

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 9
(I-26)

Introduced by: Justin Magrath, MD, PhD

Subject: Ensuring Continuous, Universal Health Coverage for Children and Young Adults

Referred to: Reference Committee

1 Whereas, access to comprehensive, affordable health care is essential to the health,
2 development, and well-being of children and young adults¹; and
3

4 Whereas, 4.6 million children were uninsured in 2024, an 18% increase from 3.9 million in
5 2022²; and
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7 Whereas, children who lack health insurance or experience interruptions in coverage are at
8 increased risk of delayed preventive care, missed medical appointments, unmet health care
9 needs, and poorer health outcomes³⁻⁴; and
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11 Whereas, children who are Hispanic/Latino (9.7%) or American Indian/Alaska Native (12.4%)
12 are more likely to lack health insurance coverage than their white peers (4.9%)²; and
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14 Whereas, disparities in health insurance coverage and access to care contribute to inequities in
15 health outcomes among children and young adults^{3,5}; and
16

17 Whereas, children and young adults may experience gaps in health insurance coverage
18 because of changes in family income, parental employment, changes in eligibility, administrative
19 barriers, or transitions between public and private insurance programs^{6,7}; and
20

21 Whereas, administrative complexity and the need for families to repeatedly apply for or renew
22 health coverage can create barriers to timely access to necessary medical care⁸; and
23

24 Whereas, continuous health insurance coverage facilitates access to preventive services,
25 immunizations, developmental screening, chronic disease management, behavioral health
26 services, and timely treatment of acute and complex medical conditions^{2,9-10}; and
27

28 Whereas, legislation known as the MediKids Act would establish universal Medicaid eligibility for
29 individuals from birth through age 26, with automatic enrollment and continuous eligibility,
30 regardless of family income or health status¹¹; and
31

32 Whereas, ensuring health coverage from birth through young adulthood would provide children
33 and families with greater continuity of care and reduce disruptions in established relationships
34 between patients and their physicians¹²⁻¹³; and
35

36 Whereas, automatic enrollment in health coverage can reduce administrative barriers and help
37 ensure that eligible children do not become uninsured because their families are unable to
38 navigate complex enrollment and renewal processes¹⁴; and

Whereas, while the AMA “acknowledges that enjoyment of the highest attainable standard of health, in all its dimensions, including health care is a basic human right” (H-65.960) and supports efforts to expand access to children through Medicaid and CHIP (H-290.982, D-290.985, H-290.951, H-290.971), it has not established a plan to ensure universal coverage for children and young adults; therefore be it

RESOLVED, that our American Medical Association support federal and state policies that ensure automatic enrollment and continuous, comprehensive, affordable health insurance coverage for all individuals from birth through age 26, including through automatic Medicaid eligibility, regardless of family income, immigration status, health status, or changes in family circumstances.

Fiscal Note: Minimal

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RELEVANT AMA POLICY

Health, In All Its Dimensions, Is a Basic Right H-65.960

1. Our American Medical Association acknowledges that enjoyment of the highest attainable standard of health, in all its dimensions, including health care is a basic human right.
2. Our AMA acknowledges that the provision of health care services as well as optimizing the social determinants of health is an ethical obligation of a civil society.

Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982

1. Our American Medical Association urges that Medicaid reform not be undertaken in isolation, but rather in conjunction with broader health insurance reform, in order to ensure that the delivery and financing of care results in appropriate access and level of services for low-income patients.

2. Our AMA encourages physicians to participate in efforts to enroll children in adequately funded Medicaid and State Children's Health Insurance Programs using the mechanism of "presumptive eligibility," whereby a child presumed to be eligible may be enrolled for coverage of the initial physician visit, whether or not the child is subsequently found to be, in fact, eligible.
3. Our AMA encourages states to ensure that within their Medicaid programs there is a pluralistic approach to health care financing delivery including a choice of primary care case management, partial capitation models, fee-for-service, medical savings accounts, benefit payment schedules and other approaches.
4. Our AMA calls for states to create mechanisms for traditional Medicaid providers to continue to participate in Medicaid managed care and in State Children's Health Insurance Programs.
5. Our AMA calls for states to streamline the enrollment process within their Medicaid programs and State Children's Health Insurance Programs by, for example, allowing mail-in applications, developing shorter application forms, coordinating their Medicaid and welfare (TANF) application processes, and placing eligibility workers in locations where potential beneficiaries work, go to school, attend day care, play, pray, and receive medical care.
6. Our AMA urges states to administer their Medicaid and SCHIP programs through a single state agency.
7. Our AMA strongly urges states to undertake, and encourages state medical associations, county medical societies, specialty societies, and individual physicians to take part in, educational and outreach activities aimed at Medicaid-eligible and SCHIP-eligible children. Such efforts should be designed to ensure that children do not go without needed and available services for which they are eligible due to administrative barriers or lack of understanding of the programs.
8. Our AMA supports requiring states to reinvest savings achieved in Medicaid programs into expanding coverage for uninsured individuals, particularly children. Mechanisms for expanding coverage may include additional funding for the SCHIP earmarked to enroll children to higher percentages of the poverty level; Medicaid expansions; providing premium subsidies or a buy-in option for individuals in families with income between their state's Medicaid income eligibility level and a specified percentage of the poverty level; providing some form of refundable, advanceable tax credits inversely related to income; providing vouchers for recipients to use to choose their own health plans; using Medicaid funds to purchase private health insurance coverage; or expansion of Maternal and Child Health Programs. Such expansions must be implemented to coordinate with the Medicaid and SCHIP programs in order to achieve a seamless health care delivery system, and be sufficiently funded to provide incentive for families to obtain adequate insurance coverage for their children.
9. Our AMA advocates consideration of various funding options for expanding coverage including, but not limited to: increases in sales tax on tobacco products; funds made available through for-profit conversions of health plans and/or facilities; and the application of prospective payment or other cost or utilization management techniques to hospital outpatient services, nursing home services, and home health care services.
10. Our AMA calls for CMS to develop better measurement, monitoring, and accountability systems and indices within the Medicaid program in order to assess the effectiveness of the program, particularly under managed care, in meeting the needs of patients. Such standards and measures should be linked to health outcomes and access to care.
11. Our AMA supports innovative methods of increasing physician participation in the Medicaid program and thereby increasing access, such as plans of deferred compensation for Medicaid providers. Such plans allow individual physicians (with an individual Medicaid number) to tax defer a specified percentage of their Medicaid income.
12. Our AMA supports increasing public and private investments in home and community-based care, such as adult day care, assisted living facilities, congregate living facilities, social health maintenance organizations, and respite care.
13. Our AMA supports allowing states to use long-term care eligibility criteria which distinguish between persons who can be served in a home or community-based setting and those who can only be served safely and cost-effectively in a nursing facility. Such criteria should include measures of functional impairment which take into account impairments caused by cognitive and mental disorders and measures of medically related long-term care needs.
14. Our AMA supports buy-ins for home and community-based care for persons with incomes and assets above Medicaid eligibility limits; and providing grants to states to develop new long-term

care infrastructures and to encourage expansion of long-term care financing to middle-income families who need assistance.

15. Our AMA supports efforts to assess the needs of individuals with intellectual disabilities and, as appropriate, shift them from institutional care in the direction of community living.
16. Our AMA supports case management and disease management approaches to the coordination of care, in the managed care and the fee-for-service environments.
17. Our AMA urges CMS to require states to use its simplified four-page combination Medicaid / Children's Health Insurance Program (CHIP) application form for enrollment in these programs, unless states can indicate they have a comparable or simpler form.
18. Our AMA urges CMS to ensure that Medicaid and CHIP outreach efforts are appropriately sensitive to cultural and language diversities in state or localities with large uninsured ethnic populations.
19. To prevent a delay in care, our AMA supports favoring the treating physician's judgment if the reviewing physician is not available.

Protecting Children, Adolescents and Young Adults in Medicaid and the State Children's Health Insurance (SCHIP) Program D-290.985

1. Our American Medical Association will actively encourage state and county medical societies to advocate for initiatives to ensure that all eligible children, adolescents, and young adults are enrolled in Medicaid and SCHIP.
2. Our AMA will advocate for federal and state funding for Medicaid and SCHIP so that funding is sufficient to support enrollment of and provision of necessary services to all eligible children, adolescents, and young adults.
3. Our AMA will encourage state and county medical societies to work to ensure that services to children, adolescents, and young adults meet Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Standards.

Preservation of Medicaid H-290.951

1. Our American Medical Association elevates Medicaid to an urgent and top legislative advocacy priority alongside Medicare payment reform, specifically advocating for maintaining and expanding Medicaid coverage, access, federal funding, and eligibility.
2. Our AMA strongly opposes federal and state efforts to restrict eligibility, coverage, access, and funding for Medicaid and the Children's Health Insurance Program (CHIP).

Expanding Enrollment for the State Children's Health Insurance Program (SCHIP) H-290.971

Our American Medical Association continues to support:

- a. Health insurance coverage of all children as a strategic priority.
- b. Efforts to expand coverage to uninsured children who are eligible for the State Children's Health Insurance Program (SCHIP) and Medicaid through improved and streamlined enrollment mechanisms.
- c. The reauthorization of SCHIP in 2007.
- d. Supports the use of enrollment information for participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and/or the federal school lunch assistance program as documentation for SCHIP eligibility in order to allow families to avoid duplication and the cumbersome process of re-documenting income for child health coverage.

Increasing Coverage for Children H-165.877

Our American Medical Association : (1) supports appropriate legislation that will provide health coverage for the greatest number of children, adolescents, and pregnant people; (2) recognizes incremental levels of coverage for different groups of the uninsured, consistent with finite resources, as a necessary interim step toward universal access; (3) places particular emphasis on advocating policies and proposals designed to expand the extent of health expense coverage protection for presently uninsured children and recommends that the funding for this coverage should preferably be used to allow these children, by their parents or legal guardians, to select private insurance rather than being placed in Medicaid programs; (4) supports, and encourages state medical associations to support, a requirement by all states that all insurers in that jurisdiction make available for purchase individual and group health expense coverage solely for children up to age 18; (5) encourages state medical associations to support study by their states of the need to extend coverage under such children's policies to the age of 23; (6)

seeks to have introduced or support federal legislation prohibiting employers from conditioning their provision of group coverage including children on the availability of individual coverage for this age group for direct purchase by families; (7) advocates that, in order to be eligible for any federal or state premium subsidies or assistance, the private children's coverage offered in each state should be no less than the benefits provided under Medicaid in that state and allow states flexibility in the basic benefits package; (8) advocates that state and/or federal legislative proposals to provide premium assistance for private children's coverage provide for an appropriately graduated subsidy of premium costs for insurance benefits; (9) supports an increase in the federal and/or state sales tax on tobacco products, with the increased revenue earmarked for an income-related premium subsidy for purchase of private children's coverage; (10) advocates consideration by Congress, and encourage consideration by states, of other sources of financing premium subsidies for children's private coverage; (11) supports and encourages state medical associations and local medical societies to support, the use of school districts as one possible risk pooling mechanism for purchase of children's health insurance coverage, with inclusion of children from birth through school age in the insured group; (12) supports and encourages state medical associations to support, study by states of the actuarial feasibility of requiring pure community rating in the geographic areas or insurance markets in which policies are made available for children; and (13) encourages state medical associations, county medical societies, hospitals, emergency departments, clinics and individual physicians to assist in identifying and encouraging enrollment in Medicaid of the estimated three million children currently eligible for but not covered under this program.