

# ACEs:

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

# Medicaid Supports a Resilient Iowa

## MEDICAID MAKES A DIFFERENCE

Medicaid makes it possible for thousands of low-income Iowa children and adults to get and stay healthy. It allows them to see a doctor when they are sick, get check-ups, buy medications, and go to the hospital without fear of choosing between their health and groceries or paying the rent or mortgage. It helps parents make sure they can work and take care of their families.

When Iowa families have access to affordable health care through programs like Medicaid, they can get the care they need to ensure small health problems don't become bigger issues. That means healthier, more reliable workers who spend less time at the doctor's office and miss fewer days of work due to illness.

## MEDICAID MAKES A DIFFERENCE FOR KIDS

Medicaid is a critical source of health insurance coverage for kids in Iowa—covering nearly 2 in 5 children. Together, Medicaid and hawk-i have helped Iowa achieve an historic level of coverage—97 percent of kids with health insurance!! In Iowa, 34 percent of children on public insurance (Medicaid or CHIP) experienced 2 or more adverse family experiences, compared to only 11 percent children with private insurance.

Compared with uninsured peers, children covered by Medicaid and CHIP:



Miss fewer days of school



Do better in school



More likely to graduate high school



More likely to attend college



Earn higher wages



Pay more in taxes

Source: Georgetown Center for Children and Families, "Iowa Snapshot of Children's Coverage: How Medicaid, CHIP, and the ACA Cover Children."

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## Keys to Progress

### **Create a Pediatric Advisory Board to advise Iowa Medicaid Enterprise (IME) and the Managed Care Organizations (MCOs) to make recommendations on strategies to improve health outcomes for children covered by Medicaid.**

- Medicaid is a children's health program. Children make up over half of Iowa's traditional Medicaid population. Despite representing the largest population group within Medicaid, there has not been sufficient attention or focus dedicated to the unique health needs of children within Iowa's Medicaid program.
- As a result, Iowa is falling well below the national average on several child health outcomes. For example, in 2016 only 37 percent of children in Medicaid were up-to-date on immunizations by age 2, compared with a national median of 68 percent.
- We can do better. The Pediatric Advisory Board would bring expertise and dedicated focus to children's unique health needs. The Pediatric Advisory Board would develop a framework for improving child health outcomes— borrowing from best-practices in other states and leveraging the expertise of local pediatric providers, child health advocates, and other key stakeholders in Iowa.
- The Pediatric Advisory Board would help improve key pediatric performance targets and help ensure that children on Medicaid are accessing the necessary services to grow up to be healthy adults.
- The Advisory Board will submit an annual report to the legislature, summarizing their recommendations.

### **Extend Early, Screening, Diagnosis and Treatment (EPSDT) to children covered in Iowa's separate CHIP program (hawk-i).**

- EPSDT is Iowa's Medicaid benefit package for children. Federal law requires Medicaid to cover comprehensive health care for children and youth under 21 through its EPSDT benefit.
- While federal law requires all states to provide the EPSDT benefit to children covered by Medicaid, states can decide whether or not to cover EPSDT for children in separate-CHIP programs.
- Iowa does not provide EPSDT to children in our separate CHIP program (hawk-i).
- Providers shouldn't have to look at a child's health insurance card before deciding whether or not to offer a medically necessary assessment or treatment. Recognizing that EPSDT is uniquely designed to meet the full scope of children's health needs, Wisconsin, Illinois, and Kansas have extended EPSDT benefits to children in their separate CHIP programs. Iowa should follow the lead of our neighboring states.
- EPSDT should be the standard of care for all children.

## References

Joan Alker and Olivia Pham, "Nation's Uninsured Rate for Children Drops to Another Historic Low in 2016," Georgetown Center for Children and Families

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National Survey of Children's Health (2016-2017)

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Iowa Department of Human Services. "Budget Reports and Program Narratives: Medical Assistance and Medical Assistance Financial"

2017 Child Core Measure