

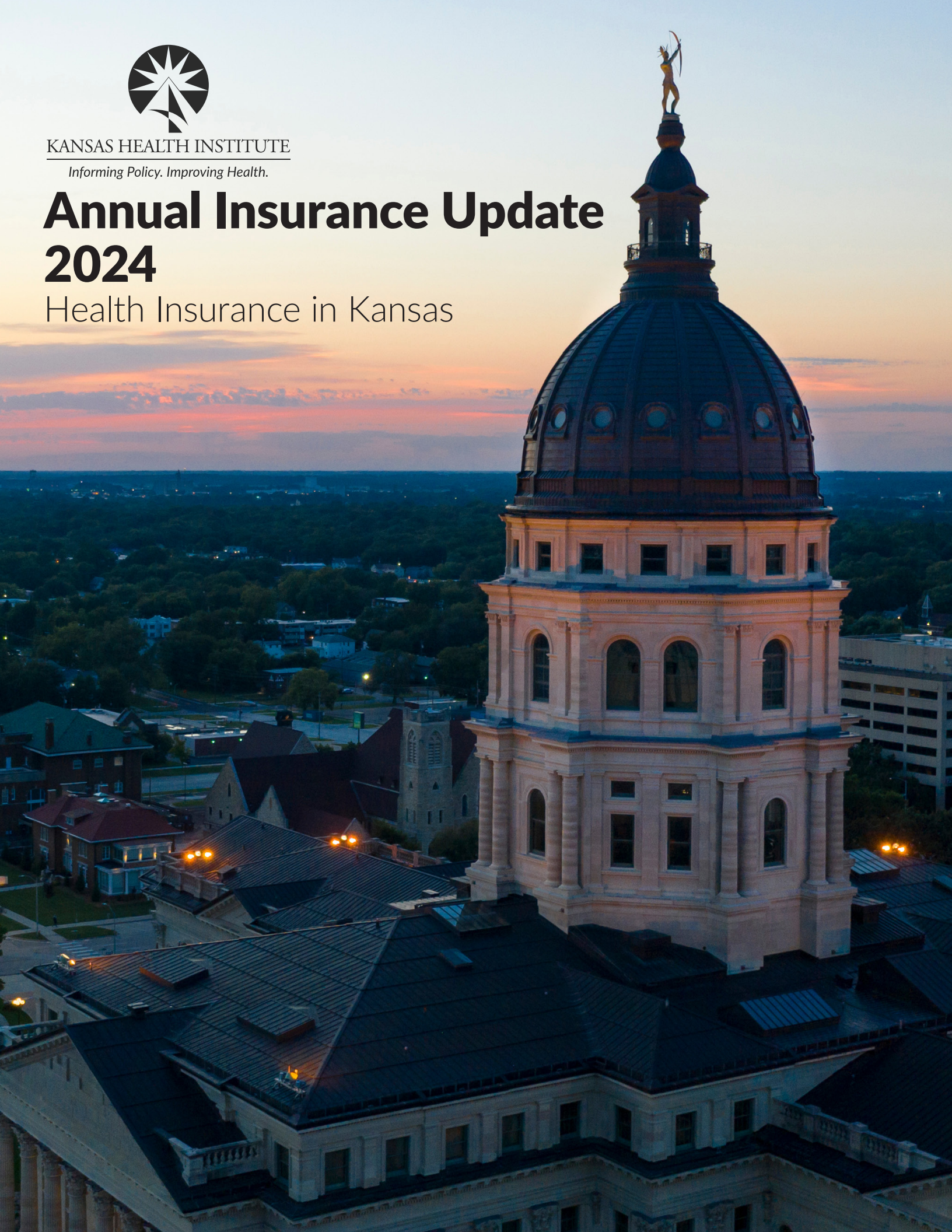


KANSAS HEALTH INSTITUTE

*Informing Policy. Improving Health.*

# Annual Insurance Update 2024

Health Insurance in Kansas





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# Annual Insurance Update 2024

## HEALTH INSURANCE IN KANSAS

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**April 2024**

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### **Acknowledgments**

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# Table of Contents

<b>About this Report</b> .....	<b>v</b>
<b>Executive Summary</b> .....	<b>vii</b>
<b>Section 1. National Perspective</b>	
1.1 Uninsured Rate by State, 2022 .....	2
1.2 Medicaid Expansion Status by State, 2022.....	3
1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2022 .....	4
1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2022.....	5
<b>Section 2. All Kansans</b>	
2.1 Sources of Health Insurance Coverage .....	8
2.2 Uninsured by Age .....	10
2.3 Uninsured by Race/Ethnicity .....	12
2.4 Uninsured by Family Income.....	14
2.5 Kansas Adults, Age 65 and Older .....	16
<b>Section 3. Kansas Adults, Age 19-64</b>	
3.1 Sources of Health Insurance Coverage .....	18
3.2 Uninsured by Race/Ethnicity .....	20
3.3 Uninsured by Family Income.....	22
3.4 Uninsured by Employment Status .....	24
3.5 Young Adults, Age 19-25 .....	26
<b>Health Insurance in Kansas Infographic</b> .....	<b>28</b>
<b>Section 4. Kansas Children, Age 0-18</b>	
4.1 Sources of Health Insurance Coverage .....	32
4.2 Uninsured by Race/Ethnicity .....	34
4.3 Uninsured by Family Income.....	36
4.4 Uninsured by Head of Household Employment Status.....	38
<b>Section 5. Kansas County Perspective</b>	
5.1 Kansas Adults, Age 19-64: Uninsured by County .....	42
5.2 Kansas Adults, Age 19-64: Medicaid Enrollment by County .....	43
5.3 Kansas Children, Age 0-18: Uninsured by County.....	44
5.4 Kansas Children, Age 0-18: Medicaid/CHIP Enrollment by County .....	45
<b>Appendices</b>	
Appendix A: About the Data.....	A-1
Appendix B: Glossary of Terms .....	B-1
Appendix C: Types of Health Insurance Coverage .....	C-1
Appendix D: Income Eligibility Guidelines for Public Coverage .....	D-1
Appendix E: Detailed Tables .....	E-1
Appendix F: Timeline of Important Events .....	F-1

# About this Report

The *Annual Insurance Update 2024* 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 be uninsured, and trends in coverage since 2009 – the year prior to enactment of the Affordable Care Act (ACA). The data year for this Annual Insurance Update is 2022, when the federal COVID-19 public health emergency was still in effect.

This report uses 2009 through 2019 and 2021 through 2022 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files from the U.S. Census Bureau as the primary data source (see *Appendix A*). 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.

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 2021 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 2021 using data provided by the Kansas Department of Health and Environment (KDHE).

## INTERPRETING THE DATA


The 2022 PUMS data represented 2,896,065 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-1). Definitions for population groups of interest – including age, race and ethnicity, family income and employment status – are provided in *Appendix B* (page B-1).

Data from 2009–2019 and 2021–2022 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 is used as the baseline year unless otherwise noted.


In addition to patterns and trends observed in the past decade, findings for 2021 and 2022 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 most likely impacted insurance coverage.

Due to rounding, some percentages may not add to subtotals or 100 percent. Differences specifically noted in the text were statistically significant at a p-value <0.05. When making comparisons, the reference group was either the largest subpopulation group for its high confidence on estimates or the group with the lowest uninsured rate. Whenever possible, disaggregated data were used to show the effect on each subgroup. However, when enhancing the confidence around estimates is needed, subpopulation groups with small sample sizes were combined for analysis. CDC-preferred terms were used to describe these combined groups, such as people from racial and ethnic minority groups, people with lower incomes and people with incomes below the federal poverty level.

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

The uninsured rate in Kansas (8.6 percent) was higher than in the U.S. overall (8.0 percent) for the second year in a row in 2022, even as the rate in Kansas and the nation improved between 2021 and 2022. Additionally, Kansas had the 13th highest uninsured rate among all 50 states and Washington, D.C., in 2022, a shift of 17 positions from 2009, when Kansas had a lower uninsured rate than the U.S. overall (12.6 percent compared to 15.1 percent). The lag of improvement in the uninsured rate in Kansas relative to many other states is noteworthy. Actively leveraging federal and state policy options to address disparities in insurance coverage would help Kansas narrow the gap with other states and regain the lost ground.

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 2022, the COVID-19 pandemic significantly affected health, employment and income in Kansas and around the country. The rate of employment-based coverage did not significantly change between 2021 and 2022. 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. In 2022, public coverage decreased, but not significantly from 2021. The rate of direct-purchase coverage had been in a downward trend from 2016, but has been rising since 2021 as federal legislation extended the special enrollment period and provided more generous tax credits to more people enrolled in ACA marketplace plans.

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.

This *Annual Insurance Update 2024* provides information about insurance coverage in Kansas, highlights trends over the last decade and identifies groups that are experiencing disparities in coverage to facilitate discussion and help develop strategies for improving insurance coverage in Kansas.

## COVID-19 Impacts

Health insurance coverage has been retained or expanded through public policy changes during the COVID-19 pandemic. The Families First Coronavirus Response Act (FFCRA) provided additional financial assistance to states that maintained eligibility for all Medicaid and CHIP enrollees during the COVID-19 public health emergency. The March 2021 COVID-19 relief legislation, the American Rescue Plan Act (ARPA), extended the special enrollment period through Aug. 15, 2021, and expanded the eligibility for ACA health insurance subsidies to those with income above 400 percent of the federal poverty level (FPL). The Inflation Reduction Act extended the insurance subsidies afforded through ARPA through 2025. Additionally, 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 perceptions regarding an individual's needs for accessing care and coverage.

## Uninsured Rate in Kansas

In 2022, almost a quarter million Kansans were uninsured, including 37,192 children and 211,116 adults. This translates to an overall uninsured rate in Kansas of 8.6 percent. The overall uninsured rate in Kansas decreased from 12.6 percent in 2009 to 8.4 percent in 2016. While the 2021 uninsured rate (9.2 percent) was higher than 2016, the uninsured rate in 2022 dropped to 8.6 percent. Nevertheless,

Kansas' uninsured rate was higher than the U.S. rate in 2022 for the second consecutive year (8.6 percent for Kansas compared to 8.0 percent for the U.S. in 2022; 9.2 percent for Kansas compared to 8.6 percent for the U.S. in 2021).

Kansas had the 13th highest uninsured rate among all 50 states and Washington, D.C., in 2022, a shift of 17 positions from 2009, when Kansas had a lower uninsured rate than the U.S. overall (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 has widened through 2022 (8.6 percent compared to 6.3 percent), as the uninsured rate for Kansas decreased by one-fifth (18.1 percent) from 2014 to 2022, while the expansion states group decreased by more than one-third (36.4 percent).

Still, many uninsured Kansans might have qualified for subsidized coverage but remained uninsured in 2022. Of the estimated 248,308 uninsured Kansans, 28,902 (11.6 percent) might have been eligible for Medicaid or CHIP even without expansion. Another 164,960 (66.4 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 up to 138 percent FPL, 71,457 (28.8 percent) uninsured Kansas adults age 19-64 might have become newly eligible for Medicaid.

### Disparities in Insurance Coverage

Although insurance coverage has improved for Kansans overall, many disparities remain, especially for people from racial and ethnic minority groups and for people with lower incomes.

Non-Hispanic White Kansans as a group experienced the lowest uninsured rate among

all racial and ethnic groups (6.2 percent) in 2022. Hispanic Kansans of all race groups were 3.2 times more likely to be uninsured (20.1 percent) than non-Hispanic White Kansans. Non-Hispanic Black Kansans were twice as likely to be uninsured (12.7 percent) as non-Hispanic White Kansans. Other/multiple race Kansans were 1.5 times more likely to be uninsured (9.4 percent) than non-Hispanic White Kansans.

In 2009, Kansans with family income below the federal 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). While the gap continues, it is not as stark as it was in 2009. Currently, Kansans with family income below poverty are nearly five times more likely to be uninsured than Kansans with income above 400 percent FPL (18.3 percent compared to 3.8 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 the last two years, Kansas has seen its uninsured rate consistently higher than the overall U.S. rate. In 2022, the uninsured rate in Kansas (8.6 percent) was higher than the U.S. overall rate (8.0 percent).
- The uninsured rate in Kansas (8.6 percent) was higher than the uninsured rate for all Medicaid expansion states combined (6.3 percent), but lower than the rate for all non-expansion states combined (11.7 percent).

## HOW DO KANSANS GET INSURANCE COVERAGE?

- More than half (54.9 percent) of Kansans obtained their health insurance in 2022 through an employer. The percent of Kansans receiving health insurance through an employer has remained similar in the last decade.



- Employment-based coverage among young adults age 19 to 25 increased from 55.7 percent in 2009 to 62.7 percent in 2022, likely a result of remaining on their parents' employment-based insurance as allowed by the ACA.
- Three in 10 (29.8 percent) Kansans had public coverage in 2022, 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 6.7 percent in 2022, which is similar to 6.4 percent in 2009.

## WHO ARE UNINSURED KANSANS?

- Most uninsured Kansans are in their prime working years. Four in 10 (39.8 percent) were age 26-44, while nearly 3 in 10 (27.8 percent) were age 45-64.
- More than half (52.6 percent) of uninsured Kansans were non-Hispanic White, while 3 in 10 (30.5 percent) were Hispanic, of any race.
- Nearly three-quarters (74.0 percent) of uninsured Kansans had income above the poverty line.
- More than four in 10 (43.0 percent) uninsured nonelderly adults were employed full time, year-round and three in 10 (30.8 percent) worked part-time.

## WHICH KANSANS ARE MORE LIKELY TO BE UNINSURED?

- While the overall uninsured rate for Kansans was 8.6 percent, it was 12.4 percent for nonelderly adults age 19-64, 5.1 percent for children age 0-18 and 0.7 percent for adults age 65 and older.
- Adults age 19-25 and 26-44 were about 1.3 times more likely to be uninsured than those age 45-64 (13.5 percent, 13.9 percent and 10.3 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 13.5 percent in 2022.
- Hispanic Kansans of any race were 3.2 times more likely to be uninsured than non-Hispanic White Kansans in 2022 (20.1 percent compared to 6.2 percent), while non-Hispanic Black (12.7 percent) and other/multiple race (9.4 percent) Kansans were 2.0 and 1.5 times more likely to be uninsured than non-Hispanic White Kansans.
- Kansans with family income below the poverty line were nearly five times more likely to be uninsured than those with income above 400 percent FPL (18.3 percent compared to 3.8 percent).
- For Kansas working adults age 19-64, part-time workers were almost two times more likely to be uninsured than were those working full time, year round (16.8 percent compared to 8.7 percent).

## HOW DOES INSURANCE COVERAGE VARY ACROSS KANSAS COUNTIES?

- There was more than a three-fold difference between Kansas counties with the highest and lowest uninsured rate for nonelderly adults: 28.9 percent in Hamilton County in Southwest Kansas and 7.9 percent in Johnson County in Northeast Kansas.
- Counties in Southwest Kansas generally had higher uninsured rates, while counties in Northeast Kansas generally had lower uninsured rates.
- The uninsured rate for nonelderly adults in Wyandotte County was three times higher than in neighboring Johnson County and 2.4 times higher than in Leavenworth County (23.8 percent, 7.9 percent and 10.1 percent, respectively).

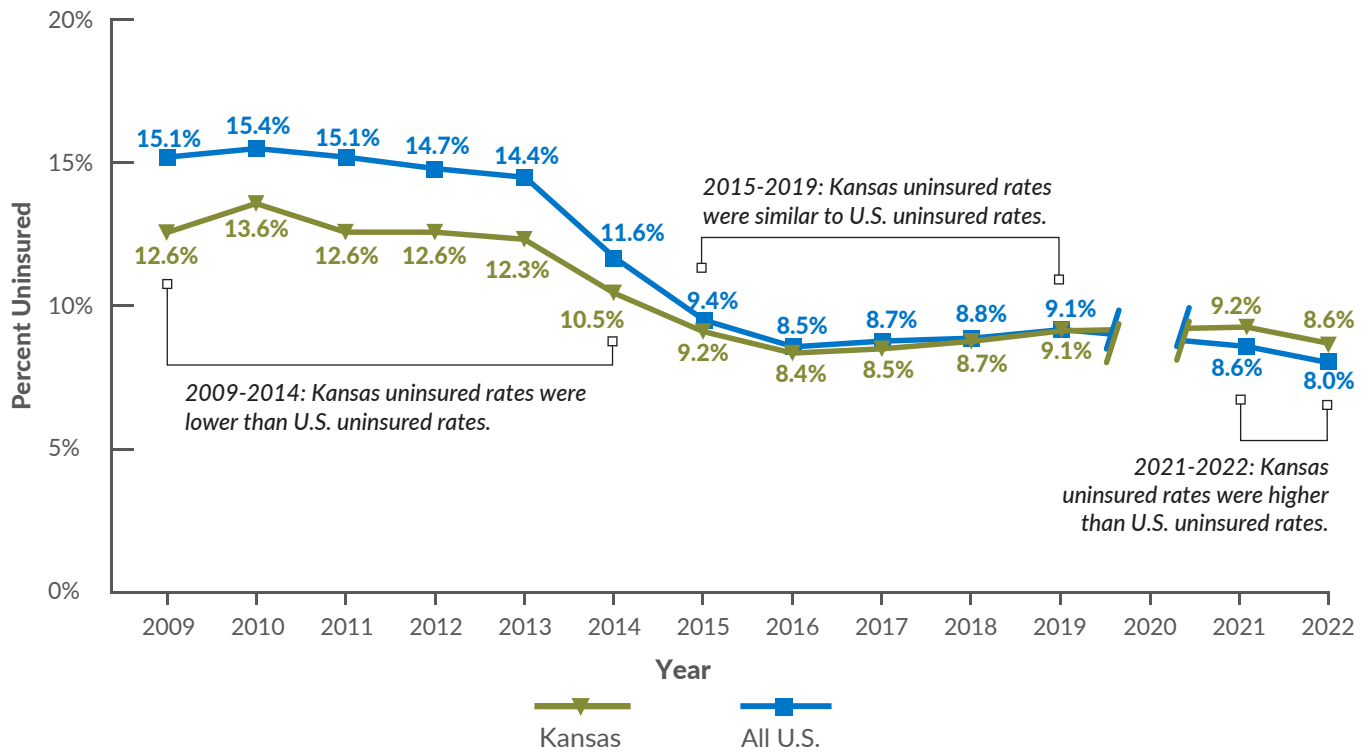
- More than half of uninsured nonelderly adults (54.3 percent) and just under half of uninsured children (49.1 percent) lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- Frontier counties (those with fewer than 6.0 persons per square mile) had the highest uninsured rate for Kansans age 0-64 (13.4 percent), while the lowest rates were in semi-urban and urban counties (10.2 percent and 10.3 percent, respectively).

## Key Health Insurance Policy, 2009–2022

<p><b>Feb. 4, 2009</b></p> <p>President Barack Obama signed the Children’s Health Insurance Program (CHIP) Reauthorization Act of 2009, which extended and expanded the program.</p>	<p><b>Jan. 1, 2010</b></p> <p>Kansas expansion of CHIP to children in households up to 250 percent of the 2008 federal poverty level took effect.</p>	<p><b>March 23, 2010</b></p> <p>President Barack Obama signed the Affordable Care Act (ACA). Provisions began to be adopted gradually to increase access to affordable care.</p>	<p><b>Sept. 23, 2010</b></p> <p>ACA provision allowing young adults to stay on their parents’ health care plan until age 26 went into effect.</p>
<p><b>June 28, 2012</b></p> <p>U.S. Supreme Court ruled in the case of National Federation of Independent Business vs. Kathleen Sebelius that the individual mandate is constitutional, and states have the option to expand Medicaid or not.</p>	<p><b>Oct. 1, 2013</b></p> <p>First open enrollment period began in the ACA marketplaces for plan year 2014. Kansas used the federally facilitated marketplace.</p>	<p><b>Jan. 1, 2014</b></p> <p>Kansas high-risk pool dissolved.</p> <p>The ACA provision allowing states to expand Medicaid to 138 percent of FPL went into effect. As of April 1, 2024, Kansas has not expanded Medicaid.</p>	<p><b>Oct. 12, 2017</b></p> <p>President Donald Trump issued Executive Order promoting ACA alternatives, including short-term limited duration insurance (STDLI) and association health plans.</p>
<p><b>Jan. 1, 2019</b></p> <p>The individual mandate penalty was reduced to zero under the federal Tax Cuts and Jobs Act of 2017.</p>	<p><b>March 18, 2020</b></p> <p>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.</p>	<p><b>March 11, 2021</b></p> <p>President Joe Biden signed the American Rescue Plan Act (ARPA) of 2021, which extended the special enrollment period through Aug. 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.</p>	<p><b>Aug. 16, 2022</b></p> <p>President Joe Biden signed the Inflation Reduction Act (IRA), extending the enhanced subsidies for people purchasing health coverage through the ACA marketplace put in place by the ARPA for another three years (through 2025).</p>

Note: Please see *Appendix F* for a timeline of important health insurance events in Kansas from 1965-2022.  
Source: *Kansas Health Institute*

Figure ES.1 Kansas and U.S. Uninsured Rate 2009–2019 and 2021–2022



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 2021–2022 American Community Survey Public Use Microdata Sample files.



# 1. NATIONAL PERSPECTIVE

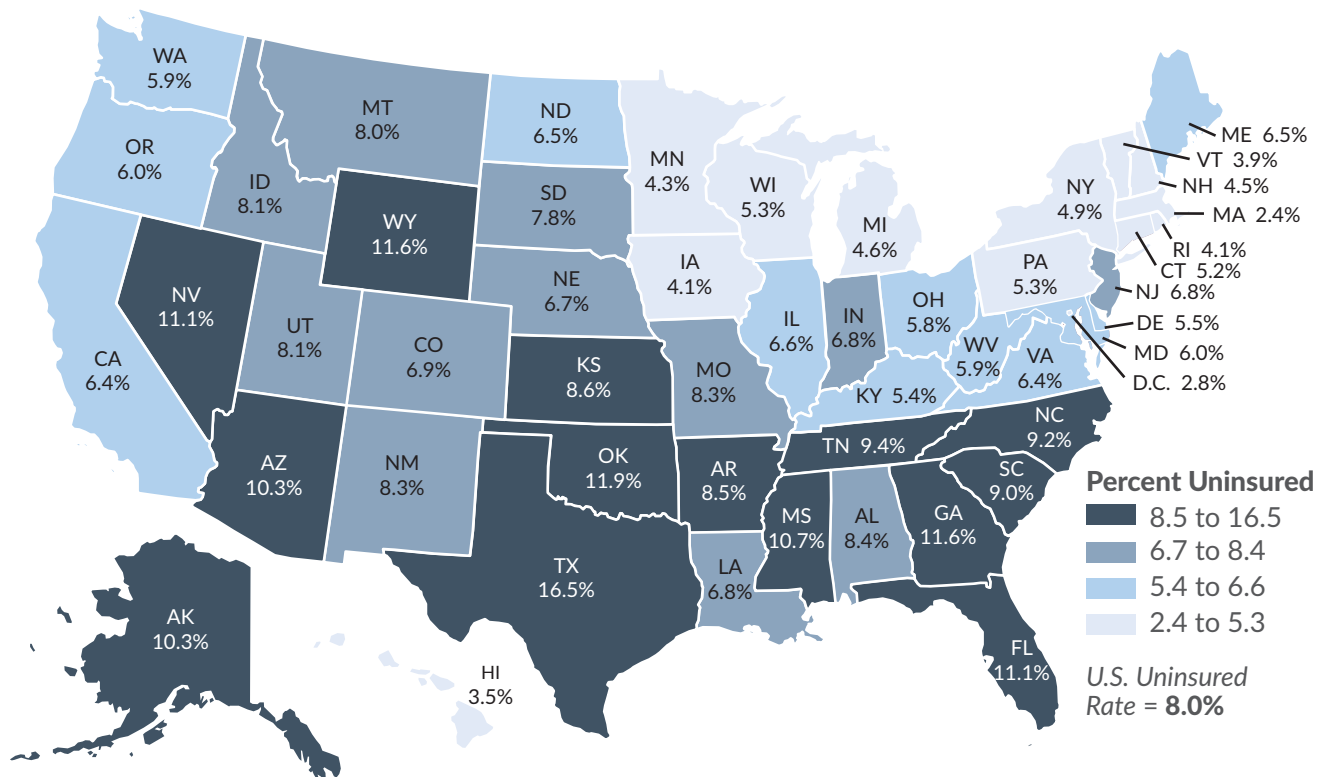
# 1.1 Uninsured Rate by State, 2022

## 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 13th Highest Among States and Washington, D.C., in 2022

Figure 1.1 Percentage of Uninsured Residents by State, 2022



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- The uninsured rate in Kansas (8.6 percent) was higher than the U.S. overall (8.0 percent).
- The national ranking of uninsured rate for Kansas shifted from the 30th highest in 2009 to 17th highest in 2021 and 13th highest in 2022.
- Upper Midwest, Northeast and West Coast states continued to have lower uninsured rates, while the Sun Belt states generally had higher rates.
- Uninsured rates varied almost seven-fold among states and Washington, D.C., ranging from a low of 2.4 percent in Massachusetts to a high of 16.5 percent in Texas.

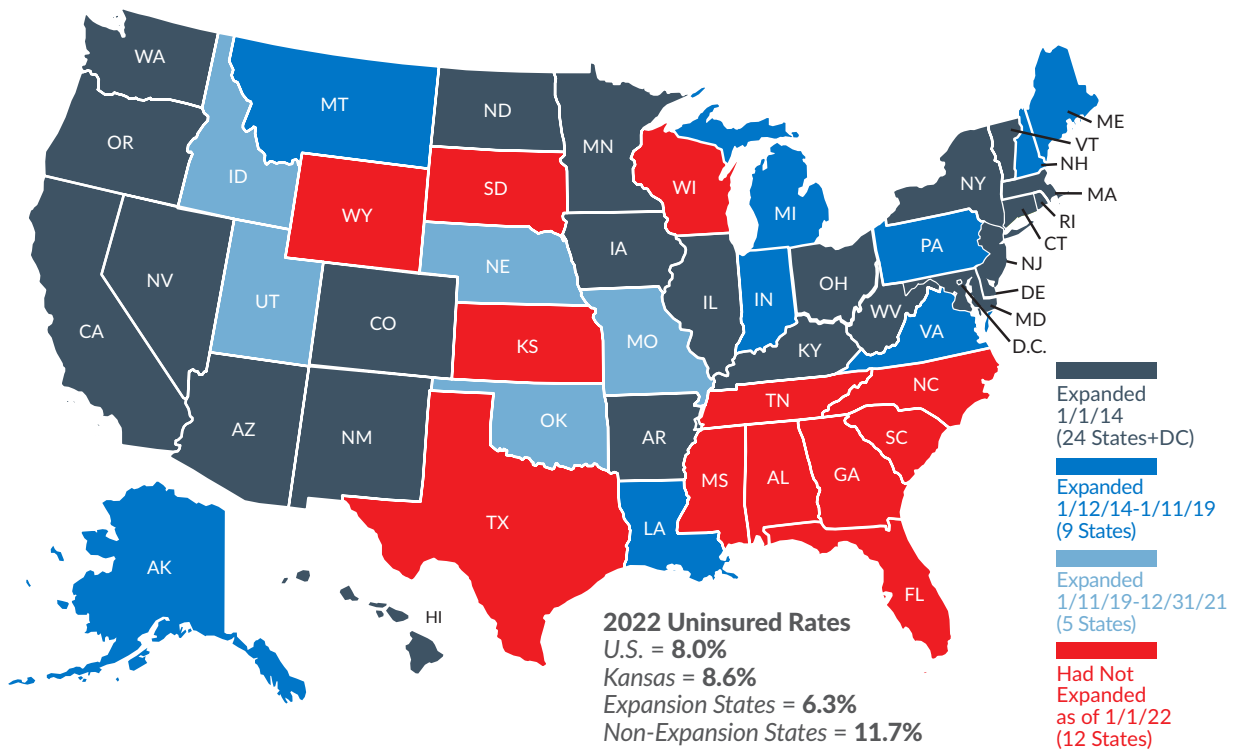
# 1.2 Medicaid Expansion Status by State, 2022

## NATIONAL PERSPECTIVE

Beginning Jan. 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 \$38,295 for a family of four in 2022). As of Jan. 1, 2022, 38 states and Washington, D.C., had expanded their Medicaid programs. Since that time, two additional states have expanded Medicaid (South Dakota and North Carolina, in July 2023 and December 2023 respectively). As of publication, Kansas has not expanded its Medicaid program.

### In 2022, Kansas Remained a Non-Expansion State Along With 11 Other States

Figure 1.2 Medicaid Expansion Status by State, 2022



Note: Two states (South Dakota, North Carolina) implemented Medicaid expansion in 2023, and are therefore not considered expansion states in this analysis of 2022 uninsured rates.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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: 2022 for Medicaid expansion status.

### Key Points

- People living in non-expansion states were more likely to be uninsured than people living in expansion states (11.7 percent compared to 6.3 percent).
- The uninsured rate in Kansas (8.6 percent) was lower than most other non-expansion states but higher than all expansion states except Alaska, Arizona, Nevada, and Oklahoma (10.3, 10.3, 11.1, and 11.9 percent, respectively).

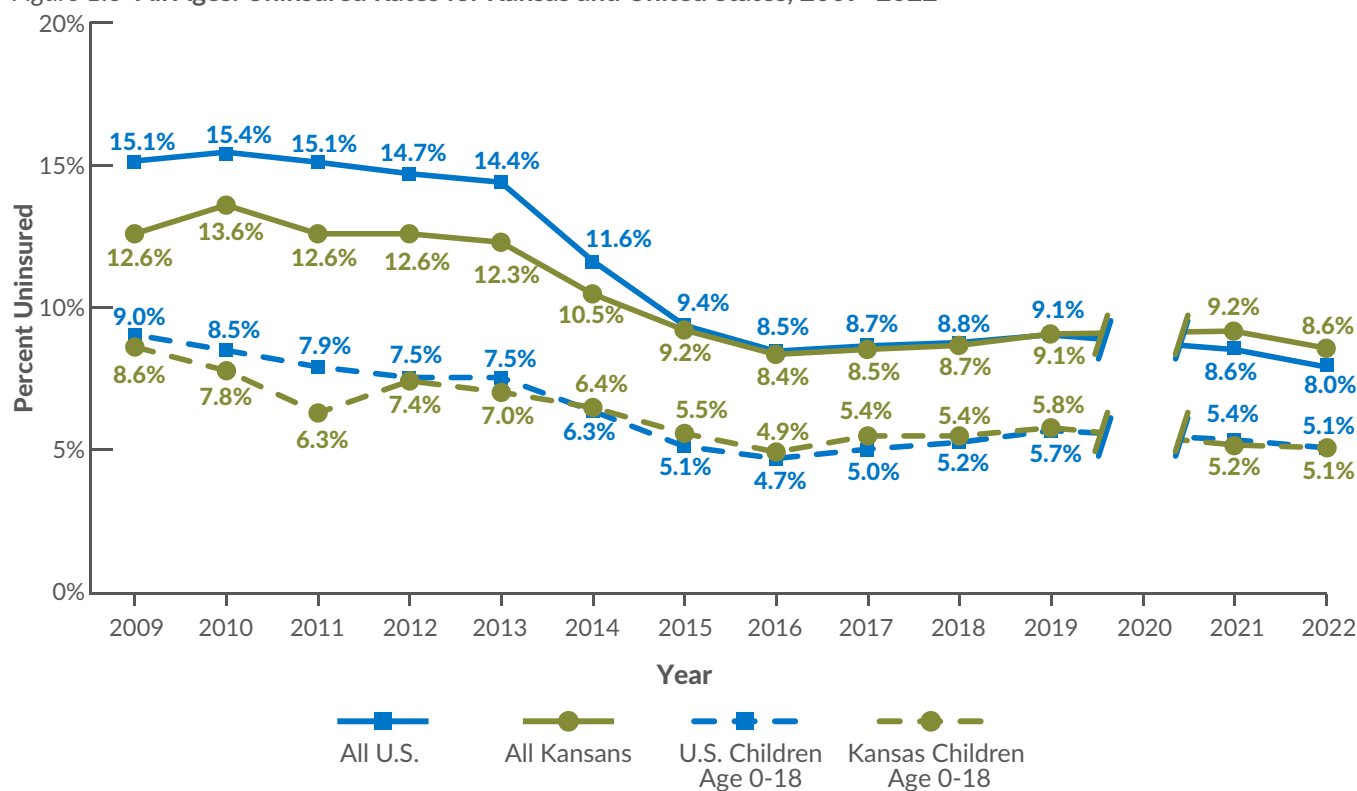
# 1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2022

## NATIONAL PERSPECTIVE

Since 2009, the year before enactment of the ACA, insurance coverage rates in Kansas have improved but have not kept pace with the rest of the United States. 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 continued in 2022.

### For the Second Year, Kansas Uninsured Rate in 2022 Higher than the U.S. Rate

Figure 1.3 All Ages: Uninsured Rates for Kansas and United States, 2009–2022



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021–2022 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 decreased from 9.2 percent in 2021 to 8.6 percent in 2022, the change was not statistically significant; in contrast, the U.S. experienced a statistically significant decrease from 8.6 percent to 8.0 percent.
- Prior to full implementation of the ACA, Kansas had an uninsured rate well below the national average. However, this advantage has vanished, replaced by a rate that is higher than the national rate, which persisted through 2022.
- The uninsured rate for Kansas children has declined but remained similar to the U.S. overall since 2009.



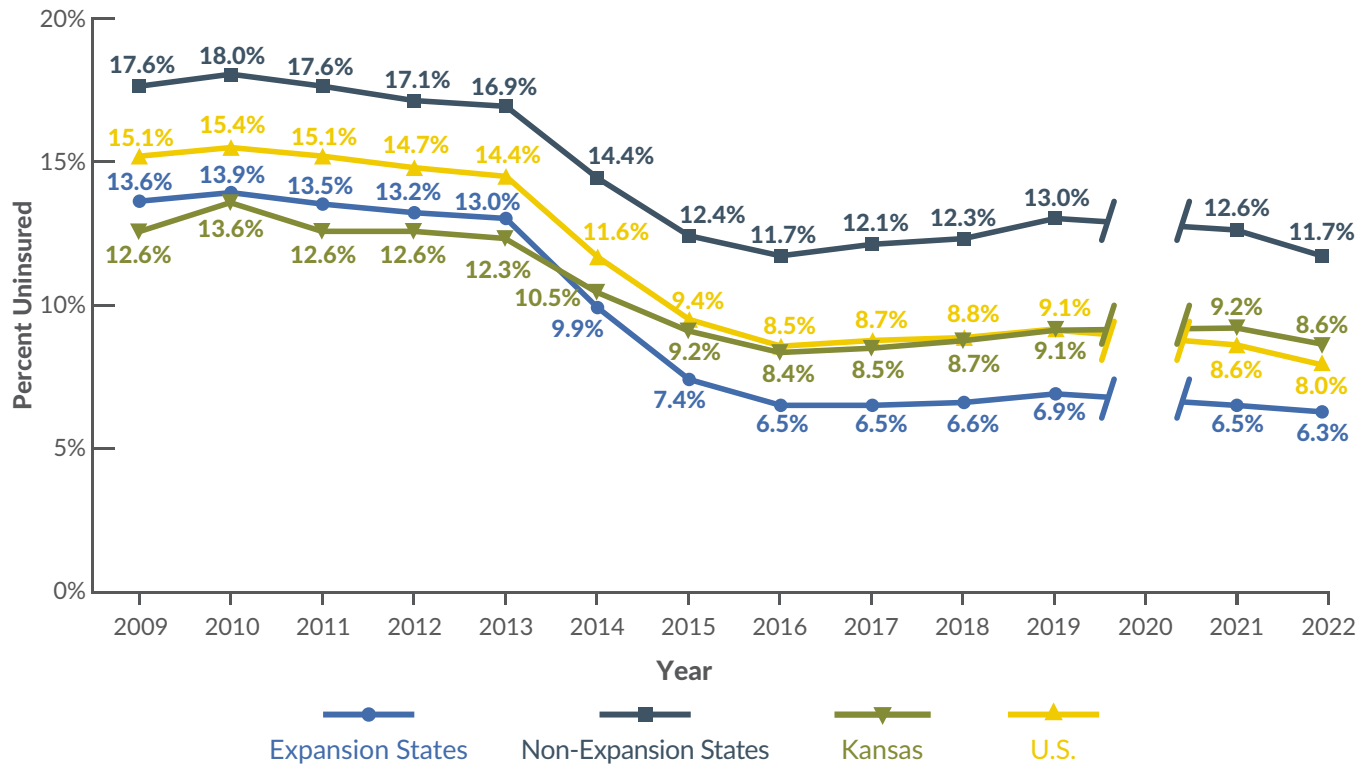
# 1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2022

## NATIONAL PERSPECTIVE

Insurance coverage in each state depends on a combination of policies and economic conditions. Medicaid expansion, as allowed by the ACA beginning Jan. 1, 2014, is an example of a policy decision that affects insurance coverage. As of publication, 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, 2009–2022



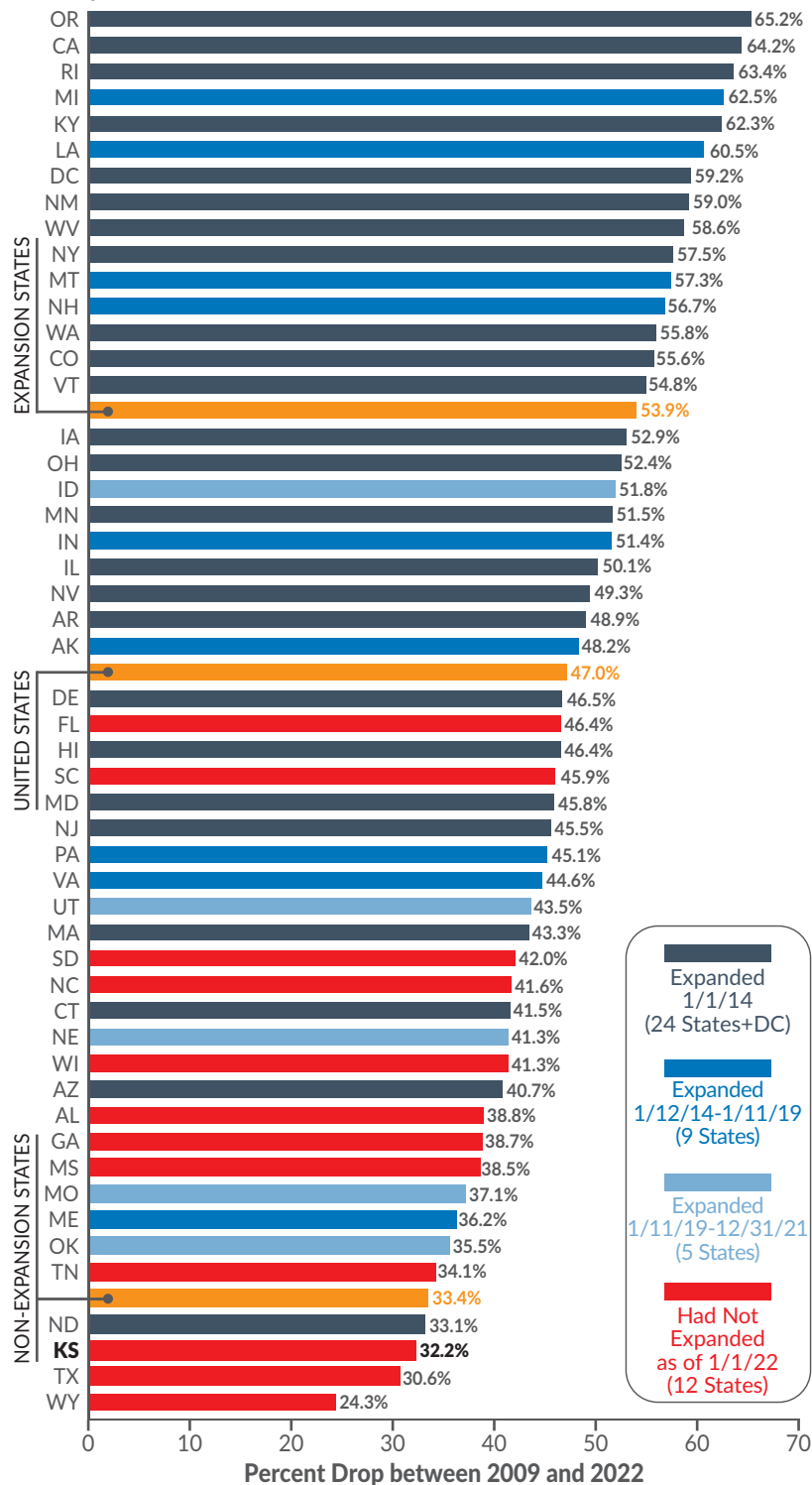
Note: Expansion states include 38 states and the District of Columbia that implemented Medicaid expansion as of Jan. 1, 2022.  
 Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- In 2013, the year before implementation of the major insurance expansion provisions of the ACA, Kansas had an uninsured rate similar to expansion states (12.3 percent compared 13.0 percent). In 2022, the uninsured rate in Kansas, a non-expansion state, was higher than the uninsured rate in expansion states (8.6 percent compared to 6.3 percent), but lower than the rate for all non-expansion states combined (11.7 percent).
- The uninsured rate for expansion states was reduced by half between 2009 and 2022 (from 13.6 percent to 6.3 percent), whereas non-expansion states saw a one-third decrease (from 17.6 percent to 11.7 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 2022).

## Uninsured Rate Declined in All States Between 2009 and 2022; Kansas Rate Declined Less Than All but Two Other States

Figure 1.4b Percent Drop in Uninsured Rate for Medicaid Expansion and Non-Expansion States, 2009 and 2022



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009 and 2022 American Community Survey Public Use Microdata Sample files.

## Key Points

- Improvement in the uninsured rate varied widely among states between 2009 and 2022. Oregon experienced the biggest improvement, as the uninsured rate there was cut by nearly two-thirds (a 65.2 percent decrease). Wyoming experienced the least improvement, a reduction of about a quarter (a 24.3 percent decrease).
- Kansas had the 3rd lowest decrease in the uninsured rate among all states and Washington, D.C., with a drop of almost one-third (a 32.2 percent decrease between 2009 and 2022).

Note: Figure 1.4b shows Medicaid expansion status by state as of Jan. 1, 2022. South Dakota and North Carolina are shown as non-expansion states because they implemented Medicaid expansion in 2023. Percent drop indicates the percent change in the uninsured rate between 2009 and 2022 for each state and is calculated by subtracting the 2022 uninsured rate from the 2009 uninsured rate and then dividing the difference by the 2009 uninsured rate.

## 2. ALL KANSANS

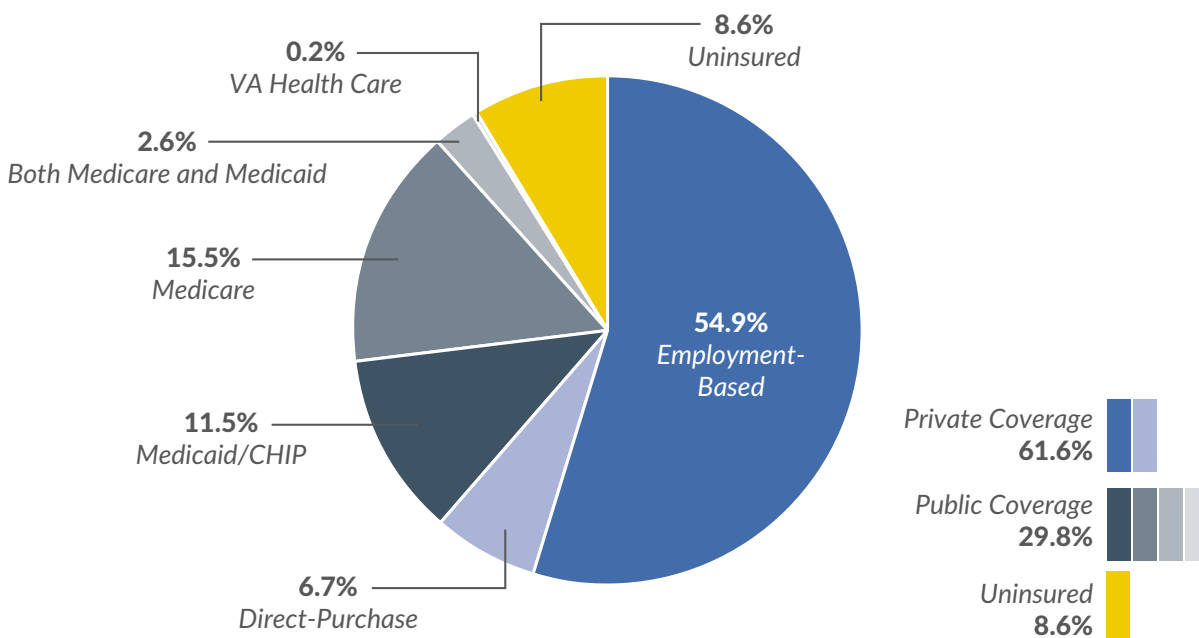
# 2.1 Sources of Health Insurance Coverage

## 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, 2022

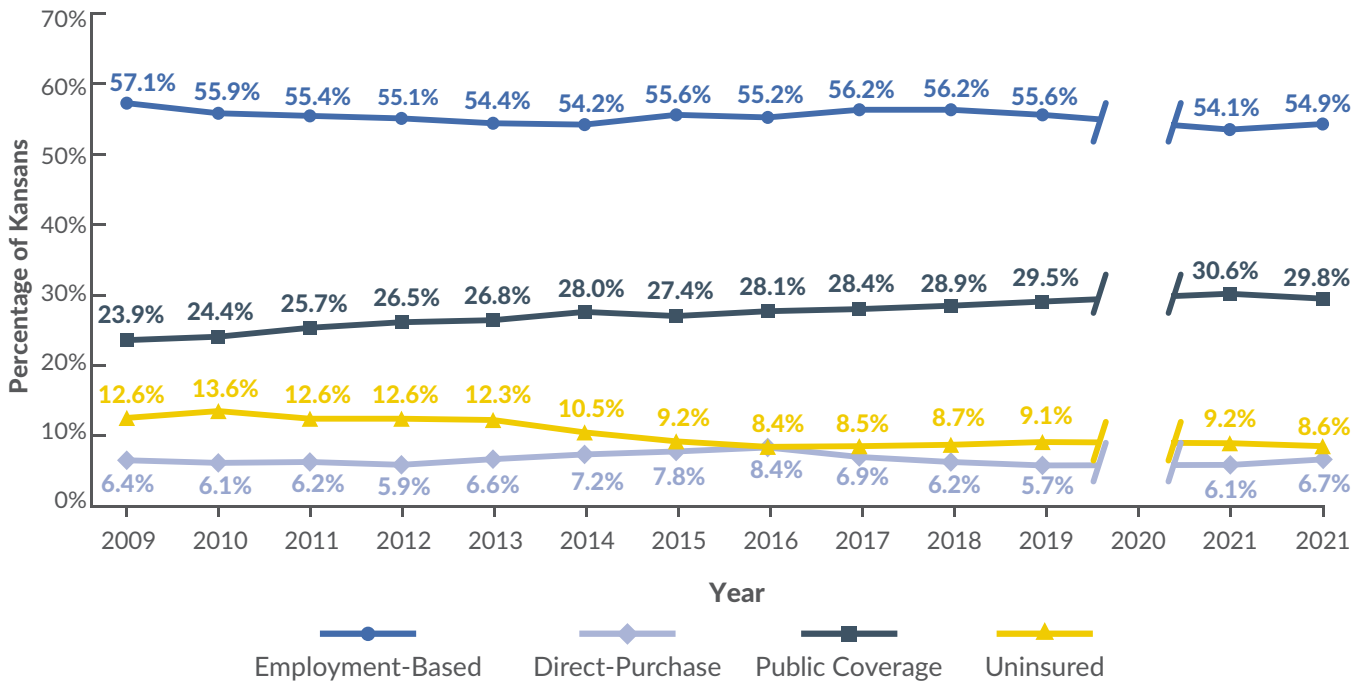


Note: All Kansans (not in institutions) = 2,896,065. Percentages may not sum to subtotals or 100 percent because of rounding. Military/ TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas health insurance 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 2022 American Community Survey Public Use Microdata Sample files.

## All Source of Insurance Coverage Have Remained Similar from 2021 to 2022

Figure 2.1b All Kansans: Trends in Sources of Health Insurance Coverage, 2009–2022



Note: 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. 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- More than half (54.9 percent) of Kansans obtained their health insurance through an employer.
- Three in 10 (29.8 percent) Kansans had public coverage, primarily Medicare, Medicaid or CHIP.
- The uninsured rate in Kansas hit its lowest point in 2016 at 8.4 percent. However, it steadily increased in the following years, reaching 9.2 percent in 2021—a significant jump from the 2016 level. Although there was a drop in 2022, with the uninsured rate decreasing to 8.6 percent, this difference between 2021 and 2022 was not statistically significant.
- Public coverage increased over the last decade, from 23.9 percent in 2009 to 29.8 percent in 2022.
- While there is an uptick in employment-based coverage, the change from 2021 to 2022 is not statistically significant.
- Following the implementation of the ACA, the percentage of Kansans with direct-purchase insurance increased from 6.4 percent in 2009 to a peak of 8.4 percent in 2016 and has remained lower since. While there was a rise between 2021 and 2022, the increase was not statistically significant.

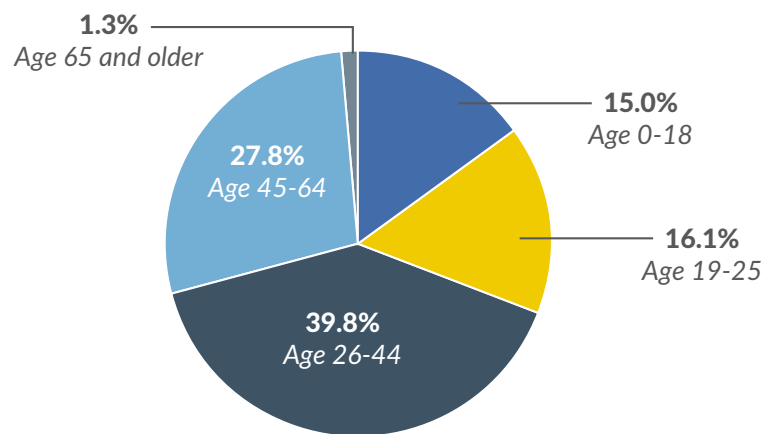
# 2.2 Uninsured by Age

## 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

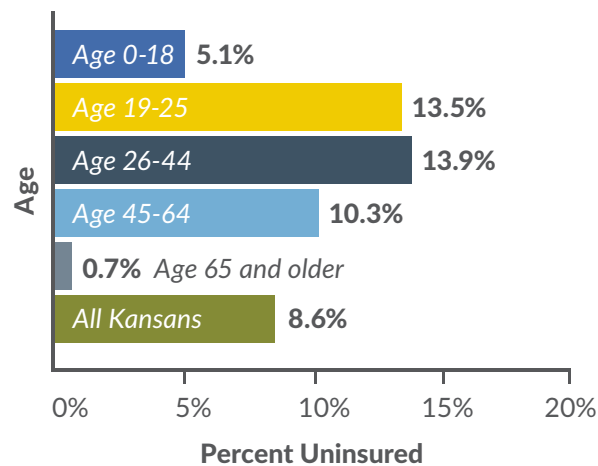
Figure 2.2a Percentage of Uninsured by Age, 2022



Note: Uninsured Kansans (not in institutions) = 248,308. Percentages may not sum to 100 percent because of rounding.  
Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### Adults Age 19-44 Most Likely to Be Uninsured Among All Age Groups

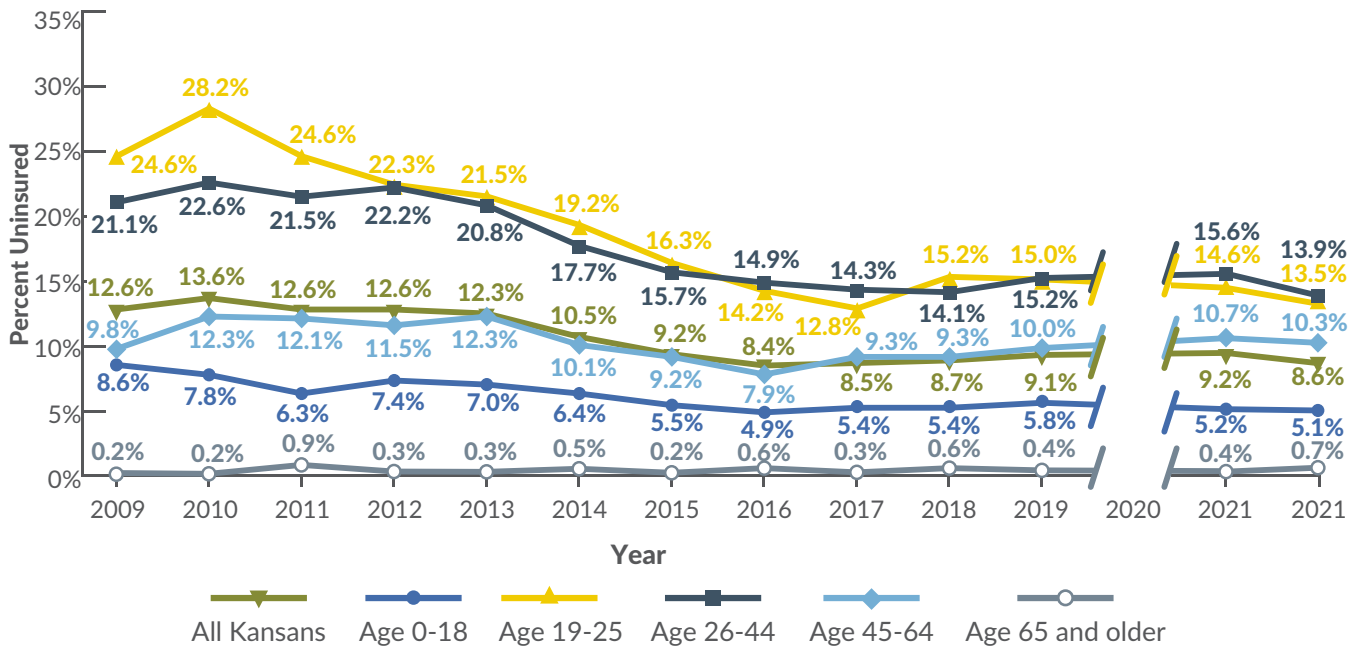
Figure 2.2b All Kansans: Uninsured Rates by Age, 2022



Note: All Kansans (not in institutions) = 2,896,065.  
Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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, 2009–2022



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- 📊 Most uninsured Kansans were in their prime working years. Nearly 4 in 10 (39.8 percent) were age 26–44, and more than a quarter (27.8 percent) were age 45–64.
- 📊 Despite more generous rules for public coverage for children, 15.0 percent of uninsured Kansans were age 18 and younger.
- 📊 Adults age 19–25 and 26–44 were about 1.3 times more likely to be uninsured than those age 45–64 (13.5 percent, 13.9 percent and 10.3 percent, respectively).
- 📊 Comparing uninsured rates in 2009 and 2022, rates decreased for all age groups except those age 45–64 and age 65 and older. The uninsured rate for individuals age 65 and older in 2022 was significantly higher than the uninsured rate in 2009.
- 📊 No age group had a significant change in its uninsured rate between 2021 and 2022.
- 📊 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). However, in subsequent years, although not statistically significant, it has consistently stayed higher than the 2017 rate.

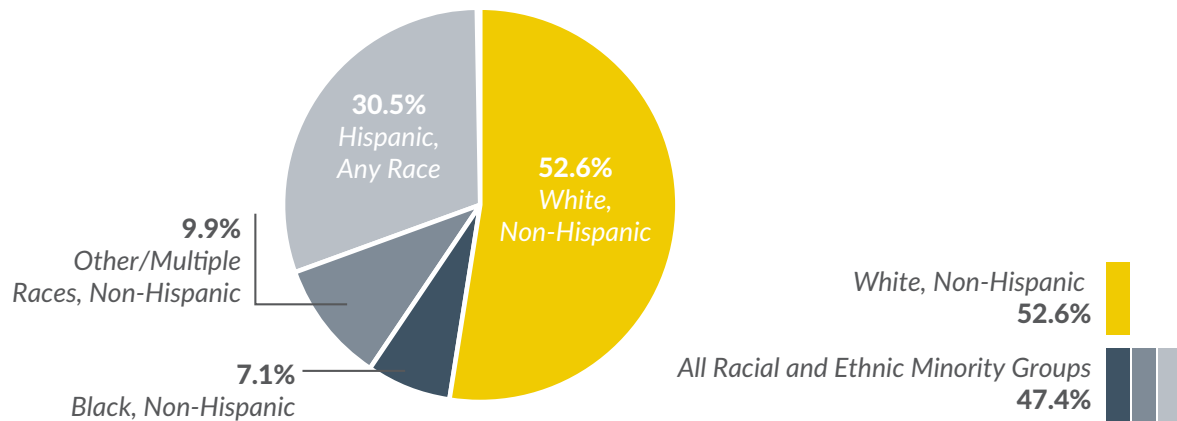
# 2.3 Uninsured by Race and Ethnicity

## ALL KANSANS

People from 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

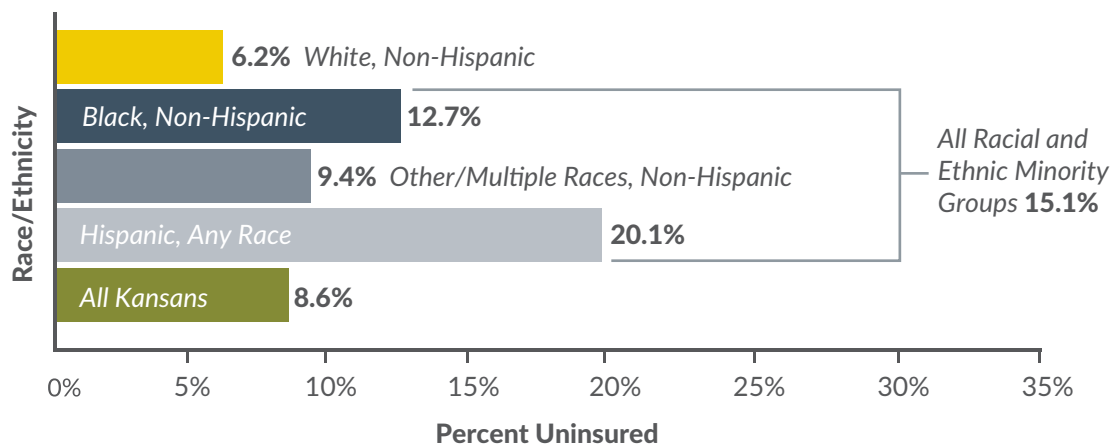
Figure 2.3a Uninsured Kansans by Race and Ethnicity, 2022



Note: Uninsured Kansans (not in institutions) = 248,308. 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).

### Hispanic Kansans of Any Race Are Most Likely to be Uninsured

Figure 2.3b All Kansans: Uninsured Rates by Race and Ethnicity, 2022

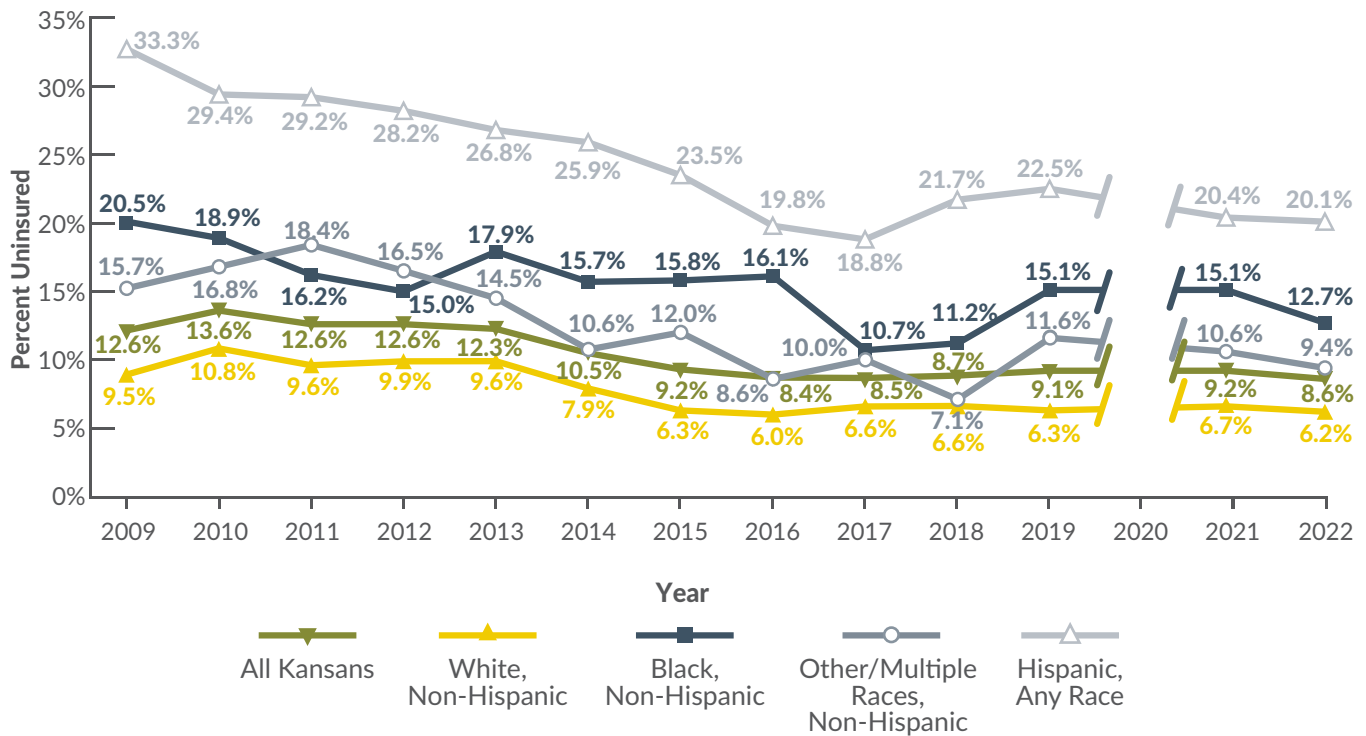


Note: All Kansans (not in institutions) = 2,896,065. See Appendix B, page B-1, for definitions of specific race and ethnicity groups. Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.



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

Figure 2.3c All Kansans: Uninsured Rates by Race and Ethnicity, 2009–2022



Note: 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- More than half (52.6 percent) of uninsured Kansans were non-Hispanic White, and 3 in 10 (30.5 percent) uninsured Kansans were Hispanic, any race.
- Kansans from racial and ethnic minority groups were 2.4 times more likely to be uninsured than non-Hispanic White Kansans (15.1 percent compared to 6.2 percent).
- Kansans who are Hispanic, any race, had the highest uninsured rate at 20.1 percent and non-Hispanic White Kansans had the lowest uninsured rate at 6.2 percent.
- The uninsured rates for all racial and ethnic groups in Kansas were lower in 2022 compared to 2009. However, there were no statistically significant changes in the uninsured rates for any racial or ethnic group between 2021 and 2022.

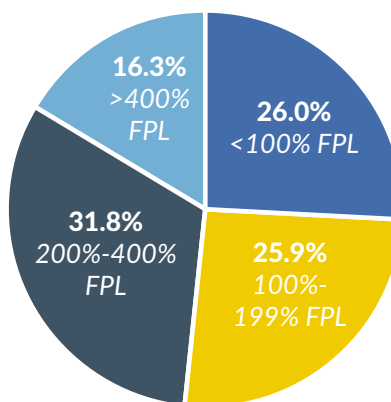
# 2.4 Uninsured by Family Income

## 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 (\$27,750 to \$111,000 for a family of four in 2022). Cost sharing reduction assists with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$27,750 to \$69,375 for a family of four in 2022). Through the Inflation Reduction Act that extended the enhanced subsidies of ARPA through 2025, the cap for subsidies changed from 400 percent FPL to 8.5 percent of household income. The health insurance marketplace open enrollment began on Nov. 1, 2021, and closed on Jan. 15, 2022. During the open enrollment period, Kansans can make changes, evaluate coverage and stay on the current plan if it is still available.

### Almost Three-Quarters of Uninsured Kansans Live Above the Poverty Line

Figure 2.4a Uninsured Kansans by Family Income, 2022

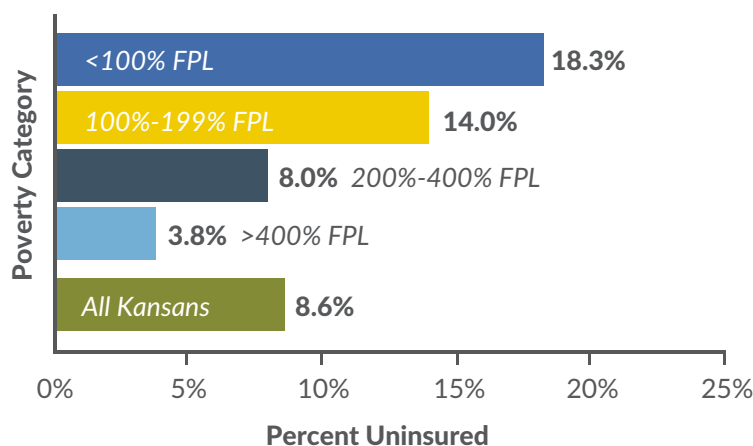


Note: Uninsured Kansans with income information (not in institutions) = 246,322. Percentages may not sum to 100 percent because of rounding. The federal poverty level for a family of four in 2022 was \$27,750.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### Kansans Living Below the Poverty Line Are the Most Likely to Be Uninsured

Figure 2.4b All Kansans: Uninsured Rates by Family Income, 2022

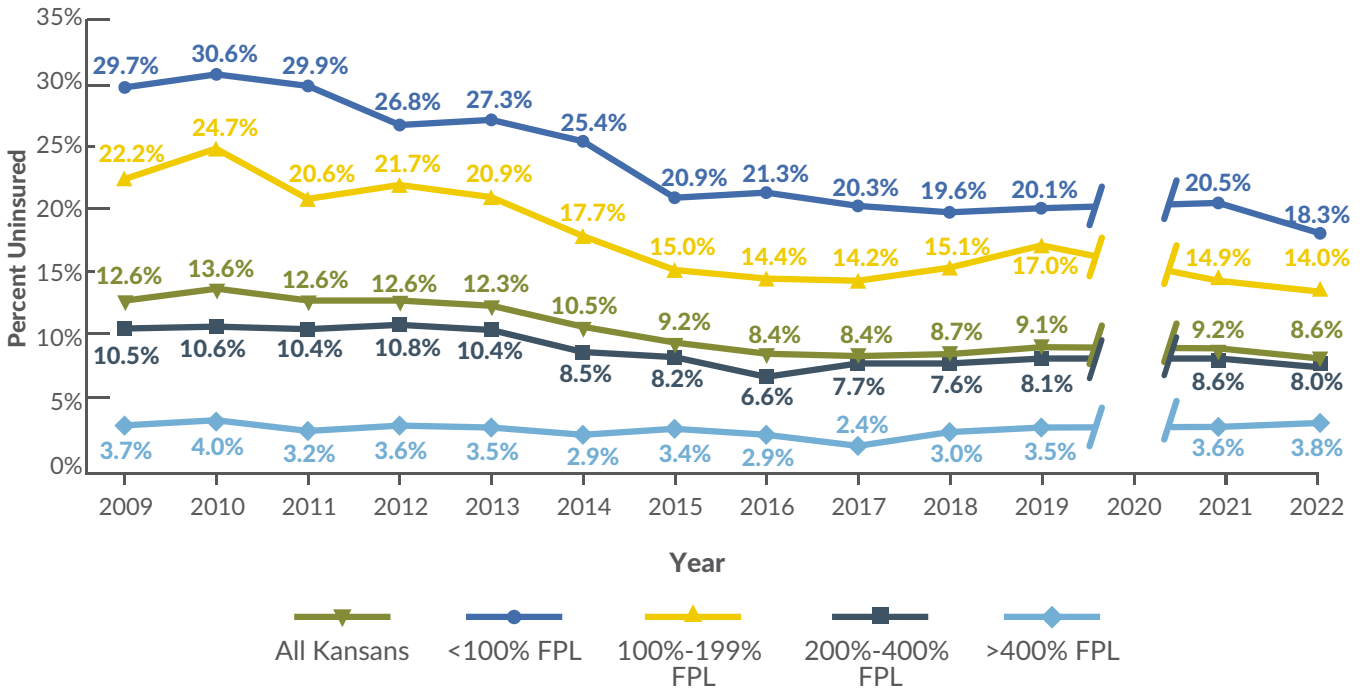


Note: All Kansans with income information (not in institutions) = 246,322. The federal poverty level for a family of four in 2022 was \$27,750.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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, 2009–2022



Note: Uninsured Kansans with income information (not in institutions) = 246,322. Percentages may not sum to 100 percent due to rounding. The federal poverty level for a family of four in 2022 was \$27,750.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

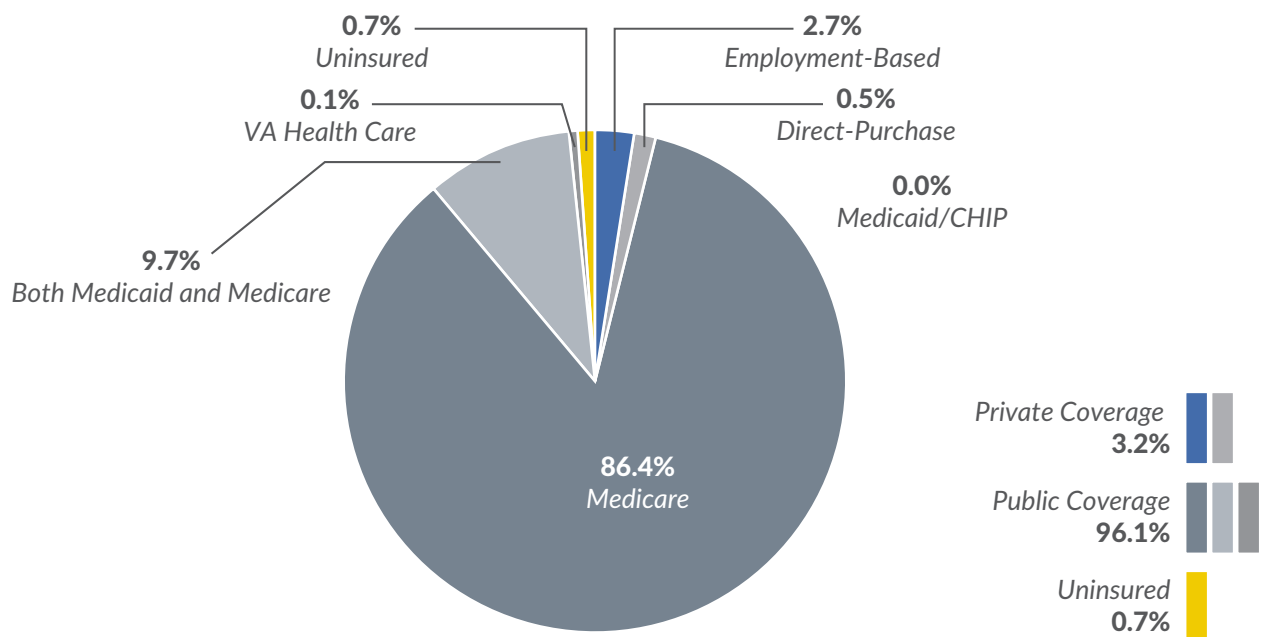
- Nearly three-quarters (74.0 percent) of uninsured Kansans had income above the poverty line and might have been eligible for financial assistance to purchase health insurance on the federally facilitated Kansas health insurance marketplace.
- Kansans with family income below the poverty line were 4.8 times more likely to be uninsured than those with income above 400 percent FPL (18.3 percent compared to 3.8 percent).
- Kansans with family income between 100 and 199 percent FPL were 3.7 times more likely to be uninsured than those with income above 400 percent FPL (14.0 percent compared to 3.8 percent).
- In 2022, the uninsured rate for Kansans in all income categories below 400 percent FPL was lower than in 2009, while the uninsured rate held consistently for Kansans with income exceeding 400 percent FPL.
- There was no statistically significant change observed in the uninsured rates between 2021 and 2022 across all income categories; however, it is noteworthy that the 2022 uninsured rate for Kansans with family income in the 100 to 199 percent FPL range was significantly lower than the pre-pandemic rate in 2019 (14.0 percent compared to 17.0 percent).

## 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 99.3 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 Kansas Seniors Are Covered by Public Insurance

Figure 2.5 Kansas Adults Age 65 and Older: Sources of Health Insurance Coverage, 2022




Note: Kansas adults age 65 and older (not in institutions) = 489,249. 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 2022 American Community Survey Public Use Microdata Sample files.

### Key Points

 Nearly all (96.1 percent) Kansans age 65 and older had public insurance coverage.

 One in 10 (9.7 percent) Kansas adults age 65 and older had Medicaid in addition to Medicare. These “dually eligible” older adults qualify for Medicaid due to limited financial resources.

# 3. KANSAS ADULTS AGE 19-64

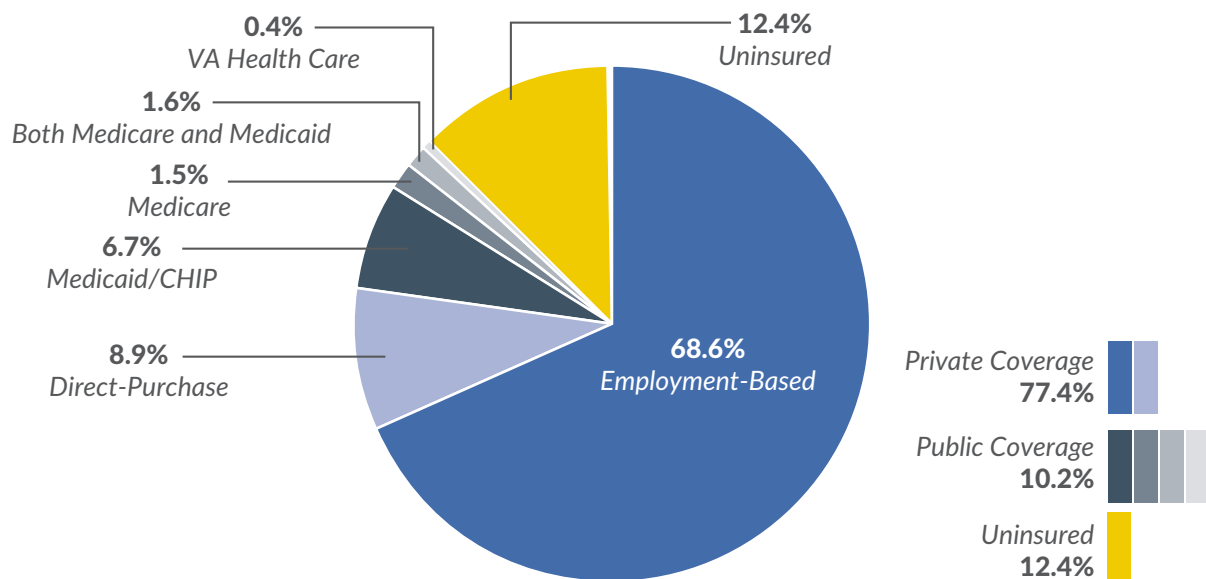
# 3.1 Sources of Health Insurance Coverage

## 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 purchased directly by individuals, including insurance purchased on the federally facilitated Kansas marketplace established by the ACA. Public coverage 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, 2022

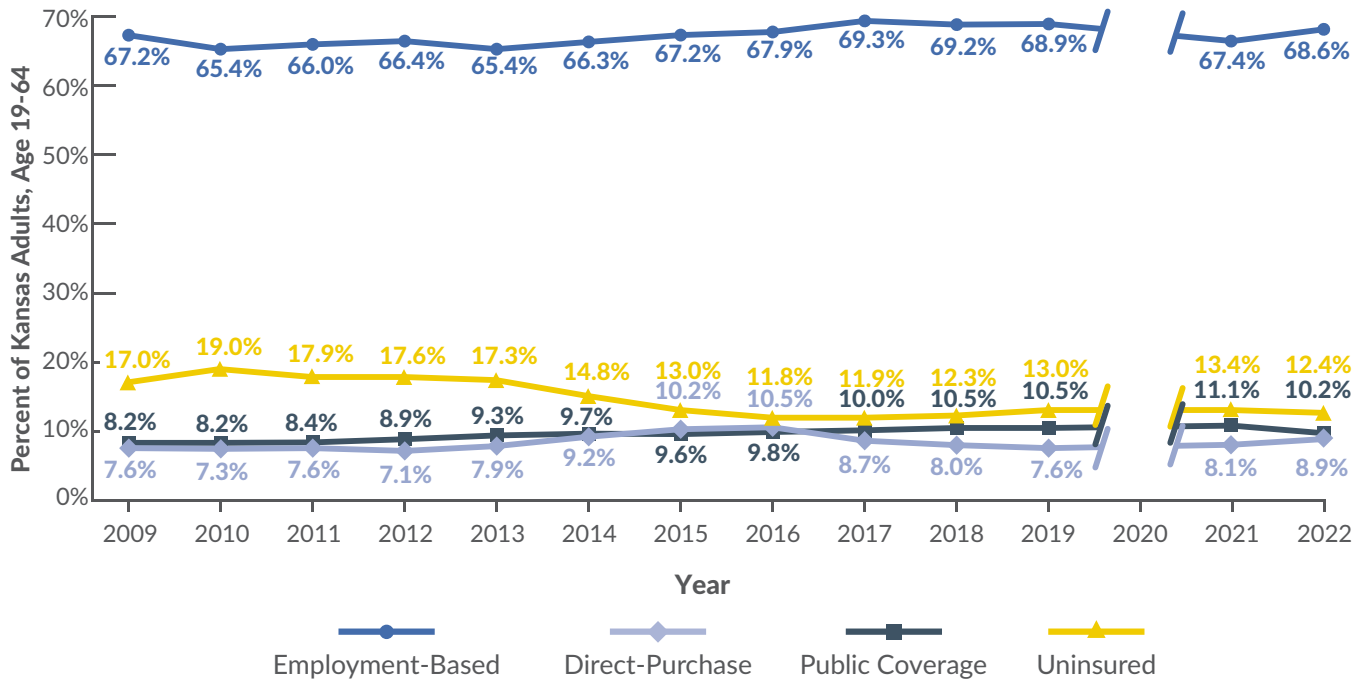


Note: Kansas adults age 19–64 (not in institutions) = 1,676,989. Percentages may not sum to subtotals or 100 percent because of rounding. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally 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 2022 American Community Survey Public Use Microdata Sample files.

## Employment-Based Coverage Remains Steady in 2022

Figure 3.1b Kansas Adults Age 19–64: Trends in Sources of Health Insurance Coverage, 2009–2022



Note: 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- Two-thirds (68.6 percent) of nonelderly adults received coverage through an employer and 8.9 percent purchased insurance directly through a broker or the ACA marketplace.
- Among nonelderly adults in 2022, 8.9 percent had public coverage and 12.4 percent were uninsured.
- Despite earlier gains this decade in insurance coverage for nonelderly adults, the uninsured rate began to gradually increase after 2016 and has remained steady since.
- While employment-based coverage had declined in 2021 (67.4 percent) in the wake of the pandemic, employment-based coverage in 2022 was similar to the 2019 pre-pandemic rate (68.6 percent compared to 68.9 percent).
- Direct-purchase coverage for nonelderly adults rose after 2013 (7.9 percent) when the ACA marketplace became available and peaked in 2016 (10.5 percent). The rate in 2022 was 8.9 percent, similar to 2021 (8.1 percent).

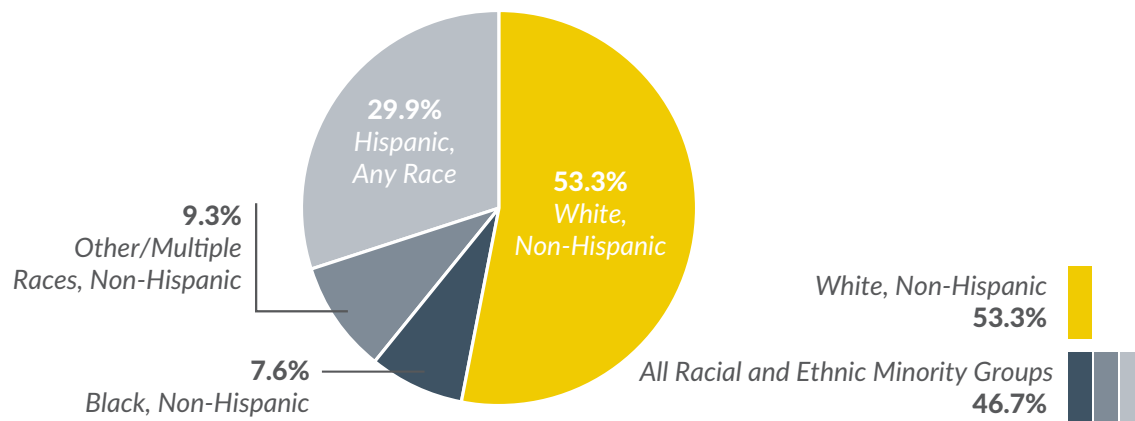
# 3.2 Uninsured by Race/Ethnicity

## 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 policies 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, 2022

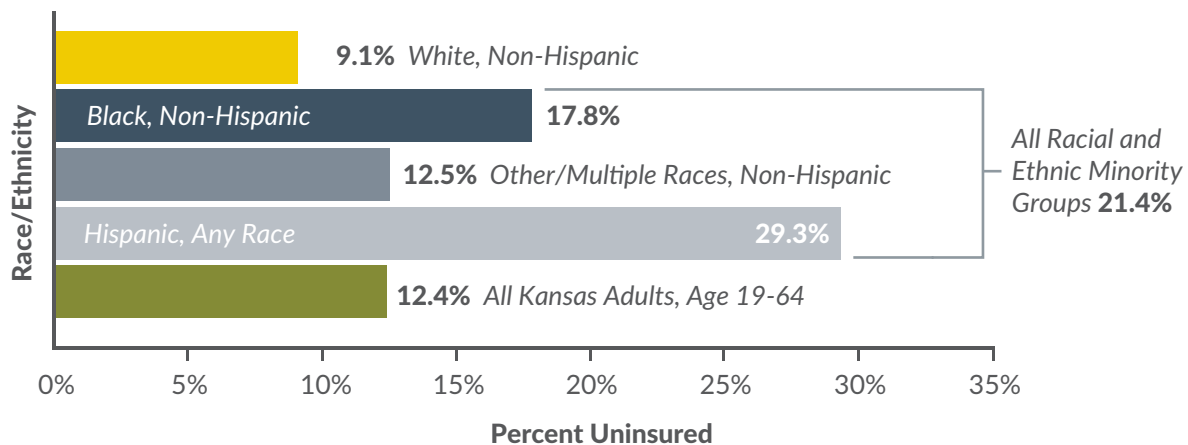


Note: Uninsured Kansas adults age 19–64 (not in institutions) = 207,913. Percentages may not sum to subtotals or 100 percent because of rounding. All racial and ethnic minority groups include Kansans who are non-Hispanic Black, non-Hispanic other/multiple races, and Hispanic, any race (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### 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, 2022

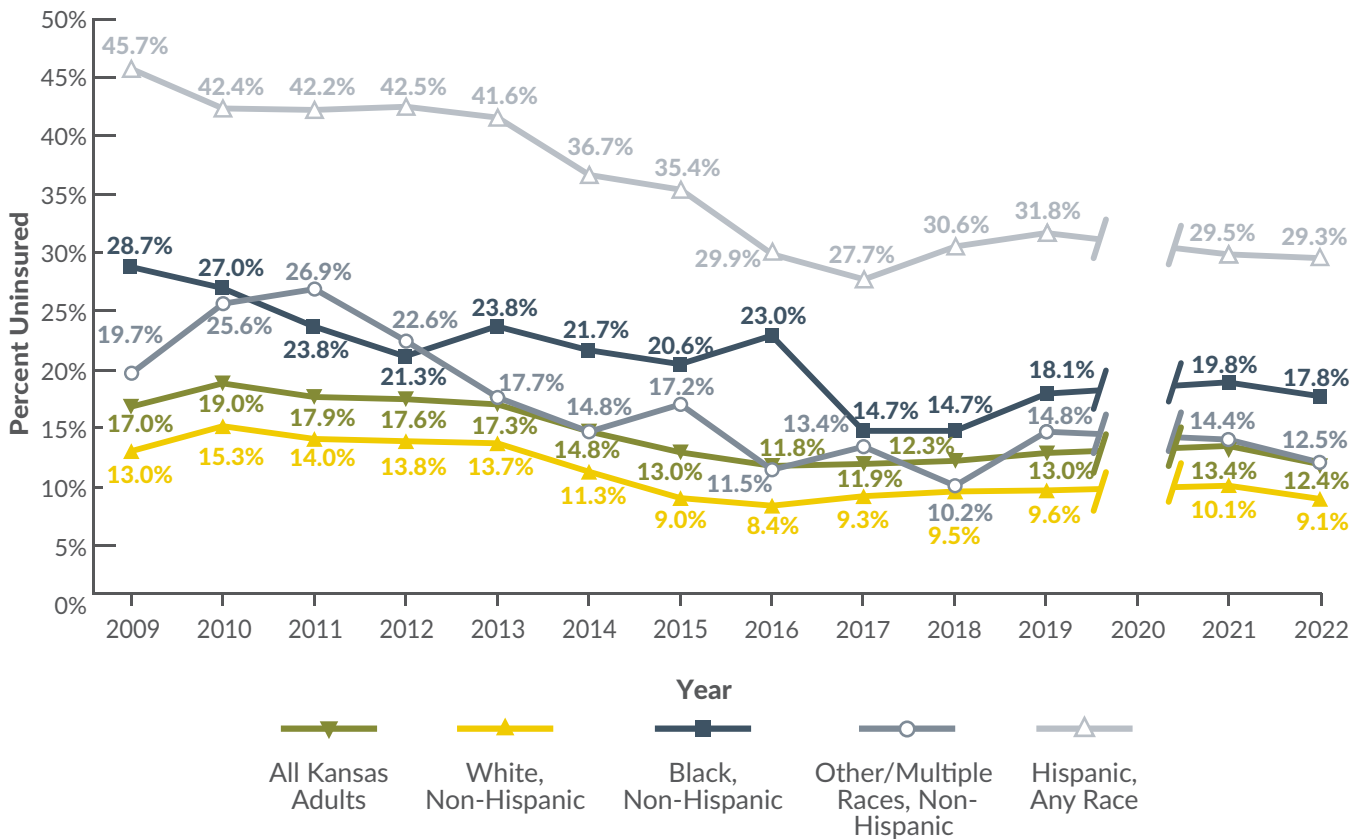


Note: All Kansas adults age 19–64 (not in institutions) = 1,676,989. See Appendix B, page B-1, for definitions of specific racial and ethnic groups. Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.



## Uninsured Rate Consistently Highest Among Nonelderly Adults Who Are Hispanic of Any Race

Figure 3.2c Kansas Adults Age 19–64: Uninsured Rates by Race and Ethnicity Group, 2009–2022



Note: 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- More than half (53.3 percent) of uninsured nonelderly adults were non-Hispanic White Kansans.
- Three in 10 (29.9 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 (17.8 percent compared to 9.1

percent), and Kansans who are Hispanic of any race were three times more likely than non-Hispanic White Kansans to be uninsured (29.3 percent compared to 9.1 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.

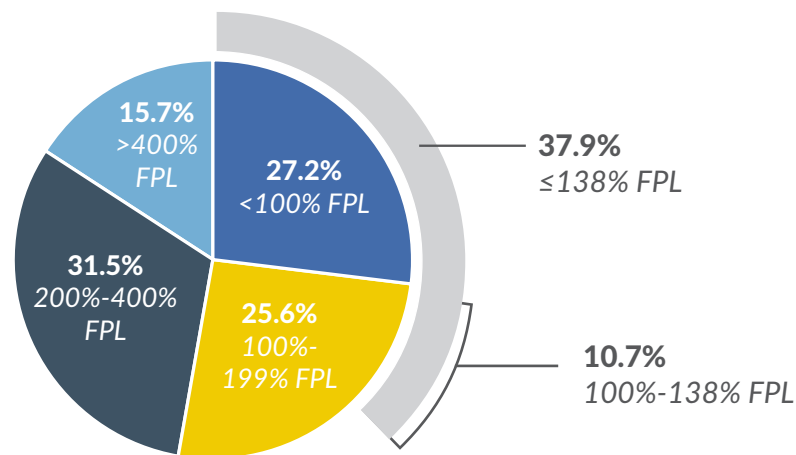
# 3.3 Uninsured by Family Income

## 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 (\$27,750 to \$111,000 for a family of four in 2022), and assistance with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$27,750 to \$69,375 for a family of four in 2022). 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. The Inflation Reduction Act continued the premium assistance of ARPA through 2025. To improve coverage specifically among nonelderly adults, the ACA allows states to expand Medicaid coverage to those with income at or below 138 percent FPL (\$38,295 for a family of four in 2022). As of publication, Kansas has not expanded Medicaid coverage.

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

Figure 3.3a Uninsured Kansas Adults Age 19-64, by Family Income, 2022

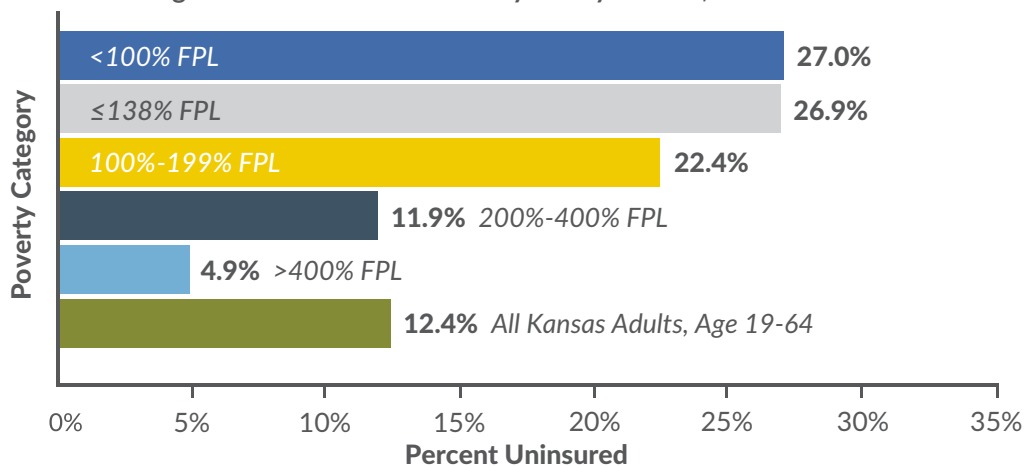


Note: Uninsured Kansas adults age 19-64 with income information (not in institutions) = 206,847. Percentages may not sum to 100 percent because of rounding. Adults age 19-64 with family income at or below 138 percent FPL (\$38,295 for a family of four in 2022) likely would qualify for Medicaid if expanded (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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, 2022

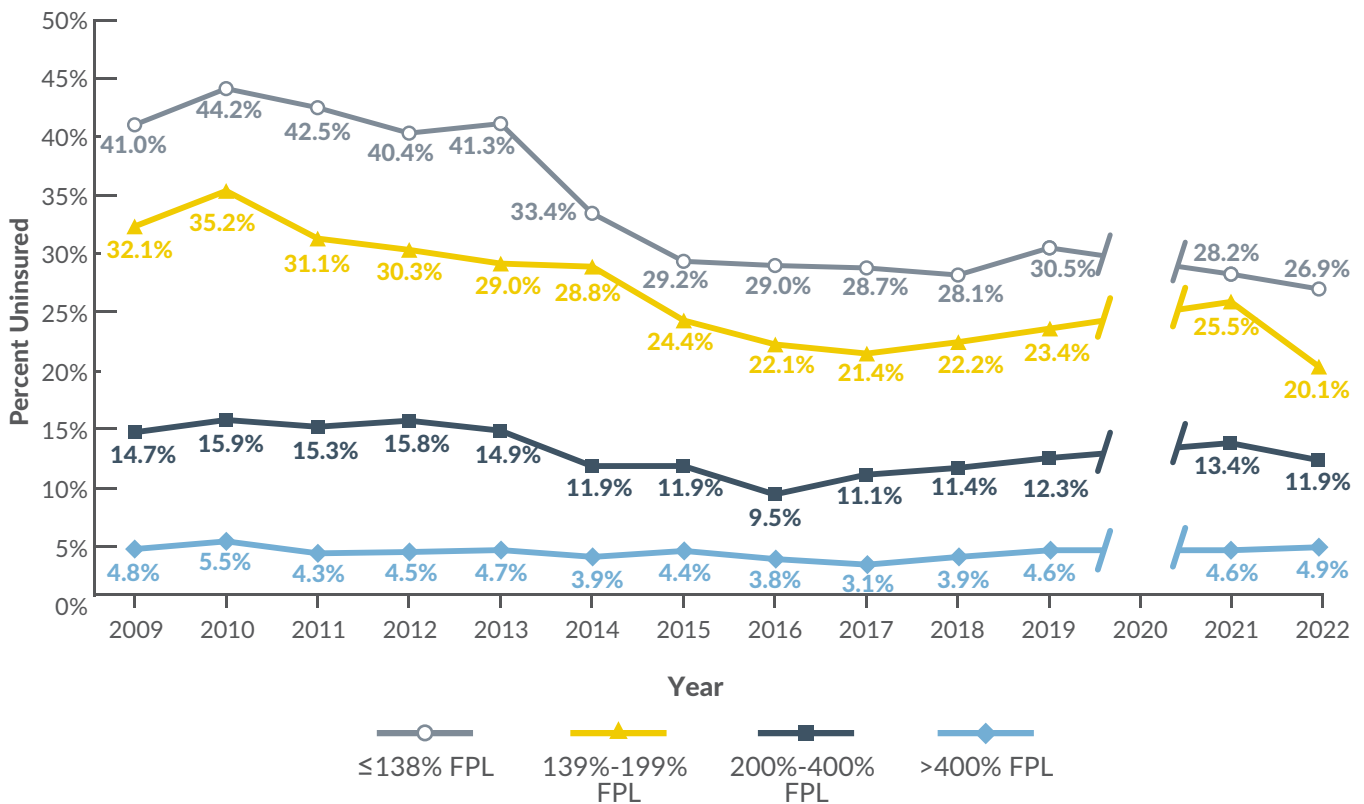


Note: Kansas adults age 19-64 with income information (not in institution) = 1,649,700. Adults with family income at or below 138 percent FPL (\$38,295 for a family of four in 2022) likely would qualify for Medicaid if expanded (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

## In 2022, the Uninsured Rate Decreased for Nonelderly Adults Earning Between 139 and 199 Percent FPL







Figure 3.3c Kansas Adults Age 19–64: Uninsured Rates by Family Income, 2009–2022



Note: Adults with family income ≤138 percent FPL (\$38,295 for a family of four in 2022) 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

-  Nearly three-quarters (72.3 percent) of uninsured nonelderly adults had family income at or above the poverty line.
-  More than a third (37.9 percent) of uninsured nonelderly adults had family income at or below 138 percent FPL and might have qualified for Medicaid if expanded.
-  Nonelderly adults with family income at or below 138 percent FPL were five times more likely to be uninsured than those with family income greater than 400 percent FPL (26.9 percent compared to 4.9 percent), and more than twice as likely to be uninsured as those with family income between 200 and 400 percent FPL (26.9 percent compared to 11.9 percent).
-  Insurance coverage improved for nonelderly adults in all income groups below 400 percent FPL between 2009 and 2022. Insurance coverage has remained stable for those above 400 percent FPL.
-  The uninsured rate for non-elderly adults earning between 139 and 199 percent FPL decreased between 2021 (13.4 percent) and 2022 (11.9 percent).
-  The uninsured rate for nonelderly adults with income at or below 138 percent FPL — the Medicaid expansion target population — decreased by over a fourth between 2009 and 2022 (41.0 percent compared to 26.9 percent) but remained higher than the rate for nonelderly adults in all other income groups.

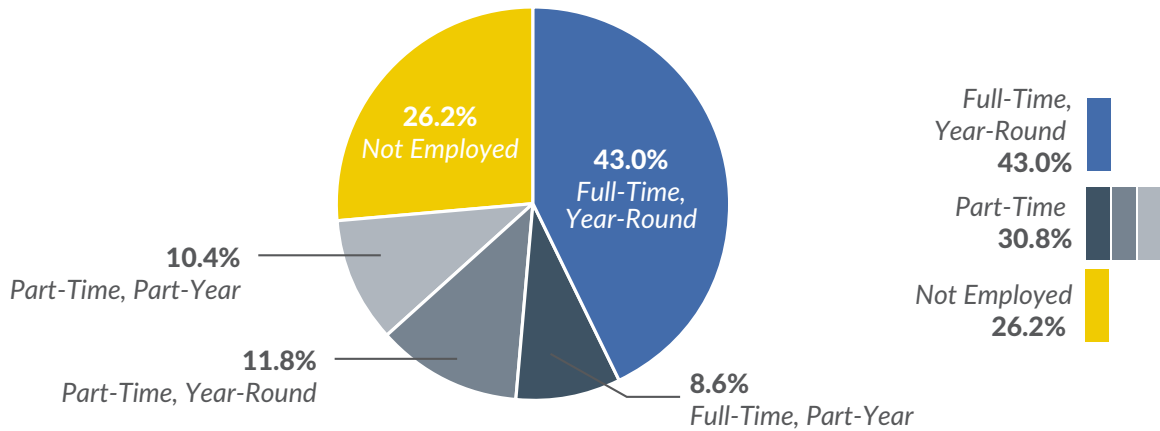
# 3.4 Uninsured by Employment Status

## 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, 2022

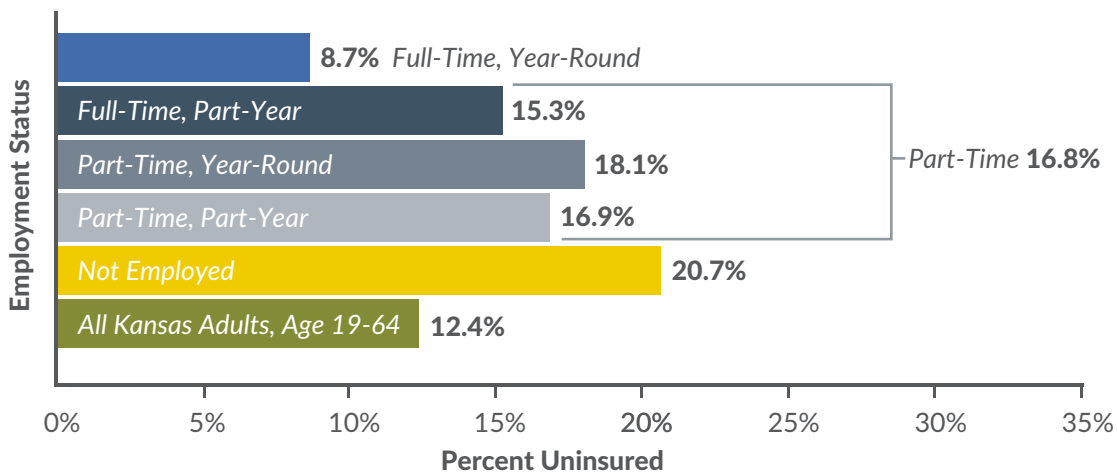


Note: Uninsured Kansas adults age 19-64 (not in institutions) = 207,913. Percentages may not sum to 100 percent because of rounding. Employment is considered full time if an individual worked 35 hours or more per week and year-round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### Part-Time Workers Are Almost Two and a Half Times More Likely to be Uninsured as Full-Time Workers

Figure 3.4b Kansas Adults Age 19-64: Uninsured Rates by Employment Status, 2022

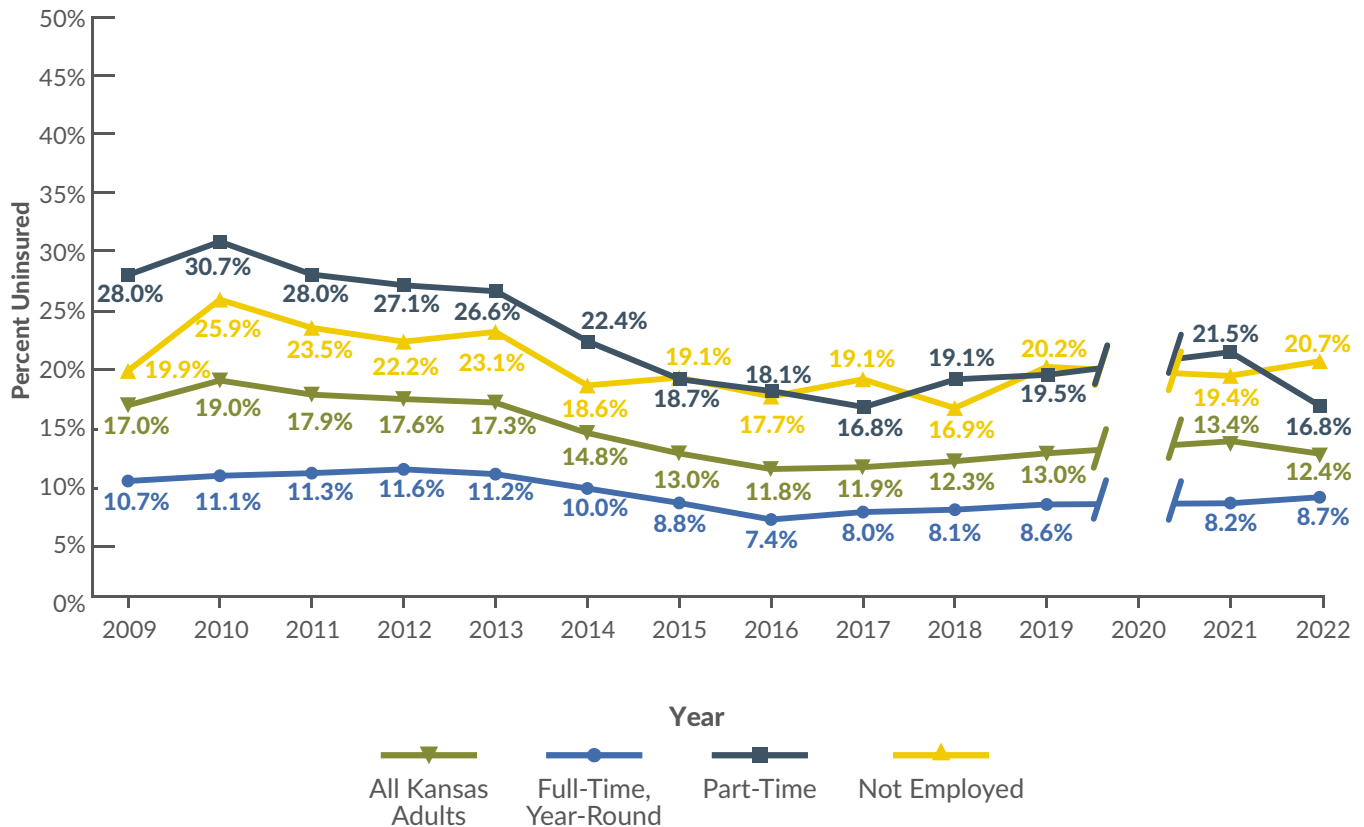


Note: All Kansas adults age 19-64 (not in institutions) = 1,676,989. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months. Part time combines workers who reported full-time, part-year; part-time, year-round; or part-time, part-year employment (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

## Uninsured Rates of Part-Time Employees Improve

Figure 3.4c Kansas Adults Age 19–64: Uninsured Rates by Employment Status, 2009–2022



Note: 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

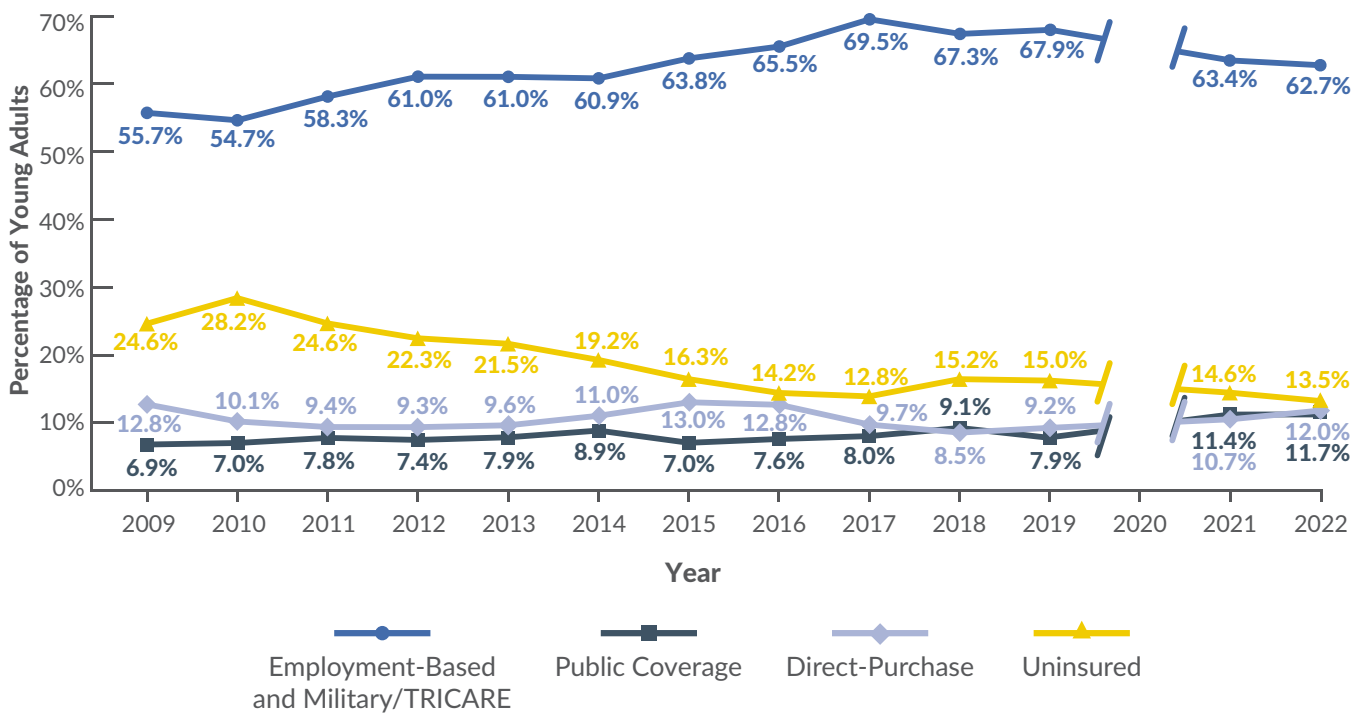
- Three-quarters (73.8 percent) of uninsured nonelderly adults were working at least part time or part year.
- More than 4 in 10 (43.0 percent) uninsured nonelderly adults were employed full time, year-round.
- Among working Kansas adults age 19–64, part-time workers were nearly two times more likely to be uninsured than those working full time, year round (16.8 percent compared to 8.7 percent).
- The uninsured rate for unemployed nonelderly adults was similar in 2021 (19.4 percent) and 2022 (20.7 percent). The uninsured rate for part-time employees improved between 2021 and 2022 (21.5 percent in 2021 compared to 16.8 percent in 2022).
- Between 2009 and 2022, the uninsured rate decreased significantly for nonelderly adults working part time (28.0 percent compared to 16.8 percent) and those working full time (10.7 percent compared to 8.7 percent), but for the unemployed, the uninsured rate was similar (19.9 percent compared to 20.7 percent).

# 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 and young parents in low-income households are examples of those who benefited from the continuous coverage policy.

## Coverage Rates for Young Adults in 2022 Were Similar to 2021

Figure 3.5 Young Kansas Adults Age 19–25: Trends in Sources of Health Insurance Coverage, 2009–2022



Note: 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

Between 2009 and 2017, the uninsured rate for young adults decreased significantly from 24.6 percent to 12.8 percent. Since 2017, the gain in insurance coverage has stalled. However, the 2022 uninsured rate for young adults (13.5 percent) was still nearly half of the 2009 rate.

Employment-based coverage among young adults increased from 55.7 percent in 2009 to a high of 69.5 percent in 2017, likely a result of remaining on their parents' employment-based insurance as allowed by the ACA. Since 2019, there has been a significant decrease in employment-based coverage (67.9 percent to 62.7 percent respectively).



# HEALTH INSURANCE

**2,896,065**

**PRIVATE COVERAGE**  
**1,784,616**

**1,522,187**  
Employment-Based

**67,011**  
Military/TRICARE

**195,418**  
Direct-Purchase

Includes 98,753  
Kansans with a  
marketplace plan.

**248,308** TR



**CHILDREN (0-18)**

**37,192**

(Family income not available for 920 children)



**ADULTS**

**207,916**

(Family income not available for 1,000 adults)

**≤255% FPL**  
**21,883**

Currently eligible for  
Medicaid/CHIP

**>255% FPL**  
**14,389**

Not eligible for  
Medicaid/CHIP

**<100% FPL**  
**56,276**

**256-400% FPL**  
**7,338**

Qualify for subsidies  
on the marketplace  
(ACA-eligible)

**>400% FPL**  
**7,051**

Qualify for subsidies  
on the marketplace  
(ARPA-eligible)

**<100% FPL**  
**Parents**  
**20,603**

**<100% FPL**  
**Childless Adults**  
**35,673**

Do not qualify for  
Medicaid or  
subsidies on the  
marketplace;  
Would qualify  
for Medicaid  
if expanded

**<38%  
FPL**  
**7,019**

Currently  
eligible  
for Medicaid

**≥38- <100%  
FPL**  
**13,584**

Do not qualify  
for Medicaid or  
subsidies on the  
marketplace;  
Would qualify  
for Medicaid  
if expanded



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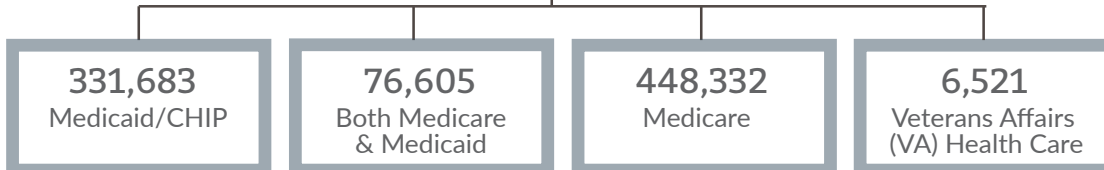
December 2023  
KHI/23-44



# COVERAGE IN KANSAS 2022

KANSAS POPULATION

PUBLIC COVERAGE  
**863,141**



TOTAL UNINSURED

ADULTS (19-64)  
**2,913**

(Data available for 1,066 adults)



SENIORS (65+)  
**3,203**

(Likely eligible for Medicare)

≥100% FPL  
**150,571**

Qualify for subsidies on the marketplace

**LEGEND**

- Currently eligible for Medicaid and/or CHIP – 28,902
- Would qualify for Medicaid if expanded – 71,457
- Qualify for subsidies on the marketplace (ACA-eligible) – 125,410
- Qualify for subsidies on the marketplace (ARPA-eligible) – 39,550

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



- 38% of FPL = \$10,545
- 100% of FPL = \$27,750
- 138% of FPL = \$38,295
- 255% of FPL = \$70,763
- 400% of FPL = \$111,000

**100-138% FPL**  
**22,200**

Qualify for subsidies on the marketplace (ACA-eligible);  
Would qualify for Medicaid if expanded

**>138-400% FPL**  
**95,872**

Qualify for subsidies on the marketplace (ACA-eligible)

**>400% FPL**  
**32,499**

Qualify for subsidies on the marketplace (ARPA-eligible)

Notes:  
ACA=Affordable Care Act  
ARPA = American Rescue Plan Act of 2022  
CHIP= Children's Health Insurance Program  
This infographic is available online at  
<https://www.khi.org/articles/infographic-health-insurance-in-kansas-2022>

Source: KHI analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample and the Early 2023 and Full Year 2022 Average Effectuated Enrollment Snapshot Report from the Centers for Medicare and Medicaid Services.



## 4. KANSAS CHILDREN AGE 0-18

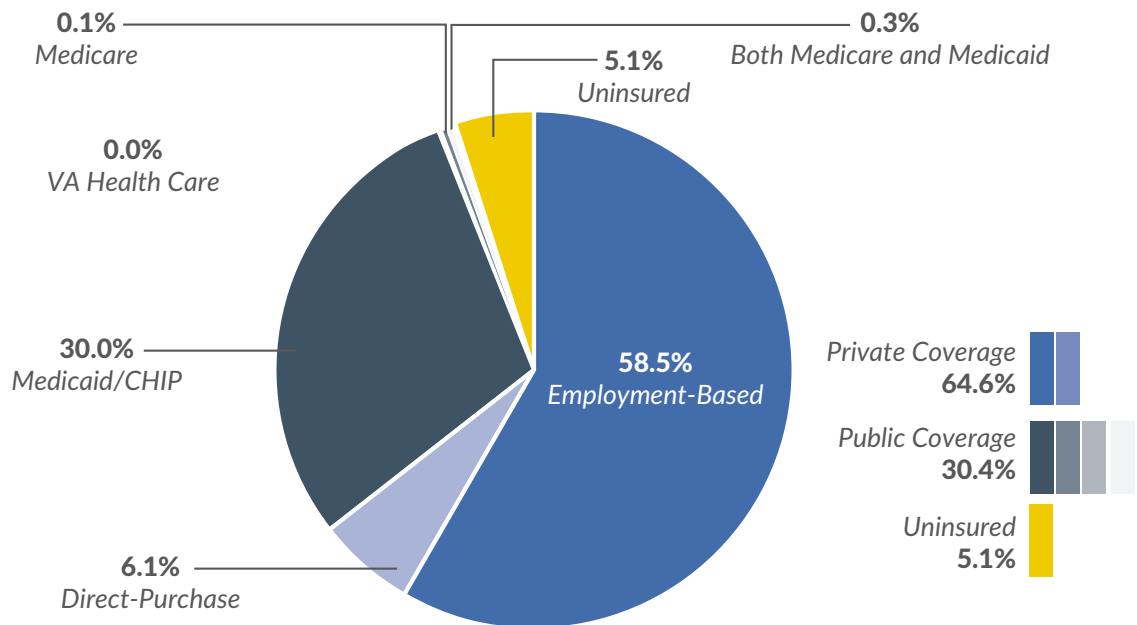
# 4.1 Sources of Health Insurance Coverage

## 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 because the eligibility rules are more generous for children than adults (Appendix C, page C-1). 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 continuous enrollment in Medicaid and CHIP during the COVID-19 pandemic.

### Three in 10 Children Are Covered by Medicaid or CHIP

Figure 4.1a Kansas Children Age 0-18: Sources of Health Insurance Coverage, 2022

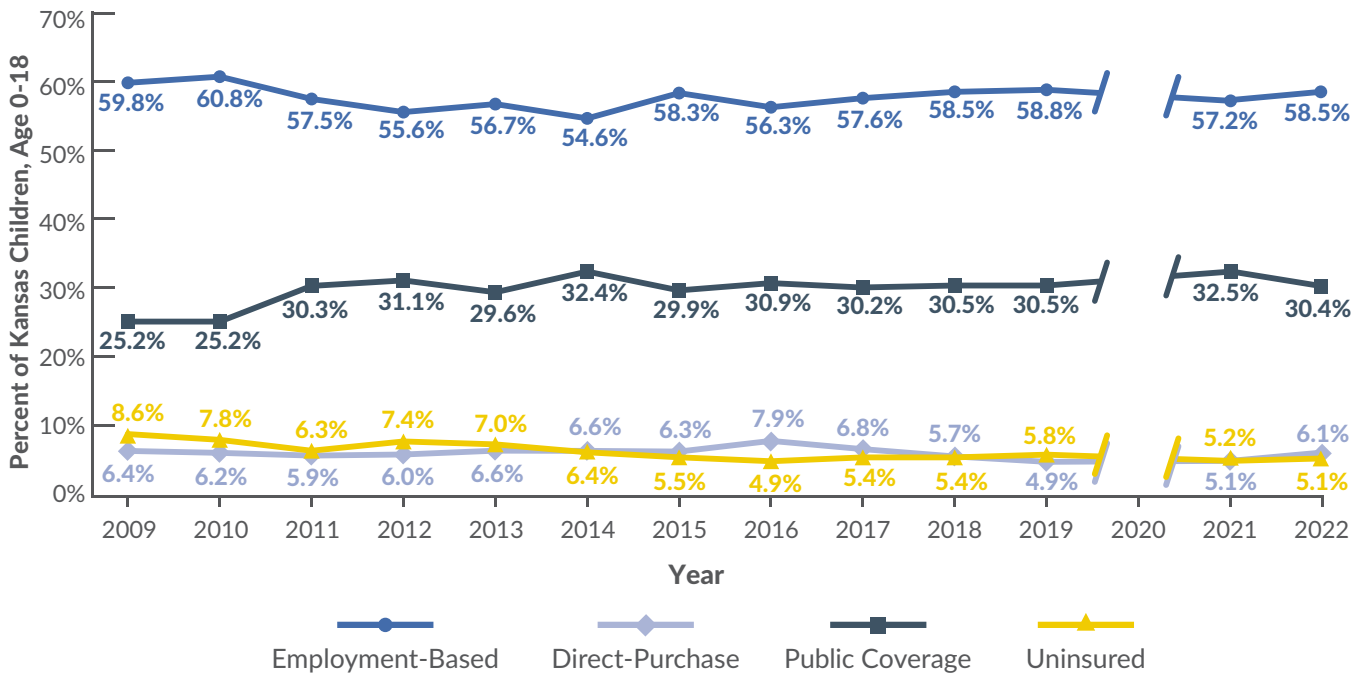


Note: Kansas children age 0-18 (not in institutions) = 729,411. Percentages may not sum to subtotals or 100 percent because of rounding. Military/TRICARE coverage is included in employment-based coverage. Direct purchase is health insurance purchased directly from a private company or on the federally 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 2022 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, 2009-2022



Note: 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 2009-2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- Nearly 6 in 10 (58.5 percent) children were covered by employment-based insurance through a parent's employer.
- Nearly one-third (30.0 percent) of children were covered by Medicaid or CHIP.
- The employment-based coverage rate for children in 2022 was similar to recent years.
- While the uninsured rate for children in 2022 (5.1 percent) was lower than in 2009, it remained similar to recent years.
- While public coverage for children increased overall between 2009 and 2022 it has remained stable since 2011.
- Direct-purchase coverage reached its lowest point (4.9 percent) in 2019 since the start of the ACA. Although it is not statistically significant, this rate did increase to 6.1 percent in 2022.

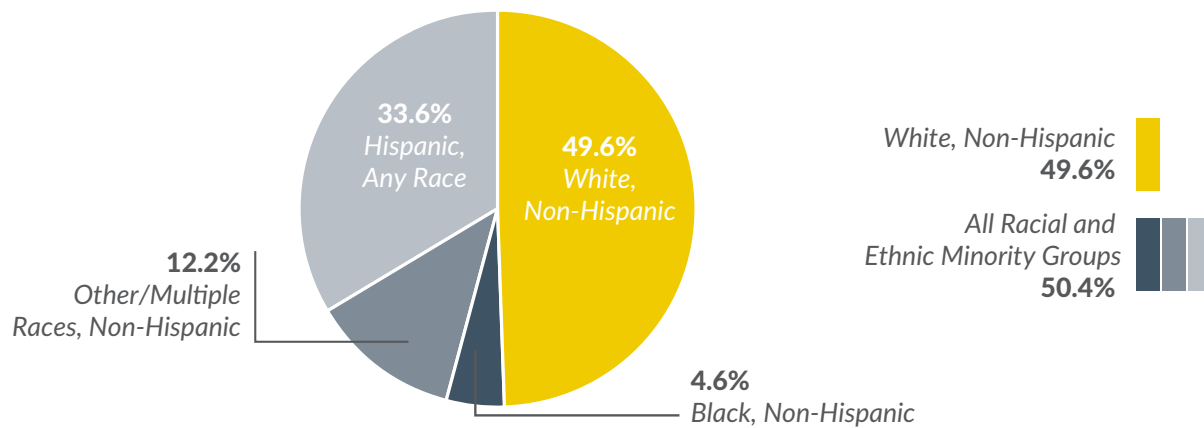
# 4.2 Uninsured by Race/Ethnicity

## KANSAS CHILDREN, AGE 0-18

Even among children, those from racial and ethnic minority groups historically have had higher uninsured rates than their non-Hispanic White peers. While there appears to have been a drop in the uninsured rate for children from racial and ethnic minority groups in Kansas, it could be due to small sample sizes for subgroups of children and may not be statistically significant. Estimates for children from racial and ethnic minority groups that have small sample sizes are provided where suitable and aggregated together in some instances to help estimate a more reliable uninsured rate for children in those groups.

### Nearly Half of Uninsured Kansas Children Are Non-Hispanic White

Figure 4.2a Uninsured Kansas Children Age 0-18 by Race and Ethnicity, 2022

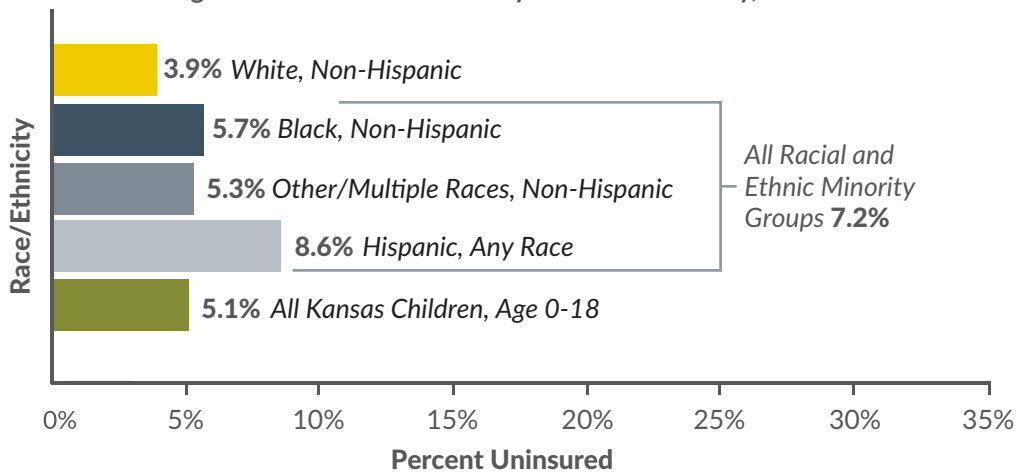


Note: Uninsured Kansas children age 0-18 (not in institutions) = 37,192. Percentages may not sum to 100 percent because of rounding. All racial and ethnic minority groups include Kansans who are non-Hispanic Black, non-Hispanic other/multiple races, and Hispanic, any race (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### Children Who Are Hispanic of Any Race Are Most Likely to be Uninsured

Figure 4.2b Kansas Children Age 0-18: Uninsured Rates by Race and Ethnicity, 2022

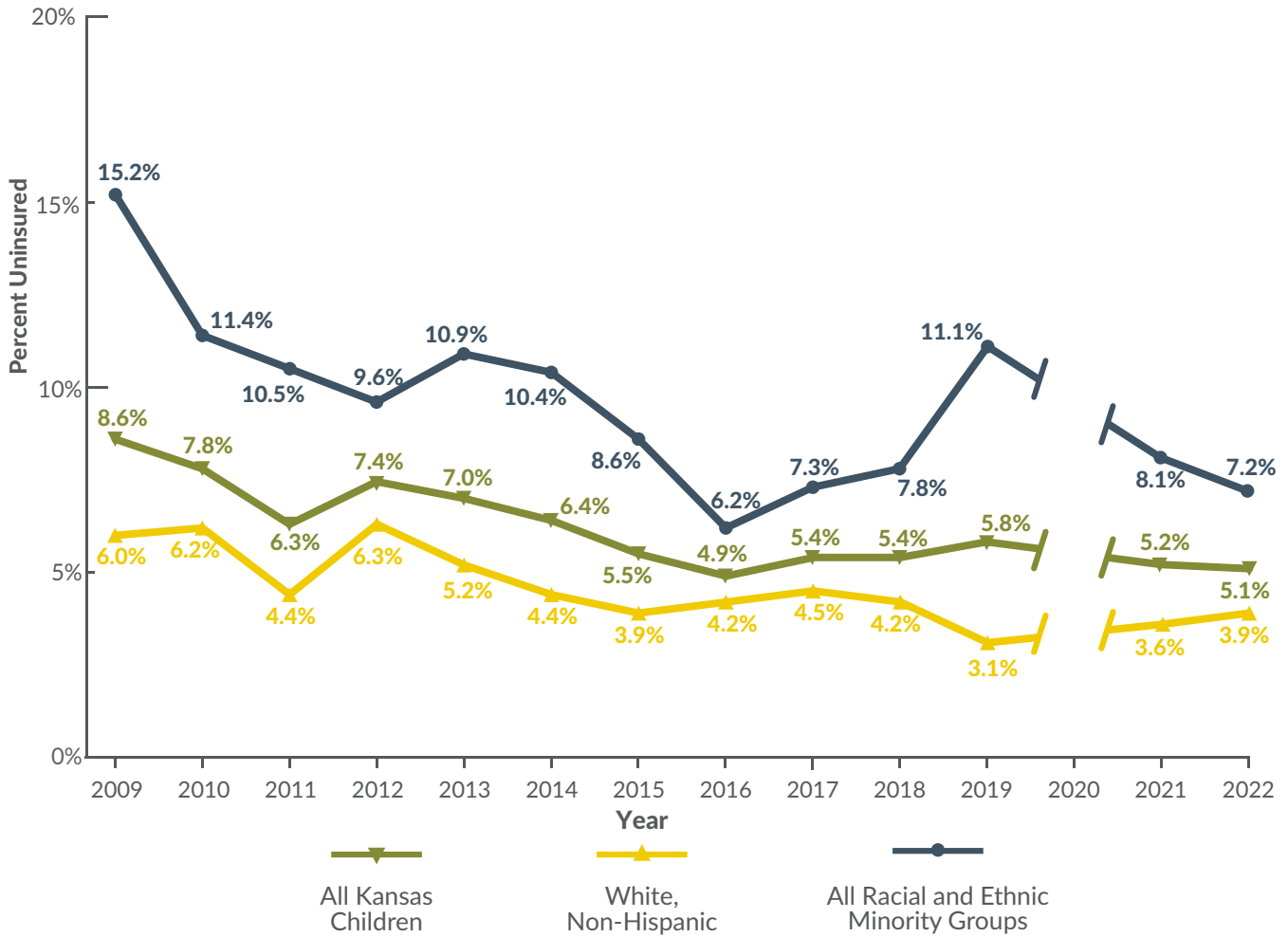


Note: All Kansas children age 0-18 (not in institutions) = 729,411. See Appendix B, page B-1, for definitions of specific racial and ethnic groups.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.





## Racial and Ethnic Disparities in Insurance Coverage for Children Continue to Narrow but Remain

Figure 4.2c Kansas Children Age 0–18: Uninsured Rates by Race and Ethnicity, 2009–2022



Note: Due to small sample sizes that results in variability in estimates, the subpopulation groups data has been aggregated for analysis. 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). For more data on non-Hispanic, Black, non-Hispanic other/multiple races, and Hispanic, any race please see Appendix E, page E-5. Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2009–2019 and 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

-  About half (49.6 percent) uninsured children were non-Hispanic White.
  -  Nearly 1 in 3 (33.6 percent) uninsured children were Hispanic of any race.
  -  Children in racial and ethnic minority groups were more likely to be uninsured than non-Hispanic White children (7.2 percent compared to 3.9 percent).
-  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 2022 (7.2 percent compared to 3.9 percent).

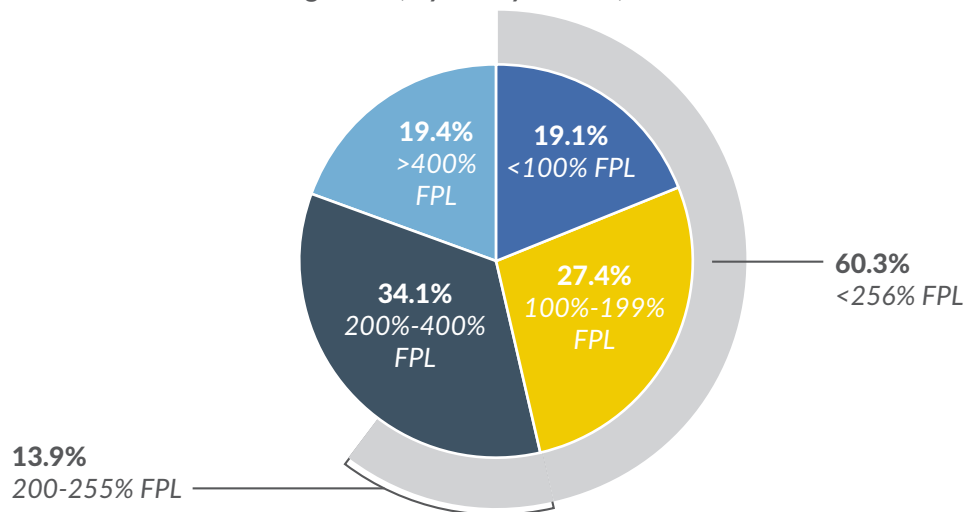
# 4.3 Uninsured by Family Income

## 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 or equal to 255 percent FPL (\$70,763 for a family of four in 2022) qualified for Medicaid or CHIP in 2022. 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 (\$111,000 for a family of four in 2022). 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 6 in 10 Uninsured Children in Kansas Might Already be Eligible for Medicaid or CHIP

Figure 4.3a Uninsured Kansas Children Age 0-18, by Family Income, 2022

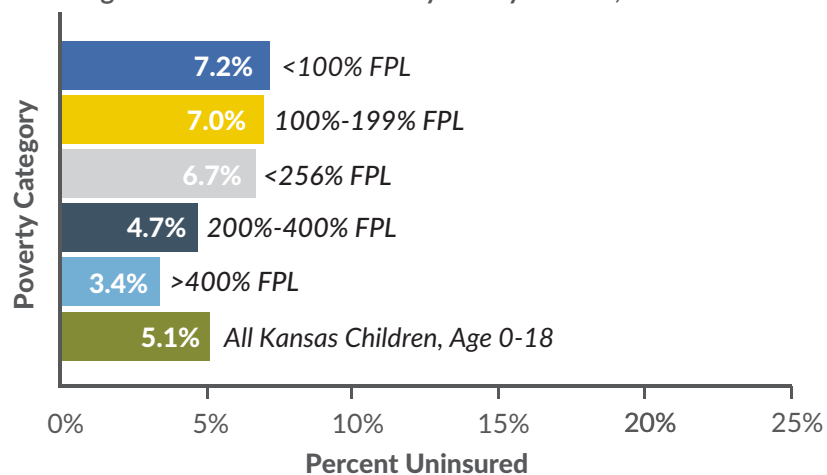


Note: Uninsured Kansas children age 0-18 with income information (not in institutions) = 37,192. Percentages may not sum to 100 percent because of rounding. Children living in families with income less than 255 percent FPL (\$70,766 for a family of four in 2022) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample files.

### Children Living Below the Poverty Level Are Most Likely to Lack Insurance

Figure 4.3b Kansas Children Age 0-18: Uninsured Rates by Family Income, 2022



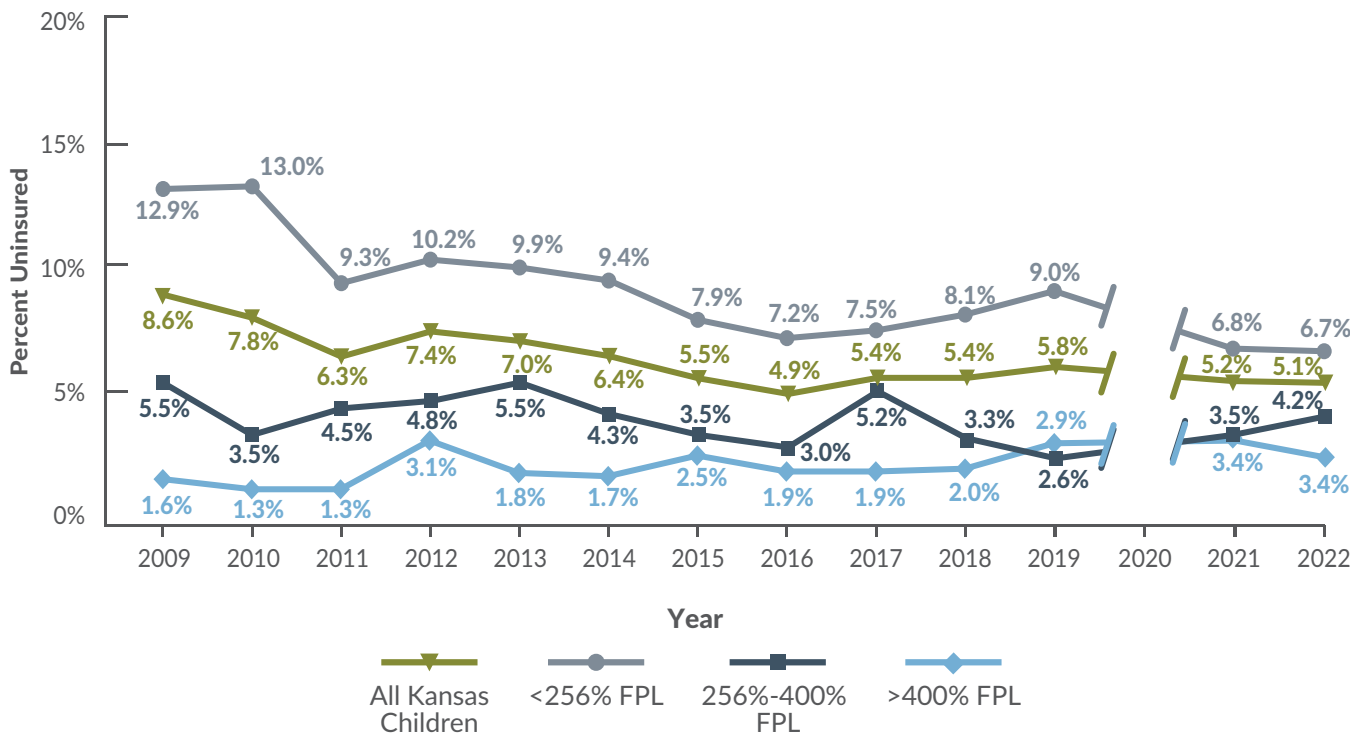
Note: Kansas children age 0-18 with income information (not in institution) = 714,015. Children living in families with income below 255 percent FPL (\$70,763 for a family of four in 2022) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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, 2009-2022



Note: Children living in households with income below 255 percent FPL (\$70,763 for a family of four in 2022) 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 2021-2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- Six in 10 (60.3 percent) uninsured children were living in families with income less than 255 percent FPL and might have qualified for Medicaid or CHIP in 2022.
- Two in 10 (20.2 percent) uninsured children might have qualified for financial assistance on the Kansas marketplace under the ACA, as their family income was between 255 and 400 percent FPL. Uninsured children in families with an income above 400 percent FPL (19.4 percent) also may have qualified for financial assistance up to the limit of 8.5 percent of household income.
- Children in families with income below the federal poverty level were nearly two times more likely to be uninsured than those in families with income more than 400 percent FPL (7.2 percent compared to 3.4 percent).
- While the uninsured rate for children living in families with income less than 255 percent FPL decreased between 2009 and 2022 (12.9 percent compared to 6.7 percent), it remained similar for those children from 2019 to 2022.

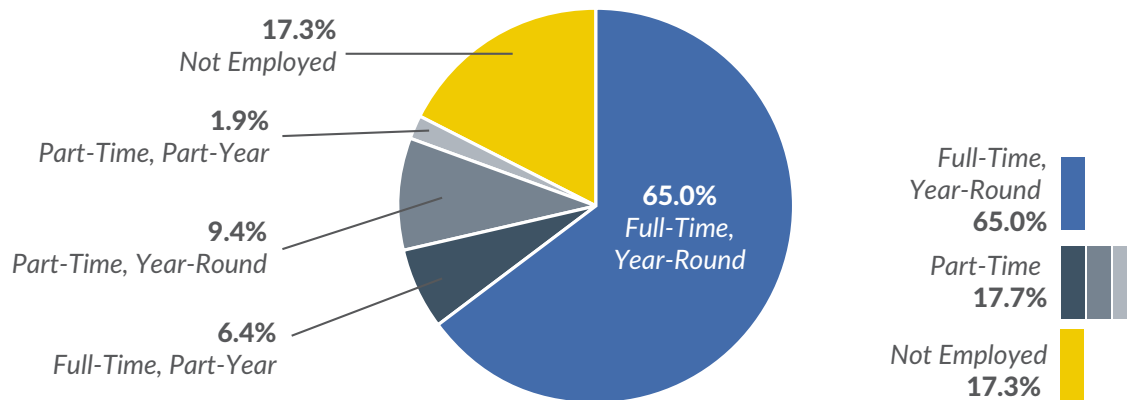
# 4.4 Uninsured by Head of Household Employment Status

## KANSAS CHILDREN, AGE 0-18

While employment of a family member makes it more likely that a child 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, 2022

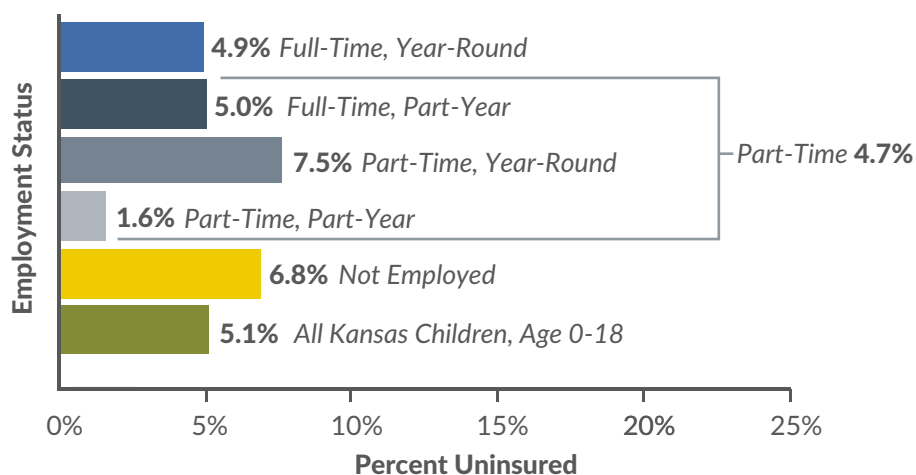


Note: Uninsured Kansas children age 0-18 (not in institutions) = 37,192. Percentages may not sum to 100 percent because of rounding. Employment is considered full time if an individual worked 35 hours or more per week and year round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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, 2022

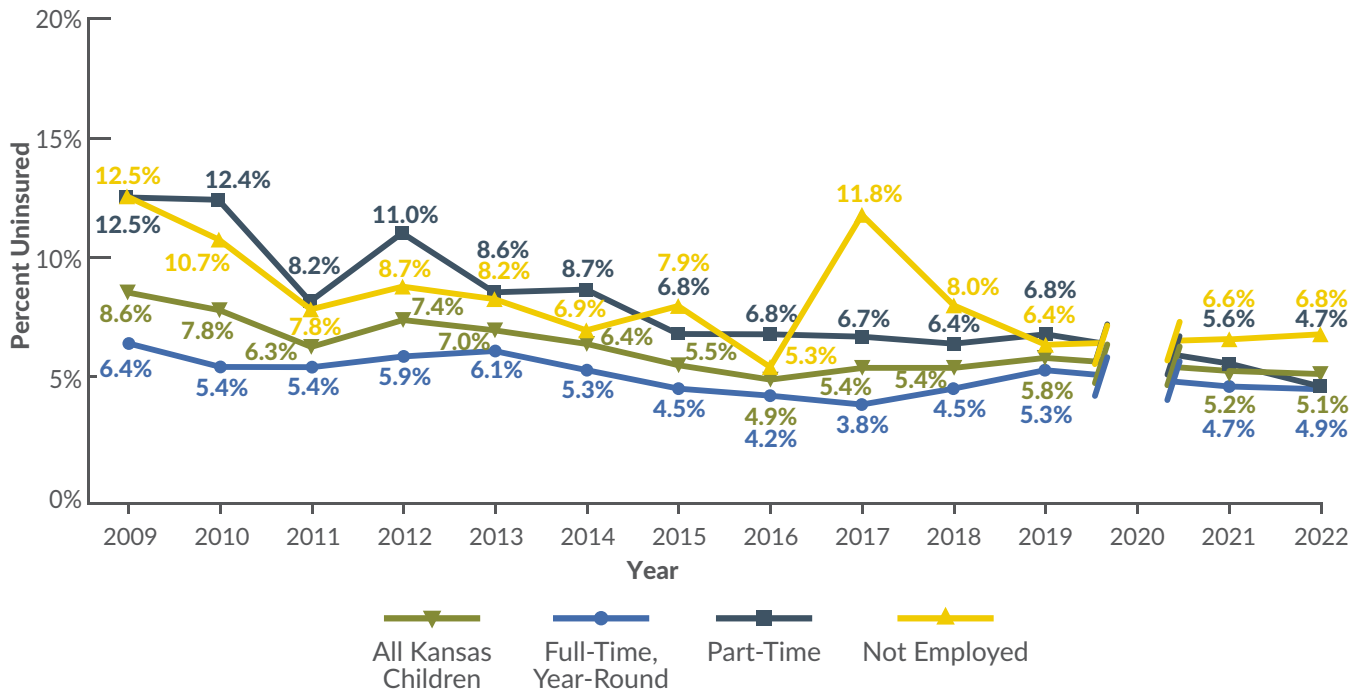


Note: All Kansas children age 0-18 (not in institutions) = 729,411. Employment is considered full time if an individual worked 35 hours or more per week and year-round if an individual worked 50 weeks in the last 12 months. Part time combines workers who reported full-time, part-year; part-time, year-round; or part-time, part-year employment (Appendix B, page B-1).

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2022 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, 2009–2022



Note: 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 2021–2022 American Community Survey Public Use Microdata Sample files.

### Key Points

- Nearly two-thirds (65.0 percent) of uninsured Kansas children age 0–18 lived in families where the head of household worked full time, year round.
- Most (82.7 percent) uninsured children lived in families where the head of household worked at least part time during the year.
- There was no statistically significant difference in the uninsured rates of children living in families with a head of household

who was working full time, working part time or unemployed.

Between 2009 and 2022, the uninsured rate for children in families headed by unemployed Kansans or part-time workers decreased (12.5 percent to 6.8 percent, and 12.5 percent to 4.7 percent, respectively), but it remained similar for children in families headed by full-time, year-round workers.



# 5. KANSAS COUNTY PERSPECTIVE

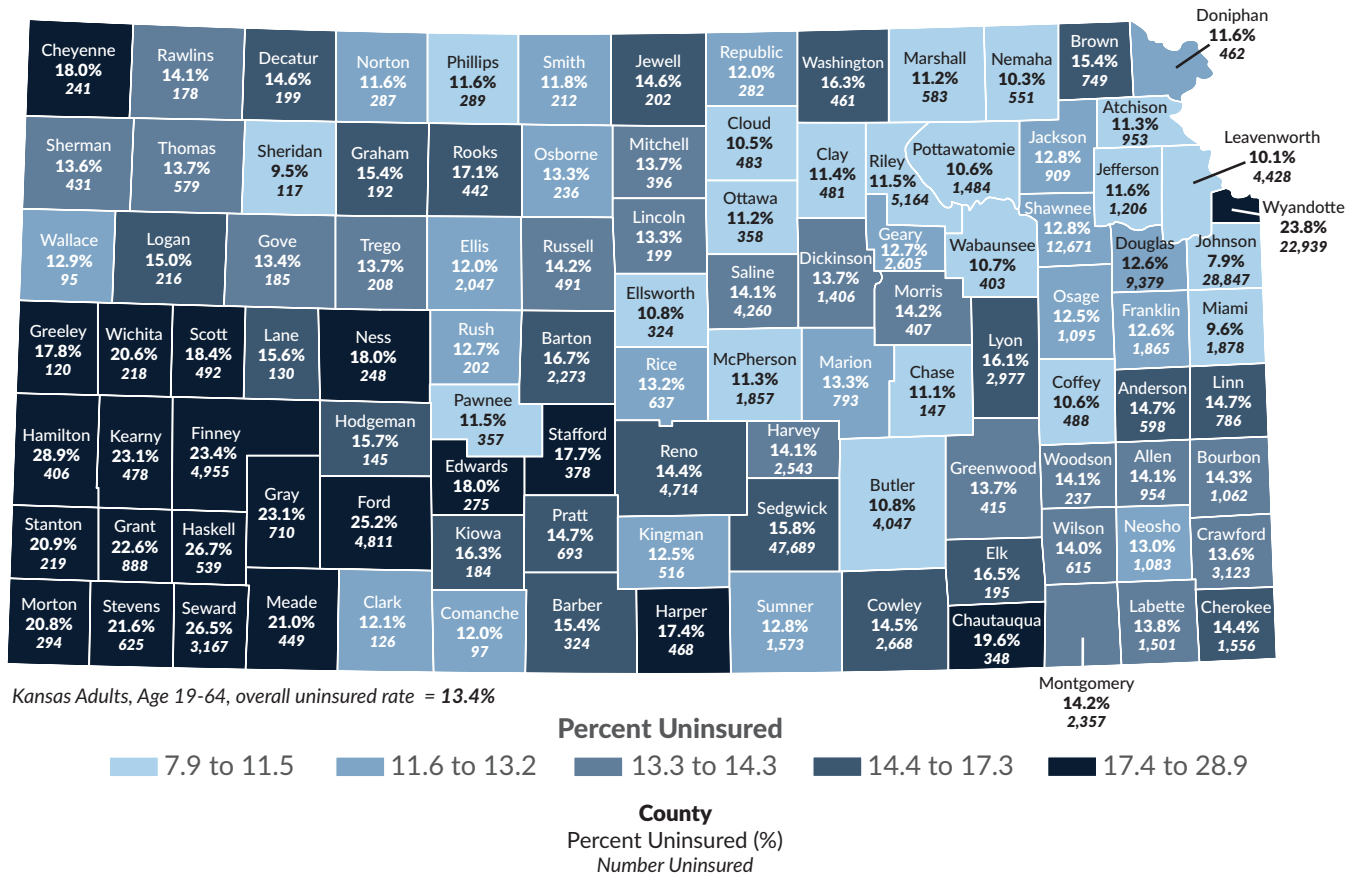
# 5.1 Uninsured Adults by County

## KANSAS ADULTS, AGE 19-64

At the beginning of 2023, the U.S. Census Bureau released the 2021 Small Area Health Insurance Estimates (SAHIE), which provide county-level uninsured rates. While the earlier sections in this report provide the 2022 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, 2021



Note: Uninsured Kansas Adults, Age 19-64 (noninstitutionalized civilians) = 223,825.  
 Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 Small Area Health Estimates.

### Key Points

- More than half (54.3 percent) of uninsured nonelderly adults lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- There was more than a three-fold difference between Kansas counties with the highest and lowest uninsured rates for nonelderly adults: 28.9 percent in Hamilton County (Southwest Kansas) and 7.9 percent in Johnson County (Northeast Kansas).
- The uninsured rate for nonelderly adults in Wyandotte County was three times higher than in Johnson County and 2.4 times higher than in Leavenworth County (23.8 percent, 7.9 percent and 10.1 percent, respectively).

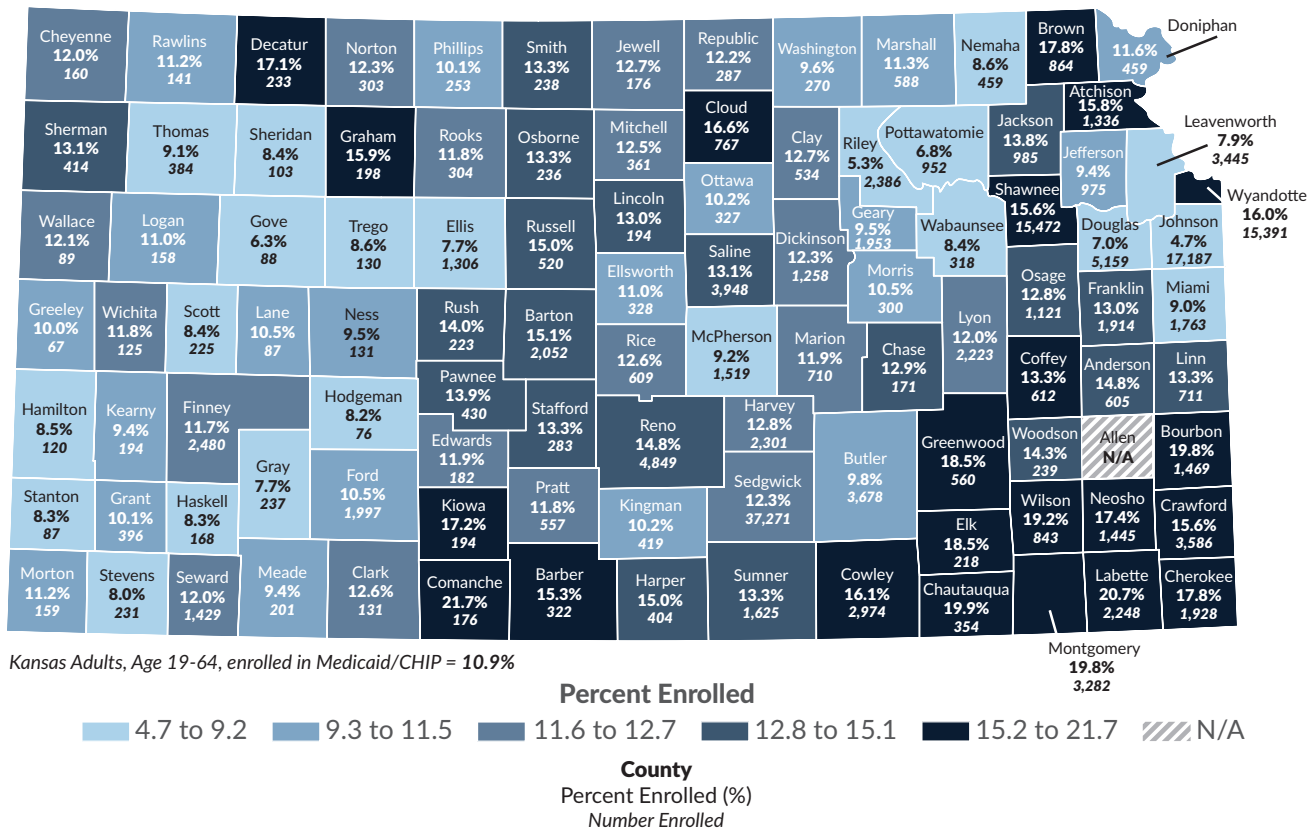
# 5.2 Adults Enrolled in Medicaid/CHIP by County

## 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 among adults is mainly available 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 Nonelderly Kansas Adults Age 19–64: Percent Enrolled in Medicaid/CHIP by County, 2021



Note: Average monthly Medicaid/CHIP enrollees age 19–64 = 180,845. Percent enrolled in Medicaid/CHIP is calculated using the average monthly enrollment of adults age 19–64 in each county and dividing by the population of adults age 19–64 in each county. Data for Allen County are under review and excluded from this analysis.  
 Source: Kansas Health Institute analysis of data from the Kansas Department of Health and Environment and data from the U.S. Census Bureau 2021 Small Area Health Insurance Estimates.

### Key Points

- More than half (55.6 percent) of nonelderly adult Medicaid enrollees lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- While Central and Northeast Kansas had counties with high enrollment rates, Southeast Kansas had the most counties with high rates of Medicaid enrollment.
- There was nearly a five-fold difference between Kansas counties with the highest and lowest percentage of nonelderly adults enrolled in Medicaid (21.7 percent in Comanche County and 4.7 percent in Johnson County).

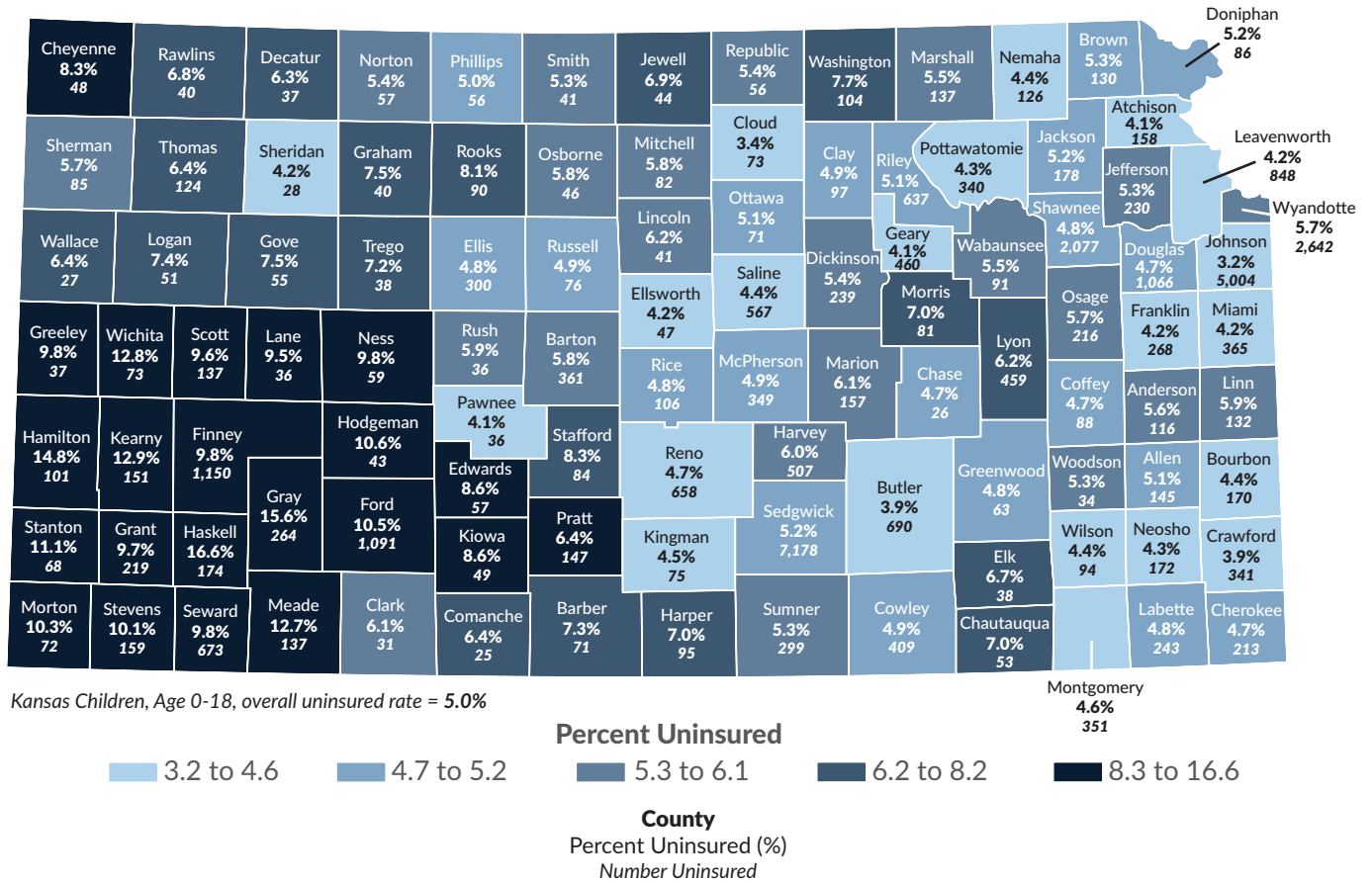
# 5.3 Uninsured Children by County

## KANSAS CHILDREN, AGE 0-18

Earlier this year, the U.S. Census Bureau released the 2021 Small Area Health Insurance Estimates (SAHIE), which provides county-level uninsured rates. While the earlier sections in this report provide the 2022 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, 2021



Note: Uninsured Kansas children age 0–18 (not in institutions) = 36,602.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 Small Area Health Insurance Estimates.

### Key Points

- While uninsured rates for children were relatively low in the five largest counties – Douglas, Johnson, Sedgwick, Shawnee and Wyandotte – almost half (49.1 percent or 17,967) of uninsured children lived in these counties.
- Counties in Southwest Kansas generally had the highest uninsured rates for children age 0–18, while counties in Northeast Kansas generally had the lowest uninsured rates for children.
- There was a five-fold difference between Kansas counties with the highest and lowest uninsured rates for children in 2021 (16.6 percent in Haskell County and 3.2 percent in Johnson County).



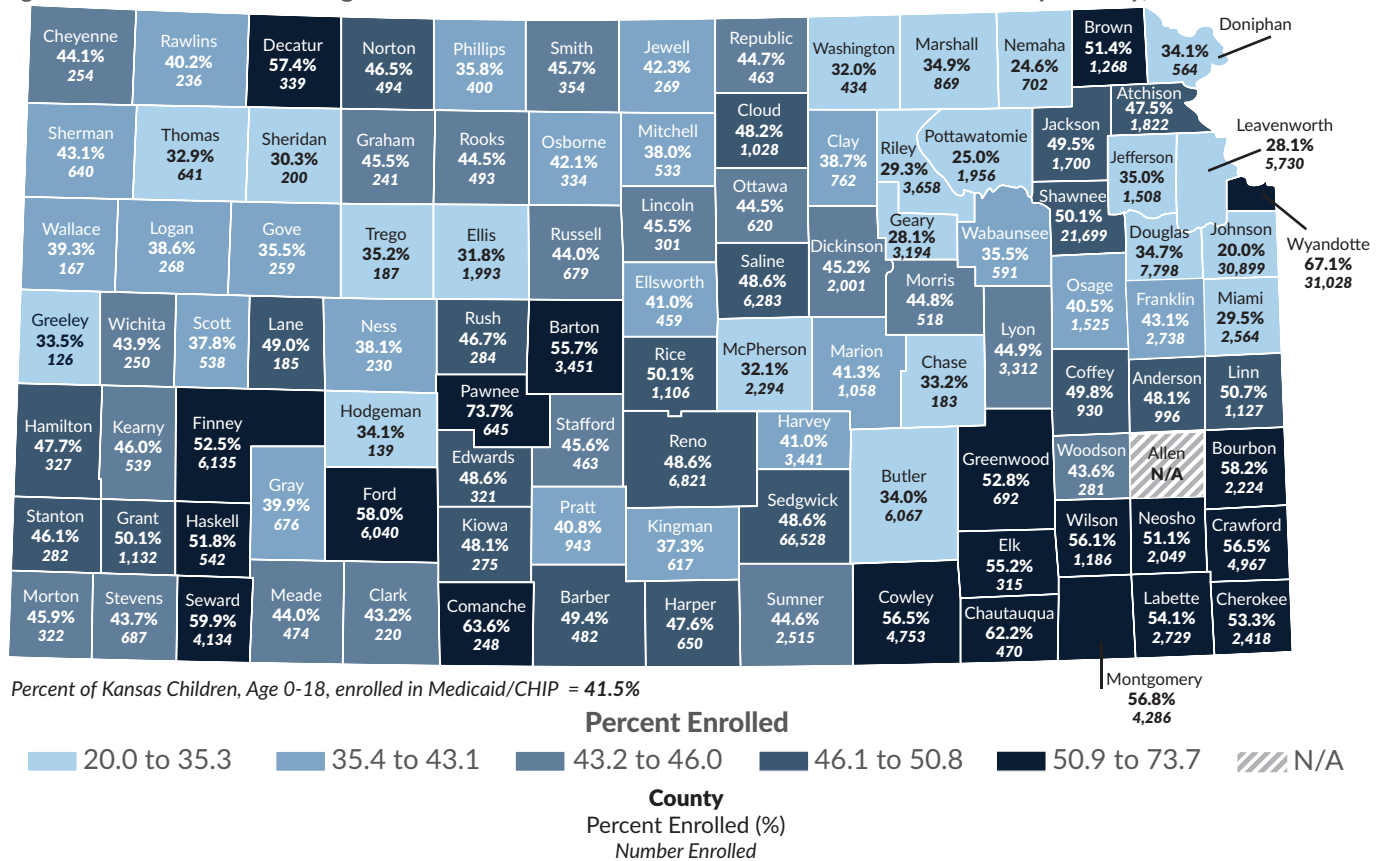
# 5.4 Children Enrolled in Medicaid/CHIP by County

## 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 2021, children in families making up to 230 percent FPL (\$60,950 for a family of four in 2021) were eligible for Medicaid or CHIP.

### Medicaid/CHIP 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, 2021



Note: Average monthly Medicaid/CHIP enrollees age 0-18 = 303,866. 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 data from the Kansas Department of Health and Environment and data from the U.S. Census Bureau 2021 Small Area Health Insurance Estimates.

### Key Points

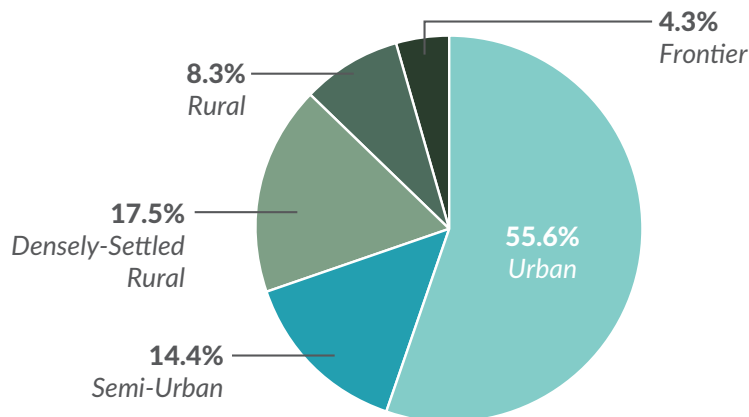
- Nearly 4 in 10 (41.5 percent) Kansas children were enrolled in Medicaid or CHIP.
- More than half (51.2 percent) of Kansas children enrolled in Medicaid or CHIP lived in one of the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- In 2021, there was more than a three-fold difference between Kansas counties with the highest and lowest percentage of children age 0-18 enrolled in Medicaid or CHIP (73.7 percent in Pawnee County and 20.0 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 (12.5 percent) than Kansans in more densely populated counties (10.3 percent). The highest uninsured rate, 13.4 percent, was among 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 2022, 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 Live in Urban Areas

Figure 5.5a Uninsured Kansans, Age 0-64, by County Urban-Rural Classification, 2021

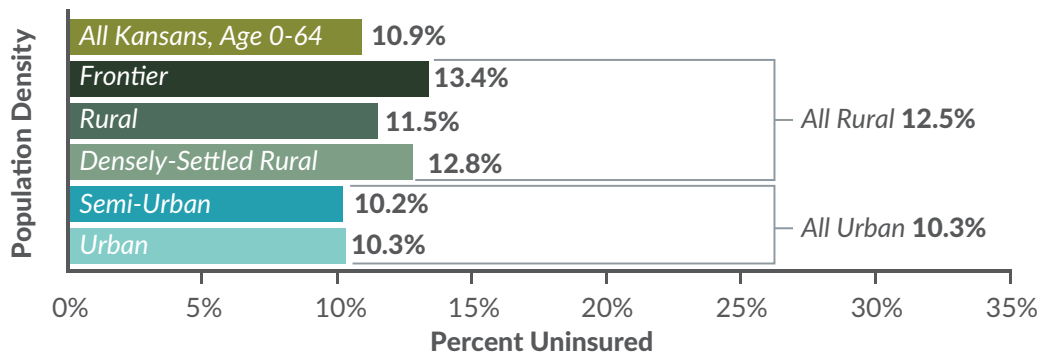


Note: Uninsured Kansans age 0-64 (not in institutions) = 260,427. The uninsured rate for Kansans age 0-64 was calculated by taking the number of uninsured Kansans age 0-64 and dividing by the total number of Kansans age 0-64. Peer groups are designated using the Kansas Department of Health and Environment 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, 2021

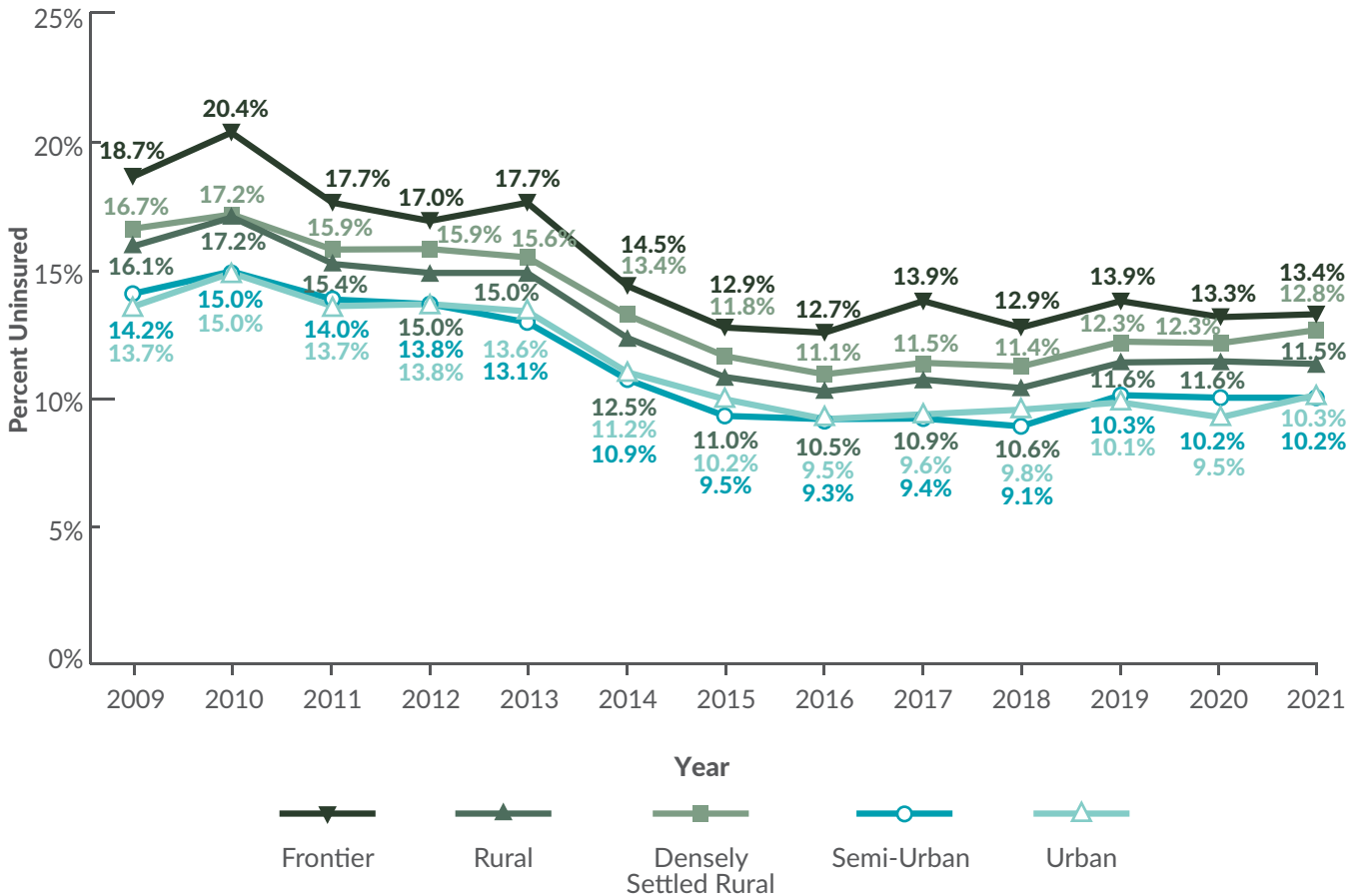


Note: Uninsured Kansans age 0-64 (not in institutions) = 260,427. The uninsured rate for Kansans age 0-64 was calculated by taking the number of uninsured Kansans age 0-64 and dividing by the total number of Kansans age 0-64. Peer groups are designated using the Kansas Department of Health and Environment county peer groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 Small Area Health Insurance Estimates.

# The Gap Between Less and More Densely Populated Counties Remains Unchanged Since 2009

Figure 5.5c Kansas Age 0–64: Percent Uninsured by Rural-Urban Classification, 2009–2021

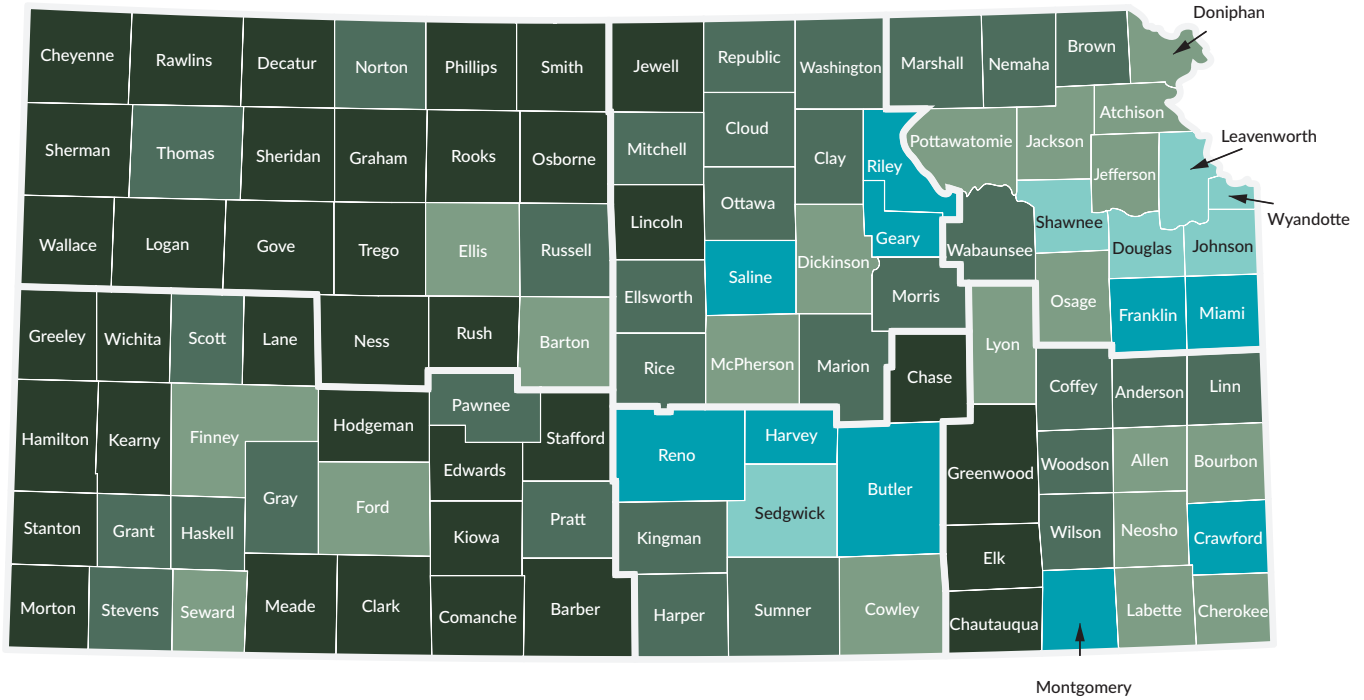


Note: Uninsured Kansans age 0–64 (not in institutions) = 260,427. The uninsured rate for Kansans age 0–64 was calculated by taking the number of uninsured Kansans age 0–64 and dividing by the total number of Kansans age 0–64. Peer groups are designated using the Kansas Department of Health and Environment county peer groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2021 Small Area Health Insurance Estimates.

# 89 of 105 Kansas Counties are Rural

Figure 5.5d County Urban-Rural Classification, 2021



County Peer Group	Percent Enrolled					All Uninsured Kansas Age 0-64
	Frontier	Rural	Densely-Settled Rural	Semi-Urban	Urban	
Uninsured Rate (%)	13.4%	11.5%	12.8%	10.2%	10.3%	10.9%
Number Uninsured	11,117	21,534	45,608	37,400	144,768	260,427

<b>ALL RURAL</b>	<b>ALL URBAN</b>
<ul style="list-style-type: none"> <li>Frontier Counties: &lt;6.0 persons per square mile</li> <li>Rural Counties: 6.0-19.9 persons per square mile</li> <li>Densely Settled Rural Counties: 20.0-39.9 persons per square mile</li> </ul>	<ul style="list-style-type: none"> <li>Semi-Urban Counties: 40.0-149.9 persons per square mile</li> <li>Urban Counties: 150.0 or more persons per square mile</li> </ul>

Note: Uninsured Kansas age 0-64 (not in institutions) = 260,427. The uninsured rate for Kansas age 0-64 was calculated by taking the number of uninsured Kansas age 0-64 and dividing by the total number of Kansas 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 2021 Small Area Health Insurance Estimates.

## Key Points

- A majority of uninsured Kansas lived in urban counties (55.6 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 Kansas age 0-64 (13.4

percent), while the lowest rate was in semi-urban and urban counties (10.2 and 10.3 percent, respectively).

The uninsured rate has decreased across all Kansas counties since 2009, but the gap between less densely populated counties and more densely populated counties remains unchanged.





# 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 2022 PUMS sample included 29,084 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 2021.

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 2021 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 2022 were retrieved from the 2022 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 Oct. 1, 2013, using the federal HealthCare.gov platform. In 2022, the seven insurers offering plans on the marketplace were Medica Insurance Company (105 counties); Blue Cross and Blue Shield of Kansas, Inc. (103 counties); Ambetter from Sunflower Health Plan (91 counties); Cigna Healthcare (8 counties); US Health and Life (7 counties); Oscar Insurance Company (2 counties) and Blue Cross and Blue Shield of Kansas City (2 counties). The 2022 plan year open enrollment period was held from Nov. 1, 2021–Jan. 15, 2022.

## 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

The 2022 American Community Survey (ACS) questionnaire on insurance coverage allowed seven options along with space for respondents to specify any other type of coverage, which were re-classified into one of the seven options: (1) Employer/union, (2) Purchased directly, (3) TRICARE/other military, (4) Medicare, (5) Medicaid/other government assistance, (6) VA, and (7) Indian Health Service. ACS classifies Indian Health Service as uninsured (see below for details). All responses on the ACS were self-reported.

## 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. Examples of private insurance include:

- 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. Examples of public health insurance include:

- 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 publication, 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 2022 was a family income under 255 percent FPL, or \$70,763 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 2022 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.

## 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. The coverage does not comply with the requirements of the ACA (e.g., the coverage for pre-existing conditions could be excluded).

Kansas Farm Bureau Health Plans became available for enrollment starting Oct. 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.

Because insurance coverage is self-reported in the ACS questionnaire, some enrollees with STLDI or a Kansas Farm Bureau Health Plan may have selected one of the insurance coverage options listed in the ACS questionnaire, e.g., Employer/Union or Purchase Directly, and the ACS cannot distinguish them from other plans in those categories. Respondents also had the option to indicate they had “any other type of health insurance or health coverage plan.”

## 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.

## 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, 2022

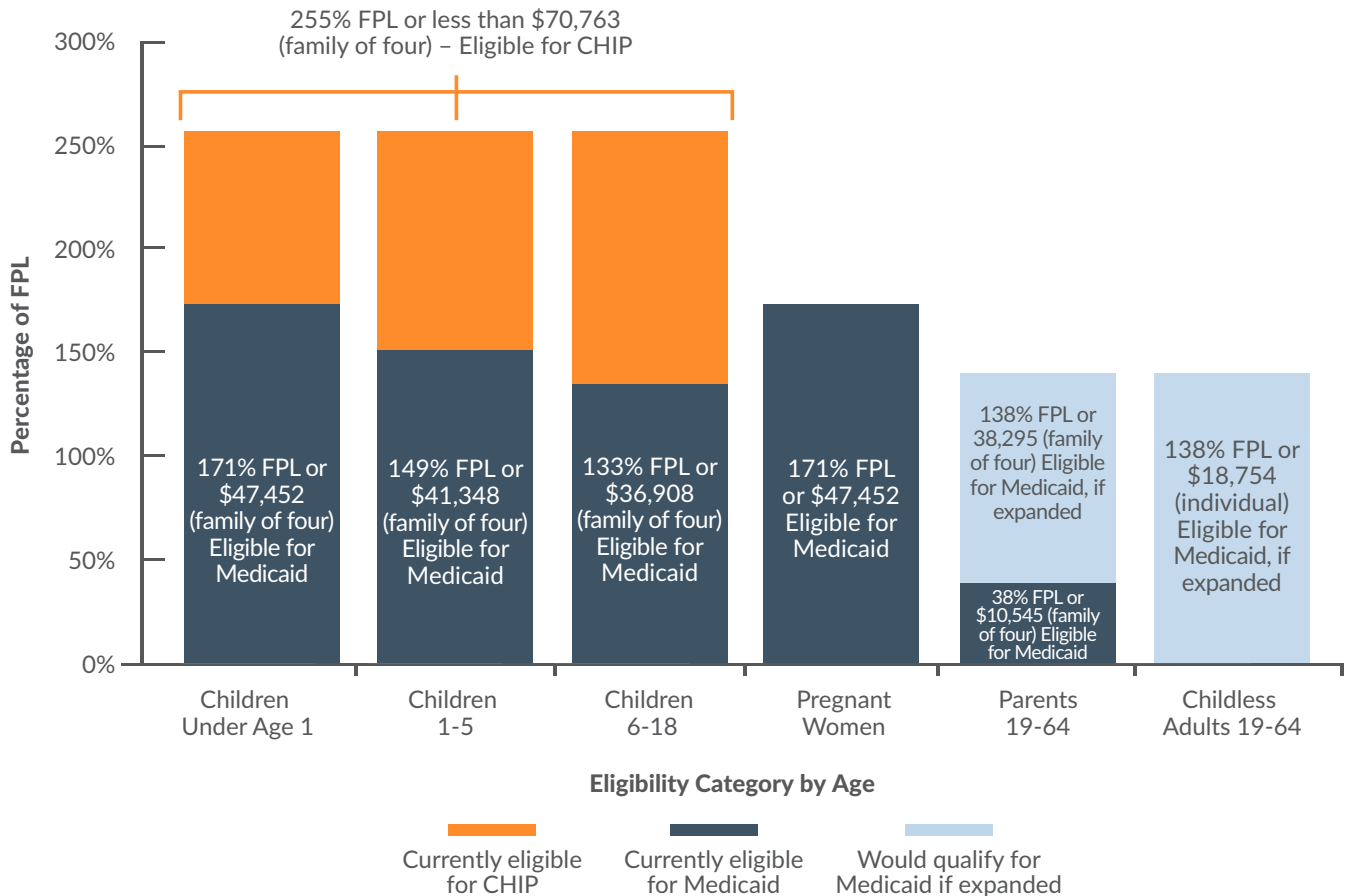
Household Size	Annual Income	Monthly Income	Weekly Income
1	\$13,590	\$1,133	\$261
2	\$18,310	\$1,526	\$352
3	\$23,030	\$1,919	\$443
4	\$27,740	\$2,312	\$534
5	\$32,470	\$2,706	\$624
6	\$37,190	\$3,099	\$715
7	\$41,910	\$3,493	\$805
8	\$46,630	\$3,886	\$896
For each additional family member add:	\$4,720	\$393	\$91

Source: Federal Register (January 21, 2022), 84FR3315, <https://www.federalregister.gov/documents/2022/01/21/2022-01166/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, 2022



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. Eligibility levels reflect Modified Adjusted Gross Income (MAGI) rules, including a 5 percent income disregard that might be applied on an individual basis.

Source: Eligibility information from the Division of Health Care Finance, Kansas Department of Health and Environment, 2022.



# E. Detailed Tables

Figure E.1 All Kansans by Source of Coverage, Age, Race and Ethnicity, and Family Income, 2022

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>All Kansans</b>	<b>2,896,065</b>	<b>2,647,757</b>	<b>91.4%</b>	<b>248,308</b>	<b>100.0%</b>	<b>8.6%</b>
<b>Sources of Coverage</b>						
<b>Public Coverage</b>		<b>863,141</b>	<b>29.8%</b>			
Medicaid/CHIP		331,683	11.5%			
Medicare		448,332	15.5%			
Both Medicaid and Medicare		76,605	2.6%			
VA Health Care		6,521	0.2%			
<b>Private Coverage</b>		<b>1,784,616</b>	<b>61.6%</b>			
Employment-Based		1,522,187	52.6%			
Direct-Purchase		67,011	2.3%			
<b>Age</b>						
<b>Kansas Children Age 0-18</b>	<b>729,411</b>			<b>37,192</b>	<b>15.0%</b>	<b>5.1%</b>
<b>Kansas Adults Age 19-64</b>	<b>1,676,989</b>			<b>207,913</b>	<b>83.7%</b>	<b>12.4%</b>
Age 19-25	296,278			40,089	16.1%	13.5%
Age 26-44	708,862			98,880	39.8%	13.9%
Age 45-64	671,849			68,944	27.8%	10.3%
<b>Kansas Adults Age 65 and Older</b>	<b>489,665</b>			<b>3,203</b>	<b>1.3%</b>	<b>0.7%</b>
<b>Race/Ethnicity</b>						
<b>White, Non-Hispanic</b>	<b>2,117,845</b>			<b>130,487</b>	<b>52.6%</b>	<b>6.2%</b>
<b>Racial and Ethnic Minority Groups</b>	<b>778,220</b>			<b>117,821</b>	<b>47.4%</b>	<b>15.1%</b>
Black, Non-Hispanic	138,856			17,569	7.1%	12.7%
Other/Multiple Races, Non-Hispanic	261,816			24,550	9.9%	9.4%
Hispanic, Any Race	377,548			75,702	30.5%	20.1%
<b>Family Income</b>						
<b>&lt;100% FPL</b>	<b>349,107</b>			<b>64,034</b>	<b>26.0%</b>	<b>18.3%</b>
<b>100%-199% FPL</b>	<b>455,946</b>			<b>63,706</b>	<b>25.9%</b>	<b>14.0%</b>
<b>200%-400% FPL</b>	<b>978,937</b>			<b>78,376</b>	<b>31.8%</b>	<b>8.0%</b>
<b>&gt;400% FPL</b>	<b>1,069,390</b>			<b>40,206</b>	<b>16.3%</b>	<b>3.8%</b>

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 – eligibility requirements 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 2022 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, 2022

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Adults, Age 19-64</b>	<b>1,676,989</b>	<b>1,469,076</b>	<b>87.6%</b>	<b>207,913</b>	<b>100.0%</b>	<b>12.4%</b>
<b>Sources of Coverage</b>						
<b>Public Coverage</b>		<b>170,831</b>	<b>10.2%</b>			
<i>Medicaid/CHIP</i>		112,796	6.7%			
<i>Medicare</i>		24,693	1.5%			
<i>Both Medicaid and Medicare</i>		27,365	1.6%			
<i>VA Health Care</i>		5,977	0.4%			
<b>Private Coverage</b>		<b>1,298,245</b>	<b>77.4%</b>			
<i>Employment-Based</i>		1,105,884	65.9%			
<i>Direct-Purchase</i>		43,782	2.6%			
<b>Race/Ethnicity</b>						
<b>White, Non-Hispanic</b>	<b>1,222,919</b>			<b>110,832</b>	<b>53.3%</b>	<b>9.1%</b>
<b>Racial and Ethnic Minority Groups</b>	<b>454,070</b>			<b>97,081</b>	<b>46.7%</b>	<b>21.4%</b>
<i>Black, Non-Hispanic</i>	88,432			15,756	7.6%	17.8%
<i>Other/Multiple Races, Non-Hispanic</i>	153,464			19,250	9.3%	12.5%
<i>Hispanic, Any Race</i>	212,174			62,075	29.9%	29.3%
<b>Family Income</b>						
<b>&lt;100% FPL</b>	<b>208,332</b>			<b>56,276</b>	<b>27.2%</b>	<b>27.0%</b>
<b>100%-199% FPL</b>	<b>236,375</b>			<b>52,948</b>	<b>25.6%</b>	<b>22.4%</b>
<b>200%-400% FPL</b>	<b>546,687</b>			<b>65,124</b>	<b>31.5%</b>	<b>11.9%</b>
<b>&gt;400% FPL</b>	<b>658,306</b>			<b>32,499</b>	<b>15.7%</b>	<b>4.9%</b>
≤138% FPL	291,983			78,476	37.9%	26.9%
100%-138% FPL	83,651			22,200	10.7%	26.5%
<b>Employment Status</b>						
<b>Full-Time, Year-Round</b>	<b>1,033,600</b>			<b>89,459</b>	<b>43.0%</b>	<b>8.7%</b>
<b>Part-Time</b>	<b>379,787</b>			<b>63,967</b>	<b>30.8%</b>	<b>16.8%</b>
<i>Full Time, Part-Year</i>	116,260			17,779	8.6%	15.3%
<i>Part-Time, Year-Round</i>	135,084			24,505	11.8%	18.1%
<i>Part-Time, Part-Year</i>	128,443			21,683	10.4%	16.9%
<b>Not Employed</b>	<b>263,602</b>			<b>54,487</b>	<b>26.2%</b>	<b>20.7%</b>

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 – eligibility requirements 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 2022 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, 2022

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Children, Age 0-18</b>	<b>729,411</b>	<b>692,219</b>	<b>94.9%</b>	<b>37,192</b>	<b>100.0%</b>	<b>5.1%</b>
<b>Sources of Coverage</b>						
<b>Public Coverage</b>		<b>221,570</b>	<b>30.4%</b>			
<i>Medicaid/CHIP</i>		218,887	30.0%			
<i>Medicare</i>		685	0.1%			
<i>Both Medicaid and Medicare</i>		1,878	0.3%			
<i>VA Health Care</i>		120	0.0%			
<b>Private Coverage</b>		<b>470,649</b>	<b>64.5%</b>			
<i>Employment-Based</i>		403,556	55.3%			
<i>Direct-Purchase</i>		22,813	3.1%			
<b>Race/Ethnicity</b>						
<b>White, Non-Hispanic</b>	<b>468,726</b>			<b>18,445</b>	<b>49.6%</b>	<b>3.9%</b>
<b>Racial and Ethnic Minority Groups</b>	<b>260,685</b>			<b>18,747</b>	<b>50.4%</b>	<b>7.2%</b>
<i>Black, Non-Hispanic</i>	30,395			1,720	4.6%	5.7%
<i>Other/Multiple Races, Non-Hispanic</i>	85,531			4,523	12.2%	5.3%
<i>Hispanic, Any Race</i>	144,759			12,504	33.6%	8.6%
<b>Family Income</b>						
<b>&lt;100% FPL</b>	<b>96,634</b>			<b>6,910</b>	<b>19.1%</b>	<b>7.2%</b>
<b>100%-199% FPL</b>	<b>142,747</b>			<b>9,939</b>	<b>27.4%</b>	<b>7.0%</b>
<b>200%-400% FPL</b>	<b>265,394</b>			<b>12,372</b>	<b>34.1%</b>	<b>4.7%</b>
<b>&gt;400% FPL</b>	<b>209,240</b>			<b>7,051</b>	<b>19.4%</b>	<b>3.4%</b>
<i>&lt;256% FPL</i>	328,243			21,883	60.3%	6.7%
<i>200%-255% FPL</i>	88,862			5,034	13.9%	5.7%
<i>256%-400% FPL</i>	176,532			7,338	17.3%	6.8%
<b>Householder Employment Status</b>						
<b>Full-Time, Year-Round</b>	<b>495,438</b>			<b>24,174</b>	<b>65.0%</b>	<b>4.9%</b>
<b>Part-Time</b>	<b>138,864</b>			<b>6,574</b>	<b>17.7%</b>	<b>4.7%</b>
<i>Full Time, Part-Year</i>	47,929			2,381	6.4%	5.0%
<i>Part-Time, Year-Round</i>	46,954			3,500	9.4%	7.5%
<i>Part-Time, Part-Year</i>	43,981			693	1.9%	1.6%
<b>Not Employed</b>	<b>95,109</b>			<b>6,444</b>	<b>17.3%</b>	<b>6.8%</b>

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 – eligibility requirements 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 2022 American Community Survey Public Use Microdata Sample files.

Figure E.4 Kansas Adults Age 65 and Older, by Source of Coverage, 2022

	Total Population	Number Covered	Coverage Rate (%)	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Adults, Age 65 and Older</b>	<b>489,665</b>	<b>486,462</b>	<b>99.3%</b>	<b>3,203</b>	<b>100.0%</b>	<b>0.7%</b>
<b>Sources of Coverage</b>						
<b>Public Coverage</b>		<b>470,740</b>	<b>96.1%</b>			
Medicaid/CHIP		0	0.0%			
Medicare		422,954	86.4%			
Both Medicaid and Medicare		47,362	9.7%			
VA Health Care		424	0.1%			
<b>Private Coverage</b>		<b>15,722</b>	<b>3.2%</b>			
Employment-Based		12,747	2.6%			
Direct-Purchase		416	0.1%			

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 – eligibility requirements 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 2022 American Community Survey Public Use Microdata Sample files.

Figure E.5 Kansas Adults Age 19–25, by Source of Coverage, 2022

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Adults Age 19–25</b>	<b>296,278</b>	<b>256,189</b>	<b>86.5%</b>	<b>40,089</b>	<b>100.0%</b>	<b>13.5%</b>
<b>Sources of Coverage</b>						
<b>Public Coverage</b>		<b>34,796</b>	<b>11.7%</b>			
Medicaid/CHIP		31,230	10.5%			
Medicare		1,363	0.5%			
Both Medicaid and Medicare		1,464	0.5%			
VA Health Care		739	0.2%			
<b>Private Coverage</b>		<b>221,393</b>	<b>74.7%</b>			
Employment-Based		173,722	58.6%			
Direct-Purchase		12,162	4.1%			

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 – eligibility requirements 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 2022 American Community Survey Public Use Microdata Sample files.

Figure E.6 Kansas Children Age 0-18: Uninsured Rates by Race and Ethnicity Minority Groups, 2009–2022

Year	Non-Hispanic, Black	Non-Hispanic Other/Multiple Races	Hispanic, Any Race
2009	9.8%	11.5%	19.4%
2010	9.8%	6.2%	14.5%
2011	5.1%	7.6%	13.9%
2012	6.4%	9.3%	10.9%
2013	10.4%	12.4%	10.4%
2014	8.0%	5.6%	13.6%
2015	10.5%	5.8%	9.3%
2016	5.5%	3.8%	7.7%
2017	5.0%	6.0%	8.6%
2018	8.0%	1.7%	10.8%
2019	14.6%	7.5%	11.7%
2020	N/A	N/A	N/A
2021	10.4%	6.3%	8.8%
2022	5.7%	5.3%	8.6%

Note: Only Race and Ethnicity Minority Groups in Kansas are presented above. Definitions of key variables are in the respective appendices: B – Race and Ethnicity and C – types of health insurance coverage.

Source: Kansas Health Institute analysis of data from the 2022 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 ages 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 federally facilitated marketplace.
2013	Kansas implemented KanCare comprehensive managed care for most Medicaid and CHIP beneficiaries.
2014	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) increases the value of premium assistance provided by the federal government to purchase plans on the ACA Marketplace and extends eligibility for premium assistance to those with family income above 400 percent FPL. The enrollment period was extended to Aug. 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 the ARPA
2022	President Joe Biden signed the Inflation Reduction Act, extending the enhanced subsidies for people buying health coverage through the ACA marketplace put in place by ARPA for another three years (through 2025).

Source: Kansas Health Institute

## **KANSAS HEALTH INSTITUTE**

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