

# Fulfilling Pennsylvania's Promise to Cover All Kids

## Closing The Health Insurance Gap for Children

A Report on Children's Health  
Insurance Status in Pennsylvania

June 2015



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**4 Introduction****7 Overview**

24,000 Undocumented Immigrant Children Face Significant Barriers to Health Care

Uninsured Children Have Worse Health and Life Outcomes than Insured Children

Ample Precedent for Expanding Coverage Using State Funds

Figure #1: Five States and Washington DC Cover All Kids

**10 Parent Interviews: First Person Accounts of Why Health Insurance Matters**

Majority of Children Do Not Get The Health Care Services They Need

Chart #1: More Than 8 Out Of 10 Children Received Delayed Or No Care

Delaying Or Foregoing Health Care Services Harms Children

Neglecting Problems Increases Emergency Room Usage  
Children Do Not Get Recommended Dental Care

Chart #2: 43% of Children Had No Dental Care In The Last Year

Children's Unresolved Health Problems Negatively Impact School Performance and Play

High Health Care Costs Prohibit Parents From Seeking Care For Sick Children

Chart #3: Most Children Prescribed Medication Did Not Get Adequate Dose Because Family Could Not Afford Cost

Insurance Barriers Create Stressful Family Dynamics

**15 Coverage Benefits Children and Society - Socially and Financially**

Health Insurance Improves Children's Health and Life Outcomes in the Short and Long-Term

Health Insurance Can Decrease Uncompensated Care Costs

**16 Pennsylvania Can Afford To Cover All Kids**

An Increase in the Federal CHIP Match Rate Will Occur in Fiscal Year 2016

Chart #4: State CHIP Going Down In FY16 & FY17

Improved Access Could Reduce Costs

Myths That Undermine Children's Eligibility

**19 Conclusion****20 Dream Care Supporting Organizations****21 Sources**

# Contents

# Introduction

Pennsylvania has the distinction of being the birthplace of the nation's Children's Health Insurance Program (CHIP) and one of the first to join the Cover All Kids movement.

While Pennsylvania has nearly reached its goal of covering all kids, we've fallen short by categorically excluding 24,000 undocumented immigrant children. This report details the issues involved in covering all kids and introduces you to some people affected by not having health insurance for their children.

It's time to realize the true meaning of Pennsylvania's Cover All Kids program and qualify every child for coverage. Pennsylvania can afford to Cover All Kids... find out how.

**A True Story:** *Maria is the kind of child who crawls into your lap and into your heart. She has a bright, playful smile and a round face adorned with wispy bangs. Belying her cheerful countenance is the fact that Maria is malnourished. She is small for her four years, and according to her mother, she is never hungry and has to be forced to eat. After driving an hour from their home to get her annual check-up, her parents were advised to take her to a specialist to explore why she was not growing. When they learned the fee was \$150 they never made an appointment. Instead they just worry.*

*Anxiety is the only treatment they can afford for a skin rash around her ankle that she scratches constantly. When they tried to see a dermatologist, the office asked what kind of health insurance they had. At their response, "none", suddenly the doctor was no longer available.*

*Dental care is also on hold. After scraping up enough to take Maria to a dentist, they were told she has three cavities and it would cost \$1,200 for the fillings. That was \$1,200 more than they could even begin to lay out.*

*Of all their anxieties, what Maria's parents dread the most is that their little girl may need emergency care and they wouldn't be able to afford to take her to a hospital. A while ago Maria had a very high fever that peaked at 4 a.m. In a frenzy, her mother called a relative who recommended an over the counter remedy, and her father drove all over town in the middle of the night to find an open pharmacy. The memory of that night haunts them. What would they do if something like this happened again and the medicine didn't work?*

Maria is not her real name. She lives in Delaware County.

Maria is an undocumented immigrant who lacks health insurance. There are an estimated 24,000 children like her across the Commonwealth. Children who are undocumented do not qualify for public health insurance, CHIP or Medicaid (with limited exceptions for Emergency Medicaid) or private coverage in the Affordable Care Act Marketplace.

Public Citizens for Children and Youth (PCCY) interviewed 53 parents of children like Maria's, and our investigation found that more than 8 out of 10 parents needed to delay or forego care for their child due to lack of insurance. Among these families we found:

- + 100% of parents stated that they did not seek care for their child because they could not afford it;
- + 91% of children received delayed care or went without care for a serious medical need requiring the expertise of a specialist;
- + 67% of parents reported their child was harmed by delaying or foregoing care;
- + 42% of parents reported that delaying or foregoing care negatively affected their children at school, causing absences, lower grades and behavioral problems;
- + 28% of children required emergency room care because a neglected problem worsened.

These findings are consistent with years of academic research that shows uninsured children have worse health and life outcomes than insured children. In addition, uninsured and/or under-insured children cost the system more on average. CHIP costs an average of \$2,500 per child per year – almost half the \$4,600 that a leading Pennsylvania pediatric hospital spent per child in the last fiscal year in uncompensated care – expenses which are financed largely with public dollars.

The good news is that there is ample precedent for states to cover kids regardless of their immigration status. Five states – California (36 counties), Illinois, Massachusetts, New York, Washington – and the District of Columbia have adopted reforms to make undocumented immigrant children eligible for public health insurance. Collectively, at least 202,000 children have gained access to health care in these states by enrolling in public health insurance.

Pennsylvania can and should join these states by allowing undocumented immigrant children to enroll in CHIP. Based on the experience of other states, we estimate that approximately 6,000 children are likely to enroll in the program in the first year. To support this essential program expansion an additional \$15.4 million in state spending would be required annually.

Public support is growing for closing the gap in universal health care coverage for every child as evidenced by the broad-based and ever expanding Dream Care - Cover All Kids Coalition. (See the list of supporting organizations on page 20).

It's time to realize the true potential of the state's 'Cover All Kids' program by making Maria and the 24,000 children like her eligible for health care coverage.

## II. Overview

### ***24,000 Undocumented Immigrant Children Face Significant Barriers to Health Care***

An estimated 38,000 undocumented immigrant children live in Pennsylvania, and 24,000 of them – nearly two out of three – are uninsured.<sup>1,2</sup>

The major public health insurance programs offer very limited protection at best for children who are undocumented. Even children growing up in very low-income families cannot enroll in Medicaid and CHIP because federal funds cannot be spent on children who are undocumented with the exception of children who have serious health conditions and whose families meet the income and other qualifications for Emergency Medicaid.

At the state level, the Pennsylvania legislature significantly expanded the Children's Health Insurance Program in 2007 to qualify almost every Pennsylvania child for public health insurance. While the expansion was called "Cover All Kids," this is a misnomer because it excludes children who are undocumented. The Affordable Care Act (ACA) offers no resolution to this issue because Marketplace coverage does not extend to individuals who are undocumented.



Researchers have found that undocumented and uninsured children have more preventable hospitalizations and higher childhood mortality rates. Ayanian (2009), found that these children are 6 to 8 times more likely to have unmet health care needs, and Mohanty et al. (2005), found they have hospitalization costs that are 3 times higher compared to insured children largely because they have decreased access to preventive health services.



Unfortunately, most undocumented children are not enrolled in private coverage because these immigrant parents are disproportionately employed in low wage jobs that are less likely to offer employee health insurance coverage.<sup>3,4</sup>

### ***Uninsured Children Have Worse Health and Life Outcomes than Insured Children***

Children who are uninsured and immigrant are more apt to experience negative health consequences. A 2004 Urban Institute study reported that about half of foreign-born children are undocumented and are ineligible for public health insurance except Emergency Medicaid.<sup>5</sup> The same study concluded that more than twice as many young children of immigrants compared to US-born children don't have a regular source of health care and, not surprisingly, parents of young immigrant children report their children in fair or poor health at twice the rate of US-born children.

When kids don't receive regular check ups and don't have access to primary care for common childhood illnesses their health problems are harder to prevent, including obtaining childhood vaccines to ward off communicable diseases. What's more, children's health conditions can go untreated, and these untreated problems can escalate, requiring their parents to seek costlier emergency room care. This may help explain why a study of young Hispanic immigrant children with asthma revealed that asthmatic children from Spanish-speaking families were less likely to have an asthma diagnosis than children from English-speaking families, but were twice as likely to be hospitalized for asthma.<sup>6</sup>

While immigrant children use emergency room services less frequently than US-born children, when they do use emergency care, the cost to them is three times higher than for US-born kids.<sup>7</sup> Immigrant parents may delay seeking care because they lack insurance, causing a child's health status to worsen in the process. This result is obviously not desirable for the child who endures worse health outcomes and is more costly for the system as a whole.

### ***Ample Precedent for Expanding Coverage Using State Funds***

While the federal funds that subsidize state Medicaid and CHIP programs cannot be used to pay for coverage for individuals who are undocumented, these states and localities utilize state funds only (and in the case of California some private funds) to cover the cost of children who are undocumented.

New York's program has been in place for the past 25 years. Collectively, at least 202,000 children have gained access to health care in these states by enrolling in public health insurance.

And the impact is clear. In California, for example, children had fewer school absences within a year of enrolling in health insurance.<sup>8</sup>



Five states, California (36 counties as of 2012), Illinois, Massachusetts, New York, Washington and the District of Columbia, have adopted reforms to make undocumented immigrant children eligible for public health insurance.





FIGURE 1: FIVE STATES AND WASHINGTON DC COVER ALL KIDS

Location	Name of Program(s)	Year Begun	Number of Undocumented Children Enrolled (Year)	CHIP Cost Per Enrollee as of 2009 <sup>9</sup>
California <sup>10</sup>	Healthy Kids, CalKids & Kaiser Permanente Child Health Plan	2001, 1992 & 1998	120,929 (2011)	Not Applicable
Illinois <sup>11</sup>	All Kids	2006	39,859 (2013)	\$1,688
Massachusetts <sup>12</sup>	The Children's Medical Security Plan	1996	19,258 (FY 2015)	\$3,300
New York <sup>13</sup>	Child Health Plus	1990	Not Available	\$1,362
Washington State <sup>14</sup>	Washington Apple Health for Kids	2007	19,074 (2015)	\$1,637
Washington DC <sup>15</sup>	Immigrant Children's Program	2000	3,377 (FY 2014)	\$2,174

**A True Story:** Miguel sits at the table pushing around the rice and beans on his plate with his fork. "Eat something, hijo," his mother pleads. "I can't," he replies, wrapping his thin arms around his skinny frame. "My stomach hurts too much." It's been this way every night and a good part of most days for more than six months. Miguel, once an active, cheerful 11 year old who loved sports, has lost a startling 30 pounds and turned into a listless homebody. He rarely goes outside to play with his friends for fear of an urgent attack of diarrhea. He's missed more than 30 days of school, causing his grades to drop as he falls behind the rest of his class.

His mother, a well-groomed, bright woman with short brown hair, is at her wit's end with frustration. No matter how hard she tries to do the right things, she hasn't been able to get her son the expert care she is well aware he needs. A few times, when his pain was really severe, there were trips to the emergency room, resulting in \$4,000 in unpaid medical bills. Ultimately, it's not just Miguel who is suffering. His unmet medical issues have affected the whole family, creating an atmosphere of constant stress. It's a vicious cycle: the costs mount; the pain goes untreated; the anxiety increases.

"All the time I'm worried," says his mother. "All the year he's sick and I am feeling so terrible because we can't afford to see a specialist. I know something is wrong with my son and I know his health is important, but what can I do? There is only so much money we have. If only he had insurance, I could get him to the right place."

Miguel is not his real name. He lives in Bucks County.

### III. Parent Interviews: First Person Accounts of Why Health Insurance Matters



PCCY interviewed 53 parents of children who were undocumented and uninsured to give voice to their experience raising a child with barriers to care and to understand the resulting health and financial impacts. All of the interviews were conducted in Southeastern Pennsylvania in the counties of Bucks (8), Chester (10), Delaware (8), Montgomery (11) and Philadelphia (16) from August 2014 to February 2015.<sup>16</sup>

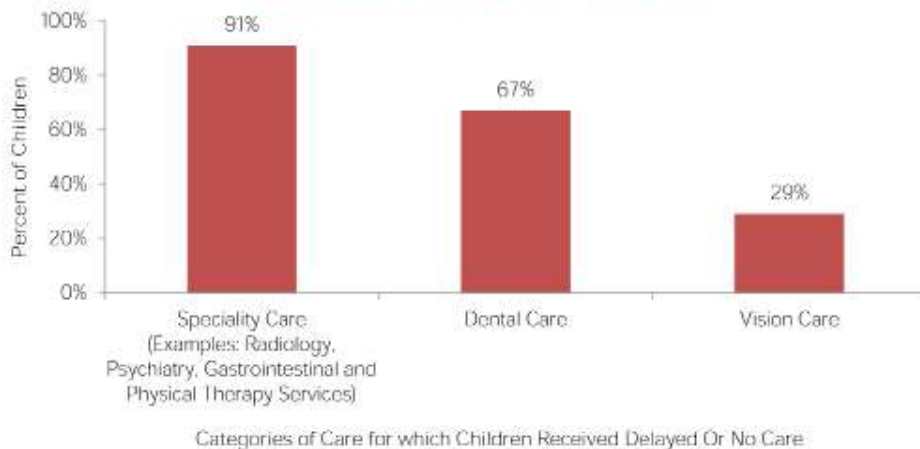
The immigrant parents we spoke with shared similar values with parents across the state. They talked about how pathways to success and prosperity begin with a solid education to build critical skills that eventually transfer to the workplace in adulthood. The parents we spoke with were also striving to achieve the American Dream through hard work. Nearly all of our parents (92%) reported that at least one adult in the home had a job or had started a company and were self-employed. There was universal agreement that their child's education was very important, with all 53 parents rating education a 10 on a scale of 1 to 10.

These parents recognized the importance of preventive care and keeping up to date with required vaccinations and school health assessments, and 3 out of 4 parents were able to secure at least one well-child exam for their child in the last year. But while obtaining preventive care was within their reach, the interviews revealed that most all other types of care were disturbingly inaccessible.

#### **Majority Of Children Do Not Get The Health Care Services They Need**

PCCY found that 85% of these children received delayed or no care at all for at least one medical condition. Services by medical specialists such as radiology, psychiatry, gastroenterology or physical therapy were most likely to be postponed or skipped entirely (91%) followed by dental care visits (67%) and vision care (29%).

**Chart #1: More Than 8 Out Of 10 Children Received Delayed Or No Care**



### ***Delaying Or Foregoing Health Care Services Harms Children***

Sixty-seven percent of parents reported that delaying or foregoing health care services caused their child harm. Many parents stated that their child remained in physical pain and discomfort from injuries or ailments such as toothaches, gastritis, ear infections and various skin conditions.



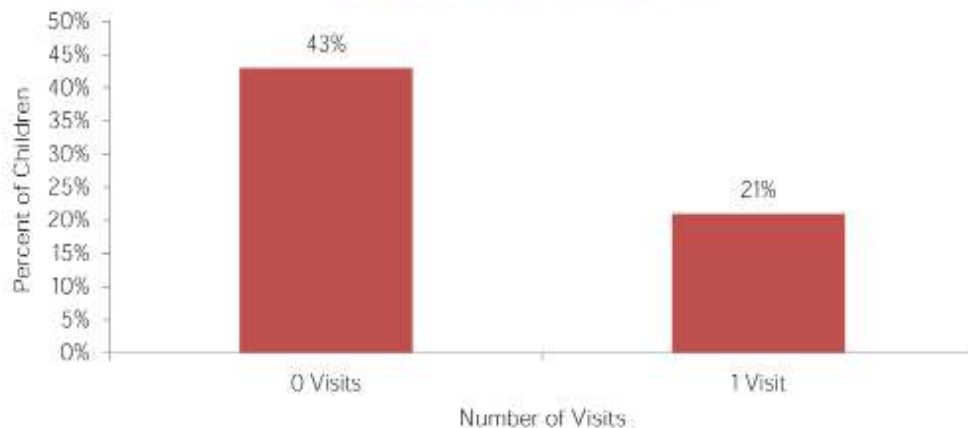
### ***Neglecting Problems Increases Emergency Room Usage***

Parents often described applying standard comfort measures such as bed rest and over-the-counter medicines to treat their children's illnesses, yet for some children this was not enough. Twenty-eight percent of parents whose children received delayed or no care experienced escalated symptoms requiring them to seek care in an emergency department. ER visits are more expensive to the health care system and, as many of the interviews in this report show, more traumatic to children and parents.

### ***Children Do Not Get Recommended Dental Care***

While dentists recommend that children receive two preventive dental appointments a year, the children in the families we interviewed fell well short of that. Among all of the parents we interviewed, 43% reported that their children had not received any dental care in the last year and 21% had one visit.

Chart 2: 43% of Children Had No Dental Care In The Last Year



### **Children's Unresolved Health Problems Negatively Impact School Performance and Play**

Two out of five parents reported that delaying or foregoing health care for their children negatively affected their children at school. Among this group of parents, two-thirds noted that their children had many absences due to illness. For young children in particular, school attendance is a key predictor of school performance for the simple reason that if kids aren't in school they aren't learning and can fall behind. One in three parents reported that their child's grades dropped due to illness.

Physical and emotional pain and discomfort can also cause changes in a child's behavior such as acting out or withdrawing socially. Almost 3 out of 10 parents reported a negative change in their child's behavior at school connected with an unmet health care problem.

Delaying or foregoing health care also curtailed children's ability to simply enjoy playing and interacting with their friends and family. Two out of five parents described being hyper-vigilant and restricting their child's outdoor play time for fear of triggering an asthma attack or sustaining an injury. Some youth were excluded from participating in school sports teams because they had no health insurance and the schools did not want to assume extra risk if the students were injured while playing.

**A True Story:** *As might be expected from a 15 year old boy who was born and raised in Mexico (until he came to the US eight years ago), soccer was always Santiago's favorite sport. Not any more. He's had to give up his passion since he hurt his ankle and his knee on the playing field. His mother knew she should have the injuries x-rayed. But that was not an option because Santiago is undocumented and has no health insurance – and she has no money for unbudgeted expenses. Now, Santiago hangs around the house because it hurts too much for him to kick the ball.*

*Worse than the leg pain are his constant earaches. Usually, when the pain gets so unbearable that Santiago can't go school, his mom takes him to a pharmacy clinic, knowing full well that what he really needs is an ENT specialist, but that is beyond her means. The medication prescribed by the clinic is, at best, palliative and doesn't address his underlying ear problem. It's also expensive – more than \$200 a month – and he often skips doses because the family till is empty. Now he has hearing loss in one ear that could easily progress.*

*"All I do is worry about his health care," says his mother despondently. "Sometimes I can't pay attention at my job, and I've already missed five days this year because I need to take care of him.*

Santiago is not his real name. He lives in Philadelphia County.



**Physical activity and exercise are key to a healthy childhood – helping to reduce the risk of obesity and other injurious and costly chronic diseases such as diabetes, heart disease and colon cancer. There is evidence that physical activity improves school performance – increasing students' concentration, attentiveness and grades.<sup>17</sup> And feelings of depression and anxiety can be kept at bay when children and adolescents stay active.<sup>18</sup>**



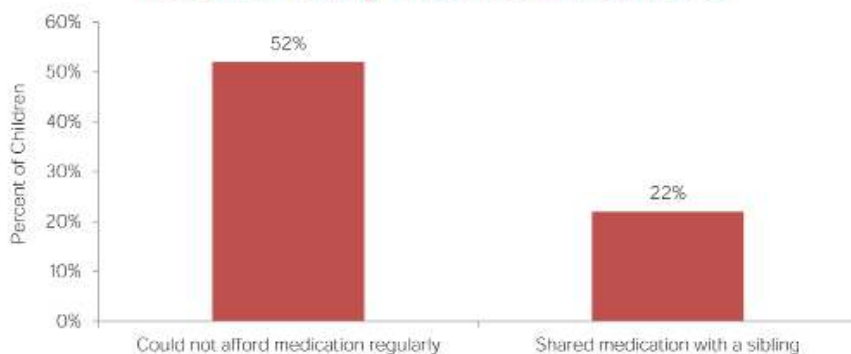
### **High Health Care Costs Prohibit Parents From Seeking Care for Sick Children**

All of the parents who delayed or did not get any care for their child's medical conditions stated that the cost of care was prohibitive without health insurance.

Some parents did eventually seek health care for their kids and paid out of pocket for it. At the time we spoke with them, 43% of parents reported having unpaid medical bills.

Parents also had expenses for their children's medication that they all paid for – if they could afford it. Almost half of the children (43%) had been prescribed medications (other than vitamins) to treat their illnesses. On average, parents paid \$63 a month for these medications or about \$750 if the medicine was required year round. Many parents, however, stated that they could not afford all of their children's medications. Of the children who were prescribed medication, half of them (52%) did not get them regularly when they were needed because their parents could not afford them. And one out of five (22%) children prescribed medication shared their sibling's medicine – so neither child likely received the adequate dosage needed to attain optimal health.

**Chart #3: Most Children Prescribed Medication Did Not Get Adequate Dose Because Family Could Not Afford Cost**



Lack of coverage increased the financial stress of keeping their children healthy while meeting their other obligations of housing, clothing and feeding their families. More specifically, 40% of the parents we interviewed had two or three children who were undocumented and uninsured which means a higher likelihood of larger health care costs and incurring medical debt for these services.

### **Insurance Barriers Create Stressful Family Dynamics**

In addition to the more objective health and financial impacts described above, we identified some intangible issues with potent negative affect on children who are undocumented and uninsured.



100% of the parents who delayed or did not get any care for their child's medical conditions said they couldn't afford the care.



One out of five children prescribed medication shared their sibling's medicine – so neither child likely received the adequate dosage needed to attain optimal health.



Close to two thirds of the parents we interviewed had at least one child who was undocumented and uninsured and another child who was born in the U.S. and enrolled in public health insurance, and many of these parents described vivid disparities in their children's health care access and health status. The difference in coverage created a disheartening dilemma within the family as certain children were perceived deserving and undeserving of care. We heard from many parents that watching this dynamic play out was disturbing. One parent stated that her eight year old is a constant source of worry because he is undocumented and has multiple health problems in contrast with her younger four year old son who was born in the United States, is a citizen, has public health insurance and never gets sick. Another parent said she is diligent about taking her U.S. born son for check ups, yet she has not taken her older, undocumented daughter to the dentist in two years to get her cavities filled because they cannot afford the \$275 service charge.

Another dilemma we identified involved parents having to make a determination if they could self-treat their child's illness or injury or whether it was severe enough to seek emergency or specialty care. Without the ability to consult a doctor or nurse, many parents worried about making the right medical decision and risking that they might inadvertently further harm their child. And if they did decide that their child's health problem warranted medical attention, they then grappled with how to pay for the care while meeting their other financial obligations.

***True Story:*** Victor, who is 15 years old, had the misfortune to be born two months before his mother moved here from Mexico to find work. The family lives in a very tiny house used by mushroom workers in Chester County; a cramped, box-like structure with a curtain separating their sleeping quarters. While all the siblings share the deprivations of poverty, Victor alone suffers from the deprivation of not having health insurance.

Consequently, his medical care all too often consists of an aspirin and what his mother believes to be a nutritious meal—although she knows neither is sufficient. “I never know when he's sick enough to need a doctor or maybe he'll just get better on his own,” she says remorsefully. “It's not like with the other kids. If something is wrong with them, I can always take them for help.” But aspirin rarely meets Victor's needs. It's not enough to handle the pain from a tooth he broke in a sport's accident and the several unfilled cavities found by a dentist he saw six years ago. It's not enough to quell the constant knee pain that has plagued him since he tripped and fell off a treadmill at school. His mother knew he should have gone to the ER but she had no money and hoped he'd heal on his own. And she was petrified that someone at the hospital would report him for deportation.

“Whenever Victor is sick or hurt, he wants to go to the doctor,” says his mother as tears flood her careworn face. “Over and over he asks me, ‘Why can't I go to the nice places you take my sister and brother?’ All I can tell him is, ‘You wouldn't understand.’ How can you explain this kind of unfairness to your child? I feel so helpless and worried all the time.

Victor is not his real name. He lives in Chester County.



## IV. Coverage Benefits Children and Society - Socially and Financially

Children, their families and communities are better off if all kids have health insurance. Numerous studies demonstrate the financial benefits of ensuring that children have health insurance.

### *Health Insurance Improves Children's Health and Life Outcomes in the Short and Long-Term*

- + For undocumented children specifically, an evaluation of California's Healthy Kids program demonstrated positive health and educational outcomes for enrolled kids. Researchers found that participation in Healthy Kids increased children's access to and use of medical and dental care and over time improved their overall health status – even showing a significant reduction in the share of children who missed any school in the past month due to illness (from 43.2% to 35.4%) or missed three or more days of school in the past month due to illness (from 16.0% to 10.9%).<sup>19</sup>
- + Several recent studies published by the National Bureau of Economic Research show that expanding Medicaid coverage was helping to raise high school and college graduation rates.<sup>20</sup> One comprehensive study looked at the long-term economic impact of expanding Medicaid coverage to children in the 1980s and 1990s, comparing children who became eligible and enrolled in coverage to children who were not. Researchers projected that by the time these children are 60 years old, the government will have saved 56 cents for each dollar spent on Medicaid in their childhood through higher future tax payments – as the Medicaid enrolled children collect less money from the government in Earned Income Tax Credits and the female children had higher earnings by age 28.<sup>21</sup>
- + Public insurance increases children's access to health care and reduces mortality, according to a 2014 Kaiser Commission report on the impact of expanding CHIP and Medicaid to children.<sup>22</sup> Following this expansion, children's unmet health needs were reduced by 50% and they experienced reductions in avoidable hospitalizations, morbidity and mortality.

### *Health Insurance Can Decrease Uncompensated Care Costs*

- + A Pennsylvania pediatric hospital spent roughly \$4,600 per child in uncompensated care in FY2013 – almost double the \$2,500 annual amount it costs to cover a child in CHIP.<sup>23</sup> This pediatric hospital does not record a patient's immigration status, but a 2013 study published in Health Affairs concluded that undocumented immigrants were more than twice as likely as US born to receive uncompensated care.<sup>24</sup>



**Researchers found that after one year of enrollment children in California's Healthy Kids insurance program missed any school in the past month due to illness – a decrease from 43.2% to 35.4%.**



**A Pennsylvania pediatric hospital spent roughly \$4,600 per child in uncompensated care in FY2013 – almost double the \$2,500 annual amount it costs to cover a child in CHIP.**



- + Hospitals that care for a larger share of people who are uninsured receive funds from the federal Medicaid Disproportionate Share Hospital program (DSH). These funds are being phased out after the implementation of the Affordable Care Act which qualifies many more people for insurance reducing uncompensated care costs and the need for DSH payments.<sup>25</sup> Providing CHIP coverage to uninsured kids will help drive down uncompensated care costs that will no longer be covered in the Affordable Care Act.
- + Health insurance has proven effective at driving down the cost of health care because of the availability of preventative care services.



**A True Story:** *Alma is the oldest of four children, a strikingly pretty girl with soft brown curls and lovely manners. Unlike her three younger siblings who were born in the United States, she was born in Honduras and is the only child in the family who is undocumented and uninsured. Her parents live in fear that she will get sick and need emergency care that they won't be able to pay for. This happened two years ago. Alma had a stomachache that didn't respond to over the counter medication. One night she awoke writhing in pain. There was no choice but to take her to the emergency room at CHOP where she was admitted, kept overnight and released when the symptoms subsided. All that remained was an \$8,000 hospital bill. Fortunately, the family qualified for CHOP charity care. "We were lucky that time," her father says, "but who knows what might happen if there were another emergency."*

*Alma's parents are all too aware that ignoring small health issues eventually makes them much harder to treat. "It's so hard for me not having insurance for Alma," her mother says tearfully. "I can take my other kids for health care whenever they need it. I should be able to do that for Alma, too."*

|

Alma is not her real name. She lives in Delaware County.

## V. Pennsylvania Can Afford to Cover All Kids

The Commonwealth could expand coverage to the estimated 24,000 undocumented and uninsured children living in the state. Based on the experience of other states, PCCY estimates that about 25% (6,000) of the newly eligible children will enroll in year one.<sup>26</sup> The FY 2014 cost of coverage in CHIP for one child is \$2,568. The cost to enroll 6,000 children would be \$15.4 million for the first full year the program is in effect.



### ***An Increase in the Federal CHIP Match Rate Will Occur in Fiscal Year 2016***

In April 2015, with bipartisan support, the US Congress passed a law reauthorizing funds for CHIP through FY2017. The law also includes a provision to increase the federal CHIP match rate to states by 23%. Starting in October 2015, the federal match rate for Pennsylvania will increase from 66% to 89% or an extra \$591 per child per year or a total of \$92 million more for the 150,000 kids PA anticipates enrolled in CHIP in FY2016. (These funds are already factored into the Governor's budget proposal.)

**Chart #4: State CHIP Costs Decreasing  
In FY16 & FY17**

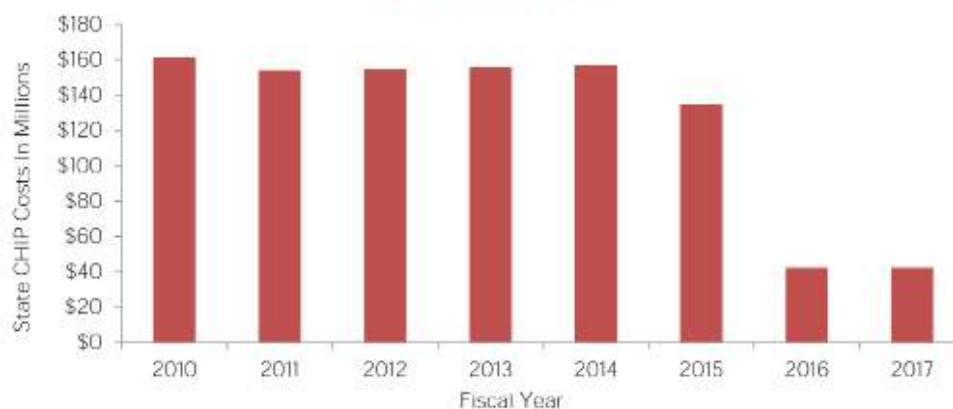


Chart Note: CHIP costs are based on average annual enrollment numbers except for FY15 which is based on average enrollment for 10 months from June to April. Enrollment numbers for FY16 and FY17 are the same (150,000 children) which is the number the state projected for FY16.

### ***Improved Access Could Reduce Costs***

Children and adults who are undocumented, who have a serious medical condition and who otherwise meet the criteria for Medicaid are eligible for temporary Medicaid coverage called Emergency Medical Assistance (EMA). The condition may or may not require the individual to obtain care in an emergency room, but it does need to be an urgent problem that fits a specific set of criteria. EMA provides crucial coverage for women who are pregnant and people requiring biopsies and surgeries, for example.

According to the Pennsylvania Department of Human Services, for the period of July 1, 2014 to December 31, 2014, 241 Pennsylvania children received Emergency Medical Assistance. The total amount paid was \$1,331,589, and the state share of this amount was \$615,768. Based on this data, the cost of the proposed expansion could be offset by \$1.3 million in reduced EMA payments.

### ***Myths That Undermine Children's Insurance Eligibility***

Reasonable people may disagree about immigration policy, but there is little room to argue that any sick child should go untreated. This is especially true since undocumented immigrants pay sales, wage and other taxes which serve as the revenues that back the public health care programs for children who are legal residents or citizens. A 2007 Congressional Budget Office study, for example, found that 75 percent of undocumented immigrants had taxes withheld from their paychecks, filed individual tax returns, or both.<sup>27</sup> In Pennsylvania, undocumented immigrants paid an estimated \$135 million in combined income, property and sales taxes in 2010.<sup>28</sup>

Some states have been resistant to expanding health care access for fear that it will encourage disadvantaged families to relocate to the states with generous benefits. Research shows, however, that the primary reason people enter the country without documentation is to seek higher paying work or to be reunited with family.<sup>29</sup>

***A True Story:*** *Mercedes, a pleasant woman with a long brown pony tail, was thrilled when her daughter who lived with her parents for over a decade in Honduras finally came to live with her family in America. But Mercedes barely recognized the 15 year old girl who stepped off the plane. Gloria was painfully thin with the bloated, distended belly of a starvation victim. She did the best she could on her own to nourish Gloria with good home cooking, and eventually the skinny teenager gained some weight. She finally began to menstruate at age 16. Unfortunately, malnourishment was only one of many issues on the list of Gloria's unaddressed health problems.*

*Dental care is another. Gloria is so embarrassed by her badly discolored front teeth that she covers her mouth with her hand when she speaks and almost never says anything in school. "I tell her when I finish paying for her trip here from Honduras I will get her teeth fixed," Mercedes says, "but there is no dentist I can take her to now because she's uninsured." Gloria's medical and emotional needs must be paid out of pocket—and the family's pockets are empty.*

*What worries Mercedes even more than Gloria's depression is her obsession with cleanliness. "She is always looking for something to clean," her mother says. "I have to hide the broom and mop so I can relax in my own home and get a break from her constant scrubbing and making neat. She always has a sponge in her hand, wiping this, sweeping that. It's endless. She can't have a speck of dirt on her clothes or she goes crazy. I know there is something wrong with her and she needs help. I am upset all the time from this."*

These are not their real names. The family lives in Delaware County.

Case in point, researchers from the University of Illinois at Chicago analyzed the impact of the Illinois All Kids program that extended coverage to children who were undocumented and concluded that the program did not result in an influx of undocumented immigrants moving into the state of Illinois.<sup>30</sup> Pennsylvania's own experience as the first state to offer CHIP bears this out as well.

## VI. Conclusion

Ensuring children have access to the health care they need is simply good public policy. Taking good care of our most vulnerable populations, children among them, is in keeping with Pennsylvania's long-standing bipartisan support of health care and coverage for children.

An estimated 24,000 Pennsylvania children are both undocumented and uninsured, and they do not qualify for public health insurance. When they are not insured, they get sick, miss school, their parents miss work and the Commonwealth suffers.

Five states – California (36 counties), Illinois, Massachusetts, New York, Washington – and the District of Columbia have adopted reforms to make undocumented immigrant children eligible for public health insurance. Public support is growing for equal child health care access right here in Pennsylvania as a coalition of nearly 30 organizations support coverage for all. (See the list of supporting organizations on the next page).

It is time to realize the true meaning of the state's 'Cover All Kids' program and qualify every child for coverage.



## VII. Dream Care Supporting Organizations

ACLAMO	Pediatric Dental Associates Limited
Consumer Health Coalition	Pennsylvania Catholic Conference
Children's Crisis Treatment Center	Pennsylvania Catholic Health Association
Children's Dental Health Associates	Pennsylvania Chapter of the American Academy of Pediatrics
The Children's Hospital of Philadelphia	Pennsylvania Coalition for Oral Health
Delaware County Medical Society	Pennsylvania Health Law Project
Delaware County Community Health	Pennsylvania Health Access Network
Einstein Hospital	Pennsylvania Immigration and Citizenship Coalition
Family Practice & Counseling Network	Puentes de Salud
Health Care Access of Chester County	Schools Without Borders
Health Federation of Philadelphia	SEIU Healthcare PA
HIAS Pennsylvania	Southern PA Oral Surgery, LLC
Justice and Peace Committee of the Sisters of St. Francis of Philadelphia	Special Smiles, Limited
Maternal and Child Health Consortium of Chester County	Temple University Health System
Mental Health Association of Southeastern Pennsylvania	The Open Door
National Nursing Centers Consortium	Upper Merion Dental Associates (and affiliated practices)
Nationalities Services Center	Urban Health Care Coalition
New Sanctuary Movement	



## Sources

1. The estimated number of children residing in PA who are undocumented is a PCCY calculation based on the estimated total number of undocumented individuals in PA (170,000) and 2013 U.S. Census population data. Data sources: Passel, J.S. & Cohn, D. (2014) and American Fact Finder, Annual Estimates of Resident Population, 2013 Population Estimates.
2. Unauthorized Immigrant Totals Rise in 7 States, Fall in 14: Decline in Those From Mexico Fuels Most State Decreases. Washington, D.C. Pew Research Center's Hispanic Trends Project] 2. Edwards, James R. (July 2010). The Medicaid Costs of Legalizing Illegal Aliens. Center for Immigration Studies.
3. Dietrich, S.M. (2004). When working isn't enough: Low-wage workers struggle to survive. University of Pennsylvania Journal of Labor and Employment Law. Vol. 6:3.
4. Passal, J. & Cohn, V. (2009). A portrait of unauthorized immigrants in the United States. Pew Hispanic Research Center.
5. Capps, R., Fix, M. Ost, J., Reardon-Anderson J & Passel, J. (2004). The Health and Well-Being of Young Children of Immigrants. Urban Institute.
6. Perreira, K. & Ornelas, I. (2011). The Physical and Psychological Well-Being of Immigrant Children. A project of the Woodrow Wilson School of Public and International Affairs and the Brookings Institute.
7. Mohanty, S., Woolhandler, S. & Bor, D. (2005). Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis. American Journal of Public Health, Vol. 95, No. 8.
8. Howell, E., Trenholm, C., Dubay, L., Hughes, D. & Hill, I. (2010). The impact of new health insurance coverage on undocumented and other low-income children: Lessons from three California counties. Journal of Health Care for the Poor and Underserved. 21(2010):109-124.
9. PCCY calculated CHIP costs per enrollee using Kaiser Family Foundation data for FY 2009 (most recent year data available) on state Total CHIP Expenditures and state Monthly CHIP Enrollment. California children who are undocumented are not enrolled in CHIP, so we did not calculate CHIP costs for California. <http://kff.org/state-category/medicaid-chip/>.
10. California enrollment data source: California HealthCare Foundation. (2012). California Health Care Almanac – Covering Kids: Children's Health Insurance in California.
11. Illinois enrollment data source: State of Illinois Office of the Auditor General. (2014). Covering All Kids Health Insurance Program – Program Audit.
12. Massachusetts enrollment data source: Personal communication with program administrator for the Children's Medical Security Plan.
13. New York enrollment data not available as of this printing.
14. Personal communication with program administrator for Washington Apple Health for Kids.
15. Washington DC enrollment data source: Personal communication with program administrator for the Immigrant Children's Program.
16. The survey contained validated questions from the National Survey of Children's Health and additional questions based on study need. National Survey of Children's Health 2011/2012. Child and Adolescent Health Measurement Initiative, Data Resource Center on Child and Adolescent Health website. <http://www.cdc.gov/nchs/data/slaits/2011NSCHQuestionnaire.pdf>.
17. U.S. Department of Health and Human Services. (2008). Physical Activity Guidelines Advisory Committee report. Washington, DC: U.S. Department of Health and Human Services.
18. Centers for Disease Control and Prevention. (2010). The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance. Atlanta, GA: U.S. Department of Health and Human Services.
19. Howell, et al (2010).
20. Cohodes, S., Grossman, D., Kleiner, S. & Lovenheim, M.F. (2014). The effect of child health insurance access on schooling: Evidence from public insurance expansions. The National Bureau of Economic Research.
21. Brown, D.W., Kowalski, A.E. & Lurie, I.Z. (2015). Medicaid as an investment in children: What is the long-term impact on tax receipts? National Bureau of Economic Research.
22. Paradise, J. (2014). The impact of the Children's Health Insurance Program: What does the research tell us? The Kaiser Commission on Medicaid and the Uninsured.
23. Uncompensated care costs were furnished by the Children's Hospital of Philadelphia's 2014 publication, Better Together Community Benefit Report, and personal communication with CHOP administrative staff.
24. Stimpson, J.P., Wilson, F.A. & Su, D. (2013). Unauthorized immigrants spend less than other immigrants and US natives on health care. Health Affairs. 32(7):1313-18.
25. Wallace, S.P., Torres, J., Sadegh-Nobari, T., Pourat, N. & Brown, E.R. (2012). Undocumented Immigrants and Health Care Reform. UCLA Center for Health Policy Research.

26. The estimate of the number of newly-eligible PA children likely to enroll in CHIP is based on research comparing states that expanded coverage to low-income, documented, immigrant children in 2009-10 under the federal Children's Health Insurance Reauthorization Act (CHIPRA). Children in states with expanded eligibility experienced a 24.5% increase in insurance coverage primarily due to enrollment in CHIP and Medicaid. Data source: Saloner, D., Koyawala, N. & Kenney, G.M. (2014). Coverage for Low-Income Immigrant Children Increased 24.5 Percent In States That Expanded CHIPRA Eligibility. *Health Affairs*, 33:5; 832-39. 27. Congressional Budget Office. (2007). The Impact of Unauthorized Immigrants on the Budgets of State and Local Governments. Cited in Michael Lyon, "Opposing the Exclusion of Undocumented Immigrants from Health Care Reform."

27. Congressional Budget. (2007). The Impact Of Unauthorized Immigrants On The Budgets of State and Local Governments. Cited in Michael Lyon, "Opposing the Exclusion of Undocumented Immigrants from Health Care Reform."

28. Immigration Policy Center. (April 2011). Unauthorized Immigrants Pay Taxes Too.

29. Passal and Cohn, 2009.

30. Illinois Department of Healthcare and Family Services. (2010). All Kids Final Report. [http://www.hfs.illinois.gov/assets/072010\\_akfinal.pdf](http://www.hfs.illinois.gov/assets/072010_akfinal.pdf).



Public Citizens for Children and Youth (PCCY) serves as the leading child advocacy organization working to improve the lives and life chances of children in the region.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY watches out and speaks out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of

children, including child care, public education, child health, juvenile justice and child welfare.

Founded in 1980 as Philadelphia Citizens for Children and Youth, our name was changed in 2007 to better reflect our expanded work in the counties surrounding Philadelphia. PCCY remains a committed advocate and an independent watchdog for the well-being of all our children.

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