

Dream Care: Ensuring Pennsylvania Fulfills its Promise to Cover All Kids

[Health Equity](#)

Date Posted:

May 04, 2016

Image



Pennsylvania's 2006 [Cover All Kids](#) initiative extended health care coverage to all children in the state. All children, that is, except for those who do “not meet the citizenship requirements of Title XXI of the Social Security Act” – or put more simply, those who are undocumented. [Public Citizens for Children and Youth](#) (PCCY) – a children's advocacy organization in Philadelphia – launched the [Dream Care campaign](#) to correct this targeted exclusion and ensure that all children living in Pennsylvania, regardless of where they come from, have access to the health care coverage they need to grow into healthy, productive members of society.

I first got involved in the Dream Care initiative as a Leadership Education in Neurodevelopmental Disabilities (LEND) Fellow at The Children's Hospital of Philadelphia (CHOP). As part of this fellowship, I chose to work with PCCY and was tasked with creating a survey for families and speaking with key stakeholders in order to get the Dream Care project off the ground. We heard from leaders across the country who have been involved in getting all kids covered in their own states. Each of their experiences was different and highlighted the possible roadblocks ahead. Those conversations formed the basis for the Dream Care strategy and survey that was subsequently used to speak with parents in Pennsylvania.

We relied heavily on community organizations to identify families willing to speak with us and provide the physical space to conduct the surveys. In all, 53 parents of youth under the age of 18 with undocumented immigration status were surveyed. Families represented Philadelphia and the four surrounding counties. Each family had a unique experience with health care access and utilization for their child. One family in particular, however, will always stand out in my mind.

Miguel was 12 years old when we spoke to his mother in the insurance enrollment office of their neighborhood health center. Miguel was at school that day but his mother, who was at the health center for her younger daughter's annual well checkup, gladly agreed to speak with us. She talked openly about how she, Miguel and Miguel's father had come to this country excited for new opportunities. While here, she was blessed with the birth of their daughter, Maria. Miguel's father had to return to his native Mexico, as his mother's health was in

decline. Miguel had a difficult time adjusting to a new sister, a new country and a new life without his father, and began to struggle with his weight. He found refuge, however, in the neighborhood pool because he loved to swim, and it helped take his mind off his anxieties. As time passed and his weight continued to increase, his teachers, knowing his love for swimming, suggested he join the school swim team. Miguel was ecstatic, but when it came time to sign up he hit a roadblock – all students joining school sports teams must provide proof of insurance.

Miguel knew this was not an option for him. Time and again he had seen Maria allowed to play outside with neighbors and join community sports teams because she had access to health insurance. Miguel, however, often had to stay inside to play and be constantly cautious because his undocumented status kept him from having the same access to health care as his little sister.

As Miguel's mother continued to share their story, her eyes welled up with tears. She explained how Miguel was never allowed to join the swim team. Miguel still struggles with his weight, has become emotionally detached, and his grades have suffered. Her endless efforts to support him often lead her to dead ends. She has tried to schedule appointments at a weight management clinic but is unable to without insurance. Similarly, she feels he would benefit from counseling, but has faced similar barriers in accessing those services as well. Miguel now has a constant feeling that he does not belong.

Miguel's story is just one of many we heard. Approximately 38,000 undocumented children in Pennsylvania share similar experiences – about 7,000 of whom live in southeastern Pennsylvania. These children account for less than 1% of children in the state and are the only children here without access to public health insurance.

The cost to cover these children would account for 1% of the state budget, a seemingly small amount given the impact it would have on these families. It is actually more expensive to prevent these children from gaining health care coverage than it is to ensure they have access to the care they need. The average Children's Health Insurance Program (CHIP) cost per child per year in Pennsylvania is \$2,500, which is about half the cost of CHOP's average amount spent on uncompensated care per child. From an economic standpoint, covering these children just makes sense.

The good news is that we are not alone. States around the country have already implemented programs like Dream Care and have begun to see the benefits, including increased access to care, improvements in health status and significantly less missed days of school. California (1992 & 2015), Illinois (2006), Massachusetts (1996), New York (1990), Washington State (2007) and Washington DC (2000) all have public health insurance programs that cover children who are undocumented.

PCCY, in collaboration with organizations across the state, is barreling ahead with efforts to change the law. Just thirteen words in the current legislation need to be removed in order for these children to be eligible for public insurance coverage. Efforts are underway in Harrisburg to make this happen.

It is time to make sure that Pennsylvania's health care program really does *Cover All Kids*.

Caren Steinway
