

Medicaid and hawk-i support a resilient Iowa

ACEs:

Adverse childhood experiences (ACEs) are traumatic events that can dramatically upset a child's sense of safety and well-being.

MEDICAID, HAWK-I, AND CHILDREN

Medicaid and the Children's Health Insurance program (CHIP) – known as Healthy and Well-Kids in Iowa or hawk-i – together pay for high-quality, cost-effective health care for almost two out of five of Iowa's children.

Medicaid provides coverage for 300,000 children, which includes pediatrician-recommended services and cost-sharing protections. Children make up over half (55 percent) of Iowa's Medicaid population (FY18). While children are not current cost-drivers of the healthcare system (accounting for only 19% of Medicaid expenditures), the long-term solvency and financial stability of the program is dependent upon establishing these children on healthy, lifelong trajectories.

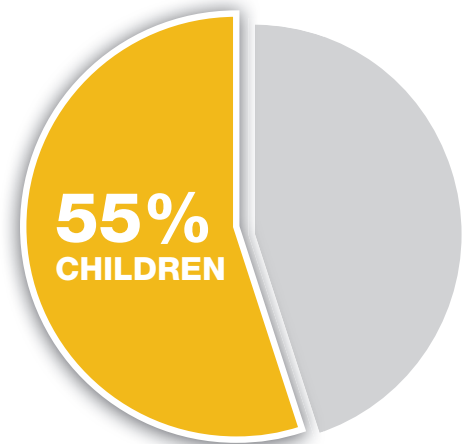
Hawk-i covers 80,000 children in working families whose incomes are too high for Medicaid eligibility and who lack access to affordable private coverage.

Together, Medicaid and hawk-i helped Iowa provide health coverage for 97 percent of its children in 2016 – a historic high. By ensuring access to high-quality early intervention and prevention services, the programs are critical to improving child health and well-being.

**2 out of 5 children in Iowa
are covered by
Medicaid or CHIP**



**Iowa's Medicaid
population (FY18)**



Legislative Points

- Medicaid is a children's program and serves as a protector of children's health and well-being. All decisions related to Medicaid should prioritize their impact on children.
- Restore 90-day retroactive eligibility for all Medicaid members to reduce gaps in service that can adversely impact children's lives
- Maintain the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which is designed to ensure that eligible children receive early detection and preventive care in addition to medically necessary treatment services
- Ensure children with complex healthcare needs have access to the full array of services and supports necessary to treat and/or ameliorate their conditions.



10 types of ACEs studied in Iowa

When we meet children's health care needs, they do better in school and are more likely to graduate and excel in life. Medicaid helps children grow up to reach their full potential. Children enrolled in Medicaid:

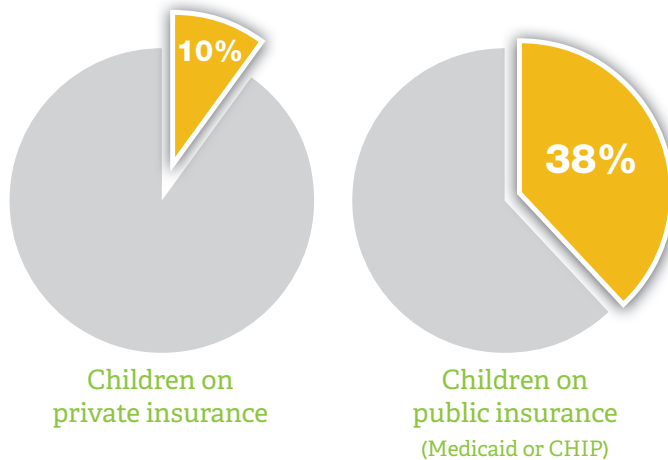
- Miss fewer school days due to illness or injury
- Do better in school
- Are more likely to graduate high school and attend college
- Grow up to be healthier as adults
- Earn higher wages
- Pay more in taxes

In Iowa, 38 percent of children on public insurance (Medicaid or CHIP) experienced 2 or more adverse family experiences, compared to only 10 percent children with private insurance.¹

A large share of at-risk children rely on Medicaid or CHIP, as reflected by the percentage of Iowa children in each group below that depend on public coverage:

- **79%** of children living in or near poverty
- **47%** of infants, toddlers, and preschoolers during the early years that are key to their healthy development and school readiness
- **37%** of children with disabilities or other special health care needs, such as juvenile diabetes, congenital heart conditions, or asthma
- **100%** of children in foster care who face poverty, family dysfunction, neglect, and abuse that result in high rates of chronic health, emotional, and developmental problems.

Percentage of children experiencing 2 or more ACEs



ABUSE

- 1 Physical
- 2 Emotional
- 3 Sexual

HOUSEHOLD DYSFUNCTION

- 4 Substance abuse in home
- 5 Family member with mental illness
- 6 Incarcerated family member
- 7 Separation/divorce
- 8 Domestic violence

NEGLECT

- 9 Emotional
- 10 Physical

References

¹ National Survey of Children's Health. NSCH 2016/17. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [12/27/17] from www.childhealthdata.org.