

2024

Voices For Utah Children

THE STATE OF KIDS COVERAGE

The Path Taken and the Journey Ahead



2024

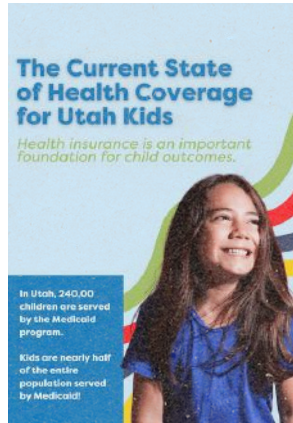
THE STATE OF KIDS COVERAGE

utahchildren.org 801.364.1182 voices@utahchildren.org

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Voices Staff

Authors

Ciriac Alvarez Valle, Sr. Policy Analyst
Thaiss Del Rio, Policy Analyst

Contributing Editor

Anna Thomas, Policy Director

Report Design

Laneta Fitisemanu, Dir. of Communications

ACKNOWLEDGMENTS

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100% Kids Coverage Coalition



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children have access to coverage and more families have the quality care they need.

We are grateful for the partners who endeavor day in and day out to enroll family members into the necessary programs, collaborate within the coalition to work through issues, and identify issues faced by families seeking help.

State Partnerships



We would also like to thank our partners at the Department of Health and Human Services (DHHS) and the Department of Workforce Services (DWS) for their tireless work and partnership.

Specifically, we want to thank Jennifer Strohecker, Medicaid Director, Michelle Smith, Eligibility Policy Director, Jennifer Wiser, CHIP Director, and Melissa Presley, Assistant Director of Eligibility Services Division at DWS.

As we have continued to strengthen these partnerships, we have been able to see with greater clarity those areas where we can better collaborate.

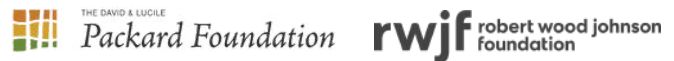
Voices Alumni & Affiliates

We also want to thank Jessie Mandle, Voice's former Deputy Director and Senior Health Policy

Analyst. Under her leadership, a number of these policies were championed and moved us closer to our goals of ensuring all children have health coverage and access to health care.

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We extend our gratitude to Intermountain Health, the Packard Family Foundation and the Robert Wood Johnson Foundation for their invaluable support.



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Community



Lastly, thank you to all the families who participated in storytelling, community events, and focus groups throughout the years.

By incorporating their expertise and experiences, we have significantly enhanced and improved our policies.



Background

Voices for Utah Children is a leader in children's advocacy and public policy change. Our work starts with one basic question: "Is it good for all kids?"

We believe that all children deserve the opportunity to reach their full potential. We do this by focusing on key policy areas, including health care, early care and education, juvenile justice, immigrant families, and tax and budget issues in the state.

For nearly 40 years, Voices for Utah Children has been committed to ensuring that Utah is a place where all children can thrive.

Utah is one of the youngest states in the U.S. Approximately 29% of the total population (more than 3.15 million) is under 18.

Utah's poverty rate for children under 18 is 7.5%, meaning that about 68,900 kids live in poverty [1].

Despite our positive economic metrics, Utah continues to rank below the national average in child health metrics. Thousands of children go without health coverage each year.

No child in our state should forgo or delay treatment because they lack health coverage.

[1] U.S. Census Small Area Income & Poverty Estimates (SAIPE)

DEFINING TERMS

12-Month Continuous Eligibility (Continuous Coverage)

A public health insurance policy that guarantees individuals remain enrolled in a health insurance plan for a full 12 months even if their family income fluctuates or other circumstances change.

Deferred Action for Childhood Arrivals (DACA)

A federal program that provides work authorization and temporary relief from deportation for individuals who immigrated to the United States as children. This population is commonly referred to as “Dreamers.”

Children’s Health Insurance Program (CHIP)

A health insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to afford private insurance.

Eligible families typically earn between 138% and 200% of the Federal Poverty Level (up to \$62,400 annually for a family of four).

Ex-Parte Renewal

The process by which states first check available data to automatically confirm eligibility for Medicaid, before asking enrollees to fill out renewal forms. States can utilize various databases to review eligibility.

Federal Poverty Level

A measure of income issued annually by the U.S. Department of Health and Human Services.

Federal poverty levels are used to determine eligibility for certain government programs and benefits, including federal subsidies through the ACA Marketplace, as well as Medicaid and CHIP coverage.

Immigrant Children

Children who are foreign-born, or children born in the U.S. who live with at least one parent who is foreign-born.

Immigrant Children’s Health Improvement Act (ICHIA):

A provision included in the federal 2009 Children’s Health Insurance Program Reauthorization Act (CHIPRA).

This policy change allows states to enroll lawfully residing immigrant children (up to 21 years old) and/or pregnant individuals in Medicaid and the Children’s Health Insurance Program (CHIP) without the typically mandated five-year waiting period.

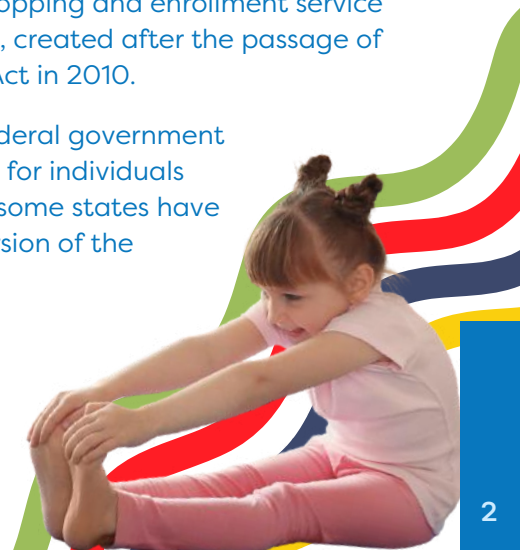
Immigrant Family

A family that includes children who are foreign-born or live with at least one foreign-born parent or guardian. ‘Foreign-born’ may refer to parents or guardians who are either naturalized U.S. citizens, have another form of legal immigration status, or have no legal status.

Marketplace

Also known as the Health Insurance Marketplace, the ACA Marketplace, or the “exchange.” The “marketplace” is a shopping and enrollment service for medical insurance, created after the passage of the Affordable Care Act in 2010.

In most states, the federal government runs the marketplace for individuals and families, though some states have created their own version of the marketplace.



Medicaid

A health insurance program that provides free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities.

Medicaid Expansion

The expansion of Medicaid eligibility to a new population of individuals, specifically adults under the age of 65 with incomes below 138% of the federal poverty level. Medicaid expansion became possible through a provision in the Affordable Care Act that directed states to offer coverage for more low-income Americans.

Medicaid “Unwinding”

Also known as “Medicaid Redetermination.” The unwinding refers to the process by which states resumed annual Medicaid eligibility reviews after three years of continuous coverage for Medicaid enrollees during the COVID-19 pandemic.

The unwinding took place over a 12-month period, granted to the states by the federal government, wherein the eligibility of all current Medicaid enrollees would be reviewed in anticipation of a return to annual program renewals.

Mixed-Status Families

Families in which different members have different citizen and noncitizen immigration statuses.

“Non-citizens” include but are not limited to:

- Legal Permanent Residents (green card holders)
- Individuals who hold temporary work and/or visitor visa
- Participants in the Deferred Action for Childhood Arrivals (DACA) program;
- Foreign-born individuals who have been granted Temporary Protected Status (TPS)
- Undocumented immigrants

Procedural Disenrollment

This is the involuntary loss of public health insurance coverage for potentially eligible individuals, due to administrative errors or barriers unrelated to their eligibility.

A high procedural disenrollment rate indicates that people who should have remained covered by Medicaid lost that coverage because of difficulties faced during the renewal process, such as confusing paperwork, language barriers, or failure to receive renewal notices from the state.

Public Charge

The “public charge” refers to a test, conducted during federal immigration proceedings, that is used to identify people who may become dependent on government benefits as their main source of income.

In October of 2018, the Department of Homeland Security (DHS) proposed a rule change to this policy by adding additional specific standards relating to income, health, age, English proficiency, and other forms of public assistance programs to count towards determining a “public charge.”

State CHIP

A Utah-specific health insurance program that extends public health insurance coverage to immigrant children in low-income households (up to 200% FPL).

These children are ineligible for traditional Medicaid and CHIP due to their immigration status.

Undocumented Immigrant

An individual living in the U.S. without legal authorization. Also referred to as an unauthorized immigrant, or as someone who is “unlawfully present” in the country.



The Current State of Health Coverage for Utah Kids

Health insurance is an important foundation for child outcomes.

In Utah, 240,000 children are served by the Medicaid program.

Kids are nearly half of the entire population served by Medicaid!



Utah Insurance Coming Together

Private Insurance

Private health insurance is coverage by a health plan provided through an employer or union, purchased by an individual from a private health insurance company, or coverage through TRICARE. [2]

CHIP

A program administered at the state level, providing health care to low-income children who do not qualify for Medicaid. Currently Utah's CHIP Program covers children up to 200% FPL. [2]

Uninsured

Children in Utah who do not have health insurance.

Medicaid

A program administered at the state level, which provides medical assistance to the needy. Families with dependent children, the aged, blind, and disabled who are in financial need may be eligible for Medicaid. It may be known by different names in different states.

State CHIP

A state administered program that provides a CHIP mirroring program for children who do not qualify for CHIP or Medicaid because of their immigration status.



Access to high-quality health insurance and healthcare positively affect both health and economic outcomes for children. Medicaid and CHIP are public programs that provide essential access to necessary health and medical services, especially for low-income children and children with disabilities.

In Utah, 240,00 children are served by the Medicaid program. Kids are nearly half of the entire population served by Medicaid! [3]

Medicaid and CHIP provide short-term and long-term positive impacts on children's education, finances, and overall well-being.



Studies show that children who participate in Medicaid and CHIP do better in school, have improved overall educational attainment, and complete college and high school at higher rates. [4]



Additionally, Medicaid and CHIP improve families' long-term financial stability. [5] For example, families with access to Medicaid and CHIP have reduced out-of-pocket costs and are more likely to be connected to other social services like food assistance. [6]



Research suggests that Medicaid can improve educational attainment, which in turn provides greater opportunities for intergenerational economic mobility. [7]



Lastly, children with health coverage are likely to be healthier as adults and enjoy longer lifespans. [8]

Unfortunately, the opposite is true for uninsured kids.



Children without health coverage are more than twice as likely as insured children to go without seeing a doctor for more than 12 months.



They are also less likely to receive necessary medical care for chronic conditions such as asthma and diabetes. [9]

Access to high-quality health insurance and healthcare positively affect both health and economic outcomes for children.

Medicaid and CHIP are public programs that provide essential access to necessary health and medical services, especially for low-income children and children with disabilities.

[2] <https://www.census.gov/topics/health/health-insurance/about/glossary.html>

[3] Gardner, A. (2023, September 27). 2023 Medicaid and CHIP Snapshot data sources. Center for Children and Families. <https://ccf.georgetown.edu/2023/08/11/2023-medicaid-and-chip-snapshot-data-sources/>

[4] Wherry, L. R., Kenney, G. M., & Sommers, B. D. (2016). The Role of Public Health Insurance in Reducing Child Poverty. *Academic pediatrics*, 16(3 Suppl), S98-S104. <https://doi.org/10.1016/j.acap.2015.12.011>

[5] Ibid

[6] Ibid

[7] Cohodes, S., Grossman, D., Kleiner, S., & Lovenheim, M. (2014). The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions. <https://doi.org/10.3386/w20178>

[8] Wherry, L. R., Kenney, G. M., & Sommers, B. D. (2016). The Role of Public Health Insurance in Reducing Child Poverty. *Academic pediatrics*, 16(3 Suppl), S98-S104. <https://doi.org/10.1016/j.acap.2015.12.011>

[9] Edmunds, M., & Coye, M. J. (1998). Health Insurance and Access to Care. *America's Children - NCBI Bookshelf*. <https://www.ncbi.nlm.nih.gov/books/NBK230385/>

There Are Too Many Utah Kids Without Coverage

All children and parents need and deserve access to affordable, high-quality health care. Health insurance provides a critical foundation for kids to manage health issues, perform better in school, be active, and thrive.

From 2016 to 2019, the number of uninsured children increased, with the highest gaps affecting our Latino and rural children. From 2020 - 2022 the rising rate of uninsured children slowed down thanks to the continuous coverage provision during the Public Health Emergency (PHE).

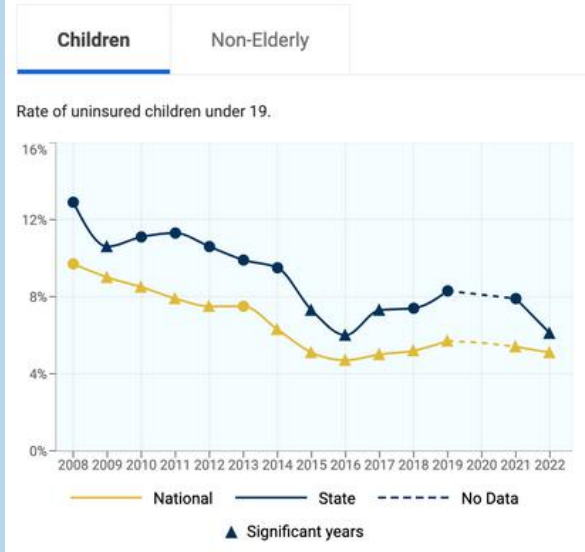
In 2022, Utah's number of uninsured children dropped from 82,000 in 2019 to 61,000 kids. [10]

Currently, Utah ranks 41st in the country for uninsured children, at 6.3%. [11]

Utah's Medicaid and CHIP participation rates have been consistently low. Recent figures show Utah's participation rate at 79.4%, well short of the national average of 91.9%. [12]

This means approximately one-fifth of eligible Utah children could be claiming this valuable health coverage benefit, but are not doing so. [13]

Uninsured Utah



Source: Utah State Profile - Georgetown CCF data. (2024b, February 23). Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

Families Have Struggled to Regain Coverage

The end of the nation's official Public Health Emergency (PHE) status brought an end to several pandemic-era Medicaid policies. Specifically, during the COVID pandemic, a "continuous enrollment coverage" provision allowed people to remain enrolled in Medicaid and CHIP programs for the duration of the PHE.

As this and other PHE policies ended, Utahns participating in Medicaid experienced major disruptions to their health coverage as states initiated the process of reviewing individuals' Medicaid and CHIP eligibility for the first time since the start of the pandemic.

With the start of this PHE "unwinding" process, many families were not aware that they would need to resume the regular Medicaid renewal process.

Most states, including Utah, struggled to inform Medicaid participants about this and other critical changes.

Since the end of the PHE, more than 50,000 Utah children have lost health coverage during this "unwinding." [14]

Approximately 50% of renewals were closed for procedural reasons before being completed.

This means that Utahns who may have been eligible to remain on Medicaid lost their health coverage because they were not able to finish the renewal process in time, did not have the proper information, or other reasons outside of being determined ineligible.

These high drop-off rates for Medicaid-eligible families, when considered alongside low participation rates in the Medicaid, CHIP and ACA Marketplace, indicate that families may be struggling to obtain the coverage they need.

[10] Alker, J. (2023, November 15). Medicaid's Pandemic-Era continuous coverage protections helped reduce number of uninsured children. Center for Children and Families. <https://ccf.georgetown.edu/2023/11/15/medicaid-pandemic-era-continuous-coverage-protections-helped-reduce-number-of-uninsured-children/#heading-8>

[11] Utah State Profile - Georgetown CCF data. (2024, February 23). Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/#coverage-trends>

[12] Utah State Profile - Georgetown CCF data. (2024b, February 23). Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

[13] Ibid

[14] Alker, J. (2024, May 2). Child Medicaid disenrollment data shows wide variation in state performance as continuous coverage pandemic protections lifted. Center for Children and Families. <https://ccf.georgetown.edu/2024/05/02/child-medicaid-disenrollment-data-shows-wide-variation-in-state-performance-as-continuous-coverage-pandemic-protections-lifted/>

Some Kids Are Hit Harder Than Others

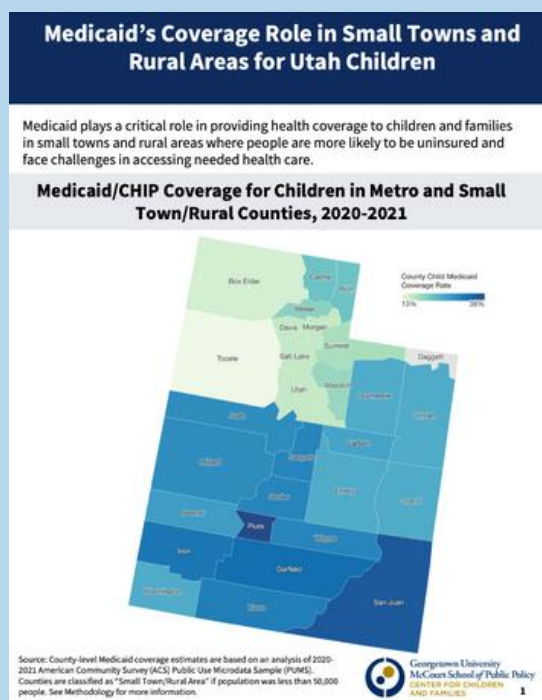
Children in Rural Communities

Approximately 330,744, or 10.5% of Utahns, live in non-metro areas. [15]

Medicaid plays a vital role for children and families in these rural communities. Piute, San Juan, Garfield, Iron, and other rural counties have the highest rates of children with Medicaid and CHIP coverage in the state. [16]

These programs play a critical role in ensuring that kids in rural and frontier communities get the health care services they need.

Demographic factors more common to rural areas – such as lower household incomes, lower workforce participation rates, and higher rates of disability – are all associated with higher Medicaid eligibility. [17]



Medicaid Coverage for Children in Metro and Small Town/Rural Counties, 2020-2021

| County Name | County Type | Share of Children with Medicaid/CHIP Coverage |
|-------------------|------------------|---|
| Beaver County | Small Town/Rural | 27% |
| Box Elder County | Metro | 15% |
| Cache County | Metro | 22% |
| Carbon County | Small Town/Rural | 26% |
| Daguerre County | Small Town/Rural | N/A |
| Davis County | Metro | 16% |
| Duchesne County | Small Town/Rural | 25% |
| Emery County | Small Town/Rural | 25% |
| Garfield County | Small Town/Rural | 33% |
| Grand County | Small Town/Rural | 25% |
| Iron County | Small Town/Rural | 32% |
| Juab County | Metro | 29% |
| Kane County | Small Town/Rural | 31% |
| Millard County | Small Town/Rural | 29% |
| Morgan County | Metro | 16% |
| Piute County | Small Town/Rural | 38% |
| Rich County | Small Town/Rural | 22% |
| Salt Lake County | Metro | 16% |
| San Juan County | Small Town/Rural | 36% |
| Sanpete County | Small Town/Rural | 30% |
| Sevier County | Small Town/Rural | 30% |
| Summit County | Small Town/Rural | 18% |
| Tooele County | Metro | 13% |
| Utah County | Small Town/Rural | 25% |
| Utah County | Metro | 16% |
| Wasatch County | Small Town/Rural | 19% |
| Washington County | Metro | 25% |
| Wayne County | Small Town/Rural | 30% |
| Weber County | Metro | 20% |

Source: County-level Medicaid coverage estimates are based on an analysis of 2020-2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS). Counties are classified as "Small Town/Rural Area" if population was less than 50,000 people. "N/A" indicates data suppressed due to poor reliability.

Georgetown University
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Source for both tables: Georgetown University Center for Children and Families. (2023, May 22). Medicaid Coverage in Metro and Small Town/Rural Counties, 2020-2021 [Utah – Child Coverage]. <https://ccf.georgetown.edu/2023/05/22/medicaid-coverage-in-metro-and-small-town-rural-counties-2020-2021/>

Immigrant Children

Thousands of children in Utah lack health coverage due to their immigration status. Without legal immigration status, these children have only limited access to health care, typically through community health centers or emergency rooms.

This means they do not have access to robust preventive care that can prevent, or more effectively address, chronic conditions.

Recent changes to state law (discussed later) will allow a new public health coverage program to cover approximately 2,000 more immigrant children in our state.

Utah is now one of twelve states that cover more children regardless of immigration status. [18]



[15] Rural health for Utah Overview - Rural Health Information Hub. <https://www.ruralhealthinfo.org/states/utah>
 [16] Osorio, A., Alker, J., & Park, E. (2023). Medicaid's Coverage Role in Small Towns and Rural Areas [Table 1]. Georgetown University Center for Children and Families. <https://ccf.georgetown.edu/2023/08/17/medicaids-coverage-role-in-small-towns-and-rural-areas/>

[17] Wagnerman, K., Alker, J., Hoadley, J., Holmes, M., Georgetown University Center for Children and Families, University of North Carolina NC Rural Health Research Program, & Pritzker Children's Initiative. (2017). Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities. <https://ccf.georgetown.edu/wp-content/uploads/2017/06/Rural-health-final.pdf>
 [18] Health Care Coverage Maps. (n.d.). National Immigration Law Center. <https://www.nilc.org/issues/health-care/healthcoveragemaps/>

Latino Children

Nationally, Latino children are more likely to be uninsured than their peers, and Utah is no different.

In 2022, Utah's rate of uninsured Latino children was 14.1%, compared to 6.1% of children overall.

This means Latino children have a much greater likelihood of being uninsured compared to non-Hispanic children. [19]

Many of the same issues faced by immigrant families affect Latino families more broadly.

The “chilling effect” was exacerbated under the Trump administration when proposed changes to the Public Charge Rule and other anti-immigrant restrictions and enforcement measures led to eligible immigrant and Latino families to avoid using public benefits. [20]

Children with Uninsured Parents

When parents and caregivers have access to quality care and health insurance, their children are more likely to be covered, too. [21]

A 2017 study found that children are 29% more likely to have an annual well-child visit and other preventive care exams if their parents or caregivers are enrolled in Medicaid. [22]

The expansion of Medicaid to cover more low-income adults has had a positive effect on children's insurance rates. States that have participated in Medicaid expansion as part of the Affordable Care Act have lower rates of uninsured children than states that have not expanded Medicaid. [23]

Adults with access to high-quality care and coverage are likely to have better health outcomes and be more financially secure.

When adults who are also parents are able to experience higher economic mobility and lower stress levels, they can better create a supportive and healthy environment in which their children can thrive. [24]

Parents' mental health also plays a crucial role in fostering a nurturing home environment. When parents forgo mental health treatment, due to lack of coverage or access to care, their children can be negatively impacted.

For example, maternal depression can have adverse effects on children's cognitive and social-emotional development, which can lead to low educational attainment and fewer employment opportunities later in life. [25]



[19] Utah State Profile - Georgetown CCF data. (2024b, February 23). Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

[20] Whitener, K. (2021, September 2). Getting back on track: A detailed look at health coverage trends for Latino children. Center for Children and Families. <https://ccf.georgetown.edu/2021/06/08/health-coverage-trends-for-latino-children/>

[21] QuickTake: Health Insurance Coverage for Children and Parents: Changes between 2013 and 2017. <https://zaps.urban.org/features/nrms/quicktakes/health-insurance-coverage-children-parents-march-2017.html>

[22] Venkataramani, M., Pollock, C. E., & Roberts, E. T. (2017). Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services. *Pediatrics*, 140(6), e20170953.

[23] Harker, L., & Sharer. (n.d.). Medicaid Expansion: Frequently Asked Questions. Center on Budget and Policy Priorities. Retrieved May 30, 2024, from <https://www.cbpp.org/research/health/medicaid-expansion-frequently-asked-questions-0>

[24] Urban Institute. (2016). Healthy Parents and Caregivers. In <https://ccf.georgetown.edu/content/uploads/2016/12/Parents-and-Caregivers-12-12.pdf>

[25] Chester, A., Schmit, S., Alker, J., Golden, O., ccf.georgetown.edu, & CLASP.org. (2016). Medicaid expansion promotes children's development and family success by treating maternal depression. <https://www.clasp.org/content/uploads/2022/01/Treating-Maternal-Depression-1.pdf>

Contributing Factors That Exacerbate These Problems in Utah

Institutional Issues

Lack of outreach and enrollment assistance



Nearly 21% of all the uninsured children in Utah are eligible for state health coverage, but are not currently enrolled. [26]

Their families may be unaware that they or their children could be eligible for Medicaid or CHIP.

Community outreach and enrollment assistance by the agencies that administer these programs are essential to ensuring that all families understand what healthcare options are available and which plan fits them best.

Utah has historically lacked the robust outreach and enrollment assistance necessary for families to know about and apply for the healthcare options for which they are eligible.

In 2021, however, the Legislature passed HB262: Children’s Health Insurance Amendments, which directed \$172,500 in state funding and nearly \$600,000 in matched federal funds to survey public health program participants, “and conduct outreach to encourage children to sign up for public health insurance.” [27]

Thanks to this legislation, the Department of Health and Human Services (DHHS) advertised children’s public health insurance programs information via billboards, radio ads, social media and other outreach strategies.

Churning Kids In and Out of Public Insurance Programs

“Churning” is when children are disenrolled in a public health insurance program and then re-enrolled after only a brief time without public insurance (2-6 months).

“Churn” is the on-and-off-and-on pattern of enrollment that may be unrelated to actual eligibility status.



Up until 2024, Utah did not offer “continuous coverage” for children enrolled in its Medicaid program.

This means that, rather than granting a full year of coverage at the time of enrollment, to be renewed at the end of the year, children may have lost their Medicaid coverage mid-year due to things such as small fluctuations in income.

For instance, this could occur if a parent receives an extra paycheck in a month, takes on overtime shifts, or faces an increased seasonal workload.

Continuous coverage allows for greater continuity of care. When children experience health insurance gaps, they are less likely to have access to medical care. Interruptions in care can sometimes mean that children skip or delay their well child visits or refilling a prescription. [28]

Older children, ages 15-19 and Latino children, and those in the Medically Needy program are more likely to experience discontinuity in coverage. [29]

Ensuring that children remain covered is associated with lower administrative costs in disenrollment, re-enrollments, and determinations. [30]

Additionally, for children, the longer they are enrolled in Medicaid, the lower the average monthly Medicaid cost can be. [31]

In 2020, the Utah Legislature instituted 12-month continuous eligibility for enrolled children ages 0 to 6. This change required an increase in funding to the DHHS.

However, the funding for this improvement was cut soon after the conclusion of the 2020 session, when the onset of the COVID pandemic caused budgetary panic; DHHS was never able to implement the new continuous coverage policy.

Finally, in 2024, Utah instituted 12-month continuous coverage, at the direction of the federal government.

[26] Haley, J. M., Kenney, G. M., Pan, C. W., Wang, R., Lynch, V., & Buettgens, M. (2021). Uninsurance Rose among Children and Parents in 2019. <https://www.urban.org/sites/default/files/publication/104547/uninsurance-rose-among-children-and-parents-in-2019.pdf>

[27] HB0262. <https://le.utah.gov/~2021/bills/static/HB0262.html>

[28] Irvin, C., Peikes, D., Trenholm, C., Khan, N., Tenenbaum, J., & Mathematica Policy Research, Inc. (2001). Discontinuous coverage in Medicaid and the implications of 12-Month continuous coverage for children. In Health Resources and Services Administration & Maternal and Child Health Bureau, Health Resources and Services Administration, Maternal and Child Health Bureau [Report]. <http://www.mathematica-mpr.com/~media/publications/PDFs/discontinuous.pdf>

[29] Ibid

[30] Ibid

[31] Ku, L., MacTaggart P., Pervez, F., & Rosenbaum, S. (2009). Improving Medicaid’s continuity of coverage and quality of care. Washington, D.C.: Association for Community Affiliated Plans.

Cultural Challenges: Public Charge & Fear Among Immigrant Communities

Public Charge

The “public charge” inadmissibility test has been part of federal immigration law for more than 140 years. Administered to people seeking entry to the United States, or seeking “lawful permanent resident status (LPR status, commonly known as a “green card”) [32], the “public charge” test is designed to identify people who may come to depend on the government as their main source of support in the future.

If an immigration or consular official determines that someone is likely to become a “public charge,” the government can deny that person’s application for admission to the United States or for LPR status. (Language Adapted from the Protecting Immigrant Families Campaign).

Immigrant families in the U.S. have long feared that their participation in any public program could affect their ability to adjust their immigration status.

From 2016 to 2020, the Trump Administration heightened this fear by proposing changes to the public charge test that would have made it more difficult for mixed-status immigrant families to seek healthcare, food, and other social support from the government.

Mixed-Status Families

Families with differing citizen and noncitizen immigration statuses. Examples of non-citizen include but are not limited to Legal Permanent Residents (green card holders), temporary work and visitor visas, Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), and undocumented immigrants.

In 2022, thanks to a national push from immigrant advocates, the Biden Administration reversed the changes made by the Trump Administration. A national campaign and intense local education efforts have aimed to lessen fears about the public charge in immigrant families, but fear and reluctance remain prevalent.

Years of uncertainty, dramatic policy changes, and a history of national anti-immigrant legislation have left families with an understandable distrust of government agencies and programs.

A 2019 report from the Urban Institute found that one in five adults with immigrant children avoided a public benefit like Medicaid or CHIP for fear of risking a future green card status. [33]


This “chilling effect” also means that 16.1% lower-income families reported that they or a family member avoided a medical program like Medicaid or CHIP because of green card concerns. [34]

Ongoing local education and trust-building are crucial to ensure that all eligible families in our state can access necessary programs without the fear of jeopardizing their immigration status or facing deportation.



[32] Protecting Immigrant Families Coalition. <https://pifcoalition.org/>
[33] Haley, J. M., Kenney, G. M., Bernstein, H., Gonzalez, D., & Health Policy Center. (2020). One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019. https://www.urban.org/sites/default/files/publication/102406/one-in-five-adults-in-immigrant-families-with-children-reported-chilling-effects-on-public-benefit-receipt-in-2019_1.pdf
[34] Ibid

The Journey to Cover All Kids



The "100% Kids Coverage Coalition" was founded in 2018 to ensure comprehensive healthcare access and coverage for all Utah children through a multifaceted and multi-year approach.



100% Kids Coverage Coalition



Improving kids' coverage in Utah requires a multifaceted and collaborative approach. In 2018, we founded the "100% Kids Coverage Coalition," a collaborative alliance of

community organizations, healthcare institutions, and dedicated community advocates focused on ensuring all Utah children have unobstructed access to high-quality care and coverage. [35]

Built around the following four core pillars, our coalition of nearly 40 endorsed members aims to cover, keep, connect, and protect the health coverage of children and their parents.

Four Core Pillars

1. Cover All Kids

All kids deserve health coverage and care, regardless of where they were born, but immigration status can play a significant role in determining the type of care and coverage that children can access.

Our coalition believes that immigration status should not prevent any child from accessing health care.

In 2024, we made an essential stride toward this vision, helping to pass legislation that established the new State CHIP program which offers public health insurance to more non-US citizen children. [36]

2. Continuous Coverage

Health coverage must be stable and uninterrupted if children are to access vital preventive and primary care. Uninterrupted coverage allows families to seek and receive prompt treatment of unexpected health issues, with less worry about coverage gaps or financial strain.

This continuity of care strengthens relationships between healthcare providers, children, and their families, and allows for appropriate monitoring of a child's health and development.

Thanks to new guidance from the federal government, children on Medicaid in Utah are now able to receive continuous coverage for an entire year after enrollment. [37] We are committed to ensuring that children have this consistent access to care.

[35] 100% Kids Coalition. <https://www.100percentkids.health/home>

[36] State CHIP | DHHS Children's Health Insurance Program. <https://chip.utah.gov/>

[37] Assistant Secretary for Public Affairs (ASPA). (2023, September 29). HHS takes action to provide 12 months of mandatory continuous coverage for children in Medicaid and CHIP. HHS.gov. <https://www.hhs.gov/about/news/2023/09/29/hhs-takes-action-provide-12-months-mandatory-continuous-coverage-children-medicaid-chip.html>

3. Connect Kids to Coverage

Many uninsured children in our state qualify for Medicaid or CHIP. Their enrollment in these programs, however, can be hindered by barriers like location, language, and lack of familiarity with their health insurance options. That's why bolstering outreach and enrollment assistance is vital.

By investing greater in outreach and enrollment assistance initiatives, we can help families better navigate the ever-changing landscape of healthcare plans and costs, even as their household circumstances evolve.

Outreach that is tailored to specific communities can help to debunk myths, alleviate concerns, and ensure families tap into available services.

While Utah has made great progress in outreach, including having an account on every major social media platform, FAQs, and fliers explaining the programs, Utah lags in other domains according to a recent snapshot from Georgetown University's Center for Children and Families. [38]

We look forward to supporting initiatives that help more families enroll such as: an online screening tool, how-to enrollment and account videos, and tools to better locate nearby assisters and community based organizations.

Additionally, we hope to continue advocating for greater language access for English Language Learners (ELLs) through an increase in translated applications and ensuring the state makes a greater effort to provide language translation on their websites. [39]

Addressing these barriers in the enrollment process is crucial to bridging coverage disparities for those in highest need.



[38] Brooks, T., Green, Hannah, Lawson, N. (2024, May 14). State Medicaid and CHIP outreach resources and enrollment assistance snapshot. Center for Children and Families. <https://ccf.georgetown.edu/2024/05/09/state-medicaid-and-chip-outreach-strategies-and-enrollment-assistance-snapshot/>

[39] Ibid



4. Protect Parent Coverage

Research supports a two-generation approach to health coverage: when parents are insured, their children are more likely to be insured, too. By ensuring that parents, especially expectant mothers, can readily access affordable health coverage, we pave the way for a healthier start for more children. [40]

Utah's full Medicaid expansion in January 2020 enabled our state to make significant strides by granting more adults and parents access to essential care.

The coalition will continue to pursue this approach going forward; our priorities for the coming years include advocating to expand coverage options for expecting mothers.

Prenatal care is crucial for pregnant women, having regular prenatal care can help control existing health conditions like high blood pressure and diabetes that can prevent serious complications later on. [41]

Additionally, regular prenatal care can help spot problems early on and complete recommended tests and screenings for the health of the mothers and infants. [42]

Removing Barriers for Immigrant Mothers

To support the health of expecting immigrant mothers and their children, the coalition will prioritize removing the five-year bar for lawfully residing immigrant pregnant women through the Immigrant Children's Health Improvement Act (ICHIA) option. [43]

This Children's Health Insurance Program Reauthorization Act (CHIPRA) allows states to remove the five year waiting period for lawfully residing children and pregnant women. Currently, 'qualified non citizens' must wait five years before they can be eligible for Medicaid or CHIP. [44]

While Utah adopted this option for children in 2016, we want to join the 26 other states that have taken up this option expecting immigrant mothers. [45]

Another strategy will include advocating for pregnancy coverage through the CHIP Unborn Child option that would allow pregnant women, regardless of their immigration status, the ability to receive prenatal care and labor and delivery services during their pregnancy. [46]

This option to receive prenatal care is crucial for immigrant women who currently do not qualify for Medicaid and CHIP.

It can help ensure new mothers and their infants get the care they need and support a health pregnancy and delivery. If adopted, Utah would join 20 other states who currently take up this option including states like Texas and Oklahoma. [47]

[40] Haley, J., Kenney, G. M., Wang, R., Pan, C., Lynch, V., & Buettgens, M. (2018). Uninsurance and Medicaid/CHIP Participation among Children and Parents: Variation in 2016 and Recent Trends. https://www.urban.org/sites/default/files/publication/99058/uninsurance_and_medicaidchip_participation_among_children_and_parents_updated_1.pdf

[41] What is prenatal care and why is it important? (2017, January 31). <https://www.nichd.nih.gov/>

[42] Prenatal care | Office on Women's Health. (n.d.). <https://www.womenshealth.gov/a-z-topics/prenatal-care>

[43] Centers for Medicare & Medicaid Services. (2010, July 1). Re: Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women. <https://www.medicare.gov/federal-policy-guidance/downloads/SHO10006.pdf>

[44] Health coverage for lawfully present immigrants. HealthCare.gov. <https://www.healthcare.gov/immigrants-lawfully-present-immigrants/>

[45] Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women | KFF. (2023, March 16). <https://www.kff.org/affordable-care-act/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/?currentTimeframe=D&sortModel=%7B%22col%22%7D%22location%22%7D%22sort%22%7D%22asc%22%7D>

[46] Clark, M. (2020, November). Medicaid and CHIP Coverage for Pregnant Women: Federal Requirements, State Options. <https://act.governorsnow.edu/wp-content/uploads/2020/11/Pregnancy-Eligibility-v6.pdf>

[47] Medicaid and CHIP income eligibility limits for pregnant women as a percent of the federal poverty level | KFF. (2023, March 16). <https://www.kff.org/affordable-care-act/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-at-a-percent-of-the-federal-poverty-level/?currentTimeframe=D&sortModel=%7B%22col%22%7D%22location%22%7D%22sort%22%7D%22asc%22%7D>

The Future of the Coalition

As our 100% Kids Coverage Coalition progresses, we are introducing a new pillar: Strengthening and Protecting Medicaid.

While our original four pillars are crucial for proactively expanding coverage for more Utah children, safeguarding the integrity and accessibility of the Medicaid program for all Utahns is imperative.

This decision is in part a response to recent legislative threats to the program, the most serious of which has been HB 463, Medicaid Funding Amendments, sponsored by Rep. Brady Brammer (R-Pleasant Grove). [48]

Grounded on the false assertion that the federal government will run out of funding for Medicaid in the near future, this bill threatened critical health services for children, pregnant women, people with disabilities and rural communities.

HB 463 would have triggered massive cuts to life-saving services for these groups. Our coalition, anticipating future attacks on the program, is fortifying our efforts to safeguard Medicaid.

Our robust coalition intends to continue its active collaboration with key stakeholders, including the DHHS and the Department of Workforce Services (DWS) to address community concerns and challenges with Utah's public health insurance programs.

100% Kids Coalition Partner List

www.100percentkids.health

Alliance for a Better Utah
Alianza Venezolana de Utah
Alliance Community Services
Catholic Diocese of Salt Lake City
Centro de la Familia de Utah
Centro Hispano
Coalition of Religious Communities
Community Health Connect
Comunidades Unidas
Consulate of Mexico in Salt Lake City
Crossroads Urban Center
Faith and Advocacy Coalition to End
Hunger and Homelessness
Family Healthcare in St. George
Friends of the Children - Utah

Holy Cross Ministries
Health Choice Utah
Intermountain Healthcare
Kids Who Count
Neighborhood House
NeighborWorks Salt Lake
Primary Children's Hospital
Promise Partnership Utah
Root for Kids
Salt Lake County Mayor's Office
for New Americans
Select Health
Take Care Utah
The University of Utah Health
Plans
The People's Health Clinic

United Way of Salt Lake
Utah Assistive Technology Program
Utah Health Policy Project
Utah Chapter American Academy
of Pediatrics
Utah Community Health Workers
Association
Utah Family Voices at the Utah
Parent Center
Utah Pacific Islander Health
Coalition
University Health Communities
Clinics
YWCA of Utah

[48] HB0465. <https://le.utah.gov/~2024/bills/static/HB0463.html>

Engaging Our Community

Story Collecting History

From 2018 to 2020, Voices partnered with community-based organizations and community health workers to provide opportunities for Medicaid and CHIP program participants to share their stories and experiences.

The collection of stories confirmed and strengthened our understanding of the importance of health coverage to the overall economic well-being of families. The stories of uninsured families have informed our policy goals.

In June of 2022, we released our [100% Kids Coverage Storybook](#), which highlighted the experiences of families with uninsured children, specifically the challenges they face when trying to enroll in Medicaid and CHIP.



Stronger Together: Health and Community Medicaid Events

In collaboration with Stephanie Burdick, Consumer Representative on the Medical Care Advisory Board, DHHS, and local community-based organizations, we have hosted community engagement events for Medicaid recipients in Logan, Provo, and St. George.

These events, tailored to the needs of local families, provided an opportunity to engage in-person with representatives of local programs and support services. For enhanced accessibility, we provided dinner, language interpretation, and childcare for participants.

Families learned about becoming civically engaged, accessing important community resources, and telling their stories. The events were intentionally created to compliment other health fairs by giving families the necessary tools to confidently engage and understand their local community resources and assets.





Parents in attendance were provided the tools necessary to renew their Medicaid coverage, as well as the opportunity to share their experiences about the importance of Medicaid coverage to their families.

Experts assisted with Medicaid renewals and applications, and offered support in navigating other program paperwork. The events also featured a town hall with Jennifer Strohecker, the director of Utah's Medicaid program.

Our St. George event focused on enhancing civic engagement and addressing the social services needs in southern Utah. The event featured the state Medicaid Director and three local legislators who engaged with representatives from local and state community-based organizations and heard

about improvements that could ensure greater access to Utah's social services.

The two panels focused on critical topics such as Medicaid, mental and behavioral health, services for children with disabilities, and civic engagement. This direct interaction provided a valuable platform for residents to voice their concerns and suggestions to legislators and Medicaid directly.

These engagement nights have provided meaningful insights and a template for future events that support Medicaid recipients and other low-income individuals.

We look forward to engaging with DHHS, DWS, and more Legislators in their local areas in the near future.

For a full list of partners, please see Appendix 3.

Voices on Postcards

During the event, families crafted postcards and shared personal anecdotes highlighting Medicaid's importance and the challenges of accessing care through public assistance programs.

One thing I want people to know about people on Medicaid is...

We work full time jobs

Name _____ Phone Number _____ E-mail _____

One thing I want people to know about people on Medicaid is...

Medicaid is first and foremost a resource I hope people start to see it more as a stepping stone of support and not a "crutch". People deserve to have access to health.

Name _____ Phone Number _____ E-mail _____

What challenge have you faced getting or renewing Medicaid?

*-Red tape
-Unresponsive employees at Dept of Workforce Services
-Unrealistic time constraints
-Terrible communication!!!*

What does Medicaid mean for you and your family?

It's been an amazing experience! My husband and I are both students and had a baby girl while in school. Medicaid helped pay for the birth and we were able to get NIC for our daughter. We've been able to do with parenting and finish our degrees with Medicaid.

Children's Health Care in Utah

A Look at Recent Policies



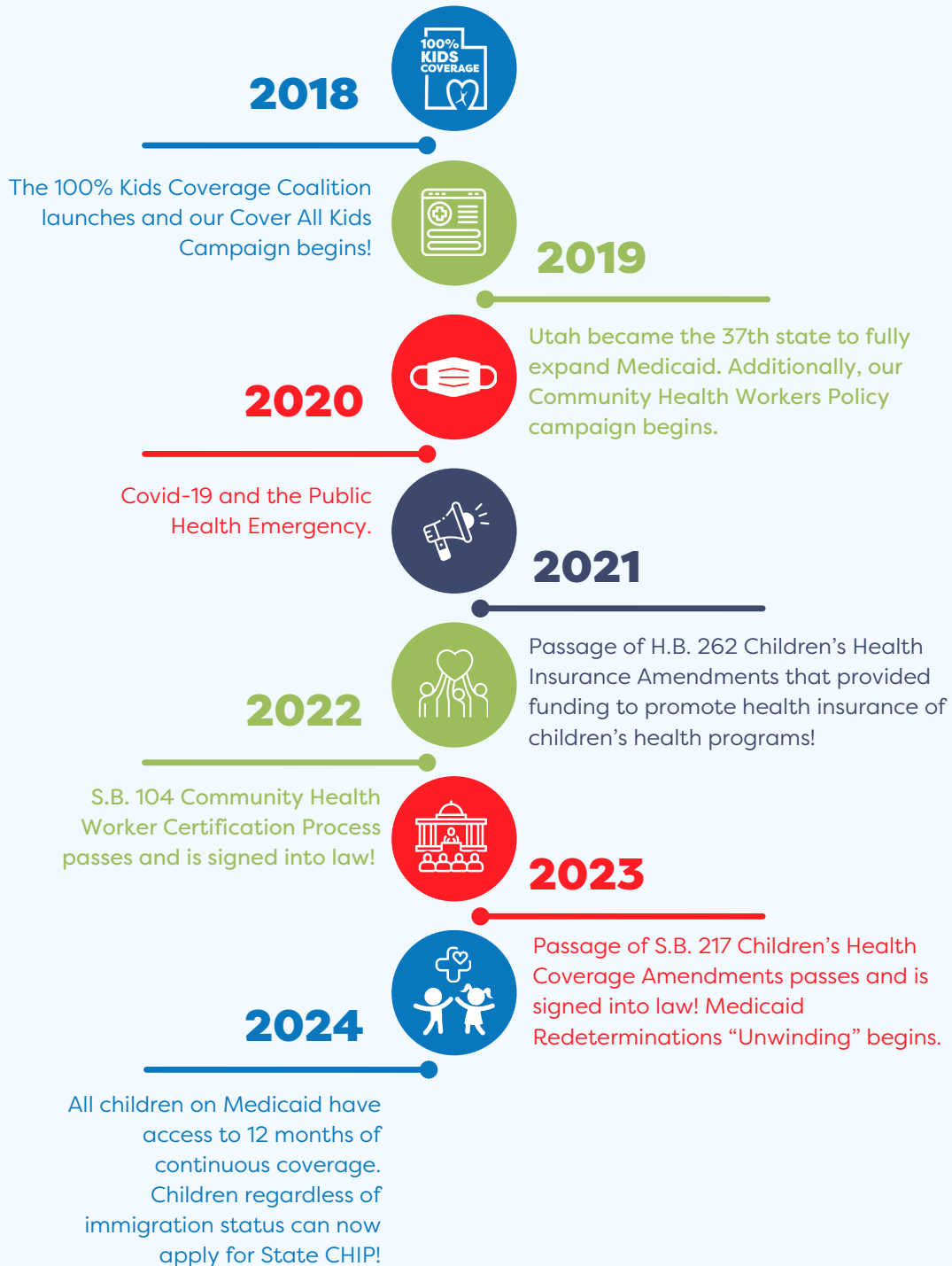
Over the past six years, Utah's landscape of children's health coverage has witnessed significant challenges, but also remarkable progress.

Over the past six years, Utah's landscape of children's health coverage has witnessed significant challenges, but also remarkable progress. Voices for Utah Children has been at the forefront of the strategic advocacy and collaborative efforts that define this transformative journey.

This section explores the multifaceted policy landscape, highlighting the concerted efforts of Voices and the broader implications of national policy shifts on the healthcare landscape for Utah's youth.

Children's Health Landscape

Childrens' Health Policy Changes in Utah, 2018 - 2023





2018-2024

Continuous Coverage for Children (12-month Continuous Eligibility History)

Voices has long championed 12-month continuous eligibility, due to its documented positive impact on children. Starting in 2018, we have advocated for state funding to support the implementation of this important policy. [49,50]

In 2020, Rep. Ray Ward (R-Bountiful) helped to secure 12-month continuous eligibility for children enrolled in Medicaid, along with the funding to implement it, via HB210 Insurance Coverage for Children Amendments.

Unfortunately, amid funding concerns at the onset of the COVID pandemic, this effort was paused as other “new” investments were removed from the funding list by the legislature that summer.

Fortunately, at the start of the pandemic, Congress passed the Families First Coronavirus Response Act (FFCRA) that mandated a continuous eligibility provision for all state Medicaid programs. This continuous coverage provision was in effect from March 2020 to March 2023.

Continuous Coverage and its Impact on Coverage Rates

During the Public Health Emergency (PHE), continuous coverage under Medicaid played a pivotal role in ensuring uninterrupted access to essential healthcare services for countless families. It also led to notable growth in Medicaid and CHIP enrollment.

The program saw an increase from 320,000 in January 2020 to approximately 532,000 by April 2023. [51]

Continuous coverage also positively impacted children’s health coverage; In 2022, the national uninsured rate for children stood at 5.1%, down from 5.7% in 2019. [52]

Utah was one of 22 states that experienced a notable decline in the number of uninsured children, from 82,000 in 2019 to 61,000 in 2022, a 26% change.

[49] COBI, <https://cobi.utah.gov/2018/1457/issues/1881>

[50] Meeting minutes of the Social Services Appropriations Committee. (2020, February). <https://le.utah.gov/MtgMinutes/publicMeetingMinutes.jsp?Com=APPSOC&meetingId=16710>

[51] Updated Medicaid April 2024 Enrollment Report. (2024, April). Utah Department of Health and Human Services. <https://medicaid.utah.gov/Documents/enrollment/Medicaid-Enrollment-REPORT-Dashboard.html#persons>

[52] Alker, J. (2023, November 15). Medicaid’s Pandemic-Era continuous coverage protections helped reduce number of uninsured children. Center for Children and Families.

Medicaid Expansion In Utah: What Happened & Where Are We Now?

When the Affordable Care Act (ACA) was enacted in 2010, a provision of the law called for a nationwide expansion of the Medicaid program.

The expansion would allow the program to cover all adults aged 19-64 with income below 138% of the Federal Poverty Level (FPL). The federal government finances 90% of the cost associated with the newly expanded coverage. [53]

In 2012, the US Supreme Court ruled (National Federation of Independent Business v. Sebelius) that each individual state could choose whether to participate in the expansion of Medicaid for their residents, but were not required to do so. [54]

In 2019, Utah became the 37th state to expand Medicaid fully; currently, 41 states have expanded Medicaid.

November 2018, Utah voters had approved the expansion of Medicaid through Utah Proposition 3, “Medicaid Expansion Initiative,” a ballot initiative that included a 0.15% sales tax increase to help cover the increased program costs to increase coverage to adults up to 138% Federal Poverty Level (FPL) [56].

During the Proposition 3 campaign, Voices played a vital role to campaign and help pass Medicaid expansion through the voter proposition. Shortly after the successful passage of Proposition 3, the state legislature proposed a number of changes to the expansion through SB96: Medicaid Expansion Adjustments.

Approval and denial of changes within the legislation slowed down implementation but eventually Utah fully expanded Medicaid.

On January 1, 2020, approximately 120,000 Utah adults in this new expansion population became eligible for Medicaid coverage. [57]

Despite the initial challenges, nearly 100,000 low-income adults have since benefited from Utah’s expanded Medicaid program, demonstrating the intensity of healthcare needs in previously underserved populations. [58]

For an in-depth analysis and explanation of Utah’s Medicaid Expansion journey, please see Appendix 1.

Medicaid expansion marks a significant stride towards health equity, allowing more Utahns access to comprehensive healthcare benefits that cover essential services such as doctor visits, hospital care, emergency services, prescription medication, maternity care, and beyond. [59]

Before Medicaid expansion in Utah, eligibility was traditionally limited to specific groups based on income, family size, and other criteria. [60] This primarily included very low-income parents with children, pregnant women, adults with disabilities, and individuals aged 65 and over.

Notably, many Utah adults without dependent children and those with children who exceeded income requirements were left without sufficient coverage options. Medicaid expansion closed the ‘coverage gap’ for those individuals who had been ineligible for traditional Medicaid, but who also earned too little to receive sufficient financial assistance through the ACA marketplace.



[53] Norris, L. (2024, March 4). What is Medicaid expansion? | healthinsurance.org. healthinsurance.org. <https://www.healthinsurance.org/glossary/medicaid-expansion/>

[54] National Federation of Independent Business v. Sebelius. 567 U.S. 519 (2012)

[55] Status of State Medicaid Expansion Decisions: Interactive Map | KFF. (2024, May 8). KFF. <https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

[56] Utah Proposition 3, Medicaid Expansion Initiative (2018) - Ballotpedia. (n.d.-b). Ballotpedia. [https://ballotpedia.org/Utah_Proposition_3_Medicaid_Expansion_Initiative_\(2018\)](https://ballotpedia.org/Utah_Proposition_3_Medicaid_Expansion_Initiative_(2018))

[57] Utah to implement full Medicaid expansion - Department of Health and Human Services. (2019, December 23). Department of Health and Human Services. <https://dhs.utah.gov/featured-news/utah-to-implement-full-medicaid-expansion/>

[58] Utah Department of Health. (n.d.). Medicaid enrollment report dashboard.

<https://medicaid.utah.gov/Documents/enrollment/Medicaid-Enrollment-REPORT-Dashboard.html#adults>

[59] Medicaid expansion - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare. (2024, March 19). Medicaid: Utah Department of Health and Human Services - Integrated Healthcare. <https://medicaid.utah.gov/expansion/>

[60] Garfield, R., & Rudowitz, R. (2020, November 4). Eliminating the ACA: What could it mean for Medicaid expansion? | KFF. KFF.

Community Health Workers

A Community Health Worker (CHW) is a trusted member of the community they serve. They are trained to provide education, guidance, and social support. CHWs also act as a liaison between health care providers, social service programs and other service providers. [61]

Community Health Workers (CHWs) are vital to our path toward health equity in Utah. They share a connection with their community through language, culture, and tradition that makes them an ideal liaison between community members and the healthcare or other systems.

During the pandemic, CHWs were vital to helping marginalized communities obtain information and access to quarantine recommendations, testing, the availability and importance of vaccines, and more.

In 2019, Voices co-chaired the Utah Community Health Worker Section's Finance & Advocacy Committee. From 2019-2021, alongside Stephanie Burdick, we met with a broad range of CHWs, community-based organizations, and healthcare partners, in order to develop the policy plan for a CHW certification pathway through the Department of Health and Human Services.

Throughout this process, we focused on building the CHW community's advocacy capacity through workshops, surveys, focus groups and more.

In 2021, we worked with Senator Luz Escamilla (D-Salt Lake City) to develop SB104, "Community Health Worker Certification Process," [62] which created a pathway for DHHS to create an optional certification for CHWs. We hosted a Community Health Worker "Day on the Hill," where we and our partners advocated alongside CHWs for this policy, and helped legislators learn more about the value of CHWs and their unique work.

This legislation was an important first step toward allowing CHWs who serve Medicaid patients to bill the Medicaid program for their valuable health care services. Certification also presents a new opportunity for a sustainable funding source, in addition to the grant funding typically used to support CHW efforts.

SB104 passed every legislative committee and chamber without any oppositional vote. We are so proud to have been a part of that important piece of legislation. Thanks to the work of DHHS and the Office of Health Equity, a process for certification has since been established and finalized.

Currently, CHWs are able to obtain their optional state certification, as well as pursue professional development, through the Office of Health Equity [63] and the Utah Community Health Worker Association. [64]



[61] Community Health Worker (CHW) State Certification | Office of Health Equity. <https://healthequity.utah.gov/chw-state-certification/>
 [62] SB0104. <https://le.utah.gov/~2022/bills/static/SB0104.html>
 [63] Community Health Worker (CHW) State Certification | Office of Health Equity. <https://healthequity.utah.gov/chw-state-certification/>
 [64] CHW state certification. (n.d.). <https://www.uchwa.org/chw-state-certification>

2020-2024

COVID-19 and the Public Health Emergency

The COVID-19 pandemic undoubtedly upended the lives and wellbeing of millions globally. Tragically, over 5,000 Utahns lost their lives during this unprecedented crisis. [66]

In our state, more than one million cases of COVID were confirmed, and the actual number may be even higher due to underreporting. [67]

The COVID-19 pandemic also exposed and exacerbated health disparities that disproportionately impact communities of color across the nation, with Utah being no exception. [68]

Amidst the chaos, a remarkable worldwide effort resulted in the creation of a vaccine. At the local level, community health workers (CHWs) played a pivotal role in educating their communities about preventive measures and treatment options.

It was a uniquely critical time in which to ensure children and families had access to care and coverage.

Public Health Emergency and Medicaid

On March 18, 2020, Congress passed the Families First Coronavirus Response Act (FFCRA). The Act put into place protections for families and individuals enrolled in Medicaid to ensure that they would not be left without health coverage during the global COVID-19 pandemic.

The law authorized an increase of 6.2 percentage points in federal Medicaid funds to the states to help state governments adequately respond to the pandemic. States received this additional Medicaid funding as long as they kept Medicaid beneficiaries enrolled throughout the COVID-19 public health emergency.

This continuous coverage requirement allowed children and families to have uninterrupted care and remain eligible for Medicaid, even if there were changes in circumstances that would have made them lose coverage under normal circumstances.



[66] Utah Department of Health. (n.d.). COVID-19 data dashboard: Overview <https://coronavirus-dashboard.utah.gov/overview.html>

[67] Ibid

[68] Insight: COVID-19 spotlights racial and ethnic health disparities in Utah - KEM C. Gardner Policy Institute. (2024, January

18). Kem C. Gardner Policy Institute. <https://gardner.utah.edu/blog/blog-covid-19-spotlights-racial-and-ethnic-health-disparities-in-utah/>

Medicaid “Unwinding”

On December 23, 2022, Congress passed the FY 2023 Consolidated Appropriations Act, which included a provision to separate the federal Public Health Emergency (PHE) from Medicaid's continuous enrollment policy.

This meant that the Medicaid “unwinding” or redetermination process began for individuals on the programs independent of the PHE ending. [69] The Act also phased out the 6.2 percentage point increased federal matching rate (FMAP) that was provided to states in exchange for continuous enrollment during the pandemic. [70]

To prepare for the unwinding, states developed a 12-month plan to reassess the eligibility of all individuals covered during the PHE. Utah's Department of Workforce Services began reviewing eligibility for all Medicaid recipients on March 1, 2023 and ended in April 2024.

The Consolidated Appropriations Act directed that states conduct a full eligibility review, using various electronic data sources to find updated personal information for each beneficiary. These reviews, known as ex parte renewals, were conducted before Medicaid and CHIP participants were asked to fill out a full renewal application.

The Medicaid unwinding in Utah was an enormous undertaking, and resulted in over 61,000 children in Utah becoming disenrolled from coverage. [73] In fact, Utah was one of three states with the highest decline in net child enrollment, with 25% fewer children enrolled in Medicaid/CHIP than prior to the initiation of the unwinding process. [74]

The redetermination process in Utah will unfortunately lead to the uninsured rate for children in our state to start moving in the wrong direction again, with fewer and fewer children having health insurance.

Thousands of Utahns, including many children, lost their health insurance for procedural reasons. “procedural disenrollments” occur not because Medicaid recipients are ineligible for renewal, but due to administrative errors.

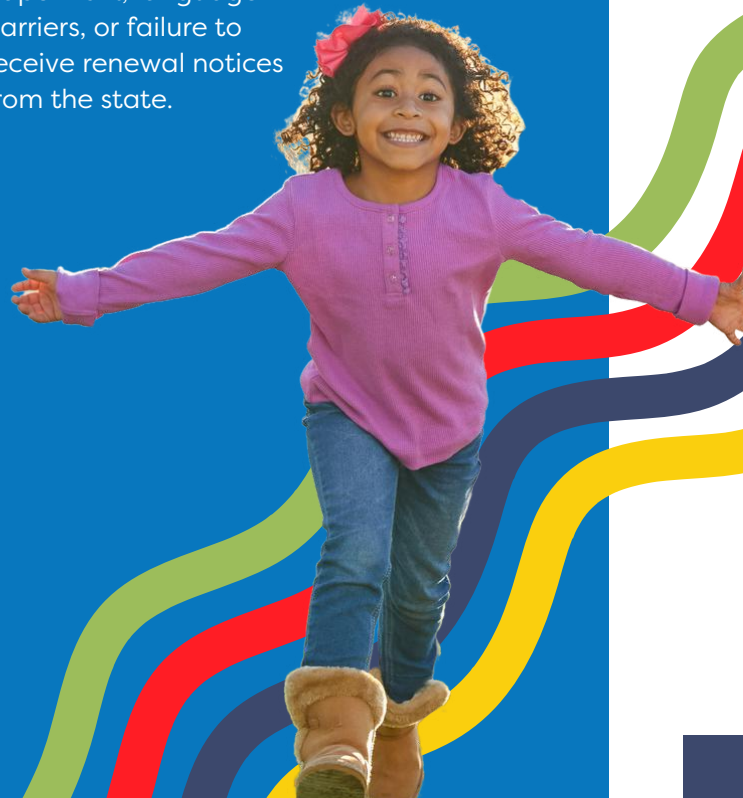
This can include missed renewal deadlines, not receiving mail notifications, failure to complete income and eligibility verification forms, or relocating to new residential areas. Because the application process is complex, and with Utahns having fallen out of the renewal practice over the three years of the pandemic, many individuals became lost in the system, resulting in disruptions to their coverage.

Over the past 12 months, procedural issues have been the primary reason for coverage loss among program participants.

On average, 48% of all disenrollments in our state were due to procedural closure- the highest in the nation.

Procedural Disenrollment

The involuntary loss of public health insurance coverage for potentially eligible individuals, due to administrative errors unrelated to their eligibility. People who should have remained covered by Medicaid and CHIP lost that coverage because of difficulties faced during the renewal process, such as confusing paperwork, language barriers, or failure to receive renewal notices from the state.



[69] Assistant Secretary for Public Affairs (ASPA). (2023, February 22). Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap. HHS.gov. <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>

[70] Park, E. (2023, January 10). Consolidated Appropriations Act, 2023: Medicaid and CHIP provisions explained. Center for Children and Families. <https://ccf.georgetown.edu/2023/01/05/consolidated-appropriations-act-2023-medicaid-and-chip-provisions-explained/>

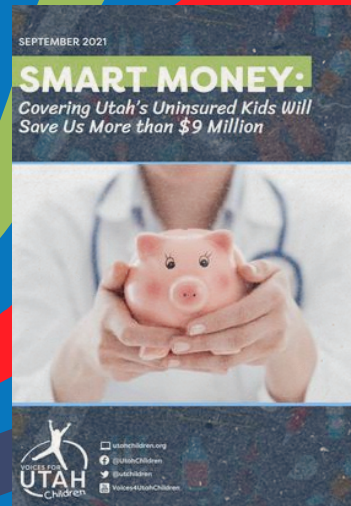
[71] Utah Medicaid and the Public Health Emergency Unwinding - Medicaid. Utah Department of Health and Human Services - Integrated Healthcare. (2024, May 9). Medicaid: Utah Department of Health and Human Services - Integrated Healthcare. <https://medicaid.utah.gov/unwinding/>

[72] Unwinding and Returning to Regular Operations after COVID-19 | Medicaid. (n.d.-b). <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>

[73] Cuello, L. (2024, May 14). How many children are losing Medicaid? Center for Children and Families.

<https://ccf.georgetown.edu/2023/09/27/how-many-children-are-losing-medicaid/>

[74] Alker, J. (2024, May 2). Child Medicaid disenrollment data shows wide variation in state performance as continuous coverage pandemic protections lifted. Center for Children and Families. <https://ccf.georgetown.edu/2024/05/02/child-medicaid-disenrollment-data-shows-wide-variation-in-state-performance-as-continuous-coverage-pandemic-protections-lifted/>



2021-2024

State CHIP: Health Coverage for Immigrant Kids

For more than three years, Voices worked with Senator Luz Escamilla (D-Salt Lake City) to champion legislation to expand public health insurance to more children, regardless of their background or citizenship status.

Our [Smart Money: Covering Utah's Uninsured Kids](#) (2021) report estimated that Utah would save approximately \$9 million by ensuring all children are covered. [76]

We outlined the cost of a state-funded health insurance program in our 2021 [Cover All Utah Kids](#) report [77] by analyzing the historical trends from other states that implemented similar programs.

Starting in 2021, Sen. Escamilla introduced three iterations of the legislation to expand coverage for immigrant children. [78]

In 2023, thanks to the efforts of the 100% Kids Coverage Coalition, coupled with the legislative championship of Sen. Escamilla and Representative Jim Dunnigan (R-Taylorsville), SB217: Children's Health Coverage Amendments (2023) successfully passed, taking a targeted and moderated approach to expand coverage with enrollment and program eligibility restrictions.

This moderate approach attracted greater support

from the whole legislative body. Enrollment in the new State CHIP Program began in January of 2024.

More than 1,000 kids have already benefited from this program. [79]

Since the introduction of this new CHIP program, the 100% Kids Coalition has successfully leveraged its statewide network of partners to track enrollment trends, troubleshoot issues, and to monitor the program's implementation.

About State CHIP

State CHIP creates a targeted state children's public health insurance program for low-income eligible children who don't currently qualify (for non-income reasons) under the existing program.

State CHIP is an innovative program, mirroring the traditional CHIP program, for working immigrant families who would otherwise need to rely solely on uncoordinated charity care and emergency room visits. It is projected that this additional coverage will help approximately 2,000 Utah children access pediatric primary care, dental care, and mental health services.

Beyond being a fair policy, it is also a fiscally wise decision. Uncompensated health care costs Utah's state and local governments approximately \$8.8 million every year. [80]

[76] Ramirez-Arrozola, M., Weinstein, M., Alvarez Valle, C., & Mandie, J. (2021). Smart Money: Covering Utah's Uninsured Kids Will Save Us More than \$9 Million. In Voices for Utah Children. <https://utahchildren.org/newsroom/publications>

[77] Alvarez Valle, C., & Mandie, J. (2021). Expanding Coverage for Children in Utah: Estimating the Costs of Expanding Medicaid and CHIP to Undocumented Children. In Voices for Utah Children. <https://utahchildren.org/newsroom/publications>

[78] SB158: Children's Health Coverage Amendments (2021) Passed Senate; SB185: Children's Health Coverage Amendments (2022) Passed Senate; SB217: Children's Health Coverage Amendments (2023)

[79] State CHIP | DHHS Children's Health Insurance Program. (n.d.). <https://chip.health.utah.gov/state-chip/>

[80] Ramirez-Arrozola, M., Weinstein, M., Alvarez Valle, C., & Mandie, J. (2021). Smart Money: Covering Utah's Uninsured Kids Will Save Us More than \$9 Million. In Voices for Utah Children. <https://utahchildren.org/newsroom/publications>

Ensuring access to health care for all of Utah’s uninsured children will likely result in higher educational attainment levels for those children, and higher future earning power.

That potentially amounts to nearly \$10 million additional earned income when these kids are adults, generating over \$800,000 in new tax revenue each year.

State CHIP:

- Provides primary and preventative coverage
- Is funded through a private-public partnership
- Supports working-class families (must show employment verification of one parent)
- Is for established Utah families (must be a resident for at least 120 days)

Offering public health insurance to children who were not previously eligible creates a much-needed “welcome mat” effect for other children, including those who are eligible for traditional CHIP and Medicaid coverage.

Data from other states suggests that covering all kids helps improve trust in public health care benefits among immigrant families. [81]

Coalition partners have shared anecdotes of families enrolling more of their children into public health programs.

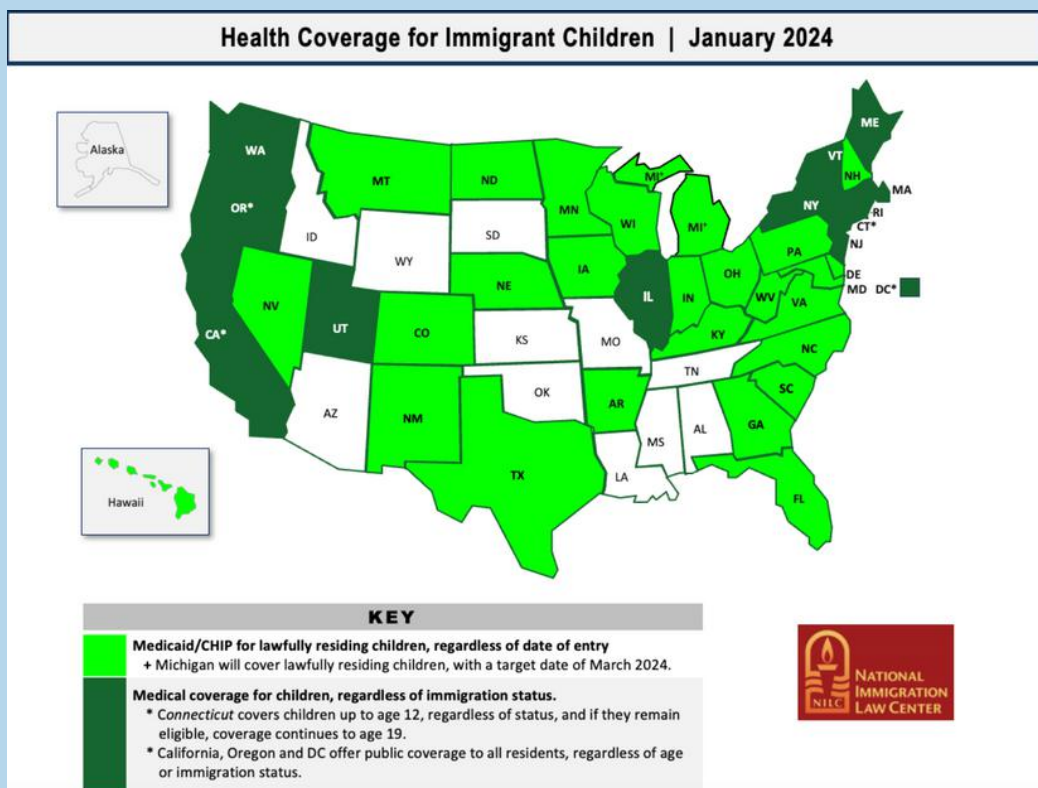
For example, when families sign up one child for State CHIP, they are often more willing to enroll their other eligible children into Medicaid and CHIP.

This suggests that Utah will benefit in a way other states that have similar “cover all kids” policies, have benefitted: experiencing a decline in their overall rate of uninsured children.

“

We are so happy to see that thanks to the efforts to reach out to the immigrant community, we have found families that qualify for Medicaid that had never applied because they did not think they would qualify for health insurance.

*Diximar Bolli
Enrollment Program Coordinator
Alliance Community Services*



[81] A roadmap for healthcare coverage for all children. (2018). <https://www.childrenspartnership.org/wp-content/uploads/2018/01/Golden-Opportunity-Lessons-From-Californias-Journey-to-Advancing-Coverage-for-All-Children-Report.pdf>

Hope for New Health Coverage for Deferred Action for Childhood Arrivals (DACA) Recipients

Deferred Action for Childhood Arrivals (DACA)

The DACA program allows temporary relief from deportation and work authorization for individuals brought to the United States as children, commonly referred to as 'Dreamers'.

In April of 2023, the U.S. Department of Health and Human Services (HHS) proposed a new regulation to allow certain immigrant groups, including DACA recipients, to access health coverage through the Affordable Care Act (ACA) Marketplace and state programs like Medicaid and the Children's Health Insurance Program (CHIP).

Under the previous definition, DACA recipients were not considered "lawfully present" for health coverage eligibility, meaning they have been excluded from these critical health programs since DACA's inception. This classification has prevented DACA recipients from accessing essential health insurance options for years.

A recently published report by the National Immigration Law Center revealed that 27% of surveyed DACA recipients are not covered by any kind of health insurance or other health plans.

Approximately 21% of those surveyed said they were concerned that using health care services could negatively impact their own or their family's immigration status. [82]

The new inclusive regulations were proposed to take effect on November 1, 2023, coinciding with the start of the ACA open enrollment period, a critical period for enrollment outreach efforts nationwide. [83] Despite missing the initial November 1, 2023, deadline, the Centers for Medicare & Medicaid through the Department of HHS finalized the rule on May 3, 2024.

Beginning November 1, 2024, DACA recipients and other immigrant groups will be able to sign up for health insurance through the marketplace for the very first time. This long-awaited change will allow eligible members to purchase qualified health plans (QHPs) through the Marketplace and receive financial assistance via premium tax credits (PTC), advance payments of the premium tax credit (APTC), and cost-sharing reductions (CSRs).

Unfortunately, the new rule does not allow DACA recipients access/eligibility for Medicaid and CHIP coverage in states that have extended it to lawfully residing children and pregnant people to enroll.

In Utah, there are currently 7,030 active DACA recipients, many of whom will now have the opportunity to access health coverage. [84]

For DACA recipients, who often encounter barriers such as employment restrictions or financial constraints when seeking healthcare, gaining coverage will be life-changing.



[82] DACA Recipients' Access to Health Care: 2023 report. (2023). National Immigration Law Center. https://www.nilc.org/wp-content/uploads/2023/05/NILC_DACA-Report_2023.pdf

[83] Assistant Secretary for Public Affairs (ASPA). (2023, April 24). HHS releases proposal to expand health care for DACA recipients. HHS.gov. <https://www.hhs.gov/about/news/2023/04/24/hhs-releases-proposal-to-expand-health-care-for-daca-recipients.html>

[84] American Immigration Council. (n.d.). Utah - American Immigration Council. Retrieved from <https://map.americanimmigrationcouncil.org/locations/utah/>



2024

Expanded Health Coverage for New Mothers

In 2021, the American Rescue Plan Act (ARPA) gave all states the option to provide 12 months of postpartum Medicaid and CHIP coverage for five years; two years later, the Consolidated Appropriations Act of 2023 made the option permanent. [85]

With this option available, the Utah Legislature passed SB133, “Modifications to Medicaid Coverage,” by Senator Wayne Harper (R-Taylorsville) in 2023 to take advantage of the new opportunity to provide health insurance to new birth parents for a much longer period of time.

Due to the initial inclusion of certain abortion restriction clauses, it took nearly a year for the expanded coverage policy to take effect in January of 2024. [86]

Utah became the 45th state to provide comprehensive postpartum Medicaid and CHIP coverage for a full 12-months after delivery. This is a significant change from Utah’s original policy, which offered only 60 days of health coverage after the birth of a child. [87]

It is estimated that an additional 4,000 postpartum women are now eligible for an entire year of Medicaid and CHIP coverage after their pregnancy. Postpartum care plays a pivotal role in supporting the health and well-being of both mothers and newborns during the critical post-delivery period.

Postpartum care encompasses an array of services, including recovery from delivery, monitoring and managing pregnancy-related complications, attending to chronic health conditions, facilitating access to family planning services, and addressing mental health challenges.

[85] Brooks, T., Gardner, A., Yee, P., Georgetown University Center for Children and Families, Tolbert, J., Corallo, B., Moreno, S., Ammula, M., & KFF. (2023). Medicaid and CHIP eligibility, enrollment, and renewal policies as states prepare for the unwinding of the Pandemic-Era continuous enrollment provision. <https://files.kff.org/attachment/REPORT-Medicaid-and-CHIP-Eligibility-Enrollment-and-Renewal-Policies-as-States-Prepare-for-the-Unwinding-of-the-Pandemic-Era-Continuous-Enrollment-Provision.pdf#page=45>

[86] SB0133. <https://le.utah.gov/~2023/bills/static/SB0133.html>

[87] Sarah deLone. (2024). Approval Letter for State Plan Amendment UT-23-0030. In Children and Adults Health Programs Group [Approval Letter]. Department Of Health & Human Services. <https://www.medicaid.gov/CHIP/Downloads/UT-23-0030.pdf>

Looking Ahead

A lot has changed since 2019, when we last provided a comprehensive report on children's health coverage in Utah. The journey has been both challenging and rewarding.

Voices' Ongoing Commitment to Health Care Access for Kids

At Voices for Utah Children, our unwavering goal remains achieving health coverage for all Utah kids. The unifying goal of our work to ensure comprehensive coverage for all kids, will be the elimination of barriers to Medicaid and CHIP enrollment and retention. Our strategy involves a multi-faceted approach:

Invest

Invest in the community-based organizations that are best positioned to assist with Medicaid and CHIP enrollment and renewals, by easing the complicated processes for eligible community members. Investment must include funding for targeted outreach and education in geographic areas with high rates of uninsured children.

Enhance

Enhance language access by establishing translation and interpretation standards for the Departments of Health and Human Services and the Department of Workforce Services, focused on the top ten most common non-English languages spoken in Utah.

Simplify

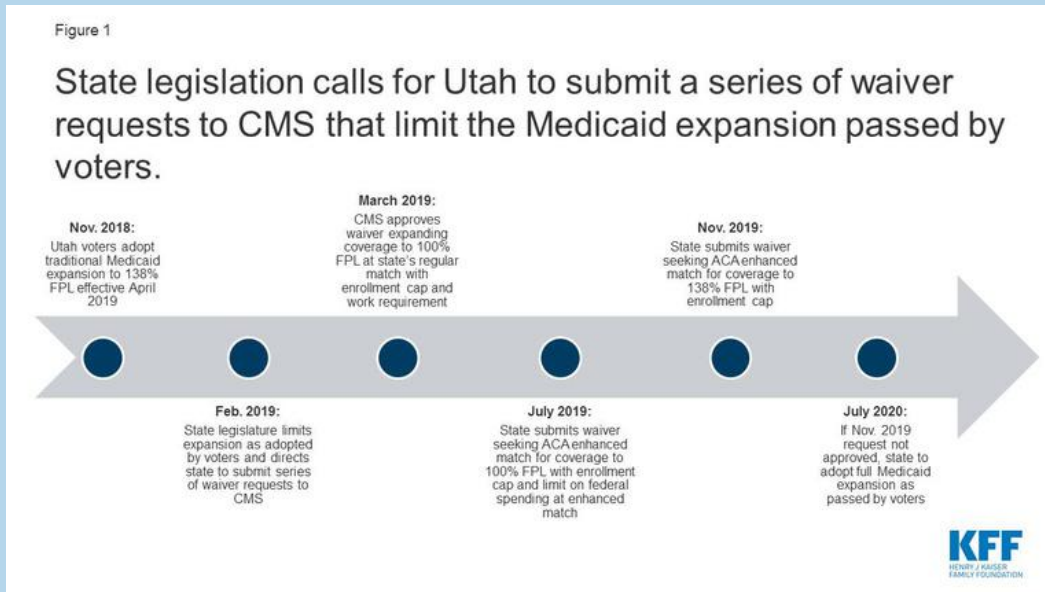
Simplify the application and renewal procedures for families, by reducing burdens and barriers. This involves implementing substantive changes to the state's system for approving new applications and renewals, such as adopting the ex-parte renewal process utilized during the Medicaid "unwinding" for ongoing use.

As we celebrate the wins up to this point, we are eager to continue creating a new and bold path forward.



APPENDIX 1

Timeline of Medicaid Expansion in Utah



Efforts to expand Medicaid began in 2018. During the 2018 legislative session, Utah lawmakers passed HB472: Medicaid Expansion Revisions, a bill that mandated the state to seek approval for a partial Medicaid expansion, via a 1115 waiver proposal to the Centers for Medicare & Medicaid Services (CMS).

Rather than providing coverage for all individuals up to 138% of the federal poverty level (FPL), as called for under the Affordable Care Act, Utah sought permission to cover individuals with incomes up to only 100% FPL - while still having the federal government pay 90% of the cost of the expansion. [88].

While lawmakers sought to implement a curtailed version of Medicaid expansion, consumer advocates mobilized to put full Medicaid expansion on the 2018 ballot, to let voters decide.

On election night, a strong majority (53%) of Utahns

voted in favor of full Medicaid expansion for individuals and households with income of up to 138% FPL. [89]

Despite the clear message from their constituents, GOP lawmakers in Utah intervened to stop the implementation of full Medicaid expansion as approved by voters. They sought to instead submit a series of waiver requests to CMS, all aimed at limiting the Medicaid expansion directed by the successful ballot initiative.

Legislators then passed SB 96: Medicaid Expansion Amendments in February 2019 that required the state to submit a series of Section 1115 waiver requests. [90]

By March 2019, CMS approved the request to expand coverage only up to 100% FPL - but only offered a funding match of 68%, meaning the state would have to make up the remaining 32% of the cost expansion.

[88] Musumeci, M., Guth, M., Rudowitz, R., & Hall, C. (2019, November 18). From Ballot Initiative to Waivers: What is the Status of Medicaid Expansion in Utah? KFF. KFF. <https://www.kff.org/medicaid/issue-brief/from-ballot-initiative-to-waivers-what-is-the-status-of-medicare-expansion-in-utah/>.

[89] Utah Proposition 3, Medicaid Expansion Initiative (2018) - Ballotpedia. (n.d.). Ballotpedia. [https://ballotpedia.org/Utah_Proposition_3_Medicaid_Expansion_Initiative_\(2018\)](https://ballotpedia.org/Utah_Proposition_3_Medicaid_Expansion_Initiative_(2018)).

[90] SB0096. <https://le.utah.gov/~2019/bills/static/sb0096.html>

In April 2019, this partial Medicaid expansion took effect, extending eligibility to between 70,000 and 90,000 residents under 100% FPL. [91] This population excluded around 40,000 individuals, whose income was in the 101% - 138% FPL range, who would have qualified under a full expansion.

Opting for partial Medicaid Expansion ended up costing the state more than it would have cost to fully expand.

The manner in which Utah insisted on moving forward, with additional requirements and exclusions, actually covered fewer people, while using more state tax dollars by turning down the federal government's original promise of 90% matching funds.

SB96, fortunately, included a "fallback plan," which was submitted on November 4, 2019. The fallback plan that required the state to seek authorization for a complete Medicaid expansion, with eligibility for households up to 138% FPL to obtain the full 90/10 matching guarantee, should CMS reject the state's waiver request for a per capita cap on spending.

The fallback plan also included harmful red tape barriers including work requirements and changes to premiums.

In December of 2019, CMS approved specific provisions within the fallback, including work requirements, paving the way for Utah to fully expand Medicaid by January 2020. [92]

This extension effectively broadened Medicaid eligibility for Utah adults with an annual income up to 138% FPL. The initial work requirement was later eliminated amidst the onset of the pandemic.

Benefits and Impact of Medicaid Expansion

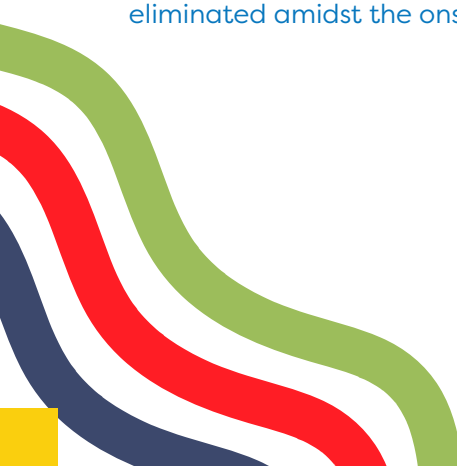
Since the implementation of Medicaid expansion, hundreds of thousands of Utahns have gained access to critical and essential health services, contributing to their overall well-being. Access to coverage means that more families and individuals have the chance to live healthier and more financially stable lives.

Research conducted in recent years paints a clear picture of the far-reaching positive effects that Medicaid expansion has had on individuals, their families, and the state as a whole. [93] These effects include:

- **Improved Access to Care:** Having a consistent primary care provider builds trust and ensures timely interventions and comprehensive health monitoring.
- **Improved Health Outcomes:** Consistent access to healthcare, including regular check-ups and screenings, is instrumental in improving health outcomes. Early detection through routine screenings and prioritized prenatal care can reduce infant mortality rates and enhance maternal wellbeing.
- **Improved Financial Wellbeing:** Access to affordable care means families can allocate resources to other essential needs, fostering economic stability.
- **Reduced Medical Debt:** With coverage in place, families are less burdened by unexpected medical expenses, preventing them from falling into debt traps. [94]
- **Reduced Uncompensated Care Costs:** By reducing the burden of uncompensated care, Medicaid expansion helps mitigate financial strains on healthcare providers and hospitals.

[91] Utah Department of Health. (n.d.). Utah's Medicaid Expansion Implementation Toolkit. In Utah Medicaid Expansion. https://medicaid.utah.gov/Documents/pdfs/UTAH%20MEDICAID%20EXPANSION_%20Toolkit.pdf
[92] Centers for Medicare & Medicaid Services. (2019, March 29). Re: Approval of Utah's Primary Care Network 115 Demonstration Amendment. <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ut/ut-primary-care-network-ca.pdf>

[93] Rubin, I., Cross-Call, J., & Lukens, G. (2021, June 16). Medicaid expansion: Frequently asked questions. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/health/medicaid-expansion-frequently-asked-questions>
[94] Little, J. (2022, August 5). New report offers another compelling reason for states to expand Medicaid. Center for Children and Families. <https://ccf.georgetown.edu/2022/08/05/new-report-offers-another-compelling-reason-for-states-to-expand-medicaid/>



APPENDIX 2

Medicaid Community Engagement Event Partners



Provo

This event was made possible by:

- Voices for Utah Children
- Stephanie Burdick, Medicaid Consumer Representative, Medical Care Advisory Committee
- Utah Department of Health and Human Services
- Utah County Health Department
- Association for Utah Community Health
- Care About Childcare at Utah Valley University

With incredible support from these additional community partners:

- Ability First Utah
- Alliance Community Services
- Boys and Girls Clubs of Utah County
- Community Health Connect
- Disability Law Center
- Doulas for You
- Family Haven
- Health Choice Utah
- Holy Cross Ministries
- Mountainlands Community Health Center Inc.
- PIK2AR
- Provo City School District
- Select Health
- Take Care Utah/Utah Health Policy Project
- The Church of Jesus Christ of Latter-Day Saints
- The Refuge
- Utah Cancer Action Network
- Utah Community Health Worker Association
- Utah Parent Center
- Utah Public Health Association
- and many other community health workers and community leaders



Logan

This event was made possible by:

- Voices for Utah Children
- Stephanie Burdick, Medicaid Consumer Representative, Medical Care Advisory Committee
- Utah Department of Health and Human Services
- Bear River Health Department
- Care About Childcare at Utah State University

With incredible support from these additional community partners:

- Department of Workforce Services
- Disability Law Center
- American Cancer Society - Cancer Action Network of Utah
- Centro de la Familia - Logan

- Association of Utah Community Health
- Health West - Bear Lake Community Health Center
- Mormon Women for Ethical Government - Utah
- Utah Health Policy Project
- USU Extension - Create Better Health
- The Children's Center Utah
- Cache Refugee and Immigrants Connection
- Utah Support Advocates for Recovery Awareness
- Utah Micronesian Women Coalition
- Utah Boys and Girls Club
- USU - Institute for Disability Research, Policy, and Practice
- Halima Ali, Community Health Worker, Somali community
- Alem Gebrehiwot, Community outreach, Eritrean community
- And many other community health workers and community leaders



St. George

This event was made possible by:

- Voices for Utah Children
- Stephanie Burdick, Medicaid Consumer Representative, Medical Care Advisory Committee
- Utah Department of Health and Human Services
- Utah Department of Workforce Services

With incredible support from these additional community partners:

- Association for Utah Community Health Centers
- Family Healthcare
- Holy Cross Ministries
- PIK2AR
- Southwest Behavioral Health
- Southwest Utah Public Health Department
- Utah Community Health Workers Association
- Utah Navigators
- Utah Peer Support Network
- Waterford UPSTART

A special thank you to our panelists:

- Senator Evan Vickers (R-Washington, Beaver, Iron)
- Senator Don Ipson (R-Washington)
- Former Representative Lowry Snow
- Jennifer Strohecker, Medicaid Director, Department of Health and Human Services



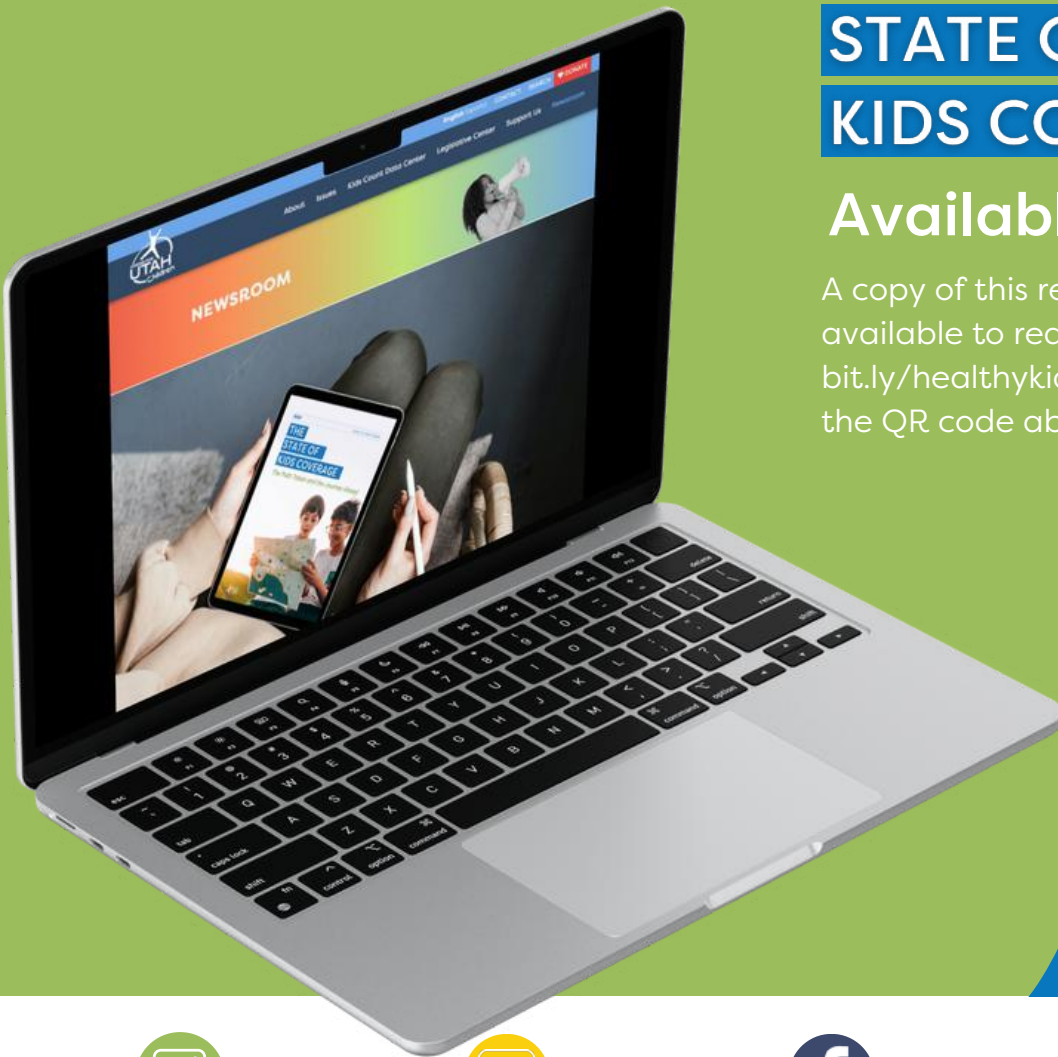
747 East South Temple Suite 100
Salt Lake City, Utah 84102
801.364.1182
utahchildren.org



THE STATE OF KIDS COVERAGE

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