

**Save Our Care and Keeping Our Promises: Ensuring the Health of Pennsylvania's
Transition Age Youth Aging Out of Foster Care**

Statement Submitted by Jennifer Pokempner, Juvenile Law Center
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Every youth in Pennsylvania should have their best shot at a healthy adulthood. The Affordable Care Act gave Pennsylvania a tremendous opportunity to make sure young people who age out of foster care can have the same chance as their peers to have health care coverage as they make the transition into adulthood. Ensuring that youth aging out of foster care have comprehensive health insurance must be an essential element to any health care law.

Each year between 700 and 800 youth age out of foster care in Pennsylvania.¹ Youth enter the foster care system because of abuse and neglect. They experience trauma in the system and have high health care needs in comparison to their peers. Aging out effectively means that the child welfare system has not reunified the youth with their family or found a new family for them. They are on their own, with little support, often unprepared for adulthood and without access to resources that youth who grow up in their families do. Having health insurance is incredibly important as these young people age out of foster care and start the next chapter of their lives, entering the workforce, going to college, getting training. They do not have the income or type of employment that will allow them access to health insurance they can afford. Unlike their peers who were raised in their own home, staying on their parents' insurance is not an option.

The Affordable Care Act finally recognized this situation and rectified it by making youth who age out of foster care eligible for Medicaid until age 26. It gives them the same security that their peers have through their parents' insurance. Losing that provision in our health care law would threaten the health of a group of young people with high health care needs and weak support systems. We would knowingly be leaving a group of young people behind.

Providing health insurance to youth transitioning from foster care is equitable and good health care policy:

- **It provides coverage for a group at high risk for not being insured.**

We know that young adults are uninsured at much higher rates than others, but lack of coverage is a particularly acute problem for former foster care youth who lack a solid support network and advocacy of parents and family.ⁱⁱ **Without this coverage, these young adults fall through the cracks, were uninsured in large numbers and had many unmet health care needs.** We know this because this was the reality for most of these young people before the ACA.

- **It provides coverage for a group that has high health care needs that can be efficiently met through regular and preventative care.**

Often as the consequence of maltreatment, children and youth in foster care have high rates of acute and chronic medical, mental health and developmental problems,ⁱⁱⁱ making it vitally important that they be provided with high-quality, coordinated health care.^{iv}

When youth are insured as they age out of foster care, consistent care can continue which paves the path to a successful adulthood. It enables them to work, go to school, get training, and take care of their families. **Loss of this vital coverage will not eliminate these needs. Instead, lack of access to care will result in higher, more acute needs, and costly care.**

- **Pennsylvania's Department of Human Services (DHS) has taken important steps to make the Medicaid for Former Foster Youth program successful and accessible to youth.**

DHS has worked hard to create a streamlined and efficient processes for enrollment for these young adults, and the result is consistent care and coverage that will help these young adults stay healthy. **As of December 2016, 2,299 young adults have been covered under the former foster youth provision.** This coverage has improved their health and chances of success as they transition to adulthood. We cannot turn our backs on these youth and the youth who continue to age out of the foster care system each year.

This coverage has made a positive difference for former foster youth. Youth who have aged out have told us how important this health care coverage is to staying healthy *and* to being able to pursue their goals:

- One young adult told us that health care coverage for former foster youth allowed her to make her way out of homelessness and continue consistently receiving the medicine she needed to keep her pre-diabetes from developing into diabetes, and the psychiatric medication she needed in order to stay stable and able to work.
- Another young adult told us that he would not be able to get the mental health treatment he needs if he did not have Medicaid coverage as a former foster youth.
- One youth said it better than I ever could: “Many foster youth have not established enough support or income by age 26, or have had children and do not have extra money to afford traditional health care plans. With many foster youth suffering from mental illness and even physical illnesses, Medicaid to age 26 gives them options.”

Every child and adult does deserve access to quality health care services that give them the option to thrive. Giving young adults who we have raised in foster care a fair and healthy start in life by providing health insurance is the least we can do. They are in great need of this coverage, our state has done a good job making sure they can access it, and it is helping them make a successful transition to adulthood. It would make no sense to abandon such an important and successful program.

Juvenile Law Center is the oldest non-profit, public interest law firm for children in the nation. Widely published and internationally recognized as thought leaders in the field, Juvenile Law Center’s impact on the development of law and policy on behalf of children is substantial. Juvenile Law Center uses an array of legal strategies and policy advocacy to promote fairness, prevent harm, ensure access to appropriate services, and create opportunities for success for youth in the foster care and justice systems. For more information about Juvenile Law Center’s work, visit www.JLC.org.

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ⁱ Kids Count Data Center, FOSTER CARE - YOUTH (AGES 18-20) AGING OUT TO A NON-FAMILY SETTING, <http://datacenter.kidscount.org/data/tables/5101-foster-care--youth-ages-18-20-aging-out-to-a-non-family-setting?loc=40&loct=2#detailed/2/any/false/1538,1473,1472,1467,1471/any/11538>.

ⁱⁱ Brooke Lehmann, Jocelyn Guyer, Kate Lewandowski, Child Welfare and the Affordable Care Act: Key Provisions for Foster Care Children and Youth at p. 2 (Center for Children and Families 2012), <http://www.communitycatalyst.org/doc-store/publications/Child-Welfare-and-the-ACA.pdf>

ⁱⁱⁱ For example, about 50% of children and youth coming into foster care have chronic physical problems such as: asthma, anemia, visual loss, hearing loss, and neurological disorders). American Academy of Pediatrics, Healthy Foster Care America, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Physical-Health.aspx>.

^{iv} M. Inkelas and N. Halfon, Medicaid and Financing of Health Care for Children in Foster Care: Findings from a National Survey, UCLA Center for Healthier Children, Families and Communities (September 2002).