Access in Brief: Children's Experiences in Accessing Medical Care

In 2019, Medicaid and the State Children's Health Insurance Program (CHIP) covered more than 45 million children. These programs play an important role in providing health insurance to low-income children and children with disabilities who would otherwise face considerable financial barriers to health care (MACPAC 2020).

Medicaid and CHIP coverage has been associated with increased access to care and use of medical and dental services and improved health outcomes (Boudreaux et al. 2016; Howell and Kenney 2012). Further, the programs connect children to the health care system and improve access to screenings and early detection of health conditions (Paradise 2017). A recent long-term study of the effects of public health insurance programs shows that children with access to Medicaid and CHIP, and especially those with access before age five, have better health outcomes in adulthood and fewer health limitations and chronic conditions (Thompson 2017). Additionally, some studies have focused on how health service use changed for children covered by Medicaid and CHIP after the implementation of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended). For example, the number of insured children and annual well-child appointments increased more in states where Medicaid coverage was expanded for adults compared to children in non-expansion states (Venkataramani et al. 2017; Hudson and Moriya 2017).[1]

In this issue brief, we expand on the current literature on access to care for children. We used data from the 2019 National Health Interview Survey (NHIS) to compare the demographics, health status, and difficulties accessing care for children covered by Medicaid and CHIP compared to children who either have private insurance or are uninsured. We stratified the results by income to understand if individuals of similar income levels experience the same barriers regardless of coverage. We also stratified by age to understand how access and use differs by coverage type within each age group.

In our analysis, children covered by Medicaid and CHIP have high rates of having a usual source of care and access to routine care, including well-child visits, eye exams, and dental exams. For example, over 96 percent of children covered by Medicaid and CHIP reported having a wellness exam or seeing a doctor in the past 12 months. Estimates from 2014 indicate that 84 percent of children reported a well child visit or seeing a doctor (Cornachione et al. 2016; MACPAC 2015). In addition, fewer than 5 percent of children covered by Medicaid and CHIP reported delays in receiving medical care, dental care, and prescription medications due to cost. Similar findings of high rates of service use were observed for children covered by Medicaid and CHIP when stratifying by income and by age group.

Demographics

In 2019, Medicaid and CHIP provided coverage to about one-third of all children. Their demographic characteristics differ from those with private coverage and those without coverage (Table 1). Children covered by Medicaid and CHIP were more likely to be Hispanic compared to children covered by private insurance and more likely to be Black non-Hispanic compared to children covered by private insurance and uninsured children. They were also more likely to receive Special Supplemental Nutrition Program Women, Infants, and Children (WIC) benefits, income from public assistance, and Supplemental Nutrition Assistance Program (SNAP) benefits than children with private insurance.

TABLE 1. Demographic and Socioeconomic Characteristics of Children Age 0-18 by Insurance Status, 2019

Demographic characteristics	Percentage of children age 0-18			
	Total	Medicaid/ CHIP	Private	Uninsured
Total (all children 0-18)		34.9%	56.0%*	5.2%*
Age				
0-5	30.4%	34.1	28.4*	27.2*
6-11	31.3	31.8	31.0	29.5
12-18	38.3	34.1	40.6*	43.3*
Sex				
Male	51.1	51.8	50.5	50.5
Female	48.9	48.2	49.5	49.9
Race and ethnicity				
Hispanic	25.6	38.4	16.4*	38.2
White, non-Hispanic	51.8	32.3	64.5*	44.4*
Black, non-Hispanic	12.7	20.6	8.4*	8.1*
Native Indian, non-Hispanic	—	—	—	—
Asian, non-Hispanic	4.3	2.7	5.6*	—
Other single and multiple races, non-Hispanic	5.5	6.0	5.1	6.9
Family income as percent of FPL[2]				
Less than 100% FPL	18.6	42.4	3.7*	20.8*
Less than 138% FPL	26.8	58.1	6.8*	34.1*
100-199% FPL	23.6	37.9	—	33.3
200-399 % FPL	30.2	—	38.7*	34.7
400% FPL or higher	28.1	—	—	—
Use of other services				
WIC	12.6	28.0	3.3*	9.6*
Income from public assistance	6.0	13.9	1.3*	—
SNAP (self or any family member)	19.3	46.4	3.5*	12.0*
Ever received special education[1]	12.6	15.8	10.8*	9.0*

Notes: FPL is federal poverty level. SSI is Supplemental Security Income. SSDI is Social Security Disability Insurance. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent. Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics. Multiple imputation was used to address nonresponse for income, for this reason, the estimates presented in this table differ slightly from those estimates presented in MACStats using the 2019 NHIS data. Ever received special education in the 2019 NHIS is defined "as ever had a special education or early intervention plan, such as an Individualized Family Service Plan."
* Difference from Medicaid is statistically significant at the 0.05 level.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
[1] Information is limited to children age 0-17.
Source: MACPAC, 2021, analysis of NHIS, 2019.

Health status

In 2019, children covered by Medicaid and CHIP were less likely to report having very good or excellent health compared to children with private insurance and children without insurance (Table 2). Additionally, a greater share of Medicaid and CHIP enrollees reported having chronic conditions and disabilities than those with private coverage.

TABLE 2. Selected Health Measures of Children Age 0-18 by Insurance Status, 2019

Demographic characteristics	Percentage of children age 0-18			
	Total	Medicaid/ CHIP	Private	Uninsured
Self-reported health status				
Very good/excellent	87.1%	79.2%	91.8%*	87.0%*
Good	10.0	15.4	6.6*	10.5*
Fair/poor	3.0	5.4	1.5*	–
Conditions over lifetime				
ADD/ADHD[1]	8.2	10.2	7.0*	5.6*
Asthma	10.7	14.3	8.9*	6.3*
Autism[1]	2.7	3.4	2.3*	–
Developmental delay[2]	4.7	6.3	3.8*	–
Diabetes	0.4	–	0.4	–
Intellectual disability[2]	1.5	2.6	0.9*	–

Notes: ADD is attention deficit disorder. ADHD is attention deficit hyperactivity disorder.
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Information is limited to children age 2-17.
[2] Information is limited to children age 0-17.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Obtaining medical care

In 2019, almost all children covered by Medicaid and CHIP had a usual source of care. They were more likely than uninsured children to have a usual source of care (96.9 percent compared to 81.7 percent) and to report receiving their care at a doctor's office or health center (94.9 percent compared to 89.2 percent) (Table 3).

Children covered by Medicaid and CHIP were as likely as children covered by private insurance to have had a well-child visit and dental exam in the past year. Moreover, they were significantly more likely than uninsured children to have had a well-child visit (97.6 percent compared to 85.3 percent) and to have had a dental exam (84.3 percent compared to 60.0 percent). They were also significantly more likely than those with private insurance (10.1 percent compared to 8.2 percent) and those who were uninsured (10.1 percent compared to 5.2 percent) to have seen or talked to a mental health professional in the past 12 months.

TABLE 3. Usual Source of Care for Children Age 0-18 by Insurance Status, 2019

Access and utilization measures	Percentage of children age 0-18			
	Total	Medicaid	Private	Uninsured
Has usual source of care	97.0%	96.9%	98.4%*	81.7%*
Type of usual source of care				
Doctor's office or health center[1]	95.7	94.9	96.8*	89.2*
Urgent care center or clinic in a drug store or grocery store	4.2	5.1	3.1*	9.5*
Health care access in the past 12 months				
Seen a doctor	95.2	96.0	96.2	80.1*
Well child visit	96.5	97.6	96.8	85.3*
Dental exam[2]	83.8	84.3	85.7	60.0*
Seen or talked to mental health professional[3]	8.7	10.1	8.2*	5.2*
Eye exam	44.3	42.4	46.3*	31.1*
Had at least one overnight hospital stay[2]	2.7	4.2	1.9*	–
Received care at home	1.3	1.7	1.1	–
At least one emergency room visit	18.1	25.1	13.6*	15.4*

Notes:
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Includes a Veterans Affairs (VA) medical center or VA outpatient clinic.
[2] Information is limited to children age 0-17.
[3] Information is limited to children age 2-17.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Children covered by Medicaid and CHIP had similarly low rates of delayed care in the past 12 months in comparison to children with private coverage (Table 4). For example, fewer than 1 percent of children

covered by Medicaid and CHIP and those covered by private insurance reported delaying medical care or not getting medical care or prescriptions due to the cost of care.

Children covered by Medicaid and CHIP were significantly less likely than uninsured children to delay medical care (0.9 percent compared to 14.7 percent), dental care (4.1 percent compared to 27.5 percent), and not get needed prescription medications (1.1 percent compared to 4.2 percent), due to cost.

TABLE 4. Selected Measures of Delayed Care for Children Age 0-18 by Insurance Status, 2019

Delayed care measures	Percentage of children age 0-18			
	Total	Medicaid/ CHIP	Private	Uninsured
Delayed medical care in past 12 months				
Delayed medical care due to cost	1.4%	0.9%	0.6%	14.7%*
Needed medical care but did not get due to cost	1.2	0.9	0.6	11.4*
Needed prescription medications but did not get due to cost	1.1	1.1	0.8	4.2*
Delayed dental care due to cost[1]	5.2	4.1	3.9	27.5*
Needed dental care but did not get it due to cost[1]	4.0	3.7	2.7	19.4*
Delayed counseling/therapy due to cost[2]	1.1	1.1	0.9	3.8*

Notes:
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Information is limited to children age 1-18.
[2] Information is limited to children age 2-18.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Comparison by income

In the analyses below, the children were stratified into two household income categories, above and below 138 percent FPL.[3] Lower income children generally have poorer health and more financial and social barriers to receiving care. For example, these families have less ability to pay for cost sharing, less access to transportation, and less flexibility to take time off work to bring children to appointments (MACPAC 2015, 2012).

Health care access. Regardless of household income, almost all of children in Medicaid and CHIP had a usual source of care in 2019. Over 95 percent of children in both income groups with Medicaid or CHIP and with private insurance reported having seen a doctor and having a well-child visit. However, uninsured children had lower rates of health care service use. Children with Medicaid or CHIP were significantly more likely than uninsured children to report having had any of the selected health care access visits in the past 12 months (Table 5).

In both income groups, children covered by Medicaid and CHIP had high rates of access to care. They also reported significantly higher rates of health care use compared to those with private insurance and those who were uninsured. In households with incomes less than or equal than 138 percent FPL, children covered by Medicaid and CHIP were more likely than those covered by private insurance (84.8 percent

compared to 76.9 percent) and uninsured children (84.8 percent compared to 42.5 percent) to have had a dental exam. They were also significantly more likely to have seen a doctor or have had a well-child visit compared to uninsured children (96.3 percent compared to 72.4 percent and 97.8 percent compared to 80.0 percent, respectively). In households with incomes greater than 138 percent FPL, children covered by Medicaid and CHIP were more likely to have seen or talked to a mental health professional than those covered by private insurance (10.5 percent compared to 8.3 percent) and uninsured children (10.5 percent compared to 5.5 percent).

TABLE 5. Selected Health Care Access Measures for Children Age 0-18 by Insurance Status and Income, 2019

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
Has a usual source of care	97.2%	94.5%	74.2%*	96.5%	98.6%*	85.6%*
Type of usual source of care						
Doctor's office or health center[1]	94.4	94.6	86.8	95.6	96.9	90.3*
Urgent care center or clinic in a drug store or grocery store	5.5	–	–	4.4	3.0	8.2*
Health care access in the past 12 months						
Seen a doctor	96.3	96.3	72.4*	95.5	96.2	84.1*
Well child visit	97.8	96.9	80.0*	97.3	96.8	88.0*
Dental exam[2]	84.8	76.9*	42.5*	83.6	86.3	69.0*
Seen or talked to mental health professional[3]	9.9	6.5	–	10.5	8.3*	5.5*
Eye exam	42.8	47.6	26.1*	41.7	46.2*	33.7*
Had at least one overnight hospital stay[2]	4.2	–	–	4.2	1.9*	–
Received care at home	1.4	–	–	2.1	1.1*	–
At least one emergency room visit	25.6	20.0*	15.2*	24.2	13.2*	15.5*

Notes: FPL is federal poverty level.
* Difference from Medicaid is statistically significant at the 0.05 level.
1 Includes a Veterans Affairs (VA) medical center or VA outpatient clinic.
2 Information is limited to children age 0-17.
3 Information is limited to children age 2-17.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Delayed medical care. Within both income groups, relatively few (fewer than 5 percent) children covered by Medicaid and CHIP delayed accessing medical care, dental care, and prescription medications (Table 6). When comparing within income categories, the rates of delayed care were significantly lower for children covered by Medicaid and CHIP compared to uninsured children.

TABLE 6. Selected Unmet Need Measures for Children Age 0-18 by Insurance Status and Income Category, 2019

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid/ CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured
Delayed medical care in past 12 months						
Delayed medical care due to cost	0.9%	–	21.4%*	1.0%	0.5%	11.3%*
Needed medical care but did not get due to cost	0.9	–	16.5*	0.9	0.5	8.7*
Needed prescription medications but didn't get due to cost	1.4	–	7.8*	–	0.7	–
Delayed dental care due to cost[1]	4.1	7.1	35.5*	4.0	3.7	23.3*
Needed dental care but did not get it due to cost[1]	4.0	–	26.3*	3.3	2.6	15.7*
Delayed counseling/therapy due to cost[2]	1.0	–	–	1.2	0.9	–

Notes: FPL is federal poverty level.
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Information is limited to children age 1-18.
[2] Information is limited to children age 2-18.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Comparison by age

The recommended periodicity of preventive health services, developmental and behavioral health screenings, and physical examinations and the types of recommended services varies by age (AAP 2021). Given these differences, we stratified by age (0-4 years, 5-11 years, and 12-18 years) to compare access and service use by insurance coverage. In 2019, rates of usual source of care and health care access were high among all age groups for children with Medicaid or CHIP and children with private insurance. However, the rates of access were significantly lower for uninsured children compared to children with Medicaid or CHIP.

Usual source of care. Virtually all (96 percent) children in all three age groups with Medicaid or CHIP reported having a usual source of care, significantly higher than uninsured children (Table 7). For children age 0-4 and 5-11 with Medicaid or CHIP, the rate of usual source of care was statistically lower than rates for children with private insurance (97.3 percent compared to 98.9 percent and 97.1 percent compared to 98.7 percent, respectively), although such differences may not be meaningful given the high rates overall.

TABLE 7. Usual Source of Care for Children Age 0-18 by Insurance Status and Age, 2019

Access and utilization measures	Age 0-4			Age 5-11			Age 12-18		
	Medicaid /CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured
Has a usual source of care	97.3%	98.9%*	82.9%*	97.1%	98.7%*	84.7%*	96.4%	97.7%	78.7%*
Type of usual source of care									
Doctor's office or health center[1]	97.4	98.5	95.5	94.9	96.9*	85.9*	92.6	95.6*	88.7
Urgent care center or clinic in a drug store or grocery store	2.6	1.5	–	5.0	3.1	14.1*	7.2	4.2*	8.3

Notes: FPL is federal poverty level.
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Includes a VA Medical Center or VA outpatient clinic.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Health care access. Children in all three age groups with Medicaid or CHIP reported high rates of access to health services in the past 12 months, and the rates within each age group were often similar to those with private insurance (Table 8). Over 90 percent of children in all three age groups with Medicaid or CHIP and with private insurance reported having seen a doctor and having a well-child visit. Additionally, over 90 percent of children age 5-11 and age 12-18 with Medicaid or CHIP reported having a dental exam. In contrast, children in all three age groups with Medicaid or CHIP reported significantly higher rates of seeing a doctor, having a wellness visit, and having a dental exam compared to uninsured children.

TABLE 8. Selected Measures of Health Care Access for Children Age 0-18 by Insurance Status and Age, 2019

Access and utilization measures	Age 0-4			Age 5-11			Age 12-18		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
Health care access in the past 12 months									
Seen a doctor	98.3%	99.0%	85.8%*	96.0%	96.2%	80.3%*	94.1%	94.5%	77.0%*
Well child visit	98.5	98.9	85.0*	97.9	96.4*	88.7*	96.4	95.9	82.7*
Dental exam[1]	62.9	56.3*	39.2*	92.0	94.0	71.4*	90.2	92.4	58.1*
Seen or talked to mental health professional[2]	–	–	–	9.7	6.7*	–	14.4	12.1	6.9*
Eye exam	17.4	16.5	–	50.9	50.9	38.4*	53.6	59.9*	38.1*
Had at least one overnight hospital stay[2]	4.5	2.4*	–	3.0	1.5*	–	5.3	1.9*	–
Received care at home	3.4	2.3	–	–	–	–	1.3	0.7	–
At least one emergency room visit	30.5	18.3*	19.2*	22.7	11.9*	10.8*	23.1	12.5*	17.2

Notes: FPL is federal poverty level.
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Information is limited to children age 1-18.
[2] Information is limited to children age 2-18.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Delayed care. For the measures that can be reported, children with Medicaid and CHIP and with private insurance in all three age groups reported extremely low rates of delayed care due to cost. Children with Medicaid and CHIP were significantly less likely to delay care for all of the selected measures of unmet need compared to uninsured children across all age groups. For example, among all three age groups, children covered by Medicaid and CHIP were significantly less likely than uninsured children to delay dental care due to cost. For older children (age 5-18), children covered by Medicaid and CHIP were also significantly less likely to forgo needed dental care due to cost than uninsured children.

TABLE 9. Selected Measures of Unmet Need for Children Age 0-18 by Insurance Status and Age, 2019

Access and utilization measures	Age 0-4			Age 5-11			Age 12-18		
	Medicaid /CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured
Delayed medical care in past 12 months									
Delayed medical care due to cost	–	–	13.5%	–	–	12.0%	1.2%	0.7%	17.5%*
Delayed dental care due to cost[1]	2.7%	2.6%	27.7*	4.6%	4.2%	21.8*	4.4	4.3	32.0*
Needed dental care but did not get it due to cost[1]	–	–	–	4.0	3.1	16.6*	5.2	3.0*	23.8*
Delayed counseling/therapy due to cost[2]	–	–	–	1.4	0.7	–	1.1	1.4	–

Notes: FPL is federal poverty level. Some selected measures excluded due to too few estimates by insurance status and age group.
* Difference from Medicaid is statistically significant at the 0.05 level.
[1] Information is limited to children age 1-18.
[2] Information is limited to children age 2-18.
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.
Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

Data and Methods

Data for this report come from the 2019 NHIS. The data were collected continuously throughout the year for the Centers for Disease Control and Prevention's National Center for Health Statistics by the U.S. Census Bureau. The NHIS collects information about the heath and health care of the U.S. civilian non-institutionalized population. Interviews are conducted at respondents' homes, and follow-up interviews may be conducted by phone.

All differences discussed in the text of this report were computed using Z-tests and are significant at the 0.05 level.

Insurance Coverage

Coverage source is defined as of the time of the survey interview. Because an individual may have multiple coverage sources and because sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this report.

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored program. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, CHIP, Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

Endnotes

[1] The Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) expanded eligibility to adults with incomes up to 133 percent of the federal poverty level (FPL). Originally a requirement, the June 2012 Supreme Court ruling effectively made the Medicaid expansion an option. In addition to a number of other changes to Medicaid, the ACA set a single income eligibility disregard equal to 5 percentage points of the FPL. For this reason, eligibility is often referred to at its effective level of 138 percent FPL, even though the federal statute specifies 133 percent FPL. Starting in 2014, states could expand to cover adults with incomes up to 138 percent of the FPL, a group of adults that were previously ineligible for coverage. As of August 2021, 38 states and the District of Columbia had expanded Medicaid coverage (MACPAC 2021).

[2] Families with household income equal to and below 100 percent FPL and households with income equal to or below 138 percent FPL are both reported in Table 1. The first category is reported along with three other FPL ranges to show the share of households with different ranges of incomes for Medicaid beneficiaries, adults covered by private insurance, and adults without insurance coverage. The category with household income equal to and below 138 percent FPL is also reported to show the share of adults below the expanded eligibility income level at its effective level of 138 percent FPL. This FPL is later used when stratifying adults by both income level and insurance status.

[3] In addition to a number of other changes to Medicaid, the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) set a single income eligibility disregard equal to 5 percentage points of the FPL. For this reason, eligibility is often referred to at its effective level of 138 percent FPL, even though the federal statute specifies 133 percent FPL.

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