Children’s Health: A 360° Perspective

Families USA Health Action Conference
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Georgetown University Center for Children and Families
Child Uninsurance Rate at All-time Low

Rate of Uninsured Children, 2009-2016

* Change is significant at the 90% confidence level. 2013 was the only year that did not show a significant one-year decline in the national rate of uninsured children.

Rate of Uninsured Children by State, 2016

12 States Had Higher Uninsured Rates for Children than the National Rate

Source: J. Alker, O. Pham, “Nation’s Uninsured Rate for Children Drops to Another Historic Low in 2016,” Georgetown University Center for Children and Families, September 2017
Parent Coverage Has Improved Too

Source: Urban Institute tabulations of 2008-2015 National Health Interview Survey data
Notes: Parents are defined as adults ages 19 to 64 living with a biological child, adoptive child, or stepchild age 18 or under. Uninsured is at time of survey. All other adults age 19 to 64 are classified as childless.
Children and Families Face a Perfect Storm… So far we are surviving!

- Medicaid is at risk like never before in federal debates.
- Federal Children’s Health Insurance Program (CHIP) funding delayed 100+ days*
- Affordable Care Act (ACA) Marketplace future uncertain.
- Administration approving state proposals that will depress Medicaid coverage.
- Medicaid waivers could restrict or undermine benefits protections.
CHIP Funding (FINALLY!) Extended

• 6 years of funding *(missed opportunity for 10+!)*
• 23%-point “bump” through 2019, phases down to regular CHIP match in 2021

• Keeps “maintenance of effort” for kids through 2019, continues through 2023 with flexibility to scale back for states > 300%FPL
• Express Lane
• Funds for Pediatric Quality Measures, Outreach/enrollment, childhood obesity demonstration
• CHIP Look-Alike Plans – New options for states
How are Children Covered?

- 46.6% Employer-Sponsored
- 35.7% Medicaid/CHIP
- 7.4% Other
- 5.6% Direct Purchase (Includes Marketplace)
- 4.5% Uninsured

Source: CCF analysis of 2016 ACS single-year estimates.
Public Coverage for Children, 2016

Medicaid
37.1 million

CHIP
8.9 million

Marketplace/Exchanges
1.1 million

Sources: SEDS FY 2016 Ever-Enrolled in Medicaid/CHIP
ASPE. “Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report.”
Children’s Upper Income Eligibility

<table>
<thead>
<tr>
<th>Breakdown of State Eligibility</th>
<th>FPL</th>
<th># of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 200%</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>200% – 250%</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>250% - 300%</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>&gt; 300%</td>
<td></td>
<td>19</td>
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Medicaid/CHIP: Coverage for the Nation’s Most Vulnerable Children

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>79%</td>
<td>Children living in or near poverty.</td>
</tr>
<tr>
<td>45%</td>
<td>Infants, toddlers, and pre-schoolers during the early years that are key to their healthy development and school readiness.</td>
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<tr>
<td>43%</td>
<td>Children with disabilities or other special health care needs such as juvenile diabetes, congenital heart conditions, or asthma.</td>
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<tr>
<td>100%</td>
<td>Children in foster care who face poverty, family dysfunction, neglect, and abuse that result in high rates of chronic health, emotional, and developmental problems.</td>
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<tr>
<td>48%</td>
<td>Newborns in families to assure a healthy delivery and strong start during their critical first year of life.</td>
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</tbody>
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51% of all Medicaid/CHIP enrollees in the United States are children.

Medicaid/CHIP Coverage by Congressional District, 2016

Source: Single-year estimates of summary data from the 2016 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Percent estimates were computed.
Medicaid/CHIP Covers Larger Share of Kids in Rural Areas

Interactive Map: The Percent of Children in Small Towns and Rural Areas Covered by Medicaid, 2014/15

Notes: Data include the Children’s Health Insurance Program. The number with Medicaid coverage in each county is rounded to the nearest ten. A dash indicates that the data in the county are unreported because there are fewer than 10 children residing in the county.

Other maps: https://ccf.georgetown.edu/2017/04/20/congressional-district-maps/
Medicaid Helps Kids Succeed in Life

Medicaid helps children grow up to reach their full potential. Children enrolled in Medicaid:

- Miss fewer school days due to illness or injury
- Do better in school
- Are more likely to graduate high school and attend college
- Grow up to be healthier as adults
- Earn higher wages
- Pay more in taxes

Covering Parents Helps Kids

- Welcome Mat effect: When parents gain coverage, their children get enrolled
- Kids more likely to access preventive care
- Healthy parents, healthy kids
- Greater financial stability
Medicaid’s Benefit for Children:
Early Periodic Screening, Diagnostic and Treatment (EPSDT)

- Comprehensive array of preventive and ameliorative care for children
- Covers all appropriate and medically necessary services needed to correct and ameliorate health conditions, even if such services are not included in the Medicaid state plan
- States are required to inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations
Early and Periodic Screening

Medical Screens
- Health and developmental history
- Unclothed physical exam
- Immunizations
- Lab test, including blood lead levels
- Health education

Other Screens
- Vision, including eyeglasses
- Hearing, including hearing aids
- Dental, including relief of pain, restoration of teeth, and maintenance of oral health
Diagnosis and Treatment

- If a screening examination indicates that further evaluation is needed, states must provide diagnostic services.
- All physical and mental illnesses or conditions discovered by any screening or diagnostic procedure must be treated, regardless of whether the health services for such treatment are otherwise covered under the Medicaid state plan.

Threats to Medicaid’s Guaranteed Pediatric Benefit (EPSDT)

• Funding cuts make it harder for states to meet requirement
• New state flexibilities added in legislation or state waivers could undermine or remove this protection
• Medicaid helps pay for services as part of other key interventions for children – K12 special education, early intervention/Part C, home visiting. Scaling back funding or benefits would have a domino effect on these programs
What to Watch

- Legislative proposals: Cuts, caps or requirements that add barriers to coverage (e.g. work requirements, lockouts)
- Administrative guidance
- Medicaid 1115 waiver proposals – red tape, benefits flexibility (EPSDT???) - note state and federal comment periods
What’s at Stake for Kids in Current Health Debates?

1. Historic gains in coverage for children.
2. Medicaid’s coverage guarantee.
3. Medicaid’s guaranteed children’s benefit (EPSDT).
4. Pressure on other programs that serve kids and families.
Additional Resources

- Website/newsletter sign up: ccf.georgetown.edu
- State Coverage Data: https://ccf.georgetown.edu/state-childrens-health-facts/
- Twitter: @GeorgetownCCF @ewburak
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