



Purpose and Scope

Researchers at RTI International conducted a telephone survey of more than 1,200 children from two public health insurance programs in Oregon to assess the impact of lost public health care coverage on children in low-income families.

The RTI study was published in the October issue of *Medical Care Research and Review*.

Key Findings

- There is a significant gap between the income level that qualifies families to receive public health care for their children and a low-income family's ability to afford private health insurance.
- Children who acquired health insurance coverage after their public health coverage ended were significantly more likely to have seen a physician since disenrolling than children who were no longer insured.
- Raising the income eligibility ceiling for these public programs is one way to help bridge the gap to private health insurance.

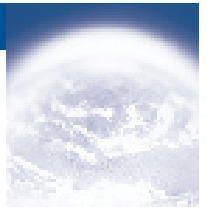
Report Sponsor

The study was funded by the Agency for Healthcare Research and Quality (AHRQ), the David and Lucile Packard Foundation and the U.S. Health Resources and Services Administration as a part of the Child Health Insurance Research Initiative.

About RTI International

RTI International is an independent nonprofit research organization based in Research Triangle Park, North Carolina, that provides research and technical solutions to governments and businesses worldwide in the areas of health and pharmaceuticals, education and training, surveys and statistics, advanced technology, democratic governance, economic and social development, energy, and the environment. For more information, visit www.rti.org.

Research & Policy Brief



Children's Health Needs Unmet as Low-Income Families Emerge from Poverty

What the Study Found

When low-income families lose health insurance coverage, the health care needs of their children often go unmet. Public health insurance programs are not providing the hoped-for bridge families require to successfully transition from public to private health insurance because of the significant gap between the income level that qualifies families to receive public health care and a low-income family's ability to afford private health insurance.

While enrolled in a public health insurance program, more than 95 percent of children had a standard source of physician care. However, after losing public health coverage, the number of children without standard physician care grew. About 20 percent of children previously enrolled in Oregon's State Children's Health Insurance Program (SCHIP) and 10 percent of those formerly enrolled in Family Health Insurance Assistance Program (FHIAP) reported an unmet medical need.

The majority of parents who had reapplied to the programs reported losing public health insurance coverage because of increased family incomes. Even with the increased incomes, many of these families were unable to afford the costs of private health insurance, which left their children uninsured.

The authors reported that children who acquired health insurance coverage after their public health coverage ended were significantly more likely to have seen a physician since disenrolling than children who were no longer insured. However, less than half of the children studied obtained health insurance coverage after leaving the public health programs. The majority of parents said they would have kept their children enrolled in the programs if at all possible.

Health insurance coverage has a significant impact on access to care and highlights a critical need to improve that access for low-income families. However, health care costs continue to be a barrier to these families as they try to achieve financial stability. Raising the income eligibility ceiling for these programs is one way to help bridge the gap to private health insurance.

Since the study was conducted, Oregon has implemented modest increases in the income eligibility ceilings for both public health insurance programs, but a lack of funding has prevented further increases.