

# FACT SHEET



## Cover All Kids

**Problem: Roughly 88,000 children in Virginia do not have health coverage.** This creates a crisis for families who have to choose between their children receiving needed medical care and being able to afford other costs of living such as housing, transportation, and food. There is a stark difference in the uninsured rate of citizen and non-citizen children in Virginia, with noncitizen children estimated to have an uninsured rate of 48 percent compared to 3.7 percent of citizen children.

**Policy solution: Establish a health coverage program in Virginia** available to children from low-income families regardless of immigration status. The program would mirror Virginia Medicaid/FAMIS enrollment, eligibility processes, and income eligibility levels, currently at 205 percent FPL (\$50,963 for a family of three in 2023) and include behavioral health, dental, and preventative care services.

**Twelve states and Washington, DC,** currently use or plan on using state-only funds to cover low-income children in health coverage programs regardless of immigration status. State lawmakers should take action this legislative session and invest \$19.3 million over the next two fiscal years to ensure 13,000 children don't have to spend another year without adequate medical care.

**Costs: State funding is already used** to defray uncompensated care costs such as Emergency Medicaid and Medicaid disproportionate share hospital (DSH) payments. The program could carve out existing Emergency Medicaid services to continue drawing down matching federal funding for those services, and require a fraction

of the \$258.8 million in state and local taxes paid by undocumented immigrants in 2019.

**Who Benefits: Public investment in children's health care coverage** has a demonstrated positive impact on health, education, and self-sufficiency outcomes later in life. Strategic investments in children's health and wellbeing can also generate a significant return to the economic health of Virginia. Investing in healthy

children improves long-term workforce productivity and leads to a more productive and educated population.

Medicaid coverage in children is already proven to:

- Lower hospitalization and emergency department use in adulthood and better health outcomes throughout a person's lifespan.
- Better academic outcomes, including lower high school dropout rates, increased college enrollment, and increased four-year college attainment.
- Increase future employment for enrollees and allow more families to spend their hard-earned money on essentials like rent, food, and transportation, which boosts their local economy.

*Look up these organizations for additional information: The Commonwealth Institute, Nemours Children's Health, World Health Organization, UNICEF, Brookings Institution*