

Babies Need Access to Health Coverage



For the almost 4 million babies born each year in the United States, health care can mean the difference between a strong beginning and a fragile start.

Nearly 6 percent of children under age 3 living in families with low-incomes lack health insurance. Proposals to change the structure of Medicaid threaten to continue to undo decades of progress on young children's health and could prove devastating to the more than 5 million infants and toddlers covered by Medicaid and the Children's Health Insurance Program.

On average, 6 in 1,000 babies born in the U.S. will not survive to see their first birthday. Children's and mothers' access to health insurance during pregnancy and in the first months of life can be the difference between life and death, since coverage is linked to significant reductions in infant mortality, childhood deaths, and the incidence of low birthweight. Young children are more likely to rely on Medicaid than older children and would bear a disproportionate burden when funding is decreased. Additionally, repealing or using a block grant for expansion would leave many parents without coverage. Parents' ability to find and afford coverage affects their own health and ability to parent as well as the likelihood that their children will be covered.

States that have expanded Medicaid coverage for adults have seen significant increases in the number of babies that also receive that benefit. The largest increases in children with new coverage were those whose parents had recently received coverage as a part of their state expanding Medicaid. Together, Medicaid and the Children's Health Insurance Program (CHIP) cover more than 1/3 of all children, including more than half of all Black and Latino children.

Medicaid expansion and CHIP are critical to the health of babies and families because:

- Affordable health care means infants and toddlers can receive the critical services and treatment they need to build a strong foundation for their futures.
- Poverty is a strong predictor of developmental delays in children. Low-income and uninsured children are more likely than children from other income groups to have poor health and special health care needs. Yet these children are less likely to receive developmental screening.
- Babies need access to physical and mental health coverage that addresses the social determinants of health and developmental needs, including preventative care.

For more information, visit zerotothree.org/policy-and-advocacy/physical-health or contact policycenter@zerotothree.org.

The Hibbens Family (New Mexico)

Jessica's husband is a veteran and she enrolled in Medicaid when she was pregnant with their son, Rafe. Rafe was born with multiple disabilities and health issues. He is legally blind due to a neurologic condition, has mild hypotonia (low muscle tone), and is also nearly globally developmentally delayed. In trying to find the best care for her son, Jessica has engaged multiple medical professionals in their community and has traveled across states for providers not available in New Mexico. Without specialized medical care and early intervention services, Jessica would face even greater challenges finding and affording care for Rafe.

The Cox Family (Wisconsin)

Samuel's daughter was exposed to continuous trauma and stress when she was a baby. Consequently, Maya struggled emotionally and socially, especially in child care settings. Samuel has struggled to find the early childhood programs and child care centers with licensed special education and infant mental health-trained staff to support Maya's needs. Before he became eligible for health care coverage through his employer, Samuel paid out of pocket for the mental health support the family needed.

The Flores Family (Kentucky)

When he was born, Charlene's son, Avron, sustained a traumatic brain injury and ended up spending the next 3 weeks in the NICU. He has severe brain damage which has resulted in a seizure disorder, developmental delays, hypertonia, hypotonia, microcephaly, and visual impairment. While Avron got some services through early intervention, due to visit limits and other stipulations of the system, they are not able to get all the therapy he needs. To make the most of these first three years, they pay out of pocket for additional treatment for his developmental needs. The family has made four unsuccessful attempts to obtain Medicaid for Avron.