Access in Brief: Children's Experiences in Accessing Medical Care

As of October 2024, Medicaid and the State Children's Health Insurance Program (CHIP) covered more than 37 million children, representing 47 percent of total Medicaid and CHIP enrollment (CMS 2024). These programs play an important role in providing health insurance to low-income children and children with disabilities who would otherwise face considerable financial barriers to health care (MACPAC 2020).

Medicaid and CHIP coverage has been associated with increased access to care and use of medical and dental services and improved health outcomes (Chu et al. 2024, Brantley and Ku 2021). Further, the programs connect children to the health care system and improve access to screenings and early detection of health conditions (Paradise 2017). A 2017 long-term study of the effects of public health insurance programs shows that children with access to Medicaid and CHIP, and especially those with access before age five, have better health outcomes in adulthood and fewer health limitations and chronic conditions (Thompson 2017). Additionally, some studies have focused on how health service use changed for Medicaid and CHIP-covered children after the implementation of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended). For example, the number of insured children and annual well-child appointments increased more in states where Medicaid coverage was expanded for adults compared to children in non-expansion states (Hudson and Moriya 2017, Venkataramani et al. 2017).[1]

In this issue brief, we expand on the current literature on access to care for children. We used data from the 2023 National Health Interview Survey (NHIS) to compare the demographics, health status, and difficulties accessing care for Medicaid and CHIP-covered children compared to children who either have private insurance or are uninsured. We stratified the results by income to understand if individuals of similar income levels experience the same barriers regardless of coverage. We also stratified by age to understand how access and use differs by coverage type within each age group.

In our analysis, Medicaid and CHIP-covered children reported high rates of having a usual source of care and access to routine care, including well-child visits, eye exams, and dental exams. For example, almost 95 percent of Medicaid and CHIP-covered children reported seeing a doctor in the past 12 months. In addition, fewer than 5 percent of Medicaid and CHIP-covered children reported delays in receiving medical care, dental care, and prescription medications due to cost. Similar findings of high rates of service use were observed for Medicaid and CHIP-covered children when stratifying by income and by age group.

Population Characteristics

Some of the demographic characteristics of Medicaid and CHIP-covered beneficiaries differ from those with private coverage and those without coverage (Table 1). A larger proportion of Medicaid and CHIP-covered children reported their ethnicity as Hispanic compared to children covered by private insurance (38.9 percent compared to 15.9 percent). A larger proportion also reported their race and ethnicity as Black, non-Hispanic compared to children covered by private insurance and uninsured children (17.9 percent compared to 8.5 percent and 8.6 percent).

Medicaid and CHIP-covered children were significantly more likely to have lower incomes compared to children covered by private insurance. For example, 51.7 percent of Medicaid and CHIP-covered children had a household

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income that was lower than 138 percent of the federal poverty level (FPL) compared to 5.8 percent of children covered by private insurance.[2] They were also more likely to receive Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, income from public assistance, and Supplemental Nutrition Assistance Program (SNAP) benefits than children with private insurance.

TABLE 1. Demographic and Socioeconomic Characteristics of Children Age 0-18 by Insurance Status, 2023

Demographic characteristics	Total	Medicaid/CHIP	Private	Uninsured
Total (all children 0-18)		37.1%	55.1%*	4.0%*
Age				
0-5	**29.4%**	31.4	28.5*	22.0*
6-11	**31.2**	33.1	30.1*	30.6
12-18	**39.4**	35.5	41.4*	47.4*
Sex				
Male	**51.3**	51.7	51.2	51.5
Female	**48.7**	48.3	48.8	48.5
Race and ethnicity				
Hispanic	**26.1**	38.9	15.9*	48.9*
White, non-Hispanic	**50.8**	33.8	63.4*	33.7
Black, non-Hispanic	**12.2**	17.9	8.5*	8.6*
Native Indian, non-Hispanic	**1.3**	1.7	1.0	–
Asian, non-Hispanic	**4.9**	3.1	6.4*	2.6
Other single and multiple races, non-Hispanic	**4.7**	4.6	4.8	–
Family income as percent of FPL				
Less than 100% FPL	**16.5**	36.0	3.1*	–
Less than 138% FPL	**24.7**	51.7	5.8*	–
100-199% FPL	**22.5**	36.8	–	32.3
200-399% FPL	**30.2**	20.9	36.1	–
400% FPL or higher	**31.1**	–	–	–
Use of other services				
WIC	**13.1**	28.2	3.2*	13.5*
Income from public assistance or welfare payments	**6.1**	12.9	1.6*	–
SNAP (self or any family member)	**22.3**	49.2	5.1*	20.6*
Ever received special education[1]	**15.5**	18.9	13.7*	7.4*

Notes: FPL is federal poverty level. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. CHIP is the State Children's Health Insurance Program. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent. Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics. Multiple imputation was used to address nonresponse for income, for this reason, the estimates presented in this table differ slightly

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from those estimates presented in MACStats using the 2023 NHIS data. Ever received special education in the 2023 NHIS is defined "as ever had a special education or early intervention plan, such as an Individualized Family Service Plan."

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

[1] Information is limited to children age 0-17.

Source: MACPAC, 2025, analysis of NHIS, 2023.

Health status

Overall, 86 percent of all children self-reported having very good or excellent health, but self-reported health indicators varied across the different coverage types (Table 2). Medicaid and CHIP-covered children were less likely to report having very good or excellent health compared to children with private insurance and children without insurance. Additionally, a greater share of Medicaid and CHIP beneficiaries reported having chronic conditions and intellectual or developmental disabilities than those with private coverage.

TABLE 2. Selected Health Measures of Children Age 0-18 by Insurance Status, 2023

Demographic characteristics	Percentage of children age 0-18			
	Total	Medicaid/CHIP	Private	Uninsured
Self-reported health status				
Very good/excellent	**86.0%**	79.4%	90.6%*	84.5%
Good	**11.7**	16.9	8.0*	12.5
Fair/poor	**2.3**	3.7	1.4*	−
Chronic conditions over lifetime				
ADD/ADHD[1]	**11.3**	11.9	11.2	−
Asthma	**10.7**	12.3	9.9*	8.8
Autism	**4.3**	5.9	3.3*	−
Developmental delay[2]	**6.3**	7.7	5.8*	−
Diabetes	**0.4**	0.8	−	−
Intellectual disability[2]	**1.7**	3.0	0.9*	−

Notes: ADD is attention deficit disorder. ADHD is attention deficit hyperactivity disorder. CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Information is limited to children age 2-17.

[2] Information is limited to children age 0-17.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Obtaining Medical Care

Almost all children reported having a usual source of care (96.3 percent) and accessed their usual care at a doctor's office or health center (93.9 percent), but there were some differences by coverage type (Table 3). Medicaid and CHIP-covered children were significantly more likely than uninsured children to have a usual source of care (95.9 percent compared to 76.6 percent) and to report receiving their care at a doctor's office or health center (92.8 percent compared to 80.6 percent).

Almost all Medicaid and CHIP-covered children reported having seen a doctor within the past 12 months (94.9 percent). Medicaid and CHIP-covered children were almost as likely as children covered by private insurance to have reported having a well-child visit in the past 12 months (79.8 percent compared to 80.9 percent). However, Medicaid and CHIP-covered children were significantly less likely to report having a dental exam or eye exam within the past 12 months compared to children covered by private insurance (80.5 percent compared to 85.7 percent and 39.0 percent compared to 54.3 percent).

Medicaid and CHIP-covered were significantly more likely to have had a dental or eye exam within the past 12 months than children without insurance (80.5 percent compared to 56.1 percent and 39.0 percent compared to 22.7 percent). Medicaid and CHIP-covered children were also more likely than those without insurance to have seen or talked to a mental health professional in the past 12 months (12.1 percent compared to 7.2 percent).

TABLE 3. Usual Source of Care for Children Age 0-18 by Insurance Status, 2023

Access and utilization measures	Percentage of children age 0-18			
	Total	**Medicaid/CHIP**	**Private**	**Uninsured**
Has usual source of care	**96.3%**	95.9%	98.1%*	76.6%*
Type of usual source of care				
Doctor's office or health center[1]	**93.9**	92.8	95.6*	80.6*
Urgent care center or clinic in a drug store or grocery store	**4.9**	5.3	3.9*	15.4*
Health care use in the past 12 months				
Seen a doctor	**94.4**	94.9	95.9	70.9*
Well child visit	**78.4**	79.8	80.9	–
Dental exam[2]	**82.3**	80.5	85.7*	56.1*
Seen or talked to mental health professional[3]	**12.1**	12.1	12.3	7.2*
Eye exam	**47.2**	39.0	54.3*	22.7*
Had at least one overnight hospital stay[2]	**2.7**	3.6	2.3*	–
Received care at home	**1.5**	1.7	1.5	–
At least one emergency room visit	**17.7**	23.1	14.4*	10.6*

Notes: CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Includes a U.S. Department of Veterans Affairs (VA) medical center or VA outpatient clinic.

[2] Information is limited to children age 0-17.

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− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Overall, Medicaid and CHIP-covered children reported similar rates of delayed care in the past 12 months to children with private coverage and significantly lower rates compared to those without insurance (Table 4). For example, fewer than 2 percent of Medicaid and CHIP-covered children, similar to those covered by private insurance, reported not getting prescriptions due to the cost of care. However, in comparison to those without insurance, Medicaid and CHIP-covered children were significantly less likely to delay medical care (0.8 percent compared to 11.3 percent) and dental care (2.8 percent compared to 16.5 percent).

TABLE 4. Selected Measures of Delayed Care for Children Age 0-18 by Insurance Status, 2023

Delayed care measures	Percentage of children age 0-18			
	Total	**Medicaid/CHIP**	**Private**	**Uninsured**
Delayed medical care in past 12 months				
Delayed medical care due to cost	**1.1%**	0.8%	0.6%	11.3%*
Needed medical care but did not get due to cost	**1.2**	1.1	0.7	10.6*
Needed prescription medications but did not get due to cost	**1.0**	1.3	0.6*	−
Delayed dental care due to cost[1]	**3.1**	2.8	2.2	16.5*
Needed dental care but did not get it due to cost[1]	**3.1**	2.8	2.2	16.5*
Delayed counseling/therapy due to cost[2]	**1.2**	0.9	1.3	−

Notes: CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Information is limited to children age 1-18.

[2] Information is limited to children age 2-18.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Comparison by income

In the analyses below, children were stratified into two household income categories, above and below 138 percent FPL.[3] Children in households with lower income generally have poorer health and more financial and social barriers to receiving care. For example, children living in poverty have a greater likelihood of developing chronic illnesses or poor nutritional habits that will affect their long-term health outcomes (AAP 2016).

In 2023, regardless of household income, almost all Medicaid and CHIP-covered children had a usual source of care (Table 5). For example, over 90 percent of children in both income groups who were Medicaid or CHIP-covered or covered by private insurance reported having seen a doctor. Additionally, in both income groups, Medicaid and CHIP-covered children reported significantly higher rates of access to care than uninsured children. For example, Medicaid and CHIP-covered children were more likely to have seen a doctor compared to uninsured

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children across both income groups (94.7 percent compared to 71.9 percent and 95.1 percent compared to 70.2 percent).

TABLE 5. Selected Health Care Access Measures for Children Age 0-18 by Insurance Status and Income, 2023

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
Has a usual source of care	95.7%	96.5%	65.0%*	96.1%	98.2%*	84.3%*
Type of usual source of care						
Doctor's office or health center[1]	92.4	94.8	75.9*	93.4	95.6*	83.0*
Urgent care center or clinic in a drug store or grocery store	5.3	–	–	5.3	3.9	15.1*
Health care access in the past 12 months						
Seen a doctor	94.7	91.3	71.9*	95.1	96.1	70.2*
Well child visit	78.3	–	–	81.3	81.8	–
Dental exam[2]	78.8	80.6	49.2*	82.5	86.0*	60.8*
Seen or talked to mental health professional[3]	11.9	14.8	–	12.3	12.2	7.1*
Eye exam	36.0	45.2*	21.2*	42.5	54.8*	23.8*
Had at least one overnight hospital stay	4.2	–	–	2.8	2.1	–
Received care at home	2.0	–	–	1.3	1.4	–
At least one emergency room visit	23.7	19.8	–	22.4	14.0*	11.7*

Notes: FPL is federal poverty level. CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

1 Includes a U.S. Department of Veterans Affairs (VA) medical center or VA outpatient clinic.

2 Information is limited to children age 0-17.

3 Information is limited to children age 2-17.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Delayed medical care. Across both income groups, fewer than 3 percent of Medicaid and CHIP-covered children delayed accessing needed medical care, dental care, and prescription medications (Table 6). Medicaid and CHIP-covered children in households with incomes below or equal to 138 percent of the FPL were less likely to not receive needed medical care due to cost when compared to uninsured children (1 percent compared to 14.8 percent). Medicaid and CHIP-covered children with incomes greater than or equal to 138 percent of the FPL were less likely to delay medical care due to cost compared to children without insurance (1.0 percent compared to 9.8

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percent). Medicaid and CHIP-covered children in households with incomes below or equal to 138 percent of the FPL were less likely to delay needed dental care due to cost compared to children covered by private insurance (2.9 percent compared to 9.7 percent) and those that are uninsured (2.9 percent and 23.1 percent). Medicaid and CHIP-covered children in households with incomes greater than or equal to 138 percent of the FPL were less likely to report delaying needed dental care due to cost compared to uninsured children (2.7 percent compared to 11.9 percent).

TABLE 6. Selected Unmet Need Measures for Children Age 0-18 by Income Category and Insurance Status, 2023

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
Delayed medical care in past 12 months						
Delayed medical care due to cost	–	–	13.4%*	1.0%	0.5%	9.8%*
Needed medical care but did not get due to cost	1.0%	–	14.8*	1.2	0.6	–
Needed prescription medications but didn't get due to cost	1.6	–	–	–	0.7	–
Delayed dental care due to cost[1]	2.9	9.7%*	23.1*	2.7	1.7	11.9*
Needed dental care but did not get it due to cost	2.9	9.7*	23.1*	2.7	1.7	11.9*
Delayed counseling/therapy due to cost[2]	–	–	–	0.9	1.3	–

Notes: FPL is federal poverty level. CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Information is limited to children age 1-18.

[2] Information is limited to children age 2-18.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Comparison by age

In the analyses below, the children were stratified into three age categories (0-5 years, 6-11 years, and 12-18 years) to compare access and service use by insurance coverage. These age categories were chosen to account for differences in the recommended periodicity of preventive health services, developmental and behavioral health screenings, and physical examinations and the types of recommended services by age (AAP 2021).

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Usual source of care. The majority (95.0 percent or higher) of Medicaid and CHIP-covered children in all three age groups reported having a usual source of care (Table 7). Additionally, in all three age groups, the rates were significantly higher than those reported by children without insurance.

There were some reported differences in usual care by specific age group. For example, for those ages 12-18 years, Medicaid and CHIP-covered children were more likely to report receiving care at a doctor's office (93.0 percent compared to 78.4 percent) and less likely to receive care at an urgent care center or clinic within a drug or grocery store (5.1 percent compared to 16.3 percent) compared to uninsured children.

TABLE 7. Usual Source of Care for Children Age 0-18 by Age and Insurance Status, 2023

Access and utilization measures	Age 0-5			Age 6-11			Age 12-18		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
Has a usual source of care	96.2%	98.7%*	76.3%*	96.5%	99.1%*	76.7%*	95.0%	97.0%	76.6%*
Type of usual source of care									
Doctor's office or health center	94.5	97.5*	91.5	91.1	95.9*	76.3*	93.0	93.9	78.4*
Urgent care center or clinic in a drug store or grocery store	3.3	1.9	–	7.4	3.9*	–	5.1	5.4	16.3*

Notes: FPL is federal poverty level. CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Includes a U.S. Department of Veterans Affairs (VA) medical center or VA outpatient clinic.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Health care access. In all three age groups, over 90 percent of Medicaid and CHIP-covered children and those with private insurance reported having seen a doctor, but there were differences in reported use of care (Table 8). For example, Medicaid and CHIP-covered children age 6-11 and 12-18 were less likely to have a dental exam compared to children covered by private insurance; but in all age groups, were more likely than uninsured children to have had a dental exam. Medicaid and CHIP-covered children in all age groups were also less likely to have had an eye exam compared to children covered by private insurance. For children age 6-11 and 12-18, Medicaid and CHIP-covered beneficiaries are significantly more likely to have had an eye exam compared to uninsured children (41.5 percent compared to 23.9 percent and 42.0 percent compared to 19.9 percent).

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TABLE 8. Selected Measures of Health Care Access for Children Age 0-18 by Insurance Status and Age, 2023

Access and utilization measures	Age 0-5			Age 6-11			Age 12-18		
	Medicaid /CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured	Medicaid /CHIP	Private	Uninsured
Type of usual source of care									
Seen a doctor	97.8%	98.2%	81.9%*	93.5%	95.2%*	70.7%*	93.5%	94.7%	65.7%*
Well child visit	88.4	96.0	–	76.5	81.2	–	75.0	68.8	–
Dental exam[1]	64.1	64.9	40.8*	88.2	94.7*	56.2*	85.3	91.2*	62.0*
Seen or talked to mental health professional[2]	3.3	1.5	–	11.9	10.4	–	17.4	18.7	9.9*
Eye exam	33.0	49.7*	27.5	41.5	52.9*	23.9*	42.0	58.3*	19.9*
Had at least one overnight hospital stay[2]	4.1	3.2	–	3.0	1.5	–	3.8	2.2	–
At least one emergency room visit	30.7	18.9*	18.1*	20.0	12.8*	–	19.3	12.3*	9.2*

Notes: FPL is federal poverty level. CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Information is limited to children age 1-18.

[2] Information is limited to children age 2-18.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2025, analysis of National Health Interview Survey, 2023.

Delayed care. For those 6-11 and 12-18 years, Medicaid and CHIP-covered children were less likely to delay or forgo needed dental care compared to uninsured children (Table 9). For example, for Medicaid and CHIP-covered children in both age groups, fewer than 4 percent delayed dental care, which was less than those without insurance (20.0 percent of those age 6-11 and 17.8 percent of those age 12-18).

TABLE 9. Selected Measures of Unmet Need for Children Age 0-18 by Insurance Status and Age, 2023

Unmet need measures	Age 6-11			Age 12-18		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
Delayed dental care due to cost[1]	3.2%	1.7%	20.0%*	3.7%	3.0%	17.8%*
Needed dental care but did not get it due to cost[1]	3.2	1.7	20.0*	3.7	3.0	17.8*

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Notes: FPL is federal poverty level. CHIP is the State Children's Health Insurance Program.

* Difference from Medicaid and CHIP is statistically significant at the 0.05 level.

[1] Information is limited to children age 1-18.

− Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Estimates for age 0-4 not reported due to too small sample size.

Source: MACPAC, 2025, analysis of NHIS, 2023.

Data and Methods

Data for this report come from the 2023 NHIS. The data were collected continuously throughout the year for the Centers for Disease Control and Prevention's National Center for Health Statistics by the U.S. Census Bureau. The NHIS collects information about the heath and health care of the U.S. civilian non-institutionalized population. Interviews are conducted at respondents' homes, and follow-up interviews may be conducted by phone.

All differences discussed in the text of this report were computed using Z-tests and are significant at the 0.05 level.

Insurance Coverage

Coverage source is defined as of the time of the survey interview. Because an individual may have multiple coverage sources and because sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this report.

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored program. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, CHIP, Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

Endnotes

[1] As of April 2025, 40 states and the District of Columbia had expanded Medicaid coverage (KFF, 2025).

[2] Families with household income equal to and below 100 percent FPL and households with income equal to or below 138 percent FPL are both reported in Table 1. The first category is reported along with three other FPL ranges to show the share of households with different ranges of incomes for Medicaid beneficiaries, adults covered by private insurance, and adults without insurance coverage. The category with household income equal to and below 138 percent FPL is also reported to show the share of adults below the expanded eligibility income level at its effective level of 138 percent FPL. This FPL is later used when stratifying adults by both income level and insurance status.

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[3] In addition to a number of other changes to Medicaid, the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) set a single income eligibility disregard equal to 5 percentage points of the FPL. For this reason, eligibility is often referred to at its effective level of 138 percent FPL, even though the federal statute specifies 133 percent FPL.

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