Children's Hospital of Philadelphia PolicyLab

Continuous Medicaid During COVID-19 and Children's Health, Development, and Academic Outcomes

Visit Article

Objective: Medicaid can improve children's health, development, and education, and may reduce racial-ethnic inequities. This study estimates the association between implementing continuous Medicaid eligibility under the Families First Coronavirus Response Act (FFCRA) and children's health, health care access, development, and academic outcomes overall and by race and ethnicity.

Methods: We used National Survey of Children's Health data and difference-in-difference models to compare outcomes among children in states newly implementing continuous eligibility under the FFCRA to states with prior policies overall and by race and ethnicity. Outcomes included developmental and behavioral measures, health and health care access, and academic outcomes.

Results: In adjusted models overall, newly implementing continuous eligibility under the FFCRA was associated with a 2.5 percentage point (pp) (95% CI: 0.6, 4.5) increase in children with insurance that allowed them to access health care providers. In subgroup analyses, continuous Medicaid was also associated with improvements in general health by 2.1 pp (95% CI: 0.7, 3.6) and decreases in referral difficulties by 2.0 pp (95% CI: -3.8, -0.2) among Hispanic children and decreases in behavioral problems by 3.9 pp (95% CI: -7.5, -0.4) among non-Hispanic White children. We found no changes in other outcomes.

Conclusions: The FFCRA was associated with increases in insurance that allowed children to access providers and additional improvements in health and care access for Hispanic children, as well as decreases in behavioral problems among non-Hispanic White children. National 12-month continuous eligibility, which began in January 2024, could yield additional benefits due to its longer policy duration and implementation outside of the pandemic context.

Journal:

Academic Pediatrics
Authors: Erica L Eliason, Aditi Vasan