

Chapter 6: Children's Health Coverage

Originally written by Bruce Lesley, First Focus

Children's advocates often cite the phrase "children are not little adults" to make the case that children have special health care needs related to their development that are unique and special.

Fortunately, health policymakers have long recognized and highlighted the unique needs of children. For instance, the Children's Health Insurance Program (CHIP) was enacted to help children who don't qualify for Medicaid but whose families can't easily afford private coverage.

In Medicaid, broad pediatric coverage and benefits are provided through what is known as early and periodic screening, diagnosis, and treatment (EPSDT). This benefit, specific to children, was added to Medicaid in 1967 in response to high levels of preventable physical, dental, and mental health conditions among low-income children at that time, from preschool children enrolled in the Head Start program to young military draftees.¹

President Barack Obama likewise has acknowledged the needs of children in calling for universal health coverage for children.²

HOW DO CHILDREN GET HEALTH COVERAGE?

Employer-Sponsored Coverage

The majority of children, an estimated 59.5 percent, had coverage through their parent's job-based insurance in 2007.³ (See chart, "How Children Get Health Coverage.") But this share has declined in recent years. In 2000, 65.9 percent had job-based coverage.

Two trends have contributed to this shrinkage. A reduced percentage of small employers offered coverage in 2008 compared to 2000 - 2002.⁴ And among employers who do offer coverage, employees are expected to pay more for premiums and for out-of-pocket expenses than in years past. (See chapter, "Employer-Sponsored Coverage" for details.)

Employer-sponsored coverage is now less affordable for families with incomes at 300 percent of the federal poverty level (FPL) than it was for families at 200 percent of FPL in 1996, according to a study by the Urban Institute sponsored by the Robert Wood Johnson Foundation.⁵

Medicaid and CHIP

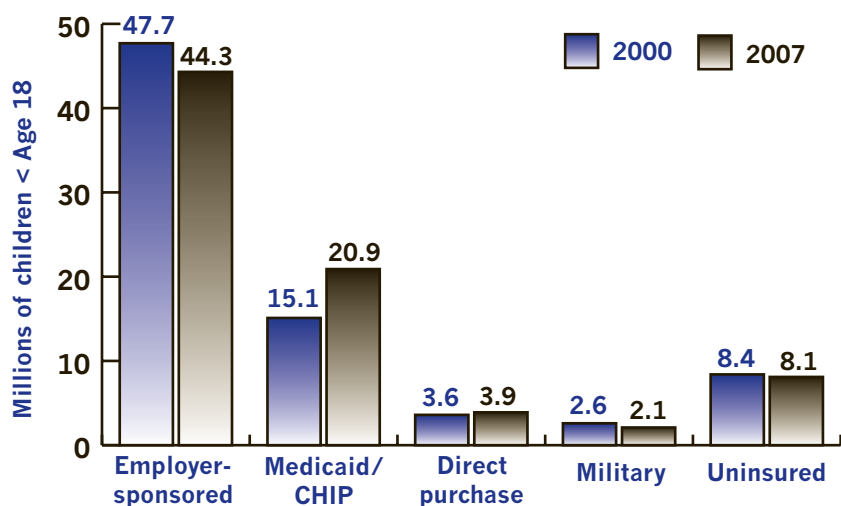
Together Medicaid and CHIP cover

FAST FACTS

- There were approximately 8.1 million uninsured children in this country for all of 2007, according to the Census Bureau - 11 percent of the nation's children.^a
- Uninsured rates for children vary dramatically by state, from a low of 5.1 percent in Massachusetts to a high of 21.8 percent in Texas in 2007.^b
- Hispanic children are almost three times as likely to be uninsured as non-Hispanic white children - 20.0 percent vs. 7.3 percent in 2007. Black children (12.2 percent) and Asian children (11.7 percent) were also more likely to be uninsured than whites, but significantly less likely than Hispanic children.^c
- More than half of children (59.5 percent) had health insurance coverage through their parent's employer in 2007.^d Some 31.0 percent had some sort of public coverage^e and 5.3 percent had individually purchased private insurance.
- Over two-thirds of uninsured children in the country are eligible for but not enrolled in Medicaid or CHIP.^f
- Uninsured children are more likely than insured children to experience delayed medical care or to have an unmet medical need.^g
- Dental caries, the disease that causes cavities, is the most prevalent chronic condition among children. Yet, nearly three times as many children are without dental coverage compared to children without medical coverage.^h

For story ideas on children's health coverage, see page 68. A list of experts and websites begins on page 69.

How Children Get Health Coverage, 2000 vs. 2007



Note: One child may have more than one type of coverage.
Total number of children under age 18 in 2007 = 74,403,000.

Source: U.S. Census Bureau. "Table HIA-5. Health Insurance Coverage Status and Type of Coverage by State--Children Under 18: 1999 to 2007."
(www.census.gov/hhes/www/hlthins/historic/hihist5.xls).

more than one in four children (28.1 percent).⁶ (CHIP was previously called SCHIP - State Children's Health Insurance Program - until passage of the program's reauthorization in early 2009. Alliance Honorary Chairman Senator Jay Rockefeller in 1997 co-authored legislation that led to the development of CHIP.) While employer-sponsored coverage of children has dropped over time, Medicaid and CHIP coverage has increased, compensating for the employment-based decline. In 2007, an estimated 20.9 million children had Medicaid or CHIP for the full year, compared to 15 million in 2000.⁷ (See chapter, "Medicaid" for details on this program.)

Children represent half of all Medicaid enrollees but are relatively inexpensive to cover compared to other Medicaid enrollees. As a result, they constitute only 18 percent of total program costs.⁸ (See chart, "Medicaid Enrollees and Expenditures by Enrollment Group, 2005.") In 2005, Medicaid spending was about \$1,600 per child compared to \$13,500 per disabled enrollee and \$11,800 per elderly enrollee.⁹

Federal law requires state Medicaid programs to cover children age 6 to 18 living in families with incomes below 100 percent of the federal poverty

level or less, and children under age 6 living below 133 percent of the FPL.¹⁰ In contrast, CHIP eligibility in most states goes up to at least 200 percent of FPL. (See chart, "2009 Federal Poverty Guidelines").

In 1997, a Republican-led Congress passed and President Bill Clinton signed the legislation creating CHIP - the largest expansion of health insurance coverage for children in more than 30 years.¹¹ CHIP was designed to expand upon and complement Medicaid by providing health coverage for uninsured children whose families earn too much to qualify for Medicaid, but who cannot afford private coverage.

Since the passage of CHIP, the percentage of low-income children in the U.S. who lack coverage has declined by one-third - from 23.3 percent in 1997 to 15.4 percent in 2006.¹² (See chart, "Rate of Low-Income Uninsured Children, 1997 - 2006.") ("Low-income" is defined here as a family income of 200 percent of the federal poverty level or less.) In 2007, CHIP provided coverage to 7 million children for at least part of the year.¹³

Unlike Medicaid, which is an entitlement program, CHIP is funded as a capped block grant to states. Under CHIP, each state is given a certain amount of money per year, determined by a formula established by Congress at the program's creation and modified several times since.

To give states incentives to cover an expanded population of low-income children, the federal government provides states with an "enhanced" matching rate in comparison to Medicaid. For every dollar states spend on CHIP, they get more federal money than they do for every dollar they spend for Medicaid. For CHIP, the federal government is paying from 65 percent to 83 percent of total program costs in FY 2009, depending on the state, in contrast to what would have been a 50 to 76 percent matching rate for Medicaid.¹⁴ This Medicaid matching rate (also known as FMAP) will

temporarily increase, however, by 6.2 percentage points for each state under the economic stimulus legislation passed by Congress in early 2009.¹⁵ The increase will be in effect through the "recession adjustment period" which ends December 31, 2010. (For FY 2009 state-by-state matching rates for Medicaid and CHIP before the stimulus bill changes, go to <http://aspe.hhs.gov/health/fmap09.htm>. For FY 2010 rates, before the stimulus bill changes, go to <http://aspe.hhs.gov/health/fmap10.htm>.)

CHIP offers states wide latitude in designing and implementing their child health assistance programs, provided they meet certain minimum standards for benefits and design. Under CHIP, states can: (1) expand Medicaid beyond the June 1997 levels of coverage; (2) cover children through a program separate from Medicaid; or (3) combine the two approaches.¹⁶

Federal law requires that when children apply for CHIP coverage, their eligibility for Medicaid must be assessed first. Thus, many are found to be eligible for Medicaid, helping push up Medicaid enrollment.

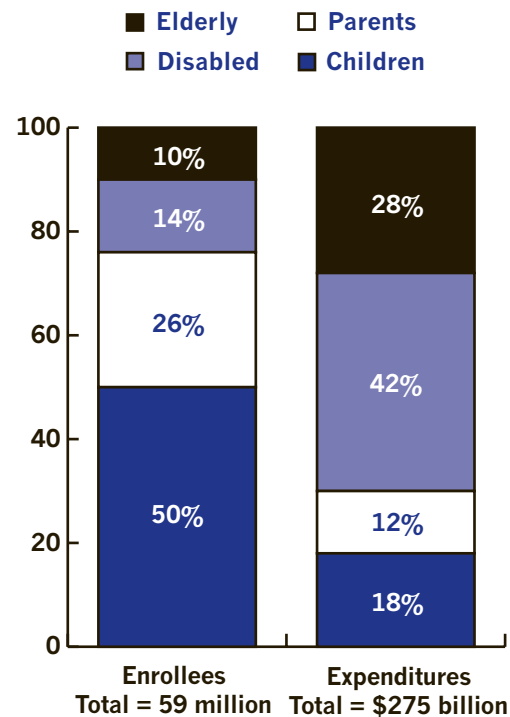
Children often move from one program to the other as their family income fluctuates or even as they age out of Medicaid eligibility. Failed coordination between the two programs can sometimes result in a child "falling through the cracks" between Medicaid and CHIP.¹⁷

CHIP Reauthorization

Congress initially authorized CHIP for a 10-year period that expired at the end of September 2007. Congress and the Bush administration deadlocked on the shape of CHIP for the future, and compromised by extending the existing program through March 2009.

The days of deadlock are over. This popular program, which enjoys bipartisan support, was reauthorized and enlarged early in 2009.¹⁸ The bill, signed by President Obama on February 4, 2009, increases CHIP funding by about \$32 billion through 2013 to cover an additional 4 million children.¹⁹ Conceivably, this expansion could cut the number of uninsured children in half.

Medicaid Enrollees and Expenditures by Enrollment Group, 2005



Source: Kaiser Family Foundation (2009). "Medicaid: A Primer." Figure 10, p. 16. (www.kff.org/medicaid/upload/7334-03.pdf)

LIKELY POLICY DEBATES

State Budget Woes and Health Care Funding

As noted, additional support for Medicaid is included in the economic stimulus bill passed by Congress and signed by President Obama in early 2009. The American Recovery and Reinvestment Act of 2009 temporarily increases each state's Medicaid matching rate by 6.2 percentage points through December 31, 2010.

This additional support for Medicaid happened previously, during the economic recession that began in 2001. Congress provided states with \$20 billion in federal fiscal relief, including \$10 billion through an enhanced Medicaid matching rate to states from April 2003 through June 2004. In exchange for the additional funding, states were required to maintain Medicaid eligibility levels.²⁰

Children and National Health Reform

Even with the reauthorization of CHIP, there will likely remain more than 4 million uninsured children. President Obama campaigned on a

2009 Federal Poverty Guidelines

Persons in Family or Household	Poverty Line - 48 Contiguous States and D.C.
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For each additional person, add	3,740

Source: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201. (<http://aspe.hhs.gov/poverty/09fedreg.pdf>). Poverty line in Alaska and Hawaii is higher

platform that includes a commitment to "making sure every child has health insurance."²¹

The Obama health reform plan presented during the presidential campaign would build upon the current system of both public and private insurance. It would expand eligibility for children through Medicaid and CHIP, through the creation of a National Health Insurance Exchange with a national public health plan modeled on the Federal Employees Health Benefits Program, and through a mandate for coverage of children.²²

Other visions for addressing children's health care are included in proposals put forth by members of Congress, such as Senate Finance Committee Chairman Max Baucus²³ and advocates for children, such as the National Association of Children's Hospitals.²⁴

In addition to expanding coverage for children in national health reform, policymakers could consider

children's special needs when debating issues such as health care quality,²⁵ comparative effectiveness,²⁶ emergency medical services,²⁷ health information technology,²⁸ or tax credits to help pay for coverage.²⁹

TIPS FOR REPORTERS

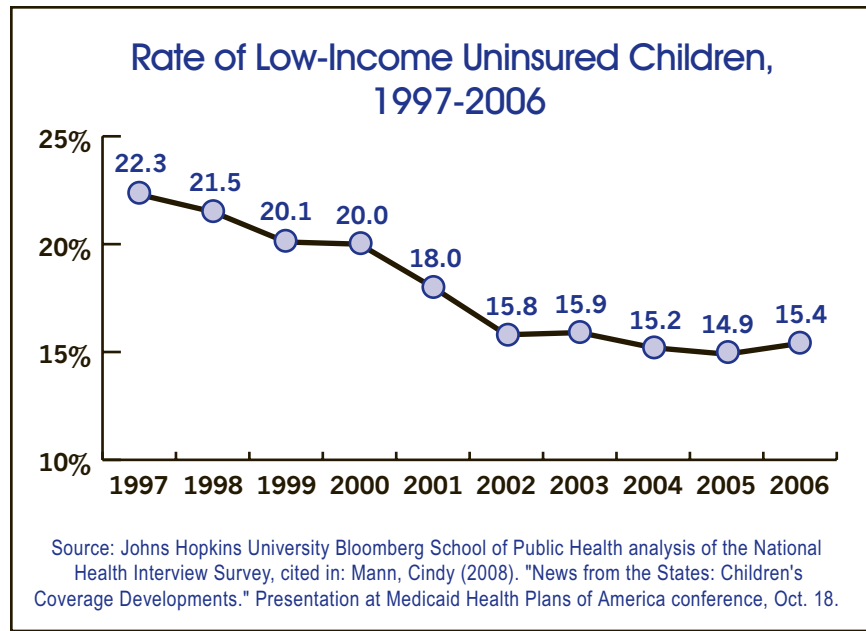
- There is a unique children's health angle in virtually every health care policy discussion, whether about emergency medicine, benefits, privacy, quality, comparative effectiveness, tax credits, or organ transplants. As issues arise during health care discussions, consider how children's health issues are different from adult issues. Is there even a separate and distinct angle related to infant or adolescent health?
- Parents of young children have insights into children's health needs that often amaze, and impress, child health professionals. Talk with parents at places where they gather, such as day care centers, library story sessions or play groups.
- Some of the most powerful arguments for national health reform involve children with very expensive health conditions, and the devastating side effects this can have on their families and their finances. Get to know such families, and find out their views about changes needed in the health care system.
- Hispanic children are much more likely to be uninsured than children of other ethnicities. Why is this true? You will find many interrelated causes. What do Hispanic parents and advocates recommend as solutions?

STORY IDEAS

- Most states are facing budget shortfalls and growing needs for Medicaid and CHIP simultaneously during the economic recession. What is the impact on children's coverage in your state? How are children benefiting from the additional Medicaid money your state is receiving as a result of the 2009 economic stimulus plan?
- More than two-thirds of the uninsured children in the country are eligible for but not enrolled in either Medicaid or CHIP. How do these programs coordinate health care delivery and enroll-

ment in your state? What is your state doing with respect to outreach and enrollment of these children?

- How does your state use health information technology to improve the enrollment of eligible but unenrolled children? Do they use mechanisms such as Express Lane Eligibility and SingleStop, which allow for sharing of data across programs to reduce bureaucracy and streamline enrollment? How can the eligibility system be improved to reduce the number of uninsured children in your state? According to your state, what are the federal barriers in place that preclude progress?
- Federal spending on children's welfare programs has declined by more than 11 percent over the past five years, in inflation-adjusted terms, constituting now just 10 percent of the federal non-defense budget in 2008.³⁰ This includes funding reductions (when adjusted for inflation) for programs such as Head Start, the Maternal and Child Health Block Grant, and Healthy Start. How do these types of federal budget actions impact overall child health (e.g., infant mortality, childhood obesity and the Medicaid and CHIP programs)?
- Dental caries (tooth decay) is the most prevalent, but also the most preventable chronic condition among children. What is your state or community doing to address this problem?
- The health concerns of adolescents generally involve behavioral practices - from questions about sexuality and experimentation with drugs and alcohol, to emotional problems, obesity or anorexia. If not handled well, these issues can become persistent health problems in adulthood. How is your community working to improve the lives and safety of adolescents? What are the health consequences for individuals in your community if behavioral issues have not been addressed?



EXPERTS AND WEBSITES

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Websites

Alliance for Health Reform
www.allhealth.org

American Academy of Family Physicians
www.aafp.org

American Academy of Pediatrics
www.aap.org

American Enterprise Institute
www.aei.org

American Hospital Association
www.aha.org

American Psychiatric Association
www.psych.org/

American Psychological Association
www.apa.org

America's Health Insurance Plans
www.ahip.org

America's Promise
www.americaspromise.org

AMERIGROUP
www.amerigroupcorp.com

Annie E. Casey Foundation
www.aecf.org

Association of Maternal & Child Health Programs
www.amchp.org

Center on Budget and Policy Priorities
www.cbpp.org

Centers for Medicare and Medicaid Services
www.cms.hhs.gov

Child Welfare League of America
www.cwla.org

Children's Defense Fund
www.childrensdefense.org

Children's Partnership
www.childrenspartnership.org

Commonwealth Fund, The
www.commonwealthfund.org

Covering Kids and Families
www.coveringkidsandfamilies.org

Families USA
www.familiesusa.org

First Focus
www.firstfocus.net

George Washington University Department of Health Policy
www.gwhealthpolicy.org

Georgetown University Health Policy Institute
http://ihcrp.georgetown.edu/

Government Accountability Office
www.gao.gov

Health Management Associates
www.healthmanagement.com

Healthcare Leadership Council
www.hlc.org

Heritage Foundation
www.heritage.org

Insure Kids Now, HHS
www.insurekidsnow.gov

Kaiser Commission on Medicaid and the Uninsured
www.kff.org/about/kcmu.cfm

Kaiser Family Foundation
www.kff.org

Mathematica Policy Research
www.mathematica-mpr.com

MCH Policy Research Center
www.mchpolicy.org

National Academy for State Health Policy
www.nashp.org

National Association of Children's Hospitals
www.childrenshospitals.net

National Association of Community Health Centers
www.nachc.com

National Association of Public Hospitals
www.naph.org

National Conference of State Legislatures
www.ncsl.org

National Governors Association
www.nga.org

National Health Law Program
www.healthlaw.org

National Partnership for Women and Families
www.nationalpartnership.org

National Women's Law Center
www.nwlc.org

Nemours Health and Prevention Services
www.nemours.org

Packard Foundation
www.packard.org

Robert Wood Johnson Foundation
www.rwjf.org

United Hospital Fund
www.uhfny.org

Urban Institute
www.urban.org

Voices for America's Children
www.childadvocacy.org

ENDNOTES

- ^a U.S. Census Bureau. "Table HIA-5. Health Insurance Coverage Status and Type of Coverage by State--Children Under 18: 1999 to 2007." (www.census.gov/hhes/www/hlthins/historic/hihist5.xls).
- ^b Kaiser Family Foundation, "Health Insurance Coverage of Children 0-18," [statehealthfacts.org](http://www.statehealthfacts.org) (<http://www.statehealthfacts.org/comparetable.jsp?ind=127&cat=3&sub=39&yr=85&typ=1>).
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- ⁷ U.S. Census Bureau. "Table HIA-5. Health Insurance Coverage Status and Type of Coverage by State--Children Under 18: 1999 to 2007." (www.census.gov/hhes/www/hlthins/historic/hihist5.xls).
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- ¹⁰ Kaiser Commission on Medicaid and the Uninsured (2009). "Medicaid: A Primer, 2009." P. 5. (www.kff.org/medicaid/upload/7334-03.pdf).
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- ¹³ CoverTheUninsured.org. "SCHIP: It Works." Facts and Research. (<http://covertheuninsured.org/factsheets/display.php?FactSheetID=127>).
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- ¹⁹ Freking, Kevin; Elliott, Philip (2009). "Obama Signs Bill Insuring More Children." Associated Press, February 5. (<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/02/05/MNAS15NE9A.DTL>).
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