

# The Dallas Morning News

## More Texas kids are uninsured for the third year in a row, new census data shows

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September 26, 2019

The number of uninsured Texas children increased for the third year in a row, according to data released Thursday by the U.S. Census Bureau.

And policy experts and advocates say that in Texas — where an estimated 1.5 to 1.6 million children live with at least one noncitizen parent — the chilling effect around the Trump administration’s revamped “public charge” rule could be playing a key role in some parents taking their children off public health insurance.

The new "public charge" rule **factors in an immigrant's use or potential use of certain public assistance programs when they are applying for legal status**. They may not be eligible for permanent residency or other statuses if it is determined they'll become a burden to taxpayers.

As of 2018, about 11.7% of Texas children under the age of 19 were uninsured, up from about 10.7% in 2017. In 2016, about 9.2% of Texas children lacked insurance, according to American Community Survey data.

“Everything is bigger in Texas, including the number of uninsured children and families,” said Cheasty Anderson, senior policy associate with advocacy group Children’s Defense Fund.

As the Summer comes to a close and the bell rings to call school back into session, now is the time to embrace change with open arms.

Anderson said that changes to Texas policies, such as the changes to continuous Medicaid eligibility for children and periodic income checks, have led to children routinely being booted from health coverage.

Many immigrant parents in the state fear that the recent "public charge" rule change means their U.S. citizen children's use of public programs **would hurt their own chances at obtaining legal status in the U.S.** even though the rule change takes no such approach.

“The poorest and most vulnerable families are dropping their U.S. citizen children from coverage because of untrue things they’ve heard from people close to them,” Anderson said.

Rumors of the revamped “public charge” rule began circulating in early 2017. Leaked versions that showed a wide-ranging set of public programs appeared around the spring and a formal preliminary version of the rule was made available for public comment in October 2018.

In Texas, **data from the Texas Health and Human Services Department** shows that enrollment in Children's Medicaid has fallen since 2017. As of July, when most recent data was available, 2,820,319 children were enrolled in Children's Medicaid:

- In July 2018, 2,909,670 were enrolled.
- And in July 2017, 2,950,351 were enrolled.

The nonprofit Foundation Communities helps enroll about 5,000 families during the Affordable Care Act's marketplace insurance open enrollment period every year.

But between 2017 and 2018, the group saw a 16% decline in enrollment from immigrant households in Central Texas, said Kori Hattemer, the director of financial programs at Foundation Communities. She added that parents have asked to pull off their children from Medicaid and the Children's Health Insurance Program.

"We have seen a decline, but particularly among immigrants, immigrants with citizen children," she said. "After the stories about public charge came in, we had a number of families seeking to unenroll their children out of fear and confusion."

The newly defined public charge rule will consider immigrants' use of certain programs such as the Supplemental Nutrition Assistance Program, or food stamps, some forms of Medicaid and housing vouchers when they apply for immigration benefits.

Other factors such as age, income and education levels would also be considered when an immigrant seeks an immigration benefit, such as a green card.

Acting U.S. Citizenship and Immigration Services director Ken Cuccinelli, in announcing the final rule last month, **said the new definition of the public charge was necessary to ensure that immigrants don't become a burden on taxpayers.**

"Through the public charge rule, President Trump's administration is reinforcing the ideals of self sufficiency and personal responsibility, ensuring that immigrants are able to support themselves and become successful here in America," Cuccinelli said.

A 2016 study from the libertarian Cato Institute found that **noncitizens were less likely than the native-born population to use public programs.**

The decline in the number of insured children also aligns with pushback against CHIP and Medicaid programs from lawmakers in states such as Texas, said Edwin Park, a researcher at the Georgetown University Health Policy Institute's Center for Children and Families.

With the enactment of CHIP in 1997 and efforts to expand Medicaid coverage and enrollment, national data showed progress in insuring children, Park said.

"There was a strong bipartisan effort to expand coverage eligibility and participation in CHIP and Medicaid up until the last two years," he said. "Looking at the long-term trends, expanding Medicaid and CHIP participation was key driver of increasing insurance rates."

The lack of a spike in children covered by their parents' employer-based or direct purchase insurance also signals that the political climate and policies are factors in the declines, Park said.

"Usually when there's a strong economy the uninsured rate goes down and insurance rate goes up," he said.

Research shows when parents are insured, children are more likely to also be covered and receive care, Park said.

Earlier this month, **the Census Bureau released national- and state-level data that showed Texas continues to lead the nation in having the largest percentage of uninsured residents with 17.7%, or about 5 million Texans.**

The decrease in insured children, and particularly in Medicaid-covered children, is concerning because research also shows access to health care during childhood leads to increased success in school completion, college attainment and higher earnings, Park said.

“Being uninsured means kids are less likely to be well, do well in school and be successful,” he said.