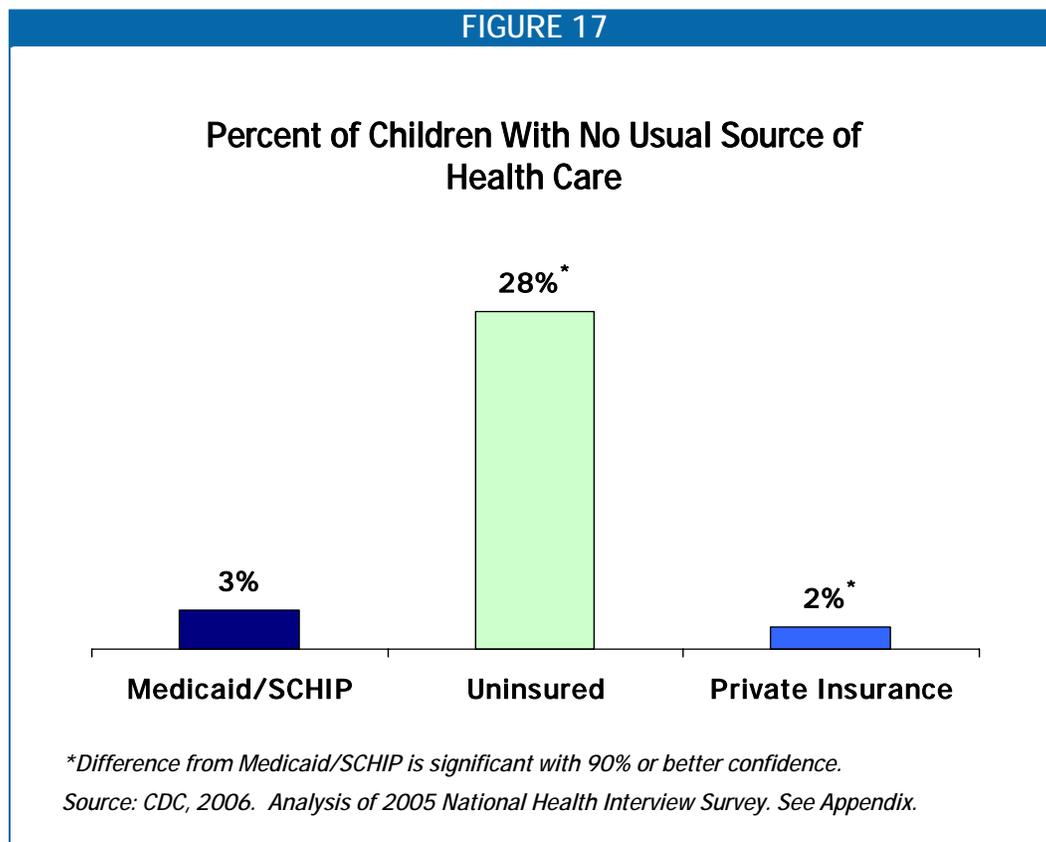


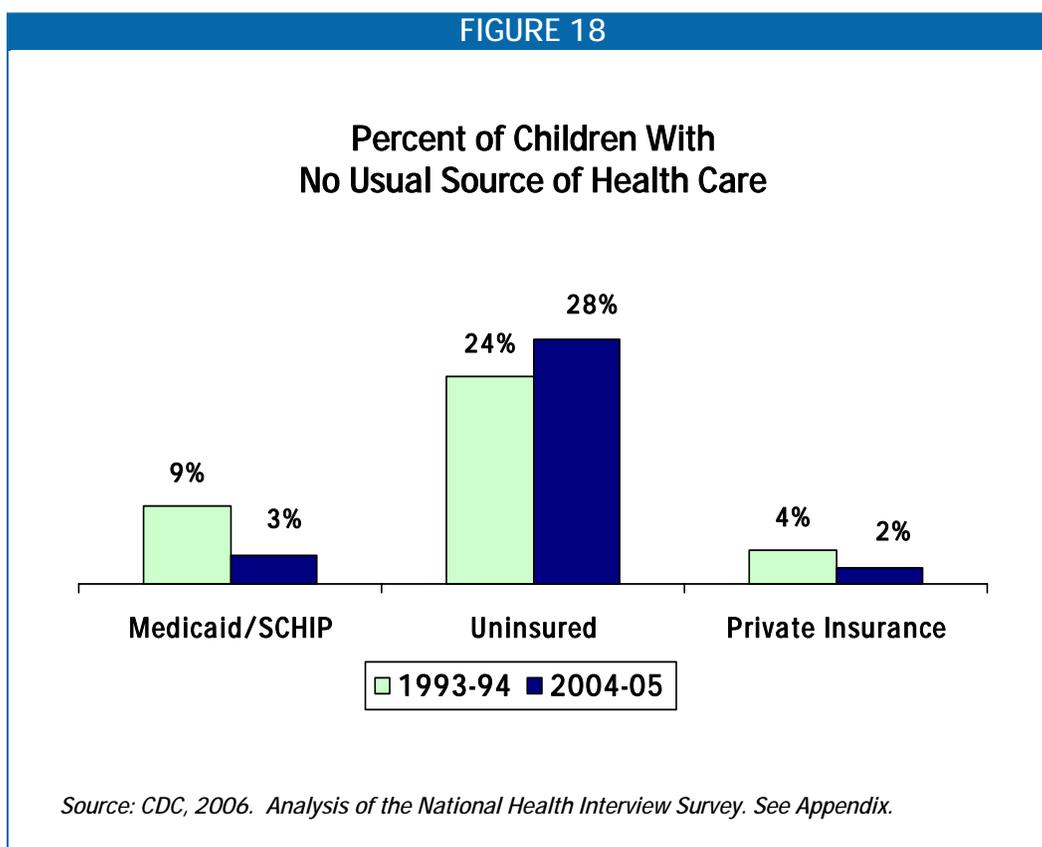
## ALMOST ALL CHILDREN IN MEDICAID AND SCHIP HAVE A USUAL SOURCE OF MEDICAL CARE

- Medicaid and SCHIP help ensure that children have a “medical home” — a usual source of health care, such as doctor’s office, clinic, or health maintenance organization. This lets their families know where their children can get primary and preventive health care. Also, doctors and nurses can provide better quality care because they are familiar with their patients’ medical histories and needs. Research has shown that having a medical home can increase the quality and continuity of children’s health care (Starfield and Shi, 2004).
- Children in Medicaid and SCHIP are far more likely to have a usual health care source than uninsured children, and about as likely to have a usual source of care as privately insured children.



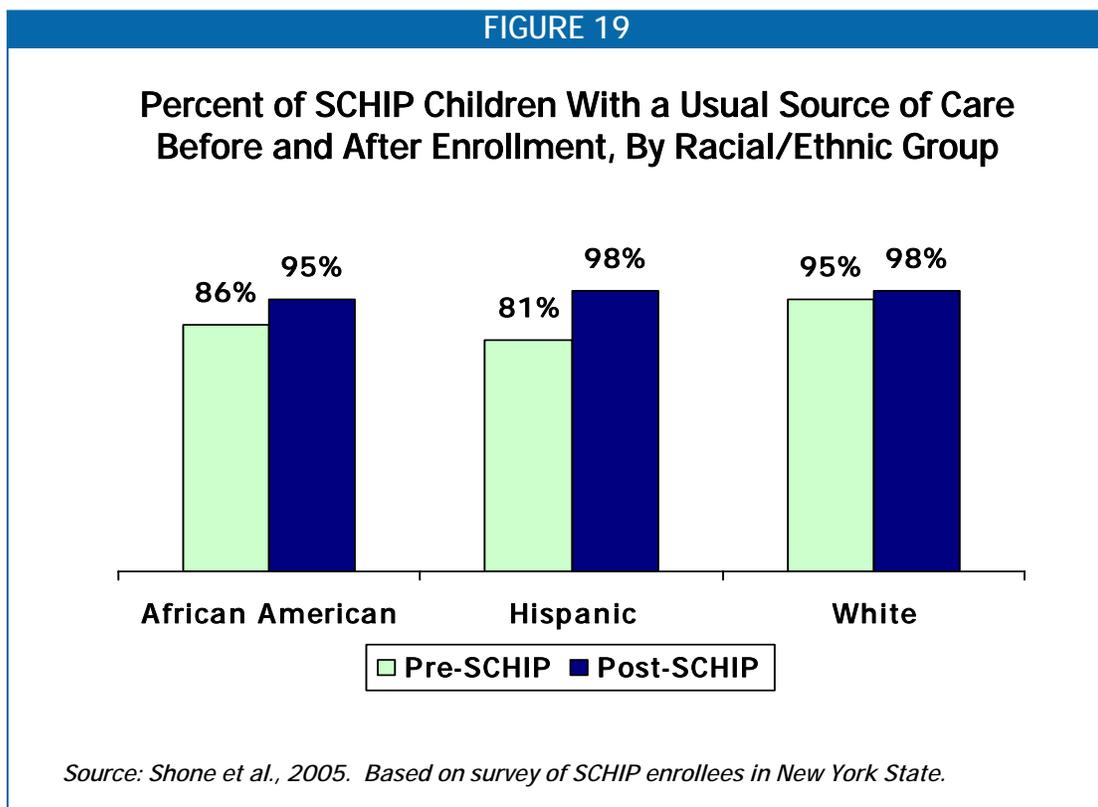
### ACCESS TO A USUAL SOURCE OF CARE HAS IMPROVED FOR CHILDREN IN PUBLIC INSURANCE PROGRAMS

- The extent to which children covered by Medicaid or SCHIP have a medical home has improved over the past decade. Between 1993-4 and 2004-5, the percentage of children covered by Medicaid or SCHIP with a usual source of health care rose to a level similar to that of privately insured children.
- In contrast, uninsured children's access to a usual source of health care has worsened. Research indicates that physicians' willingness to provide charity care has dwindled in recent years. Thus, it has become increasingly important for children to have health insurance coverage in order to get medical care.
- Because Medicaid and SCHIP payment rates for physicians are often below the rates paid by other insurers, some physicians limit the extent to which they see patients covered by public programs. Nonetheless, almost all children served by public programs have a usual source of health care, and access to medical homes has improved in recent years.



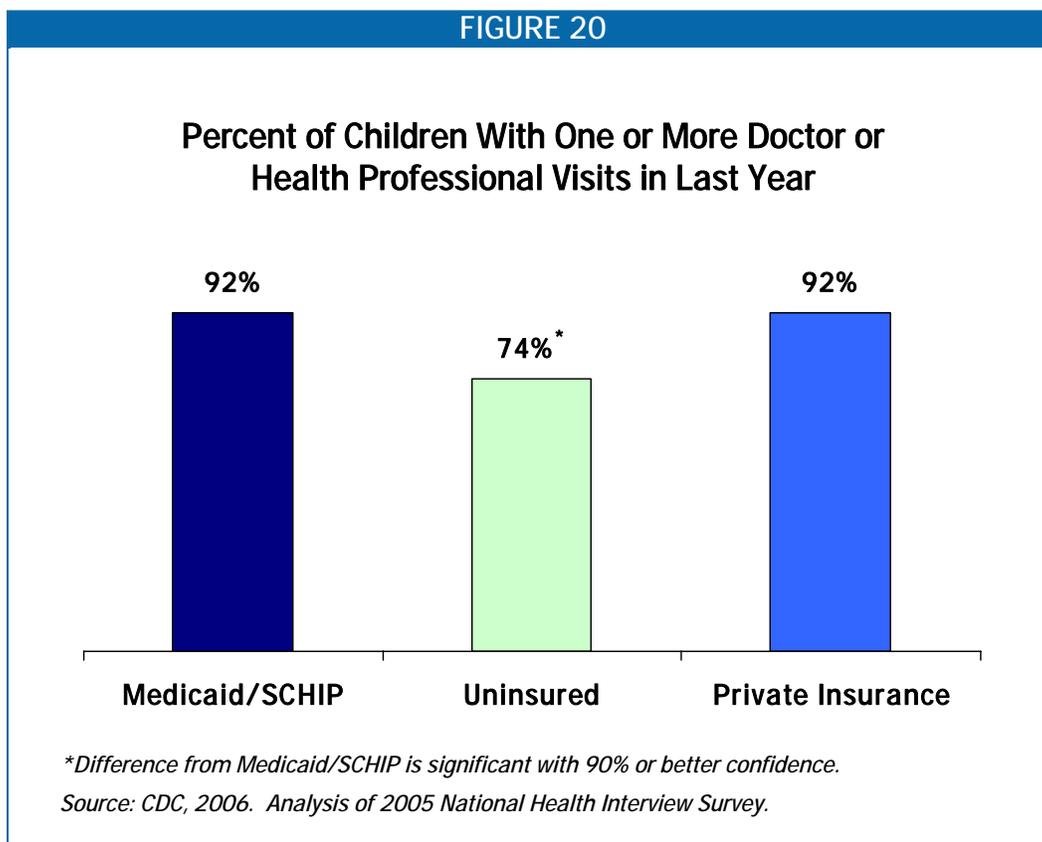
## RACIAL AND ETHNIC DISPARITIES IN ACCESS TO A USUAL SOURCE OF CARE ARE REDUCED AFTER CHILDREN JOIN SCHIP

- In a study of New York State's SCHIP program, researchers examined how children's health care access and utilization changed after being covered by SCHIP for one year (Shone *et al.*, 2005).
- A significantly larger share of children had a usual source of care after one year of enrollment than when they enrolled.
- Prior to enrolling in SCHIP, African American and Hispanic children were much less likely than white children to have a usual source of care. After they joined SCHIP, these racial and ethnic disparities largely disappeared.



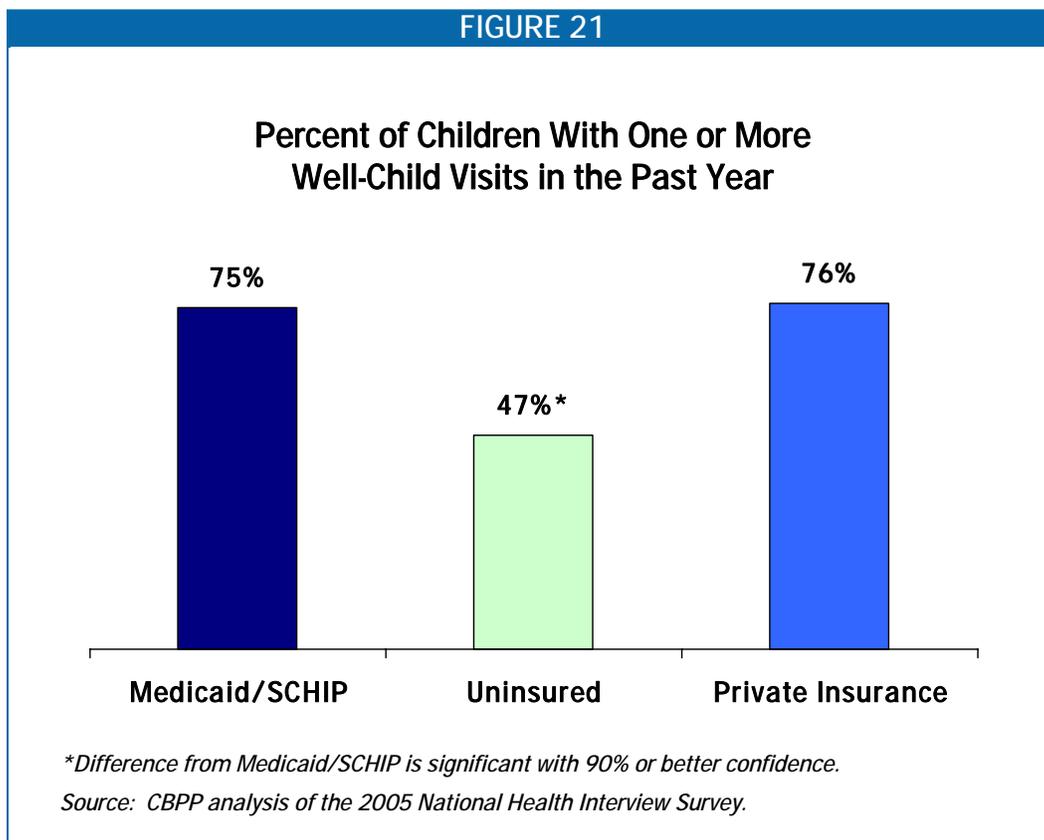
### CHILDREN WHO ARE INSURED HAVE BETTER ACCESS TO CARE FROM PHYSICIANS

- Coverage by Medicaid or SCHIP is associated with improved access to primary medical care. Publicly insured children are about 25 percent more likely than uninsured children to have seen a physician or another health care professional in the last year. They are just as likely to have seen a doctor as privately insured children, who tend to have higher incomes.
- While many states' low Medicaid or SCHIP payment rates can reduce some physicians' willingness to care for Medicaid or SCHIP patients, the above data suggest that children covered by public programs are about as likely to see a doctor as privately insured children. Even so, many Medicaid or SCHIP children may have difficulties seeing physicians on a timely basis (Tang, Yudkowsky and Davis, 2003).
- An Urban Institute study found that after controlling for differences in income, health status, and other demographic characteristics, children on Medicaid typically saw physicians more often and received more primary and preventive medical care than similarly low-income children with private insurance (Dubay and Kenney, 2001). For low-income children, public programs may be more effective in providing care than private health insurance, which typically has higher cost-sharing and fewer benefits.



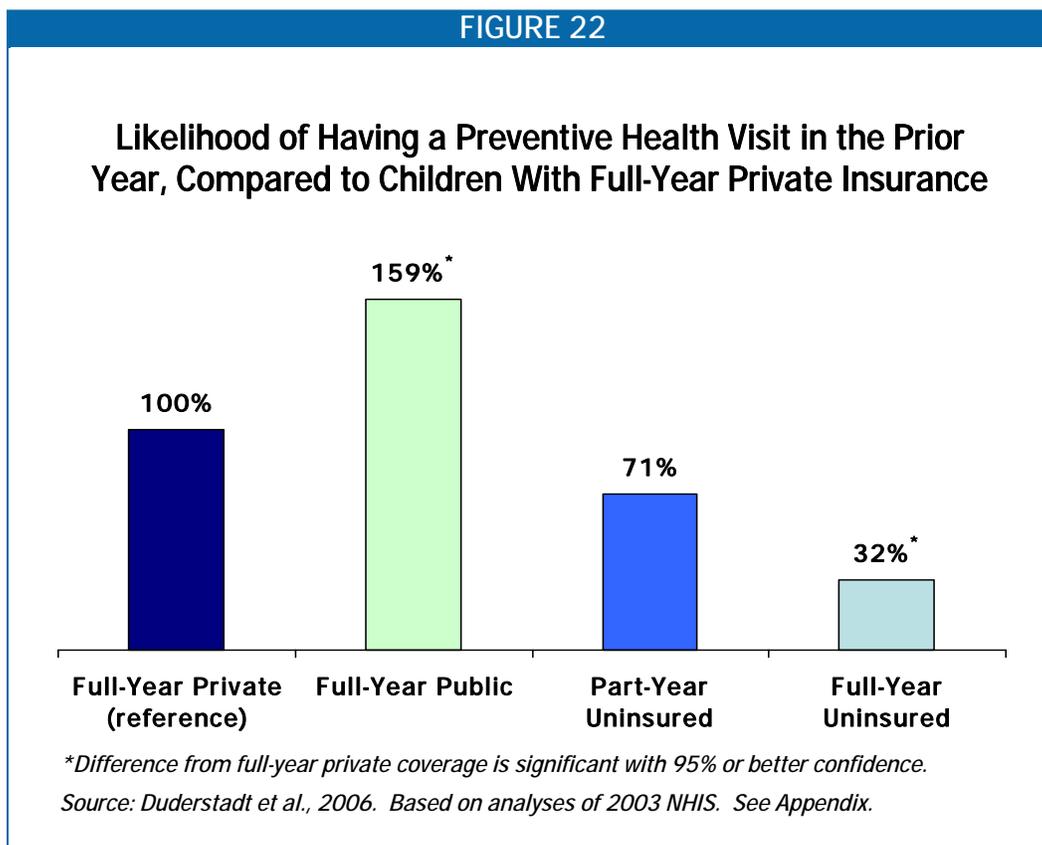
## MEDICAID AND SCHIP CONTRIBUTE TO INCREASED USE OF PREVENTIVE HEALTH CARE BY CHILDREN

- The American Academy of Pediatrics recommends that children obtain regular preventive health care, or “well-child visits.” At such visits, children receive preventive health services (such as immunizations), are screened for signs of developmental or medical problems that could pose a long-term risk to their health or well-being, have their vision and hearing checked, and receive health education and counseling about healthy behaviors. Well-child visits are core elements of the health services offered to children by Medicaid and SCHIP.
- Children served by Medicaid and SCHIP are much more likely than uninsured children to obtain these important preventive health services. They receive well-child visits at rates similar to privately insured children.
- A federal study found that areas with greater Medicaid coverage experienced lower rates of preventable hospitalizations for children than areas with less Medicaid coverage (Billings and Weinick, 2003). These findings suggest that when children gain better access to primary and preventive care through public programs, they are less likely to be hospitalized for diseases like asthma or diabetes.



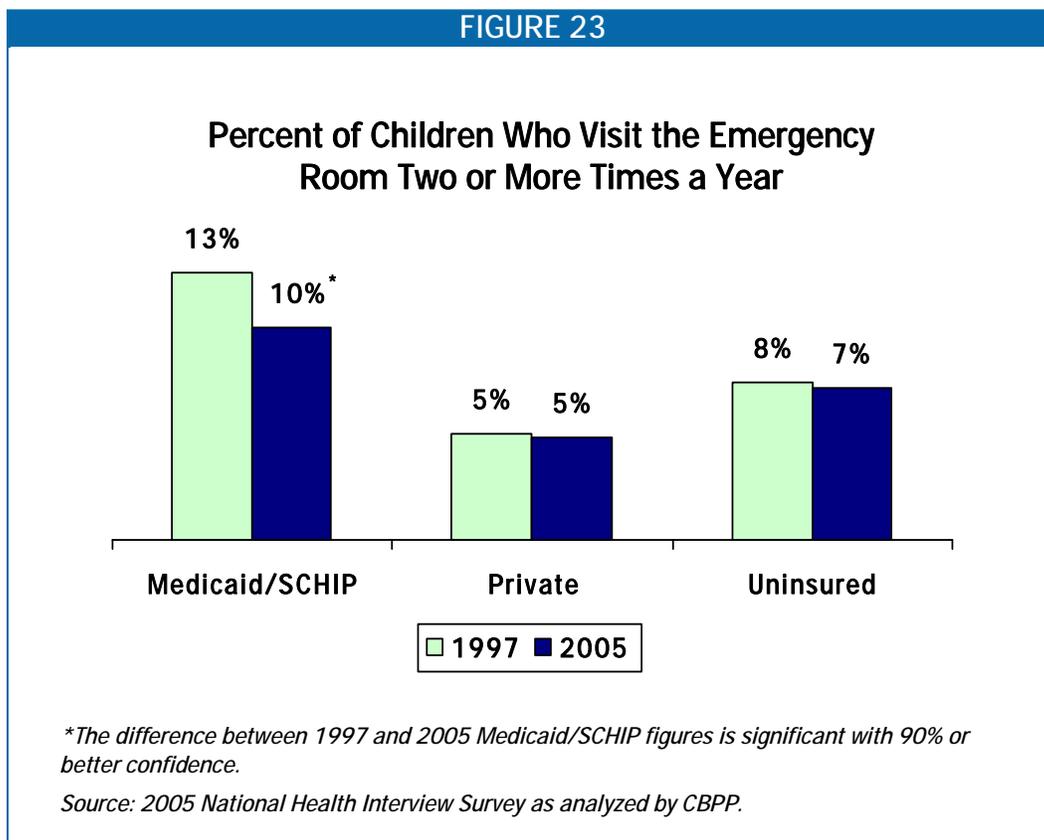
### CONTINUOUS COVERAGE LEADS TO GREATER USE OF PREVENTIVE HEALTH CARE

- A University of California at San Francisco study of children with family incomes in the typical SCHIP income range (between 100 and 200 percent of the poverty line) found that children who had full-year coverage from Medicaid or SCHIP were more likely to have had at least one preventive health visit in the prior year than children who had full-year coverage from private insurance, after controlling for children's health status, age, race, and other characteristics (Duderstadt *et al.*, 2006).
- In addition, children who were uninsured for part or all of the year were much less likely to have had any preventive health visits.
- These findings indicate that public coverage helps children get preventive health care and may even be more effective than private health insurance for this purpose. They also indicate that loss of insurance coverage — for even part of a year — can significantly impair access to preventive services.



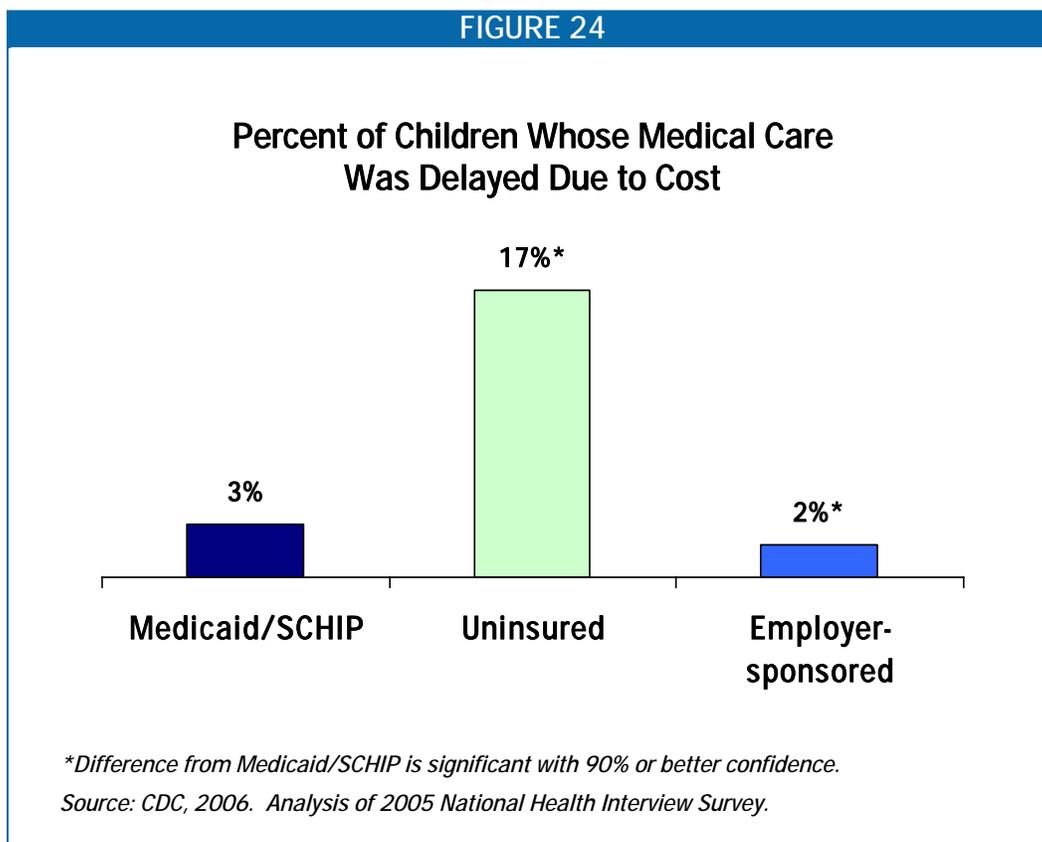
## EMERGENCY ROOM USE AMONG CHILDREN ENROLLED IN MEDICAID AND SCHIP HAS BEEN FALLING

- Low-income children enrolled in Medicaid or SCHIP are more likely to use an emergency room than children with private insurance or those who are uninsured, according to data from the National Health Interview Survey. Since children enrolled in public insurance programs are often in poorer health than privately insured or uninsured children and sometimes have difficulties getting a medical appointment quickly, it is not surprising that they use emergency care more often.
- Nonetheless, emergency room usage of publicly insured children has declined over the past decade, as the percentage of children who visited an emergency room more than twice a year fell by about *one-quarter*. During the same 1997-2005 period, there was no appreciable change in emergency room use among privately insured or uninsured children.
- Many believe that both insured and uninsured patients make unnecessary use of emergency rooms and that better access to primary and preventive care would help address this problem. A possible reason for the reduction in emergency room use among publicly insured children may be that their access to primary care improved over the past decade. Public insurance programs made substantial progress in curbing emergency room use by children.



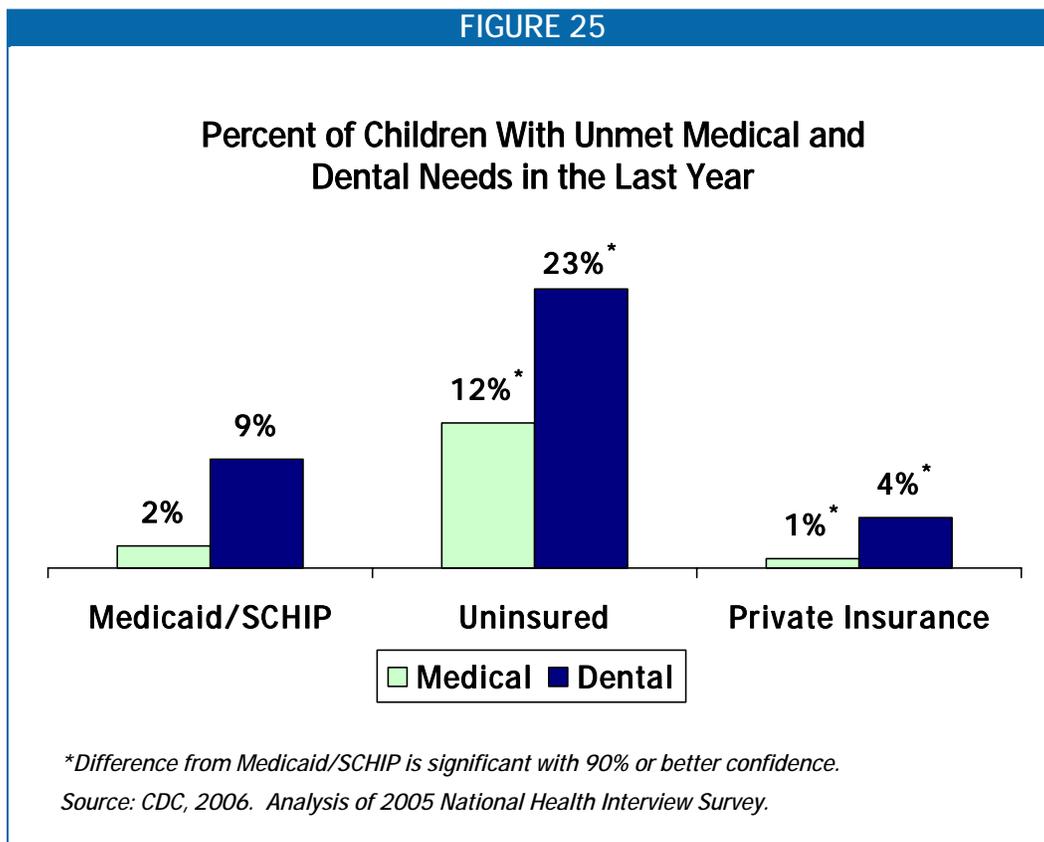
### MEDICAID AND SCHIP REDUCE FINANCIAL BARRIERS TO HEALTH CARE AND ENCOURAGE TIMELY RECEIPT OF CARE

- Those who lack health insurance must pay more out-of-pocket for care and often cannot afford care. But if they avoid or delay care, diseases may become more severe, leading to poorer medical outcomes and higher medical costs when the diseases are finally treated.
- The National Health Interview Survey asked parents if they delayed getting medical care for their children because they were worried about how much it would cost. About one-sixth of the children who lacked health insurance had care delayed because of cost, but care was rarely delayed for children with Medicaid/SCHIP or private insurance.
- By reducing financial barriers to medical care, public insurance programs promote more timely use of medical care for children, including both preventive and primary health care services.



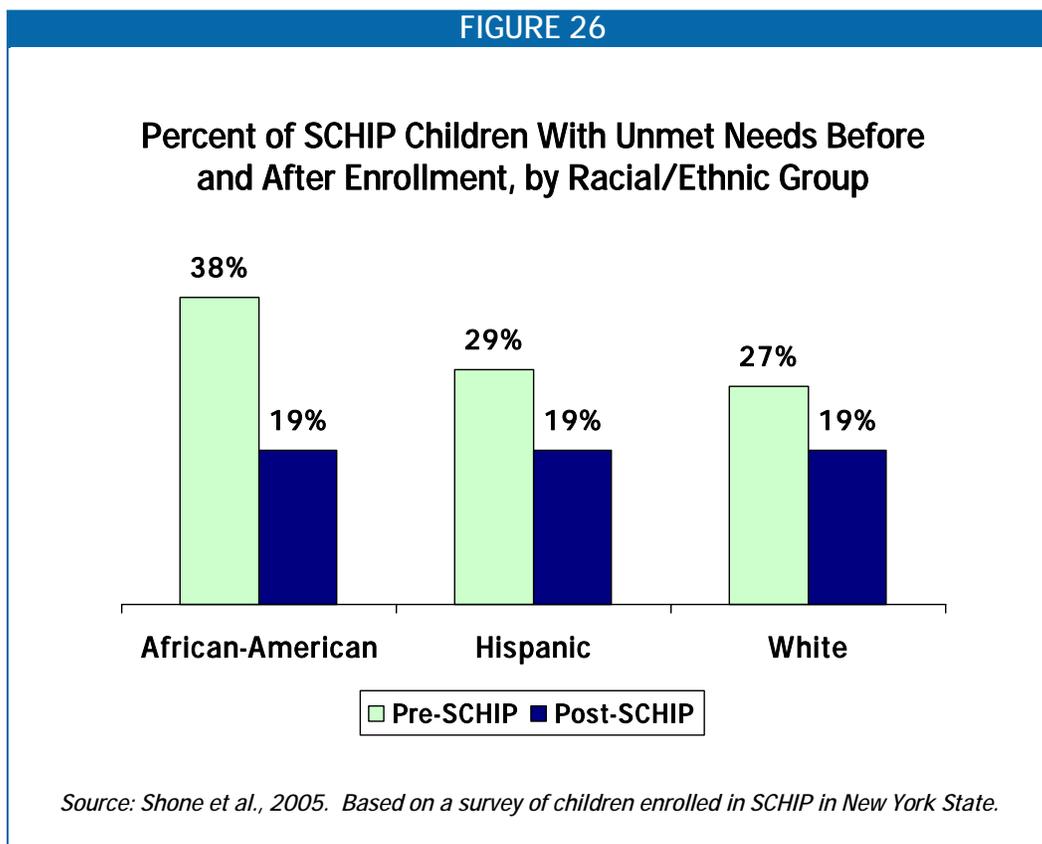
## CHILDREN WITH MEDICAID OR SCHIP COVERAGE HAVE FEWER UNMET MEDICAL AND DENTAL NEEDS

- Children may have “unmet” medical or dental needs if they need care but do not get it because the family could not afford it. In some cases, unmet medical needs may lead to more serious medical conditions that require more intensive (and more expensive) medical treatment. For example, untreated juvenile diabetes may have severe consequences (e.g., a diabetic coma), which could require hospitalization or lead to permanent disabilities.
- National Health Interview Survey data show that uninsured children are six times as likely to have unmet medical needs, and more than two times as likely to have unmet dental needs, as children covered by Medicaid or SCHIP.
- Publicly insured children are more than twice as likely as privately insured children to have unmet medical or dental needs, but this is not surprising given the latter group’s much higher average incomes. (In addition, some low-income children currently enrolled in Medicaid or SCHIP were not covered for all of the prior year and may have been uninsured for part of it.)



## SCHIP ENROLLMENT ELIMINATED RACIAL AND ETHNIC DISPARITIES IN UNMET MEDICAL NEEDS

- A study of New York’s SCHIP program found that children were much less likely to have unmet medical needs (as reported by their parents) after having SCHIP coverage for one year (Shone *et al.*, 2005).
- In addition, while there were racial and ethnic disparities in unmet medical needs — particularly between Hispanic children and non-Hispanic white children — *before* the children entered SCHIP, there were no such disparities *after* they entered SCHIP.



## CONTINUOUS COVERAGE IMPROVES CHILDREN'S ACCESS TO DENTAL CARE

- Tooth decay and other oral health problems are among the most common untreated health problems affecting America's children. Children covered by Medicaid or SCHIP are much more likely than uninsured children to have received dental care in the past year. All Medicaid programs are required to offer dental care for children, and almost all SCHIP programs offer dental benefits.
- A recent study found that low-income children with incomes between 100 percent and 200 percent of the poverty line who had continuous public insurance coverage over a year were more likely to have seen a dentist than children with continuous private coverage. It also found that the likelihood of seeing a dentist fell appreciably for children who were uninsured for part or all of the year (Duderstadt *et al.*, 2006). (The study controlled for differences in children's health status, age, race, and other characteristics.) These findings indicate SCHIP's importance in improving dental care for low-income children, as well as the need to provide *continuous* coverage for these children.
- Nonetheless, a large number of children covered by Medicaid or SCHIP fail to receive timely dental care. A number of organizations have suggested ways that states could strengthen access to dental care in Medicaid and SCHIP (Children's Dental Health Project, 2006; CHIRI, 2003; National Conference of State Legislatures, 2002).

