UNIDOSUS
STRONGER COMMUNITIES. STRONGER AMERICA.

FACT SHEET

September 2017

CHIP and Latino Kids: What's at Stake?

Every child deserves to have the necessary building blocks—including quality, affordable, and accessible health coverage—to grow up healthy and thrive.

Since 1997, the Children's Health Insurance Program (CHIP) has effectively provided coverage to millions of American children, including Latinos. CHIP is uniquely positioned to provide coverage for children in families earning too much to qualify for Medicaid, but not enough to afford private insurance. CHIP has historically enjoyed bipartisan support and is an indispensable program for Latino children and families.

What is the Children's Health Insurance Program (CHIP)?

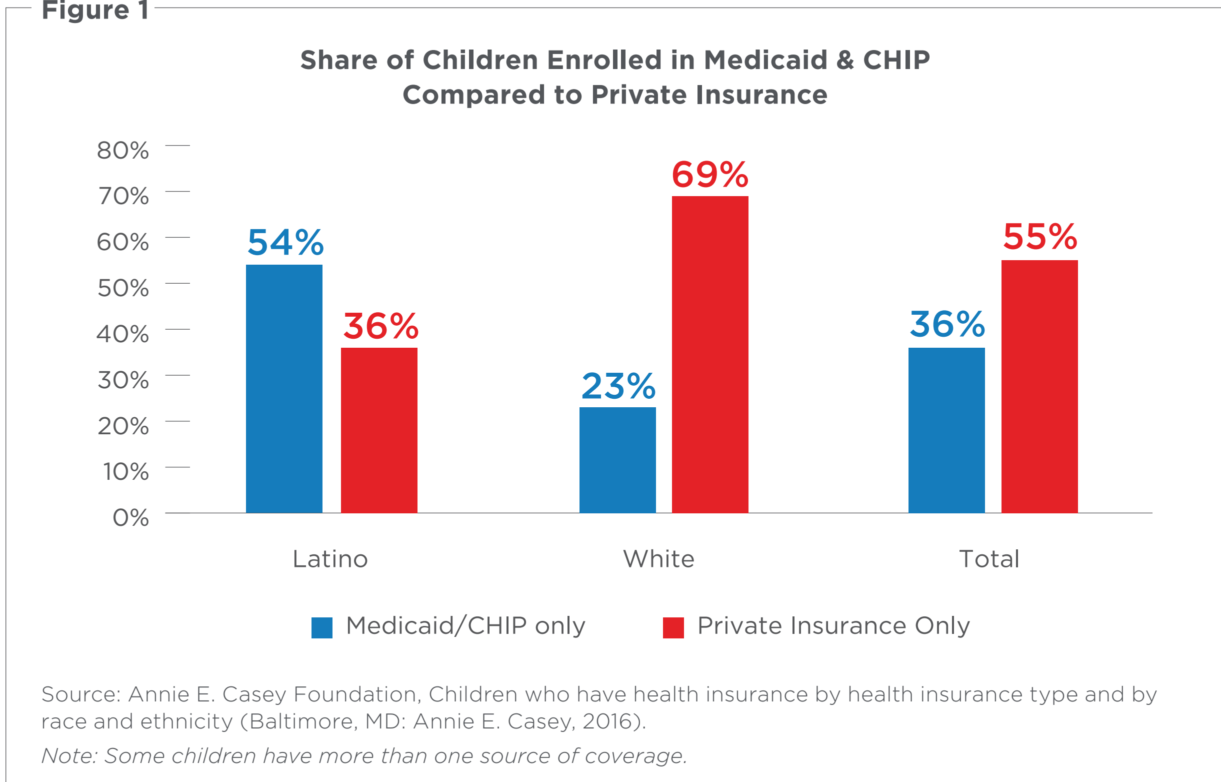
CHIP is a successful federal-state partnership that provides no-cost or low-cost health coverage to children in working families that earn too much to qualify for Medicaid.[1] Each state administers its own program with different income and other eligibility requirements. States can use CHIP funds to expand Medicaid for children (15 states, including DC), cover children through a separate CHIP program (two states), or combine the two programs (34 states).[2]

- 8.9 million children were enrolled in CHIP at some point in 2016.[3]
- Most children enrolled in CHIP coverage (89%) live in working families earning between $24,600-$49,200 for a family of four (or 100%-200% of the Federal Poverty Level (FPL).[4]
- Since 1997, the year CHIP was implemented, the overall child uninsured rate has declined by two-thirds (14.9%-4.8%), to the lowest rate ever recorded in 2015.[5]

What role does CHIP play for Latino children and families?

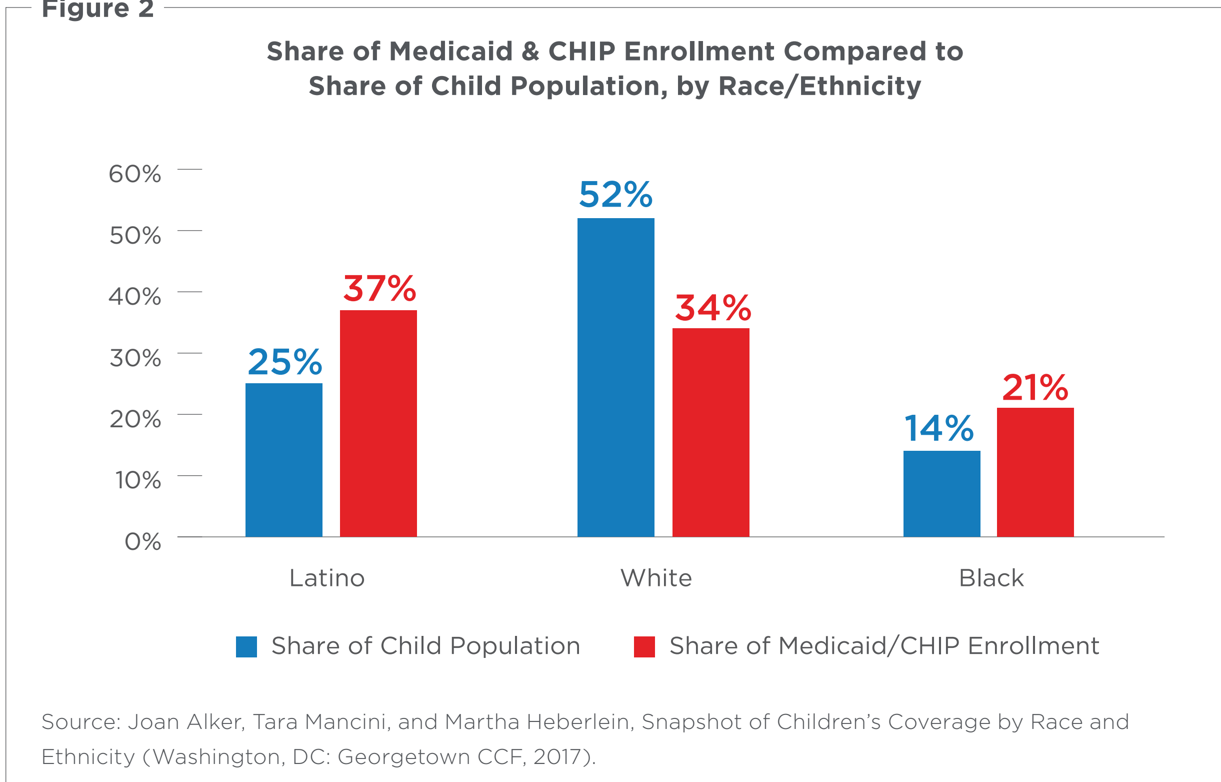
CHIP works with each state's Medicaid program to provide quality health coverage for millions of Latino children in working families earning too much to qualify for Medicaid, but not enough to afford private insurance.

- Since 1997, the rate of uninsured Latino children has declined by nearly three-quarters (28.6%-7.5%).[6]
- More than half (54%) of Latino children have Medicaid or CHIP coverage, only (see Figure 1).[7]
- Latino children make up the largest share of children covered by these programs (37%), despite accounting for just one-quarter of the child population (see Figure 2).[8]



Source: Annie E. Casey Foundation, Children who have health insurance by health insurance type and by race and ethnicity (Baltimore, MD: Annie E. Casey, 2016).

Note: Some children have more than one source of coverage.



Source: Joan Alker, Tara Mancini, and Martha Heberlein, Snapshot of Children's Coverage by Race and Ethnicity (Washington, DC: Georgetown CCF, 2017).

What sets CHIP apart from other sources of coverage?

CHIP promotes child health equity by investing in benefits specifically tailored for children in low-income working families (less than 200% FPL), which includes 61% of Latino children.[9] This includes Latino children who are more likely to enroll in CHIP coverage than other children.[10]

- CHIP is more affordable than other sources of coverage. Research demonstrates that CHIP enrollees have a lower financial burden related to their health care needs compared to both the uninsured and privately insured.[11,12] For example, the combined out-of-pocket costs of separate CHIP programs in 36 states averaged $158 per year per child, compared to an average of $891 for employer-sponsored insurance and an average of $1,073 in the second lowest cost silver plan on the health insurance marketplace in those states.[13]

- CHIP benefits are comprehensive and specifically tailored to low-income children.[14]

  - Nearly all states' CHIP programs include the Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT) that enables children in working families to receive medically necessary services.[15,16,17]

  - Low-income children are more likely to be affected by health issues such as developmental delays, obesity, asthma, vision, dental disease, and hearing problems—conditions that EPSDT specifically screens and treats.[18]

  - These are standards that not all sources of private coverage meet. More than half of all employer-sponsored plans (54%) do not include pediatric dental coverage and most do not cover audiology exams (66%) or hearing aids (57%), like CHIP does.[19]

- Children with CHIP coverage are utilizing health care services. Children with Medicaid or CHIP coverage are more likely than children with private insurance to have had a routine checkup, and are just as likely to have a primary, consistent source of care.[20]

Why is it important for Congress to reauthorize CHIP funding?

CHIP is reauthorized through September 30, 2019, but funding for the program expires on September 30, 2017, and legislative action is needed to extend funding beyond that date. Without extended funding, children would lose access to CHIP coverage, which creates long-term benefits including better health as well as stronger education and economic outcomes, and has enjoyed bipartisan support since its inception.[21] For the program to continue to meet the needs of Latino children, UnidosUS urges Congress to:

- Maintain current funding levels established in the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

- Authorize a five-year extension of CHIP funding, at current levels through FY 2022, to provide states with budgetary certainty, and children with a stable source of health coverage and care.

- Ensure the eligibility of at least as many children as allowed under current law.

Endnotes

1 Healthcare.gov, "The Children's Health Insurance Program (CHIP)," https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/ (accessed August 15, 2017).

2 Georgetown Center for Children and Families, *The Children's Health Insurance Program* (Washington, DC: Georgetown CCF, 2017), https://ccf.georgetown.edu/2017/02/06/about-chip/ (accessed August 2017).

3 Medicaid and CHIP Payment and Access Commission, *Child Enrollment in CHIP and Medicaid by State, FY 2016* (Washington, DC: MACPAC, 2017), Exhibit 31, https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-31.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2016.pdf (access August 15, 2017).

4 Ibid.

5 U.S. Census Bureau, "Data Retrieval: Types of Health Insurance Coverage By Age," *American Community Survey*. Washington, DC, 2015. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B27010&prodType=table (accessed August 2017), Table B27010 and Robert Bennefield, Health Insurance Coverage: 1997. Current Population Reports, U.S. Department of Commerce. Washington, DC, 1998

6 Jason Gates et al., *Uninsurance among Children, 1997-2015: Long-Term Trends and Recent Patterns* (Washington, DC: Urban Institute, 2016), http://www.urban.org/research/publication/uninsurance-among-children-1997-2015-long-term-trends-and-recent-patterns (accessed August 2017) and Sonya Schwartz et al., "Latino Children's Coverage Reaches Historic High, But Too Many Remain Uninsured" (DC: Georgetown University Health Policy Institute Center for Children and Families and National Council of La Raza, December 2016), http://publications.nclr.org/handle/123456789/1672 (accessed August 2017).

7 Annie E. Casey Foundation, *Children who have health insurance by health insurance type and by race and ethnicity* (Baltimore, MD: Annie E. Casey, 2016), http://datacenter.kidscount.org/data/tables/9237-children-who-have-health-insurance-by-health-insurance-type-and-by-race-and-ethnicity?loc=1&loct=1#detailed/1/any/false/573,869,133,38/4038,4040,4039,2638,2597,4758,1353|/18292,1829 (accessed August 2017)

8 U.S. Census Bureau, "Health Insurance Coverage Status and Type of Coverage by Selected Characteristics," *Current Population Survey*. Washington, DC, 2016, https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi/hi-01.html, Table HI-08. (accessed August 15, 2017) and Georgetown Center for Children and Families, *Snapshot of Children's Coverage by Race and Ethnicity* (Washington, DC: CCF, 2017), *https://ccf.georgetown.edu/wp-content/uploads/2017/04/Snapshot-of-Children%E2%80%99s-Coverage-by-Race-and-Ethnicity.pdf* (accessed August 2017).

9 Annie E. Casey Foundation, Children Below 200 Percent of Poverty by Race (Baltimore, MD: Annie E. Casey, 2016), http://datacenter.kidscount.org/data/tables/6726-children-below-200-percent-poverty-by-race?loc=1&loct=1#detailed/1/any/false/573/12,1/13819,13820 (accessed August 2017).

10 Genevieve M. Kenney et al., *CHIPRA Mandated Evaluation of the Children's Health Insurance Program: Final Findings* (Washington, DC: Urban Institute, 2014), http://www.urban.org/research/publication/chipra-mandated-evaluation-childrens-health-insurance-program-final-findings/view/full_report (accessed August 2017).

11 Medicaid and CHIP Payment and Access Commission, The Future of CHIP and Children's Coverage, Chapter 1 (Washington, DC: MACPAC, 2017).

12 L. Clemans-Cope et al., "How Well Is CHIP Addressing Health Care Access and Affordability for Children?," *American Academy of Pediatrics 3* (2015), https://www.ncbi.nlm.nih.gov/pubmed/25824897 (accessed August 2017).

13 Medicaid and CHIP Payment and Access Commission, The Future of CHIP and Children's Coverage, Chapter 1 (Washington, DC: MACPAC, 2017).

14 Anita Cardwell et al., *Benefits and Cost Sharing in Separate CHIP Programs* (Washington, DC: Georgetown CCF and National Academy for State Health Policy, 2014), http://ccf.georgetown.edu/wp-content/uploads/2014/05/Benefits-and-Cost-Sharing-in-Separate-CHIP-Programs.pdf (accessed August 2017).

15 Medicaid.gov, "Early and Periodic Screening, Diagnostic, and Treatment," https://www.medicaid.gov/medicaid/benefits/epsdt/index.html (accessed August 16, 2017).

16 Anita Cardwell et al., *Benefits and Cost Sharing in Separate CHIP Programs* (Washington, DC: Georgetown CCF and National Academy for State Health Policy, 2014), http://ccf.georgetown.edu/wp-content/uploads/2014/05/Benefits-and-Cost-Sharing-in-Separate-CHIP-Programs.pdf (accessed August 2017).

17 Whitney Pesek et al., *America's Babies Need Affordable Health Care: The Impact of Medicaid Restructuring on Young Children* (Washington, DC: Zero to Three, 2017).

18 Jane Perkins, *EPSDT is Essential* (Washington, DC: National Health Law Program 2017), http://www.healthlaw.org/issues/child-and-adolescent-health/epsdt/epsdt-is-essential-march-2017#.Wam3j7KGMzw (accessed August 2017).

19 Medicaid and CHIP Payment and Access Commission, The Future of CHIP and Children's Coverage, Chapter 1 (Washington, DC: MACPAC, 2017).

20 Ibid.

21 A. Chester and J. Alker, "Medicaid at 50: A Look at the Long-Term Benefits of Childhood Medicaid," (Washington, DC: Georgetown Center for Children and Families, 2015), https://ccf.georgetown.edu/2015/07/27/medicaid-50-look-long-term-benefits-childhood-medicaid/ (accessed August 9, 2017).