

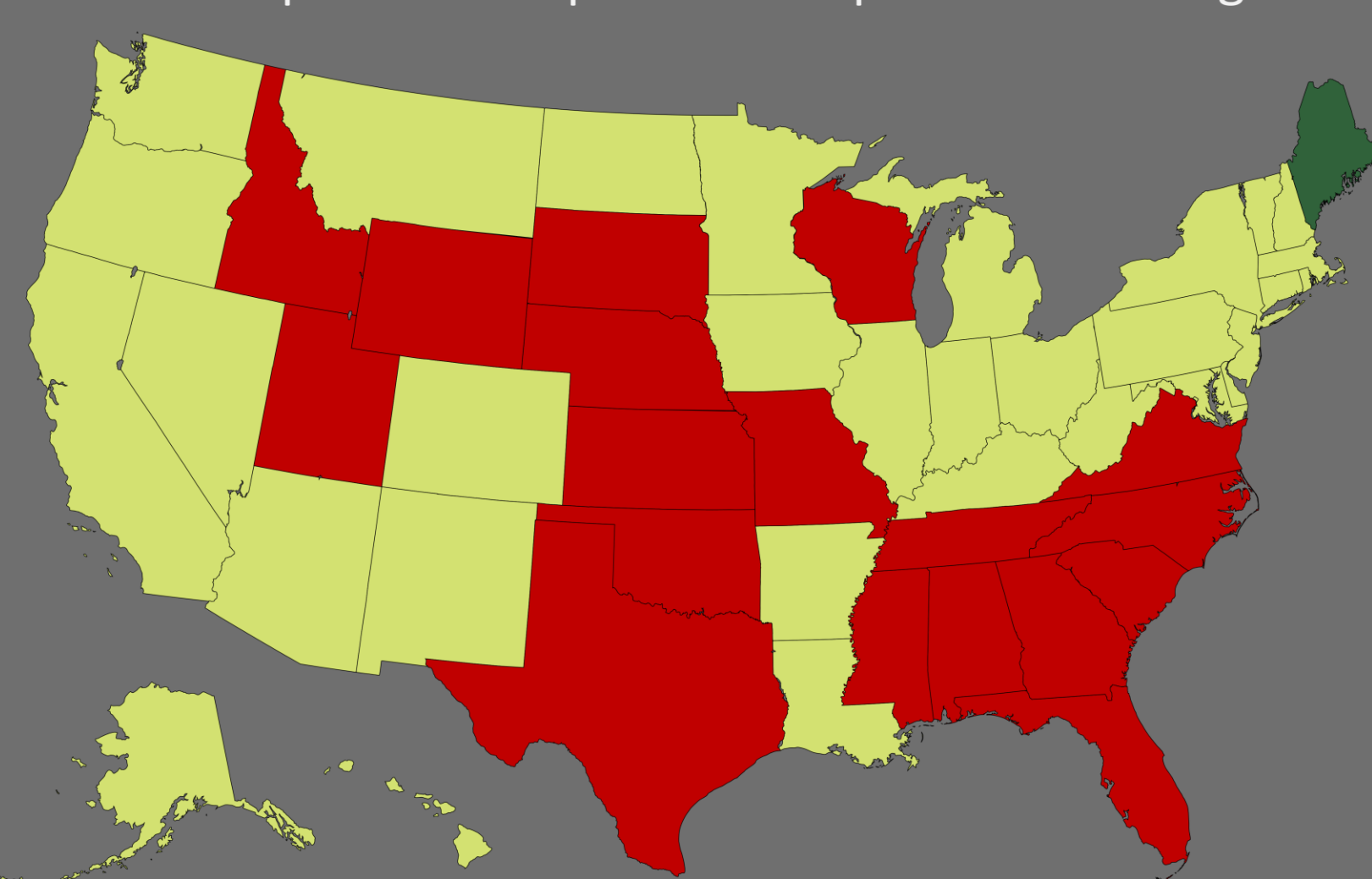
DID MEDICAID EXPANSION HELP COVER MORE CHILDREN IN THE MEDICAID GAP?

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PROJECT FOCUS

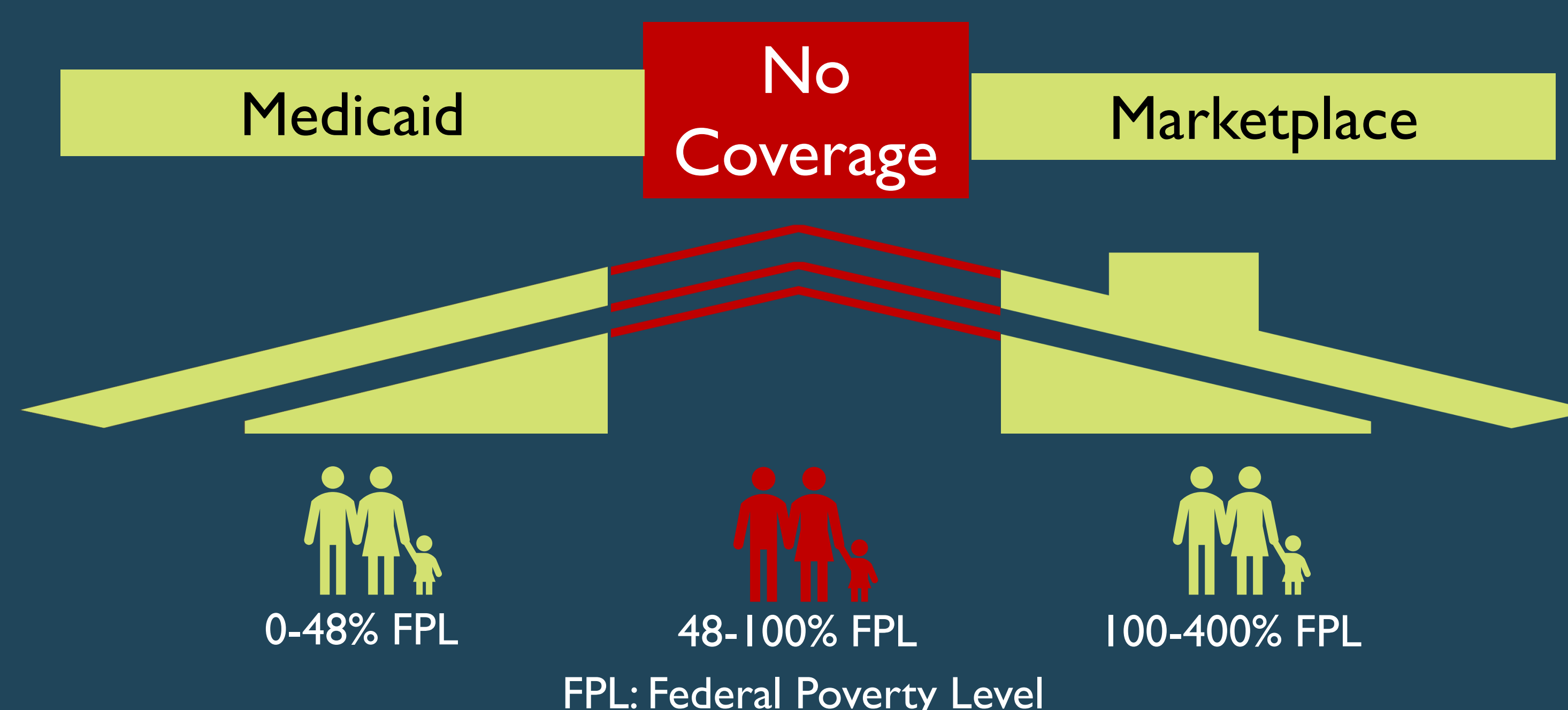
Expansion Status of States

■ Non-expansion ■ Expansion ■ Expansion Pending



- Medicaid expansion was a controversial issue for governors in the early 2010s.
- They had two choices: expand Medicaid with Federal assistance, or reject expansion.
- 32 states have chosen to expand, 18 have not.

THE MEDICAID GAP



- Medicaid Gap: personal income is too high for Medicaid, but too low to buy health coverage.
- 160,000 uninsured children have a parent in the Medicaid gap.
- It is nearly impossible to provide healthcare to children if their parents remain uninsured.
- Medicaid expansion might provide more coverage to children.

MORE CHILDREN COVERED?

- The number of children covered by Medicaid was compared between expansion and non-expansion states, then for the years before (2010-2013) and after (2014-2016) expansion.
- Comparisons evaluated the effect Medicaid expansion had on the number of children covered by Medicaid

Medicaid Expansion

Demographics

Economic Factors

Medicaid Policy

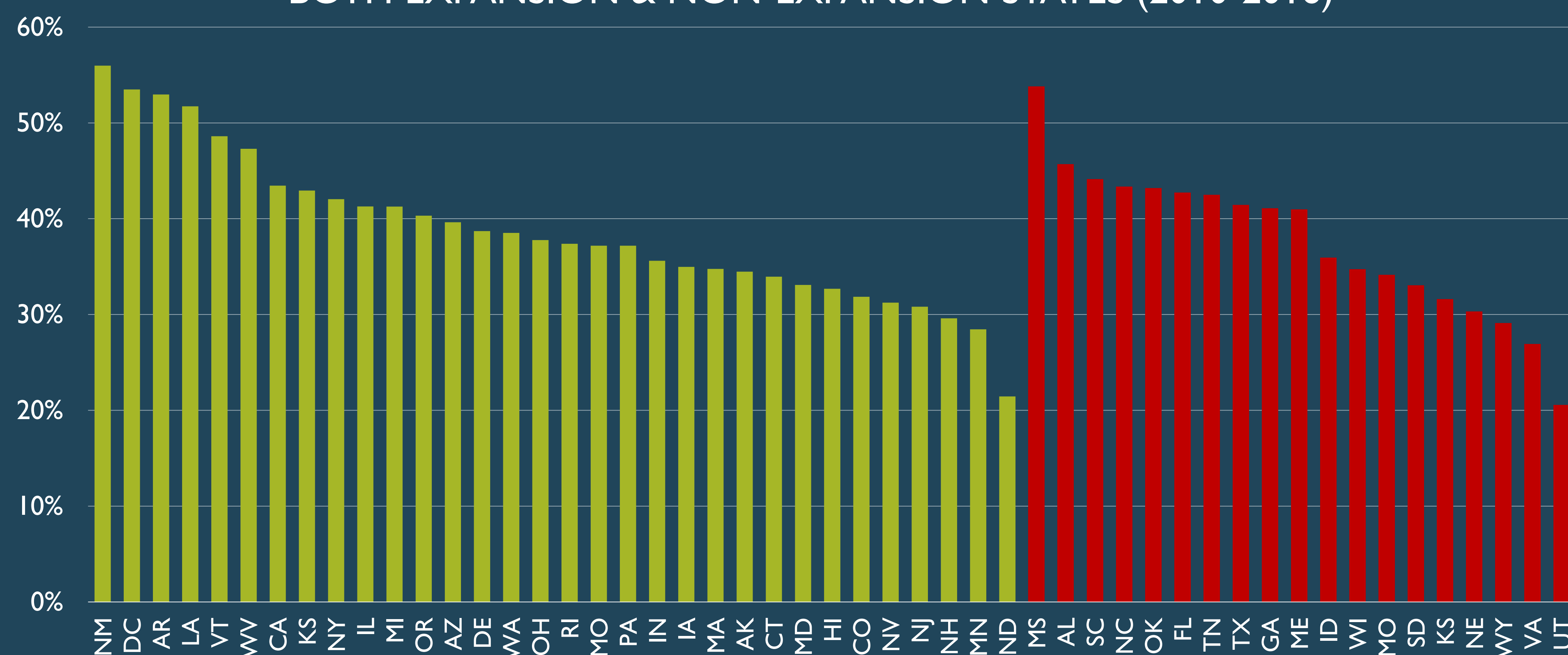
Race
Population
Age
Parents' Education

Family Income
Unemployment Rate
Number Uninsured

Eligibility Levels
CHIP

MEDICAID EXPANSION: GOOD FOR COVERING MORE ADULTS, NOT MORE CHILDREN

PERCENTAGE OF CHILDREN COVERED BY MEDICAID IS SIMILAR IN BOTH EXPANSION & NON-EXPANSION STATES (2010-2016)



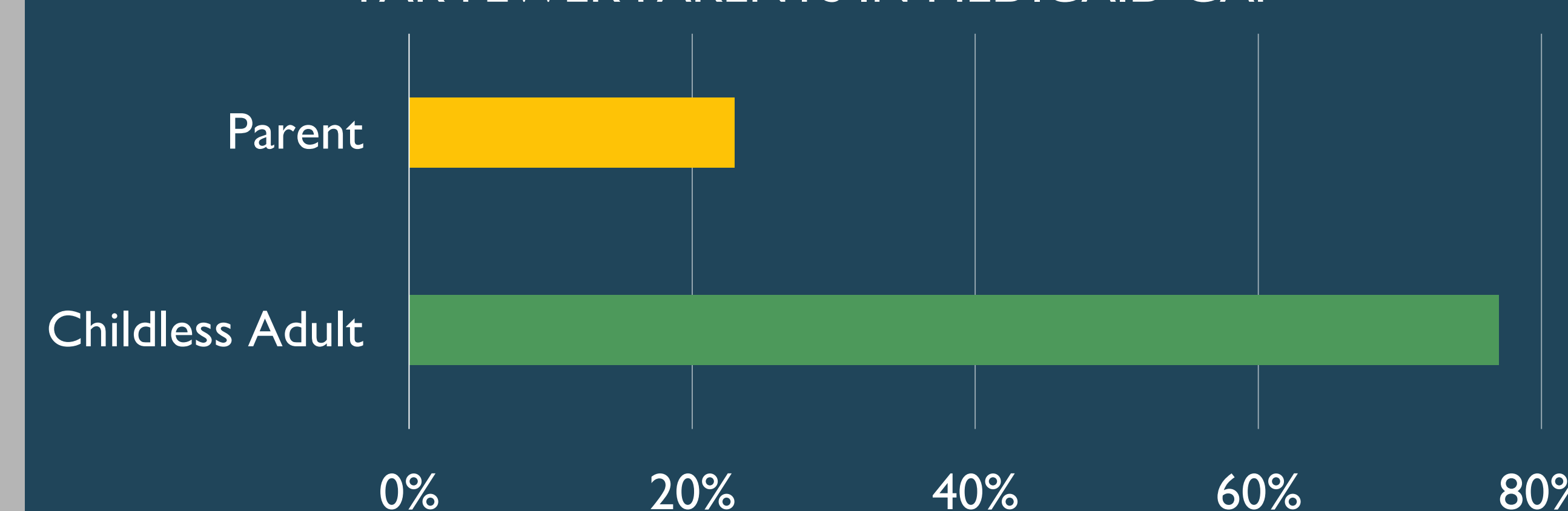
Expansion states **did not** cover more children **solely** through Medicaid

Child coverage was **similar** regardless of state expansion

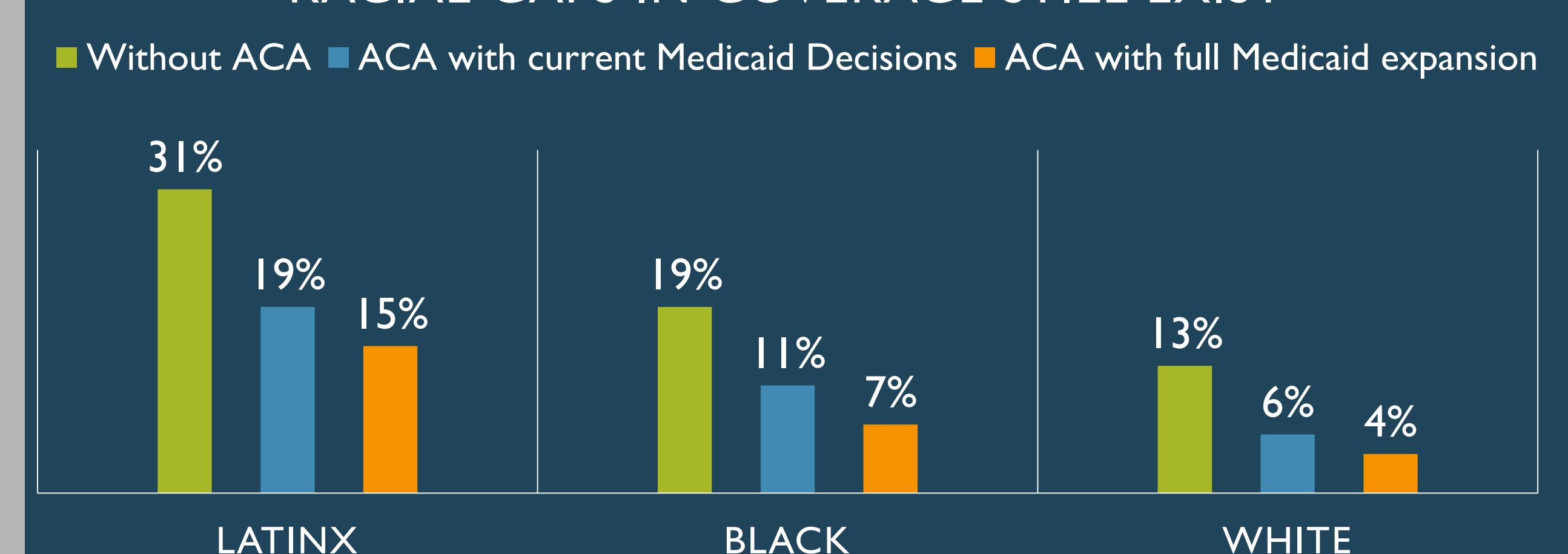
Expansion **did not** help address racial inequities in coverage

Most people covered were **childless adults**

FAR FEWER PARENTS IN MEDICAID GAP



RACIAL GAPS IN COVERAGE STILL EXIST



RECOMMENDATIONS AND OPTIONS TO BETTER TARGET UNINSURED CHILDREN



For uninsured families, focus on covering uninsured parents to later reach uninsured children.



Develop/fund more child-targeted health programs, like CHIP. Make CHIP permanent.



Coordinate eligibility levels with states. Give financial incentives, like the Federal government paying all costs.



Direct more advertising and healthcare education services directed at underserved communities.



Streamline the health system: limit varying components and programs.