**THE IMPORTANCE OF MEDICAID TO**

**CHILDREN/YOUTH WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES**

Children and youth with special health care needs (CYSHCN) have a broad range of chronic illnesses and/or disabilities (e.g., cerebral palsy, epilepsy, asthma or autism). Nearly 20 percent of U.S. children (14.6 million children under age 18) have special health care needs. Medicaid is a vital program for these children and youth.

For many of these children, Medicaid is the only source of financing for their care. Even for those children who have private insurance, Medicaid often serves as a “wrap-around” to augment their coverage. For example, some medical equipment and assistive devices (such as hearing aids) may not be covered under traditional insurance plans but are available through Medicaid. About 36 percent of CYSHCN children rely solely on Medicaid or CHIP to get the services they need. Another 8.2 percent rely on Medicaid to supplement their private insurance coverage.

Medicaid helps families afford the services and medicines their children need, often saving them from bankruptcy. In some cases, Medicaid allows parents to work by providing caretakers for their children.

Moreover, children on Medicaid have access to Early and Periodic Screening, Diagnosis and Treatment (EPSDT), which is designed to identify and treat developmental and health problems before they worsen, thus saving taxpayers and insurers from expenses for emergency care, hospitalizations, and special education.

If Medicaid is “block granted” or otherwise subject to substantial cuts, states will ultimately be forced to significantly reduce Medicaid coverage and services, leaving the health and well-being of many CYSHCN and their families in peril. For example:

* Santina – a teen from Pennsylvania with Rett Syndrome and epilepsy – could lose access to her medication. And, her single mother would probably have to quit her two jobs if Medicaid’s safety net were not there to provide a caretaker for her daughter.
* The family of Joshua – whose life-saving liver transplant was paid for by Oregon Medicaid -- would not have the means to pay for the 22 medications he must take every day.
* Jason, from Ohio – who has developmental delays that leave him unable to speak, walk, or use his hands in a coordinated fashion – would lose the early intervention, speech, occupational, and physical therapies that will one day allow him to walk, speak and use his hands.

**On behalf of these vulnerable children and their families, and millions more, Family Voices urges opposition to any efforts to restructure or cut funding for the Medicaid program, or to subject the program to caps or budget enforcement mechanisms.**

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