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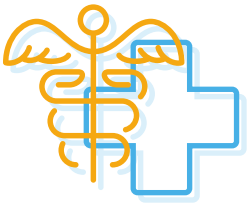


# SUPPORTING THE HEALTH AND WELLBEING OF YOUNG PEOPLE TRANSITIONING OUT OF FOSTER CARE: CONSISTENT HEALTH COVERAGE AND CARE

By Shadi Houshyar, PhD, and Alexandra Citrin, MSW, MPP

*"Being healthy and knowing you have access to health care means you can focus less on surviving and more on just living. It means you can go through your days without worrying about what will happen and how you will deal when you become sick because you know that you have access to health care when the moment does arise."* — CARES Ambassador

## WHY CONSISTENT COVERAGE AND CARE MATTER[1]

Children and youth who experience the child welfare system have greater health care needs than their peers. They have needs when entering foster care and those that arise while in care, often from trauma caused by family separation, placement in foster care, and multiple placements.[2] Consistent health coverage and care are essential for healthy development and wellbeing, preventing and mitigating the harms of family separation, and supporting a successful transition to adulthood.

In the U.S., the current approach fails to guarantee consistent coverage and care — and it is getting worse. Young adults aging out face the same barriers as other young people, including cost and navigating the transition to the adult health system, but they also face unique challenges, including disruptions in coverage and loss of benefits when leaving foster care.

To ensure policy solutions respond to young people, The Center for the Study of Social Policy (CSSP) launched **CARES** (Creating Actionable and Real Solutions). In partnership with CSSP, CARES Ambassadors — young adults with foster care experience in New York City, Los Angeles, and Atlanta — advance policies that reshape public systems to better support young people. Health care is one of the systems where failures are especially visible.

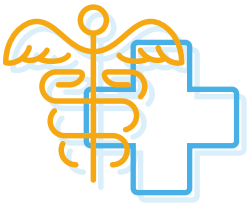
As one Ambassador stated, *"Without access to health care, it makes it hard to focus on things that can progress your life in an amazing way... it makes every day harder. You can't do much for too long if your health is at risk."*

For youth aging out of foster care, the transition to adulthood comes with both a sense of relief at leaving the child welfare system and also a fear of being on their own. Each year, more than 15,000 youth age out,[3] and many struggle to receive health care that

1 For more on policy solutions that support consistent health coverage and care for older youth, children involved with the child welfare system, and immigrant families, please see the CSSP's series: Consistent Health Coverage and Care: The Foundation for Health and Wellbeing - Center for the Study of Social Policy: https://cssp.org/resource/consistent-health-coverage-and-care-the-foundation-for-health-and-wellbeing/

2 https://developingchild.harvard.edu/

3 https://acf.gov/sites/default/files/documents/cb/2025-afcars-dashboard-printable.pdf



meets their needs.[4] Before the Affordable Care Act (ACA), youth aging out of care were significantly less likely to have health coverage than their peers.[5] The ACA and subsequent laws, including the SUPPORT for Patients and Communities Act of 2018[6] and the Consolidated Appropriations Act of 2023,[7] improved coverage for this population. Yet young people still report disruptions from provider changes, confusing recertification processes, out-of-pocket costs, and long waitlists for services.[8]

When coverage is inconsistent, the consequences are real.

A young person aging out cannot receive a root canal if it is no longer covered under a new plan. Another managing depression loses access to a long-time therapist after a plan change puts them out-of-network. And another loses coverage after moving to a new state because they turned 18 before January 1, 2023, and the SUPPORT Act's interstate coverage requirement does not apply to them.[9]

These scenarios reflect coverage that is conditional — with gaps and barriers — that falters precisely when young people need it most.

## DISRUPTIONS IN COVERAGE

When young people exit foster care, they often lose the coverage they had in the system. This transition can be especially hard without adequate preparation or support. Former foster youth are eligible for Medicaid through age 26 regardless of income, but accessing and maintaining coverage is not straightforward.[10] Federal guidance encourages automatic enrollment and renewal, but not all states have implemented supportive policies. In some states, young people complete recertification when transitioning from the foster care Medicaid plan to another plan, a process that can result in gaps or loss of coverage.

Moving compounds the problem. Many young people relocate for work, school, or other opportunities. When they cross state lines, coverage does not automatically follow. Young people often struggle to prove eligibility as a "former foster youth" because states have different verification requirements, child welfare agencies do not always provide documentation, and Medicaid eligibility workers may be unfamiliar with eligibility for former foster youth.

These disruptions are likely to become more frequent in the wake of H.R.1[11] as states implement additional work requirements that limit access to coverage and care. Former foster youth may face additional barriers despite remaining categorically eligible.

## DISRUPTIONS IN BENEFITS AND CARE

Even when young people enroll in a new Medicaid plan after aging out, they often lose benefits and providers. Medicaid plans differ in what they cover, services such as

4 https://www.medicaid.gov/federal-policy-guidance/downloads/sho22003.pdf
5 https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf
6 https://www.congress.gov/bill/115th-congress/house-bill/6/text
7 https://www.congress.gov/bill/117th-congress/house-bill/2617/text
8 https://www.sciencedirect.com/science/article/pii/S0190740925002002
9 The SUPPORT Act requires states to cover former foster youth from other states, but only for those who turned 18 on or after January 1, 2023; the phase-in won't be complete until 2031, meaning youth who move today can still face a gap.
10 https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/foster-care-ensuring-access.pdf
11 https://www.congress.gov/bill/119th-congress/house-bill/1/text

targeted case management, care coordination, and specialized therapeutic supports may disappear, and those previously covered can suddenly carry out-of-pocket costs.

As one Ambassador shared, *"A lot of young people aging out already deal with instability, and losing health coverage or having gaps in care creates even more stress."*

Coverage changes also disrupt relationships with providers. A young person transitioning to a new Medicaid plan may lose access to providers familiar with their health history and needs. Losing those relationships can undermine progress and leave young people navigating major life transitions without continuity. One Ambassador stated, "Access is not just about having insurance, but it's also about having support, trust, and providers that feel safe and understandable for young people."

Young people aging out in rural communities face compounding barriers, including provider shortages and transportation. As one Ambassador noted, "One thing that [is] missing is transportation and easier access to providers in communities where services are limited. Even if coverage improves, many young people still struggle to get appointments, find nearby providers, or take time off work or school to attend appointments."

Recent federal actions further restrict access to medically necessary care. H.R.1 will prohibit federal Medicaid funding for family planning providers that offer abortion services, limiting access to STI testing, contraception, and cancer screenings. Proposed federal rules would also prohibit Medicaid-enrolled hospitals from providing gender-affirming care to minors regardless of payer and bar federal Medicaid and CHIP funding for that care.[12]

## TRANSITION TO THE ADULT HEALTH SYSTEM

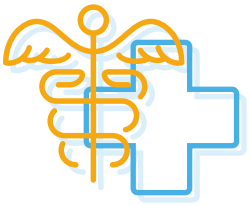
Moving from pediatric to adult health care is a transition where coverage often breaks down as young people age out. More than half of young people with chronic health conditions report inadequate support during this transition. Many providers are not equipped to support young adults through this shift.

As one Ambassador shared, *"One of the biggest challenges I faced is having to navigate the system by myself at such a young age…I found myself missing a lot of information, so I had to figure it out myself… there was nobody consistently helping me make appointments, understand insurance, advocate for me, or even explain what resources I qualified for… it feels like you have to already know how the system works in order to get help from it."*

## COST BARRIERS TO CARE

Cost is a significant barrier for all young people, including those aging out. Forty percent of young adults report being unable to access needed care, with cost among the

12 https://www.kff.org/lgbtq/new-trump-administration-proposals-would-further-limit-gender-affirming-care-for-young-people-by-restricting-providers-and-reducing-coverage/



biggest reasons.[13] Premiums, deductibles, copays, and out-of-pocket costs put care out of reach and force difficult tradeoffs between health care and other basic needs.

Mental health care is no exception. Young adults have greater mental health needs than all other adult age groups,[14] yet nearly half say they cannot access the care they need as cost often stands in the way. As one Ambassador shared: "[I] definitely tried not to get sick and made me think of my health care as not much of a priority compared to other things in my life. [I] mainly relied on holistic remedies and the internet."

## RECOMMENDATIONS: WHAT NEEDS TO CHANGE

Young people need policies that support — not hinder — their ability to access consistent health coverage and care. To achieve this, we must:

1. **Guarantee health coverage for all.** Every young person should have access to health care at no cost. Every plan should include a full range of services, with no premiums, copays, deductibles, diagnosis requirements, or visit limits.
2. **Eliminate barriers to coverage and guarantee continuous enrollment.** States should automatically enroll young people before they age out, eliminate recertification requirements through age 26, and ensure coverage follows young people across state lines.
3. **Eliminate copays for young people.** Even small out-of-pocket costs prevent young people from accessing care. All healthcare plans should eliminate cost-sharing for young people through age 26.
4. **Ensure access to responsive and affirming care.** All insurance plans must include access to diverse, affirming, and culturally responsive services. Young people should be able to get the support they need delivered by providers who understand them.
5. **Ensure young people have access to coverage with comprehensive benefits after leaving foster care.** States should design comprehensive Medicaid benefit packages that do not end when foster care does.
6. **Invest in navigators to support youth aging out.** Young people should have access to community-based navigators to support their transition from foster care. Navigators should be available for five years after a young person leaves care to help them access coverage, maintain continuity with providers, and navigate health systems. For youth eligible for school or employer-based insurance, navigators can also support understanding the differences in plans, including copayments and covered services.
7. **Strengthen coordination between child welfare and Medicaid — and protect privacy.** Child welfare and Medicaid agencies must coordinate to ensure young people maintain coverage through age 26. Coordination must be for the sole purpose of supporting health and wellbeing, not monitoring or enforcement. Data safeguards must ensure young people's data is never shared without their consent or for purposes unrelated to health.

13 https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/
14 https://www.nimh.nih.gov/health/statistics/mental-illness

## SPECIAL THANKS TO THE CARES AMBASSADORS

**Kayonda Branch**, Brooklyn, NY — Fair Future's coach at Good Shepherd Services

**Aisha Brezial**, Macon, GA — Student at Middle Georgia State University majoring in Psychology

**Jada Brigman**, Washington, DC — Student at American University, majoring in Sociology with a minor in Political Science

**Tiffany Cannon**, Atlanta, GA — Program coordinator and student, pursuing a master's in Cybersecurity with a minor in Criminal Intelligence

**Gwendolyn Golding**, New York, NY — Student at the University at Albany majoring in English and Early Childhood Education with a minor in Africana Studies; currently teaching in South Korea

**Brana Phillips**, Los Angeles, CA — Serves with City Year and is passionate about public service, youth empowerment, and community leadership

**Kyra Stoute**, Atlanta, GA — Currently pursuing a master's in Public Health at Georgia State University

**Elizabeth Villa**, Los Angeles, CA — Student at Pasadena City College, with a major in Social and Behavioral Science

**Sando Zou-Capuzzi**, Atlanta, GA — Fatherhood advocate, tech professional, and developer of youth STEM education and training programs.

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**ALEXANDRA CITRIN, MSW, MPP,** is the Director of Family Autonomy and Child Welfare Policy at the Center for the Study of Social Policy (CSSP). Alex has 15+ years of experience in child and family public policy, systems change, and direct practice. She currently leads CSSP's family autonomy and child welfare policy portfolio, providing overall direction for CSSP's work and working directly with national partners, systems, community-based organizations, and families to advance anti-racist change. She also leads the team providing intensive technical assistance to states and child welfare systems developing and implementing equity-driven, strategies to support families in their communities as well as children and families involved with child welfare. Her work also includes a focus on bringing together diverse partners — including community-based organizations, system leaders, and national experts — and working with young people through the CARES Initiative to develop and advance new strategies that promote investments in community-led solutions through local, state, and national policy change. Previously, Alex worked in direct practice, supporting parents involved with the child welfare system, at the Center for Family Representation, Inc., in New York City.