



Policy Priorities for Ohio Children



Ohio began 2020 faced with the issue of a rising rate of uninsured children. This is a problem seen in almost every state in the nation, but in Ohio it is especially stark. In 2016, Ohio's child uninsured rate reached a low of 3.8%, this can be attributed to several factors including a good economy, Medicaid expansion, and the ACA.

Unfortunately, beginning in 2017, Ohio's positive gains began to erode. By 2018, the child uninsured rate in Ohio had reached 4.8%, a full percentage point higher than just two years previously. This represents 27,000 fewer children with coverage. That's 27,000 children who may not be able to visit a pediatrician and receive developmental screenings, physical checks, or immunizations.

The Children's Defense Fund-Ohio undertook the challenge of mitigating this increase in the child uninsured rate. We researched administrative, legislative, and socio-economic barriers that eligible families face in accessing Medicaid.

We spoke with families, providers, and advocates around the state to find out what they were facing in their region, and we engaged with policymakers to share what we learned about in terms of the great programs Medicaid provides.

In March, Ohio families were thrown a huge curveball when COVID-19 came roaring into the state, closing all but essential businesses. Schools, restaurants, bars, and entertainment venues were closed and everyone was

under a stay-at-home order.

At the height of the pandemic, unemployment in Ohio was over 15%, representing over 1 million people who lost their jobs and in many cases their health insurance. This makes our work on mitigating child uninsured rates and reversing the trend even more critical.

We continue to learn about why children are not getting coverage, the barriers to coverage, and how Ohio can remove these challenges families face in keeping their children healthy. Much of our learning is shared in our bi-weekly Child Watch Stories below:

Child Watch Stories

[In Southeast Ohio, babies at risk of not getting needed care](#)

[Community Health Center in Southwest Ohio Pivots Quickly to Serve Families During COVID Pandemic](#)

[On Cleveland's West side, Concerns Over Children Missing immunization](#)

[Pandemic Raises Questions about Keeping Essential Farmworks Safe During the Pandemic](#)

[Lucas County Focuses on Infant and Maternal Care and More is Needed](#)

[In Southeastern Ohio, Families and Teens struggles to Managed Diabetes During a Pandemic](#)



Congress passed the Families First Act and the CARES Act that provided much needed economic and healthcare support for families. Ohio benefited from a 6.2 percentage point increase in the enhanced FMAP (e-FMAP), bringing over \$1.5 B in needed resources to the state, relieving current fiscal year pressures.

With the recent extension of the the public health emergency through the end of January, 2021 Ohio will receive an additional \$300 M (est) for e-FMAP through the end of March, 2021.

Ohio used flexibilities offered in the federal legislation to increase access Medicaid coverage and services such as *expanding presumptive eligibility*, and rules regarding *telehealth*, and *suspending redeterminations*, *re-enrollment*, and *prior*

authorizations. These temporary changes allowed families to maintain critical healthcare coverage during the public health crisis.

While the actions taken by the state and federal government were critical steps in maintaining the health and safety of Ohioans, they are just temporary measures, and will end on or before the termination of the COVID-19 public health emergency.

CDF-Ohio is committed to work in partnership with the Administration, providers, and MCOs to eliminate the barriers to coverage that exist in our system and further amplified by the pandemic.

Through our research and outreach, CDF-Ohio identified areas we believe would protect vulnerable families and children:

Supporting Child Health Equity.

Health disparities not only begin, but are often well-established in childhood. In Ohio, Black infants still die at 2.5x the rate of White infants (2018), Appalachian children and children in low-income families have a historic higher prevalence of tooth decay and untreated cavities, and asthma afflicts Black children at a significantly higher rate than White children.

These disparities persist into adulthood leading to higher incidence of cancer, diabetes, and obesity. In Ohio there is a gap of more than 29 years in life expectancy at birth, depending on where a person lives.

Health Equity

[Minority Health Strikeforce Report](#)

[2018 Ohio Infant Mortality Report](#)

Improving Infant and Maternal Health.

The United States is the only industrialized nation with a maternal mortality rate that is rising, increasing 26% between 2000 and 2014. The death rate between 2012 and 2016 for pregnant women in Ohio was 19.2 out of 100,000 births, ranking Ohio 27 out of 47 states.

According to Ohio's Pregnancy-Associated Mortality Review Panel (PAMR) over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable.



Protecting Medicaid Coverage for Children. Between 2016 and 2019, over 27,000 children lost Medicaid coverage, and over 70 Ohio counties saw enrollment declines in Medicaid for children that did not correspond with a gain in private insurance for these children. As Ohio navigates the COVID-19 public health crisis Medicaid and CHIP are critical safety net programs that protect Ohio families and children. It is important that these programs that serve Ohio's most vulnerable citizens remain robust and accessible.

Prioritizing Ongoing and Early interventions and Well-Child Visits. Children enrolled in CHIP/Medicaid have access to Healthchek, Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program that covers twelve complete medical exams during a child's first thirty months and then yearly exams

going forward. The program includes exams, developmental screenings, and immunizations.

Although children aren't typically directly affected by COVID-19, many aspects of their lives have been disrupted, including medical care. Vaccination rates in Ohio are down as much as 50% as parents postponed regularly scheduled immunizations for their children out of fear of exposing them to the coronavirus or because of limited appointment availability with their pediatricians.

If children aren't receiving immunizations as scheduled, a significant vaccine gap will occur. This gap jeopardizes not only the unvaccinated child but immunocompromised children and adults who can't get vaccinated for health reasons. We could see a resurgence of preventable diseases like measles, mumps,

rubella, and pertussis which could threaten entire communities.

Increasing Access to Child Behavioral Health Services.

Behavioral health needs and substance use disorders impact children and young adults of all ages, genders, ethnicities, and income levels.

It is estimated that more than 550,000 children and youth in Ohio have a behavioral health and/or substance use disorder. Unaddressed, these challenges can be especially devastating to young people, impacting their physical health as well and all aspects of their lives and contribute to serious lifelong consequences.

Ohio's children deserve a robust system for supporting their mental and behavioral health. A child or young adult's access to quality services, ongoing treatment for chronic challenges, and coordination of care for complex circumstances, increase the likelihood of positive life outcomes, and benefit everyone.

Healthchek provides a robust list of benefits for babies and children:

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| ✓ Age appropriate physical exams | ✓ Lead testing |
| ✓ Reviews of physical and mental development | ✓ Immunizations |
| ✓ Vision, dental, and hearing screenings | ✓ Medically necessary follow-up care |
| ✓ Nutrition checks | ✓ Inpatient or outpatient hospital care |
| ✓ Developmental screenings | ✓ Clinic visits |
| ✓ Laboratory tests for certain ages | ✓ Prescription drugs |
| | ✓ Health education |

Ohioans all across the Buckeye State are making sacrifices in their lives, in their livelihood, in their their personal choices to keep themselves, their families, and their neighbors safe and healthy. We have a responsibility to make sure they have the tools to do this and it starts with making sure that all children have access to insurance coverage and health care services when they need it most - and especially right now. We have heard the voices of families, providers, community health centers, and advocates across Ohio about the most pressing issues they are facing as they navigate this pandemic and this new environment. In many cases they are dealing with an economic crisis caused by a public health emergency. They are trying to provide for their families and raise strong, healthy children. We believe the CDF-Ohio Policy Priorities will address the emerging needs of Ohio families and help foster a stronger, healthier, more equitable Ohio.

- **Child Health Equity**
- **Infant and Maternal Health**
- **Protecting Medicaid Coverage for Children**
- **Prioritizing Ongoing and Early interventions and Well-Child Visits**
- **Increasing Access to Child Behavioral Health Services**

Over the coming months, CDF-Ohio will dig into each of these policy areas to share what we've learned from the field. We will share more about issues and challenges that Ohioans face in accessing health coverage and services for their children and what we can do to keep children and families healthy and thriving.

To learn more, contact Kelly Vyzral, Senior Policy Analyst at kvyzral@childrensdefense.org

