



America's Children Are Losing Health Insurance, Putting Their Futures at Risk: How National Lawmakers Can Help

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Executive Summary

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For a generation after Senators Hatch (R-UT) and Kennedy (D-MA) passed the Children’s Health Insurance Program (CHIP) in 1997, the number of uninsured children fell steadily, year after year, ultimately falling by 66%. The bipartisan commitment of federal and state lawmakers made it possible for this progress to continue, even during the depths of the Great Recession.

This remarkable history makes it particularly shocking that, despite the past few years’ economic boom, the number of uninsured children shot up by more than 10%, rising from 3.7 million in 2016 to 4.1 million in 2018. America’s children have experienced two consecutive years of coverage losses, for the first time in a generation – and reports from state Medicaid programs suggest continued losses in 2019.

Mounting evidence shows that, when children have health insurance, their educational prospects, lifelong economic opportunities, and future health and well-being change profoundly for the better. Health coverage is truly essential for children to get a strong start in life. Even from a purely fiscal perspective, it makes sense to ensure that all children are covered: economists estimate that the government saves \$1.78 for every \$1 it spends on children’s health insurance. These facts make it critically important to reverse children’s recent coverage losses.

Shortsighted State and Federal Policies Have Taken Health Coverage Away from America’s Children

Three major factors are responsible for this disturbing change in direction:

1. **State Medicaid and CHIP programs have imposed arbitrary, bureaucratic red tape requirements** that end children’s coverage when their parents do not promptly respond to state paperwork demands. Often, agencies make these demands without first seeing whether they already have data showing continued eligibility. Rather than holding states accountable for terminating the coverage of numerous eligible children, the Trump administration has encouraged states to take advantage of legal loopholes to achieve budget savings by adding layers of bureaucracy that prevent eligible families and children from keeping their health insurance.

Despite the past few years’ economic boom, the number of uninsured children shot up by more than 10%, rising from 3.7 million in 2016 to 4.1 million in 2018.

Lawmakers should keep two distinct objectives in mind: restoring lost health coverage to eligible children and families; and fixing the systemic gaps in our country's health coverage system that let policymakers take away insurance from families who qualify for help.

2. The Trump administration's unrelenting negative focus on immigrant communities has led many parents to forego health care and other essential services for their children, because they fear enrollment in public programs will thwart their family's path to citizenship or ability to remain in the United States. The result has been declining health coverage, not just among eligible immigrants, but also for U.S.-citizen children whose parents are immigrants. These children comprised fully one in five children who had Medicaid or CHIP coverage during 2016. As one indicator of this problem's seriousness, the percentage of uninsured children rose three times faster in 2018 in Latino families than with other children.

3. The Trump administration has withdrawn its support from evidence-based national programs designed to inform the public about available insurance options and to help families enroll. Over the last two years, the administration slashed funding for these programs by 88%, from \$162.5 million in 2016 to just \$20 million in 2018. In addition to these major cuts, which affected children and adults alike, \$20 million in annual child outreach funding was suspended for 13 months as lawmakers delayed reauthorization of CHIP funding. Much evidence shows the importance

of application assistance and public education in raising enrollment levels among eligible children and families.

How federal lawmakers can restore children's coverage and protect against coverage losses

To restore health coverage for eligible children and families, and to prevent these problems from recurring in the future, federal lawmakers must immediately take action in three areas:

- 1. Cut needless red tape that prevents stable enrollment in Medicaid and CHIP.** Families and children in every state should benefit from key safeguards that accomplish the following goals:
 - » Maintain families' coverage through the end of a Medicaid eligibility period unless clear and convincing evidence shows ineligibility.
 - » Link Medicaid and CHIP to specified sources of reliable data that show whether families qualify for coverage.
 - » Enroll children in health coverage if the Supplemental Nutritional Assistance Program (SNAP) already found their family to have low enough income to qualify for Medicaid.
 - » Prevent disruptions in coverage and access to care by ensuring 12 months of continuous eligibility for children, regardless of where they live.

2. Repeal policies that lead immigrant families to choose between their children’s health and their families’ ability to legalize and remain in the United States.

- » Congress should prohibit the use of federal funds to enforce new and restrictive “public charge” rules.
- » The administration should repeal recently promulgated public charge rules. Instead, it should reiterate the bipartisan federal policy, in effect since 1999, that clearly allowed immigrant families to safely access health, nutrition, and housing programs.
- » The administration should provide clear guidance about specific health care programs that families can use without endangering their immigration status.

3. Guarantee funding for consumer assistance and public education programs while setting clear federal standards for how those resources are spent. When properly implemented and adequately resourced, such programs can greatly increase enrollment and retention by eligible children and families. Several disturbing research findings illustrate the need for such a national commitment.

By the end of 2017:

- » More than three in five uninsured children (61%) qualified for Medicaid or CHIP but were not enrolled.
- » 49% of uninsured families did not know financial assistance was available to help pay for health insurance.
- » 41% of uninsured families did not even know that health insurance marketplaces existed.

In crafting these reforms, lawmakers should keep two distinct objectives in mind: restoring lost health coverage to eligible children and families; and fixing the systemic gaps in our country’s health coverage system that let policymakers take away insurance from families who qualify for help. It is time to put strong safeguards in place that prevent these problems from ever happening again.



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**America's Children Are Losing Health Insurance,
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Children's Health Insurance Matters

Having a reliable, affordable, and continuous source of health coverage and care is foundational to a child's health and well-being. Many peer-reviewed studies have analyzed how health insurance affects children. A broad literature review, conducted by some of the country's leading experts, summarized the extraordinary gains that result from children receiving health insurance, both for their families in the near term and for the children themselves over the course of their lives:¹

» **Health insurance for children increases families' financial stability.** In families where children have health insurance, out-of-pocket health care costs drop, and bankruptcies are less common. These families are also less likely to live in poverty.

» **When children obtain health insurance, their long-term life prospects improve.** Reading scores, high school graduation rates, and college completion rates rise. Later use of government benefits falls. During teenage years and adulthood, chronic health conditions and hospitalizations are less common, and death rates are significantly lower for those who were insured as children.

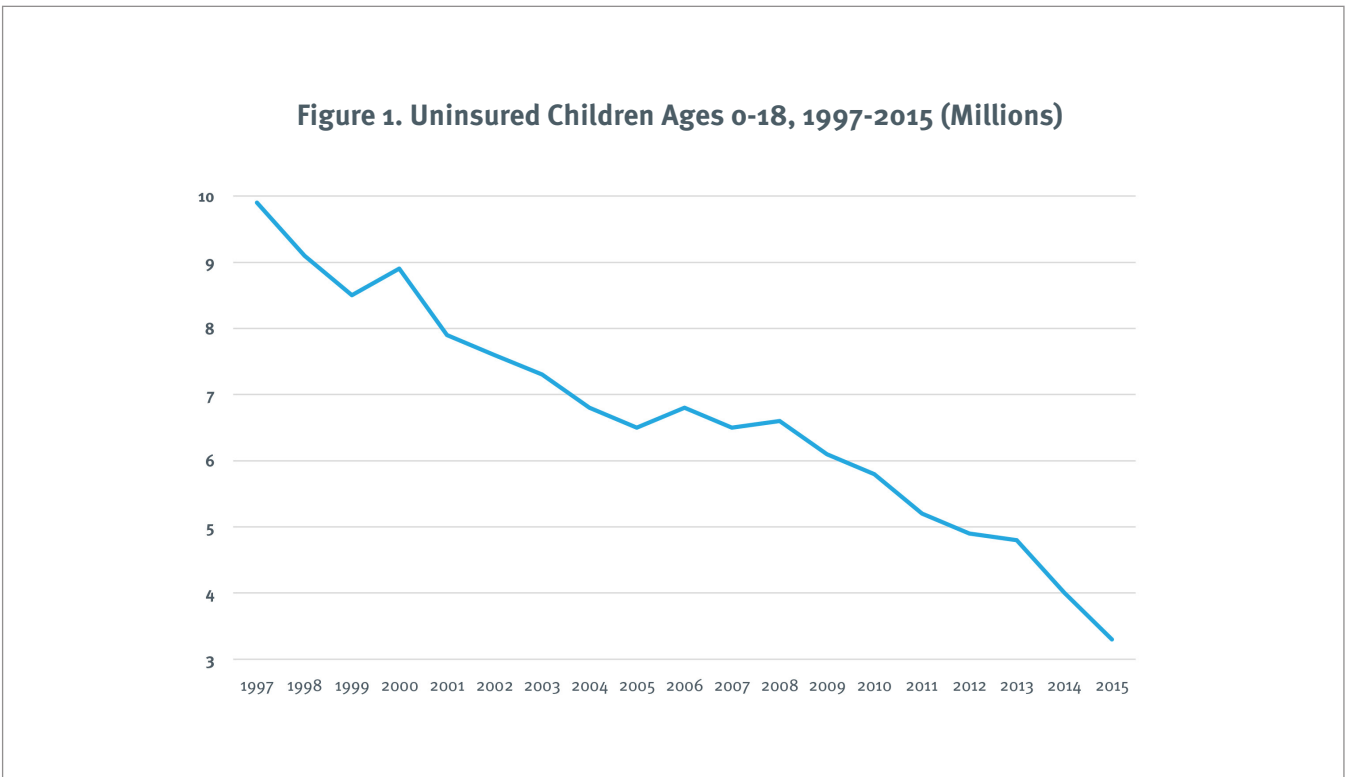
Having health insurance throughout childhood is essential for children to get a strong start in life. Even from a strictly fiscal perspective, it makes sense to invest in kids' health coverage. Leading economists report that every \$1 invested in child health programs yields \$1.78 in government savings resulting from better health and increased economic self-sufficiency over the course of a lifetime.² These facts make it especially troubling that the number of uninsured children in our country recently began to rise, as the next section explains.

For the First Time in a Generation, the Number of Uninsured Children Has Begun to Rise

CHIP was enacted in 1997, thanks in large part to the bipartisan leadership of Senators Hatch (R-UH) and Kennedy (D-MA). Since then, the number of uninsured children has fallen steadily and dramatically, dropping by two-thirds from roughly 10 million in 1997 to just over 3 million in 2015 (Figure 1).

This remarkable history of bipartisan support and steady progress over the course of a generation should be a source of great national pride. By the same token, it should be a matter of great national concern that recent years have seen this progress

come to a screeching halt and even reverse direction. Based on data from the American Community Survey, which began in 2008 and has much larger sample sizes (hence more precise estimates) than other surveys of health coverage, 2017 saw the first statistically significant increase in the number of children without insurance since the new data first became available. With another statistically significant increase in 2018, the country just experienced its first two-year rise in the number of uninsured children since CHIP's creation more than 20 years ago. From 2016 to 2018, the number of children without any health



Source: National Center for Health Statistics 2016.³

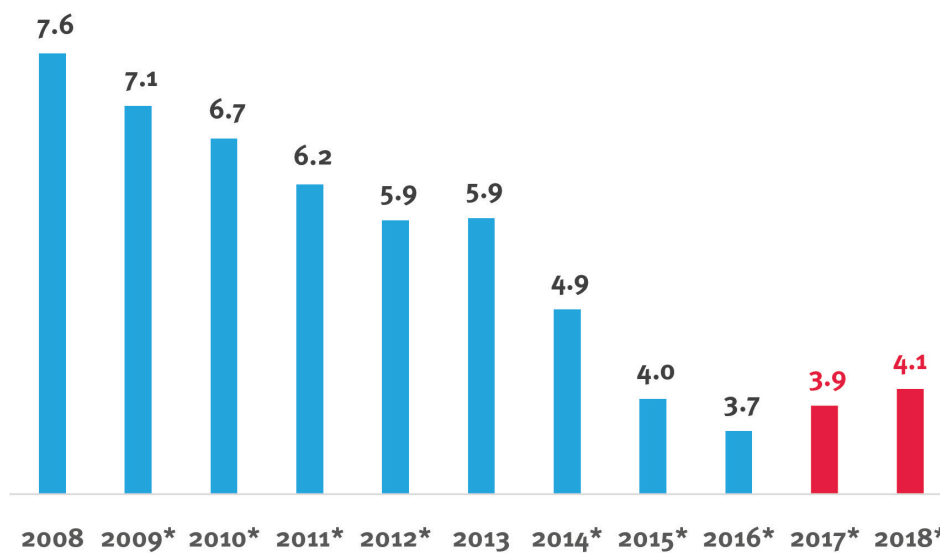
coverage shot up by more than 10%, rising from 3.7 million to 4.1 million (Figure 2).

The economic context for these numbers makes the change in direction particularly shocking. From 2008 through 2010, the country’s economy plunged into the deepest recession since World War II. Average annual unemployment rates nearly doubled, from 5.8% in 2008 to 9.6% in 2010.⁵ Despite those economic headwinds, determined efforts by state and federal policymakers in both parties continued the country’s progress on child health, with the number of uninsured children declining by nearly 1 million from 2008 to 2010. By contrast, recent

years have seen the economy boom. Average annual unemployment fell from 4.9% in 2016 to 4.4% in 2017 to 3.9% in 2018. Despite these favorable conditions, children experienced their greatest coverage losses in a generation.

An even more recent and detailed picture, based on Medicaid and CHIP program data rather than Census Bureau survey results, shows large and continuing reductions in the number of children covered through Medicaid and CHIP. Out of 49 states with available data, 36 reported a drop in the number of children enrolled in Medicaid or CHIP from 2018 to 2019 (Table 1, page 4).

Figure 2: Uninsured children ages 0-18, 2008-2018 (millions)



Source: National Center for Coverage Innovation at Families USA analysis of American Community Survey data, Integrated Public Use Microdata Series; U.S. Census Bureau, “Types of Health Insurance Coverage by Age,” *2018 ACS 1-Year Estimates*, Detailed Tables C27010, September 2019.

Notes: An asterisk indicates that the change from the prior year’s number of uninsured children was statistically significant at the 0.05 level. An earlier version of this figure, with data through 2017, was published by the Center for Children and Families at Georgetown University’s Health Policy Institute.⁴

Table 1. Children ages 0-18 enrolled in Medicaid or CHIP by state, change from 2018 to 2019^{6,7}

	May 2018 Children Enrolled	May 2019 Children Enrolled	1-Year Change (%) 2018 to 2019	1-Year Change (#) 2018 to 2019
Alabama	632,663	642,377	2%	9,714
Alaska	93,834	96,506	3%	2,672
Arizona	-	-	-	-
Arkansas	430,502	422,524	-2%	-7,978
California	5,057,147	4,891,370	-3%	-165,777
Colorado	601,119	576,635	-4%	-24,484
Connecticut	334,841	336,970	1%	2,129
Delaware	104,777	104,940	0%	163
District Of Columbia	-	-	-	-
Florida	2,492,912	2,454,142	-2%	-38,770
Georgia	1,257,272	1,235,738	-2%	-21,534
Hawaii	141,869	140,105	-1%	-1,764
Idaho	193,693	194,866	1%	1,173
Illinois	1,383,836	1,331,685	-4%	-52,151
Indiana	797,545	787,736	-1%	-9,809
Iowa	328,245	334,842	2%	6,597
Kansas	272,094	259,128	-5%	-12,966
Kentucky	571,499	560,746	-2%	-10,753
Louisiana	729,526	691,797	-5%	-37,729
Maine	108,812	103,410	-5%	-5,402
Maryland	611,835	617,321	1%	5,486
Massachusetts	683,270	665,922	-3%	-17,348
Michigan	938,839	929,034	-1%	-9,805
Minnesota	532,615	519,768	-2%	-12,847
Mississippi	435,439	415,942	-5%	-19,497
Missouri	618,543	535,744	-15%	-82,799
Montana	129,041	125,660	-3%	-3,381
Nebraska	163,545	161,387	-1%	-2,158
Nevada	306,665	301,049	-2%	-5,616
New Hampshire	90,933	88,446	-3%	-2,487
New Jersey	843,539	810,682	-4%	-32,857
New Mexico	338,333	329,529	-3%	-8,804
New York	2,506,899	2,489,310	-1%	-17,589

	May 2018 Children Enrolled	May 2019 Children Enrolled	1-Year Change (%) 2018 to 2019	1-Year Change (#) 2018 to 2019
North Carolina	1,431,074	1,439,723	1%	8,649
North Dakota	45,163	43,111	-5%	-2,052
Ohio	1,180,198	1,147,633	-3%	-32,565
Oklahoma	511,959	508,823	-1%	-3,136
Oregon	413,573	414,743	0%	1,170
Pennsylvania	1,402,465	1,392,073	-1%	-10,392
Rhode Island	123,104	120,403	-2%	-2,701
South Carolina	637,216	652,470	2%	15,254
South Dakota	80,712	78,976	-2%	-1,736
Tennessee ⁸	842,610	824,269	-2%	-18,341
Texas	3,443,666	3,256,883	-6%	-186,783
Utah	204,373	191,036	-7%	-13,337
Vermont	63,507	61,939	-3%	-1,568
Virginia	686,889	721,530	5%	34,641
Washington	834,834	822,580	-1%	-12,254
West Virginia	219,470	213,970	-3%	-5,500
Wisconsin	484,971	503,652	4%	18,681
Wyoming	39,162	36,497	-7%	-2,665
United States	36,376,628	35,585,622	-2%	-791,006

Source: National Center for Coverage Innovation at Families USA analysis of data from the Centers for Medicare & Medicaid Services (CMS), <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>.

Notes: Arizona and the District of Columbia do not report monthly child enrollment numbers. Tennessee does not report relevant data to CMS, but the state releases its own numbers, which are the basis of the entries for Tennessee. The state's child enrollment numbers are available online at <https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>, and its CHIP numbers are available online at <https://www.tn.gov/coverkids/enrollment-data-.html>. Except for Tennessee, the table numbers are preliminary, since final enrollment numbers are not available for the months after September 2018.

Some argue that Medicaid and CHIP are covering fewer children because the economy is stronger and children are moving from public to private coverage because of their parents' economic gains. Data from the Centers for Disease Control and Prevention (CDC) cast doubt on this assertion. From the first to the final quarter of 2018, while Medicaid and CHIP caseloads

were steadily dropping, the percentage of children without *any* insurance rose from 4.6% to 6.0% — a statistically significant, 30% relative increase.⁹ This is not a good news story. The total number of children without any health insurance whatsoever is on the rise, for reasons we discuss in the next section of this report.

Shortsighted Federal and State Policies Have Taken Health Coverage Away from America's Children

Suppressing Parents' Enrollment Undercuts Children's Coverage

Most children live in families. Abundant research demonstrates that when parents do not have health insurance, their children are far more likely to be uninsured.¹⁰ For example, in states that have never expanded Medicaid eligibility for adults under the Affordable Care Act (ACA), the percentage of uninsured children is more than twice that in expansion states: 7.9% vs. 3.9%.¹¹

Measures that undermine coverage for families and communities necessarily reduce health coverage for the children who live in those families and communities. Three such measures, discussed in turn below, have contributed to the rising number of uninsured children:

1. Duplicative and unnecessary paperwork requirements and other red tape that prevent vulnerable children from gaining and retaining health coverage for which they qualify.
2. The Trump administration's barrage of policies and practices targeting immigrant families, which has led many parents to go without health care and other essential services for their children because they fear that providing help to their children will obstruct the family's path to citizenship or reduce its ability to remain in the United States.
3. The administration's enormous cuts and major federal delays in funding for public education and application assistance that are essential for many families to enroll and remain insured.

Some States are Using Red Tape Requirements — “Weaponized Paperwork”¹² — to Take Medicaid and CHIP Away from Eligible Children

Federal statutes and regulations ask states to clear away procedural obstacles to Medicaid participation by eligible children and families. Nevertheless, the Trump administration has encouraged states to take advantage of loopholes to avoid clear federal standards with a history of bipartisan support. A number of states have responded by re-imposing bureaucratic, needless red-tape requirements that take away families' coverage, despite clear eligibility for assistance.

Federal Law Bars Needless Paperwork That Obstructs Enrollment and Retention

Federal law requires Medicaid and CHIP to streamline enrollment and ensure retention of eligible children and families. These standards encompass three core directives:

1. **Use all available data to determine initial and continuing eligibility**
 - » *Make maximum use of reliable, third party data to establish and renew eligibility:* Each state must “to the maximum extent practicable, establish, verify, and update eligibility ... on the basis of reliable, third party data.” Those data sources include eligibility records of other need-based programs, information about citizenship and immigration status maintained by federal agencies, and income data in the National Directory of New Hires.¹³

- » **Provide access to all relevant data, both public and private:** Every “Federal or State agency or private entity in possession of the sources of data directly relevant to eligibility determinations ... is authorized to convey such data or information to the State.” That authorization is “notwithstanding any other provision of law,” so it overrides all other legal restrictions, both in state and federal law.¹⁴
- » **Avoid pointless paperwork:** Eligibility must be determined “without any need [for the family] to provide additional information or paperwork unless ... information provided on the form is inconsistent with data used for the electronic verification ... or is otherwise insufficient to determine eligibility.”¹⁵

2. Prevent Needless Paperwork Demands From Ending Coverage For Eligible Children And Families

- » **Re-determine eligibility only once every 12 months:** Eligibility for children and families “must be renewed ... no more frequently than once every 12 months,”¹⁶ unless a state “receives information about a change in a beneficiary’s circumstances that may affect eligibility.”¹⁷
- » **Base renewals on data whenever possible:** Eligibility must be renewed “without requiring information from the individual if [the Medicaid or CHIP program is] able to do so based on reliable information contained in the individual’s account or other more current information available to the agency.”¹⁸
- » **Minimize families’ paperwork burdens if data-based renewal is not possible:** If data sources do not verify continuing eligibility, Medicaid and CHIP programs must:

- » Send the family a “pre-populated renewal form” that contains all relevant information available to the agency, reducing the burden on the family as much as possible;
- » Provide the family “at least 30 days from the date of the renewal form to respond and provide any necessary information”; and
- » Request from families “only the information needed to renew eligibility.”¹⁹

- » **Consider all eligibility pathways:** Before it terminates eligibility for an existing beneficiary, the agency must see whether the family could qualify for help on other grounds, examining “all bases of eligibility” potentially available through Medicaid, CHIP, and other programs.²⁰

3. Limit Procedural Obstacles To Enrollment And Retention

- » **Open all communications channels to families:** Medicaid and CHIP must accept applications and “any documentation required to establish eligibility” whether they are submitted online, by phone, by mail, in person, or “through other commonly available electronic means.”²¹ This applies not just to applications, but also to renewals, which have an additional, specific legal obligation for the agency to keep all those channels open for use by families seeking to provide information about continuing eligibility.²²
- » **Use person-centered forms:** Application forms must be “streamlined” and “structured to maximize an applicant’s ability to complete the form satisfactorily, taking into account the characteristics” of low-income families.²³

- » **Do not require signatures when data establish eligibility:** If data matches show eligibility, neither Medicaid nor CHIP may require “the applicant’s signature under penalty of perjury.”²⁴
- » **Limit paperwork demands to essential information:** Agencies “may only require the applicant to provide the information needed to make an eligibility determination or for a purpose directly connected to the administration” of the program.²⁵
- » **Provide assistance:** Medicaid and CHIP must “provide assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient...”²⁶
- » **Put families first:** Eligibility must be “determined in a manner consistent with simplicity of administration and the best interests of the applicant or beneficiary.”²⁷

The Trump Administration Has Allowed – And Even Encouraged – States To Circumvent These Federal Legal Protections For Children And Families

As noted above, many federal laws that promote coverage for children and families, including measures to streamline and strengthen program administration, have passed with bipartisan support.²⁸ At the state level, Republican and Democratic administrations alike have used multiple tools to simplify and strengthen enrollment and retention of eligible children and families, doing away with red-tape obstacles to health coverage.²⁹

Ignoring this strong bipartisan history and legal framework, the Trump administration has encouraged Medicaid agencies to reinstate outmoded bureaucratic practices that take away

health insurance from eligible children and families, not because they no longer qualify, but because they do not complete paperwork to the Medicaid agency's satisfaction. This happens without the agency checking available data to see whether the children and families remain eligible. For example, recent administration guidance asks Medicaid agencies to use “periodic data matching to identify beneficiaries who may have had a change in circumstance,”³⁰ thereby circumventing the above-noted federal statute that prohibits states from redetermining eligibility more often than once every 12 months. That same guidance provides that “if the information indicates that a beneficiary may no longer be eligible, the agency must ... provide the individual an opportunity to respond and provide updated information.” But that guidance does not provide any instruction regarding program duties to ensure that eligible families retain coverage, including the many standards noted above promoting the affirmative renewal of eligibility based on available data, prohibiting unnecessary paperwork requirements, and assuring adequate notice and opportunities for families to tell their side of the story before their children lose health insurance.

As the next section makes clear, a number of states have responded by instituting administrative barriers that result in significant Medicaid and CHIP terminations.

State Paperwork Requirements Are Ending Health Coverage For Eligible Children And Families

Table 1 (page 4) lists the many states that report declining children’s health coverage through Medicaid and CHIP. Here, we discuss three particularly clear examples of states that achieved this result by using a strategy the New England Journal of Medicine long ago termed, “health care rationing through inconvenience.”³¹

Missouri's Arbitrary Termination Policies Ended Health Coverage For 82,000 Children

Between May 2018 and May 2019, the number of children enrolled in Missouri's Medicaid and CHIP programs fell by 82,000, a 15% decline. This was the country's steepest percentage drop, seven times the 2% national average drop (Table 1, page 4). Further, Missouri has seen nine consecutive months of declines in children's enrollment through the most recent May 2019 report released by the Centers for Medicare & Medicaid Services (CMS) (data not shown).

A major change to the state's renewal policies seems to be the primary cause for this massive drop in children's coverage. In 2018, Missouri began using an automated renewal process that, for the first time, ignored information maintained by the state's other need-based programs, including SNAP.^{32, 33} As a result, the state was frequently unable to determine whether children continued to qualify for Medicaid. In such cases, the state sent a mailer asking families for paper documentation of eligibility. Families who did not comply saw their children lose Medicaid even if the state forms arrived after the response deadline or if the state mailed the forms to the wrong address.³⁴

Texas's Arbitrary Termination Policies Took Health Coverage Away From 186,000 Children

From May 2018 to May 2019, the number of Texas children covered by Medicaid and CHIP fell by 186,000 — a larger number of coverage losses than in any other state (Table 1, page 4). Texas officials argued the drop largely reflected artificially high enrollment levels in 2017 that resulted from Hurricane Harvey, which hit in August 2017.³⁵ However, long after enrollment fell to pre-Harvey levels by January 2018, coverage continued to decline over the next 18 months.³⁶ This included a drop in children's enrollment during each of the last seven months leading up to May 2019 (data not shown).

A more complete and accurate explanation for this decline likely involves paperwork requirements that lead to bureaucratic termination of children who in fact remain eligible. Texas rolled back its previous policy of continuous eligibility for children.³⁷ (Continuous eligibility means that children's Medicaid or CHIP coverage is guaranteed for a specified period of time, regardless of changes in household circumstances.) The state then imposed new and burdensome paperwork requirements on numerous families.

If matching with an external source of data does not confirm a child's continued eligibility, the family is sent a complex, multi-part mailer demanding proof of continued eligibility. Before sending out these mailers, Texas does not check to see whether its own data show the children remain eligible. If families do not fully comply within 10 days of the notice's mailing, their children lose Medicaid or CHIP despite the above-noted general requirement for 30 days of notice and opportunity to respond.³⁸

Tennessee's Arbitrary Termination Policies Took Health Coverage Away From Numerous Eligible Children

Unlike nearly all other states, Tennessee does not give CMS monthly reports of children's enrollment in Medicaid and CHIP. However, Tennessee publishes its own Medicaid enrollment figures for children ages 0-18³⁹ and CHIP data for children ages 0-19.⁴⁰ Based on these two reports, the number of children in Tennessee's Medicaid and CHIP programs fell by 18,000 from May 2018 to May 2019 (Table 1, page 4).

Widening the analysis beyond the 12 most recent months of data reveals a far more troubling state of affairs. According to the Tennessee Justice Center's review of state records, paperwork-driven terminations ended health coverage for 220,000 children between 2016 and 2018.⁴¹ During that period, the state used manual methods to re-determine eligibility, except

for children receiving SNAP, who were automatically renewed. For other children, families had to provide paperwork, or their children became uninsured. Even when other available data showed that children qualified for Medicaid or CHIP, families had to confirm that eligibility in writing, or the state took away the children's insurance. (This procedure is precisely the opposite of the administrative renewal required by federal law when data show continued eligibility.) For all other children, the state mailed their parents a mandatory 98-page renewal package. If parents did not satisfactorily complete and promptly return that package, the state ended children's coverage, even when paperwork problems resulted from the state actions like the following:

- » Mailing renewal packets to the wrong address.
- » Failing to process renewal packets after families completed them and sent them in by the deadline.
- » Failing to see whether other available information showed the children continued to qualify.

Litigation and publicity forced the state to improve its approach to eligibility renewals, including by scrapping the 98-page renewal packet. Time will tell whether the state's new policies make children whole.

The Trump Administration's Aggressive, Negative Focus On Immigrant Communities Has Taken A Heavy Toll On America's Children

The Trump Administration Has Pursued A Targeted Campaign Against Immigrant Families

The second major cause of children losing health coverage is a series of Trump administration policies targeting immigrant families, including the following:

- » Enforcement actions to arrest, incarcerate, and deport parents and families, including those who have no criminal record.
- » Revocation of the Obama administration's authorization of U.S. residency for so-called "DACA" youth -- young people who were brought to the U.S. as children, most of whom have few connections to their countries of origin, including many who serve in the U.S. military.
- » Changes to the "public charge" regulation that let the lawful application for and participation in benefit programs harm families' ability to pursue their path to citizenship.
- » Guidance that encourages state Medicaid programs
 - » to find certain immigrants ineligible for Medicaid and CHIP based on their immigration sponsors' income and assets⁴² and
 - » to hold immigration sponsors liable for repaying Medicaid expenditures lawfully incurred to serve eligible immigrants.⁴³

Many Immigrant Families And Children Are Staying Away From Health, Nutrition, And Other Programs

For understandable reasons, these policies have led some parents to go without essential services for their children, such as health care, because they fear that using these services will obstruct the family's path to citizenship or interfere with the family's ability to remain in the United States. Before 2018, this effect was limited,⁴⁴ but starting in 2018, when the administration's public statements culminated in formally proposed changes to the "public charge" rule, the situation has significantly worsened.

According to Urban Institute research, roughly one in seven immigrant families (13.7%) decided not

to participate in a benefit program in 2018 due to concerns about endangering immigration status.⁴⁵ Children suffered disproportionate harm, as immigrant parents of minor children withdrew their families from benefit programs nearly twice as often as childless adults (17.4% vs. 8.9%).

Among immigrant families who stopped participating in one or more programs:

- » 46.0% withdrew from SNAP, the country's main nutrition program for needy families.
- » 42.0% withdrew from Medicaid and CHIP, including coverage for children.
- » 33.4% withdrew from subsidized housing programs.

Few of us are immigration lawyers. Understandably, many immigrant families have focused on generalized risks rather than the specific details of proposed regulations. As a result, many people not targeted by the new public charge rule have nevertheless experienced harm. For example:

- » In families where all immigrants were lawful permanent residents, 14.7% stopped receiving benefits in 2018.
- » In families where all immigrants were naturalized citizens, nearly one in 10 (9.2%) withdrew from assistance programs for which they qualified.

U.S.-Citizen Children Are In Danger, Along With Their Families

Immigrants are not the only ones harmed by the administration's actions. Many U.S.-citizen children live in families with one or more immigrant parents. In 2016, 13.2% of all U.S. children — 10.3 million — were citizens in such blended families. They included more than one in six toddlers, more than one in three Asian American/Pacific Islander children, and more than a third of Latino children. More than one in six children in California (24.0%), Texas (21.3%), Arizona (17.3%), New Jersey (17.0%), and New York (16.6%) are U.S. citizens with immigrant parents.

Overall, 6.8 million children who received Medicaid or CHIP in 2016 — one in five children enrolled in those programs — were U.S. citizens living with immigrant parents. As observed by the Urban Institute researchers whose research led to these estimates, “disenrollment from Medicaid/CHIP among even a small share of this group would have large effects nationally.”⁴⁶

Such disenrollment has already begun. In one very troubling sign, Latino children experienced coverage losses in 2018 three times the size that other children encountered. According to American Community Survey data, the percentage of uninsured children in all Latino families grew from 7.9% to 8.2%, as the percentage for children in other families rose from 4.1% to 4.2%. The number of Latino children losing insurance in 2018 exceeded the number for all other racial and ethnic groups combined.⁴⁷ Once the actual public-charge regulation was formally proposed in September 2018 and finalized in August 2019, the effects were almost certainly far greater. We will need to await the release of additional data to see the full extent of any further harm.

The Trump Administration's Defunding Of Public Education, Outreach, And Consumer Assistance Has Undermined Enrollment By Children And Adults Alike

Substantial evidence shows the importance of application assistance and public education to achieving and maintaining high enrollment levels.⁴⁸ Despite that evidence, the Trump administration significantly cut back public education, outreach, and application assistance designed to help families obtain and retain coverage. Almost immediately after the president took office, his administration suspended significant hands-on enrollment help; technical support for consumers; and information sharing about available programs, benefits, and financial assistance.⁴⁹ Federal officials cut consumer education and navigator assistance by a whopping 88% in two years, slashing annual funding levels from \$162.5 million in 2016 to just \$20 million by July 2018.⁵⁰

The administration's severe cuts in public education and application assistance affected children along with adults, since parents sign up for coverage on behalf of their children. But outreach activities specific to children have also experienced recent and unique turbulence. In 2017-2018, CHIP lapsed for 114 days when Congress delayed reauthorization of CHIP funding. During this period, states were hesitant to initiate any activities that would increase enrollment, given the uncertainty of federal funding. In addition, federal outreach grants focused on children, which average roughly \$20 million a year, went unfunded from June 2018 until July 2019—a key period during which nearly 800,000 children lost Medicaid or CHIP (Table 1, page 4).

This defunding of public education and application assistance prevented many families from learning about available coverage and signing up.⁵¹ By the end of 2017:

- » More than three in five uninsured children (61%) were eligible for Medicaid or CHIP but not enrolled.⁵²
- » Almost half of uninsured families (49%) did not know financial assistance was available to help pay for health coverage.
- » More than two in five uninsured families (41%) did not even know about the existence of health insurance marketplaces created by the ACA.⁵³

Other Factors Also Contributed To Declining Children's Coverage

Factors that go beyond the three policies discussed above have contributed to recent spikes in the number of uninsured children. The lapse in CHIP reauthorization noted above confused many parents and dampened enrollment—especially when states sent families notices indicating that CHIP coverage could soon end.⁵⁴ Along similar lines, the administration's repeated pronouncements about repealing the ACA led some people to believe the ACA was no longer the law of the land.⁵⁵

These factors' effects largely subsided by early 2018. The continuing decline in children's Medicaid and CHIP enrollment and increased numbers of uninsured children after that point suggest that other factors—such as the three systematic trends identified earlier—were the main drivers responsible for children's overall coverage losses.

How Federal Lawmakers Can Restore Children’s Coverage And Protect Families From Future Losses

Children’s recent coverage losses offer a modest silver lining: We better understand the gaps in policy and practice that let officials take health coverage away from families and children. To truly turn the tide on children’s coverage, federal lawmakers must address the underlying, systemic vulnerabilities that exposed children and families to harm. This will require tackling the all three of the major policy problems identified above.

Cut Needless Red Tape That Prevents Stable Enrollment In Medicaid and CHIP

Federal lawmakers should immediately reverse coverage losses and shield families and children from future losses by making four nationwide reforms to Medicaid and CHIP eligibility.

1. Maintain families’ coverage through the end of a Medicaid eligibility period unless clear and convincing evidence shows ineligibility.

Inconclusive data matching should no longer trigger an eligibility redetermination more often than once every 12 months. No Medicaid or CHIP agency should terminate insurance unless:

- » Clear and convincing evidence shows a change in circumstances, such as increased income or reduced household size, that makes the family ineligible for at least a minimum period of time.
- » In response to that evidence, and before requesting information from the family, the Medicaid or CHIP program checks all other available sources of information relevant to eligibility.

- » After taking into account both the new, proactively gathered data and other available information, the family is clearly ineligible.
- » The agency gives the family clear notice describing the specific evidence of ineligibility and at least 30 days to respond, with opportunities to provide requested information either online, by phone, by mail, or in person.

2. Link Medicaid and CHIP programs to specified data sources that provide reliable evidence about eligibility.

The ACA offers a broad list of possible data sources from which Medicaid and CHIP programs can choose to verify eligibility, and the federal government provides 90% of the funding to cover necessary information technology investments. But it has been nearly a decade since the ACA’s enactment, and many states have not even taken the basic step of routinely connecting with data from need-based programs administered by the state and affiliated county agencies. Essential data sources to which agencies should connect include SNAP records, quarterly wage records maintained by the National

Directory of New Hires and state workforce agencies, and income tax records.

As under current law, beneficiaries' health coverage should not be terminated before the Medicaid or CHIP program consulted these and other available data sources to see whether eligibility can be verified.

Medicaid and CHIP programs should use these and other data sources to make real-time eligibility decisions about initial applications and to renew coverage automatically, whenever possible. As of January 2019, 16 states determined eligibility for at least half of all initial applications in real time using electronic procedures rather than manual paper processing, and 21 states used automated, electronic procedures for at least half of all renewals.⁵⁶ It is time for Congress to raise the bar and ensure that families benefit from high and attainable performance levels, regardless of where those families live.

3. When SNAP has already found that children and families have incomes low enough for Medicaid, automatically qualify them for Medicaid, just as most Medicaid programs automatically enroll seniors and people with disabilities if they receive Supplemental Security Income. SNAP frequently re-determines eligibility using rigorous methods to assess household finances with precision, since the amount of food assistance a family receives varies directly with family income. In families that receive SNAP, 98% of children qualify for Medicaid, and 95% of adults qualify for expanded Medicaid under the ACA.⁵⁷ SNAP eligibility is generally limited to families with incomes at or below 130% of the federal poverty level. This is less than Medicaid eligibility threshold for expanded adult coverage — 138%

of poverty —and the maximum income level for children's Medicaid and CHIP eligibility, which is 175% of poverty or higher in every state.⁵⁸

If children and families in every state automatically qualified for Medicaid whenever the SNAP program had already found them financially eligible for nutrition assistance, most Medicaid-eligible families would be protected from future attempts to take away their health coverage. SNAP-eligible families include 55% of all Medicaid- and CHIP-eligible children, as well as 77% of all Medicaid-eligible parents.⁵⁹

Automatically qualifying SNAP beneficiaries for Medicaid would also promote the efficient spending of taxpayer resources by reducing administrative waste. Why should Medicaid agencies use taxpayer dollars to reexamine questions that, to all intents and purposes, SNAP already answered?⁶⁰

4. Let children in all states benefit from 12-month continuous eligibility. Assuring children's Medicaid or CHIP coverage for 12 months, regardless of changes in household circumstances, promotes continuous coverage and care while reducing taxpayer-funded administrative costs. By January 2019, 32 states were providing children with such continuous eligibility for Medicaid and/or CHIP.⁶¹ It is time to raise the bar and ask all states to provide their children with this important safeguard.

Much research shows the substantial health gains children experience with continuous rather than fragmentary coverage. With continuous eligibility:

- » Children receive significantly more preventive care.
- » Children are far less likely to have urgent care delayed, prescriptions go unfilled, or experience an unmet need for medical care or dental care.

To prevent future cuts to public education and consumer assistance, federal lawmakers need to guarantee mandatory, ongoing funding.

- » Children are significantly more likely to have a stable, regular source of care.⁶²

To protect children from future coverage losses, guaranteeing continuous eligibility would prevent Medicaid and CHIP programs from using unnecessary paperwork requirements as an excuse to take health coverage away from eligible children. As with establishing quantified benchmarks for real-time eligibility determinations and data-driven renewals, making this protection available to children wherever they live would hold all states accountable for reaching performance levels long since achieved by their peers.

Repeal Policies that Lead Immigrant Families to Choose Between Their Children's Health And Their Families' Ability To Legalize And Remain In The United States.

The administration's multi-pronged negative focus on immigrant communities must end for the families in those communities to lead truly healthy and productive lives. As an important initial step, policymakers should immediately pass H.R. 3222 and S. 2482, legislation proposed by Representative Chu (D-CA) and Senator Hirono (D-HA), which would forbid the expenditure of federal funds to implement recent public-charge restrictions. The legislation would block the public charge changes from taking effect and begin to ease fears that have led many parents to forego health care and other essential services for their children.

In addition, the administration should promptly take the following steps:

- » Repeal the recently finalized public charge rule.
- » Return to the policy enacted in 1999, implemented by Democratic and Republican administrations alike, making it clear that families can safely access health care, nutrition, and housing assistance without affecting immigration status in any way.
- » Provide clear guidance that immigration status is unaffected by application for or enrollment in qualified health plans (with or without federal financial assistance); CHIP; Medicaid coverage of children, pregnant and post-partum women, emergency services, and school-based services; and state-funded health programs, including those that serve children regardless of immigration status.

Guarantee Funding For Public Education And Consumer Assistance

The ACA required health insurance exchanges to provide navigator services and public education so that children and adults could easily enroll in insurance affordability programs, including Medicaid, CHIP, and premium tax credits that help them buy private insurance. The law did not specify many key details, including funding levels for these functions, leaving key decisions in the hands of states and the Department of Health and Human Services (HHS).

Federal policymakers cannot sit idly by as children's futures are increasingly put at risk.

Unfortunately, this lack of specificity let the administration make major cuts to these two critical functions. These cuts affected all insurance affordability programs, including Medicaid and CHIP, and all populations, including children. Moreover, congressional inaction around CHIP reauthorization denied families information and help enrolling their children for 13 months.

To prevent this problem from recurring, federal lawmakers need to provide mandatory, ongoing funding for these critically important functions, with specifications about the types of recipients and the kinds of activities that receive support. In particular, community-based organizations that serve hard-to-reach families should be prioritized, with significant funding allotted to groups that provide hands-on help covering and renewing insurance for vulnerable children and families.

Conclusion

For a generation, state and federal leaders from both parties have worked together in a successful and sustained campaign to help every child in America get the health insurance they need to grow up healthy and strong. Even in the depths of the Great Recession, the number of uninsured children continued to plummet.

We now know more than we did about the vital role that health insurance plays in helping children graduate high school and college, achieve economic self-sufficiency, and avoid serious health problems during youth and adulthood. It is thus very troubling that, despite a booming economy, children are now losing health coverage at a pace not seen since CHIP's 1997 enactment.

Federal policymakers cannot sit idly by as children's futures are increasingly put at risk. Now is the time for strong national action to ensure that America's children are never again denied the health coverage they need for a strong start in life.

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