

Keeping the Youngest New Yorkers Insured

The Promise

When a child has uninterrupted health insurance coverage, parents can access regular check-ups, scheduled vaccines, and preventive health services for their child, setting them up for a healthy start.

Medicaid and Child Health Plus (CHP) provide that coverage for nearly half of New York children. The State can ensure the youngest New Yorkers remain covered by providing continuous Medicaid and CHP eligibility from birth to age six.

The Challenge

New York is a leader in providing affordable, comprehensive health insurance coverage to children mainly by providing broad access to Medicaid and CHP, which cover nearly half of New York children. These are public insurance programs funded by federal, state, and local dollars. Gaps in coverage are problematic for children for many reasons—missed checkups, untreated asthma, and conditions that become severe when they could have been prevented.¹

National data show the uninsured rate among children fell between 2020 and 2022.² This is primarily due to special rules invoked during the pandemic to protect Medicaid and CHP enrollees from losing health coverage, including the Medicaid continuous enrollment provision, which prevented states from disenrolling people from public insurance coverage during the pandemic emergency. This helped stop “churn” among enrollees, which is the temporary loss of coverage in which enrollees disenroll and then re-enroll within a short period of time. Churn often happens during renewal periods.

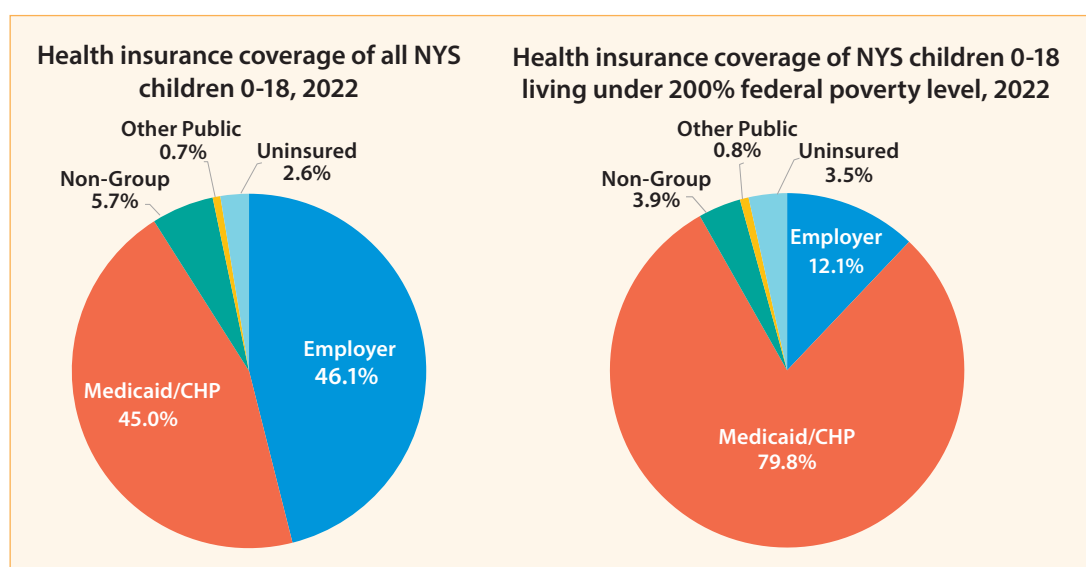
New York State is in the process of resuming the annual renewal process for Medicaid, CHP and the Essential Plan. Data show that many people have lost coverage in the renewal process.

To implement continuous coverage from birth to age six, New York State must apply for approval from the federal government.

What We Know

Forty-five percent of New York children are covered by Medicaid/CHP (left pie chart)

Four out of five low-income children are covered by Medicaid/CHP (right pie chart)



Sources: KFF. (2023). Health Insurance Coverage of Children 0-18.
KFF. (2023). Health Insurance Coverage of Low Income Children 0-18 (under 200% FPL).

- New York currently provides 12 months of continuous coverage for everyone in public insurance programs. Eliminating the requirement for the youngest New Yorkers to be re-enrolled every year would ensure that children have continuous access to health services in the most critical years of their development.
- Several other states have committed to provide continuous coverage for young children. These include Colorado, Minnesota, Ohio, Oregon, and Washington.³
- Data on post-pandemic renewals of public insurance coverage show that of the children who completed renewal for CHP, only 1% lost coverage because they were no longer eligible.⁴
- Churn results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for services. Of note, the postpartum period is a particularly high-risk time for churning and new parents are more likely to experience a coverage gap after delivery if they do not speak English at home or have a family income between 100–185 percent of the federal poverty level (FPL).⁵
- Data from Washington State shows that children of color experience coverage gaps disproportionately more often than other children.⁶

Policy Solutions

To ensure enrollment barriers are eliminated for the youngest New Yorkers, the State should:

- ▶ Seek permission and matched funding from the federal government to keep children continuously enrolled in Medicaid and Child Health Plus until they are six years old; and
- ▶ Increase awareness about the importance of streamlined coverage by investing robustly in clear communication with families, and providing resources for community partners.



Continued care is essential. Renewing every year is pointless when there are no changes needed. All children deserve health care without limitations!

—Patty, parent, Rochester, NY

¹ Sugar, S., Peters, C., DeLew N, Sommers, B.D. (2021). *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

² Conmy, A. B., Lew, N.D., Peters, C., & Sommers, B. D. (2023). *Children's Health Coverage Trends: Gains in 2020-2022 Reverse Previous Coverage Losses (Issue Brief No. HP-2023-07)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

³ Burak, E.W. (2023). *Legislative Roundup: Eight states now committed to multi-year continuous eligibility for young children as Colorado, Minnesota, and Ohio pass new legislation*. Georgetown Center for Children and Families.

⁴ New York State Department of Health. (2023). *New York State Public Health Emergency Unwind Dashboard - September 2023*.

⁵ Sugar, S., Peters, C., DeLew N, Sommers, B.D. (2021). *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

⁶ Washington State Health Care Authority & Washington State Department Of Social And Health Services. (2022). *Washington State Medicaid Transformation Project*.

* For all sources and computations, go to <https://bit.ly/NYSchildren>