

# Policy Brief HEALTH

## CHIPRA for Lawfully Residing Immigrant Children

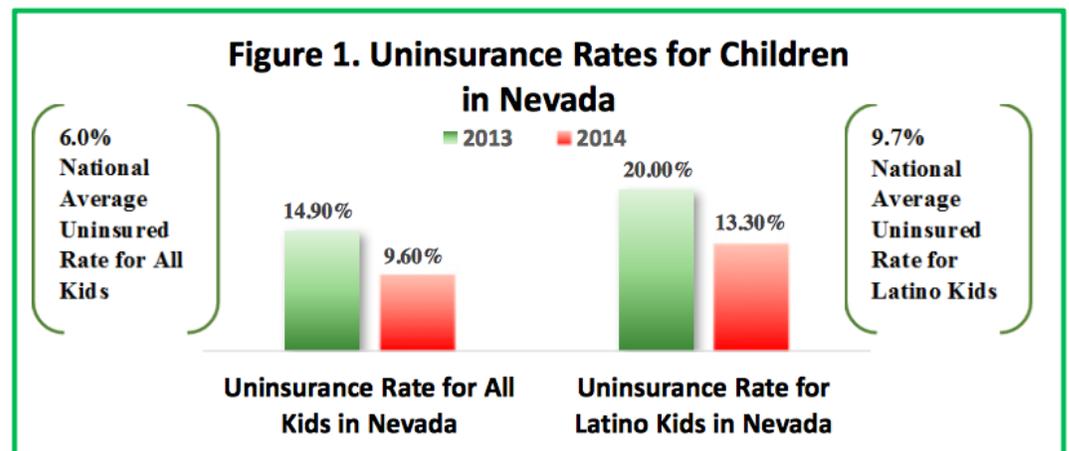
2017

Nevada has made great strides in covering children in the last few years. Uninsurance rates for all children fell from 14.9 percent in 2013 to 9.6 percent for all children, and from 20 percent in 2013 to 13.3 percent in 2014 for Latino children (see Figure 1). However, uninsurance rates still remain much higher than the national average of 6 percent for all kids and 9.7 percent for Latino kids in 2014.

To continue making gains in health coverage levels for children, Nevada has an opportunity to draw down federal funds to provide health coverage to lawfully residing children who are currently ineligible. In Nevada, only a very specific group of “qualified” immigrant children are currently eligible for Nevada Check Up (the State’s children’s health insurance program)<sup>1</sup> and most have to wait 5 years before they become eligible. However, § 214 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allows states to cover lawfully residing immigrant children without a 5 year waiting period. This means that lawfully residing immigrant children in Nevada would be able to receive coverage enabling them to access vital medical care as soon as they are enrolled. Accepting the CHIPRA option could potentially help 7,000 uninsured children living in Nevada. To-date, 31 states including the District of Columbia have taken up the CHIPRA option to lift the 5-year waiting period (see Figure 2).

CHIPRA § 214 allows Nevada to draw down federal funds to provide coverage to lawfully residing children who reside in families with incomes below 200% of federal poverty level (FPL). In Nevada, federal funding would cover

98.45 percent of the cost of Nevada Check Up (the States children’s health insurance plan) through FY 2017. In addition to the very limited fiscal impact that covering these children would likely have on the state, there is evidence that take-up of the CHIPRA option leads to improved health outcomes for low-income immigrant children. A 2014 study published in the Journal *Health Affairs* found that immigrant children’s coverage rates



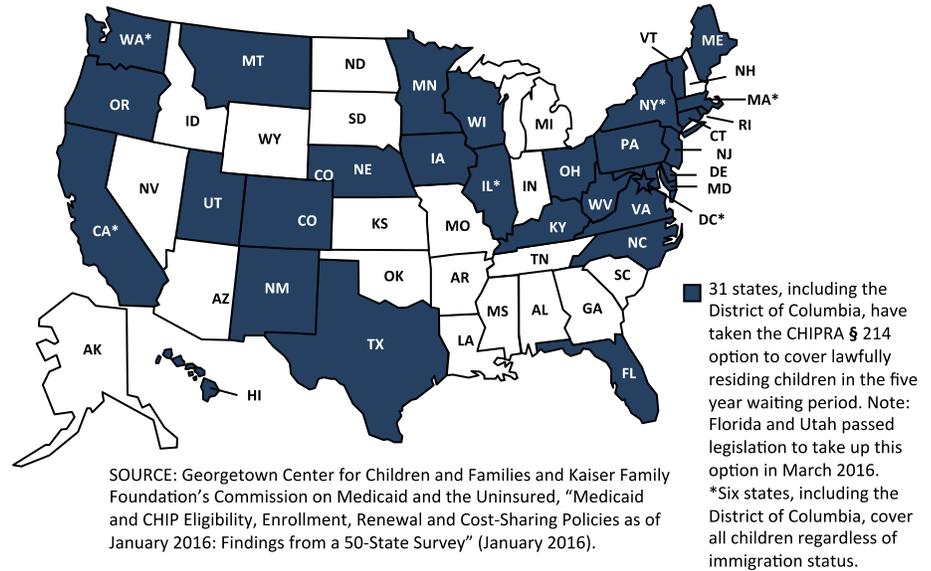
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increased by 24.5% in the states that had taken the CHIPRA option compared to states that had not and these states also reported fewer instances of unmet health care needs.<sup>2</sup>

**Potential Fiscal Implications:**

Removing the 5-year waiting period for legally residing immigrant children would result in a nominal cost to the state due to the 98.45 percent federal funding match for Nevada. Estimates show that if Nevada elects the CHIPRA § 214 option for children, it will cost the state between \$150,000 to \$300,000 per year.<sup>3</sup> However, the cost to the State may be even lower when considering the amount Nevada already spends on Emergency Medicaid for children who are currently ineligible based on immigration status.

**Figure 2: States Providing Coverage to Lawfully Residing Children**



**Recommendations:**

The Children’s Advocacy Alliance recommends that Nevada takes advantage of this option and removes the 5-year waiting period for legally residing immigrant children in order to provide Medicaid and Nevada Check Up to more children in the state.



702-228-1869

5258 South Eastern Ave, Suite 151, Las Vegas, NV 89119

3500 Lakeside Ct, #209, Reno, NV 89509

[www.caanv.org](http://www.caanv.org)

<sup>1</sup> The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA / welfare reform) of 1996 restricted immigrants eligibility for Medicaid and CHIP to a narrow group of qualified immigrants, many of whom have to wait five years before becoming eligible for coverage.  
<sup>2</sup> Brendan Saloner, Neel Koyawala, and Genevieve M. Kenney. “Coverage for Low-Income Immigrant Children Increased 24.5 Percent in States that Expanded CHIPRA Eligibility.” *Health Affairs* 33 (5): 832-839.  
<sup>3</sup> Estimate provided by the Georgetown University Center for Children and Families July 14, 2016.