September 14, 2021

The Honorable Chuck Schumer  
Senate Majority Leader  
U.S. Senate

The Honorable Nancy Pelosi  
United States House of Representatives  
Washington, DC 20515

The Honorable Ron Wyden  
Chairman  
Senate Committee on Finance

The Honorable Frank Pallone  
United States House of Representatives  
Washington, DC 20515

Dear Majority Leader Schumer, Speaker Pelosi, Chairman Wyden, and Chairman Pallone,

We, the undersigned organizations representing consumers, family members, providers, advocates, payers, and other stakeholders committed to strengthening peoples’ access to high-quality health coverage and care across America, urge you to include language that requires 12-month continuous eligibility for children on Medicaid and the Children’s Health Insurance Program (CHIP) in the reconciliation package currently under development.

Medicaid and CHIP provide critical health coverage to more than 80 million Americans, including 45 million children, as well as pregnant women, people with disabilities, the working poor, and senior citizens. These coverage programs are a lifeline for millions of American families. During the COVID-19 pandemic, Medicaid and CHIP have provided insurance against devastating illness and the financial consequences of the pandemic’s economic downturn. Despite the importance of Medicaid and CHIP, serious issues must be addressed to stabilize coverage for the people they serve.

Collectively, we are concerned that millions of people enroll in Medicaid and CHIP each year only to subsequently lose their coverage – despite often still being eligible – because of the cycle of enrollment and disenrollment called “eligibility churn.” Eligibility churn is caused by inefficient paperwork and other reporting requirements or temporary income fluctuations. As the nation has grappled with the COVID-19 pandemic over the past year and a half, Medicaid enrollees have been protected by the continuous eligibility protection built into the Families First Coronavirus Relief Act’s funding increase to states, which has temporarily halted the eligibility churn for people with Medicaid coverage. Children and pregnant women on CHIP have not received that protection.

Typically, individuals on Medicaid are covered for nine and a half months of the year; children are covered for just 10 months. Despite an existing state option for 12-month continuous eligibility for children, only 23 states have implemented this policy in Medicaid and only 25 have done so in CHIP. Additional research demonstrates that low-income individuals experiencing income volatility and the resulting loss of Medicaid eligibility do not transition to other forms of insurance, such as Marketplace or employer-sponsored coverage, and instead become uninsured. Studies show that communities of color are the most likely to experience income volatility each year. We know that interruptions in coverage worsen health outcomes and lead to avoidable hospitalizations or emergency room care for mental health disorders, asthma, and diabetes. Coverage gaps also raise the average monthly cost of Medicaid and result in higher avoidable administrative costs for states, health care providers, and health plans.
A 2020 report found that from 2016 through 2018 in the states that have adopted continuous eligibility for children in Medicaid, 294,000 children had at least one preventive care visit; 93,000 kids got the specialty care they needed; and 261,000 kids had no gaps in coverage.

The report also found that extending 12-month continuous eligibility from 24 to 50 states would:

- Increase the number of kids receiving specialty care by 87 percent, from 93,000 to 174,000.
- Roughly double preventative care visits for children, from 294,000 to 585,000.
- Roughly double the number of kids with no gaps in coverage, from 261,000 to 520,000.

A policy of continuous eligibility – specifically, a federal requirement to cover children in Medicaid and CHIP – will provide 12 months of continuous and stable enrollment and will also allow Medicaid and CHIP programs to operate more like private coverage and Medicare. Stability in Medicaid and CHIP coverage will cut bureaucracy for states conducting screening and eligibility determinations and relieve excessive burden on providers that strive to ensure their patients retain coverage and access to care. It will help health providers and plans more readily maintain continuity of care management, which is vital to keeping children healthier. Most importantly, continuous eligibility will lessen financial stress and offer steady access to needed care for children on Medicaid and CHIP and their families.

We were pleased to see the Administration again recognize the importance of continuous eligibility when they recently extended the timeframe for states to complete pending eligibility and enrollment actions to twelve months after the month in which the public health emergency ends. Now, we ask Congress to build on that policy and include continuous eligibility in the reconciliation package to improve coverage for our nation’s children.

Sincerely,

National Organizations

AAHD
AASA, The School Superintendents Association
ACA Consumer Advocacy
Academic Pediatric Association
Academy of Managed Care Pharmacy
African American Health Alliance
AIDS Alliance for Women, Infants, Children, Youth & Families
Alabaster
Allergy & Asthma Network
Alliance of Community Health Plans
American Academy of Family Physicians
American Academy of Pediatric Dentistry
American Academy of Pediatrics
American Association on Health and Disability
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Surgeons
American Dental Hygienists’ Association
American Lung Association
American Medical Association
American Pediatric Society
American Public Health Association
Association for Community Affiliated Plans
Association of American Medical Colleges
Association of Asian Pacific Community Health Organizations
Association of Clinicians for the Underserved
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairs
Catholic Health Association of the United States
The Cave Institute
Children’s Health Fund
Children’s Hospital Association
Children’s Rights
Community Catalyst
Easterseals
Epilepsy Foundation
Epilepsy Information Service of Wake Forest School of Medicine
Families USA
Family Centered Treatment Foundation
Family Voices
First Focus Campaign for Children
Health Care Voices
Hemophilia Federation of America
Housatonic Community College
The Jewish Federations of North America
Lakeshore Foundation
Lupus and Allied Diseases Association, Inc.
March of Dimes
The National Alliance to Advance Adolescent Health
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Coalition for Latinxs with Disabilities
National Health Care for the Homeless Council

State/Local Organizations

Alabama
Alabama Chapter American Academy of Pediatrics

Alaska
AAP Alaska Chapter

Arizona
Arizona Chapter of the American Academy of Pediatrics
Arizona Council of Human Service Providers
Arizona Dental Hygienists' Association
Child & Family Resources, Inc.

Arkansas
Arkansas Chapter, American Academy of Pediatrics

California
AAP California Chapter 2
AAP-Orange County Chapter
African American Wellness Center for Children & Families
California Chapter 1, American Academy of Pediatrics
California Pan-Ethnic Health Network
Health Plan of San Mateo
Inland Empire Health Plan
Kern Health Systems
The Los Angeles Trust for Children's Health
Orange County United Way
Postpartum Health Alliance
San Francisco Health Plan
Santa Clara Family Health Plan

Colorado
AAP Colorado
Colorado Consumer Health Initiative
The Consortium
Connecticut
CT Early Childhood Alliance

Florida
Florida Chapter of the American Academy of Pediatrics
Florida Health Justice Project
Florida Policy Institute
Florida's Children First
Hispanic Unity of Florida

Georgia
Georgia Chapter-American Academy of Pediatrics

Hawaii
AlohaCare
American Academy of Pediatrics, Hawaii Chapter

Idaho
Intermountain Healthcare

Illinois
Children's Home & Aid
Erikson Institute
Health & Medicine Policy Research Group
Illinois Chapter, American Academy of Pediatrics

Indiana
Indiana Chapter of the American Academy of Pediatrics

Iowa
Common Good Iowa
Iowa Chapter of the American Academy of Pediatrics
United Way of Johnson & Washington Counties

Kansas
Kansas Action for Children
Kansas Chapter, American Academy of Pediatrics
United Way of the Flint Hills

Kentucky
Kentucky Chapter of the AAP

Louisiana
St. John United Way
United Way of Southwest Louisiana

Maine
Maine Chapter, American Academy of Pediatrics
Opportunity Enterprises Incorporated

Maryland
Benedictine Sisters
Maryland Citizens' Health Initiative
Maryland Community Health System
Montgomery County Federation of Families for
Children's Mental Health

Massachusetts
MCAAP

Michigan
Michigan Association of Health Plans
Michigan Chapter American Academy of Pediatrics
Michigan League for Public Policy

Minnesota
Gillette Children's Specialty Healthcare
Hennepin Health
Hennepin Healthcare System
Minnesota Association of County Health Plans
Minnesota Chapter - American Academy of Pediatrics
South Country Health Alliance
This is Medicaid Coalition

Mississippi
Mississippi Chapter, American Academy of Pediatrics

Missouri
A Red Circle
Bilingual International Assistant Services
Kids Win Missouri
Missouri Budget Project
Missouri Chapter, American Academy of Pediatrics

Montana
Montana Chapter of the American Academy of Pediatrics

Nebraska
Nebraska Chapter AAP
Nevada
Intermountain Healthcare
Nevada Chapter, American Academy of Pediatrics
Children's Advocacy Alliance

New Hampshire
NHAAP

New Jersey
Family Voices NJ
New Jersey Association of Mental Health and Addiction Agencies, Inc.
New Jersey Chapter, American Academy of Pediatrics
SPAN Parent Advocacy Network

New Mexico
New Mexico Pediatric Society

New York
AAP New York Chapter 1
Center for Independence of the Disabled, NY
NYS AAP - Chapter 2
NYS AAP - Chapter 3
Sisters of St. Dominic of Blauvelt, New York

North Carolina
Child Care Services Association
Goldsboro Pediatrics, PA
Interfaith Initiative for Social Justice
Jubilee Community
NC Pediatric Society
North Carolina Justice Center
Prevent Blindness North Carolina
Trillium Health Resources

North Dakota
North Dakota Chapter of the American Academy of Pediatrics

Ohio
The Ohio Council of Churches

Oklahoma
American Academy of Pediatrics - Oklahoma Chapter
Oklahoma Institute for Child Advocacy

Oregon
CareOregon
Oregon Pediatric Society
Our Children Oregon

Pennsylvania
Allies for Children
PA Chapter, American Academy of Pediatrics
Pennsylvania Partnerships for Children

Rhode Island
Neighborhood Health Plan of Rhode Island

South Carolina
SC Chapter of the AAP

South Dakota
South Dakota Chapter of the American Academy of Pediatrics

Tennessee
Tennessee Health Care Campaign
Tennessee Justice Center

Texas
Access Esperanza Clinics Inc.
CHILDREN AT RISK
Coalition of Texans with Disabilities
Community Health Choice
Cook Children's Health Plan
Every Texan
The Good Life Outcomes Program, at Change Happens!
Harris Health System
Houston Women March On
Network of Behavioral Health Providers
PediPlace
Proyecto Azteca
Texans Care for Children
Texas Medical Association
Texas Pediatric Society, Texas Chapter of the AAP
TexProtects
United Way of Metropolitan Dallas
United Way of Southern Cameron County
UUFHCT
Utah
Association for Utah Community Health
Intermountain Healthcare
Voices for Utah Children

Vermont
American Academy of Pediatrics Vermont Chapter

Virginia
Social Action Linking Together (SALT)
Virginia Chapter, American Academy of Pediatrics
Virginia Coalition of Latino Organizations
Virginia Poverty Law Center

Washington
Community Health Plan of Washington
Northwest Harvest

West Virginia
West Virginians for Affordable Health Care

Wisconsin
Children's Community Health Plan
Wisconsin Council of Churches

Wyoming
Foundation for the Episcopal Diocese of Wyoming