



**COUNCIL OF THE DISTRICT OF COLUMBIA**  
**THE JOHN A. WILSON BUILDING**  
**1350 PENNSYLVANIA AVENUE, NW**  
**WASHINGTON, D.C. 20004**

**CHRISTINA HENDERSON**  
Councilmember, At-Large  
Chairperson, Committee on Health

**Committee Member**  
Hospital and Health Equity  
Judiciary and Public Safety  
Transportation and the Environment

**Statement of Introduction**  
**Childhood Continuous Coverage Act of 2023**  
**July 10, 2023**

Today, along with Councilmembers Charles Allen, Janeese Lewis George, Brianne K. Nadeau, Zachary Parker, Brooke Pinto, and Robert C. White, Jr., I am introducing the Childhood Continuous Coverage Act of 2023. This bill will require that any child enrolled in Medicaid, the Children's Health Insurance Program (CHIP), or the Immigrant Children's Program during the ages of zero to five years old will not face a redetermination or risk losing coverage under the program until the end of the month in which they turn six years old.

During the COVID public health emergency, all Medicaid enrollees were continuously enrolled. The District similarly implemented continuous enrollment for participants in the DC HealthCare Alliance program. Anyone who enrolled in Medicaid or the Alliance could not lose that coverage until the redetermination process resumed. Redeterminations of eligibility resumed for Alliance enrollees on July 1, 2022 and for Medicaid enrollees on April 1, 2023 and will continue through June of 2024. In the early months of recertifications, the District has seen thousands of individuals removed from the Medicaid roles, and nationally, more than a million individuals have lost their Medicaid coverage due to the recertification process. For many, the lost in coverage was not due to ineligibility, but due to paperwork.

This bill is intended to remove the worry and stress associated with the potential of losing health insurance coverage for children by ensuring that no children enrolled in Medicaid, CHIP, or the Immigrant Children's Program would be removed from the program before they turn six years old. These protections produce a broad spectrum of benefits across the health care sector. Continuous enrollment promotes health equity by limiting gaps in coverage for low-income children who frequently experience health disparities. Additionally, continuous coverage improves access to health care services including preventive services, assists with care coordination, and allows for consistent treatment over time for chronic conditions.

Consider, for example, the 2023 recommended immunizations for children from birth through age 6 years old from the Centers for Disease Control and Prevention and the American Academy of Pediatrics, which includes more than 25 immunizations over the first 6 years of life.<sup>1</sup> The costs of these recommended immunizations are covered under Medicaid, CHIP, and the

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<sup>1</sup> Centers for Disease Control and Prevention, Recommended Vaccinations for Infants and Children: Birth through 6 years, United States, 2023, Feb. 10, 2023, *available at*: <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>.



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Immigrant Children's Program. Providing continuous coverage will prevent instances of enrolled children missing immunizations due to fluctuations in insurance coverage.

Continuous coverage can also reduce the administrative burden on the Medicaid program associated with enrollees cycling on and off Medicaid due to the volatility of income. An analysis of national data from 2005 to 2010 estimated that the administrative cost of disenrolling and reenrolling an individual in Medicaid coverage within a year is between \$400 and \$600.<sup>2</sup> This bill would eliminate some of this churn.

Oregon was the first state to have a multi-year continuous coverage waiver approved for young children in September of 2022. New Mexico and Washington have filed similar 1115 waiver applications, and California passed a law requiring continuous enrollment for children up to age five subject to federal approval and state funding.

The District has long prided itself on having among the very lowest rates of uninsurance in the country. This bill will help protect that performance going forward and will focus its attention on the most vulnerable population of young children whose families have lower incomes. Parenthood and guardianship come with a plethora of stresses and concerns about the wellbeing and development of the child. This bill will alleviate one of those stresses by guaranteeing that any child that qualifies for one of the District's medical assistance programs will not lose that coverage until they have at least reached the age of six years old.

I look forward to working with my colleagues to move this legislation forward and improve the health and wellbeing for District of Columbia children.

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<sup>2</sup> Swartz, Katherine, et al. "Reducing Medicaid churning: extending eligibility for twelve months or to end of calendar year is most effective." *Health Affairs* 34.7 (2015): 1180-1187.

1 Brianne K. Nadeau

2 Councilmember Brianne K. Nadeau

Christina Henderson

Councilmember Christina Henderson

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4 Charles Allen

5 Councilmember Charles Allen

Brooke Pinto

Councilmember Brooke Pinto

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8 Zachary Parker

9 Councilmember Zachary Parker

Robert C. White, Jr.

Councilmember Robert C. White, Jr.

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12 Janeese Lewis George

13 Councilmember Janeese Lewis George

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16 A BILL

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20 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
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25 To establish continuous coverage for children ages 0 to 6 years under Medicaid and the  
26 Immigrant Children’s Program.

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28 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
29 act may be cited as the “Childhood Continuous Coverage Act of 2023”.

30 Sec. 2. Definitions.

31 For the purposes of this act, the term:

32 (1) “CHIP” means the Children’s Health Insurance Program authorized by Title  
33 XXI of the Social Security Act, approved August 5, 1997 (Pub.L. No. 105-33; 42 U.S.C. §  
34 1397aa et seq.) and section 2203 of the Service Improvement and Fiscal Year 2000 Budget  
35 Support Act of 2009 (D.C. Law 13-38; D.C. Official Code §1-307.05).

36 (2) “Immigrant Children’s Program” means the medical assistance program  
37 established pursuant to section 2202 of the Service Improvement and Fiscal Year 2000 Budget  
38 Support Act of 1999 (D.C. Official Code § 1-307.03(b)), for immigrant children not eligible for  
39 coverage under Medicaid.

40 (2) “Medicaid” means the medical assistance programs authorized by Title XIX  
41 of the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 *et seq.*), and  
42 by section 1 of An Act To enable the District of Columbia to receive Federal financial assistance  
43 under title XIX of the Social Security Act for a medical assistance program, and for other  
44 purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and  
45 administered by the Department.

46 Sec. 3. Childhood continuous eligibility requirements.

47 (a) (1) Individuals ages 0 through 5 years, excluding individuals eligible for Medicaid  
48 based on the home and community-based services waiver under 42 CFR 435.217, who enroll in  
49 Medicaid or CHIP shall qualify for continuous eligibility until the end of the month in which  
50 their sixth birthday falls.

51 (2) The Mayor shall apply for any waivers and exemptions from federal statutes  
52 and regulations, or for any amendments to the District’s Medicaid State Plan, necessary to  
53 provide the continuous coverage described in this section

54 (3) Continuous eligibility shall begin upon approval of a relevant demonstration  
55 waiver by the Centers for Medicare & Medicaid Services or inclusion in the District’s Medicaid  
56 State Plan.

57 (b) Individuals ages 0 through 5 years who enroll in the Immigrant Children’s Program  
58 shall qualify for continuous eligibility until the end of the month in which their sixth birthday  
59 falls.

60 (c) An individual’s continuous eligibility period under this section shall be redetermined  
61 or terminated if:

62 (1) The individual is no longer a resident of the District;

63 (2) The individual’s legal guardian requests termination of eligibility;

64 (3) The individual dies; or

65 (4) The Department determines that eligibility was erroneously granted at the  
66 most recent determination, redetermination, or renewal of eligibility because of agency error,  
67 fraud, abuse, or perjury.

68 Sec. 5. Fiscal impact statement.

69 The Council adopts the fiscal impact statement in the committee report as the fiscal  
70 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
71 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

72 Sec. 6. Effective date.

73 This act shall take effect after approval by the Mayor (or in the event of veto by the  
74 Mayor, action by the Council to override the veto), a 30-day period of congressional review as  
75 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December  
76 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of  
77 Columbia Register.