

What Children and Youth Need Now: Addressing Health Care Needs During the COVID-19 Pandemic



NEW YORK FAMILIES ARE IN CRISIS

The COVID-19 pandemic has destabilized New York's economy, debilitated our health care system, and disrupted our education and social services sectors. 1.4 million New Yorkers have lost their jobs in recent weeks and many do not have enough money to pay rent or buy food. Links between economic stress and child outcomes are well documented, and the impacts on child and adolescent health and well-being can be particularly pronounced.

Our health care system is being pushed beyond its limits. Our fragmented payment and delivery systems are ill-suited to respond to the crisis and are leaving families scared, confused and without the care and services they need. Children who depended on the safety, security and opportunity offered by schools and community programs, no longer have access to the same level or quality of services. These impacts can be particularly devastating for children and families living in poverty. Many New Yorkers living in poverty may no longer be able to remain in their homes, have enough food to eat or access essential care and services.

To address the health needs of children and youth in New York, Children's Defense Fund-New York (CDF-NY) recommends the following:

IMPROVING ACCESS TO COMPREHENSIVE AND AFFORDABLE HEALTH COVERAGE AND CARE

Extend New York State's Special Enrollment Period

New York State's Affordable Care Act (ACA) marketplace recently extended its special enrollment period (SEP) through May 15th. As the number of uninsured New Yorkers grows every day due to coronavirus-fueled unemployment, the State should once again extend the SEP as well as increase funding for enrollment assistance and outreach to respond to the increased demand for coverage.

Streamline Medicaid eligibility and facilitate enrollment

Medicaid remains the foundation of New York's health care system, with 1 in 3 New Yorkers and nearly 50 percent of all children in our State receiving comprehensive and affordable health coverage through Medicaid. Medicaid is even more vital during economic downturns and times of need. Accordingly, New York should:

- Streamline unemployment filing and health enrollment by allowing for automatic enrollment or cross-system referrals
- Drastically streamline Medicaid eligibility procedures for parents and other adults by adopting presumptive eligibility, thereby eliminating perceived barriers to care and services; and
- Facilitate automatic Medicaid enrollment for eligible uninsured adults (with an opt-out provision)

"Interrupted mental health support is magnifying pre-existing stressors for the youth we serve in our Beat the Odds program. Worse, these stressors are compounded by dire circumstances now faced at home and in the community."

Maria Caba
Youth Leadership & Advocacy Coordinator

Increase the federal government's role in shoring up Medicaid

As states grapple with the far-reaching cross-sector implications of the COVID-19 pandemic, they will require additional federal assistance, particularly in ensuring Medicaid's protections. The federal government should:

- Enact an increased emergency Federal Medical Assistance Percentage (FMAP) boost of an additional 5.8 percent to states to equal a 12 percent total enhanced FMAP;
- Uphold the Families First Coronavirus Response Act (FFCRA)'s Medicaid Maintenance of Effort (MOE) provision requiring that states accepting an enhanced federal Medicaid matching rate not make changes to their Medicaid programs resulting in more restrictive eligibility and enrollment standards, methodologies or procedures; and
- Waive all Child Health Insurance Program (CHIP) premiums during the period of economic downturn.

Remove immigration status as a barrier to health coverage.

Over 400,000 New Yorkers cannot obtain health coverage due to their immigration status. Without coverage, individuals forego the care they need, jeopardizing their abilities to work and care for their families and increasing susceptibility to coronavirus-related complications by exacerbating underlying health conditions. The State can provide coverage to all who want it by enacting S.3900/A.5974 and creating a state-funded Essential Plan for New Yorkers excluded from coverage due to their immigration status. Doing so would build on both New York's progressive history with respect to immigrants and the precedent New York set by being the first State to remove immigration status as a barrier to COVID-19 evaluation, testing and treatment. Experts estimate that at most 110,000 individuals would enroll in this plan annually.

ENSURING CONTINUITY OF CARE AND SERVICES

As social distancing protocols remain in place throughout New York, every effort must be made to ensure the continuity of all healthcare services, particularly for our state's most vulnerable youth – many of whom live in medically underserved communities and may lack the technological resources needed to access adequate telehealth services. Priorities include:

- Providing adequate behavioral and mental health services for children and adolescents, especially as youth spend extended time in environments that may be unstable or not conducive to privacy.
- Providing sufficient broadband and other technology so that all families can engage in telehealth services.
- Ensuring that infants and toddlers with developmental delays and disabilities can receive all of their state and federally mandated Early Intervention (EI) services through teletherapy, and providing support for caretakers as they play increased roles in facilitating therapy services.
- Ensuring young children obtain well-child visits and vaccinations whenever and wherever it is safe to do so.
- Utilizing community food pick-up locations as community hubs for dissemination of information and the safe provision of in-person care and assistance.

"Our Beat the Odds program scholars are scared of not knowing if they will have access to food. One student told me she was saving her last tangerine, because she doesn't know what the future holds."

Hassanah Smith
Youth Leadership & Advocacy Coordinator

ADDRESSING FOOD INSECURITY

Loss of income and a high rent burden has increased the prevalence of food insecurity among New York families. Fortunately, New York City has been a model of how to maintain the availability of school meals and food bank operations during the crisis. These models should be adopted, adapted and expanded statewide. The federal government should:

- Provide the disaster declarations necessary for states to access Disaster-SNAP (D-SNAP). This would allow more families to qualify for SNAP during the pandemic.
- Approve New York's Pandemic-EBT (P-EBT) application. P-EBT would provide debit cards to purchase food to families with children in closed schools. New York's plan would provide more than \$850 million in aid for 1.6 million children.
- Extend the 40% increase in monthly SNAP benefits for the duration of the crisis.

EXPAND CAPACITY TO ADDRESS LEAD HAZARDS AT HOME

New York already has more children with elevated blood lead levels than any other state in the U.S. The COVID-19 pandemic will likely exacerbate this issue as children spend more time at home. To mitigate and prevent further harm the state and federal government should:

- Ensure states and local health departments have enough resources to adequately staff public health departments to meet all public health needs, including lead poisoning prevention and lab testing capacity.
- New York should leverage Medicaid managed care mechanisms to ensure children are obtaining blood lead tests on time.
- Revise public health advice regarding how to address lead hazards in the home, to account for delays in environmental investigations
- Provide and deliver home cleaning supplies to families who are unable to have work completed safely in their homes.

CONCLUSION

While the COVID-19 pandemic will leave a lasting impact on everyone, children and youth remain uniquely vulnerable to the economic, health, education and social disruptions it has generated. These disruptions have created gaps and distortions in the health system that must be addressed to meet the health needs of children and youth.