

DISMANTLING THE BARRIERS TO THE FINISH LINE EVERY CHILD IN ARKANSAS NEEDS HEALTH COVERAGE



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EXECUTIVE SUMMARY

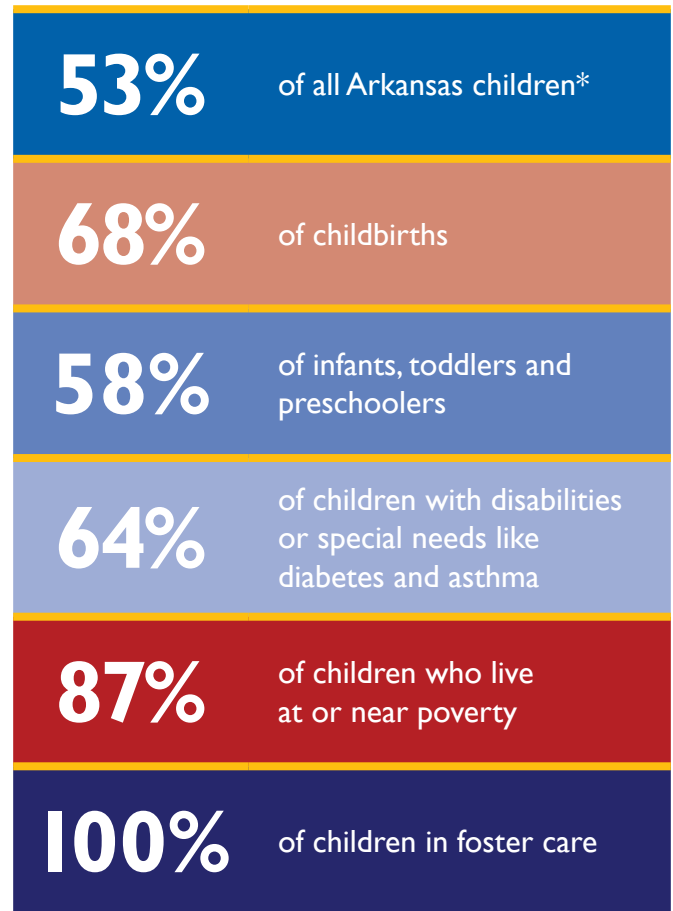
Historically, Arkansas has done a great job of recognizing the need to improve access to health care for children. Arkansas Medicaid is a source of coverage for families who have no other coverage. The state showed national leadership when we expanded Medicaid for kids in 1997 and for adults in 2013. These expansions improved health coverage for both children and adults. To care for our children, we approved the Children’s Health Insurance Program (CHIP), locally called ARKids First, before any other state in the nation. Likewise, for adults, we were the first state in the South to expand Medicaid under the Affordable Care Act (ACA).

But, for a range of reasons examined in this report, Arkansas has seen its insurance coverage for both children and adults decrease over the past several years. This alarming trend largely follows the nationwide trend, putting people of all ages at risk of poorer health outcomes. And yet, Arkansas has not taken advantage of policy options – currently allowed under federal law – that could help increase coverage for children and adults.

Arkansas Advocates for Children and Families has advocated for improving children’s health insurance coverage since our founding in 1977. We helped lead the effort to create ARKids First in 1997, and we continue to push the state to cross the finish line to covering all kids by enrolling all eligible children and extending more options to families who can’t afford private health insurance.

MEDICAID AND ARKIDS FIRST COVERING ARKANSAS’S CHILDREN

What percentage of children are on Medicaid and ARKids First?¹



*This is the second-highest percentage in the nation, behind New Mexico at 56 percent.²

INTRODUCTION

WHY IS INSURANCE COVERAGE SO IMPORTANT?

Studies show that having health insurance helps people stay healthy. Children receiving Medicaid benefit not only from coverage for illness and injury, they are more likely to have fewer absences from school, and higher rates of high school and college attendance and graduation.³ In addition to providing coverage for families needing acute care, Medicaid primary care preventive services for children include:

- Required Developmental and Behavioral Screening of Young Children
- Dental, vision, hearing, and other services via Early and Periodic Screening, Diagnostic and Treatment
- Immunizations through the Vaccines for Children program⁴

Medicaid coverage provides access to care for low-income women and infants. The Medicaid services provided for prenatal care, childbirth and postpartum care help to ensure positive birth outcomes. Women with incomes up to 200 percent of the federal poverty level are eligible to receive prenatal and delivery services from Arkansas Medicaid.⁵ Children born to women with adequate prenatal care are more likely to have improved birth outcomes. In 2018, Medicaid provided coverage for 68 percent of births in Arkansas.⁶

Early childhood is a critical time. A child's brain develops fastest during the first few years of life. If children aren't enrolled in Medicaid or CHIP, or they lack insurance from other sources, there is a very strong likelihood that they will not get the timely developmental screenings and well child visits recommended by the American Academy

of Pediatrics Bright Futures schedule, nor any needed follow-up services resulting from those screenings. The recommended number of well child visits is 15 by age 6.⁷

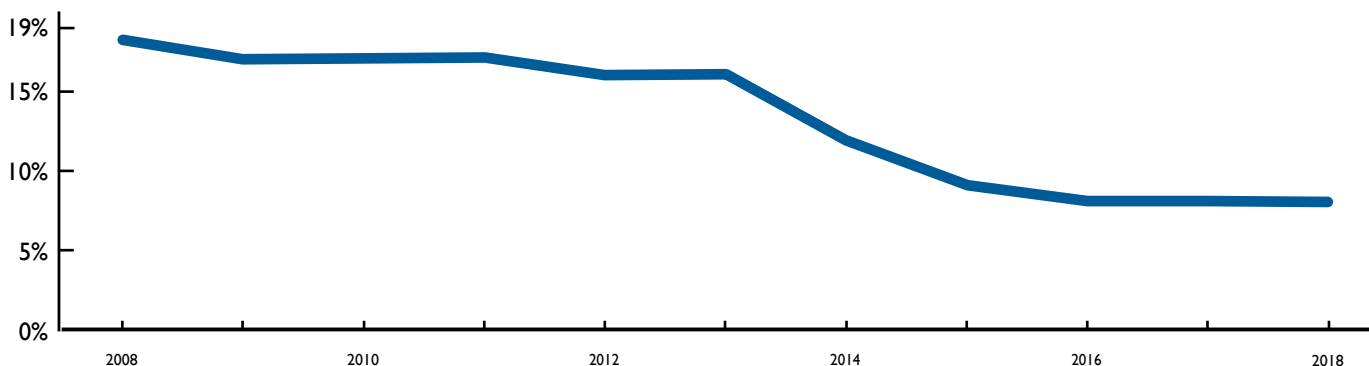
Children who are enrolled in Medicaid can receive support for early intervention services that infants and toddlers may need to promote their healthy growth and development.

Health insurance coverage also improves financial stability for families and health care providers.⁸ Community hospitals and clinics benefit from individual and family insurance coverage. Timely payments from insurance coverage supports the business operations of community health care providers. Individuals with health insurance coverage have improved access to regular sources of primary care providers. They are also less likely to use emergency rooms for primary care.⁹

THE STATE OF INSURANCE COVERAGE IN ARKANSAS

In the 10 years between 2008 and 2018, the total uninsured rate for all Arkansans was cut by more than half, from 18 percent to 8 percent (Figure 1). Recently, however, Arkansas Medicaid has moved from being on the forefront of improving access to care, to cutting enrollment. Arkansas Medicaid and CHIP enrollment for all ages from March 2017 to March 2019 decreased by 6.6 percent, according to Center on Budget and Policy Priorities.¹⁰ This is a Medicaid enrollment decline of 11,196 children and 71,699 adults over a two-year period. We will take a closer look at the demographics in the number and percentages of uninsured children and adults in Arkansas later in this report.

FIGURE 1. ARKANSANS WITHOUT ANY TYPE OF HEALTH INSURANCE COVERAGE, ALL AGES, 2008-2018



Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

As we examine access to care a full 10 years after passage of the ACA, two looming federal court cases — *Gresham v. Azar*¹¹ and *Texas v. Azar*¹² — pose real threats to maintaining the coverage gains under Medicaid.

Additionally, concerns over immigration status have negatively impacted insurance coverage rates for children in immigrant families. As Arkansas’s immigrant population grows, the state will see larger numbers of uninsured children if these concerns are not addressed.

Our goal is to reach the finish line of 100 percent coverage for all Arkansans. In this report, Arkansas Advocates for Children and Families reviews the most recent data analysis by Population Reference Bureau (PRB) of the American Community Survey to highlight insurance coverage in our examination of access to care for children and families in Arkansas in 2018. For comparison, 2017 data is provided to show increases or decreases in coverage. Various other sources are also referenced in our analysis to provide more current information related to access to care. The report identifies disparities between immigrant and non-immigrant groups, in addition to showing inequities between various racial and ethnic groups. In addition, coverage by income level and age is provided in our review.

The public health emergency resulting from the COVID-19 pandemic, coupled with the resulting economic downturn, has significantly impacted the access to and delivery of health care in Arkansas. Current

conditions may lead to prolonged change for overall access to health care services in the state. Increased efforts for awareness and outreach will be necessary to ensure that eligible children are located and enrolled in Medicaid.

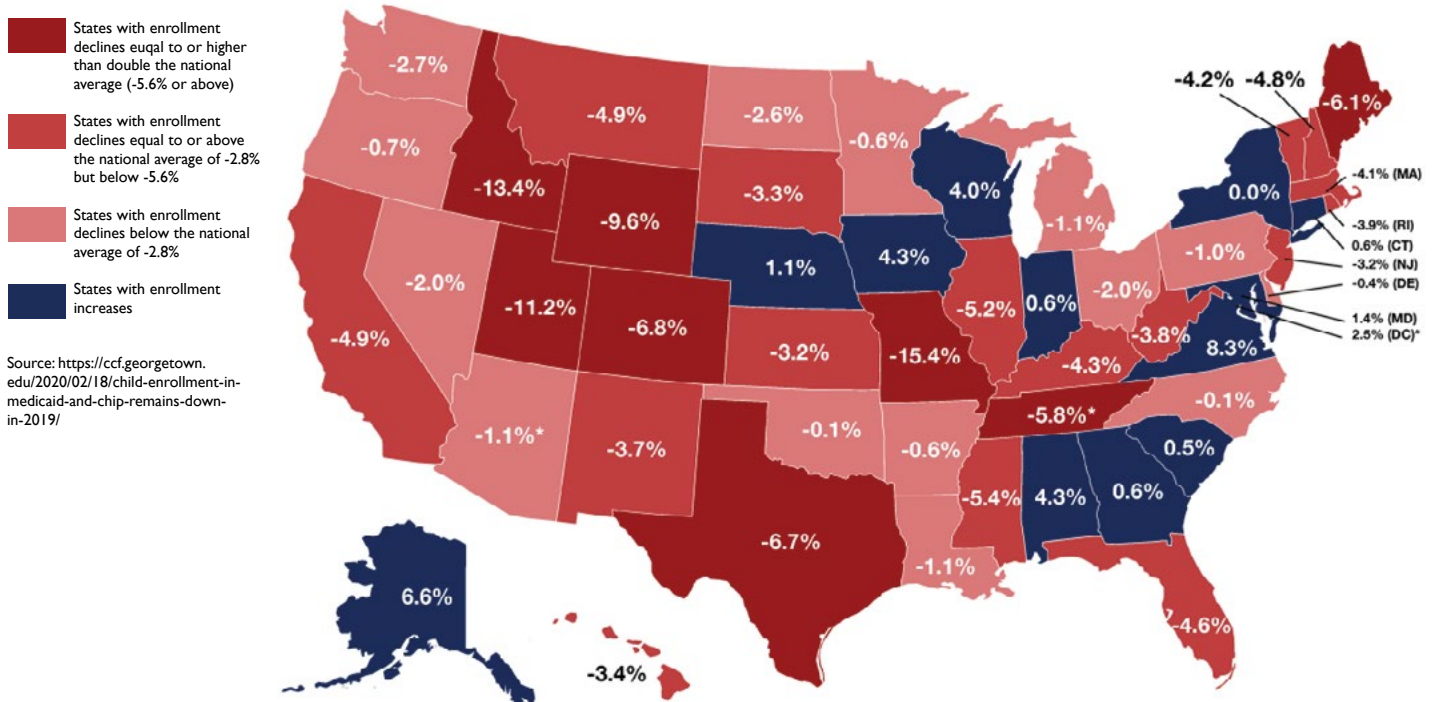
The increases in adult insurance coverage that we have seen over the last 10 years from ACA Medicaid expansion, Arkansas Works, and the Marketplace may all be reversed by the current economic situation. Medicaid policy changes and rule suspensions may create better access in certain instances, such as allowing coverage of telehealth services. However, the long-term impact of delaying children’s immunizations and other preventive services may result in worse outcomes. Some private providers may not be able to recover from the loss of revenue during the emergency period.

COVERING ARKANSAS’S CHILDREN

CHILDREN’S HEALTH CARE COVERAGE AND ENROLLMENT IN MEDICAID AND CHIP

National experts have sounded the alarm on the decrease in children’s Medicaid and CHIP enrollment since 2018. Joan Alker, Executive Director and a Co-Founder of the Center for Children and Families at Georgetown University, warned of an increase in the number and percentage of uninsured children in her November 2018 report.¹³

FIGURE 2. CHILD ENROLLMENT IN MEDICAID AND CHIP, DECEMBER 2017–OCTOBER 2019



While fewer of Arkansas’s children went without health insurance in 2018 (4.5 percent uninsured) than in 2017 (4.7 percent), we have still failed to catch up to our all-time enrollment high of 96 percent in 2016. From December 2016 to December 2018, almost 25,000 fewer children were enrolled in Arkansas Medicaid and CHIP, and data suggests most of these children may have been eligible for Medicaid and CHIP, rather than living in families with employer provided coverage.¹⁴ In 2019, Medicaid and CHIP enrollment numbers began improving, but, again, still far below 2016 numbers. To keep children covered and ensure fewer go uninsured, state officials must keep the focus on Medicaid enrollment numbers (Figure 3).

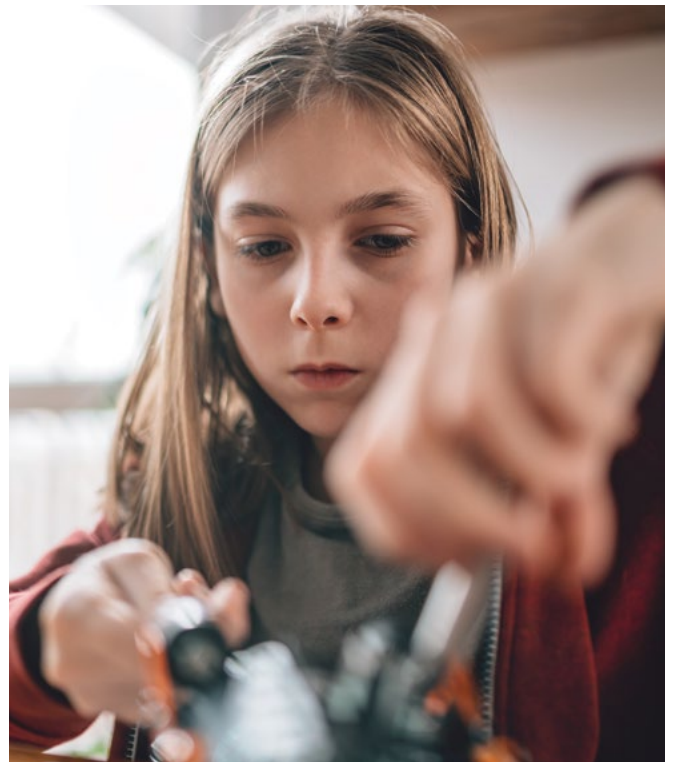
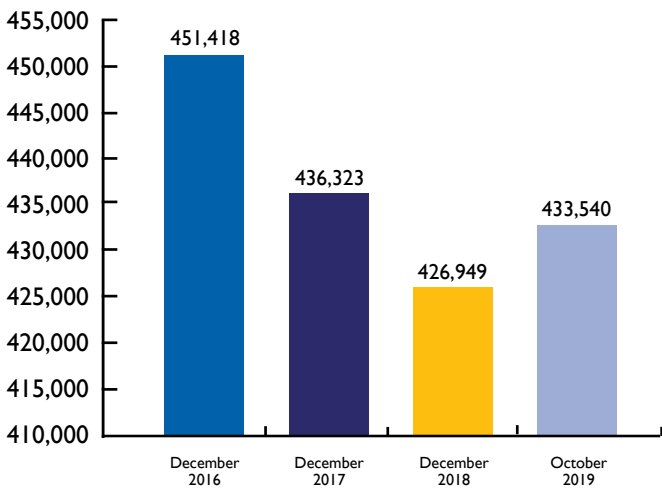


FIGURE 3. CHILDREN ENROLLED IN ARKANSAS MEDICAID AND CHIP



Source: <https://data.medicaid.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme>

Arkansas Medicaid children’s coverage by Congressional District in 2018 ranged from 40 percent of children in the 3rd Congressional District, to 57 percent in the 1st Congressional District. Employer sponsored insurance ranged from 29 percent in the 1st Congressional District, to 45 percent in the 3rd Congressional District. The uninsured percentage of children for each district was either 4 or 5 percent. Children covered by direct purchase or other coverage remains under 10 percent in each district (Table 1).

TABLE 1. 2018 CHILDREN’S COVERAGE BY CONGRESSIONAL DISTRICT

Arkansas Congressional District	Percent of Children with Medicaid	Percent of Children with Employer-Sponsored Insurance	Percent of Children with Direct Purchase	Percent of Children with Other Coverage	Percent of Children Who are Uninsured
Congressional District 1	57%	29%	4%	6%	4%
Congressional District 2	42%	40%	5%	9%	4%
Congressional District 3	40%	45%	3%	7%	5%
Congressional District 4	56%	30%	3%	7%	5%

Notes: Children are defined as under 19 years of age. Other coverage includes Medicare, TRICARE, VA and two or more types of coverage. Direct purchase includes coverage through the marketplace.¹⁵ Percent estimates were computed.

CHILD POVERTY TRENDS

The poverty rate among Arkansas’s children rose to 24.4 percent in 2018, an increase of 2.3 percentage points over the 2017 rate.¹⁶ Table 2 lists current household income eligibility limits for ARKids First A and B. ARKids First A covers children in families with incomes between 0 and 139 percent of the poverty level; ARKids First B, also known as CHIP, covers children in families with incomes from 139 percent to 200 percent of the poverty level.

White and Black children fared much better than Hispanic children in their uninsured rates.

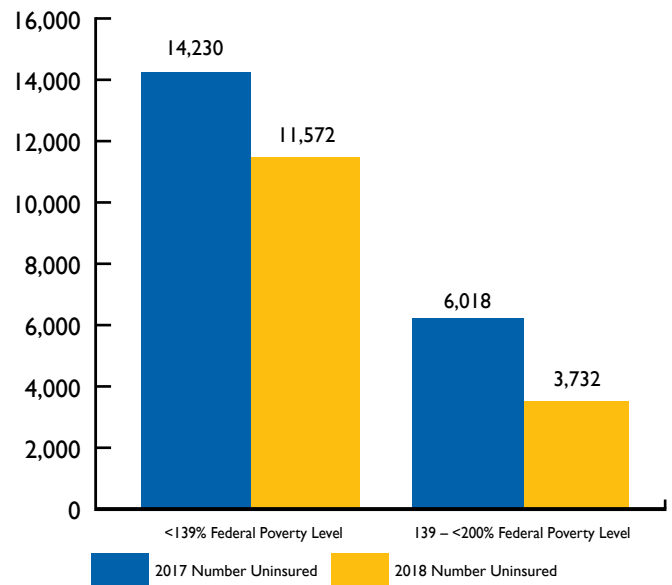
TABLE 2. HOUSEHOLD INCOME ELIGIBILITY LIMITS FOR ARKIDS FIRST

	Family size	1 person	2 people	3 people	4 people	Each add'l person
ARKids A	Yearly income	\$17,738.64	\$24,009.36	\$30,297.12	\$36,567.84	\$6,270.72
ARKids B	Yearly income	\$26,358.12	\$35,675.88	\$45,018.96	\$54,336.72	\$9,317.76

Source: <https://humanservices.arkansas.gov/about-dhs/dms/ar-kids/>¹⁷

Although the total number of uninsured children declined from 2017 to 2018, there were increases in uninsured children in families within several income brackets, including families living below the poverty level; between 200 and 250 percent of poverty; and greater than 400 percent of poverty, which increased by around 2,000, as shown in Figure 4. Almost 12,000 children who were uninsured in 2018 lived in families with incomes below 139 percent of poverty, the same income eligibility level for ARKids First A.

FIGURE 4. NUMBER UNINSURED CHILDREN BY INCOME



Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

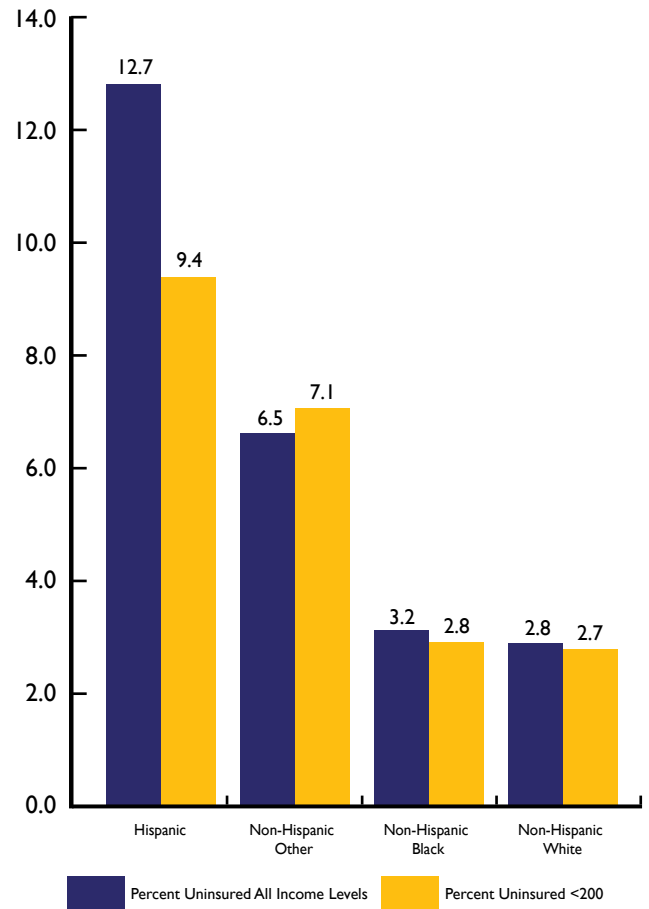
DISPARITIES IN CHILD ENROLLMENT

Analysis of 2018 Census Bureau data identifying national uninsured rates for children reveal the following top three findings.¹⁸

1. Hispanic and White children saw statistically significant increases.
2. There was a large increase in the percentage of uninsured children 0-5 years.
3. The South, which includes Arkansas, is the worst region for uninsured children.

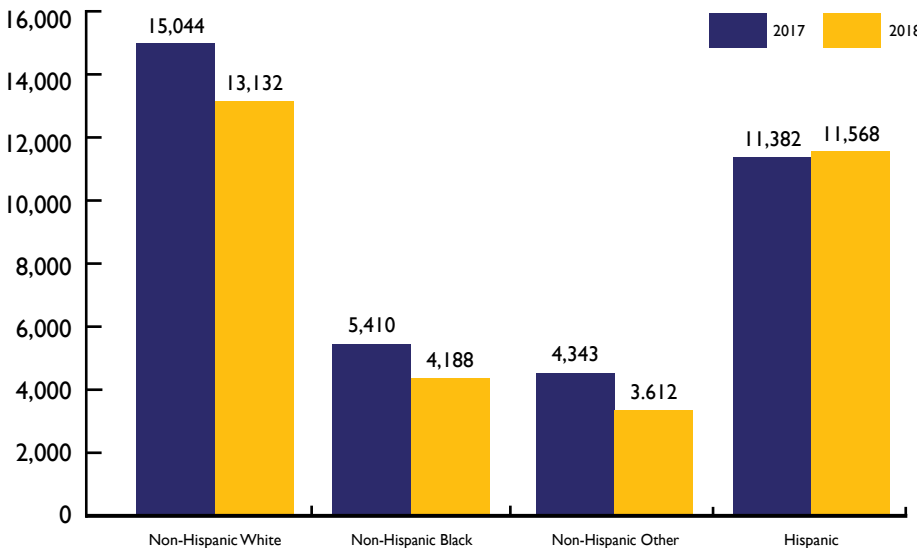
Non-Hispanic White and African American or Black children fared much better than Hispanic children in their uninsured rates. There were 15,304 children uninsured in 2018 in families with incomes less than 200 percent of the federal poverty level who may be eligible for ARKids First A or B. Of these uninsured children, almost 6,000 are Hispanic, and approximately 2,550 are Non-Hispanic Black or African American. For all incomes, while White children have the highest number of uninsured at 13,132, it is because they are by far the most populous group; only 2.8 percent of Arkansas's Non-Hispanic White children went without insurance. By comparison, 12.7 percent, or 11,568 of the total 91,264 Hispanic children in Arkansas in 2018 were uninsured. (Figures 5 and 6).

FIGURE 6. 2018 PERCENT UNINSURED CHILDREN BY RACE/ETHNICITY AND INCOME



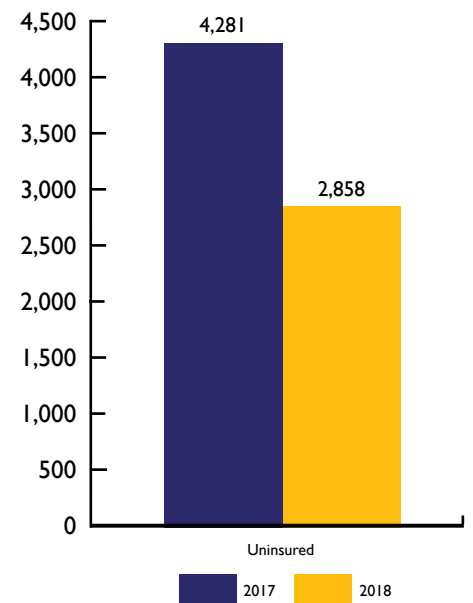
Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

FIGURE 5. NUMBER ALL UNINSURED CHILDREN BY RACE/ETHNICITY



Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

FIGURE 7. HEALTH INSURANCE COVERAGE OF NON-CITIZEN CHILDREN



Source: Population Reference Bureau analysis of 2018 ACS PUMS data, US Census Bureau

IMMIGRANT CHILDREN

The Immigrant Children’s Health Insurance Act (ICHIA), adopted in 2017, was implemented by Arkansas Medicaid beginning in January 2018. ICHIA is likely responsible for much of the decline in uninsured non-citizen children, as seen in Figure 7. Data is unavailable from the Arkansas Department of Human Services to track how many newly eligible children have successfully enrolled in ARKids under ICHIA. However, community organizations track the number of families they’ve helped apply. For example, the Arkansas Coalition of Marshallese reports helping families enroll 2,354 children in ARKids coverage since the policy went into effect. Children born in the Republic of the Marshall Islands were ineligible before January 2018, and they’ve been one of the largest groups to benefit.

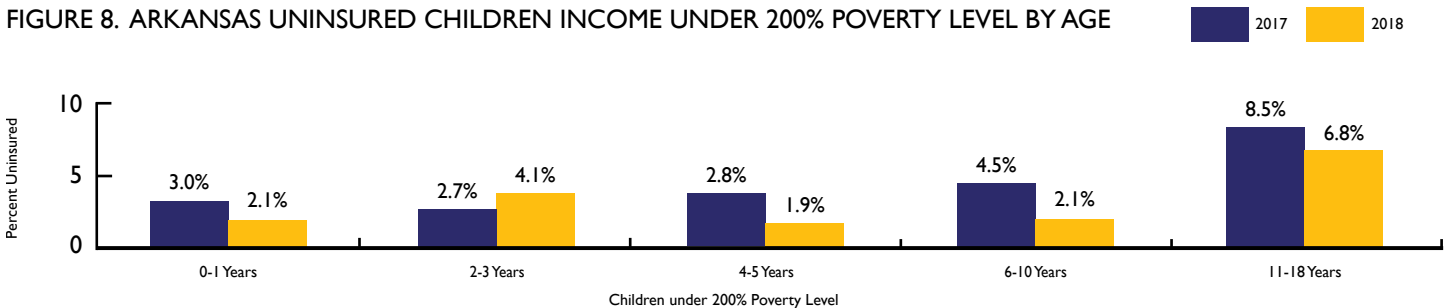
Community organizations also report that children who are citizens but have immigrant parents are missing services because of the fear created by the change in the federal administration’s expanded “Public Charge” rule. The Public Charge is a U.S. Department of Homeland Security rule that applies to some immigrants. The test to decide if an immigrant may be likely to apply for or use government services applies to non-citizens seeking a green card or a travel documents to enter the United

States. In February, the administration greatly expanded the list of factors that make an immigrant deemed likely to become a Public Charge, which makes their applications more likely to be denied. The Public Charge previously took into account whether a person had used cash benefits and other direct government services; now it takes into account whether the person has a low income and has children, among many other factors. Although the Public Charge rule wouldn’t count CHIP or ARKids coverage as a factor, data suggest that immigrants are still dissuaded from obtaining eligible services, such as Medicaid, for their children.¹⁹

CHILDREN’S COVERAGE BY AGE

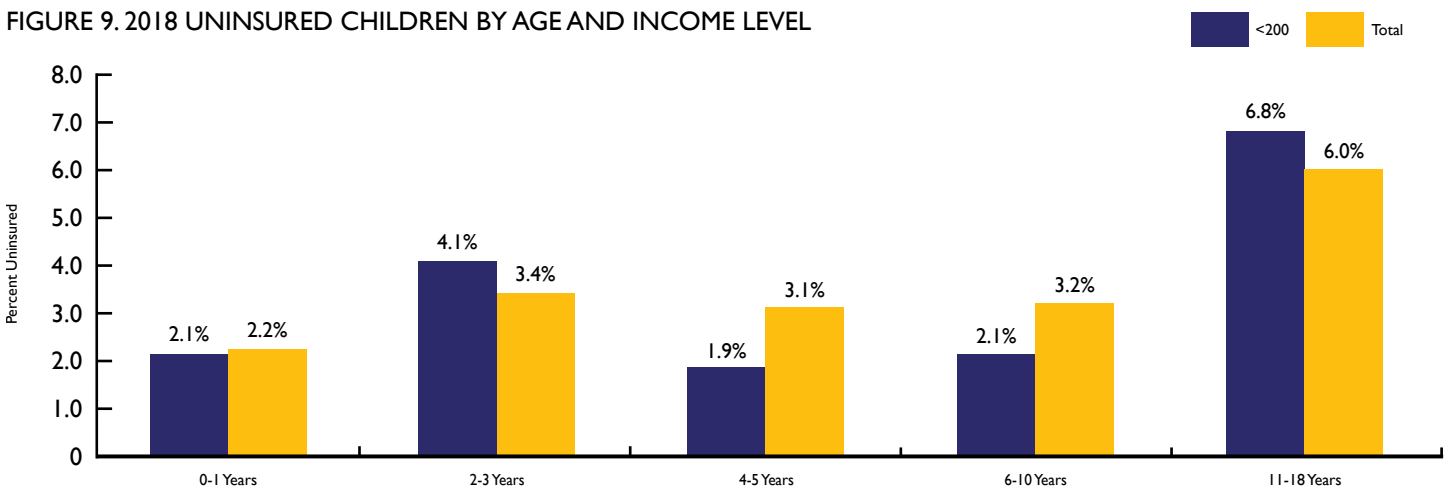
Coverage improved for most age groups in families with incomes under 200 percent of the poverty level, as shown in Figure 8. But the data in Figure 9 allow us to see which age groups of children are clearly being missed when it comes to enrollment in ARKids First A and B. More than half the uninsured children in this income range were between ages 11 and 18, almost 10,000 children. During 2018, parents of children in the 2- to 3-year-old and 11- to 18-year-old age ranges were less likely to get their children insured, although their incomes likely made them eligible for ARKids First A and B.

FIGURE 8. ARKANSAS UNINSURED CHILDREN INCOME UNDER 200% POVERTY LEVEL BY AGE



Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

FIGURE 9. 2018 UNINSURED CHILDREN BY AGE AND INCOME LEVEL



Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

SCHOOL-BASED HEALTH SERVICES

Studies show that 25 percent of U.S. students have physical or mental health issues that impact their school success.²⁰ As a rural state with transportation problems, services available at school in Arkansas can improve children's health and well-being; help alleviate school attendance problems; decrease children's missed therapy, medical, dental and behavioral appointments; and provide support for parents who may not be able to take off work.

The interagency School Health Services Initiative operated by the Arkansas Division of Elementary and Secondary Education and the Arkansas Department of Health provide a mechanism to support school health services in Arkansas. Among the programs operated by School Health Services are Arkansas AWARE, Medicaid in the Schools, School Based Health Centers, and School Based Mental Health. To find unenrolled children, school clinics could serve as a venue for helping families get their children enrolled in Medicaid.²¹ In addition to the School Health Services Initiative, the Arkansas School Based Health Alliance works to improve the health status of children and youth by advancing and advocating for school-based health care.²²

ADULT COVERAGE

An important factor in working toward 100 percent health coverage for Arkansas's children is improving the coverage of Arkansas's adults. When parents have coverage, their children are more likely to be enrolled in coverage, stay enrolled, and receive the preventative care and other health services they need to grow and thrive. Within the first year of enrolling adults in Arkansas's expanded Medicaid program, more than 30,000 children also got coverage.²³

Arkansas continues to struggle with high uninsured rates for adults, however. In Arkansas, one out of five (20.3 percent) adults age 19-64 with incomes under 100 percent of poverty were uninsured in 2018. For Arkansas adults of all incomes, the uninsured rate was 13.3 percent, or one out of seven.

Employer-sponsored coverage is the largest source of coverage for adults in Arkansas, ranging from 45 percent in the 1st Congressional District to 58 percent in the 3rd Congressional District (Table 3). The adult population covered by Medicaid ranged from 11 percent in the 3rd Congressional District to 19 percent in the 1st Congressional District. Fifty-eight (58) percent of adults in the 3rd Congressional District were covered by employer sponsored insurance. However, for each district, between 10 and 13 percent of adults were uninsured.

TABLE 3. ARKANSAS: SOURCES OF ADULTS' COVERAGE BY CONGRESSIONAL DISTRICT, 2018

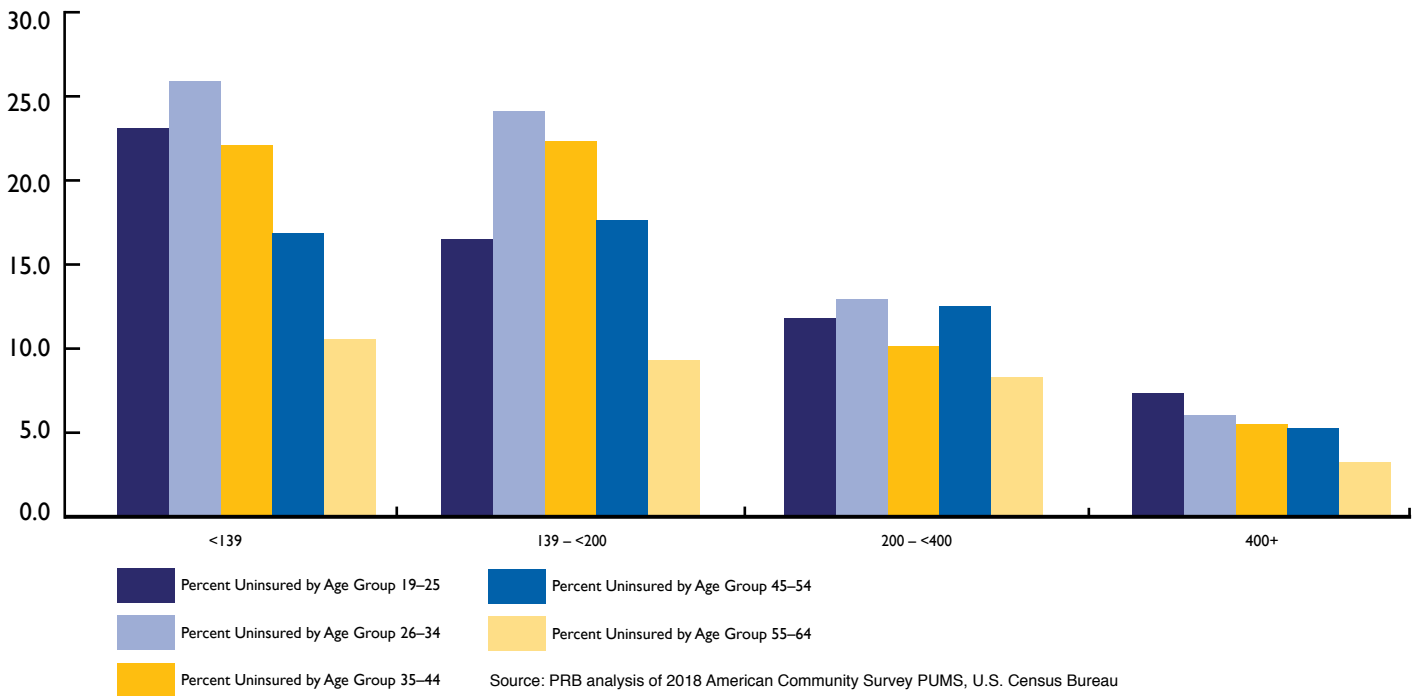
Arkansas Congressional District	Percent of Adults with Medicaid	Percent of Adults with Employer-Sponsored Insurance	Percent of Adults with Direct Purchase	Percent of Adults with Other Coverage	Percent of Adults Who are Uninsured
Congressional District 1	19%	45%	8%	16%	12%
Congressional District 2	13%	55%	8%	15%	10%
Congressional District 3	11%	58%	7%	11%	13%
Congressional District 4	16%	47%	8%	15%	13%

Source: Georgetown University Center for Children and Families analysis of the single-year estimates of summary data from the 2018 American Community Survey.

Notes: Adults are defined as 19-64 years of age. Other coverage includes Medicare, TRICARE, VA and two or more types of coverage. Direct-purchase includes coverage through the marketplace.²⁴

Low-income adults still hold the highest uninsured rates. For adults with incomes below 139 percent of the poverty level, uninsured rates range from 10 percent to over 25 percent, depending on the age group. In contrast, for adults at incomes higher than 400 percent of the federal poverty level, uninsured rates were less than 8 percent, regardless of age group. In 2018, adults aged 26-34 with income levels under 400 percent of the federal poverty level had the worst uninsured rates (Figure 10).

FIGURE 10. 2018 UNINSURED ADULTS BY INCOME AND AGE GROUP



The health of adults directly impacts their ability to work and to take care of and provide for their children. After implementation of the Medicaid Expansion in 2014, uninsured rates fell drastically among adults in Arkansas. However, many workers with low wages are unable to take full advantage of the ACA provisions improving access to health insurance. The provision limiting an employee’s contribution to their share of employer sponsored health insurance to less than 9.5 percent of their household income may be impacting the health care of adults. This may be a contributing factor to the increased uninsured rate among workers. Proposed congressional action will fix what is called the “family glitch.”²⁵

For employed adult Arkansans with incomes over 139 percent of the federal poverty level, Table 4 shows 7,318 more working people were uninsured from 2017 to 2018, although this same population decreased by 6,835 people, raising the uninsured rate by an uptick of almost a full percentage point.

TABLE 4. ADULTS 19-64 BY EMPLOYMENT

Working 19-64 / 139%+ Poverty Level			
	2017	2018	difference
Uninsured	88,227	95,545	7,318
Total	1,027,345	1,020,510	-6,835
Percent	8.6	9.4	0.8

Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

Employed, uninsured adults age 19-64 with incomes under 139 percent of the federal poverty level were uninsured at a 4.5 percent higher rate than the non-working uninsured under 139 percent of the federal poverty level.

ARKANSAS WORKS

Arkansas state officials created the Private Option in 2013, after passage of the ACA in 2010. The Private Option, which was later renamed “Arkansas Works,” gave insurance coverage to more than 250,000 uninsured adults with income levels under 139 percent of the federal poverty level. But In 2017, the Hutchinson Administration requested changes to Arkansas Works from the Centers for Medicare and Medicaid (CMS). CMS approved the state’s request requiring adults to report work-related activities or lose coverage. More than 18,000 people on Arkansas Works lost their Medicaid coverage from June to December 2018, as a result of the requirement.

The impact of the adoption of work-reporting requirements in Arkansas Works was clear, as shown in Figure 11. The overall uninsured rate for adults increased to over 20 percent in 2018, up from 17.5 percent in 2017. The work-reporting requirements hit low-income adults below 100 percent of poverty the hardest, as their uninsured rate increased from 17.6 percent in 2017 to 20.3 percent in 2018.

LEGAL THREATS TO ADULT COVERAGE

In the federal court case, *Gresham v. Azar*, the U.S. D.C. District Court and U.S. D.C. Court of Appeals both ruled against the state — stopping the work-reporting rule in March 2019. The court’s ruling eliminated the threat of losing coverage based on work-reporting requirements, for the time being. The state has appealed, so the case could end up with a decision by the U.S. Supreme Court. A ruling in favor of the state would

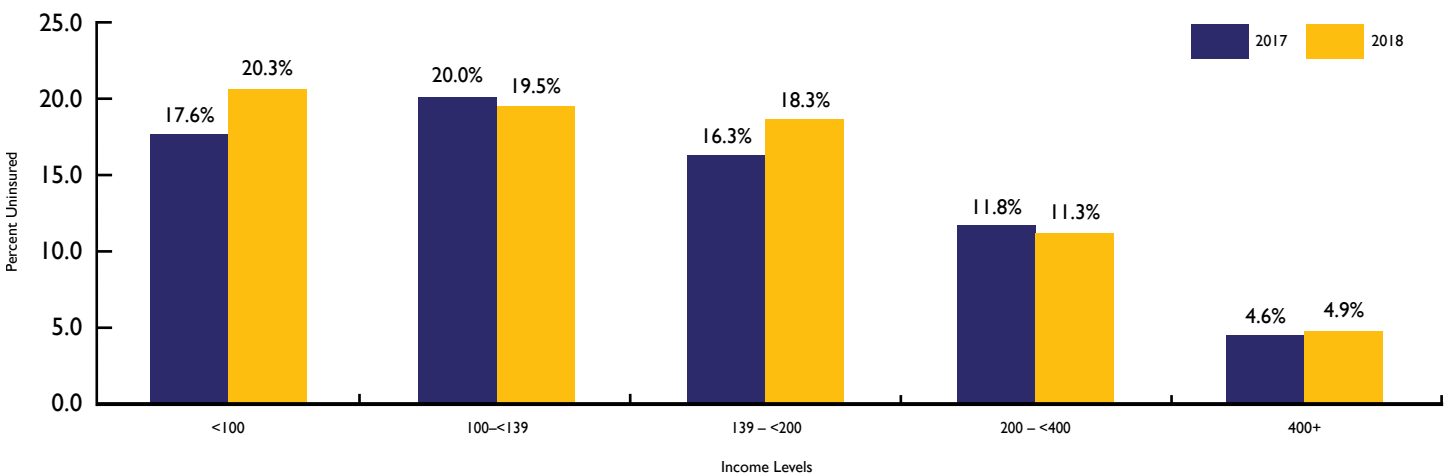
reinstate the work-reporting requirements. The work-reporting requirements would create the same barriers to coverage as they did when they were implemented in 2018.

In light of the COVID-19 pandemic, many more people are projected to need coverage by Medicaid, including Arkansas Works. Were the work-reporting requirements reinstated, the problems encountered in 2018 would be multiplied based on limited internet access, need for social isolation, and job losses or reduced employment. Arkansas Department of Workforce Services staff are overwhelmed by the sheer number of unemployed individuals in the state. Reimplementation of work-reporting requirements would only add to the existing issues the workforce agency is currently experiencing.

A different case filed in 2018, *Texas v. Azar*, challenged the individual mandate of the ACA. The 2017 Tax Cuts and Jobs Act contained a provision that reduced the individual mandate to \$0 for individuals who do not have health insurance. The plaintiffs argue that, as the mandate produces no revenue, it should be struck down. The United States Supreme Court agreed to hear *Texas v. Azar* in the fall of 2020. The ruling on the case will determine whether the entire ACA will be struck down.

Arkansas joined the Texas case as one of the states suing to have the ACA overturned, even though nearly 299,000 low-income Arkansans would lose their health coverage if the plaintiffs win.²⁶ In addition, Arkansas would receive dramatically less federal money used to provide health coverage to Arkansans, and Arkansas hospitals would suffer financially as the costs of uncompensated care would rise. This scenario would be catastrophic during a global pandemic.

FIGURE 11. UNINSURED ADULTS 19–64 BY EMPLOYMENT



Source: PRB analysis of 2018 American Community Survey PUMS, U.S. Census Bureau

CONCLUSION AND RECOMMENDED POLICY SOLUTIONS

Much has changed since the initial draft of this report was written. In early 2020, the world experienced the rapid spread of the extremely infectious COVID-19 coronavirus, causing a global pandemic. President Trump declared a national Public Health Emergency in March 2020. The national and state pandemic response totally altered access to many health care services in Arkansas. Public health policy changes established guidelines to contain the spread of the coronavirus placed limits on primary care services, elective outpatient and inpatient hospital services. Treatment required for COVID-19 patients led to overwhelming demands, resulting in shortages of hospital inpatient beds and worldwide shortages of medical supplies and equipment. Primary care medical clinics and dental offices were required to close to limit the spread of the disease.

Concern for children's health over the spread of the COVID-19 coronavirus and fear of becoming infected, coupled with the closing of primary care and dental clinics led parents to postpone taking their children for preventive health services including immunizations, well-child visits, dental visits, developmental screenings and assessments. Closed school districts altered children's access to therapies and other services normally received at school. The state public health department, as well as community primary care clinics, reported a 40 percent decrease in visits during the month following the declaration of the COVID-19 pandemic. Services families can access at public health clinics include immunizations, WIC screenings and referrals, family planning, and prenatal care. In addition to children's services, community health clinics serve as major providers for adult health services in local communities across the state.

The rapid spread of COVID-19 and social distancing required to eliminate the spread has resulted in the loss of tens of thousands of jobs in Arkansas and millions throughout the nation. The April 2020 unemployment rate was 10.2 percent in Arkansas, and 14.7 percent nationally. Both state and national rates were 3.5 percent in February 2020. Job losses will increase the number of families needing Medicaid services. Other families not eligible for Medicaid and unable to afford premium costs may be left without any insurance coverage at all, further threatening their economic wellbeing.

Even before the pandemic, the decline in children's Medicaid enrollment was of grave concern.

State officials have put emergency budget measures in place for the government because of the decrease in state tax revenue from business closings and loss of employment. A continuing budget shortfall will impact Medicaid funded services well into the future. The U.S. government response to the COVID-19 pandemic provides funding exclusively for screening, testing and treatment of the coronavirus. The federal government has also provided time-limited increases to Medicaid match funds. Going forward, unless the increased Medicaid funds from the federal government are in place until the economy recovers, the state constraints will likely limit Medicaid services. The limitations on outpatient, preventive and elective services have severely impacted the financial status of many health care providers in the state.

Even before the pandemic, the decline in children's Medicaid enrollment was of grave concern. And already existing coverage disparities threaten to exacerbate a health crisis that is much more prevalent in communities of color. Hispanic children's uninsured rates are up to four times higher than Non-Hispanic African American and White children. With a 2.3 percent increase in the children's poverty rate, it is unclear why Medicaid enrollment has fallen over the last two years. Adult uninsured rates increased in every age group and income level up to 400 percent of the federal poverty level.

We must do a better job of ensuring all eligible children and adults are enrolled in Medicaid. State officials should work with other organizations to extend opportunities for enrollment. Arkansas Advocates for Children and Families offers the following policy solutions to improve health care access for Arkansas's children and families.

MEDICAID ENROLLMENT

After getting almost 96 percent of the children in Arkansas insured in 2016, Medicaid enrollment has declined over the last two years. The state doesn't take advantage of some of the options allowed under federal law that could help increase enrollment and keep children covered throughout the year. Optional strategies allowed by CMS to improve enrollment include:²⁷

- **Provide presumptive eligibility for children in Medicaid and CHIP**

CMS allows states to authorize schools, early childhood education providers, hospitals and other organizations to help children who may be eligible get enrolled in Medicaid. This process of presumptive eligibility allows children to begin receiving services immediately without having to wait for the full Medicaid application to be processed. State approval of presumptive eligibility would allow children in Arkansas get quicker Medicaid enrollment.

- **Provide 12-month continuous eligibility for children on Medicaid**

Arkansas allows continuous eligibility for children enrolled in CHIP. That means they stay enrolled if the family experiences a change in income during the year, which is better for families and is a less cumbersome administratively for the state. But the state doesn't allow this policy to extend to children in traditional Medicaid as well – those families with the lowest incomes. State officials should extend continuous eligibility to children enrolled in traditional Medicaid to ensure that fewer children lose coverage.

- **Improve enrollment rates for children eligible under ICHIA**

State officials should improve outreach to immigrant families, ensuring all kids eligible under ICHIA are enrolled. The state should also provide additional training to DHS field workers about the eligibility of immigrant children under ICHIA.



PREGNANT WOMEN'S COVERAGE OPTIONS

Federal policy allows states to cover low-income pregnant women through Medicaid. Arkansas's coverage of pregnant women does not allow presumptive eligibility for pregnant women or 12 months continuous coverage for postpartum women and infants, though federal policy would allow both. Clinical experts recommend states provide better access to infant and maternity care by including this coverage.²⁸

ARKANSAS WORKS

The Arkansas Works Medicaid expansion has provided coverage for hundreds of thousands of people who otherwise would not have had any source of payment for their health care needs. The current public health emergency and severe economic conditions warrant maintaining Arkansas Works as a program to provide insurance coverage instead of a jobs program. State officials should withdraw their continued efforts to re-establish work reporting requirements by dropping the fight that is now in federal court.

REFERENCES

- 1 <http://ccf.georgetown.edu/2019/03/20/medicaid-and-chip-snapshot-data-sources-2019/>
- 2 <https://www.kff.org/statedata/>
- 3 <https://www.cbpp.org/blog/medicaid-works-10-key-facts>
- 4 <https://www.medicaid.gov/medicaid/benefits/prevention/index.html>
- 5 <https://humanservices.arkansas.gov/about-dhs/dco/programs-services/medicaid-program-eligibility-and-enrollment>
- 6 <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 7 <https://ccf.georgetown.edu/wp-content/uploads/2019/12/Uninsured-Kids-under-6-final-1.pdf>
- 8 <https://ccf.georgetown.edu/wp-content/uploads/2020/02/CoverAllKidsFinal.pdf>
- 9 https://www.aha.org/system/files/media/file/2019/10/report-importance-of-health-coverage_1.pdf
- 10 <https://www.cbpp.org/research/health/medicaid-enrollment-decline-among-adults-and-children-too-large-to-be-explained-by>
- 11 [https://www.cadc.uscourts.gov/internet/opinions.nsf/DDBA611EB31A1A218525850E00580F2D/\\$file/19-5094%20-%201828589.pdf](https://www.cadc.uscourts.gov/internet/opinions.nsf/DDBA611EB31A1A218525850E00580F2D/$file/19-5094%20-%201828589.pdf)
- 12 <https://www.kff.org/health-reform/issue-brief/explaining-texas-v-u-s-a-guide-to-the-case-challenging-the-aca/>
- 13 <https://ccf.georgetown.edu/2018/11/21/nations-progress-on-childrens-health-coverage-reverses-course/>
- 14 <https://ccf.georgetown.edu/2018/11/21/nations-progress-on-childrens-health-coverage-reverses-course/>
- 15 <https://ccf.georgetown.edu/wp-content/uploads/2019/11/Arkansas-Child-Coverage-2018.pdf>
- 16 <https://ccf.georgetown.edu/2020/01/30/fighting-fear-with-facts-heres-what-the-supreme-court-ruling-on-public-charge-injunction-means-for-immigrant-families/>
- 17 <https://humanservices.arkansas.gov/about-dhs/dms/ar-kids>
- 18 <https://ccf.georgetown.edu/2019/09/12/why-are-there-more-uninsured-kids-and-what-can-we-do-about-it/>
- 19 <https://ccf.georgetown.edu/2020/01/30/fighting-fear-with-facts-heres-what-the-supreme-court-ruling-on-public-charge-injunction-means-for-immigrant-families/>
- 20 <https://healthyschoolscampaign.org/wp-content/uploads/2019/12/A-Guide-to-Expanding-Medicaid-Funded-School-Health-Services-12-19-19.pdf>
- 21 <http://dese.ade.arkansas.gov/divisions/learning-services/school-health-services>
- 22 <https://sbhaar.org/about-us/mission-vision-strategic-goals/>
- 23 https://www.aradvocates.org/wp-content/uploads/Expanded-Health-Coverage-Works-for-Families-and-our-Economy_2016.pdf
- 24 <https://ccf.georgetown.edu/wp-content/uploads/2019/11/Arkansas-Adult-Coverage-2018.pdf>
- 25 <https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-116HR1425-RCP116-56.pdf>
- 26 <https://www.urban.org/research/publication/implications-fifth-circuit-court-decision-texas-v-united-states>
- 27 <https://www.medicaid.gov/chip/eligibility/index.html>
- 28 <https://www.smfm.org/>

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