Health Disparities: High Uninsured Rates for Latino Children

Tennessee has a growing immigrant population, and sadly Latino communities have been disproportionately affected by the rising uninsured rates among children in recent years. While 5% of children in Tennessee are uninsured, 17.7% of Latino children are uninsured. This stark difference is no doubt due to the many harmful policies and administrative barriers put in place in the past few years to deter immigrants from accessing public benefits.

A recent report from Georgetown Center for Children and Families, Getting Back on Track: A Detailed Look at Health Coverage Trends for Latino Children, denotes that state and local polices play a huge role in the insured rates of Latino children. Many uninsured Latino children qualify, but due to administrative barriers their families do not apply or receive coverage for them. They are often in
mixed immigration status families. Families are worried that if they apply for benefits for their children, they will face repercussions. This is the chilling effect.

With the recent revocation of the 2019 Public Charge rule which deemed usage of federal benefits such as Medicaid and SNAP by adults to be considered as a factor to deny them a visa, green card, or entrance into United States, it is time for Tennessee to do more to counter the chilling effect.

Tennessee should follow the lead of 35 other states and expand CHIP (Children's Health Insurance Program) and Medicaid to cover Lawful Permanent Resident (LPR) children without a 5-year wait.

Additionally, Tennessee should implement Medicaid expansion to address this disparity. There is a 9.1% difference in the uninsured rate of Latino and Non-Latino children in non-expansion states, compared to a difference of 2.2% in expansion states. Medicaid expansion has had a positive impact on the uninsured rates for Latino children. Fewer Latino children and fewer children overall are uninsured in expansion states. This is just one of the many benefits of Medicaid Expansion.

Sign the petition and tell your legislators to expand Medicaid to address Tennessee's urgent healthcare needs.

Health Resources Available for Non-Citizen Children

Emergency Medicaid Services: Children and pregnant women who meet all eligibility requirements except the citizenship requirement for Medicaid are eligible to receive Emergency Medicaid to cover life-saving medical procedures including labor and delivery. Additionally, CoverKids is available to Pregnant Women regardless of their immigration status. Learn more here.

Premium Tax Credits on ACA Marketplace: Lawful Permanent Residents (LPRs) who are not eligible for Medicaid due to the 5-year bar are eligible for Premium Tax Credits and Cost-Sharing Reductions on the marketplace. They are eligible even if their income is less than 100% FPL (Federal Poverty Line) and under the American Rescue Plan Act, the monthly premium is $0 for a benchmark plan for those under 150% FPL. Apply by August 15th on Healthcare.gov.
Tennessee Early Intervention System (TEIS): This program helps families find and access services for their children under age 3 with developmental delays. Older children can receive TEIS-type services through their school system. There are no income limits or citizenship requirements. The evaluation and service coordination are free for everyone. For uninsured children, the services are provided at a low cost. Check out the TEIS page to learn more about what it offers and how to start the process.

Children's Special Services (CSS): The program provides reimbursement for medical services and care coordination for children up to age 21 with special health care needs. CSS has income limits, but there are no citizenship or health requirements. To see if your child is eligible and begin the application process, contact Tennessee's Department of Health, Family Health and Wellness Division.

IN CASE YOU MISSED IT

Insure Our Kids Partner Update

Welcome the following new Insure Our Kids Partners: Tennessee Educators of Color Alliance, Girls Write Nashville, Stepping Stones Safe Haven, and Mid-South Immigration Advocates!
Visit insureourkids.org for more information about the campaign to enroll every eligible but uninsured child in TennCare and CoverKids.

If your organization is interested in joining the campaign, let us know by replying to this email!

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**Children's Chat Vlog**

Our newest Vlog is all about breaking down the details of postpartum coverage expansion and the benefits associated with it. Check it out: [Extending TennCare Postpartum Coverage to 12 months](#).

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**Recent News**
Recent State of Babies Brief

*Racism Creates Inequities in Maternal and Child Health, Even Before Birth* - The brief explores the data presented in the larger [State of Babies 2021 Report](https://example.com) through a racial lens. It highlights the racial disparities seen in WIC participation, maternal and infant mortality and morbidity rates, and uninsured rates, and it provides policy recommendations to decrease these disparities. [Check out the brief](https://example.com).

![Figure 1. Lack of Health Insurance, by Race/Ethnicity, 2018](image)

*Note. Data for the “Other” category include data for individuals who did not self-identify as AI/AN, Hispanic, Black, Multiple Races, White, or Asian.*

COVID-19 Vaccine

Everyone age 12 and older is eligible to receive a vaccine at no cost, regardless of immigration or health insurance status. Learn more [here](https://example.com).
FEDERAL UPDATES

Child-Related Provisions in Biden's Fiscal Year 2022 Budget

President Biden's complete $6 trillion budget proposal for fiscal year 2022 was released June 7, 2021. It includes funding towards many child programs:

- $400 billion for expanding Medicaid programs including pay and benefits for community-based and home health care workers
- $11.9 billion in Headstart ($1.2 billion increase)
- $3 billion for programs to help reduce maternal mortality
- $450 million in Preschool Development Grants
- $275 million for Child Welfare Services
- $7.4 billion for the Child Care and Development Block Grant
- $100 million to fund a community-based alternative to youth incarceration
- $796 million ($346 million increase) for Juvenile Justice Programs

It also includes extensions on provisions in the American Rescue Plan Act to make permanent the expansion of the child and dependent care tax credit and to extend the expansion of the child tax credit to 2025. The budget proposal provides necessary funding to improve the well-being of children across their lifespan throughout the nation. Check out the full proposal.

TN UPDATES

McCutchen v. Becerra: Tennessee's Block Grant Lawsuit

On April 22, 2021, we filed the McCutchen v. Becerra complaint which challenges the Department of Health and Human Services' approval of the TennCare III Block Grant. Attorney General Herbert H.
Slatery III filed a motion to intervene in the lawsuit on May 20, 2021.

The approval caps the amount of federal funding available for Medicaid services and allows the state to restrict coverage of prescription drugs. It also permits problematic features of TennCare, including the elimination of 3-months' retroactive coverage and the requirement that beneficiaries enroll in managed care plans.

The approved block grant makes no commitment to cover more people or provide more benefits. The block grant is not Medicaid Expansion. With over 836,000 uninsured Tennesseans, we need Medicaid expansion, which is projected to increase Medicaid enrollment by over 339,000 in Tennessee.

Tell Governor Lee and your state Senators to ACT NOW and expand Medicaid!

DIDD Integration and TennCare III Amendment 1

The public comment period for TennCare III amendment 1 has closed and 323 comments were submitted to CMS. The state proposes to have services provided to people currently on Department of Intellectual and Developmental Disabilities (DIDD) waivers be managed by managed care organizations (MCOs).

Additionally, it restricts the number of children eligible for TennCare Select by moving children eligible for SSI to MCOs. We were blown away by the thoughtfulness and care that so many Tennesseans put into defending the DIDD Waiver programs. Thank you to everyone who took the time to speak out against the changes that put disabled Tennesseans' services at risk. Now, we are waiting to hear back from CMS on their decision whether to approve Amendment 1.

A full list of the submitted comments can be viewed on CMS's website here.

P-EBT: Delays Continue
Hundreds of thousands of children have not received Round 3 P-EBT benefits for meals missed back to October 2020 or have experienced delays in getting benefits for the school meals missed in November 2020 to May 2021.

102,000 of Tennessee’s youngest children under 6 have not received P-EBT support that was approved by Congress back in September 2020.

Summer is coming and over 665,000 Tennessee children are eligible. Please see that they get support to eat during a time when low-income families face the highest food insecurity.

Other states like Arizona and Alabama have moved quickly to be approved and get P-EBT out to their youngest and most vulnerable.

Tell your Tennessee representatives and Governor Lee that children cannot wait to eat by signing onto our petition today!

JOIN US

Best Practices for Navigating the TennCare Connect Portal

Thursday, June 24
11:00am - 12:30pm
Approved for CLE/CEU Credits

Do you help people enroll in TennCare? This 90-minute webinar is designed to help advocates understand how answers to specific questions about income, resources, and expenses can affect eligibility for a given category.
College Hunger Call:
Using Food Safety Net Programs to Reduce Hunger Amongst College Students

Thursday, July 8
11:00am - 12:00pm
Free Webinar
REGISTER

Join us to receive updates on important SNAP flexibilities for college students during the pandemic. Learn about how other college campuses are integrating SNAP and WIC into their anti-hunger work on campus.

Addressing the Childhood Mental Health Crisis: Part 2

Wednesday, July 14
11:00am - 12:00pm
Free Webinar
REGISTER
Join the Tennessee Justice Center and ZERO TO THREE policy center as we continue this series and discuss infant and early childhood mental health (IECMH).
You can watch Part 1 here.

{{Disclaimer}}

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