

Medicaid in New York—Part 3: A Critical Lifeline for Children in New York State

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Since 1965, Medicaid has served as an essential safety net for children. As of October 2024, Medicaid covers over 37 million children nationwide.¹ In New York State, Medicaid covers 44% of all children and 49% of all births.^{2,3} Public health insurance programs cover 81% of children living in poverty; coverage primarily comes from Medicaid with a smaller proportion from other programs like the Essential Plan and Qualified Health Plan. New York has taken important steps to protect and expand Medicaid coverage for children. Historically, the State has championed innovation in protecting children’s access to quality health care by pioneering the Child Health Plus (CHP) program in 1990, which served as a blueprint for the federal State Children’s Health Insurance Program (SCHIP) statute enacted in 1997.⁴ These efforts reflect a broad commitment to ensuring that children have consistent access to care during critical stages of development.

Medicaid improves access to quality care for children through three key channels: the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits; Home and Community Based Services (HCBS) for children with complex health needs; and school-based health centers. This brief is the third in a series examining Medicaid’s impact on the lives of New Yorkers and

focuses on how the program benefits children—a crucially important topic in light of recently enacted federal funding cuts. Potential changes resulting from these cuts, such as work requirements for adults and more frequent eligibility checks for families, would jeopardize timely access to care for children.

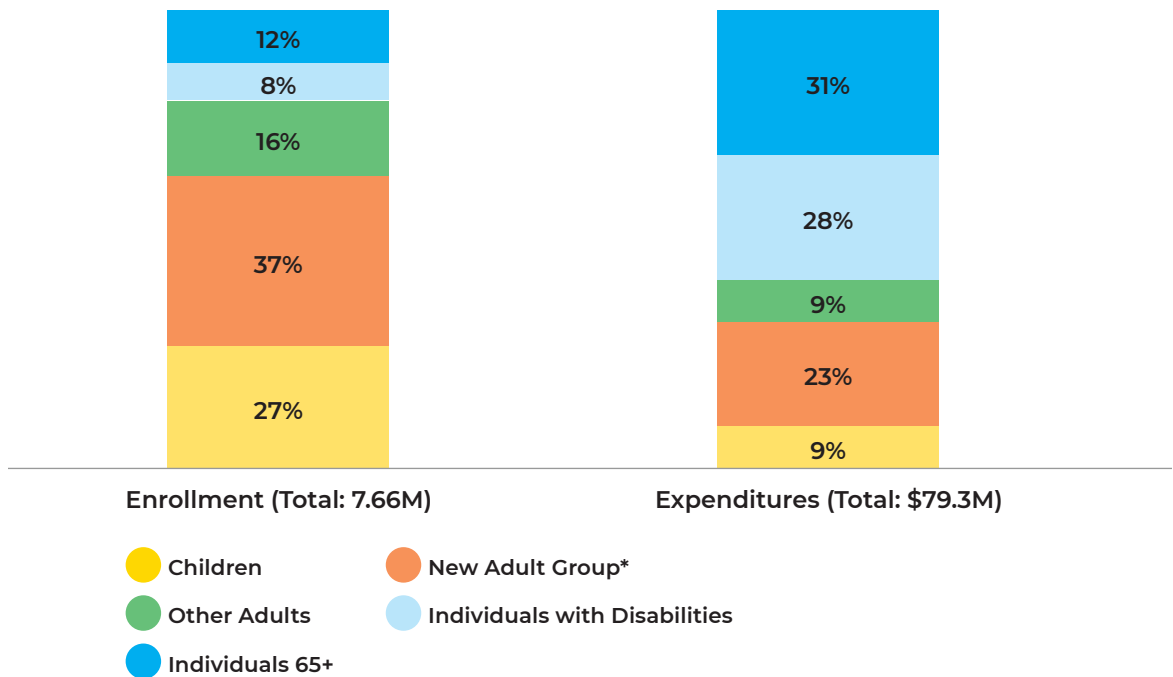
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44% of all children ²
44% of children with special health care needs ⁶
49% of births ³

Medicaid Enrollment and Eligibility

Medicaid Enrollment

Nationwide, approximately two in five children are covered by Medicaid.¹ Since 1975, children have steadily accounted for between 36 and 50% of total program enrollment.⁷ Over 2 million children in New York State rely on Medicaid for their health care needs, which accounts for 44% of all children statewide.² Children ages 0 to 17 account for 27% of Medicaid program enrollment but only 9% of Medicaid spending.^{8,9}

FIGURE 1. NEW YORK STATE MEDICAID ENROLLMENT AND EXPENDITURES BY ELIGIBILITY GROUP



Note: Children and adults under age 65 who qualify for Medicaid on the basis of disability are included in the disabled category. All individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the individuals 65+ category.

*New adult group Includes both newly eligible and not newly eligible adults who are eligible under Section 1902(a)(10)(A) (i)(VIII) of the Social Security Act (the Act). Newly eligible adults include those who are not eligible for Medicaid under the rules that a state had in place on December 1, 2009. Not newly eligible adults include those who would have previously been eligible for Medicaid under the rules that a state had in place on December 1, 2009; this includes states that had already expanded to adults with incomes greater than 100 percent of the federal poverty level as of March 23, 2010, and receive the expansion state transitional matching rate.

Source: MACPAC 2024, EXHIBIT 14: Medicaid Enrollment by State and Eligibility Group FY 2022⁹; EXHIBIT 21: Medicaid Spending by State and Eligibility Group FY 2022⁸

Medicaid Eligibility for Children

There are multiple pathways for children to become eligible for Medicaid throughout their development. In New York, pregnant people with incomes at or below 223% of the federal poverty level (FPL)—\$57,579 annually for a family of three in 2025—qualify for Medicaid.¹⁰ Pregnant parents and infants are covered by Medicaid during pregnancy and until 12 months postpartum. New York’s [recent expansion of postpartum](#)

[Medicaid coverage](#) from 60 days to 12 months presents an important opportunity to address disparities in maternal care.¹¹ Studies establish that Medicaid coverage is highly associated with receiving adequate prenatal care, which leads to better health outcomes in early childhood.¹²

In most states, children under 18 in families with incomes at or below 138% FPL qualify for Medicaid.¹³ In New York, the income eligibility threshold for children under age 19 is 154% FPL, which is equivalent to \$39,763

annually for a family of three.¹⁴ New York children between 155% FPL and 400% FPL may qualify for Child Health Plus (CHP) coverage but would pay insurance premiums if above 222% FPL (\$57,321 annually for a family of three).¹⁴ Nationally, the median financial eligibility level for Medicaid/CHIP children is 255% FPL (\$67,957 annually for a family of three).¹⁵

Children may be eligible for Medicaid regardless of household income levels if they meet certain criteria. Most children under 18 enrolled in foster care are Medicaid eligible in the same state they receive foster care services. Also eligible, in most states, are former foster care children up through age 26 as well as children with disabilities who have supplemental security income (SSI).¹⁶ In some states, children with disabilities who do not receive SSI benefits but are at risk for institutionalization may be eligible.¹⁷

Benefits of Continuous Coverage for Children

New York [recently approved](#) multiyear continuous Medicaid coverage for children from birth until their sixth birthday, regardless of changes in circumstances that would otherwise cause loss of eligibility. However, CMS recently issued guidance that puts the future of continuous eligibility for children in New York and all states into question. Studies demonstrate that continuous health insurance coverage during infancy and early childhood is critical to ensuring timely receipt of recommended immunizations, screenings, and check-ups.¹⁸ Specifically, Medicaid coverage for low-income children from birth to age six is associated with better health outcomes in adulthood (ages 25-54), including lower rates of high blood pressure, diabetes, heart disease, and obesity.¹⁹ Furthermore, [research](#) demonstrates that continuous Medicaid coverage for children and pregnant people is associated with

improved health outcomes, higher educational attainment, and greater financial security.²⁰

The Families First Coronavirus Response Act (FFCRA), implemented during the COVID-19 public health emergency (PHE), provided an opportunity for [continuous Medicaid](#) coverage for children and their parents from March 2020 to March 2023 without annual redetermination requirements. Following the termination of this provision in March 2023, an estimated 5.53 million children lost coverage nationally during the PHE unwinding period.²¹ Furthermore, the rate of children living in poverty (below 100% FPL) who were uninsured increased from 8.9% in 2022 to 10.3% in 2023 following nationwide Medicaid redeterminations.²² In New York, continuous enrollment resulted in 245,561 more children enrolled in Medicaid from February 2020 to March 2023.²³ Following the end of the PHE, 178,284 children in New York were disenrolled during the unwinding period from March 2023 to December 2024.²³ Unintentional coverage losses may result when parents lose coverage, even if their children remain eligible.²⁴

Continuous coverage minimizes administrative costs from tracking income fluctuations, enabling states to allocate more Medicaid funds toward health care services.¹⁸ Hourly, seasonal, and multi-job part-time workers often experience income fluctuations that can temporarily push them above Medicaid or CHIP eligibility limits for children, even if their annual income stays below the threshold.²⁵ In 2015, the administrative cost of disenrolling and reenrolling an individual was estimated to be \$400 to \$600 per person.²⁶ [A Commonwealth Fund study estimated](#) that, if all states were to extend 12-month continuous eligibility to children in 2024, there would be 34,000 fewer uninsured

children in an average month. The study projected that states could save up to \$27 million by lowering the administrative burden and \$8 million on uncompensated care.²⁷

Children in New York with Special Health Care Needs

In 2023, 26% of children in New York were estimated to have a special health care need.¹⁵ Medicaid provides essential support for almost [half of children with special health care needs \(CSHCN\)](#) in New York.¹⁵ Overall, CSHCN covered by Medicaid have greater health care needs compared to CSHCN with private insurance. Approximately 67% of Medicaid-enrolled CSHCN experienced two or more chronic health conditions in 2022.²⁸ Furthermore, CSHCN are twice as likely to miss 11 or more school days in a year compared to children without special health care needs.²⁸ Most families with CSHCN report that their Medicaid benefits adequately meet their child's needs (e.g., access to in-network providers) with minimal out-of-pocket expenses.²⁹

Medicaid Benefits and Services for Children

Several Medicaid characteristics make it a strong health insurance program for children, such as year-round enrollment without qualifying life events and no copays.³⁰ Medicaid benefits range from preventive care services to provisions that make it easier for children with disabilities to receive care in their homes. Moreover, Medicaid services provide CSHCN with enhanced support to manage their chronic conditions.

EPSDT

Medicaid-enrolled children are entitled to all medically necessary services until age 21 through a federally mandated benefit called [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#). Since 1967, EPSDT

has provided comprehensive immunizations and health, mental health, vision, hearing, and dental screenings at prescribed times and on an as-needed basis for all eligible children. Furthermore, EPSDT requires state Medicaid programs to cover any service that is deemed medically necessary whether those services are in the Medicaid state plan or not.³¹ Therefore, children may receive more personalized care through Medicaid compared to private insurance.³²

States are prohibited from imposing limits on eligible EPSDT services through monetary caps.³³ Because CSHCN and disabilities typically have higher rates of health care utilization, this protection is critical to ensuring continued access to care.³⁴ EPSDT importantly guarantees access to specialized services, such as rehabilitative care, extended inpatient care, physical and speech therapy, eyeglasses, hearing aids, medically necessary prescription drugs, and targeted case management services.³² While EPSDT is not subject to spending caps, broader Medicaid cuts could result in reductions to provider capacity, increased cost-sharing, and other issues that could limit states from providing authorized EPSDT services.³³

Home and Community-Based Services (HCBS) for Children

State flexibility in protecting coverage for children with disabilities regardless of whether they qualify through SSI is critical to supporting their continuity of care and integration into the community. [New York State's 1915\(c\) HCBS](#) waiver provides services for children with complex and chronic health needs in their own home and community until age 21. Children with serious emotional disturbance, serious mental illness, medical fragility, developmental disabilities, and those enrolled in foster care rely on HCBS to address their behavioral and physical health needs.³⁵ HCBS services

prevent the need for institutional care—such as psychiatric hospitalization, residential treatment, and nursing home admission—and assist children in returning to their home and communities following discharge from an institutional level of care.³⁶ Although HCBS expenditures vary, these services are far less costly than institutional care per individual.³⁷

Another goal of HCBS is to improve health outcomes and increase long-term financial savings.³⁸ [Preliminary analyses](#) suggest that HCBS services yield federal and state cost savings, reduce unmet health care needs, increase the likelihood that parents can continue working, and reduce racial disparities in access to care for children and adults with intellectual and developmental disabilities.³⁹ These findings underscore the importance of allowing children with disabilities to receive care in familiar settings. Thus, Medicaid cuts aimed at weakening HCBS programs would disrupt access to key services.

School-Based Health Centers

In New York, school-based health centers (SBHCs) provide over [60,000 children annually](#) with integrated primary health care, behavioral health care, and dental services.⁴⁰ Between 20% and 90% of funding for SBHCs comes from Medicaid, with the remainder from federal grants, state education grants, other local grants, and private funding.^{41,42} Approximately 65% of all children receiving care at New York’s SBHCs in 2022 were enrolled in Medicaid, and 17% were uninsured.⁴³ Students attending schools with SBHCs are more likely to be economically disadvantaged, disabled, and housing-insecure, compared to all other public and charter school students in New York.⁴³ For some children, SBHCs may be the only setting in which they can receive a comprehensive physical exam, body-mass index assessment, depression screening, and other Medicaid

state plan services.⁴³ These findings highlight the importance of SBHCs as a safety net for children who may experience lapses in health insurance coverage.

Medicaid’s Impact on Children

Reduces Child Poverty

Based on a 2022 [KFF analysis](#), children have the highest poverty rates compared to other age groups.⁴⁴ In New York, 735,742 children aged 0 to 18 were living below the federal poverty level.⁴⁵ New York’s child poverty rate ranks as one of the worst in the nation, and this gap has widened since 2019.⁴⁵ Compared to children in higher-income families, children living in poverty are more likely to develop chronic illnesses due to exposure to food insecurity, housing insecurity, health insurance loss, environmental toxins, and stress, among other factors.⁴⁶ Longitudinal studies of Medicaid-enrolled children in families below 200% FPL suggest that higher income is associated with a significantly lower likelihood of developing chronic health conditions (e.g., asthma, anemia) and a lower 10-year mortality risk.⁴⁷ As of June 2025, 18,088 families with children were staying in a New York City Department of Homeless Services shelter, which is inclusive of 31,300 children.⁴⁸ While this number is slightly declining, families with children comprise 68% of the total shelter population in New York City.⁴⁹

Medicaid plays an important role for low-income families by reducing out-of-pocket medical costs. Uninterrupted Medicaid coverage may minimize costs associated with being uninsured, such as medical debt and forgoing care due to financial stress.⁵⁰ A recent study projected that families would spend an average of \$1,222 less on health care per year for each child newly enrolled in Medicaid and CHIP.²⁰ Importantly, Medicaid significantly lowers annual out-of-pocket costs for families with

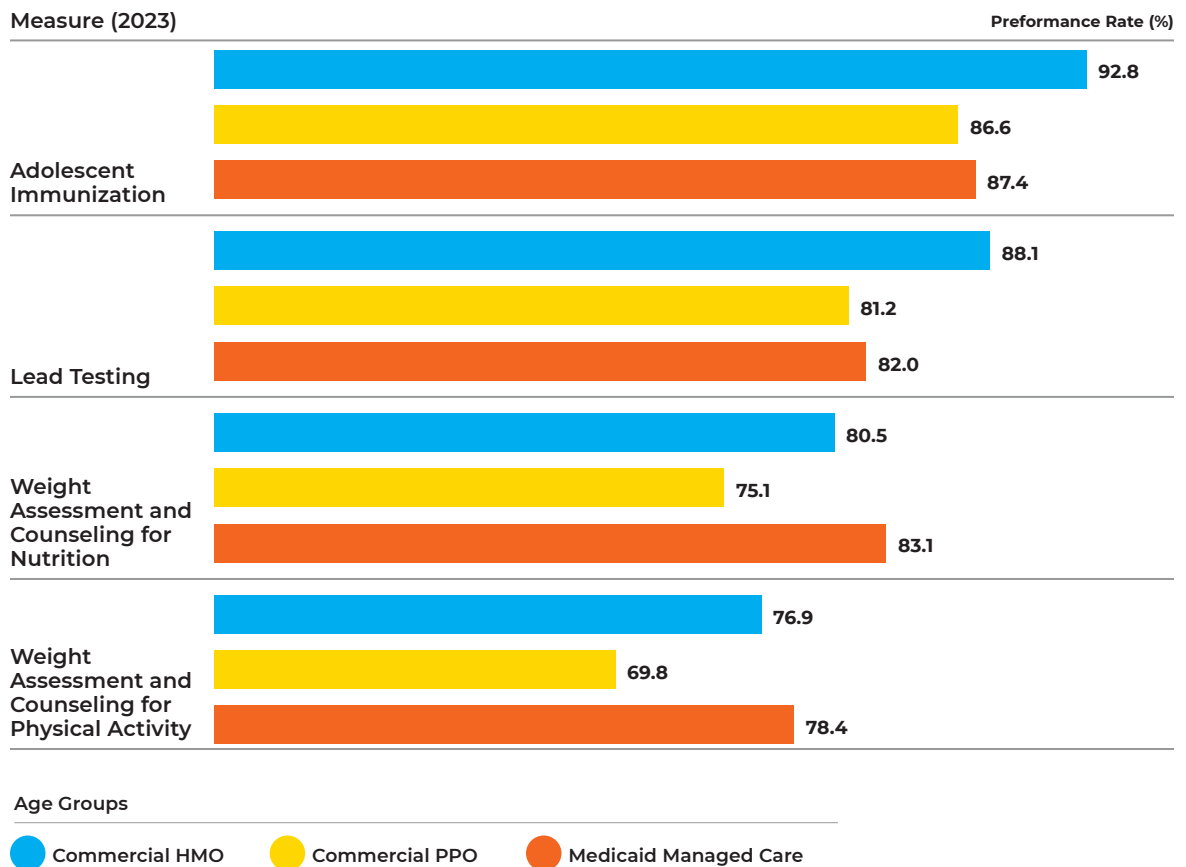
children who have special health care needs (CSHCN), compared to private insurance.^{29,51} The [KFF analysis](#) found that less than 4% of Medicaid-enrolled CSHCN report experiencing out-of-pocket medical debt greater than \$1,000. Reducing health-related expenses may allow low-income families to save resources for other necessities, such as food and housing.

Medicaid Enrollment Improves Access to Quality Care

Although provider reimbursement rates for Medicaid are typically lower than those of private insurance, Medicaid-enrolled children receive high-quality medical care. [Studies](#)

show that children insured by Medicaid and CHIP are significantly more likely to receive preventive medical and dental visits than privately insured children. Medicaid enrolled children have access to a wider range of preventive care services through EPSDT, HCBS, and school-based health centers. New York State contracts with Medicaid Managed Care Organizations to develop health care provider networks and manage provider reimbursement as they serve Medicaid members. All Medicaid Managed Care plans are required to report their performance on a set of standardized health care quality measures to the state. Annual performance measurement data is made publicly available

FIGURE 2. QUALITY MEASURE PERFORMANCE BY INSURANCE PAYER, NEW YORK STATE EQARR 2023



Source: New York State Department of Health, Office of Health Services Quality and Analytics, Quality Assurance Reporting Requirements (QARR) Report⁵²

through the Quality Assurance Reporting Requirements (QARR) report.

In New York, Medicaid Managed Care plans perform similarly to private insurance plans (e.g., Commercial HMO, Commercial PPO) on quality measures, which ensure timely access to adequate screenings and immunizations for children and adolescents. On average, a greater proportion of children enrolled in Medicaid receive weight assessment and counseling for nutrition and physical activity when compared to children enrolled in private insurance. In measurement year 2023, Medicaid-enrolled children received comparable quality of care for receipt of necessary immunizations prior to their thirteenth birthday and lead screening prior to their second birthday. Overall, high performance rates for preventive care suggest that Medicaid-enrolled children maintain better access to select primary care services.

Conclusion

Although the enacted federal funding cuts and work requirements will target adults eligible through Affordable Care Act expansion and adults without dependents, respectively, children will also be adversely affected. In many communities across New York and the United States, health centers serving

children will lose revenue and accrue new uncompensated care costs associated with loss of Medicaid coverage for adults. This, in turn, will result in decreased resources available to provide adequate services for children. Wide-scale loss of Medicaid coverage and reduced access to health care for children will have lasting impacts, given Medicaid's role as a lifeline for children in low-income families.⁵³

Although Medicaid is not accounted for in official poverty measures, Medicaid reduces poverty for families, especially those who have children with special health care needs.⁵¹ Provisions such as continuous Medicaid coverage for families result in fewer uninsured children, thus lowering administrative and uncompensated care costs.²⁰ Overall, children enrolled in Medicaid have increased access to high-quality preventive care, better health outcomes in adulthood, and higher educational attainment.²⁷ Sustained investment and thoughtful innovation can help preserve Medicaid's ability to continue meeting the needs of children and families in New York and nationally. In light of federal cuts, maintaining New York's long-standing commitment to ensuring access to quality health care for children is more urgent than ever and will be a major challenge in the years ahead.

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