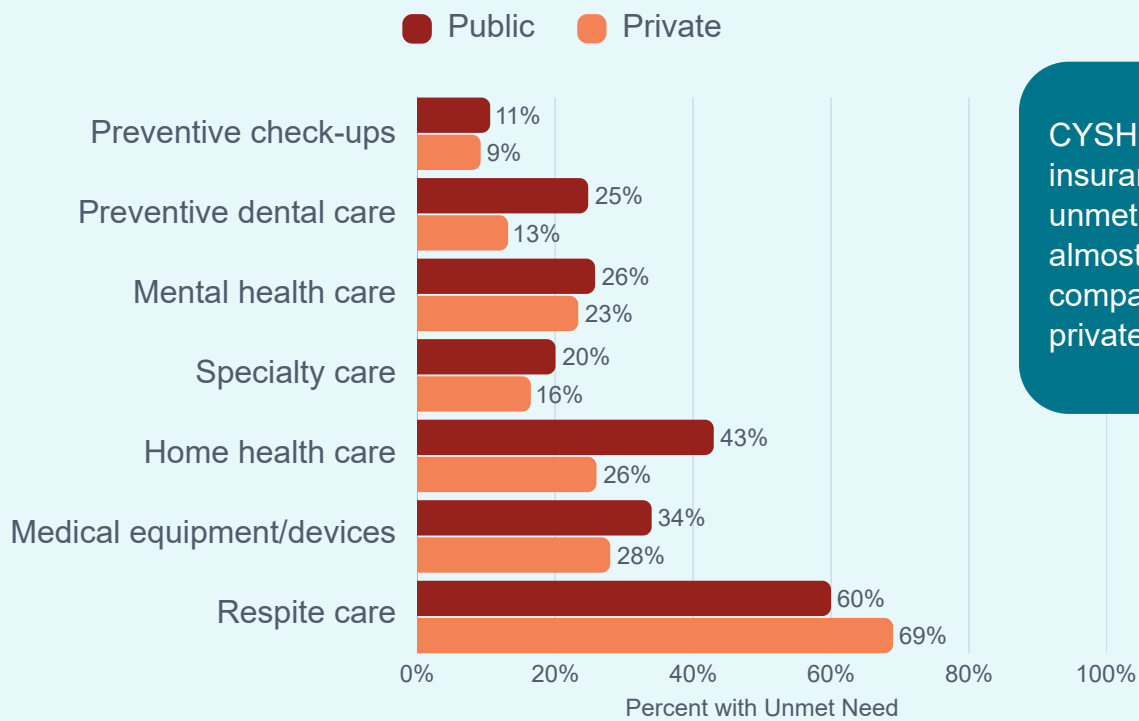


Unmet Need for Services Among Publicly and Privately Insured Children



A 2025 national survey of parents illustrates how levels of unmet need across a range of services differ for publicly and privately insured children and youth with special health care needs (CYSHCN).¹

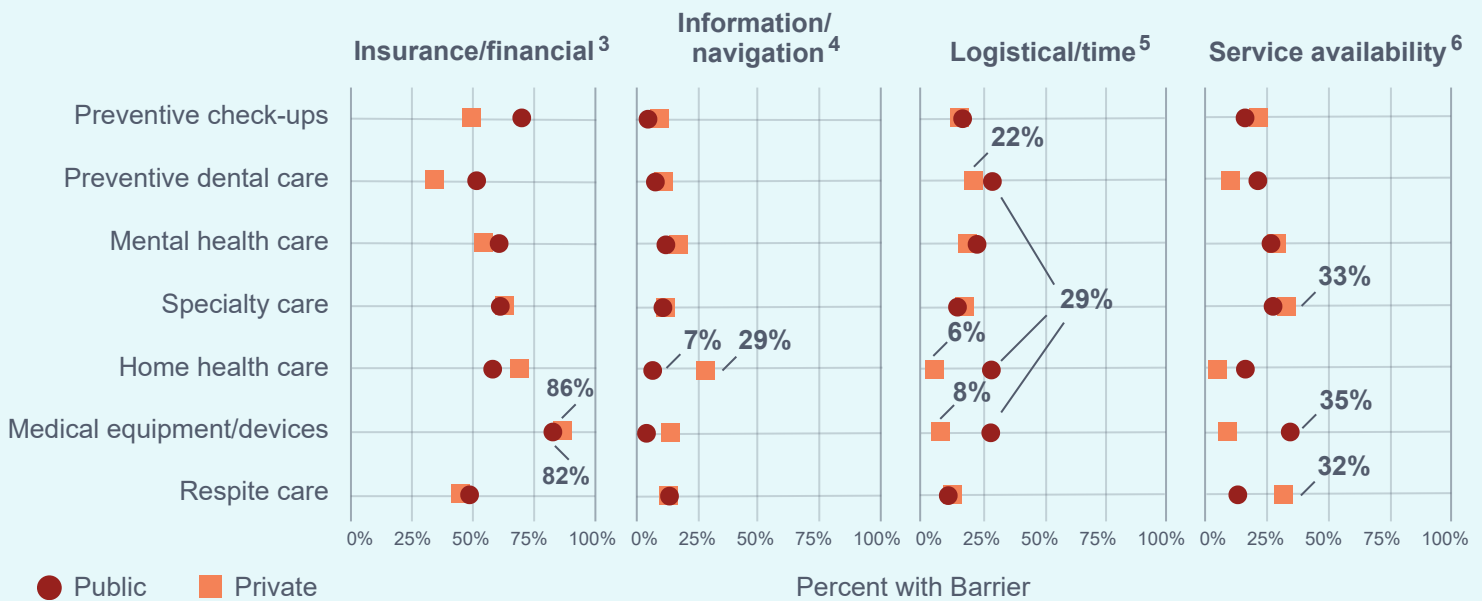
Unmet Needs² Among CYSHCN by Service and Insurance Type



CYSHCN with public insurance had greater unmet needs across almost all services compared to those with private insurance.

“I’ll go to the ER and the doctor in the ER is not covered by my insurance -- the hospital is but not the doctor. So, all of a sudden, my copay to go to the ER is one thing, and then I’m paying an additional fee. I don’t have a choice of the doctor in the ER. So, why am I paying an additional fee?” - **Parent Focus Group Participant**

Barriers to Care for CYSHCN by Service and Insurance Type



Insurance and financial barriers were the most common obstacles for publicly and privately insured CYSHCN. Insurance and financial barriers were particularly prevalent for CYSHCN accessing **medical equipment** (82% and 86% of publicly and privately insured CYSHCN, respectively).



Parents of privately insured CYSHCN had more **information and navigation barriers** when seeking **home health care** than parents of publicly insured CYSHCN (29% and 7%, respectively).



Logistical challenges and time constraints were more often reported by parents of publicly insured CYSHCN, with 29% experiencing these barriers to receiving **dental care, home health care, and medical equipment**, compared to 22%, 6%, and 8% of parents of privately insured CYSHCN, respectively.



Inadequate service availability was frequently reported by parents of privately insured CYSHCN as a barrier to specialty care and respite services (33% and 32%, respectively). Parents of publicly insured CYSHCN commonly reported a lack of local options for obtaining **medical equipment** (35%).

1. CYSHCN are defined by the Maternal and Child Health Bureau as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (McPherson et al., 1998).
2. Survey respondents were asked if, in the last 12 months, their child needed a given service (with the exception of preventive check-ups and dental care, which are recommended for all children). Respondents who reported that their child needed a service were then asked if “all”, “some”, or “none” of the needed service was received. We identified children with “unmet need” as those who received either “some” or “none” of the needed service.
3. Insurance/financial barriers included that their child’s insurance did not cover a service, they could not get a referral, they could not find a provider who accepted their child’s insurance, they had another problem with the insurance plan, or they had issues related to the cost of a needed service.
4. Information/navigation barriers meant they did not know where to go for their child to receive a service.
5. Logistical/time barriers included transportation barriers or responsibilities at home, school, or work that conflicted with appointments.
6. Service availability barriers included that the service was not available in their area or they experienced long wait times to get appointments.

About this study:

In January 2025, NORC at the University of Chicago conducted a national survey of 1,316 parents of children and youth with special health care needs (CYSHCN), aged 0 to 25. CYSHCN were identified using the [Child and Adolescent Health Measurement Initiative’s screening instrument](#). NORC conducted focus groups and interviews with survey respondents to learn more about their experiences with navigating the health care system for their children and caring for their children’s needs. Read more about the study and access all findings [here](#).

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