



## All Kids Covered Initiative Meeting Notes March 4, 2016

**Presentation: Health Coverage for Hispanic Children** – *Alisa Chester and Joan Alker, Georgetown University Center for Children and Families*

- Please reference the [presentation slides](#) and full [report](#).
- The data in the report is based on one year estimates from the American Community Survey (ACS), and are estimates. The term “Hispanic” refers to children who identify as Hispanic, Latino, or Spanish of any race.
- Good news: the U.S. experienced an historic low for Hispanic kids’ uninsurance rates in 2014. Colorado also had a huge improvement – the second largest percentage point decline in rate of uninsured with a 3.5 percentage point drop between 2013 and 2014. And the gap between the uninsured rate for all children and for Hispanic children is getting smaller in Colorado.
- Colorado has implemented some policy changes to help cover Hispanic kids; adult Medicaid expansion helped provide a welcome mat effect for kids, and Colorado removed the five-year bar for lawfully present children and pregnant women in 2015 (although results from that change are not reflected in the 2014 data).
- However, Hispanic kids still are a disproportionate share of uninsured in the U.S. and in Colorado. In Colorado, Hispanic children make up 1/3 of the child population, but account for more than 1/2 of the state’s uninsured children.
- Barriers include: complicated eligibility rules, language access (more than half of Hispanic kids had a parent who was foreign born or did not speak English as a first language), fear of immigration, paperwork burdens, difficulty predicting annual income if they don’t have full-time jobs, etc.
- How are other states increasing coverage for Hispanic kids?
  - Nevada - launched a state marketplace website in high-quality Spanish and contracted with Spanish speaking Navigators.
  - New York – the state contracts with non-profit community based organizations and developed a Facilitated Enrollment and Community Health Advocate program to provide enhanced support to consumers.
  - Six states provide coverage regardless of immigration status using their own funds. Oregon and Pennsylvania are moving in this direction now.

**Q:** Are other states thinking about the prenatal period too?

**A:** Yes, some pregnant women can be covered under CHIPRA’s “unborn child option.”

Follow-up written answer from Sonya Schwarz, CCF: Many of the states that provide coverage to pregnant woman regardless of a pregnant woman's own immigration status (because they use CHIP to fund coverage of the "unborn child"), do not provide coverage for lawfully pregnant women under the Legal Immigrant Children’s Health Improvement Act (ICHIA). (Out of the 15 states that have taken up the unborn child option, 9 of them do not cover lawfully residing pregnant women under ICHIA and 6 have taken up both unborn child option and ICHIA).

**Q:** Do these programs provide full Medicaid coverage through these programs?

**A:** Follow-up written answer: It is possible to provide the full Medicaid benefit package for pregnant woman under the "unborn child" option. As of 2014, (see this map [here](#)), IL and RI provided the full Medicaid benefit package (and have no ICHIA option for pregnant woman) and MN, WA and WI (which provide both ICHIA option and unborn child) also provided the full Medicaid benefit package.

**Q:** Colorado has seen a very high rate of children who are American Indian/Alaska Native getting covered. Is there a reason why this group would have improved so much?

**A:** First, this may be due to a small sample size resulting in a high margin of error in measuring that population.

Follow-up written answer: In terms of CHIPRA outreach grants, there were grants targeted to American Indian and Alaska Native Outreach and Enrollment in 2014. There were a total of 10 grants awarded in 7 states totaling \$3.9 million (Colorado did not receive funds but some nearby states like NM and AZ did). Funding went to health programs operated by the Indian Health Services, tribes, tribal organizations and urban Indian organizations. The seven states where funds were awarded were: Alaska, Arizona, California, Mississippi, Montana, New Mexico and Oklahoma. The grants focus on: engaging schools and tribal agencies in outreach and enrollment activities, planning outreach activities to help eligible teens enroll in coverage, and incorporating Medicaid and CHIP health coverage outreach and enrollment into routine activities and programs administered by tribal agencies and health care providers. A link to the award is available [here](#).

**Q:** Do you know what other states have done successfully to address fear in the population?

**A:** We will follow-up.

Follow-up written answer: In terms of overcoming fear, I hear time and time again that funding trusted community organizations that work with a specific immigrant community in the local area is the best way to go in terms of building trust, and being able to communicate clearly. This is a particularly difficult time to do outreach and enrollment work with Central American immigrants because of immigration enforcement actions happening around the country that began in January 2016. Even in a state like Colorado, where I am not sure whether there have been ICE raids reported, people are terrified and trying to make themselves as invisible as possible which could have a chilling effect on mixed immigration status families enrolling children in coverage. In terms of protections about sharing information about immigration status providing when applying for health coverage programs with immigration agencies, it comes from this guidance DHS/ ICE guidance [here](#), which is also available in Spanish, [here](#). Beyond that, there are longstanding protections under the Social Security Act, that protect non-applicants, or people who are applying for health coverage on behalf of a family member and not themselves, from providing their own immigration status or social security number. A long-standing tri-agency guidance ([here](#)), issued in September 2000, makes this clear. This important guidance outlived the Bush Administration and the Q&As ([here](#)) provide information on the federal law -- including the Privacy Act and the Social Security Act -- that support it.

#### **Legislative Updates – AKC Coalition Members**

- Look for a bill coming out soon regarding consumer transparency and free-standing emergency departments (EDs). The free-standing EDs would need to provide information about how they are going to bill consumers and that they may be facing higher charges.
- Sen. Aguilar will be introducing a bill in the next week or so which will help address some of the surprise bills that people get when they receive treatment at an in-network facility, but from out-of-network providers.

- Some of Joint Budget Committee (JBC) figure setting is occurring now. The Colorado Department of Public Health and Environment had figure setting last week and \$2.5 million for Long Acting Reversible Contraception was included. The Colorado Department of Health Care Policy and Financing's figure setting will be on March 15. Because the cut to primary care reimbursement rates will be considered in figure setting the Colorado Association of Family Physicians (CAFP) is doing a social media push on the 14<sup>th</sup> to help educate JBC members about the impact of the cuts. To participate, see [sample social media messaging below](#).

### General Partner Updates

- **Colorado Coalition for the Medically Underserved:** Hiring for an office manager (financials and operations). See posting [here](#).
- **Colorado Children's Campaign:** [Speak Up for Kids Day](#) will be on March 16. Please register and participate.
- **AKC:** In an effort to make the meetings as meaningful as possible, please take the AKC meeting survey [here](#). The survey will be open until March 21.

**Next meeting:** Friday April 1, 2016

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### Sample messaging from CAFP to use on March 14:

#### *Pediatric Focus*

- Nearly half of #CO kids have public insurance. Make sure they get the care they need by fully funding Medicaid #KeepOurCare #coleg
- # of uninsured #CO kids dropped from 94,000 to 33,000. Big gains, but they need a doc. #KeepOurCare & fund Medicaid primary care #coleg
- Access to Primary Care = Healthy Kids & a Healthy Start. #KeepOurCare #coleg
- Kids w/ early access to #cohealth care are more likely to stay healthy throughout their lives! #KeepOurCare #coleg
- 600,000 #CO kids and pregnant women depend on Medicaid for quality primary care #KeepOurCare & avoid a 23% cut

#### *Consumer Focused Messaging*

- 1 in 5 Coloradans with Medicaid can't access health care. Proposed 23% primary care cuts would raise the barriers #KeepOurCare #coleg
- All kids deserve a healthy start. Proposed Medicaid cuts will short change our children. #KeepOurCare #coleg
- Someone you know uses Medicaid to get and stay healthy. Oppose cuts to a program that nearly 23% of Coloradans use. #KeepOurCare #coleg
- All Coloradans deserve access to primary care. Stop cuts to Medicaid that could block thousands from the care they need. #KeepOurCare #coleg
- A healthier Colorado depends on access to primary care. Don't limit access to 1.3 million. Don't cut Medicaid. #KeepOurCare #coleg
- Kids w/ early access to #cohealth care are more likely to stay healthy throughout their lives! #KeepOurCare #coleg
- Insurance isn't enough. Access to primary care is the first step to health. Resist Medicaid cuts. Support access. #KeepOurCare #coleg
- A healthier Colorado = access to primary care. Medicaid cuts limit access and limit health. All Coloradans deserve care. #KeepOurCare #coleg