

WINNING THE RACE TO COVERAGE: TWO DECADES OF PROGRESS ON KIDS' HEALTH IN ARKANSAS



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Arkansas Advocates for Children and Families

Central Arkansas Office:
Union Station
1400 W. Markham St., Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office:
614 E. Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

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WINNING THE RACE TO COVERAGE: TWO DECADES OF PROGRESS ON KIDS' HEALTH IN ARKANSAS

by Marquita Little, Health Policy Director
Arkansas Advocates for Children and Families

EXECUTIVE SUMMARY

In 2017, Arkansas celebrated an important milestone: 20 years of children's health insurance coverage through the ARKids First program. For more than two decades, children in the state have benefited from this program, which allowed many working families to have an affordable option for their children's coverage for the first time. Last year also marked the 20th anniversary of the passage of the historic federal legislation that created the Children's Health Insurance Program (CHIP). However, amid these celebrations, an emerging debate about health care reform at the federal level – including a long delay in reauthorizing CHIP – created much uncertainty. This report examines the historic impact of the state's ARKids First program and the federal CHIP legislation. Additionally, it considers the impact of state and federal policies on coverage for children and their

families. Data from the American Community Survey offers a look at the current health care landscape and the remaining opportunities for continued progress.

The number of uninsured children under 19 years old dropped to an historic 4.1 percent as even more Arkansas children gained coverage. However, we saw new trends emerge, including an increase in the uninsured rate among the youngest children in Arkansas, as the state dealt with a backlog in Medicaid applications. Also, disparities in uninsured rates persist along geographical, racial, and ethnic lines.

Because of Medicaid expansion, the rate of uninsured adults in Arkansas has continued to drop and is currently at a low 11 percent. Even as the state changed

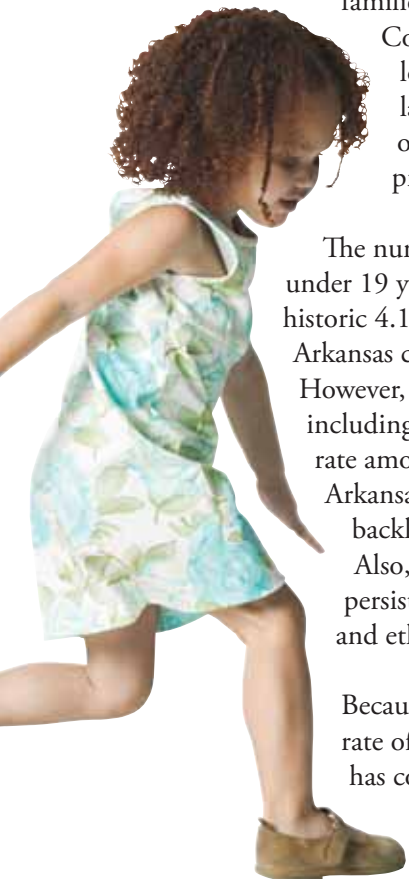
eligibility requirements and had to address technology problems that led to drops in coverage, Arkansas is still a national leader at reducing uninsured rates among adults.

Despite this progress, the future is unclear. Congress continues to debate repealing the Affordable Care Act. They also let the Children's Health Insurance Program's authorization lapse for months before finally renewing it as states faced running out of funding. These are two programs that drive the progress we've made in improving coverage for children and their families in Arkansas.

As the state gets closer to crossing the Finish Line by achieving coverage for all children, the threat to this progress is greater than ever before. But the race hasn't ended yet. The following recommendations would help Arkansas cross the Finish Line of coverage for all:

- Protect funding for Medicaid and CHIP.
- Keep coverage affordable for the entire family.
- Ensure the enrollment and renewal process is seamless.
- Fully implement the Immigrant Children's Health Improvement Act policy.
- Continue to invest in consumer outreach and education.

In addition to protecting coverage gains, these recommendations would help close lingering coverage gaps due to household income, race and ethnicity, and geography. As the health care system continues to change, pausing to examine our progress and identify the policies that have helped us move closer to the Finish Line will help to permanently transform the health care system in Arkansas.



INTRODUCTION

Over the past 20 years, Arkansas has made historic progress in improving health care coverage rates for children. Today, only 4 percent of children in the state are not enrolled in health insurance. Two decades ago, almost one in four Arkansas children was uninsured. This was well above the national rate of about 15 percent.¹ Because of their poor access to health coverage, Arkansas children were not getting the help they needed. Additionally, the political environment in the state was not well-suited for a discussion about expanding coverage for children. Coming on the heels of landmark welfare reform legislation — the Welfare Reform Act of 1996, which reduced federal spending and introduced work requirements for families to receive time-limited assistance — the thought of putting more funds into a safety net program like Medicaid was unimaginable.

Even though spending more on programs like Medicaid was an unpopular idea, state leaders knew we had to improve health care for children in Arkansas. In 1997, with the support of partners like AACF, Governor Huckabee successfully led the charge to create the ARKids First program. It was initially a state program and helped working families who did not qualify for Medicaid and could not afford the cost of health insurance for their children. Now, ARKids First is the umbrella program for traditional Medicaid and CHIP, and the state receives federal dollars to help offset the cost.

This notable time in Arkansas history set the stage for continued improvements in the health care system for the next two decades. The following report reviews this

progress and identifies remaining gaps in the health coverage landscape. This report will:

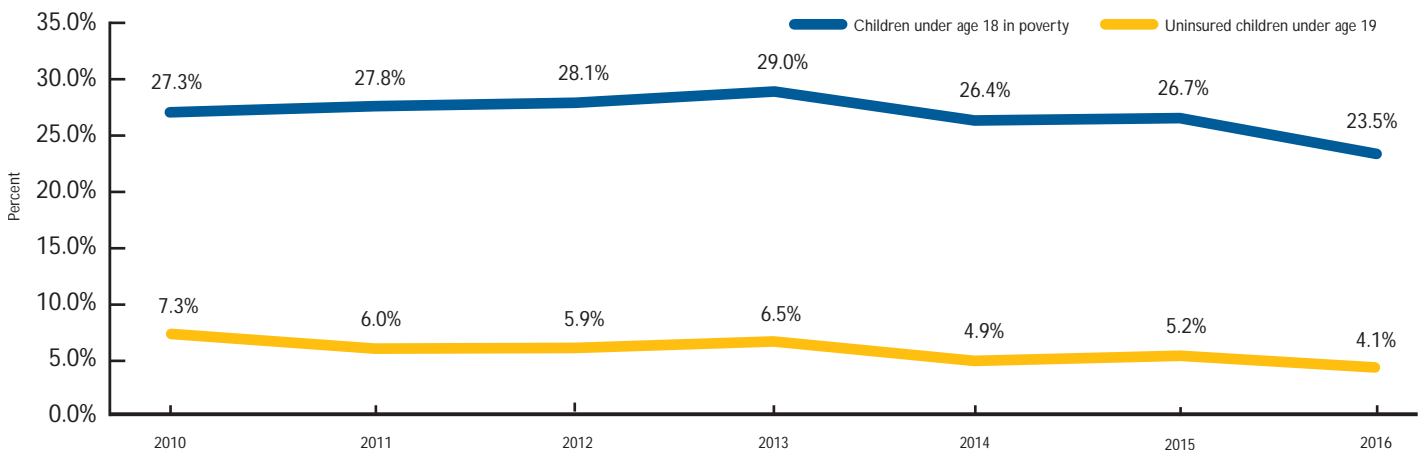
- Present historical and current data on the state of coverage for children and families;
- Provide demographic information on uninsured Arkansans;
- Examine barriers to coverage for Arkansans, including state and federal policy decisions; and
- Offer recommendations on how to continue to improve access to coverage.

The next stage of the race is critical because the state is so close to reaching the Finish Line — 100 percent coverage for children in Arkansas.

MAKING THE CASE FOR ARKIDS

Children in Arkansas have benefited greatly from ARKids First. Before it was created, tens of thousands of children lacked access to health coverage — even though their parents were working — because there were no affordable options. Because of programs like ARKids, many children now get the care they need and receive early treatment for preventable health issues like chickenpox. When children have the care they need, they miss fewer days and perform better in school. Even when families face tough economic times, their children still have access to medicine and a doctor. Programs like ARKids are critical because they ensure children have a consistent, comprehensive source of coverage. This has certainly been the case in Arkansas, as the rates of children living in poverty have fluctuated and families have faced tough economic times. Through it all, children have been protected from losing their health coverage.

CHILD POVERTY RATES COMPARED TO UNINSURED CHILDREN, ARKANSAS, 2010-2016



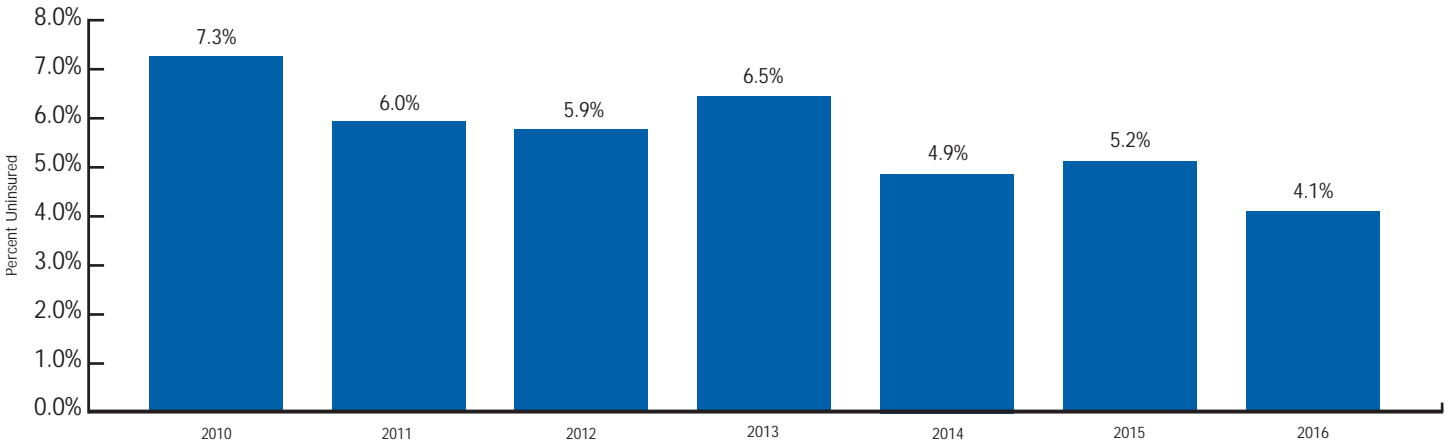
Source: PRB analysis of American Community Survey PUMS, U.S. Census Bureau and U.S. Census Bureau, Small Area Income and Poverty Estimates

SNAPSHOT OF CHILD HEALTH COVERAGE IN ARKANSAS

Based on the most recent data from the American Community Survey, the number of uninsured children under 19 years old has reached its lowest rate in Arkansas history — about 4 percent. While rates remained steady for several years due to the success of ARKids outreach and enrollment, we made even more progress after 2013. This was due to expanded options for families who were able to enroll in coverage through the Health Insurance Marketplace and Arkansas Works (previously known as the Private Option), which were both created through the Affordable Care Act (ACA).

The number of uninsured children ... has reached its lowest rate in Arkansas history — about 4 percent.

PERCENT OF ARKANSAS CHILDREN UNDER 19 WHO ARE UNINSURED HAS DROPPED



Source: PRB analysis of 2016 American Community Survey PUMS, U.S. Census Bureau

More adults are now covered because of these insurance options and more children are covered, too, because they are likely to share the same coverage status as their parents and caregivers. For the past several years, we've been able to tout the positive impact of the ACA in Arkansas.

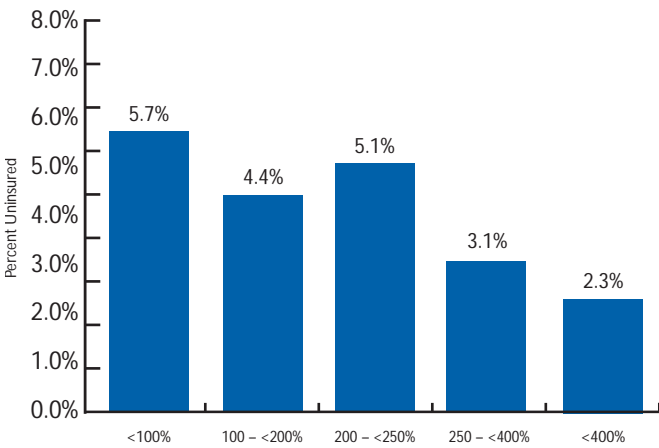


THE DATA ON CHILDREN

Arkansas children have continued to benefit from important investments leaders have made in the health care system. The state has made progress toward providing every child in the state with a comprehensive, consistent source of coverage. Despite this progress, however, there are still children who lack coverage. Recent data points to opportunities to remove the lingering coverage barriers.

HOUSEHOLD INCOME HAD A MODEST IMPACT ON CHILDREN'S ACCESS TO COVERAGE

Percent of Arkansas children who are uninsured by income group, 2016

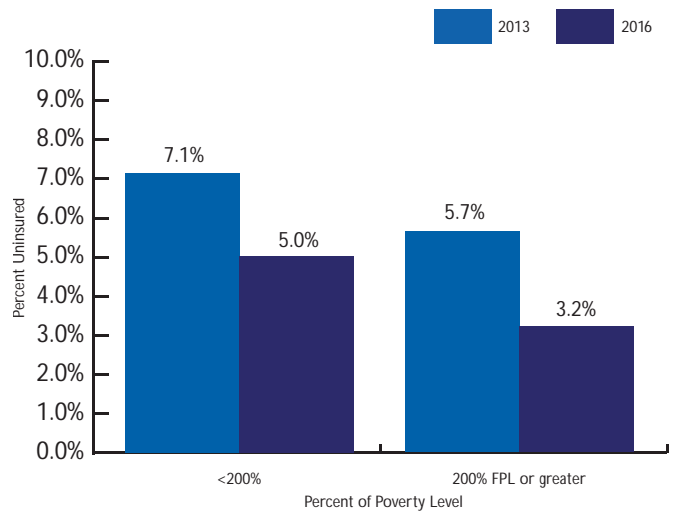


Source: PRB analysis of 2016 American Community Survey PUMS, U.S. Census Bureau

Household income is often a major factor that impacts health coverage rates. In Arkansas, there's a 3-percentage point difference in coverage rates between the lowest-income households and the highest earners. ARKids First has helped reduce this disparity, but a difference remains. Despite this modest difference, the coverage gains for children who are likely to qualify for ARKids First coverage (under 200 percent of the federal poverty line) are comparable to the coverage gains for children who likely have insurance from another source, like through their parent's or caregiver's job. The following chart highlights this improvement.

REDUCTIONS IN THE RATE OF UNINSURED CHILDREN ACROSS INCOME LEVELS

Percent of children by income who are uninsured, 2013-2016



Source: PRB analysis of 2013 and 2016 American Community Survey PUMS, U.S. Census Bureau

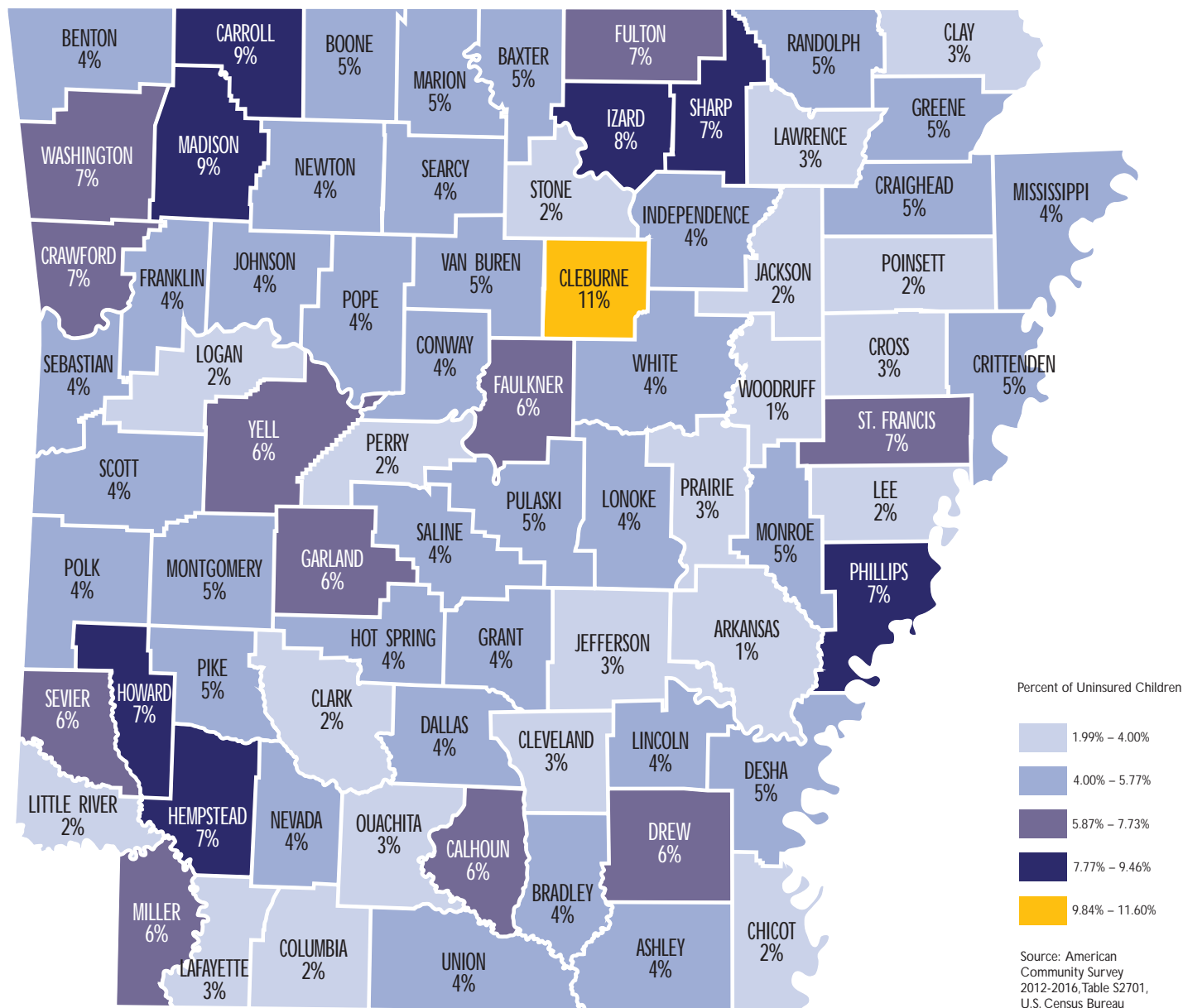
Even with more children enrolled, there are usually differences in coverage rates based on where you live in the state. In past years, children residing in the northwest part of the state have had higher uninsured rates. Recently, these differences have leveled out. In fact, over the past two years, Census data shows that almost every county with the highest rates of uninsured children improved, with the exception being Cleburne County. Even though the percentage of uninsured children in each region has mostly evened out, the actual number of children without insurance coverage is still higher in northwest Arkansas. This is likely due to the larger number of immigrant families who face unique coverage barriers. These barriers and progress in this area will be discussed in greater detail later in the report.

UNINSURED CHILDREN BY CONGRESSIONAL DISTRICTS

Geography	Uninsured	Percent
Congressional District 1 (East)	7,000	4.0%
Congressional District 2 (Central)	6,000	3.5%
Congressional District 3 (Northwest)	9,000	4.0%
Congressional District 4 (Southwest)	4,000	2.0%

Source: American Community Survey 2016 1-year data accessed via American FactFinder

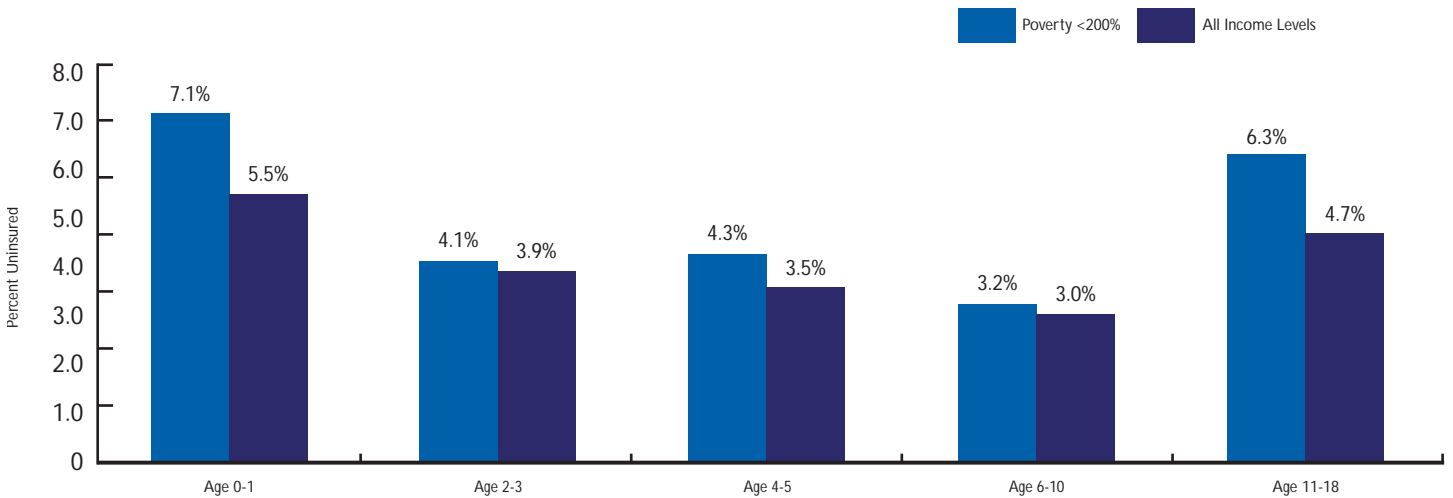
UNINSURED CHILDREN UNDER AGE 18 BY COUNTY



The latest Census data continued to show an age disparity between insured and uninsured children. Consistently, the trend has been that children are much less likely to be insured as they get older. However, one trend that stands out is a higher rate of uninsured infants under 1 year old, compared to previous years. This negative trend began in 2015 and is likely due to barriers that made it difficult for infants covered by Medicaid to seamlessly enroll in coverage. This is discussed in greater detail later in the report, but the good news is that advocates were able to bring attention to this issue, and the state has taken steps to remedy it by ensuring that newborns who are eligible for Medicaid are immediately enrolled.

As more children have benefited from programs like ARKids First and policies like the ACA, these gains have not translated to every child in the state. Hispanic children in Arkansas continue to have higher uninsurance rates when compared to other children. Barriers — like the 5-year waiting period for lawfully present immigrant children to enroll in ARKids First — have persisted while the state considered policy options to address this coverage gap. However, Arkansas removed that 5-year ban recently.

INFANTS INCREASINGLY UNINSURED, ALONG WITH CHILDREN AGES 11-18
Percent of uninsured children by household income

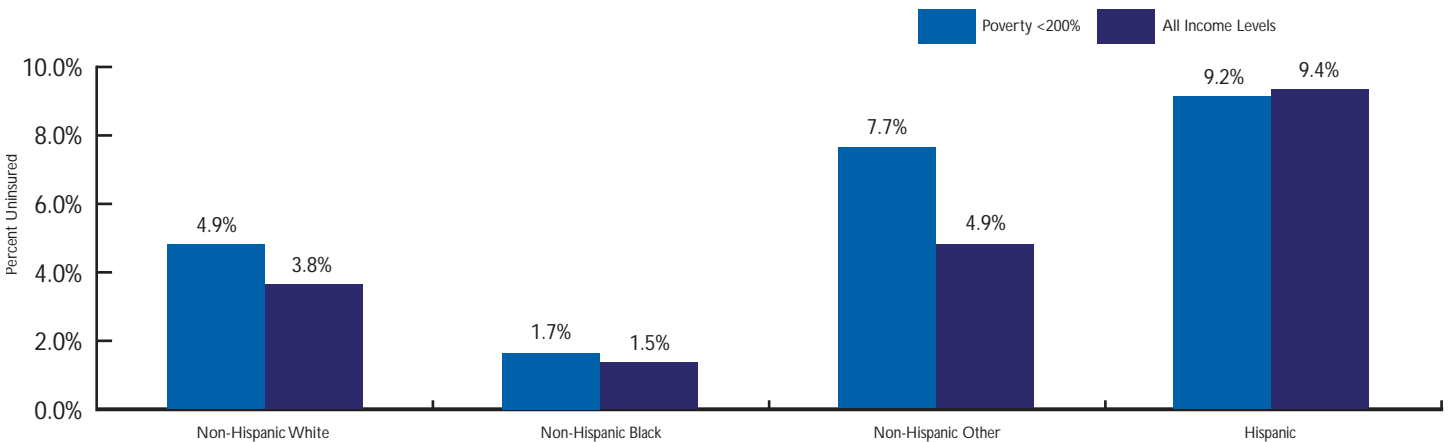


Source: PRB Analysis of 2016 American Community Survey PUMS, U.S. Census Bureau



HISPANIC CHILDREN ARE MORE LIKELY TO BE UNINSURED REGARDLESS OF HOUSEHOLD INCOME

Percent of uninsured children by race/ethnicity



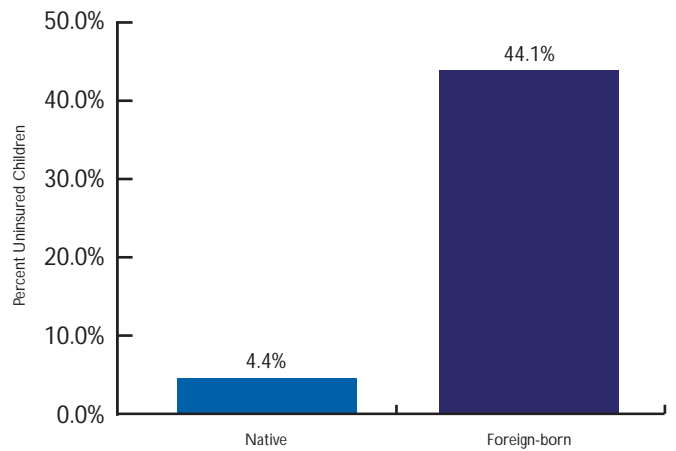
All charts on this page: PRB Analysis of 2016 American Community Survey PUMS, U.S. Census Bureau.

Furthermore, foreign-born children and those who speak English as a second language are much more likely to lack health coverage. Research shows that up to two-thirds of uninsured Hispanic children are eligible to enroll in Medicaid and CHIP because they are citizens and low-income. But because of language barriers and difficulties understanding complex eligibility requirements, they remain unenrolled.

After implementation of the ACA, the rates of uninsured Hispanic children did drop to an historic low — a rate that has been steady since 2014.² Also, with the recent adoption of policies to address this issue in Arkansas (discussed later in the report), race and ethnicity disparities related to coverage access should begin to improve. Raising the Medicaid and CHIP eligibility levels would also help, but this policy isn't likely to be implemented in Arkansas in the near future.³

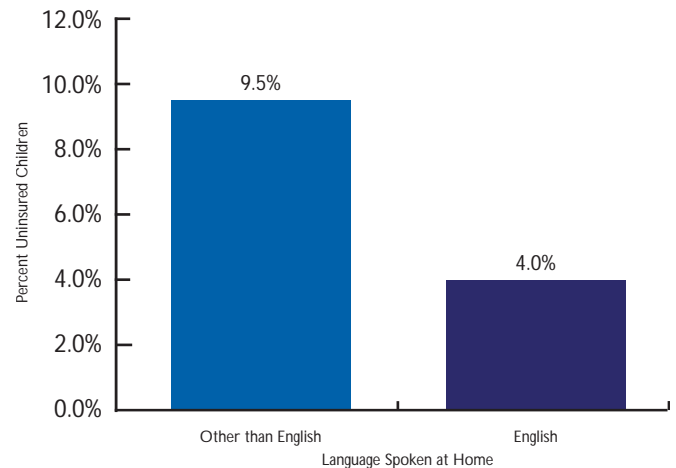
IMMIGRANT CHILDREN ARE MORE LIKELY TO BE UNINSURED

Percent of uninsured children by country of birth with household incomes below 200 percent of poverty



CHILDREN WHO SPEAK ENGLISH AS A SECOND LANGUAGE ARE MORE LIKELY TO BE UNINSURED

Percent of uninsured children by language spoken at home with household incomes below 200 percent of poverty



Consistently, the trend has been that children are much less likely to be insured as they get older.

GAINS AND LOSSES IN CHILD HEALTH COVERAGE

There are several policy opportunities to improve coverage for children in Arkansas. Recently, the state has addressed some persistent coverage barriers, but has also faced critical setbacks that have threatened access to coverage and care for children in Arkansas.

IMMIGRANT CHILDREN

For years, child health advocates in the state have sought a solution to improve coverage for immigrant children in Arkansas. Overall, health care coverage rates for immigrant children living in Arkansas are low. But coverage rates have been even lower for Marshallese children, who have never qualified for ARKids First, regardless of family income or how long they have resided in the state. Other immigrant children legally residing here are usually able to enroll after a five-year waiting period.⁶

Since 2009, states have had the option to take advantage of a federal policy called the Immigrant Children's Health Improvement Act. It allows states to get rid of that five-year waiting period, which had prevented children from obtaining coverage to treat common childhood illnesses. It also allowed states to extend coverage for the first time to children who are not immigrants but are "lawfully present," which is the category in federal immigration policy that includes Marshallese children. Year after year, Arkansas failed to implement the policy, despite support among many lawmakers, advocates, and health care professionals. Then, during the 2017 legislative session, lawmakers from Northwest Arkansas successfully led the effort to pass a resolution that encouraged the state to extend coverage to these children.⁷ Arkansas has now joined 31 other states that have implemented this policy, and parents began signing up their children for coverage on Jan. 1, 2018. Federal dollars will pay the coverage costs, so there would be no additional expense to the state.

MEDICAID ENROLLMENT BACKLOG

One of the major coverage barriers that Arkansans have recently faced resulted from technical issues and problems when the state put new technology in place. As the state overhauled its renewal and enrollment system, families were required to renew their children's ARKids First coverage online. Additionally, the state was still catching up from renewing coverage for adults in the Medicaid

expansion program. Due to system failures and problems with notifying families, tens of thousands of children were at risk of losing coverage.

In 2016, this problem became even more critical when newborns who were eligible for Medicaid were not being enrolled. Parents were leaving hospitals without health coverage for their infants because of problems with the enrollment system and policies. Newborns, who were normally enrolled automatically because their mothers had Medicaid coverage, were facing a more complicated enrollment process.⁸ Public outcry resulted in the state fixing the enrollment problems and prioritizing clearing the backlog for newborns eligible for Medicaid.

Although the state Medicaid program announced that the backlog for all Medicaid enrollees was cleaned up in early 2017, the data still reflects the impact it had on coverage for children.⁹ As noted earlier, the rates of uninsurance for children under the age of 1 shows an increase. This highlights the importance of monitoring the roll-out of new technology and policies to ensure there are no unintentional coverage losses.

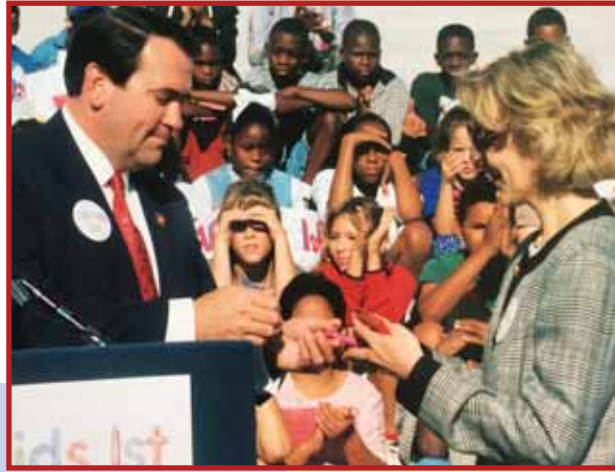
FEDERAL POLICY THREAT

In recent years, the health care system in Arkansas has been transformed because more people are covered. While this report highlights the story of the ARKids First program and its positive impact, Arkansas has also experienced the positive impact of the Affordable Care Act. Since the implementation of the ACA, families across the nation have benefited from policies that make it easier for people with pre-existing conditions to get affordable coverage; require little to no co-payment for preventive care; and allow young adults to remain on their parents' health insurance longer. Arkansas is also one of 33 states (including Washington, D.C.) to expand Medicaid coverage to low-income adults, which has so far allowed 300,000 Arkansans to enroll. Today, more parents and caregivers have access to coverage, which means kids are also more likely to have coverage and stay enrolled.

However, the health care system has been in a state of flux over the past year. Despite several failed attempts by Congress to repeal the ACA, many federal policies that expanded access to affordable coverage are still at risk. Also, after letting CHIP funding expire and kicking the can down the road in an unprecedented delay, Congress finally reached an agreement to reauthorize CHIP funding for 10 years. Although the U.S. House of

Representatives passed legislation to extend CHIP funding months earlier, that effort stalled because of partisan debate about how to pay for the program, which would have cut other health care funding. In addition to ensuring children can get the care they need, CHIP helps stabilize the state budget by helping fund the ARKids First program.¹⁰ In 2016, Arkansas received \$176 million federal dollars for the CHIP program.¹¹ This vote provided some certainty for families and state officials who were concerned about how long the program would last.

Amy Rossi, who was ACF's executive director from 1988-2003, hands Governor Mike Huckabee a crayon to sign ARKids First.



20 YEARS OF ARKIDS MAKES A DIFFERENCE

In 1997, Arkansas took a major step forward to achieving health insurance coverage for every child. While Medicaid was helping children in low-income families, a gap remained for working families who were still unable to afford coverage for their children. With a crayon, Governor Mike Huckabee signed the act to create ARKids First on March 10, 1997. ARKids was Arkansas's state-funded health insurance program for working families. This landmark legislation was passed during a time when the political environment was unfavorable toward safety net programs, like Medicaid, and the state budget was already stretched thin.

With the support of Arkansas Advocates for Children and Families, the Arkansas Department of Human Services, and the Arkansas General Assembly, the Governor was able to expand affordable coverage to more children in Arkansas. This collaboration increased public awareness with a major outreach effort. Within the first four months of its launch, almost 10,000 children enrolled in the program.⁴

Months later, federal legislation was enacted to create the Children's Health Insurance Program (CHIP) in 1997. CHIP is a federally funded program that states administer locally. This allowed the state to receive federal dollars to cover the newly created ARKids First.

To combat the stigma families sometimes felt from enrolling their children in Medicaid, the state brought the traditional Medicaid program under the ARKids First umbrella in 2000. Today, children who are eligible for traditional Medicaid are enrolled in ARKids A, and children eligible for CHIP coverage are enrolled in ARKids B. Together, these programs have helped to dramatically reduce the rate of uninsured Arkansas kids. Prior to this landmark legislation, about one-quarter of children who became eligible for ARKids lacked coverage.⁵

ARKids First made it possible for these children to get the preventive care they needed to become healthy, productive adults. Twenty years later, the impact of this innovative program can still be seen across the state.

CAMILLE'S STORY

As a child growing up in Camden, Arkansas, Camille Richoux remembers her mom working hard to provide for her and her older sister. Despite her mom's full-time job at a local nonprofit, the family still could not afford to pay the high costs of health coverage for the children.

Thanks to ARKids First, Camille was able to see a doctor when she needed to, including the time she had a fracture and required a hospital visit.

More than a decade later, Camille is a full-time student who hopes to use her master's degree in public health to improve the health care system for other families in need. Her sister, Kasey, shares this passion and works as a family nurse practitioner. See her story at www.youtube.com/user/aradvocates.

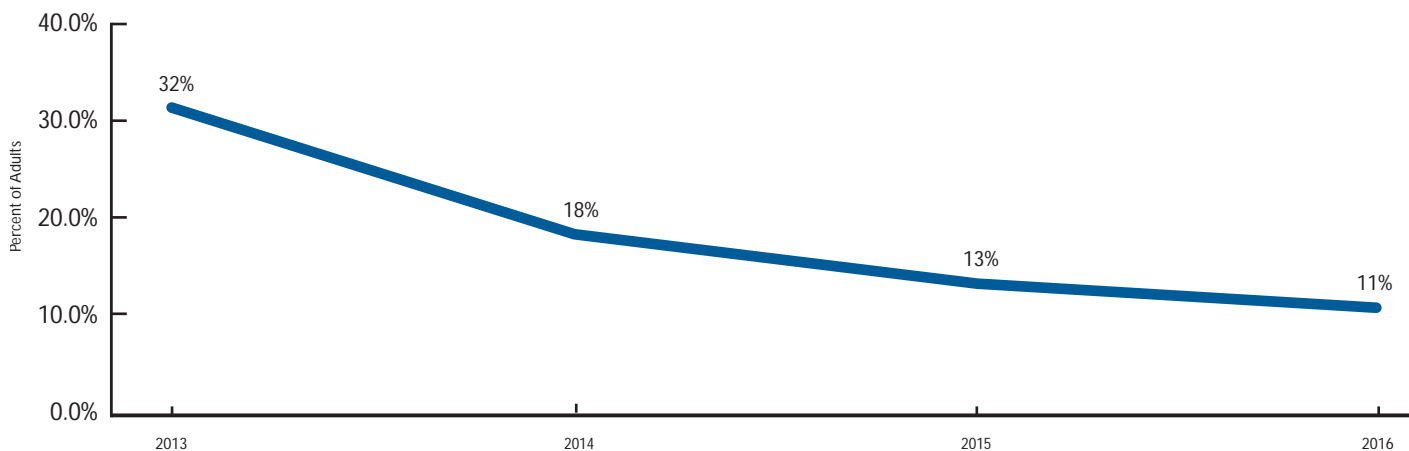


THE DATA ON ADULTS

According to U.S. Census data, the number of uninsured adults in the state has continued to drop at historic rates. Arkansans have seen the benefits from the Medicaid expansion program, known as Arkansas Works, and other affordable coverage options available through the ACA. Despite the federal- and state-level debates, the benefits to the state have so far ensured the program has stayed in place. Up to 300,000 Arkansans have benefited from Arkansas Works, and nine out of 10 people are eligible for a tax credit to pay for health coverage purchased on the Marketplace.¹²

The future of the ACA is still uncertain, which means the future of coverage for adults in the state is also uncertain.

PERCENTAGE OF ARKANSAS ADULTS AGE 19-64 WHO ARE UNINSURED



Source: PRB Analysis of 2016 American Community Survey PUMS, U.S. Census Bureau

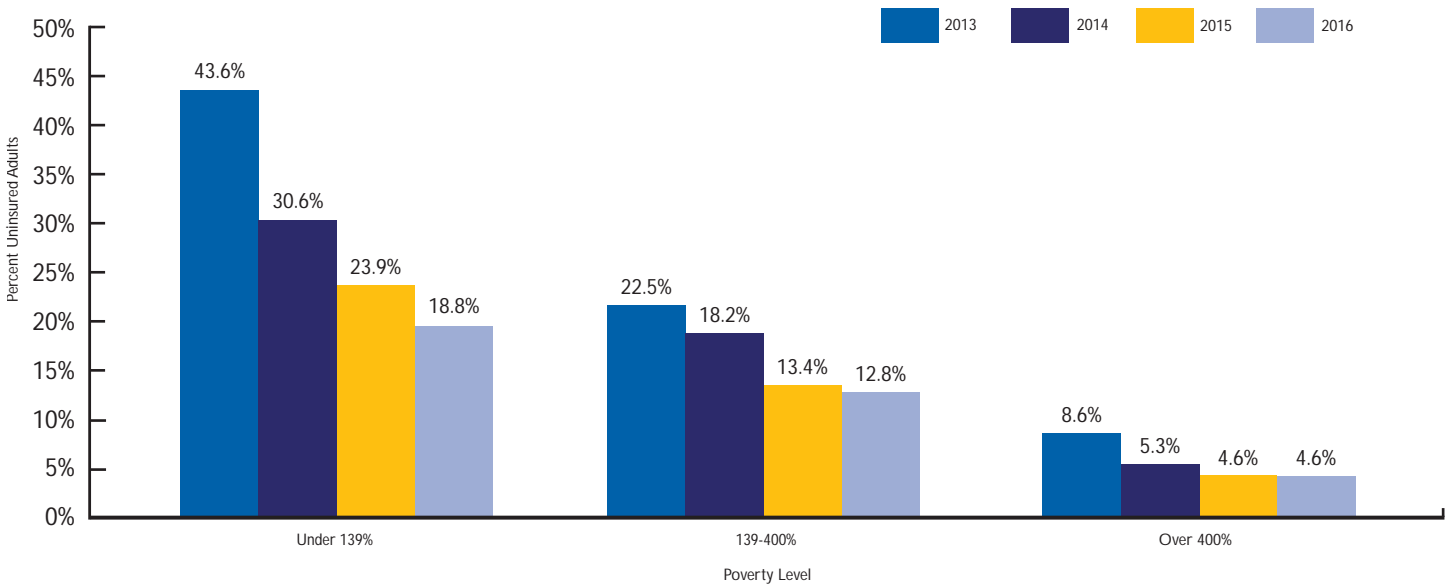


Since 2014, when the ACA became law, coverage rates have improved for Arkansans across all income levels. There was more room for progress for low-income adults (below 139 percent of the Federal Poverty Level) who benefited from the state expanded Medicaid coverage. This explains the larger drop for this group. Many enrollees were able to gain coverage for the first time because of the lack of coverage options that were previously available.

Like the ethnic disparities that are present for children, Hispanic adults in Arkansas are also more likely to lack coverage. Many of the same barriers impact adults, such as family members having mixed citizenship status and language barriers that hinder outreach efforts. This coverage gap is even more pronounced for Hispanic adults in low-income households. Unlike the option Arkansas took to cover more immigrant children, there is no similar policy option to help address the issue for adults.

RATE OF UNINSURED ADULTS DECREASES ACROSS ALL INCOMES

Percent uninsured adults age 19-64 by poverty level



Source: PRB Analysis of 2016 American Community Survey PUMS, U.S. Census Bureau

FUTURE OF COVERAGE FOR ADULTS

Although Arkansas has made major gains in improving coverage and access to care for adults in the state, the threats to stop this progress are a realistic concern. The same issues that have impacted access to coverage for children have also affected adults. Like children enrolled in ARKids, adults in the Arkansas Works program faced the same coverage delays resulting from the backlog. At the peak of the backlog, DHS reported that about 146,000 applications needed to be processed.¹³ Additionally, the federal debate over the ACA continues to threaten the very existence of the state’s Arkansas Works program. Insurers in the state have already increased premiums in response to the federal government announcing they would no longer make cost-sharing reduction payments. Those are

payments to insurance companies to help limit out-of-pocket expenses for low- to moderate-income individuals. The future of the ACA is still uncertain, which means the future of coverage for adults in the state is also uncertain. Although Arkansas lawmakers have continued to fund the Arkansas Works program, it has not been without a fight. In 2017, Governor Hutchinson called a short special session for lawmakers to vote on changes to the Arkansas Works program, which are summarized in the chart below.¹⁴ The latest round of proposed changes goes further than past attempts to restrict enrollment by implementing policies that were denied under the previous federal administration.

ARKANSAS WORKS POLICY CHANGES

Arkansas Works Feature	Description of Policy
Partial Medicaid Expansion	Lowers eligibility for Arkansas Works from 138% to 100% of the Federal Poverty Level.
Requirement to Work	Requires 20 hours of work or work-activities, like volunteering weekly to remain eligible for Arkansas Works. Certain enrollees will be exempt, like students and full-time caregivers.
Elimination of Retroactive Eligibility	Retroactive eligibility is a standard feature in state Medicaid programs and covers expenses incurred 90 days before an individual is enrolled. This policy would eliminate retroactive eligibility.

In March 2018, the federal government approved Arkansas's request to put a work requirement in place. While the proposal to lower the income eligibility — which would have made at least 60,000 ineligible — was not approved, the changes will likely result in fewer adults in the state having coverage. Many enrollees could lose coverage because they are unaware of how to confirm they meet the new requirements or due to technology issues with the enrollment system. Retroactive eligibility was also shortened to 30 days. It will be very important to monitor the roll-out of these new policies to ensure eligible people who need coverage are not dropped from the program by mistake. It will also be critical for the state to report on the number of enrollees who gain and retain employment as well as the administrative costs of the program. These types of policies have been shown to yield poor results compared to the administrative costs involved.



HOW WE WIN THE RACE: OPPORTUNITIES TO IMPROVE ACCESS TO COVERAGE

For all the historic gains in the Arkansas health care system, opportunities remain to ensure all Arkansas children and their families have access to coverage and care. Here's what we can do:

1. **Protect funding for Medicaid and CHIP.**

The greatest danger to children's coverage is the ongoing debate at the federal level regarding funding for affordable coverage programs. Since Congress just recently renewed funding for CHIP, states have some relief from the months of uncertainty about the future of children's coverage. However, we aren't out of the danger zone yet. Potential cuts in the federal budget could result in decreased funding for Medicaid. Arkansas, like other states, could be forced to cut services for kids, decrease payments to health care providers, or come up with state dollars to keep coverage in place if Medicaid funding is cut.

2. **Keep coverage affordable for the entire family.**

In addition to protecting funding for children's coverage, continuing to keep affordable coverage options for the entire family is critical. Research shows that children are likely to share the same coverage status as their parents and caregivers. In addition, the high cost of health care stretches the family budget, which also impacts the children in the household.

Ongoing attempts at the federal level to unravel the ACA continue to be a major concern. Although recent attempts have failed, other strategies like rolling back the individual mandate and cutting cost-sharing reduction payments could do just as much damage as repealing the ACA altogether. Even though state lawmakers have continued to vote annually to fund the Medicaid expansion program, these federal policy threats make it even more of an uphill battle.

3. **Ensure the enrollment and renewal process is seamless.**

One of the ongoing threats to protecting Arkansas coverage gains has always been the administrative hurdles for families to enroll in coverage and stay covered. With recent technical problems in the enrollment system, the state should proactively seek opportunities to automate the enrollment and renewal process. For example, the state would cut down on administrative delays

by adopting a 12-month continuous eligibility policy for all ARKids enrollees, regardless of a change in household income. This policy also ensures a child has consistent access to health care treatment.

4. Fully implement the new immigrant children’s coverage policy. One of the most exciting achievements during the 2017 legislative session was the progress made to remove enrollment barriers for immigrant children, including those born in the Marshall Islands. The state recently began accepting applications for coverage.¹⁵ Outreach to these families will be critical, since this new policy will make many children eligible for ARKids coverage for the first time.

5. Continue to invest in outreach and education. As the health care system continues to change, it is more important than ever that families have timely information about their health coverage. In addition to making sure families understand the types of coverage they may be eligible for, they also need to be informed about changes in eligibility requirements and how to keep their coverage. The state will need to plan for scenarios like reductions in health care funding or changes to the ACA that impact peoples’ health coverage. A major part of the planning must be outreach to Arkansas families to give them a chance to seek other coverage options.

The health care system has become increasingly complex over the years, and the families who are directly impacted are often left in the dark. The state can better address this information gap by taking advantage of outreach funding, such as federal dollars for CHIP outreach. These grants even allow states to use parent mentors to provide outreach.¹⁶ Additionally, it’s time to remove policy barriers to informing consumers, like the state legislative ban on the use of public dollars for outreach and enrollment in ACA-related health coverage. These types of politically motivated policies only harm families by limiting their access to information about their health coverage options.

We have made impressive progress in Arkansas. Twenty years ago, families had few affordable coverage options. Since that time, the ARKids First program has changed the coverage landscape for children in the state. Like the ARKids program, the bipartisan effort to improve the health of all Arkansans helped us make history again by expanding coverage to more low-income adults. But the risks ahead must be taken seriously, as state lawmakers and Congress face major decisions about the future of the health care system. For now, we can continue to celebrate the innovative and important investments in the health care system that have pushed us even closer to the Finish Line.



APPENDIX

UNINSURED CHILDREN IN ARKANSAS BY COUNTY 2012-2016

County	Total Number of Children	Number of Uninsured Children	Percent of Children Uninsured	County Ranking of Percent Uninsured
ARKANSAS	4267	34	1%	74
ASHLEY	4901	219	4.5%	34
BAXTER	7247	392	5.4%	20
BENTON	66493	2988	4.5%	33
BOONE	8219	407	5.0%	25
BRADLEY	2607	92	3.5%	54
CALHOUN	1020	59	5.8%	18
CARROLL	6132	558	9.1%	3
CHICOT	2567	47	1.8%	71
CLARK	4413	89	2.0%	68
CLAY	3208	97	3.0%	59
CLEBURNE	5043	532	10.5%	1
CLEVELAND	1940	63	3.2%	57
COLUMBIA	5092	108	2.1%	65
CONWAY	4800	186	3.9%	50
CRAIGHEAD	25555	1261	4.9%	26
CRAWFORD	15541	1081	7.0%	5
CRITTENDEN	13890	696	5.0%	24
CROSS	4263	111	2.6%	63
DALLAS	1495	61	4.1%	44
DESHA	3139	159	5.1%	22
DREW	4064	250	6.2%	14
FAULKNER	28325	1722	6.1%	15
FRANKLIN	4200	161	3.8%	51
FULTON	2462	166	6.7%	11
GARLAND	19983	1126	5.6%	19
GRANT	4221	171	4.1%	45
GREENE	10674	549	5.1%	21
HEMPSTEAD	5858	404	6.9%	6
HOT SPRING	7133	286	4.0%	46
HOWARD	3493	237	6.8%	9
INDEPENDENCE	8857	369	4.2%	42
IZARD	2499	198	7.9%	4
JACKSON	3511	71	2.0%	67
JEFFERSON	16704	474	2.8%	61
JOHNSON	6333	268	4.2%	39
LAFAYETTE	1429	41	2.9%	60
LAWRENCE	3743	122	3.3%	56

County	Total Number of Children	Number of Uninsured Children	Percent of Children Uninsured	County Ranking of Percent Uninsured
LEE	1924	36	1.9%	70
LINCOLN	2477	106	4.3%	37
LITTLE RIVER	2861	50	1.7%	72
LOGAN	4912	103	2.1%	66
LONOKE	18869	790	4.2%	41
MADISON	3710	352	9.5%	2
MARION	2898	138	4.8%	29
MILLER	10490	608	5.8%	16
MISSISSIPPI	11937	463	3.9%	49
MONROE	1596	72	4.5%	32
MONTGOMERY	1773	86	4.9%	28
NEVADA	1971	83	4.2%	40
NEWTON	1590	62	3.9%	48
OUACHITA	5634	178	3.2%	58
PERRY	2222	51	2.3%	64
PHILLIPS	5374	367	6.8%	8
PIKE	2543	128	5.0%	23
POINSETT	5745	91	1.6%	73
POLK	4758	167	3.5%	55
POPE	14371	596	4.1%	43
PRAIRIE	1727	49	2.8%	62
PULASKI	92948	4580	4.9%	27
RANDOLPH	3849	179	4.7%	31
SALINE	6104	259	4.2%	38
SCOTT	27404	1031	3.8%	52
SEARCY	2576	114	4.4%	35
SEBASTIAN	1583	62	3.9%	47
SEVIER	31118	2006	6.4%	13
SHARP	4981	341	6.8%	7
ST. FRANCIS	3589	240	6.7%	12
STONE	2509	50	2.0%	69
UNION	9690	420	4.3%	36
VAN BUREN	3382	161	4.8%	30
WASHINGTON	55009	3729	6.8%	10
WHITE	18557	659	3.6%	53
WOODRUFF	1498	11	1%	75
YELL	5393	312	5.8%	17

Source: PRB Analysis of 2012-2016 American Community Survey PUMS, U.S. Census Bureau

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Arkansas Advocates for Children and Families
1400 West Markham, Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office
614 East Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

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