Health Care For All Children
Oregon Thrives When All Kids Have a Chance to Grow Up Healthy

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Executive Summary

All children deserve the chance to succeed in school and life. Staying healthy is key to that success. Seeing a doctor when needed gives children an opportunity to make the most of school and build better lives.

Growing up healthy is a challenge for Oregon’s undocumented children when they lack health insurance. Children without health insurance are less likely to see a doctor and get the care they need. The recent overhaul of our health insurance system excludes 17,600 Oregon children because of their residency status.

Oregon can ensure that all children have health insurance. Three other states have made the choice to protect all children with health insurance. If Oregon followed suit, our state would give every Oregon child the chance to grow up healthy and to succeed in school and life.

Guaranteeing that all children have health insurance would benefit all Oregonians. Research shows that increasing health insurance coverage among children leads to a decline in high school drop-out rates and to an increase in college attendance and college completion. Ultimately, improved education outcomes translate to a more skilled workforce that can strengthen Oregon’s economy.
Introduction

All Oregon children deserve a chance to grow up healthy. Every child should have a chance to succeed in school and life, and staying healthy is key to that success. Seeing a doctor when needed gives children an opportunity to build better lives.

Growing up healthy is a challenge for Oregon’s undocumented children when they lack health insurance. Undocumented children, brought to Oregon by families seeking a better life for themselves, often struggle to get the care they need. Already, these children grow up under difficult economic circumstances. An additional obstacle these children face is their exclusion under the Affordable Care Act and Oregon’s own health reform efforts. But for their documentation status, these children would benefit from health reform just like all other Oregon children.

Oregon can ensure that all children have health insurance. Doing so would not only benefit the children, it would benefit all Oregonians.

Lack of Health Insurance Undermines Children’s Health

Having health insurance is an important part of growing up healthy. Without health insurance, children are less likely to see a doctor. Access to health care means prevention of disease, treatment of acute conditions and management of chronic illnesses.

Indeed, research indicates that lack of health insurance undermines children’s health. It results in unnecessary hospitalizations, household debt and increased childhood mortality.

In short, having health insurance promotes the health of children, while helping prevent needless suffering, economic hardship and even death for some children.

Oregon Currently Fails to Protect All Children

With federal help, Oregon has made great strides in extending health insurance to Oregonians in recent years. In 2009, the Oregon legislature enacted the Healthy Kids program to cover more of Oregon’s uninsured children. That year the legislature also opened the Oregon Health Plan to more poor uninsured adults. These efforts paid off, boosting health insurance coverage among Oregon children, even in the midst of the Great Recession.

More recently, full implementation of the Affordable Care Act has led to a drop in the share of Oregonians of all ages without health insurance. By one estimate, the share of Oregon’s population without health insurance dropped from 14 percent in 2013 to 5.1 percent by June 2014.

"Every child in Oregon should have the opportunity for the right start in life, no exceptions. When kids have access to health care and education, we all have a brighter future!"

- Representative Alissa Keny-Guyer

This remarkable progress, unfortunately, has bypassed a group of Oregon children, those who are undocumented immigrants. Except for medical emergencies, federally-funded insurance programs such as Medicaid and the Children’s Health Insurance Program (CHIP) do not serve undocumented immigrants. Medicaid and CHIP provide the bulk of funding for the Oregon Health Plan, the health insurer for most of the state’s low-income children. Working Oregonians who are undocumented immigrants cannot purchase health insurance through Oregon’s health insurance marketplace, where other working Oregonians get subsidized health coverage for their families.
Undocumented children without health insurance have limited options for getting care. Their families are likely to be low income and tend to work for employers who don’t offer family health insurance benefits. Moreover, the cost of private, unsubsidized health insurance is prohibitive. While school-based and community health clinics serve some of Oregon’s uninsured children, the services offered are far from comprehensive. Emergency rooms at hospitals are often a last resort, but these are a poor substitute for most types of care and a costly option for Oregon.

Though federal funds cannot be used to extend comprehensive health insurance to undocumented children, states can choose to provide coverage using their own dollars. Currently, three states — Washington, Illinois and New York — protect all children in their state with health insurance coverage. Oregon can and should do so, as well.

**About 17,600 Undocumented Children Live in Oregon**

The Oregon Center for Public Policy estimates that there are about 17,600 undocumented children in Oregon. The estimate includes 18-year-olds because, if Oregon were to offer an Oregon Health Plan-like program for its undocumented children, presumably it would cover those through age 18 as it does for other children.

**Methodology**

To arrive at an estimate of the number of undocumented children in Oregon, the Center first established an estimate of the undocumented population in the state. This report uses the findings of the Pew Research Center, a widely-accepted source of information about the national and state undocumented population. Derived from the U.S. Census Current Population Survey, Pew’s most recent estimate of the undocumented population in Oregon is 160,000 in 2010.

The Center considered the possibility that Oregon’s undocumented population could have changed since 2010. Research regarding other states, including California, found that, after several years of decline, there was no significant change to the undocumented population from 2010 to September 2013. Another study also found no significant change to the undocumented population from 2010 to 2013. Further, research showed an 18 percent decline in the undocumented population under age 18 from 2010 to 2012. This report conservatively assumes that Oregon’s undocumented population, including those who are children, has not changed significantly since 2010.

**Update to Estimate Expected in 2015**

An enhancement to the American Community Survey expected in early 2015 may allow researchers to better estimate the undocumented population at state and local levels. Thus, the Center may update the estimate of undocumented children in Oregon in 2015.

To arrive at an estimate of the number of undocumented children in Oregon, the Center assumed that the share of undocumented Oregonians who are children is the same as the share nationally. That national share was 10 percent in 2012, according to the Department of Homeland Security. Finally, since Homeland Security considers children up to age 17 only, the Center estimated the population of undocumented 18 year-old Oregonians through data on undocumented immigrants by age group provided by the Pew Research Center, derived from 2008 Current Population Survey data.

**It’s in Oregon’s Economic Interest to Protect all Children**

It’s in Oregon’s economic interest to help all children, native-born and immigrant alike, grow up healthy. What does Oregon stand to gain by making sure that all children have health insurance? Apart from a healthier population, Oregon could see increased educational achievement and a more productive workforce.

"Our vision is that all children and youth are healthy, learning and thriving. We know that healthy kids learn better and that academic success is a key equalizer in living a successful life.” - Paula Hester, Executive Director of Oregon School-Based Health Alliance
Having health insurance improves the educational attainment of children. That’s the finding of a recent study by Cornell University and Harvard University researchers who examined the impact of increasing Medicaid coverage among low-income children. Increased health insurance, they discovered, led to a decline in high school drop-out rates and to an increase in college attendance and college completion.14

Extending health coverage to undocumented children would advance Oregon’s goal of achieving 100 percent high school graduation. Governor John Kitzhaber and the Oregon legislature have set out to reach that goal by the year 2025.15 It is difficult to see Oregon reaching a 100 percent high school completion rate when a significant number of children lack the health insurance that helps them grow up healthy and succeed in school.

Health insurance coverage for undocumented children could also help Oregon close the “achievement gap.” Low-income children and children of color, a growing share of the state’s student body, lag in their educational achievement compared to more affluent white children.16 The achievement gap threatens “our economic competitiveness and our capacity to innovate,” the Oregon Education Investment Board warns.

“The persistent educational disparities have cost Oregon billions of dollars in lost economic output and these losses are compounded every year we choose not to properly address these inequalities.”17 Oregon’s undocumented children are overwhelmingly of color and low income. Making sure they have an opportunity to grow up healthy is part of the solution to addressing Oregon’s achievement gap.

Ultimately, extending health insurance to all children has the potential of strengthening Oregon’s economy. Studies have found a connection between a healthier childhood and higher incomes and greater wealth during adulthood.18

University who established a link between health insurance and educational attainment concluded, “Our estimates suggest that the long-run returns to providing health insurance access to children are larger than just the short-run gains in health status, and that part of the return to these expansions is . . . higher economic growth that stems from the creation of a more skilled workforce.”19

Conclusion
Like other states, Oregon can make sure that all its children have health insurance. Doing so would give every Oregon child the chance to grow up healthy and to succeed in school and life. It would also benefit all of Oregon by improving educational attainment and strengthening the economy.

"The Office of Equity and Inclusion values health for all of Oregon’s children. Not only will ensuring that all children have quality health care improve the lives of Oregon’s children, but it will also improve the systems that serve them. Equitable health care access is critical to meeting our goals of health transformation." - Office of Equality and Inclusion
Endnotes


2 The Economic Impact of Uninsured Children on America, Baker Institute for Public Policy of Rice University, June 2009, p. 1. The Agency for Health Care Research and Quality describes the consequences of lack of health insurance generally: “Prolonged periods of uninsurance can have a particularly serious impact on a person’s health and stability. Uninsured people often postpone seeking care, have difficulty obtaining care when they ultimately seek it, and may have to bear the full brunt of health care costs. Over time, the cumulative consequences of being uninsured compound, resulting in a population at particular risk for suboptimal health care and health status.” National Health Care Disparities Report, 2011, available at http://www.ahrq.gov/research/findings/nhqrdr/nhdr11/nhdr11.pdf.


5 Ibid.


10 Ibid.


12 Email communication from the Pew Research Center to OCPP on May 16, 2014.


14 Ibid.


