Uninsured kids in middle class have same unmet needs as poor

May 3 2008

Nationwide, uninsured children in families earning between $38,000 and $77,000 a year are just as likely to go without any health care as uninsured children in poorer families. More than 40 percent of children in those income brackets who are uninsured all year see no physicians and have no prescriptions all year, according to new research from the University of Rochester Medical Center.

“There’s an assumption that children in families with higher income levels don’t need insurance, that they are uninsured but are somehow still receiving health care anyway,” said Laura Shone, Dr.P.H., M.S.W., an assistant professor of pediatrics at the University of Rochester Medical Center and author of the study being presented today at the Pediatric Academic Societies meeting in Honolulu, Hawaii. “This study shows that in reality, a large percentage of these children don’t receive any care at all – which pediatricians say is unacceptable, and parents know is unrealistic. Even healthy, older children need to see their physicians at least once over the course of a year.”

Overall, almost 3 million uninsured children had no medical care and no prescription use for a full year, according to an analysis of nationally representative data from the 2004 Medical Expenditure Panel Survey. Of those, about 1.6 million children may qualify for public coverage but are not enrolled, and about 1 million more could be covered through expansions that were proposed yet vetoed at the national level in late 2007. The percentage of uninsured children who forego all health care for a full year is:

-- 55 percent at 0 to 100 percent of the federal poverty level ($0 to $19,157 for a family of four)

-- 51 percent at 101 to 200 percent of the federal poverty level ($19,158 to $38,314)

-- 42 percent at 201 to 300 percent of the federal poverty level ($38,315 to $57,471)

-- 44 percent at 301 to 400 percent of the federal poverty level ($57,472 to $76,628)

-- 30 percent for those over 400 percent of the federal poverty level ($78,629 and above)

Since 1997, the national State Children's Health Insurance Program has provided health insurance to low-income children who are not eligible for Medicaid and do not have private coverage. Under the federal law, states received grants of federal dollars to help with costs of insurance expansions, and they had several options for how to expand coverage for children using those dollars.

A pediatric research team at the University of Rochester Medical Center has been studying Child Health Plus (New York's state-specific plan beginning in 1991, which in 1997, received federal approval to become the state's SCHIP plan) since its inception. Earlier research by this team has shown that the program greatly increases children's access to primary care, preventive care, as well as other needed health care. SCHIP markedly reduces children's unmet health care needs and reduces pre-existing racial disparities in access, unmet need and continuity of care. Parents of children with asthma and special health care needs were more satisfied and better able to afford care and medications for their child's condition once enrolled.

When the program came up for federal renewal last year, there were several sources of disagreement over whether to expand the program. In addition to debating the potential funding source for the expansion, the executive and legislative branches held different expectations as to how often families would leave private insurance for the public program, particularly at the higher income levels (200 to 400 percent of the federal poverty level).

Congress has extended SCHIP at flat funding, with no expansion. Questions remain about whether current funding will continue to cover those already enrolled. Since expansion was vetoed at the national level, New York's Governor David Paterson has signed state-level proposals to expand Child Health Plus in New York using only state monies. Several other states are considering similar state-level expansions.

Source: University of Rochester