Uninsured is one of twelve Maternal and Child Health (MCH) **Standardized Measures (SMs)** for the Title V MCH Services Block Grant to States Program. This SM is focused on decreasing the percent of children, ages 0 through 17, without health insurance.

For Uninsured, there are 8 evidence-based strategies from MCHbest and 6 field-based practices from Innovation Hub (see page 3)

The **What Works Evidence Accelerators** provide background information and a summary of effective strategies to advance each of the SM topic areas. These strategies and policies support increased enrollment and coverage options for children who are not currently covered by any private or public health insurance to ensure access to needed health care services.

Overview. Comprehensive, affordable health insurance is an essential element of a broader set of policies needed to promote children's health and well-being.[1] There have been significant strides toward insuring all children through the building of a public insurance framework robust enough to reach most children left out of workplace coverage.[1] The prevalence of uninsurance among children has fluctuated due to policy changes, economic factors, and shifts in health care access.[2] Children are insured either as dependents under an employer-sponsored health plan or through publicly funded insurance made available through Medicaid, the Children's Health Insurance Plan (CHIP), or a subsidized health plan purchased through a Marketplace.[1]

Employer coverage is the dominant source of insurance among children in higher-income families.[1] Lower- and moderate-income families without affordable employer coverage for their children tend to rely on Medicaid and CHIP.[1] Medicaid also serves as a source of supplemental insurance for families with employer plans but whose children have serious health conditions requiring extensive, long-term care that exceeds plan coverage.[1] Medicaid pays for nearly one in two U.S. births[3] and, with CHIP, covers 38% of children,[4] and acts as the primary funding source for the full range of pediatric care, including care for children and youth with special health care needs (CYSHCN) and those with disabilities.[1]

In 2022, nearly one-quarter (24.5%) of uninsured children had not seen a doctor in the past year compared to 5.7% of children with private coverage, and 8.6% of uninsured children went without needed care due to cost compared to less than 1% of children with private coverage.[5] On all measures of care, children who are uninsured persistently lag behind those children with public or private insurance:

- Children with health insurance are more likely to have access to a usual source of care; receive well-child care and immunizations; have developmental milestones monitored; receive prescription medications, appropriate care for asthma, and dental services; and have fewer unmet needs compared to children without insurance.[6,7]
- Serious health conditions are more likely to be identified and diagnosed early on for children with insurance and CYSHCN are more likely to have access to specialists when insured.[6]
- Children with insurance experience fewer avoidable hospitalizations, improved asthma outcomes, and fewer missed days of school compared to children without insurance.[6]
- Expansions of children's public insurance have been found to increase financial stability and family material well-being in the short-run and long-run, decrease mortality and rates of chronic conditions among children, and lead to greater educational attainment and less reliance on government support later in life.[8,9]

In the last decade, notable coverage gains have occurred after implementation of the Affordable Care Act's (ACA) coverage expansion in 2014 and Federal policies to support health insurance expansion during the COVID-19 pandemic, such as the Medicaid continuous enrollment provision, an increase in premium tax credits from the expanded Marketplace, and an extended Marketplace special enrollment period.[1,10,11] On March 31, 2023, Medicaid ended its COVID-related continuous enrollment provision and states were required to review the eligibility of Medicaid enrollees, including children, during an "unwinding" process.[12] As of May 14, 2024, 5.02 million children have lost Medicaid coverage.[12]

Children are more likely to be disenrolled due to procedural reasons and experience gaps in coverage before re-enrolling back onto Medicaid.[12,13] Such disenrollments may widen racial and ethnic disparities with children of color making up a disproportionate share of Medicaid enrollees and many facing barriers to maintaining coverage.[12] On April 2, 2024, the Centers for Medicare and Medicaid (CMS) released new eligibility regulations to address Medicaid unwinding over the next three years to help children enroll and stay enrolled in Medicaid and CHIP.[14,15]

Data. This SM is measured through data collected from the American Community Survey (ACS) and the National Health Interview Survey (NHIS). According to NHIS data, the percent of children aged 0-17 who were uninsured decreased from 5.1% in 2019 to 4.2% in 2022.[16] Public coverage increased from 2019 (41.4%) through 2022 (43.7%).[16] No significant trend in private coverage was observed between 2019 (55.2%) to 2022 (54.3%).[16]

Health Equity. Health inequities are consequences of multiple socio-economic factors that are largely due to structural racism, income inequality, and poverty.[11] A disproportionate number of children who lack insurance are Black, Latino, and American Indian/ Alaska Native.[11] Children living in low-income households are also at higher risk for being uninsured.[11] Medicaid and CHIP serve about half of all children, many of whom are members of racial and ethnic minority groups, have complex medical conditions, or are from low-income backgrounds.[17-19]

The American Academy of Pediatrics recommends 1) universal eligibility and 2) automatic enrollment for Medicaid/CHIP for all children (ages 0 to 26) lacking other sources of health insurance.[19] Medicaid demonstration authority could also be used to encourage states and jurisdictions to test the impacts of a near-universal coverage approach combining automatic enrollment at birth and extended continuous Medicaid coverage for newborns until age five.[1] Uniform eligibility levels and enrollment and retention policies may help ensure equitable and continuous access to coverage for all children.

CYSHCN. Lack of coverage among CYSHCN can have a severe impact on families.[20,21] CYSHCN often require substantial and costly care from primary, specialty, and ancillary services to address chronic health concerns and out-of-pocket costs can be devastating to families.[22,23,24] Once enrolled in public insurance coverage, Medicaid's robust benefit package and cost-sharing protections can enable families to adequately and affordably meet their children's complex health care needs.[25] States and jurisdictions need to consider different pathways to eligibility for Medicaid coverage, and also identify those who are eligible, communicate the benefits to them, and ensure they receive optimal coverage.[26]

Key Resources. Research shows that providing health insurance to Medicaid/CHIP-eligible uninsured children improves health, healthcare access and quality, and parental satisfaction; and reduces unmet needs and out-of-pocket costs.[27] Strategies to increase uptake and retention of Medicaid and CHIP coverage among children who are eligible could further diminish the child uninsurance rate.

Search the Established Evidence database for peer-reviewed research articles related to strategies for increasing health insurance coverage for children.

Find field-based resources focused on increasing health insurance coverage for children relevant to Title V programs in the MCH Digital Library.

Partnership and the Role of Title V. Title V can nurture partnerships with Medicaid to increase access to affordable, comprehensive coverage by:

- **Expanding Medicaid and CHIP Eligibility** by exploring options such as increasing the mandatory income eligibility level for children under a combined Medicaid and CHIP benefit setting the mandatory minimum level nationwide to 300% of the Federal Poverty Level.[1,28]
- **Providing Outreach and Enrollment Assistance** for Medicaid and CHIP by linking families to enrollment resources, assisting with enrollment, offering health education and promotion, and conveying culturally relevant messages.[29,30]
- **Ensuring Insurance Access and Improving Coverage and Funding for Care** by improving mechanisms for public and private coverage for CYSHCN and investing in system improvements; and expanding access to Medicaid for CYSHCN by creating a reasonable, sliding scale, premium schedule for families at all income levels.[31]

Uninsured Strategies. This evidence accelerator summarizes the latest strategies and practices that have emerged as potential approaches for decreasing the percent of children, ages 0 through 17, without health insurance. It provides a framework to identify, understand, and implement "what works" in creating new Evidence-based/informed Strategy Measures (ESMs). Use the links below to access strategy and practice details, approaches, supporting evidence, outcomes, and examples of how Title V agencies are either using these strategies directly or adopting components of the intervention that address this SM.

Evidence-Based/Informed Strategies. 8 strategies have emerged from studies in the scientific literature as being effective in advancing the SM. They can be adopted or adapted to meet your program needs. More information on these strategies can be found in the MCH Evidence Center's MCHbest database. In addition, see Evidence Accelerators in support of related measures: Adequate Insurance (34 strategies) | Forgone Health Care (11 strategies).

- Collaboration with Healthcare Providers (2018)
- School-Based Enrollment (2018)
- Simplified Enrollment Procedures (2017)
- State and Federal Policy Initiatives (2019)
- Community Outreach and Enrollment Assistance (2019)
- Medicaid and CHIP Expansion (2021)
- Living Wage Laws (2022)
- Health Insurance Enrollment Outreach and Support (2022)

Field-Based Practices. 6 practices from state-/community-based programs have emerged as potential approaches for advancing the SM for specific communities or populations. They can be used as models to meet your program needs. More information can be found in the Association of Maternal and Child Health Program's (AMCHP's) Innovation Hub.

- Child Development Clinic Services (VA; 2021)
- Expanded Eligibility (WV; 2021)
- Publicly Financed Pediatric Palliative Care Model (FL; 2011)
- Flexible Case Management Model to Serve Young Parents (MA; 2020)
- Health Education, Case Management, and Patient Navigation (NY; 2019)
- Systems Building Grants (NC; 2018)

Key Findings. The following are key findings emerging from the literature:

1. Simplifying enrollment procedures for health insurance programs can increase enrollment and reduce coverage lapses among eligible children. Streamlining applications through online platforms and automated renewals can address administrative barriers for families.[32,33,34]
2. Community outreach and enrollment assistance provided by trusted sources like schools, healthcare providers, and community organizations are essential for reaching underserved populations and facilitating successful enrollment, by building trust and meeting families where they are.[33,35,36]
3. Collaboration between healthcare providers and health insurance programs enhances the identification of uninsured children and links families to coverage during medical visits, with pediatricians playing a key role in education, referrals, and on-site enrollment.[37,38]
4. Tailored outreach and support for diverse and vulnerable groups can effectively address distinct barriers related to language, culture, and healthcare needs, thus improving equity of access to health insurance and services.[34,39]
5. Policies expanding Medicaid and CHIP eligibility, reducing premium costs, and mandating coverage can increase parental insurance and reduce uninsurance among low-income children.[40,41]

Discussion: Research, Practice, Partnership.

Research. Multiple strategies are emerging as potential approaches to advance this SM, but they have not been studied with enough rigor to be included in the evidence-based continuum. Additional research is needed to verify outcomes, but initial studies have shown promise of these strategies in MCH settings:

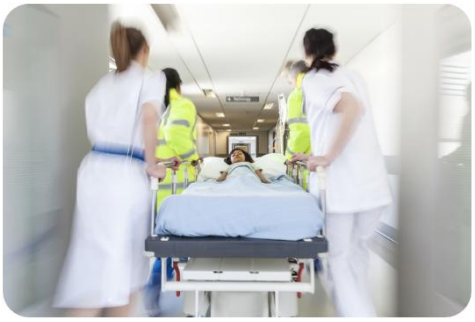
- Establishing school-based health centers that provide comprehensive healthcare, including assistance with health insurance enrollment.[42]
- Developing navigator programs to support families in navigating the insurance system.[43]
- Launching targeted public awareness campaigns to inform parents and guardians about the availability and importance of children's insurance coverage.[44]
- Identifying and targeting specific hard-to-reach populations that experience increased prevalence of uninsurance among children.[45]

Practice. The following tools can be used to translate evidence to action to advance this SM:

- Medicaid and CHIP Renewals: Patient-Centered Messaging for Clinical Offices and Health Care Settings (CMS). A toolkit to support health care facilities in sharing information on Medicaid and CHIP enrollment and renewals with families.
- Happy, Healthy, and Ready to Learn: Insure All Children Toolkit (School Superintendents Association). Toolkit to support school-based health center outreach and enrollment.

Partnership. The following organizations focus efforts on advancing health insurance coverage:

- National Alliance to Advance Adolescent Health. Provides education, policy analysis, and TA, including expanding access to health coverage.
- First Focus Campaign for Children. Advocates for child and family-centered legislative change in Congress, including ensuring that all children have access to health coverage and care.
- National Center for a System of Services for CYSHCN (AAP). Supports the Blueprint for Change for CYSHCN; see toolkit below.



Frameworks and Tools for "What Works."

Use this accelerator to strengthen current or new programs that align with multiple MCH frameworks across domains and settings. Access toolkits related to these frameworks for additional resources:

- MCH Evidence Framework
- Blueprint for Change for CYSHCN
- Maternal Health Toolkit
- Life Course and Social Determinants Brief

Need More Help? Contact us for training and technical assistance customized to your needs.

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