

# Young people aging out of foster care may be leaving behind critical healthcare coverage

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States are required to provide health insurance to young people who have aged out of the foster care system until their 26th birthday. Although the intent of the provision is to mirror the extended coverage available to young adults whose parents have private health insurance, research at the National Center for Children in Poverty (NCCP), Columbia University Mailman School of Public Health, shows that varying interpretations of the provision by states have effectively blocked many youth formerly in foster care from accessing their federally mandated coverage. The new report is titled: *Fostering Health: The Affordable Care Act, Medicaid, and Youth Transitioning from Foster Care*.

An estimated 180,000 young people who have aged out of the foster care system are eligible for extended [health care coverage](#). However, only 13 [states](#) have made Medicaid coverage available to all former foster youth who reside in their state, regardless of the state in which they aged out.

"It's encouraging that some states have been trailblazers in promoting the health of children while they're in foster care—from ensuring [health care access](#) and coordination through electronic health care passports to establishing data-sharing requirements," said NCCP director Renée Wilson-Simmons, DrPH, who is also assistant professor of Health Policy and Management at the Mailman School and report co-author.

"However, several states are undoing that good work once young people leave the system, just because they aged out in another state."

Under the ACA, young people who were in foster care and enrolled in

Medicaid on their 18th birthday—or older in states that extend foster care beyond age 18—are eligible for Medicaid until age 26, regardless of their income. Despite this seemingly straightforward provision, some states have denied coverage based on an interpretation of the provision's wording that defines eligible youth as those who had been in the custody of "the state" rather than "a state." Those states have taken that distinction to mean that the ACA mandates that states extend Medicaid coverage to young people who were in that state's custody when they aged out of care ("the state"), and not to young people who were in the custody of another state ("a state").

The report also found that while states have identified cost as the major barrier to a more inclusive interpretation of the ACA provision, denying Medicaid coverage to former foster youth may actually cost states more money in the long run. Costs to provide [health care](#) to the poor have risen twice as fast as in states that declined to expand Medicaid eligibility as part of the ACA compared to those that extended benefits to more low-income residents—7 percent versus 3 percent. The report suggests that the 37 states that have not provided Medicaid coverage to young people who exited foster care from other states will likely incur even higher medical costs as well, particularly if these young people delay seeking needed medical care and wind up in an emergency room.

"No child who's seeking an education, pursuing a job opportunity, or attempting to start the next phase of life in a different state should lose health coverage," added Wilson-Simmons. "But many former foster youth are being forced to do just that."

To better support the health needs of those who have transitioned from [foster care](#), the report calls for removing the hurdles over which these [young people](#) must jump to get the care to which they are entitled, whether they choose to remain in their "home state" after aging out or not. The center's recommendations included streamlining the process for

applying for health coverage and using more creative means to inform [foster youth](#) of their eligibility and how to enroll.

Provided by Columbia University's Mailman School of Public Health

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