

medicaid and the uninsured

January 2009

Turning to Medicaid and SCHIP in an Economic Recession: Conversations with Recent Applicants and Enrollees

Executive Summary

This past November, the U.S. lost over half a million jobs, the largest one-month drop in employment in 34 years. These latest data bring the total number of jobs lost in 2008 to 1.9 million. When workers lose their jobs, most also lose the health insurance that covers them and often their families. The loss of income and health coverage associated with rising unemployment causes more families to turn to safety-net programs like Medicaid and the State Children's Health Insurance Program (SCHIP) for health coverage.

The Kaiser Commission on Medicaid and the Uninsured, in partnership with Lake Research Partners, recently undertook a focus group study in five cities to examine the impact of these recession-driven dynamics at the family level. The study reveals the sharp effects of the financial reversals that families across the nation are experiencing, and illuminates the role of Medicaid and SCHIP during a downturn.

Many families recently seeking Medicaid or SCHIP coverage had a secure workforce attachment, steady income, and health coverage until they lost their jobs in the recession. The rising number of American families in this situation have few if any health insurance options in the private market. Most who lose their jobs cannot afford the premiums to extend their employer-based coverage through COBRA. Purchasing private insurance on their own is not feasible either – or the insurance has such high deductibles that it is not helpful in covering their family's medical costs. Families report that lacking coverage has serious adverse consequences for their already strained finances and deters them from obtaining health care because they cannot afford it. For some with chronic illnesses, going without care poses grave risks to their health and, ultimately, to their ability to provide for their families. Medicaid and SCHIP are often the only possible sources of health coverage for these newly uninsured families.

As a new Administration and Congress consider early steps to address the nation's economic and health crises, this study highlights the contribution that Medicaid and SCHIP make to recovery efforts. Speedy reauthorization of SCHIP and federal fiscal relief to states can help these programs improve their capacity to fill widening gaps in coverage. Some ways to provide more assistance in hard economic times include:

- Increasing the number of enrollment specialists in state and county offices to meet the growing demand for Medicaid and SCHIP;
- Expanding enrollment settings to include locations other than social services offices, and streamlining enrollment to make it easier for eligible families to obtain Medicaid and SCHIP;
- Broadening Medicaid and SCHIP outreach to settings like job centers, unemployment offices, schools, etc. to reach the larger universe of families likely to be eligible due to the recession;
- Expanding Medicaid and SCHIP eligibility so that parents can qualify along with their children;
- Disregarding unemployment benefits when determining income so that families are not disqualified for this reason; and
- Providing six months of emergency Medicaid or SCHIP for families who become uninsured due to job loss, to help with the transition from employer-based coverage and give relief from COBRA's unaffordable premiums.

Introduction

This past November, the U.S. lost over half a million jobs, the largest one-month drop in employment in 34 years. These latest data bring the total number of jobs lost in 2008 to 1.9 million, and some experts say that the current economic recession is more serious than the past two major U.S. recessions. When workers lose their jobs, not only do they lose their livelihood, but most also lose the health insurance that covers them and often their families. The loss of income and health coverage associated with rising unemployment causes more families to turn to safety-net programs like Medicaid and the State Children's Health Insurance Program (SCHIP) for health coverage. An analysis issued by the Kaiser Family Foundation estimates that a one percentage point increase in the nation's unemployment rate causes 1.1 million more people to become uninsured and 1 million more to enroll in the Medicaid program.

The purpose of this study is to examine the impact of the sudden financial reversals that families across the country are experiencing, and to help illuminate the role that Medicaid and SCHIP play during an economic downturn. Many families recently seeking Medicaid or SCHIP coverage have not previously had any contact with these programs or other public assistance. Until they lost their jobs in the recession, they had a secure attachment to the workforce, steady income, and health coverage.

This research was conducted by the Kaiser Commission on Medicaid and the Uninsured in partnership with Lake Research Partners, who convened and moderated the focus groups.

Methods

This report is based on discussions from five focus groups held during October-December 2008 in five cities: Bridgeport, CT; Charlotte, NC; Cincinnati, OH; Baltimore, MD and Las Vegas, NV. The focus group participants were recruited for the project by community-based organizations in each community. In all, 33 adults participated in the focus groups and shared their stories.

Most of the focus group participants had lost their jobs within the last nine months and had also lost their employer-sponsored health coverage. All had recently applied for Medicaid or SCHIP for some or all members of their family. Most had no previous experience with either health coverage program. A large majority of the participants were parents of children under age 18; three were pregnant with their first child. Four of the participants were adults without dependent children.

Findings

A. Impact of the Economic Downturn

Families are reeling from the suddenness of their financial problems.

The families in this study are experiencing drastic changes in their lives due to the recession. They have lost not only their jobs and income, but also health coverage, cars, and in some cases, their homes. They are juggling bills, paying some and skipping others each month. Most are desperately looking for full-time work but cannot find anything. A few have found part-time, temporary, or occasional jobs, but the income they are able to earn is not nearly enough. Many have been forced to move to less expensive housing and some have moved in with other members of their family. Two participants' homes are in foreclosure and others say they are headed in that direction. One family is living in a shelter. All are stressed and anxious. They are having difficulty adjusting to the suddenness and severity of the decline in their economic circumstances. Just twelve months ago, few could have predicted their current situation.

“The first I have ever experienced any kind of depression is actually today. I think it has to do with the holidays coming up. I have two young kids and they are in the Santa phase. I had to sit them down today. I felt uneasy because they are nine and six. I felt like I was explaining some adult problems to them that I didn't really want them to have to deal with.”

Participant from Baltimore

Most had thought they were in secure jobs.

A number of the focus group participants worked in large, stable companies, including *AT&T*, *Ford Motor Company*, *DHL*, *American Airlines* and others. “I was working before at *Sprint*. I had full insurance. When I lost my job, I found out I was pregnant, so I was worried,” explained a Charlotte participant. None of the participants lost their jobs because of performance; they took pride in their professionalism. Many had worked for five, ten, or fifteen or more years for the same large company, and lost their jobs when the company downsized, moved locations, or shut down. Others worked for small companies or were self-employed. A few were skilled tradesmen whose steady work dried up when the real estate and construction industries faded. Most of the participants had progressed continuously in their careers and never thought they would experience a protracted period of joblessness.

“Most of us did not [ever] need help from the state...I do not even know where to go for help...”

Participant from Las Vegas

Families are struggling to adapt to sharply reduced circumstances.

All of the families are under pressure to pay bills – mortgage or rent, food, electric, gas, telephone, car payments, credit cards, school loans, cable. “I find that I have put myself in tremendous debt to get these degrees just to find I can’t get a job,” commented a Baltimore participant. Many have medical debt, some of it incurred since the family lost health coverage. Some have medical and other debt amounting to tens of thousands of dollars. Families are doing all they can to reduce their expenses – they are keeping room temperatures low, washing clothes in cold water, cutting back on spending for groceries, and dropping cable subscriptions. But these measures are not remotely enough to mitigate the financial pressures weighing on them. Many have had to sell cars, move into smaller apartments or in with family, skip food in order to pay for medicine, and apply for public assistance, including Food Stamps, Medicaid or SCHIP, WIC, and energy assistance (LIHEAP).

“We couldn’t afford the heating oil to heat our house any more. We had [to move]. It makes me want to cry.”

Participant from Cincinnati

“Just watching every single penny. Cutting back in every way.”

Participant from Charlotte

Some families are in economic crisis.

Fifteen or so of the families in this study are in urgent need of assistance. Several are facing housing crises. Two stated that their homes were in foreclosure because they had missed mortgage payments. “[We are] going to have a foreclosure sale [on our home] on December 4th. I’m trying to work with my mortgage company. I’m going to ask them tomorrow if I can stay until after the holidays,” said one of the Cincinnati participants. Two other participants fear they could lose their homes soon. One family is already living in a shelter.

“I had to move. I am actually in the shelter... me and my kids are. I used to make \$80,000 a year.”

Participant from Cincinnati

Health is also a front-burner problem. One individual had been hospitalized due to effects of the stress of being unemployed. Loss of cars emerged as a major problem, leaving families without transportation for work, job-seeking, and other needs. One participant had his car repossessed soon after he lost his job and two more are likely to lose their cars soon because of missed payments.

In addition to those already in crises, another five or six predict similar consequences – foreclosure, cars repossessed, moving in with family or out of state – unless something changes soon. Most participants feel they are in free fall and do not know how low they will sink.

Unemployment benefits are running out, and help from family and others is not enough.

Many participants are receiving unemployment benefits, which have enabled them to stay in their homes, keep their cars, and pay bills. They are thankful for this assistance but say that it

is not enough. A few have already exhausted their eligibility for unemployment benefits, and the benefits will end soon for others.

Many are turning to extended family for help. “My parents have been very great, they are not rich by any means either...they do whatever they can to help us out. They have probably been what has gotten us through this [tough time],” said a Cincinnati participant. Often, it is elderly parents – who have seen their own savings dwindle – who are paying their adult children’s bills. Some families are receiving help from faith organizations. Friends are also pitching in, and some participants make money by doing odd jobs for people they know – babysitting and daycare, cooking and catering, cutting hair, driving people to work, and doing errands. This patchwork of unemployment benefits, family, friends, and churches is helping families in the immediate term, but it is not enough to sustain them or prevent them from sinking deeper into debt. Participants agonize about what will happen when unemployment benefits end and family can no longer lend assistance.

“[I keep up with bills on] a day-by-day basis...you know, whichever one is about to get turned off.”

Participant from Cincinnati

All participants are looking for work daily, taking temp jobs, and working odd jobs, and a lucky few are taking positions beneath their skill level.

The research participants are desperate to find work. Most are jobless, but some are doing odd jobs or temporary work. A few have part-time jobs and a handful have found new employment, usually beneath their skill and pay level. Those without work are trying everything they can think of to find a job and make money. A Baltimore participant who managed large state construction projects before his company shut down in September now builds decks and does other home construction projects. “I’m used to working [but] the little jobs don’t last long. Folks tell you, ‘I’d love to get this done, but I don’t have the money.’ I got to the point where I say, ‘I’ll work with you. Just give me something.’ But that doesn’t work because the economy took everyone’s money.”

“You hear the word you don’t want to hear, ‘You’re overqualified.’ I hate that word. Just give me anything; I’ll take the cut [in pay].”

Participant from Baltimore

Many have had frustrating experiences with local job banks and unemployment offices. They say that there are dozens of applicants for every job. “I got depressed, I applied for at least 300 jobs,” said a Baltimore participant. Another person from that city commented, “Job fairs... you’re dressed to kill, you’ve got your resume... but you never hear anything.” Many have been told they are overqualified and this upsets them because they say they are willing to take *any* job. All agree that there are just not enough jobs in their communities – particularly, jobs at a managerial level or for highly skilled tradesmen.

The crisis takes an emotional toll.

This is a period of intense stress. Some participants say they are battling depression. Some acknowledge added strain on their marriages. They are trying to keep these stresses from their children but it is difficult. A number of participants describe themselves as the caretaker in their families, the one who takes care of everything. This makes their current insecurity even harder. A participant from Baltimore, who has multiple family members living with her because they lost their income source too, is feeling the strain. She said, “With my income down, I can’t take care of everything anymore. All the weight is on me. I can’t take care of everyone. I need someone to take care of me. I just want to get out.”

According to some participants, men are having particular difficulty coming to terms with job loss and financial stress. They feel like failures because they cannot protect their families from the turmoil.

“Sometimes the pressure is too much. It is cheaper to die. I will be dead before I finish paying [my bills].”

Participant from Las Vegas

“It’s scary. I used to sleep like a baby. Now, every night I wake up at 2:45 a.m., and I can’t fall asleep until 5:00, 5:30, then I’m dead the whole day. And it’s tough.

Participant from Bridgeport

B. Effects on Health and Health Coverage

Losing a job meant losing health insurance too.

When they lost their jobs, most families lost their health coverage too. A few had children enrolled in SCHIP beforehand, but for most, their children lost health coverage when they did. Even though COBRA was offered to some, almost all said they could not afford it. “[COBRA is] too expensive – \$890 [a month] for me and \$1600 [a month] for both of us,” said a Baltimore participant. Those who did purchase COBRA were not able to sustain it for long. Many are frustrated with COBRA – just as they lose their income, they find it ironic that their health insurance costs jump so high that it is not an option to keep it. “I couldn’t afford the COBRA, even though they offer. It’s like a pain because it’s so expensive,” commented a Charlotte participant.

“I was a supervisor for a temp agency that staffed Procter & Gamble. But we lost our contract during negotiations in September. I have hypertension, take blood pressure medication, and lost my insurance. I could get extended insurance [COBRA] for like \$800 a month, but that wasn’t acceptable.”

Participant from Baltimore

Purchasing a health plan on their own was also not feasible.

Faced with being uninsured, many participants researched private health coverage options but could not find any comprehensive health insurance that was affordable. Two or three purchased high-deductible plans, but these plans did not provide the coverage or basic peace of mind they wanted. “We looked at catastrophic coverage. Meaning, . . . we’re not going to lose our home, we’re not going to have our wages tapped. If something crazy happens and you have to be in the hospital for three days, you’re not \$30,000 in debt. But not to have regular doctor visits and prescriptions, it was just unbelievable,” explained a Bridgeport participant. A Cincinnati participant explained that her family’s high-deductible plan was like having “no health insurance at all.”

“I put [getting care] off for my son [because] we had the \$5,000 deductible.”

Participant from Cincinnati

For the few who have been able to find new employment or the rare part-time job that offers health insurance, the cost is almost always too high. In most cases, the new jobs pay much less than the jobs they lost, making it more difficult to afford the company’s insurance. “I am just starting a part-time job. If I were to participate in insurance for myself, my husband, and my children, it would be \$589 dollars a month. It would take most of the part-time pay that I am making. I don’t know how I would be able to work it out, but I certainly know that it wouldn’t be worth it for me to go to work to come home with \$300 after I’ve paid for the insurance,” commented a Cincinnati participant. In addition to costs, waiting periods were also a barrier to coverage for those able to find a new job. One Baltimore participant had many health problems and had already been uninsured for a year when she got a new job. The employer offered coverage, but she faced another year without insurance because she could not qualify for the employer’s plan until she completed 12 months on the job.

Families without insurance avoid getting health care and worry that medical costs could ruin them financially.

Without coverage, participants try to treat illness with home remedies and over-the-counter medications, but they avoid seeking medical care. Uninsured children were missing check-ups, and parents were going without treatment for conditions such as asthma, diabetes, and hypertension. Medications were skipped and broken medical equipment such as an asthma pump was not repaired. Ongoing aches and pains were ignored, and chronic medical needs were addressed only when there was enough money. No one was receiving dental care.

“I’m going to...pray to God that we don’t have a catastrophic medical need because then certainly we would go under.”

Participant from Cincinnati

Many participants say they live in fear of an accident or urgent health need. Their fears are more about the economic impact of a medical emergency than about the emergency itself. “We don’t have coverage. If something catastrophic happens, we’re done. We’d lose our house; we’re done,” said a participant in Bridgeport.

Because they are worried about new medical costs, parents say they impose extra constraints on their children’s activities to prevent them from getting hurt. However, some could not avoid medical care and have new debt. “My two-year-old had two ear infections after his dad lost his job and didn’t have insurance...So I just called the doctor because that’s where I take him... but it was over \$300 that I spent in doctor bills,” said a Cincinnati participant.

“[When my kids aren’t covered, there’s] more stress. You’re watching them all the time, [telling them] ‘Don’t do that, you might break a bone.’”

Participant from Charlotte

For some with serious medical needs, delaying care is a matter of life and death.

Putting off medical care may lead health to deteriorate, especially for people with chronic illnesses that require management. For individuals with ongoing and intense health care needs, their jobs provided a vital link to doctors, treatments, tests, and medications they need to survive. When they lost their jobs and job-based coverage, they lost regular access to their health providers and prescriptions. As a result, their health – and, in some cases, their lives – are at risk. Several situations help to illustrate. One participant from Las Vegas had a heart attack four months ago. Having lost his job two months before the heart attack, he was uninsured at the time it occurred. He was supposed to follow up with a cardiologist but could not afford to do so. Another

“I was told to see a cardiologist [after my heart attack] but I can’t afford it. I know I am sick and I need help.”

Participant from Las Vegas

individual was hospitalized because he had not been caring for his glaucoma. As this Cincinnati participant explained, "I lost my job [and health insurance] on May 9. I needed my insulin, because I'm diabetic, I have heart disease, I have high blood pressure. And when I went to get my insulin, they told me I had to pay \$320. So that month I couldn't get it." One Baltimore participant had stopped taking the medicine that controls her high blood pressure. Another now buys her hypertension medication one week at a time, because that's what she can usually afford. But some weeks there is not enough money.

"I take asthma medication, I take diabetes medication. And that's only two [prescriptions]. So multiply that by about five or six other medications, and those are the ones that I need. So I rob Peter to pay Paul. If I'm breathing good this month, I can't worry about the asthma. If my sugar goes up, then I have to get the sugar medication."

Participant from Bridgeport

C. The Role of Medicaid and SCHIP

Participants are grateful for Medicaid and SCHIP.

It was often when they realized they could not afford COBRA or private health insurance on the open market that research participants found their way to Medicaid and SCHIP. Most see these programs as the only affordable option available to them. Many had heard the names of the programs before, but the overwhelming majority knew nothing about them. Most previously had private insurance through their employers, so had not had any reason to explore public health coverage programs before now.

Most of the focus group participants are, themselves, uninsured, but they are thankful that their children are covered by Medicaid and SCHIP. They say it is a relief to know that they can take their children to the doctor when they are sick, or fill a prescription. Most participants report they were able to keep their child's same pediatrician and go to the same pharmacy to fill prescriptions. A number of the parents have already used Medicaid or SCHIP to get care for a child's ear infection or other illness, well-child check-ups, and dental visits. The parents in this study (nearly all participants had children) feel strongly that children need health coverage and state that Medicaid and SCHIP enable them to secure this need despite their very uncertain financial situations.

"It's like anything else with kids. You're building your foundation. Whether it's with reading or anything else, you're building your health foundation. If they're neglected in the early ages, it's only going to cause problems down the road."

Participant from Bridgeport

Medicaid and SCHIP offer affordable coverage and care.

Those who have used health care services since being enrolled in Medicaid, or having children enrolled in Medicaid or SCHIP, find the medical care largely comparable to the care they received under their private insurance. Most say they notice no difference except that their new coverage through Medicaid or SCHIP is free or low-cost. Participants voiced that it is no small thing, in their current financial straits, to be able to take their children to the doctor for little or no cost. An additional benefit of having Medicaid or SCHIP for their children is the peace of mind it brings parents. A father in Cincinnati said that having Medicaid for his family was "the one thing going right for us right now." Parents feel secure knowing they can get their children required check-ups for school, medicine, mental health services care, and dental care. "To me, especially as a parent and looking at all the other parents around the table, health care – we have to raise healthy children. They're the future; we have to have healthy children," said a Bridgeport participant.

Community-based organizations and broad-based outreach are instrumental in helping families find and enroll in Medicaid and SCHIP.

The majority of participants were unfamiliar with Medicaid and SCHIP, and community-based organizations often played a vital role in linking them to the programs. They were a key channel for information and outreach to families, and families that had received their

assistance in completing the application, obtaining the right documents, and submitting the forms say this assistance was crucial. In numerous cases, when applications were delayed or other administrative problems arose, these organizations had facilitated a speedy resolution, and families stated that their assistance was instrumental to navigating the application process successfully. Just having their support was important. A participant from Cincinnati said, “I could speak to someone who was willing to listen to me, had a few minutes to talk to me about this and listen. Do you know what I mean? To hear my situation...I’m grieving. I’m losing my job that I had for 21 years and I’m really worried about this, you know, what I’m going to do.”

Broad-based outreach campaigns also helped connect families with Medicaid and SCHIP. For example, all of the Baltimore participants could recall noticing TV, print, or radio publicity that urged uninsured people to call a toll-free “311” number to apply for Medicaid and other assistance.

Participants fear losing Medicaid and SCHIP.

Those who have coverage for their children or their whole families through Medicaid or SCHIP worry that they will lose it, or that the program will be cut back. “It’s a life [or death] situation. My six-year-old needs an inhaler and her albuterol. I would be devastated, extremely shaken [if we didn’t have SCHIP]. When your child has a health care crisis, you can’t focus on anything else. It would devastate my family. Now I can entertain other things because I can keep my family functioning,” explained a Baltimore participant. Many comment that without Medicaid or SCHIP, their strained finances would be even more tenuous, and that without the programs, they could lose everything if there was a medical emergency.

“It was easy to apply [with the help of a community based organization]. I originally just applied for children...a week or so later I got a phone call and went over the application. Then I was informed I could apply. So I did and maybe 2 weeks later I got cards and phone calls. It was like butter for me.”

Participant from Baltimore

“[Losing Medicaid] is a constant worry every minute of the day pretty much. Because my husband has a physical job, if something happens to him, we have no income.”

Participant from Cincinnati

D. But Medicaid and SCHIP Could Work Better

Medicaid and SCHIP outreach are critical to reach more uninsured children and families – especially during a recession.

Research participants wished they had known more about Medicaid and SCHIP sooner. Most did not know anything about the programs except their names. Most found the programs by stumbling on them, learning of them from a casual conversation at their child’s daycare, a banner at a local health clinic, a caseworker at the unemployment office, or a nurse in the hospital. They observe that health coverage is too important to leave to chance and suggest a concerted effort to make families like theirs aware of Medicaid and SCHIP and encourage them to apply. Otherwise, they say, too many families who need the coverage will miss out and remain uninsured.

"One morning I went to CVS to buy a newspaper, and I was talking to this lady. And I was with my little boy, and he had a little cold —‘Oh, you should see a doctor.’ And I said, ‘We don’t have insurance, because I lost my job.’ She said, ‘I’ve got [Medicaid],’ and she gave me the number. That’s how the whole thing started. I never knew—I always had insurance and everything. I never knew this existed."

Participant from Bridgeport

Enrollment settings other than welfare offices will help foster families’ participation in Medicaid and SCHIP.

Families were determined to get through the enrollment process and they prize the coverage once they get it, but many who applied at welfare offices were shocked and offended by hurdles that slow enrollment needlessly and humiliate people in need of assistance. Some individuals had to wait long hours at the office to apply for health coverage – in some cases, for hours outside before the doors opened. Further humiliations, frustrations, and rounds of waiting often followed, and many had to come back again because of additional paperwork requirements. These experiences were demeaning and dehumanizing. Some participants also pointed out that hours of waiting and repeat visits caused them to lose time they needed to work or look for a job. “My appointment was for 8am and it was 10am and I was still standing there...” said a Baltimore participant. Another Baltimore participant said of the caseworkers, “The attitude you pick up is degrading. It makes you very uncomfortable. They treat you as less than [they are].”

Participants see health coverage as a whole-family concept.

While almost all their children qualified for Medicaid or SCHIP, many of the parents of these children did not. Three pregnant women in the focus groups qualified only for narrower, pregnancy-related and time-limited Medicaid coverage. Most of the participants were told that their unemployment benefits put their income above the eligibility standard for adult coverage. While many plan to reapply when their unemployment benefits run out if they are still jobless, they are frustrated and upset that they do not qualify for Medicaid now, even though they

"I really thought that it was there to help us. It was supposed to be a safety net for me. And then I got denied. So I just couldn’t understand why, if they’re there to help us in situations like ours, why is it so difficult for me—now that I need them—to be able to use these resources?"

Participant from Bridgeport

are uninsured and in financial turmoil. A Bridgeport participant put it this way: “I just feel like it’s not fair if we’re coming in as a family, right? ...Why would they split us up and say, ‘only one part of your family qualifies, but you don’t’?”

All parents feel strongly that they need coverage in order to care for their children. They underscore the connection between their health and their ability to work and carry out their other parental responsibilities.

"[Without Medicaid] we can't be healthy enough to work...If they covered adults, we could get our health under control...we can't be part of the workforce without it."

Participant from Las Vegas

Conclusion

The loss of jobs and health coverage that the recession is precipitating in families across the country is captured in miniature in this focus group study. As the study illustrates, in a system that provides health coverage largely through employment, when an economic decline causes jobs to disappear, health coverage disappears along with it, leaving many workers and their families not only in diminished financial circumstances, but also uninsured. The rising number of American families in this situation have few if any health insurance options in the private market. For most families experiencing the loss of a job, the premiums for COBRA are unaffordable. Purchasing private insurance on their own is not feasible for families either – or the insurance has such high deductibles that it is not helpful in covering their family’s medical costs. For these newly uninsured families, Medicaid and SCHIP are often the only possible source of health coverage.

As the current recession deepens, needs for Medicaid and SCHIP coverage will continue to rise. Preserving eligibility for these public programs will help to prevent the uninsured crisis in the U.S. from worsening, which would compound the suffering already dealt by the recession. In addition to improving health security for Americans, it has been argued that expanded coverage and broader health care reforms are also important components of any economic recovery plan.

As a new Administration and Congress consider early steps to address the nation’s economic and health crises, this study highlights the contribution that Medicaid and SCHIP make to economic recovery. Speedy reauthorization of SCHIP and federal fiscal relief to states can help these public programs improve their capacity to fill widening gaps in coverage. Some of the ways to provide better assistance in hard economic times include:

- Increasing the number of enrollment specialists in state and county enrollment offices to meet the growing demand for Medicaid and SCHIP;
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