



Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: Mark Fairchild, on behalf of the Child Health & Safety Task Force

Date of Submission: 10/12/2022

Type of Action Requested:

Legislation Administrative Rule or Policy Resolution of Support or Endorsement Professional/skills development

Other: _____

Which of the Commission's Strategic Priorities does this Recommendation help advance (check all that apply):

Child Health and Safety Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

We request the Commission for Improving the Status of Children recommend that the Office of Medicaid Policy and Planning (OMPP) eliminate the 5-year waiting period for CHIP and Medicaid for lawfully residing immigrant children and pregnant women. Elimination of the waiting period is allowed under section 214 of the Children's Health Insurance Act of 2009. By removing this restriction, lawfully residing immigrant children and pregnant woman who meet all other eligibility criteria for CHIP and Medicaid will be able to enroll in those programs. Conforming Indiana Code changes and a fiscal allocation by the Indiana General Assembly are also recommended.

Background of Recommendation:

What is the need or problem, and how does it impact disparate populations?

A waiting period exists that requires that lawfully residing immigrants in Indiana, including children, must wait 5 years before they are eligible for CHIP or Medicaid enrollment. With emergency coverage being their only public option, preventative care, well-child checks, developmental screenings and certain prenatal care is neglected.

When coupled with other barriers commonly experienced by immigrants (cultural differences, language) and low-income populations (transportation, limited provider options, healthcare costs), rules such as the 5-year waiting period limit access to care. Gaps in coverage, especially with children, may result in missed opportunities for vaccinations, developmental screenings and early interventions, with those items becoming out of sync with recommended timelines or missed entirely. Allowing coverage for pregnant immigrant women would also help to further improve maternal and infant health, granting increased access to prenatal and postpartum care.

What data, research or other information did the recommender consult to formulate this proposal?

Most data was readily available via the U.S. Census, American Community Survey and Analysis of that data. Fiscal impact estimates were based on prior legislation introduced at the 2022 Indiana General Assembly Regular Session.

- *Overall uninsured rates:*
American Community Survey 1-year estimates. Retrieved from <https://data.census.gov/>
- *Lawfully Residing Immigrant uninsured rate analysis:*
KFF analysis of 2021 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Retrieved from <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>
- *Implications for uninsured children:*
Indiana Youth Institute (2020) Children's Health Insurance Coverage in Indiana. Retrieved from <https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/>
- *Federal permission and more information on section 214:*
<https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women>
- *Population estimates:*
<https://www.dhs.gov/profiles-lawful-permanent-residents-2020-state>
- *Cost estimates:*
<https://contracts.idoa.in.gov/idoacontractsweb/PUBLIC/000000000000000000000018310-012.pdf>;
<https://contracts.idoa.in.gov/idoacontractsweb/PUBLIC/120864-000.pdf>;
<https://contracts.idoa.in.gov/idoacontractsweb/PUBLIC/120865-000.pdf>;
<https://iga.in.gov/legislative/2022/bills/house/1197#document-0be9d19b>

What disproportionality did the data reveal?

The national rate for uninsured children had experienced positive trends, dropping to 4.7% in 2016. Unfortunately, this trend ended and climbed to 5.7% in 2019. More recently, some gains were seen as the national uninsured rate for children under age 19 decreased from 5.6% to 5.0% between 2020 and 2021. Among lawfully residing immigrants, however, the uninsured for children is 17%.

What is the current response to the problem by the State of Indiana?

Currently, these individuals utilize emergency services Medicaid. They may also qualify for subsidized coverage through the www.healthcare.gov marketplace, although such coverage may have high deductibles and other out-of-pocket costs. The state partners with organizations employing certified Navigators to help this population find options.

What solution is the recommender proposing, and how does it affect disparate populations?

We propose that the Office of Medicaid Policy and Planning (OMPP) eliminate the 5-year waiting period for lawfully residing immigrant children and pregnant women as allowed under section 214 of the Children's Health Insurance Act of 2009. This will provide a coverage option for as many as 7,222 individuals and 5,961 children.

How does the solution address the disproportionality in the data?

This solution will create a coverage option that should directly impact the disproportionality in the data by creating an income appropriate coverage option for lawfully residing immigrant children and pregnant women. Navigator employee organizations will still be needed to help spread awareness of the policy change to the impacted population.

Implementation:

Who is responsible for implementing the recommendation?

The Office of Medicaid Policy & Planning of the Indiana Family & Social Services Administration will need to submit the appropriate State Plan Amendments. Additionally, clarification within the Indiana Code will require legislative support from the Indiana General Assembly. If funding is unavailable within the current budgets for Medicaid and the Children's Health Insurance Program, funding will also need to be requested in the upcoming biennial budget of \$3.8 - 5 million.

Has the recommendation been discussed with the implementer?

Yes No *OMPP/FSSA have vetted the recommendation; legislative sponsor is needed*

What is the recommended timeframe for the Commission to review implementation?

6 months 12 months 18 months Other _____

If a legislative request, cite the current relevant code and specify what change is being recommended.

[Indiana Code 12-17-2.5: Human Services; Children's Health Insurance Program; Eligibility](#)

Code Addition: An individual who is less than 19 years of age; is lawfully residing in the United States, as set forth in 42 U.S.C. 1396b(v)(4) and is otherwise eligible for the program under this article and meets any other requirement under federal law is entitled to receive assistance under this article without a waiting period in accordance with 42 U.S.C. 1397gg(e)(1).

[Indiana Code 12-15-2.5: Human Services; Medicaid; Lawful permanent residents; exceptions](#)

Code Addition: Individuals who are lawfully residing in the United States as set forth in 42 U.S.C. 1396b(v)(4):

(1) A pregnant individual during the pregnancy the 12 -month period on the last day of the pregnancy.

(2) An individual who is less than twenty-one (21) years of age.

If an individual meets other requirements under federal law and is otherwise eligible for Medicaid under this article they are entitled to receive assistance without a waiting period in accordance with 42 U.S.C. 1396b(v).

**Note: No Indiana Administrative Code (IAC) eligibility rules conflict with the proposed change ([IAC Title 405, Article 2](#))*

If a policy request, cite the current relevant policy and specify what change is being recommended.

We request the Commission for Improving the Status of Children recommend that the Office of Medicaid Policy and Planning (OMPP) eliminate the 5-year waiting period for CHIP and Medicaid for lawfully residing immigrant children and pregnant women. Elimination of the waiting period is allowed under section 214 of the Children's Health Insurance Act of 2009. By removing this restriction, lawfully residing immigrant children and pregnant woman who meet all other eligibility criteria for CHIP and Medicaid will be able to enroll in those programs.

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.

N/A