kansas uses the federally facilitated marketplace.
2013	Kansas implemented KanCare comprehensive managed care for most Medicaid and CHIP beneficiaries.
2014	The Kansas high-risk pool, which was active from 1992–2014, was dissolved due to the ACA provisions that made individuals with pre-existing health conditions able to purchase ACA compliant plans.
2014	Under the ACA, states can expand Medicaid to all adults under 138 percent of the federal poverty level. Kansas has not expanded Medicaid.
2015	Congress reauthorized CHIP for another two years, through 2017.
2017	President Trump issued an Executive Order promoting two types of health insurance coverage as alternatives to ACA compliant health plans, including short-term, limited duration insurance (STLDI) and association health plans (AHPs).
2017	The Trump Administration discontinued cost-sharing reduction (CSR) payments on the ACA marketplaces. Insurers offering ACA compliant plans increased premiums for silver plans to recoup the loss of CSR payments from the federal government.
2017	U.S. Congress passed the Tax Cuts and Jobs Act, which reduced the ACA individual mandate penalty to zero, effective January 1, 2019.
2018	The U.S. Congress reauthorized CHIP through 2023 and then extended the program another four years through 2027.
2019	Reduction of ACA individual mandate to zero went into effect on January 1, 2019.
2020	State and federal policymakers implemented policy changes to maintain Medicaid and CHIP coverage and make it easier to access care during the COVID-19 pandemic.
2021	The American Rescue Plan Act (ARPA) increased the value of premium assistance provided by the federal government to purchase plans on the ACA Marketplace and extended eligibility for premium assistance to those with family income above 400% FPL. The enrollment period was extended to August 15, 2021, to allow individuals without qualifying life events (QLE) to enroll or reevaluate their coverage needs to take advantage of increased advance premium tax credits (APTC) made available in ARPA.

Source: Kansas Health Institute.

KANSAS HEALTH INSTITUTE

The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.



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