

Children's Insurance Coverage Increases as Result of Public Program Expansion

E. Richard Brown and Shana Alex Lavarreda

December 2004

More than 1.1 million California children under age 19—more than the populations of nine states—were uninsured for all or part of the year in 2003. Yet this is a significant drop from the 1.5 million children who experienced lack of coverage in 2001.

The percentage of children uninsured all or part of the year in 2003 (11.3%) also declined compared to 2001. The percent who were uninsured all of the year fell 2.4 percentage points, while the percent uninsured part of the year declined 1.1 percentage points (Exhibit 1).

This increase in insured children resulted from increased enrollments in Medi-Cal, Healthy Families, and other public health care programs. These gains reduced children's uninsured rate—despite falling rates of employment-based health insurance for children and adults, a result of the slack labor market and rapidly rising costs of health insurance.

Half of all children (50.8%) were covered throughout the year in 2003 by their parent's employment-based insurance, a drop of 4.2 percentage points from 2001. Another 29.2% were covered all year by Medi-Cal or Healthy Families, a substantial increase of 5.1 percentage points from 2001. Increasing enrollment in Medi-Cal and Healthy Families reflects the extensive efforts and resources invested in outreach and enrollment by State and local agencies, voluntary organizations, as well as local children's health insurance expansion programs. It also is due to increased retention by Medi-Cal related to continuous eligibility. The remaining children had some other coverage during the year.

Number of Uninsured Children Eligible for Public Programs Drops with Increased Enrollment

To estimate the number of children who are eligible for public programs, we use information about children who were uninsured *at the time of the CHIS interview*. With Medi-Cal and Healthy Families enrollment of children expanding dramatically, the number of children who were uninsured at the time of the CHIS interview dropped significantly—from 1,016,000 in 2001 to 779,000 in 2003.

A little more than half of all uninsured children (55%) were eligible for enrollment in either Medi-Cal or Healthy Families. About 204,000 uninsured children were eligible for Medi-Cal; another 225,000 were eligible for the Healthy Families (Exhibit 2).

(Continued on back)

Insurance Status	2003	Percentage Point Change from 2001
Uninsured All Year	5.0% 506,000	-2.4%
Uninsured Part Year	6.2% 625,000	-1.1%
Employment-Based Insurance All Year	50.8% 5,110,000	-4.2%
Medi-Cal or Healthy Families All Year	29.2% 2,939,000	+5.1%
Other Insurance All Year*	8.7% 871,000	+2.7%
Population in 2003	100% 10,051,000	—

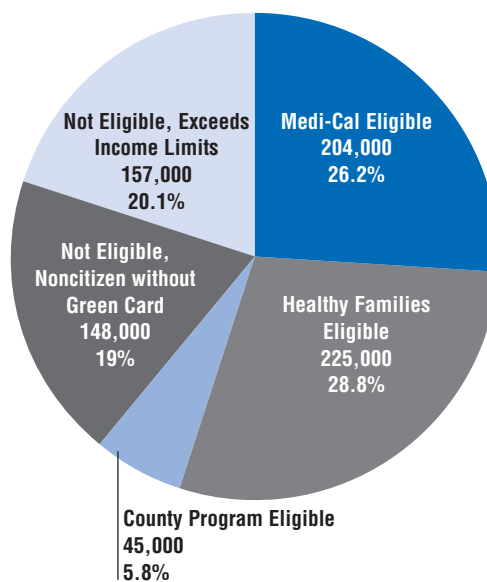
Note: Numbers and percents may not add to totals due to rounding.

* "Other" includes all-year privately purchased insurance, other government programs, and any combinations of insurance over 12 months during which the person was never uninsured.

Source: 2001-R and 2003 California Health Interview Surveys

EXHIBIT 1:
Health Insurance Coverage During Last 12 Months, Ages 0-18, California, 2001 and 2003

779,000 Children Uninsured at Time of CHIS 2003 Interview



Note: Numbers may not add up to 100% due to rounding.

Source: 2003 California Health Interview Survey

EXHIBIT 2:
Eligibility for Medi-Cal, Healthy Families, and County Health Insurance Programs Among Children Uninsured at Time of Interview, Ages 0-18, California, 2003

Another 45,000 children were eligible for insurance through county-based insurance programs in 2003, a number that has grown to 117,000 by the end of 2004 as new county programs have opened their doors. These local programs cover low- to moderate-income children who do not qualify for employment-based insurance, Medi-Cal or Healthy Families. However, because most of the county programs have reached their maximum enrollment caps, the opportunities for eligible children to enroll are actually very limited. Current county-level programs would accommodate far fewer children than the number that are eligible.

Another 157,000 uninsured children are citizens or permanent residents who are ineligible for any of these public programs because their family incomes exceed the limits in Healthy Families and other public programs. Finally, 148,000 uninsured children were ineligible because of their immigration status.

Policy Implications

Medi-Cal and Healthy Families have proven their effectiveness in covering children as employment-based coverage declined for both children and adults between 2001 and 2003. In fact, if children's Medi-Cal and Healthy Families enrollment had increased only as much as adults' enrollment in these programs, an additional 473,000 children would have been uninsured in 2003. In addition to providing coverage for children, these joint federal-state programs have the added advantage of receiving federal matching funds for eligible persons—approximately 50 cents of every dollar spent in Medi-Cal and 65 cents in Healthy Families. The effectiveness of these public programs in assuring that children are covered for health care expenses, combined with the availability of federal matching funds, underscores their potential for offsetting at least some of the loss in job-based insurance.

County-based health insurance programs for children have been important in providing coverage to over 55,000 California children by October 2004, based on administrative data. These programs cover only children who are not eligible for employment-based insurance or for Medi-Cal or Healthy Families, and whose family incomes do not exceed 300% of the federal poverty level (except for one county with a higher income limit and one with a lower limit). However, while local public and private resources were key to initiating these innovative programs, they cannot be sustained without strong support from federal and state funds. Most already have reached their enrollment caps.

Ultimately, California should assure continuous coverage for all of its children. The State could take a timely step toward universal coverage of children by

expanding state programs to match the eligibility that prevails in the county programs. Although such expansion would be challenging in the current budget climate, this approach would substitute federal funds for some of the current funding raised at the local level, and it would stabilize this expanded children's coverage to assure its continuity. We estimate that up to 230,000 uninsured children would be covered by such an expanded program, including those who are now eligible for county programs but will find few programs with open doors.

Beyond this first step, California could coordinate its public programs with employment-based insurance coverage to assure that all children have affordable coverage. Another alternative is for California to relieve employers of this responsibility and open public programs to all of the State's children. Whatever direction California takes, it should be one that ensures all children have continuous and affordable coverage that provides good access to quality care.

Data Source

Based on data from the 2003 California Health Interview Survey (CHIS 2003), this fact sheet examines children's health insurance coverage, and children who are uninsured but eligible for coverage through public programs. It also describes how this profile has changed since 2001, based on reweighted CHIS 2001 data. CHIS 2003 provides the most recent information available on health insurance coverage of Californians, both statewide and at the county level. County program administrative data are from the Institute for Health Policy Solutions, Overview of Local Children's Coverage Expansions (www.ihps.org, accessed 11/30/04).

For more information on the California Health Interview Survey, please visit www.chis.ucla.edu.

Author Information

E. Richard Brown is Director of the UCLA Center for Health Policy Research and Professor in the UCLA School of Public Health; Shana Alex Lavarreda is a Senior Research Associate and Project Manager at the Center.

The authors wish to thank Jenny Chia for data analysis support, and Melissa Gatchell for research support.

Funders

The development and publication of this fact sheet were supported by grants from The California Wellness Foundation and The California Endowment.

2/2005

The views expressed in this fact sheet are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research or the Regents of the University of California.

Copyright © 2004 by the Regents of the University of California. All Rights Reserved.

Editor-in-Chief: E. Richard Brown, PhD; Communications Assistant: Celeste Maglan;

Editing/Production Services: Sheri Penney, Penney Layne Productions; Graphic Production: Donna Beilock, Ikkanda Design Group

The UCLA Center for Health Policy Research is based in the UCLA School of Public Health and is also affiliated with the UCLA School of Public Affairs

FS2004-2