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To: Chairperson Hardin and Members of the Health and Human Services Committee

From: Anahí Salazar, Policy Coordinator for Voices for Children in Nebraska

RE: Support for LB 283- Require the Department of Health and Human Services to implement express lane eligibility

Consistent access to health care for kids is a critical component of healthy development. Voices for Children in Nebraska supports LB 283 because it removes barriers to health insurance coverage by implementing Express Lane Eligibility (ELE), a proven tool that simplifies enrollment for families.

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) designed a tool to effectively enroll children in Medicaid and Children’s Health Insurance Program (CHIP) known as the Express Lane Eligibility (ELE). Through ELE states can use eligibility findings from other public programs to automatically enroll children in public health insurance, creating a more simplified process for families. Many eligible-but-uninsured children lose coverage due to administrative hurdles rather than changes in eligibility. Research shows that most children who are not quickly re-enrolled are uninsured for an extended period.¹

Inconsistent health care access for children produces poor child health outcomes. On the other hand, easier access to Medicaid and CHIP can lead to better health outcomes by ensuring timely access to necessary medical services. ELE helps identify and enroll children who might otherwise miss out on healthcare benefits due to application processes.

In 2023, 32,176 Nebraska children—about 7% of all children in the state—lacked health insurance.² Nebraska ranks 19th in the nation for the number of uninsured children. Medicaid and CHIP play a crucial role in ensuring children receive essential care, including:³

- Developmental services for 221 children
- Behavioral health services for over 30,000 children
- Support from over 1,300 pediatric providers across the state

When children lose access to health care, they face worse health outcomes, delayed treatments, and missed early interventions. But when access is simple and consistent, children are more likely to receive necessary check-ups, vaccinations, and developmental screenings—preventing more serious health issues down the road.

According to The Center for Children & Families, in 2023, 8.4% of children living in a household with a federal poverty level (FPL) of 0-137% were uninsured; and 3% of uninsured children were living in a household with 138-249% FPL.⁴ Over the past decade, states nationwide have adopted innovative policies like ELE to ensure children stay insured. These policies not only improve child health outcomes but also reduce costs for the broader health

¹ Urban Institute.

² Kids Count Report 2024, page 29. U.S. Census Bureau, 2023 American Community Survey 5-year Estimates.

³ Id.

⁴ Children’s Health Care Report Card, McCourt School of Public Policy at Georgetown University, 2025, [Nebraska — Children's Health Coverage Report Card](#).

To be eligible for CHIP, a household has to be 213% FPL.



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care system by emphasizing preventive care. In addition, the screenings embedded in most pediatric practices can also help identify developmental issues that may benefit from early intervention.

Access to health insurance is directly linked to a child's well-being, educational success, and long-term opportunities. LB 283 is a smart, practical solution to help more Nebraska children get the health coverage they need. We appreciate Senator Spivey's leadership on this issue and the Committee's thoughtful consideration. We respectfully urge your support for LB 283.