

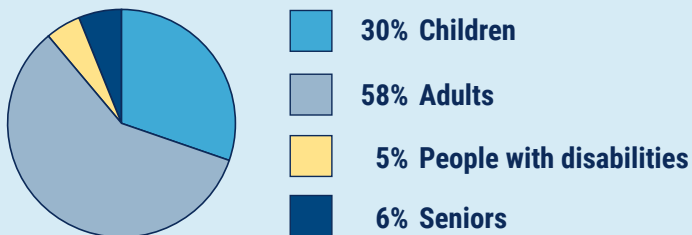
Oregon Health Plan (Medicaid) is Critical for Families



Oregon Health Plan is a state/federal partnership that provides health insurance to Oregonians in low- to moderate-income families and those with special health care needs.

Oregon Health Plan Supports Oregon Families Who Most Need Help

Oregon Health Plan/CHIP Enrollees



Oregon Health Plan/CHIP cover **494,000** Oregon children, including:

- 99+%** of children in foster care
- 43%** of children with disabilities or special health care needs
- 43%** of infants, toddlers, and preschoolers

Who qualifies for Oregon Health Plan?

Oregon Health Plan is a primary source of coverage for low-income children. Oregon's CHIP program, also called Oregon Health Plan, is designed to cover children whose families make too much to qualify for Medicaid but not enough to afford private insurance.

Oregon Health Plan is Built to Help Children Succeed

Oregon Health Plan covers important services that help children grow up healthy and thrive:

- Doctor visits
- Prescriptions
- Immunizations
- Dental checkups and treatment
- Eye exams and glasses
- Hearing screenings
- Speech, physical, and occupational therapy with no service limits
- Mental and behavioral health services, including ADHD treatment
- Services for Autism Spectrum Disorder
- Medically necessary services for individual conditions



The lowest-income children can access Medicaid services for free, while families with slightly higher incomes may pay **limited premiums and copays**.



Keeping Medicaid Strong at the State and Federal Levels

Medicaid and CHIP are critical to the health and success of our children and the economic security of their families. We must ensure that any policy changes or funding decisions protect children's access to the coverage and care they need to thrive.

Protecting Children and Families During Renewals

As states undergo redeterminations following a three-year pause during COVID-19, it is crucial that they:

- **Take time to get it right.** States may need to pause or slow down to make sure eligible children don't lose coverage and to help those who are no longer eligible for Medicaid transition to CHIP or Marketplace coverage.
- **Communicate clearly and consistently with families.** States need to make sure families:
 - Have adequate time to respond to notices
 - Understand when and how to respond to notices
 - Know the details of adult and child eligibility
 - Understand their other options for coverage

Keeping Medicaid Strong

We can't cut Medicaid spending without hurting families.

- **Federal cuts to Medicaid mean:**
 - Squeezing already-tight state Medicaid budgets
 - Making it harder for states to meet needs across their whole budgets, including in critical areas like K-12 education
- **State cuts to Medicaid mean:**
 - Covering fewer people
 - Offering fewer benefits, and/or
 - Paying providers less

Strengthening State Programs

States can take several steps to boost coverage and increase access to care for eligible children and families:

- **Adopting continuous eligibility:**
 - 12-month postpartum eligibility
 - 12-month continuous eligibility for adults
 - Multi-year continuous eligibility for children
- **Increasing access to Medicaid services to meet children where they are:**
 - School-based services
 - Home and community-based services

This 2023 fact sheet was created by the Georgetown University Center for Children and Families and the American Academy of Pediatrics.

For data sources used see: <https://ccf.georgetown.edu/2023/08/11/2023-medicaid-and-chip-snapshot-data-sources/>

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