Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 4
Issue 2 *Accountable Communities: Healthier Neighborhoods, Healthier Children*
Article 11

2013

Commentary on "Trends in Child Health Insurance Coverage: A Local Perspective"

Claire Elizabeth Bocchini
Baylor College of Medicine, cb135591@bcm.edu

Recommended Citation
Bocchini, Claire Elizabeth (2013) "Commentary on "Trends in Child Health Insurance Coverage: A Local Perspective"," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 4: Iss. 2, Article 11.
DOI: https://doi.org/10.58464/2155-5834.1180
Available at: https://digitalcommons.library.tmc.edu/childrenatrisk/vol4/iss2/11

Uninsured children face considerable difficulties accessing primary and specialty pediatric care in the United States; uninsured children are more likely to lack a primary care physician and a medical home, to delay care, and to have unmet medical needs.[1-3] In addition, children who are *under*insured, or who lack insurance coverage for just part of the year, have suboptimal access to pediatric services compared with insured children.[4] Uninsured and underinsured children do not regularly receive treatment for common childhood illnesses such as ear infections, toothaches, and sore throats and are more at risk of delayed or even missed diagnoses of serious medical conditions. Uninsured and underinsured children are thus more likely to require costly preventable emergency room visits and hospitalizations as well as to have more school absences and poor school performance.[1-7] The consequences of being uninsured on the individual child are grave, and the American Academy of Pediatrics therefore strongly recommends that all children have access to health insurance and a medical home as an essential investment in both the future health and future productivity of the next generation.[8]

In their article, “Trends in Child Health Insurance Coverage: A Local Perspective,” Raphael and colleagues have provided a longitudinal portrait of how children garner access to health insurance in the fourth largest metropolitan area of the United States: Houston, Texas. Their data clearly show that the landscape of health insurance coverage for children has changed with the economic slowdown. Specifically, the degree to which children rely on public insurance programs is increasing while options for employer-sponsored coverage for children are trending down.[9] These findings have major policy implications for both the state of Texas and the United States as a whole.

The decrease of employer-sponsored insurance coverage for children has been reported on the national level. The Kaiser Family Foundation recently reported that in 2013, nationally only 57% of employers offer coverage to their employees and to their employee’s families. Low-wage or blue-collar workers have less opportunity for employer-sponsored coverage – as employers with more low-wage workers are less likely to offer coverage and if offered, employer-sponsored coverage is frequently unaffordable for low-income families. Currently, more than 80% of uninsured workers are in blue-collar jobs.[3, 10]

Medicaid and CHIP are therefore critically important in that they are frequently the only feasible source of coverage for low-income children. Thirty-three percent of all children, 71% of poor children, and 49% of near-poor children are currently enrolled in Medicaid, which covers routine

preventive health services, vision, hearing, dental care, mental health visits, and hospitalizations. Despite this, as of 2011, 53% of uninsured children were eligible for Medicaid or CHIP but not enrolled.[11-14] Raphael and colleagues show that in their study population there was a dramatic increase in enrollment in public insurance programs from 2008-2011, from 11.5% to 24.6% in Medicaid and from 5% to 10.5% in CHIP. Still, in 2011, 9.7% of households lacked insurance coverage for children, the majority of which were likely Medicaid or CHIP eligible.[9] While there are multiple possible explanations for why eligible children were not enrolled, Raphael and colleagues found that a lack of awareness of the public health insurance programs did not seem to be a contributing factor, as 90% and 80% of caregivers with uninsured children were aware of Medicaid and CHIP, respectively.[9] This is a key finding as it emphasizes the need for states to address other obstacles to Medicaid and CHIP enrollment, such as a lack of specific awareness of eligibility and the burdensome enrollment and renewal process that frequently disrupts access to timely care and management of chronic illnesses.

Medicaid is a highly effective program overall; it has been shown by many authors to successfully provide low-income children, many of whom belong to the most vulnerable groups, including minorities, the underprivileged, and those in poor health, with access to routine preventive care. Children enrolled in Medicaid are more likely to have a usual source of care and to receive well-child care than low-income, uninsured children. They are also less likely to have unmet or delayed needs for medical care, dental care, and prescription drugs due to costs.[14-18] In fact, children with Medicaid compare quite well to privately insured children in terms of access to and use of primary care. Ninety-five percent of both Medicaid and privately insured children report visiting a doctor in the previous year and less than 5% report delaying or going without needed care due to cost.[11,19,20] In addition, despite the poorer health and the socioeconomic disadvantages of the low-income population it serves, Medicaid consistently scores well on important measures of access, utilization, and quality of care.[11]

Medicaid is not a perfect program, however, and major disparities between publicly and privately insured children do exist. For example, children less than 3 years of age with public coverage lag behind privately insured children with regard to attending recommended well-child visits and in immunization rates. In addition, Medicaid patients have decreased access to pediatric specialty care because fewer specialists are willing to take Medicaid patients, frequently due to lower physician payment rates.[11,21] Studies have found that pediatric specialty clinics are more likely

to deny appointments to children who are publicly funded, and even if specialty clinics accept publicly funded children, these children frequently have longer wait times for appointments.[22] It is critical that child advocates urge states to eliminate such disparities - especially as the numbers of low-income children who depend on the Medicaid program continue to escalate. Medicaid's demonstrated potential to improve access to care for low-income children can and should be optimized with both appropriate federal and state financial investment and policy interventions that continue to drive higher quality care.

Likewise, as we work to advance child health outcomes and eliminate health disparities in our country, states must recognize that improving the public insurance programs is just one of many critically needed policy transformations. In most areas of the United States we face a major health care worker shortage, and we especially lack providers who are willing to see publicly funded patients. In addition to having fewer doctors who take Medicaid patients and thus longer wait times, Medicaid enrollees face additional barriers to access to health care such as lack of transportation and difficulty taking off time from inflexible work schedules.[16] Finally, the socioeconomic conditions in which people live powerfully influence their ability to be healthy. Factors such as poverty, food insecurity, social exclusion, and poor housing all play a critical role in quality of life and life expectancy. As a nation we must develop innovative strategies to address the socioeconomic determinants of health and eliminate the inequity in the care provided to minority groups and the poor.

While our country may be years away from reaching universal access to quality health care for all children and their families, Raphael and colleagues provide strong evidence that we are slowly heading in the right direction. The recent increases in Medicaid and CHIP enrollment offset major declines in employer-sponsored coverage during the economic downturn – so much so that the number of uninsured children actually decreased over the study period. Our society has a lot to gain from optimizing the health of our children. Uninsured children are less healthy, less likely to graduate high school, and more likely to suffer from chronic disease in adulthood. Now is the time that states should invest in a well-educated and more productive future work force by supporting improvement in the health of our children. Nationally we have already reduced the rate of uninsured children from 8.6% in 2009 to 7.5% in 2011, and many experts project that full implementation of the Affordable Care Act will result in an additional 40% decline.[13] By educating parents and helping empower them to enroll in health insurance coverage for their families, we have the opportunity to improve health and wellbeing across

the lifespan of the next generation. Finally, while we should celebrate the achievements of our public insurance programs and push forward to reach new levels of quality and innovation in these critical safety-net programs, we must also stay committed to a comprehensive effort to eradicate child poverty and all health disparities in the United States.

DOI: 10.58464/2155-5834.1180

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