

March 18, 2019

North Carolina General Assembly
Legislative Building
16 West Jones Street
Raleigh, North Carolina 27601

Dear Honorable Members of the North Carolina General Assembly,

As early childhood experts and leaders from across the great state of North Carolina, and appointees to the North Carolina Early Childhood Advisory Council, we believe that it is critical for our state's 1.1 million young children that we increase access to affordable healthcare by expanding Medicaid.

While we are proud that North Carolina has been a national leader in many aspects of young children's health and early learning, we also recognize that we still face significant, undeniable challenges as a state. North Carolina's infant mortality rate ranks among the highest in the country with a rate of 7.1 deaths out of 1,000 live births, or 852 infant deaths a year, with significant disparities between African American and white births.¹ Our state also ranks a disappointing 32nd in the nation for overall children's well-being.² Through these and other measures, we know that North Carolina's children are not as healthy as they could be. Our children's health impacts their ability to succeed in the classroom, and will have long-term implications for their future, and for our future as a state, if we do not take bold actions now.

We can positively impact the health and well-being of our young children by expanding Medicaid. If North Carolina expands Medicaid, as 37 other states across the country have already done, 500,000 people will have access to affordable health insurance. We know that families are their children's first and best teachers, protectors, and champions. When we provide families with better tools and choices so they can be fully engaged in raising their children, such as access to health care, we give them a fair chance to succeed and help our communities thrive.

North Carolina ranks 30th in the country for the percent of children who are uninsured, at 4.8% of all children in the state, or 119,000 children.³ One of the big drivers behind uninsured children is uninsured parents. The statistics are clear: Children are much more likely to have health insurance if their parents do.⁴ Unfortunately, here in North Carolina over 15% of parents currently do not have health insurance, and too many of North Carolina's parents who are uninsured fall within the health insurance coverage gap.⁵ North Carolina is among the lowest ranking states in the nation for the share of low-income adults who go without health insurance due to cost, coming in a 43rd.⁶ And we are similarly poorly ranked (42nd) for the total share of people in our state without health insurance.⁷

When parents are covered with health insurance, children are less likely to experience interruptions in their coverage and are more likely to stay enrolled over time.⁸ This stability keeps children from falling behind on preventive care or treatment for chronic conditions that can impact their ability to develop and reach their full potential. Research shows that states who chose to close

the coverage gap through Medicaid saw improved mental health among low income parents, including decreased stress as a result of improved financial security.⁹

Expanding access to Medicaid would also mean more healthy births across our state, as more parents, especially mothers, would qualify for healthcare supports leading up to and during pregnancy. This is reflected nationally: among states that have not expanded Medicaid, an average of 18% of new mothers were uninsured, compared to only 7% in states who have expanded. And, when mothers are insured, babies are born healthier.¹⁰ A noteworthy recent study found that between 2014 and 2016 the average infant mortality rate declined in Medicaid expansion states, but rose significantly in non-expansion states.¹¹ Expanding Medicaid could save children's lives in North Carolina.

There are many other benefits for our state's young children and for all of us if we expand access to Medicaid. Our state, like many, is fighting an opioid crisis that takes a toll on children, families, and communities. According to a recent report, substance misuse by a parent was a contributing factor to children entering foster care in North Carolina in nearly 40% of cases in 2017, which is a 50% increase since a decade prior.¹² By improving access to affordable health insurance coverage for low-income parents before and during pregnancy, and following birth, more parents would have access to substance use disorder treatment. This, in turn, could reduce opioid-related morbidity and costs among new births across North Carolina, and provide parents of young children with the substance use disorder support they need.

Young children's teachers are often one of the most important and stable relationships in their lives, but nearly 1 in 5 early childhood teachers and assistant teachers across the state do not have health insurance.¹³ Without access to health insurance, early childhood teachers may go without preventive physical or mental health services.¹⁴ Expanding access to Medicaid can also benefit our state's early childhood teachers and keep them in the classroom.

As appointees to the Early Childhood Advisory Council, we urge you to support children and families by providing half a million uninsured North Carolinians with access to affordable health insurance without any preconditions. We are committed to investing our time and energy, and welcome the opportunity to partner with you to achieve a Medicaid expansion solution that works for North Carolina, and is right for our families and young children.

The foundation for future learning, health and well-being is built during early childhood. North Carolina's future depends on the health of our children today.

Sincerely,

Dr. Mandy Cohen, Chair
Secretary, NC Department
of Health and Human Services

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¹ <https://schs.dph.ncdhhs.gov/data/vital/ims/2017/2017rpt.html>

² <https://www.aecf.org/m/resourcedoc/aecf-2018kidscountdatabook-2018.pdf>

³ https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf

⁴ <https://ccf.georgetown.edu/2017/10/03/the-medicaid-expansion-is-good-for-parents-and-good-for-children/>

⁵ http://nciom.org/wp-content/uploads/2018/02/CHRC_final.pdf

⁶ <http://datacenter.commonwealthfund.org/scorecard/state/35/north-carolina/>

⁷ <https://assets.americashealthrankings.org/app/uploads/ahrannual-2018.pdf>

⁸ <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/view/footnotes/#footnote-209050-19>

⁹ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.1650>

¹⁰ <https://www.healthaffairs.org/doi/10.1377/hblog20180917.317923/full/>

¹¹ <https://www.ncbi.nlm.nih.gov/pubmed/29346003>

¹² <https://www.ncchild.org/publication/child-welfare-impact-opioid-epidemic/>

¹³ <https://www.childcareservices.org/wp-content/uploads/2017/11/2015-Workforce-Report-FNL.pdf>

¹⁴ <https://ccf.georgetown.edu/2018/08/08/early-childhood-educators-support-childrens-healthy-development-who-is-meeting-their-health-care-needs/>