

# FACT SHEET: COVERING ALL KIDS THE ROADMAP TO CARE



While much progress has been made in health care coverage for children, there is still more to do to ensure that the more than 4.3 million uninsured U.S. children have access to health insurance.

Research confirms that coverage for kids matters. Ensuring a child has adequate health care coverage from birth onward helps them grow and develop into healthy, productive adults. Children should not have to live in pain or go without preventive care (such as vaccinations and annual check-ups) just because their parent has lost their job or simply can't afford health insurance.

According to census data, children of color lack health insurance at the highest rates -- with 9.5% of Hispanic children and 6% of Black children lacking health insurance. In states that have not expanded Medicaid, the rate of uninsured children is more than twice as high than in expansion states. In addition, the COVID-19 pandemic has taken a serious toll on the mental and physical health of our uninsured children and highlighted the pressing nature of this issue.

Below are ten policy recommendations to cover our uninsured children:

## » **Make the Children's Health Insurance Program (CHIP) Permanent**

For almost 25 years, CHIP has been an essential source of coverage for children whose parents or caregivers earn too much to qualify for Medicaid but too little to purchase private health insurance.

## » **Expand CHIP Income Eligibility to 300% of Poverty in All States**

The CHIP income eligibility level varies across the country. Current rules don't allow states to expand their CHIP eligibility level<sup>1</sup> even if their legislature and governor want to do so. Expanding CHIP income eligibility would provide consistency across the country.

## » **Eliminate Waiting Periods for CHIP**

Currently, 12 states enforce waiting periods<sup>2</sup> for children who apply to CHIP, even though they meet income and other eligibility requirements.

## » **Provide 12 Month Continuous Eligibility for Children in Medicaid & CHIP**

Many families experience income fluctuation, but their income does not change substantially or for the long-term. Continuous coverage for 12 months reduces state government administrative costs and labor while helping promote more efficient health care spending.

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1 Brook et al., "Medicaid and CHIP Eligibility and Enrollment Policies as of January 2021: Findings from a 50-State Survey," KFF, Mar 08, 2021, <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2021-findings-from-a-50-state-survey/>

2 Ibid, 2

- » **Provide Continuous Eligibility from Birth to Age 6 in Medicaid and CHIP**  
Having uninterrupted health care coverage from birth to age 6 gives children consistent access to well-child visits, vaccinations, and specialty care.
- » **Enroll All Eligible Children**  
Roughly 57.7% of all uninsured children<sup>3</sup> in this country are eligible for Medicaid or CHIP but are not enrolled. We must improve the way we enroll, retain, and renew coverage for children.
- » **Eliminate Barriers to Health Coverage for Children in Immigrant Families**  
Congress must eliminate structural barriers in our immigration system and other systems to protect all children’s healthy development, including the five-year waiting period for those with legal permanent status to access certain federal programs and determinations of public charge for children.
- » **Improve ACA Affordability by Eliminating the “Family Glitch”**  
More than 5 million people fall into the ACA “family glitch.” The ACA offers tax credits to make private, employer-sponsored health insurance more affordable, but only helps cover the working individual and not his/her family members who might be eligible for tax credits or subsidized coverage in the ACA Marketplaces.
- » **Allow Families to Buy Into Coverage through Medicaid, CHIP, or the Federal Employees Health Benefits Program (FEHBP) for Their Children**  
For families who are self-employed, work part-time, or work for small businesses that do not offer health benefits, the ability to buy-in to these programs could provide children with adequate coverage and be cost-effective.
- » **Expand Medicaid in States That Haven’t**  
Medicaid is the largest insurer of children, covering more than 35 million children in 2020. Children are the least expensive beneficiary group in Medicaid, yet they have the most to gain from comprehensive and affordable coverage. Children who receive Medicaid coverage are more likely to graduate high school<sup>4</sup>, have better health outcomes<sup>5</sup>, and pay more taxes as adults<sup>6</sup>.

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3 Haley et al., “Uninsurance Rose among Children and Parents in 2019,” Urban Institute, July 2021, <https://www.urban.org/sites/default/files/publication/104547/uninsurance-rose-among-children-and-parents-in-2019.pdf>

4 Cohodes et al., “The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions,” National Bureau of Economic Research, [https://www.nber.org/system/files/working\\_papers/w20178/w20178.pdf](https://www.nber.org/system/files/working_papers/w20178/w20178.pdf)

5 Wherry et al., “Childhood Medicaid Coverage and Later Life Health Care Utilization,” National Bureau of Economic Research, [https://www.nber.org/system/files/working\\_papers/w20929/w20929.pdf](https://www.nber.org/system/files/working_papers/w20929/w20929.pdf)

6 Brown et al., “Medicaid as an Investment in Children: What Is the Long-term Impact on Tax Receipts?,” National Bureau of Economic Research, [https://www.nber.org/system/files/working\\_papers/w20835/w20835.pdf](https://www.nber.org/system/files/working_papers/w20835/w20835.pdf)