

United States Senate
WASHINGTON, DC 20510

January 28, 2016

The Honorable Sylvia Mathews Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

We write with concern regarding the inability of former foster youth to access adequate health care coverage. There are approximately 400,000 youth in the foster care system, nearly 23,000 of whom leave foster care each year without permanent homes.¹ As you know, Section 2004 of the Affordable Care Act (ACA) extended Medicaid coverage for youth who emancipate from foster care up to 26 years of age. This new pathway was intended to create much-needed parity between former foster youth and other young adults who, under the ACA, have coverage under their parents' health plan until the same age. Unlike the ACA's Medicaid expansion for the general population, *all* states are required to cover former foster youth under this pathway, subject to standard reimbursement policies.

Unfortunately, many former foster youth are either unaware that they qualify for Medicaid coverage under this provision, or are unable to easily access this coverage. As a result, they continue to suffer without health care benefits. A recent National Public Radio (NPR) story detailed how a hospitalized foster care alumna studying at the University of Northern Iowa was unaware that she was eligible for Medicaid benefits under the ACA.² Another report described how a young man who had aged out of the foster care system in California felt compelled to lie to the authorities after he was rear-ended by a drunk driver out of fear of medical costs – despite the fact that California extends Medicaid coverage to any state resident who exited foster care at age 18 or older.³ Sadly, it is our understanding that these examples are representative of the experiences of many former foster youth throughout our Nation.

In light of these heartbreaking stories, we ask for your help in improving awareness of and access to the new Medicaid pathway for eligible former foster youth. Many current and former foster youth face extreme obstacles to success that include physical and mental health issues, as well as economic and housing instability. Multiple studies have found that between 35 and 60 percent of foster youth have at least one chronic or acute health condition that requires immediate and sustained treatment.⁴ These challenges can be compounded once they age out of care, and are further complicated by frequent moves that make it difficult for states to locate them and make them aware of the benefits available to them.

¹ HHS, ACF,ACYF, Children's Bureau, (2015). *The Adoption and Foster Care Analysis and Reporting System (AFCARS): Preliminary Estimates for FY 2014 as of July 2015* (Report No.22). Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>

² Ray Glier, *Many Former Foster Youths Don't Know They Have Health Care*, NPR, Oct. 1, 2015, <http://www.npr.org/sections/health-shots/2015/10/01/444779762/many-former-foster-youths-dont-know-they-have-health-care>.

³ Leah Burdick, *Outreach Is Key On New Medicaid Guarantees for Aged-Out Foster Youth*, The Chronicle of Social Change, Oct. 8, 2015, <https://chronicleofsocialchange.org/blogger-co-op/outreach-key-new-medicaid-guarantees-aged-foster-youths/13561>.

⁴ CRS Report R42378, *Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues*, by Emilie Stoltzfus

Because of the unique problems faced by this vulnerable population, some states, including Connecticut, streamline the re-enrollment of foster youth in Medicaid before they leave the system; however, many states do not. We acknowledge and appreciate the steps that have been taken to include information on the CMS website to provide states with guidance on how to effectively implement and streamline the enrollment of eligible youth into Medicaid. Still, we are concerned this information is fairly limited in scope, and further guidance is needed to highlight the Medicaid pathway for former foster youth. We ask that HHS do more to meet this challenge.

Specifically, we ask that HHS do the following:

- Collect and disseminate best practices to state child welfare agencies and state Medicaid agencies, including methods used to effectively enroll young adults in traditional Medicaid programs. We believe this information should include outlining the benefits of and best practices around automatically enrolling and re-enrolling eligible young adults into Medicaid before they age out of foster care and until they reach the age of 26.
- Clarify that the ACA requires states to enroll eligible former foster youth in traditional Medicaid programs, even in states that have not taken part in the Medicaid expansion for low-income adults. Federal guidance for states on how to properly determine the foster youth status of Medicaid applicants would also be extremely beneficial.
- Consider deploying resources to ensure that information about the foster youth pathway is publicized directly to foster youth, child welfare agencies, high schools, colleges, advocacy and mentoring networks, and other responsible individuals and institutions who interact directly with teens and young adults. Such efforts could include newsletters, blog postings, technical assistance workshops and conferences, webinars, and inclusion in other communications.

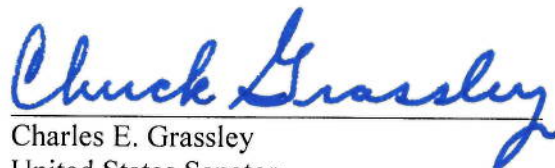
We would appreciate it if you would consider taking these actions, which together represent a reasonable approach to ensuring that former foster youth are aware of and have easy access to the Medicaid coverage that Congress provided for them. We would also appreciate an update on your efforts to improve accessibility to health care coverage for former foster youth, and look forward to working with you on this critical issue.

If you have further questions, please contact Khaliyl Lane in Senator Blumenthal's office at khaliyl_lane@blumenthal.senate.gov or Doug Hartman in Senator Casey's office at doug_hartman@casey.senate.gov.

Sincerely,



Richard Blumenthal
United States Senator



Charles E. Grassley
United States Senator



Robert P. Casey, Jr.
United States Senator