

American Academy of Pediatrics (AAP) Medicaid and SCHIP Update August 22, 2003

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Previous updates are available on the AAP Web site at <http://www.aap.org/advocacy/schiprep.htm> .

New and Noteworthy

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New and Noteworthy

1. New AAP/NACHRI Medicaid State Fact Sheets Available

The AAP, in partnership with the National Association of Children's Hospitals and Related Institutions (NACHRI), is pleased to announce the release and availability of new state-by-state Medicaid fact sheets, online at:

http://www.aap.org/advocacy/washing/elections/med_factsheet_pub.htm

These fact sheets are customized for each state, and provide data on Medicaid enrollment, eligibility, cost and related issues, quickly presenting the reader with insight into the program's unique importance to children. They can be printed in color or black and white and used as a handy reference, as leave-behinds, or as advocacy materials.

2. Many More U.S. Children Uninsured When Part-Year Coverage is Considered

A new study published in the August issue of *Pediatrics* indicates that current reports of the number of uninsured children in the U.S. may vastly underestimate the number of children that are actually uninsured during a given year. This study indicates that most reports of uninsured children do not include a number of children uninsured for less than a full-year. By analyzing monthly health insurance coverage data from the 1999 Medical Expenditure Panel Survey (MEPS), the authors find that including "part-year" uninsured children more than doubled the estimated uninsured child population in 1999, and increased the estimated aggregate uninsured months by 71%. Although 6.6 million children in the U.S. were uninsured throughout 1999, an additional 11.4 million were uninsured for part of the year, according to the study.

Source: Tang Sf, Olson L, Yudkowsky B. Uninsured Children: How We Count Matters. *Pediatrics*. 2003; 112:e168-e173. Available at: <http://pediatrics.aappublications.org/cgi/content/full/112/2/e168>. Accessed August 12, 2003.

3. Pediatricians' Medicaid Caseloads Increase But Reliance on Safety Net Remains

A new study published in the August issue of *Pediatrics* indicates that the Medicaid caseloads of pediatricians who practice in private settings (private practices) and safety net settings (safety net hospitals and clinics) increased between 1993 and 2000. Analysis of data from 1993 and 2000 pediatrician participation surveys, however, also suggest that a reliance on safety net pediatricians remains. The average percentage of Medicaid patients in a pediatrician's practice rose by 23.2% from 1993-2000. Concurrently, 40.6% more pediatricians in 2000 said they accepted all Medicaid patients who sought their care. However, safety net pediatricians continue to disproportionately serve Medicaid children. In 2000, safety net pediatricians reported that almost half of their patients were Medicaid-insured, while private practice pediatricians reported that less than 25% of their patients were insured

through Medicaid. Moreover, 89% of safety net pediatricians reported accepting all Medicaid patients in 2000, while only 57% of private practice pediatricians reported accepting all Medicaid patients. The study found a significant tendency among pediatricians with the highest Medicaid caseloads in safety net settings to turn away some Medicaid patients, causing the concern of a "ceiling" in the safety net pediatricians' capacity to care for more Medicaid patients.

Source: Tang Sf, Yudkowsky B, Davis J. Medicaid Participation by Private and Safety Net Pediatricians, 1993 and 2000. *Pediatrics*. 2003; 112:368-372. Available at: <http://pediatrics.aappublications.org/cgi/content/full/112/2/368>. Accessed August 12, 2003.

4. Report Outlines School-Based Outreach Options

A new report from the Consumers Union, "Building for a Healthy Future: Sustaining School-Based Enrollment in Health Insurance Programs," has been released as part of the Healthy Kids, Healthy School project based in California. The report finds that school-based outreach is an effective strategy for enrolling kids in state-sponsored insurance programs, but many schools don't have the resources they need to support such efforts. It highlights a variety of options for how policymakers and schools can build and sustain school-based health insurance enrollment programs. The report can be found online at:

www.healthykidsproject.org/pdf/CUHealthyFutures.pdf

5. *Maintaining the Gains* Report Highlights Need to Protect Coverage for Children

A June report from the Georgetown University Health Policy Institute for Covering Kids and Families provides a wealth of evidence on the importance of maintaining the advancements made in coverage of children and families in Medicaid and SCHIP over the last several years. The report provides evidence, culled from significant amounts of research, to show that public coverage matters for children and families because it: promotes access to care, increases the use of necessary and appropriate care, promotes health and improves health outcomes, improves families' financial security and well being, may promote employment among parents, brings federal matching funds to states, and helps reduce uncompensated care burdens and public health department burdens.

Source: Mann C, O'Brien E. *Maintaining the Gains: The Importance of Preserving Coverage in Medicaid and SCHIP*. Georgetown University Health Policy Institute. June 2003. Available at: <http://coveringkidsandfamilies.org/resources/index.php?InfoCenterID=177>. Accessed August 13, 2003.

6. State Budget Update

The National Conference of State Legislatures (NCSL) released its State Budget and Tax Actions 2003: Preliminary Report on July 23. The report indicates that state budget woes are only continuing. State year-end balances fell 48% from FY 2002 to FY 2003 – declining from \$22.4 billion to \$11.6 billion in aggregate for the 43 states reporting to NCSL. Moreover, the balances as a percentage of spending dropped. For the 43 reporting states, the average year-end balance was now only 6% of state general fund spending. However, along with cutting services, states have raised taxes for FY 2004, totaling \$6.9 billion for the reporting states. Such measures lead states to predict that revenue will grow 4.3% above last year's collections, and that the aggregate year-end balance will rise in FY 2004 by 3.7%.

The full report is available online at: <http://www.ncsl.org/programs/fiscal/presbta03.htm>

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ABBREVIATIONS and ACRONYMS

AAP - American Academy of Pediatrics

FY – fiscal year

MEPS – Medical Expenditure Panel Survey

NACHRI – National Association of Children’s Hospitals and Related Institutions

NCSL - National Conference of State Legislatures

SCHIP - State Children's Health Insurance Program

Send comments or questions to SCHIP@aap.org or contact Dan Walter at the American Academy of Pediatrics at (800) 433-9016 ext 4086.

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