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March 8, 2017

To: Chairman Riepe and Members of the Health and Human Services Committee
From: Kaitlin Reece, Policy Coordinator for Economic Stability and Health
Re: Support for LB 441-Change eligibility provisions under the Medical Assistance Act

Dear Chairman Riepe and Members of the Health and Human Services Committee,

All children need access to health care to grow up to be happy, healthy adults. Although children are already eligible for Medicaid at a higher income level, LB 441 allows uninsured parents who are in the coverage “gap” access to health insurance.

Children benefit when their parents have health insurance. The Children’s Health Insurance Program (CHIP) and the income eligibility increase for the program in 2009 have decreased the number of uninsured children in our state. Still, **over 15,000 Nebraska kids who were eligible for public health insurance remained uninsured in 2015.**¹ Studies have shown a strong relationship between parental and child insurance rates; one study found that **nearly 75% of uninsured children have at least one uninsured parent and states that extended coverage to adults in the “gap” demonstrated uninsured rates over 40% lower among low-income children.**²

Parents are also more likely to have better knowledge of the healthcare system and better utilize care on behalf of their children if they, themselves, are insured. One study found that providing Medicaid to uninsured children resulted in a 14% increase in well-child visits, while extending coverage to both children and parents increased well-child visits by 24%. Conversely, **having an uninsured parent reduces the probability of a well-child visit by 3.5% among publicly insured children and by 11.8% among privately insured children.**

Children benefit from having healthy parents who are better able to care for their needs. Adults who lack health insurance are more likely to delay or fail to seek treatment for physical or mental health issues.³ Health issues have negative consequences for a parent’s ability to adequately care for their children, and for overall family well-being.

We thank Senator Morfeld for bringing this bill forward and respectfully urge the committee to advance LB 441. Thank you.

Sincerely,

Kaitlin Reece, Policy Coordinator

¹ 1 U.S. Census Bureau, 2011-2013 3-Year American Community Survey, Table B27016.

² 2 J.M. Lambrew, “Health Insurance: A Family Affair,” The Commonwealth Fund, May 2001.

³ 3 E.J. Gifford, et al., “Low-income Children’s Preventive Services Use: Implications of Parents’ Medicaid Status,” *Health Care Financing Review* 26(4), 2005, 81-94.