Georgetown University
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CENTER FOR CHILDREN
AND FAMILIES

Medicaid Is A Smart Investment in Children

by Karina Wagnerman, Alisa Chester, and Joan Alker

Executive Summary

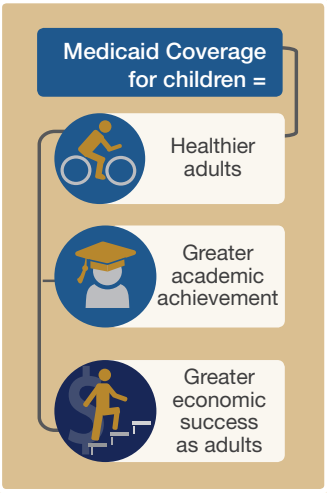
Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to more than one-third of the children in the United States.[1] The vast majority of these children, more than 90 percent, are covered through Medicaid.[2] A large body of research shows that access to Medicaid in childhood leads to longer, healthier lives, a better chance to finish high school and college, and more prosperous futures for our children.

1. **Medicaid eligibility for pregnant women and children improves health throughout their lives, from prenatal development to adolescence to adulthood.**

   When pregnant women have access to Medicaid, there are better health outcomes for their children during adulthood, including reduced rates of obesity and hospitalizations and improvements in oral health.[3, 4] Researchers have also found that Medicaid exposure during early childhood leads to improvements in overall health during adulthood, as measured by a composite health index that examines the prevalence of high blood pressure, diabetes after age 18, heart disease or heart attack, and obesity.[5] Studies suggest that, in the long-run, access to childhood Medicaid reduces mortality.[6, 7, 8, 9]

2. **Medicaid eligibility leads to improvements in educational outcomes at the elementary, high school and college levels.**

   One study found that increases in Medicaid/CHIP eligibility at birth led to improvements in reading test scores in the 4th and 8th grades.[10] Another study found that increases in childhood Medicaid eligibility decreased high school dropout and increased college attendance and completion.[11]



3. **Childhood Medicaid protects the whole family from financial hardship by decreasing the probability of debt and bankruptcy for families.[12, 13]**

   In 2010, Medicaid lifted an estimated 2.6 million to 3.4 million individuals out of poverty.[14] Medicaid effectively shields many children from poverty, reducing their exposure to adverse childhood experiences that can influence their health in later life.

4. **Childhood Medicaid produces economic benefits in adulthood, including increased employment, higher tax payments, and returns on public investment in Medicaid.[15, 16]**

   One study found that each additional year of Medicaid eligibility from birth to age 18 increased cumulative tax payments by $186 and reduced cumulative Earned Income Tax Credit (EITC) receipts by $75.[17]

This growing body of research underscores the importance of Medicaid's role as a pillar of health coverage for children and financial protection for families.

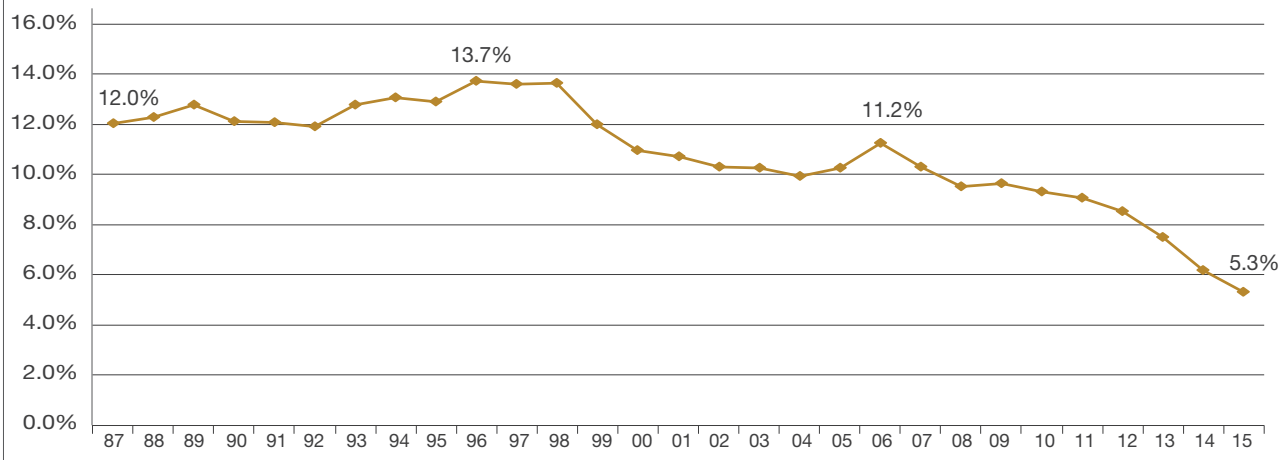
Medicaid: A Children's Program

Medicaid has served America's children for more than 50 years and continues to play the central role in our nation's successful efforts to reduce the uninsured rate for children (see Figure 1). More than one-third (36 percent) of all children living in the United States have health insurance through Medicaid or the Children's Health Insurance Program (CHIP).[18] The vast majority of children, more than nine out of ten, are covered through Medicaid.[19] Children make up the largest group of Medicaid beneficiaries, accounting for 41 percent of enrollees but less than one-fifth (19 percent) of expenditures.[20] The proportion of child enrollees ranges from 29 percent of Medicaid beneficiaries in Massachusetts to 65 percent of Medicaid beneficiaries in Wyoming (see Figure 2 and Table 1).[21]

The expansion of Medicaid eligibility for children by states over time created opportunities for researchers to study and compare cohorts of children who became eligible for Medicaid at different ages. Prior to the 1980s, Medicaid eligibility for pregnant women and children was limited to those who were eligible for cash assistance through the Aid to Families with Dependent Children program (AFDC). During the 1980s and 1990s, eligibility was expanded to all pregnant women and children under certain income limits, regardless of AFDC eligibility. Researchers have used such cutoffs in coverage to explore the effect that expanding Medicaid eligibility had on children.[22] Similar study designs have been applied to analyze the effect of such expansions for pregnant women. Using these methods and others, researchers find the long-term effects of Medicaid include better health, educational and economic outcomes.

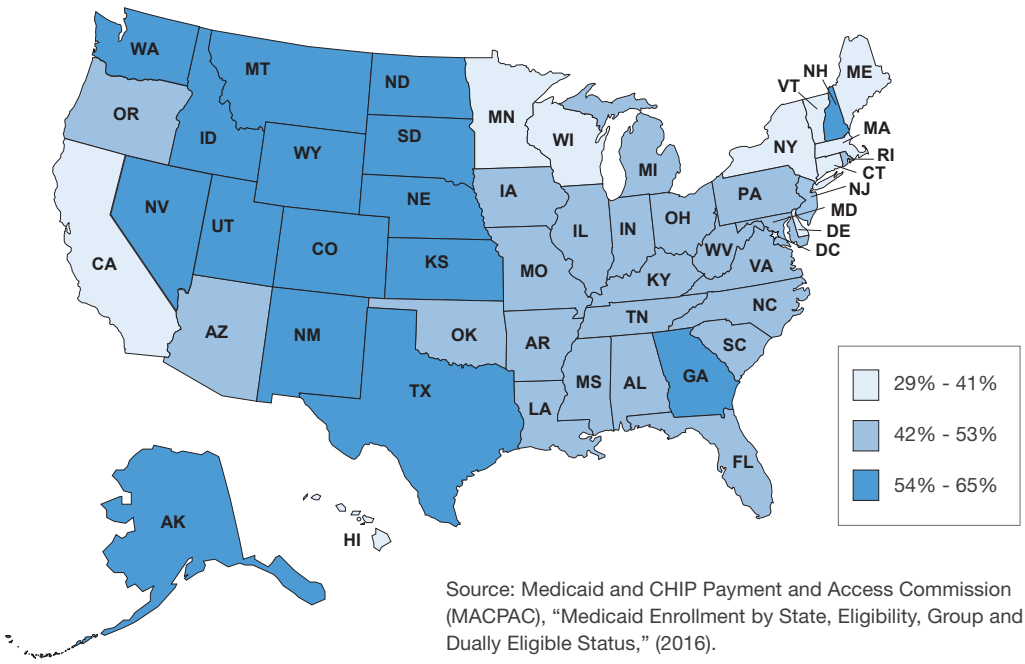
36 percent of all children living in the United States have health insurance through Medicaid or the Children's Health Insurance Program (CHIP).

Figure 1. Rate of Uninsured Children, 1987-2015



Source: SHADAC analysis of Current Population Survey (CPS) from 1987 through 2015. Data reported from 1997 through 2012 are from SHADAC analysis of the Current Population Survey's Annual Social and Economic Supplements (CPS SHADAC-Enhanced). Data reported from 2013 through 2015 are from SHADAC analysis of the Current Population Survey's Annual Social and Economic Supplements (CPS ASEC).

Figure 2. Percent of Medicaid Beneficiaries Who are Children, FY 2013



Source: Medicaid and CHIP Payment and Access Commission (MACPAC), "Medicaid Enrollment by State, Eligibility, Group and Dually Eligible Status," (2016).

Medicaid for children and pregnant women leads to healthier adults

Medicaid for children and pregnant women improves health throughout the lifecycle, from prenatal development to adolescence to adulthood. Medicaid eligibility during childhood leads to better health and fewer disabilities in adulthood; fewer hospital visits and emergency department visits, particularly for chronic conditions; and reduced mortality.

Research suggests that increases in the population eligible for prenatal care through Medicaid is associated with better health outcomes for their children as adults. One study estimated that expanding eligibility for prenatal Medicaid between 1979 and 1993 decreased by 56 percentage points the probability that the children in the cohort would suffer obesity in early adulthood (ages 19 to 32).[23] The study also found that a 10-percentage point increase in the population eligible for prenatal Medicaid was associated with an eight percent reduction in hospital visits for endocrine, nutritional and metabolic diseases and immunity disorders (e.g., thyroid disorders, Cystic Fibrosis, diabetes) during early adulthood. When the analysis was limited to hospital visits for diabetes and obesity only, the reduction was greater, between 9 and 11 percent. When the authors scaled this result, they estimated that for every 10,000 pregnant women who enrolled in Medicaid, there was an estimated annual reduction of 60 hospital visits for endocrine, nutritional and metabolic diseases and immunity disorders for their children. Another study found evidence of long-lasting improvements

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in oral health for African-American children whose mothers gained Medicaid while pregnant or who gained Medicaid during their first year of life.[24]

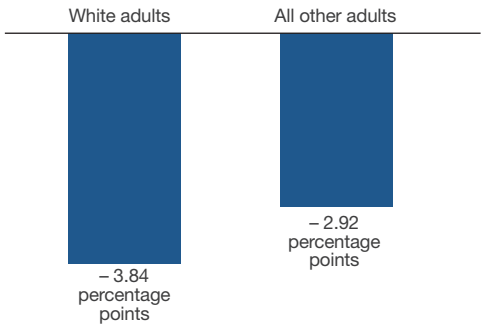
Medicaid eligibility during early childhood is associated with significantly better health outcomes in adulthood. Researchers found that Medicaid exposure during early childhood (under age 6) led to improvements in overall health in adulthood, as measured by a composite health index that examined the prevalence of high blood pressure, diabetes after age 18, heart disease or heart attack, and obesity.[25] Children under age 6 who were eligible for Medicaid had a 22-percentage point decline in the prevalence of high blood pressure in adulthood compared to those who were not eligible for Medicaid. Declines in other measures, such as heart disease/heart attack and obesity, were not significant. The authors estimated that Medicaid eligibility increased hospital utilization for low-income children by four percentage points. Due to data limitations, the researchers focused on hospital stays rather than outpatient physician visits. They suggested that the gains in health later in life were due to utilization as children.

Other research finds that Medicaid eligibility during childhood leads to decreased health care utilization in adulthood. A study found that for children ages 1 through 4, a 10-percentage point increase in Medicaid eligibility reduced hospitalizations in early adulthood by 1.1 to 1.5 percent.[26]

Another study found that having more years of Medicaid eligibility during childhood led to a lower number of hospitalizations and emergency department visits for African Americans in adulthood; there were no significant reductions for all races.[27] *Medicaid eligibility expansions for children reduced hospitalizations at age 25 among African Americans by 7 to 15 percent and by 10 to 23 percent among African Americans in low-income ZIP codes.*[28] The effects continue to be significant when the results are narrowed to hospitalizations due to chronic illnesses. Medicaid eligibility expansions for children reduced hospitalizations at age 25 for chronic illnesses for African Americans by between 11 and 18 percent and emergency department visits for chronic illness by between 10 and 15 percent.[29] The decrease in hospitalizations and emergency room visits in adulthood indicates that children with Medicaid are receiving more regular and prompt care, particularly for chronic conditions and are less likely to have catastrophic health needs.

In addition to better health as adults, childhood Medicaid eligibility decreases self-reported disability across numerous measures. A study by a Vanderbilt University researcher found that each additional year of Medicaid eligibility for young children reduced rates of ambulatory difficulty (e.g., unable to walk) by about 4 percentage points for white adults and about 3 percentage points for all other adults (see Figure 3).[30] White adults also benefited from childhood Medicaid across other disability measures, including difficulties with hearing/vision, mobility, self-care, cognitive function and work limitations.

Figure 3. Reduction in Rate of Adult Ambulatory Difficulty with Each Year of Childhood Medicaid Eligibility



Source: A. Goodman-Bacon, "The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes," National Bureau of Economic Research. (December 2016).

Lastly, research finds that Medicaid eligibility during childhood significantly reduces mortality later in life. One study found that each year of childhood Medicaid eligibility was associated with reductions in adult mortality between 1980 and 2000.[31] The reduction in suicide was particularly substantial. *The author estimated that there were around 345,000 adult deaths averted between 1980 and 1999 because they were eligible for Medicaid as children*. Another study found that childhood Medicaid eligibility decreased the rate of mortality for individuals in their late 20s, especially for men, who are more likely to die than women at this age.[32] The effect was especially significant years after Medicaid eligibility ends, at ages 24, 26 and 27. Similarly, another study, conducted by a University of Pennsylvania researcher, found that cohorts of babies born after a state adopted Medicaid had fewer deaths in their 30s, with the relationship strongest for ages 36 to 40.[33] A third study, by researchers at UCLA and the University of Chicago, found that childhood Medicaid eligibility reduced the mortality rate of African American teenagers by 13 to 20 percent for internal (treatable) causes.[34] The substantial reduction in internal causes of death suggests that childhood Medicaid eligibility improves access to care that prevents treatable causes of illness.

Childhood Medicaid eligibility reduced the mortality rate of African American teenagers by 13 to 20 percent for internal (treatable) causes.

Medicaid improves educational outcomes

Research ties Medicaid eligibility for pregnant women and children to improvements in educational outcomes at the elementary, high school and college levels. Gaining eligibility for Medicaid prenatal care increased the probability that children would graduate from high school by 6.7 percentage points.[35] This study found no significant effects on college attendance or completion. One study found that a 50-percentage point increase in Medicaid/CHIP eligibility for children at birth increased reading test scores in the 4th and 8th grades by an estimate of 3 points on a base of 239.[36]

Childhood Medicaid eligibility has lasting effects on education later in life. One study from the National Bureau of Economic Research found that eligibility during childhood increased the likelihood of attending college.[37] Authors of another study estimated that the 24-percentage point increased in children's Medicaid eligibility between 1980 and 1990 would have reduced high school non-completion by 9.7 percent and increase college completion by 5.5 percent.[38] The effects of high school completion are largest among children of color, while the effects of college completion are largest among white children.[39] The authors also find evidence that Medicaid eligibility expansions for older children increased educational attainment, building on previous research that educational outcomes are improved by Medicaid eligibility for pregnant women and newborns.[40]

Medicaid provides economic security for families with children

In addition to improving health and educational outcomes for children, Medicaid protects families from financial hardship. Low-income non-Medicaid households spend significantly more on health care than low-income households covered through Medicaid.[41] In fact, health care spending appears to crowd out other household spending in low-income, non-Medicaid households, which spend a smaller share of their budget on food and housing than low-income Medicaid households. In 2010, Medicaid was the third-largest anti-poverty program, lifting an estimated 2.6 million to 3.4 million individuals out of poverty.[42] That spares children from some of the adverse childhood experiences that come with a life in poverty. Such "toxic stress" has been shown to affect health and wellbeing into adulthood.[43, 44, 45]

Studies find that expansions in childhood Medicaid eligibility have positive effects on various indicators of economic security. To look at the financial impact of Medicaid, researchers went back to when states first adopted programs, mostly between 1966 and 1970, and found that the introduction of Medicaid decreased the probability that low-income families with children would have any medical debt by 11 percentage points compared to moderate-income households.[46]

Childhood Medicaid use also reduced bankruptcies in families with children, according to a study that examined child coverage expansions from 1992 to 2004.[47] It found that medical costs can be a significant driver of bankruptcies and that Medicaid can help: a 10-percentage point increase in eligibility decreases bankruptcies by 8 percent. The authors also found that ZIP codes with more children and ZIP codes with higher shares of households with incomes under $40,000 were the most affected by bankruptcy reductions.

In 2010, Medicaid lifted an estimated 2.6 million to 3.4 million individuals out of poverty.

Economic benefits of Medicaid

Studies find that childhood Medicaid eligibility leads to increased earnings in adulthood and yields returns on public investment of Medicaid. A study that examined the long-term benefits of increases in childhood Medicaid eligibility in the 1980s and 1990s found that by age 28, both men and women who were eligible for Medicaid as children paid more in taxes.[48] *Each additional year of Medicaid eligibility from birth to age 18 increased cumulative tax payments by $186 and reduced cumulative Earned Income Tax Credit (EITC) receipts by $75.*[49] The study shows that Medicaid eligibility for girls had particularly significant economic benefits later in life. For each additional year of Medicaid eligibility during childhood, by the age of 28, women increased their wage by $656, increased their cumulative tax payment by $247 and received $109 less in cumulative EITC payments. Another study found that Medicaid eligibility in childhood increased employment in adulthood and reduced need for public assistance, especially due to a disability, in adulthood for white children.[50]

Several studies have examined the returns to government investment in childhood Medicaid. In one study, researchers estimated that the government saves between two and seven percent of the original cost of covering the children in the cohorts every year; about two-thirds of the savings are due to reduced public assistance.[51] A different study that relied on state variation in eligibility in the 1980s and 1990s found that by the time the children in the cohort reached age 28, the government recouped 32 cents of each dollar spent on childhood Medicaid eligibility in tax payments.[52] Because the return on investment increases as tax payments continue over time, the authors preferred estimating longer-term trends and find that by the time these children reach age 60, the government will recoup 56 cents of each dollar spent on childhood Medicaid.[53]

Conclusion

Medicaid is an important source of health coverage for the nation's children. A growing body of research provides compelling evidence that childhood Medicaid improves long-term health, educational and economic outcomes. It underscores the importance of Medicaid's role as a pillar of health coverage for children and economic stability for families.

Table 1. Children Covered by Medicaid, FY 2013

	Number of Children Enrolled in Medicaid	Percent of Medicaid Beneficiaries Who Are Children
United States	32,261,089	46%
Alabama	596,569	49%
Alaska	73,766	54%
Arizona	805,090	48%
Arkansas	354,787	51%
California	4,026,628	34%
Colorado	500,186	56%
Connecticut	330,813	39%
Delaware	101,866	39%
District of Columbia	83,685	34%
Florida	2,144,579	50%
Georgia	1,128,796	56%
Hawaii	121,434	40%
Idaho	167,709	61%
Illinois	1,584,857	52%
Indiana	667,220	53%
Iowa	286,202	45%
Kansas	262,008	59%
Kentucky	450,382	49%
Louisiana	623,134	49%
Maine	132,253	36%
Maryland	515,182	45%
Massachusetts	435,688	29%
Michigan	1,149,143	50%
Minnesota	469,309	41%
Mississippi	399,854	51%
Missouri	571,494	51%
Montana	80,688	57%
Nebraska	147,496	56%
Nevada	248,398	59%
New Hampshire	92,493	56%
New Jersey	634,593	53%
New Mexico	353,554	54%
New York	2,119,946	35%
North Carolina	1,057,881	53%
North Dakota	46,788	54%
Ohio	1,133,476	43%
Oklahoma	499,145	52%
Oregon	367,430	48%
Pennsylvania	1,096,860	43%
Rhode Island	71,331	42%
South Carolina	561,877	51%
South Dakota	76,761	57%
Tennessee	796,363	51%
Texas	3,274,434	62%
Utah	224,757	58%
Vermont	68,755	33%
Virginia	591,433	52%
Washington	794,448	56%
West Virginia	207,573	47%
Wisconsin	491,515	39%
Wyoming	57,739	65%

Note: The percent of Medicaid beneficiaries that are children was computed. The sum of the state totals exceeds the national total because individuals may be enrolled in more than one state during the year.

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), "Medicaid Enrollment by State, Eligibility, Group and Dually Eligible Status," (2016).

Endnotes

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This brief was authored by Karina Wagnerman, Alisa Chester, and Joan Alker of the Georgetown University Center for Children and Families. The authors would like to thank Julia Paradise of the Kaiser Family Foundation for her helpful review. Design and layout provided by Nancy Magill.

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