

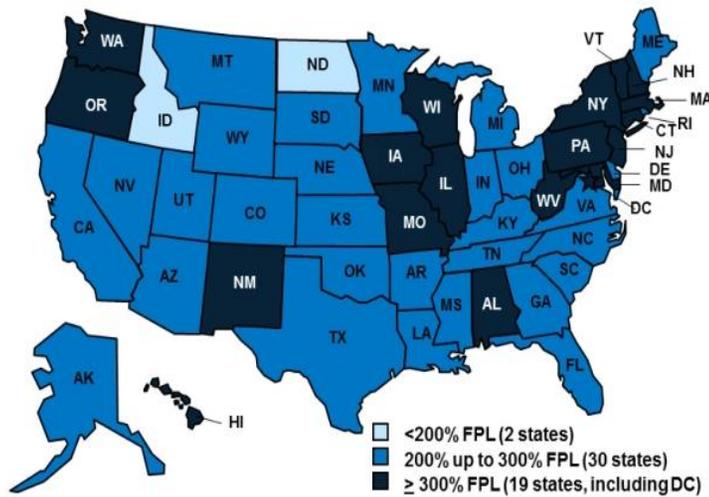
## LD 1539, An Act To Provide Maine Children Access To Affordable Health Care

*Information Provided by Rep. Carney*

Maine has the highest rate of uninsured children in New England and is slightly above the national average. The Children’s Health Insurance Program (CHIP) provides a cost-effective way to deliver high-quality health care to Maine’s uninsured children and is a framework we can build upon to give coverage to young people who will benefit from consistent primary care.

Nationally, our rate of uninsured children increased in 2017 for the first time since data has been collected. “Coverage is important for children because it improves their access to needed services such as well child checkups and medications and provides better access to a usual source of care. Public coverage is also associated with improved educational outcomes and long-term health and economic gains.”<sup>1</sup> The re-authorization of CHIP in 2018 creates an opportunity to make up lost ground by utilizing the full federal match and taking other steps to improve coverage for Maine’s children.<sup>2</sup>

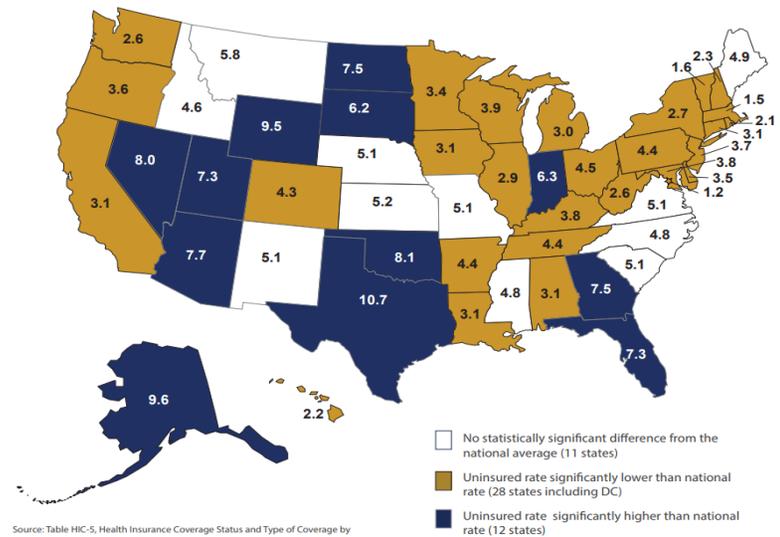
**Figure 1 (below): Income Eligibility Levels for Children in Medicaid/CHIP, Jan. 2019<sup>3</sup>**



NOTE: Eligibility levels are based on 2019 federal poverty levels (FPLs) for a family of three. In 2019, the FPL was \$21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.  
 SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2019.



**Figure 2 (below): 12 States Had Significantly Higher Rates of Uninsured Children than the National Rate<sup>4</sup>**



Source: Table HC-S. Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

<sup>1</sup> <https://ccf.georgetown.edu/2018/11/21/nations-progress-on-childrens-health-coverage-reverses-course/>

<sup>2</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20180130.116879/full/>

<sup>3</sup> <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2019-findings-from-a-50-state-survey/>

<sup>4</sup> <https://ccf.georgetown.edu/2018/11/21/nations-progress-on-childrens-health-coverage-reverses-course/>

## *Overview of LD 1539*

This bill provides access to affordable health care for Maine children by amending our Cub Care statute to include those who will benefit most from CHIP coverage.

What the Bill Does	Significance
<ul style="list-style-type: none"> <li>• CHIP eligibility changes from 200% to 325% FPL.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Leverages federal match up to 300% FPL to improve Maine’s rate of insured children.<sup>5</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Parents no longer pay premiums for CHIP.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Removes barriers that are offset by decreased enrollment, cost of ER care, and administration.<sup>6</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Children are not subject to waiting period.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Maintains continuity of coverage and reduces the ‘churn’ that disrupts care.<sup>7</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Confirms that no asset test applies.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consistent with federal ACA regulations.<sup>8</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Coverage made available to young people 19 and 20 years of age.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Brings CHIP closer to ACA and foster child coverage, which last to age 26.<sup>9</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Noncitizen children receiving only Emergency MaineCare become eligible for CHIP.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Gives children access to preventive and primary care regardless of immigration status.<sup>10</sup></li> </ul>
<ul style="list-style-type: none"> <li>• State contract for outreach services by January 1, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Funds outreach to ensure 100% children eligible for Medicaid and CHIP get health care.<sup>11</sup></li> </ul>

<sup>5</sup> <https://www.kff.org/medicaid/fact-sheet/summary-of-the-2018-chip-funding-extension/>

<sup>6</sup> <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

<sup>7</sup> <http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-Renewal-and-Cost-Sharing-Policies-as-of-January-2018>

<sup>8</sup> <http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-Renewal-and-Cost-Sharing-Policies-as-of-January-2019>

<sup>9</sup> <http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-Renewal-and-Cost-Sharing-Policies-as-of-January-2019>

<sup>10</sup> <http://www.ncsl.org/research/immigration/immigrant-eligibility-for-health-care-programs-in-the-united-states.aspx>

<sup>11</sup> <https://ccf.georgetown.edu/2018/11/21/nations-progress-on-childrens-health-coverage-reverses-course/>

## What is at stake?

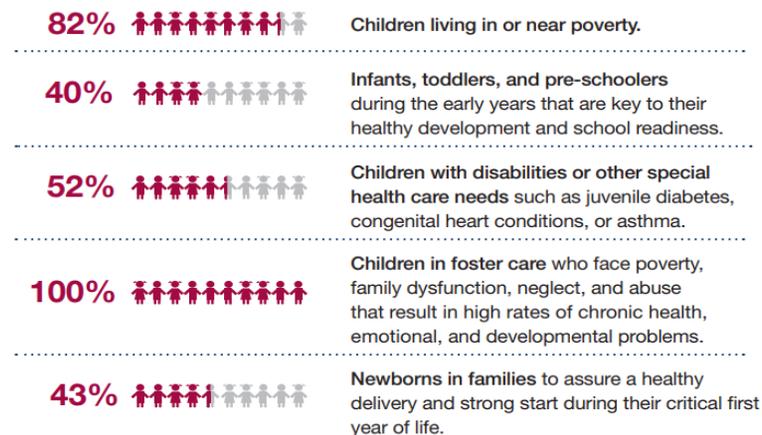
- CHIP helps children reach their full potential.
  - CHIP/Medicaid provides a comprehensive child-focused benefit: the Early and Periodic Screening, Diagnostic, and Treatment benefit (EPSDT). It is designed to ensure that children receive recommended preventive screenings, follow-up diagnostic assessments, and all medically necessary services that health care providers deem essential to prevent, treat or improve the diagnosed condition.<sup>12</sup>
  - CHIP/Medicaid reduces infant and childhood mortality, because it leads to greater utilization of preventive and acute health services.<sup>14</sup>
- Research has also linked CHIP/Medicaid coverage in childhood to long-term benefits, including:<sup>15</sup>
  - Improvements in educational outcomes at the elementary, high school and college levels.
  - Decreased high school dropout and increased college attendance and completion rates.
  - Decreases the probability of debt and bankruptcy for families, shielding children from poverty and reducing their exposure to adverse childhood experiences that can influence their health in later life.
  - Produces economic benefits in adulthood, including increased employment and higher tax payments (one study found that each additional year of Medicaid eligibility from birth to age 18 increased cumulative tax payments by \$186 and reduced cumulative Earned Income Tax Credit receipts by \$75).

**Figure 3 (below): Children served by CHIP<sup>13</sup>**



### Medicaid and MaineCare (CHIP) serve Maine's most vulnerable children.

A large share of at-risk children rely on public coverage, as reflected by the percentage of Maine children in each group below that depend on Medicaid and MaineCare (CHIP) for health care they need to thrive:



<sup>12</sup> <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Medicaid-provides-needed-access-to-care.pdf>

<sup>13</sup> [https://www.aap.org/en-us/Documents/ccs\\_factsheet\\_maine.pdf](https://www.aap.org/en-us/Documents/ccs_factsheet_maine.pdf)

<sup>14</sup> <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Medicaid-provides-needed-access-to-care.pdf>

<sup>15</sup> <https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf>