Zach: Good day, everyone, and welcome to the Georgetown University Center for Children and Families press call. At this time all participants are in a listening-only mode. Later you will have the opportunity to ask question. You may register to ask a question at any time by pressing the star and one on your touchtone phone. You may withdraw yourself from the queue by pressing the pound key. Please note, today's conference is for the media, and the program is being recorded. I will be standing by should you need any assistance. It is now my pleasure to turn the program over to Cathy Hope Communications Director at the Georgetown University Center for Children and Families (CCF). Please, go ahead, ma'am.

Cathy Hope: Good afternoon, and thank you so much for joining us today to celebrate the great news for America's children. Today we are going to present the finding on our 50-state analysis on the uninsured rate for children. Joining me today will be Joan Alker the Executive Director of the Georgetown University Center for Children and Families. CCF is an independent, nonpartisan policy and research center that was founded in 2005 with the mission to expand and improve high quality, affordable health coverage for America's children and families. It's based here at Georgetown University's Health Policy Institute with the McCourt School of Public Policy where Joan Alker serves as an Associate Research Professor.

Next on the call we will have Denise Tanata-Ashby who is the Executive Director for the Children's Advocacy Alliance in Nevada. Denise has been working in the field of child advocacy in Nevada since 1998. She has extensive experience conducting applied research and policy analysis on children's issues with an emphasis on translating research and data to improve policy and practice.

Then finally [we have] Anne Dunkelberg the Associate Director for the Center for Public Policy Priorities in Texas. Ann joined the center in 1994, where she focuses on policy and budget issues related to healthcare access and immigrants access to public benefits. She also serves as a Co-Chair for the CHIP (Children's Health-Insurance Program) Coalition. She previously served in the state Medicaid Director's Office at the Texas Health and Human Services Commission.

Kicking off today's call to provide the research finding on our recently released reports is Joan Alker.

Joan Alker: Thank you, Cathy and welcome to all of you joining the call and to our colleagues and guest speakers from Nevada and [from] Texas. I'm also joined here by my Coauthor Alisa Chester, who can help me with any question you might have. A big thanks to her for all of her hard work on this paper. We have written this paper for the last five years, and this was a very exciting year because we were able to look at data for 2014. As you know, that was the first year after implementation of major parts of the affordable care act were implemented or not, in some cases, as we'll discuss. As you may know the paper uses data from the American Community Survey, which is conducted by the Census Bureau. The data was released in last September of this year.

Before I walk through some of the key finding, I wanted to share a few cautions about the data. First the rankings of states don't take into account the margin of error associated with state uninsured numbers and rates, so while you can feel generally confident about where a state is falling, its performance generally is reflected, I think, in the rankings, but especially where small states are concerned, the ranking should be interpreted with some caution. Similarly the numbers of uninsured children should not be viewed as a precise count in any state but rather [as] an estimate.

Let's get to the key findings. First and foremost the uninsured rates for kids in the United States has reached a historic low of 6 percent down from 7.1 percent in 2013. The improvement was widespread across the country with 25 states showing statistically significant declines in the number of uninsured children. Approximately 4.4-million children remain uninsured in the United States. Despite the widespread decline, some states saw much greater improvements for kids than others [for other states]. The states with the sharpest decline in the percent [-percent, percentage] of uninsured children, which is a better measure, I think, than the number to compare across states were Nevada, Colorado, West Virginia, Mississippi, and Rhode Island. Nevada gets the most improved award. In our previous report, they were the worst in the country with almost 15 percent of children uninsured, and in one year, that number came down to under 10 percent, a considerably larger decline than [in] any other state. We'll hear from Denise, later in the call, about why she thinks that is.

Of course, it's easier to improve when you have a lot of uninsured kids, so I wanted today to give a special shout out to West Virginia and Rhode Island, those were in the top five I just mentioned. Those were states that were already considerably below the national average in 2013 with uninsured rates just over 5 percent. In 2014, they came down to 3 percent and 3.3 percent, respectively. About half of all uninsured children now live in six states, Texas, California, Florida, Georgia, Arizona, and Pennsylvania, but Texas now has by far the largest number of uninsured children. They did see improvement, but they still are now, very much, calling attention to themselves by their very large number of uninsured children. We'll hear from Ann Dunkelberg later in the call about that.

As was the case before the affordable care act, uninsured children disproportionately live in the South, they're of Hispanic decent, and they are school aged. Children in rural areas also uninsured at higher rates than children in urban areas. I just wanted to mention that we will be doing a follow-up report that looks specifically at uninsured Hispanic kids by state, which we plan to release in early December. Finally as we discuss in the report the most fundamental change for health-coverage levels in 2014 was, of course, the implementation of the affordable care act, which for children, built on a decade of improving trends as a result of a strong bipartisan commitment to kids' coverage through Medicaid and [through] the Children's Health Insurance Program.

There are so many policy changes big and small, direct and indirect for kids as a result of the ACA, we won't be able to get through them all today, and every state has a somewhat different story to tell. But we do talk in the report about a very fundamental choice that every state has had in the past couple of years, and that is whether or not [-or not] a state has chosen to accept federal dollars to expand its Medicaid program from parents and other adults below 138 percent of the federal poverty line. We know from past experience and research that covering parents makes it more likely that children will be covered. While even states that didn't expand Medicaid saw what we like to call a "welcome-mat effect" from the ACA generally that you get from covering a whole family. But in our report, we did find that states that expanded Medicaid, saw a larger welcome-mat effect.

Our findings show that expansion states saw a decline in the number of uninsured children of 21.7 percent, whereas, states that did not expand Medicaid saw the number of uninsured children decline by a 11.6 percent. This is despite the fact that the expansion states had considerably fewer uninsured children to begin with. That makes it actually harder for them to achieve decline.

With that I'm going to hand it back to Cathy.

Cathy Hope: Okay. Thank you, Joan. Next we have Denise Tanata-Ashby. Her name is spelled Denise T-a-n-a-t-a-Ashby, and as I mentioned, she's the Executive Director for the Children's Advocacy Alliance in Nevada.

Denise Tanata-Ashby: Thank you, Cathy and Joan. We were pleased to see the number of uninsured children in Nevada decline by 35 percent between 2013 and 2014 when the major provisions of the affordable care act took effect. As Joan mentioned, our uninsured rate for children dropped from nearly 15 percent to 9.6 percent in that one-year period giving Nevada the distinction of achieving the largest decline in its child uninsured rate in the country. We consider that quite an achievement and credit is due to many Nevadans at the federal, state, and local levels.

We recognize that the ACA wouldn't have been possible without the diligent efforts of Senator Harry Reed and his colleagues in congress. Protecting kids isn't a partisan, political issue. Thankfully we have a governor who's focused on positive steps to connect Nevada's families with healthcare opportunities made available by the affordable care act. The support of Governor Sandoval for accepting Medicaid funding to offer affordable coverage to more uninsured parents and other adults was a very smart decision that has made the difference in the lives of Nevada's children and families because we know that, when parents have health coverage, their kids are more likely to be insured too and the whole family is more financially secure.

Nevada's also very fortunate to have a very dedicated group of people on the front lines helping people enroll in coverage. These include the folks at Nevada Health Link, as well as, all of the navigators and enrollment assistors statewide. They are our unsung heroes, and today we want to publically thank them for all that they have done to help families overcome barriers to enroll in affordable health insurance plan.

Improvements in healthcare coverage for children is not only great news for families, but its also good news for our state schools and our economy. We know that when children have healthcare coverage they're able to get preventative care to stay healthy or to go the doctor when they're sick, so [that] they don't need to rely on more expensive hospital care when they get sicker. Healthcare coverage also improves children's ability to succeed academically and to stay on track developmentally, so they can achieve their full potential. Our state didn't achieve the success overnight. We risked children being worse off without a firm resolve to uphold the affordable care act and to keep our state's healthcare system strong.

We know that we're not done. There are still about 64,000 uninsured children living in the state of Nevada, and many of them, we know, are still eligible for free or for low-cost coverage through the Medicaid or Nevada Check Up (NCU) program, who are not enrolled. We will work along with our partners statewide to continue to enroll those children and further improve our numbers. Thank you.

Cathy Hope: Denise, congratulations! It is quite an accomplishment for Nevada. Now, I'd like to come back and have questions for both Joan and Denise at the end of the call. Now I'd like to introduce Anne Dunkelberg. Her name is spelled A-n-n-e, D-u-n-k-e-l-b-e-r-g. She again is the Associate Director for the Center for Public Policy Priorities in Texas. Welcome, Anne.

Anne Dunkelberg: Thanks, Cathy. This report, what really jumps out for us in Texas is the good news for us, which is that there is a powerful tool right sitting in front of us, as we say in

Texas, as big as Dallas that could potentially double our gains in reducing kids' uninsured rate in Texas. We're pleased that our uninsured number of children did drop by somewhere in the neighborhood of 100,000 children, but obviously the fact that that still leaves us with by far the largest number of uninsured children among the states and the highest uninsured rate is not something we're thrilled about. We were excited, as Joan mentioned earlier, and curious to see what the census data for 2014 insurance rates is going to look like.

That is our first opportunity to see what new coverage through marketplace has meant, as well as, what new coverage through Medicaid for adults has meant around the country. It jumped out at us back in September when those numbers came out that when you looked at people of all ages in the state, you did see dramatically higher rates of improvement in the states that had Medicaid expansion or an alternative coverage expansion under a 1115 waiver. Then you saw in the states like [-like, such as] Texas that still had a coverage gap and hadn't created the solution for their lowest-income adults. It was particularly important and exciting to see that this report from Georgetown is finding very strongly the same factor for children that the states, with the Medicaid expansion, saw twice as good improvements in their children's coverage rates as states like [-like, such as] Texas without a coverage gap solution had.

While we have our work cut out for us moving towards getting a coverage solution for our parents, it is exciting to know that that is something that could really make a difference for Texas children. The welcome-mat effect, about which Joan talked, the idea that when you tell folks there's a coverage solution here for everybody, then you end up getting a lot more people enrolled, even people who were already eligible and for whatever reason hadn't enrolled. We can see in these other states, and Nevada's a shining example, that, when there's coverage available for parents in a family, you get a lot more children too.

We've gotten so accustomed in Texas to status quo for our Medicaid program for adults that people forget that we literally have an income cap for parents in Medicaid that was set in 1985 by our Texas legislature, and it's never been updated since then. It's literally the same dollar amount that it was when I was in graduate school. I have never had to learn a new number there. We don't have coverage for the vast majority of the children in Texas Medicaid, the parents, where we do make that coverage available to their parents. It will probably be a powerful lever to get more of our eligible but currently unenrolled children into that program and get Texas out of last place finally.

Cathy Hope: Okay. Is that it, Anne?

Anne Dunkelberg: That'll do.

Cathy Hope: Well, thank you. I hope that someday you'll have to learn a new number.

Anne Dunkelberg: Me too.

Cathy Hope: Okay. Zach is our moderator, and he's going to open up the line for questions from the reporters on the call. Zach, do you want to let them know how to ask a question?

Zach: Yes, thank you. If you'd like to ask a question, please, press the star and one on your touchtone phone. you can remove yourself from that queue with the pound key. Again, it's star and one if you have a question. I'll pause for all questions to queue.

Cathy Hope: While we're waiting for the questions to queue up, there are a couple of things that struck me. Denise, you mentioned that the full family is more financially secure, and healthcare coverage also leads to healthier development and academic success for children. Do you want to comment about what you've seen in the Nevada along those lines, and then, Anne, I'd love to have you answer the same question.

Denise Tanata-Ashby: Sure. I think some of the things that we see particularly among our younger kids, our 0 to 5 population and even prenatally, is that improve access to healthcare is actually not only translating into better health outcomes, but we're also anticipating better educational outcomes. We know, through research, that children who are healthy miss less days of school. They tend to perform better academically, but also in those early years, the early recognition of developmental delays, getting that preventative care, the on-time vaccinations, is really beneficial to making sure that kids are entering school ready to learn and financially for those families, that they're not having to wait until the last minute when those healthcare issues get out of hand, and they're having to run to the emergency room or spend those extra dollars on something that could've been prevented if they had had access previously.

Cathy Hope: Anne, do you also want to talk about the importance of healthcare beyond just health?

Anne Dunkelberg: Well, it's obviously hugely important for kids to have enough money for their households to cover basic needs, and one of the things we know is that, when the kids are getting access to affordable healthcare, that helps the family budget make sure that they can put a roof over their heads, pay the utility bills, and put nutritious food on the table. The same thing is true in [of] our neighbors in Arkansas and New Mexico where they have that affordable coverage through Medicaid through low-income working parents as well.

It reduces the financial strain on those families and makes some of their very, very limited income dollars go further to where they can make sure that the basic needs are being met in kids' homes. We also just like to mention that we are seeing more and more how critically important it is for kids to have their parents' healthcare needs being met as well. It's a very difficult thing for a child to have a parent who's diabetic or asthmatic or even with a mental-health condition who is not being treated in a comprehensive way in a medical home. That's one of the things that we're seeking for our kids in Texas and particularly for our kids on Medicaid is for their parents to be able to access decent healthcare as well.

Cathy Hope: Thank you. I would also like to ask one more question because I notice that we have a lot of Florida reporters on the line, and Joan Alker has spent over a decade researching the Medicaid program in Florida. So I'd just like for you to comment a bit on what you see in the data about Florida.

Joan Alker: Sure. Let me start off by saying, for Florida folks, I will be doing a webinar next Thursday at 2:00 p.m. for the Florida Philanthropic Network and going into a lot more detail on Florida. We will send out the link to that tomorrow, and encourage you to sign up for that, so I'll just make a few top-line comments about Florida. Florida did see a significant reduction. They went from 11.1-percent uninsured kids to 9.3 percent. So like both Texas and Nevada, Florida is a state that has performed very poorly in general. In fact apart from Texas, Florida has by far the worst

uninsured rate for kids in the South. When you see that Florida has made progress, that's terrific! It's easier, obviously, to make progress in states that have a lot more uninsured kids. But there are a couple of specific things that I would point to as why I think there was progress in Florida despite the fact that, as you all know, there was no Medicaid expansion. Florida had an enormous amount of attention and resources devoted to it with respect to outreach and enrollment for the affordable care act and the marketplace coverage.

Florida has one of the highest enrollments in the marketplace around the country. Particularly because you see parents, again, with a lower eligibility level in Florida, there are some parents who would've come in to access the tax subsidies and the marketplace coverage that would have found out that their kids were eligible for CHIP and enrolled them. Also Florida has a relatively low CHIP eligibility level compared to other states, so there are probably some uninsured kids who got coverage through the marketplace itself. Then finally, Florida had for children in their CHIP program, they charge premiums, and they were actually, by far, the highest premiums in the country to children who were in the income range between 100 percent of poverty and 138 percent of poverty.

We call them the "stair-step kids." They were in the separate CHIP program, while their siblings might have been in Medicaid. Those kids under the affordable care act the state had to move them over to Medicaid, and they no longer had to pay those premiums. We know, from a ton of research, that premiums are a barrier to low-income families. We have seen increases in Florida's Medicaid enrollment and I believe particularly in that income range. I think that's another factor. Now we can to questions, Zach, from those on the line.

Zach: We'll go first to Jordan Rudner at the Texas Tribune. Please, go ahead.

Jordan Rudner: Hi, there. As you said, my name is Jordan. I was just wondering. You mentioned this idea of Medicaid expansion in Texas, this is for Anne, being a powerful lever or a powerful tool. Do you think a Medicaid expansion is likely in the state?

Anne Dunkelberg: I think it's actually inevitable. I'm hoping that we're seeing-- And, Jordan, you're probably aware that the 1115 waiver that Texas has currently just begun a renewal process, and that federal authorities have made it clear that they're going to be trimming back on some of the funds in compensated-care pools for hospitals to the extent that they feel that they were paying for people who could have been paid under Medicaid expansion. That could, for Texas if we take a cut in the same proportion that Florida did, that could mean $1-billion/year in lost federal funds for Texas.

We are seeing a lot more attention being paid to the question of whether Texas should really be seriously considering some of the more conservative takes on coverage expansion in the state such as Indiana and Arkansas and other have pursued. There is an enormous amount of flexibility that's being granted by the federal Medicaid authorities to states to add things such as premium type of programs like [-like, such as] the medical savings accounts like wellness incentives. The fiscal argument for a coverage solution, which would not likely be under a straight Medicaid expansion but under one of those waiver programs, it's just so powerful and the 1115 wavier process has made it, now, even more powerful that I think the state has to consider it.

I am certainly not foolish enough to try handicap it or tell you how soon it's going to happen, but we certainly hope that we're not going to go much further into the future with essentially a million uninsured U.S. citizen adults left with no access to affordable coverage while their next door neighbors who make $1,000/year can get super low cost or even zero-premium coverage for the parents. It's a crazy situation that no one would have deliberately entered into. It's unacceptable for Texas, and we think, which this wonky stuff is really hard for decision makers and law makers in Texas in general to learn about, the more that reality sinks in and the more reality of the billions that we're leaving on the table sinks in, the more likely we are to get to that solution.

Jordan Rudner: Thank you. Just to follow up, what do you think is the biggest barrier? The report said that Hispanic children in particular are disproportionately lacking coverage. What do you think is the biggest barrier to bringing them into the fold?

Anne Dunkelberg: Well, I think one of the things we found nationally, without getting too deep into the weeds, the Hispanic families really, really like in-person assistance with enrollment, and that outreach programs are really, really important for them. Texas, we don't do zero outreach on Medicaid and CHIP. We're not terrible on it, but we have not done a big investment in outreach on that.

Then another barrier for Hispanic children that cuts across from Medicaid and CHIP all the way through the marketplace is that we have a lot of families in Texas who have mixtures of immigration statuses within the household, and we do know that those families face some special challenges in getting their paperwork correctly processed in the marketplace. Now we also know that the very first year the marketplace had the most problems for that. So it's important to remember that, right now, we're only looking at the very first year of the marketplace. We hope that we will see much better take up by folks in mixed-immigration families in the second year, and probably much greater take up by Hispanic Texans in the second year as well.

Jordan Rudner: Thank you very much.

Anne Dunkelberg: Surely.

Zach: As a reminder it is star and one if you have a question. We'll go next to Stephanie Innes with the Arizona Daily Star. Please, go ahead.

Stephanie Innes: Hi, yes. Thanks for doing this report. I was looking at Arizona, which still has a 10-percent rate of uninsured children. If you ask our state officials, they say that the kids from our CHIP program went into either Medicaid expansion or to marketplace coverage, but I'm wondering if the fact that our state closed its CHIP program is affecting our uninsured rate and whether any other states are closing their CHIP programs as well.

Joan Alker: This is Joan Alker, Georgetown. Great question. I should mention that in addition to our follow-up report on Hispanic kids, our webinar in Florida, our final follow-up piece is a report, on which we're going to specifically look at Arizona. I will just say right off the bat that, first of all, yes, Arizona is the only state that has closed its CHIP program in the country. We do think that that is having an impact on your uninsured rate. As you know Arizona did expand Medicaid, but it does have no open CHIP program. When you look over time, because Arizona's CHIP program has opened and close, there is a pretty close correlation at when that program has

been open or close, so we're going to be looking at that in more detail, but we do think that that is a contributing factor. In particular while some of those kids may have gone into the marketplace, some of those kids, whom you mentioned, were stair-step kids, about whom I was just talking the 100 to 138 who would have moved over to Medicaid, but over those income levels, we do know that there are children who can't get into the marketplace because it's something called the family glitch.

What that means is that, if you're family has access to employer coverage that's deemed affordable, you cannot get a tax subsidy. The way affordable is defined relates only to the employee's cost of coverage. For example, if bought coverage here at Georgetown, it would be a lot cheaper to buy it for myself, but because I buy it for my two daughter as well, that really cranks up my premium, but the definition of affordability would only look at the cost for me to buy it for myself. I would be barred from getting a tax subsidy if that showed that I could afford that coverage, even though in reality, I might not be able to buy that coverage for my two kids. We know there are children in this family-glitch category in Arizona and nationwide, who won't be able to get into the marketplace.

Stephanie Innes: Okay. Thank you.

Cathy Hope: Zach, are there any other questions.

Zach: There are no more questions in the queue at this time.

Cathy Hope: Okay. Do you want to make any closing comments, Joan?

Joan Alker: No. I think we covered it.

Cathy Hope: Okay. On behalf of Georgetown University Center for Children and Families, I want to thank everybody for joining the call, especially Anne and Denise for sharing their insights. Any reporters on the call who would like us to find the Anne and Denise equivalent in their states, we have a long list of health-policy experts and children's advocates with whom we work, and we'd be happy to connect you. Just drop me a line. It's Catherine.Hope@Georgetown.edu; spelled C-a-t-h-e-r-i-n-e Hope H-o-p-e. Thank you so much, and please, don't hesitate to contact me if I can provide any more information to you.

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