



The Effects of Children's Public Health Insurance Expansions on Supplemental Security Income Participation

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The CHIP expansion had no effect nationally on children's SSI applications and awards

A 10 percent increase in Medicaid eligibility had no meaningful effect on SSI applications overall. This suggests there is no "welcome mat" effect, where participation in one public program, such as Medicaid or CHIP, increases awareness of and participation in other programs, such as SSI.

However, increased Medicaid eligibility reduced children's SSI applications in states without automatic Medicaid enrollment for SSI awards

For the 18 states where SSI recipients must meet additional criteria to receive Medicaid, a 10 percent increase in Medicaid eligibility led to a 5 percent decrease in children's SSI applications.

For the 33 states with automatic Medicaid enrollment for SSI recipients, the same 10 percent increase in Medicaid eligibility did not meaningfully affect children's SSI applications.

Background

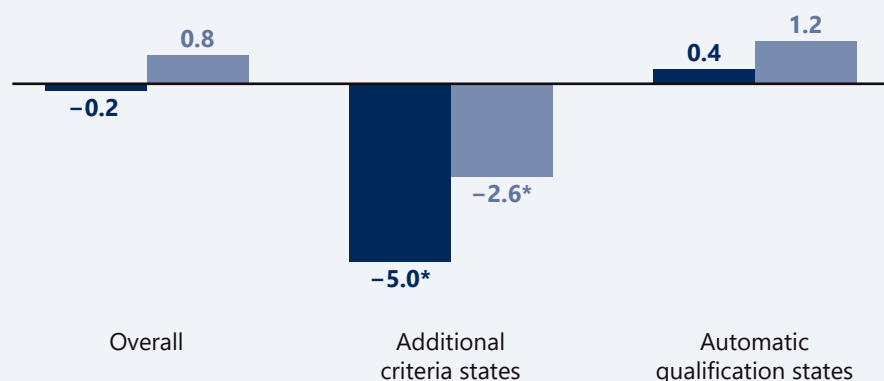
- There is broad interest in the interaction between social programs, including how eligibility changes in one program affect participation in others.
- Around the time Congress passed CHIP, Medicaid eligibility also expanded, and this research explores whether these public health insurance expansions affected patterns of participation in other government programs such as SSI.

Key Terms

- The *Children's Health Insurance Program (CHIP)* was created by Congress in 1997 to help close health coverage gaps for low-income children whose families could not afford private coverage, but whose incomes were too high to qualify for Medicaid.
- *Supplemental Security Income (SSI)* is a federal government program that pays benefits to disabled adults and children who have limited income and resources.

Estimated Change in SSI Outcomes per 10 Percent Increase in Medicaid Eligibility

■ SSI applications ■ SSI awards



SOURCE: Authors' calculations using SSA administrative data and Current Population Survey data.

NOTE: Shows the estimated percent change in SSI applications and awards from a 10 percent increase in Medicaid eligibility, relative to the baseline average rate of eligibility in the relevant state group. Estimates come from a regression of the outcome variable (applications or awards per capita in a given age-state-year cohort) on Medicaid eligibility, controlling for age, state, and year fixed effects and several demographic variables.

* = estimate is different from 0 at the 5 percent significance level.

SOURCE: Levere, Michael, Sean Orzol, Lindsey Leininger, and Nancy Early. 2019. "Contemporaneous and Long-Term Effects of Children's Public Health Insurance Expansions on Supplemental Security Income Participation." *Journal of Health Economics* 64: 80–92.

NOTES: All content is simplified for presentation. Please see source material for full details and caveats.

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