Underinsured Children Outnumber Uninsured

Fourteen million U.S. children lack adequate coverage and face problems with quality of care.

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Children who are underinsured outnumber uninsured children and are almost as likely as are uninsured children to have problems with health care access and quality, according to an analysis of 2007 data. Nearly a quarter of children with continuous health care coverage in 2007 did not have coverage adequate enough to provide access to appropriate services and providers, according to lead author Michael Kogan, Ph.D., of the Health Resources and Services Administration’s Maternal and Child Health Bureau, and his colleagues.

Dr. Kogan and his colleagues analyzed data collected from the 2007 National Survey of Children’s Health, which was conducted by random-digital-dial interviews with the parents or guardians of 91,642 children.

They found that in 2007, 19% (14.1 million) of all U.S. children were underinsured (continuous but inadequate coverage), while 5% (3.4 million) were uninsured, and 10% (7.6 million) were sometimes insured. In contrast, 66% (48.2 million) were fully insured.

Children with private insurance were twice as likely to be underinsured as those with public insurance, for example coverage under either Medicaid or a State Children’s Health Insurance Program (SCHIP), they wrote. Inadequate coverage of charges was the most common source of underinsurance, accounting for 12.1 million children.

Certain groups of insured children were more likely to be underinsured: those older than 6 years, Hispanic and black children, those in the Midwest, and those who had special health care needs.

Underinsured children had no access to a medical home on the same scale as their sometimes insured peers—55% and 58% respectively. Dr. Kogan and colleagues found a similar situation regarding access to specialty care: 26% of underinsured children had difficulty obtaining specialist care, compared with 29% of sometimes insured children and 25% of uninsured children.

While attention has been focused on the woes of adult underinsurance, less has been paid to childhood underinsurance, according to Dr. Kogan, who added that it is not clear whether the number of uninsured children has been on the rise over the years, because there are no similar studies for comparison.

As implementation of the Affordable Care Act continues, “it may be worth while to consider not only the number of uninsured children in the United States but also the adequacy of coverage for those with current insurance,” wrote Dr. Kogan and colleagues.

The study is limited in several ways, the authors wrote. Because the study design was cross-sectional, it is difficult to establish the direction of causality. In addition, the study excludes children in institutions. And, because the study is based on data collected in a phone survey, it is subject to biases, “including the exclusion of households without landlines.”

“What I would hope from policymakers is that they would be aware that this problem is more prevalent than the number companies threatened to drop child-only coverage options, citing concern about families who might enroll children only when they fall ill and drop coverage if their children are healthy.

The guidance allows insurers to limit families to specific periods of “open enrollment” when they can apply for insurance coverage for their children, rather than giving families the flexibility of applying throughout the year. The AAP is concerned that restricting families to an open-enrollment season prevents many vulnerable children from attaining health insurance when they need it. If a child becomes ill outside of the open-enrollment period, parents may have to wait for months to get the child coverage. The AAP hopes to work with the administration to make sure that children can access care when they need it, regardless of their health status or the time of year.

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