

COVERAGE GAINS FOR ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER CHILDREN UNDER HEALTH CARE REFORM

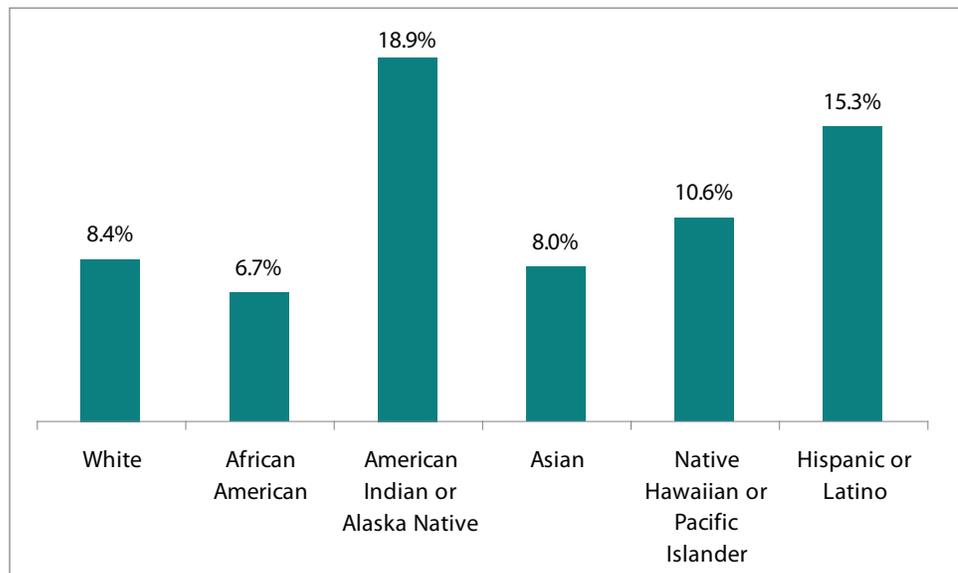
OVERVIEW

Health care reform will provide coverage to countless uninsured and underinsured Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) children. Approximately eight percent of Asian American children and 11 percent of Native Hawaiian or Pacific Islander children were uninsured in 2009.ⁱ An expanded Medicaid program, the continuation of the Children's Health Insurance Program (CHIP) through 2019, new state Health Insurance Exchanges, and the extension of coverage for young adults to remain on their parent's health plan until age 26, provide new options for quality, affordable care for AA and NHPI children.

CURRENT COVERAGE LANDSCAPE

There are nearly 75 million children in the U.S. under the age of 18, four percent of whom are AA and 0.2 percent are NHPI.ⁱⁱ Most American children (51 percent) get their coverage through their parent's employer.ⁱⁱⁱ However, Asian American, Native Hawaiian, and Pacific Islander children are less likely to have employer-sponsored insurance than non-Hispanic White children, and are more likely to be uninsured.^{iv}

UNINSURED BY RACE



Source: 2007 National Health Interview Survey

Uninsured Children

According to the 2009 National Health Interview Survey, 8 percent (over 6 million) of U.S. children under the age of 18 were uninsured. Among AAs and NHPIs, nearly 240,000 Asian American and 34,000 Native Hawaiian or Pacific Islander children are uninsured. Uninsured children are less likely to have a primary care physician, be in poorer health, and have unmet health needs. Children without coverage are also more likely than children with child-only coverage to lack a usual source of care.

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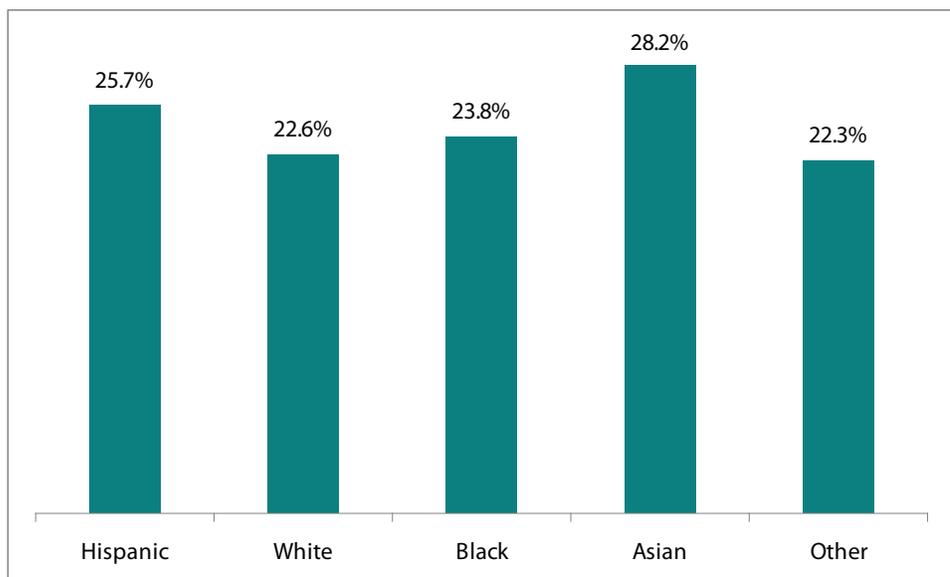
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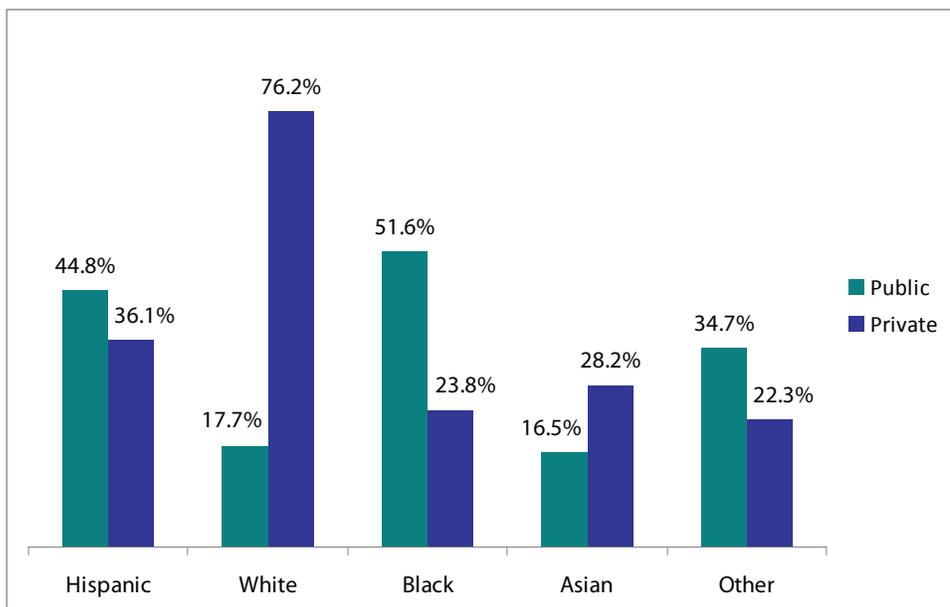


Source: 2007 National Survey of Children's Health

Underinsured Children

In 2007, nearly one in five U.S. children (14.1 million) were underinsured, defined as having continuous but inadequate health coverage^{vii}, exceeding the number of children who lacked any kind of insurance.^{viii} AA children are the most likely to be underinsured, with nearly three in ten Asian American children being underinsured (28 percent).^{ix,x} Underinsured children are more likely to lack a medical home, to have delayed or foregone care, and often have some difficulty obtaining specialist care. The most common reasons for underinsurance include costs, inadequate benefits, and the inability to see needed providers under their coverage plan.^{xi}

PUBLIC vs. PRIVATE COVERAGE



Source: 2007 National Survey of Children's Health

Child Coverage in Public Programs

The Children's Health Insurance Program (CHIP) and Medicaid serve as a critical safety net for children. Currently, most states provide Medicaid and/or CHIP coverage for children up to 200 percent of the federal poverty level.^{xii} In 2009, 40 million^{xiii} children were insured through CHIP or Medicaid. Taken together, Medicaid and CHIP covered one in three children in 2009.^{xiv} Medicaid and CHIP provide coverage for almost half of all Hispanic and black children, and 17 percent of Asian children.^{xv} Currently, nearly one in four AA or NHPI children are enrolled in Medicaid.

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These programs also provide needed coverage for children who face barriers to enrollment and care based on language and immigration status. Nearly one in seven AA children are limited English proficient.^{xvi} Limited English proficient children are more likely to have Medicaid or CHIP coverage than private health insurance. In addition, while low-income immigrant adults who have been in the U.S. for less than five years are not eligible for Medicaid, states may elect to provide Medicaid or CHIP coverage to immigrant children and pregnant women, regardless of their date of entry, under a provision in the Children's Health Insurance Program Reauthorization Act. Undocumented immigrant children are not eligible for Medicaid or CHIP.

Medicaid and CHIP provide critical coverage for low-income children, yet there are gaps in the quality of care that children enrolled in these programs receive. Children enrolled in Medicaid or CHIP are nearly five times as likely as those with private insurance to be in fair or poor health.^{xvii} Asian and Pacific Islander children enrolled in Medicaid and CHIP report the lowest patient-centeredness ratings of all racial/ethnic groups.^{xviii} Furthermore, three in ten publicly insured AA children report receiving a well-child visit in the past year, compared to 45 percent of white publicly insured children, the lowest of all racial/ethnic groups.^{xix}

Private Insurance Child-Only Policies

According to estimates from America's Health Insurance Plans, about 6 percent of policies in the individual market are child-only. The Obama Administration estimates that there are between 100,000-700,000 children in the individual market.^{xx}

NEW AND EXPANDED COVERAGE OPTIONS UNDER THE ACA

The Affordable Care Act expands the Medicaid program, continues the Children's Health Insurance Program (CHIP) through 2019, creates new state Health Insurance Exchanges, and enables young adults to remain on their parent's health plan until age 26, providing new options for quality, affordable care for Asian American, Native Hawaiian, and Pacific Islander children.

Medicaid Expansion

Starting in 2014, states will provide coverage under Medicaid for all children regardless of age with family income up to 133% of the federal poverty level. It is difficult to estimate how many AA or and NHPI children will be newly eligible for Medicaid, but nearly one-fourth of CHIP enrollees are expected to move into Medicaid.^{xxi} The Medicaid expansion will help provide relief to more than 4.75 million children who are currently uninsured.^{xxii}

Children who "age out" of the foster care system will be able to maintain their Medicaid coverage up to age 26, starting in 2014. Eligibility rules for immigrant children remain the same.

Children's Health Insurance Program

The Affordable Care Act continues the Children's Health Insurance Program (CHIP) through 2019, with federal funding available through fiscal year 2015 provided that states maintain their current coverage and eligibility levels.^{xxiii} States may continue to expand coverage to children under the program consistent with current law. Starting in fiscal year 2016, states will receive a 23 percentage point increase in their federal CHIP match rate.

Children of state employees are also now eligible for CHIP if they are eligible for family coverage under a state health care employee plan. Eligibility rules for immigrant children will remain the same.

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State Health Insurance Exchanges

By 2014, each state will create its own Health Insurance Exchange (HIE), or the federal government will operate one for them. The HIE will serve as a one-stop marketplace for purchasing insurance coverage, with all plans containing an “Essential Benefits Package,” which sets the minimum benefits to be provided. The Essential Benefits Package will include pediatric oral and vision care, prenatal and postnatal care, and habilitative services. In addition to the Essential Benefits Package, plans in the Exchange must also include a comprehensive set of age-appropriate “Bright Futures” preventive services for children recommended by the American Academy of Pediatrics at no cost. These preventive services include immunizations, well-child visits, vision and hearing tests, health and behavioral assessments, and developmental screenings. Starting in 2014, individuals and families with incomes between 133 and 400 percent of the Federal Poverty Level will be eligible for subsidies to buy health insurance in the Exchange.^{xxiv} One in 11 uninsured children are part of families whose income levels will qualify for subsidies in the Exchange. Undocumented immigrant children will not be able to obtain coverage through the Exchanges.

Young Adult Coverage

Under health care reform, parents can elect to keep their young adult children on their health plans until age 26, whether or not they live with their parents, are a student, if they are married or even if they are no longer a dependent on their parents’ tax return. Before health care reform, adult children could be kicked off their parent’s health plan at age 19 (older if the child was a full-time student). Currently, nearly one in four Asian American and three in ten Native Hawaiian and Pacific Islander young adults (18-24 year olds) are uninsured. More than 300,000 AA and NHPI young adults^{xxv} could gain insurance under this reform.

Catastrophic coverage (“young invincible”) individual plans will also be available in the Exchanges for individuals under the age of 30. These low premium, high deductible plans provide basic health coverage for young adults.

For more information about the health care reform law, please visit our Health Care Reform Resource Center at www.apiahf.org/hcr.

ⁱ Bloom B, Cohen RA, Freeman G (2010). Summary health statistics for U.S. children: National Health Interview Survey, 2009. National Center for Health Statistics. Vital Health Stat 10(247). Estimates for Native Hawaiian or Other Pacific Islander children are unreliable given the small sample size from this population.

ⁱⁱ U.S. Census Bureau, 2005-2009 American Community Survey.

ⁱⁱⁱ McMorrow, Stace, Genevieve M. Kenney and Christine Coyer (2011). “Addressing Coverage Challenges for Children Under the Affordable Care Act.” Robert Wood Johnson and the Urban Institute.

^{iv} The Kaiser Commission on Medicaid and the Uninsured (2010). “The Uninsured: A Primer – Supplemental Data Tables.” Available at: http://www.kff.org/uninsured/upload/7451-06_Data_Tables.pdf.

^v Bloom, Cohen, Freeman (2010). Estimates for Native Hawaiian or Other Pacific Islander children are unreliable given the small sample size from this population.

^{vi} Kogan, Michael et al. (2010). “Underinsurance among Children in the United States.” *New England Journal of Medicine* 363:9. 841-851.

^{vii} Ibid.

^{viii} Ibid.

^{ix} Child and Adolescent Health Measurement Initiative (2007). 2007 National Survey of Children’s Health, Data Resource Center for child and Adolescent Health website. Retrieved July 11, 2011 from www.nchsdata.org.

^x Kogan et al. (2010)..

^{xi} Ibid.

^{xxi} Center for Children and Families (2010). Summary of Medicaid, CHIP, and Low-Income Provisions in Health Care Reform. Retrieved February 19, 2011 from ccf.georgetown.edu.

^{xxiii} U.S. Department of Health and Human Services (2010). CHIPRA Annual Report on the Quality of Care for Children in Medicaid and CHIP.

^{xxiv} McMorrow, Kenney and Coyer (2011).

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- ^{ix} Child and Adolescent Health Measurement Initiative (2007). 2007 National Survey of Children's Health, Data Resource Center for child and Adolescent Health website. Retrieved July 11, 2011 from www.nchsdata.org.
- ^{xvi} U.S. Census Bureau, 2005-2009 American Community Survey. "Children" refers to those respondents who are between the ages of 5 and 17. "Limited English proficient" refers to respondents who indicated they speak English "not well" or "not at all."
- ^{xvii} Berdahl T, Owens P, Dougherty D, McCormick M, Pylypchuk Y, Simpson L. (2010). Annual report on health care for children and youth in the United States: Racial/ethnic and socioeconomic disparities in children's health care quality. *Academic Pediatrics*. March-April 2010;10(2):95-118. The patient-centeredness rating is a composite of four components—1) whether the doctor usually or always listened; 2) whether the doctor usually or always explained things; 3) whether the doctor usually or always showed respect; 4) whether the doctor usually or always spent enough time with a patient and parent.
- ^{xix} Ibid.
- ^{xx} Aizenman, N.C. (2010). The Washington Post. "Some insurers halt new child-only policies." <http://www.washingtonpost.com/wp-dyn/content/article/2010/09/20/AR2010092006682.html>.
- ^{xxi} Kaiser Family Foundation (2010). "Financing New Medicaid Coverage Under Health Reform: The Role of the Federal Government and States."
- ^{xxii} The Kaiser Commission on the Uninsured (2010).
- ^{xxiv} Ibid.
- ^{xxv} U.S. Census Bureau, 2009 American Community Survey.

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