

A third of US kids lack good and consistent health insurance

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In a concerning trend for the health of U.S. children, the rate of underinsured youngsters rose from 30.6% to 34%—an additional 2.4 million kids—from 2016 to 2019, according to an analysis led by University of Pittsburgh School of Medicine researchers.

In the study, published today in *Pediatrics*, the researchers found that

underinsurance of [children](#) was mainly driven by increased rates of inadequate insurance rather than a rise in absent or inconsistent insurance. Notably, they found families who have children with special [health](#) care needs and [private insurance](#) were hit particularly hard.

"The main takeaway is that the insurance landscape is getting bleaker, and it's hurting millions of families, specifically those who are the most vulnerable," said Justin Yu, M.D., lead author of the study and assistant professor of [pediatrics](#) in Pitt's School of Medicine. "We need pediatric organizations and politicians to bring child health insurance to the forefront and make it a priority issue."

To understand pediatric insurance trends, Yu and his team analyzed data from the National Survey of Children's Health, an annual survey about the physical and mental health of newborns through 17-year-olds. They defined underinsured children as those who lack continuous and adequate health insurance, with "adequate" meaning that insurance usually or always met a child's needs, allowed children to see needed providers and protected against what parents felt were unreasonable out-of-pocket expenses.

The increase in underinsured children was driven by rising insurance inadequacy, mainly experienced as high out-of-pocket expenses for health services. According to the researchers, this is concerning because high fees may force families to delay or forgo care for their child.

"Access to health care helps children be as healthy as possible so they can live full and complete lives," said senior author Amy Houtrow, M.D., Ph.D., M.P.H., professor and vice chair of physical medicine and rehabilitation and pediatrics in Pitt's School of Medicine, and chief of pediatric rehabilitation medicine services at UPMC Children's Hospital of Pittsburgh. "I don't believe that any family should have to choose between paying for [medical care](#) for their child or putting food on the

table or paying their electric bills."

The researchers suspect that the rise in unreasonable out-of-pocket expenses reflect broad trends in the insurance landscape: Insurers are increasingly transferring costs to individuals and families through higher copays and premiums and, increasingly, through high-deductible plans. These trends may help explain the finding that children with private health insurance were more likely to be underinsured than those on public plans, such as Medicaid or Children's Health Insurance Program (CHIP).

Another notable finding was an increase in the rate of underinsurance in kids considered to be more socioeconomically advantaged: white children from middle-income, highly educated families.

"We have this idea that if you have a full-time job with health insurance from your employer that your health care needs will be met," said Houtrow. "But our data show that, increasingly, that's not the case, especially for families who may be enrolled in lower premium, high-deductible plans."

The researchers also examined underinsurance rates in children with chronic health conditions. They found that kids with more complex special health care needs were more likely to be underinsured than those with less complex or no special health needs.

"This is worrisome because, by definition, these children need the most health care," said Yu.

According to the researchers, tackling the problem of child underinsurance may require large-scale policy reforms such as broadening eligibility for Medicaid or creating a universal health insurance program for all U.S. kids. But smaller policy changes—such as

making it easier to apply for and stay on Medicaid or cash assistance programs to help cover out-of-pocket expenses—also could help.

"Rather than providing a clear policy prescription, the goal of this study is to bring the issue of child underinsurance to the forefront of national conversation," said Yu. "Once people are talking about this issue, we can start thinking about policies to address it."

"We know there are many possible paths to improving the adequacy of health [insurance](#) coverage for children, and this study tells us that the time is now to move forward on that journey," added Houtrow.

Other authors on the study were James Perrin, M.D., Harvard Medical School and Massachusetts General Hospital for Children, and Thomas Hagerman, M.D., Henry Ford Health System.

More information: Justin Yu et al, Underinsurance Among Children in the United States, *Pediatrics* (2021). [DOI: 10.1542/peds.2021-050353](https://doi.org/10.1542/peds.2021-050353)

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