



167,000 Virginia Children are Uninsured

100,000 Eligible for State Children's Health Insurance Programs, But Not Enrolled

167,000 children should not go without health insurance in Virginia. Congress recently reauthorized the state Children's Health Insurance Program, increasing – for a limited period of time – the amount of federal funding available to Virginia for this program. Virginia should seize this opportunity to provide coverage to more children.

WHY is health insurance so important for children?

- Well-child exams ensure they are developing on schedule and properly immunized; 32% of children without health insurance had no usual source of care in 2007.
- Uninsured children were also six times more likely to go without needed medical care because they could not afford it.
- There is a direct connection between health insurance and educational achievement.
 - ~ *Uninsured children lose 30% more school days than insured children, resulting in lower academic performance.*

WHO is currently covered?

- 68% of Virginia's children have private health insurance. Another 8% have military coverage.
- In 2008, over 645,000 Virginia children (18%) had health care coverage through state-sponsored FAMIS (Family Access to Medical Insurance Security) and FAMIS Plus (Medicaid).
- The FAMIS programs provide comprehensive coverage, including medical, dental, vision, mental health services, and needed medicines to children with family incomes below 200% of the federal poverty level (FPL) (\$36,620 per year for a family of three).

WHO is not covered?

- 100,000 Virginia children are currently eligible for the FAMIS programs, but not enrolled.
- An additional 67,000 uninsured children have family incomes higher than current eligibility levels.

CAN Virginia provide coverage to these uninsured children?

- **Yes!** New federal legislation [the ‘Children’s Health Insurance Program Reauthorization Act’ (CHIPRA)] allows Virginia to cover 20,000 of these children by increasing eligibility for FAMIS to 300% FPL.
- This authorization is accompanied by increases in federal matching funds of \$44 million (FY09) and \$57 million (FY10) to cover the additional children.
 - ~ *Using this funding is an excellent investment of scarce resources, because Virginia receives about \$2 of federal funding for every \$1 of state money spent on FAMIS.*
- Virginia could also allow higher income families to buy this coverage for their children.

WHAT else can Virginia do to reach more uninsured children?

- Increase outreach and educational efforts to currently eligible children, who are not yet enrolled.
- Consider other options available to improve enrollment in FAMIS programs:
 - ~ Create ‘**express lane**’ applications to foster coordination with other safety net programs, such as school lunch, food stamps, and TANF.
 - ~ Allow **presumptive eligibility**, so that children are covered while full eligibility determinations are completed.
 - ~ Enable **passive renewal**, to improve retention and prevent coverage gaps.
 - ~ Provide **coverage to legal immigrant** children and pregnant women during the first five years they are in the United States. Under Virginia’s current policy, legal immigrant children may qualify for Medicaid, but not FAMIS, during their first five years of residency. Legal immigrants who are pregnant can get labor and delivery services through Medicaid, but prenatal care is not available in Medicaid or FAMIS Moms during the first five years the pregnant woman is legally in the U.S.

WHAT are the consequences of inaction?

- Tens of thousands of eligible children will remain without access to a “medical home” and the early intervention and treatment they need.
- Because Virginia’s future allocation of federal CHIPRA funds will be based on expenditures in FY09 and FY10, Virginia will lose access to the new federal dollars and the ability to enroll more children if it does not act to increase FAMIS eligibility.

References: Virginia Department of Medical Assistance Services; U.S. Census Bureau, September 2009; Congressional Research Service, February 2009; Maureen Hensley-Quinn, Catherine Hess, Barbara Ladon, and Sharon Steadman, *Covering All Kids: Issues and Experience in State Policy Development*, April 2008