

#### From the Editor

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### **Shame on Them**

he Children's Health Insurance Program (CHIP) was signed into law in 1997 to enable the federal government to give matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid but who cannot afford private coverage. Through CHIP programs, children's coverage has expanded significantly, with nearly every state providing coverage for children up to at least 200% of the federal poverty level (FPL) (Medicaid.gov, n.d.)

Nearly 9 million children get health insurance under CHIP (Strauss, 2017). The program was due to be renewed on September 30, 2017. With all the fussing in Congress over efforts to repeal and replace the Affordable Care Act, Congress allowed the CHIP deadline to pass without action.

Shame on them.

On January 22, 2018, after an unprecedented 114-day lapse in funding for CHIP and a government shutdown, Congress finally extended funding for 6 years. During those 114 days, families that depend on CHIP funding were left to worry about what ongoing delay would mean for their children.

# Children with Special Healthcare Needs

Medicaid/CHIP covers nearly 60% of the 2.7 million children with special healthcare needs, providing a safety net for families that have had to reduce their work hours or stop working altogether due to their child's health status. The program serves as the sole source of coverage for nearly half of these children (Musumeci, 2017).

For children with special healthcare needs, Medicaid and CHIP do more than help keep immunizations up to date and treat common illnesses. CHIP coverage provides access to a broad

range of medical and long-term care services that enable many children with special needs to live at home with their families. Some other facts:

- Nearly three-quarters of all children with special healthcare needs live in low- or middle-income families, below 400% of the federal poverty level (FPL). About 1 in 5 are below 100% FPL (<\$20,420/year for a family of three in 2017), and another 1 in 5 are between 100% to 199% of poverty.
- Medicaid/CHIP children with special healthcare needs have significantly greater health needs compared to those with private insurance alone, with children covered by both Medicaid/CHIP, and private insurance having the greatest needs. Medicaid/CHIP children with special healthcare needs are nearly 2.5 times as likely (24%), and those with both Medicaid/ CHIP and private insurance are 3 times as likely (30%), to have 4 or more chronic conditions compared to those with private insurance alone (10%).
- Medicaid children with special healthcare needs may be particularly affected by changes currently being considered by Congress, including the shift to per capita capped federal financing. Per enrollee spending for Medicaid children who use long-term care services is over 12 times higher (\$37,084) compared to those who do not (\$2,836), due to these children's greater health needs and reliance on Medicaid for expensive but necessary services that are generally unavailable through private insurance and too costly to afford out of pocket (Musumeci, 2017).

## What Parents Should Know

Despite pleading to Congress by governors, child advocates, health-care professionals, and parents, the process of reauthorization, more or less automatic in the past, was held up in the House over disagreements about how to pay for the program. Although most expects were certain reauthorization would happen before the end of the year, that date came and went.

Because no one thought we would be in this situation, there was not a big push for parents and healthcare professionals to lobby Congress for this cause. We should never again take it for granted that Congress will act in the best interest of our nation's children, and be on the alert to encourage parents to call Congressional representatives and senators, share their stories, and tell Congress to take appropriate action in a timely manner.

#### References

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