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Extending Medicaid to Parents: An Incremental Strategy for Reducing the Number of Uninsured

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Of the 9.7 million uninsured parents in the United States, as many as 3.5 million living below the federal poverty level could readily be made eligible for Medicaid under current law.

Nonelderly adults are much more likely to lack insurance coverage than children; in 1997, 37 percent of low-income adults were uninsured, compared with 21 percent of low-income children (Zuckerman et al. 1999). This difference is partially a function of public policies that have focused on covering children. Beginning with Medicaid expansions in the late 1980s and continuing with the Children's Health Insurance Program (CHIP) in 1997, public coverage for children has expanded dramatically. Although Medicaid coverage has expanded to include pregnant women, it otherwise has remained limited to adults who qualify for cash assistance programs. As a consequence, children in a given family currently may be eligible for Medicaid while their parents, and other adults of comparable income, are not eligible.

This brief focuses on insurance coverage for parents. According to the 1997 National Survey of America's Families (NSAF), uninsured parents represent slightly more than a third of all uninsured adults. These parents have been the focus of several health insurance expansion proposals, including the one put forth by President Clinton earlier this year. In addition, two recent changes in federal policy provide states with federal matching dollars to expand coverage to low-income parents under the Medicaid program (Guyer and Mann 1998). As a result, states can now choose to cover the parents of many Medicaid-eligible and some CHIP-eligible children through their Medicaid programs.

Data from the 1997 NSAF are used to examine the potential for covering uninsured parents through the Medicaid program. The focus here is on low-income uninsured parents—those with incomes below 200 percent of the federal poverty level (FPL)—because they are the group most likely to be affected by these new policies. Both national and state-level variations are studied, with the focus on the 13 states[1] oversampled in the NSAF. These states are diverse with respect to geography, fiscal capacity, and social policies.

Analysis shows that 7.3 million low-income parents were uninsured in 1997, of whom almost half—3.5 million—had incomes below the FPL. Many of these parents could readily be made eligible for Medicaid under current law. Of the 3.5 million poor uninsured parents (those with incomes below 100 percent of the FPL), 1.5 million (43 percent) had a child covered by Medicaid in 1997 and thus could now easily gain coverage if states made them eligible, since their families already participate in Medicaid. States face another set of issues, however, with respect to covering the 3.8 million near-poor parents with incomes between 100 and 200 percent of the FPL. Federal legislation that gives states more flexibility

may be needed to induce more states to extend coverage to low-income uninsured parents with incomes above the poverty level.

Background

Coverage of nonelderly adults under Medicaid has historically been limited to parents receiving cash assistance under Aid to Families with Dependent Children (AFDC), disabled adults receiving Supplemental Security Income (SSI), and, since the mid-1980s, pregnant women. Since eligibility for AFDC was restricted to very low-income, single-parent families and two-parent families where either one parent was incapacitated or the principal wage earner was unemployed, many poor and near-poor parents were ineligible for Medicaid.[2, 3]

Two recent federal changes dramatically expanded the options available to states for covering low-income parents under Medicaid.[4] First, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) created a new category of Medicaid eligibility in Section 1931 of the Social Security Act by requiring states to grant such eligibility to those adults and children who would have been entitled to AFDC under the income and resource standards in effect on July 16, 1996.[5] In addition, Section 1931 gives states the option to use less restrictive income and resource standards in determining eligibility, allowing states to make families that meet the categorical requirements under the old AFDC program eligible for Medicaid at higher incomes.[6] Furthermore, the Department of Health and Human Services issued a regulation in August 1998 that permits states to use less restrictive rules in defining unemployment for two-parent families.[7]

Importantly, Section 1931 eligibility applies to families, and the parents cannot be made eligible for Medicaid without the children. Under current law, states are required to make eligible for Medicaid all children under age 5 in families with incomes up to 133 percent of the FPL and children ages 6 to 15 in families with incomes below 100 percent of the FPL. By September 2002, states will be required to grant eligibility to all children living in poverty, regardless of their age. With the implementation of CHIP, states have significantly increased eligibility for children, either through expansions of Medicaid or separate CHIP programs. While most states have brought eligibility under Medicaid up to a consistent income level for children age 1 and over, some states cover children in the same family through different programs—a younger child may be covered by Medicaid, while an older child is enrolled in a different program.

Under the Section 1931 provisions, all but five states can now receive federal matching funds to provide Medicaid coverage to all poor parents.[8] For the 31 states (Ullman, Hill, and Almeida 1999) that have expanded Medicaid eligibility to all children whose incomes are less than 133 percent of the FPL (or even higher), Medicaid could readily be expanded to parents with incomes below 133 percent of the FPL as well. In order to cover parents with incomes up to 133 percent of the FPL (or higher) using Section 1931 provisions, the 20 remaining states would have to shift coverage of children over age 6 from their separate CHIP program into Medicaid.[9] This strategy would have the added advantage of covering all children in these families under a single public program.

States face a particular challenge in covering parents with higher incomes under the Medicaid program. As eligibility thresholds increase, it becomes difficult to effectively target the program to the uninsured (Dubay and Kenney 1996, 1997). This is because there is more employer-sponsored coverage at higher incomes that could be displaced or "crowded out." Since eligibility for Medicaid is an entitlement, states are limited in their ability to target the uninsured. In contrast, states that operate separate programs under CHIP can institute mechanisms, such as waiting periods, that are more likely to limit coverage to the uninsured. While the entitlement nature of Medicaid encourages a more equitable program by treating parents and children in similar economic circumstances similarly, Medicaid limits the steps states can take to deter crowd out.

Data and Methods

The 1997 NSAF is a national household survey that collected information on over 100,000 children and nonelderly adults representing the noninstitutionalized civilian population under age 65 (Dean Brick et al. 1999).[10] The NSAF oversamples the low-income population (those with incomes below 200 percent of the FPL) and the population in 13 states and provides reliable estimates for the nation. Information about health insurance coverage was collected on up to two sampled children in each household (one age 5 or under and one between the ages of 6 and 17) from the adult who knew the most about each child's education and health care, and on either the respondent or his/her spouse or partner. For this analysis, parents are defined to include the biological, adoptive, or stepparent living in the household of the child.[11]

Insurance coverage is defined as the coverage the adult had at the time of the 1997 survey and is categorized into one of four groups: employer-sponsored insurance, Medicaid or state program, other insurance (including both private and public types of coverage), and no insurance.[12] Because some parents reported more than one type of insurance coverage, a hierarchy was imposed in order to classify people into mutually exclusive groups. Coverage through an employer-sponsored plan took

precedence, followed by Medicaid or a state program and then any other insurance.

Uninsured parents are examined by grouping them according to their children's insurance coverage, which is divided into three categories. The first group includes uninsured parents with at least one child enrolled in Medicaid. The second group contains uninsured parents with no children on Medicaid and at least one child who is uninsured. The final group includes uninsured parents living with children who are covered by some other type of insurance, often employer-sponsored coverage provided through someone not living with the family (e.g., a divorced or separated parent) or a state program other than Medicaid.

The focus here is on low-income parents—those with family incomes below 100 percent of the FPL, those between 100 and 133 percent of the FPL, and those between 133 and 200 percent of the FPL. These income categories were chosen because they reflect different eligibility threshold levels used by states to cover children in Medicaid. In addition, evidence from past research indicates that the ability to efficiently target a program to the uninsured decreases as eligibility for the program increases to higher income levels (Dubay and Kenney 1996, 1997). Examining the extent of employer-sponsored coverage at different income levels provides insight into the ability of policymakers to effectively target the program under different scenarios.

Results

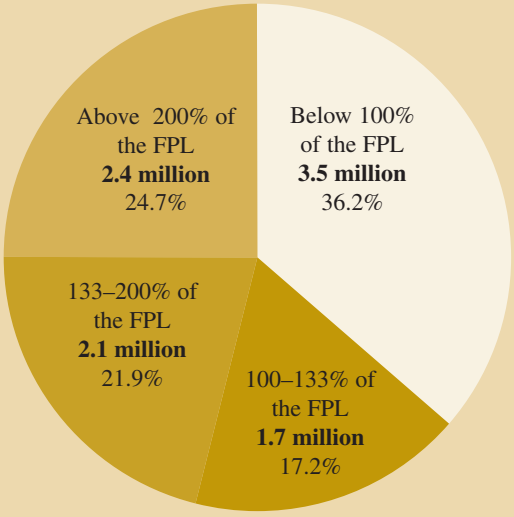
Insurance Coverage of Parents: The National Picture

Figure 1 shows that three-quarters of uninsured parents have low incomes. States could potentially cover as many as 3.5 million uninsured parents (36 percent of all uninsured parents) by offering coverage to parents with incomes below the FPL using Section 1931 provisions.[13] Another 1.7 million parents (17 percent of all uninsured parents) who have incomes between 100 and 133 percent of the FPL could be made eligible if states covered all of their children through Medicaid. This would require moving older children from separate CHIP programs to Medicaid in some states. If states opted to provide Medicaid coverage to children and their parents with incomes up to 133 percent of the FPL, then over half of all uninsured parents could be reached. Further expansion of Medicaid to include children with incomes up to 200 percent of the FPL could give states the opportunity to make another 2.1 million uninsured parents eligible for Medicaid. Finally, figure 1 also shows that one-quarter of uninsured parents, or 2.4 million children, have incomes above 200 percent of the FPL.

Table 1 shows the insurance coverage distribution for low-income parents in 1997 and indicates that types of coverage varied dramatically with family income. The 3.5 million poor uninsured parents accounted for over 40 percent of all poor parents. Only 18.2 percent of poor parents had employer-sponsored coverage, while 35.3 percent were enrolled in Medicaid or a state program. In comparison, of parents with incomes between 100 and 133 percent of the FPL, only 11.3 percent were covered by Medicaid or a state program, while 37.7 percent were covered through an employer-sponsored plan. The higher rate of employer-sponsored coverage does not offset the low rate of public coverage at this income level, however, leaving over 40 percent of this group uninsured. For parents with incomes between 133 and 200 percent of the FPL, Medicaid or state program coverage declined to 5.3 percent, while employer-based coverage expanded to 61.4 percent. The jump in employer-sponsored coverage is sufficient to lower the uninsurance rate for this group to about 25 percent.

Changes in the composition of insurance coverage as parents move up the income distribution are likely to affect policymakers' ability to target Medicaid eligibility expansions to uninsured parents. The 3.5 million uninsured parents that had incomes below the FPL could be made eligible for Medicaid under Section 1931 provisions without the risk of displacing much private coverage. The data in table 1 show that poor parents were more than twice as likely to be uninsured as to have employer coverage.

Figure 1
Income Distribution of Uninsured Parents, 1997



Total Number of Uninsured Parents = 9.7 Million

Source: Urban Institute tabulations of the 1997 National Survey of America's Families.

Table 1
Insurance Coverage of Low-Income Parents by Income, 1997
(Numbers in Millions)

	Employer		Medicaid/State Program		Other		Uninsured		Total	
Income	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Below the FPL	1.56	18.2% (1.3)	3.03	35.3% (1.3)	0.49	5.7% (0.7)	3.52	40.9% (1.2)	8.60	100.0%
100–133% of the FPL	1.46	37.7% (2.2)	0.44	11.3% (1.1)	0.30	7.8% (1.0)	1.67	43.2% (2.2)	3.86	100.0%
133–200% of the FPL	5.29	61.4% (1.5)	0.46	5.3% (0.6)	0.74	8.6% (0.9)	2.13	24.8% (1.1)	8.61	100.0%

Source: Urban Institute tabulations of the 1997 National Survey of America's Families.
Note: Numbers may not sum to totals given and percentages may not sum to 100 due to rounding. Numbers in parentheses are the standard errors of the percentages.

Parents with incomes between 100 and 133 percent of the FPL are only slightly more likely to be uninsured than to have employer-sponsored coverage. Finally, although over 2.1 million uninsured parents had incomes between 133 and 200 percent of the FPL, expanding Medicaid eligibility to this income group could result in less efficient targeting, because employer-sponsored coverage is quite common. Parents in this income group are 2.5 times as likely to have employer-sponsored insurance as to be uninsured.

Uninsured Parents: Variation across States

The data in figure 2 show how uninsured parents are distributed across income groups for the 13 ANF focal states. States with a large share of uninsured parents with incomes below the FPL or between 100 and 133 percent of the FPL could use currently available Medicaid policy options to make a sizable reduction in the number of parents who lack health insurance coverage. However, if uninsured parents tend to be distributed toward higher-income groups, then Medicaid options are a somewhat more complicated way to deal with this issue.

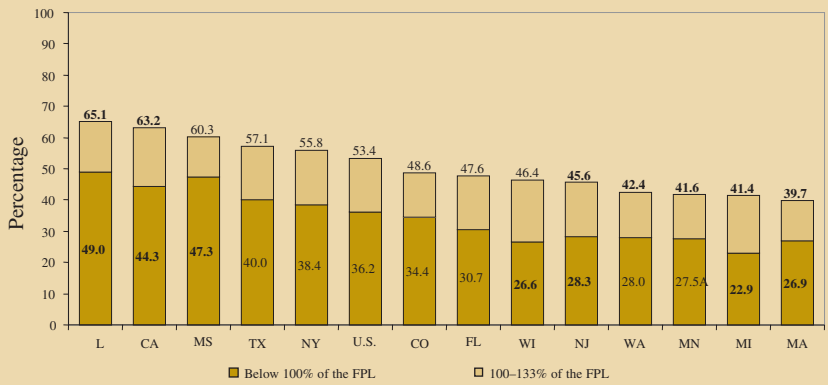
Extending Medicaid eligibility to all parents with incomes below the FPL in Alabama, California, and Mississippi could give almost 50 percent of uninsured parents access to insurance coverage.[14] Expanding eligibility to all parents with incomes below 133 percent of the FPL could increase this rate to over 60 percent in these states. In contrast, even if Medicaid eligibility were extended to parents with incomes up to 133 percent of the FPL, Massachusetts, Michigan, Minnesota, and Washington would be offering access to coverage to just about 40 percent of their uninsured parents.[15]

These differences in the income distributions of uninsured parents, when combined with state variation in uninsurance rates, highlight a very interesting aspect of the choices states face. While figure 2 shows that some states can solve a large share of their problem using Section 1931 provisions, these same states also have high uninsurance rates (figure 3). As a result, the share of uninsured parents with incomes below the FPL who could be covered in, say, Texas and Mississippi is greater than the *total* share of parents who are uninsured in Massachusetts and Minnesota.

Insurance Coverage of Children of Uninsured Parents

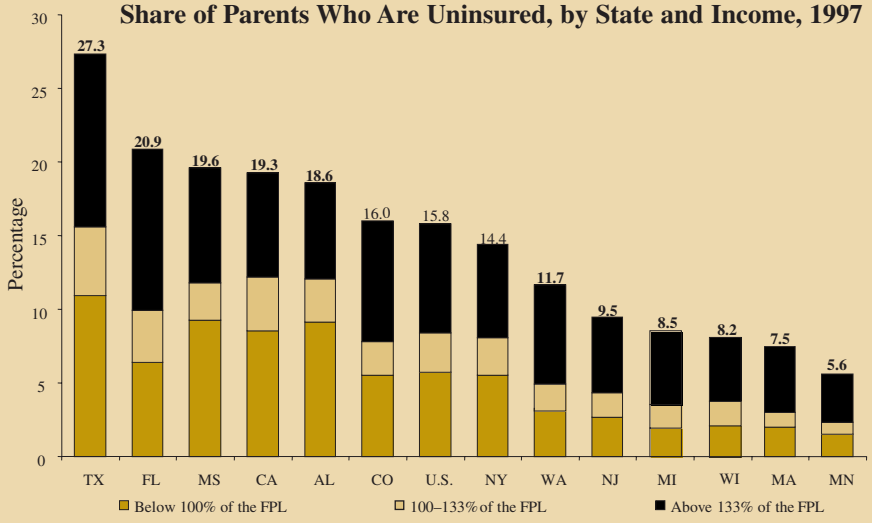
The potential success of using the various Medicaid policy options available to states for covering parents may depend on the insurance status of their children. Table 2 shows

Figure 2
Distribution of Uninsured Parents, by State and Income, 1997



Source: Urban Institute tabulations of 1997 National Survey of America's Families
Note: **Bold** type indicates that the percentage for the state is significantly different from the national average at the .05 level.

Figure 3
Share of Parents Who Are Uninsured, by State and Income, 1997



Source: Urban Institute tabulations of 1997 National Survey of America's Families
Note: **Bold** type indicates that the percentage for the state is significantly different from the national average at the .05 level.

that 1.5 million poor parents—42.8 percent of uninsured parents living in poverty—had at least one child covered by Medicaid in 1997.[16] It should be relatively easy to extend Medicaid coverage to these parents by expanding eligibility, given that these families already participate in the program. Another 1.7 million poor parents—almost one-half of all poor uninsured parents—had children who were also uninsured. This latter group might prove more challenging to enroll. Parents may not be aware of the program, may not value the program, or may not be able to successfully navigate the Medicaid enrollment process for members of their family. Overcoming participation hurdles may be a bigger problem in some states than in others. For example, data not shown indicate that less than a third of poor uninsured parents in Florida had enrolled their children in Medicaid, while over half of all poor uninsured parents had done so in Washington.

Uninsured parents with incomes between 100 and 133 percent of the FPL may be more difficult to enroll in Medicaid than poor uninsured parents. In 1997, only about one-quarter (460,000 uninsured parents) had children covered by Medicaid. Almost two-thirds of the uninsured parents in this income group (1.1 million uninsured) had children who were also uninsured in 1997. It is likely that this picture is changing because some of these children may now be covered by Medicaid or through a separate CHIP program.

Discussion

Of the 9.7 million uninsured parents in the United States, as many as 3.5 million living below the FPL could readily be made eligible for Medicaid under current law. To date, only a handful of states have expanded coverage to poor parents under Section 1931 provisions (Krebs-Carter and Holahan 2000). Consequently, for the states that have recently expanded coverage to poor parents, one can expect to observe reductions in the number of parents lacking insurance coverage over time.

If all states chose to cover children with incomes below 133 percent of the FPL through Medicaid, an

Table 2
Distribution of Low-Income Uninsured Parents, by Insurance Status of Children and Income, 1997
(Numbers in Millions)

	Medicaid		Uninsured		Any Other/State		All Types	
Income	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Below the FPL	1.50	42.8% (2.3)	1.71	48 .7% (2.3)	0.30	8.5% (1.2)	3.52	100.0%
100–133% of the FPL	0.46	27.3% (2.7)	1.12	66.8% (3.0)	0.10	6.0% (1.1)	1.67	100.0%
133–200% of the FPL	0.50	23.4% (2.8)	1.34	62.9% (3.1)	0.29	13.7% (2.1)	2.13	100.0%

Source: Urban Institute tabulations of the 1997 National Survey of America's Families.
Note: Numbers may not sum to totals given and percentages may not sum to 100 due to rounding. Numbers in parentheses are the standard errors of the percentages.

additional 1.7 million uninsured parents could also be made eligible for the program. Together with an eligibility expansion to parents living in poverty, this would mean that 5.2 million uninsured parents could be given the option of Medicaid coverage. The 5.2 million uninsured parents represent nearly 20 percent of the 27 million uninsured adults in the United States.

The potential to use federal matching dollars to cover parents living above the FPL depends on a state's Medicaid coverage policies for children. The 31 states that have used Medicaid to cover children of all ages living with incomes below 133 percent of the FPL could automatically extend Medicaid coverage to their parents under Section 1931 provisions—and most of these states could cover even higher-income parents because they have chosen to cover children of all ages at higher income levels through Medicaid. Under current law, states that cover children living above the FPL under a separate CHIP program cannot use federal dollars to finance an expansion to the parents; in order to do so, these states would need to transfer children from their separate program into Medicaid.

President Clinton has proposed a plan that would allow states to cover parents in the same program as their children (Medicaid or CHIP) and would provide federal funding to cover parents at the enhanced match that is currently available under CHIP.[17] With the higher federal matching rate and the non-Medicaid option available to states under CHIP, more states might be inclined to expand coverage to parents. Moreover, the president's plan would allow states concerned about crowd out to implement strategies to prevent it. However, states that wish to cover all families living below a specified income level, regardless of their access to employer-sponsored insurance, could do so as well. This greater flexibility may make extending coverage to higher-income parents more feasible in some states.

While coverage expansions offer the promise to insure more parents, large numbers of uninsured parents have children who are also uninsured. An estimated 1.7 million poor, uninsured parents had uninsured children in 1997, most of whom were eligible for Medicaid coverage. Thus, to make a significant change in the number of poor parents lacking insurance coverage, it will be necessary to enroll the parents whose children are uninsured. However, it may be the case that Medicaid-eligible children will participate at higher rates if their parents are also eligible.

Although the Section 1931 policy options and this brief have focused on the insurance coverage of parents, it is important to remember that almost two-thirds of uninsured adults do not have children. Extending coverage to parents would expand coverage to a new group of adults, but many adults would continue to lack insurance coverage.

Notes

1. The 13 selected states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin.

2. In order to be considered unemployed, the principal wage earner must have worked fewer than 100 hours a month, further restricting coverage.

3. As of 1997, a number of the ANF (Assessing the New Federalism) study states had made special efforts to provide health insurance coverage to adults. Massachusetts extended Medicaid coverage to parents in families with incomes up to 133 percent of the FPL through a Research and Demonstration waiver granted under Section 1115 of the Social Security Act. Washington and Minnesota provided subsidized insurance to adults with incomes up to 200 and 275 percent of the FPL, respectively, through state-funded programs. However, these states were the exceptions to the general rule that low-income adults were ineligible for publicly funded health insurance.

4. For a more complete discussion of this issue, see Guyer and Mann (1998).

5. States also have the option to use a lower resource standard for determining eligibility under Section 1931, but these standards cannot go below those in effect on May 1, 1988. States can also adjust their income and resource standards upward in accordance with the consumer price index.

6. In essence, the latter provision allows states to disregard income and resources, effectively making certain families eligible for Medicaid at higher incomes than under old AFDC rules. This provision is similar to 1902(r)(2) provisions that allowed states to cover children and pregnant women with incomes above the mandated and optional levels.

7. Specifically, states can now eliminate the 100-hour rule, effectively making all two-parent families that meet the income and resource standards under the Section 1931 provisions eligible for Medicaid.

8. These states—Arizona, Colorado, Montana, Pennsylvania, and Wyoming—will be able to cover these parents no later than September 30, 2002, when the phase-in of Medicaid eligibility for children with incomes below the poverty level is complete. They could cover these parents through Section 1931 earlier if they were to shift eligibility for older children with incomes below the FPL from a separate CHIP program to Medicaid.

9. States that choose to move some CHIP-eligible children into the Medicaid program will continue to get the higher matching rate for these children. They would receive a Medicaid matching rate for the parents.

10. The household response rate for the NSAF is 70 percent (Dean Brick et al. 1999). Responses to the interviews are weighted to reflect the design features of the sample, including the oversampling of low-income households in 13 states, and contain adjustments for nonresponse and undercoverage. Variance estimates are computed using a replication method that adjusts for the survey's complex sample design. Flores-Cervantes, Brick, and DiGaetano (1999) describe this method and its application to the NSAF in detail. Imputed data for health insurance, income, and other variables with missing

values are used here. Imputed values account for 1.3 percent or less of all observations for health insurance (Dipko et al. 1999).

11. Parents with children who are all 18 years old or older are not included in this study. However, the only part of this exclusion that is potentially relevant affects parents of 18-year-olds, because older children are generally not eligible for Medicaid or CHIP.

12. Respondents were asked a series of questions about specific types of insurance coverage for members of their family. When no coverage was reported for a family member, the respondent was asked a follow-up question to confirm that the person, in fact, did not have any health care coverage at the time of the survey. For more details, see Rajan, Zuckerman, and Brennan (2000).

13. Unless these states were willing to accelerate their coverage of children, poor parents in the five states of Arizona, Colorado, Montana, Pennsylvania, and Wyoming could not be made eligible until after 2002. In addition, one-quarter of all poor uninsured parents are not citizens and thus some of them may not be eligible for Medicaid coverage.

14. California recently expanded coverage to all parents with incomes below 100 percent of the FPL using Section 1931 provisions.

15. Massachusetts and Wisconsin currently cover parents with incomes up to 185 percent of the FPL under Medicaid through Section 1115 Research and Demonstration waivers.

16. Like all household surveys, it is likely that Medicaid coverage is underreported in the NSAF. Therefore, the extent to which uninsured parents had Medicaid-covered children in 1997 may be understated. In addition, by 1999 more children of uninsured parents may have been enrolled in Medicaid as a result of both CHIP outreach efforts and expansions of the Medicaid program under CHIP.

17. In order to receive the enhanced match, states would have to cover all children living at up to 200 percent of the FPL under Medicaid and/or CHIP. In addition, the plan would require all states to cover parents with incomes below the poverty level within five years.

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This series presents findings from the National Survey of America's Families (NSAF). First administered in 1997, the NSAF is a survey of 44,461 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information about the survey is available at the Urban Institute Web site: **http://www.urban.org**.

The NSAF is part of *Assessing the New Federalism,* a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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