

Medicaid: Primary Care Access for Children

Jennifer Kusma Saper, MD MS
Ann & Robert H. Lurie Children's Hospital of Chicago
May 30, 2025



Medicaid Landscape and Challenges Today



The Children Medicaid Covers:

- Medicaid covers **4 in 10** children
- Medicaid covers over **8 in 10** children living in poverty
- **Greater share** of Black, Hispanic, and American Indian and Alaskan Native children
- **41%** of all births in the United States
- **Half** of children with special health care needs

Public Insurance and Health Equity

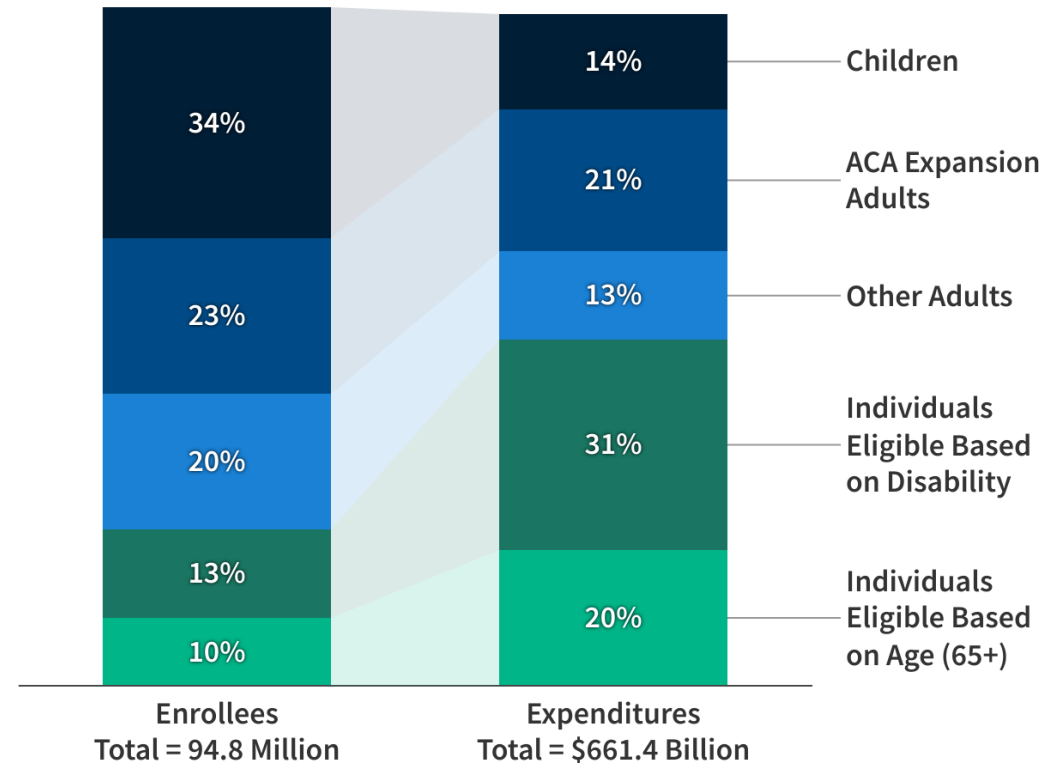
Race/Ethnicity	Percentage Enrolled in Public Health Insurance
American Indian/Alaska Native	59%
Asian	29%
Non-Hispanic Black	60%
Hispanic	55%
Native Hawaiian/Pacific Islander	52%
Non-Hispanic White	30%

Medicaid is a strong investment for children

- Children make up the largest group in Medicaid, however they account for the smallest percentage of spending

Figure 5

People Who Qualify for Medicaid Based on Age or Disability Account for More than Half of Spending.



Note: Includes full and partial benefit enrollees enrolled in at least one month of Medicaid during 2021. Total may not sum to 100% due to rounding.

Source: KFF analysis of the T-MSIS Research Identifiable Files, CY 2021

Strong Investment in Children

Less chronic
disease in
adulthood

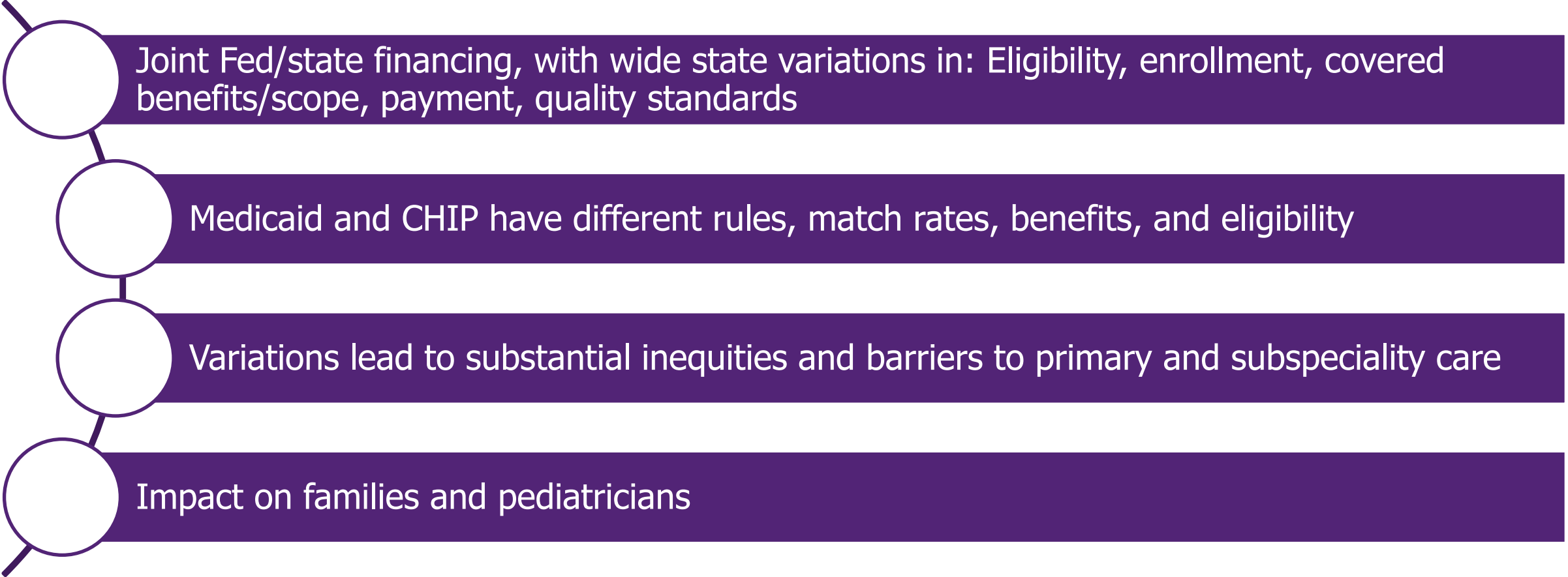
Lower rate of
teenage
pregnancy

Higher rates
of high school
graduation

Increased
college
enrollment

Higher future
wages

Concerns with Current Medicaid/CHIP



Joint Fed/state financing, with wide state variations in: Eligibility, enrollment, covered benefits/scope, payment, quality standards

Medicaid and CHIP have different rules, match rates, benefits, and eligibility

Variations lead to substantial inequities and barriers to primary and subspecialty care

Impact on families and pediatricians

Health Equity Concerns

Persistent geographic segregation → disproportionate number of Black and Latino children in poor communities with high rates of Medicaid insurance

Generally, states with higher population rates of minoritized children/youth have less generous Medicaid programs; spend less on their Medicaid population

States pay approximately two-thirds of Medicare rates for the same services. Medicare rates are about 75% of commercial rates.

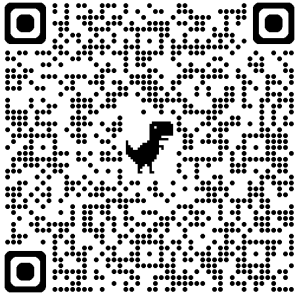
Where do we go from here?

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health

Jennifer D. Kusma, MD, MS, FAAP,^a Jean L. Raphael, MD, MPH, FAAP,^b James M. Perrin, MD, FAAP,^c Mark L. Hudak, MD, FAAP,^d
COMMITTEE ON CHILD HEALTH FINANCING

Policy Statement Vision

The AAP envisions a child and adolescent health care system that provides individualized, family-centered, equitable, and comprehensive care that integrates with community resources to help each child and family achieve optimal growth, development, and well-being.

Foundational Changes

Eligibility and Enrollment

Coverage and Care

Financing

Foundational Changes

Eligibility and Enrollment

Coverage and Care

Financing

Eligibility and Enrollment

Goal: All children (0-26 years) in the United States should have access to health insurance coverage

Eligibility and Enrollment

- Universal eligibility for all children **up to age 26 years** residing in the United States
- Automatic enrollment in a combined Medicaid and CHIP program at birth of all infants born in the United States, with the option to opt out of coverage
- Guarantee health insurance coverage without reverification of eligibility until age 6 years and no more than every 2 years thereafter

Additional Eligibility and Enrollment Steps



Eligibility and Enrollment

- Continuous enrollment from newborn period to 6 years old
- Minimum 2-year-continuous eligibility periods
- Medicaid and CHIP alignment so that children can maintain continuous coverage with income changes
- Cross-state coverage support
- Expanded eligibility for immigrant families

Foundational Changes

Eligibility and Enrollment

Coverage and Care

Financing

Coverage and Care

Goal: Children (0-26 years) insured by Medicaid/CHIP should have meaningful access to a consistent, high-quality set of services and supports that meets their health needs

Coverage and Care

- Uniform Medicaid and CHIP program and benefit design and implementation that effectively supports the needs of children, youth, and families with uniform access across all states
- Implementation of a federal Medicaid/CHIP core drug benefit setting minimum requirements for state formularies

Additional Coverage Steps



- Full implementation and monitoring of the EPSDT benefit
- Standard medical necessity definition across state lines
- Standard measure set and creation of a Medicaid Claims Database
- Incorporate racial and health equity analysis into the development and evaluation of Medicaid and CHIP policies

Foundational Changes

Eligibility and Enrollment

Coverage and Care

Financing

Financing

Goal: Medicaid program financing should facilitate a robust, high-quality network of providers, services, and supports

Financing

- Major increases in the federal share of funding of the Medicaid/CHIP programs
- Especially for all direct patient care, to eliminate state variations that contribute to unequal access to care
- Federal minimum rate schedule with an end to undervalued Medicaid payment
- Rates at least comparable to prevailing Medicare rates and support the full range of services needed to provide comprehensive care to children

Additional Financing Steps



Financing

- Expand federal oversight of program enrollment, payment, and quality
- Augment resources and adjust payments for health-related social needs
- Enable access to integrated mental health supports regardless of diagnosis

Questions?

Thank you!

jksaper@luriechildrens.org

