



7521 Main Street, Suite 103
Omaha, Nebraska 68127

(402) 597-3100
www.voicesforchildren.com

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February 14, 2018

To: Chairman Riepe and Members of the Health and Human Services Committee
From: Julia Tse, Policy Coordinator for Economic Stability and Health
RE: Support for LB 922 – Adopt the All Kids Health Care Program Act

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

Our future path to prosperity in Nebraska hinges upon the health and well-being of all children in our state. Voices for Children in Nebraska supports LB 922 because it ensures that all children have the opportunity to work toward a brighter future by first protecting their health during their critical years of development.

Health insurance coverage for children is one of the most cost-effective investments that we can make as a society. When families are unable to afford private health insurance, public health insurance programs protect children from developmental losses, poor educational attainment, and even premature death.ⁱ When children miss key preventive screenings and treatment, they are more likely to suffer from costly serious or chronic illness in adulthood.ⁱⁱ

Keeping our children healthy is good for our local communities. The direct costs of uncompensated care and expensive hospitalizations for delayed treatment of minor health issues are absorbed by local budgets and healthcare providers, and ultimately by taxpayers at all levels of government. Recent estimates of uncompensated care in Nebraska totaled \$198 million just in 2013.ⁱⁱⁱ Beyond the fiscal impact of poor access to health care in childhood, communities also suffer significant opportunity costs and losses. Poor health negatively impacts workforce participation and productivity, while high rates of uninsured individuals creates financial instability among healthcare providers, oftentimes leaving communities with shortages of affordable medical services.^{iv}

Research shows that Nebraska has missed many opportunities to better support its children. In 2016, 23,514 Nebraska children were uninsured, or 5% of all children. The vast majority of uninsured children in Nebraska are likely eligible, but unenrolled in Medicaid or CHIP.^v Our efforts to foster the health of our next generation must focus on children who face the most significant barriers to good health. The research shows that race and ethnicity, income, parental citizenship status, nativity and citizenship of the child, and parental language proficiency play a significant role in insurance coverage, and even receipt of any physical or mental health services.^{vi}

For 30 years and counting, Voices for Children in Nebraska has advocated for pro-kid policymaking that builds strong communities and families in which all children can thrive. We have become increasingly troubled that the public discourse on immigration has failed to keep the best interests of children at the forefront. No matter where we were born, all people deserve laws that honor their dignity as a human being. We must remember this country's history as a place where people came to work toward a better life and to fulfill their hopes and dreams for their children. We must also remember our country's history of endorsing systemic, institutionalized, and structural barriers to opportunity for people of color—and do our best to repeat our past mistakes.

Nebraska is an increasingly diverse place, and immigrant families are an important part of our state's future economy, workforce, and social fabric. We support LB 922 and its efforts to ensure that all children can thrive, regardless of their immigration status. We thank Senator Vargas for his leadership on this issue and this Committee for their time and consideration. We respectfully urge you to advance LB 922. Thank you.

ⁱ Institute of Medicine of the National Academies, *Hidden Costs, Values Lost: Uninsurance in America* (Washington DC: The National Academies Press), 110.

ⁱⁱ Christopher B. Forrest and Anne W. Riley, "Childhood Origins of Adult Health: A Basis for Life-Course Health Policy," *Health Affairs* 23, no. 5 (2004), <http://content.healthaffairs.org/content/23/5/155.full.html>. Dougal S. Hargreaves, et al., "Unmet Health Care Need in US Adolescents and Adults," *Health Outcomes, Pediatrics* 135, no. 3 (2015), <http://www.pediatrics.org/cgi/doi/10.1542/peds.2015-0237>.

ⁱⁱⁱ "Report to Congress on Medicaid and CHIP," Medicaid and CHIP Payment and Access Commission, March 2016, <https://www.macpac.gov/wp-content/uploads/2016/03/March-2016-Report-to-Congress-on-Medicaid-and-CHIP.pdf>, 49.

^{iv} Institute of Medicine of the National Academies, *Hidden Costs, Values Lost*, 2-11.

^v 14,856, or 63% of uninsured children were in low-income families with incomes under 200% of the federal poverty level. *2017 Kids Count in Nebraska Report*, Voices for Children in Nebraska, <http://kidscountnebraska.com/health/#healthinsurance>.

^{vi} Zhihuan Jennifer Huang, Stella M. Yu, and Rebecca Ledsky, "Health Status and Health Service Access and Use among Children in U.S. Immigrant Families," *American Journal of Public Health* 96, no. 4 (2006):634-640, DOI: 10.2105/AJPH.2004.049791.