



# The Bell Policy Center

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## **Extend Medicaid eligibility to young adults transitioning from foster care**

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**Testimony to the House Health and Human Services Committee**

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The Bell Policy Center supports Senate Bill 07-02 to extend Medicaid eligibility to young adults who were in the foster care system immediately prior to their 18th birthday.

Senate Bill 07-02 promotes opportunity by extending vital health care coverage to our most vulnerable young adults as they transition from the foster care system into adulthood. The bill does this by addressing a fundamental flaw in the foster care system, known as “aging out.” This refers to the sudden end of resources such as health benefits when a foster youth turns 18. Under the federal Foster Care Independence Act of 1999, states may extend Medicaid coverage to foster youth until the age of 21.

Extension of Medicaid health benefits to age 21 is critical for young people transitioning from foster care into adulthood to help promote positive well-being and successful adjustment upon leaving the foster care system.

The majority of young people in the foster care system are there because they have experienced childhood abuse or neglect. Many spend years, if not their entire childhood, in the foster care system, drifting from one placement to another. Some children experience seven or more placements before they leave foster care.<sup>1</sup>

Children who experience the longest stays in foster care are at greater risk for serious medical, developmental and mental health problems. For instance, foster care youth have disproportionately high rates of chronic health conditions such as asthma, sight and hearing problems, dental decay and malnutrition. According to Casey Family Programs, 80 percent of children in foster care suffer from some type of mental disorder, compared to 20 percent of youth in the general population. Further, foster children suffer from post-traumatic stress disorder at rates twice as high as for U.S. war veterans.<sup>2</sup>

Health problems and challenges foster youth face intensify when they age out of the foster care system. Without transitional support, many of these young people face significant barriers to achieving self-sufficiency.

Research shows that 50 percent of foster youth who have recently aged out are unemployed, and 12 percent report living on the street or in a shelter for at least one night since turning 18.<sup>3</sup> In addition, foster youth are 10 times more likely to report having been arrested after turning 18, a pattern that holds true for property crimes as well as serious violent crimes.<sup>4</sup>

Underlying health problems are exacerbated because foster youth lose health coverage. According to research by the Casey Family Program, 51 percent of transitioning foster youth have no health insurance and 44 percent rate “obtaining medical care” as a significant problem — bigger than finding a job or having money.



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We know that consistent health care can make a significant difference in the lives of people with chronic health conditions. We also know that for many young adults, the foster care system is the only “family” they have had that has consistently provided some sort of economic support. Abruptly losing this support sends many foster youth into a tailspin. Extending Medicaid health benefits to age 21 is critical to helping make a successful transition from foster care to adulthood.

Because Medicaid is a state and federal partnership, the cost for continuing Medicaid benefits will be equally shared between state general funds and federal funds. This upfront investment in our most vulnerable youth is a wise use of state funds. It not only enables the state to fully honor its commitment and responsibility toward those under its guardianship, it also results in long-term savings for the state. By providing access to continuous health coverage until the age of 21, the state increases the potential for positive health outcomes, decreases the number of the state’s uninsured and reduces the potential for uncompensated care costs and cost-shifting.

Thank you for the opportunity to share this information with you today. If you have any questions or if I can provide further information, please call me at 303.297.0456 or e-mail me at [baker@thebell.org](mailto:baker@thebell.org).

### End notes

- <sup>1</sup> Courtney, M.E., Terao, S. & Bost, N. (2004). Evaluation of the adult functioning of former foster youth: Conditions of Illinois youth preparing to leave state care. Chicago, IL. Chicago Chapin Hall Center for Children.
- <sup>2</sup> Casey National Alumni Study (2004). [Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni Study](#). Seattle, Wash.
- <sup>3</sup> Ibid.
- <sup>4</sup> Cusick, G. R. & Courtney, M. E. (2007). Offending during late adolescence: How do youth aging out of care compare with their peers? Chapin Hall Center for Children at the University of Chicago. Chicago, IL. [Online Abstract](#)