

13.4 POOR CHILDREN ARE MUCH LESS LIKELY TO HAVE PRIVATE HEALTH COVERAGE THAN GENERAL POPULATION*

Christopher Conover

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Abstract

Poor children are much less likely to have private coverage than any other age group. Almost seven in 10 poor children have Medicaid/SCHIP coverage.

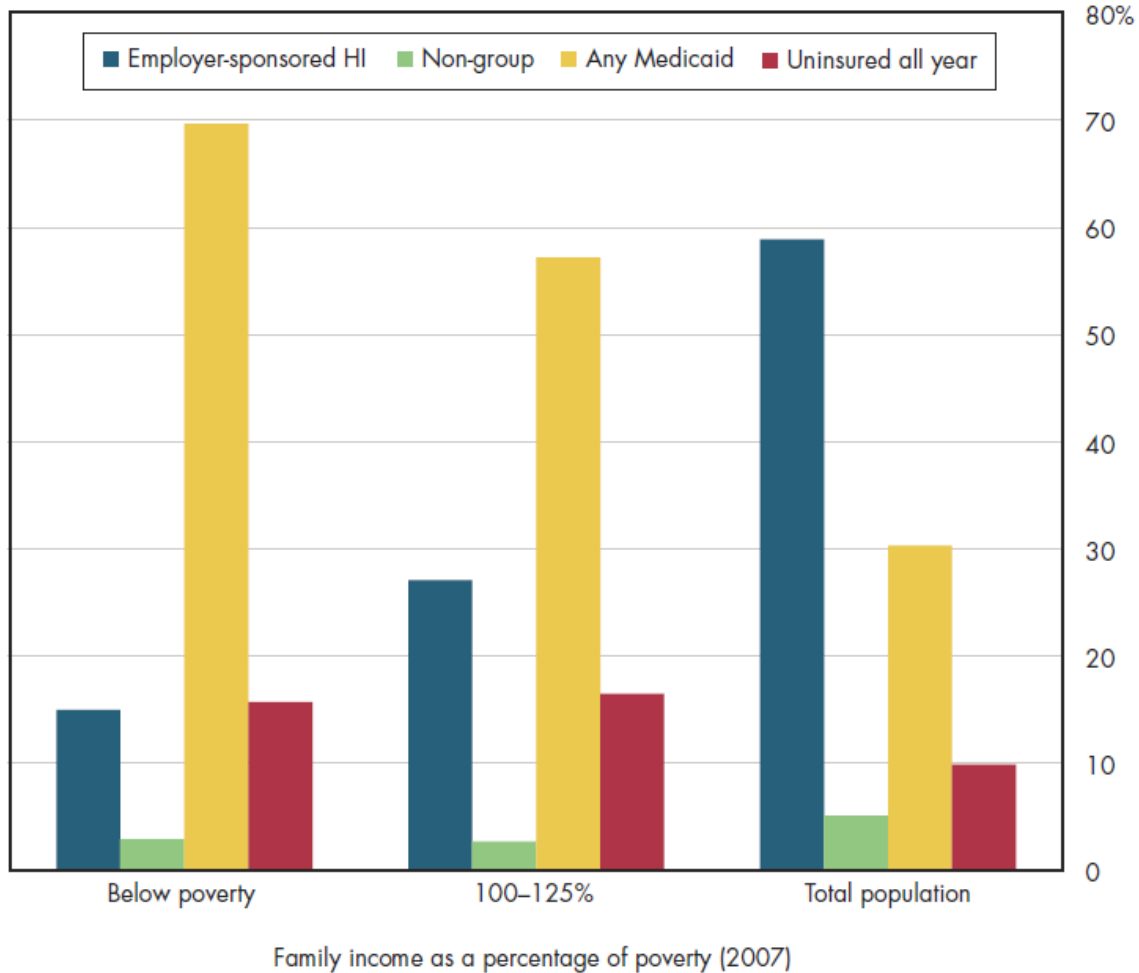
Among poor children, the number who have no coverage exceeds the number who have employer-based health coverage. As figure 13.4 illustrates, in the general population of children there is a six to one ratio between the number who have employer-sponsored insurance and those who have no coverage. Even so, the chances of being uninsured among poor children are approximately 30 percent the level among non-elderly adults who are poor. In contrast, the shares of poor and near-poor children who have employer-sponsored health plans are almost identical to those of their counterparts age 18-64.

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13.4 Children below poverty are only 25 percent as likely as the general population to have employer-sponsored health coverage

Percentage of individuals who have coverage (March 2008)



Note: Medicaid includes coverage through SCHIP.

Filling the gap is Medicaid/SCHIP coverage held by almost seven in 10 poor children and almost six in 10 children who are near-poor. The pervasiveness of Medicaid/SCHIP coverage among children in the lowest income households results in 30 percent of children overall who have Medicaid. This is triple the rate seen among non-elderly adults. These numbers understate the true extent of potential coverage. Careful studies show that approximately 25 percent to almost half of uninsured children qualify for Medicaid or SCHIP but their parents decline to enroll the children.

Medicaid "crowd-out" is sizable. In the most recent major expansion of Medicaid/SCHIP for children before the new health reform law, the CBO estimated that 30 percent of those who obtain new government coverage would otherwise have had private coverage. This does not mean that they literally dropped private coverage to get onto Medicaid (although some do). Generally, "crowd-out" consists of formerly uninsured individuals who otherwise eventually would have obtained some form of private coverage but for the opportunity to enroll in Medicaid or SCHIP.

Numerous studies have confirmed, using many measures, that access to care for those who have Medicaid is worse than for those who have private coverage. There is solid empirical evidence that low Medicaid fees adversely affect physician participation in the program, including pediatricians or others who might treat children. Medicaid on average pays less than 60 percent of the price of medical services delivered by physicians in the private sector and less than 75 percent of Medicare fees.

1 Downloads

Download PowerPoint versions of figure.

- Figure 13.4 Image Slide (as it appears above)¹
- Figure 13.4 Editable Slide (can be formatted as desired)²

2 References

A. Department of Commerce. Bureau of the Census.

¹<http://https://hub.mili.csom.umn.edu/content/m10095/latest/13.4IMG.ppt>

²<http://https://hub.mili.csom.umn.edu/content/m10095/latest/13.4DATA.ppt>