Covering All Children
The Path Forward

November 9, 2021
Covering All Kids

We should

- Embrace our past success;
- Build on what works;
- Fix what doesn't and
- Get our nation back on the path to "Covering All Kids"
Voters have spoken & they support children.

How important is it to ensure that every child in the U.S. has health insurance coverage?

Democrats: 93% - 5% say it's important

Republicans: 77% - 20% not important

Independents: 84% - 12% not important

Source: Lake Research Partners - 2020 Election Eve Survey of Voters
Covering All Children: The Path Forward

Voters have spoken & they support children.

Do you support making the Children's Health Insurance Program (CHIP) permanent like other Federal Health Programs?

Democrats: 86% - 7% support

Republicans: 52% - 32%

Independents: 65% - 22%

Source: Lake Research Partners - 2020 Election Eve Survey of Voters
Covering All Children: The Path Forward

Rep. Kathy Castor
United States House of Representatives, Florida's 14th Congressional District
Founder & Co-Chair of the Congressional Children’s Health Care Caucus
Covering All Children: The Path Forward

Kelly Whitener, JD/MPH
Associate Research Professor
McCourt School of Public Policy
Children’s Uninsured Rates, 2008-2019

Uninsured Rates by State, 2019

Uninsured Rates by Race & Ethnicity, 2019

- Black/African American: 4.6%
- White: 5.6%
- American Indian/Alaska Native: 13.8%
- Asian/Native Hawaiian/Pacific Islander: 4.4%
- Other: 6.9%
- Hispanic/Latino: 9.2%

Source: Georgetown CCF analysis of US Census Bureau American Community Survey data Table C27001A-1. Note: Hispanic/Latino refers to a person's ethnicity, therefore Hispanic individuals may be of any race.
Uninsured for All or Part of the Year, 2019

All Children: 9.9%

Race/Ethnicity:
- Non-Hispanic White*: 7.3%
- Non-Hispanic Black: 11.7%
- Non-Hispanic Asian: 9.9%
- Non-Hispanic Other/Multiple Races: 10.3%
- Hispanic*: 13.9%

Remaining Uninsured Children, 2019

- Eligible
- Ineligible because of income requirements only
- Ineligible because of immigration requirements only
- Ineligible because of both immigration and income requirements

Children’s Coverage Continuum

All newborns leave the hospital with insurance card

All children receive continuous health care during critical development stage ages 0-6

All children get the health coverage they need to attend school ready to learn

Strengthen Medicaid & CHIP

- Require 12-month & allow multi-year continuous coverage
- Permanently fund CHIP
- Eliminate premiums in CHIP
- Increase income eligibility
- Remove restrictions related to citizenship status
Improve Marketplace Affordability

- Fix the family glitch
- Remove restrictions related to citizenship status
- Make permanent enhanced Marketplace subsidies
Outreach & Enrollment

- Continue to support application assistance
- Partner with trusted, community-based organizations
- Maximize Medicaid/CHIP enrollment in schools, Indian health clinics, and family resource centers
Want to learn more?

Visit our website:
https://ccf.georgetown.edu/

Check out our state data hub:
https://kidshealthcarereport.ccf.georgetown.edu/

Follow us on twitter:
@GeorgetownCCF
Glenn Flores, MD, FAAP

Professor & Chair of Pediatrics
Senior Associate Dean of Child Health
University of Miami Miller School of Medicine
Physician-in-Chief
Holtz Children’s Hospital, Jackson Health System
Background: Scientific Data

- Lacking health insurance one of worst risk factors for adverse child health outcomes
- Uninsured children significantly more likely than insured children to have
  - Worse health, no regular physician, delayed immunizations, unmet medical/prescription needs, and impaired specialty access
  - Higher odds of emergency-department (ED) visits, avoidable hospitalizations, injury hospitalizations, and adverse newborn outcomes
  - Greater risk of dying in hospitals, intensive-care units, and after trauma
Background

- 4.3 million US children (6%) uninsured
- Every 42 seconds, American baby born uninsured
- Proportion of uninsured US children increased by 10% over most recent year for which data available
- Up to 90% of uninsured US children (3.9 million) eligible for but not enrolled in Medicaid/CHIP
- Major racial/ethnic disparities exist
  - Only 4% of white children uninsured, vs. 4% of Asian, 5% of African-American, and 9% of Latino children
Parent Mentors Eliminate Children’s Healthcare Disparities

- **Parent Mentors (PMs):**
  - Special category of community health workers for children in which parents who have children with particular health conditions/risks (such as being uninsured) leverage their relevant experience, along with additional training, to
    - Assist, counsel, and support other parents of children with same health conditions/risks
    - Navigate healthcare system
    - Address social determinants of health
- Two randomized, controlled trials by our team have demonstrated PMs highly efficacious and cost-effective
A Randomized Controlled Trial of the Effects of Parent Mentors on Insuring Uninsured Minority Children

*Pediatrics* 2016;137(4):e20153519; *Health Affairs* 2018

Funding: NICHD R01

URL: https://www.connecticutchildrens.org/research/kidshelp/
Kids’ HELP Trial Overview

- 237 uninsured, Medicaid/CHIP-eligible Latino and African-American children recruited at 97 community sites in TX (state with most uninsured children in US) and randomized to:
  - PMs
  - Control group (usual TX outreach/enrollment)
- PMs: minority parents in primary-care clinic who already had at least 1 Medicaid/CHIP-covered child who had coverage for at least 1 year
- PMs underwent 2-day training session
Results: Obtaining Health Insurance Coverage

- Significantly higher proportion of PM group obtained health insurance vs. control group, at 95% vs. 68% ($P < .001$)
- PM group had significantly higher adjusted relative risk (1.3; 95% CI, 1.2-1.3) and odds (2.9; 95% CI, 2.1-4.0) of insurance coverage
  - After adjustment for child’s age and gender, parental citizenship and employment, and family income
# Time to Coverage, Renewal Rates, and Long-Term Coverage

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Controls</th>
<th>PM Group</th>
<th>( P )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median no. of days (IPR(_{95})) to obtaining insurance</td>
<td>140 (10, 348)</td>
<td>62 (4, 289)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Renewed insurance</td>
<td>60%</td>
<td>85%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Two-year coverage rate*</td>
<td>76%</td>
<td>95%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Three-year coverage rate†</td>
<td>76%</td>
<td>100%</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

*One year after intervention ceased (N=135)

†Two years after intervention ceased (N=71)
# Healthcare Access & Out-of-Pocket Costs of Care

<table>
<thead>
<tr>
<th>Access Measure</th>
<th>Controls</th>
<th>PMs</th>
<th><em>P</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>No primary-care provider (PCP)</td>
<td>39%</td>
<td>15%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>No usual source of preventive care</td>
<td>7%</td>
<td>1%</td>
<td>.01</td>
</tr>
<tr>
<td>Never/sometimes gets immediate care from PCP</td>
<td>19%</td>
<td>0%</td>
<td>.03</td>
</tr>
<tr>
<td>Problems getting care from specialists</td>
<td>46%</td>
<td>11%</td>
<td>.03</td>
</tr>
<tr>
<td>Unmet healthcare needs</td>
<td>25%</td>
<td>13%</td>
<td>.02</td>
</tr>
<tr>
<td>Unmet dental-care needs</td>
<td>31%</td>
<td>18%</td>
<td>.03</td>
</tr>
<tr>
<td>Mean out-of-pocket costs: doctor visits</td>
<td>$37</td>
<td>$33</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Mean out-of-pocket costs: sick visits</td>
<td>$43</td>
<td>$9</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
## Satisfaction with Care, Quality, and Family Financial Burden

<table>
<thead>
<tr>
<th>Measure</th>
<th>Controls</th>
<th>PM Group</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental satisfaction with process of obtaining insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very satisfied</td>
<td>25%</td>
<td>57%</td>
<td>.01</td>
</tr>
<tr>
<td>Very dissatisfied/dissatisfied</td>
<td>21%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Wouldn’t recommend child’s healthcare provider to friends</td>
<td>16%</td>
<td>6%</td>
<td>.01</td>
</tr>
<tr>
<td>Doctor never/sometimes respects you’re expert on your child</td>
<td>23%</td>
<td>11%</td>
<td>.01</td>
</tr>
<tr>
<td>Mean overall quality score: child’s well-care visit (0-10; 10=best)</td>
<td>8.6</td>
<td>8.9</td>
<td>.03</td>
</tr>
<tr>
<td>Need additional income to cover child’s medical expenses</td>
<td>13%</td>
<td>6%</td>
<td>.04</td>
</tr>
</tbody>
</table>
Costs and Cost-Effectiveness

- PM costs: $636.60/year
- PM savings: $6,045.22/insured child/year
  - ROI = 850% ($8.50 saved for every $1 spent)
Conclusions

• PMs significantly more effective than traditional Medicaid/CHIP outreach and enrollment in
  ▪ Insuring uninsured minority children
  ▪ Obtaining insurance faster
  ▪ Renewing coverage
  ▪ Improving access to medical and dental care
  ▪ Reducing unmet needs and out-of-pocket costs of care
  ▪ Achieving parental satisfaction and quality of care
  ▪ Teaching parents to maintain children’s coverage up to two years after intervention cessation

• PMs relatively inexpensive, at $636/child/year, but highly cost-effective, saving $6,045 per child insured/year
Implications

- Given that up to 3.9 million US children uninsured and Medicaid/CHIP eligible, and 53% Latino or African-American, findings suggest implementing PMs nationally for minority children could save over $12.3 billion.
- If PM intervention shown to be effective for all racial/ethnic groups, findings suggest implementing PMs nationally for all uninsured children could save $21.7 billion.
- PMs and analogous peer mentors for adults could prove to be highly cost-effective interventions for eliminating disparities and insuring all Americans.
Translation Into Policy

• Based on our work, federal CHIP reauthorization legislation signed into law in January 2018 makes organizations that use PMs eligible to receive $120 million in grants for CHIP outreach and enrollment

• All 50 states and DC can now apply for CMS funds to implement successful, evidence-based Kids’ HELP PM model
  ▪ CBOs in 7 states already received funds
Urgent Policy Priorities

• Full, uninterrupted federal funding should be secured for Medicaid and CHIP
  ▪ Since CHIP’s inception in 1997, Medicaid and CHIP together resulted in 47% reduction in uninsured US children, now at 6% (in contrast, 12% of adults uninsured)
• CHIP should be made permanent and CHIP coverage extended to 300% of poverty threshold for all US children
  ▪ As Massachusetts did, cutting childhood unemployment to < 1%
Urgent Policy Priorities

• Every child should have health insurance, including undocumented
  ▪ It’s right thing to do
  ▪ Ensures all children grow up healthy and maximize their potential
  ▪ Not doing so comes at huge societal cost in terms of deferred care resulting in preventable ED visits, hospitalizations, injuries, and death
  ▪ Example: undocumented children with kidney disease
Urgent Policy Priorities

- Federal and state funding should be committed to implementing evidence-based programs—including PMs and community health workers—highly effective in Medicaid/CHIP enrollment of uninsured children
  - Given that up to 90% of uninsured children (almost four million) eligible for but not covered by Medicaid/CHIP
- Legislation could fund PM programs for all US children nationally, or at state Medicaid/CHIP program level
DECLINING AFFORDABILITY OF DEPENDENT COVERAGE FOR EMPLOYED FAMILIES: AN EMERGING CHALLENGE

David Rubin, MD, MSCE
policylab.chop.edu | @PolicyLabCHOP
PUBLIC INSURANCE COVERAGE FOR CHILDREN INCREASED FROM 2008–2017 WHILE EMPLOYER-SPONSORED COVERAGE DECREASED

CHILDREN ENROLLED IN PUBLIC INSURANCE INCREASED FROM 27% TO 38%

CHILDREN ENROLLED IN EMPLOYER-SPONSORED INSURANCE DECREASED FROM 55% TO 49%
PREMIUMS INCREASING FOR FAMILY COVERAGE

EMPLOYEES' FAMILY HEALTH INSURANCE PREMIUMS FOR EMPLOYER-SPONSORED INSURANCE HAVE SUBSTANTIALLY INCREASED

- 51% INCREASE IN TOTAL PREMIUMS FROM 2009–2019
- 71% INCREASE IN WORKER CONTRIBUTIONS FROM 2009–2019
- 47% INCREASE IN EMPLOYER CONTRIBUTIONS FROM 2009–2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Employer Contribution</th>
<th>Worker Contribution</th>
<th>Total Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$9,860</td>
<td>$3,515</td>
<td>$13,375</td>
</tr>
<tr>
<td>2014</td>
<td>$12,011</td>
<td>$4,823</td>
<td>$16,834</td>
</tr>
<tr>
<td>2019</td>
<td>$14,561</td>
<td>$6,015</td>
<td>$20,576</td>
</tr>
</tbody>
</table>
Marcee’ J. White, MD, FAAP

Chief Medical Officer
Total Health, Inc.
HEALTH CENTERS are consumer-driven and patient-centered organizations that serve as a comprehensive and cost-effective primary health care option for America’s most underserved communities. Health centers increase access to health care and provide integrated services based on the unique needs of the communities they serve.

There are **four key components** that define health centers & help them reach America’s most underserved communities.

1. Located in Areas of High Need
   - Designated as medically underserved areas or populations by the federal government

2. Comprehensive Set of Services
   - Based on community needs, health centers offer medical, dental, vision, behavioral health, and enabling services

3. Open to Everyone
   - Regardless of insurance status or ability to pay, and offer sliding fee scale options to low-income patients

4. Patient-Majority Governing Boards
   - At least 51% of every health center’s governing board must be made up of patients
Health Centers Serve
1 in 11 People in the U.S.
Including...

- 1 in 8 Children
- 1 in 7 Racial/Ethnic Minorities
- 1 in 5 Medicaid Beneficiaries
- 1 in 5 Uninsured Persons
- 1 in 3 People in Poverty


Most Health Center Patients are Uninsured or Publicly Insured

81% of health center patients are uninsured or publicly insured.

- Medicaid: 48%
- Uninsured: 23%
- Medicare: 10%
- Other Public Insurance: 1%
- Private Insurance: 19%

Note: Percentage for “Other Public Insurance” includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid.
Source: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Community Health Centers are Only 1 piece of the Access Puzzle
Questions?

Please use the "Questions" portal to ask a question to any panelist.
Thank You

www.FirstFocus.org

info@firstfocus.org
@first_focus | @firstfocus.children