



Children Need Health Insurance—So Do Their Parents

February 2017 | Stephanie Schmit and Hannah Matthews

Access to health care is arguably the most basic ingredient for children’s healthy development and well-being. Children need medical care to support their physical, cognitive, and emotional development. And the well-being of parents is also enormously critical to child well-being. When parents have health care coverage and are able to get treatment for physical and mental health needs, barriers to effective parenting caused by health concerns are removed. Prior to passage of the Affordable Care Act (ACA), many low-income parents did not have coverage because they were not offered it at work or could not afford private insurance and also were not eligible for Medicaid. Historic gains in health coverage over the past three years are a direct result of ACA provisions that provided coverage to many parents for the first time. Efforts to roll back the ACA threaten the historic gains in insuring low-income parents, as well as the record high rate of insurance among children. Losing ground on these gains would have devastating consequences for child well-being.

Health is the cornerstone of children’s and families’ lifelong success.

Access to health care is a fundamental need for children. To be healthy, children need regular checkups, immunizations, access to care when illness arises, and ongoing monitoring of normative development. Children with insurance are generally healthier and more likely to get necessary treatment when sick or injured, in addition to getting the preventive care so important to their health and well-being.¹ Children’s and mothers’ access to health insurance during pregnancy and in the first months of life can make the difference between life and death as coverage is linked to significant reductions in infant mortality, childhood deaths, and the incidence of low birthweight.² Over the long term, health coverage for low-income children can also improve high school and postsecondary success, with enduring effects on employment over their lifetime.³

Parents’ access to health care matters greatly for children. Children do better when their parents and other caregivers are healthy, both emotionally and physically.⁴ Adults’ access to health care supports effective parenting, while untreated physical and mental health needs can get in the way. For example, a mother’s untreated depression can place at risk her child’s safety, development, and learning.⁵ Untreated chronic illnesses or pain can contribute to high levels of parental stress that are particularly harmful to children during their earliest years.⁶ Parents are crucial to children’s healthy development and to families’ ability to move out of poverty. The first few years of a child’s life are critically important to ensure their healthy development⁷, and children need stability—coupled with responsive, nurturing relationships—to ensure this.⁸ Parents’ stress, health and mental health, as well as, educational attainment all affect their parenting abilities. This is why access to health care for parents is so important.

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Additionally, health insurance coverage is key to the entire family's financial stability, particularly because coverage lifts the burdens of unexpected health problems and related costs.

Affordable health insurance makes it more likely that children and adults get needed health care, including preventive and well-child visits. The Kaiser Family Foundation's recent review of the research finds that coverage, whether through Medicaid or private insurance, is associated with improvements in health care access and utilization.⁹ A rigorous study in Oregon found that in the first one to two years of Medicaid coverage, people increased their overall health care utilization, reported better health, reduced financial strain, and sharply reduced depression versus the control group.¹⁰ Compared to uninsured adults, those with Medicaid coverage are more likely to have a usual source of care, visit a doctor for a checkup, and access specialty care.¹¹

Medicaid and CHIP Help Millions of Children and their Parents

For economically disadvantaged families, health insurance can make the difference for a child's healthy start in life. More than 45 million children in low-income families get health insurance through Medicaid and the Children's Health Insurance Program (CHIP).¹² Growing evidence shows that children enrolled in Medicaid in their early years not only do better in childhood but also have better health, educational, and employment outcomes many years later, into adulthood.¹³ Research also demonstrates that Medicaid coverage improves access to care and overall health, also reducing mortality rates.¹⁴

Because of Medicaid and CHIP, the rate of uninsured children is at the lowest level on record. Today, nearly all children in America—95 percent—have the health insurance coverage they need to survive and thrive.¹⁵ In 2014, Medicaid covered 36.1 million children and CHIP covered more than 8.1 million children.¹⁶ Medicaid and CHIP also play a particularly important role for children of color, covering more than half of all Black, Hispanic, and American Indian and Alaska Native children.¹⁷ Over half of Medicaid enrollees are children.¹⁸

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Medicaid expansion gave many low-income parents access to health and mental health services for the first time. By opting to expand Medicaid under the ACA, 31 states and DC have taken a crucial step to support child well-being, by enabling low-income parents to get health and mental health services. These states now extend Medicaid coverage to parents and other adults with incomes up to 138 percent of federal poverty; and three of the states (AK, DC, and CT) extend eligibility for parents to higher income levels.¹⁹ New research indicates that Medicaid expansion has not only resulted in improved access to medical benefits but has also improved access to behavioral health treatment for newly eligible enrollees.²⁰ A recent report on Ohio's Medicaid expansion demonstrates that mental health care, including treatment for depression, is accessible to far more low-income parents than in the past.²¹

Repealing ACA Would Harm Children and Parents by Rolling Back Gains in Coverage and Access

If Congressional leaders follow through on their threat to repeal the ACA, children and families stand to suffer some of the worst consequences.

The rate of uninsurance for adults and children is at historic lows.²² The ACA, and in particular its Medicaid expansion component, is the reason why a record number of children and adults have affordable

health care. Repealing the ACA, including reversing course on Medicaid expansion, would leave 4.4 million children and 7.6 million parents without health insurance.²³ This loss of coverage means fewer well-child visits and more missed school days for children. For their parents, it means untreated medical and mental health conditions that may affect their ability to care for their children.

A repeal of the ACA would be worse than reversing course – it would actually result in more people being uninsured than before the ACA, including low-income children and their parents. The repeal of the ACA would not only jeopardize access to coverage for children and their parents, but also impact the well-being of children’s health, school readiness, and future success. Because parents’ and children’s well-being is so inextricably linked, the loss of necessary health and mental health services can have long-term, dire consequences for them both. Congress should focus on making health care more affordable and accessible—not jeopardizing coverage for children and families.

A repeal of the ACA would impact the well-being of children’s health, school readiness, and future success.

¹ Amanda Kreider, Benjamin French, and Jaya Aysola, "Quality of Health Insurance Coverage and Access to Care for Children in Low-Income Families," *JAMA Pediatr* (2016), <http://jamanetwork.com/journals/jamapediatrics/fullarticle/2470859>.

² Kaiser Commission on Medicaid and the Uninsured, *The Impact of Medicaid and SCHIP on Low-income Children’s Health*, Henry J. Kaiser Family Foundation, 2009, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7645-02.pdf>.

³ Rourke O’Brien and Cassandra Robertson, *Medicaid and Intergenerational Economic Mobility*, University of Wisconsin—Madison, Institute for Research on Poverty, 2015, <https://search.library.wisc.edu/catalog/9910223409002121> and Olivia Golden, “Testimony on Renewing Communities and Providing Opportunities through Innovative Solutions to Poverty,” Presented to the Committee on Homeland Security and Governmental Affairs, CLASP, 2016, <http://www.clasp.org/resources-and-publications/publication-1/2016-06-22Olivia-Golden-Senate-HSGA-Testimony.pdf>.

⁴ Jack Shonkoff, Andrew Garner, et al. “The Lifelong Effects of Early Childhood Adversity and Toxic Stress,” *Pediatrics* 129 (2012).

⁵ Stephanie Schmit and Christina Walker, *Seizing New Policy Opportunities to Help Low-Income Mothers with Depression*, CLASP, 2016, <http://www.clasp.org/resources-and-publications/publication-1/Opportunities-to-Help-Low-Income-Mothers-with-Depression-2.pdf>.

⁶ National Scientific Council on the Developing Child and National Forum on Early Childhood Program Evaluation, “Maternal Depression Can Undermine the Development of Young Children,” Center on the Developing Child, Harvard University, Working Paper 8, 2009, <http://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children>.

⁷ Jack Shonkoff and Deborah Phillips, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, National Research Council & Inst. of Medicine, 2000.

⁸ Center on the Developing Child, Harvard University, In Brief: The Impact of Early Adversity on Children’s Development, <http://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development>.

⁹ Samantha Artiga et al., *Racial and Ethnic Disparities in Access to and Utilization of Care among Insured Adults*, The Henry J. Kaiser Family Foundation, 2015, <http://kff.org/disparities-policy/issue-brief/racial-and-ethnicdisparities-in-access-to-and-utilization-of-care-among-insured-adults/>.

- ¹⁰ Katherine Baicker et al., “The Oregon Experiment — Effects of Medicaid on Clinical Outcomes”, Oregon Health Study Group, *New England Journal of Medicine*, 368, 2013, <http://www.nejm.org/doi/full/10.1056/nejmsa1212321#t=articleresults>.
- ¹¹ Julia Paradise, Barbara Lyons, and Diane Rowland, “Medicaid at 50,” Kaiser Commission on Medicaid and the Uninsured, 2015, <http://kff.org/medicaid/report/medicaid-at-50/>.
- ¹² U.S. Department of Health and Human Services, 2014 Annual Report on the Quality of Care for Children in Medicaid and CHIP, U.S. Department of Health and Human Services, 2014, <https://www.medicare.gov/medicaid/quality-of-care/downloads/2014-child-sec-rept.pdf>.
- ¹³ Andrew Goodman-Bacon, *The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes*, The National Bureau of Economic Research, 2016, <http://www.nber.org/papers/w22899> and Golden, “Testimony on Renewing Communities.”
- ¹⁴ Stan Dorn and John Holahan, “The Benefits of Medicaid Expansion: A Reply To Heritage’s Misleading Use Of Our Work” Health Affairs Blog, 2013, <http://healthaffairs.org/blog/2013/05/03/the-benefits-of-medicaidexpansion-a-reply-to-heritages-misleading-use-of-our-work/>.
- ¹⁵ Jessica Barnett and Marina Vornovitsky, *Health Insurance Coverage in the United States: 2015*, U.S. Census Bureau, 2016, <https://www.census.gov/library/publications/2016/demo/p60-257.html>.
- ¹⁶ These enrollment numbers are unduplicated counts for FY 2014. “Annual Enrollment Reports,” Centers for Medicare and Medicaid Services, 2016, <https://www.medicare.gov/chip/downloads/fy-2014-childrens-enrollment-report.pdf>.
- ¹⁷ Kaiser Family Foundation estimates based on analysis of the March 2015 ASEC Supplement to the CPS.
- ¹⁸ Medicaid.gov, “November 2016 Medicaid and Chip Enrollment Data Highlights,” Medicaid.gov, 2016, <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.
- ¹⁹ The Henry J. Kaiser Family Foundation, “Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults,” 2017, <http://kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/>.
- ²⁰ U.S. Government Accountability Office, *Options for Low-Income Adults to Receive Treatment in Selected States*, 2015, <http://www.gao.gov/assets/680/670894.pdf>.
- ²¹ The Henry J. Kaiser Family Foundation, “Current Status of State Medicaid Expansion Decisions, 2017,” <http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/> and The Ohio Department of Medicaid, Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly, 2016, <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>.
- ²² Shadac Data Center, “Coverage Type by Age”, 2016, <http://datacenter.shadac.org/trend/6/coverage-type-by-age#0/1/1,3/1,3,5,6,7,77,80,82/11>.
- ²³ Matthew Buettgens, Genevieve M. Kenney, and Clare Pan, *Partial Repeal of the ACA Through Reconciliation: Coverage Implications for Parents and Children*, The Urban Institute, 2016, http://www.urban.org/sites/default/files/publication/86706/coverage_implications_for_parents_and_children_0.pdf.