Barriers to Medicaid and CHIP Coverage for Eligible but Uninsured Latinx Children: A Texas Case Study

Clara Alvarez Caraveo, Luis E. Basurto, Dulce Gonzalez, and Clare Pan
February 2021

Implementation of the Affordable Care Act (ACA), including expansion of Medicaid eligibility for adults in many states, has significantly reduced the number of uninsured children in the United States. "Welcome mat" effects of Medicaid expansion, whereby children already eligible for Medicaid become insured when their parents seek Medicaid coverage or enroll in the program, and improvements in outreach and enrollment processes are largely credited for the decrease in children's uninsurance rates and have built on large declines in children's uninsurance in previous decades (Haley, Kenney, Pan et al. 2020; Hudson and Moriya 2017).[1] However, reductions in children's uninsurance rates under the ACA have not been equitable. Although uninsurance rates among all children in the US fell by nearly half between 2014 and 2018, rates of uninsured Latinx children are the highest of all racial and ethnic groups and are nearly twice the national average (Whitener et al. 2020).[2]

Maximizing enrollment in Medicaid and the Children's Health Insurance Program (CHIP) among eligible people is one way to reduce uninsurance rates for Latinx children. To do that, it is important to consider barriers to enrollment and where families with uninsured children who are eligible for Medicaid/CHIP reside. In this brief, we examine these barriers for children ages 5 to 16 in Texas.

Background

Medicaid and CHIP provide health care coverage to roughly 37 million children in families with low to moderate incomes (Brown, Kowalski, and Lurie 2015; CBPP 2018; Cohodes et al. 2014; Levy and Meltzer 2007). Research indicates not only that Medicaid and CHIP facilitate access to health services and supports critical to promoting children's development, but that they have positive impacts on children's long-term health outcomes, educational attainment, and earnings as adults (Brown, Kowalski, and Lurie 2015; Cohodes et al. 2014).

Several factors affecting many in the Latinx community—including limited English proficiency, restricted Medicaid/CHIP eligibility for immigrants, and less familiarity with the US health care system—may contribute to lower public program participation among Latinx families (Alberto et al. 2020). Concerns about immigration status could also affect Latinx parents' willingness to participate in programs like Medicaid, even among parents who might be eligible (Callaghan et al. 2019; Haley, Kenney, Bernstein et al. 2020; Whitener et al. 2020).

In this analysis, we focus on Texas for a few reasons. First, it has more uninsured Latinx children than any other state (Buettgens, Blumberg, and Pan 2018; Haley, Kenney, Bernstein et al. 2020). Second, it has not expanded Medicaid for adults under the ACA (Dunkelberg 2016),[3] and unlike states like California,[4] it does not use state funds to extend Medicaid eligibility to undocumented children. Third, Texas implemented administrative barriers beginning in 2014, including ending continuous Medicaid eligibility in the second 6 months of a child's 12-month certification period and implementing up to four monthly income checks during that second 6-month period.[5] Lastly, Texas implemented policies such as Texas Senate Bill 4 that make immigrants feel less welcome,[6] and its governor (Greg Abbott) has often espoused rhetoric echoing that of the Trump administration that may discourage immigrants from accessing health care (Anderson 2020; Callaghan et al. 2019; Gonzalez and Bernstein et al. 2020).[7]

Data and Analytic Plan

To explore potential barriers to Medicaid/CHIP enrollment among Latinx children in Texas, we examine racial and ethnic characteristics of all children and uninsured children ages 5 to 16. We also explore uninsured rates for all children and Latinx children and select family characteristics among Latinx children who are uninsured. We use data from the American Community Survey and draw from the Urban Institute's Health Insurance Policy Simulation Model to simulate Medicaid and CHIP eligibility using reported information on family income and size, immigration status (including years residing in the United States and imputation of documentation status), age, and other characteristics. Estimates are based on pooled, single-year American Community Survey data from 2014 to 2018. To examine patterns of uninsurance and eligibility at a sub-state level, we also create 41 local areas based on counties or, for smaller areas, county groups based on Texas Councils of Government (COGs) or regional planning commissions. When referring to Latinx children in this analysis, we mean Latinx children ages 5 to 16.

Uninsured Children in Texas

In Texas, there are nearly 5 million children ages 5 to 16 during the 2014–18 period (data not shown). Latinx children make up roughly half (48.6 percent) of the children in this age group, followed by white children (32 percent), Black children (11.7 percent), and children belonging to the category "other" (7.7 percent).[8] Among uninsured children, roughly two in three (67.3 percent) are Latinx (figure 1).

All Children and Uninsured Children Ages 5 to 16 by Race/Ethnicity in Texas, 2014–18
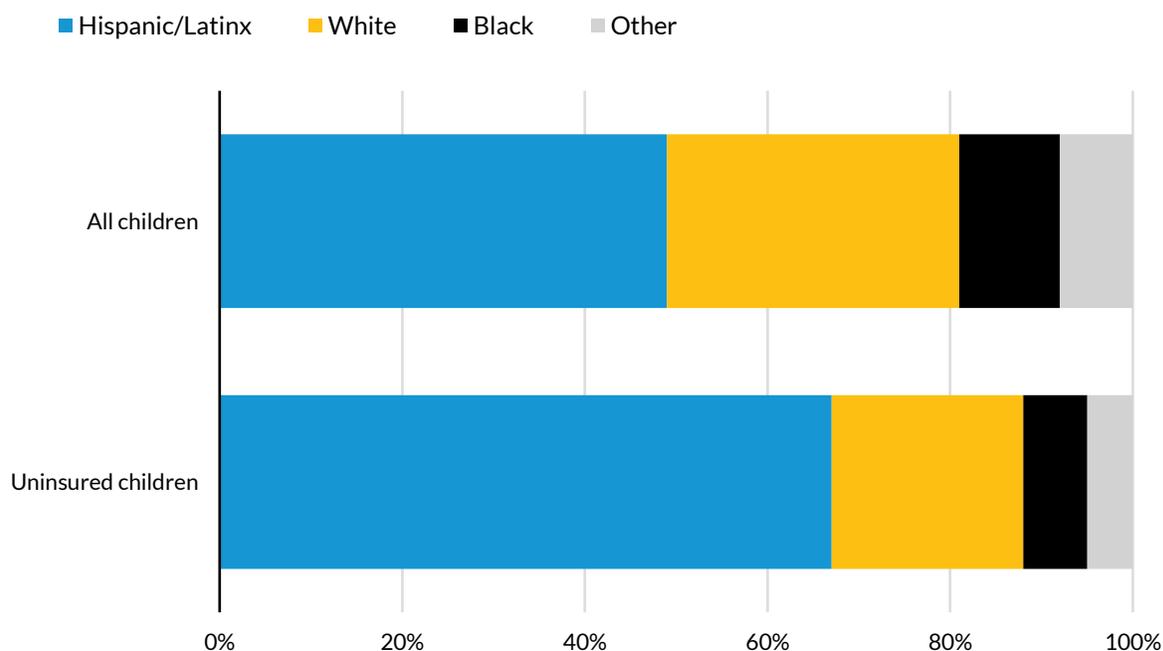
URBAN **INSTITUTE**

Source: Urban Institute analysis of the Health Insurance Policy Simulation Model using American Community Survey data, 2014–18.
Notes: "Other" includes Asian/Pacific Islander and American Indian/Alaska Native. Children are ages 5 to 16. Children in the categories white, Black, and other are not Hispanic/Latinx.

Roughly 1 in 7 (13.9 percent) Latinx children are uninsured, more than twice the rate for all other children (6.4 percent; data not shown). Just over half (51.4 percent) of uninsured Latinx children are eligible for Medicaid, compared with 46.7 percent of all other children. Nearly 7 in 10 (68.2 percent) uninsured Latinx children have at least one noncitizen parent, and 69.1 percent have a parent who has limited English proficiency. In contrast, 29.1 percent of all other uninsured children have a noncitizen parent and 29.1 percent have a parent who has limited English proficiency. Moreover, 83 percent of uninsured Latinx children live in a household with internet access, compared with 91.8 percent of all other uninsured children.

TABLE 1

Uninsured Rates and Select Sociodemographic Characteristics of Uninsured Children Ages 5 to 16 in Texas, 2014–18

| | Uninsured Latinx children | | All other uninsured children | |
	Thousands of children	Percentage	Thousands of children	Percentage
Total uninsured	**330**	**100.0**	**161**	**100.0**
Eligible uninsured	170	51.4	75	46.7
Noncitizen parent(s)	225	68.2	47	29.1
LEP parent(s)	228	69.1	47	29.1
Internet access in the household	274	83.0	147	91.8

Source: Urban Institute analysis of the Health Insurance Policy Simulation Model using American Community Survey data, 2014–18.
Notes: LEP = limited English proficiency, refers to people who report speaking English less than "very well" on the American Community Survey. "All other uninsured children" excludes Latinx children. "Eligible uninsured" means children who are eligible for Medicaid or the Children's Health Insurance Program but are uninsured.

Uninsured Children in Local Areas in Texas

Areas with the highest rates of uninsured Latinx children in Texas include Ellis County, Jefferson County, Deep East Texas COG, Parker County, and Texoma COG (figure 2). Uninsured rates in these areas range from 19 percent (Deep East Texas COG and Jefferson County) to 21 percent (Ellis County). However, areas with the highest rates of uninsured Latinx children do not necessarily correspond to those with the highest rates of Latinx children who are eligible but uninsured. Table 2 shows the areas with the highest rates of uninsured Latinx people who are eligible for Medicaid/CHIP. In the Alamo Area COG, Concho Valley COG, Deep East Texas COG, Heart of Texas COG, and the Middle Rio Grande Development Council, the shares of uninsured Latinx children who are eligible for Medicaid/CHIP are between 59 and 68 percent, and the shares of Latinx children who are uninsured are between 11 and 16 percent (table 2).

TABLE 2

Uninsured Rates and Shares of Latinx Children Ages 5 to 16 Who Are Eligible for Medicaid/CHIP but Are Uninsured in Select Texas Areas, 2014–18

| Area	Uninsured rate	Share of uninsured Latinx children eligible for Medicaid/CHIP
Concho Valley COG, San Angelo	13%	68%
Deep East Texas COG	19%	64%
Alamo Area COG	11%	61%
Heart of Texas COG, Waco	15%	60%
Middle Rio Grande Development Council	16%	60%

Source: Urban Institute analysis of the Health Insurance Policy Simulation Model using American Community Survey data, 2014–18.
Notes: CHIP = Children's Health Insurance Program. Areas shown represent the five areas where the share of eligible but uninsured Latinx children is highest in Texas. Data are not shown for counties with sample sizes of 100 children or fewer.

FIGURE 2

Rates of Uninsured Latinx Children Ages 5 to 16 in Texas, and Counties Where More than 60 Percent Who Are Eligible for Medicaid/CHIP Are Uninsured, 2014–18
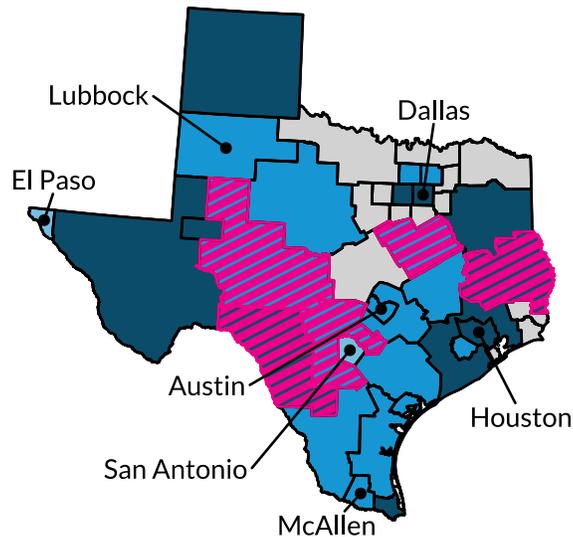
URBAN **INSTITUTE**

Source: Urban Institute analysis of the Health Insurance Policy Simulation Model using American Community Survey data, 2014–18.
Notes: CHIP = Children's Health Insurance Program. Magenta stripes denote the five areas where the share of eligible but uninsured Latinx children is highest in Texas. Shades of blue denote counties' uninsured rates. Data are not shown for counties with sample sizes of 100 children or fewer.

Discussion

Approximately half of all uninsured Latinx children ages 5 to 16 in Texas are eligible for Medicaid/CHIP, indicating that efforts to reach and enroll eligible children could reduce uninsurance among this group. Furthermore, most of the areas with the highest shares of uninsured Latinx children who are eligible for Medicaid/CHIP are not those with the highest rates of uninsured Latinx children in Texas. This highlights the need for more effective outreach in the areas with high shares of uninsured Latinx children who are eligible for Medicaid/CHIP. Our findings can help stakeholders identify key strategies to promote Medicaid/CHIP enrollment and to address barriers to participation for people who are eligible but uninsured. These strategies include the following:

- **Expand Medicaid outreach and enrollment.** Under the Trump administration, federal funding for outreach, education, and enrollment assistance programs created by the Affordable Care Act, called Navigator programs, fell from $63 million in 2016 to $10 million by 2018.[9] Texas experienced a decline of nearly 80 percent in federal funding for these programs (Pollitz and Tolbert 2020), which will require significantly more funding—especially to entities in greatest need of assistance—to help connect Latinx families to health insurance and health care services.

Given our finding that nearly one in five uninsured Latinx children do not have internet access at home, outreach and enrollment efforts also need to consider either expanding internet access or ensuring that people who lack internet access can enroll through multiple pathways (e.g., via telephone or in person).

- **Make outreach and enrollment resources available in multiple languages.** Our finding that more than half of all eligible uninsured school-age Latinx children in Texas live with a parent who is not proficient in English indicates that outreach efforts must ensure resources are available to parents of Latinx children in languages other than English. For some Latinx communities, these may include Indigenous languages and dialects, such as K'iche' and Mam.

- **Engage trusted messengers and understand families' concerns.** Although the public charge rule was not in effect when the data analyzed in this brief were collected, chilling effects from that rule and the broader immigration climate under the Trump administration have exacerbated fear among immigrant families. In many cases, this fear has led adults in immigrant families to forgo public benefits for fear of jeopardizing future green card status (Bernstein et al. 2020). Moreover, in 2019, nearly 4 in 5 adults in immigrant families with children who were confident in their understanding of the rule did not understand that children's Medicaid enrollment is not a factor in their parents' public charge determinations (Haley, Kenney, Bernstein et al. 2020). It is important to assuage immigrant families' fears by continuing to emphasize that using benefits for children will not affect parents' immigration status, and it is also important to avoid collecting personal information and to communicate to families that social security numbers will not be collected, especially for the nearly 7 in 10 uninsured Latinx children in Texas with a noncitizen parent. Engaging community sources that immigrant families with children trust, such as schools, health care providers, and community or social organizations will be key to disseminating these messages (Haley, Kenney, Bernstein et al. 2020).

- **Fund efforts to develop data on measures of health quality and health care access at the local level.** Local-level data are critical to helping local organizations and enrollment officers understand structural barriers to health care access, but these data are often scarce. In Texas, we found few publicly available indicators of health quality and none that reflect measures of access relevant to the Latinx community. Educating policymakers, health department officials, and others about why these data are important and how they improve outcomes for people, families, and communities in Texas will be important to shed light on the need for funding these types of data.

- **Reduce administrative barriers to enrollment and retention.** Changes to enrollment and recertification requirements in recent years could explain declines in Medicaid enrollment for children in Texas.[10] Reversing these administrative barriers would help families retain and use their Medicaid benefits.

Although health insurance coverage is important, access to Medicaid/CHIP alone is not sufficient to improve health. A holistic approach will need to address socioeconomic challenges that worsen health

outcomes, such as unemployment, financial instability, and housing insecurity. The COVID-19 pandemic has only exacerbated these challenges for Latinx and immigrant populations, especially those with noncitizen family members, many of whom are already contending with the disproportionate health and economic effects of the crisis with little access to federal relief efforts (Gonzalez and Karpman et al. 2020).[11] As policymakers and other stakeholders think through COVID-19 recovery efforts and the policy issues that should be prioritized during the incoming federal administration, addressing these gaps in coverage is key to reducing health inequities and securing a brighter future for Latinx children.

Notes

[1] Adam Searing, "Medicaid's 'Welcome Mat' Effect Means Medicaid Expansion Helps Children Get Health Coverage," Georgetown University Health Policy Institute, September 15, 2017, https://ccf.georgetown.edu/2017/09/15/medicaids-welcome-mat-effect-means-medicaid-expansion-helps-children-get-health-coverage/.

[2] We use the term "Latinx" to include all people who identify as being of Latin American descent.

[3] "Status of State Action on the Medicaid Expansion Decision," Kaiser Family Foundation, accessed January 6, 2021, https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[4] "Medi-Cal Expansion to Undocumented Children," California Health Care Foundation, May 13, 2016, https://www.chcf.org/project/medi-cal-expansion-to-undocumented-children/.

[5] Melissa McChesney, "Legislators Should Prevent Texas Kids from Getting Booted Off Health Insurance," Every Texan, April 10, 2019, https://everytexan.org/2019/04/10/legislators-should-prevent-texas-kids-from-getting-booted-off-health-insurance/; Elizabeth Byrne, "Texas removes thousands of children from Medicaid each month due to red tape, records show," *The Texas Tribune*, April 22, 2019, https://www.texastribune.org/2019/04/22/texas-takes-thousands-kids-medicaid-every-month-due-red-tape/.

[6] Senate Bill 4 grants local law enforcement the authority to ask detainees about their immigration status. See "Know Your Rights Under SB4," American Civil Liberties Union of Texas, updated March 13, 2018, https://www.aclutx.org/en/sb4#:~:text=What%20is%20SB4%3F,work%20of%20federal%20immigration%20officers.&text=Sheriffs%20and%20police%20chiefs%20across,SB4%20on%20May%207%2C%202017.

[7] Mary Tuma, "Abbott Doubles Down on Anti-Immigrant Rhetoric Even After El Paso," *The Austin Chronicle*, August 30, 2019, https://www.austinchronicle.com/news/2019-08-30/abbott-doubles-down-on-anti-immigrant-rhetoric-even-after-el-paso/.

[8] "Other" includes Asian/Pacific Islander and American Indian/Alaska Native children. Children who report more than one race and ethnicity are categorized into one race/ethnicity in the hierarchy of Hispanic/Latinx, white, Black, and other.

[9] Navigator programs provide outreach, education, and enrollment assistance to consumers eligible for marketplace and Medicaid coverage. For more information, see https://www.kff.org/private-insurance/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/.

[10] "Legislators Should Prevent Kids from Getting Booted off Health Insurance," Every Texan; "Texas Removes Thousands of Children from Medicaid Each Month Due to Red Tape, Records Show," *The Texas Tribune*.

[11] Muzaffar Chishti and Jessica Bolter, "Vulnerable to COVID-19 and in Frontline Jobs, Immigrants Are Mostly Shut Out of U.S. Relief," Migration Policy Institute, April 24, 2020, https://www.migrationpolicy.org/article/covid19-immigrants-shut-out-federal-relief; "Closing the Gap: Latinos, Health Care, and COVID-19, *Politico*, accessed January 6, 2021, https://www.politico.com/live-events/2020/12/17/closing-the-gap-latinos-health-care-and-covid-19-000481; Miriam Jordan and Richard A. Oppel Jr., "For Latinos and Covid-19, Doctors Are Seeing an 'Alarming' Disparity," *New York Times*, May 7, 2020,

http://nytimes.com/2020/05/07/us/coronavirus-latinos-disparity.html#:~:text=New%20York%20Times-
,For%20Latinos%20and%20Covid-
19%2C%20Doctors%20Are%20Seeing%20an%20',testing%20and%20take%20emergency%20measures.

References

Alberto, Cinthya K., Jessie K. Pintor, Loni P. Tabb, Ana Martínez-Donate, Brent A. Langellier, and Jim P. Stimpson. 2020. "Association of Maternal Citizenship and State-Level Immigrant Policies with Health Insurance Coverage among US-Born Latino Youths." *JAMA Network Open* 3 (10).

Anderson, Cheasty. 2020. *Public Charge and Private Dilemmas: Key Challenges and Best Practices for Fighting the Chilling Effect in Texas, 2017–2019*. Bellaire: Children's Defense Fund Texas.

Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman. 2020. "Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019." Washington, DC: Urban Institute.

Brown, David W., Amanda E. Kowalski, and Ithai Z. Lurie. 2015. "Medicaid as an Investment in Children: What Is the Long-Term Impact on Tax Receipts?" Cambridge, MA: National Bureau of Economic Research.

Buettgens, Matthew, Linda J. Blumberg, and Clare Pan. 2018. "The Uninsured in Texas: Statewide and Local Area Views." Washington, DC: Urban Institute.

Callaghan, Timothy, David J. Washburn, Katharine Nimmons, Delia Duchicela, Anoop Gurram, and James Burdine. 2019. "Immigrant Health Access in Texas: Policy, Rhetoric, and Fear in the Trump Era." *BMC Health Services Research* 19 (342).

CPBB (Center for Budget and Policy Priorities). 2018. "Medicaid Works for Children." Washington, DC: Center for Budget and Policy Priorities.

Cohodes, Sarah, Daniel Grossman, Samuel Kleiner, and Michael F. Lovenheim. 2014. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions." Cambridge, MA: National Bureau of Economic Research.

Dunkelberg, Anne. 2016. *Immigrants' Access to Health Care in Texas: An Updated Landscape*. Austin, TX: Center for Public Policy Priorities.

Gonzalez, Dulce, Hamutal Bernstein, Clara Alvarez Caraveo, and Brigette Courtot. 2020. "Supporting Immigrant Families in Houston: Efforts to Reduce Chilling Effects around the Public Charge Rule at the Local Level." Washington, DC: Urban Institute.

Gonzalez, Dulce, Michael Karpman, Genevieve M. Kenney, and Stephen Zuckerman. 2020. *Hispanic Adults in Families with Noncitizens Disproportionately Feel the Economic Fallout from COVID-19*. Washington, DC: Urban Institute.

Haley, Jennifer M., Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. 2020. "Progress in Children's Coverage Continued to Stall Out in 2018: Trends in Children's Uninsurance and Medicaid/CHIP Participation." Washington, DC: Urban Institute.

Haley, Jennifer M., Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez. 2020. "One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019." Washington, DC: Urban Institute.

Hudson, Julie L., and Asako S. Moriya. 2017. "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on Their Children." *Health Affairs* 36 (9).

Levy, Helen, and David Meltzer. 2007. "The Impact of Health Insurance on Health." *Annual Review of Public Health* 29: 399–409.

Pollitz, Karen, and Jennifer Tolbert. 2020. "Data Note: Limited Navigator Funding for Federal Marketplace States." Oakland, CA: Kaiser Family Foundation.

Whitener, Kelly, Steven Lopez, Lauren Roygardner, and Matthew Snider. 2020. "Decade of Success for Latino Children's Health Now in Jeopardy." Washington, DC: Center for Children and Families.

About the Authors

Clara Alvarez Caraveo is research assistant in the Health Policy Center at the Urban Institute studying the effects of Medicaid expansion as a result of the Affordable Care Act on maternal health and coverage trends among vulnerable populations. She uses quantitative analysis to understand underlying trends in health and health insurance coverage to inform policy recommendations. Alvarez Caraveo has a BA in sociology with minors in policy analysis and management, demography, and inequality studies from Cornell University.

Luis E. Basurto is a research analyst in the Health Policy Center. He focuses on topics related to substance use disorder, health information technology, and the impact of economic distress on various health outcomes. He is also interested in ways to reduce health disparities and improve mental health outcomes among marginalized groups. Basurto has extensive experience with statistical analysis and assists with quantitative and qualitative projects. Before joining Urban, Basurto interned at the American Enterprise Institute and the Keystone Research Center. Basurto received his BBA with honors with highest distinction from the University of Texas Rio Grande Valley, where he majored in economics and finance and minored in mathematics. He is currently pursuing an MS in mathematics and statistics at Georgetown University.

Dulce Gonzalez is a research associate in the Health Policy Center. Before joining Urban, she interned at the Georgetown University Center for Children and Families, where she conducted qualitative and quantitative analyses on Medicaid, the Children's Health Insurance Program, and the Affordable Care Act. Gonzalez also worked at the nonprofit organization Maternal and Child Health Access, where she evaluated health and well-being outcomes for women in the Welcome Baby Program, a perinatal home visiting program. She is passionate about improving access to care for vulnerable populations, especially low-income women and children. Gonzalez has a master's degree in public policy from Georgetown University.

Clare Pan is a research analyst in the Health Policy Center, where she works primarily on the Health Insurance Policy Simulation Model. Pan holds a master of public policy from the McCourt School of Public Policy at Georgetown University.

Acknowledgments

URBAN
INSTITUTE

500 L'Enfant Plaza SW
Washington, DC 20024

www.urban.org

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.