

# Association Between Medicaid Expansions and Child Mortality: A Case Study of Four States

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## BACKGROUND

Numerous studies have examined policy expansions made to Medicaid and the State Children Health Insurance Program (SCHIP) to increase enrollment among low-income children and pregnant women. Previous research has well documented that Medicaid expansions for pregnant women and infants are effective in improving access to care and health outcomes (Howell, 2001; Dubay et al. 2001; Currie et al. 1994; Baldwin et al, 1998). However, the impacts of coverage expansions on the health outcomes of children ages 1- 18 years old are not as well known. Due to their dependent status regarding household income and access to health insurance, children are more likely to be poor and uninsured.

## PURPOSE

- Examines national and state level Medicaid/ SCHIP expansions over 20 years
- Investigates whether expanding Medicaid/SCHIP coverage contributes to a change in childhood mortality rates
- Analyzes whether state level Medicaid/ SCHIP expansions are associated with a decline in child mortality rates in four states.

## METHODS

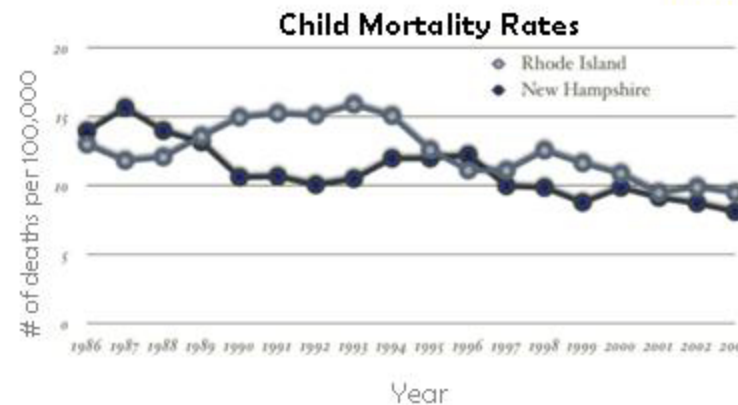
Data Sources:

- National Vital Statistics Mortality Data (Multiple Cause of Death Mortality data set)
- Census Bureau Archives Data

Methods:

- Case study of four states (AR, OK, RI, NH)
- Analysis of federal and state Medicaid and SCHIP expansions
- Calculated mortality rates for 20 years (1985- 2005) for each state (excluding external causes of death)

## FINDINGS



### Rhode Island

- Upper Income Eligibility Limit: 250%
- Simplified Medicaid application process by offering 12 months of continuous eligibility
- Reapplication information is sent out to families for updates 60 days in advance of the coverage renewal date.

### New Hampshire

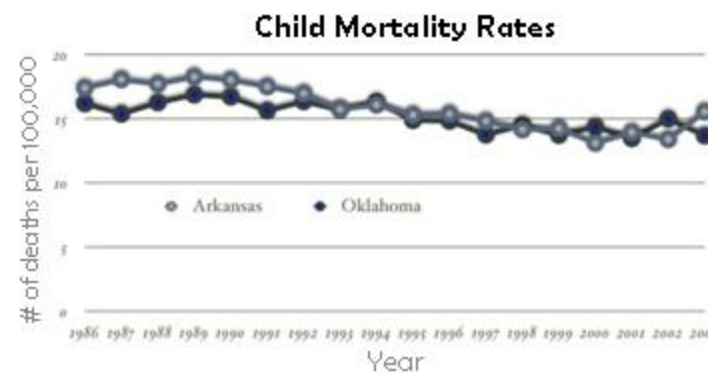
- Upper Income Eligibility Limit: 300%
- 1989:** NH created new coverage group which provided home care for children with severe disabilities
- 1994:** Increase in income limits for poverty level groups (pregnant women, children born after 9/30/83) to 170%

### Arkansas

- Upper Income Eligibility Limit: 200%
- 1997:** ARKids was implemented and extended health care coverage to uninsured children up to 200 percent FPL
- 2000:** AR adopted series of policies designed to increase coordination between its public health insurance programs and further de-stigmatize Medicaid for children

### Oklahoma

- Upper Income Eligibility Limit: 185%
- 1995:** SoonerCare Plus was implemented to provide a more comprehensive benefit package to uninsured children.
- 1996:** OK implemented SoonerCare Choice.



## CONCLUSIONS

This study was not able to make a direct association or determine a causal relationship between the effects that Medicaid expansions may have on child mortality rates over time. It is crucial that future research controls for any other policies, technologies and environmental factors that may impact mortality. It is also necessary to make sure the quality of service and access to services grows consistently with expansion levels. Overall, as we have seen many significant Medicaid expansions occur, there has also been a decline in childhood mortality for all four states examined.