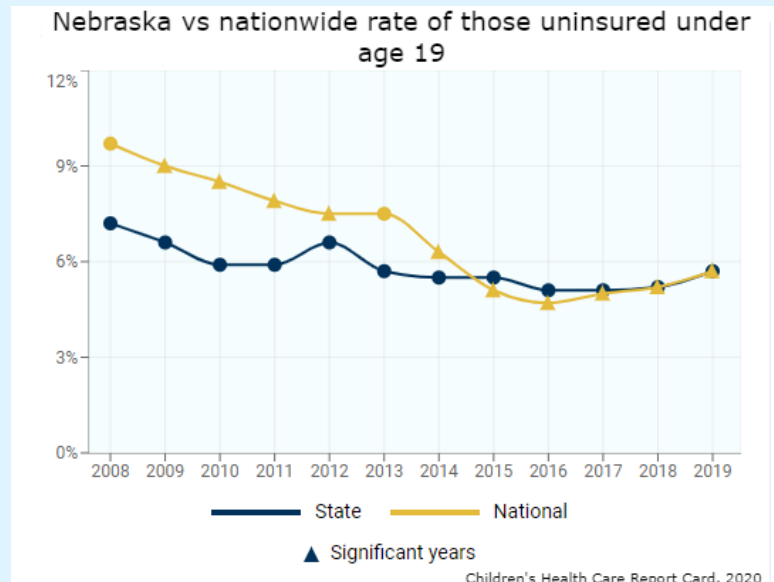


# LB857

## Provide for Express Lane Eligibility under Medicaid and the Children's Health Insurance Program

Medicaid and the Children's Health Insurance Program (CHIP) provide health insurance coverage for certain low-income children, yet millions of eligible children are still uninsured. To increase enrollment of eligible children, Congress authorized States to adopt the Express Lane Eligibility (ELE) option, which allows States to expedite and simplify enrollment in Medicaid and CHIP by relying on findings from other agencies' eligibility determinations. As a result, Express Lane Eligibility was originally authorized by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) to create a more simplified process and reduce administrative costs.

Currently, Nebraska has a lower than average rate of Medicaid/CHIP participation among uninsured children. In 2020, only 89.6% of the Nebraskan children that are eligible for Medicaid or CHIP were enrolled, which ranks 31st nationwide[1]. Having health insurance is an essential pre-condition for children to get the care they need to grow and thrive. Being insured leads to better health, educational, and economic outcomes—both in the short and long term.



As the chart above shows, after years of decline in Nebraska's uninsured youth population, even before the pandemic, Nebraska's youth uninsured rate had begun to slowly climb, and Nebraska is no longer ahead of the national average in this area.

## How LB857 works

Under LB857, SNAP enrollment data would be used for initial eligibility determinations, redeterminations, automatic enrollment and renewals for children in Medicaid and the Children's Health Insurance Program.

Adopting ELE benefits both children and the state administrative systems. LB857 promotes administrative efficiency by removing duplicative processes and decreases burdens on families trying to get or keep their eligible children covered. Furthermore, federal funding is available to assist in the development of Express Lane Eligibility, with a 75% match for IT operations and a 90% match for IT development[2].

Since it was enacted in 2009, 14 states have used Express Lane Eligibility to streamline their eligibility determinations. A 2016 Report by the federal Inspector General of Health and Human Services found that after initial implementation, states that adopted Express Lane Eligibility saw reduced administrative burden and cost savings[3].

## Why SNAP makes sense for Express Lane Eligibility

SNAP has lower income thresholds than CHIP and some Medicaid programs. This means that Nebraska kids receiving SNAP benefits are generally income-eligible for Medicaid or CHIP. Additionally, SNAP, Medicaid, and CHIP applications collect overlapping information from enrollees. Without LB857, we are spending on administrative capacity that performs overlapping work.

[1] *Children's Health Care Report Card*, Georgetown University <https://kidshealthcarereport.ccf.georgetown.edu/>

[2] 42 CFR 433.111(b)(2)(ii)(A)

[3] *State Use of Express Lane Eligibility for Medicaid and CHIP Enrollment*, US Inspector General of Health and Human Services, 2016

<https://oig.hhs.gov/oei/reports/oei-06-15-00410.pdf>